

THE MEASURE OF AMERICA SERIES

A PORTRAIT OF LOUISIANA 2020

HUMAN DEVELOPMENT IN AN AGE OF UNCERTAINTY

Kristen Lewis

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Almost ten years ago, in the aftermath of Hurricane Katrina and the immediate aftershocks of the Great Recession, Measure of America published our first human development report on the state of Louisiana. This first *Portrait* planted the seeds for this report, which—though we did not know it at the outset—is similarly situated at the threshold between disaster and our abiding hope in a flourishing recovery.

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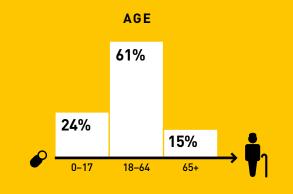
It is always a pleasure working with our longtime partners, the wonderful SenseMakers at Humantific | UnderstandingLab, who have a unique and beautiful way of transforming data into engaging publications that people love to read and share. Special thanks, as always, to our dear friend and collaborator Elizabeth Pastor.

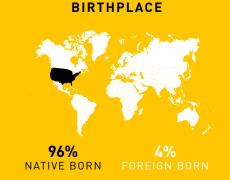
Lastly, I especially want to express appreciation and respect for the dedicated Measure of America team, whose collaborative spirit in shaping this report was remarkable. I am very grateful to them.

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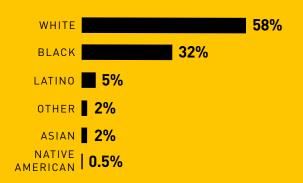
Kristen







RACE / ETHNICITY



EMPLOYMENT



34%

Management, Business, Science,

and Arts Occupations

22% Sales and Office Occupations



20% Service Occupations



13%
Production,
Transportation, and
Material Moving
Occupations



12%
Natural Resources,
Construction, and
Maintenance
Occupations

ON-TIME HIGH SCHOOL GRADUATION RATE



CHILD POVERTY RATE



YOUTH DISCONNECTION



16.4%

Key Findings

A Portrait of Louisiana 2020 explores well-being in Louisiana through the framework of human development, taking an in-depth look at three key components of a life of freedom, choice, and opportunity: a long and healthy life, access to knowledge, and a decent standard of living. Measure of America uses official government data on health, education, and earnings to calculate the American Human Development Index (HDI), a 0-to-10 scale based on the United Nations' Human Development Index, the global gold standard for measuring well-being. This simple measure allows for comparison of well-being and access to opportunity across Louisiana's different demographic groups and geographies.

Of course, the many facets of human well-being can't be reduced to numbers on a scale. The index cannot and does not intend to capture everything that makes life in Louisiana unique and worthwhile—its vibrant culture, its rich history, its diverse and deep-rooted communities. What the index does provide is a starting point for uncovering gaps in well-being and opportunity and pinpointing their underlying causes, opening a path to addressing disparities that are often decades or even centuries in the making.

When Measure of America published its first human development report on Louisiana in 2009, the state was still reeling from the aftermath of Hurricane Katrina. Today, Louisianans are again facing crisis, including both a recordbreaking hurricane season and the ongoing Covid-19 outbreak, and once again, the communities that were already struggling before disaster struck have been hardest hit. The trajectories of these and other disasters are not inevitable. The pandemic throws into sharp relief the ways that people's life chances are radically shaped by race and place. Ensuring that every Louisianan has adequate resources to prepare for, weather, and recover from crises of various sorts is essential.

A Portrait of Louisiana 2020 presents HDI scores for the state as a whole as well as by gender, by race and ethnicity, by parish, by public use microdata area, and, in some cases, by census tract. In addition to the index, this report has a special focus on children and youth and includes a child and youth well-being dashboard that brings together available data on children and young people in a number of key areas. Based on our findings and consultations with stakeholders, this report also offers targeted recommendations for improving well-being as well as for closing the gaps between different groups.

Improving human development in Louisiana will require confronting two interlinked barriers to well-being, incarceration and youth disconnection, both of which can have detrimental effects on each dimension of the index, disrupting education, damaging job prospects, and harming health both in the short term and over the course of a lifetime. Louisiana has the country's highest incarceration rate, and fourth-highest disconnection rate, which measures the share of young people ages 16–24 who are neither working nor in school.

Ensuring that every Louisianan has adequate resources to prepare for, weather, and recover from crises of various sorts is essential.



Louisiana has made heartening progress since its 2007 HDI score of 3.92, especially in the realm of education.

Human Development in Louisiana

KEY FINDINGS: AMERICAN HUMAN DEVELOPMENT INDEX

- Louisiana scores 4.35 out of 10 on the American Human Development Index, nearly a full point below the United States overall, 5.24. All but one of the state's parishes, as well as three out of its four major racial and ethnic groups, score lower than the US average. Still, Louisiana has made heartening progress since its 2007 HDI score of 3.92, especially in the realm of education: the share of adults without high school diplomas dropped from 20.6 percent to 14.0 percent, and the share of adults with bachelor's degrees increased from 20.1 percent to 24.3 percent.
- Unlike in the US overall, women in Louisiana score slightly lower on the American Human Development Index than their male counterparts. This is due to the state's wide gender earnings gap—women earn \$16,000 less than men, a gap \$5,000 larger than in the United States as a whole.
- Asian Louisianans have the highest HDI score (6.29), followed by whites
 (5.15) and Latinos (4.62). Black Louisianans face the greatest challenges to
 well-being, with a score of 2.93, as well as both the lowest life expectancy
 and the lowest median earnings of the four major racial and ethnic groups.
 Black Louisianans are the only racial group in which women outscore men
 on the HDI. They also have the largest gender well-being gap of any group.
- East Carroll Parish scores lowest in the state, 1.49, compared to a high of 5.35 in Ascension Parish. The ten highest-scoring parishes are home to medium-to-large cities or their suburbs, whereas the ten lowest-scoring parishes are all made up of small towns and rural areas.
- The chances of a Louisiana resident being incarcerated are closely connected to the level of human development in their community. The average rate of prison admissions is nearly twice as high in the lowest-scoring parishes as in the highest-scoring ones (about 750 per 100,000 in parishes with HDI scores under 2.50, compared with about 420 per 100,000 in parishes scoring 4.50 and above).
- Louisiana has the fourth-highest youth disconnection rate in the United States—16.4 percent as compared to the national average of 11.2 percent. Black youth are nearly twice as likely to be disconnected as white youth, 22.3 percent and 12.2 percent, respectively, and Black young men are 1.5 times as likely to be disconnected as Black young women.

Health

KEY FINDINGS: A LONG AND HEALTHY LIFE

- A child born in Louisiana today can expect to live for 76.0 years, 2.6 years less than the average US life expectancy. This average masks vast health disparities depending on race and ethnicity, however. The life expectancies of Louisiana's Asian and Black residents are more than a decade apart: 87.5 years and 73.4 years, respectively. Latinos and whites fall between the two; Latinos are the second-longest-lived group (84.0 years) and whites are the third (76.8 years).
- Women in Louisiana can expect to live 78.9 years, six years longer than
 their male counterparts (73.1 years). Factoring in race and ethnicity, malefemale life expectancy gaps range from about five years for whites and
 Latinos to a 7.3-year difference between Black men and women, driven by
 the particularly low life expectancy of Black men, 69.5 years.
- Black men in Louisiana live two years less than Black men in the country
 as a whole. Contributing to these disparities are the high rates of firearm
 homicide and infant mortality in Louisiana. The Black infant mortality rate,
 10.5 infants per one thousand live births, is more than twice the rate for
 white Louisianans, and the rate is even higher for Black baby boys, 12.8
 per one thousand live births.
- Residents of Ascension Parish have the highest life expectancy (76.9 years), and residents of Catahoula Parish have the lowest (69.3 years). The five parishes with the longest life expectancies all have a majority of white residents.
- As life expectancy decreases, the poverty rate tends to increase; the five parishes with the shortest life expectancies—LaSalle, Caldwell, East Carroll, West Carroll, and Catahoula—all have poverty rates above 20 percent.



A child born in Louisiana today can expect to live for 76.0 years, 2.6 years less than the average US life expectancy.

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Women have higher Education Index scores than men, on average, in Louisiana and in the country as a whole.

Education

KEY FINDINGS: ACCESS TO KNOWLEDGE

- Louisiana scores 4.62 out of 10 on the Education Index, which measures school enrollment rates for the population ages 3 to 24 and high school, bachelor's, and graduate degree attainment rates for adults over 25. Louisiana has made considerable advances over the last decade but is still behind the United States as a whole on many key educational indicators. The greatest gap is in postsecondary education; a smaller share of adults ages 25 and older in Louisiana have at least a bachelor's degree than in the country as a whole, 24.3 percent compared to 32.6 percent.
- Women have higher Education Index scores than men, on average, in Louisiana and in the country as a whole. This is also true in all of Louisiana's major racial and ethnic group except Asians.
- Education Index scores range from 1.28 in East Carroll Parish to 5.91 in Lincoln Parish. Orleans Parish comes in second at 5.79, followed by St. Tammany (5.73), East Baton Rouge (5.58), and Lafayette (5.27). With the exception of St. Tammany, the parishes with the highest scores are home to major colleges and universities.
- The parishes that include major urban centers exhibit more striking racial disparities in educational attainment and enrollment than those found in the state as a whole. The gap between Black and white Education Index scores in Louisiana overall is 1.34, but 2.76 in East Baton Rouge Parish and 4.29 in Orleans Parish.
- Louisiana is ahead of the country overall in preschool enrollment at 51.3 percent, compared to the national rate (47.9 percent). Black children are more likely to be enrolled in preschool than white children (61.1 percent vs. 47.0 percent), likely reflecting the success of Head Start and other publicly funded preschool programs in low-income Black communities.

Earnings

KEY FINDINGS: A DECENT STANDARD OF LIVING

- Median personal earnings for Louisiana workers 16 and over are \$31,000, \$4,000 less than the US median of \$35,000. White workers out-earn workers from other racial and ethnic groups by a wide margin, driven largely by the high earnings of white men. Asian, Latino, and Black workers have similar earnings (\$26,457, \$25,422, and \$22,430, respectively), all within \$4,000 of each other and at least \$12,000 less than white workers.
- Men earn more than women in each racial and ethnic group, but the gender gap varies significantly. The earnings gap between Black men and women is the smallest—women earn \$0.82 for every dollar men earn, due more to the comparatively low earnings of Black men relative to men of other racial and ethnic groups.
- Median personal earnings range from \$19,470 in Claiborne Parish to \$43,678 in Ascension Parish, a more than twofold difference. The highestearning parishes are clustered in the southeast portion of the state.
- The percentage of children living in households below the poverty line, also known as the child poverty rate, ranges from a low of 12 percent in Cameron Parish to a high of 73 percent in East Carroll Parish. Only five parishes—Cameron, St. Tammany, Livingston, Ascension, and St. Charles—have child poverty rates below the US average of 18 percent.
- Black workers earn less than their white counterparts in every parish in Louisiana. The gap ranges from \$5,558 in Vernon Parish to \$21,412 in West Feliciana Parish.

\$

Black workers earn less than their white counterparts in every parish in Louisiana

* * *

Every Louisianan deserves an equal chance at a freely chosen life of value. Our findings suggest that for a host of reasons—residential segregation, poverty, health inequities, slavery's enduring legacy, persisting racial and gender discrimination, among others—many of Louisiana's residents are deprived of that opportunity. The good news is that real progress is possible: this report details various policies—some of which the state has already put in place—to expand opportunity and reduce inequalities in health, education, and income, helping Louisiana withstand the current crisis and build a better future for all of its residents.

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Understanding Human Development



Introduction

Louisiana is one of a kind among US states. Its rich cultural heritage, singular traditions, and diverse linguistic landscape stem from the folkways and languages of the Acadian, African, English, French, German, Haitian, Irish, Native American, and Spanish peoples who have called the region home for hundreds of years. Its unique civic organizations, like the parade krewes of Mardi Gras; its distinctive musical forms, from the blues to Cajun zydeco to Dixieland jazz; and its extraordinary cuisine, from Creole classics like redfish courtbouillon to Cajun crawfish boils tie Louisianans to their past and enrich their present. Three in four adult Louisianans living in the state were born there, the highest rate of native-born residents of any state in the country, speaking to unmatched rootedness and love of place. And every year (with 2020 being a notable exception due to Covid-19), visitors flock to the state to experience this thriving culture and enjoy fishing, birdwatching, hunting, and boating in the wetlands, waterways, and beaches of this "sportsman's paradise." More than 50 million tourists came to the state in 2019, spending \$18.8 billion in the process.²

But Louisiana also faces many challenges. Some stem from its vulnerability to hurricanes and floods, which are likely to increase in frequency and severity due to climate change. Others are the result of the state's heavy economic reliance on resource extraction, from cotton and sugar in the past to oil and gas today, which yield handsome rewards to a powerful few while damaging the environment, harming people's health, and weakening the political will required to equip all Louisianans with the education necessary to thrive in the new knowledge economy. (This reliance on natural resources and the resulting capture and concentration of power among a small elite is known as the natural resource curse.³) And arguably the state's most serious challenges have their origins in the structural racism born of slavery and kept alive through Black Codes, Jim Crow, white supremacist beliefs and violence, mass incarceration, and residential segregation, all of which gravely harmed generations of Black Louisianans and continue to limit the horizons of Black children and young people today.

Expanding Louisianans' choices and opportunities and protecting them from crises of various sorts will require building on their strengths and resilience by investing in communities and people, ensuring that institutions work for everyone, and holding elected officials accountable for progress. Planning, prioritizing, and directing these investments requires, in turn, access to accurate and timely information about the well-being, advantages, and obstacles of people living in different parts of the state and belonging to different demographic groups.

Providing this information and offering analysis and recommendations are the key purposes of this volume.

The framework that guides this work is the **human development approach**. Human development is the process of improving people's well-being and

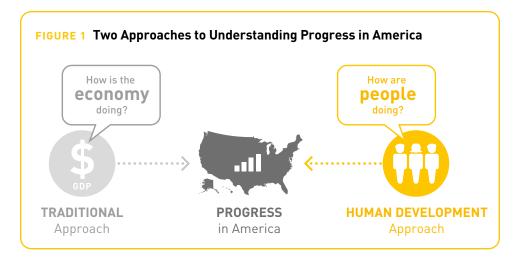
Human development is the process of improving people's well-being and expanding their freedoms and opportunities.

Human development is about the real freedom ordinary people have to decide for themselves who to be and what to do.

expanding their freedoms and opportunities. The human development approach puts people at the center of analysis and considers how political, social, environmental, and economic forces interact to shape the range of choices open to them. At its heart, human development is about the real freedom ordinary people have to decide for themselves who to be and what to do.

The human development concept is the brainchild of the late economist Dr. Mahbub ul Haq. In his work at the World Bank in the 1970s, and later as minister of finance in his home country, Pakistan, Dr. Haq argued that existing measures of human progress failed to account for the true purpose of development: to improve people's lives. He believed in particular that the closely tracked, widely referred to economic indicator of gross domestic product (GDP) was a faulty gauge of human well-being. To explain why, Dr. Haq often cited the example of Vietnam and Pakistan. In the late 1980s, the two countries had the same GDP per capita—around \$2,000 per year—but Vietnamese lived a full eight years longer than Pakistanis and were twice as likely to be able to read. In other words, money alone did not tell the whole story; the same sum was buying two dramatically different levels of well-being and quality of life.

Working with Harvard professor and Nobel laureate Amartya Sen and other gifted social scientists and statisticians, Dr. Haq devised not only the idea of human development but also a way to measure it: **the Human Development Index**. He introduced this new way of thinking about and measuring progress in the first Human Development Report, which was released in 1990 under the auspices of the United Nations Development Programme. The report ranked all the world's countries not by the size of their economies but rather by the well-being of their people. Since then, the annual Human Development Report has served as the global gold standard for tracking human progress. In addition, more than 160 countries have produced national human development reports in the last two decades; these reports have raised taboo subjects, brought to light long-ignored inequities, and spurred public debate and political engagement.



In 2007, Measure of America adapted the approach and index, which were designed with developing countries in mind, to the context of an affluent democracy and released a first-ever American Human Development Report in 2008. Since then, organizations and communities across the country have worked with Measure of America to understand community needs and shape evidence-based policies and people-centered investments using this powerful approach—including Louisiana in 2009. This report revisits many of the issues explored in A Portrait of Louisiana 2009 and includes a particular focus on children and youth.

The human development approach rests on a sturdy conceptual framework: Amartya Sen's seminal work on capabilities. Capabilities can be understood as a person's tool kit for living a freely chosen life of value. Capabilities shape the real possibilities open to people, govern the freedom they have to lead the kind of lives they want to live, and ultimately determine what a person can do and become. We tend to think of capabilities as an individual's skills and talents. In the human development approach, the word's meaning is far more expansive. Valued capabilities include good health, access to knowledge, sufficient income, physical safety, religious freedom, political participation, love and friendship, societal respect, equality under the law, social inclusion, access to the natural world, self-expression, agency, the ability to influence decisions that affect one's life, and more.

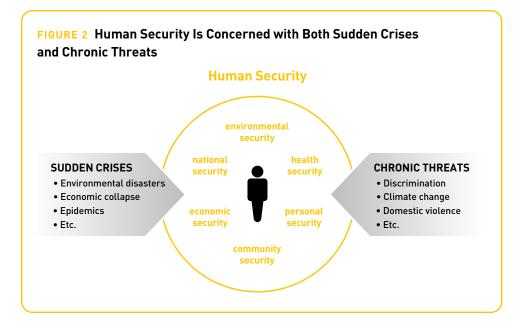
Some capabilities are built through one's own efforts, such as working hard in school, eating a healthy diet, and getting physical exercise; others are the result of the conditions and institutions around a person, such as having access to high-quality schools, stores that sell nutritious food, and parks in which to safely walk or jog; many result from the interplay between the two. Some capabilities are bestowed on people through an accident of birth: having rich parents or well-connected relatives. Capabilities can stem from legally protected rights, such as freedom of conscience or assembly, or freedom from arbitrary detention or family violence. They can be reinforced or eroded by the state of the economy, the state of the natural environment, the state of public discourse, or the state of our democracy.

Another important idea in the human development framework is the concept of **human security**. Human security is concerned with the safety and freedom of human beings, rather than the integrity and protection of the state against foreign intervention and civil disorder. The crises of 2020, from Covid-19 to Hurricane Laura, as well as past disasters such as Hurricanes Katrina and Rita, the Deepwater Horizon explosion and oil spill, and the 2016 floods—and the disproportionate effect these events have had on different population groups, including Black people, children, the elderly, and low-income communities—call out for a way to understand what is needed to keep people safe. Disasters like these threaten human life and often wipe out years of progress and lifetimes of hard work in a matter of days or weeks. But preparedness, prevention, and protection can mitigate their effects.



Capabilities can be reinforced or eroded by the state of the economy, the state of the natural environment, the state of public discourse, or the state of our democracy. Human security
can be understood
as people's
freedom from—
from fear and
want, from
violations of
their rights, from
both chronic and
sudden
threats to
their lives and
livelihoods

Critical to human security are questions of resilience and vulnerability. While human development can be understood as people's freedom to—to choose what to do and who to be—human security can be understood as people's freedom from—from fear and want, from violations of their rights, from both chronic and sudden threats to their lives and livelihoods. Whereas human development is concerned principally with expanding choices and opportunities, human security is more concerned with protection and prevention; it is preoccupied with security in the face of downturns and crises and with the ability of all people to exercise choices in an environment that is safe and free. Human security is vital to the well-being and healthy development of children, whose bodies and minds are particularly vulnerable to deprivations and traumas.



How Is Human Development Measured?

Trying to measure all the facets of the expansive concepts of human development and human security would be madness. Thus, the UN Human Development Index as well as the adapted American Human Development Index featured in this report measure just three fundamental human development dimensions:

a long and healthy life, access to knowledge, and a decent standard of living (see FIGURE 4). Why only three areas, and why these three in particular? People around the world view them as core building blocks of a life of value, freedom, and dignity; healthy lives, good educations, and decent wages are not controversial aims. In addition, these foundational capabilities make possible other capabilities, such as adequate housing in safe neighborhoods. They are also bedrocks of

human security. From a practical perspective, these are areas that one can measure comparatively easily; reliable and regularly collected proxy indicators are available for each.

It is tempting to include indicators of a host of important capabilities, such as adequate, affordable housing or food security, in a well-being index. From both a methodological and a communications point of view, indexes with large numbers of indicators can be tricky. Using many indicators can lead to counting the same phenomenon two or three times, to confusing results, and to a false equivalence between fundamental and derivative issues. A housing indicator, for instance, may be counting the same thing, to a large degree, as an earnings indicator—how much money a person has to pay for life's essentials. Indexes that include scores of indicators can be difficult to explain and understand, diluting their advocacy power.

It is important, however, to be realistic about the limitations of a parsimonious index like this one. It doesn't include child-specific indicators, for example, or indicators amendable to very short-term change. To address these limitations, this youth-focused volume includes a **child and youth well-being dashboard** that brings together available data on children and young people in a number of key areas (see PAGE 44). Children live in families and communities, so the HDI for their place or demographic group paints a picture of their well-being, access to opportunity, and degree of human security; the dashboard provides additional details.

The American Human Development Index is not the end of a discussion on well-being; it is the start. Once disparities in basic outcomes have been identified using the index and its constituent parts, the critical task is to examine the why—the underlying conditions like disparities in power, historical realities, past and present policy choices, and more that have led to different outcomes for different groups of Louisianans. For this exploration, a whole host of other indicators is required—indicators that are included in the dashboard as well as others featured throughout the report.

Now for the technical part. The American Human Development Index for Louisiana comprises the following indicators:

• A Long and Healthy Life is measured using life expectancy at birth. Measure of America calculates life expectancy using mortality data from the Centers for Disease Control and Prevention and population data from CDC Wonder and the US Census Bureau. For estimates for the Louisiana population as a whole as well as for female, male, Black, Latino, and white Louisianans, we used 2017 mortality data. For Asian Louisianans as well as for all gender and race/ethnicity combinations (for example, Black women or Latino men), we used several years of pooled mortality data (2012–2017) from the National Center for Health Statistics. (Using several years' worth of data rather than one made it possible to calculate statistically reliable life expectancy estimates for these smaller groups; see BOX 5.)

- Access to Knowledge is measured using two indicators: school enrollment
 for the population 3 to 24 years of age and educational degree attainment for
 those 25 and older. A one-third weight is applied to the enrollment indicator
 and a two-thirds weight to the degree attainment indicator to reflect the
 relative importance of earning degrees as compared to attending school.
 Both are from the US Census Bureau's 2018 American Community Survey.
- A Decent Standard of Living is measured using median earnings of all full- and part-time workers ages 16 and older from the same 2018 American Community Survey (see BOX 3).

The three components are weighted equally on the premise that each is equally important for human well-being. A long and healthy life, access to knowledge, and a decent standard of living are the same three areas measured by the original UN index; the indicators and data sources, however, have been adapted to the US context.

BOX 3 What About Cost of Living?



A common question about the standardof-living indicator, median personal earnings, is whether it has been adjusted for the cost of living.

It has not. The cost of living varies far more within Louisiana than between the state and other places, and methodologies for adjusting for cost of living do not sufficiently account for local variation.

In addition, living costs are invariably higher in areas with desirable community assets and amenities that are conducive to higher levels of well-being. For example, neighborhoods with higher housing costs—and housing costs are the major portion of cost of living—are typically places with better public schools, more opportunities for recreation and entertainment, greater neighborhood safety, greater access to jobs, better transportation options, or even terrific views. These kinds of considerations are baked into the price of a house or apartment. Thus, to adjust for cost of living would be to push to the side some of the factors that the index is measuring. In addition, people pay more to live in places where they perceive the quality of life to be higher. Numerous studies as

well as common sense tell us that, for many people, sunny days and a temperate climate are key factors in quality of life.6 Adjusting for cost of living could imply that spending the winter in warm, virtually cloudless—but expensive!—Santa Monica, California, is not meaningfully different from spending it in Erie, Pennsylvania, which was buried under 198.5 inches of snow in the 2017–2018 season.⁷ The cost of living in northeast Louisiana is lower than in greater New Orleans, but amenities and institutions that foster opportunity and well-being (universities, hospitals, a vibrant private sector, cultural institutions, etc.) are far fewer.

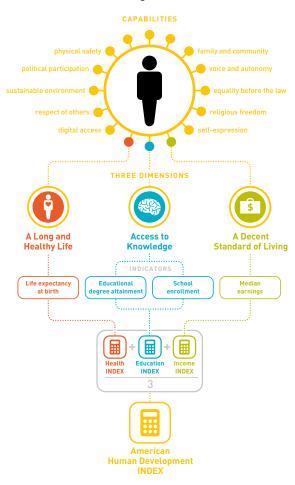
In broad terms, the first steps for calculating the index are to compile or calculate the four indicators that make it up: life expectancy, school enrollment, educational degree attainment, and median personal earnings. Because these indicators use different scales (years, dollars, percent), they must be put on a common scale so they can be combined. Three subindexes, one for each of the three dimensions that make up the index—health, education, and earnings—are created on a scale of 0 to 10. The process requires the selection of minimum and maximum values—or "goalposts"—for each of the four indicators. These goalposts are determined based on the range of the indicator observed from the data and also taking into account possible increases and decreases in years to come. For life expectancy, for example, the goalposts are 90 years at the high end and 66 years at the low end. The three subindexes are then added

together and divided by three to yield the American Human Development Index value. (A detailed technical description of how the index is calculated is contained in the Methodological Notes.)

In this report and others, the index score is presented for the whole population—the score for Louisiana is 4.35 out of 10—as well as for different slices of the population. In Measure of America's national work, scores are presented, for instance, by state and congressional district. For this report, index scores are presented by **demographic group** and by **geography**. The sections that address well-being through a demographic lens present scores by gender and by race and ethnicity. The sections that address well-being through a geographic lens present scores by parish, by public use microdata area (a Census Bureau—designated geography that has a population of at least 100,000 people), and, in some cases, by census tract.

The pages that follow present the results of the overall HDI and the child and youth well-being dashboard; explore in greater detail the constituent parts of the HDI, namely health, education, and earnings; and make recommendations about how to increase the HDI scores for everyone, particularly for the groups with the lowest scores.

FIGURE 4 Calculating the American HDI



BOX 5 Why Don't All Groups and Places Have an HDI Score?

You will notice that on some maps, specific areas appear in gray, and that in some tables, values for certain groups or locales are missing. Gray areas and missing values indicate that the data for that place or demographic group are not statistically reliable. Most of the cases of unreliability in this report stem from having a sample size that is too small to allow for statistically reliable calculations. For example, while we are able to calculate life expectancy at birth for Asian Louisianans overall, the population is too small to allow us to calculate life expectancy for Asian women and Asian men separately, as we were able to do for the state's larger Black, Latino, and white populations. (In states like California with large Asian populations, we are able to calculate life expectancy at birth not only for Asian women and men separately but also for several Asian subgroups.)

For this report, for some groups we increased the sample size by using several years' worth of data rather one year; doing this allowed us to provide life expectancy estimates (and therefore HDI scores) for Asians, Black women and men, Latino women and men, and white women and men. One year's data was sufficient for other calculations. "Rolling up" several years of data increases reliability but

decreases timeliness; using just the most recent year improves timeliness but makes it impossible to calculate rates for small populations. It's a trade-off.

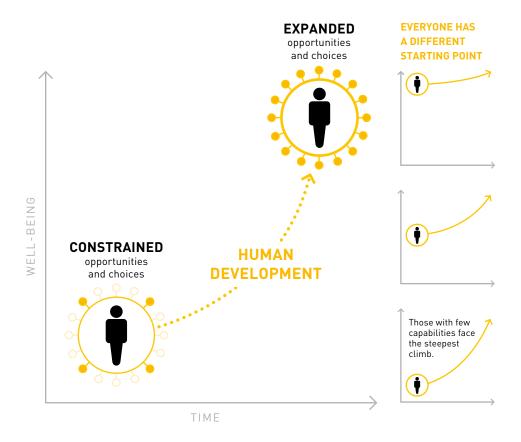
Another limitation in our ability to provide everyone an HDI score stems from the way in which the data we use for the index are collected. We would like, for example, to calculate scores for LGBTQ Louisianans, but are unable to do so because the American Community Survey does not provide a way for people to report information about their sexual and gender identities beyond marking the box for male or female.

What Is Human Development?

Human development is about the real freedom ordinary people have to decide who to be, what to do, and how to live. These diagrams illustrate the central ideas of human development and visually depict how we measure it using the American Human Development Index.

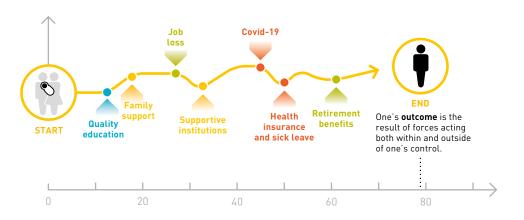
CONCEPT

Human development is defined as the process of enlarging people's freedoms and opportunities and improving their well-being.



JOURNEY

Human development can be understood as a journey. Even before one's life begins, families play a role in setting the trajectory of one's human development. Numerous factors and experiences alter the course of one's journey through life, helping or hindering one's ability to live a freely chosen life of value.



CAPABILITIES

Capabilities—what people can do and what they can become—are central to the human development concept. Many different capabilities are essential to a fulfilling life.

Our capabilities are expanded both by our own efforts and by the institutions and conditions of our society.

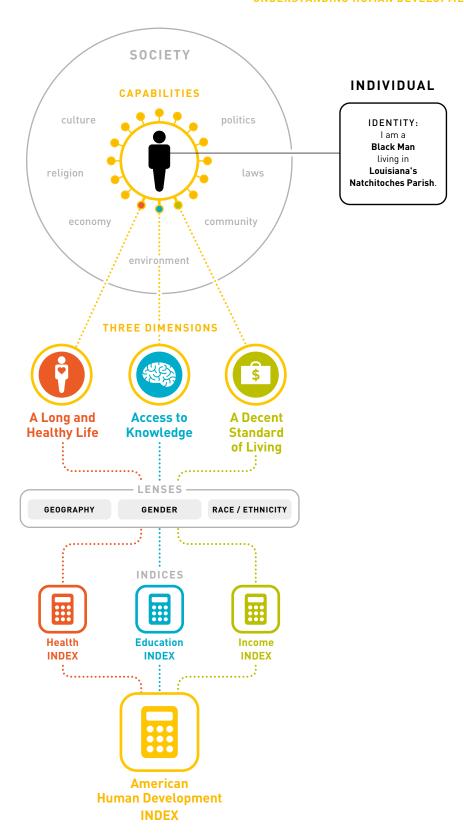
Of all the capabilities, this report focuses in-depth on just three, all of which are relatively easy to measure. They are considered core human development dimensions.

LENSES

The results of the American Human Development Index reveal variations among states and parishes; between women and men; and among racial and ethnic groups.

INDEX

The modified American Human Development Index measures the same three basic dimensions as the UN HDI, but it uses different indicators to better reflect the US context and to maximize use of available data.



What the Human Development Index Reveals



Introduction

Variation by Gender

Variation by Race and Ethnicity

Variation by Parish

Threats to Human Development:
Incarceration and Youth Disconnection

Child and Youth Well-Being Dashboard

Introduction

Louisiana's American Human Development Index score has steadily increased over the last decade, from 3.92 in 2007 to 4.35 today. Life expectancy at birth increased from 75.3 years to 76 years, the share of adults without high school diplomas dropped from 20.6 percent to 14.0 percent, and the share of adults with bachelor's degrees increased from 20.1 percent to 24.3 percent. This progress is heartening. Since state averages mask disparities among different groups of people in Louisiana, however, exploring well-being by gender, race, and place is critical.

TABLE 1 Louisiana Human Development Index Over Time

YEAR	ны	LIFE EXPECTANCY AT BIRTH (years)	LESS THAN HIGH SCHOOL (% of adults 25+)	AT LEAST BACHELOR'S DEGREE (% of adults 25+)	GRADUATE OR PROFESSIONAL DEGREE (% of adults 25+)	SCHOOL ENROLLMENT (%)	MEDIAN EARNINGS (2018 dollars)	HEALTH INDEX	EDUCATION INDEX	INCOME INDEX
2018	4.35	76.0	14.0	24.3	8.4	76.4	31,192	4.16	4.62	4.25
2007	3.92	75.3	20.6	20.1	6.8	82.9	29,481	3.9	3.9	3.9
2005	3.85	74.0	19.5	20.6	7.1	83.7	28,382	3.3	4.1	4.1
2000	3.87	74.4	25.2	18.7	6.5	84.7	30,890	3.5	3.9	4.3
1990	3.15	73.1	31.7	16.0	5.5	80.3	27,965	3.0	2.9	3.6

Sources:

2018: Life Expectancy: Measure of America calculations using mortality data from the Centers for Disease Control and Prevention and population data from CDC Wonder and the US Census Bureau, 2017. Education and earnings: Measure of America calculations using US Census Bureau ACS Public Use Microdata Sample, 2018.

Other years: See Methodological Notes in Burd-Sharps, Lewis, and Borges Martins, A Portrait of Louisiana: Louisiana Human Development Report 2009.

Note: School enrollment is calculated slightly differently in 2018 than in the previous years, so HDI values are not fully comparable. The differences, however, are minimal.

Variation by Gender

Unlike women in the country as a whole, women in Louisiana have a slightly lower American Human Development Index score than their male counterparts. They live over five years longer than men and have a slight edge in school enrollment and educational attainment, but nonetheless earn nearly \$16,000 less, a gap \$5,000 larger than that found in the United States as a whole. Some states have gender earnings gaps of half that or less. In Louisiana, women take home just \$0.61 for every dollar earned by men (see PAGE 98 for an exploration of the gender earnings gap).

Variation by Race and Ethnicity

The HDI scores of Louisiana's four major racial and ethnic groups range from 2.93 for Black residents to 6.29 for Asian residents.

The racial and ethnic categories featured in this report—Asian, Black, Latino, and white—are defined by the White House Office of Management and Budget. One disadvantage of these categorizations is that they are extremely broad. The category "Asian," for instance, includes Louisianans who trace their heritage to countries as different as India and Vietnam and whose earnings and educational attainment vary sharply. As internally diverse as these racial and ethnic categories are, however, the fact that such large disparities consistently exist between them, not just in Louisiana but also in other states and at the national level, shows that, despite their limitations, race and ethnicity provide meaningful lenses through which to assess well-being.

The HDI scores of Louisiana's four major racial and ethnic groups range from 2.93 for Black residents to 6.29 for Asian residents. Asians, whose score is more than double that of Black Louisianans, are the only group to score above the US average. White and Latino residents fall evenly in the middle of the range, with white Louisianans slightly edging out Latinos.

TABLE 2 Human Development Index by Gender and by Race and Ethnicity

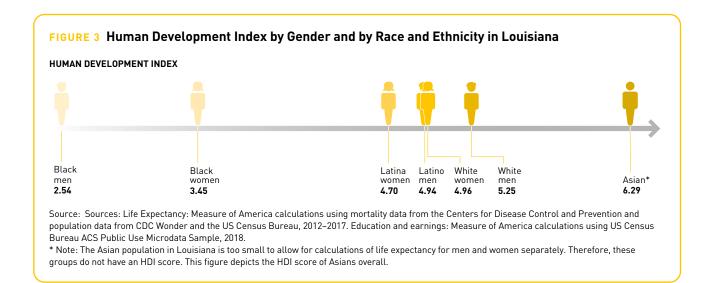
RANK	ны	LIFE EXPECTANCY AT BIRTH (years)	EDUCATION INDEX (out of 10)	MEDIAN EARNINGS (\$)	YOUTH DISCONNECTION [%]
UNITED STATES	5.24	78.6	5.37	35,309	11.2
LOUISIANA	4.35	76.0	4.62	31,192	16.4
GENDER	,				
1 Men	4.47	73.1	4.30	41,057	18.4
2 Women	4.35	78.9	4.93	25,137	14.4
RACE/ETHNICITY					
1 Asian	6.29	87.5	6.79	26,457	
2 White	5.15	76.8	5.07	39,288	12.2
3 Latino	4.62	84.0	3.53	25,422	15.8
4 Black	2.93	73.4	3.73	22,430	22.3
GENDER AND RACE/ETHNICITY					
1 White Men	5.25	74.4	4.83	49,406	12.2
2 White Women	4.96	79.5	5.31	29,896	12.2
3 Latino Men	4.94	84.2	3.15	30,481	12.5
4 Latina Women	4.70	89.0	3.94	18,383	19.0
5 Black Women	3.45	76.8	4.21	21,329	17.4
6 Black Men	2. 5 4	69.5	3.17	26,066	27.1
Asian Men			7.34	31,127	
Asian Women	-	-	6.21	25,133	-

Sources:

Life Expectancy: Louisiana: Measure of America calculations using mortality data from the Centers for Disease Control and Prevention and population data from CDC Wonder and the US Census Bureau. Estimates for Louisiana, Men, Women, Black, Latino, and White use 2017 data. Estimates for Asian and all gender and race/ethnicity combinations use 2012–2017 data. US: Centers for Disease Control and Prevention, National Center for Health Statistics, 2017.

Education and earnings: Measure of America calculations using US Census Bureau ACS Public Use Microdata Sample, 2018. Youth Disconnection: Measure of America calculations using US Census Bureau ACS Public Use Microdata Sample. Estimates for Latino men and women use 2014–2018 data. All other estimates use 2018 data.

Note: Unreliable estimates have been omitted.

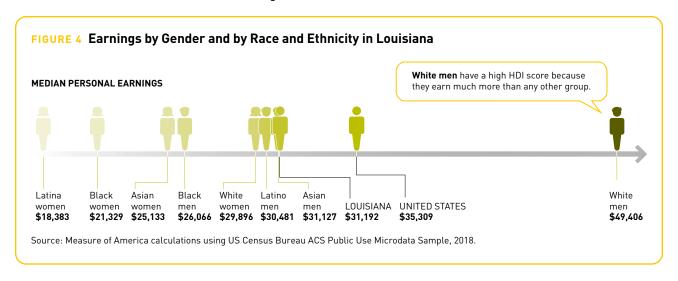


Asians, who make up less than 2 percent of the state's population, have an HDI score of 6.29. Their life expectancy is 87.5 years, longer than that of any other racial or ethnic group. Asian residents also have the highest levels of educational attainment—44.6 percent hold bachelor's degrees and 17.3 percent hold graduate degrees. Despite these high levels of education, though, earnings are below the statewide average and nearly \$13,000 less than that of white Louisianans. This disparity may be explained in part by the fact that two-thirds of Asian Louisianans were born overseas, and it is sometimes difficult for immigrants to have professional credentials earned in their countries of origin recognized in the United States.

Because the Asian population in Louisiana is relatively small, Measure of America was unable to calculate life expectancy separately for Asian men and Asian women, which means that this report does not present life expectancy or HDI scores for Asian Louisianans by gender. Education and earnings data, however, are available. Asian men have slightly better educational outcomes than women, with the largest difference in graduate degree attainment; 21.8 percent of Asian men have a graduate degree, compared to 13.3 percent of women. These rates are still the highest and second highest among all groups in the state. Asians are the only group in which men have higher levels of education than women.

White Louisianans have the second-highest index score, 5.15, a bit below the overall national score of 5.24. On average, white residents live 76.8 years, nearly 11 years less than Asian residents and 7 years less than Latino residents. Just over one-quarter of white adults have a bachelor's degree, which is slightly below the US average and second only to Asians in the state. In terms of earnings, however, white residents far exceed all the other groups in Louisiana, with a median of nearly \$40,000. This difference is driven by the outsized earnings of white men,

\$49,406, which is a whopping \$18,000 more than the next-highest-earning group, Asian men. White men and women have the largest earnings gap of the four racial and ethnic groups, nearly \$20,000. This gap is particularly striking given that white women have higher levels of educational attainment than white men.



Latino residents score 4.62 on the index, just a bit below white residents. They make up about 5 percent of Louisiana's population. Latinos have particularly strong outcomes in health, with a life expectancy of 84 years, but face greater challenges in education and earnings. Latina women exemplify this divergence; they live longer than any other group, 89 years, but have the lowest median earnings, \$18,383. Latino men, on the other hand, have slightly lower levels of education but earn just over \$30,000. Proportionally, this gender earnings gap is very similar to that of white Louisianans. Latina women take home \$0.60 for every dollar earned by Latino men.

Black Louisianans are the only racial group in which women outscore men on the HDI.

Black Louisianans have the lowest well-being score, 2.93, and both the lowest life expectancy and the lowest median earnings of the four major racial and ethnic groups.

Black Louisianans are the only racial group in which women outscore men on the HDI. Black women and men also have the largest well-being gap of any group, with women scoring nearly a full point higher than men. This gap is largely due to differences in life expectancy; Black women live over seven years longer than their male counterparts. Black men have a life expectancy of just 69.5 years, the lowest of any group.

The educational attainment levels of Black women are just a bit below the statewide average, but their earnings lag far behind. At about \$21,000, theirs are the second-lowest earnings in the state. Black Louisianans have the smallest gender earnings gap of any racial group; Black women take home \$0.82 for every dollar made by Black men.

Variation by Parish

The Human Development Index reveals vast differences in the well-being of Louisianans across the state. Index scores range from 1.49 in East Carroll Parish to 5.35 in Ascension Parish (see TABLE 5). Only the best-performing parish scores higher than the US average, 5.24. These high- and low-scoring parishes are representative of regional trends across Louisiana: the parishes with the lowest scores are clustered in the northeast and those with the highest scores in the southeast. One notable exception is the relatively high-scoring Bossier Parish, adjacent to Shreveport, in Louisiana's northwest corner. This anomaly illustrates a key point—all ten of the highest-scoring parishes are home to medium-to-large cities or their suburbs, whereas the ten lowest-scoring parishes are all made up of small towns and rural areas. Black communities in rural areas in particular are struggling: in four of the six lowest-scoring parishes, the majority of residents are Black, and in one parish, 49 percent are.

The racial and geographic patterns in health, education, and earnings outcomes we see today did not arise randomly. Rather, they were constructed over hundreds of years through complex systems of racism, economic exploitation, and segregation. For more on how the terrain of well-being in Louisiana today was shaped by historical factors, see BOX 7.

TABLE 5 Human Development Index by Parish

RANK	HDI	LIFE EXPECTANCY AT BIRTH (years)	EDUCATION INDEX (out of 10)	MEDIAN EARNINGS (\$)	YOUTH DISCONNECTION (%)	
UNITED STATES	5.24	78.6	5.37	35,309	11.2	
LOUISIANA	4.35	76.0	4.62	31,192	16.4	
1 Ascension	5.35	76.9	4.94	43,678	12.5	
2 St. Tammany	5.13	76.5	5.73	36,239	13.1	
3 St. Charles	4.86	75.6	4.45	40,990	20.3	
4 Lafayette	4.67	76.5	5.27	31,731	9.8	
5 Livingston	4.50	74.3	4.26	39,024	14.7	
6 Orleans	4.48	74.4	5.79	30,774	15.5	
7 West Baton Rouge	4.44	74.9	4.18	36,960	13.7	
8 Jefferson	4.38	75.3	4.72	32,654	13.2	
9 East Baton Rouge	4.37	74.2	5.58	30,615	10.6	
10 Bossier	4.28	75.8	4.22	32,440	15.4	
11 Lafourche	4.12	74.8	3.82	34,173	17.1	
12 St. James	3.95	74.4	3.83	32,447	17.3	
13 Vermilion	3.92	75.0	3.60	31,791	18.1	
14 St. John the Baptist	3.90	73.2	4.05	33,014	14.7	
15 Pointe Coupee	3.88	73.0	3.89	34,020	19.7	
16 Ouachita	3.83	73.4	4.49	29,814	19.3	
17 Plaquemines	3.82	71.6	4.29	33,976	23.9	
18 St. Martin	3.75	74.0	3.74	30,872	17.2	

All ten of the highest-scoring parishes are home to medium-to-large cities or their suburbs, whereas the ten lowest-scoring parishes are all made up of small towns and rural areas.

TABLE 5 Human Development Index by Parish (Continued)

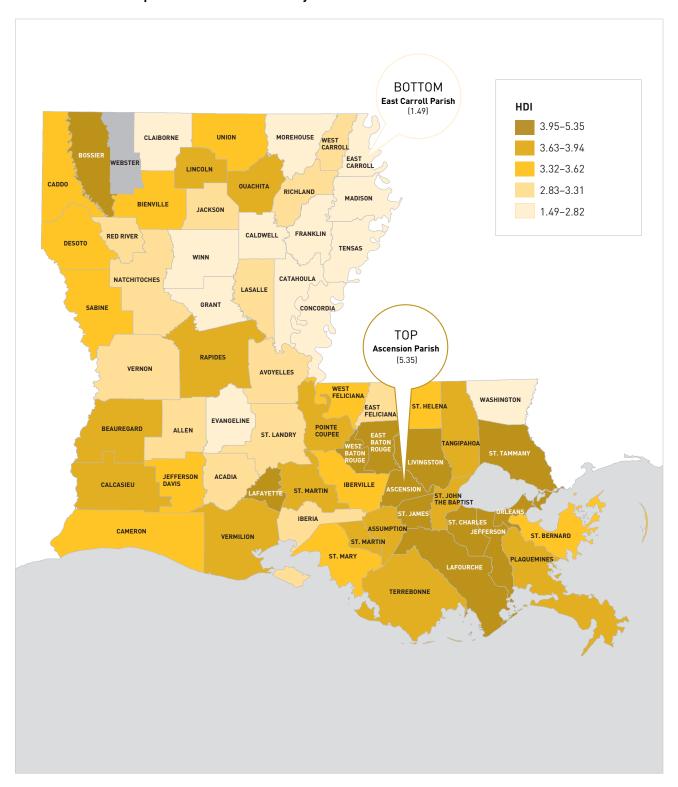
	ны	LIFE EXPECTANCY AT BIRTH (years)	EDUCATION INDEX (out of 10)	MEDIAN EARNINGS (\$)	YOUTH DISCONNECTIO (%)
RANK					
19 Lincoln	3.75	75.9	5.91	20,111	9.2
20 Assumption	3.73	74.6	2.90	33,310	
21 Rapides	3.71	72.5	4.40	30,067	19.2
22 Calcasieu	3.70	72.1	4.48	30,506	14.2
23 Tangipahoa	3.70	72.8	4.29	30,014	13.8
24 Beauregard	3.66	73.4	3.31	32,689	27.0
25 Terrebonne	3.63	73.5	3.42	31,520	19.2
26 St. Helena	3.61	73.0	3.65	31,281	_
27 Caddo	3.56	72.7	4.55	27,412	19.3
28 Union	3.56	73.2	3.47	30,971	
29 DeSoto	3.56	73.5	3.67	29,631	23.3
30 Sabine	3.54	72.9	3.63	30,466	27.6
31 Jefferson Davis	3.53	72.4	4.06	29,467	19.8
32 St. Mary	3.50	73.1	3.23	31,424	19.5
33 West Feliciana	3.49	73.0	4.08	27,993	-
34 Cameron	3.47	72.1	3.37	32,337	-
35 Iberville	3.47	73.1	3.17	31,225	28.0
36 St. Bernard	3.43	71.6	3.76	30,995	21.6
37 Bienville	3.32	74.0	3.51	26,580	24.1
38 Allen	3.27	73.4	3.15	28,405	33.9
39 Iberia	3.26	73.0	3.33	28,138	20.4
40 Vernon	3.20	73.8	2.65	28.829	16.1
41 East Feliciana	3.19	73.0	2.91	29,070	33.9
42 Natchitoches	3.17	73.0	4.56	22,598	15.8
43 Acadia	3.17	72.6	3.36	27,584	21.3
44 Jackson	3.14	74.3	3.26	24,873	30.4
45 Avoyelles	3.07	71.8	3.05	28,870	32.5
46 Red River	2.99	71.3	3.55	26,921	
47 West Carroll	2.90	69.9	3.03	30,297	34.0
48 LaSalle	2.83	70.2	2.87	29,579	34.0
49 St. Landry	2.83	70.2	3.27	26,221	25.9
50 Richland	2.83	72.6	3.29	•	28.7
51 Franklin	2.81	71.5		24,066 25,991	33.2
	2.80	····•	3.18 2.97	•	•••
52 Grant		73.4	•	23,778	28.8
53 Winn	2.73	70.2	3.33	26,487	28.8
54 Concordia	2.66	71.3	3.34	23,916	28.6
55 Washington	2.59	70.5	3.16	25,078	28.3
56 Catahoula	2.55	69.3	2.27	30,147	36.9
57 Evangeline	2.53	72.0	2.98	22,947	24.0
58 Claiborne	2.51	73.6	3.38	19,470	31.5
59 Caldwell	2.48	70.2	3.08	24,629	
60 Morehouse	2.18	69.9	2.20	25,029	27.9
61 Tensas	2.07	71.3	2.95	19,607	<u>+</u>
62 Madison	2.03	70.5	2.52	21,614	46.4
63 East Carroll	<mark>1</mark> .49	69.9	1.28	21,118	77.2
n/a Webster			3.58	21,346	18.0

Life Expectancy: Measure of America calculations using mortality data obtained with special agreement from the Louisiana Department of Public Health and population data from CDC Wonder and the US Census Bureau, 2012–2017. Education and earnings: US Census Bureau ACS, 2014–2018.

Youth Disconnection: Custom tabulation obtained from the US Census Bureau ACS, 2014–2018.

Note: Unreliable estimates have been omitted.

MAP 6 Human Development Index in Louisiana by Parish

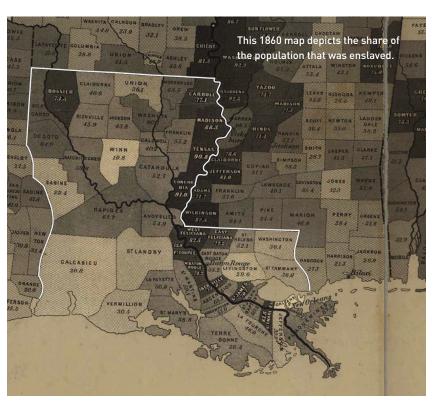


BOX 7 The Enduring Legacy of Slavery

In 1860, at the height of slavery in the United States, nearly half of all Louisiana residents were enslaved.1 This figure exceeded 70 percent in nearly every parish along the Mississippi River, where large plantations were concentrated. In the Mississippi Delta region, stretching across Arkansas, Mississippi, and Louisiana, enslaved people made up a larger percentage of the population than almost anywhere else in the country. In Tensas and Concordia Parishes, 91 percent of residents were enslaved African Americans.² Today, these and neighboring parishes in the northeast corner of Louisiana have some of the lowest HDI scores in the country, an enduring legacy of this cruel chapter of American history. It is not a coincidence that Black Louisianans are the lowestscoring racial and ethnic group statewide. Black Louisianans, especially those living in rural areas, continue to feel the direct and lasting impacts of the white supremacist ideology, economic disempowerment, and systematic violence that began on the American plantation.

The Thirteenth, Fourteenth, and Fifteenth Amendments to the US Constitution abolished slavery and promised Black Americans citizenship and voting rights, but the restructuring of society envisioned by abolitionists and begun during Reconstruction was met with sharp and often violent opposition from white Americans. Whites opposed to real freedom for Black Americans as well as a loss of their own hegemonic power established new systems to ensure their continued social, political, and economic dominance.

As an immediate reaction to emancipation, the postbellum South quickly established Black Codes that severely restricted the freedoms of

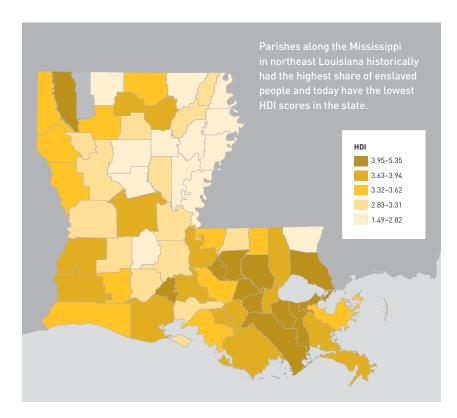


Source: Hergesheimer, Map Showing the Distribution of the Slave Population of the Southern States and the United States.

Black residents and, in many cases, closely replicated many of the conditions under slavery. Louisiana's laws included prohibitions on traveling without the permission of an employer, congregating without permission, carrying weapons, and renting a house. Black people's labor was strictly regulated with a view to maintaining the economic exploitation that propped up the agricultural economy. Black workers were required to sign binding, yearlong contracts with white landowners, often their previous owners, with strict consequences for termination and prohibitions against working other types of jobs or being without a job. 3, 4 The post-plantation sharecropping system

exploited Black families, kept Black
Louisianans from owning property or
amassing enough capital for autonomy,
and allowed white landowners to retain
wildly disproportionate economic power—
power fortified by terrorism against
Black families and aimed at suppressing
political organizing and silencing demands
for equal rights.

The sharecropping system was not the inevitable result of the abolition of slavery. The law that established the Freedmen's Bureau, an agency created in 1865 to help create economic independence for formerly enslaved people, included a plan to redistribute land abandoned and seized during the



Civil War—the well-known promise of "forty acres and a mule." Barely six weeks after the bureau began distributing land, however, President Andrew Johnson overturned the law, ordering most confiscated land returned to its original owners.5 Other efforts at land redistribution also failed, including the Southern Homestead Act, which aimed to provide land at a very low cost to Black Americans and whites loyal to the Union. In practice, the land was often unfit for farming, and the bureaucratic hurdles required to claim it effectively excluded most Black people. Thus, unlike the more than 1.6 million white families who benefited from either

the original Homestead Act or the Southern Homestead Act, Black families overwhelmingly began their postemancipation lives in desperate poverty and with virtually no landholdings with which to support themselves, let alone build wealth.⁶

The share of Louisiana farmers classified as tenants expanded from one-third in 1880 to two-thirds in 1930.7 Still, some Black farmers did manage to acquire their own land—in 1930 about one in five Louisiana farm owners were Black.8 As the agriculture industry transitioned to favor large-scale farms, however, Black farmers were frequently denied the capital and support needed to keep up;9 in 2017

only 7 percent of primary farm operators in the state were Black.¹⁰

In addition to the anti-Black laws and practices specific to the South, ostensibly race-neutral federal legislative programs also systematically excluded Black families. Under the New Deal and Fair Deal, Social Security famously excluded domestic workers and farm laborers, who were disproportionately Black; banks extending loans under the Fair Housing Act excluded residents of Black neighborhoods, a practice known as redlining; and the GI Bill provided the lion's share of economic assistance to white returning veterans.¹¹

The results of these discriminatory policies, rooted in slavery and the dehumanization of Black people since America's earliest days, are plain to see: Black families disproportionately live in poverty and have far less wealth than white families, residential segregation continues to concentrate Black children in under-resourced schools, Black people suffer poorer health outcomes and higher rates of mortality at all ages than their white counterparts, Black workers have lower wages and higher rates of unemployment than white workers, and Black Louisianans are disproportionately represented in prison populations.

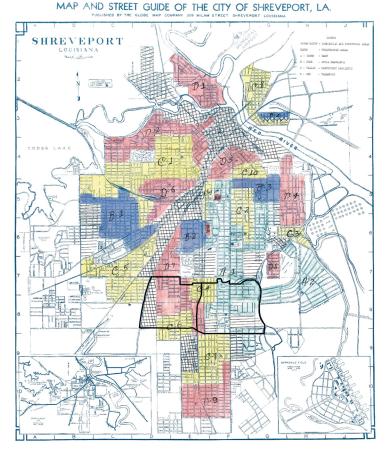
These grave inequalities are not accidental byproducts of various policies; rather, they are often the intended results. But just as people can use laws, policies, and practices to create inequality, so, too, can they use these instruments to dismantle it. What we need today are policies as focused on expanding the freedoms and improving the well-being of Black people as earlier policies were on disenfranchising, dehumanizing, and discriminating against them.

BOX 8 On the Other Side of the Highway: A Tale of Two Neighborhoods in Shreveport

Interstate 49 runs through the center of Shreveport, cleaving the city in two, both geographically and racially. The neighborhoods that lie west of the highway are almost exclusively Black, while those to the east are predominately white. Nowhere is the distinction between the two halves of the city as stark as at the boundary between Caddo Heights and South Highlands. The South Highlands census tract, on the east side of I-49, has the highest HDI score in all of Caddo Parish, 8.55. Just across the highway in Caddo Heights, the score is just 1.51, more than 7 points lower.

These two neighborhoods provide a vivid picture of the differences between places with low and high index scores. South Highlands has a life expectancy of 83 years, 72.3 percent of adults have a bachelor's degree, and the typical worker makes \$60,980 annually. Over 85 percent of residents are white. Across the highway in Caddo Heights, the average life expectancy is 70.5 years, 7.8 percent of adults have a bachelor's degree, and median personal earnings are just \$16,853. Over 90 percent of residents are Black.

These deep disparities are a consequence of institutionalized policies of residential segregation and are often aligned with features of the built environment like Interstate 49. Racial zoning, which explicitly codified who could live in a neighborhood, and then redlining, which produced the same effect implicitly, have both shaped the structure of Louisiana cities. Redlining—the name given to the process the federal government's mortgage-lending institution, the Home Owners' Loan Corporation (HOLC), used to assess neighborhoods for "mortgage risk" blocked nonwhite communities from receiving federally quaranteed housing loans during the New Deal era by labeling lower-income and Black neighborhoods as



Home Owners' Loan Corporation Mortgage Security Grades (circa 1935–1940)

A: "Best" B: "Still Desirable" C: "Definitely Declining" D: "Hazardous"

Source: Nelson et al., "Mapping Inequality."

"risky" investments. (The name "redlining" comes from the fact that so-called risky areas were colored red on HOLC's residential security maps; areas deemed least risky were colored green.) The HOLC map of Shreveport shows that South Highlands was within a green zone, while Caddo Heights was made up of red and yellow zones labeled "hazardous" and "definitely declining." Interestingly, at the time the map was made, the red zone was 80 percent white but was composed of "low type of wage earners laborers and

some truck gardeners."12 Over time, though, as Black families moved to and around Shreveport and were only able to settle in the lower-graded areas of the city, and as white families moved away to Bossier City and surrounding suburbs, the west side became nearly exclusively Black. When Interstate 49 was built in the 1980s, it effectively cut the city in two. Now it is only possible to cross between these two neighborhoods on roads marking their northern and southern edges, about two miles apart.

Shreveport Is Highly Segregated by Race **Bossier City Shreveport** SOUTH HIGHLANDS 86% of residents are white HDI 8.55 Life expectancy 83.0 years CADDO HEIGHTS Adults with a bachelor's degree 72.3% 91% of residents are Black Median personal earnings \$60,980 HDI 1.51 Life expectancy 70.5 years 7.8% Adults with a bachelor's degree **POPULATION** Median personal earnings \$16,853 = 1 🛊 Black White Other

Threats to Human Development

In our year of consultations for this report, two subjects were identified again and again as threats to human development in Louisiana that required a closer look: incarceration and youth disconnection. These topics, which have negative impacts on the health, access to knowledge, and living standards of far too many Louisianans, are discussed below as well as in chapters that follow.

What's the Difference Between Jail and Prison?

According to the Bureau of Justice, "Jails are locally operated short-term facilities that hold inmates awaiting trial or sentencing or both, and inmates sentenced to a term of less than one year, typically misdemeanants. Prisons are longer-term facilities run by the state or the federal government that typically hold felons and persons with sentences of more than one year." 17



Short term Locally operated

PRISON
Long term
State
or federal
government
operated

INCARCERATION: A SYSTEMIC HURDLE FOR LOUISIANA

In June 2017, Louisiana successfully enacted a bipartisan package of Justice Reinvestment (JRI) legislative reforms that aimed to reduce incarceration.¹³ As the reforms went into effect, incarceration rates dipped below those in Oklahoma for one year¹⁴ before reforms in the OK state caused Louisiana to reclaim its title as the world's "prison capital"; the state imprisons 683 inmates per 100,000 residents, compared to the national rate of 440 per 100,000 residents.¹⁵ While the reforms are a step in the right direction—and the state's incarceration rate has been steadily falling since its peak in 2012—much remains to be done.

In the past decade, works such as Michelle Alexander's *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*, along with increased activism, community organizing, and legislative proposals, have made it impossible to ignore the impacts of mass incarceration on Black communities, and Louisiana is an acute case in point. Black Louisianans are starkly overrepresented in both the jail and prison systems relative to their proportion in the overall population. Thirty-three percent of the state population is Black, but 52 percent of the jail population was Black in 2015, and 67 percent of the prison population was Black in 2017. This disparity contributes to the extraordinary gaps in HDI scores between Black and white residents of the state.

Why is the state of Louisiana such an outlier in the United States—a country that is itself an outlier, with more prisoners than any other nation on earth, including China and Russia? One reason is Louisiana's unusually harsh sentencing standards, particularly the use of life in prison without parole. As of 2017, more than 11,000 people with little-to-no chance of release were behind bars in Louisiana; these inmates, sentenced to life in prison or de facto life in prison (i.e., the length of their prison sentence extends beyond their expected lifespan), make up 30.8 percent of the state's prison population. Some of these individuals are serving life sentences for crimes they committed as children, a practice ruled unconstitutional in 2016; rather than automatically abolishing life sentences for these juvenile offenders, Louisiana requires that they undergo lengthy and complicated resentencing hearings. Habitual offender statutes—commonly known as "three-strikes" sentencing rules—serve to crowd prisons with low-level, nonviolent offenders. The ability to charge teenagers ages 15 to 17 as adults is

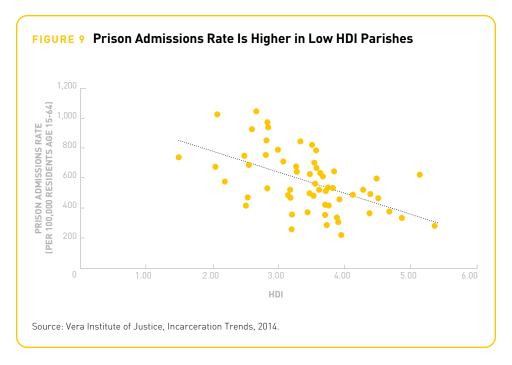
another factor behind Louisiana's high incarceration rate; Louisiana is one of only three states that automatically exclude children from the juvenile justice system if they are charged with certain crimes, allowing the district attorney to prosecute a case in adult court based only on the offense and the age of the child.¹⁹

The woeful underfunding of the public defender system, which effectively robs low-income defendants of their rights to representation and a fair trial, is yet another cause of Louisiana's sky-high incarceration rate. And the power of district attorneys and their influential lobbying group, the Louisiana District Attorney Association (LDAA), which has enormous sway over which legislative reform bills pass and which do not, is yet another obstacle to decarceration; they reliably block bills aimed at reducing mass incarceration and champion harsh sentences for adults and juveniles alike. The specter of a harsh sentence—for instance, a 99-year sentence for a 16-year-old charged with murder—makes it more likely that a defendant will accept a plea deal, pleading guilty even if innocent and ending up behind bars for decades. While it is impossible to know what motivates individual district attorneys, boasting a winning prosecutorial record and presenting a law-and-order persona in a fairly conservative state in order to win elected office is arguably a powerful incentive for blocking prison reform.²⁰

Yet another obstacle to reform is money. In addition to drawing our attention to profound inequities in enforcement, sentencing, and incarceration, scholarship in recent decades has also highlighted the economic interests at stake in the so-called prison-industrial complex.²¹ Soaring rates of incarceration since the 1970s have made prisons and jails major sites of economic activity, both through the use of prison labor and the operation of for-profit, privately owned prisons²² and through the entrenched ties between public spending on the construction and operation of corrections facilities and local employees, contractors, and related businesses.²³ Economic interests are especially clear in rural communities, where correctional facilities are often among the largest local employers, as in West Feliciana Parish, the home of the Louisiana State Penitentiary (see PAGE 102).

Nationwide, rural communities are experiencing the sharpest increases in incarceration rates, especially in jails. In Louisiana, people held in local jails on behalf of federal, state, and other local law enforcement and corrections agencies make up more than half of the jail population (in 2014, 55 percent of the jail population were held on behalf of nonlocal authorities²⁴). Rural communities often lack the resources to pursue reforms and alternatives that would reduce the number of jail admissions, in addition to being under pressure to increase jail capacity in order to cash in on financial incentives to house state prisoners and detained undocumented immigrants.²⁵ Since 2000, the state pretrial jail incarceration rate has increased by 159 percent in rural parishes, but has decreased by 34 percent in urban parishes. One striking case study is East Carroll Parish, where parish jails recorded a staggering 20,632 admissions in 2015—more than four times the parish's total population.²⁶

Black Louisianans are starkly overrepresented in both the jail and prison systems relative to their proportion in the overall population. Rates of admission to prison vary widely across the state. Figure 9 shows the relationship between parish HDI scores and prison admissions rates, revealing that lower-scoring parishes send residents to prison at higher rates. The differences are stark: the average incarceration rate is nearly twice as high in the lowest-scoring parishes as in the highest-scoring ones (about 750 per 100,000 in parishes with HDI scores under 2.50, compared with about 420 per 100,000 in parishes scoring 4.50 and above).²⁷ These findings show how incarceration disproportionately impacts families who are already struggling, creating a vicious cycle that both criminalizes and entrenches poverty.



The human development impact on people in prison or jail needs little elaboration—spending time behind bars alters one's trajectory forever in the form of reduced freedom and curtailed options and opportunities in every realm. For children, parental incarceration is devastating. It heightens risks of trauma, stigma, and feelings of guilt and loss and introduces economic instability through the impact on parents' employment and housing upon release. The effects extend beyond individual children to whole families and communities, especially in areas experiencing excessive policing and mass incarceration. The impacts of incarceration on health, education, and living standards will be discussed in more detail in the following chapters, along with solutions specific to those areas.



Incarceration impacts all three components of the Human Development Index: health, education, and earnings.

Incarceration also discussed on pages: 60 64 90 112 147

BOX 10 Immigrant Detention

Through agreements with Immigration and Customs Enforcement (ICE), several local sheriffs and private prison companies have expanded the number of beds available to detain asylum seekers and other migrants to 11,541, second only to Texas—making Louisiana a receiving center for sharply increased ICE arrests under the Trump administration. The isolated rural locations of the detention centers in Louisiana and Mississippi make it difficult for detainees to secure legal counsel to pursue asylum cases, as the average drive from New Orleans (where more immigrant legal services are concentrated) is about four hours.²⁸ The increase in ICE detainees could account for some, though not all, of the growth in rural jail populations.

YOUTH DISCONNECTION

Since Measure of America first wrote about youth disconnection in 2012, public awareness of both the plight and promise of these young people—teens and young adults between the ages of 16 and 24 who are neither working nor in school—has grown by leaps and bounds. The youth disconnection rate in the United States declined every year between 2010 and 2018, thanks in great part to the economic recovery and expansion following the Great Recession. Although disconnection declined for all racial and ethnic groups between 2010 and 2018, however, the gap between the groups with the highest and lowest rates—Native American and Asian youth—did not narrow appreciably. According to the latest data available as of this writing, there are still 4.4 million disconnected young people in the United States, racial and ethnic disparities persist, and the coronavirus pandemic is dramatically increasing the ranks of out-of-work, out-of-school young people. The pandemic will likely erase a decade's worth of progress in bringing down the youth disconnection rate, with as many as one in four young people nationwide finding themselves out of school and out of work by the end of 2020.²⁹

Youth disconnection matters to human development because many of the capabilities fundamental to a flourishing, freely chosen life are accrued during the teens and early twenties. Early experiences with the autonomy of adulthood—participating in clubs and organizations of one's choosing, learning to drive, earning a first paycheck, choosing a college major—build confidence and a sense of agency. Those detached from school and work during the critical years of emerging adulthood miss out on these and other positive firsts, experiences that allow young people to garner credentials, develop social and emotional skills, and build networks that aid in the transition to the workforce and shape their sense of self. Young people who go through a spell of disconnection during this critical period often continue to experience repercussions years down the road in the form of limited educational attainment, lower wages, higher rates of unemployment, and worse health.³⁰ And society as a whole suffers from a huge loss of human potential and tax revenue, as well as a host of ills associated with poor socioeconomic outcomes, like higher rates of crime.

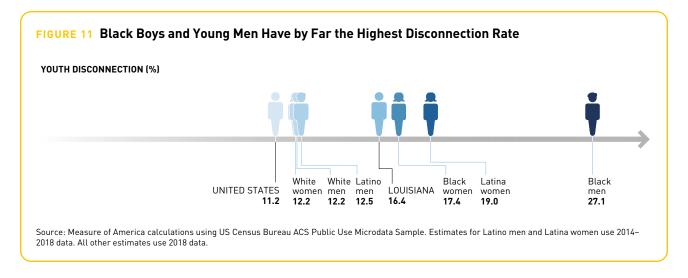
Across the state, youth disconnection ranges from 9.2 percent in Lincoln Parish to 77.2 percent in East Carroll Parish.



Explore the data on youth disconnection on our website:

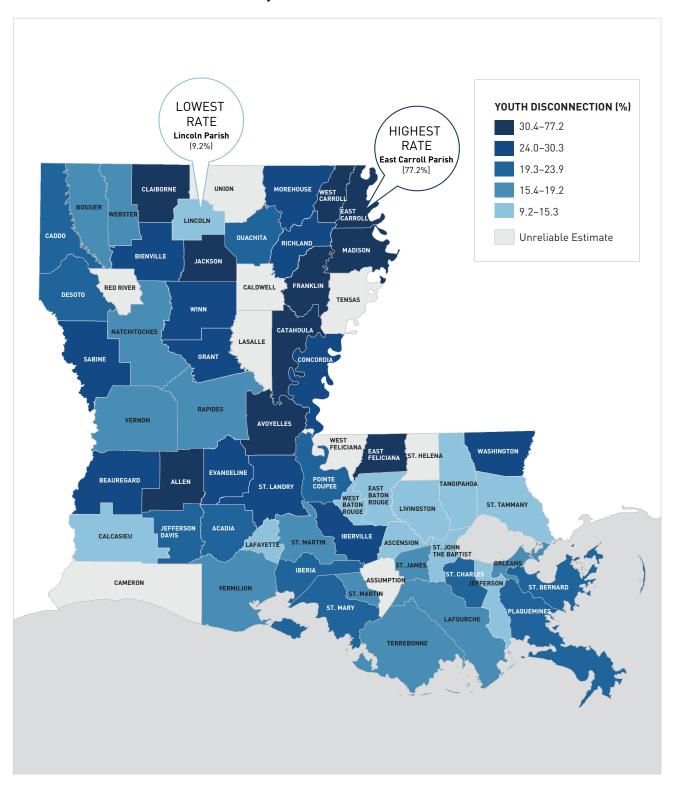
measureofamerica .org/DYinteractive

The youth disconnection rate in Louisiana, 16.4 percent, is the fourth highest in the country—well above the national average of 11.2 percent. Not all Louisianans fare the same. Across the state, the rate ranges from 9.2 percent in Lincoln Parish to 77.2 percent in East Carroll Parish. White teenagers and young adults are the least likely to be disconnected, followed by Latino and Black young people (the Asian population in Louisiana is too small to allow for calculation of their disconnection rate). The gaps are large: Black youth are nearly twice as likely to be disconnected as white youth, 22.3 percent and 12.2 percent, respectively. Overall, young men have higher rates of disconnection, but adding in race complicates the picture. White men and women have nearly identical rates, while Black young men are 1.5 times as likely to be disconnected as Black young women. Among Latinos the situation is reversed—Latina young women are 1.5 times as likely to be disconnected as their male counterparts. Black boys and young men face by far the greatest challenges; 27.1 percent are disconnected.



These differences reflect the close relationship between disconnection and other social factors, such as poverty, adult educational attainment, and unemployment. For example, disconnected Louisiana youth are 1.7 times as likely to live below the poverty line as connected youth. Sixteen percent of disconnected youth in Louisiana are living with a disability of some kind, compared to 6.5 percent of those who are connected. Disconnected young women are three times as likely to be mothers as connected women, 24.1 percent and 8.3 percent, respectively. And over 10 percent of disconnected youth—and 25 percent of disconnected young Black men—are living in an institution. Incarceration is a major factor in the very high rates of disconnection among Black teenagers and young men.

MAP 12 Youth Disconnection in Louisiana by Parish



In the northeast region of the state, white youth are struggling—26.8 percent are disconnected—but the situation is worse for Black youth, 45.6 percent of whom are neither working nor in school.

As noted in "The Enduring Legacy of Slavery" (see BOX 7), the social and economic conditions that foster poverty and disconnection have been deeply entrenched in the state for hundreds of years. The geography of youth disconnection rates in Louisiana today has roots in this legacy. Four of the five parishes with the highest youth disconnection rates are in the northeast portion of the state. All five are very rural. With disconnection rates at 77.2 percent and 46.4 percent, respectively, East Carroll and Madison Parishes face the greatest struggles. These parishes score very poorly on the HDI (1.49 and 2.03), and more than 25 percent of adults lack a high school diploma. Median earnings are also near the bottom of the pack at just over \$21,000, and more than half of all children under 18 live in poverty.

At the other extreme, Lincoln, Lafayette, and East Baton Rouge Parishes have the lowest disconnection rates at 9.2, 9.8, and 10.6 percent, respectively. Over 30 percent of adults have a bachelor's degree, and less than 30 percent of children live in poverty. Lincoln has a low disconnection rate because it is home to Louisiana Tech University and Grambling State University, and students, who are connected by definition, make up roughly one-third of the parish's population. That both of the parishes with the next-lowest disconnection rates contain large urban areas is no coincidence—urban areas are home to larger labor markets and more accessible educational options than rural areas. Across the country, rural areas have higher rates of disconnection than their suburban or urban counterparts. But lower rates of disconnection in urban areas can obscure huge disparities by neighborhood and race. For example, the city of Baton Rouge has a low disconnection rate of 9.7 percent, but the rate among Black youth is almost double that, 18.1 percent.

For Black youth in rural Louisiana, the effects of place and race are compounding. A region in the northeast corner of the state made up of Union, Morehouse, West Carroll, East Carroll, Madison, Richland, Jackson, Caldwell, Franklin, and Tensas Parishes has one of the country's highest disconnection rates. In this area, white youth certainly are struggling—26.8 percent are disconnected—but the situation is much worse for Black youth, 45.6 percent of whom are neither working nor in school.

For young people, disconnection is not a spontaneous occurrence; it is years in the making, stemming from deep structural issues, long-standing inequities, and a paucity of educational and employment opportunities. Addressing it successfully will require a diversity of tactics, focusing not only on education and employment but also on poverty, disability, and gender equality. See PAGE 88 for a discussion of potential educational strategies and PAGE 113 for those related to employment.

WHAT THE HUMAN DEVELOPMENT INDEX REVEALS

Child and Youth Well-Being Dashboard

The indicators in the American Human Development Index don't focus exclusively on children and young adults, but the index nonetheless provides important information about how young people from different groups are faring. A low HDI score signals an area where household- and community-level risks to healthy child development and successful transitions to adulthood are many, and a high HDI score signals an area where such risks are comparatively few. There are several reasons for this.

First, the capabilities of the adults in the families children grow up in are among the strongest predictors of whether young people will thrive or languish. Second, when it comes to community-level indicators of advantage and disadvantage, negative and positive characteristics tend to cluster;³¹ areas where adults have very low earnings and low education levels (two areas measured in the index) also tend to have poorer-quality schools (thanks in part to lower local

Child and Youth Well-Being Dashboard

	HOUSEHOLD COMPOSITION			HEALTHY INFANTS AND MOTHERS		-\\\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	? ;	
INDICATOR	HOUSEHOLDS WITH CHILDREN UNDER 18 (% of all households)	MARRIED-COUPLE HOUSEHOLDS (% of households with children)	FEMALE HOUSEHOLDER, NO SPOUSE PRESENT [% of households with children]	MALE HOUSEHOLDER, NO SPOUSE PRESENT [% of households with children]	YOUNG MOTHERS (% of women ages 16 to 24 with children)	INFANT MORTALITY RATE (Number of infant deaths for every 1,000 live births)	MATERNAL MORTALITY (Number of women who die while pregnant or within 42 days of being pregnant for every 100,000 women)	LOW BIRTH WEIGHT (% of births less than 2,500 grams)
United States	29.9	65.6	25.5	8.9		5.8	0.7	8.3
Louisiana	30.1	57.2	33.7	9.1	10.5	7.1	1.7	10.7
Asian	39.2	85.1	12.3	2.6				10.3
Black	31.9	31.9	58.2	9.8	12.4	10.5	2.5	15.5
Latino	39.2	61.3	29.1	9.6		6.3		7.5
White	28.3	70.4	20.8	8.8	9.4	4.8		7.8

Sources: See Methodological Note.

property tax revenues), higher crime rates, fewer child-friendly public spaces, and less family stability. Conversely, areas where adults have very high earnings and education levels tend to have well-funded, high-performing schools, safe streets, many amenities for children, and a higher share of children living with both their parents. Third, at the national level, there is a significant negative relationship between states' American Human Development Index scores and their infant mortality, child poverty, and child mortality rates. In other words, children in states with high levels of well-being and access to opportunity experience better outcomes than those in states with low well-being levels.³²

Nonetheless, policymakers and practitioners benefit from having both summary outcome measures of well-being like the American Human Development Index and indicators that are proxies for more specific aspects of well-being, such as commute times or the cost of housing, or indicators focused on a specific population, such as the child poverty or infant mortality rates. Therefore, as a supplement to the American Human Development Index, we have included this Childhood and Youth Well-Being Dashboard.

Children in states with high levels of well-being and access to opportunity experience better outcomes than those in states with lower HDI scores.

	QUALITY EDUCATION	Uİ	NO POVERTY	SUPPORTED ADOLESCENCE
INDICATOR	PRESCHOOL ENROLLMENT (% of 3- and 4-year- olds)	ON-TIME HIGH SCHOOL GRADUATION (% of students who earn a regular diploma within four years)	CHILD POVERTY (% of children under 18 in households with incomes below poverty)	YOUTH DISCONNECTION (% of youth ages 16 to 24 not in school and not working)
United States	47.9	85.3	18.0	11.2
Louisiana	51.3	81.4	26.4	16.4
Asian		92.4		
Black	61.1	78.1	44.6	22.3
Latino		67.7	27.9	15.8
White	47.0	85.5	14.2	12.2
Boys and Young Men	50.7		26.6	18.4
Girls and Young Women	51.8		26.3	14.4

A Long and Healthy Life



Introduction

Variation by Race and Ethnicity and by Gender

Variation by Parish

Improving Population Health and Eliminating Health Inequities: What Will It Take?

Introduction

Advancing human development requires, first and foremost, expanding the real opportunities people have to avoid premature death by disease or injury, to enjoy protection from arbitrary denial of life, to live in a healthy environment, to maintain a healthy lifestyle, to receive quality medical care, and to attain the highest possible standard of physical and mental health. In the midst of the worldwide Covid-19 pandemic, health and its relationship with income and education, safety and human security, and race and place have come into sharp focus. Health data tell us a great deal about the strengths and vulnerabilities of different communities; now more than ever, using these data to prepare for health crises, to protect people from their harmful effects, and to direct resources most ethically and effectively is vital.

By April 1, 2020, the number of confirmed Covid-19 cases was increasing at a faster rate in New Orleans than anywhere else in the country. This is due in part to Louisiana's celebrated role as a vibrant and unique cultural hub, where thousands of tourists from around the globe flock each year. Sadly, the Covid-19 virus thrives on the type of spirited communal activity that knits New Orleanians and other Louisianans together. But the quick spread of Covid-19 also stems from long-standing structural inequalities, particularly related to race. By July 30, 2020, the Covid-19 death rate in Louisiana, which has the second-highest share of Black residents in the United States after Mississippi, was climbing faster than in all but three states. The three parishes with the highest Covid-19 death rates, St. John the Baptist, Bienville, and East Feliciana, have populations that are over 40 percent Black. Attentiveness to the disproportionate impact that Covid-19 has had on Black people, on people living in poverty, on older Louisianans, and on men will offer critical lessons as the state recovers from the pandemic.

Two concepts guide this analysis of health in Louisiana. The first is the notion of the **social determinants of health**, defined by the World Health Organization as "the circumstances in which people are born, grow up, live, work, and age." The national discourse around health has long centered around insurance coverage. Though health insurance is vital to preventing disease, treating illness and injury, managing chronic conditions, and avoiding bankruptcy, what research shows matter most to longevity are **the conditions of our daily lives**. Safe neighborhoods, supportive relationships, adequate housing, clean air, nearby stores selling fruits and vegetables, places to exercise safely, fair and equal treatment under the law, good schools, employment that offers security, dignity, and agency: these and other ingredients of a good life are key to keeping people healthy. These conditions are shaped in turn by broader social forces, such as economics, public policy, and politics.

Attentiveness to the disproportionate impact that Covid-19 has had on Black people, on people living in poverty, on older Louisianans, and on men will offer critical lessons as the state recovers from the pandemic.



The second (and related) concept that informs this analysis is **health equity**. Health equity is a simple but powerful idea: that everyone should have an equal opportunity to live a long and healthy life. For that to happen, health inequities—defined as health differences that are avoidable and unfair and which adversely affect disadvantaged or excluded social groups—must be eliminated. Health equity is a serious challenge in Louisiana, where Black men have a life expectancy of just 69.5 years, 4.9 fewer years than white men, and where Black people have accounted for 50.3 percent of Covid-19 deaths despite making up 32.1 percent of the population.⁴

The American Human Development Index uses life expectancy at birth as a proxy for a long and healthy life. Life expectancy at birth is defined as the

number of years that a baby born today can expect to live if current patterns of mortality continue throughout that baby's lifetime. This measure, which captures mortality by all causes and at all ages, is a classic measure of population health. Life expectancy does not, of course, tell the full story of our health, but it is nonetheless an important and easily understood gauge of which groups are living long lives and which are experiencing premature death, and it helps to focus researchers' attention on why these gaps exist. Life expectancy at birth accounts for one-third of the overall index.

Metrics like gross domestic product and unemployment are frequently collected and readily available, but noneconomic metrics like leading causes of death and disease rates are usually collected and calculated annually and with a lag of a year or more. For this report, Measure of America calculated life expectancy using mortality data from the Louisiana Department of Public Health and the Centers for Disease Control and Prevention (CDC) and population data from the CDC Wonder database and the American Community Survey (ACS) Public Use Microdata Sample (PUMS). In addition, for census tracts, we used the calculations of the CDC's US Small-area Life Expectancy Estimates Project (USALEEP).

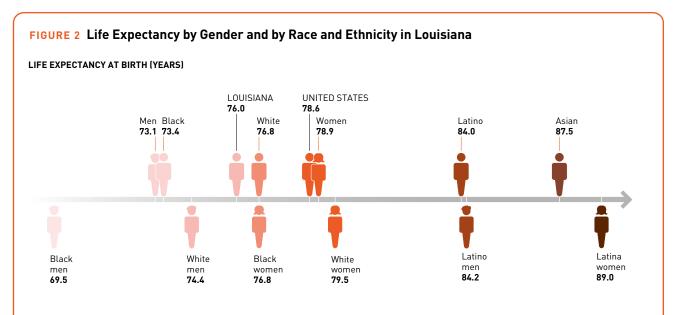
This chapter presents life expectancy at birth for Louisianans by gender, by race and ethnicity, and by parish. It also reviews the leading causes of death and notable health disparities among these groups to reveal striking, socially determined differences in health outcomes that are avoidable and unjust.

The American Human Development Index uses life expectancy at birth as a proxy for a long and healthy life. Life expectancy in Louisiana is 76.0 years.

Variation by Race and Ethnicity and by Gender

Life expectancy in Louisiana, 76.0 years, is 2.6 years less than the US median of 78.6 years. Life expectancy for both Black and white Louisiana residents is also below the US median for each race, but life expectancy for Latinos in Louisiana, 84.0 years, is greater than the US Latino median, 81.8 years. More than a decade separates the expected life spans of Louisiana's Asian and Black residents, 87.5 years and 73.4 years, respectively. Latinos and whites fall between the two; Latinos are the second-longest-lived group (84.0 years) and whites are the third (76.8 years).

There is striking variation in the male-female life expectancy gaps of different racial and ethnic groups. Statewide, women can expect to live 78.9 years and men, 73.1 years, a gap of nearly six years. This gap is widest for Black men and women, 7.3 years, and narrowest for whites and Latinos, both about five years. The large difference between Black men and women is driven by the particularly low life expectancy of Black men, just 69.5 years.



Sources: Louisiana: Measure of America calculations using mortality data from the Centers for Disease Control and Prevention and population data from CDC Wonder and the US Census Bureau. Estimates for Louisiana, Men, Women, Black, Latino, and White use 2017 data. Estimates for Asian and all gender and race/ethnicity combinations use 2012–2017 data. US: Centers for Disease Control and Prevention, National Center for Health Statistics, 2017. Note: Life expectancy estimates for Latino men and Latina women are calculated using five years of data (2012–2017) for statistical reliability. The estimate for Latinos overall, a larger population, is calculated using data from just one year, 2017. That is why this diagram shows Latino men and Latina women having longer life expectancies than Latinos overall.

Asians in Louisiana can expect to live the longest, just shy of 88 years. Asians demonstrate a similar life expectancy advantage nationally as well as in every US state, county, and metro area for which Measure of America has calculated life expectancy. As mentioned elsewhere in this report, Asians are not a monolithic group (nor are any of the other racial and ethnic categories), and differences in life expectancy among Asian subgroups may well exist. Due to data availability, however, it was not possible to calculate life expectancy for Asian subgroups in Louisiana.

Latinos have the second-longest life expectancy in Louisiana, 84.0 years. They also have the second-longest life expectancy nationally. This may seem surprising as Latinos in the United States are less likely to have health insurance and more likely to live in poverty than US whites. In addition, around the world, people with higher levels of educational attainment tend to live longer. The phenomenon of low education levels paired with long life expectancies among Latinos in the United States is known as the Latino health paradox. While further research is needed on this phenomenon, several factors may contribute to longer Latino life spans. Latinos have lower smoking rates than non-Hispanic whites, which is important because smoking contributes to premature death from heart disease, stroke, and cancer. In addition, some research shows that aspects of Latino

culture such as strong social support and family cohesion help bolster health outcomes, particularly for mothers and infants.⁷

The Latino health advantage seems to wear off the longer Latinos are in the United States. Foreign-born Latinos tend to have better health outcomes than Latinos born in the United States, and those who came to the US recently tend to have better health outcomes than those who have spent a significant amount of time in this country. US-born Latinos are more likely to be overweight, eat fewer fruits and vegetables, and are more likely to smoke and consume alcohol than their foreign-born counterparts.⁸

White Louisiana residents can expect to live 76.8 years, marginally longer than the state life expectancy of 76.0 years. Why do white Louisianans, who have higher earnings than their Asian counterparts and better educational outcomes than their Latino counterparts, have a shorter life expectancy than either group? Nationally, white life expectancy has dipped in recent years. Princeton University scholars Anne Case and Angus Deaton argue that this drop was caused by an uptick in mortality among middle-aged whites due to increases in "drug overdoses, suicides, and alcohol-related liver mortality—particularly among those with a high school degree or less." Suicide is a leading cause of death among white Louisiana residents, indicating that Case and Deaton's "death of despair" hypothesis may be part of the picture of white life expectancy in the state.

Black Louisianans have the lowest life expectancy of the major racial and ethnic groups, 73.4 years. This is 1.5 years less than the US average for Black people, 74.9 years. ¹⁰ In addition, Black men in Louisiana live two years less than Black men in the country as a whole. Contributing to these disparities are the high rates of firearm homicide and infant mortality in Louisiana. The Black infant mortality rate, 10.5 infants per one thousand live births, is more than twice the rate for white Louisianans, and the rate is even higher for Black baby boys, 12.8 per one thousand live births. (The infant mortality rate in the United States is higher for boys than for girls of all races.)

In the United States, the loss in life expectancy attributable to firearm assault is 3.4 years for Black Americans and 0.5 years for white Americans. In 2019, Louisiana had the highest murder rate of any state in the country and was home to the four metro areas with the highest murder rates as well: New Orleans–Metairie, Baton Rouge, Lafayette, and Shreveport–Bossier City. The murder rates in all four were at least twice the national average. The gun homicide rate for Black Louisianans is 28.5 deaths per 100,000 residents, more than ten times the rate for white Louisianans. And the gun homicide rate for Black men in the state is 52.8 per 100,000, more than twelve times the rate for white men.

In addition to having higher rates of death from specific causes like infant mortality and firearm assault, Black people in Louisiana have higher death rates than white Louisianans for almost all causes of death, with the notable exception of suicide. They are more likely than whites to die of heart disease, cancer, stroke, diabetes, kidney disease, and more.

Black men in Louisiana live two years less than Black men in the country as a whole.

BOX 3 Racism Harms Health

Racism increases the frequency and severity of stressors to which people of color, particularly Black people, are exposed as they go about their days. These stressors range from frightening encounters with police or disrespectful treatment in public places to the toxic anxiety that accompanies economic insecurity (Black Louisianans are more likely to be poor) or worry about school quality (Black children are disproportionately concentrated in under-resourced, poorly performing schools). Black people are also more likely to experience traumatic events, such as being the victim of a crime, having an incarcerated parent, or losing a loved one to Covid-19.

Exposure to chronic stressors and traumatic events has cumulative negative effects, and Black people experience greater exposure to both across their life course than people of other racial and ethnic groups. Chronic stress is not only psychologically harmful; it also harms the cardiovascular and other systems by constantly stimulating the fight-or-flight response and thus flooding the body with cortisol, adrenalin, and other hormones, causing excessive wear and tear on the body. The accumulation of stressors and the response to them can be identified through a combination of several markers, such as blood pressure, cholesterol levels, and urinary epinephrine and cortisol, which together are referred to as the allostatic load. A high allostatic load is associated with worse health outcomes. 14,15

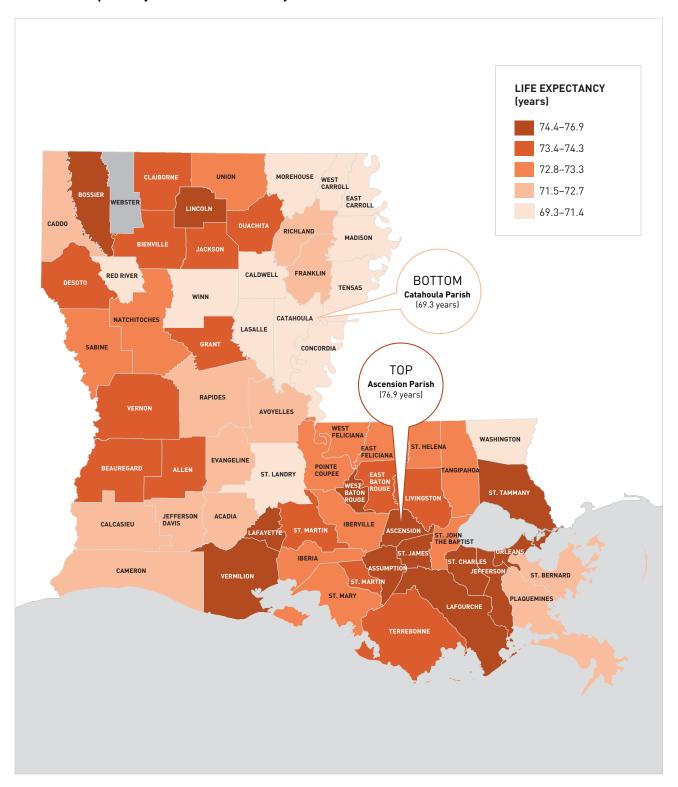
Variation by Parish

Life expectancy at birth is highest in Ascension Parish (76.9 years) and lowest in Catahoula Parish (69.3 years). Life expectancy at birth is highest in Ascension Parish (76.9 years) and lowest in Catahoula Parish (69.3 years). Three of the five parishes with the longest life expectancies, all above 75 years, are in south central or southeast Louisiana, while the other two are found in the north central and northeast part of the state. All five parishes have a majority of white residents.

As life expectancy decreases, the poverty rate tends to increase; the four parishes with the shortest life expectancies all have poverty rates above 20 percent, are found in northeast Louisiana, and have life expectancies of 70 years or less. Of these parishes, Catahoula and West Carroll are majority white, Morehouse has equal numbers of Black and white residents, and East Carroll has the highest percentage of Black residents in the state (70 percent).

Infant mortality highlights a sharp divide in health outcomes across the state. Nationwide, the infant mortality rate is 5.9 deaths per 1,000 live births, but in Louisiana the rate is 7.8 deaths per 1,000 live births. In some parishes, however, the rate is nearly twice as high. St. James (16 infant deaths per 100,000 live births), Natchitoches (15), Concordia (13), Pointe Coupee (13), and Caddo (12) have the highest rates. In four of these five parishes, 40 percent or more of residents are Black, and all five have life expectancies below the statewide average. Even in the parishes with lower infant mortality rates, the racial gaps are often large and Black infant mortality is frequently quite high. For example, in Bossier Parish, the overall infant mortality rate is 6 per 100,000, but the Black rate is a heartbreaking 13 deaths per 100,000, compared to the white rate of 4 deaths per 100,000 births.

MAP 4 Life Expectancy at Birth in Louisiana by Parish



BOX 5 Leading Causes of Death in Louisiana

In Louisiana, as in the nation as a whole, heart disease and cancer top the list of the leading causes of death. After these first two, however, top causes of death differ by race and ethnicity and by gender, evidence of health inequalities and differing social determinants among Louisiana's major groups.

The top five causes of death for men in Louisiana mirror the top five causes of death nationally, but for women, **Alzheimer's disease** replaces accidents as the third most common cause of death. Women live longer than men, and age is the most important risk factor for Alzheimer's disease.

At the same time, due to gender norms—which define what men and women are expected to do and be in specific social contexts—men are more likely to engage in risky behaviors (like speeding) that can cause unintentional injuries (like car crashes). They are also more likely to be exposed to health risks at work that can cause accidental death.¹⁷ The **accidents** category (also called unintentional injuries) includes unintentional drug overdoses, car crashes, falls, and drownings. The word accidents is somewhat misleading, as it has the connotation of something that could not have been foreseen or prevented. In fact, the opposite is true: deaths in this category are almost entirely preventable.

Diabetes is the fifth-leading cause of death for Black Louisianans, two spots higher than for white residents. Black Louisianans are more likely to have diabetes—17 percent of Black adults have been diagnosed with the condition, compared to 12 percent of white adults—and less likely to receive the medical care needed to keep the disease under control. Nearly 90 percent of white Louisianans with diabetes had an A1C test, which measures average blood sugar levels over the previous three months, in the last year, compared to only 77 percent of Black Louisianans with diabetes. ¹⁸ The CDC recommends that people with diabetes receive this test at least twice a year. ¹⁹

The **suicide** rate in Louisiana is 15.1 deaths per 100,000 residents, compared to the national rate of 14.2 per 100,000.²⁰ Suicide is the seventh-leading cause of death among men and the tenth-leading cause of death among whites—the only racial or ethnic subgroup for which suicide is among the leading causes of death. Evidence shows that having a firearm in the home is strongly associated with an increased risk of suicide for not only the gun owner but also the gun owner's spouse and children.²¹

For both Black and Latino Louisianans, **homicide** is the sixth-leading cause of death; it is not among the leading causes of death for whites. The rate of homicide by firearm among Black residents, 28.5 per 100,000, is eleven times the rate for white residents, 2.6 per 100,000.

Covid-19 is among the top causes of death in Louisiana at the time of writing.

Covid-19 as a Leading Cause of Death

The University of Washington's Institute for Health Metrics and Evaluation (IHME) has predicted that US Covid-19 deaths will reach 300,000 by December 1, making Covid-19 the country's third-leading cause of death, after heart disease and cancer. In Louisiana, between 12 percent and 14 percent of the population had been infected with Covid-19 by August 2020, placing it among the five states with the country's highest infection rates. It was also among the five states with the highest Covid-19 death rates. ²² IHME predicts that over 20 percent of Louisianans will have been infected with Covid-19 by December 1. These trends suggest that Covid-19 is among the top causes of death in Louisiana at the time of writing.



	LOUISIANA	MEN	WOMEN	ASIAN	BLACK		WHITE
1	Heart Disease	Heart Disease	Heart Disease	Cancer	Heart Disease	Heart Disease	Heart Disease
2	Cancer	Cancer	Cancer	Heart Disease	Cancer	Cancer	Cancer
3	Accidents	Accidents	Alzheimer's Disease	Accidents	Stroke	Accidents	Chronic Lower Respiratory Diseases
4	Chronic Lower Respiratory Diseases	Chronic Lower Respiratory Diseases	Stroke	Stroke	Accidents	Stroke	Accidents
5	Stroke	Stroke	Chronic Lower Respiratory Diseases		Diabetes	Alzheimer's Disease	Alzheimer's Disease
6	Alzheimer's Disease	Diabetes	Accidents		Homicide	Homicide	Stroke
7	Diabetes	Alzheimer's Disease	Septicemia		Kidney Disease	Chronic Lower Respiratory Diseases	Diabetes
8	Septicemia	Suicide	Diabetes		Alzheimer's Disease		Septicemia
9	Kidney Disease	Homicide	Kidney Disease		Chronic Lower Respiratory Diseases		Kidney Disease
1	O Influenza (Flu) and Pneumonia	Kidney Disease	Influenza (Flu) and Pneumonia		Septicemia		Suicide

Source: Centers for Disease Control and Prevention, CDC WONDER, 2017.

Improving Population Health and Eliminating Health Inequities: What Will It Take?

The disparities in life expectancy and causes of death by race and ethnicity, gender, and geography are rooted in the social determinants of health.

This section will explore factors that contribute to health inequities in Louisiana, including poverty, racism, residential segregation, and other systemic inequalities that create obstacles to living a healthy life. It will also identify priority actions for improving the health of all Louisianans as well as narrowing the gaps between groups. The focus will be leading causes of death, racial and ethnic gaps, and areas where Louisiana is an outlier compared to other states.

Chronic health conditions like heart disease, hypertension, and diabetes are receiving particular attention right now because they increase the risk of complications from Covid-19, making the disease more deadly. The data already show that communities of color, and particularly Black communities, have been hardest hit. This disproportionate burden has put the higher prevalence of existing health conditions among Black Americans, and the underlying inequities (racism, structural inequality, lack of access to health care, poor housing conditions, food deserts, environmental injustice, and other factors) that fuel these health conditions to begin with, in the spotlight.²³ Addressing these structural issues will improve community health and equalize life expectancy disparities.

The pandemic has also made visible critical public health and human security vulnerabilities in the way in which we prepare for and respond to crises. Paid sick leave and family medical leave are crucial to maintaining a healthy state and a vibrant economy. Paid sick leave has the dual benefits of providing time for the sick person to heal and keeping that person from spreading disease to others. Paid family leave gives new parents and babies time to bond, reducing health risks for both, and helps people provide care to elderly or ill family members without risking their jobs. A study from the Louisiana Budget Project shows that as little as "fifty cents—shared equally between the employer and employee—for every one hundred dollars in wages, [could provide] a paid leave program that covers over 1.7 million Louisiana workers."²⁴

With many hospitals limiting in-person doctor visits, the pandemic has also underscored the public health benefits of broadband access. Access to the internet may help temporarily fill in some of the widespread gaps in health care across Louisiana. Broadband can help residents access telemedicine resources where they may have otherwise had to drive for hours to meet with a physician. Telemedicine can also help rural residents access mental health services that might otherwise be out of reach.²⁵

Chronic health conditions like heart disease, hypertension, and diabetes are receiving particular attention right now because they increase the risk of complications from Covid-19, making the disease more deadly.

IMPROVE THE CONDITIONS OF DAILY LIFE

Health is not something that happens at the doctor's office or when we take medicine. Health is the result of the environments in which we grew up, the way we were treated by our parents and teachers, how safe we were in our homes and communities, and the messages we received from people we loved and society at large about our worth. It is also the result of myriad features of our here and now: how we make a living, the features of our neighborhoods, the amenities and services we can access, the quality of the air we breathe, and the hundreds of decisions we make each day—decisions that are shaped by our surroundings, past and present. Thus, many of the recommendations we make elsewhere in this report, such as higher wages, better-quality and more-affordable childcare, and an end to mass incarceration, are also prescriptions for better health.

FIGURE 6 Health Happens in Our Homes and Neighborhoods



- Green spaces
- Sidewalks and bike paths
- Affordable housing
- Access to broadband



- Jobs with decent wages and sick leave
- Work/life balance
- Affordable, safe childcare



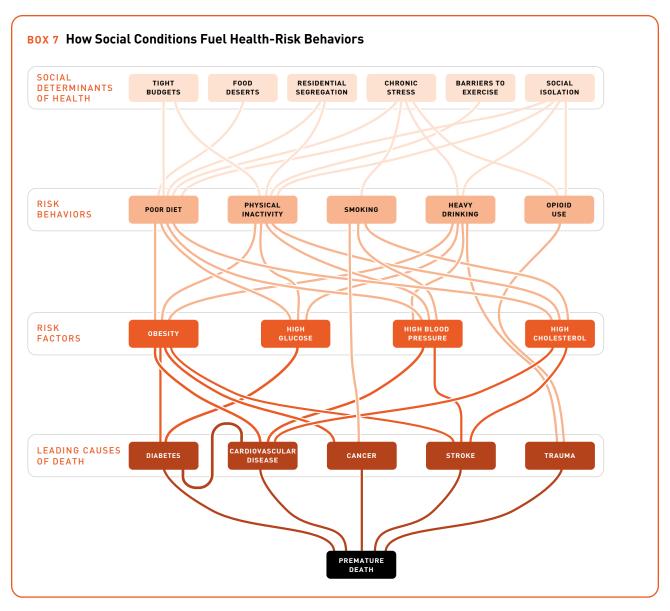
- Full-service grocery stores
- High-quality schools
- Affordable health-care
- Accessible public transportation



- Equality under the law
- Accountable democratic institutions
- Safe communities

TACKLE CANCER AND HEART DISEASE BY ADDRESSING LEADING HEALTH RISKS

To increase the average life expectancy in Louisiana, it is critical to tackle heart disease and cancer, which occupy the first and second spots among leading causes of death for the state overall as well as for each major racial and ethnic group. What differs significantly, however, is when and how different groups begin to accumulate risk factors for these maladies; the age at which they fall ill; the kinds of medical treatments, economic resources, and social supports to which they have access; and the age at which they die. These health inequities are rooted in social, political, and economic inequalities.



Among the key ingredients for reducing the risks of heart disease and cancer is maintaining healthy habits: avoiding tobacco, eating a healthy diet, engaging in regular exercise, moderating alcohol use, and refraining from drug use. As with many health disparities we have discussed, the ability to cultivate healthy habits is socially determined. At a basic level, disparities in health behaviors are less a matter of individual willpower than of the widespread inequalities that determine whether one grows up in an environment that supports and encourages these behaviors. Healthy eating is often limited, for example, by threadbare budgets or the availability of healthy foods; similarly, the motivation and emotional support needed to significantly change one's diet or avoid or cease using addictive substances are often severely constrained by socioeconomic factors that make everyday life significantly more difficult (see BOX 7).

Smoking. Louisiana is above the national average when it comes to smoking tobacco products. Smoking continues to be the leading preventable cause of death. In 2017, 21.6 percent of Louisiana adults reported smoking, compared to 15.5 percent of adults nationally. Even more concerning, in 2019, 8.4 percent of Louisiana high school students reported smoking cigarettes and 22.9 percent reported using e-cigarettes compared to 5.8 percent and 19.6 percent, respectively, in the US overall. Smoking bans and cigarette taxes deserve much of the credit for the nationwide drop in smoking rates, from more than 40 percent of adults in the 1960s to 15.5 percent today. While smoking is banned in most public places in Louisiana, it is still allowed in some bars statewide. A statewide ban on smoking in bars would reduce the exposure for nonsmokers and bartenders alike. Louisiana is ranked thirty-seventh in the country for its cigarette tax of \$1.08 per pack, compared to the national average of \$1.82 per pack. Increasing the smoking sales tax has the dual benefits of reducing the rates of smoking, particularly among young people, and increasing the tax revenue available to address health disparities.

Food deserts. In Louisiana, more than eight in ten residents do not get enough fruit and vegetables in their diet.³⁰ One solution is to make fresh fruits and vegetables more available and affordable. In more populous cities like Baton Rouge and New Orleans, sustained support for initiatives such as seasonal mobile markets, year-round farmers markets, and other community nutrition programs can fill important gaps and make healthy and locally sourced foods more accessible.31 But in many urban neighborhoods and rural communities across the state, an absence of full-service grocery stores forces many residents to rely instead on convenience stores with few healthy options. 32 These "food deserts" neighborhoods more than one mile from a supermarket in urban areas and ten miles in rural areas—are more often than not found in low-income communities of color and are correlated with lower life expectancies and a greater prevalence of chronic health conditions like heart disease, diabetes, obesity, and hypertension.³³ According to the US Department of Agriculture, in 2015 roughly 21.4 percent of Louisiana's population lived in census tracts considered to be low-income food deserts, significantly higher than the national rate of 12.8 percent. 4 This figure



In 2015, roughly 21.4 percent of Louisiana's population lived in census tracts considered to be low-income food deserts. is likely to rise as the Covid-19 crisis tightens family and municipal budgets and disrupts businesses and organizations integral to the food supply chain.

Exercise. Moderate-intensity aerobic activity (like brisk walking) for a minimum of 30 minutes five days a week, or vigorous-intensity activity (like running) for a minimum of 20 minutes three days a week, is vital to promoting and maintaining adult health.³⁵ The Louisiana Health Department offers a free, comprehensive online health program called "Own Your Own Health Louisiana" (OYOH) to empower all Louisianans to become active participants in their health, with special focus on populations who are more susceptible to chronic diseases.³⁶ It seems that a renewed interest in cycling has been one of the few benefits of the Covid-19 pandemic.³⁷ Louisiana should seize the opportunity to create more designated space for biking and walking, effectively promoting both safe (and socially distanced) exercise and environmentally friendly transportation for workers and students.

Opioids. In Louisiana, opioid overdose deaths more than doubled between 2012 and 2018.³⁸ Opioids are a broad category that includes both drugs prescribed as painkillers and illegal drugs like fentanyl. In 2018, Louisiana health-care providers wrote 79.4 opioid prescriptions for every 100 state residents. While this number has dropped since 2012, when it was a jaw-dropping 113 prescriptions per 100 people, it still places Louisiana among the five states with the highest prescription rates.³⁹ Despite the decrease in opioid prescriptions, drug overdose deaths have continued to rise, and have risen faster in Louisiana than in the US overall; in 2018, there were 25.4 overdose deaths per 100,000 Louisiana residents, compared to 20.7 per 100,000 nationally.⁴⁰ The majority of those deaths involved opioid abuse.

This apparent contradiction—that opioid deaths have continued to rise even as prescriptions have declined—is due to an increase in the use of illegal synthetic opioids like fentanyl. Nationally, the number of overdose deaths due to this class of drugs jumped from under 5,000 in 2013 to over 30,000 in 2017.

Compounding the problem, an overemphasis on punitive sentencing and carceral responses to drug abuse has siphoned resources away from evidence-based alternatives that emphasize addiction treatment services and preventative public health outreach. According to the National Institutes of Health, such approaches to drug policy are massively underutilized nationwide. Only 10.4 percent of individuals with disorders receive proper treatment—while substance use disorders cost the United States more than \$400 billion in health-care costs, lost productivity, and criminal justice costs. The implementation of evidence-based prevention and treatment interventions can have a benefit of more than \$58 for every dollar spent—including four-to-one savings in health-care costs and sevento-one savings in criminal justice costs.

Substance abuse is a symptom of underlying mental health challenges and needs to be addressed through a multilevel approach administered by public health-centered agencies—rather than being treated as a law-enforcement issue.

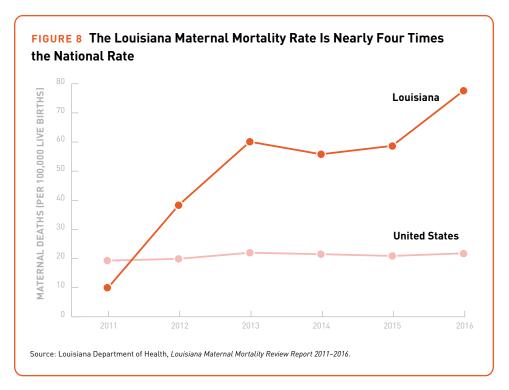
In 2018, Louisiana health-care providers wrote 79.4 opioid prescriptions for every 100 state residents.

IMPROVE MATERNAL AND INFANT HEALTH

Maternal mortality is a bellwether indicator of the quality of a health-care system and the degree of gender inequality in a given place. A tragedy that is largely preventable, maternal mortality is evidence of poor access to high-quality reproductive health-care services of all sorts. Such services are key to ensuring healthy pregnancies, combating both maternal and infant mortality, and safeguarding the health and well-being of women.

In 2016, Louisiana mothers died giving birth in 78 of every 100,000 live births. Louisiana's maternal mortality rate is higher than Libya's, where 72 mothers died per 100,000 live births, and just below Iraq's, where 79 mothers died for every 100,000 live births. To put Louisiana's rate in stark relief, consider the maternal mortality rate in Norway: 2 maternal deaths for every 100,000 live births.⁴³ The US rate, 21.8 per 100,000 live births, is itself among the highest of affluent countries.





A study of maternal mortality in Louisiana estimated that 45 percent of maternal deaths were preventable had the mothers had access to reliable, high-quality prenatal care. 44 Almost half of pregnancy-related deaths occurred between twenty-four hours and forty-two days after delivery, indicating that maternal health-care needs to continue well after the baby is delivered. The report described striking disparities in the risk of death. Women over age 35 were more than twice as likely as women ages 30 to 34 and almost three times as likely as women ages 25 to 29 to experience pregnancy-related death. Racial disparities

were stark; Black women in Louisiana were four times as likely as white women to die from complications related to pregnancy. 45 Racial disparities can be attributed to a range of issues, among them the stress of racism, underlying health conditions, and implicit bias against Black women in the medical system.

Infant mortality is closely linked to maternal health and is another sentinel indicator of both the health and well-being of the community and the quality of health care. The Louisiana infant mortality rate from 2015 to 2017 was 7.7 deaths per 1,000 live births. The national rate during the same time period was 5.8 deaths per 1,000 live births. Over 100 fewer babies would die each year if Louisiana had the same infant mortality rate as the country as a whole. 46 Two risk factors for infant death are low birth weight and preterm birth. The factors that can increase the risk of low weight and preterm birth are maternal stress, inadequate health care, and conditions such as hypertension, diabetes, depression, or infections. Inadequate preconception health care includes insufficient access to quality preventive and primary care in general and to family planning and reproductive health services specifically. Finally, environmental conditions such as pollution and high temperatures can have negative impacts on infant mortality, and this burden is borne disproportionately by women of color.⁴⁷

High-quality reproductive health-care services that treat women with respect and compassion are essential to women's health, well-being, and rights. Such services allow women to choose if and when to have children, to time and space their pregnancies, to enjoy healthy pregnancies and safe deliveries, and to identify infections and cancers and have them treated. Access to abortion services is important to women's health, and as of April 2020, there are only two operating abortion clinics in the state.48

IMPROVE, EXPAND, AND DESTIGMATIZE MENTAL HEALTH CARE

No discussion of health is complete without a discussion of mental health. This is particularly true for children, as traumatic events or chronically stressful environments during childhood can cause severe and lasting harm. The dramatic impacts of adverse childhood experiences (ACEs) on the brain and on mental and physical health in adulthood have been well documented.⁴⁹ ACEs are incidents of abuse, neglect, or household dysfunction during the first eighteen years of life. They include verbal, physical, and sexual abuse as well as witnessing domestic violence; neglect; parental death, divorce, separation, or incarceration; or growing up with family members with untreated substance abuse disorders or mental illness. When children are exposed to chronic stressful events, their cognitive functioning and ability to cope with negative or disruptive emotions may be impaired, leading to the adoption of unhealthy coping mechanisms such as substance use or self-harm.^{50, 51}

Recent evidence suggests that nearly half of all children in the United States have been exposed to at least one of these experiences, while nearly a

High-quality reproductive health-care services that treat women with respect and compassion are essential to women's health. well-being, and rights.

quarter have been exposed to at least two.⁵² These childhood experiences have been consistently linked to health issues during adulthood such as suicide, alcohol and drug abuse, high-risk sexual behaviors, poor pregnancy outcomes and fetal mortality, chronic health problems, and premature death.⁵³ Depression is one of the most prevalent mental health issues among adults with ACEs.⁵⁴ Preventing adverse childhood experiences is crucial (see TABLE 9 for a variety of strategies), as is comprehensive mental health care to reduce their impact when they do occur.

TABLE 9	Preventing A	Adverse	Childhood	Experiences	(ACEs)
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STRATEGY	APPROACH
Strengthen economic supports to families	Strengthening household financial security Family-friendly work policies
Promote social norms that protect against violence and adversity	 Public education campaigns Legislative approaches to reduce corporal punishment Bystander approaches Men and boys as allies in prevention
Ensure a strong start for children	Early childhood home visitation High-quality child care Preschool enrichment with family engagement
Teach skills	 Social-emotional learning Safe dating and healthy relationship skill programs Parenting skills and family relationship approaches
Connect youth to caring adults and activities	Mentoring programs After-school programs
Intervene to lessen immediate and long-term harms	Enhanced primary care Victim-centered services Treatment to lessen the harms of ACEs Treatment to prevent problem behavior and future involvemen in violence Family-centered treatment for substance use disorders



Unfortunately, Louisiana's mental health-care system is woefully inadequate, especially for low-income residents. This is particularly concerning because Louisiana's young people are more likely to have mental health needs than the average American child; 27 percent of Louisiana youth ages 2 to 16 have been diagnosed with a behavioral, emotional, or developmental disability, compared to 21 percent nationally. ⁵⁵ A 2019 class-action lawsuit initiated by the Southern Poverty Law Center against the Louisiana Department of Health alleges that the state fails to provide Medicaid-eligible children with federally mandated adequate mental health services. When services are not available in their communities, children too often end up hospitalized or placed in



psychiatric institutions far from home. Law enforcement officers are frequently the first responders when crisis services do not exist, with the result of children entering the juvenile justice system unnecessarily.⁵⁶

BOX 10 Incarceration Harms Health and Traumatizes Communities

Incarceration is a traumatic life event that can inflict serious emotional. social, and physical harm on inmates and their families. Studies show that incarceration can act as both an acute and chronic stressor that disrupts the mental health, relationships, and even immunological responses of individuals living behind bars. Many of these impacts follow inmates upon release, causing lower marriage rates, higher rates of divorce and domestic violence, and worse relationships with employers, resulting in a number of poor health outcomes related to a lack of strong social bonds. 57 Harsh punishments and substandard living conditions within the carceral system itself exact their own lifelong physical and psychological toll as well.58

Jails and prisons have also emerged as infection hot spots in the pandemic. As early as April, the novel coronavirus had made its way into almost every correctional facility in Louisiana, where, according to reports

from supervising officials, people are crowded together cheek-by-jowl, the population disproportionately suffers underlying health conditions like diabetes, protective gear is scant, health care is poor, and even access to soap and water is not a given. 59 Because of tough sentencing laws, unnecessary bail and pretrial incarceration policies. and an overly punitive juvenile justice system, far too many Louisianans are behind bars, and Covid-19 is turning jail time into a potential death sentence. Nationally, roughly 200,000 people enter and leave jails and prisons each week, a population churn that endangers inmates, corrections staff, and the communities into which people are released. 60 Failing to contain the spread of Covid-19 within jails and prisons imperils not just prisoners but also prison employees and the communities in which they live; for example, a prison medical director and a warden at Raymond Laborde Correctional Center died of Covid-19 in April 2020.61

One of the many hidden costs of incarceration is the impact that it has on family, neighborhood, and population health. Each admission to jail or prison leaves a human-sized hole in a community. Studies show that women who have an imprisoned family member are at increased risk of heart attack, stroke, and obesity. Other research documents the wide-ranging effects that the incarceration of a parent can have on child health by negatively affecting mental and behavioral health, economic and educational opportunities, and social relationships.62 As the inmate population in Louisiana is disproportionately Black and Latino, 63 these social impacts weigh most heavily on communities of color. Organizations like Daughters Beyond Incarceration in New Orleans advocate for child-sensitive and trauma-informed approaches that support families impacted by incarceration.64

Mental health needs are more urgent than ever as the ongoing Covid-19 pandemic takes an unprecedented toll on the psychological well-being of thousands of Louisianans. All disasters put survivors at risk of psychological distress, but the unique and widespread conditions of this moment—isolation at home, separation from loved ones, uncertainty and anxiety about the future, grief and constant news of death, unemployment and economic distress—are joining forces to create a particularly acute mental health crisis. ⁶⁵ Our 2009 report highlighted how a lack of mental health and other social services in Louisiana exacerbated the impacts of devastating hurricanes; survivors of Katrina and Rita experienced higher levels of posttraumatic stress disorder compared to prior disasters, and the suicide rate was three times higher after Katrina than before the storm, persisting at this elevated rate for two years. ⁶⁶ If decisive action is not taken to address the mental health impact of the Covid-19 pandemic, the results could be the same or worse. Louisiana must focus on providing both crisis support

and ongoing help to residents struggling to process this traumatic experience in the years to come, keeping in mind that already-stressed populations will likely be most affected.

BOX 11 Medicaid Expansion

Expanding Medicaid has saved lives. Since the federal Medicaid expansion took effect in Louisiana in 2016, thousands of additional preventative procedures have taken place across the state. As of August 2020, over 538,000 Louisiana adults had enrolled in the Medicaid expansion, and 20,700 newly diagnosed diabetes patients and 56,600 newly diagnosed hypertension patients had received care.⁶⁷ Medicaid expansion has also saved Louisiana money. For every dollar Louisiana spent on Medicaid expansion, the federal government paid \$0.90, injecting

a significant stream of federal funds into the state economy. 68 According to a study commissioned by the Louisiana Department of Health, Louisiana received an estimated \$1.85 billion in federal matching dollars in 2017 and \$1.77 billion in 2018.69 The expansion of Medicaid has given hundreds of thousands of Louisianans crucial access to health care, and attempts to limit eligibility, such as legislation defeated in 2018 that proposed to institute work requirements, make little sense, particularly in the age of coronavirus.70

CONFRONT FIREARM-RELATED MORTALITY

Two of the gravest health challenges faced by Louisianans—particularly men—are gun-related homicide and suicide. On average, 967 people die each year from firearm-related incidents in Louisiana. The statewide rate of gun-related mortality, which increased 18 percent from 2009 to 2018, sits at 20.7 per 100,000—the second-highest rate in the US, almost double the national rate of 11.4 per 100,000.71 Of the gun-related deaths in Louisiana, 47 percent are suicides and 50 percent are homicides.72 Louisiana is among the states with the most permissive gun safety laws: owning and openly carrying a firearm requires less paperwork than driving a car.73 Access to firearms increases the risk of mortality in altercations, domestic or otherwise, and by one's own hand due to accidental or intentional injury. Understanding and addressing the many faces of firearm-related mortality through the lens of public health must be a top priority in Louisiana.

Gender-Based Violence. In Louisiana, 33.4 percent of women and 28.4 percent of men experience physical violence, sexual violence, and/or stalking at the hands of an intimate partner at least once their lifetime. A woman is far more likely to personally know her murderer than not: 81 percent of female homicides in Louisiana are committed by a partner or ex-partner. Moreover, the rate of women murdered by men has increased for the sixth consecutive year, with Louisiana ranking second in the nation at 2.64 female homicides per 100,000 females. Women of color represented 57 percent of the female homicide victims in the state in 2017.

Gun ownership is strongly correlated with domestic homicide. Access to a gun in the home during a domestic violence altercation introduces an astonishing



56,600

NEWLY DIAGNOSED
HYPERTENSION PATIENTS

20,700

NEWLY DIAGNOSED
DIABETES PATIENTS

112,800

ADULTS RECEIVED
SPECIALIZED OUTPATIENT
MENTAL HEALTH SERVICES

22,800

ADULTS RECEIVED
OUTPATIENT SUBSTANCE
ABUSE SERVICES

24,600

ADULTS RECEIVED
RESIDENTIAL SUBSTANCE
ABUSE SERVICES

Source: Louisiana Department of Health, LDH Medicaid Expansion Dashboard, retrieved August 2020. five-fold increase in the likelihood that the abuser will commit homicide, ⁷⁶ and two-thirds of all domestic homicides were committed using guns. In addition to limiting abusers' access to firearms, policymakers must ensure that the state's domestic violence victims services are fully funded, and that criminal justice practices hold abusers accountable before the homicide occurs.⁷⁷

Protecting Youth from Gun Violence. Firearms are the leading cause of death among children and teens in Louisiana, while nationwide the number-one cause of death for young people is car crashes. Among the most preventable of these deaths are accidental injuries caused when a child finds a loaded gun irresponsibly left in a drawer, coat pocket, purse, or some other unsecured place. Sadly, preliminary national statistics suggest that the number of deaths caused by young children accidentally discharging their guardians' weapons is on the rise—possibly due to the recent uptick in firearm sales during the early weeks of the Covid-19 pandemic. Raising awareness and strengthening gun safety laws could easily prevent these senseless and heartbreaking fatalities in homes across the state.

The vast majority of young lives cut short by firearms, however, are the victims of interpersonal violence—particularly in communities of color. Black children and teens in Louisiana are four times as likely as their white peers to die by guns. 79, 80 For families, the physical and emotional scars from violent crime run deep, and the cost to communities—in reduced productivity, criminal justice expenditures, health-care costs, and decreasing property values—is steep. While the impulse of many policymakers and stakeholders is to approach youth homicide from a policing perspective, understanding gun violence through an epidemiological lens allows us to understand the variety of social determinants that must be addressed in order to most efficiently reduce lives lost to gun violence.81 Using methods similar to those public health officials employ to prevent the spread of contagious diseases like Covid-19—tracing contacts impacted by violence and trauma and encouraging behaviors that promote community health—an epidemiological approach pioneered by global organizations like CURE Violence has successfully decreased shootings and fatalities in eighteen US cities, including New Orleans.82

Interventions that address systemic root causes of violence within communities must be prioritized over increased criminalization and policing. According to research from economist Lance Lochner, for example, a one-year increase in the average level of schooling in a community is associated with a 30 percent decrease in the murder rate, underscoring how investments in social goods like public education can reduce violence. ⁸³ Understanding concentrated poverty, a lack of access to education and mental health services, school discipline systems, and exposure to traumatic violence as factors in youth gun violence is crucial to targeting local resources toward ending the gun violence epidemic, which disproportionately impacts America's young people.

Suicide. White people in Louisiana are four times as likely to die by gun suicide as Black people. Nine in ten people who lose their lives to suicide experience some form

Firearms are the leading cause of death among children and teens in Louisiana.

of mental illness or substance abuse, driving home the overwhelming need to destigmatize and make broadly accessible high-quality mental health and addiction services.

In the popular imagination, a person intent on taking his or her own life will find a way to do it. In reality, however, suicide is frequently an impulsive act undertaken in a moment of intense psychic pain, rage, or hopeless despair. In such cases, removing or even delaying access to the means of lethal self-harm in that moment has been proven to be a highly effective deterrent. Steps like limiting access to firearms (the most fatal means of suicide, ⁸⁴ as well as one of the most common, especially among men⁸⁵), erecting suicide barriers and nets on bridges and other high places, ⁸⁶ and even packaging pills in blister packs rather than loose in a bottle have the potential to save countless lives. ⁸⁷



BOX 12 Cancer Alley: The Continued Struggle for a Healthy Home

Beginning in Baton Rouge and following the Mississippi River to New Orleans, the Mississippi River Chemical Corridor is home to over 200 industrial plants that emit toxic chemicals. Many are located in low-income communities of color. Home to seven of the ten census tracts with the highest cancer risk in the nation, this eighty-five-mile stretch of the Mississippi is better known by its nickname: "Cancer Allev."88

For decades, communities along the Mississippi have struggled against heavily polluting industries to protect the health and safety of their hometowns. In 1994, residents of Geismar, in Ascension Parish, began advocating to incorporate into a city, hoping to zone out new plants and to use tax dollars from existing facilities to offset the costs and risks of

industrial pollution. Unfortunately, in 1995 the then-governor signed into law a bill preventing municipalities from including industrial areas within their boundaries, leaving residents with a smaller tax base and less autonomy over local affairs. Concurrently, eleven chemical plants in Ascension Parish filed a lawsuit to stop incorporation.89 In Geismar today, there are currently ten petrochemical plants, and the air around the city is estimated to be more toxic than 99.6 percent of the seven Mississippi River parishes between Baton Rouge and St. Charles.90 Nationwide, Ascension Parish is ranked among the top ten counties where facilities released the most toxicityweighted air pollution.91

Although Governor John Bel Edwards signed an executive order in 2016 that placed some decisionmaking power back into the hands of communities directly impacted by industry, 92 contemporary attempts by local communities to exert more control over the air that they breathe have faced similar backlash from large corporations and industry-aligned state officials. In 2018, for example, it was revealed that a company in New Orleans hired paid actors to provide testimony at local government meetings to approve a new power plant. 93 Recently, two nonviolent environmental activists were convicted of felony "terrorizing" charges for a harmless protest action and now face fifteen years in prison. 94 All Louisianans should have the right to protect their communities from pollutants and the health risks that threaten a place like Cancer Alley.

Access to Knowledge



Introduction

Variation by Race and Ethnicity and by Gender

Variation by Parish

Making Educational Equity a Reality: What Will It Take?

Introduction

Education is a means to many desirable economic ends—from better jobs to bigger paychecks. Earnings move in lockstep with educational attainment, with bachelor's degree holders earning about double, on average, what high school graduates earn, and those with professional degrees earning one and a half times what college graduates take home.¹ In 2018, the unemployment rate for bachelor's degree holders was just 2.2 percent, compared to roughly double that, 4.1 percent, for high school graduates and 5.6 percent for those without a high school diploma. Preliminary evidence shows that workers with less education have suffered greater job losses as a result of the novel coronavirus; the May 2020 unemployment rate was 18.5 percent for adults without high school degrees, 15.0 percent for high school graduates, and 7.2 percent for bachelor's degree holders.²

But the benefits of education extend far beyond the economic realm. For society as a whole, higher levels of educational attainment are associated with less crime and lower rates of incarceration, issues with which Louisiana struggles, as well as greater civic engagement, tolerance of difference, and support for the rights of others. For individuals, more education is associated with longer lives and better health, including a reduced risk of dementia and chronic disease, better mental health, and fewer health-risk behaviors. It is also associated with more stable interpersonal relationships, higher marriage rates, and lower divorce rates; greater resilience and ability to adjust to change; and more effective coping skills.^{3,4} Education is not just about mastering academic subjects or developing technical skills; it's also critical to learning about oneself and one's world. As W. E. B. DuBois argued in The Souls of Black Folk, the function of education "is not simply to teach bread-winning. . . it is, above all, to be the organ of that fine adjustment between real life and the growing knowledge of life, an adjustment which forms the secret of civilization." Education builds confidence, agency, and self-sufficiency; confers status and dignity; and helps people envision and realize futures for themselves and for their communities that are different and better than their current circumstances.

Louisiana has made considerable advances over the last decade but is still behind the United States as a whole on many key educational indicators. The greatest gap is in postsecondary education; a smaller share of adults ages 25 and older in Louisiana have at least a bachelor's degree than in the country as a whole, 24.3 percent compared to 32.6 percent. The state also lags slightly behind the national average in terms of the share of adults 25 and over who graduated high school: 14.0 percent of adult Louisianans lack a high school diploma, compared to 11.7 percent of adults in the country overall. Twenty-seven percent of adults have low literacy skills (compared to 22 percent nationally) and 42 percent have low numeracy skills (compared to 32 percent nationally). In addition, fewer high school students today graduate on time in the state (78 percent) than nationally

Louisiana has made considerable advances over the last decade but is still behind the United States as a whole on many key educational indicators.

(85 percent).⁷ On the positive side, Louisiana has a higher rate of preschool enrollment than the country as a whole, with 51.3 percent of 3- and 4-year-olds enrolled, compared to 47.9 percent nationwide. High-quality preschool has been shown to improve the academic performance and long-term life chances of children, particularly those living in low-income households.⁸ These statewide numbers obscure huge disparities by place and race, and these disparities are the subject of this chapter.



Access to knowledge in the American Human Development Index is measured using two indicators that are combined into the Education Index. The first is **school enrollment** for the population between the ages of 3 and 24; this indicator captures everyone who is currently in school, from toddlers in preschool to young adults in college or graduate school. The second indicator is **educational degree attainment** for the population 25 and older: the share of adults with high school diplomas, four-year bachelor's degrees, and graduate and professional degrees.

BOX 1 What About Associate Degrees?

The American Human Development Index includes indicators on high school completion and bachelor's and graduate degree attainment, but associate degrees and vocational certificates were not included in the construction of the index. Because these degrees and the courses of study required to complete them are extremely diverse, no uniform national standards of accreditation for them exist, and, until recently, there was very little academic research on the long-term effects of sub-baccalaureate education. In contrast, the literature on the myriad benefits of bachelor's and graduate degree attainment, from superior earnings, job satisfaction, benefits, and working conditions to better health, social and critical-thinking skills, and life satisfaction, was robust.10

Associate degrees and vocational certificates offer many pathways to secure livelihoods and can open to the door to higher education for first-generation students and others facing barriers to four-year degree programs. Attendance at community and technical colleges has increased in recent years. Louisiana's community and technical colleges today serve hundreds of thousands of students annually and equip them with

industry-based credentials, a wide range of certificates, and two-year associate degrees. These educational opportunities can allow students to gain job skills, move up in their fields, and transfer to four-year colleges. One caveat is that in Louisiana as in the country as a whole, community colleges have succeeded in increasing access to higher education but still lag when it comes to degree completion. Too many students start but do not finish associate degree and CTE certificate programs, leaving them with debt but without new credentials. Five years ago, Louisiana's Community and Technical College System set a series of ambitious goals: to double the number of students served, double the number of graduates, quadruple transfers to four-year colleges, and double earnings of graduates, among others. These goals are collectively known as Our Louisiana 2020.11

Despite this expansion, however, only 6 percent of Louisiana adults complete their educations with an associate degree, the lowest percentage of any US state. Only Washington, DC, has a smaller share of adults with an associate degree and no further education, 3 percent; the national high, 15 percent, is found in North Dakota. ¹² In some parishes, associate

degree attainment is on par with the national high; in Natchitoches Parish, 15 percent of adults have an associate degree, and in Cameron Parish 11 percent do.¹³

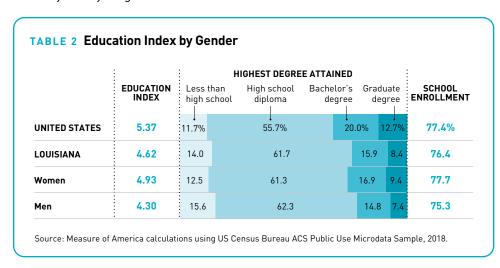
Louisiana also stands out for its emphasis on shorter certificate programs over two-year associate degrees. In the 2017–2018 school year, Louisiana's public and private nonprofit two-year colleges awarded 4,946 associate degrees but 17,318 certificates, which typically require less than two years to complete. That equates to 0.3 associate degrees for every certificate. In contrast, in North Dakota, community colleges awarded 1,145 associate degrees and 319 certificates (3.6 associate degrees for every certificate). Similarly, in Minnesota, where 12 percent of adults have an associate degree, community colleges awarded 14,899 associate degrees and just 8,575 certificates (1.7 associate degrees for every certificate). 14 Nationally, the completion ratio at all two-year public and private nonprofit colleges is 1.3 associate degrees for every certificate. While some certificates lead to jobs in thriving fields, others do not; high school students and young adults need help identifying which certificate programs will best position them for success in the job market.

The degree attainment indicator does not include associate degrees or career and technical education credentials or certifications; although such credentials are important gateways to many careers, uniform, comparable definitions, forms of accreditation, and statistics about them are not available (see BOX 1).

The school enrollment indicator counts for one-third the weight of the Education Index, and the degree attainment indicator counts for the remaining two-thirds; these relative proportions reflect the difficulty of as well as the payoff for earning a degree as compared to simply enrolling in school. Data for both indicators come from the annual American Community Survey of the US Census Bureau. While access to education is critical, so is the quality of that education. Unfortunately, no comparable, reliable indicators for educational quality are available across the country, so none are included in the index. We do, however, incorporate such measures into the analysis when they exist.

Variation by Race and Ethnicity and by Gender

Women have higher Education Index scores than men, on average, in Louisiana and in the country as a whole. Women ages 25 and up are more likely than their male counterparts to have high school, bachelor's, and graduate degrees. Girls and young women are also slightly more likely to be enrolled in school than boys and young men.



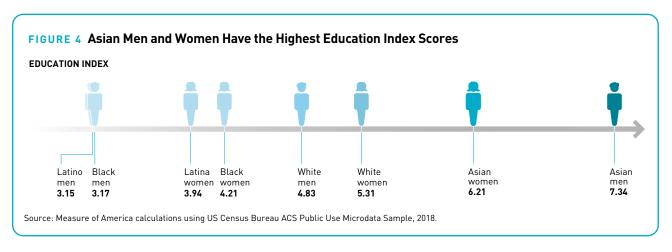
Women have higher Education Index scores than men.

Nationally and in most states, metro areas, and counties, educational attainment follows the same pattern: Asians have the highest Education Index score, followed by whites, Blacks, and Latinos. Louisiana follows suit.

Asian Louisianans have the highest Education Index score in the state, 6.79. More than four in ten Asian adults have at least a bachelor's degree, and 17.3 percent have graduate degrees. Their school enrollment rate, 86.8 percent, is the highest of all racial and ethnic groups. Unlike in other groups, however, Asian men have higher rates of degree attainment than Asian women in every category, most strikingly in graduate and professional degrees: 21.8 percent of Asian men have graduate degrees, compared to 13.3 percent of Asian women.

Asians are not a monolithic group, however. Louisiana residents of Chinese descent have the highest Education Index scores, followed closely by residents of Indian descent. More than two points on the index separate them from the next-highest-scoring group, Filipinos. Seven in ten Indian adults and six in ten Chinese adults hold a four-year bachelor's degree, and more than one-third of Indian and Chinese adults hold a graduate or professional school degree. Meanwhile, nearly one-third of adults of Vietnamese descent (who account for almost half of the state's total Asian population) do not have a high school diploma, more than double the state average, although Vietnamese residents are on par with the statewide average for college degree attainment. The educational attainment

	Ė	:	HIGHEST DEGREE ATTAINED					:	
	EDUCATION INDEX	Less t high s		High school diploma I	Bachelor degre		radu deg	iate ree I	SCHOOL ENROLLMENT
ASIAN	6.79	16.5%		38.9%	27.3	%	17.	l .3%	86.8%
Men	7.34	15.4		39.6	23.1		21	.8	89.8
Women	6.21	17.4		38.2	31	.1	1	13.3	83.0
WHITE	5.07	10.7		60.9		18.	9.7		77.1
Men	4.83	11.8		61.0		18.	1	9.1	75.9
Women	5.31	9.7		60.7		19.3		10.3	78.4
BLACK	3.73	18.5		66.	2 9.		9.7	5.6	74.7
Men	3.17	21.7	21.7 67.		.5		7.7	3.1	73.6
Women	4.21	15.9 65.1		1		11.3	7.7	75.8	
LATINO	3.53	26.8		54.1			13.3	5.8	74.6
Men	3.15	27.5		56.1			10.8	5.6	72.4
Women	3.94	26.1		51.7			6.3	6.0	77.0



of Vietnamese adults reflects the challenging circumstances from which Vietnamese immigrants, the majority of them refugees, fled in the mid-1970s. Sixty-seven percent of the Asian population in Louisiana were born outside the United States.

Education-based immigration restrictions and the transfer of sociocultural norms from migrants' countries of origin may account for the comparative educational success of Asians, even those with low incomes. Immigration reform in 1965 brought a wave of Asian immigrants to the United States, many of them highly skilled and credentialed compared to both the population in the United States and the population in their home countries. Though many were not able to find work in their fields of expertise due to language barriers, discrimination, and other factors, this social capital (highly educated parents) combined with institutions and practices (like afterschool and weekend learning programs) positioned second-generation children to succeed in school. Scholars argue that more socioeconomically disadvantaged Asian subgroups, such as Vietnamese, benefit from the institutions, norms, and knowledge networks established by more affluent and settled Asian groups. In addition to these supports, children may benefit from higher expectations from teachers and positive social stereotypes with regard to academic achievement.¹⁵

White Louisianans have the next-highest Education Index score, 5.07. They have the highest rate of high school completion, with only one in ten adults lacking a high school degree. A slightly higher proportion of white adults in Louisiana have bachelor's degrees than adults in the state as a whole, 28.4 percent and 24.3 percent, respectively. The same pattern holds true for graduate degrees—roughly one in ten white residents of Louisiana hold a graduate degree. White women score slightly higher than white men on every indicator in the Education Index.

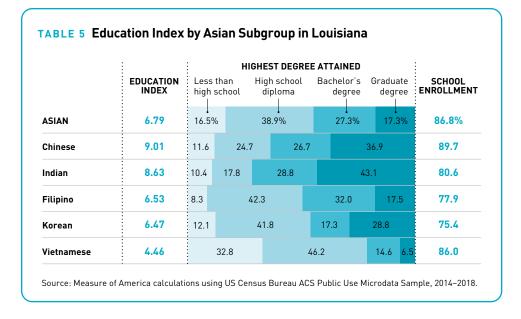
Black Louisianans rank third in terms of educational outcomes, with smaller shares of adults who are high school, college, and graduate school degree-holders and lower enrollment rates than either Asians or whites. Black adults are nearly

The gap in degree attainment between Black and white adults in Louisiana is the result of both past discrimination and present-day bias.



Black women score **25 percent** higher than Black men on the Education Index.

twice as likely to lack high school diplomas and bachelor's degrees as white adults. The education gap between Black women and men is large, with Black women outperforming Black men on every indicator, resulting in an Education Index about 25 percent higher.



The gap in degree attainment between Black and white adults in Louisiana is the result of both past discrimination and present-day bias. Social science research has time and again demonstrated the strong link between the socioeconomic status and educational attainment of parents and the academic achievements of their children, ^{16, 17, 18} and the parents of today's Black adults were denied access to a range of educational, employment, and residential options, limiting their education and earnings, which in turn curtailed their children's educational outcomes. Research shows that the Black-white gap in educational achievement is at least in part a result of the considerable Black-white wealth gap (see PAGE 97). ^{19, 20} In addition to covering the costs of college itself, wealth allows parents to buy homes near better schools that are more likely to encourage college readiness and applications, mitigates stress that interferes with learning by helping families weather unexpected expenditures, and provides a sense of security.

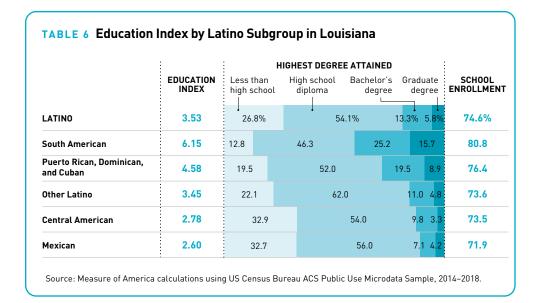
Latino residents of the Pelican State have the lowest overall levels of educational attainment and enrollment. More than one-fourth of adults ages 25 and older lack a high school diploma, although the share of Latino adults with bachelor's degrees, 19.1 percent, is slightly higher than that of Black adults. Roughly 40 percent of Louisiana's Latino population were born outside of the United States, and the high rate of adults who did not complete high school reflects the limited opportunities Latino immigrants faced in their countries of origin. Latina women are more

likely to have a bachelor's degree than Latino men, 22.2 percent and 16.4 percent, respectively; nonetheless, Latina women make significantly less than Latino men—theirs is the largest pay gap proportionally of the state's major racial and ethnic groups (see PAGE 98).

Notable differences exist among Latino subgroups. Louisiana residents who trace their heritage to Mexico experience the greatest challenges in education. As is the case with Asian residents, disparities in educational outcomes stem from the different backgrounds various immigrant groups bring with them. Unlike Asian immigrants, who are more likely to have graduated college than the average adult living in either their countries of origin or the United States, immigrants from Mexico are less likely to be college graduates. 21 Mexico does not have an afterschool-and-weekend private school infrastructure that prepares students for exams and admissions tests as do many Asian countries and thus did not import this model to the United States. While Asian children benefit from high academic expectations as a result of positive stereotyping, Latino children (as well as Black children) are often harmed by negative stereotypes about their academic achievement. For students who speak a language other than English in the home, these effects could be compounded by a lack of access to English-as-a-secondlanguage classes and culturally responsive accommodations in schools, especially in rural Louisiana school districts.²²



Latino and Black children are often harmed by **negative** stereotypes about their academic achievement.



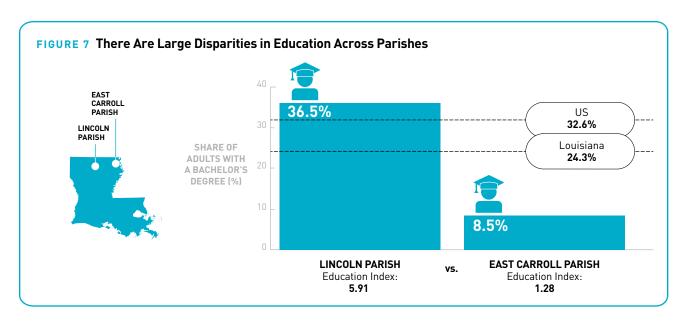
Variation by Parish

Education Index scores range from 1.28 in East Carroll Parish to 5.91 in Lincoln Parish. Orleans Parish comes in second at 5.79, followed by St. Tammany (5.73), East Baton Rouge (5.58), and Lafayette (5.27). The share of adults with bachelor's degrees in each of these top-five parishes is well above the Louisiana average of 24.3 percent, ranging from 36.8 percent in Orleans to 32.1 percent in Lafayette, all on par with the national average, 32.6 percent. East Carroll Parish jumps out as an outlier on almost every indicator: 31.5 percent of adults do not have a high school diploma, 8.5 percent have a bachelor's degree, and only 50.9 percent of 3- to 24-year-olds are enrolled in school. A little less than one point separates the Education Index in East Carroll from that in Morehouse Parish, the next lowest in education at 2.20.

East Carroll Parish jumps out as an outlier on almost every indicator.

Unsurprisingly, with the exception of St. Tammany, the parishes at the top end of the scale in Louisiana are home to major colleges and universities. In Lincoln Parish, Louisiana Tech University students make up such a large share of the overall population that the typical link between the Education and Income Indexes is broken; enrollment rates are elevated due to all the students, but wages are depressed since undergraduates typically work part-time and earn relatively little. With the exception of this outlier, the link between education and earnings is apparent in the data.²³

The parishes that include major urban centers exhibit more striking racial disparities in educational attainment and enrollment than those found in the state as a whole. The gap between Black and white Education Index scores in Louisiana is 1.34 but 2.76 in East Baton Rouge Parish and 4.29 in Orleans Parish (see PAGE 117 for racial breakdowns for selected urban parishes).



BOX 8 Preschool Enrollment in Louisiana

High-quality early-childhood education is arguably the best investment a society can make. It leads to better social and emotional skills, better school performance, higher graduation rates, less contact with the criminal justice system, and, in adulthood, higher salaries, less unemployment, stronger relationships, and better health. The effects are most pronounced for disadvantaged children.²⁴ For this reason, preschool enrollment for 3- and 4-year-olds is included in the school enrollment indicator of the Education Index. The preschool enrollment rate in Louisiana, 51.3 percent, is higher than the national rate of 47.9 percent. Significant variation by parish exists, however, ranging from 72.9 percent in Madison Parish to 20.5 percent in Union Parish. Interestingly, the two parishes with the highest American Human Development Index scores, Ascension and St. Tammany, have lower preschool enrollment rates than the two parishes with the lowest scores, East Carroll and Madison.

A fourteen-percentage-point difference separates the enrollment rate of Black children, 61.1 percent, and white children, 47.0 percent. This statewide racial divide helps to explain some of the large gaps between parishes. East Carroll and Madison Parishes have the highest percentage of Black residents in Louisiana as well as the highest rates of preschool enrollment, 61.7 percent and 72.9 percent, respectively. Comparatively, Cameron Parish is 89 percent white, the highest in the state, and has a 44 percent preschool enrollment rate.

These racial disparities point to a somewhat heartening explanation—the

success of Head Start and other publicly funded preschool programs in low-income Black communities. While not a perfect match, many of the parishes with high overall preschool enrollment rates also have high percentages of children enrolled in public preschool. For example, in Madison Parish, two-thirds of children are enrolled in these programs.²⁵ One cause of the racial difference is that Black families have, on average, lower incomes and therefore disproportionately qualify for public preschool. Another reason is the enduring legacy of the civil rights movement, during which Black families rallied around the federal Head Start program as a way to provide affirming, quality education for their children in addition to gainful employment for Black women who were often barred from well-paying jobs.²⁶ A 2016 report ranked Louisiana's Head Start program as sixth in the nation for the percentage of eligible Black children served, 67 percent.27

While the successes of Head Start and other federal programs are worthy of celebration, almost half of Louisiana children are not attending any type of preschool. In the 2017–2018 school year, Louisiana spent \$4,739 per child enrolled in pre-K, a decrease of \$129 from the previous year, and stands behind twenty-one others in per-pupil state funding. Expanding access to quality early-childhood education and care and expanding preschool funding to include 3-year-olds are proven ways to narrow school readiness and achievement gaps (see Unequal Starts, PAGE 82).



Black children are more likely to attend preschool than white children.

A fourteenpercentage-point
difference
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programs in
low-income Black
communities.

TABLE 9 Education Index in the Top- and Bottom-Ten Parishes

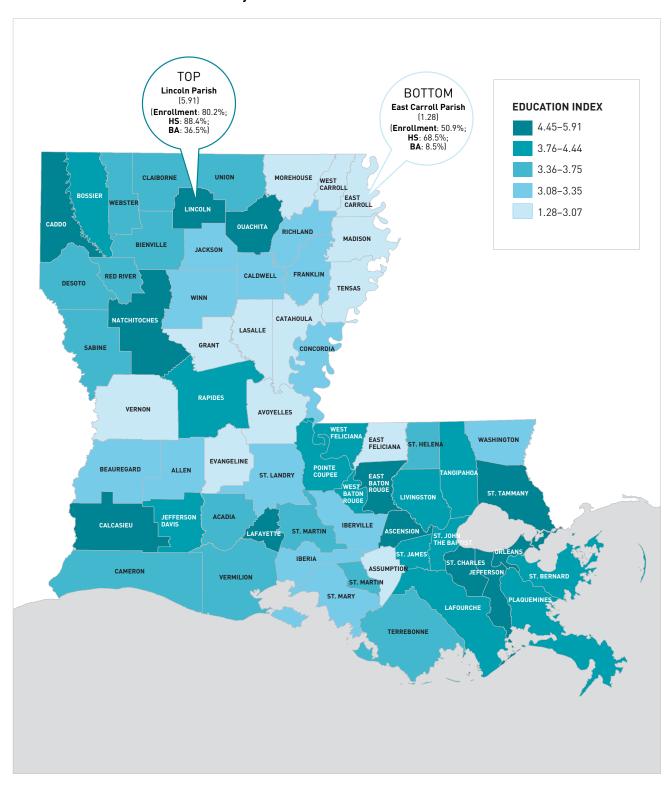
TOP 10	EDUCATION INDEX	Less t high s	HIGHEST DEGREE ATTAIN than High school Bachelor's school diploma degree	Graduat Graduat degree	-	SCHOOL ENROLLMENT	YOUTH DISCONNECTION
Lincoln	5.91	11.6%	51.9%	21.5%	15.0%	80.2%	9.2%
Orleans	5.79	13.8	49.3	21.1	15.7	79.4	15.5
St. Tammany	5.73	9.8	56.7	22.0	11.5	80.3	13.1
East Baton Rouge	5.58	9.7	55.6	21.7	13.0	77.6	10.6
Lafayette	5.27	12.5	55.4	22.4	9.8	78.3	9.8
Ascension	4.94	11.6	61.6	18.4	8.4	77.6	12.5
Jefferson	4.72	14.6	59.3	17.5	8.6	76.8	13.2
Natchitoches	4.56	13.5	68.7	1	1.0 6.8	79.4	15.8
Caddo	4.55	13.4	63.0	14.6	8.9	75.6	19.3
Ouachita	4.49	13.7	62.1	16.3	2 8.1	7 5.1	19.3

	:		HIGHEST DEGRE	E ATTAINED		:	:
ВОТТОМ 10	EDUCATION INDEX	Less than high school	High school diploma ————	Bachelor's degree ————	Graduate degree	SCHOOL ENROLLMENT	YOUTH DISCONNECTION
Grant	2.97	18.3%	ı	73.3%	6.1% 2.2%	71.4%	28.8%
Tensas	2.95	22.3		67.2	7.4 3.1	71.7	
East Feliciana	2.91	20.2		67.2	8.9 3.7	69.0	33.9
Assumption	2.90	26.4		63.4	5.9 4.3	72.6	
LaSalle	2.87	22.8		65.0	9.4 2.8	70.4	
Vernon	2.65	12.8	70	1.4	11.6 5.2	60.2	16.1
Madison	2.52	25.2		62.3	7.9 4.7	66.8	46.4
Catahoula	2.27	23.9		64.4	8.3 3.3	64.6	36.9
Morehouse	2.20	20.3		66.7	11.0 2.0	62.2	27.9
East Carroll	1.28	31.5		60.0	6.6 1.9	50.9	77.2

Source: US Census Bureau ACS, 2014–2018.

 $Note: Youth\ disconnection\ estimates\ with\ a\ coefficient\ of\ variation\ of\ greater\ than\ 0.2\ have\ been\ suppressed.$

MAP 10 Education Index in Louisiana by Parish



BOX 11 A Tale in Black and White—Education in Baton Rouge

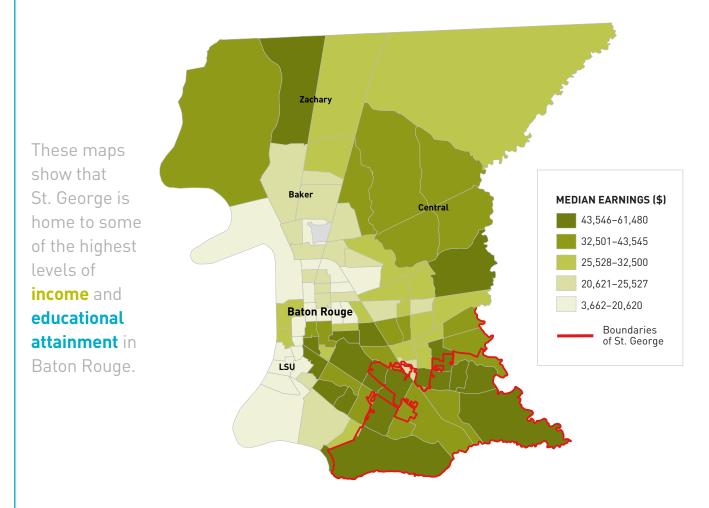
The availability of high-quality K–12 schools is inexorably linked to place and race. The legacy of Jim Crow segregation, discriminatory redlining, and continued divestment from public school systems through white flight has left some neighborhoods educationally impoverished while enriching others.

Zooming in to census tracts—small areas defined by the Census Bureau with average populations of 4,000 people—demonstrates how massive disparities in educational opportunity manifest geographically. Two tracts in

East Baton Rouge Parish, the home of Louisiana State University, are a case in point. Residents in the wealthy, mostly white suburban neighborhood of Kenilworth (Census Tract 50) max out the Education Index at 10.00. Nearly seven in ten Kenilworth residents have bachelor's degrees, and four in ten have graduate degrees. In contrast, residents of the majority-Black Istrouma and Dixie neighborhoods (Census Tract 5) in Baton Rouge's urban core have an Education Index score of just 1.21. Only 57.9 percent of 3- to 24-year-olds are enrolled in

school, and three in ten adults did not complete high school. Census-tractlevel variation in education is strongly associated with a tract's racial and ethnic makeup, evidence of residential segregation's impact on opportunity.

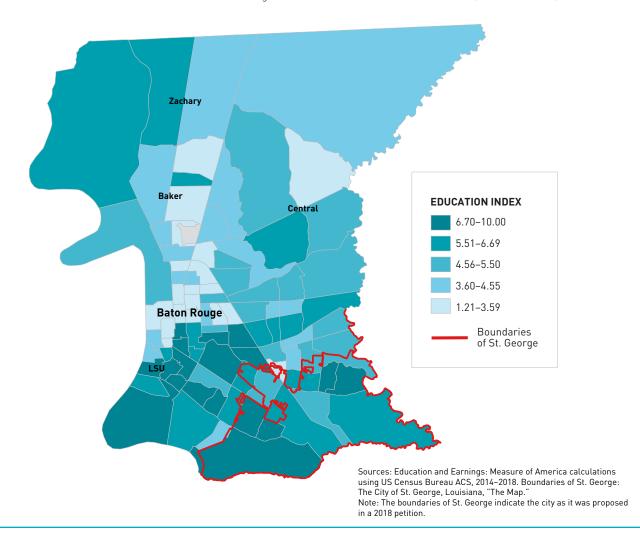
While it's tempting to say that the school segregation in East Baton Rouge Parish and elsewhere is the result of policies long in the past, that is not entirely the case. In addition to private schools and school choice, which have been major drivers of school resegregation²⁹ [see PAGE 85], prosperous communities



across the country have found another means of retreating from an integrated, economically diverse public school system: seceding from municipalities to form separate public school districts accessible only to a narrow swath of affluent residents. Because most states' school funding models depend primarily on local property taxes, more affluent residents can see redrawing the boundaries of "local" to include only their neighborhoods as a way of cordoning off the lion's share of educational resources for their own

children.³⁰ The recent vote to incorporate the town of St. George in southeastern East Baton Rouge Parish is one example. Median personal earnings in census tracts that make up St. George range from \$40,880 to \$61,480, while median earnings for the parish as a whole are just \$30,615 (and as low as \$14,193 in Census Tract 22, Old South Baton Rouge). The newly incorporated city is disproportionately white: 46 percent of East Baton Rouge Parish residents are Black compared to only 12 percent of St. George residents.³¹

The existing gaps in human development and educational attainment will only widen further as the two jurisdictions, St. George and the rest of Baton Rouge, form separate and unequally funded school districts of their own. Though advocates of the secession argue that it will benefit all of Baton Rouge, it's puzzling to see how. Calling for "local control" and "autonomy," this initiative echoes countless historical and contemporary movements that aim to make access to high-quality education more, rather than less, exclusive.



Making Educational Equity a Reality: What Will It Take?

In Louisiana, the white-Black achievement gap narrowed four times faster than the average for all states between 1990 and 2013. Unlike the vast majority of European and Asian countries, which fund education fairly equitably from a central national budget and set clear national standards, the United States relies heavily on local funding and enshrines the concept of local control almost as an end in itself. As a consequence, the quality, nature, and scope of educational opportunities vary sharply by place, race, and socioeconomic status. Compared to white children, Black children from low-income neighborhoods tend to attend underfunded schools with less qualified and experienced teachers, fewer counselors, more overcrowding, limited course offerings, fewer advanced classes, and fewer and worse-quality books, laboratories, libraries, and computers.³² The result is a well-documented achievement gap.

On some measures, Louisiana performs better than the national average: its white-Black achievement gap narrowed four times faster than the average for all states between 1990 and 2013.³³ But by other measures, Louisiana falls short. Addressing inequities will require changes to the K–12 system and more structured transitions from school to work for young people at risk of disconnection. It will also require changes to our society, including greater support for young parents and families experiencing multigenerational poverty, meaningful efforts to tackle residential segregation by race, the elimination of racially biased harsh discipline in schools that sends boys of color to jail rather than college, and empowerment of young women through the provision of the resources and freedoms they need to flourish.

UNEQUAL STARTS: ADDRESS INEQUALITIES IN EARLY CHILDHOOD

Research shows that the socioeconomic gaps that separate families also create gaps in access to knowledge, beginning in the earliest years of a child's life.³⁴ Unforeseen emergencies and crises, financial stress, housing insecurity, long commutes, time poverty, jobs with unpredictable schedules, and the needs of other family members can easily get in the way of the most devoted parent's best intentions. Louisiana's strikingly high rates of incarceration (see PAGE 36) and young motherhood (see PAGE 89) as well as its high levels of poverty and low levels of adult educational attainment throw up hurdles to cultivating a safe and secure home environment and providing the key ingredients to a child's development: attachment, protection, and appropriate stimulation.³⁵

BOX 12 What Do Our Youngest Children Need?

Young children need what everyone needs—access to the ingredients of good health like nutritious food and health care, ways to learn and gain knowledge, and material resources that allow for necessities like safe, secure housing. In addition to these human development basics, the littlest Louisianans also require secure attachments with their caregivers, protection from harm, and appropriate stimulation; without them, they cannot thrive.

Attachment. Primary relationships with parents, family members, and other caregivers are the entire world to a young child. It is through these relationships that children learn about love, trust, and security; develop ways to cope with frustration, sadness, and fear; and establish a secure base from which they can explore and discover. 36, 37 Parental depression and stress can disrupt healthy attachment. Increasing positive interactions between parents and children is a cornerstone of many parenting interventions. 38

Protection. Protection from adverse childhood events—physical, sexual, and emotional abuse; physical or emotional neglect; witnessing violence against family members; and untreated or poorly treated mental illness or addiction disorders in the household—is also crucial. Such events are not only traumatic when they occur but also heighten children's future risk of social, cognitive, and emotional impairment; health-risk behaviors; social problems; and disease and early death.³⁹



Appropriate stimulation. Home environments differ greatly in the type of cognitive stimulation available. At 18 months, children from low-income households are less likely to be exposed to frequent and varied language and therefore have smaller vocabularies and process language more slowly than children of the same age in middle- and high-income households.40 When caregivers are supported to be more interactive and responsive, children make significant gains in motor, language, and social skills and have fewer behavioral problems and better emotional outcomes.41

How can we start to level the playing field for children born to families lacking the resources of their more affluent peers? The solution is twofold: first, equip at-risk parents with the necessary tools to support children's fundamental needs for attachment, protection, and appropriate stimulation, and second, develop opportunities for high-quality early learning in center-based preschools.

Home visitation programs, in which specially trained professionals visit new mothers before birth and for up to two years afterward, have been shown to improve birth outcomes, enhance child development, lower the incidence of child maltreatment and accidental injury, improve maternal health and use of health care, reduce harsh parenting, improve the provision of stimulating activities, improve school performance, and even reduce the likelihood of high school dropout and contact with the juvenile justice system. 42, 43, 44 High-quality home visitation has been proven to ease the stress many new parents face by connecting them to resources, alleviating loneliness, increasing confidence, and broadening knowledge of age-appropriate expectations for behavior. 45 Research indicates that social support is associated with parents' mental and physical health, coping and emotion regulation, and self-efficacy. Larger social networks and more emotional support from those networks have been linked to higher maternal-child responsiveness and cognitive stimulation among low-income families. 46

Infants and young children require secure attachments with their caregivers, protection from harm, and appropriate stimulation.



Affordability is top of mind for parents in Louisiana, where the average yearly cost of center-based childcare clocks in at \$8,580.

Through Louisiana's Maternal, Infant, and Early Childhood Home Visiting program, the state offers two such models of home visitation support: Nurse-Family Partnership and Parents as Teachers, which combined helped to empower 3,721 families in 2016.⁴⁷ The continued support and expansion of these evidence-based programs must be a legislative and budget priority.

In addition, high-quality center-based childcare is essential to support the social, emotional, and cognitive development of young children living in poverty. Affordability is top of mind for parents in Louisiana, where the average yearly cost of center-based childcare clocks in at \$8,580—close to a year's tuition at a four-year state college. 48 In a recent survey of applicants on the waitlist for the state-funded Child Care Assistance Program, 66 percent of respondents said that affordability, not quality, was a top priority, and understandably so, considering that the majority of respondents also reported forgoing basic spending on clothing, food, and utilities. 49 Parents are too often forced to make difficult decisions about the quality of childcare they can afford, opting to entrust their children to extended family members and friends or cheaper "small" childcare centers that serve six or fewer children. Louisiana is one of only three states that does not license its "small" childcare centers, meaning that these centers are not mandated to follow the state's childcare regulations. 50 And while family care may offer many advantages, some family members may not have the capacity to provide the ageappropriate cognitive stimulation necessary for child development, while others may not live in housing that is safe for very young children.

Only 28 percent of the roughly 210,000 children under 5 in need of childcare receive access to high-quality center-based childcare,⁵¹ and less than 7 percent of low-income children ages 0 to 2 can access quality childcare in the state.⁵² Reports strongly indicate that this unfulfilled demand for childcare will expand dramatically without significant public investment and support due to the impacts of the novel coronavirus on both families' already fragile budgets and the financial sustainability of childcare centers themselves.⁵³

Finally, Louisiana must continue to invest in expanding preschool enrollment. Preschool is widely acknowledged as one of the best social policy investments. A quality preschool education for 3- and 4-year-old children has been shown to be the single most cost-effective educational intervention. One recent study estimated that public dollars spent on preschool lead to an estimated 14 percent annual return on investment. Disadvantaged children who benefit from a high-quality preschool experience are less likely to repeat grades and more likely to graduate from high school and college, marry, earn more, own a home, and enjoy positive health outcomes as adults than those who did not. They are also less likely to have children when they are teenagers, receive public assistance, or enter the criminal justice system.

While Louisiana has made recent gains in expanding quality preschool opportunities for 4-year-olds, only around half of all 3- to 4-year-old Louisianans are enrolled in preschool—and the federally funded Head Start and Early Head Start are the only publicly funded early-care and education programs for children under the age of 4 in the state. ⁵⁵ Louisiana should consider following the lead of states like Florida, Georgia, and Oklahoma by creating universal pre-K for 4-year-olds and increasing opportunities for 3-year-olds to access quality preschools. Universal pre-K is good for children and good for parents; two out of three children in Louisiana have two parents (or one parent in single-parent households) in the workforce. ⁵⁶

CONFRONT RESEGREGATION AND EDUCATIONAL QUALITY

Attending racially and socioeconomically integrated schools narrows the Black-white achievement gap and boosts academic performance, decreases dropout rates, and increases the college-going rates for low-income children and children from minority groups. Integration benefits middle-class white students as well. All students in integrated classrooms experience improved problem-solving, critical-thinking, and leadership skills, greater creativity, decreased racial bias, greater tolerance, and reduced overall levels of anxiety. Because diverse learning environments better prepare students for an increasingly global workforce, socioeconomically integrated schools boast overall economic benefits that accrue from increased educational achievement, career readiness, and higher future earnings. Research shows that programs that reduce segregation by half would produce a return on investment of three to five times the cost of the programs.⁵⁷

One barrier to greater integration is residential segregation, a lasting consequence of both years of Jim Crow segregation and more modern modes of discriminatory housing policy and socioeconomic inequality. Although housing segregation was outlawed by the 1968 Fair Housing Act, redlining by the Home Owners' Loan Corporation, zoning ordinances by the Federal Housing Authority, and a host of other targeted, state-sponsored policies restricted where Black families could live and kept them from building assets through homeownership as white families did (see: "The Enduring Legacy of Slavery" on PAGE 32 and "What About Wealth?" on PAGE 97).58 Although southern schools saw significant improvements in integration during the era of court-ordered school desegregation, socioeconomic barriers have significantly dampened the promise of Brown v. Board of Education. 59 (Although the legacy of de jure segregation is often thought of as a southern problem, northern states like New York are home to the country's most segregated schools, a result of historical discrimination in housing policy, a failure to fully address entrenched structural inequality, and lack of political will to make real change. 60)

Because school districts depend on funding tied to the hyper-local real estate tax base, residential segregation in combination with school choice and private

Residential segregation in combination with school choice and private voucher initiatives powerfully shape both school segregation and educational quality across the state.



27.3 percent of white students are enrolled in private school vs. 7.6 percent of Black students

27.3% vs. 7.6%

voucher initiatives (see below) powerfully shape both school segregation and educational quality across the state. The Civil Rights Project of the University of California, Los Angeles, reports that the resurgence of segregated schools in the South is typified by "double segregation" by both race and income: Black, Latino, and low-income students tend to enroll in schools where more than 70 percent of the student body is also low income, while white or Asian students go to schools where fewer than 50 percent of students are low income. Because exposure to poverty is one of the primary ways school segregation by race negatively affects academic achievement, this double segregation further widens the achievement gap between Black and Latino students and their white counterparts.

Another barrier to integration is Louisiana's high rate of private school

enrollment. Racial disparities in enrollment in private elementary and secondary schools show the undeniable aftereffects of "white flight" in the 1960s and 1970s, when white communities formed new suburban school districts or founded private "segregationist academies" in response to the *Brown v. Board of Education* ruling. With 18 percent of K-12 students enrolled in private schools, Louisiana tops the charts for private school enrollment nationally. Seventy-three percent of the private school population is white, and roughly 27.3 percent of the white population is enrolled in private school, compared to just 7.6 percent of the Black population. Greater investment in public schools is vital for expanding the choices and opportunities of the students who attend them, students who are disproportionately Black. Such investment could have the added benefit of advancing integration by attracting more white families to the public system.

BOX 13 Data Transparency and School Quality

Advocating for improvements in the public school system requires access to timely, meaningful, and accurate data. Louisiana educators and researchers are governed by one of the strictest student data privacy laws in the country, which was passed by the state legislature in 2014.66,67 An account of a 2016 "data war" between researchers from the Massachusetts Institute of Technology and Duke University and the Louisiana Department of Education following the publication of research critical of the state's ambitious "voucher" program reveals just how fractious and politically motivated access to data has become within this overly opaque and restrictive environment.68

What's more, the Louisiana Department of Education has not always been transparent with regard to key education statistics, particularly from 2010 to 2016, when a lawsuit ended the department's suppression of data on enrollment and accountability as they relate to race, socioeconomic status, and Englishlanguage proficiency. Access by the public, again hampered by the overly restrictive privacy laws, has remained limited, with only a few research organizations granted access to what should be public accountability data.⁶⁹

Although Measure of America's calculation of the Education Index—which uses common metrics sourced from

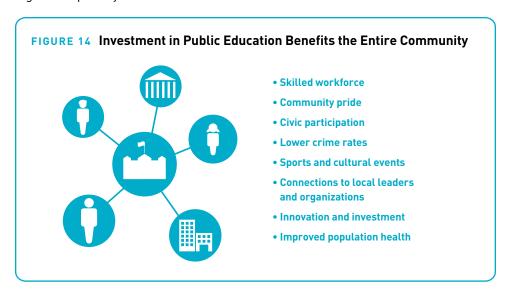
the US Census Bureau's American Community Survey—is unaffected by these restrictions, the ability to track student data over time allows researchers to investigate factors contributing to school quality, enables districts to cultivate an ethos of evidence-based school improvement, and helps the public monitor the success or failure of legislative policies and school initiatives. While it is important to protect students' identifying information and records, more

identifying information and records, more must be done to improve data collection and transparency in order to make data accessible to researchers as is customary in other states.

REINVESTING IN PUBLIC EDUCATION

Across the nation, states have begun revisiting a foundational source of achievement gaps among public school students: the funding formula. In Louisiana, as in many other states, local property and sales taxes make up the bulk of public school funding, which is then supplemented by state and federal funds. The Minimum Foundation Program (MFP) determines the allocation of state funds and attempts to provide a baseline level of funding for all Louisiana public schools while still incentivizing local fundraising efforts by school districts. Between 2008 and 2018, the MFP was not adjusted to account for the rising cost of living, resulting in a resource shortfall; in the last two years, however, the MFP was adjusted for inflation, hopefully a sign of renewed political will to address the longstanding failure to fully fund public education. 70,71

Louisiana performs poorly on three crucial dimensions of funding fairness. First, school funding as a proportion of the state GDP is lower than in most other states. Second, a 2019 study showed that Louisiana fell far behind other states on overall cost-adjusted per-pupil funding (Louisiana spent \$1,670 less than the national per-student average). And third, that same study found that Louisiana lagged in terms of distributing those funds to the most disadvantaged districts (high-poverty districts received just 5 percent more funding per pupil than low-poverty districts]. Reforms that increase resources for the poorest districts have been proven to improve overall school performance and close achievement gaps between socioeconomic groups. Given the massive disparities by race and socioeconomic class that exist in Louisiana, sustaining increases to base funding and targeting dollars to the needlest districts must continue to be a legislative priority.



The capacity and incentives for charters to succeed in an urban context like New Orleans are significantly different from those found in rural environments.

BOX 15 School Choice in New Orleans and Beyond—A Mixed Record

In New Orleans, the post-Katrina years were marked by a rapid succession of school closures, the end of faculty tenure and union contracts, and the swift proliferation of charter schools. In November 2005, the state transferred the majority of Orleans Parish School Board schools into the Louisiana Recovery School District (RSD), which assumed control over any school that fell below the state average for performance measures. ⁷⁴ Under the RSD takeover, enrollment dramatically shifted toward charter schools, and today, all but a handful public school students are enrolled in charter schools. ⁷⁵

Because the radical pace of school reform after the disaster was followed by an increase in student achievement scores and higher graduation rates, many look to New Orleans as a case study for the success of market-based school-choice policies.76 Not all researchers view the charter school revolution as an unqualified success, however. Tulane's Education Research Alliance for New Orleans identified several harmful long-term consequences, such as increased teacher dissatisfaction, increased transportation costs, and stagnant segregation levels.77 Others argue that several extraneous factors unique to post-Katrina New Orleans (namely, a decrease in extreme poverty in the city as low-income people who fled were unable to return and an increase in funding for area schools) may confound the link between achievement and school-choice initiatives.78

Evidence about the potential risks of charter schools continues to grow. First, there

is increasing evidence that school-choice and charter movements further entrench residential and school segregation. 79, 80 Second, because competitive schemes indirectly reward schools that push lowperforming, hard-to-reach students out of charters, charter reforms may exacerbate the so-called "school-to-prison pipeline."81 Studies show that in the early days of school reform, expulsions shot up but eventually returned to pre-Katrina levels—likely due to sustained advocacy efforts by the community and a Southern Poverty Law Center lawsuit that led to the establishment of a centralized expulsion hearing office.82,83 Finally, the capacity and incentives for charters to succeed in an urban context like New Orleans are significantly different from those found in rural environments, which already struggle with tight budgets, limited means of transportation, and higher overhead due to smaller resident populations.84

Louisiana has also experimented with school choice at the state level with the Louisiana Scholarship Program (LSP), introduced in 2012. Hailed as an innovative voucher-style initiative by school-choice advocates, the LSP allows low-income children enrolled in public schools that don't meet certain standards to attend private schools through state-provided tuition assistance. In practice, however, critics argue that this system may actually be channeling both poor children and state dollars toward private schools characterized by poor academic performance and insufficient oversight. In the school of the state of the state of the state of the school of the state
16.4%

Louisiana has the fourth-highest rate of youth disconnection among US states.

KEEP YOUNG PEOPLE IN SCHOOL

Disconnected youth are teens and young adults between the ages of 16 and 24 who are neither working nor in school. Louisiana has the fourth-highest rate of youth disconnection among US states, 16.4 percent—some 92,000 young people. Disconnected youth in Louisiana are about ten times as likely to have dropped out of high school as their connected peers. Research suggests that taking action on dropout early warning signs, developing a system with robust and accessible school-to-work alternatives, and providing wraparound counseling, career

mentoring, remedial learning, and other support for at-risk and disconnected youth are key to helping young people stay connected to school.⁹⁸

Louisiana faces special challenges when it comes to youth disconnection. Young women in Louisiana are more likely than their national counterparts to be young mothers, who face some of the highest rates of disconnection. Youth in Louisiana are also more likely to be adjudicated or incarcerated. Finally, while Louisiana has seen considerable growth in high school educational attainment, it lags behind the rest of the nation in bachelor's degree holders by about eight percentage points.

Empower Young Women. Motherhood is a common and rewarding life experience; 86 percent of US women have at least one child by the end of their reproductive years.⁸⁹ But the timing of the decision to pursue parenthood varies sharply. Early motherhood is much more common in Louisiana than in the United States as a whole. In Louisiana, the teen birth rate (children born to women ages 15 to 19 per 1,000) is 29.1, much higher than the national rate of 18.8.⁹⁰ Disconnected young women in Louisiana are three times as likely to be mothers as connected women, 24.1 percent versus 8.3 percent.

Early motherhood poses many challenges for young mothers and their children. Compared to mothers in their twenties, mothers in their teens are more likely to experience domestic violence, poor birth outcomes, and postpartum depression, and have higher rates of high school dropout, higher rates of poverty, lower levels of educational attainment overall, and lower incomes. These burdens transfer to the next generation, as children born to teenage mothers perform less well in school, are less likely to complete high school, and are more likely to be incarcerated, become teen parents themselves, be unemployed, and have health problems than children born to older mothers. ⁹¹

Young women living in poverty often lack appealing educational and career options, and research suggests that motherhood may offer them a rewarding and attainable route to adult status. Ensuring that all young women have attractive educational and career opportunities in their transition to adulthood is thus critical. Equally important is ensuring that young mothers have the support they need to pursue their educational and career goals as well as high-quality early care and education for their children. Few programs provide the necessary supports to both keep mothers in school and provide quality care for their children, but some offer a model that could be brought to scale. The Lafayette Parish School System family and child development center helps students remain in school and receive child care for their children ages 6 weeks through 4 years on the school campus. Similarly, in New Orleans, NET Charter High School, where 20 percent of students are pregnant or parenting, assigns pregnant or postpartum students a "homebound teacher" for one-on-one in-home tutoring and utilizes technology designed to ensure that teen parents do not fall behind.

Disconnected young women in Louisiana are three times as likely to be mothers as connected women, 24.1 percent versus 8.3 percent.



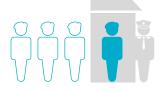
Ensuring that all young women have attractive educational and career opportunities in their transition to adulthood is critical.

To allow all Louisiana's young women an equal chance at a flourishing adulthood, empowering the state's youth with comprehensive sex education and access to family planning services is critical. In Louisiana, sexual health education is not required at any grade level, but is allowed to be taught in grades 7–12; it must emphasize abstinence but can also include other risk reduction methods, such as contraception and condoms. Statewide, 74 percent of parents believe schools should be required to offer sex education, and 80 percent of parents agreed that a sex education program which emphasizes abstinence but also provides information on birth control including condoms should be taught in schools in Louisiana. Studies have shown that abstinence-only education interventions have no significant impact on reducing unprotected sexual activity, pregnancy rates, or sexually transmitted infection rates. Comprehensive sex education, on the other hand, is associated with reduced risk of sexual activity, unprotected sexual activity, teen pregnancy, and sexually transmitted infections.

Access to services that allow for planning if and when to have children as well as their number and spacing is key to the well-being of women and their children. Such services are inadequate in Louisiana. Young women under 18 have limited access to contraceptives. To get a prescription for birth control, minors must either obtain parental consent or travel to a Title X-funded clinic. Young women under 17 cannot purchase Plan B without a prescription, and youth under 18 must obtain permission from a parent or judge to get an abortion.⁹⁹

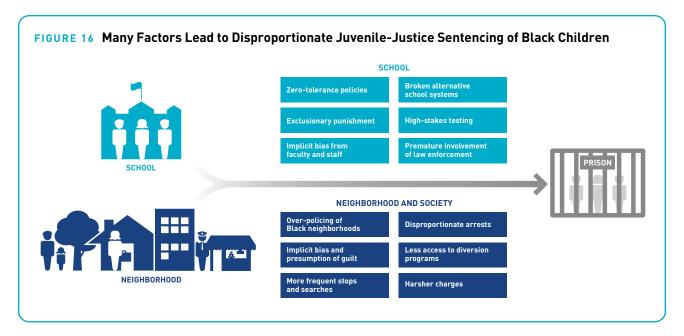
Reform Juvenile Justice. One in ten disconnected youth in Louisiana live in an institution of some kind, considerably higher than the national rate of 6.1 percent. Reducing the number of children involved in the juvenile justice system, ensuring that justice-involved youth have access to the educational services to which they are entitled by law (including special education services), and eliminating barriers to youth pursuing postsecondary education by keeping juvenile cases confidential and expunging juvenile records are all vital steps to improving the well-being and access to opportunity for Louisiana's teens and young adults. In addition to being required by law, programs that reconnect institutionalized youth to educational opportunities have been shown to prevent recidivism by as much as 48 percent.¹⁰⁰

Keeping young people from entering the juvenile-justice system in the first place requires sharp focus on the relationship between school-based disciplinary practices and juvenile-justice sentencing, often referred to as the "school-to-prison pipeline." This phenomenon, which disproportionately harms Black boys and young men, begins as early as pre-K with zero-tolerance policies, exclusionary punishment, implicit bias from faculty and staff, broken alternative school systems, high-stakes testing, and a willingness to refer school-based behavioral problems to law enforcement. 101 Although Black youth make up 44 percent of the Louisiana public school student body, they represent 66 percent of out-of-school suspensions and 72 percent of expulsions. Louisiana is in the top



One out of four disconnected young Black men in Louisiana lives in an institution.

tenth of all states for total out-of-school suspensions, expulsions, corporal punishments, and transfers to alternative schools. One out of four disconnected young Black men in Louisiana lives in an institution, and the majority are in juvenile detention, jail, or prison. This disparity is especially striking in Orleans Parish, where the overwhelming majority of juvenile arrests are Black youth—96 percent in 2017. Once arrested, imprisoned youth often have little help navigating their way through a complicated and adversarial system that could determine the rest of their lives: 98 percent of Louisiana teens in prison reported they had never been visited by a lawyer.



A 2006 study revealed that 73 percent of children in Louisiana's juvenile prisons suffer from a mental illness of some sort. ¹⁰⁵ In addition, a recent Southern Poverty Law Center class action lawsuit argues that Louisiana's provision of mental health services in schools falls far short of federally mandated accommodations for students with a disability. ¹⁰⁶ School disciplinary policies and services must support the behavioral development of all students, especially those with special needs, and school officials must refrain from referring school-related behavioral infractions to law enforcement wherever possible. ¹⁰⁷

In 2016, Louisiana passed crucial Raise the Age legislation to include 17-yearolds in the juvenile (rather than adult) justice system; it was implemented in July 2020. The bipartisan efforts of the legislature and youth activists are certain to improve outcomes for the many adjudicated youth, but work remains to be done. Reforming sentencing through restorative justice and other alternatives to incarceration and holding schools and districts accountable for disciplinary 96%

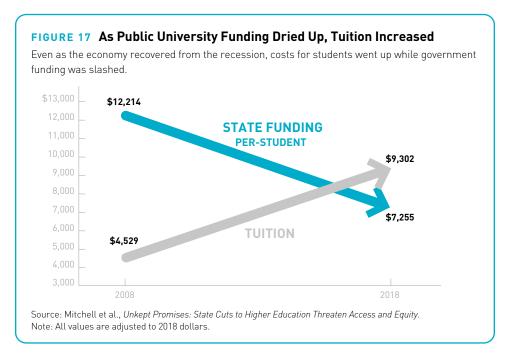
In Orleans Parish, the overwhelming majority of juvenile arrests are Black youth—96 percent in 2017.

policies that push students into incarceration are key priorities. Restorative justice helps young offenders understand the impact of their actions on others and often includes some form of peer adjudication or diversion programs to address the root causes of antisocial behavior. In school settings, restorative justice practices may reduce dropout rates compared to more punitive punishment practices like suspension and expulsion, though more research is needed. 108, 109 In the juvenile justice system, evaluations of restorative justice for juvenile offenders are promising, and suggest benefits like reduced recidivism. 110 Restorative justice works best when it operates as an alternative to prosecution, which means that district attorneys, who control which cases are prosecuted and which go to restorative justice diversion programs, must be on board. In Louisiana, jurisdictions vary widely in their use of alternative sentencing for young people; we recommend that district attorneys with expertise in restorative justice use their considerable advocacy skills to convince their colleagues elsewhere in the state to use this approach.

Build a Bridge to College and Careers. Family socioeconomic status plays a huge role in college enrollment and completion. Nationwide, 58 percent of students from high-income families earn bachelor's degrees by age 24, compared to just 12 percent of students from low-income families—a nearly fivefold difference. The share of low-income young people who earn bachelor's degrees is only six percentage points higher today than it was in 1965, while the share of high-income young people who obtain four-year college degrees has shot up eighteen percentage points. ¹¹¹ A ten-year longitudinal study by the National Center for Educational Statistics found that even low-income young people at the top of their class were much less likely to earn a bachelor's degree than high-income students at the bottom of their class. ¹¹² Academic preparation, family expectations and knowledge about college, lack of financial resources, and, related to that, the need to work all conspire to impede college matriculation and completion for low-income young people.

Investing in public colleges and universities is one of the best ways a state can lessen the financial burden of going to college. Sadly, public colleges across the country saw massive budget cuts following the 2008 recession, forcing many to raise tuition and cut services that many low-income and first-generation students depend on for guidance and support. These funding cuts were sustained and, in some states, deepened even as the economy recovered. A recent report shows that by 2018, Louisiana had decreased per-student funding for public higher education by 40.6 percent, or roughly \$4,959 per pupil, compared to 2008. Meanwhile, tuition for a four-year Louisiana public university increased to \$9,302 a year, more than double the average price in 2008. While the long-term implications of the Covid-19 pandemic and resulting economic downturn are unclear, it is very likely that many states will begin looking for ways to cut costs, with postsecondary education often the first on the chopping block. Cutting higher education budgets can be penny-wise but pound-foolish. Higher levels of education are associated

with higher tax revenues, lower utilization of social welfare programs, lower levels of crime, and more diversified and robust economies—all of which will be boons on the road to economic recovery.¹¹⁴



A four-year degree, of course, is not the only route to meaningful connection in young adulthood. In recent years, Louisiana has worked hard to expand career and technical education (CTE) offerings in secondary schools, with an impressive increase in certifications to show for it. 115 While the empirical research about the impacts of CTE is thin, a number of reports suggest that encouraging CTE courses in high school leads to higher rates of high school completion, increased earnings in the first seven years after high school, and even higher test scores, although many of these benefits appear to accrue more for young men than for young women. 116 Evidence strongly suggests that CTE courses must be accompanied by wraparound counseling and support to ensure that students maintain connection to their programs and establish meaningful work connections in their field. Considerations should include transportation support, a major barrier to connection for communities across America, 117 and the facilitation of career and technical student organizations, which have been shown to improve student outcomes, particularly among young women. 118 In order to build off of the success of Jump Start, the statewide CTE program, Louisiana should consider adopting national standards for CTE curricula, ensuring statewide recognition of credentials, aligning offerings with projected industry workforce demand, and providing expanded opportunities for professional development and training for CTE instructors. 119

Career and technical education courses must be accompanied by wraparound counseling and support.

For more recommendations on youth disconnection, see PAGE 113.

A Decent Standard of Living



Introduction

Variation by Race and Ethnicity and by Gender

Variation by Parish

Closing the Gaps in Standard of Living: What Will It Take?

Introduction

Money alone is a faulty gauge of well-being; that idea is central to the human development approach. A good life is built on much more: physical health, safety and security, love and friendship, freedom to practice one's faith, equality before the law, being treated with dignity and respect, and having a say in the decisions that affect us, to name just a handful.¹ But while money isn't everything, adequate financial resources are nonetheless a critical ingredient for a freely chosen, flourishing life. Without them, the range of the possible is vastly curtailed. Louisianans at the bottom of the earnings scale face material deprivation, chronic insecurity, social exclusion, and, as the coronavirus has tragically reminded us, heightened vulnerability to shocks of all sorts, from environmental disasters to economic downturns to pandemics. In short, money matters for expanding our choices and opportunities. It also matters for protecting and safeguarding the foundations of human well-being.

Adequate material resources are particularly critical for children, and cumulative effects matter, both in terms of multiple years of living in poverty and multiple deprivations experienced at once (e.g., experiencing overcrowding, exposure to lead, poor nutrition, excessive noise, and high levels of family discord at the same time). While responsive parenting can mitigate its effects, poverty has long been recognized as a potent threat to child development and the successful transition to adulthood. It adversely affects physical health, cognitive ability, school performance, behavioral and emotional health, and teen outcomes like childbearing, contact with the criminal justice system, and youth disconnection.² Life itself is at stake: in urban areas, children in the poorest 20 percent of households are twice as likely to die before their first birthdays as children in the richest 20 percent, and poor children are more likely to die than affluent children at every age.³

Poverty is especially damaging to the youngest children. The toxic stress poor families often experience can harm early brain development and interfere with the ability of infants and toddlers to form secure attachments with their caregivers, a key need of young children and the foundation of emotional well-being. Even small differences in family income among the poorest children translate into significant structural differences in the parts of the brain that support "language, reading, executive functions and spatial skills." Children raised in poverty experience more depression and antisocial behavioral problems than those raised in nonpoor families and are more likely to be diagnosed with conduct disorders and attention-deficit/hyperactivity disorder. Though teen pregnancy rates have been decreasing in recent years, the risk of teen pregnancy is nonetheless ten times greater for girls in the poorest families compared to those in the richest. Teen pregnancy increases the risk of remaining in poverty—and raising one's own child in poverty—in the future. Nine in ten children who never lived in poverty

Deep and persistent poverty has long been recognized as a potent threat to child development and the successful transition to adulthood.

earn a high school diploma by age 20, compared to roughly six in ten persistently poor children. In young adulthood, fewer than one in five persistently poor children are consistently connected to work or school and are no longer poor by their late twenties.⁷

The proxy for a decent standard of living in the American Human Development Index is median personal earnings: the wages and salaries of all workers ages 16 and up (see BOX 1). The median personal earnings figures in this chapter may strike readers as low. This may be because people are used to seeing household income figures—which include not only the earnings of all workers in a household (for instance, both workers in a married couple, or the earnings of a single parent and her adult child) but also all sources of income, such as stock dividends, rental income, and business income, in addition to earnings. It also may be because earnings for some groups of Louisianans are actually startlingly low.

BOX 1 Measuring Living Standards in the American Human Development Index

Many different measures are used to understand and compare living standards across groups and places. The American Human Development Index uses median personal earnings, the wages and salaries of all full- and part-time workers 16 years of age and older, obtained annually through the US Census Bureau's American Community Survey. Median personal earnings differ from other income and earnings measures in important ways and are a meaningful proxy for a decent standard of living.

Personal \leftarrow vs. \rightarrow Household

Using personal earnings rather than household earnings allows us to compare the relative command women and men have over economic resources. While many households are headed jointly by married couples, who typically share their incomes, more than half are not. The share of married-couple households has been falling since the 1970s; it fell below the halfway mark in 2011 and is continuing a downward trend. In addition, not all married couples stay that way. Cohabitating couples who share resources can also part company.

Part-time \leftarrow vs. \rightarrow Full-time

The earnings of part-time workers are included in median personal earnings. While some workers prefer not to or do not need to work full time, others work part time because they cannot find full-time jobs or affordable child care, or they have responsibilities, such as elder care, that make full-time work impossible.

Earnings \leftarrow vs. \rightarrow Income

Earnings are the wages or salaries people earn from their paid jobs. Income is a broader category that includes not just earnings, which make up the largest share of income for most Americans, but also pensions and Social Security benefits, child support payments, public assistance, annuities, stock dividends, funds generated from rental properties, and interest. Earnings are typically lower than income.

Median \leftarrow vs. \rightarrow Average

The median gives a better indication than the average of how the ordinary worker is faring. The median earnings figure is the midpoint of the earnings distribution—half the population is earning more than the median amount and half is earning less. In contrast, averages can be misleading in situations of high inequality; the presence of a few people taking home enormous sums will pull the average far above what the vast majority are actually earning.

BOX 2 What About Wealth?

Neither earnings nor income includes wealth. Wealth (or net worth) is the total value of everything a person owns—a house or other real estate, stocks, businesses, retirement savings, and more—minus anything he or she owes, including debts like unpaid mortgage principal.

Disparities in wealth eclipse disparities in income or earnings, in Louisiana and across the United States. Unfortunately, wealth is extremely hard to measure; first, the values of assets like stocks and real estate are constantly changing; and second, the very wealthiest are likely to be missed in random sampling and often don't participate in surveys. In addition, very few surveys provide reliable wealth data about small geographic areas like counties or racial and ethnic groups. For all these reasons, wealth cannot be incorporated into the American Human Development Index.

Nonetheless, wealth is a critical human development issue. Wealth provides essential economic security today and expanded opportunities tomorrow. In the short term, wealth can mitigate the effects of shocks, from societal catastrophes. such as the Covid-19 pandemic, the 2016 floods, or Hurricane Katrina, to personal disasters like a death in the family, a mental health crisis, or even a costly car repair. A few hundred dollars can be the difference between evacuating in advance of a storm and remaining behind to brave the floodwaters, replacing the alternator or losing a job for want of a car to get to work. Yet four in ten adults nationally would not have sufficient cash on hand or in the bank to cover an unexpected expense of \$400.8 Over the long term, homeownership is the chief means by which working- and middle-class people build wealth, and a

paid-off house has long been the bedrock of economic security after retirement. Homeownership is also a cushion against income volatility and a way to access credit to pay for large expenses. Wealth allows parents to invest in their children's futures by buying houses and apartments in areas with good schools, saving and paying for college, and offering help with a first car or mortgage, setting their children on a path to financial independence.

Historically, Black families were systematically excluded from buying homes and property, accessing loans and credit, obtaining well-paying jobs, and benefiting from other crucial means of building wealth, which has led to massive racial wealth gaps today. In Louisiana, 70 percent of Black households are liquid-asset poor, meaning that if they experience a sudden disruption in steady income, they lack the savings needed to live at the poverty line for three months: Covid-19 has caused many such disruptions. This is double the share of white families without sufficient savings, 34 percent. Black households in the state are also more than twice as likely as white households to have zero net worth, 30 percent and 12 percent, respectively.9

Statewide, 47 percent of Black households own the home they live in, compared to 77 percent of white households. The median value of the homes white families own is more than \$50,000 greater than the value of homes black families own—\$177,000 compared to \$122,000. In New Orleans, this gap is much wider—over \$200,000. There, the median home value is \$400,000 for white households and \$176,000 for Black households.¹⁰



70% Black families

VS.

34% White families

DON'T HAVE SUFFICIENT SAVINGS TO LIVE FOR THREE MONTHS



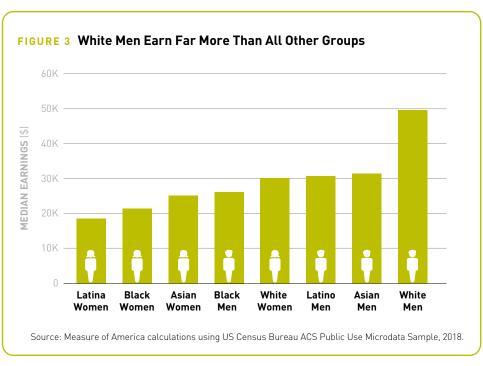
White **\$400,000**

Black **\$176,000**

Variation by Race and Ethnicity and by Gender

The typical worker in Louisiana earns about \$31,000, \$4,000 less than the US median of \$35,000. Earnings vary dramatically between racial and ethnic groups, and even more dramatically when gender is taken into account. Black Louisianans earn slightly over half of what their white counterparts make, \$22,430 and \$39,288, respectively. Latino and Asian workers fall between these two extremes, but their earnings, \$25,422 and \$26,457, respectively, place them much closer to Black workers than to white ones.

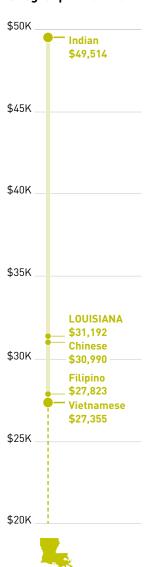
The median earnings of **white** workers in Louisiana are on par with the earnings of white workers nationwide, just over \$40,000. The gaps between white earnings and those of other racial and ethnic groups are largely driven by the particularly high earnings of white men, nearly \$50,000. White women, on the other hand, have earnings almost \$20,000 less, on par with Latino and Asian men. This gap means that for every dollar earned by white men, white women earn only \$0.61.



Asian, Latino, and Black workers have similar earnings, all within \$4,000 of each other and at least \$12,000 less than white workers.

Asian earnings are the highest of this group, \$26,457. But Asian Louisianans have much lower earnings than would be predicted by their high levels of

Earnings by Asian Subgroup in Louisiana



education. In each of the other racial and ethnic groups, education is relatively closely aligned with earnings. Asians, however, have the highest Education Index score, 6.79, but earnings on par with Black and Latino residents, who have Education Index scores under 4. Often, this gap exists because immigrants who completed higher education in Asia are unable to obtain a high-wage job in the US due to licensing requirements, immigration status, English proficiency, discrimination in promotion, or simply a lower value placed on foreign educational credentials. ^{11, 12} In Louisiana, 53 percent of people who speak Vietnamese at home, 59 percent of people who speak Chinese at home, 54 percent of people who speak Korean at home, 33 percent of people who speak Tagalog at home, and 24 percent of people who speak Hindi at home speak English less than "very well." ¹³

Forty-five percent of Asians in Louisiana are Vietnamese, and their median earnings, \$27,355, are the lowest among the four most populous Asian subgroups. Filipino and Chinese Louisianans have slightly higher earnings, while Indian Louisianans make nearly \$50,000. The gap between educational attainment and earnings is particularly large among Chinese residents—64 percent have a bachelor's degree, yet their median earnings are only slightly higher than those of Vietnamese residents, only 21 percent of whom have a bachelor's degree.

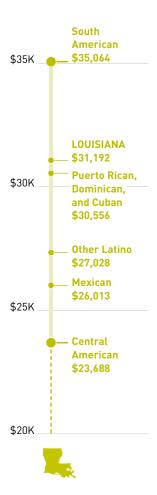
Latino workers earn slightly less than Asian workers, \$25,422. The earnings of Latino men and women vary sharply, however. Latina women make just \$18,383, the least of all groups studied in this report, and lower than would be expected given their average educational attainment level. Latino men earn over \$30,000. Latina workers take home \$0.60 for every dollar earned by Latino men. Among Latino residents of the state, those of South American heritage earn the most, over \$35,000. Those of Central American heritage earn the least, just \$23,688.

Black workers earn the least of the four racial and ethnic groups, \$22,430. The earnings gap between Black men and women is the smallest of these groups—women earn \$0.82 for every dollar men earn. Rather than indicating the prosperity of Black women, though—they are the second-lowest earning group—this smaller gap is due more to the comparatively low earnings of Black men relative to men of other racial and ethnic groups.

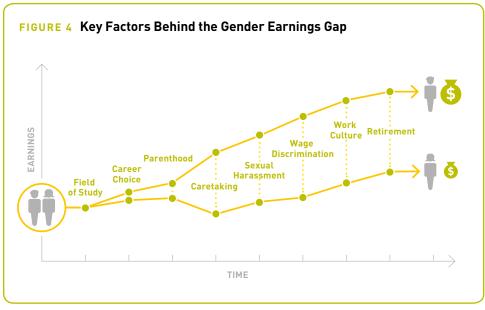
Women earn less than men for a variety of reasons rooted in socialization, cultural norms, and stereotypes around gender as well as outright wage discrimination. Girls and boys are often encouraged to study different subjects in high school and college, with boys more likely to pursue courses of study that prepare them for careers in computer science, engineering, and math, among the highest-paying fields. As adults, women disproportionately shoulder responsibilities for domestic tasks and caretaking, a phenomenon the Covid-19 pandemic has put in the spotlight. Women in the US spend 1.5 hours more per day on unpaid labor than men do, the equivalent of a full day's work each week. Caretaking and domestic tasks are one reason that 37 percent of Louisiana's women work part time, compared to 26 percent of men.

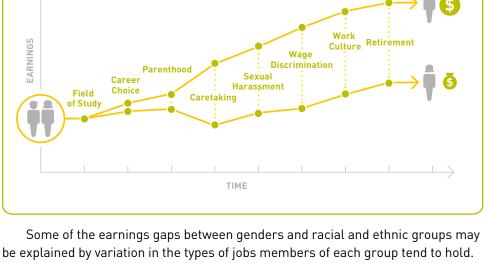
Earnings by Latino Subgroup in Louisiana

\$40K _____



is cast in childhood; girls ages 6 to 17 spend more time doing housework than they do playing, whereas boys spend twice as much time playing as they do on housework. 18 One in three young mothers ages 16 to 24 in the state is neither working nor in school, twice the rate of teens and young adults overall; these young mothers face financial precarity, now and in the future. Research shows that employers regard mothers and fathers differently from one another and from nonparents when it comes to pay; women experience a "motherhood penalty" and men reap a "fatherhood bonus" when they have children. 19 A woman's salary declines 4 percent, on average, for each child she has, whereas a man's salary increases 6 percent for each child.²⁰ And wage discrimination continues to be a factor. Even when working in the same occupational category, and even in femaledominated occupations, men tend to earn more than women.







The Census Bureau designates five major occupational categories: management, business, science, and arts; service; sales and office; natural resources, construction, and maintenance; and production, transportation, and material moving. Service occupations, which include health-care support, personal care, cleaning, food service, and protective service jobs, are the lowest-earning category statewide. Thirty-four percent of Black women work in the service sector, closely followed by Asian and Latina women and Black men, the four lowest-earning groups in the state. In comparison, only 12 percent of white men hold servicesector jobs. Management occupations pay the most by far, and over 40 percent of Asian men, Asian women, and white women work in this sector. Interestingly,

despite earning the most, only 34 percent of white men work in management, business, science, and arts occupations.

The fact that employment in management, business, science, and arts occupations doesn't track precisely with earnings points to two conclusions: first, race and gender influence how much workers earn, even when they are in the same job, and second, there is considerable job diversity within each broad occupational category. For example, one of the most common professions for women in Louisiana is nursing. There are six times as many female registered nurses (RNs) as male registered nurses. Yet the earnings of white male RNs far exceed those of RNs who are white women, Black women, or Black men. Median earnings for white male RNs are \$67,000, while earnings for the other three groups range from \$54,000 to \$59,000.21 Extraction occupations, which include oil and gas extraction and mining jobs, are the near-exclusive domain of men. The typical worker in these occupations makes about \$60,000, almost double the statewide median earnings. But access to these well-paying jobs is not evenly distributed; almost 80 percent of these workers are white men. The few Black men who hold jobs in this field make significantly less than their white colleagues, just \$41,000.22 Jobs in this field may be less secure and lucrative in the future. Due in part to the current Covid-19 pandemic, world demand for oil is down, and even before the crisis oil and gas had been losing ground to renewables.²³

Variation by Parish

Median personal earnings range from \$19,470 in Claiborne Parish to \$43,678 in Ascension Parish, a more than twofold difference. The highest-earning parishes are clustered in the southeast portion of the state.

This wide range in earnings means that children in Louisiana grow up in homes with vastly different levels of financial security. The percentage of children living in households below the poverty line, also known as the child poverty rate, ranges from a low of 12 percent in Cameron Parish to a high of 73 percent in East Carroll Parish. Only five parishes—Cameron, St. Tammany, Livingston, Ascension, and St. Charles—have child poverty rates below the US average of 18 percent.

In every parish in the state, Black workers earn less than their white counterparts. White earnings are lowest in Claiborne Parish, \$25,265. But in 81 percent of the state's parishes, Black earnings are lower than that. Adding in gender, there are only two parishes where earnings among white men are lower than the earnings of Black women in the highest-earning parish. In other words, white men earning the least have earnings on par with Black women earning the most.

The gap between white and Black earnings by parish ranges from \$5,558 in Vernon Parish to \$21,412 in West Feliciana Parish. Both of these parishes are near the middle of the earnings pack, with overall median earnings around \$28,000. They

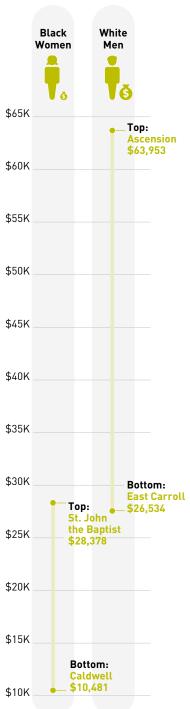
Earnings in the Top- and Bottom-Ten Parishes

		MEDIAN PERSONAL EARNINGS (\$)				
TOP 10						
1	Ascension	43,678				
2	St. Charles	40,990				
3	Livingston	39,024				
4	West Baton Rouge	36,960				
5	St. Tammany	36,239				
6	Lafourche	34,173				
7	Pointe Coupee	34,020				
8	Plaquemines	33,976				
9	Assumption	33,310				
10	St. John the Baptist	33,014				

BOTTOM 10					
55 Concordia	23,916				
56 Grant	23,778				
57 Evangeline	22,947				
58 Natchitoches	22,598				
59 Madison	21,614				
60 Webster	21,346				
61 East Carroll	21,118				
62 Lincoln	20,111				
63 Tensas	19,607				
64 Claiborne	19,470				

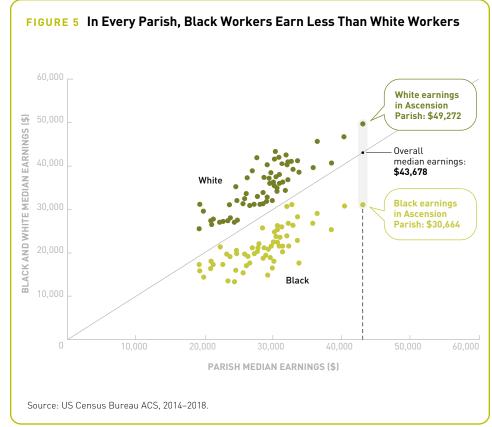
Source: US Census Bureau ACS,

Median Earnings of Black Women and White Men

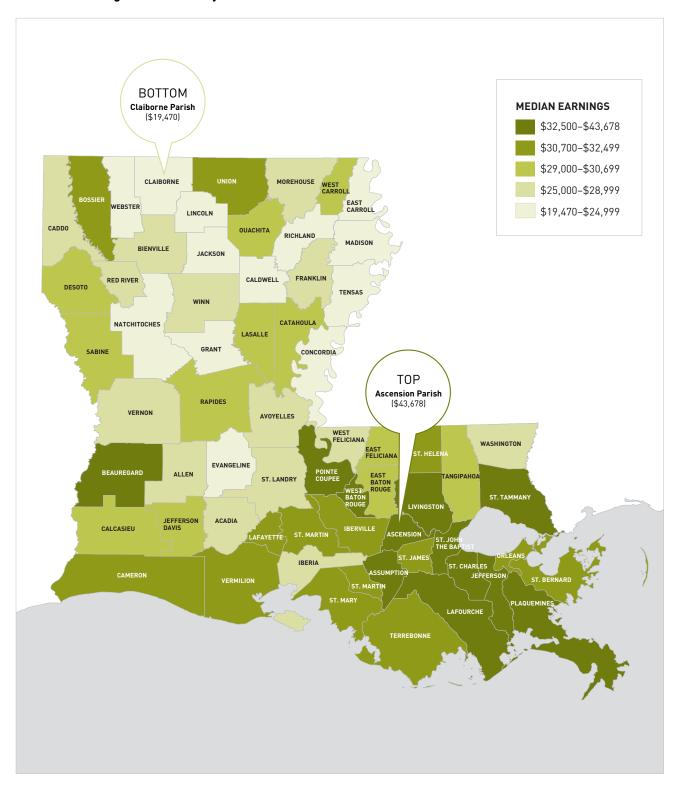


provide an interesting study in the ways institutions can shape the economic terrain of a region. West Feliciana Parish is home to the Louisiana State Penitentiary, also known as Angola, the largest maximum-security prison in the country. The prison is one of the largest employers in the parish, ²⁴ and many of the jobs fall in the service-sector category. West Feliciana has a larger percentage of the population working in service occupations than anywhere else in the state, 34 percent. Because service-sector jobs are poorly paid and disproportionately held by Black workers, an institution like a prison that requires a lot of service-sector employees can contribute to racial income inequality in a region.

On the other end of the earnings-gap spectrum, Vernon Parish is home to Fort Polk, a large army base and the largest employer in central Louisiana. While no institution is perfect, the military is far and away the most racially integrated institution in America, one in which strict pay scales, a uniform set of benefits, integrated housing, and a commitment to equal opportunity have led to a high degree of wage and opportunity equality for similarly qualified Black and white service members. In addition, the military in general offers high school graduates higher wages and better benefits than civilian jobs open to people without college degrees. For these reasons, it is likely that the presence of Fort Polk serves to narrow the racial earnings gap in Vernon Parish.



MAP 6 Earnings in Louisiana by Parish



Closing the Gaps in Standard of Living: What Will It Take?

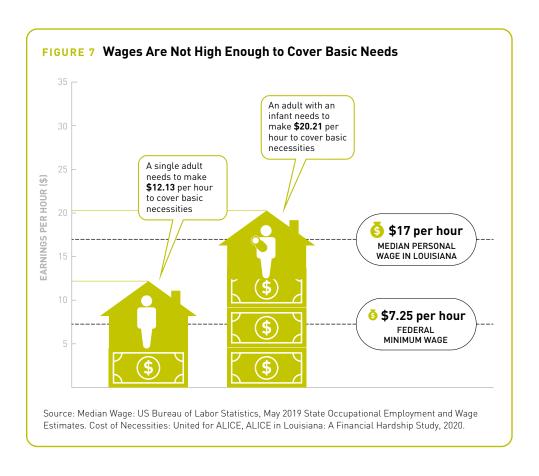
Closing the earnings gaps between racial and ethnic groups, women and men, and different parts of the state, improving living standards for everyone, and ensuring that fewer Louisiana children grow up in extreme poverty require action on several fronts. Increasing wages, addressing deep and persistent poverty, improving transportation, expanding affordable housing, ending mass incarceration, and addressing youth disconnection are important priorities.

RAISE WAGES

One clear way to improve the economic well-being of struggling families, brighten the prospects for the 26 percent of Louisiana's children growing up in poverty, and address the state's stark racial and ethnic disparities is lifting the wages of the lowest-paid workers. Louisiana is one of only five states that has not enacted a state minimum wage, instead setting the wage floor at the barebones federal minimum, \$7.25. While only 5 percent of hourly workers in the state earn the federal minimum wage, this is a larger share than in any other state in the country. 26 A higher minimum wage not only provides those at the bottom of the earnings scale a desperately needed boost, it also puts pressure on employers to raise wages that are above the minimum but still inadequate for a life of security, inclusion, and dignity. Half of all Louisiana's workers make \$17 per hour or less.²⁷ Using 2018 data, United For ALICE estimated that a single adult in Louisiana would need to make \$12.13 per hour to afford the basic necessities for survival, such as housing, food, transportation, and health care. A single adult with an infant would need to make \$20.21 to cover these costs along with childcare, another necessity.²⁸ This means that a single parent of just one child making the statewide median wage of \$17 per hour cannot afford to meet her family's basic needs, and those making even less, as half of all workers do, face significant hardship.

Each year for the past four years, bills to increase the minimum wage to at least \$8.50 have failed to pass the state legislature despite strong public support.²⁹ Further, Louisiana has a "minimum wage preemption law," which prohibits local governments from setting their own minimum wages. A bill introduced in last year's legislative session to overturn this law did not succeed.³⁰ The New Orleans City Council has argued that the current prohibition prevents it from acting on the "unique needs, values, and cost of living in Orleans Parish."³¹ The city passed a living wage ordinance requiring businesses with city contracts or that receive financial assistance to pay their employees at least \$11.19 per hour, but it cannot compel all businesses to do so because of the state preemption law.

Each year for the past four years, bills to increase the minimum wage to at least \$8.50 have failed to pass the state legislature.



END DEEP AND PERSISTENT POVERTY

Research from a host of fields, from neuroscience and economics to sociology and public health, has found that childhood exposure to the material deprivations, stress, and instability that tend to accompany deep poverty creates lasting scars, affecting physical and mental health, educational achievement, economic outcomes, and parenting behaviors across the life course. Statewide, 19 percent of Louisianans live below the federal poverty line. For a family with two adults and two children, for example, living below the poverty line means a household income of \$25,465 or less. Children across the state disproportionately experience poverty—26 percent live in households below the federal threshold. Younger children are more likely to be poor than older children, meaning that children are most likely to experience poverty during the most critical time in their development. 33

One-third of Louisiana households with children are headed by a single mother (compared to one-quarter nationally), and the gender earnings gap is a significant driver of child poverty for these families. If women and men with equivalent jobs and education levels earned the same, the poverty rate of employed single mothers in Louisiana would drop from 36 percent to 16 percent.³⁴ The gender earnings gap

The gender
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coupled with the
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financial hardship.

coupled with the racial earnings gap means that Black single-mother families are much more likely than others to face financial hardship. Closing the gender earnings gap by equipping women to enter traditionally male fields, enacting and enforcing wage discrimination laws, requiring paid parental and sick leave, and improving the quality, affordability, and availability of childcare are proven ways to increase women's earnings. Doing so would lift thousands of Louisiana families out of poverty.

But even more concerning than the poverty rate as a snapshot in time is the persistent nature of poverty and its lasting effects on children and families. Research at the national level has shown that children who experience persistent poverty, defined as spending at least half their childhood living below the poverty line, have worse educational and economic outcomes than their peers who were never poor or who experienced shorter-term poverty. Only 62 percent of persistently poor children complete high school, compared to 90 percent of children who never experienced poverty and 79 percent of those who experienced a shorter period of poverty. Persistent poverty has particularly negative effects on young adults in their transition to independence: only 16 percent of persistently poor children are both consistently connected to work or school as young adults and are not poor in their late twenties. 35 The US Department of Agriculture identified counties with persistent poverty as those in which at least 20 percent of residents were poor from 1980 to 2011. These counties are concentrated in the South. Of Louisiana's sixty-four parishes, twenty-six meet the standard for persistent poverty, and forty-two for persistent child poverty. Black families are much more likely than white families to experience persistent poverty (see "The Enduring Legacy of Slavery" on PAGE 32).36

Research also suggests that living in poor, highly segregated neighborhoods has multigenerational effects. Compared to poor children whose parents were not poor, poor children whose parents grew up in poverty themselves perform much worse on reading and problem-solving tests.³⁷ In parts of Louisiana, the same families have lived in the state's poorest neighborhoods and rural communities for generations, a legacy of cumulative disadvantage that is difficult to overcome.

For families experiencing persistent poverty, higher wages are necessary but not sufficient. Federal, state, and local policies—from the mortgage interest deduction on taxes to the allocation of highway funding to subsidies to the oil and gas industry—channel significant streams of money to supporting housing and job security for middle-class and affluent Louisianans and ensuring that big business stays afloat, even during crises like the coronavirus pandemic. Investment in schools, libraries, health-care clinics, transportation, and community centers in poor areas on the same scale as in affluent areas is required. In addition, connecting families to services that they are eligible for, such as Supplemental Security Income, food assistance, and health insurance, is a key step. Mandating paid parental leave and paid sick leave is also vital; doing so would keep low-wage workers from having to choose between their health and their job, a choice middle-and high-wage workers with good benefits are less likely to have to make.

Of Louisiana's sixty-four parishes, twenty-six meet the standard for persistent poverty, and forty-two for persistent child poverty.

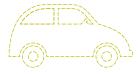
Also crucial is restructuring public assistance programs to address the "benefits cliff"—a sudden and sometimes unexpected decrease in benefits due to a small increase in earnings. When an increase in wages can cause a sharp decrease in net income, workers may refuse a promotion or not seek a new job, turning public assistance programs into "an anchor into, rather than a ladder out of, poverty." Other rules such as asset limits can discourage families from saving or even owning a car. Louisiana is one of only eight states that have fully eliminated asset limits for Temporary Assistance for Needy Families (TANF) eligibility, on the right direction, but the state still has limits on other programs, such as the Supplemental Nutrition Assistance Program (SNAP).

IMPROVE PUBLIC TRANSPORTATION

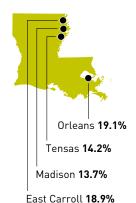
Holding a job requires a reliable way to get to work. Especially in rural areas, where public transportation options are few and far between, access to a car is crucial for maintaining employment. Statewide, 8.4 percent of households do not have a car. This rate varies widely by parish, from 19.1 percent in Orleans to 1.0 percent in Cameron. The parishes with the second-, third-, and fourth-highest percentages of households without a car are East Carroll (18.9 percent), Tensas (14.2 percent), and Madison (13.7 percent). These rural parishes form a contiguous strip along the Mississippi in the northeast corner of the state and are among the lowest-earning parishes. According to the Louisiana Department of Transportation and Development, the only public transportation available in these three parishes is eight vans operated by the Madison Voluntary Council on Aging that provide on-demand service with a focus on seniors and people with disabilities.

This lack of access to public and private transportation adds to the isolation of communities in this portion of the state. The majority of this three-parish region is within a thirty- to ninety-minute drive of Monroe, a major city with significantly more job opportunities. What could be a moderate but not insurmountable commute becomes impossible without a car or other form of transportation. A lack of local job opportunities and no way to access those a bit farther afield contributes to the distressingly low labor force participation rate in East Carroll Parish—just 25 percent of adults 16 and older are working or actively looking for work. Madison and Tensas have slightly higher rates, 45 and 43 percent, respectively, but all three are far below the statewide rate of 60 percent.⁴³

Recently, ride-sharing services have been hailed as a promising way to improve transportation in rural areas. In July 2019, Governor John Bel Edwards signed a bill to set uniform regulations on car-sharing companies statewide. Companies like Uber and Lyft had been awaiting such laws before expanding their services beyond a few major cities because a patchwork of local regulations made operating more widely difficult.⁴⁴



Households Without Cars



In New Orleans, if an hour is allotted to get to work, virtually all jobs are accessible by car but less than half by public transit.

For someone without a car, ride-sharing services can be a game-changer for occasional trips like getting to a doctor's appointment or visiting relatives, but the cost per ride is often too high to make these services a feasible option for daily commuting. Public transportation is necessary to ensure that all Louisianans have access to job training and employment. In a 2018 study by Pew Research Center, 43 percent of rural adults across the country indicated that access to public transportation is a major problem in their community, second only to drug addiction (46 percent) and closely followed by availability of jobs (42 percent).⁴⁵ In Louisiana's twenty rural parishes,⁴⁶ public transportation options range from nonexistent to systems with five to ten vehicles that typically provide on-demand transportation rather than driving a fixed route. Virtually all of these systems operate only on weekdays during daytime hours, with most ending service as early as 3:00 or 4:00 p.m. Of the twenty rural parishes, five have no public transit system; six provide service only for seniors, people with disabilities, or transportation to medical appointments; and nine provide service to the general public to any destination.⁴⁷

BOX 8 Outstanding Rural Public Transportation Systems in the US

Louisiana lags behind other states in terms of rural public transportation infrastructure. In 2018, Colorado led the nation in providing transportation to rural residents. The state's 17 million transit trips over the course of a single year stand in stark contrast to Louisiana's 650,000, the sixth lowest in the country. 48 Colorado is not alone. In 2018, the Federal Transit Administration recognized six agencies for providing outstanding service to rural communities. 49 The three featured here highlight the many ways public transportation can be designed to meet the needs of rural residents.



Colorado: 17,000,000 trips

Louisiana: 650,000 trips



Crawford Area Transportation Authority (CATA), Pennsylvania. Crawford County is an agricultural and manufacturing region in northwest Pennsylvania, just south of Erie. CATA has expanded since its founding in 1979 from a small operation to a system with sixty-five vehicles that log more than 1,000 trips per day. The agency provides both fixed-route and door-to-door services.



North Central Regional Transit District (NCRTD), New Mexico. Serving seventy communities in the vicinity of Taos and Santa Fe, NCRTD has more than quadrupled its trips since its first year of service, 2004. The agency coordinates with other services to connect riders to major cities like Albuquerque and has worked with local Native American tribes to improve transit access. It recently launched a free bus route in partnership with the Jicarilla Apache Nation that provides local service three days a week and extended service to Farmington, a city over 100 miles away, two days a week.50



Spartanburg Regional Healthcare System (SRHS), South Carolina.

Recognizing that transportation is essential to health, this public hospital system operates a region-wide public transportation network. Forty-six fully accessible buses provide demand-based service to over 800 riders daily. Rides can be scheduled by phone one day in advance.

Transportation is not only an issue in rural communities. Even in urban areas, lack of reliable transportation is a barrier to employment. Ride New Orleans found that the average city resident can access 89 percent of the region's jobs within a thirty-minute drive, but only 12 percent within a thirty-minute public transit commute. If an hour is allotted to get to work, virtually all jobs are accessible by car but less than half by public transit. Neighborhoods farther away from the city center are served by bus routes that run less frequently. Across the city, bus service lags behind where it was pre-Katrina—in 2020, only sixteen bus routes ran more frequently than once every thirty minutes; in 2005, sixty-two routes did.⁵¹

EXPAND SAFE AND AFFORDABLE HOUSING

Housing is a critical human development issue, a fulcrum of opportunity that governs which schools our children attend, which jobs we can easily access, and the nature of the neighborhoods we live in. Stable, affordable housing free of hazards such as mold, peeling paint, or fraying electrical wires is particularly important for children, whose health and safety can be deeply compromised by poor housing conditions, whose school outcomes and emotional health are put at risk by the instability of frequent moves, and whose development is threatened by toxic stress caused by financial insecurity and overcrowding. For children, housing is much more than a place to live; it affects how safe they are playing outside, who their peers are, the emotional tenor of their households, and the quality of the air they breathe and the water they drink.

By many measures, Louisiana's families face steep barriers to safe, stable, and affordable housing. Statewide, over half of renters struggle to afford their monthly rent and utilities, spending 30 percent or more of their income on these expenses. Homeowners fare better, but nearly one-fifth meet the same threshold on their housing-related costs, such as mortgage payments, taxes, and insurance. Some of this difference comes from the relatively high percentage of Louisiana homeowners who don't have a mortgage, nearly 50 percent. This is much higher than the rate in the US overall, 37 percent, suggesting that the landscape of homeownership in Louisiana includes more homes that have been passed down in families than is typical nationwide.

In the decade post-Katrina, median home values rose nearly twice as fast as median household income, pushing homeownership further out of reach for many and crowding the rental market. The loss of rental housing stock in the hurricane's aftermath had already forced up rents, with more renters competing for fewer units.⁵² Skyrocketing home prices coupled with the loss of rental units created a severe burden on Louisiana renters: one-third of Black renters and more than one-fifth of white renters spend half or more of their income on rent.⁵³

Louisiana's families face steep barriers to safe, stable, and affordable housing.

Who Spends Half or More of Their Income on Rent?



BOX 9 A Tale of Two Neighborhoods: Gentrification After Katrina

Hurricane Katrina caused unprecedented destruction to New Orleans. Fifteen years later, the physical and social effects of the storm can still be seen in nearly every aspect of life in the city. The population still hasn't returned to pre-Katrina levels, and recovery across the city has been vastly uneven. Black households were hit harder by the storm, and, armed with fewer resources to rebuild, they have returned to the city more slowly.⁵⁴ The city's black population dropped from 67 percent in 2000 to 59 percent in 2018,⁵⁵ and huge swaths of affordable housing have disappeared, in part due to the demolition of the so-called Big Four public housing projects, begun before and completed after Hurricane Katrina, and their replacement with significantly smaller mixed-income developments.

In the wake of the storm, the destruction of neighborhoods and displacement of previous residents was followed by public and private redevelopment. Often, redevelopment hasn't meant the restoration of long-term residents, but rather the development of new properties that cater to wealthier, whiter, more educated newcomers.

Two neighborhoods help to illustrate contrasting pieces of the story of recovery and gentrification post-Katrina, Tremé and the Lower Ninth Ward were both predominantly black before the storm—92 and 98 percent, respectively, in 2000.56,57 Tremé is located in the Mid-City area, directly adjacent to the French Quarter. Before Katrina, it was a low-income area where nearly six in ten residents lived below poverty, the vast majority were renters, and 8 percent had a bachelor's degree. 58 The Lower Ninth Ward, located on the eastern side of the New Orleans, lies between the Mississippi River and an industrial canal. In 2000, it was also a working-class neighborhood, though its poverty rate of 36 percent was much lower than in Tremé. A notable 59 percent of households owned their homes, well above the citywide average. Post-Katrina, these two

neighborhoods have taken vastly diverging paths, illustrating the complex web of factors at play in "recovery."

In the aftermath of the storm, the flooded Lower Ninth Ward became the poster child of the destruction of the city. But while Lower Ninth residents fought for support to rebuild their homes and struggled with neglect, Tremé became one of a handful of newly trendy neighborhoods. Its proximity to the city center appealed to young professionals, and increasing interest raised property values and brought new development. More recently, the neighborhood's proximity to popular tourist destinations has caused a spike in the number of properties used primarily as

short-term rentals through companies like Airbnb. As of 2017, 6 percent of homes had short-term rental licenses.⁵⁹ Many units are operated as investments rather than primary residences: as of December 2018, three-quarters of the Airbnb listings in Tremé were for entire homes or apartments, indicating that their primary use is for short-term rental.⁶⁰

All of these forces, along with the destruction of a large public housing complex, have caused the black population in Tremé to drop from 92 percent in 2000 to 63 percent in 2018. The poverty rate has declined from 57 to 35 percent, and the share of adults with a bachelor's degree has jumped from 8 percent to 29 percent.⁶¹

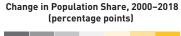
2000

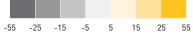
BLACK [%]

92.4

2018 BLACK (%)

56.7





Change in

NEIGHBORHOOD

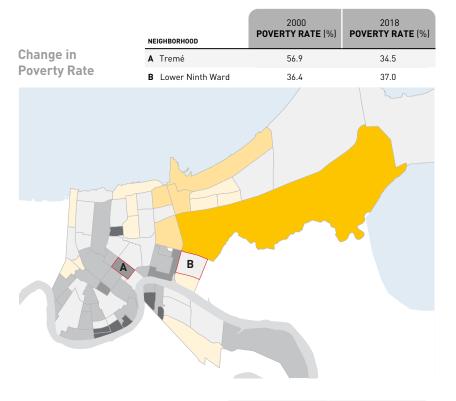
A Tremé

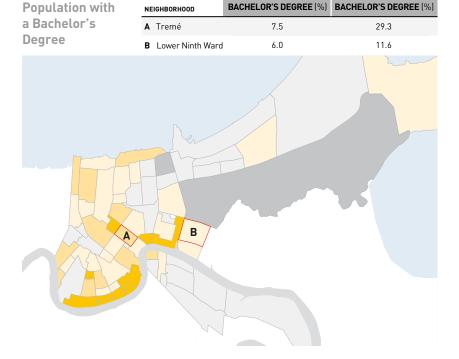
Black Population

B Lower Ninth Ward

98.3

92.9





Change in

2000

ADULTS WITH A

In contrast, the Lower Ninth Ward remains visibly vacant, with only one school⁶² and just a handful of places to buy groceries. 63 In 2010, the neighborhood only had 22 percent as many households as a decade earlier, one of the slowest rates of recovery in the city.64 By 2018 that number was only up to 35 percent. Ninety-three percent of residents are black, only slightly lower than before Katrina.65 Long-time residents of the neighborhood have struggled to return. not because newcomers have taken their place, but because of the numerous barriers they have faced to rebuilding, from outdated property titles66 to the discriminatory funding formula of the Road Home Program.⁶⁷ But given the gentrification that has put pressure on real estate in other parts of the city, residents fear that the Lower Ninth may be next.⁶⁸ Bywater, a neighborhood just to the west of the Lower Ninth Ward, has undergone significant demographic change since Katrina—the black population dropped from 61 percent in 2000 to 27 percent in 2018.69 As housing costs have risen in Bywater, current and prospective residents are increasingly moving across the canal into the Holy Cross neighborhood (just south of neighborhood B on the map), and may eventually expand into the rest of the Lower Ninth. Lower Ninth Ward residents desperately need facilities like a recently opened multiservice community center that has a gym, pool, senior center, health clinic, and afterschool programs, 70 but developments like this must be accompanied by planning processes that involve existing residents, policies that support affordable housing, and other measures to ensure that continued revitalization of the Lower Ninth benefits current residents and their pre-Katrina neighbors who are still interested in returning to the neighborhood.

2018 **ADULTS WITH A** Faced with a lack of affordable options, Louisianans often have no choice but to accept subpar housing. Especially in the Delta region, small but not insignificant portions of the population live in substandard housing, such as homes with just one room or that lack complete plumbing or kitchen facilities. Six percent of homes in East Carroll Parish are single-room houses, and Tensas and Catahoula Parishes have the highest percentage of homes without complete plumbing facilities, 4 percent and 2 percent, respectively, meaning that they lack at least one of the following: hot and cold running water, a bathtub or shower, or a sink with a faucet. While these numbers may sound small, they are disproportionately high compared to the rest of the state and the nation. Tensas residents are nine times as likely as the average Louisianan to live in a house lacking full plumbing.

Public housing is often inadequate as well. The average physical inspection score in all Louisiana public housing developments as of March 2019 was 76, a C grade. Some parishes outperform the state and nation (Ouachita Parish scored a 94), whereas others received abysmal scores (Catahoula Parish scored 37).⁷²

Tornados, hurricanes, flooding, and other disasters have become frighteningly commonplace and will likely increase in both frequency and severity due to climate change. Though weather-related disasters affect everyone, poor people are the hardest hit and the slowest to recover. For example, mobile homes provide a cost-effective route to homeownership for low-income families, making up upward of 30 percent of the housing stock in more than ten parishes. But they are significantly more vulnerable to tornados—the likelihood of fatality from a tornado is at least ten times higher in a mobile home than in other types of housing.⁷³ Similarly, as storms worsen and sea levels rise, wealthier families have the means to retrofit their houses or relocate to higher ground, leaving behind precarious populations in unsafe, flood-prone housing. 74 Local governments can mitigate the risks of flooding by, for example, providing funding to renovate homes to increase resiliency, changing zoning to limit new construction in high-risk areas and encourage mixed-income development in low-risk areas, and helping households relocate. Communities can also help residents reduce their flood insurance premiums by participating in the National Flood Insurance Program's Community Ratings System, which certifies municipalities according to their level of flood preparedness.75 As of 2016, sixteen parishes and twenty-seven cities or towns were participating in the program, though only two had moved more than three points up the scale.⁷⁶ State and local governments must pick up the pace on these and other large-scale adaptations to protect communities at risk.

Despite positive changes following the 2017 criminal justice reforms, Louisiana's incarceration rate is still the highest in the nation

END MASS INCARCERATION AND MONEY INJUSTICE

Incarceration has a devastating financial impact on inmates and their families. Research shows that, nationwide, 44 percent of parents held in state prisons lived with their children prior to incarceration, and more than half of imprisoned parents were the primary earners in their household.⁷⁷ When they leave prison, former

inmates face higher levels of unemployment and below-average earnings. One study showed that, controlling for age, education, school enrollment, and location, past incarceration reduced wages by 11 percent, cut annual employment by nine weeks, and reduced yearly earnings by 40 percent.⁷⁸

In addition to depriving inmates of the capacity to earn a wage, generate wealth, and work toward retirement, incarceration strains the resources of families and communities that support loved ones behind bars—starting with bail bonds, legal counsel, and court fees and culminating in fees for visitation, commissary, and other costs. This overwhelming financial burden, often manifesting before a trial or conviction even takes place, amounts to what the Vera Institute of Justice and other organizations and activists call "money injustice": a system by which state and local jurisdictions levy steep fines, fees, and money bail, which push families into debt, incarceration, or both. 19 Unnecessary, exorbitant, and extractive bail and court fees, coupled with a chronically underfunded public defense system (which has come under even more financial pressure due to the Covid-19 outbreak) fly in the face of hallowed concepts long considered to be the bedrock of any just legal system: innocence until proven guilty, the right to legal counsel, and equality before the law.

Despite positive changes following the 2017 criminal justice reforms, Louisiana's incarceration rate is still the highest in the nation. Across the US, states and municipalities are beginning to reimagine the pretrial system as they struggle to dismantle systemic racial disparities in policing and incarceration through legislative action. Many are adopting measures consistent with the ACLU of Louisiana's recent recommendations for action: prioritizing summons in lieu of arrests, eliminating bail schedules, and eliminating mandatory detention policies, alongside policies to improve transparency and accountability within the criminal justice system as part of a continued commitment to meaningful change.⁸¹

CONNECT YOUTH TO CAREERS

Addressing youth disconnection will require a diversity of tactics, focusing on both education and employment. See PAGE 88 for a discussion of some of the strategies related to education. In the realm of employment and earnings, three areas are critical: barriers to employment, transportation and housing, and career-track employment.

Remove Barriers to Employment. Youth with caretaking responsibilities, youth with disabilities, and justice-system-involved youth face particularly steep barriers to employment. Thirty-three percent of young mothers in Louisiana are not working or in school, nearly three times the rate among young women without children. Once a young woman becomes a mother, joining or reconnecting to the labor market becomes more difficult. Affordable childcare, flexible work schedules, and benefits like sick leave are crucial to reducing disconnection among young mothers. Ensuring that low-income teenage girls have access to

Thirty-three percent of young mothers are disconnected, compared to 12 percent of young women without children.



6 vs. 1

33% of young

of young
women without

the types of school and work opportunities worth postponing motherhood for is critical, as is ensuring that all young people have access to family planning information and services.

Youth with disabilities still face far too many impediments to full participation in society, despite laws requiring school, workplace, and public accommodations. Thirty-three percent of Louisiana youth with disabilities are disconnected, more than double the rate for youth without a disability. Efforts like the Louisiana Rehabilitation Service's Vocational Rehabilitation Program, which provides job counseling and placement services, assistive technology, and medical and therapeutic services, are crucial to supporting youth with disabilities in accessing gainful employment and independence, but are badly unfunded.⁸²

A sizeable portion of disconnected youth are institutionalized—living in prisons, detention centers and jails, or residential treatment centers and psychiatric hospitals. These young people make up 10 percent of all disconnected youth in the state, and a startling 25 percent of Black male disconnected youth. Incarceration continues to impact young people's lives long after they return home. Employers can help by not requiring applicants to disclose a criminal record, and the larger structural changes discussed on PAGE 36 are necessary.

Finally, in the wake of Covid-19, lack of broadband internet has emerged as an enormous barrier to employment. As schooling and jobs move entirely online, the 22 percent of Louisiana households with no internet access whatsoever and the additional 14 percent of households that have only a cellular data plan with no other type of internet subscription have been left behind. The situation is especially dire in rural parts of the state; in six rural parishes (East Carroll, Tensas, Madison, Claiborne, West Carroll, and Franklin), over half of households are estimated to have no internet access. The state is set to receive \$600 million over the next ten years to increase broadband coverage from the FCC's Rural Digital Opportunity Fund, launched in February 2020. The funding will help support the Broadband for Everyone in Louisiana Commission's goal of providing universal access to broadband by 2029. Treating broadband as a utility akin to electricity rather than as a luxury item will advance equity not just in employment but also in education, health care, political participation, and civic engagement.

A first job, when paired with training and ongoing support, can be a springboard to a successful career.

Ensure Transportation and Housing. Low-income young people share the transportation woes of low-income people more broadly, struggling to pay public transit fares and often facing long commutes with multiple transfers and inconsistent service. When affordable housing is far away from job openings, the resulting "spatial mismatch" is particularly troublesome for young people; a recent study finds that youth unemployment is lower in cities with better public transportation, and that cities that improve public transit systems see greater reductions in youth unemployment even after accounting for economic growth, population density, and demographic change.⁸⁸ Homelessness and housing

instability also exacerbate the impact of poor transportation. In addition to the stress of lacking a consistent place to live, the challenges of commuting from different parts of a city or town can make it difficult to reliably get to work.

Prioritize Career-Track Employment. Many young people begin their working lives in low-wage jobs in sectors such as food service, childcare, or retail. These jobs can be crucial for supporting a young person's independence, higher education, or family responsibilities, but on their own, they rarely lead to professional advancement or a stable career. Some businesses and organizations, however, are demonstrating how a first job, when paired with training and ongoing support, can be a springboard to a successful career. In the food service industry, Café Reconcile and Liberty's Kitchen combine culinary training with a life-skills curriculum covering topics ranging from stress management to financial literacy. Both programs also include support for resume development and job applications and provide ongoing employment services after completion of the program.^{89, 90} Many other organizations have similar programs, such as Youth Empowerment Project's YEP Works program, in which young people gain real-world experience by working in a bike shop, thrift store, or graphic design studio.⁹¹

Building a career requires training and opportunities to enter and thrive in high-demand fields. The Louisiana Workforce Commission projects that the health-care and social assistance industry will experience more growth than any other by 2026, with registered nursing one of the occupations that will have the most annual openings statewide. Nursing is a well-paid career that requires just a two-year associate degree. Other well-paying occupations for which demand is expected to grow include wholesale and manufacturing sales representatives, welders, carpenters, and truck drivers, all of which require at most postsecondary vocational degrees; accounting clerks and supervisors of administrative support workers, which require associate degrees; and operations managers, accountants, and K–12 teachers, which require bachelor's degrees. Educational and workforce programs should help young people acquire the technical skills needed to build careers in these and other growing fields.

Building a career requires training and opportunities to enter and thrive in high-demand fields.

500 HOURS

are required to obtain a hairbraiding license

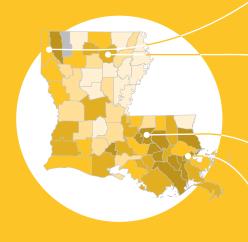
BOX 10 500 Hours: The Excessive Requirements for Hair-Braiding Licenses

Entrepreneurship can be a route to a stable and successful adulthood, but for some Louisianans, the hurdles required to go into business are far too high. In 2003, the State Board of Cosmetology began requiring a license for anyone wishing to braid hair professionally. This skill, which is largely practiced by Black women, does not require any chemicals, dyes, or sharp objects. Yet the license

in "alternative hair design" requires 500 hours of training at a cosmetology school, and only three schools in the state offer this specialization.⁹³ Due to this onerous requirement, there are currently only nineteen licensed braiders statewide, and braiders risk a \$5,000 fine for working without a license.⁹⁴ Three women are suing the state to eliminate the licensing requirement, including

one who was forced to shut down three of the four locations of her business because she could not find enough licensed staff. Small businesses are good for the state's economy as well as individual business owners, and overly burdensome licensing requirements hamper Louisianans' entrepreneurial potential.

City Close-Ups



Shreveport

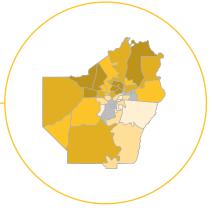
Monroe

Baton Rouge

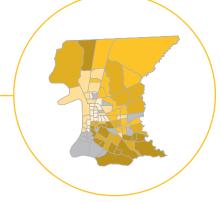
New Orleans



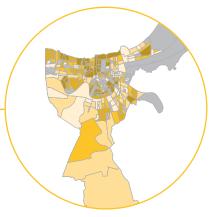
Shreveport



Monroe

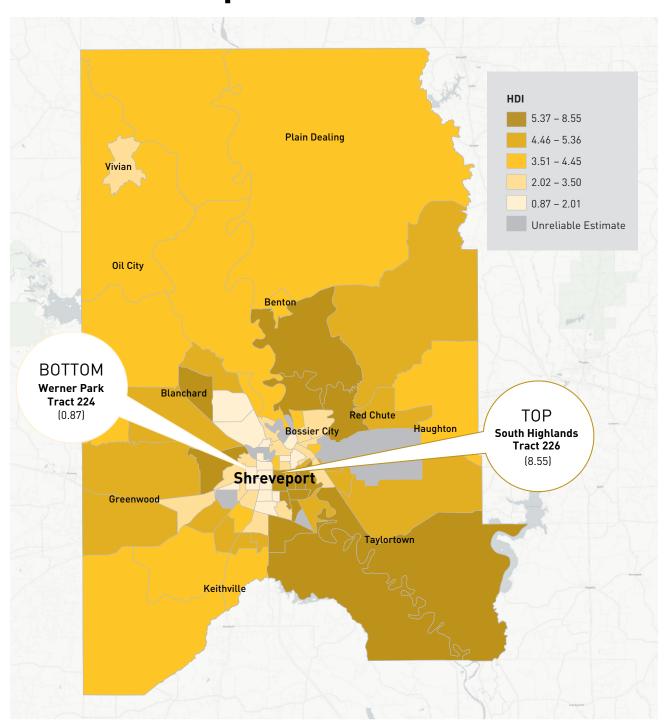


Baton Rouge



New Orleans

Shreveport



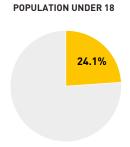
Caddo Parish



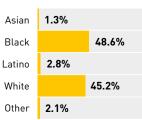
Life Expectancy 72.7 years Education Index 4.55

Median Earnings \$27,412

248,361



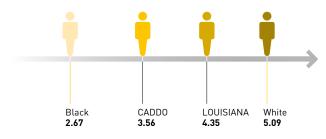
RACE & ETHNICITY



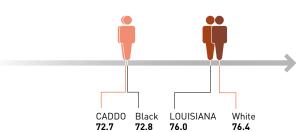
YOUTH DISCONNECTION 19.3%



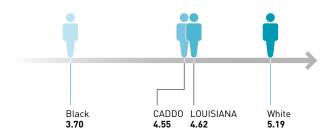
HUMAN DEVELOPMENT INDEX



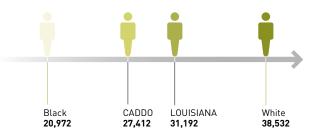
LIFE EXPECTANCY AT BIRTH (years)



EDUCATION INDEX



MEDIAN PERSONAL EARNINGS (\$)



Human Development in Shreveport

Caddo Parish ranks twenty-seventh of all sixty-three parishes for which we calculated HDI scores. The below-average HDI score, 3.56 compared to the statewide score of 4.35, is weighed down by shorter life expectancies and lower median earnings than found in the state as a whole. Compared to residents of Caddo Parish, the average Louisianan can expect to live 3.3 years longer and earn about \$4,000 more every year. Educational attainment and enrollment are roughly comparable to the Louisiana average, with Caddo just a few percentage points behind on each of the variables that make up the Education Index.

The disparities between Caddo Parish and the state overall, however, pale in comparison to the disparities within the parish. White residents of Caddo Parish live four years longer than Black residents on average, are twice as likely to have a bachelor's degree, and earn \$18,000 more each year.

By census tract, HDI scores within the parish range from 0.87 in Werner Park to 8.55 in South Highlands. This translates to a sixteen-year gap in life expectancy, a \$45,000 difference in earnings, and a sixty-nine-percentage-point gap in bachelor's degree attainment. In general, the highest-scoring areas in Shreveport are those found between I-49 and the Red River and within suburban enclaves outside the city limits in Bossier and Caddo Parishes, while the lowest-scoring areas are concentrated in the urban core west of I-49. Shreveport is very racially segregated, and the geographic pattern of HDI scores across the city mirrors the racial divisions between communities.

The legacy of residential segregation by race is plainly visible in two neighborhoods that straddle I-49. On one side of the interstate, the mostly white residents of South Highlands are thriving, earning about \$60,000 a year, while just on the other side of that strip of concrete, the 90-percent-Black neighborhood of Caddo Heights is struggling, with the typical wage-earner taking home less than a third (\$17,000) of the earnings of their neighbors across the asphalt. (See: On the Other Side of the Highway: A Tale of Two Neighborhoods in Shreveport.)

🙌 Health

The average life expectancy in Caddo Parish is 72.7 years. As is the case across the state and country, women live longer than men (77.8 years vs. 71.5 years), and white residents live longer than Black residents (76.4 years vs. 72.8 years).



- Caddo Parish's Education Index score is roughly on par with that of the state
 as a whole, at 4.55 (compared to 4.62). White residents of Caddo Parish are
 more likely to graduate high school and obtain a bachelor's or a graduate
 degree than white residents statewide—while Black residents of Caddo
 Parish are slightly less likely than their statewide counterparts to hit these
 benchmarks.
- Residential segregation, which drives disparities between Black and white students nationwide, is stark in Shreveport. Segregated neighborhoods lead to segregated, unequally resourced schools and widen the achievement gap across the board (see: Confront Residential Segregation and Educational Quality).



- Despite nearly identical levels of educational attainment, women earn \$11,000 less than their male counterparts.
- Both Black and white residents earn slightly less than their respective counterparts in Louisiana as a whole.
- High levels of youth disconnection and more-or-less average levels of school enrollment suggest that young people in Shreveport need help overcoming barriers to employment and getting connected to career-track jobs (see: Connect Youth to Careers).

TABLE 1 Human Development Index by Race and Ethnicity and by Gender in Shreveport

	HDI	LIFE EXPECTANCY AT BIRTH (years)	LESS THAN HIGH SCHOOL (% of adults 25+)	AT LEAST BACHELOR'S DEGREE [% of adults 25+]	GRADUATE OR PROFESSIONAL DEGREE (% of adults 25+)	SCHOOL ENROLLMENT [% ages 3 to 24]	EDUCATION INDEX (out of 10)	MEDIAN EARNINGS (\$)
LOUISIANA	4.35	76.0	14.0	24.3	8.4	76.4	4.62	31,192
Caddo	3.56	72.7	13.4	23.5	8.9	75.6	4.55	27,412
Men	3.80	71.5	14.6	21.9	8.2	73.8	4.23	34,169
Women	3.99	77.8	12.4	23.8	9.0	77.4	4.78	23,401
Black	2.67	72.8	18.6	14.1	5.2	75.1	3.70	20,972
White	5.09	76.4	8.2	29.9	11.3	75.8	5.19	38,532

DATA SOURCES:

Life Expectancy: Measure of America calculations using mortality data obtained with special agreement from the Louisiana Department of Public Health and population data from CDC Wonder and the US Census Bureau.

Education: Parish estimates use 2012–2017 data; estimates by gender and by race and ethnicity use 2011–2017 data.

Earnings: US Census Bureau ACS, 2014-2018.

Note: Because men have higher scores on the income component of the index and women have higher scores on the health component, the HDI score of the overall population is lower than that of either men or women separately.

Youth Disconnection in Shreveport

We were able to calculate youth disconnection rates for fifty-five of the state's sixty-four parishes, and Caddo Parish has a higher rate of disconnection than twenty-two other parishes in the state. In Caddo, 19.3 percent of young people ages 16 to 24 are neither working nor in school, a higher rate than in other urban centers like Baton Rouge and New Orleans. The northern portion of the parish has a still-higher disconnection rate of 21.8 percent, and nearly one-third of all Black young people living in this area are disconnected. The southern portion of the parish, which includes both struggling neighborhoods within the city and more affluent suburban neighborhoods, is faring only slightly better, with an overall youth disconnection rate of 16.1 percent.

TABLE 2 Human Development and Youth Disconnection in Shreveport

PUMA	HDI	LIFE EXPECTANCY AT BIRTH (years)	LESS THAN HIGH SCHOOL (% of adults 25+)	AT LEAST BACHELOR'S DEGREE [% of adults 25+]	GRADUATE OR PROFES- SIONAL DEGREE (% of adults 25+)	SCHOOL ENROLLMENT [% ages 3 to 24]	EDUCATION INDEX (out of 10)	MEDIAN EARNINGS (\$)	YOUTH DISCONNEC- TION [%]	BLACK YOUTH DIS- CONNECTION [%]	WHITE YOUTH DIS- CONNECTION [%]
Shreveport City (South)	4.45	76.4	10.2	25.4	9.4	77.3	4.96	30,292	16.1		
Bossier & Webster Parishes	4.12	76.5	12.1	23.3	7.9	70.3	4.06	29,738	17.2	21.8	15.5
Shreveport City (North)	3.46	74.1	16.7	20.4	7.9	73.8	4.05	25,928	21.8	27.5	

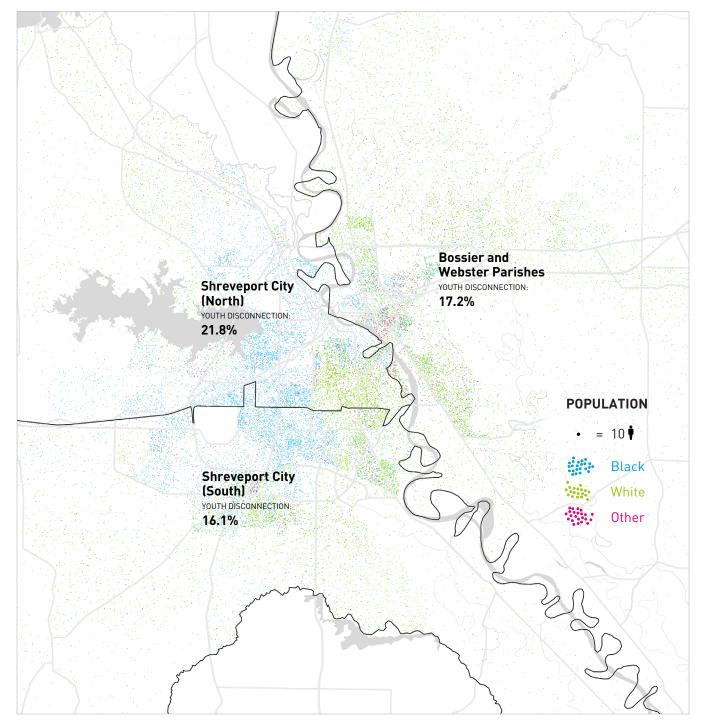
DATA SOURCES:

Life Expectancy: Measure of America calculations using mortality data obtained with special agreement from the Louisiana Department of Public Health and population data from CDC Wonder and the US Census Bureau, 2013–2017.

Education, Earnings, and Youth Disconnection: Measure of America calculations using US Census Bureau ACS Public Use Microdata Sample, 2014–2018.

For an exploration of youth disconnection rates state- and nationwide, the potential impact of Covid-19, and the role of disconnection in youth voter turnout, check out our recent report at **measureofamerica.org/DYInteractive**.

MAP 3 Residential Segregation and Youth Disconnection Are Closely Linked

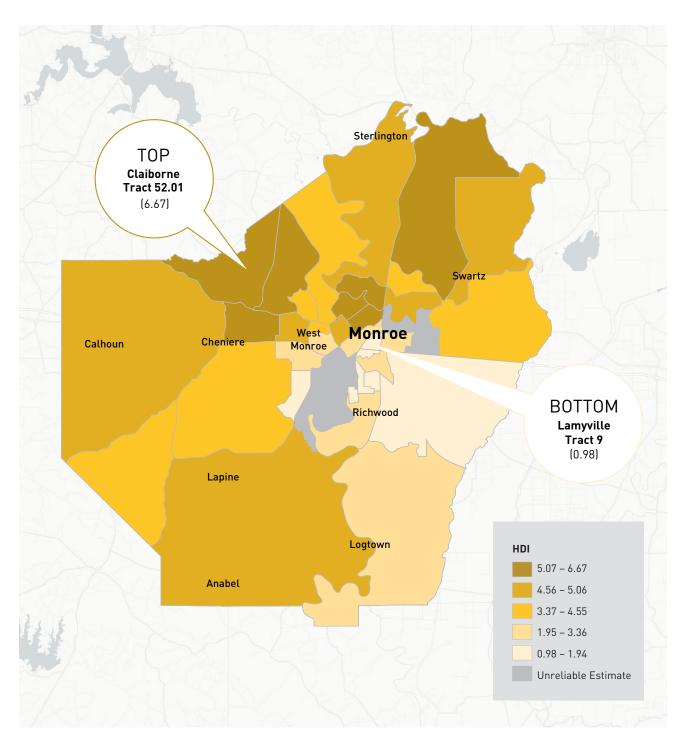


NOTE:

For this report, Measure of America calculated the youth disconnection rate by public use microdata area (PUMA). PUMAs are geographies defined by the Census Bureau. They are contiguous areas with populations of at least 100,000 people, a population sufficiently large to allow for statistical reliability for a wide range of indicators. Louisiana has thirty-four PUMAs.

Close-Up on

Monroe



Ouachita Parish

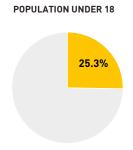


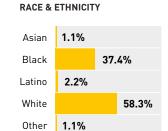






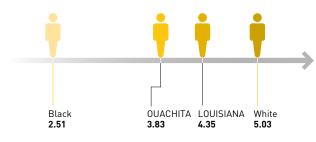
156,075



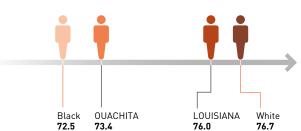




HUMAN DEVELOPMENT INDEX



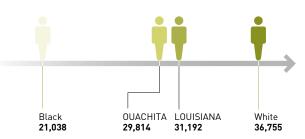
LIFE EXPECTANCY AT BIRTH (years)



EDUCATION INDEX



MEDIAN PERSONAL EARNINGS (\$)



Human Development in Monroe

Ouachita Parish ranks sixteenth among the state's sixty-four parishes, with an HDI score of 3.83. Residents of Ouachita Parish have a lower score than the average Louisianan (4.35). While Ouachita Parish scores lower than Louisiana overall on all core components of HDI, the largest gap is in life expectancy: a baby born today in Ouachita Parish can expect to live 73.4 years, about three years less than the average Louisianan. A closer look reveals even deeper disparities in health outcomes within the parish: white residents can expect to live 76.7 years (roughly comparable to white Louisianans as a whole), but Black residents live four years less, on average—and about one year less than Black Louisianans statewide.

Racial inequities extend beyond health. White residents of Ouachita are half as likely to drop out of high school as Black residents, twice as likely to have a bachelor's degree, and earn \$16,000 more each year.

By census tract, HDI scores range from 0.98 in the center of Monroe to 6.67 in the suburban and rural region of Claiborne. This difference in HDI scores translates to a fourteen-year gap in life expectancy, a \$31,000 difference in personal earnings, and a thirty-four-percentage-point gap in bachelor's degree attainment. In general, the lowest-scoring areas are those in the southeastern portion of the parish, while the highest-scoring areas are concentrated in and around Claiborne and north Monroe. Ouachita is very racially segregated, and the geographic pattern of HDI scores across the parish mirrors the pattern of residential segregation.

Of the highly populated parishes we investigated for this report, Ouachita Parish is the most rural in composition. Rural Louisianans face steep challenges to human development, as the infrastructure required to access better jobs, schools, and healthy foods is often lacking. These obstacles contribute to challenges in Ouachita Parish.

TABLE 4 Human Development Index by Race and Ethnicity and by Gender in Monroe

	ны	LIFE EXPECTANCY AT BIRTH (years)	LESS THAN HIGH SCHOOL (% of adults 25+)	AT LEAST BACHELOR'S DEGREE (% of adults 25+)	GRADUATE OR PROFESSIONAL DEGREE (% of adults 25+)	SCHOOL ENROLLMENT [% ages 3 to 24]	EDUCATION INDEX (out of 10)	MEDIAN EARNINGS (\$)
LOUISIANA	4.35	76.0	14.0	24.3	8.4	76.4	4.62	31,192
Ouachita	3.83	73.4	13.7	24.3	8.1	75.1	4.49	29,814
Men	4.16	72.5	16.6	24.1	7.6	75.9	4.41	36,747
Women	4.12	78.0	12.0	24.7	8.7	75.2	4.62	25,081
Black	2.51	72.5	21.3	14.5	5.3	71.8	3.28	21,038
White	5.03	76.7	10.2	29.2	9.5	78.3	5.24	36,755

DATA SOURCES:

Life Expectancy: Measure of America calculations using mortality data obtained with special agreement from the Louisiana Department of Public Health and population data from CDC Wonder and the US Census Bureau.

Education: Parish estimates use 2012–2017 data; estimates by gender and by race and ethnicity use 2011–2017 data.

Earnings: US Census Bureau ACS, 2014–2018.

Note: Because men have higher scores on the income component of the index and women have higher scores on the health component, the HDI score of the overall population is lower than that of either men or women separately.

Health

- The average life expectancy in Ouachita Parish is 73.4 years. As elsewhere in the state, women outlive men (5.5 years longer), and white residents outlive Black residents (4.2 years longer).
- Because of long-distance commutes and the impact of the "Dollar General economy" (which refers to the way low-cost franchises drive local grocers out of small towns), rural residents are more likely to lack access to full-service grocery stores and the healthier foods they provide. Similarly, infrastructure for outdoor exercise (sidewalks, bike lanes, public parks) is often lacking, out of reach for small municipal budgets. This may contribute to disparities in health between Ouachita Parish and the rest of the state (see: Tackle Cancer and Heart Conditions by Addressing Leading Health Risks).



- The Education Index score in Ouachita (4.49) is slightly below that of the state as a whole (4.62). Black residents of Ouachita Parish have a lower Education Index score than their peers statewide (3.28 in Ouachita compared to 3.73 statewide), while white Ouachitans have a higher Education Index score than white Louisianans as a whole (5.24 compared to 5.07).
- While 29.2 percent of white city residents have a bachelor's degree and 9.5 percent have a graduate degree, only 14.5 percent of Black residents have a bachelor's degree, and 5.3 percent have a graduate degree.
- Although school choice reforms have gained traction elsewhere in the state, rural parishes face unique challenges (higher per-pupil overhead, difficulty providing transportation, and entrenched residential segregation) that should be taken into consideration before implementing a charter model on a wide scale (see: School Choice in New Orleans and Beyond—A Mixed Record).

Earnings

- Median earnings for all workers in Ouachita Parish are slightly lower than the Louisiana median; both white and Black workers in Ouachita earn slightly less than their counterparts statewide.
- Despite having higher levels of educational attainment, women earn \$12,000 less than their male counterparts.
- One of the most challenging infrastructural barriers for job-seekers in rural America is transportation, particularly in northeast Louisiana. Developing transportation solutions in rural contexts requires innovation, resourcefulness, and a commitment to expanding opportunity (see: Outstanding Rural Public Transportation Systems in the US).

Youth Disconnection in Monroe

We were able to calculate youth disconnection rates for fifty-five of the state's sixty-four parishes, and Ouachita Parish has a higher rate of youth disconnection than twenty-two other parishes; 19.3 percent of Ouachita's young people ages 16 to 24 are neither working nor in school, compared to 16.4 percent in the state as a whole. There is considerable variation by race, however. More than one in four Black young people, 27.4 percent, are disconnected, compared to just 14.1 percent of white young people. Compared to four neighboring parishes, Ouachita has a much higher disconnection rate than Lincoln Parish (which has the lowest disconnection rate of any parish in the state, driven by the student population at Grambling State University and Louisiana Tech University), but has a lower rate than Morehouse, Richland, and Jackson Parishes.

TABLE 5 Human Development and Youth Disconnection in Quachita and Surrounding Parishes

PARISH	НП	LIFE EXPECTANCY AT BIRTH (years)	LESS THAN HIGH SCHOOL (% of adults 25+)	AT LEAST BACHELOR'S DEGREE [% of adults 25+]	GRADUATE OR PROFES- SIONAL DEGREE (% of adults 25+)	SCHOOL ENROLLMENT [% ages 3 to 24]	EDUCATION INDEX (out of 10)	MEDIAN EARNINGS (\$)	YOUTH DISCONNEC- TION [%]	BLACK YOUTH DIS- CONNECTION [%]	WHITE YOUTH DIS- CONNECTION [%]
Ouachita	3.83	73.4	13.7	24.3	8.1	75.1	4.49	29,814	19.3	27.4	14.1
Lincoln	3.75	75.9	11.6	36.5	15.0	80.2	5.91	20,111	9.2		
Union	3.56	73.2	14.4	14.6	3.8	71.2	3.47	30,971			
Jackson	3.1 ₄	74.3	20.3	13.5	4.0	72.2	3.26	24,873	30.4	•	
Richland	2.83	72.6	20.5	13.5	5.4	71.9	3.29	24,066	28.7		
Caldwell	2.48	70.2	23.6	14.2	4.4	71.3	3.08	24,629		-	
Morehouse	<mark>2.</mark> 18	69.9	20.3	13.0	2.0	62.2	2.20	25,029	27.9	•	

DATA SOURCES:

Life Expectancy: Measure of America calculations using mortality data obtained with special agreement from the Louisiana Department of Public Health and population data from CDC Wonder and the US Census Bureau, 2012–2017.

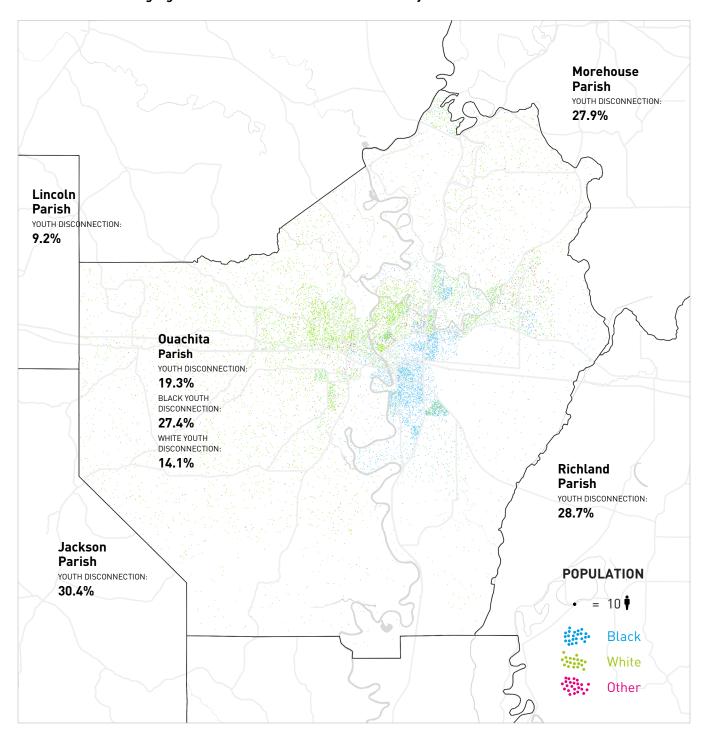
Education and Earnings: US Census Bureau ACS, 2014–2018.

Youth Disconnection: Overall: Custom tabulation obtained from the US Census Bureau ACS, 2014–2018. Black and White: Measure of America calculations using US Census Bureau ACS Public Use Microdata Sample, 2014–2018.

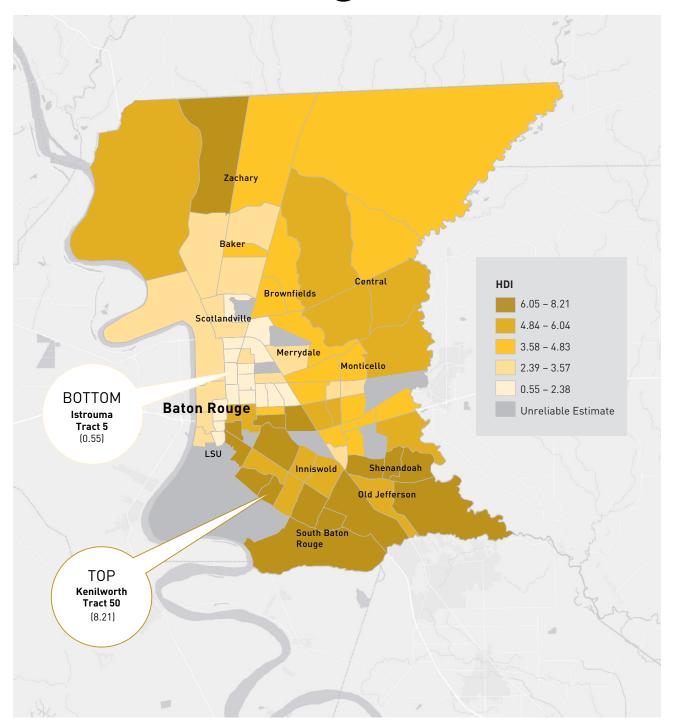
Note: Youth disconnection estimates are not available by race for parishes other than Quachita because multiple parishes are combined to form the PUMAs in this region.

For an exploration of youth disconnection rates state- and nationwide, the potential impact of Covid-19, and the role of disconnection in youth voter turnout, check out our recent report at **measureofamerica.org/DYInteractive**.

MAP 6 Residential Segregation and Youth Disconnection Are Closely Linked



Baton Rouge



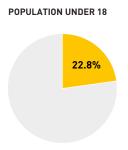
East Baton Rouge Parish



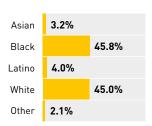
Life Expectancy 74.2 years Education Index 5.58

Median Earnings \$30,615

444,094



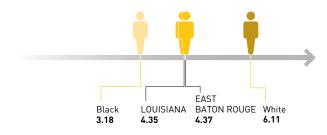
RACE & ETHNICITY



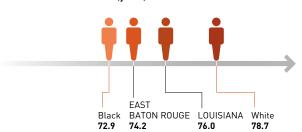
YOUTH DISCONNECTION 10.6%



HUMAN DEVELOPMENT INDEX



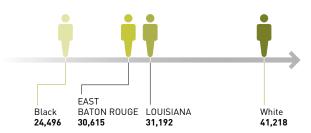
LIFE EXPECTANCY AT BIRTH (years)



EDUCATION INDEX



MEDIAN PERSONAL EARNINGS (\$)



Human Development in Baton Rouge

East Baton Rouge is the ninth-highest-scoring parish in the state, with an HDI score of 4.37. This parish stands out for its strong educational outcomes—only three parishes have higher Education Index scores. Overall, 35 percent of adults in East Baton Rouge—home to the largest university in Louisiana and the state capital—have a bachelor's degree, far higher than the statewide rate of 24 percent. A closer look reveals deep racial divisions within the parish, however. Just 19 percent of Black adults have a bachelor's degree, compared to 47 percent of white adults.

Racial inequities extend beyond education. White residents of East Baton Rouge live six years longer than Black residents, on average. The typical white worker earns \$17,000 more than the typical Black worker each year.

By census tract, HDI scores within the parish range from 0.55 in Istrouma to 8.21 in Kenilworth. This translates to a fifteen-year gap in life expectancy, a \$30,000 difference in median earnings, and a 64-percentage-point gap in bachelor's degree attainment. In general, the highest-scoring areas are those in the southern portion of the parish, while the lowest-scoring areas are concentrated just to the north and east of downtown. Baton Rouge is very racially segregated, and the geographic pattern of HDI scores across the parish mirrors its racial divisions.

These stark racial and well-being disparities are reflected in the built environment. The tract with the lowest earnings that isn't home to a university is on the eastern side of Old South Baton Rouge and contains the historic Lincoln Theater on Myrtle Walk. Residents there earn just \$14,000. The vacant lots and cracked pavement are a far cry from the tree-lined streets of Kleinert Terrace and Zeeland Place, just a half mile away, where median personal earnings are over \$50,000.

TABLE 7 Human Development Index by Race and Ethnicity and by Gender in Baton Rouge

		HDI	LIFE EXPECTANCY AT BIRTH (years)	LESS THAN HIGH SCHOOL (% of adults 25+)	AT LEAST BACHELOR'S DEGREE [% of adults 25+]	GRADUATE OR PROFESSIONAL DEGREE [% of adults 25+]	SCHOOL ENROLLMENT [% ages 3 to 24]	EDUCATION INDEX (out of 10)	MEDIAN EARNINGS (\$)
LOUISIANA	4.35		76.0	14.0	24.3	8.4	76.4	4.62	31,192
East Baton Rouge	4.37		74.2	9.7	34.7	13.0	77.6	5.58	30,615
Men	4.70		72.8	10.9	33.4	12.4	76.6	5.36	39,657
Women	4.62		78.9	9.2	35.2	12.7	77.8	5.64	25,420
Black	3.18		72.9	15.3	19.1	7.3	74.4	4.09	24,496
White	6.11		78.7	4.1	47.1	16.3	80.9	6.84	41,218

DATA SOURCES

Life Expectancy: Measure of America calculations using mortality data obtained with special agreement from the Louisiana Department of Public Health and population data from CDC Wonder and the US Census Bureau.

Education: Parish estimates use 2012–2017 data; estimates by gender and by race and ethnicity use 2011–2017 data.

Earnings: US Census Bureau ACS, 2014-2018.

Note: Because men have higher scores on the income component of the index and women have higher scores on the health component, the HDI score of the overall population is lower than that of either men or women separately.



- The average life expectancy in the parish is 74.2 years. As is the case across
 the state and country, women live longer than men (78.9 years vs. 72.8 years),
 and white residents live longer than Black residents (78.7 years vs. 72.9 years).
- East Baton Rouge Parish is home to many of the petrochemical plants that
 line the Mississippi River chemical corridor—more ominously known as
 "Cancer Alley." Despite decades of struggle by affected communities, toxic,
 cancer-causing pollutants continue to be released in enormous quantities
 into the air and water of south Louisiana. Low-income communities are
 hardest hit (see: Cancer Alley: The Continued Struggle for a Healthy Home).



- High Education Index scores relative to other parishes are driven by the
 presence of Louisiana State University, as well as the concentration of highly
 educated workers drawn to the political and economic hub of the state capital.
- The parish's high Education Index score is rooted in particularly strong educational outcomes among white residents, which obscure the much lower scores of Black residents. Just 4 percent of white adults did not complete high school compared to 15 percent of Black adults. Nearly half of white adults have a bachelor's degree compared to one-fifth of Black adults.
- Disparities in educational outcomes are often tied to disparities in funding
 for public schools, caused in turn by residential segregation. Recent
 secession movements from public school districts in Baton Rouge threaten
 to deepen racial disparities (see: A Tale in Black and White—Education in
 Baton Rouge).

Earnings

- Despite high levels of educational attainment, median earnings for all workers in East Baton Rouge Parish are slightly lower than the statewide median.
- Despite nearly identical levels of educational attainment, women earn \$14,000 less than men.
- Residents of the census tracts in the southern region of the parish earn much more than people in the rest of the parish; Kenilworth residents, for example, earn double the median earnings of Louisiana as a whole (\$61,000), while the lowest-earning non-university tract in Old South Baton Rouge earns less than half of the state average (\$14,000).

Youth Disconnection in Baton Rouge

We were able to calculate the youth disconnection rate for fifty-five of the state's sixty-four parishes, and East Baton Rouge Parish has the third-lowest rate of youth disconnection; 10.6 percent of young people ages 16 to 24 are neither working nor in school, compared to 16.4 percent in the state as a whole. There is considerable variation by race and region, however. The disconnection rate in the northern portion of the parish, 15.5 percent, is twice the rate in southern portion, 7.6 percent. Racial gaps in the youth disconnection rate in the central region of the parish, which includes most of the city of Baton Rouge, are particularly glaring. The overall disconnection rate is 9.7 percent, but the rate for Black young people is nearly double that, 18.1 percent.

TABLE 8 Human Development and Youth Disconnection in Baton Rouge

РИМА	HDI	LIFE EXPECTANCY AT BIRTH (years)	LESS THAN HIGH SCHOOL (% of adults 25+)	AT LEAST BACHELOR'S DEGREE [% of adults 25+]	GRADUATE OR PROFES- SIONAL DEGREE (% of adults 25+)	SCHOOL ENROLLMENT [% ages 3 to 24]	EDUCATION INDEX (out of 10)	MEDIAN EARNINGS (\$)	YOUTH DISCONNEC- TION (%)	BLACK YOUTH DIS- CONNECTION [%]	WHITE YOUTH DIS- CONNECTION [%]
East Baton Rouge Parish (South)	5.90	79.2	6.0	46.6	16.3	78.5	6.51	38,292	7.6*		
Baton Rouge City	4.18	74.9	10.5	35.4	13.9	76.3	5.50	27,333	9.7	18.1	-
East Baton Rouge Parish (North)	3.88	74.2	13.3	20.7	7.2	77.1	4.50	28,922	15.5	17.5	

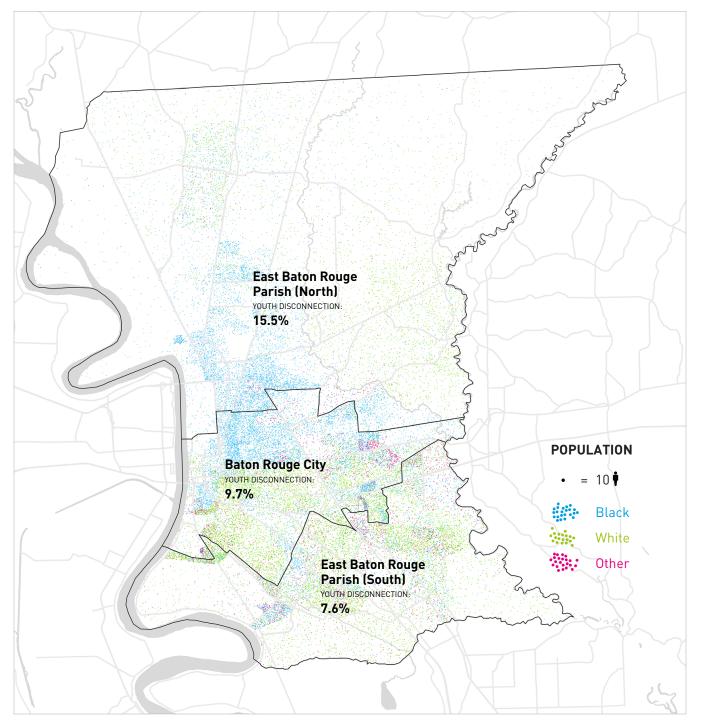
DATA SOURCES:

Life Expectancy: Measure of America calculations using mortality data obtained with special agreement from the Louisiana Department of Public Health and population data from CDC Wonder and the US Census Bureau, 2013–2017.

Education, Earnings, and Youth Disconnection: Measure of America calculations using US Census Bureau ACS Public Use Microdata Sample, 2014–2018. *Note: The youth disconnection estimate for East Baton Rouge Parish (South) is unreliable but has been included for reference.

For an exploration of youth disconnection rates state- and nationwide, the potential impact of Covid-19, and the role of disconnection in youth voter turnout, check out our recent report at **measureofamerica.org/DYInteractive**.

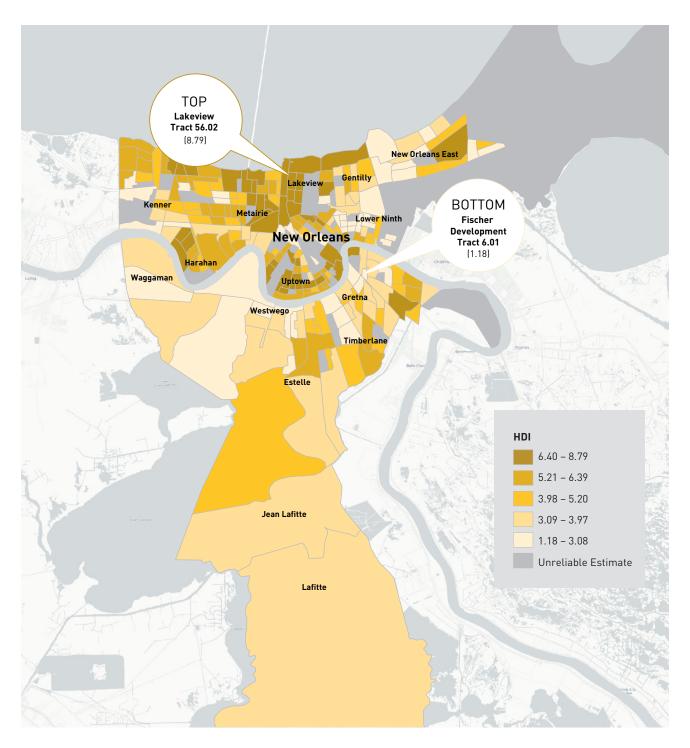
MAP 9 Residential Segregation and Youth Disconnection Are Closely Linked



NOTE:

For this report, Measure of America calculated the youth disconnection rate by public use microdata area (PUMA). PUMAs are geographies defined by the Census Bureau. They are contiguous areas with populations of at least 100,000 people, a population sufficiently large to allow for statistical reliability for a wide range of indicators. Louisiana has thirty-four PUMAs.

New Orleans



Orleans Parish



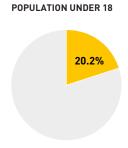
Life Expectancy 74.4 years

Education Index 5.79

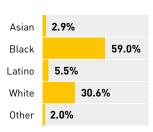
Median Earnings \$30,774

TOTAL POPULATION

389,648



RACE & ETHNICITY



YOUTH DISCONNECTION 15.5%



Jefferson Parish



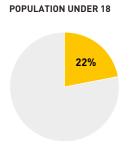
Life Expectancy 75.3 years

Education Index 4.72

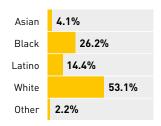
Median Earnings \$32,654

TOTAL POPULATION

435,300



RACE & ETHNICITY

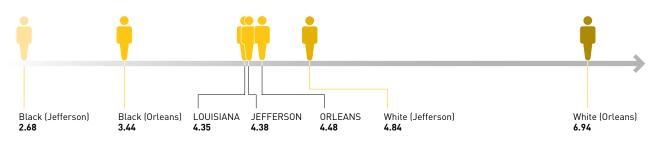


YOUTH DISCONNECTION



Orleans & Jefferson Parishes

HUMAN DEVELOPMENT INDEX



Human Development in New Orleans

Orleans Parish is the sixth-highest-scoring parish in the state; nearby Jefferson Parish ranks eighth. Making up the majority of the Greater New Orleans Metropolitan Area, these two populous parishes benefit from the educational and employment opportunities that cluster around major cultural and economic hubs. As is true for most urban areas, however, racial and ethnic disparities are striking.

Although Black residents of Orleans Parish have a higher HDI than Black residents of the state as a whole, the exceedingly high white HDI score in Orleans Parish produces the highest white-Black HDI gap among the urban parishes we studied. White residents of Orleans Parish live, on average, six years longer than Black residents, are 3.5 times as likely to have a bachelor's degree, and earn \$18,000 more per year.

Jefferson Parish fares worse on average than its metropolitan neighbor. Black residents of Jefferson Parish earn \$5,500 less each year than Black residents of Orleans. Although white residents of Jefferson Parish live, on average, four years longer than Black residents, are twice as likely to have a bachelor's degree, and earn \$12,000 more each year, they score lower than their white counterparts in New Orleans.

The HDI scores in the Orleans/Jefferson Parish area range from 1.18 in New Orleans' Fischer Development to 8.79 in Lakeview, also in New Orleans. The difference in HDI scores between these census tracts translates to a more than fifteen-year gap in life expectancy, a more than \$35,000 difference in earnings, and a sixty-three-percentage-point gap in bachelor's degree attainment.

Generally, the highest-scoring areas are the census tracts in New Orleans' Lakeview and Audubon neighborhoods, along with the southwest corner of Metairie. The lowest-scoring areas are scattered in eastern New Orleans, Algiers, and more rural parts of Jefferson Parish. These geographic disparities roughly mirror racial divisions across the city, reflecting both the legacy of segregation and redlining and the more contemporary impact of gentrification (See: A Tale of Two Neighborhoods: Gentrification After Katrina).



• The average life expectancy in Orleans Parish is 74.4 years; in Jefferson Parish, it is 75.3. In both parishes, as in the rest of the state, women outlive men (by 7.7 years in Orleans Parish and 6.2 years in Jefferson Parish), and white residents outlive Black residents (by 5.7 years in Orleans Parish and 3.5 years in Jefferson Parish).



- The high white HDI in Orleans Parish is driven by a sky-high Education Index score (8.54). While 64.5 percent of white city residents have a bachelor's degree and 29.3 percent have a graduate degree, only 18.2 percent of Black residents have a bachelor's degree, and 6.7 percent have a graduate degree.
- While not as stark, wide disparities in educational attainment in Jefferson Parish are also present: twice as many white as Black residents have a bachelor's degree (32.5 percent versus 16.9 percent), and the same holds true for graduate degrees (10.7 percent versus 5.7 percent).
- As with many school districts around the country, New Orleans-area schools struggle with entrenched residential segregation and inequalities in school quality. Many studies suggest that school choice and voucherstyle reforms could contribute to, rather than ameliorate, racial segregation in schools and neighborhoods (see: School Choice in New Orleans and Beyond—A Mixed Record).

Earnings

- Overall, Jefferson Parish residents take home \$1,000 more annually than the average resident of Louisiana, while Orleans residents take home about \$500 less.
- Despite having higher Education Index scores in both parishes, women earn much less than men, with men taking home \$12,000 more than women in Jefferson Parish and \$8,000 more in Orleans Parish.
- Wealth affects families along every axis of human development by supporting the ability to invest in education, enjoy healthier living environments, and prepare for unexpected emergencies or opportunities. In New Orleans, stark differences in home values between Black and white families indicate a large and widening wealth divide (see: What About Wealth?).
- While residents of New Orleans and northern Jefferson Parish have more
 options for public transportation than their rural counterparts, key gaps
 in infrastructure restrict access to employment. One report found that
 the average city resident can access 89 percent of the region's jobs within
 a thirty-minute drive, but only 12 percent within a thirty-minute public
 transit commute (see: Improve Public Transportation).

See PAGE 142 for HDI data tables.

Youth Disconnection in New Orleans

Jefferson Parish has a lower rate of youth disconnection than most parishes in Louisiana, with 13.2 percent of parish youth ages 16 to 24 out of work and out of school; Orleans Parish has a slightly higher rate of 15.5 percent. Both are lower than the statewide youth disconnection rate, 16.4 percent. There is considerable variation by race and region within these parishes, however. Central New Orleans, for example, has the fourth-highest rate of youth disconnection of all PUMAs in the state, 22.9 percent, while the southern portion of the city has the lowest rate in the state at just 7.2 percent. But even in this urban opportunity-rich neighborhood of New Orleans, racial disparities are manifest—12.9 percent of southern New Orleans' Black young people are disconnected. However, the Jefferson communities on the west bank of the Mississippi and the more rural southern reaches of Jefferson Parish (the PUMA for which is combined with St. Bernard and Plaquemines Parishes) both have high rates of youth disconnection (16.7 and 18.2 percent, respectively), and white residents of these PUMAs are slightly more likely to be disconnected than their Black peers.

TABLE 10 Human Development and Youth Disconnection in New Orleans

РИМА	HDI	LIFE EXPECTANCY AT BIRTH (years)	LESS THAN HIGH SCHOOL [% of adults 25+]	AT LEAST BACHELOR'S DEGREE (% of adults 25+)	GRADUATE OR PROFES- SIONAL DEGREE [% of adults 25+]	SCHOOL ENROLLMENT (% ages 3 to 24)	EDUCATION INDEX (out of 10)	MEDIAN EARNINGS (\$)	YOUTH DISCONNEC- TION (%)	BLACK YOUTH DIS- CONNECTION [%]	WHITE YOUTH DIS- CONNECTION [%]
New Orleans City (South)	5.8 ₇	78.5	8.8	48.9	22.6	83.0	7.20	35,685	7.2	12.9	
Jefferson Parish (Central)	5.61	79.5	8.3	35.7	12.3	79.9	5.88	36,362	8.3		
Jefferson Parish (North)	4.94	78.0	12.6	29.2	10.1	74.8	4.82	34,836	11.6		
New Orleans City (Northeast)	4.80	77.6	13.1	30.4	12.6	81.1	5.56	30,095	15.8	18.3	
St. Bernard, Jefferson (South) & Plaquemines Parishes	4.15	76.0	17.5	14.8	4.2	78.0	4.01	31,258	18.2	17.6	19.2
New Orleans City (Central)	3.78	74.0	19.2	30.4	12.0	76.0	4.78	27,006	22.9	27.5	
Jefferson Parish (West Bank)	3.63	75.1	21.8	15.0	4.2	74.5	3.49	28,448	16.7	16.7	17.9

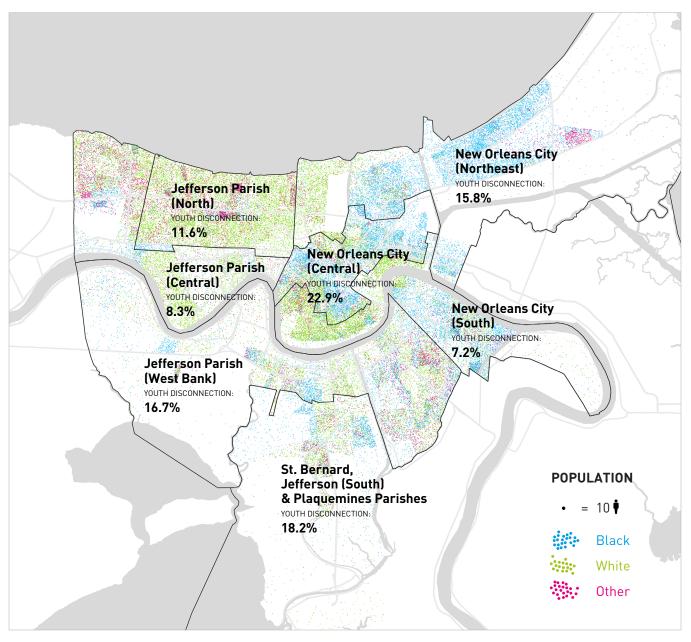
DATA SOURCES:

Life Expectancy: Measure of America calculations using mortality data obtained with special agreement from the Louisiana Department of Public Health and population data from CDC Wonder and the US Census Bureau, 2013–2017.

Education, Earnings, and Youth Disconnection: Measure of America calculations using US Census Bureau ACS Public Use Microdata Sample, 2014–2018.

For an exploration of youth disconnection rates state- and nationwide, the potential impact of Covid-19, and the role of disconnection in youth voter turnout, check out our recent report at **measureofamerica.org/DYInteractive**.

MAP11 Residential Segregation and Youth Disconnection Are Closely Linked



NOTE:

For this report, Measure of America calculated the youth disconnection rate by public use microdata area (PUMA). PUMAs are geographies defined by the Census Bureau. They are contiguous areas with populations of at least 100,000 people, a population sufficiently large to allow for statistical reliability for a wide range of indicators. Louisiana has thirty-four PUMAs.

TABLE 12 Human Development Index by Race and Ethnicity and by Gender in New Orleans

	HDI	LIFE EXPECTANCY AT BIRTH (years)	LESS THAN HIGH SCHOOL (% of adults 25+)	AT LEAST BACHELOR'S DEGREE [% of adults 25+]	GRADUATE OR PROFESSIONAL DEGREE [% of adults 25+]	SCHOOL ENROLLMENT [% ages 3 to 24]	EDUCATION INDEX (out of 10)	MEDIAN EARNINGS (\$)
LOUISIANA	4.35	76.0	14.0	24.3	8.4	76.4	4.62	31,192
Orleans	4.48	74.4	13.8	36.8	15.7	79.4	5.79	30,774
Men	4.38	72.2	14.8	35.2	14.7	78.1	5.50	35,103
Women	5.09	79.9	12.7	37.5	16.4	82.2	6.17	27,295
Black	3.44	74.2	18.9	18.2	6.7	78.4	4.24	24,826
White	6.94	80.0	3.4	64.5	29.3	84.1	8.54	43,000
Jefferson	4.38	75.3	14.6	26.1	8.6	76.8	4.72	32,654
Men	4.57	73.7	15.5	26.9	9.1	74.3	4.49	40,131
Women	4.74	79.9	12.6	27.2	9.0	78.4	5.02	27,639
Black	2.68	73.8	17.8	16.9	5.7	75.7	3.93	19,147
White	4.84	77.3	9.1	32.5	10.7	78.1	5.46	31,633

DATA SOURCES:

Life Expectancy: Measure of America calculations using mortality data obtained with special agreement from the Louisiana Department of Public Health and population data from CDC Wonder and the US Census Bureau.

Education: Parish estimates use 2012–2017 data; estimates by gender and by race and ethnicity use 2011–2017 data. Earnings: US Census Bureau ACS, 2014–2018.

Note: Jefferson Parish is made up of three PUMAs that are entirely within the parish and one that is grouped with two other parishes. The estimates by race and gender use only the three PUMAs that are within the parish. They represent 76 percent of the population of the parish.

Note: Because men have higher scores on the income component of the index and women have higher scores on the health component, the HDI score of the overall population is lower than that of either men or women separately.

Conclusion



This report was written as the state and country were in the grip of the worst public health disaster since the 1918 influenza epidemic, the worst economic downturn since the Great Depression, and one of the most active Atlantic hurricane seasons on record, all of which had strikingly unequal effects depending on race and socioeconomic status. At the same time, the nation was grappling anew with the realities of systemic racism; in June alone, between 15 and 26 million Americans took to the streets in outrage and despair over the deaths at the hands of the police of George Floyd, Breonna Taylor, and countless other Black Americans. This confluence of crises requires that we respond in this conclusion both to the "fierce urgency of now," to use the striking phrase of Dr. Martin Luther King Jr., and to longstanding underlying inequalities related to human development and human security. Below are recommendations that emerge from the research and analysis discussed in this report, beginning with ways to address the most urgent challenges facing Louisiana today and followed by ways to close the gaps in the three key components of human development: health, education, and earnings.

Mitigate the health, educational, and economic impacts of Covid-19 by focusing on the most vulnerable communities

Addressing the ruinous impacts of Covid-19 is clearly the state's top short-term priority. In the six months between late March and late September, 5,350 Louisianans died from the virus² and some 168,000 have been infected. The pandemic shuttered schools and businesses, wiped out tourism, and drove the unemployment rate to all-time high of 14.5 percent in April.³ Black Louisianans were hardest hit; compared to white Louisianans, they are more likely to work in frontline jobs where they could be exposed to Covid-19, more likely to live in intergenerational homes, and more likely to have underlying health conditions that make the coronavirus more dangerous. As a result, they have disproportionately lost not just their jobs but their lives.⁴

The HDI scores by parish, census tract, and demographic group presented in this report create a map of pandemic vulnerability; low scores flag areas and groups that were already grappling with threats to their health, access to education, and economic security pre-Covid-19, that were hardest hit during the pandemic, and which face the steepest climb to recovery. **Targeting recovery efforts and dollars toward areas and demographic groups with HDI scores below 3.0 will prioritize the places and people who need the most assistance in rebuilding their lives.**



Addressing the ruinous impacts of Covid-19 is clearly the state's top short-term priority.

Build human security by addressing chronic risks and preparing for sudden emergencies

Human security is about protecting people from both chronic threats, such as housing insecurity, domestic violence, and racial discrimination, and sudden catastrophes, such as pandemics, floods, and hurricanes. Covid-19 has devastated communities and families of all races, income levels, and geographies. But like Hurricane Katrina and other disasters, it has had a disproportionate impact on Black people and people living in poverty. While sudden catastrophes put everyone at risk, people already experiencing chronic threats are much more vulnerable. Differences in assets, insurance, job benefits and security, occupational type, education levels, and more provide affluent Louisianans greater human security than others. Building human security for everyone in Louisiana means identifying and planning for risks, making progress against chronic threats like poverty, and fostering greater resilience in every community.

What would this more secure and resilient Louisiana look like? Everyone would have health insurance and paid family and sick leave; evacuation plans would have reliable, well-publicized provisions for the elderly, people with disabilities, and people without cars; hospitals would have sufficient capacity and equipment for an onslaught of ill patients; families would have the infrastructure, equipment, and skills to learn and work remotely, as well as savings and other assets to see them through crisis periods; all communities could call on and be confident of the compassionate, timely response of government and law enforcement agencies; and Louisiana's leaders would prioritize prevention of all kinds, from immunizations to stave off illness to rebuilt wetlands to protect against storm surges.

Address systemic racism and the enduring legacy of slavery

Black people in Louisiana have a well-being score of 2.93, white people a score of 5.15. The stark disparities in the opportunities and freedoms of Black and white Louisianans that the HDI brings into focus did not come into being through some mysterious or inevitable process, nor are they accidental byproducts of various policies; rather, they are the intended results of white supremacist ideologies, laws, and practices and deliberate policy choices. But just as people can use laws, policies, and practices to create inequality, so, too, can they use these instruments

to dismantle it. What we need today are policies as focused on expanding the freedoms and improving the well-being of Black people as earlier policies were on disenfranchising, dehumanizing, and discriminating against them. Making different, better, fairer policy choices will create a Louisiana in which everyone can flourish.

Dramatically decrease incarceration and heal the communities most impacted by over-policing and imprisonment

Louisiana did not become the world's prison capital overnight, and change will take time. The bipartisan collection of bills enacted in June 2017 known as the justice reinvestment package was a heartening and critical step. Important priorities for continued decarceration include eliminating economic incentives for building and filling prisons; treating substance use and mental health disorders as medical rather than criminal issues; addressing the discriminatory school discipline and law enforcement practices that disproportionately involve Black young people in the criminal justice system; making sentences less draconian; increasing funding for public defenders; redirecting a share of policing dollars to social services of various kinds; ending "money injustice"; expanding employment opportunities for previously incarcerated youth and adults; and addressing the trauma, stigma, loss, and economic instability incarceration inflicts on children, families, and communities. Protecting everyone involved with jails and prisons, from incarcerated people to corrections staff to surrounding communities, from Covid-19 is urgent.

Upending the barriers to well-being incarceration has created will require engaging actors at every level of Louisiana's criminal justice system, from local police and parish sheriffs to state legislators and, perhaps most importantly, district attorneys. Diversion programs like restorative justice for low-level and first-time offenders work best when they operate as an alternative to prosecution, which means that district attorneys, who control which cases are prosecuted and which go to diversion programs, must be on board.

Louisiana did not become the world's prison capital overnight, and change will take time.

Tackle youth disconnection

Youth disconnection is not a spontaneous occurrence; it is years in the making, stemming from deep structural issues like residential segregation and disinvestment in low-income communities. Addressing it successfully will require focusing not only on education and employment but also on poverty, disability, systemic racism, and gender equality. The Covid-19 pandemic will cause youth disconnection rates to spike dramatically. We estimate that the number of disconnected youth could swell to one-quarter of all young people. With students physically disconnected from schools and unemployment at its highest since the Great Depression, young people with the fewest resources will be left even further behind their peers. While it is clear that young people of all stripes will suffer, low-income people of color will be the hardest hit. Helping high schoolers catch up on months of lost learning is vital, as is ensuring students have at a minimum the technology and support to learn from home. Disconnected young people who live on their own, who are homeless, who are aging out of foster care, who have a disability, who have a child, or who have been in contact with the criminal justice system are particularly vulnerable both economically and in terms of their physical and mental health during this pandemic. Meeting their health, educational, job training, and employment needs is more pressing than ever.

Invest in broadband and transportation infrastructure

Treating broadband as a twenty-first-century utility akin to electricity rather than an optional luxury is imperative. In the age of coronavirus, the existing gaps in internet access have created an opportunity chasm between the broadband haves and have-nots. The 22 percent of Louisiana households with no internet access whatsoever and the additional 14 percent with only a cellular data plan have been left behind. The situation is especially dire in rural parts of the state. Remote learning, working from home, and seeing a doctor virtually—the new normal for many Louisianans—is only possible with reliable broadband. Even when the threat of coronavirus ebbs, broadband will remain critical for job searches, school projects, accessing benefits, and myriad other life tasks. Closing the digital divide with infrastructure and skill-building will promote equity and inclusion for everyone.

As the state recovers from Covid-19, addressing another infrastructure gap—transportation—will also be important. Reliable, affordable public transportation is necessary to ensure that all Louisianans have access to education, job training, and employment. In Louisiana's twenty rural parishes, public transportation

Treating broadband as a twenty-first-century utility akin to electricity rather than an optional luxury is imperative.

options range from nonexistent to systems with a handful of vehicles that provide on-demand service rather than driving a fixed route. Urban areas likewise lack reliable, frequent bus service despite far greater population density; for example, in New Orleans, only 16 bus routes run more frequently than once every half hour, compared to 62 routes prior to Katrina.

Lay the groundwork for longer, healthier lives

In the midst of the Covid-19 pandemic, equitable access to medical care is more important than ever. But in normal times and arguably even today, even more important to our health than doctors and medicines are the **conditions of our daily lives**—the environments in which we live and work, our levels of stress, the safety of our neighborhoods, the toxins to which we are exposed, the coping mechanisms available to us, our access to healthy foods and ways to exercise safely, and more. Health happens in homes, schools, communities, and workplaces. Investments that improve the day-to-day quality of life in these places are also investments in health. Expanding access to and reducing the stigma associated with mental health services, which help people heal from trauma, learn more effective coping skills, reduce stress, lessen isolation, and manage persistent and severe mental illness, is a proven way to make daily life not just tolerable but joyous.

Heart disease and cancer are the leading causes of death in Louisiana, and the vast majority of the risk factors are rooted in the circumstances into which we are born, grow up, work, and age and the ways in which we cope with them. Eradicating smoking—the leading preventable cause of death—is key to longer lives in Louisiana. Keeping young people from starting to smoke and helping addicted adults stop through free cessation programs is vital. Evidence shows that public education campaigns, laws that limit where smoking is permissible, enforcement of laws prohibiting young people from buying tobacco products, and public policies like higher taxes on cigarettes lead to lower smoking rates. Ensuring that people have access to healthy foods and live in neighborhoods conducive to exercise (those with safe parks, sidewalks, and adequate night-time lighting) will help people reach and maintain a healthy weight, as will making the healthy choice the easiest choice. Substance use, from alcohol to opioids, harms health, disrupts and limits education, derails careers, and disrupts family life and interpersonal relationships; treating substance use disorders with compassionate mental health care rather than law enforcement is the more humane and effective course.

Louisiana is a particular outlier in **maternal and infant health**. Mothers and babies, especially Black mothers and babies, are far more likely to die in Louisiana than in the rest of the country, and nearly half of maternal deaths could



Health happens in homes, schools, communities, and workplaces. be prevented with reliable, high-quality prenatal care. Diabetes, hypertension, infections, and maternal stress, all of which can be treated during pregnancy, are leading causes of low birth weight, preterm birth, infant death, and maternal death. High-quality reproductive health-care services, including emergency obstetric services, that treat women with respect and compassion are essential to women's health, well-being, and rights.

Louisiana also stands out for its high share of **deaths by firearm**, in terms of homicide, including the murder of an intimate partner, suicide, and accidental death. What these causes of death have in common is their means by the most lethal weapon available, a gun. Limiting the access of domestic abusers and people at risk of suicide to firearms would save lives, as would putting into place commonsense rules around background checks and gun storage. Firearms pose a particular risk to young people. Six in ten youth ages 15 to 19 who take their own lives in Louisiana do so with a gun,⁶ and firearm homicide is a leading cause of death for teenagers and young adults in the state. Treating gun violence among youth as a public health issue amenable to epidemiological approaches like contact tracing, counseling and mediation, and public education has shown promise.⁷



The evidence is overwhelming that a quality preschool education for 3- and 4-year-old children is the single most cost-effective educational intervention.

Expand access to quality education from birth to young adulthood

Education can be an engine of equality, with the potential to better the prospects of both individuals and society as a whole. But when educational resources are inequitably distributed, opportunity gaps widen and inequality grows. Keeping those gaps from opening in the first place requires **investment in our youngest children**, starting with **home visitation programs**, which send trained professionals to visit new mothers before birth and for up to two years afterward to build parenting skills and share information about pregnancy and child health, safety, and development. Such programs have been shown to improve birth outcomes and maternal health, enhance child development, lessen child maltreatment and harsh parenting, improve school performance, and even reduce the likelihood of high school dropout and contact with the juvenile justice system.

Equally critical is ensuring that young children have access to high-quality care and education. The evidence is overwhelming that a quality preschool education for 3- and 4-year-old children is the single most cost-effective educational intervention. Louisiana should consider joining Florida, Georgia, and Oklahoma by creating universal pre-K for 4-year-olds and increasing preschool opportunities for 3-year-olds. Doing so would help address the large and growing unmet demand for high-quality center-based childcare for the littlest Louisianans.

Greater state investment in formal education, from primary school to college, is imperative. Fully funding the Minimum Foundation Program (MFP) and decoupling school funding from local property taxes are ways to create greater funding equity statewide. Reinvesting funds in quality, open-to-all public education by lessening public support for private schools, countering school secessionist movements that lock out low-income families, and ensuring that charters don't skim dollars and high achievers from the public systems are other ways to build educational equity and reduce school segregation. Recent years have seen both decreases in state per-pupil college spending and increases in tuition; these trends must reverse for educational attainment in the state to catch up with that of the rest of the country and for racial gaps to close.

Helping young people at risk of dropping out of high school **persist through graduation** will reduce the state's high youth disconnection rate and create new, better futures for the one in five Louisiana teens who do not graduate high school on time. The state has the fourth-highest rate of births to girls ages 15–19;8 ensuring that all young women have attractive educational opportunities and career options while also providing young mothers the support and childcare they need to pursue their educational goals will help them lead flourishing lives. Supporting quality career and technical education aligned with projected workforce demand in high school can help create viable, attractive pathways to well-paying jobs. Programs that provide job counseling and placement services, assistive technology, and medical and therapeutic services are crucial to helping youth with disabilities access education, gainful employment, and independence, but are badly underfunded today.

Improve living standards and economic security for Louisiana's families

Money isn't everything, but it's not nothing, either. Well-being, access to opportunity, dignity, and social inclusion require having enough resources to meet one's basic needs and participate in public life. Far too many families in Louisiana don't meet this bar.

Of significant concern is **concentrated, persistent poverty**. Growing up in areas where deep poverty and exclusion from the mainstream are part and parcel of daily life, sometimes for generations, intensifies poverty's negative effects, such as ill health, limited educational attainment, and lack of job opportunities. Forty-two of the state's sixty-four parishes meet the US Department of Agriculture's definition for persistent child poverty. Ending concentrated, persistent poverty requires investments in high-poverty rural parishes and urban neighborhoods



Well-being, access to opportunity, dignity, and social inclusion require having enough resources to meet one's basic needs and participate in public life. on par with the support provided to middle-class and affluent areas in the form of subsidies to the oil and gas industry, tax breaks for homeowners, and a host of financial incentives for big business. Investing in schools, libraries, health-care clinics, mental-health services, transportation, community centers, and other institutions and services in Louisiana's persistently poor areas will help all the state's children realize their potential. Also important is connecting families to services they are eligible for and eliminating benefits cliffs—sudden and sometimes unexpected decreases in benefits due to small increases in earnings.

Raising wages and closing the gender and racial pay gaps are likewise key to vanquishing deep and persistent poverty as well as to increasing economic security for near-poor and middle-class Louisianans. Economic security for all requires establishing a state minimum wage above the paltry \$7.25-per-hour federally mandated floor and eliminating Louisiana's over-reaching minimum-wage preemption law, which prevents municipalities from setting wage minimums that reflect the local cost of living.

Latina and white women earn \$0.60 and Black women \$0.82 on every dollar their male counterparts earn, a stubborn gap that continues to both limit the security and freedom of half the population and keep economic stability out of reach for thousands of Louisiana's families. Combining place, race, and gender shows how stark wage inequality in the state is: in every parish, Black workers earn less than their white counterparts, and across the state's parishes, white men earning the least have earnings on par with Black women earning the most. One in three Louisiana households with children is headed by a single mother, and the gender earnings gap is a significant driver of child poverty and economic insecurity for these families. The earnings gap also affects the financial security of families headed by married or cohabitating couples. In 2020, women's wages and salaries do not provide pin money for inessentials; women's earnings keep the lights on and the car gassed up; they put food on the table; they cover the rent.

The Covid-19 pandemic has laid bare the woeful inadequacy of most workers' benefits. The need for **paid medical leave** has never been more apparent than now, with 168,000 Louisianans infected with Covid-19 and at risk of spreading it to others and thousands with pre-existing conditions fearing for their lives. With schools shuttered or open only part time, families are struggling to care for their children while hanging on to their jobs. **Paid family leave**, the ability to take longer stretches of unpaid leave with a guaranteed job to return to, more options for parttime work and flexible schedules, and high-quality but affordable childcare are more essential than ever. Frontline service workers need these benefits more than anyone. Unlike a host of professional fields where working from home provides an imperfect but, for some, viable solution, people who sell groceries, drive buses, and deliver the packages that kept households going during quarantine have no such option. The crisis threatens to wipe out decades' worth of workplace gains for women and widen the gender earnings gap to a canyon as mothers

disproportionately shoulder an additional tsunami of childcare and remote-schooling responsibilities. Roughly eight times as many women as men left the workforce in September 2020 (617,000 women versus 78,000 men), and one in four women in corporate America are considering "downshifting" their careers or leaving the workforce altogether. 10

Every Louisianan deserves an equal chance at a freely chosen life of value. Our findings suggest that for a host of reasons—residential segregation, poverty, health inequities, slavery's enduring legacy, persisting racial and gender discrimination, among others—many of Louisiana's residents are deprived of that opportunity. These problems did not arise by chance, nor were they unavoidable—instead, they are the result of the choices people in power have made, over time, to create and maintain the inequalities that exist today. The good news is that through better choices, real progress is possible: this report details various policies—some of which the state has already put in place—to expand opportunity and close the gaps in health, education, and income. Ultimately, *A Portrait of Louisiana* is a guide for the state's communities, advocates, and elected officials to learn exactly where those gaps—and opportunities—exist.

American Human Development Indicators

The following indicator tables were prepared using the latest available official government data. All data are standardized in order to ensure comparability.

To download Excel files for the indicators, go to: www.measureofamerica.org/download-agreement.

Louisiana American Human Development Index by Gender and Race/Ethnicity

RANK	ны	LIFE EXPECTANCY AT BIRTH (years)	LESS THAN HIGH SCHOOL (% of adults 25+)	AT LEAST BACHELOR'S DEGREE (% of adults 25+)	GRADUATE OR PROFESSIONAL DEGREE (% of adults 25+)	SCHOOL ENROLLMENT (% ages 3 to 24)	EDUCATION INDEX (out of 10)	MEDIAN EARNINGS (\$)	YOUTH DISCONNECTION (%)
UNITED STATES	5.24	78.6	11.7	32.6	12.7	77.4	5.37	35,309	11.2
LOUISIANA	4.35	76.0	14.0	24.3	8.4	76.4	4.62	31,192	16.4
GENDER									
1 Men	4.47	73.1	15.6	22.2	7.4	75.3	4.30	41,057	18.4
2 Women	4.35	78.9	12.5	26.2	9.4	77.7	4.93	25,137	14.4
RACE/ETHNICITY									
1 Asian	6.29	87.5	16.5	44.6	17.3	86.8	6.79	26,457	
2 White	5.15	76.8	10.7	28.4	9.7	77.1	5.07	39,288	12.2
3 Black	4.62	84.0	26.8	19.1	5.8	74.6	3.53	25,422	15.8
4 Latino	2.93	73.4	18.5	15.3	5.6	74.7	3.73	22,430	22.3
GENDER AND RACE/ETHNICITY									
1 White Men	5.25	74.4	11.8	27.2	9.1	75.9	4.83	49,406	12.2
2 White Women	4.96	79.5	9.7	29.6	10.3	78.4	5.31	29,896	12.2
3 Latino Men	4.94	84.2	27.5	16.4	5.6	72.4	3.15	30,481	12.5
4 Latina Women	4.70	89.0	26.1	22.2	6.0	77.0	3.94	18,383	19.0
5 Black Women	3.45	76.8	15.9	19.0	7.7	75.8	4.21	21,329	17.4
6 Black Men	2.54	69.5	21.7	10.8	3.1	73.6	3.17	26,066	27.1
Asian Men			15.4	44.9	21.8	89.8	7.34	31,127	
Asian Women			17.4	44.4	13.3	83.0	6.21	25,133	

DATA SOURCES:

Life Expectancy: Louisiana: Measure of America calculations using mortality data from the Centers for Disease Control and Prevention and population data from CDC Wonder and the US Census Bureau. Estimates for Louisiana, Men, Women, Black, Latino, and White use 2017 data. Estimates for Asian and all gender and race/ethnicity combinations use 2012–2017 data. US: Centers for Disease Control and Prevention, National Center for Health Statistics, 2017.

Education and earnings: Measure of America calculations using US Census Bureau ACS Public Use Microdata Sample, 2018.

Youth Disconnection: Measure of America calculations using US Census Bureau ACS Public Use Microdata Sample. Estimates for Latino men and women use 2014–2018 data. All other estimates use 2018 data.

Louisiana American Human Development Indicators for Asian and Latino Subgroups

ORDERED BY POPULATION SIZE						
	LESS THAN HIGH SCHOOL (% of adults 25+)	AT LEAST BACHELOR'S DEGREE [% of adults 25+]	GRADUATE OR PROFESSIONAL DEGREE [% of adults 25+]	SCHOOL ENROLLMENT (% ages 3 to 24)	MEDIAN EARNINGS (\$)	POPULATION (#)
UNITED STATES	11.7	32.6	12.7	77.4	35,309	327,167,400
LOUISIANA	14.0	24.3	8.4	76.4	31,192	4,660,000
ASIAN	16.5	44.6	17.3	86.8	26,457	75,900
Vietnamese	32.8	21.0	6.5	86.0	27,355	34,000
Chinese	11.6	63.7	36.9	89.7	30,990	10,800
Indian	10.4	71.9	43.1	80.6	49,514	10,400
Filipino	8.3	49.4	17.5	77.9	27,823	8,600
Korean	12.1	46.1	28.8	75.4		3,600
LATINO	26.8	19.1	5.8	74.6	25,422	239,500
Mexican	32.7	11.3	4.2	71.9	26,013	93,800
Central American	32.9	13.1	3.3	73.5	23,688	73,900
Puerto Rican, Dominican, and Cuban	19.5	28.4	8.9	76.4	30,556	31,700
South American	12.8	40.9	15.7	80.8	35,064	12,300
Other	22.1	15.8	4.8	73.6	27,028	10,000

DATA SOURCES:

Education and earnings: Measure of America calculations using US Census Bureau ACS Public Use Microdata Sample, 2014–2018. Population: US, Louisiana, Asian, Latino: US Census Bureau ACS, 2018. All subgroups: US Census Bureau ACS, 2014–2018.

American Human Development Index by Parish

RAN	к	HDI	LIFE EXPECTANCY AT BIRTH (years)	LESS THAN HIGH SCHOOL [% of adults 25+]	AT LEAST BACHELOR'S DEGREE [% of adults 25+]	GRADUATE OR PROFESSIONAL DEGREE (% of adults 25+)	SCHOOL ENROLLMENT (% ages 3 to 24)	EDUCATION INDEX (out of 10)	MEDIAN EARNINGS (\$)	YOUTH DISCONNECTION [%]
UN	ITED STATES	5.24	78.6	11.7	32.6	12.7	77.4	5.37	35,309	11.2
LO	UISIANA	4.35	76.0	14.0	24.3	8.4	76.4	4.62	31,192	16.4
1	Ascension	5.35	76.9	11.6	26.8	8.4	77.6	4.94	43,678	12.5
2	St. Tammany	5.13	76.5	9.8	33.5	11.5	80.3	5.73	36,239	13.1
3	St. Charles	4.86	75.6	10.5	24.2	5.8	74.3	4.45	40,990	20.3
4	Lafayette	4.67	76.5	12.5	32.1	9.8	78.3	5.27	31,731	9.8
5	Livingston	4.50	74.3	14.4	18.3	5.5	77.1	4.26	39,024	14.7
6	Orleans	4.48	74.4	13.8	36.8	15.7	79.4	5.79	30,774	15.5
7	West Baton Rouge	4.44	74.9	15.0	20.6	6.9	74.7	4.18	36,960	13.7
8	Jefferson	4.38	75.3	14.6	26.1	8.6	76.8	4.72	32,654	13.2
9	East Baton Rouge	4.37	74.2	9.7	34.7	13.0	77.6	5.58	30,615	10.6
10	Bossier	4.28	75.8	10.7	25.6	8.9	69.8	4.22	32,440	15.4
11	Lafourche	4.12	74.8	22.7	16.6	5.2	77.2	3.82	34,173	17.1
12	St. James	3.95	74.4	14.7	14.3	4.2	75.1	3.83	32,447	17.3
13	Vermilion	3.92	75.0	21.6	14.2	3.6	76.3	3.60	31,791	18.1
14	St. John the Baptist	3.90	73.2	13.8	16.3	5.5	75.5	4.05	33,014	14.7
15	Pointe Coupee	3.88	73.0	19.7	15.2	4.0	77.7	3.89	34,020	19.7
16	Ouachita	3.83	73.4	13.7	24.3	8.1	75.1	4.49	29,814	19.3
17	Plaquemines	3.82	71.6	17.1	19.6	6.1	77.6	4.29	33,976	23.9
18	St. Martin	3.75	74.0	19.1	14.4	3.5	76.5	3.74	30,872	17.2
19	Lincoln	3.75	75.9	11.6	36.5	15.0	80.2	5.91	20,111	9.2
20	Assumption	3.73	74.6	26.4	10.2	4.3	72.6	2.90	33,310	
21	Rapides	3.71	72.5	14.7	20.5	7.8	76.5	4.40	30,067	19.2
22	Calcasieu	3.70	72.1	13.5	21.9	7.2	76.5	4.48	30,506	14.2
23	Tangipahoa	3.70	72.8	16.7	19.4	5.6	77.9	4.29	30,014	13.8

		HDI	LIFE EXPECTANCY AT BIRTH	LESS THAN HIGH SCHOOL	AT LEAST BACHELOR'S DEGREE	GRADUATE OR PROFESSIONAL DEGREE	SCHOOL ENROLLMENT	EDUCATION INDEX	MEDIAN EARNINGS	YOUTH DISCONNECTION
RAN	ıK		(years)	(% of adults 25+)		(% of adults 25+)	(% ages 3 to 24)	(out of 10)	(\$)	(%)
24	Beauregard	3.66	73.4	15.3	17.5	5.3	67.9	3.31	32,689	27.0
25	Terrebonne	3.63	73.5	21.5	15.8	4.3	73.2	3.42	31,520	19.2
26	St. Helena	3.61	73.0	24.3	13.9	6.5	76.9	3.65	31,281	
27	Caddo	3.56	72.7	13.4	23.5	8.9	75.6	4.55	27,412	19.3
28	Union	3.56	73.2	14.4	14.6	3.8	71.2	3.47	30,971	-
29	DeSoto	3.56	73.5	17.6	14.2	4.9	74.5	3.67	29,631	23.3
30	Sabine	3.54	72.9	14.7	13.1	4.5	73.4	3.63	30,466	27.6
31	Jefferson Davis	3.53	72.4	18.9	15.9	5.1	78.3	4.06	29,467	19.8
32	St. Mary	3.50	73.1	18.7	10.6	3.2	72.9	3.23	31,424	19.5
33	West Feliciana	3.49	73.0	18.0	22.2	6.3	74.6	4.08	27,993	-
34	Cameron	3.47	72.1	18.1	11.6	2.8	73.8	3.37	32,337	
35	Iberville	3.47	73.1	21.0	14.5	3.7	71.3	3.17	31,225	28.0
36	St. Bernard	3.43	71.6	17.6	12.3	2.9	77.3	3.76	30,995	21.6
37	Bienville	3.32	74.0	17.1	12.4	4.3	73.7	3.51	26,580	24.1
38	Allen	3.27	73.4	20.1	12.7	4.2	71.3	3.15	28,405	33.9
39	Iberia	3.26	73.0	21.3	12.7	3.7	73.9	3.33	28,138	20.4
40	Vernon	3.20	73.8	12.8	16.8	5.2	60.2	2.65	28,829	16.1
41	East Feliciana	3.19	73.0	20.2	12.6	3.7	69.0	2.91	29,070	33.9
42	Natchitoches	3.17	73.0	13.5	17.8	6.8	79.4	4.56	22,598	15.8
43	Acadia	3.17	72.6	21.8	13.4	3.9	74.1	3.36	27,584	21.3
44	Jackson	3.14	74.3	20.3	13.5	4.0	72.2	3.26	24,873	30.4
45	Avoyelles	3.07	71.8	24.2	12.1	3.9	72.5	3.05	28,870	32.5
46	Red River	2.99	71.3	20.6	13.9	5.8	74.3	3.55	26,921	
47	West Carroll	2.90	69.9	21.8	12.6	5.0	70.5	3.03	30,297	34.0
48	LaSalle	2.83	70.2	22.8	12.2	2.8	70.4	2.87	29,579	
49	St. Landry	2.83	71.2	23.9	14.2	4.5	73.5	3.27	26,221	25.9
50	Richland	2.83	72.6	20.5	13.5	5.4	71.9	3.29	24,066	28.7
51	Franklin	2.81	71.5	23.7	11.9	4.5	73.5	3.18	25,991	33.2
52	Grant	2.80	73.4	18.3	8.4	2.2	71.4	2.97	23,778	28.8
53	Winn	2.73	70.2	18.7	14.4	4.5	71.5	3.33	26,487	28.8
54	Concordia	2.66	71.3	22.9	12.8	4.0	74.6	3.34	23,916	28.6
55	Washington	2.59	70.5	22.7	11.7	3.7	73.2	3.16	25,078	28.3
56	Catahoula	2.5 ₅	69.3	23.9	11.7	3.3	64.6	2.27	30,147	36.9
57	Evangeline	2.53	72.0	25.3	12.8	3.5	72.2	2.98	22,947	24.0
58	Claiborne	2.51	73.6	18.8	14.7	5.2	71.7	3.38	19,470	31.5
59	Caldwell	2.48	70.2	23.6	14.2	4.4	71.3	3.08	24,629	
60	Morehouse	2.18	69.9	20.3	13.0	2.0	62.2	2.20	25,029	27.9
61	Tensas	2.07	71.3	22.3	10.5	3.1	71.7	2.95	19,607	^ 4 ······
62	Madison	2.03	70.5	25.2	12.6	4.7	66.8	2.52	21,614	46.4
63	East Carroll	1.49	69.9	31.5	8.5	1.9	50.9	1.28	21,118	77.2
_	Webster		-	16.8	15.1	4.1	73.1	3.58	21,346	18.0

DATA SOURCES:

Life Expectancy: Measure of America calculations using mortality data obtained with special agreement from the Louisiana Department of Public Health and population data from CDC Wonder and the US Census Bureau, 2012–2017.

Education and earnings: US Census Bureau ACS, 2014–2018.

Youth Disconnection: Custom tabulation obtained from the US Census Bureau ACS, 2014–2018.

Note: Youth disconnection estimates with a coefficient of variation of greater than 0.2 have been suppressed.

American Human Development Index by Gender and Race/Ethnicity for Selected Urban Parishes

	ны	LIFE EXPECTANCY AT BIRTH (years)	LESS THAN HIGH SCHOOL (% of adults 25+)	AT LEAST BACHELOR'S DEGREE [% of adults 25+]	GRADUATE OR PROFESSIONAL DEGREE (% of adults 25+)	SCHOOL ENROLLMENT (% ages 3 to 24)	EDUCATION INDEX (out of 10)	MEDIAN EARNINGS (\$)
LOUISIANA	4.35	76.0	14.0	24.3	8.4	76.4	4.62	31,192
Caddo								
Men	3.80	71.5	14.6	21.9	8.2	73.8	4.23	34,169
Women	3.99	77.8	12.4	23.8	9.0	77.4	4.78	23,401
Black	2.67	72.8	18.6	14.1	5.2	75.1	3.70	20,972
White	5.09	76.4	8.2	29.9	11.3	75.8	5.19	38,532
East Baton Rouge								
Men	4.70	72.8	10.9	33.4	12.4	76.6	5.36	39,657
Women	4.62	78.9	9.2	35.2	12.7	77.8	5.64	25,420
Black	3.18	72.9	15.3	19.1	7.3	74.4	4.09	24,496
White	6.11	78.7	4.1	47.1	16.3	80.9	6.84	41,218
Jefferson								
Men	4.57	73.7	15.5	26.9	9.1	74.3	4.49	40,131
Women	4.74	79.9	12.6	27.2	9.0	78.4	5.02	27,639
Black	2.68	73.8	17.8	16.9	5.7	75.7	3.93	19,147
White	4.84	77.3	9.1	32.5	10.7	78.1	5.46	31,633
Orleans								
Men	4.38	72.2	14.8	35.2	14.7	78.1	5.50	35,103
Women	5.09	79.9	12.7	37.5	16.4	82.2	6.17	27,295
Black	3.44	74.2	18.9	18.2	6.7	78.4	4.24	24,826
White	6.94	80.0	3.4	64.5	29.3	84.1	8.54	43,000
Ouachita								
Men	4.16	72.5	16.6	24.1	7.6	75.9	4.41	36,747
Women	4.12	78.0	12.0	24.7	8.7	75.2	4.62	25,081
Black	<mark>2.5</mark> 1	72.5	21.3	14.5	5.3	71.8	3.28	21,038
White	5.03	76.7	10.2	29.2	9.5	78.3	5.24	36,755

DATA SOURCES:

Life Expectancy: Measure of America calculations using mortality data obtained with special agreement from the Louisiana Department of Public Health and population data from CDC Wonder and the US Census Bureau, 2011–2017.

Education: Measure of America calculations using US Census Bureau ACS Public Use Microdata Sample, 2014–2018.

Earnings: US Census Bureau ACS, 2014–2018.

Note: Jefferson Parish is made up of three PUMAs that are entirely within the parish and one that is grouped with two other parishes. The estimates here for Jefferson Parish use only the three PUMAs that are within the parish. These three PUMAs represent 76 percent of the population of the parish.

Youth Disconnection by Gender and Race/Ethnicity

	Louis	SIANA	UNITED STATES			
RANK	Youth Disconnection (%)	Youth Disconnection (#)	Youth Disconnection (%)	Youth Disconnection (#)		
OVERALL	16.4	92,100	11.2	4,353,300		
GENDER						
1 Women	14.4	39,300	10.8	2,053,300		
2 Men	18.4	52,700	11.5	2,300,100		
RACE/ETHNICITY						
1 White	12.2	35,200	9.2	1,895,900		
2 Latino	15.8	4,900	12.8	1,132,000		
3 Black	22.3	46,500	17.4	951,900		
GENDER AND RACE/ETHNICITY						
1 White Women	12.2	17,100	9.0	904,100		
2 White Men	12.2	18,200	9.3	991,800		
3 Latino Men	12.5	2,000	12.3	559,100		
4 Black Women	17.4	17,900	14.8	400,000		
Latina Women	19.0	2,600	13.3	573,000		
6 Black Men	27.1	28,500	19.9	552,000		

DATA SOURCES:

Measure of America calculations using US Census Bureau ACS Public Use Microdata Sample. Estimates for Latino men and women use 2014–2018 data. All other estimates use 2018 data.

Youth Disconnection by Public Use Microdata Area (PUMA)

	OVE	RALL	BL	лск	WHITE		
RANK	Youth Disconnection (%)	Youth Disconnection (#)	Youth Disconnection (%)	Youth Disconnection (#)	Youth Disconnection (%)	Youth Disconnection (#)	
UNITED STATES	11.2	4,353,300	17.4	951,900	9.2	1,895,900	
LOUISIANA	16.4	92,100	22.3	46,500	12.2	35,200	
Regional Planning Commission 8— New Orleans City (South)	7.2	1,100	12.9	900			
2 Regional Planning Commission 4— Jefferson Parish (Central)	8.3	1,000					
3 Acadiana Regional Development District 4— Lafayette Parish (South)	8.4	1,300					
4 Capital Region Planning Commission 3— Baton Rouge City	9.7	3,000	18.1	2,800			
5 Regional Planning Commission 3— Jefferson Parish (North)	11.6	1,300					
6 Regional Planning Commission 1— St. Tammany Parish (Northwest)	13.0	1,800			11.3	1,300	
7 Capital Region Planning Commission 5— Ascension Parish	13.1	1,800					
8 Acadiana Regional Development District 3— Lafayette Parish (North)	13.9	1,900					
9 Capital Region Planning Commission 7— Tangipahoa & Washington Parishes	14.5	3,300	24.5	2,000	10.0	1,200	
10 Capital Region Planning Commission 6— Livingston & St. Helena Parishes	15.0	2,500			15.6	2,200	
11 Imperial Calcasieu Regional Planning & Development District 2 (South)	15.4	2,900	17.7	1,200	12.8	1,400	
12 Capital Region Planning Commission 4— East Baton Rouge Parish (North)	15.5	2,900	17.5	2,400			
13 Regional Planning Commission 6— New Orleans City (Northeast)	15.8	2,400	18.3	2,200			
14 Coordinating & Development Corporation 2— Shreveport City (South)	16.1	2,300					
15 Coordinating & Development Corporation 4— Northwest Louisiana	16.3	4,900	22.1	3,100	11.2	1,600	
16 South Central Planning & Development Commission 2— Lafourche & Assumption Parishes	16.3	2,200			16.1	1,500	
17 Regional Planning Commission 5— Jefferson Parish (West Bank)	16.7	2,600	16.7	1,300	17.9	800	
18 Regional Planning Commission 2— St. Tammany Parish (Southeast)	17.2	2,000			14.1	1,100	
19 Coordinating & Development Corporation 3— Bossier & Webster Parishes	17.2	3,300	21.8	1,300	15.5	1,700	
20 Kisatchie Delta Regional Planning & Development District 2—Rapides & Vernon Parishes	17.6	4,300	14.9	1,100	19.7	2,800	
21 Regional Planning Commission 9—St. Bernard, Jefferson (South) & Plaquemines Parishes	18.2	2,400	17.6	900	19.2	1,300	
22 Acadiana Regional Development District 2— Acadia & Vermilion Parishes	18.6	2,600			18.0	1,900	

		OVER	RALL	BL	АСК	WHITE	
RAN	к	Youth Disconnection (%)	Youth Disconnection (#)	Youth Disconnection (%)	Youth Disconnection (#)	Youth Disconnection (%)	Youth Disconnection (#)
23	South Central Planning & Development Commission 1— River Parishes	19.0	2,600	22.0	1,400	16.8	1,000
24	South Central Planning & Development Commission 3— Terrebonne Parish	19.5	2,500	29.3	900		
25	North Delta Regional Planning & Development District 1— Ouachita Parish	19.6	4,000	27.4	2,500	14.1	1,400
26	Acadiana Regional Development District 5— Iberia, St. Mary & St. Martin Parishes	20.3	4,200	27.9	2,100	12.7	1,400
27	Imperial Calcasieu Regional Planning & Development District 1 (North)	20.8	3,300			20.3	2,600
28	Capital Region Planning Commission 1— Baton Rouge Metropolitan Area (West)	21.2	2,800	26.5	1,700	14.2	800
29	Coordinating & Development Corporation 1— Shreveport City (North)	21.8	3,100	27.5	2,300		
30	Regional Planning Commission 7— New Orleans City (Central)	22.9	2,900	27.5	2,600		
31	Acadiana Regional Development District 1— wwwSt. Landry & Evangeline Parishes	29.2	4,100	34.0	2,000	23.0	1,600
32	Kisatchie Delta Regional Planning & Development District 1	30.6	4,200	38.4	1,800	24.2	2,000
33	North Delta Regional Planning & Development District 2— Northeast Louisiana	36.1	6,300	45.6	3,900	26.8	2,200
n/a	Capital Region Planning Commission 2— East Baton Rouge Parish (South)						

DATA SOURCES:

US and Louisiana: Measure of America calculations using US Census Bureau ACS Public Use Microdata Sample, 2018. PUMAs: Measure of America calculations using US Census Bureau ACS Public Use Microdata Sample, 2014–2018.

Note: Public Use Microdata Areas [PUMAs] are defined by the US Census Bureau and comprise census tracts and counties. They have populations of at least 100,000 people. Youth disconnection estimates with a coefficient of variation of greater than 0.2 have been suppressed.

Methodological Note

Human Development

Human development is about what people can do and be. It is formally defined as the process of improving people's well-being and expanding their freedoms and opportunities. The human development approach emphasizes the everyday experiences of ordinary people, encompassing the range of factors that shape their opportunities and enable them to live lives of value and choice. People with high levels of human development can invest in themselves and their families and live to their full potential; those without find many doors shut and many choices and opportunities out of reach.

The human development concept was developed by the late economist Mahbub ul Haq. In his work at the World Bank in the 1970s, and later as minister of finance in his own country of Pakistan, Dr. Haq argued that existing measures of human progress failed to account for the true purpose of development—to improve people's lives. In particular, he believed that the commonly used measure of gross domestic product failed to adequately measure well-being. Working with Nobel laureate Amartya Sen and other gifted economists, Dr. Haq published the first Human Development Report, commissioned by the United Nations Development Programme in 1990. Measure of America's work is inspired by and rooted in this approach.

The American Human Development Index

The human development approach is extremely broad, encompassing the wide range of economic,

social, political, psychological, environmental, and cultural factors that expand or restrict people's opportunities and freedoms. But the American Human Development Index, like the UN Human Development Index (HDI) upon which it is based, is a comparatively narrow composite measure that combines a limited number of indicators into a single score. The HDI is an easily understood numerical gauge that reflects what most people believe are the basic ingredients of human well-being: good health, access to education, and sufficient income. The value of the HDI ranges from 0 to 10, with a score of 10 being the maximum possible that can be achieved on the aggregate factors that make up the index.

Data Sources

The analysis in this report includes well-being estimates for the entire state of Louisiana and the 64 parishes contained within it. The report also includes special sections on the cities of Baton Rouge, Monroe, New Orleans, and Shreveport, which include well-being estimates by census tract and public use microdata area (PUMA).

The American Human Development Index for A Portrait of Louisiana 2020 was calculated using several datasets. Mortality data used to calculate life expectancy are from the Centers for Disease Control and Prevention (CDC) and the Louisiana Department of Public Health. The education, earnings, and population data all come from the American Community Survey (ACS), a product of the US Census Bureau. The ACS is an ongoing survey that collects data from a representative percentage of the population every year using standard sampling methods.

For populous groups and places, one year of data is often sufficient to obtain a statistically reliable estimate. For less populous groups and places, one-year estimates are often either unreliable due to small population sizes or simply not available. Therefore, multiyear life expectancy and ACS estimates are used for these smaller groups and geographical areas. Source notes below all tables in *A Portrait of Louisiana 2020* show the exact year or years of data presented.

P

HEALTH: A long and healthy life is measured using life expectancy at birth.

Life expectancy at birth at the statewide level was calculated by Measure of America using mortality data from the Centers for Disease Control and Prevention and population data from the US Census Bureau and the CDC WONDER Bridged-Race Population Estimates. Estimates for the overall population, men, women, Black, Latino, and white residents use 2017 data. Estimates for Asian residents as well as Black men and women. Latino men and women, and white men and women use 2012–2017 data. Life expectancy at birth at the parish and PUMA level use mortality data obtained with special agreement from the Louisiana Department of Public Health and population data from the US Census Bureau and the CDC WONDER Bridged-Race Population Estimates. Estimates at the parish level use 2012-2017 data and estimates at the PUMA level use 2013–2017 data. To obtain reliable estimates for low population parishes, in some cases adjacent parishes were combined and the resulting life expectancy estimate was applied to each parish in the group. Parishes grouped in this manner are: Caldwell, LaSalle, and Winn; Calcasieu and Cameron; Concordia and Tensas; East Feliciana, West Feliciana, St. Helena, and Pointe Coupee; East Carroll and West Carroll; and Plaquemines and St. Bernard. There was not sufficient mortality data to obtain an estimate for Webster parish.

Life expectancy was calculated using abridged life tables using the Chiang II methodology. These abridged life tables aggregate death numerators and population denominators into age groups, rather than using single years of age as in complete life tables. The aggregated groups are ages under 1, 1-4, 5-9, 10-14...80-84, and 85 and older. The upper age band is capped at 85 and over. Age-specific mortality rates are used within the life table to calculate the probability of a death event at each age interval. These probabilities are then applied to a hypothetical population cohort of newborns. Life expectancy at birth in a geographic area can be defined as an estimate of the average number of years a newborn baby would live if they experienced the particular area's age-specific mortality rates for that time period throughout their life. There was not enough mortality data to calculate Native American life expectancy.

HDI estimates by census tract in the four sections on specific cities use life expectancy estimates from the US Small-area Life Expectancy Estimates Project (USALEEP) of the National Center for Health Statistics. They use 2010–2015 data and the methodology is explained in detail here https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html



EDUCATION: Access to education is measured using two indicators:

net school enrollment for the population ages 3 through 24 and degree attainment for the population ages 25 and older (based on the proportions of the adult population that has earned at least a high school diploma, at least a bachelor's degree, and a graduate or professional degree). All educational attainment and enrollment figures come from Measure of America analysis of data from the US Census Bureau ACS. Single-year 2018 ACS estimates were used for statewide HDI calculations, and multiyear 2014–2018 estimates were used for parish, PUMA, tract, and Asian and Latino subgroup calculations.



INCOME: A decent standard of living is measured using the median personal earnings of all workers ages 16 and older.

Median personal earnings data come from the US Census Bureau ACS. Single-year 2018 ACS estimates were used for statewide HDI calculations, and multiyear 2014–2018 estimates were used for parish, PUMA, tract, and Asian and Latino subgroup calculations.

YOUTH DISCONNECTION: The youth disconnection rate is the percentage of young people ages 16 to 24 who are neither working nor in school.

While youth disconnection is not a component of the HDI, it is a key measure of community wellbeing and a featured indicator in this report. Youth disconnection rates were calculated by Measure of America using data from the US Census Bureau ACS. Single-year 2018 ACS data were used for all gender and racial and ethnic groups at the statewide level except Latino men and Latina women, which use multiyear 2014–2018 data. PUMA-level estimates also use multiyear 2014–2018 data. Parish-level estimates are custom tabulations obtained from the US Census Bureau using 2014–2018 data.

Calculating the American Human Development Index

The first step in calculating the HDI is to calculate a subindex for each of the three dimensions separately. This is done in order to put indicators that use different scales—years, dollars, etc.—onto a common scale from 0 to 10. In order to calculate these indices—the health, education, and income indices—minimum and maximum values (goalposts) must be chosen for each underlying indicator. Performance in each dimension is expressed as a value between 0 and 10 by applying the following general formula:

FORMULA

Dimension Index = $\frac{\text{actual value - minimum value}}{\text{maximum value - minimum value}} \times 10$

Since all three components range from 0 to 10, the HDI, in which all three indices are weighted equally, also varies from 0 to 10, with 10 representing the highest level of human development. The goalposts were determined based on the range of the indicator observed in all possible groupings in the United States, taking into account possible increases and decreases in years to come.

The goalposts for the four principal indicators that make up the American Human Development Index are shown in the table below. To ensure that the HDI is comparable over time, the health and education indicator goalposts do not change from year to year while the income goalposts are only adjusted for inflation using the CPI-U-RS from the Bureau of Labor Statistics. Because earnings data and the earnings goalposts are presented in dollars of the same year, these goalposts reflect a constant amount of purchasing power regardless of the year, making Income Index results comparable over time. In cases where an estimate for a population group or geographic area falls above or below the set goalpost for that indicator, a maximum value of 10 or a minimum value of 0 is imputed for the purposes of calculating the HD Index.

Maximum value	Minimum value
90 years	66 years
2.0	0.5
95%	60%
\$71,488	\$16,897
	value 90 years 2.0 95%

^{*}Earnings goalposts were originally set at \$13,000 and \$55,000 in 2005 dollars.

There is a degree of sampling and nonsampling error inherent in data from the Census Bureau's annual ACS. Not all differences between estimates for two places or groups may reflect a true difference between those places or groups. Comparisons between similar values on any indicator should be made with caution since these differences may not be statistically significant.

Geographic and Population Groups Used in This Report

Public use microdata areas or PUMAs are substate geographic units designated by the US Census Bureau. PUMAs have populations of at least 100,000 and generally less than 200,000. PUMAs used in this report were delineated for the 2010 census and were named by the local State Census Data Center.

Racial and ethnic groups in this report are based on definitions established by the White House Office of Management and Budget (OMB) and used by the US Census Bureau and other government entities. Since 1997 the OMB has recognized five racial groups and two ethnic categories. The racial groups include Native Americans, Blacks, Asians, Native Hawaiians and other Pacific Islanders, and whites. The ethnic categories are Latino and not Latino. People of Latino ethnicity may be of any race. In this report, these racial groups include only non-Latino members of these groups who self-identify with that race group alone and no other. Census data also include some detail on the specific ancestries of the resident population. Detailed race and ancestry data were used to identify members of the largest Asian subgroups and all Latino/Hispanic subgroups in Louisiana for the purposes of this report.

Accounting for Cost-of-Living Differences

Cost of living varies across Louisiana and the country. Any comparisons with other cities or national data in terms of food, shelter, and clothing, therefore, must take this into account. There is currently no suitable nationwide measure, official or not, of the cost of living that could be used as a basis for adjusting for differences across regions. The Consumer Price Index (CPI), calculated by the US Bureau of Labor Statistics, helps in understanding changes in the

EXAMPLE

Calculating the HDI Index for Louisiana



HEALTH Index

Life expectancy at birth for Louisiana is 76.0 years.
The Health Index is then:

Health Index =
$$\frac{76.0-66}{90-66} \times 10 = 4.16$$



EDUCATION Index

In 2018, 86.0 percent of Louisiana's residents 25 years and older had at least a high school diploma, 24.3 percent had at least a bachelor's degree, and 8.4 percent had a graduate or professional degree. Therefore, the Educational Attainment score is 0.860+0.243+0.084 = 1.19. The Educational Attainment Index is then:

Educational Attainment Index =
$$\frac{1.19-0.5}{2.0-0.5} \times 10 = 4.59$$

School enrollment (net enrollment ratio) was 76.4 percent, so the Enrollment Index is:

Enrollment Index =
$$\frac{76.4-60}{95-60} \times 10 = 4.69$$

The Educational Attainment Index and the Enrollment Index are then combined to obtain the Education Index. The Education Index gives a 2/3 weight to the Educational Attainment Index and a 1/3 weight to the Enrollment Index to reflect the relative ease of enrolling students in school as compared with the relative difficulty of completing a meaningful course of education (signified by the attainment of degrees):

Education Index =
$$\frac{2}{3}$$
 4.59 + $\frac{1}{3}$ **4.69** = **4.62**



INCOME Index

Median personal earnings for the typical worker in Louisiana in 2018 were \$31,192. The Income Index is then:

Income Index =
$$\frac{\log(31,192) - \log(16,897)}{\log(71,488) - \log(16,897)} \times 10 = 4.25$$

HUMAN DEVELOPMENT Index



Once these indices have been calculated, the HDI is obtained by taking the average of the three indices:

HD Index =
$$\frac{4.16 + 4.62 + 4.25}{3}$$
 = 4.35

purchasing power of the dollar over time. The CPI is sometimes mistaken for a cost-of-living index, but in fact it is best used as a measure of the change in the cost of a set of goods and services over time in a given place. Additionally, cost-of-living variations within compact regions, such as states or cities or between neighborhoods in the same urban area, are often more pronounced than variations between states and regions. Further, while costs vary across the nation, they are often higher in areas with more community assets that are conducive to higher levels of well-being. For example, neighborhoods with higher housing costs are often places with higherquality public services such as schools, recreation facilities, and transport systems and safer and cleaner neighborhoods. Thus, to adjust for cost of living would be to explain away some of the factors that the HDI is measuring.

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The MEASURE OF AMERICA Series:

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Louisiana is one-of-a-kind among US states. Its rich cultural heritage, singular traditions, and natural beauty tie Louisianans to their past and enrich their present. But the state struggles with stark inequalities in health, education, living standards, youth disconnection, and incarceration, inequalities that will likely widen as a result of Covid-19, the worst economic decline since the Great Depression, and the most active hurricane season on record.

Using the American Human Development Index, a measure that combines health, education, and earnings indicators into a single gauge of well-being, this report offers a way to understand which places and demographic groups will need the most assistance to recover from the crises of 2020. It also provides recommendations on how the state can help them build resilience to weather the health, economic, and environmental challenges of the future.

The good news is that through better choices, real progress is possible: this report details various policies some of which the state has already put in place—to close well-being gaps and expand opportunity for all Louisianans. Ultimately, A Portrait of Louisiana 2020 is a guide for the state's communities, advocates, and elected officials to learn exactly where those gaps—and opportunities—exist.

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Kristen Lewis is the director and co-founder of Measure of America and coauthor of The Measure of America series of national, state, county, and city reports. She previously worked on human development issues in countries around the world.

ABOUT THE REPORT

Portrait of Louisiana 2020 uses the human development approach and the American Human Development Index to explore well-being and access to opportunity among different groups of Louisianans. It examines a range of critical issues, including health, education, living standards, incarceration, youth disconnection, residential segregation, and inequality. And it makes recommendations about how to expand people's opportunities, build greater human security, and help communities recover from the Covid-19 pandemic.

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