

## Public health professors win prize for best published paper

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Maeve Wallace, PhD, of the Mary Amelia Douglas-Whited Community Women's Health Education Center (MAC) and her collaborators — including MAC director Katherine Theall, PhD — received the Charles E. Gibbs Leadership Prize for a paper they published last year. Wallace is a research assistant professor of global community health and behavioral sciences. (Photo provided by Tulane University School of Public Health and Tropical Medicine)

Faculty from the [Mary Amelia Douglas-Whited Community Women's Health Education Center](#) (MAC) received the Charles E. Gibbs Leadership Prize for the best paper published in the journal *Women's Health Issues* in 2017. MAC is part of the Tulane University School of Public Health and Tropical Medicine.

The manuscript, "[The Status of Women's Reproductive Rights and Adverse Birth Outcomes](#)," was authored by [Maeve Wallace](#), PhD, research assistant professor of global community health and behavioral sciences, and co-authored by Melissa Goldin Evans of the LSU School of Public Health and [Katherine Theall](#), PhD, MAC director and associate professor of global community health and behavioral sciences.

The annual prize recognizes excellence in research on women's healthcare or policy.

The study focused on the relationship between state laws that shape the breadth and scope of women's reproductive rights and two adverse birth outcomes (preterm birth and low birth weight) in every U.S. state. The authors examined six policies that dictate access to comprehensive reproductive healthcare services including abortion, eligibility for Medicaid family planning services and sex education in schools.

Wallace and the other authors developed a reproductive rights composite index to combine these policy indicators and score states based on the presence or absence of the policies in 2011. They found that women in states with the lowest scores — the most restrictive reproductive-rights climates — had greater odds of delivering a preterm or low birth-weight infant the following year (2012) as compared to women in states with the strongest reproductive rights.

"States that support and promote women's abilities and resources to make reproductive decisions for themselves and their families have healthier maternal and child populations," the authors report.

Reproductive rights afford women the ability to decide the number, timing and spacing of children, access to resources to exercise voluntary choice, and the right to the highest attainable standard of health care.

The paper was originally published in *Women's Health Issues* Volume 27, Issue 2 (March/April 2017).