LOUISIANA

A State Child Health Policy Agenda 2020 and Beyond

Priorities and recommendations to foster child health and well-being, achieve health equity, eliminate health disparities, optimize lifespan outcomes, strengthen families, support our communities, and enhance the position of Louisiana as a leading state for children.

Louisiana Chapter

INCORPORATED IN LOUISIANA

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

Policy Goals

PROMOTE HEALTHY CHILDREN

All children, adolescents, and young adults from birth to the age of 26 years must have access to the highest-quality health care, so they can thrive throughout their lifespan. Policymakers must ensure that all children, regardless of their race, ethnicity, income, family composition or immigration status have:

- equitable, non-discriminatory access to affordable and high-quality health care coverage,
- insurance with comprehensive, pediatric-appropriate benefits,
- access to needed primary and subspecialty pediatric care and mental health services,
- access to necessary COVID-19 services, supports, and treatments, and
- comprehensive, family-centered care in a medical home.

PROMOTE SECURE FAMILIES

Together we can work to advance efforts to ensure that parents can give their children the best foundation for the future. Policymakers must ensure that all families have:

- work that provides a stable and adequate income and family-friendly benefits, including paid family medical and sick leave,
- safe, secure, and non-discriminatory housing,
- affordable and safe high-quality child care,
- access to adequate, healthy, nutritious foods throughout the year, and
- resources to support family placement and permanency within the child welfare system.

PROMOTE STRONG COMMUNITIES

Strong communities are the building blocks for secure families and healthy children. Policymakers must ensure that communities:

- are safe from violence and environmental hazards,
- provide high-quality early education, especially in segregated urban, suburban, and rural communities,
- support public health systems that protect children from infectious diseases and support maternal and child health, and
- respond effectively when disasters and public health emergencies occur.

ENSURE OUR STATE IS A LEADER FOR CHILDREN

Child health and well-being must be elevated and maintained as a priority in our state. Policymakers must develop and implement policies that:

- acknowledge racism as a public health crisis and work towards reducing racism through interdisciplinary partnerships with organizations that have developed campaigns against racism,
- fund and support public health and health services to help children grow into healthy adults,
- address environmental health and climate change issues that affect children, and
- address factors that make some children more vulnerable than others, such as race, ethnicity, religion, immigration status, sexual orientation or gender identity, and disability.

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Advocacy Agenda & Priorities

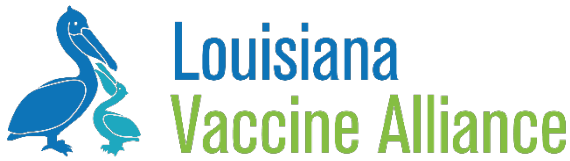
Louisiana Chapter | American Academy of Pediatrics

Vaccines

Vaccines are one of the most effective ways we can keep our children healthy. Despite evidence confirming that vaccines are safe and effective, save lives, and prevent disease there are still many children and even more adults who are unvaccinated. There is an abundance of information about vaccines and it can be a challenge to sort through it all and determine what is a myth and what is a fact.

To understand the attitudes of Louisianaians towards vaccines, the Louisiana Chapter of the American Academy of Pediatrics engaged JMC Analytics and Polling to conduct a survey of registered voters in Louisiana in 2019. With 700 completed responses from around the state, the survey showed the Louisiana residents overwhelming support vaccines in both children and adults. It also identified areas of uncertainty and where education maybe helpful.

To address this identified gap and to highlight the support our state has for vaccines, the Louisiana Chapter of the American Academy of Pediatrics has created the Louisiana Vaccine Alliance.



The mission of the Louisiana Vaccine Alliance is to reduce vaccine-preventable disease across the lifespan through education, advocacy and strategic partnerships.

The Alliance has set the following goals:

- Raise the public's awareness of vaccine-preventable disease
- Educate providers, the public and policy makers
- Advocate for evidence-based immunization policy, ensure equitable access to immunizations, and protect communities from vaccine-preventable diseases
- Provide evidence-based resources that families need to make informed choices
- Increase use of the Louisiana Immunization Network System (LINKS)

The Louisiana Vaccine Alliance continues to build a base of partners who want to promote the mission and goals of the alliance. It is through these partnerships and relationships that we believe we can help ensure that individuals and families have evidence-based information to help guide them in making the best decisions for the health of themselves and their children.

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Louisiana Vaccine Alliance

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In recent years, the issue of whether or not to vaccinate children and/or adults has become somewhat controversial. To determine what true public opinion is about vaccinations among Louisianians, the Louisiana Chapter of the American Academy of Pediatrics (LAAAP) engaged JMC Analytics and Polling to conduct a 16 question survey.

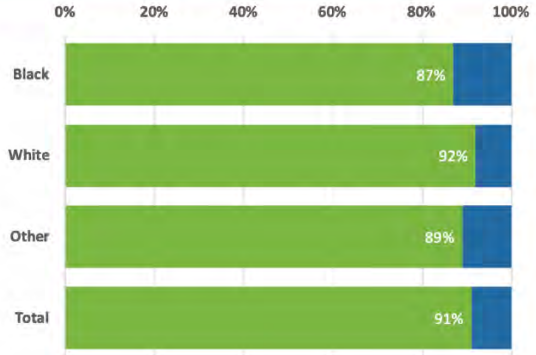
Key Takeaways:

1
Respondents demonstrated solid support for vaccinations

2
There was a minimal gender and/or racial gap in terms of strength of support

3
In multiple instances, support for vaccinations was stronger among younger respondents

91% agree that vaccines are safe and useful for preventing serious illnesses.



81% of respondents believe that the state of Louisiana should be involved.

82% of Republicans support state involvement

83% of Democrats support state involvement

To see the full Vaccine Survey Results, visit https://bit.ly/3bA2lM7 or lavaccinealliance.com

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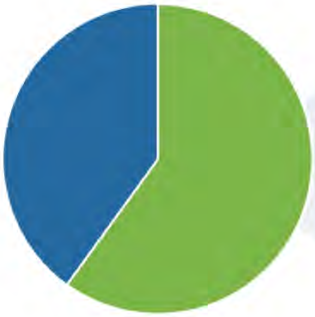
Should Vaccines Be Mandatory?

SEE WHAT LOUISIANIANS ARE SAYING

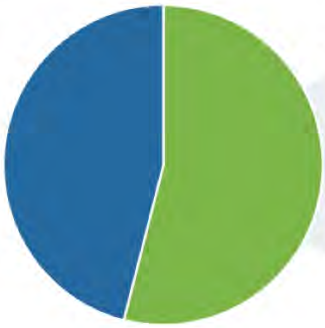
Kids' Health Depends on Vaccines

91% of survey respondents believe that children should be immunized in order to attend school.

Laws to Promote Vaccines? YES



60% agree that parents should NOT be allowed to refuse getting their children vaccinated for any reason.



54% agree that laws to reduce the number of vaccine exemptions are a good idea.

79% of survey respondents agree that mandatory vaccinations are okay during a disease outbreak.

Represent Louisiana Well, Help Louisiana Stay Healthy

Support Vaccines!

To see the full Vaccine Survey Results, visit https://bit.ly/3bA2lM7 or lavaccinealliance.com

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VACCINES: JUST THE FACTS

Thanks to elected leaders like you, in solidarity with committed parents, physicians, and public health experts, Louisiana has the opportunity to set the standard for the rest of the nation for keeping our kids and communities safe from preventable illness.

We urge you to vote against the anti-vaccine bills that threaten our lives and economy, and thank you for putting our health and safety first.

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Vaccines save lives.

Safe.

In 1796, scientist Edward Jenner developed a vaccine for smallpox, which put an end to a deadly pandemic and saved countless lives. Since then, vaccines have prevented countless outbreaks of infectious diseases including Covid-19, measles, mumps, rubella, whooping cough, chicken pox, diphtheria, meningococcal meningitis, tetanus, and polio.

Vaccines stimulate the immune system to produce an immune response similar to natural infection, but they do not cause the disease or put the immunized person at risk for the potential complications caused by the disease.

The United States has a strong and transparent public health infrastructure. Vaccines are studied extensively before, during and following licensure, and extensive scientific evidence overwhelmingly demonstrates their safety and effectiveness.

Effective.

An outbreak of whooping cough in just one school can cost $52,000, and the city of Minneapolis spent $1.3 million in 2019 after a measles outbreak. For every $1 spent on childhood vaccinations, our country saves $10.90. Between 1994 and 2018, the U.S. has saved an estimated $406 billion in direct medical costs and $1.88 trillion in total societal costs because children are vaccinated.

Vaccine-preventable diseases have a costly impact resulting in doctor's visits, lost productivity and time from work and childcare or school, hospitalizations, and premature deaths.

Life Saving.

Vaccines prevent more than 2.5 million deaths each year. Immune protection from vaccines benefits individuals, but it also protects our loved ones, especially young children, the elderly, people with health conditions, and disease survivors.

As a leader in our state, you have the opportunity this legislative session to stop deadly disease and save lives by voting down anti-vaccine bills. Thank you for your service and commitment to keeping our communities safe.

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Education and Utilization of LINKS

The Louisiana Immunization Network System (LINKS) is the state's Immunization Information System (IIS) and has been recognized as a model system. Each state has its own IIS. The system gathers and consolidates scattered immunization records, forecasts what immunizations are due to support a patient and their healthcare providers, through planned and unexpected events. The Louisiana IIS is a secure system with the capability of a bi-directional interface with many electronic health records. Individuals are able to opt out of having their data in LINKS. Health care providers are able to reference and update a patient's immunization record in the IIS. This ensures the individual is fully immunized and prevents unnecessary vaccinations, which is cost-saving. LINKS equips the whole care team with the information they need to confidently deliver the best health care for disease prevention.

Louisiana Immunization Network System

LINKS is a statewide computer-based system designed to keep track of immunization records for our citizens.

Provides Consolidated Records

This web application allows doctors, nurses and other health professionals to search for their patients' vaccination records in a central location.

Manages Vaccine Inventory

Vaccine ordering, tracking, and administration are all managed in one tool within LINKS.

Minimizes Waste

Ensures every vaccine is accounted for and prevents the administration of unnecessary doses of vaccines.

Reminds Patients and Provider Dates

Automated reminders promote on-time vaccinations for patients. Helpful alerts assist providers with clinical decisions and management of the complex immunization schedule.

Coverage Rates and Outbreak Response

Population-level vaccine coverage data provides a clear view of communities at risk. Insights into vaccination status set the stage for effective outbreak response.

https://lalinks.org

LOUISIANA DEPARTMENT OF HEALTH Public Health

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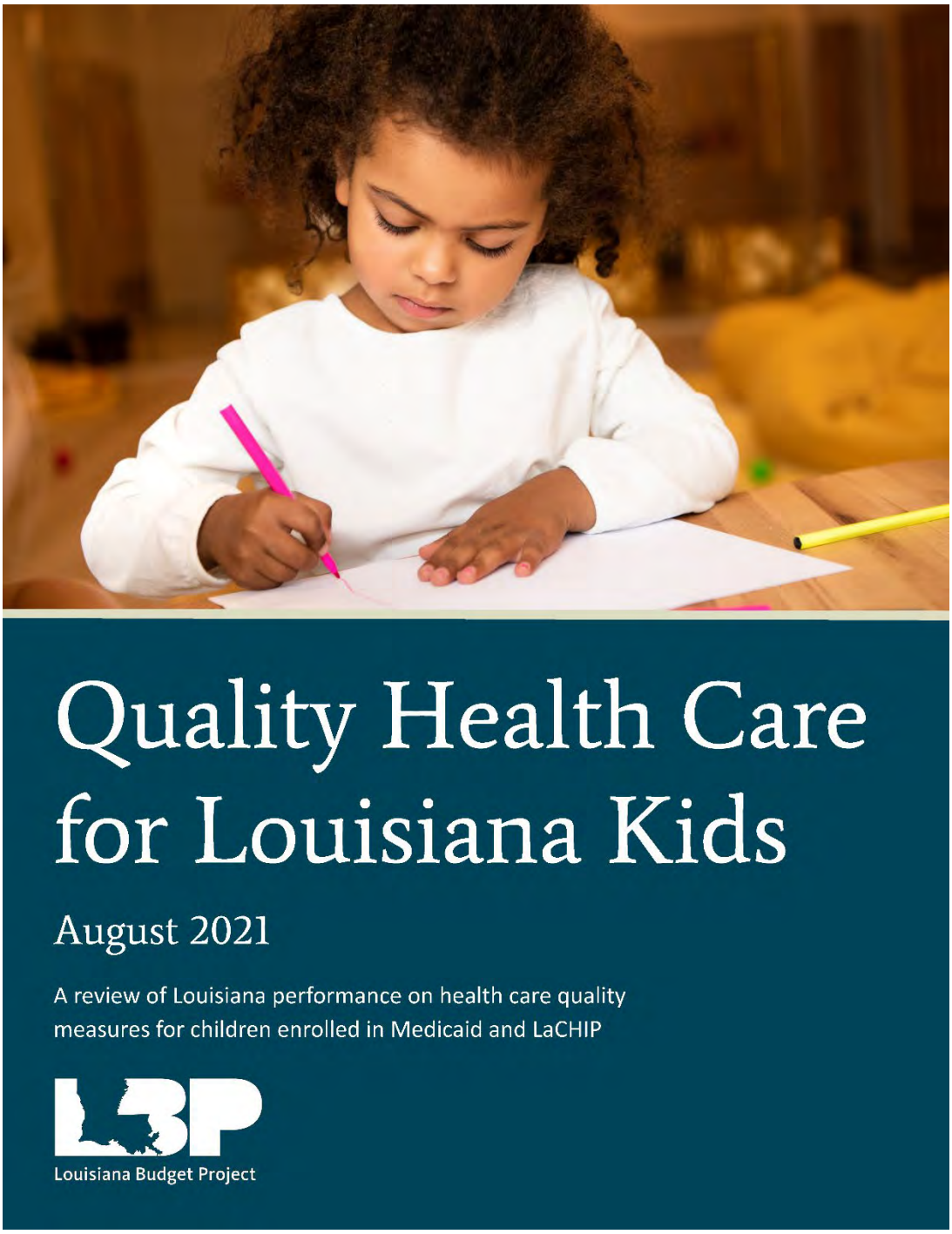
Medicaid and LaCHIP Coverage

According to a **recent report from Georgetown**, 50,000 Louisiana children were uninsured in 2019. This figure represents an approximately 28% increase from the 2016 estimate of 39,000. Over the three-year period from 2016 to 2019, the state has seen a statistically significant increase in both the number and rate of uninsured children. Health care coverage is important for children because it improves access to pediatrician-recommended care and services that support healthy development. When children get the health care they need, they are more likely to succeed in school, graduate from high school and attend college, earn higher wages, and grow up into healthy adults. A selection from the Louisiana Budget Project's *Louisiana Child Core Set 2020* can be found below or access online at: https://bit.ly/3FJ6WLj



BY THE NUMBERS

- Around 800,000 - more than half - of Louisiana children are enrolled in Medicaid and LaCHIP.[1]
- 92% of Louisiana's Medicaid and LaCHIP enrollment or 1.7 million people are covered by Managed Care Organizations (MCOs).[2]
- Five Managed Care Organizations (MCOs) administer the state's Medicaid and LaCHIP health insurance programs.[3]
- Since 2010, the Center for Medicaid and Medicare (CMS) has reported the Child Core Set of Health Care Quality Measures. Reporting is mandatory by all states by 2024.
- Louisiana currently reports 24 measures, the third highest among states, but does not report Screening for Depression and Follow-Up Plan: Ages 12 to 17 and Audiological Diagnosis No Later Than 3 Months of Age. (See About the Child Core Set at the end of this report for more information.)

Summary

Medicaid and the Louisiana Child Health Insurance Program (LaCHIP) are the most common source of health coverage for low-income women and children in Louisiana - providing vital health care coverage to nearly a million children and mothers.[4] This number has only grown amid the economic hardship of the Covid-19 pandemic.

The quality of care provided through these programs has long-term implications for child, family and population health. This was true before the pandemic, from which the most-recent data was drawn, and will remain so as Louisiana emerges from the pandemic.

The Child Core Set (CCS), developed by the Centers for Medicare and Medicaid (CMS), offers an annual glimpse into the quality of care provided to Medicaid and LaCHIP families across five care categories: Primary Care Access and Preventative Care, Maternal and Perinatal Health, Care of Acute and Chronic Conditions, Behavioral Health Care and Dental and Oral Health Services. Reporting is voluntary until 2024 when it becomes mandatory for all states.

Louisiana has been an early leader, reporting the third-highest number of CCS measures ahead of schedule - 24 out of 26 measures.[5] But, like many Southern states, Louisiana's performance presents a mixed picture.

- **While the state ranks above the median on about half of all measures, it ranks in the bottom quartile on several critical measures:** developmental screenings for children under age 3, the percentage of low-weight births and the number of emergency department visits.
- **Louisiana has shown significant improvement (10 percentage points or greater) on several measures between 2017 and 2019:** adolescent well-care visits, body mass index (BMI) assessment, timeliness of prenatal care and the effective use of asthma medication. **The state has seen negative progress on one measure during that time**, though it is a measure of critical importance: the percentage of low-weight live births.
- **The state has made modest progress over time compared to other states.** Louisiana's quartile ranking improved in six measures, remained the same in 11 measures and went down in one measure from 2017 to 2019.

Louisiana Medicaid and LaCHIP programs are administered by five managed care organizations (MCOs). The Louisiana Department of Health reports 12 measures from the Child Core Set on its Medicaid Managed Care Quality Dashboard.[6] MCO performance range is included for measures where it is available on the Dashboard.

Louisiana Budget Project

Louisiana Child Core Set
Primary Care Access and Preventive Care

Louisiana Budget Project

- **Managed-care organizations (MCOs) have made progress over time.** Five of 11 reported measures improved in state quartile ranking from 2017 to 2019, though three of the six that did not improve were in the bottom half of states. **There is a range in quality attainment by MCOs.** Five of 12 measures included a range of more than 10 percentage points in 2019, including: well-child visits for the third through sixth years of life, adolescent well-care visits, immunization for adolescents (specifically HPV), body mass index assessment and follow-up care for children prescribed ADHD medication.

Louisiana, similar to others in the region, struggles with high child poverty rates and decades of under- and disinvestment in the social drivers of health like housing, neighborhoods, transportation and poverty. Louisiana can build on the progress it has made in quality health care measures by investing in its youngest residents, their families and their communities.

Primary Care Access and Preventive Care

Consistent access to high quality primary and preventive care - such as immunizations, screenings and counseling - provides a strong foundation for long term individual and overall population health, which has become increasingly important amid Covid-19. The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, which is covered in this category, is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental and specialty services.

In 2019, Louisiana performed in the bottom half of states (below the median) in four out of nine measures and was in the bottom quartile (lowest 25% of states) in one measure, developmental screening in the first three years of life. Four measures showed sizable range in quality attainment by MCO, well child visits for the third through sixth years of life, adolescent well-care visits, immunization for adolescents (specifically HPV) and body mass index (BMI) assessment.

Louisiana reported nine of 10 measures in this domain in 2019. One of the two measures Louisiana did not report - Screening for Depression and Follow-Up Plan: Ages 12 to 17 Children and Adolescent - is in this domain. The measures in this domain are among the most frequently reported among all states and among Louisiana MCOs.

Louisiana Rate | Worst State Rate | Median | Best State Rate

Access to Primary Care Practitioners (PCP)

Primary care visits provide routine care, such as immunizations, height and weight measurements, age-appropriate counseling and a general assessment of a child's wellbeing. Access to primary care practitioners is measured by whether children ages 1 to 6 had a doctor visit in the past year and children ages 7 to 19 had a visit in the past two years.

Ages 12 to 24 months (MCO range 95.5% to 96.9%)

Ages 25 months to 6 years (MCO range 85.9% to 89.8%)

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Louisiana Child Core Set
Primary Care Access and Preventive Care (Cont.)

Louisiana Budget Project

Louisiana Rate | Worst State Rate | Median | Best State Rate

Ages 7 to 11 years (MCO range 85.6% to 91.7%)

Ages 12 to 19 years (MCO range 84.4% to 90.7%)

Well-Child Visits in the First 15 Months of Life (MCO range 62.8% to 68.1%)

The American Academy of Pediatrics (AAP) recommends nine well-care visits by the time children turn 15 months of age. In the CCS, state performance is measured as the percentage of children who received six or more visits by 15 months.

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (MCO range 63.8% to 74%)

This measure identifies the percentage of children ages 3 to 6 who had one or more well-child visits with a primary care practitioner during the measurement year in accordance with American Academy of Pediatrics recommendations.

Adolescent Well-Care Visits (MCO range 45.5% to 62.5%)

Well-care visits during adolescence promote healthy behaviors, prevent risky ones and detect conditions that can interfere with a teen's physical, social and emotional development. This measure identifies the percentage of adolescents ages 12 to 21 who had at least one comprehensive well-care visit with a PCP or Ob/Gyn during the measurement year.

Childhood Immunization Status

A key indicator of the continuity of primary care is whether children are up to date on their immunizations. This measure identifies the percentage of children who turned 2 years old during the measurement year and had specific vaccines and combinations of vaccines by their second birthday.

Combination 3 (MCO range 68.1% to 73.2%)

Measles, mumps and rubella (MMR)

Immunizations for Adolescents

The adolescent immunization measure includes three individual vaccine rates: (1) Meningococcal vaccine, (2) Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) and (3) human papillomavirus (HPV) vaccines. State performance is measured as the percentage of adolescents receiving the HPV vaccine and recommended doses of Combination 1 vaccine.

Meningococcal and Tdap vaccine (Combination 1) (MCO range 81.5% to 91%)

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Louisiana Child Core Set
Maternal and Perinatal Health

Louisiana Budget Project

Louisiana Rate | Worst State Rate | Median | Best State Rate

Human papillomavirus (HPV) (MCO range 37% to 47.2%)

Developmental Screening in the First Three Years of Life

Early detection of developmental delays and early intervention programs can greatly improve a child's health, social and academic outcomes. The AAP recommends screenings be administered at the 9-, 18- and 30-month well-child visits. This measure is the percentage of Louisiana children screened at 24 months.[7]

Chlamydia Screening in Women Ages 16–20 (MCO range 64.1% to 68.2%)

Chlamydia is the most commonly reported sexually transmitted infection and is easy to cure when it is detected. However, most people have no symptoms and are not aware they are infected. Left untreated, chlamydia can affect a woman's ability to have children. The Child Core Set reports chlamydia screening rates for women ages 16 to 20.

Body Mass Index Assessment for Children and Adolescents (MCO range 57.42% to 80.54%)

Monitoring of BMI helps providers identify children who are overweight or obese and at increased risk for related health complications. The BMI Assessment for Children and Adolescents measure indicates the percentage of beneficiaries with a primary care visit whose BMI percentile was documented in the medical record.

❖ Maternal and Perinatal Health

As one of the largest payers for maternity care, Medicaid has an important role to play in improving child and perinatal health outcomes. The health of a child is affected by a mother's health and the care she receives during pregnancy. When women access the health care system for maternity care, an opportunity is presented to provide services to optimize their health and the health of their children.

Louisiana consistently ranks at the bottom for maternal health outcomes with the March of Dimes giving the state an "F." Louisiana performs in the bottom half of states in two out of four reported measures in this domain, including timeliness of prenatal care and percentage of low-weight live births (bottom 25%). Louisiana currently does not report audiological diagnosis no later than 3 months of age.

Despite improvements in access to coverage and care, the rate of births reported as preterm or low birth weight among women in Medicaid is higher than the rate for those who are privately insured.

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Louisiana Child Core Set
Maternal and Perinatal Health (Cont.)

Louisiana Budget Project

Louisiana Rate | Worst State Rate | Median | Best State Rate

Timeliness of Prenatal Care (MCO range 82.2% to 88.3%)

Prenatal care during the first trimester facilitates important early screening and referrals for specialized care, which can prevent pregnancy complications resulting from pre-existing health conditions. This measure is the percentage of women delivering a live birth with a prenatal care visit in the first trimester or within 42 days of Medicaid or CHIP Enrollment.

Live Births Weighing Less Than 2500 grams (Lower rates are better for this measure.) (MCO range 11.5% to 13.4%)

An infant's birth weight is a common measure of infant and maternal health and wellbeing. Infants weighing less than 2.5 kilos (about 5.5 pounds) at birth may experience serious and costly health problems and developmental delays. Pregnant women are at higher risk of a low birth weight baby if they have chronic health conditions (such as high blood pressure or diabetes), low weight gain during pregnancy, high stress levels, or high-risk behaviors. Lower rates are better.

Contraceptive Care: Postpartum Women Ages 15 to 20

Access to effective contraceptive care during the postpartum period can improve birth spacing and timing and improve the health outcomes of women and children. This measure assesses access to contraceptive care, including the percentage of postpartum women ages 15 to 20 who were provided a most or moderately effective method of contraception as well as percentage who were provided a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.

Percentage Provided a Most/Moderately Effective Method of Contraception Within 3 Days (MCO range 3.3% to 10%)

Percentage Provided a Most/Moderately Effective Method of Contraception Within 60 Days (MCO range 50.2% to 58.7%)

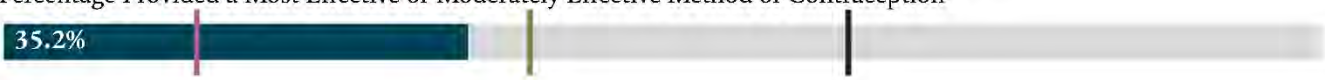
Percentage Provided a LARC Within 3 Days of Delivery (MCO range 2.9% to 6%)

Percentage Provided a LARC Within 60 Days of Delivery (MCO range 14% to 23.3%)

Contraceptive Care: All Women Ages 15 to 20

This measure assesses the percentage of women ages 15 to 20 at risk of unintended pregnancy who were provided a most or moderately effective method of contraception as well as the percentage who were provided a long-acting reversible method of contraception (LARC). Research suggests that about 53% of women ages 15 to 20 enrolled in Medicaid are not at risk of unintended pregnancy, which should be considered when assessing the potential for improvement on this measure.

Percentage Provided a Most Effective or Moderately Effective Method of Contraception



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Louisiana Child Core Set
Care of Acute and Chronic Conditions

Louisiana Budget Project

Louisiana Rate | Worst State Rate | Median | Best State Rate

Percentage Provided a Long-Acting Reversible Method of Contraception

Pediatric Central Line-Associated Bloodstream Infections

Central Line-Associated Bloodstream Infections (CLABSIs) are a significant cause of mortality and morbidity in hospital neonatal intensive care units (NICUs). Premature infants in NICUs are particularly susceptible to infection because of their immature immune systems. This measure reports the rate of CLABSIs in NICUs. The CLABSI measure is obtained from data reported by hospitals to the Centers for Disease Control and Prevention's (CDC's) National health care Safety Network (NHSN). This measure includes all neonatal CLABSI incidents in NICUs, not just those for infants covered by Medicaid or CHIP.

CMS Chart Pack - Slide 54

❖ Care of Acute and Chronic Conditions

The extent to which children receive safe, timely and effective care for acute and chronic conditions is a key indicator of the quality of care. Early intervention and treatment can keep conditions from worsening and lessen long term impacts.

Louisiana's persistently high use of emergency departments is cause for concern, which is one of the three measures where Louisiana ranks in the bottom quartile of states. However, Louisiana has made tremendous strides in asthma medication, though remains below the top quartile of states.

Ambulatory Care: Emergency Department Visits per 1,000 Enrollees (Lower rates are better in this measure.)

Unnecessary visits to a hospital emergency department (ED) may indicate lack of access to more appropriate sources of medical care, such as primary care providers or specialists. Excessive visits to the ED can result in overcrowding and increased ED wait time. Understanding the rate of ED visits among children covered by Medicaid and CHIP can help states identify strategies to improve access to and utilization of appropriate sources of care. Rate of Emergency Department Visits per 1,000 Beneficiary Months for Children Ages 0 to 19.

Persistent Asthma Medication Ratio

Asthma affects almost six million children under age 18 in the United States. Uncontrolled asthma among children can result in hospitalizations, lost school days and a higher risk of falling behind in school. The National Heart Lung and Blood Institute recommends long-term asthma control medications for children with persistent asthma. This measure assesses the percentage of children with persistent asthma who were dispensed appropriate asthma controller medications.

Ages 5 – 18

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Louisiana Child Core Set
Behavioral Health Care

Louisiana Budget Project

❖ Behavioral Health Care

As the largest payers for mental health services in the United States, Medicaid and CHIP play an important role in providing behavioral health care and monitoring the effectiveness of that care. For the purpose of the Child Core Set, the term "behavioral health care" refers to treatment of mental health conditions and other behavioral conditions, such as attention-deficit/hyperactivity disorder (ADHD).

Louisiana has done well in limiting the use of medications for children, but remains in the bottom half of states in ensuring children and adolescents receive sufficient follow-up care after hospitalization for mental illness. The state has made tremendous gains in follow-up care for children prescribed ADHD medication, but there is wide variation in the measure as reported by MCOs.

Use of Multiple Concurrent Antipsychotics (Lower rate is better for this measure.)

Concurrent use of multiple antipsychotic medications may pose risks of serious drug interactions, increased costs and longer-term health consequences such as obesity and diabetes. Children in foster care are among the highest users of two or more antipsychotic medications. This measure addresses concerns about the appropriateness and safety of prescribing multiple antipsychotic medications concurrently. It measures the percentage of children ages 1 to 17 who were on two or more concurrent antipsychotic medications for at least 90 consecutive days.

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

To avoid the risks associated with unnecessary use of antipsychotic medications, psychosocial care is recommended as the first-line treatment for most psychiatric conditions in children and adolescents. This measure assesses whether children and adolescents with conditions for which antipsychotic medications are not indicated had documentation of psychosocial care as first-line treatment before being prescribed an antipsychotic medication. It measures the percentage of children ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

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Louisiana Child Core Set
Behavioral Health Care (Cont.)

Louisiana Budget Project

Louisiana Rate | Worst State Rate | Median | Best State Rate

Follow-up Care After Hospitalization for Mental Illness, Ages 6 – 17

Follow-up care after hospitalization for mental illness or intentional self-harm helps improve health outcomes and prevent readmissions in the days following discharge from inpatient mental health treatment. Recommended post-discharge treatment includes a visit with an outpatient mental health practitioner within 30 days after discharge and ideally, within 7 days after discharge.

within 7 days

within 30 days

Follow-up Care for Children Prescribed ADHD Medication

ADHD is a common chronic condition among school-age children that is often treated with medication. Follow-up care for children prescribed ADHD medication is an indicator of the continuity of care for children with a chronic behavioral health condition. Among those newly prescribed an ADHD medication, clinical guidelines recommend a follow-up visit within the first 30 days (the Initiation Phase) for medication management. Among those remaining on ADHD medication, two additional visits are recommended during the 9-month Continuation and Maintenance Phase for ongoing medication management and assessment of the child's functioning.

Within 30-day initiation phase (MCO range 40.8% to 53.3%)

9 months following the initiation phase (MCO range 56.1% to 70.3%)

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Louisiana Child Core Set
Dental and Oral Health Services

Louisiana Budget Project

❖ Dental and Oral Health Services

All children in Medicaid and CHIP have coverage for dental and oral health services. Children's oral health is important to their overall health, both in childhood and later in adulthood. Improving children's access to oral health care in Medicaid and CHIP continues to be a focus of federal and state efforts. In Louisiana, there has been little to no improvement on these two measures since 2017. Louisiana hovers around the national halfway mark for both measures.

Louisiana Rate | Worst State Rate | Median | Best State Rate

Percentage of Eligibles Who Received Preventive Dental Services

Tooth decay, or dental caries, is one of the most common chronic diseases of children, and is almost entirely preventable through a combination of good oral health habits at home, a healthy diet and early and regular use of preventive dental services. This measure assesses the percentage of children ages 1 to 20 who received preventive dental services.

Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk

Clinical evidence suggests that sealants should be placed on children's primary and permanent teeth when it is determined that a child is at risk of experiencing caries. This measure assesses the percentage of children at elevated risk for dental caries who received a sealant on a first permanent molar.

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Louisiana Child Core Set

Appendix A: Louisiana Child Core Set (2017-2019)

Louisiana Budget Project

	Louisiana State Rate			Best State Rate	Median	Worst State Rate
Primary Care Access and Preventive Care	2017	2018	2019	2019	2019	2019
1.1. Access to Primary Care Practitioners, Ages 12 – 24 months*	94	95.9	96.2	98.2	95.5	88
1.2. Access to Primary Care Practitioners, Ages 25 months – 6 years*	85	87.5	88.7	93.9	87.7	72.6
1.3. Access to Primary Care Practitioners, Ages 7 – 11*	86.8	89.2	91.2	96.7	91.1	72.3
1.4. Access to Primary Care Practitioners, Ages 12 – 19*	85.3	88	90.3	95.8	90.3	77.9
2. Well-Child Visits in the First 15 Months of Life*	52	57.3	59.7	87.2	64	34.3
3. Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*	62.9	68.1	68	85.7	69	43
4. Adolescent Well-Care Visits*	44.7	54.2	56.7	69.5	50.6	20.5
5.1. Childhood Immunizations in the First Two Years – Combination 3*	68.7	68.4	68.8	78.5	68.8	11.1
5.2. Childhood Immunizations in the First Two Years – Measles, Mumps and Rubella (MMR)*	--	--	88.5	94	87.6	41.1
6.1. Immunizations for Adolescents – Combination 1*	88.6	88.9	89.2	92.8	78.6	9.7
6.2. Immunizations for Adolescents – 3 Doses HPV Vaccine by Age 13*	26.9	41.1	42.6	71.7	34.4	0.9
7. Developmental Screening in the First Three Years of Life	17.8	16.1	18.3	78	32.7	3.8
8. Chlamydia Screening Women Ages 16 – 20*	59.6	63.4	64.8	79.2	49.9	10.6
9. Weight Assessment and Counseling for Nutrition and Physical Activity – BMI Index*	45.7	62.4	65.7	88.7	69.7	2.1
10. Screening for Depression and Follow-up, Ages 12-17	x	x	x	-	-	-
Maternal and Perinatal Health						
1. Timeliness of Prenatal Care*	64.5	78.4	79.4	92.6	80.7	32
2. Percentage of Low Weight Live Births (< 2500 grams) (lower rate is better)*	12.1	12.1	12.5	7	9.5	13.8
3.1. Most Effective Contraception Provided for Postpartum Women (within 3 days)*	--	3.2	4.2	16.4	4.1	0.5
3.2. Most Effective Contraception Provided for Postpartum Women (within 60 days)*	--	50.1	51.1	51.1	41.8	17.3
3.3. Long-Acting Reversible Contraception Provided for Postpartum Women (within 3 days)*	--	2.3	2.4	12.6	2	0.1
3.4. Long-Acting Reversible Contraception Provided for Postpartum Women (within 60 days)*	--	15	14	23.5	15.8	3.6
4.1. Most Effective Contraception Provided for Women at Risk for Unintended Pregnancy	--	x	35.2	40.5	29.5	13.8
4.2. Long-Acting Reversible Contraception Provided for Women at Risk for Unintended Pregnancy	--	x	3.7	12.5	4.8	1.9
5. Audiological Evaluation in First 3 Months	x	x	x	-	-	-
6. Cesarean Sections*	-	-	---	-	-	-
7. Pediatric Central Line-Associated Bloodstream Infections (CLABSI-CH)	LA is not significantly different from national baseline					
Care of Acute and Chronic Conditions						
1. Ambulatory Care: Emergency Department Visits per 1,000 Enrollees (lower rate is better)	53.5	57	52.7	30.1	43.6	69.2
2.1. Persistent Asthma Medication Ratio, Ages 5 – 18	20.2	69.6	72.8	82.5	69.4	52.3
2.2. Persistent Asthma Medication Ratio, Ages 5 – 11	20.3	73.7	78	85.7	72.8	54.2
2.3. Persistent Asthma Medication Ratio, Ages 12 – 18	20.1	64	66.9	79	64.6	46.7
Behavioral Health Care						
1. Use of Multiple Concurrent Antipsychotics (lower rate is better)	1.8	1.9	1.8	0.2	2.6	6.4
2. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	-	68.7	65.9	82	62.8	39.9
3.1. Follow-up Care After Hospitalization for Mental Illness, Ages 6 – 17 (within 7 days)	40.2	40.3	40.5	72.6	41.9	8.1
3.2. Follow-up Care After Hospitalization for Mental Illness, Ages 6 – 17 (within 30 days)	61.5	63	63.7	88.1	66.3	28
4.1. Follow-up Care for Children Prescribed ADHD Medication (within 30-day initiation phase)*	48.3	56.7	56.3	67.2	48.6	29.5
4.2. Follow-up Care for Children Prescribed ADHD Medication (9 month following initiation phase)*	62.2	70.2	70.2	98.1	58.6	27.8
Dental and Oral Health Services						
1. Percentage of Eligibles Who Received Preventive Dental Services	48.8	50	49.6	67.3	49.1	32.5
2. Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk	20.7	20.4	20.4	45.7	22.7	11.1

"X" Not reported by Louisiana.
"-" Not reported by CMS due to the low number of reporting states.
"- -" Was not included in the Child Core Set in the reporting year.
"---" Not reported in CMS Child Core Set 2019 Chart Pack or data.medicaid.gov
* Reported on LDH's Medicaid Managed Care Quality Dashboard (MCOs)

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Louisiana Child Core Set
Reference and Methodology

Louisiana Budget Project

About the Child Core Set

The Child Core Set was established by CMS in 2010 as a set of standardized, evidence-based measures to assess the quality of care children receive through Medicaid and the Child Health Insurance Program (CHIP). It allows comparability across states, programs, and, to the extent it is reported, managed care plans. The adult core set followed in 2012. Reporting is voluntary until 2024 when all states must report all measures. Due to the way the data is reported, the most recent data - the 2019 Child Core Set - reflects care delivered in calendar year 2018.

Measures come from a variety of sources or stewards, including: the Healthcare Effectiveness Data and Information Set (HEDIS), Centers for Disease Control (low weight births; hospital bloodstream infections), the Joint Commission (c-sections), American Medical Association Physician Consortium for Performance Improvement or AMA-PCPI (behavioral health), OR Health and Science University (developmental screenings) and EPSDT Form 416 (dental services).

There were 26 measures in the 2019 Child Core Set. CMS reported 24 measures for Louisiana; though it did not provide state-specific performance data for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) measure nor for Cesarean Births. Louisiana did not report Screening for Depression and Follow-Up Plan: Ages 12 to 17 (8 states reported in 2019) or Audiological Diagnosis No Later Than 3 Months of Age (2 states reported in 2019). These are among the least reported measures by states due in part to technology issues related to reporting, including in Louisiana. CMS is aware of these challenges and LDH continues to work toward timely reporting.

The Louisiana Department of Health Medicaid Managed Care Quality Dashboard has been identified as a national best practice in managed care plan transparency. Launched in 2019, it allows comparison between the five Managed Care Organizations (MCOs) operating in Louisiana on a number of child and adult core set measures, including 12 of 26 child core set measures. Where reported in child-specific measures, MCO performance range is included in this report.

References

1. Louisiana 2019 Annual Report for the 2018/2019 State Fiscal Year July 1, 2018 – June 30, 2019, Table 29: Healthy Louisiana Enrollment by Age Group, Race and Gender. Accessed August 2021 at https://ldh.la.gov/assets/medicaid/AnnualReports/MedicaidAnnualReport2019.pdf
2. Louisiana 2019 Annual Report for the 2018/2019 State Fiscal Year July 1, 2018 – June 30, 2019, Table 28: Healthy Louisiana Enrollment per Plan by Age Group, Health Plan and Gender and Figure 15: Percentage of Enrollee Member Months by Medicaid Enrollment Groups, Accessed August 2021 at https://ldh.la.gov/assets/medicaid/AnnualReports/MedicaidAnnualReport2019.pdf
3. Understanding Medicaid in Louisiana: A chart book about the operation and impact of the state's Medicaid insurance program, Louisiana Budget Project (December 2018). Accessed August 2021 at https://www.labudget.org/wp-content/uploads/2018/12/Understanding-Medicaid-in-LA-3.pdf
4. Stacey Roussel, Louisiana Children Health Uninsured Rates Census 2019, Louisiana Budget Project (October 2020). Accessed August 2021 at https://www.labudget.org/wp-content/uploads/2020/10/Census-2019_-Child-Health-Insurance.pdf
5. Louisiana is the third ranking state with only South Carolina (25 measures) Alabama and New Hampshire (24 measures) reporting more measures.
6. Louisiana Department of Health, Medicaid Managed Care Quality Dashboard Accessed August 2021 at https://qualitydashboard.ldh.la.gov/ Only measures that are reported as child specific are counted as included in the Dashboard for the purposes of this report.
7. LDH reports the following rates for this measure: 12 months (24.82%), 24 months (18.25%) and 36 months (11.68%).

Early Childhood

Louisiana Partnership for children & families

BUILDING BETTER FUTURES FOR LOUISIANA'S CHILDREN

Early Childhood Services and Supports (ECSS)

Louisiana led the nation with this evidence-based program that provided comprehensive wrap-around services for families in need of mental health or developmental screenings for their young children. The program ran in Louisiana from 2002 – 2011.

WHAT DOES THE LONG-TERM COST OF FAILING CHILDHOOD WELLBEING INCLUDE?

- Higher health care, criminal justice **AND** child welfare costs
- Higher reliance on economic benefit programs, i.e. SNAP, WIC
- Lost economic productivity
- Federal lawsuit for childhood mental health services

42% **More than 42%** of the children in the child welfare system are under age 5 in Louisiana.[1]

SOME SERVICES PROVIDED BY ECSS

- Mental Health Counseling for Young Children **AND** Their Families
- Developmental Screenings and Referrals to Services
- Connections to Community Organizations and
- Support Programs
- Parent Education and Peer Support for Parents

5,482 There were **5,482** children in the Juvenile Justice System in 2019. **Over half** of these children have at least one mental health issue.[2]

IGNORING CHILDREN'S MENTAL HEALTH NEEDS IS COSTLY

- Lower academic achievement, higher school drop-out rates, higher rates of grade retention, and greater risk of committing juvenile offenses in adolescence.
- Annual cost related to early-onset emotional and behavioral disorders = **$247 billion**:
  - Healthcare, education, child welfare, criminal justice, economic productivity.
- It costs **$150,000 per child**, per year to house a juvenile in a juvenile facility. If we divert just 66 kids per year from these facilities, the program pays for itself.

For more information, contact Susan Nelson at info@louisianapartnership.org or visit www.louisianapartnership.org.

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COVID-19 AND THE IMPACT OF ARPA FUNDS

During COVID our communities saw an increase in trauma and a breakdown in social connections. The impact of the COVID pandemic has been compounded by natural disasters, poverty, and community violence making it even more likely that more children in Louisiana experience impairing mental health conditions than the national average.

ARPA Funding gives us a unique opportunity to bring this program back because one authorized use of ARPA funds is responding to mental health issues due to the COVID pandemic. At an investment of $10 Million/year for three years from these funds, we can build infrastructure and response to allow the state time replace the funding streams from other federal funds and/or cost savings from reducing costs in juvenile justice, and child welfare

10% - 20% of children aged 0 – 5 experience social-emotional problems that negatively impact their development, functioning, and school readiness.[3]

BUILDING LOUISIANA'S FUTURE MATTERS

The Early Childhood Services and Supports model allows children that experience social-emotional problems that negatively impact their functioning, development, and school readiness to become functioning members of society. Early childhood well-being contributes to high school diploma attainment and post-secondary education completion. This impacts the economy by creating a stronger workforce. Intergenerational trauma is reduced and allows families to be better prepared in life.

ALLOCATION OF ARPA FUNDS

Region	Cost
Region 1 *New Orleans*	$866,568
Region 2 *Capitol Area*	$892,279
Region 3 *Bayou*	$973,606
Region 4 *Acadiana*	$1,219,000
Region 5 *Southwest LA*	$783,849
Region 6 *Central LA*	$782,872
Region 7 *Northwest LA*	$942,284
Region 8 *Northeast LA*	$1,214,027
Region 9 *Northshore*	$1,075,515
State Administration *includes Contracts, possible TOs*	$1,000,000
Incentives & Trainings for Providers	$250,000
TOTAL	$10,000,000/Year

Sources:
1. Louisiana CASA Information
2. FLIC Data
3. Tulane Department of Child Psychiatry

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Safety

Car seat safety

During the 2019 legislative session Louisiana lawmakers updated the car seat and safety restraint laws to align with national safety recommendations. The Louisiana Chapter of the American Academy of Pediatrics is helping spread the word about the changes that became effective on August 1, 2019 with our "Keep Me Safe As I Grow" campaign. This educational campaign aims to bring awareness to the changes and promote safe restraints for children of all ages.

Emergency Medical Services for Children

Firearm Secure Storage

Firearms are the leading cause of death for kids under 18 in Louisiana and Louisiana has the highest rate of unintentional shootings by children in the nation.

We all share a responsibility in for keeping our children safe from the danger of unsecured firearms.

Help promote ***BeSMART Louisiana***, a secure storage campaign of the Louisiana Child Death Review supported by Louisiana, Louisiana Children's Trust Fund, and the national ***BeSMART*** campaign.

For more information on ***BeSMART Louisiana*** and to request posters, pamphlets, postcards (pictured below), or a presentation, scan the QR code.

KEEP KIDS SAFE: SECURE YOUR FIREARMS

What else can you do?

It's simple: Talk to your friends and neighbors about securing firearms. Let them know that storing firearms can prevent gun-related injury or death as well as theft. But most importantly, remind them that secure storage saves lives.

Learn more at
BeSMARTforkids.org/louisiana

Louisiana Chapter
INCORPORATED IN LOUISIANA
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

LCTF

BE SMART

FIREARM RESPONSIBILITY

As a Louisiana gun owner, you're responsible for securely storing your recreational firearms. If you have guns for personal protection, then safe handling is especially critical. Choose a storage option that fits your needs AND limits access for curious kids. Make sure to unload, lock and store your firearms carefully to prevent deadly accidents and keep your family safe. You can use a locked safe to keep firearms out of children's reach and to prevent theft.

Remember: Secure storage is important for the firearms in your home and vehicle. Securing guns helps avoid accidents, but it also prevents theft. Properly storing firearms keeps them out of the wrong hands and limits crime in your community.

Learn more at
BeSMARTforkids.org/louisiana

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Louisiana Child Death Review

The Louisiana Department of Health (LDH), Office of Public Health (OPH), Bureau of Family Health (BFH) coordinates the State Child Death Review (CDR). As mandated by Louisiana Revised Statute 40:2019, the CDR Panel reviews instances of unexpected deaths for children under 15 years of age. Louisiana CDR's mission is to understand how and why children die unexpectedly in Louisiana, aiming to prevent as many future injuries and deaths as possible. State and local health professionals meet to discuss cases, identify contributing factors, and recommend ways to keep Louisiana kids and teens safe. Find the latest annual Child Death Review Report here (https://bit.ly/3LaRVmJ. Sections of the report have been highlighted below.

Child health highlights from the report include:

- Driving Factors and Recommendations of Prevention for **Infant Mortality**
- Links between **Sudden Unexpected Infant Death and infant sleep environments**
- **Child Mortality** Due to **Injury**
- The scope of child **deaths due to violence** in Louisiana
- **Child Drowning** risk factors and recommendations for prevention
- Addressing **racism** as a contributing factor to child health disparities
- Targeted support for **Children and Youth with Special Health Care Needs**

In addition to Child Death Review, the Bureau of Family Health supports a broad range of child injury and violence prevention activities. Key projects include:

- Give Your Baby Space (https://besmartforkids.org/louisiana/), a statewide campaign to promote safe infant sleep.
- Be SMART Louisiana, (https://besmartforkids.org/louisiana/) a statewide campaign to encourage secure firearm storage.
- Louisiana ACE Educator Program, (https://partnersforfamilyhealth.org/aces/) a statewide initiative to raise awareness about Adverse Childhood Experiences (ACEs)

Scan each QR Code to view specific regional data. Corresponding regional map can be found below.

1 2 3 4 5 6 7 8 9

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Executive Summary
Child Death Review, 2017 – 2019

Mission Statement
The mission of the Louisiana Child Death Review is to understand how and why children die unexpectedly in Louisiana in order to prevent as many future injuries and deaths as possible. This is accomplished through comprehensive, multidisciplinary review of the circumstances that contributed to each death.

Background
The Louisiana Department of Health (LDH), Office of Public Health (OPH), Bureau of Family Health (BFH), coordinates the Child Death Review (CDR) Program. As mandated by Louisiana Revised Statute 40:2019, CDRs are conducted for unexpected deaths of children under 15 years of age. State and local panels meet to review child deaths, identify risk factors, and provide recommendations for preventive action. The Louisiana CDR Program is funded through the Federal Title V Maternal and Child Health Block Grant and the Centers for Disease Control and Prevention's Sudden Unexpected Infant Death Case Registry grant.

Summation of Data and Statistics
Every year in Louisiana, an average of 61,000 infants are born alive. Of these infants, approximately **462 die before their first birthday**, and **another 194 children do not survive to their 15th birthday**. From 2017-2019, **1,968 children died**, representing a **yearly average of 656 infant and child deaths.** During this time period, Louisiana ranked in the top ten states with the **highest mortality rates for infants and children** in almost all age groups.

The CDR program focuses on preventable and unexpected deaths. Between 2017 and 2019, 635 infants and children died due to injury. **About one third of all infant (less than 1 year of age) and child (ages 1-14 years) deaths in Louisiana are due to injury and are potentially preventable.** In infants, most injury-related deaths occur in the sleep environment and are classified as Sudden Unexpected Infant Deaths (SUIDs). SUID is a term used to describe any sudden and unexpected death – whether explained or unexplained (including Sudden Infant Death Syndrome [SIDS], Accidental Suffocation or Strangulation in Bed [ASSB], and deaths coded as ill-defined) – occurring during infancy. Motor vehicle crash, homicide, and drowning are the leading causes of unexpected death for children ages 0 through 14 years.

About This Report
To achieve sufficient sample size for statistical reporting, the 2017-2019 Louisiana CDR Report reflects infant and child mortality over a three-year period. Multi-year state and regional rates are provided, as well as annual averages of deaths and the leading causes of child death. Annual averages are provided to help estimate the magnitude of the issue in a one-year timeframe. When available, U.S. rates, Louisiana rates, Louisiana rankings in the U.S., and Healthy People (HP) Goals are provided for comparison. The report is organized into sections by age groups, risk factors, prevention recommendations for leading causes of death, and summaries of current efforts to address infant and child mortality. The report highlights preventable injury deaths, and additional data are included to provide context on contributing factors. Key points and recommendations are derived from Louisiana CDR data and panel findings, national research, and the established public health evidence base. In addition to Vital Records and Child Death Case Reporting System data, Louisiana Pregnancy Risk Assessment Monitoring System (Louisiana PRAMS) data have been used to augment risk factor findings and prevention recommendations for infant mortality. New to this year's report is the addition of data and analysis related to trends in infant and child mortality over time.

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Regional Map of Louisiana

Region	Area	Parishes within Region
1	New Orleans	Jefferson, Orleans, Plaquemines, St. Bernard
2	Baton Rouge	Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, West Feliciana
3	Houma	Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, Terrebonne
4	Lafayette	Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermilion
5	Lake Charles	Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis
6	Alexandria	Avoyelles, Catahoula, Concordia, Grant, La Salle, Rapides, Vernon, Winn
7	Shreveport	Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine, Webster
8	Monroe	Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, West Carroll
9	Hammond/ Slidell	Livingston, St. Helena, St. Tammany, Tangipahoa, Washington

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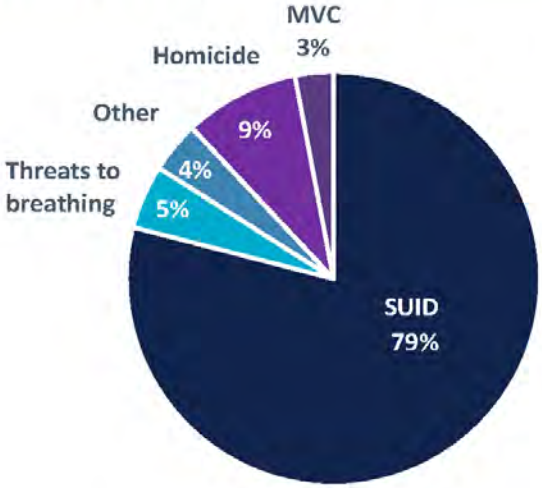
Infant Mortality: Fatal Injury

Birth to 1 year

From 2017-2019, an average of 115 infants per year died from an injury before they reached their first birthday.[2]

1 in 4 infant deaths were injury-related.[2]

Causes of Fatal Injury



Each year, an average of...[2]

- **92** infant deaths were classified as Sudden Unexpected Infant Deaths (SUID)
- **5** infants died from threats to breathing
- **5** infants died from another type of unintentional injury, including drowning, falls, fire, and other unintentional causes
- **10** infants died from homicide
- **3** infants died from motor vehicle crashes (MVC)

Key Points

- A significant majority of injury-related infant deaths were classified as SUIDs and were related to the sleep environment.
- In Louisiana, most SUID deaths occur when the infant is 2 to 3 months old. The most common SUID risk factors present among these deaths are: infants sleeping with loose bedding or toys (85%); infants sleeping in something other than a crib or bassinette (83%); and infants sleeping with other people (63%). Other evidence-based risk factors for SUID include: stomach- or side-sleeping position; preterm birth or low birth weight, cigarette smoke in the home; and alcohol, drug, or tobacco use during pregnancy (see pg. 13 for more details).[5]
- 73% of homicides in infants are due to Abusive Head Trauma (AHT) and blunt force injuries.

Trends in Infant Mortality

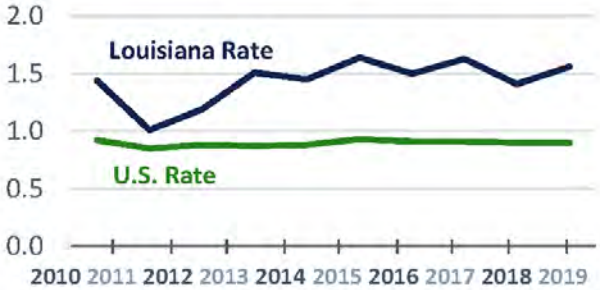
Birth to 1 year

Overall Infant Mortality Over Time[3]

Louisiana's infant mortality rate stayed relatively consistent from 2010 to 2019, hovering around **8 infant deaths per 1,000 births**. The Louisiana rate also remained consistently higher than the United States rate.

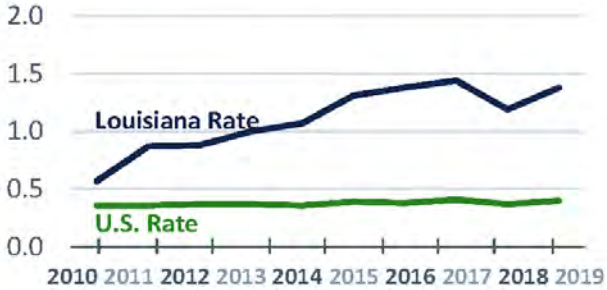
Infant Mortality Due to SUID[3]

While Louisiana's infant mortality rate due to **Sudden Unexpected Infant Death (SUID)** (measured as deaths per 1,000 births) fluctuated between 2010 and 2019, the average SUID mortality rate remained around **1.5 deaths per 1,000 births.** The infant mortality rate due to SUID in Louisiana also remained consistently above the rate for the United States.



Infant Mortality Due to Injury[3]

The infant mortality rates due to injury (measured as deaths per 1,000 births) seen below do not include deaths due to SUID. Instead, causes include other threats to breathing, homicide, motor vehicle crashes, and other types of unintentional injury (including drowning, falls, and fire). From 2010 to 2019, Louisiana's overall infant mortality rate due to injury was **0.5 deaths per 1,000 births**.



Key Points

- Overall infant and SUID mortality rates have remained relatively steady since 2010.
- Infant mortality due to injury has remained consistent in the United States as a whole but has steadily increased in Louisiana over the past 10 years.
- Louisiana consistently has higher infant mortality rates than the United States as a whole.
- SUID prevention is multifaceted. A major component is safe sleep prevention efforts, which have been in place in Louisiana for many years. The state has experienced insignificant fluctuations in rates from year to year, without a consistent decrease in the SUID rate. For more information on SUID, see pages 13 and 16.

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Infant Mortality (Birth to 1 Year)
Driving Factors and Recommendations for Prevention

The top causes of infant mortality include conditions originating in the perinatal period and causes associated with Sudden Unexpected Infant Death (SUID). Many of these deaths can be prevented. The next three pages highlight key risk factors that contribute to infant mortality and provide prevention recommendations.

Conditions originating in the perinatal period are often related to maternal health status. Chronic stress (sometimes due to experiences of racism and discrimination) and inadequate healthcare, coupled with conditions such as hypertension, diabetes, depression, or infections, can lead to adverse birth outcomes. Inadequate healthcare prior to or during pregnancy may be due to the barriers people face when trying to access care, including a lack of transportation, sick leave/sick time, or health insurance.[8, 9] Unequal treatment on the basis of race or insurance type may also deter people from regularly using healthcare services.[8] Further, the healthcare facilities and providers that people do access may not provide adequate reproductive health services, such as a full range of contraceptive options.[8,9]

Causes of death associated with SUID include Accidental Strangulation and Suffocation in Bed (ASSB) and Sudden Infant Death Syndrome (SIDS), though sometimes the cause is unknown. Some conditions originating in the perinatal period, such as low birth weight and preterm birth, are risk factors for SUID, as are unsafe sleep practices.

Risk Factors for SUID include:[7]

- Preterm birth
- Low birth weight
- Infant sleeping on stomach or side
- Infant sharing a sleeping surface or bed-sharing with other children, pets, or adult(s), especially if the adult is drug- or alcohol-impaired
- Infant sleeping on unsafe sleep surface such as a couch or armchair
- Soft objects, loose bedding, cords, wires, etc. in or near the sleeping area
- Smoking, drinking or using drugs during pregnancy

Protective Factors for SUID include:[7]

- Infant laid down to sleep on back
- Firm sleeping surface, with no objects (toys, pillow, blankets, bumpers)
- Breastfeeding
- Room-sharing with a caregiver, but not in the same bed
- Smoke-free home
- Room at a comfortable temperature and infant is not overdressed
- Pacifier at nap time and bedtime
- Regular prenatal care and well-baby check ups
- Infant is up to date on immunizations

Additional Data Sources

In order to gain a more complete understanding of the context in which infant deaths occur, this section includes information from the 2019 Louisiana Pregnancy Risk Assessment Monitoring System (PRAMS) Survey and case review data from Louisiana CDR, maintained on the **National Fatality Review Case Reporting System**.

Louisiana PRAMS is an ongoing, population-based risk factor surveillance system designed to find out more about the experiences women have before, during, and immediately following pregnancy. The survey collects quantitative and qualitative data on known risk factors for infant mortality. Louisiana PRAMS data are highlighted on the following pages. More information can be found at **PartnersforFamilyHealth.org/PRAMS**. Additional Louisiana PRAMS data and reports can be found at **PartnersforFamilyHealth.org/data-center**. Louisiana CDR data are used in the following pages to determine the prevalence of known risk factors among deaths. Both data sources are used to inform program and policy decisions related to reducing infant mortality.

Sudden Unexpected Infant Death

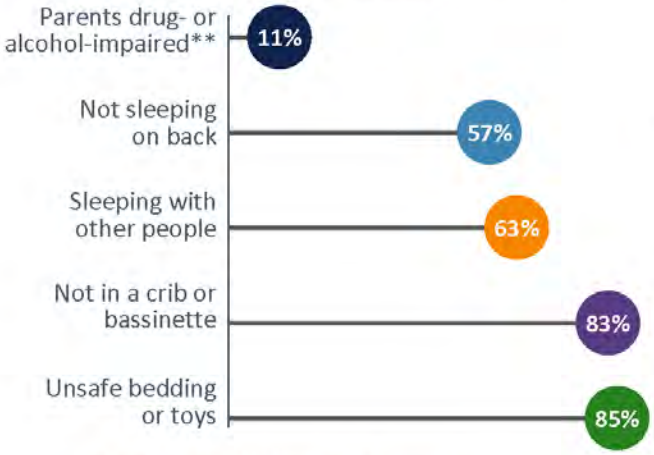
LOUISIANA PRAMS

70% of sleep-related deaths in Louisiana occurred by 3 months of age (2017-2019).[5]

Sudden Unexpected Infant Death (SUID) in Louisiana

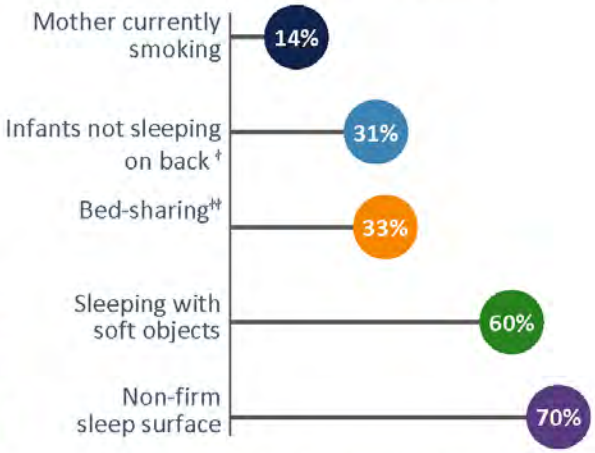
In 2019, **more than 1 in 3 babies** (39%) in Louisiana were exposed to **3 or more risk factors for sleep-related death.**[11] **33%** of Louisiana mothers said they **sometimes, often or always bed-share** with their baby.[11] The American Academy of Pediatrics cites bed-sharing as the greatest risk factor for sleep-related infant deaths.

Risk Factors* Present in Louisiana SUIDs (2017-2019 CDR Data)[5]



*Multiple risk factors may be present
**Drug-or alcohol impairment may be underreported

Infant Sleep Environment Risk Factors (2019 Louisiana PRAMS Data)[11]



† Mothers reported how infants were most often laid to sleep in the past two weeks.
†† Calculated by mothers' reports of infants sometimes, often or always bed-sharing.

Recommendations

- Obstetricians, pediatricians and other direct service providers are encouraged to discuss safe sleep with their patients or clients and their families. These conversations should help parents and caregivers develop realistic strategies to reduce their babies' risk of sleep-related death.
- Providers can model safe sleep environments in clinical, childcare, and community settings. This includes setting up safe sleep displays in clinic waiting rooms, workplaces, churches, daycare facilities, and more.
- The Bureau of Family Health manages Give Your Baby Space, a statewide campaign that teaches caregivers the safest ways for babies to sleep. Healthcare, public health, and community partners are encouraged to explore the website, GiveYourBabySpace.org.
- Agencies responsible for the training and licensure of childcare providers (both center-based and in-home) are encouraged to provide training on safe sleep practices and monitor compliance.
- Maternal and child health agencies are encouraged to persuade businesses and media to show *only* safe sleeping environments in advertisements, entertainment media, and news stories featuring sleeping babies.

Contact Us | Ashley Politz, LMSW, Executive Director | (225) 379-7923 or (225) 505-7611

Child Mortality: Fatal Injuries

1 to 14 years

From 2017-2019, an average of 97 children died from injuries each year. The majority of injury deaths were due to motor vehicle crashes, drowning, and homicide.[2]

Half of child deaths were a result of injury. Injury makes up a larger percentage of deaths in childhood (50%) than in infancy (25%).

Causes of Fatal Injury

Each year, an average of...[2]

- **28** children died due to motor vehicle crashes
- **18** children died from homicide
- **17** children drowned
- **14** children died due to another unintentional cause, including falls, threats to breathing, and other injuries
- **11** children died due to fire exposure
- **9** children died from suicide

Key Points

- Motor vehicle crashes, homicide, and drowning were the top causes of injury-related child deaths.
- For the majority of child deaths due to motor vehicle crashes, child safety seats were either not used or used incorrectly.
- Inadequate supervision of children and lack of barriers around water were the top contributing factors in drowning deaths. More than half (60%) of all drowning deaths occurred in swimming pools, hot tubs, or spas.

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Trends in Child Mortality
1 to 14 years

Overall Child Mortality Over Time[3]

Louisiana's overall child mortality rate remained relatively consistent from 2010 to 2019, hovering around **25 child deaths per 100,000 children**. The Louisiana rate also remained consistently higher than the U.S. rate.

Child Mortality Due to Injury Over Time[3]

Louisiana's child mortality rate due to injury remained around **12 deaths per 100,000 children** from 2010 to 2019. The child mortality rate due to injury in Louisiana has also remained higher than the rate for the United States during this time period.

Key Points

- Overall child mortality and the child mortality rate due to injury have remained relatively steady since 2010.
- Louisiana has consistently had higher child mortality rates than the United States as a whole.
- During 2017-19, injury prevention programs have gained traction. While rates of child mortality due to injury have not yet decreased, there are promising prevention strategies on the horizon, including: implementing swim lessons for children; enforcing building codes for swimming pools; lowering the cost of safe pool construction; training school health personnel on suicide prevention methods, and revising child passenger safety laws.

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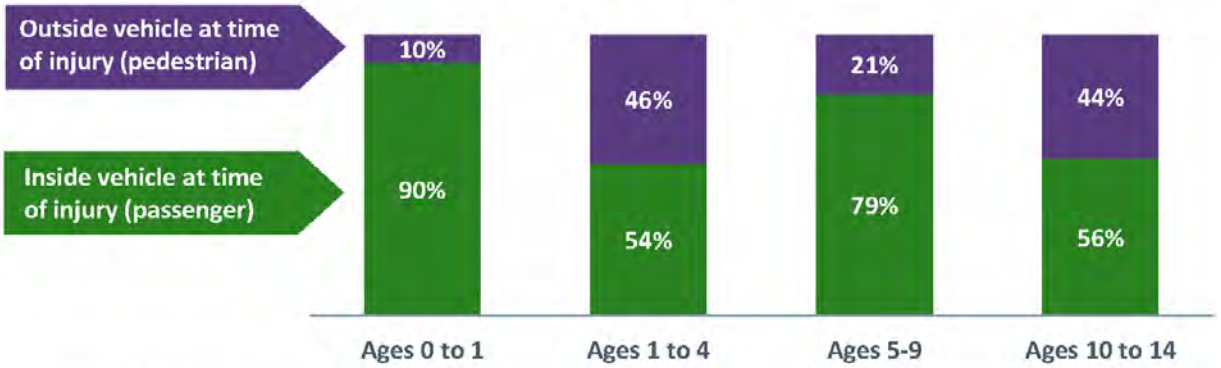
Child Motor Vehicle Crash (MVC) Deaths

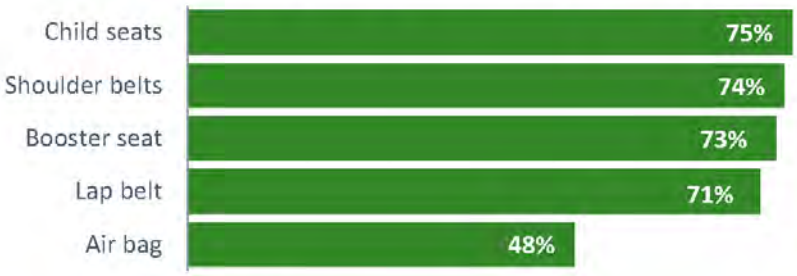
Risk Factors & Recommendations, 2017-2019 data

94 infants & children in Louisiana died due to MVCs from 2017-2019.[5] All age groups of infants & children 1 -14 years were more likely to die as passengers in MVCs rather than as pedestrians. MVCs are the leading cause of injury-related death in children 0-14 years in Louisiana.

Location of Victim at time of MVC, by Age Group[5]



Safety Features Used Incorrectly or Not Present in Child MVC Deaths[5]



NOTES: Updated child passenger safety legislation went into effect in 2019. These data reflect only 2017-2019 deaths.

The **Air bag** category includes cases where there was either no air bag or the air bag malfunctioned.

Recommendations

- Pediatricians and other providers should discuss the correct type of car/booster seats parents should use, based on their child's age and size; requirements and national recommendations change as children grow.
- As of 2019, Louisiana's child passenger safety (CPS) legislation reflects best practices and is one of the safest CPS laws in the country. Prevention professionals should ensure that all families have access to appropriate seats and assistance for correct installation.
- For the majority of child deaths due to motor vehicle crashes, child safety seats and seat belts were either not used or used incorrectly. Car seat distribution programs can increase the availability of free or low-cost seats for families in need. Programs that provide no-cost installation assistance are also recommended.
- Safety professionals should monitor enforcement of legislation related to child safety seats.
- Policies around improper restraint and drinking and driving should be strictly enforced.[12]
- Injury prevention professionals are encouraged to assess areas where children gather (e.g., parks, schools, libraries, etc.) for unsafe conditions, such as poor visibility, lack of cross-walks, or poorly coordinated traffic.[13]

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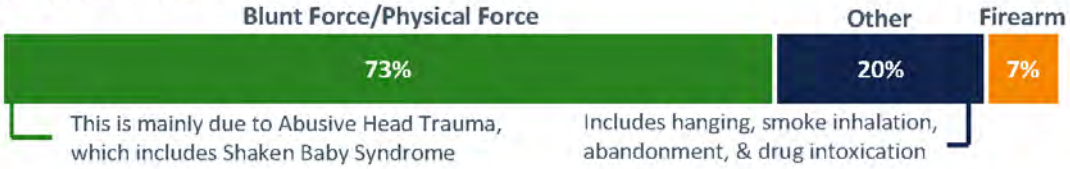
Homicide Deaths in Children

Risk Factors & Recommendations, 2017-2019 data

83 Louisiana infants & children were victims of homicide from 2017-2019.[2] Infants were more likely to die from blunt force injuries, including Abusive Head Trauma, while children ages 1-14 years were more likely to die from firearms.

Homicide Methods

Ages 0-1 years in Louisiana[2]



Homicide Methods

Ages 1-14 years in Louisiana[2]

There were 83 homicides between 2017-19. However, some data providers were cautious about sharing case details under LA RS 40:2019. Therefore, CDR teams could only fully review 34 of these cases.

Recommendations

Based on recommendations from Children's Safety Network,[14] American Academy of Pediatrics,[15] and Safe States Alliance.[16]

- **Pediatricians are encouraged to regularly talk to parents about:**
  - Safely storing all firearms in children's primary home and relatives' homes. Safe storage includes locking up firearms and storing firearms and ammunition separately.
  - Strategies and resources for managing stressful parenting situations (e.g. excessive crying in infants, toddler meltdowns), including safe, age-appropriate methods of discipline.
- **Policymakers and public health agencies are encouraged to:**
  - Champion evidence-based interventions that promote stable, nurturing relationships between children and their caregivers. Interventions should promote positive parent-child interactions and safe child discipline.
  - Support violence prevention strategies that impact multiple health outcomes, e.g., chronic disease, injury, and violence. Learn more about these approaches in the ***CDC's Connecting the Dots*** or the **Prevention Institute's *Recommendations for Preventing Gun Violence***.
  - Encourage coroners and law enforcement to participate in CDR and the National Violent Death Reporting System (NVDRS) in Louisiana. Their collaboration is vital for collecting and analyzing comprehensive homicide data in order to inform prevention and policy efforts.
- **Sporting agencies, governmental bodies and hunting enthusiasts** should advocate and facilitate training for novice hunters. Training should cover safe firearm handling and preventing unintentional discharge.

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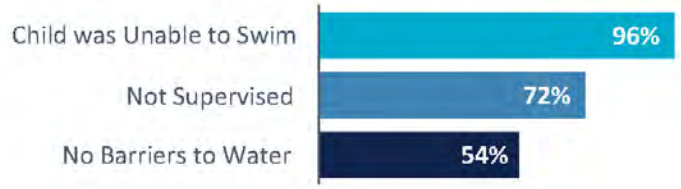
Child Drowning Deaths

Risk Factors & Recommendations, 2017-2019 data

53 infants and children in Louisiana died from drowning from 2017-2019.[5] Drowning was the 3rd leading cause of injury-related death for children ages 0-14 years in Louisiana.[2]

Top Risk Factors for Drowning in Louisiana[5]



- Most children who drowned **did not know how to swim. Lack of supervision** or **barriers to water** were key risk factors.[5]
- Most drowning deaths occurred among children who are **white[i], male, and between the ages of 1 and 4 years.**

Drowning Location

Of children who died from drowning in Louisiana, **over half (60%)** drowned in a **pool, hot tub, or spa.**[5]

Recommendations

Based on shared recommendations from the CDC,[17] Safe Kids Worldwide,[18] and Children's Safety Network.[19]

Pool owners or operators and water safety instructors should:

- Emphasize or require supervision of all children, at all times, when they are in or around water. Supervision consists of at least 2 designated adult "water watchers' within "touch distance."
- Only use floatation devices that have been approved by the US Coast Guard (USCG) for the specific weight of the child using the device. Product will have the USCG imprint on it.
- Teach children to swim close to lifeguards and to only swim in designated swimming areas.
- Maintain automatic external defibrillators (AEDs) and rescue equipment near pools.
- Require CPR and First Aid certification for pool supervisors and ensure quick phone access to call 911.
- Follow pool safety standards, secure pool/spa ladders, and install updated safety-compliant drains & pipes.
- Maintain clear visibility of pool surface & floor.

Community and municipal leaders should:

- Organize free or affordable swim lessons for children and adults.
- Increase regulations and code enforcement for barriers around pools, spas/hot tubs, and ponds.

Building officials, insurers and pool professionals should:

- Require and enforce the use of standard safety features around pools, spas and ponds, such as barriers, gates, door and pool alarms, and covers.

Pediatricians and other health and social service professionals serving families should:

- Instruct parents and caregivers to maintain constant supervision of infants while they are in bathtubs, and limit toddlers' access to all water sources, including bathtubs, fountains, buckets & storm drains.
- Share drowning prevention health education resources with caregivers, from sources such as poolsafely.gov.

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Suicide Deaths in Children

Risk Factors & Recommendations, 2017-2019 data

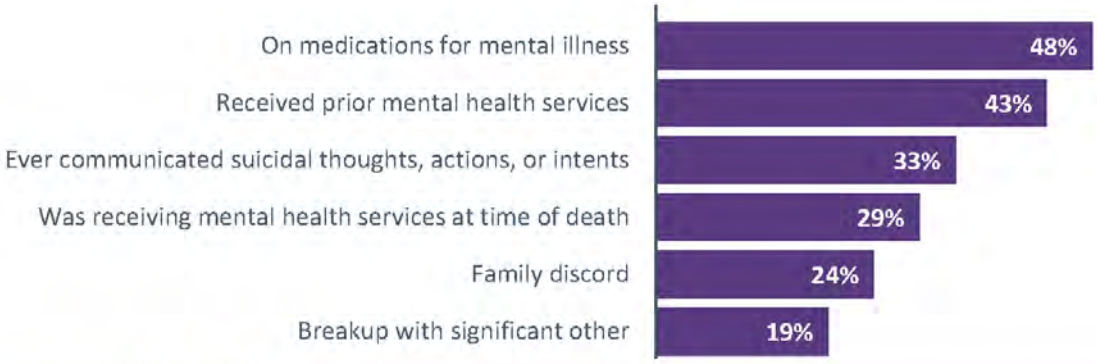
From 2017-2019, 26 children in Louisiana died from suicide.[2]
More than a third of these suicides were completed using a firearm.

Suicide Methods

Children under 15 in Louisiana[2]

Experiences of Children who Died by Suicide

Local Child Death Review teams reviewed 21 out of 26 child deaths due to suicide from 2017-2019. The graph below reflects only reviewed cases, and data are not mutually exclusive.



Recommendations

Based on recommendations from Children's Safety Network,[14] American Academy of Pediatrics,[15] and Safe States Alliance.[16]

- Pediatricians should regularly talk to parents about how to safely store firearms in children's primary home and relatives' homes. Safe storage includes locking up firearms and storing ammunition separately.
- Healthcare providers and counselors should use valid, reliable screening tools (e.g. ASQ Suicide Risk Screening Tool or the Beck Scale for Suicide Ideation®) to assess children for suicide risk.
- Educators and those working with youth should receive training – such as Living Works' ASIST, safeTALK, or QPR – to recognize warning signs for suicide and connect youth with help. The Louisiana Department of Education monitors compliance with training requirements for educators and school staff.
- Policymakers are encouraged to work with public health agencies to investigate how social determinants of health and health inequities (such as historical trauma, inequitable distribution of protective services and resources, gender norms, and others) contribute to suicide and self-harm, including firearm injuries.
- The Louisiana Department of Health and partners should promote evidence-based interventions that work to increase community connectedness and resilience; build individual empathy and emotional regulation skills; and teach children positive behaviors and relationship-building. These interventions are designed to prevent children from using violence against themselves or others.
- Policymakers should support the use of CDR and the National Violent Death Reporting System (NVDRS) in Louisiana to collect and analyze comprehensive suicide data in order to inform prevention and policy efforts.

Racial Disparities

Infant and Child Mortality: 2017-2019 Data

1974

American Public Health Association

"Minority health, as affected by institutional racism*, can only improve when efforts from the entire complex of human and public services are purposefully applied to accomplish that specific goal."[20]

2020

American Public Health Association

"Racism attacks people's physical and mental health. And racism is an ongoing public health crisis that needs our attention now!"[21]

*Institutional racism is the "societal allocation of privilege based on race."[22]

Racial Disparities in Mortality
Infants, Birth to 1 year

Black† infants are at an increased risk of dying, as compared to their white† peers.[2]

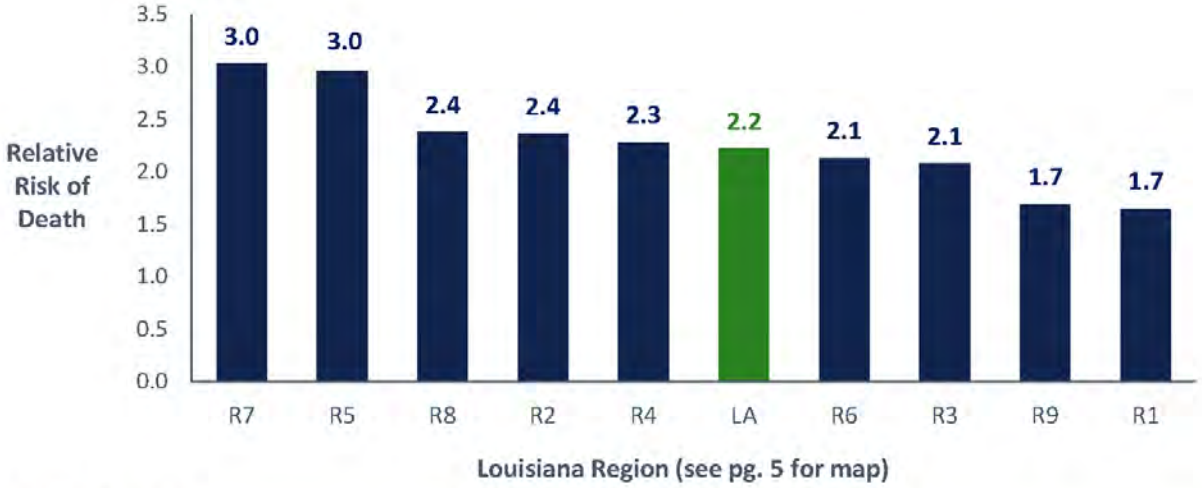
In Louisiana from 2017 to 2019, Black† infants were **2.2 times as likely to die** as white† infants.

Infant Mortality Rate, 2017-2019	
Black†	White†
11.8 deaths per 1,000 live births	5.3 deaths per 1,000 live births

† Black indicates non-Hispanic Black, and white indicates non-Hispanic white.

Relative Risk of Infant Death for Black† vs. white† Infants

Relative risk is the probability of an event occurring in one group and not another.



Key Points

- Infant mortality affects Black infants more than white infants.
- Region 7 (Shreveport Area) and Region 5 (Lake Charles Area) have the greatest racial disparity in birth outcomes. In these regions, Black† infants are 3 times as likely to die as white† infants.
- Mortality data for Hispanic infants and children were not included in racial disparity calculations because of insufficient counts – i.e. the number of Hispanic infants or children who died in Louisiana from 2017-2019 was too small for a reliable comparison against mortality rates for white† and Black† infants.

Racial Disparities in Mortality

Children ages 1 to 14 years

Black[†] children are at an increased risk of dying, as compared to their white[†] peers.[2]

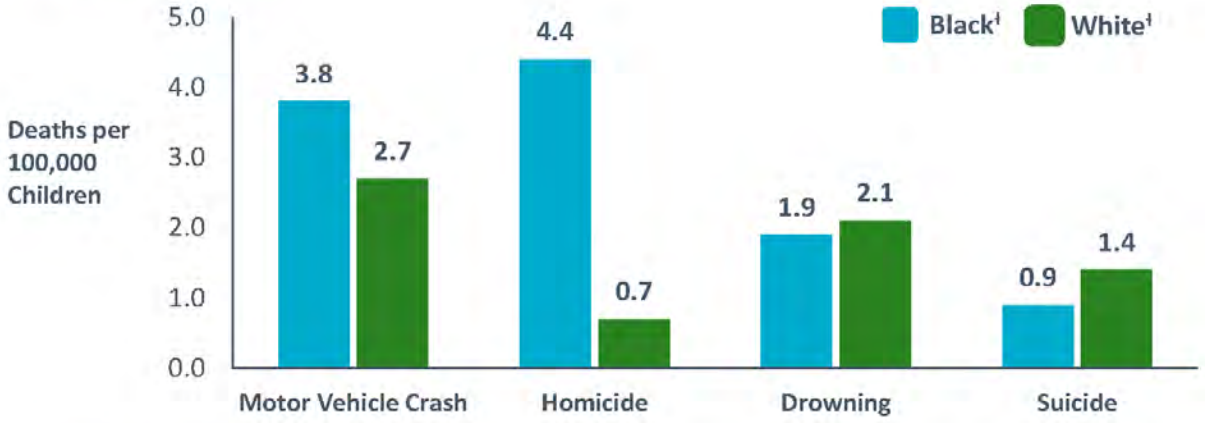
A CLOSER LOOK In Louisiana from 2017 to 2019, Black[†] children were **1.6 times as likely to die** as white[†] infants.

Child Mortality Rate, 2017 - 2019	
Black[†]	White[†]
30.9 deaths per 100,000 children	18.9 deaths per 100,000 children

† Black indicates non-Hispanic Black, and white indicates non-Hispanic white.

Mortality Rates by Top Causes of Death & Race

In Louisiana from 2017 to 2019, **Black[†] children** in Louisiana were more likely than white children to die in a **motor vehicle crash** or due to **homicide**. **White children[†]** in Louisiana were more likely than Black children to die by **drowning** or **suicide**.



Key Points

- In Louisiana, child mortality affects Black children more than white children.
- Between 2017-19, Black children were six times as likely to die from homicide as white children.
- While the top cause of injury-related death for both Black and white children was motor vehicle crashes, the second through fourth top causes of death each varied by race.
- Mortality data for Hispanic infants and children were not included in racial disparity calculations because of insufficient counts – i.e. the number of Hispanic children who died in Louisiana during this time period was too small for a reliable comparison against mortality rates for white[†] and Black[†] children.

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DROWNING
It happens more often than you think...

Louisiana tied for the **2nd highest rate of drownings in the U.S.** for children ages 1-14.[1]
Drowning is the **3rd leading cause of death** for Louisiana children of this age group (2018-2020).[2]

Between 2018-2020, most drownings occurred in swimming pools.

57
Kids drowned in 2018-2020

51%
In areas with no protective barriers

74%
Without adult supervision

However, the *OTHER category is a big deal.

While most drownings occur in pools or natural water, drownings can also happen in unexpected places, including:

- Bathtubs
- Buckets
- Storm drains
- Canals
- Sewers
- Fountains

Near drowning is also serious.

Between 2018 – 2020, an additional 51 children ages 1 – 14 were hospitalized in Louisiana because of near drownings.
These injuries can lead to lifelong disabilities.

EVERY DROWNING IS PREVENTABLE!

Let's SWIM!
Let's do what we can to prevent drownings.

Watch kids at all times, near all water.

Surround pools with fences.

Teach water safety skills.

Sources: 1. CDC Wonder, 2018-2020 2. LA Office of Vital Records, The National Center for Child Death Review 3. LA Hospital Inpatient Discharge Data 4. poolsafely.gov

Prepared by: Bureau of Family Health, Office of Public Health, Louisiana Department of Health

5/2022

LOUISIANA DEPARTMENT OF HEALTH

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Obesity and Nutrition

CHILDHOOD OBESITY IN LOUISIANA

Louisiana ranks 6th nationally in the prevalence of childhood obesity

20.1% Portion of Louisiana youth 10-17 years old with obesity.

Companies disproportionately target African American and Hispanic youth with TV ads for sugary drinks. African American teens saw 2.3 times as many ads compared to white teens.

Spanish Language tv ads have increased by 80% since 2010.

African Americans, Hispanics and American Indians have experienced the highest increase in childhood obesity rates. On average, 25% of children in these ethnic groups are affected by obesity.

70% of **CHILDREN WITH OBESITY** are more likely to become adults with obesity

39.8% of **LOUISIANA** children ages 10-17 have overweight or obesity compared to the national average of 31.3%

62.9% of **YOUTH** consume at least one sugar-sweetened beverage a day

57% of **CHILDREN** are predicted to develop obesity by age 35 if current trends continue

Kids ages 8-18 now spend, on average 7.5 hours in front of a screen daily. Over a year that adds up to 114 full days of screen time. This severely limits time for free play and physical activity.

2012 Louisiana Report Card on Physical Activity and Health for Children and Youth (Pennington Biomedical Research Center)

Louisiana's Grade: D

for insufficient physical activity opportunities and programs available to the majority of Louisiana's children and youth.

Louisiana Chapter
INCORPORATED IN LOUISIANA

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

PRODUCED BY THE OBESITY & NUTRITION COMMITTEE OF THE LOUISIANA AAP. FOR MORE INFO, VISIT:

WWW.LAAAP.ORG/OBESITYANDNUTRITION

Pennington Biomedical Research Center
Louisiana State University

Louisiana Childhood Obesity Awareness

Together, we can stop the tide of the childhood obesity epidemic.

Contact Us | Ashley Politz, LMSW, Executive Director | (225) 379-7923 or (225) 505-7611

Pennington Biomedical is Making a Significant Impact

Our Research Spans the Pediatric Age Range:

For expectant mothers
- Helping women maintain a healthy pregnancy weight and prevent gestational diabetes

For new parents
- Developing programs to ensure infants receive optimal nutrition for healthy weight gain

For infants, ages 0-1
- Investigating the link between early childhood nutrition and obesity later in life

For preschoolers, ages 2-5
- Studying the effects of poor sleep on physical and mental health
- Ensuring preschoolers have age-appropriate fundamental motor skills, critical for play and everyday activities

For school-aged children, ages 6-12
- Bringing evidence-based weight management counseling to pediatricians' offices to help children and their parents to lose weight and improve their physical health while training healthcare providers to deliver these services
- Teaching children and adults health and wellness through nutrition, fitness, sleep, body image, and resilience curriculum

For adolescents and young adults, ages 13-25
- Translating effective treatments for weight loss in adults to teenagers and young adults
- Evaluating medical therapies for diabetes to provide more options for treatment in this age group

For families
- Using technology to help families lose weight and fight diabetes together, using educational apps to learn how to eat healthier, be physically active, and achieve behavior goals

Ensuring Our Future Requires Action Now

Pennington Biomedical's leading scientists are addressing a too-long ignored epidemic that threatens our children's future: childhood obesity. Nearly half of Louisiana's children are overweight or have obesity.

Children with obesity are being increasingly diagnosed with health conditions including:

- type 2 diabetes
- high blood pressure
- elevated cholesterol
- liver disease
- bone and joint problems
- respiratory problems such as asthma
- sleep disorders
- psychological difficulties including poor self-esteem, social isolation, anxiety and depression.

The early onset of these health problems and diseases means that many children will be outlived by their parents.

Pennington Biomedical scientists are working to reverse these bleak trends. Our work will increase the quality of life for children today and for generations to come, as well as save billions of health care dollars for the state. Our efforts to reduce childhood obesity begin before conception.

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