A State Child Health Policy Agenda for 2023

Priorities, data 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.
Policy Goals

The Louisiana AAP believes policies should:

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 childcare,
- 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.
About the Louisiana AAP

Who are we?
The Louisiana AAP (LA AAP) is a member-based non profit representing 750 pediatricians and pediatric subspecialist throughout Louisiana.

Our Vision:
The Louisiana AAP’s vision is a state where every child is healthy, happy, and reaches their full potential through access to the highest quality healthcare and supportive public health policy. We envision a future where all children receive evidence-based medical care tailored to their unique needs and delivered by pediatricians who are leaders in their field.

Our Mission:
The mission of the Louisiana AAP is to be an advocate for all children in Louisiana.

Mission Driven Divisions:
In addition to its work to support physician members and the families they serve, the Louisiana AAP is accredited as a provider for continuing medical education. LA AAP does this through it education division, the Louisiana Institute for Professional Education (LIPE).

Lastly, the LA AAP launched the Louisiana Vaccine Alliance (LAVA) in late 2019 to focus on reduction of vaccine-preventable disease across the lifespan through education, advocacy and strategic partnerships.

Louisiana AAP Chapter Statement on Diversity:
Adopted by the Louisiana AAP Board of Directors on 5/26/2022
Our organization thrives on recognizing, embracing and integrating difference and diversity of identity, experience and thought and actively strives for inclusion of ALL people regardless of their race, ethnicity, age, gender identity, religion, sexual orientation, ability, socioeconomic status and other elements of identity. We pledge to advance social justice for the children and families of our state by increasing awareness and understanding of differences and by committing to create a nurturing environment founded on equity, inclusion, respect, and empowerment.

The Louisiana AAP Chapter shares the principles of the American Academy of Pediatrics on diversity and inclusion. As we embrace the health, safety and well-being of all children and families, we acknowledge, accept and celebrate individual, family and community differences. We strive towards health equity for all children in our state and aim to foster a membership that addresses the unique needs of Louisiana’s children. We affirm our commitment to inclusion that opposes discrimination, racism and bias and promotes diversity and equity through policy, advocacy and education.
Teche Action Clinic is a network of health centers committed to providing comprehensive, quality health care for you and all of your family’s needs. You deserve patient-centered care that is accessible, affordable, convenient, effective and close to home. Let Teche Action Clinic be your family’s Primary Care Medical Home.

- Primary Care
- Behavioral Health
- Dental
- Internal Medicine
- Pediatrics
- Laboratory Services
- Podiatry
- Telehealth
- Women's Health
- WIC/Nutrition
- Pharmacy
- Community Outreach
- Patient Assistance Services

Teche Action Clinic
1115 Weber St.
Franklin, LA 70538
(337) 828-2550
tabhealth.org

Locations:
Franklin, Morgan City, Pierre Part, Thibodaux, West and East Houma, Gramercy, Edgard, Reserve, and seven School-Based Health Centers (SBHC) throughout the region.

*MOST INSURANCES ACCEPTED*
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 Louisianians 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. To highlight the support our state has for vaccines and educate the public and policymakers, the Louisiana Chapter of the American Academy of Pediatrics created the Louisiana Vaccine Alliance division.

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)

Beginning in 2020, COVID-19 dominated vaccine conversations locally and nationally and is still top of mind for some. To understand the impact of the pandemic on attitudes about vaccines, the Louisiana AAP conducted a follow up survey. Results continued to show that majority of voters support vaccines and their role in public health policy but also demonstrated an increase in uncertainty in some areas.

The Louisiana Vaccine Alliance continues to strive to 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.
Vaccines

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.

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.
Vaccines

The Real Cost of Vaccine Preventable Diseases

We've run the numbers for you, vaccines save lives and taxpayer dollars.

Economic cost of 2019 measles outbreak in Clark County, WA

- $76,000 in direct medical costs
- $2.3 million for public health response
- $1 million in productivity losses

2019 measles outbreak in Clark County, WA

- 72 total cases
- 73% were <10 years old
- 86% were unvaccinated

Outbreaks of vaccine preventable diseases occur in areas where vaccination rates are low

- **Measles** infected 85 children and hospitalized >42% in Ohio 2022-2023
- **Polio** left 1 New York man paralyzed in 2022
- In 2019 >1,200 cases of measles occurred in 31 states
- >6,000 cases of mumps in were reported in the US for 2006, 2016 & 2017

High rates of immunization among kindergarteners* protect Louisiana children from outbreaks

*2020-2021 School Year Data

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Louisiana</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, Tetanus &amp; Pertussis</td>
<td>96.9%</td>
<td>93.6%</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>98.5%</td>
<td>94.6%</td>
</tr>
<tr>
<td>Measles, Mumps &amp; Rubella</td>
<td>96.2%</td>
<td>93.9%</td>
</tr>
<tr>
<td>Polio</td>
<td>98.6%</td>
<td>93.9%</td>
</tr>
</tbody>
</table>

References:
- https://www.cdc.gov/mumps/outbreaks.html
- https://www.cdc.gov/measles/cases-outbreaks.html
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.

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.
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.

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, postcards, or pamphlets (pictured), or a presentation, scan the QR code or visit: BeSMARTforkids.org/louisiana
Safety

The Louisiana AAP works with the Louisiana Department of Health and the Partnership for Family Health Louisiana to educate families about safe sleep environments and ways to create safe sleep. Learn more at www.GiveYourBabySpace.org. We believe it is critically important to raise awareness about SIDS and ways to mitigate the number of children who die from it.

Follow the Steps to Safe Sleep!

- Baby is safest when you don’t share a bed with him/her
- Baby should sleep alone in a crib or pack n’ play near you. Not in an adult bed, sofa or chair
- Baby sleeps on his/her back
- No pillows, blankets, or bumper pads in the crib or pack n’ play
- No stuffed animals, toys, or loose bedding in baby’s sleep area
- Baby is dressed in lightweight clothing
- Keep crib or pack n’ play away from windows with curtains, blinds or cords
- No smoking around your baby

Try to do as many of these as possible. Share these important safety tips with EVERYONE.

For information on the steps to safe sleep for your baby, visit: GiveYourBabySpace.org

EMSC

Louisiana’s Emergency Medical Services for Children (EMSC) program was established in 1992 and operates within the Bureau of Family Health. EMSC is an initiative designed to reduce child and youth morbidity and mortality caused by acute illness or injury.

The goals of the program include ensuring that:

- state-of-the-art emergency medical care is available for all ill or injured children and adolescents
- pediatric services are well integrated into an emergency medical services (EMS) system
- the entire spectrum of emergency services, including primary prevention of illness and injury, acute care, and rehabilitation, is provided to children and adolescents
LOUISIANA WIC PROGRAM

WHAT IS WIC?
The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a supplemental nutrition program where the staff of parish health units and contract agencies across the state provide appropriate health services, assessments, education, and certification for WIC, supplemental nutritious foods via an electronic benefits transfer (EBT) card, and referrals to health and social services.

WHO IS ELIGIBLE?
- Pregnant women
- Breastfeeding women
- Postpartum women
- Infants
- Children ages 1-4 years (up to 5th birthday)

Eligible participants must also meet income requirements and be a resident of Louisiana.

WIC REFERRALS
A goal of the Louisiana WIC Program is to serve eligible participants and enroll them as early as possible during pregnancy and infancy. We appreciate referrals from medical providers and hope to work cooperatively with them to meet the needs of each WIC participant. With a written request from the medical doctor, we can also provide counseling, utilizing a Registered Dietitian/Nutritionist for specific medical needs of WIC participants.

SERVICES AND BENEFITS
- Nutrition Education and Counseling
- Breastfeeding Support and Education
- Childhood Immunizations
- Referrals to other health/social service programs including: Medicaid, Family Planning, SNAP (FoodStamps), TANF, LaChip
- Healthy food packages (foods listed at louisianawic.org)

THE WIC-48
The medical provider with prescriptive authority must provide medical documentation on a WIC-48 when requesting an exempt formula. A completed WIC-48 is also required for requests to discontinue or change a participant from an exempt formula to another formula, including standard formula. The WIC-48 should be used as the primary source for medical documentation to communicate exempt formula and food prescriptions to the WIC clinic staff. Telephone or verbal orders will not be accepted. An original signature or e-signature is required. Stamped and/or photocopied signatures are not acceptable.

Please visit our website www.louisianawic.org/community for more medical provider resources.

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER.
**Nutrition**

**Childhood Obesity in Louisiana**

Louisiana's national ranking: 45th

Portion of Louisiana youth 10-17 years who are overweight or obese

- **35.9%**

**Risk Factors**

- **14.5%**
  - Households unable to provide adequate food for one or more household members due to lack of resources

- **10.9%**
  - Births consider low birthweight (less than 5 lbs., 8 oz/2500 grams at birth)

- **12.1%**
  - Soda: high school students who reported drinking a can, bottle or glass of soda two or more times per day in the past week

- **17.5%**
  - Children 6-17 who were physically active at least 60 minutes every day in the past week

**Louisiana Statistics**

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

- Louisiana is only one of 4 states that have a state policy on vending machines in child care centers.

- Child care center licensing regulations require that meals and snacks follow meal requirements, have a policy on foods of low nutritional value, and require vigorous or moderate physical activity.

- [Visit](https://www.childhealthdata.org/docs/nsch-docs/louisiana-pdf.pdf) for more information.

PRODUCED BY THE OBESITY & NUTRITION COMMITTEE OF THE LOUISIANA AAP.

FOR MORE INFO, VISIT: [WWW.LAAAP.ORG/OBESITYANDNUTRITION](http://WWW.LAAAP.ORG/OBESITYANDNUTRITION)
Behavioral Health Provider Network

A robust network of behavioral health providers in Medicaid is vital to the well-being of children in Louisiana. Unfortunately, many Medicaid rates for these services have not been increased since 2015, placing great strain on the state's capacity to support the behavioral health needs of children and youth. Louisiana’s current Medicaid rates for behavioral health services are 10-50% of commercial rates and less than half the rate paid by Texas, Arkansas, Mississippi, or Alabama.

The Louisiana Department of Health (LDH) recently released a Provider Reimbursement Rate Sufficiency Review Report that contains guidance on rate increases. Included in that report are a series of benchmarks that would align the behavioral health services provided by Medicaid with the average commercial rate for the same service in Louisiana. Creating rate equality in behavioral health services would add $28,401,039 to the budget.

In a letter released by Ruth Johnson, the Undersecretary at the Louisiana Department of Health, and issued to The Honorable Fred Mills, Jr., Chairman of the Senate Health and Welfare Committee, and The Honorable Regina Barrow, Vice Chairman of the Senate Health and Welfare Committee, LDH states that it “remains committed to [a] fair and adequate reimbursement structure that will help ensure adequate funding to our healthcare providers and to maintain healthcare access for all Louisiana Medicaid recipients.”

1. 44% of Louisiana Children are on Medicaid
2. Rising incidents of school violence, increased stress due to social and community changes post-pandemic, and an increase in parental awareness that our kids need extra help have contributed to a strained provider supply.
3. Behavioral Health workforce growth depends on competitive rates
4. Louisiana behavioral health providers are trained in Medicaid-accepting agencies and non-profits. Without sustainable funding for these non-profits, our clinical workforce works for a neighboring state. Early-career providers are more costly to employ than fully-licensed providers, as there is a cost associated with developing clinical skills, proper clinical training and supervision, and legal and compliance issues like insurance and licensing.
5. Medicaid consumers denied choice in community providers
6. Most mental health services are delivered in the community by providers who live in those communities. Non-competitive rates price providers out of the market, leaving those most in need of services with an inadequate network.

In order to ensure that new providers enroll in Medicaid, and as a way to sustain a experienced group of current providers, reimbursement rates in Louisiana should be increased to the roughly $28.4 million cited in the Review Report to ensure that the LDH makes good on this goal of expanded healthcare access. A diverse and equitably compensated behavioral health workforce is vital to ensuring that Louisiana children receive the support and access to services they need to live healthy and productive lives.
IF YOU WANT TO GEAUX FAST
GEAUX ALONE IF YOU WANT TO
GEAUX FAR GEAUX TOGETHER!

OUR COLLECTIVE VISION
We believe in an equitable, unified early childhood system centering racial equity and ensuring families access to seamless, high-quality early child development, health, and educational services.

A Family & Provider Driven System
Families and providers are engaged and prioritized in leadership and decision-making throughout the state’s early childhood system.

A Net That Works
All families have access to an inclusive, caring, well-coordinated network that helps them meet their basic needs and support child development.

A Healthy Start
All families receive family-centered, comprehensive, whole-person physical and mental health care from pregnancy, through the early childhood years, and beyond.

Child Care For Everyone, Everywhere
All families have equitable access to affordable high-quality early care and education that is well-funded and responsive to the needs of families, children, and the educators and providers who make it possible.

Family Friendly Workplaces
All employers in Louisiana have family-friendly policies that support employees with prioritizing the well-being of their children.

SUPPORT LOUISIANA’S CHILDREN AT GEAUXFARLA.ORG
WHO IS AT THE TABLE

The Geaux Far Louisiana Steering Committee was designed to reflect the regional, racial, and ethnic diversity of Louisiana, as well as a commitment to racial and social justice.

- 13 Louisiana Parishes Represented
- 9 Full Group Meetings
- 2 Steering Committee Retreats
- 18 Working Group Meetings

65% Parents
23% Providers
8% Business Owners / Leaders
4% Elected Officials / System Leaders

Our work was informed by a community engagement process led by the Power Coalition for Equity & Justice and included:

- 13 Listening Sessions Across Louisiana Spring 2022
- 306+ Listening Session Attendees
- 11 Groundtruthing Sessions Across Louisiana Summer 2022
- 264 Groundtruthing Session Attendees
- 510 Online Survey Participants

Libbie Sonnier, Ph.D.
Geaux Far Louisiana Steering Committee Co-Chair
Louisiana Policy Institute for Children Executive Director

Rochelle Wilcox
Geaux Far Louisiana Steering Committee Co-Chair
Wilcox Academy of Early Learning Executive Director
For Providers by Providers Co-Founder
2022 Louisiana Early Learning Leader of the Year

JOIN THE MOVEMENT AT GEAUXFARLA.ORG

Sign Up Online for our Geaux Far Louisiana Strategic Plan

THANK YOU TO OUR PARTNERS & FUNDERS

Read more about Geaux Far Louisiana at https://bit.ly/GeauxFar
Development of a Student Electronic Health Record

A student electronic health record (EHR) is a digital version of a student’s medical history, which includes information such as medical conditions, medications, allergies, immunizations, and previous treatments. It would also ensure that all the necessary pieces of information necessary to seek Medicaid reimbursement for services provided is available.

Some of the benefits of having a student electronic health record:

1. Improved accuracy and completeness of health records: Electronic health records allow for more accurate and complete information because they can be updated in real-time, reducing the risk of errors due to illegible handwriting or missing information.
2. Better coordination of care: With a student EHR, healthcare providers can easily share important health information with each other, leading to better coordination of care, especially in cases where a student sees multiple healthcare providers.
3. Quicker access to information: An electronic health record can be accessed quickly and easily by authorized personnel, allowing for faster and more efficient medical care.
4. Enhanced safety: A student EHR can alert healthcare providers to potential medication interactions or allergies, preventing dangerous situations.
5. Improved communication: Electronic health records can improve communication between parents, healthcare providers, and schools, leading to better overall care for the student.
6. Long-term tracking: Electronic health records provide a complete picture of a student’s health history, which can be valuable in tracking long-term health trends and identifying potential health issues early on, and ensuring student health plans continue without lapses when a student’s jurisdiction changes from one school to another.
7. Increase Medicaid compliance and reimbursement by ensuring complete documentation of all services provided in one location and preventing lost paper records.
8. Improves HIPAA and FERPA compliance through stringent access controls.

Overall, a student EHR can provide many benefits, including improved accuracy and completeness of information, better coordination of care, faster access to information, enhanced safety, improved communication, and long-term tracking of health trends.
Child Death Review Data: 2018-2020

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/cdr18-20). 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.
Executive Summary
Child Death Review, 2018 – 2020

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 primarily 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 59,000 infants are born alive. Of these infants, approximately 464 die before their first birthday, and another 192 children do not survive to their 15th birthday. From 2018-2020, 1,966 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 2018 and 2020, 628 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 2018-2020 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.
# Regional Map of Louisiana

![Map of Louisiana regions](image)

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

From 2018-2020 in Louisiana, an average of 464 infants per year died before they reached their first birthday.²

The Louisiana infant mortality rate from 2018-2020 was 7.9 deaths per 1,000 live births. The U.S. infant mortality rate during the same period was 5.5 deaths per 1,000 live births. 139 fewer babies would have died each year if Louisiana had the same infant mortality rate as the U.S.

<table>
<thead>
<tr>
<th>Louisiana Rate²</th>
<th>U.S. Rate³</th>
<th>HP2020 Goal⁴</th>
<th>LA Ranking²</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.9</td>
<td>5.6</td>
<td>6.0</td>
<td>2nd highest in the U.S.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Infant Deaths by Region (2017-2019)²</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average annual infant death counts</td>
<td>76</td>
<td>71</td>
<td>40</td>
<td>55</td>
<td>30</td>
<td>27</td>
<td>74</td>
<td>40</td>
<td>49</td>
</tr>
<tr>
<td>Infant mortality rate per 1,000 live births</td>
<td>7.0</td>
<td>8.3</td>
<td>8.3</td>
<td>6.9</td>
<td>7.1</td>
<td>7.0</td>
<td>11.3</td>
<td>9.5</td>
<td>6.8</td>
</tr>
</tbody>
</table>

Causes of Infant Death

Each year, an average of...²

- 198 infants died from conditions originating in the perinatal period
- 90 infant deaths were classified as Sudden Unexpected Infant Deaths (SUID), which primarily occur in the sleep environment
- 87 infants died from congenital anomalies
- 67 infants died from other medical causes
- 22 infants died from injuries not related to sleep environments

Key Points

- From 2018-2020, Louisiana had the second highest infant mortality rate in the country.
- Maternal health before conception and during pregnancy is closely linked to the leading cause of infant death: conditions originating in the perinatal period (see Appendix pg. 52 for full definition). 43% of infant deaths are due to these conditions. Within that category, low birth weight and premature birth are among the top conditions. Both are risk factors for SUID, the second leading cause of infant death. SUID refers to any sudden and unexpected infant death, whether explained or unexplained. This includes Accidental Suffocation or Strangulation in Bed (ASSB), Sudden Infant Death Syndrome (SIDS), and ill-defined deaths.
Infant Mortality: Fatal Injury
Birth to 1 year

From 2018-2020, an average of 112 infants per year died from an injury before they reached their first birthday.²

About 1 in 4 infant deaths were injury-related.²

Causes of Fatal Injury

Each year, an average of...²

- 90 infant deaths were classified as Sudden Unexpected Infant Deaths (SUID)
- 9 infants died from homicide
- 6 infants died from threats to breathing
- 5 infants died from another type of unintentional injury, including drowning, falls, fire, and other unintentional causes
- 2 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 1 to 3 months old. The most common SUID risk factors present among these deaths are: infants sleeping in something other than a crib or bassinette (86%); infants sleeping with other people (67%); and infants sleeping with loose bedding or toys (67%). 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
- 57% of homicides in infants are due to Abusive Head Trauma (AHT) and blunt force injuries.
Neonatal Mortality
Infant deaths between 0 and 27 days

From 2018-2020 in Louisiana, an average of 276 infants per year died during the neonatal period.\(^2\)

In Louisiana, the neonatal period (between 0 and 27 days after birth) is the period with the most infant deaths (deaths that occur between birth and 1 year of age). The Louisiana neonatal mortality rate from 2018 to 2020 was 4.7 deaths per 1,000 live births.

<table>
<thead>
<tr>
<th>Louisiana Rate(^2)</th>
<th>U.S. Rate(^3)</th>
<th>HP2020 Goal(^4)</th>
<th>LA Ranking(^5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.7</td>
<td>3.7</td>
<td>4.1</td>
<td>6(^{th}) highest in the U.S.</td>
</tr>
</tbody>
</table>

Causes of Death During the Neonatal Period

Each year, an average of...

- **187** infants died from conditions originating in the perinatal period
- **59** infants died from congenital anomalies
- **18** infants died from another cause, including injury and other medical causes
- **10** neonatal deaths were classified as Sudden Unexpected Infant Deaths (SUİD)

Key Points

- Conditions originating in the perinatal period often stem from poor maternal health prior to conception. Low birth weight and preterm birth account for many of the deaths in this category, but other conditions include, but are not limited to: infections; conditions limiting the baby’s ability to receive adequate oxygen; complications related to pregnancy, labor, and delivery; and hemorrhage and hematological disorders of the newborn.
- Over 40% of the deaths due to conditions originating in the perinatal period are deaths due to extreme prematurity.
- High stress, inadequate healthcare throughout the life span and during pregnancy, and unmanaged chronic disease (e.g., high blood pressure, diabetes, etc.) negatively affect maternal health, which leads to higher rates of adverse birth outcomes.\(^6\)
Post-neonatal Mortality
Infant deaths between 28 and 365 days

From 2018-2020 in Louisiana, an average of 188 infants per year died during the post-neonatal period. From 2018 to 2020 in Louisiana, fewer deaths occurred during the post-neonatal period than the neonatal period. However, the causes of death common to this period are more preventable. For example, 43% of deaths during the post-neonatal period are classified as Sudden Unexpected Infant Deaths (SUIDs). Many of these deaths could be prevented through safe sleep practices.

| Louisiana Rate | U.S. Rate | HP2020 Goal | LA Ranking       |
|               |          |             |                 |
| 3.2           | 1.9      | 2.0         | 2nd Highest in the U.S. |

Causes of Death During the Post-Neonatal Period

Each year, an average of...

- 80 infant deaths were classified as SUIDs
- 27 infants died from a congenital anomaly
- 23 infants died from other medical conditions
- 21 infants died from injury unrelated to SUID
- 14 infants died from respiratory diseases
- 12 infants died from infectious and parasitic diseases
- 11 infants died from conditions related to the perinatal period

Key Points

- Over half (54%) of deaths during the post-neonatal period were injury-related (this includes SUIDs).
- Almost half (43%) of infant deaths during this period were classified as SUIDs.
- SUID is considered largely preventable by reducing risk factors and increasing protective factors. Some of these risk factors, including low birth weight or preterm infants and maternal smoking, trace back to maternal health. Other risk factors are behavioral – such as caregivers placing infants to sleep on unsafe surfaces or with soft bedding and toys – or environmental – such as cigarette smoke in the home. Protective factors include consistently following safe sleep practices (see pg. 13 for details), breastfeeding, regular prenatal care and well-baby check-ups, and keeping infants up to date on immunizations.
Trends in Infant Mortality
Birth to 1 year

Overall Infant Mortality Over Time

Louisiana’s infant mortality rate stayed relatively consistent from 2010 to 2020, remained 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

While Louisiana’s infant mortality rate due to Sudden Unexpected Infant Death (SUID) (measured as deaths per 1,000 births) fluctuated between 2010 and 2020, the average SUID mortality rate remained around 1.4 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

The infant mortality rates due to injury (measured as deaths per 1,000 births) seen below includes deaths due to SUID. Other causes include other threats to breathing, homicide, motor vehicle crashes, and other types of unintentional injury (including drowning, falls, and fire). From 2010 to 2020, Louisiana’s overall infant mortality rate due to injury was 1.1 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.
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. Unequal treatment on the basis of race or insurance type may also deter people from regularly using healthcare services. 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.

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:**
- 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, weighted swaddle clothing, or weighting objects within swaddles, loose bedding, cords, wires, etc. in or near the sleeping area
- Smoking, drinking or using drugs during pregnancy

**Protective Factors for SUID include:**
- Infant laid down to sleep on back
- Firm, flat 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](https://www.fatalityreview.org/).

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](http://PartnersforFamilyHealth.org/PRAMS). Additional Louisiana PRAMS data and reports can be found at [PartnersforFamilyHealth.org/data-center](http://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.
Preconception Health and Family Planning

Maternal health strongly influences infant health. Helping women achieve optimal health throughout their lives is key to reducing infant mortality. To remain as healthy as possible, women need adequate health insurance coverage and consistent access to quality healthcare.

Maternal Health Insurance Coverage (2020)\textsuperscript{11}

On June 1, 2016, Louisiana residents with incomes up to 138% of the federal poverty level became eligible to enroll in the state’s expanded Medicaid program.

<table>
<thead>
<tr>
<th>Insurance Prior to Pregnancy</th>
<th>Insurance During Pregnancy</th>
<th>Insurance After Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>15%</td>
<td>3%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>44%</td>
<td>61%</td>
</tr>
<tr>
<td>Private</td>
<td>41%</td>
<td>36%</td>
</tr>
</tbody>
</table>

Pregnancy Intention (2020)

Unplanned pregnancies limit women’s opportunities to improve their health prior to becoming pregnant. Improving access to family planning services can reduce the rate of unplanned pregnancies and support women’s ability to control when they get pregnant, which may be associated with fewer adverse birth outcomes.

<table>
<thead>
<tr>
<th>Intended</th>
<th>Unsure</th>
<th>Intended</th>
</tr>
</thead>
<tbody>
<tr>
<td>47%</td>
<td>21%</td>
<td>32%</td>
</tr>
</tbody>
</table>

47% of Mothers Intended to Become Pregnant\textsuperscript{11}

Maternal Health Indicators Prior to Pregnancy (2020)

Prior to their most recent pregnancy...\textsuperscript{11}

- 56% of mothers were overweight or obese\textsuperscript{*}
- 14% of mothers reported they had depression
- 4% of mothers reported they had diabetes
- 8% of mothers reported they had high blood pressure or hypertension

\textsuperscript{*}Weight criteria based on national Body Mass Index (BMI) categories and calculated from self-reported height and weight on PRAMS Survey

Recommendation

- Improve maternal health by increasing access to family planning services and quality primary care before and between pregnancies. Services focused on care coordination and personalized support, such as home visiting programs, help women navigate insurance coverage options to ensure adequate and consistent coverage.
Prenatal Care

In 2020, 9% of Louisiana mothers didn’t receive prenatal care during the first trimester. Early care is a key part of adequate care and can help reduce infant mortality.\(^{11}\)

**Adequacy of Prenatal Care in Louisiana (2020)**

Adequate prenatal care is defined as having received 80% or more of the recommended prenatal visits for gestational age based on standards set by the American College of Obstetricians and Gynecologists.\(^{11}\)

About 1 in 10 (9%) Louisiana Mothers Did Not Receive Prenatal Care in First Trimester\(^{11}\)

<table>
<thead>
<tr>
<th>Inadequate</th>
<th>Intermediate</th>
<th>Adequate</th>
<th>Adequate Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;50% of recommended visits</td>
<td>50-79% of recommended visits</td>
<td>80 – 109% of recommended visits</td>
<td>110% or more of recommended visits</td>
</tr>
<tr>
<td>14%</td>
<td>9%</td>
<td>42%</td>
<td>35%</td>
</tr>
</tbody>
</table>

**Data Notes:**
- Less than adequate prenatal care includes “Inadequate” & “Intermediate” responses.
- The “Adequate Plus” group tends to represent women with high risk pregnancies.

**Reasons for Not Receiving Early Prenatal Care (2020)**

On June 1, 2016, Louisiana residents with incomes up to 138% of the federal poverty level became eligible to enroll in the state’s expanded Medicaid program. Since expansion, mothers begin prenatal care earlier in pregnancy\(^{11}\). However, despite earlier initiation times, increased Medicaid coverage is not associated with a significant effect on the total adequacy scores of prenatal care during pregnancy.\(^{11}\) The most common reasons women reported for not receiving first trimester prenatal care included:\(^{11}\)

- Didn’t know I was pregnant
- Couldn’t get an appointment when I wanted
- Doctor/health plan wouldn’t start earlier
- I didn’t have a Medicaid or LaMoms card

**Recommendations**

- Home visiting programs support early and adequate prenatal care by helping pregnant women get health insurance that meets their needs, find prenatal care providers, and keep up with appointments.
- Continued legislative support for Medicaid expansion in Louisiana is critical to reduce financial barriers to accessing prenatal care.
Sudden Unexpected Infant Death

71% of sleep-related deaths in Louisiana occurred by 4 months of age (2018-2020).  

Sudden Unexpected Infant Death (SUId) in Louisiana

In 2020, more than 1 in 4 babies (29%) in Louisiana were exposed to 3 or more risk factors for sleep-related death.  

29% of Louisiana mothers said they sometimes, often or always bed-share with their baby. The American Academy of Pediatrics (AAP) cites bed-sharing as a risk factor for sleep-related infant deaths. The AAP recommends infants sleeping in the same room as a caregiver, but on a separate surface designed for infants.

<table>
<thead>
<tr>
<th>Risk Factors* Present in Louisiana SUIDs (2018-2020 CDR Data)</th>
<th>Infant Sleep Environment Risk Factors (2020 Louisiana PRAMS Data)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents drug- or alcohol-impaired** 9%</td>
<td>Mother currently smoking 11%</td>
</tr>
<tr>
<td>Not sleeping on back 48%</td>
<td>Bed-sharing† 29%</td>
</tr>
<tr>
<td>Unsafe bedding or toys 67%</td>
<td>Infants not sleeping on back 32%</td>
</tr>
<tr>
<td>Sleeping with other people 67%</td>
<td>Sleeping with soft objects 59%</td>
</tr>
<tr>
<td>Not in a crib or bassinette 86%</td>
<td>Non-firm sleep surface 69%</td>
</tr>
</tbody>
</table>

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

† 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. Discussions should be culturally appropriate, respectful and nonjudgmental. Language interpreters should be used as needed.
- 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.
- Media and manufacturers should follow safe sleep guidelines in their messaging, advertising, production, and sales to promote safe sleep practices as the social norm.
Overall Child Mortality
1 to 14 years

From 2018-2020 in Louisiana, an average of 192 children between ages 1 and 14 years old died each year.\(^2\)

The 2018-2020 Louisiana mortality rate for children ages 1 to 14 years was 22.6 deaths per 100,000 children. The U.S. rate was 16.2 per 100,000 children for the same time period. If Louisiana had the same mortality rate as the U.S., 54 fewer children would have died per year.

<table>
<thead>
<tr>
<th>Louisiana Rate(^2)</th>
<th>U.S. Rate(^3)</th>
<th>HP2020 Goal(^4)</th>
<th>LA Ranking(^3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>22.6</td>
<td>16.2</td>
<td>-</td>
<td>5(^{th}) highest in the U.S.</td>
</tr>
</tbody>
</table>

Child Deaths by Region (2018-2020)\(^2\)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average annual child deaths</td>
<td>31</td>
<td>29</td>
<td>15</td>
<td>22</td>
<td>15</td>
<td>12</td>
<td>25</td>
<td>19</td>
<td>25</td>
</tr>
<tr>
<td>Child mortality rate per 100,000 children</td>
<td>20.6</td>
<td>23.4</td>
<td>20.3*</td>
<td>19.1</td>
<td>25.4*</td>
<td>21.1*</td>
<td>25.6</td>
<td>30.2*</td>
<td>22.1</td>
</tr>
</tbody>
</table>

*Rates based on counts less than 20 are unstable and may vary widely in future reporting years.

Causes of Child Mortality

Each year, an average of...\(^2\)

- 99 children died from injury
- 49 children died due to another medical cause
- 18 children died due to nervous system diseases
- 15 children died due to congenital anomalies
- 12 children died due to diseases of the respiratory system

Key Points

- More than half (51\%) of childhood deaths (ages 1 to 14 years old) were due to injuries. Most of these deaths are considered preventable.
- The other (49\%) childhood deaths were due to a medical cause. The most common medical causes are diseases of the nervous system, diseases of the respiratory system, and deaths related to congenital anomalies.
Child Mortality: Fatal Injuries
1 to 14 years

From 2018-2020, an average of 99 children died from injuries each year. The majority of injury deaths were due to motor vehicle crashes, homicide, and drowning.²

Half of child deaths were a result of injury. Injury makes up a larger percentage of deaths in childhood (51%) than in infancy (24%).

Causes of Fatal Injury

Each year, an average of...²

- 27 children died due to motor vehicle crashes
- 20 children died from homicide
- 19 children drowned
- 14 children died due to another unintentional cause, including falls, threats to breathing, and other injuries
- 10 children died from suicide
- 8 children died due to fire exposure

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 (54%) of all drowning deaths occurred in swimming pools, hot tubs, or spas.
Trends in Child Mortality
1 to 14 years

Overall Child Mortality Over Time
Louisiana’s overall child mortality rate remained relatively consistent from 2010 to 2020, 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
Louisiana’s child mortality rate due to injury remained around 13 deaths per 100,000 children from 2010 to 2020. 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 2018-2020, 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: providing free water safety and swim lessons to children; implementing life jacket loaner programs, training inspectors and contractors on current swimming pool and spa codes; training school health personnel on suicide prevention methods, and educating about current child passenger safety laws.
Child Mortality Due to Injury
Ages 1–4 years

From 2018-2020 in Louisiana, an average of 80 children between ages 1 and 4 years died each year. 39 per year died due to injury.²

From 2018 to 2020, the Louisiana mortality rate due to injury for children ages 1 to 4 was 16.1 deaths per 100,000 children. The U.S. rate was 9.9 per 100,000 children for the same time period. If Louisiana had the same mortality rate as the U.S., 15 fewer children in this age group would have died per year.

<table>
<thead>
<tr>
<th>Louisiana Rate²</th>
<th>U.S. Rate³</th>
<th>HP2020 Goal⁴</th>
<th>LA Ranking³</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.1</td>
<td>9.9</td>
<td>-</td>
<td>4th highest in the U.S.</td>
</tr>
</tbody>
</table>

Causes of Fatal Injury
About half of all deaths among children ages 1-4 years were injury-related.

Each year, an average of...²

- 13 children drowned
- 8 children died in a motor vehicle crash
- 8 children died due to unintentional injuries, including but not limited to: falls, threats to breathing, excessive heat, and storms
- 8 died from homicide
- 2 died due to fire exposure

Key Points

- Children between ages 1-4 had the highest injury-related mortality rate among all children in Louisiana.
- The majority of these deaths were due to unintentional injuries: drowning, motor vehicle crashes, fire-related deaths, falls, threats to breathing, excessive heat, and storms.
- Homicide is the 3rd leading cause of death in this age group. Specific methods of homicide in this age group include deaths due to blunt force injuries, poisoning, and firearms. Note: “other unintentional injury” also causes 21% of deaths, but this category is a grouping of multiple, less frequent causes.
- Creating safe environments for children to live, learn, and play is important for reducing fatalities due to injuries. Safe environments require a variety of physical and behavioral supports, including: size-appropriate child passenger safety restraints in vehicles, barriers around pools and natural bodies of water, smoke alarms inside homes, secure firearm storage, and attentive supervision by caregivers.
Child Mortality Due to Injury
Ages 5 – 9 years

From 2018-2020 in Louisiana, an average of 45 children between ages 5 and 9 years died each year. 24 per year died due to an injury.²

The Louisiana mortality rate due to injury from 2018 to 2020 for children ages 5 to 9 years was 7.8 deaths per 100,000 children. The U.S. rate was 4.5 deaths per 100,000 children for the same time period. If Louisiana had the same mortality rate as the U.S., 10 fewer children in this age group would have died per year.

<table>
<thead>
<tr>
<th>Louisiana Rate²</th>
<th>U.S. Rate³</th>
<th>HP2020 Goal⁴</th>
<th>LA Ranking³</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.8</td>
<td>4.5</td>
<td>-</td>
<td>3rd highest in the U.S.</td>
</tr>
</tbody>
</table>

Causes of Fatal Injury
53% of deaths among children ages 5-9 years were injury-related.

Each year, an average of...²
- 9 children died in a motor vehicle crash
- 5 children died from homicide
- 3 children died due to fire exposure
- 3 children drowned
- 3 children died due to other unintentional injury-related causes, including but not limited to: threats to breathing, falls, and accidental poisoning

Key Points
- Motor vehicle crashes were the most common cause of injury-related death in this age group.
- Among motor vehicle crash deaths in this age group, children were more likely to die as car passengers (66%) than outside the vehicle (i.e. fewer children died as pedestrians or while playing near vehicles). A major risk factor for child passenger deaths was the absence of proper safety gear (shoulder belts, lap belts, child seats, etc.) or improper use of safety gear.⁴
- Among 5 to 9 year olds, 67% of homicides were due to firearms.²
Child Mortality Due to Injury
Ages 10 – 14 years

From 2018-2020 in Louisiana, an average of 68 children between ages 10 and 14 years died each year. 34 per year died from injuries.²

Louisiana’s mortality rate due to injury from 2017 to 2019 for children between the ages of 10-14 years was 11.2 deaths per 100,000 children. The U.S. rate was 7.4 deaths per 100,000 children for the same period. If Louisiana had the same mortality rate as the U.S., 11 fewer children in this age group would have died per year.

<table>
<thead>
<tr>
<th>Louisiana Rate²</th>
<th>U.S. Rate³</th>
<th>HP2020 Goal⁴</th>
<th>LA Ranking⁵</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.2</td>
<td>7.8</td>
<td>-</td>
<td>7th highest in the U.S.</td>
</tr>
</tbody>
</table>

Causes of Fatal Injury
51% of deaths among children ages 10-14 years were injury-related.

Each year, an average of...²
- 10 children died from suicide
- 9 children died in motor vehicle crashes
- 7 children died from homicide
- 5 children died due to other unintentional injuries, including but not limited to: threats to breathing, falls, fire, accidental poisoning, and storms
- 3 children drowned

Key Points
- Suicides and motor vehicle crashes were the most common causes of injury-related deaths in this age group.
- Suicides exceed homicides in this age group. Louisiana CDR case reviews indicate that the top risk factors for suicide in this age group include: access to lethal means of self-harm – such as firearms – and a history of adverse childhood experiences (ACEs). ACEs include all types of abuse, neglect, and other potentially traumatic experiences that happen to people under the age of 18.
- Among motor vehicle crash deaths in this age group, children were more likely to die as car passengers (71%) than outside the vehicle as pedestrians. A major risk factor for child passenger deaths was the absence or improper use of safety gear (shoulder belts, lap belts, etc.).⁵
- In this age group, 76% of homicides were due to firearms.¹
Child Mortality (Ages 0 to 14 years)

Driving Factors and Recommendations for Prevention

The following section highlights risk factors for leading preventable causes of child mortality due to injury, and provides recommendations for reducing risk factors, increasing protective factors, and preventing future deaths. Data on infant deaths due to these leading causes have also been included to provide a more complete picture of injury-related infant and child deaths in Louisiana. Further, reducing the risk factors and increasing the protective factors identified in this section work to prevent both infant and child deaths.

Motor vehicle crashes (MVC) and Homicides are tied for the top cause of child death in Louisiana. These are predominantly crashes involving motor vehicles, but include all transport-related deaths, such as incidents involving All Terrain Vehicles (ATV) and boats. The homicides are predominantly due to firearms, blunt force trauma, abusive head trauma, asphyxia (suffocation), and poisoning. Drowning are the second top causes of child death in Louisiana. The category of “Other” unintentional injury deaths includes multiple causes, such as falls, blunt force trauma, fire-related, poisoning, and asphyxia (suffocation).

During and following Regional and State Child Death Reviews, data were analyzed and organized, then added to the National Fatality Review Case Reporting System database. Data from this database were used in the following pages to determine the prevalence of risk factors in Louisiana deaths due to motor vehicle crashes, homicide, drowning, and suicide.
Child Motor Vehicle Crash (MVC) Deaths
Risk Factors & Recommendations, 2018-2020 data

87 infants & children in Louisiana died due to MVCs from 2018-2020. All age groups 0–14 years were more likely to die as passengers in MVCs rather than as pedestrians. MVCs are tied to the leading cause of injury-related death in children 0-14 years in Louisiana.

Location of Victim at time of MVC, by Age Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Outside vehicle at time of injury (pedestrian)</th>
<th>Inside vehicle at time of injury (passenger)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 0 to 1</td>
<td>14%</td>
<td>86%</td>
</tr>
<tr>
<td>Ages 1 to 4</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Ages 5-9</td>
<td>34%</td>
<td>66%</td>
</tr>
<tr>
<td>Ages 10 to 14</td>
<td>29%</td>
<td>71%</td>
</tr>
</tbody>
</table>

Safety Features Used Incorrectly, Not Present, or Unknown in Child MVC Deaths

<table>
<thead>
<tr>
<th>Safety Feature</th>
<th>Incorrectly Used</th>
<th>Not Present or Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Booster seat</td>
<td>88%</td>
<td></td>
</tr>
<tr>
<td>Shoulder belts</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Lap belt</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Child seats</td>
<td>81%</td>
<td></td>
</tr>
<tr>
<td>Air bag*</td>
<td>74%</td>
<td></td>
</tr>
</tbody>
</table>

NOTES: Updated child passenger safety legislation went into effect in 2019. This data reflects only 2018-2020 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.
- 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.
Homicide Deaths in Children
Risk Factors & Recommendations, 2018-2020 data

87 Louisiana infants & children were victims of homicide from 2018-2020.2
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 year in Louisiana2

<table>
<thead>
<tr>
<th>Blunt Force/Physical Force</th>
<th>Other</th>
<th>Firearm</th>
</tr>
</thead>
<tbody>
<tr>
<td>57%</td>
<td>36%</td>
<td>7%</td>
</tr>
</tbody>
</table>

This is mainly due to Abusive Head Trauma, which includes Shaken Baby Syndrome

Includes hanging, smoke inhalation, abandonment, hot vapor & drug intoxication

Homicide Methods
Ages 1-14 years in Louisiana4

<table>
<thead>
<tr>
<th>Firearm</th>
<th>Blunt Force/Physical Force</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>56%</td>
<td>31%</td>
<td>14%</td>
</tr>
</tbody>
</table>

Includes sharp objects, asphyxia, hanging, smoke inhalation, & drug intoxication

There were 87 homicides between 2018-2020. However, some data providers were cautious about sharing case details under LA RS 40:2019. Therefore, CDR teams could only fully review 39 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. Storage resources can be found at BeSMART for Kids.
  - 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.
Child Drowning Deaths
Risk Factors & Recommendations, 2018-2020 data

58 infants and children in Louisiana died from drowning from 2018-2020. 2 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 Louisiana6

- Child was Unable to Swim: 95%
- Not Supervised: 84%
- No Barriers to Water: 51%

• Most children who drowned did not know how to swim. Lack of supervision or barriers to water were key risk factors.5

Drowning Location

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

<table>
<thead>
<tr>
<th>Pool, Hot Tub, or Spa</th>
<th>Natural Water</th>
<th>Bathtub</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>54%</td>
<td>25%</td>
<td>7%</td>
<td>7%</td>
</tr>
</tbody>
</table>

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 active supervision of all children, at all times, when they are in or around water. Active supervision involves a designated adult, no distractions, and children being within an arm’s reach.
• 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, and storm drains.
• Share drowning prevention health education resources with caregivers from sources such as poolsafety.gov.
Suicide Deaths in Children
Risk Factors & Recommendations, 2018-2020 data

From 2018-2020, 30 children under age 15 in Louisiana died from suicide.²
More than a third of these suicides were completed using a firearm.

Suicide Methods

<table>
<thead>
<tr>
<th></th>
<th>Firearm</th>
<th>Hanging</th>
<th>Overdose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>43%</td>
<td>47%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Experiences of Children who Died by Suicide

Local Child Death Review teams reviewed 28 out of 30 child deaths due to suicide from 2018-2020. The graph below reflects only reviewed cases, and data are not mutually exclusive.

<table>
<thead>
<tr>
<th>Experience</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever communicated suicidal thoughts, actions, or intents</td>
<td>40%</td>
</tr>
<tr>
<td>Received prior mental health services</td>
<td>40%</td>
</tr>
<tr>
<td>On medications for mental illness</td>
<td>33%</td>
</tr>
<tr>
<td>Was receiving mental health services at time of death</td>
<td>27%</td>
</tr>
<tr>
<td>Family discord</td>
<td>20%</td>
</tr>
<tr>
<td>Breakup with significant other</td>
<td>17%</td>
</tr>
</tbody>
</table>

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. Secure storage includes locking up firearms and storing ammunition separately. Secure storage resources and tips for gun owners can be found at [BeSMART for Kids](#).
- **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.
- **Policymakers** should support the use of CDR and the National Violent Death Reporting System (NVDRS) in Louisiana to collect and analyze suicide data in order to inform prevention and policy efforts.
- **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.
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.”  

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!”

*Institutional racism is the “societal allocation of privilege based on race.”
Racial Disparities in Mortality
Infants ages 0 to 1 year, and children ages 1 to 14 years

If a health outcome occurs more often or less often for a given group than the general population (e.g., rates of drowning among Black children versus all children), the difference between those groups is called a disparity. Racial disparities in mortality exist throughout Louisiana and the United States, and are complex. Infant and child mortality is influenced by a range of intergenerational social, economic, clinical, and environmental determinants. Racial disparities across important non-clinical factors – such as income, opportunities for stable employment, affordable housing, and access to preventive healthcare and family planning services – can exacerbate differences in infant and child mortality by race.

In Louisiana, Black infants are more than twice as likely to die as white infants. Black children are almost twice as likely to die as white children.

Black infants are at higher risk for Sudden Unexpected Infant Death (SUID), the leading cause of injury-related infant death. Some families may find it especially difficult to follow safe sleep recommendations due to a number of social and economic reasons, such as non-traditional work schedules, exhaustion, inability to afford a crib or Pack ’n Play, cultural misconceptions about safe sleep practices, or home safety concerns that lead caregivers to believe bed-sharing is the safest option.

Low socioeconomic status is correlated with injury-related child fatalities. Families living in economically disadvantaged communities, which are characterized by a lack of resources and effective infrastructure, may be at higher risk for unsafe conditions. Examples include:

- Families with lower incomes and limited resources may need to prioritize basic needs such as housing, food, and transportation over safety equipment. Items such as child passenger safety seats and bicycle helmets can be expensive. Many communities do not have consistent access to organizations that may provide these safety items for free or at reduced cost.
- Older vehicles are equipped with fewer safety features than newer ones.
- Economically disadvantaged neighborhoods may not have municipal swimming pools or access to free or low-cost water safety and swim lessons.
- Dilapidated buildings, open drainage canals, limited hazard mitigation, high rates of violent crime, poorly lit or poorly designed roadways, and limited enforcement of road safety rules put children at risk.
- Limited access to affordable, quality childcare may result in infants and children being cared for by people who do not have adequate safety training.
- Limited access to quality trauma care can result in worse injury outcomes.

Addressing structural and socioeconomic inequities, such as the ones listed above, at a community and institutional level will help reduce health disparities, as well as overall infant and child fatalities. Further, efforts to reduce inequities must address structural racism, which is a key driver of disparities in income, education, neighborhood safety, and access to quality care.

---

*Black indicates non-Hispanic Black, and white indicates non-Hispanic white.*
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 2018 to 2020, Black infants were 2.2 times as likely to die as white infants.

<table>
<thead>
<tr>
<th>Infant Mortality Rate, 2018-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black1</td>
</tr>
<tr>
<td>12.0 deaths per 1,000 live births</td>
</tr>
</tbody>
</table>

1 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 8 (Northeast Louisiana/Monroe Area), Region 2 (Baton Rouge Area), Region 5 (Lake Charles Area), and Region 7 (Shreveport Area) have the greatest racial disparity in birth outcomes. In these regions, Black infants are 2.6 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 2018-2020 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\(^1\) children are at an increased risk of dying, as compared to their white\(^1\) peers.\(^2\)

In Louisiana from 2018 to 2020, Black\(^1\) children were 1.7 times as likely to die as white\(^1\) infants.

<table>
<thead>
<tr>
<th>Child Mortality Rate, 2018 - 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black(^1)</td>
</tr>
<tr>
<td>31.3 deaths per 100,000 children</td>
</tr>
</tbody>
</table>

\(^1\) Black indicates non-Hispanic Black, and white indicates non-Hispanic white.

Mortality Rates by Top Causes of Death & Race
In Louisiana from 2018 to 2020, Black\(^1\) children in Louisiana were more likely than white children to die in a motor vehicle crash, due to homicide, or by drowning. White children\(^1\) in Louisiana were more likely than Black children to die by suicide.

Key Points
- In Louisiana, child mortality affects Black children more than white children.
- Between 2018-2020, 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\(^1\) and Black\(^1\) children.
Recommendations and Considerations
Children and Youth with Special Health Care Needs

Since 2016, in an effort to address the needs of all children in Louisiana in a more equitable way, the Bureau of Family Health (BFH) has included a Family Advisor in various workgroups and initiatives. In 2018, a Family Advisor joined the Louisiana State CDR panel to provide a family perspective to case reviews, especially with regard to injury prevention for children and youth with special health care needs. While deaths among this population may be few in number, they are no less tragic. In many instances, simple accommodations and systems-level checks and balances can prevent serious injuries and deaths.

The following recommendations and considerations focus on protecting children and youth with special health care needs from the leading causes of fatal injury. They are informed by Louisiana CDR case reviews and national recommendations.

Motor Vehicle Passenger Safety

• Early intervention specialists, case managers, respite and attendant care service providers, pediatricians, and allied health providers should:
  • Ensure every child has an appropriately sized and supportive car seat. Providers may need to make referrals for seating assessments, write prescriptions, or provide letters of medical necessity for payer authorizations.
  • Educate caregivers and families on wheelchair transportation safety protocols, including the need for secure locking systems and appropriate head and neck supports.
  • Louisiana Medicaid Managed Care Organizations are required to pay for transportation accommodations, including specialized car seats, for families that can demonstrate medical necessity. Providers and public health agencies should work with families to provide letters of medical necessity when appropriate. More transportation safety resources, including those focused on accommodations for children with special health needs can be found at: chop.edu/resources/water-safety-your-special-needs-child
  • Identifiers that convey personal health information or medical diagnoses can be placed on or inside cars to quickly alert emergency responders to passengers’ special health needs in the event of a crash. Examples of identifiers include seat belt clips or notification stickers that indicate a condition such as deafness, autism, paralysis, rare protocol needs, inability to speak, etc. Providers and agencies serving children with special health care needs should consider partnering with community organizations to provide personal health identifiers to families for use in their cars.
  • Vehicle heat safety awareness is important for all caregivers and families, but children with special health care needs can be particularly vulnerable. Children with chronic medical conditions may be at higher risk in extreme heat situations, as they can be more sensitive to heat, less likely to sense or respond to changes in temperature or may take medications that compound the effects of extreme heat.28
  • More information about motor vehicle safety and transportation considerations for children and youth with special needs can be found at PreventInjury.pediatrics.iu.edu/special-needs. The website has resources for providers – including a guide to child safety seats and passenger restraints, special considerations by medical condition, and up-to-date information about safety recommendations and equipment – as well as a parent-friendly Frequently Asked Questions page.
Recommendations and Considerations
Children and Youth with Special Health Care Needs

Water Safety

• Early intervention specialists, case managers, respite and attendant care service providers, pediatricians, and allied health providers should ensure children have appropriately supportive bath equipment. Providers and public health agencies may need to make referrals for seating assessments, write prescriptions, or provide letters of medical necessity for payer authorizations.
• Some community organizations offer swimming lessons specifically for children and youth with special health care needs, such as Jojo’s Hope. Providers should familiarize themselves with organizations in their area that provide this service, and refer families.
• Swim Angelfish is a leader in adaptive swim instruction providing a certified training program for swim instructors to teach adaptive swim lessons. “Search” for certified trainers trained to help children with autism, sensory and motor coordination, anxiety, trauma, or simple discomfort in the water.
• The following resources offer water safety tips for families of children with special needs:
  • chop.edu/resources/water-safety-your-special-needs-child
  • safekids.org/video/water-safety-families-children-special-needs

Fire Safety

• For families who receive in-home early intervention services, case management, attendant or respite care services, allied health services, or home health services, providers should:
  • Regularly document fire safety education and fire drill demonstrations
  • Perform and document environmental scans noting any risks or hazards
  • Verify the presence of working smoke detectors, fire extinguishers, and window stickers identifying the location of the child’s bedroom for firefighters. If any of these items are missing in the home, refer families to community organizations that provide smoke detectors, replacement batteries, fire extinguishers, and identifying window stickers.
• Families with children who are deaf or hard of hearing should use smoke detectors that use visual alarm indicators, such as flashing lights, especially in the room where the child sleeps. Families may contact a Louisiana Commission for the Deaf Regional Service Center for assistance. Contact information for service centers can be found at ldh.la.gov/LCD.
Recommendations and Considerations
Children and Youth with Special Health Care Needs

Preventing Suicide and Homicide

*Homicide includes deaths due to child abuse and neglect*

- Early access to behavioral health supports for parents of children with special health care needs, the children themselves, and their siblings is protective against depression, anxiety, and toxic stress.\(^1\) Screening for emotional, behavioral and mental health conditions and subsequent referrals to services for the whole family should be part of care coordination efforts and policies.
- Students with disabilities are more likely to be bullied by their peers and are more likely to experience social isolation.\(^2\) The Department of Education and local school boards are encouraged to collaborate with community and national partners to implement anti-bullying and inclusion campaigns in schools.\(^3\)
- Home visiting, parent education and family support programs should be expanded and enhanced to meet the needs of families of children and youth with special health care needs. While these parents can benefit from the traditional coaching on parenting, life skills and family health, they could also use additional systems navigation skills and stress management/coping techniques\(^4\) to help learners what’s needed to care for a child with special health care needs.

Specialized Equipment

- When families need special medical or safety devices:
  - Pediatricians should provide prescriptions, referrals, and letters of medical necessity to Durable Medical Equipment (DME) companies.
  - Allied health professionals should provide operating and safety education to families who need to use the equipment.
  - Respective vendors should provide regular maintenance and safety inspections and maintain documentation of these activities.
  - Case managers should routinely inquire about equipment issues or needs and facilitate appropriate referrals.
- Insurance companies should expedite authorizations for specialized medical equipment such as the following:
  - Oxygen concentrators
  - Ventilators
  - Bi-level Positive Airway Pressure (BiPAP) machines
  - Suction machines
  - Hospital beds
  - Wheelchairs
  - Standers/standing aids
  - Enteral feeding pumps
  - Generators for a backup power source (may be provided through insurance or community organizations)
The State of Louisiana's Babies

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

Demographics

Infants and toddlers in Louisiana

Louisiana is home to 174,090 babies, representing 3.7% of the state’s population. As many as 47.1% live in households with incomes less than twice the federal poverty line (in 2020, about $52,400 for a family of four), placing them at economic disadvantage. The state’s youngest children are diverse and are raised in a variety of family contexts and household structures.

<table>
<thead>
<tr>
<th>Race/ethnicity of infants and toddlers</th>
<th>Poverty status of infants and toddlers</th>
<th>Family Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Above Low-income</td>
<td>Low-income</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.0%</td>
<td>52.9%</td>
</tr>
<tr>
<td></td>
<td>1.9%</td>
<td>59.7%</td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.6%</td>
<td>20.2%</td>
</tr>
<tr>
<td></td>
<td>5.5%</td>
<td>21.7%</td>
</tr>
<tr>
<td>Black</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>35.8%</td>
<td>26.9%</td>
</tr>
<tr>
<td></td>
<td>14.0%</td>
<td>18.6%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>9.3%</td>
<td>80.5%</td>
</tr>
<tr>
<td></td>
<td>26.0%</td>
<td>77.3%</td>
</tr>
<tr>
<td>Multiple Races</td>
<td>3.7%</td>
<td>40.3%</td>
</tr>
<tr>
<td></td>
<td>5.2%</td>
<td>18.6%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>0.1%</td>
<td>34.5%</td>
</tr>
<tr>
<td></td>
<td>0.2%</td>
<td>18.6%</td>
</tr>
<tr>
<td>White</td>
<td>48.9%</td>
<td>40.9%</td>
</tr>
<tr>
<td></td>
<td>48.3%</td>
<td>18.6%</td>
</tr>
</tbody>
</table>

Infants and toddlers in poverty, by race

<table>
<thead>
<tr>
<th>Race/ethnicity of infants and toddlers</th>
<th>Poverty status of infants and toddlers</th>
<th>Family Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In Poverty</td>
<td>Below Low-income</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>150% SMI</td>
<td>80.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>77.3%</td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26.9%</td>
<td>80.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>77.3%</td>
</tr>
<tr>
<td>Black</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>20.2%</td>
<td>80.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>77.3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>80.5%</td>
<td>80.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>77.3%</td>
</tr>
<tr>
<td>Multiple Races</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>40.9%</td>
<td>80.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>77.3%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>40.3%</td>
<td>80.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>77.3%</td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>14.4%</td>
<td>80.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>77.3%</td>
</tr>
</tbody>
</table>

*Numbers are small; use caution in interpreting. Note: N/A indicates Not Available

Louisiana AAP | (225) 379-7923 | www.laaap.org | 11017 Perkins Rd., Ste C Baton Rouge, LA 70810
Good Health

How are Louisiana’s babies faring in Good Health?

Supporting babies’ and mothers’ physical and mental health provides the foundation for infants’ lifelong physical, cognitive, emotional, and social well-being. Babies’ brains grow rapidly in the rest years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and rest years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies’ and families’ health and developmental needs.

Louisiana falls in the Getting Started (G) tier for the Good Health domain. A state’s ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as nutrition and mental health. Louisiana performs better than national averages on key indicators, such as the percentages of uninsured babies in families with low income and babies receiving preventive dental care. The state is performing worse than national averages on indicators such as the infant mortality rate and the Medicaid income eligibility level for pregnant women.

Key Indicators of Good Health

*Numbers are small; use caution in interpreting.*
### Good Health Policy in Louisiana

<table>
<thead>
<tr>
<th>Policy</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid expansion state</td>
<td>Yes</td>
</tr>
<tr>
<td>CHIP maternal coverage for unborn child option</td>
<td>Yes</td>
</tr>
<tr>
<td>Postpartum extension of Medicaid coverage</td>
<td>NR</td>
</tr>
<tr>
<td>Pregnant workers protection</td>
<td>No Law Beyond Mandatory 60 Days</td>
</tr>
<tr>
<td>State Medicaid policy for maternal depression screening in well-child visits</td>
<td>No</td>
</tr>
<tr>
<td>Medicaid plan covers social-emotional screening for young children</td>
<td>Yes</td>
</tr>
<tr>
<td>Medicaid plan covers IECMH services at home</td>
<td>Yes</td>
</tr>
<tr>
<td>Medicaid plan covers IECMH services at pediatric/family medicine</td>
<td>Yes</td>
</tr>
<tr>
<td>Medicaid plan covers IECMH services in early childhood education settings</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Note: N/A indicates Not Available.*

### All Good Health Indicators for Louisiana

#### Health Care Coverage and Affordability

<table>
<thead>
<tr>
<th>Indicator</th>
<th>State Indicator</th>
<th>National Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility limit (% FPL) for pregnant women in Medicaid</td>
<td>138.0/200.0</td>
<td>3.0%/5.1%</td>
</tr>
<tr>
<td>Medical home</td>
<td>53.0%/51.5%</td>
<td></td>
</tr>
<tr>
<td>Uninsured low-income infants and toddlers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infants ever breastfed</td>
<td>67.0%/84.2%</td>
<td>40.6%/56.8%</td>
</tr>
<tr>
<td>High weight-for-length</td>
<td>15.1%/NA</td>
<td>95.9%/97.8%</td>
</tr>
<tr>
<td>WIC coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal mortality rate (deaths per 100,000 live births)</td>
<td>NR/NA</td>
<td>20.1</td>
</tr>
<tr>
<td>Late or no prenatal care received</td>
<td>6.9%/6.4%</td>
<td></td>
</tr>
<tr>
<td>Mothers reporting less than optimal mental health</td>
<td>28.3%/21.9%</td>
<td></td>
</tr>
<tr>
<td>Babies born preterm</td>
<td>13.1%/10.2%</td>
<td>10.8%/8.3%</td>
</tr>
<tr>
<td>Babies with low birthweight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant mortality rate (deaths per 1,000 live births)</td>
<td>8.1%/5.6%</td>
<td>39.8%/34.5%</td>
</tr>
<tr>
<td>Preventive dental care received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive medical care received</td>
<td>93.1%/91.1%</td>
<td>71.6%/72.7%</td>
</tr>
<tr>
<td>Received recommended vaccines</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: N/A indicates Not Available.*
How are Louisiana's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but families with low income and in historically marginalized communities of color face additional challenges that impact their babies’ immediate and future well-being. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Louisiana falls in the Getting Started (G) tier of states when it comes to indicators of Strong Families. The state’s ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentages of babies living in crowded housing and babies who exit foster care in less than 12 months. Louisiana is doing worse than the national average on indicators such as the percentage of families in poverty with babies who receive TANF and the infant/toddler maltreatment rate.

Key Indicators of Strong Families

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Louisiana</th>
<th>National Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF benefits receipt among families in poverty</td>
<td>3.4%</td>
<td>18.9%</td>
</tr>
<tr>
<td>Housing instability</td>
<td>2.5%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Crowded housing</td>
<td>11.2%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Unsafe neighborhoods</td>
<td>6.6%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Low or very low food security</td>
<td>19.9%</td>
<td>14.9%</td>
</tr>
<tr>
<td>Family resilience</td>
<td>83.2%</td>
<td>84.9%</td>
</tr>
<tr>
<td>1 adverse childhood experience</td>
<td>20.6%</td>
<td>19.6%</td>
</tr>
<tr>
<td>2 or more adverse childhood experiences</td>
<td>11.2%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Infant/toddler maltreatment rate (per 1,000 children ages 0-2)</td>
<td>20.6%</td>
<td>15.9%</td>
</tr>
<tr>
<td>Removed from home</td>
<td>NR</td>
<td>4.9%</td>
</tr>
<tr>
<td>Time in out-of-home placement</td>
<td>27.1%</td>
<td>18.6%</td>
</tr>
<tr>
<td>Permanency: Guardian</td>
<td>8.4%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Permanency: Relative</td>
<td>9.5%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Permanency: Adopted</td>
<td>NR</td>
<td>37.1%</td>
</tr>
<tr>
<td>Permanency: Reunified</td>
<td>44.2%</td>
<td>48.1%</td>
</tr>
<tr>
<td>Potential home visiting beneficiaries served</td>
<td>1.5%</td>
<td>2.1%</td>
</tr>
</tbody>
</table>

*Numbers are small; use caution in interpreting.*
### Strong Families Policy in Louisiana

<table>
<thead>
<tr>
<th>Policy</th>
<th>State</th>
<th>National Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid family leave</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Paid sick time that covers care for</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>child TANF work exemption</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>State child tax credit</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>State Earned Income Tax Credit</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Note: N/A indicates Not Available*

### All Strong Families Indicators for Louisiana

#### Basic Needs

<table>
<thead>
<tr>
<th>Indicator</th>
<th>State Indicator</th>
<th>National Avg</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>Low or very low food security</td>
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<tr>
<td>Housing instability</td>
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<td>2.9%</td>
</tr>
<tr>
<td>Unsafe neighborhoods</td>
<td>6.6%</td>
<td>5.2%</td>
</tr>
</tbody>
</table>

#### Child Well-being and Resilience

<table>
<thead>
<tr>
<th>Indicator</th>
<th>State Indicator</th>
<th>National Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family resilience</td>
<td>83.2%</td>
<td>84.9%</td>
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<tr>
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<tr>
<td>2 or more adverse childhood experiences</td>
<td>11.2%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Infant/toddler maltreatment rate (per 1,000 children ages 0-2)</td>
<td>NR</td>
<td>20.9%</td>
</tr>
<tr>
<td>Time in out-of-home placement</td>
<td>NR</td>
<td>0.3%</td>
</tr>
<tr>
<td>Removed from home</td>
<td>4.9</td>
<td>7.1</td>
</tr>
<tr>
<td>Permanency: Adopted</td>
<td>37.1%</td>
<td>34.6%</td>
</tr>
<tr>
<td>Permanency: Guardian</td>
<td>NR</td>
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</tr>
<tr>
<td>Permanency: Reunited</td>
<td>NR</td>
<td>44.2%</td>
</tr>
<tr>
<td>Potential home visiting beneficiaries served</td>
<td>1.5%</td>
<td>2.1%</td>
</tr>
</tbody>
</table>
Positive Early Learning Experiences

How are Louisiana's babies faring in Positive Early Learning Experiences?

Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of babies’ early learning experiences at home and in other care settings can impact their cognitive and social-emotional development as well as early literacy. High-quality early childhood care can strengthen parents’ interactions with their children in the home learning environment and support parents’ ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income, ensures all infants and toddlers have the opportunity for optimal development. However, disparities in access to high-quality care remain across many states and communities in the United States.

Louisiana scores in the Getting Started (G) tier for Positive Early Learning Experiences. The state’s ranking in this domain reflects that it has no indicators on which it is performing better than the national average. Louisiana is doing worse than the national average on indicators such as the lower percentage of babies in families below 100 percent of the federal poverty line with access to Early Head Start. Beginning with the 2022 profile, infant care costs as a percentage of the state’s median income for single and married parents are not factored into the ranking.

Key Indicators of Positive Early Learning Experiences

*Numbers are small; use caution in interpreting.*
## Positive Early Learning Experiences Policy in Louisiana

<table>
<thead>
<tr>
<th>Indicator</th>
<th>State Indicator</th>
<th>EHS Standards met for 0 of 3 age groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult/child ratio</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Level of teacher qualification required by the state beyond a high school diploma Group size</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Infant/toddler professional credential</td>
<td>NR</td>
<td>No</td>
</tr>
<tr>
<td>Families above 200% of FPL eligible for child care subsidy</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Allocated CCDGG funds</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>State reimburses center-based child care</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>At-risk children included in Part C eligibility definition</td>
<td>NR</td>
<td>No</td>
</tr>
</tbody>
</table>

*Note: N/A indicates Not Available*

### All Positive Early Learning Experiences Indicators for Louisiana

#### Activities that Support Early Learning

<table>
<thead>
<tr>
<th>Activity</th>
<th>State Indicator</th>
<th>National Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EHS Standards met for 0 of 3 age groups</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent reads to baby every day</td>
<td>29.1%</td>
<td>50.8%</td>
</tr>
<tr>
<td>Cost of care, as % of income married families</td>
<td>NR</td>
<td>NA</td>
</tr>
<tr>
<td>Parent sings to baby every day</td>
<td>36.8%</td>
<td>57.3%</td>
</tr>
<tr>
<td>Low/moderate income infants/toddlers in CCDF-funded care</td>
<td>6.0%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Developmental screening received</td>
<td>26.2%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Timeliness of Part C services</td>
<td>NR</td>
<td>NA</td>
</tr>
<tr>
<td>Percentage of infants/toddlers receiving IDEA Part C services</td>
<td>100.0%</td>
<td>7.2%</td>
</tr>
</tbody>
</table>

*Note: N/A indicates Not Available.*
According to Georgetown University Center for Children and Families 2022 health coverage report, the continuous coverage protection that barred children insured by Medicaid from being disenrolled during the COVID-19 public health emergency helped stabilize Louisiana’s child uninsured rate between 2019 and 2021. The report warned that many eligible children may lose health coverage when the continuous coverage protection expires at the end of the COVID-19 public health emergency. Nationwide, an estimated three out of four children at risk of losing coverage will still be eligible for Medicaid or CHIP but could fall through the cracks due to procedural issues.

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. Scroll down for an in-depth look at child health care trends across Louisiana.

Excerpts of the report are included below. The full report can be viewed at: https://kidshealthcarereport.ccf.georgetown.edu/states/louisiana

### CHILDREN WITHOUT INSURANCE IN 2021, BY AGE

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-18 years old</td>
<td>4.3%</td>
</tr>
<tr>
<td>Under 6</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau 2021 American Community Survey (ACS), Table S2701: Selected Characteristics of Health Insurance Coverage in the United States.
4% of children do not have health insurance

Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Health Insurance Historical Table HIC-5. Health Insurance Coverage Status and Type of Coverage by State—Children Under 19: 2008 to 2021. Because of data quality issues related to the COVID-19 pandemic, the Census Bureau did not publish standard 1-year estimates for 2020 but instead only released a set of 1-year experimental estimates. The Census Bureau notes that these experimental estimates should not be compared to other ACS 1-year estimates, so CCF excludes 2020 ACS data from all of its analyses.

In Louisiana, 4.0% of children do not have health insurance. When children are uninsured, they are more likely to have unmet health needs and lack a usual source of care, diminishing their chances to grow into healthy and productive adults.

Rate of uninsured children under 19.
CHILDREN WITHOUT INSURANCE IN 2021, BY POVERTY THRESHOLD LOUISIANA

Child Uninsured Rate by Poverty Threshold: Income by Percentage/Dollars in Louisiana

0-137.99% of poverty

4.1%

138-249.99% of poverty

4.7%

250% of poverty or above

3.3%

Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau 2021 American Community Survey (ACS), Table B27016: Health Insurance Coverage Status and Type by Ratio of Income to Poverty Level in the Past 12 Months by Age. Please note that Census Poverty Thresholds differ from the Poverty Guidelines (commonly known as the Federal Poverty Level or FPL) determined by the U.S. Department of Health and Human Services (HHS), and may differ considerably for the separate FPLs that HHS determines for Alaska and Hawaii. Dollar amounts shown reflect 2023 Poverty Guidelines.

HOW ARE CHILDREN COVERED? LOUISIANA

Sources of Coverage for Children in Louisiana


Employer-Sponsored

37%

Direct Purchase

3.7%

Medicaid/CHIP

53.4%

Other Public

2.1%

Uninsured

3.8%
95.4% of all eligible children participate in Medicaid/CHIP


Many children who are eligible for Medicaid/CHIP may not be enrolled due to a lack of public outreach or administrative barriers. The child participation rates show the percentage of eligible children who are enrolled in Medicaid/CHIP.

Children’s participation rate in Medicaid/CHIP over the last 10 years.
WHO QUALIFIES? LOUISIANA

**Eligibility**: Upper income threshold for Medicaid/CHIP

- **Children under 19 (family of three)**
  - US Median: 255%
  - 255%

- **Parents (family of three)**
  - US Median: 138%
  - 138%

- **Pregnant women (family of three)**
  - US Median: 207%
  - 214%

- **Single adults without dependent children**
  - US Median: 138%
  - 138%

## Behavioral Health Care

<table>
<thead>
<tr>
<th>Quality Measure</th>
<th>LA Rate</th>
<th>Worst</th>
<th>Median</th>
<th>Best</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-Up After Hospitalization for Mental Illness: Ages 6 - 17 (Follow Up Visit Within 7 Days of Discharge)</td>
<td>★★★★</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>38.6%</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow-Up After Hospitalization for Mental Illness: Ages 6 - 17 (Follow Up Visit Within 30 Days of Discharge)</td>
<td>★★★★</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>61.2%</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication: Ages 6 to 12 (1 Follow-Up Visit During the 30 Day Initiation Phase)</td>
<td>★★★★</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>54.6%</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication: Ages 6 to 12 (At Least 2 Follow-Up Visits During the 9 Month Continuation and Maintenance Phase Following Initiation Phase)</td>
<td>★★★★</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>68.2%</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metabolic Monitoring for Children and Adolescents on Antipsychotics: Ages 1 to 17 (Blood Glucose Testing)</td>
<td>★★★★</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Metabolic Monitoring for Children and Adolescents on Antipsychotics: Ages 1 to 17 (Cholesterol Testing)

27.4%

Metabolic Monitoring for Children and Adolescents on Antipsychotics: Ages 1 to 17 (Blood Glucose and Cholesterol Testing)

26.4%

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics: Ages 1 to 17

66.2%

Care of Acute and Chronic Conditions

<table>
<thead>
<tr>
<th>LA Rate</th>
<th>Worst</th>
<th>Median</th>
<th>Best</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma Medication Ratio: Ages 5 to 11</td>
<td>★★★</td>
<td></td>
<td></td>
</tr>
<tr>
<td>77%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma Medication Ratio: Ages 12 to 18</td>
<td>★★★</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Asthma Medication Ratio: Ages 5 to 18

Medication Ratio: 69.2% | LA Rate | Worst | Median | Best

Ambulatory Care: Emergency Department (ED) Visits: Ages 0 to 19

ED Visits: 73.4% | LA Rate | Worst | Median | Best

Dental and Oral Health Services

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

Sealants: 19.4% | LA Rate | Worst | Median | Best

Percentage of Eligibles Who Received Preventive Dental Services: Ages 1 to 20

Preventive Dental Services: 40.9% | LA Rate | Worst | Median | Best
## Primary Care Access and Preventive Care

<table>
<thead>
<tr>
<th>LA Rate</th>
<th>Worst</th>
<th>Median</th>
<th>Best</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adolescent Well-Care Visits: Ages 12 to 21</strong></td>
<td>★★★</td>
<td>59%</td>
<td></td>
</tr>
<tr>
<td><strong>Childhood Immunization Status: Age 2 (Measles, Mumps, and Rubella (MMR) Vaccine)</strong></td>
<td>★★★★</td>
<td>88.2%</td>
<td></td>
</tr>
<tr>
<td><strong>Childhood Immunization Status: Age 2 (Combination 3)</strong></td>
<td>★★★★</td>
<td>69.2%</td>
<td></td>
</tr>
<tr>
<td><strong>Chlamydia Screening in Women Ages 16 to 20</strong></td>
<td>★★★★★</td>
<td>65.8%</td>
<td></td>
</tr>
<tr>
<td><strong>Developmental Screening in the First Three Years of Life: Ages 0 to 3</strong></td>
<td>★★★★★</td>
<td>18.3%</td>
<td></td>
</tr>
<tr>
<td><strong>Immunizations for Adolescents: Age 13 (Human Papillomavirus (HPV) Series)</strong></td>
<td>★★★★★</td>
<td>46%</td>
<td></td>
</tr>
</tbody>
</table>

Louisiana reporting on Primary Care Access and Preventive Care, 2020

2023 BLUEPRINT FOR CHILDREN- Louisiana AAP
Immunizations for Adolescents: Age 13 (Combination 1: Meningococcal Conjugate and Tdap Vaccines)

★★★★

89.1%

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Ages 3 to 17 (Body Mass Index (BMI) Percentile Documentation)

★★★★

68.6%

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Ages 3 to 17 (Counseling for Nutrition)

★★★★

56.9%

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Ages 3 to 17 (Counseling for Physical Activity)

★★★★

48.2%

Well-Child Visits in the First 15 Months of Life (6 or More)

★★★★

61.4%

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

★★★★

67.9%

Source: Georgetown University Center for Children and Families analysis of the Centers for Medicaid and Medicare Services’ (CMS) FFY 2020 Child Health Quality Measures Dataset. All figures reflect either Medicaid and CHIP beneficiaries combined or Medicaid alone. CHIP-only data was not used. Measures with fewer than 25 states reporting nationally are not reported by CMS and are not included in this analysis.
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