

Louisiana



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.

Louisiana Chapter

INCORPORATED IN LOUISIANA

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL 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 its 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.

Your memories matter to us ...

GET THE COVID-19 VACCINE AND BOOSTER



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

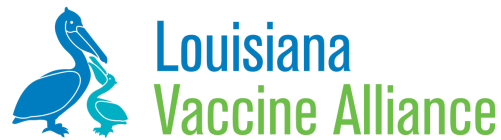


Locations:

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.

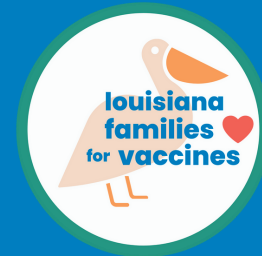
The Louisiana Vaccine Alliance continues to strive to ensure that individuals and families have evidence-based information to help guide them in making the best decisions for the health of themselves and their children.

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.



info@lafamiliesforvaccines.org



@LAFamilies4Vax



@LA_Families4Vax



lafamiliesforvaccines.org

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

Immunization	Louisiana	U.S.
Diphtheria, Tetanus & Pertussis	96.9%	93.6%
Hepatitis B	98.5%	94.6%
Measles, Mumps & Rubella	96.2%	93.9%
Polio	98.6%	93.9%

References:

- <https://publications.aap.org/pediatrics/article/147/4/e2020027037/180774/Societal-Costs-of-a-Measles-Outbreak>
- <https://ldh.la.gov/news/NIAM2022>
- <https://www.chop.edu/news/2022-ny-polio-case-why-and-what-does-it-mean>
- <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.

Louisiana Immunization Network System

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



Provides Consolidated Records

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



Manages Vaccine Inventory

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



Minimizes Waste

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



Reminds Patients and Provider Dates

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



Coverage Rates and Outbreak Response

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



<https://lalinks.org>



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.



WHAT IS Be SMART?

Be SMART promotes responsible gun ownership to protect kids and reduce child gun deaths. The Be SMART message focuses on education and awareness about gun deaths and secure firearm storage. It encourages parents and caregivers to be "SMART" by taking 5 Simple Steps to help prevent child deaths:

- **Secure** all guns in your home and vehicle
- **Model** responsible behavior around guns
- **Ask** about the presence of unsecured guns in other homes
- **Recognize** the role of guns in suicide
- **Tell** your friends and neighbors to Be SMART



PROTECT KIDS FROM DEADLY MISTAKES

By securing guns and teaching kids to respect the rules of firearm safety, parents can protect their families and prevent potentially fatal incidents.

SPREAD THE WORD

It's simple: Talk to your friends and neighbors about securing firearms. Let them know that storing firearms can prevent gun-related unintentional incidents as well as theft. But most importantly, remind them that secure storage saves lives. Gun safety is for everyone, and it starts with you.

Learn more at BeSMARTforkids.org/louisiana



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

FIREARM INJURIES ARE THE LEADING CAUSE OF DEATH FOR KIDS UNDER 18 IN LOUISIANA.

DID YOU KNOW?

- Every year in the U.S. nearly **350** children under 18 unintentionally shoot themselves or someone else—sometimes fatally.
- From 2015-2020, **149** Louisiana kids and teens ages 10-17 died by suicide. **82** of these deaths involved a gun.
- In 2019, **17.7%** of Louisiana high school students "seriously considered attempting suicide."
- The same year, **15.2%** of Louisiana high school students reported they "actually attempted suicide"—much higher than the U.S. average of **8.9%**.

FIREARM RESPONSIBILITY

As a Louisiana gun owner, you're responsible for securely storing your firearms—including those for personal protection. Carefully unloading, locking, and storing firearms can prevent deadly incidents and keep your family safe.

Remember: Secure storage is important for the firearms in your home and vehicle. **About 380,000 firearms are stolen from private gun owners every year.** One quarter of these are taken from cars. Properly storing firearms keeps them out of the wrong hands and limits crime in your community.



TALK TO YOUR FAMILY ABOUT GUN SAFETY

Kids will be kids. Curious children won't always make smart decisions. If they find and use an unsecured gun without following the rules of firearm safety, then one bad decision could be fatal.

Remember that talking to kids about firearms is only a precaution. Choose a storage option that fits your needs and limits access for curious kids.

EASY OPTIONS FOR SECURE STORAGE

There are many ways to store and protect your firearms when not in use. Options start as low as \$10. Storage devices are available at most firearm retailers, and many new gun purchases include a cable lock.

Storage options include: cable locks; gun cases; lock boxes; electronic lockboxes; or gun safes.

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.

Love your baby. Bond with your baby.
But don't sleep with your baby.

In Louisiana, about 100 infants die of Sudden Infant Death Syndrome (SIDS) or suffocation every year. Keep your baby safe and follow the steps below!

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






Services

For Families & Providers

Give Your Baby Space

GiveYourBabySpace.org

- SIDS/Safe Sleep information, resources, and videos

Partners for Healthy Babies

PartnersforHealthyBabies.org

- 1-800-251-BABY (2229)
- Helpline and website connects women and families to resources and information
- Confidential and 24/7
- Spanish version: AladosParaBebesSanos.org

Family Support & Coaching Services

PartnersforFamilyHealth.org/Family-Support-Coaching-Services

- 1-800-251-BABY (2229)
- Nurse-Family Partnership
 - Nurses provide support and services to 1st time moms from pregnancy until the child is 2 yrs. old

Parents as Teachers

- Certified parent educators support families from pregnancy to kindergarten (available in Monroe, Shreveport, and New Orleans areas)

Louisiana Breastfeeding Support

LABreastfeedingSupport.org

- Enter your zip code to find a list of breastfeeding resources near you. New statewide and local resources are added on a regular basis

Reproductive Health Resources

HealthyChoicesLA.org

- Information and resources, including a directory of family planning and reproductive health clinics

Children's Special Health Services Program

ldh.la.gov/cshs

- Ensures that Louisiana children and youth with special health care needs have access to services they need, and helps with care coordination
- Provides select medical care and family support services
- Links families to community-based resources

Project LAUNCH

Louisiana.LAUNCH.org

- Website with information on child development and parenting tips

For Providers & Partners

Partners for Family Health

PartnersforFamilyHealth.org

- Website that helps all users navigate the Bureau of Family Health's online content
- Allows women and men, parents and families, and providers and partners to easily find the resources and websites relevant to their needs

Data Center

PartnersforFamilyHealth.org/data-center

- Find data products organized by topic
- Download a form for special data requests

Bureau of Family Health e-newsletter

Subscribe at PartnersforFamilyHealth.org

- Regular e-newsletter updates from the Bureau of Family Health, including news, activities, data and resources

The Gift Program

TheGiftLA.org

- Breastfeeding hospital designation program for birthing facilities
- Visit the website for information and how to apply

Child Care Health Consultants Program

LACCHC.org

- Health and safety trainings for child care facilities
- Trainings satisfy the annual 3 hour health and safety requirement for licensing

Partners for Healthy Babies Social Media

Facebook.com/LouisianaPHB Twitter.com/LouisianaPHB

- Join the Louisiana conversation on all things related to family health

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JUNE 2018

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



72% OF AMBULANCE SERVICES

59% OF EMERGENCY DEPARTMENTS

...ARE NOT PREPARED TO CARE FOR CHILDREN.

MISSION IS TO REDUCE CHILD MORBIDITY AND MORTALITY RATES...

...BY CLOSING GAPS IN EMERGENCY HEALTHCARE SETTINGS

Cindy.Duplessis@la.gov
504-206-5171

Nutrition

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.

REV 2/23 The logo for the Louisiana Department of Health, featuring a blue cross icon and the text 'LOUISIANA DEPARTMENT OF HEALTH'.

Nutrition

CHILDHOOD OBESITY IN LOUISIANA

Louisiana's national ranking: 45th



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

Risk Factors

Louisiana statistics

www.americashealthrankings.org



HOUSEHOLDS

unable to provide
adequate food for
one or more
household members
due to lack of
resources



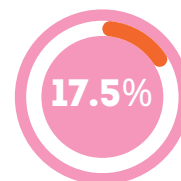
BIRTHS

births consider low
birthweight (less
than 5 lbs., 8 oz/
2500 grams at birth



SODA

high school
students who
reported drinking a
can, bottle or glass
of soda two or
more times per day
in the past week



CHILDREN

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

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

Louisiana's Grade: D

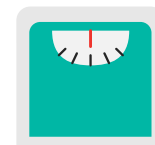
for insufficient physical activity
opportunities and programs available to the
majority of Louisiana's children and youth.

Louisiana 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.

<https://www.childhealthdata.org/docs/nsch-docs/louisiana-pdf.pdf>

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

Geaux Far Louisiana

GEAUX FAR LOUISIANA STRATEGIC PLAN 2023-2028 OVERVIEW



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.



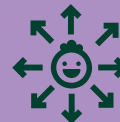
A Net That Works

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](https://geauxfarla.org)

GEAUX FAR LOUISIANA STRATEGIC PLAN 2023-2028 OVERVIEW

WHO IS AT THE TABLE

The Geaux Far Louisiana Steering Committee

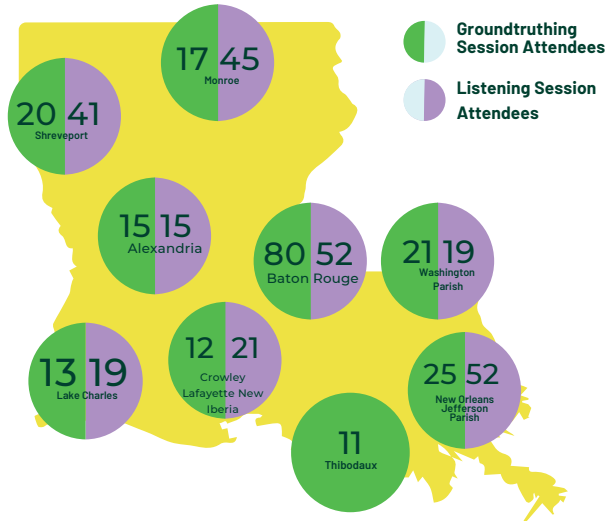
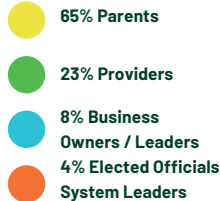
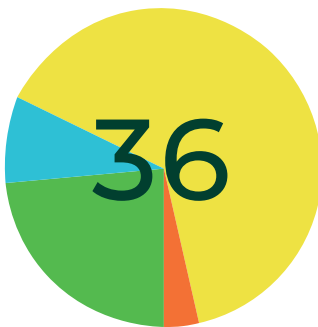
was designed to reflect the regional, racial, and ethnic diversity of Louisiana, as well as a commitment to racial and social justice.

13 Louisiana Parishes Represented

9 Full Group Meetings

2 Steering Committee Retreats

18 Working Group Meetings



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



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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) (<https://bit.ly/cdr18-20>). Sections of the report have been highlighted below.

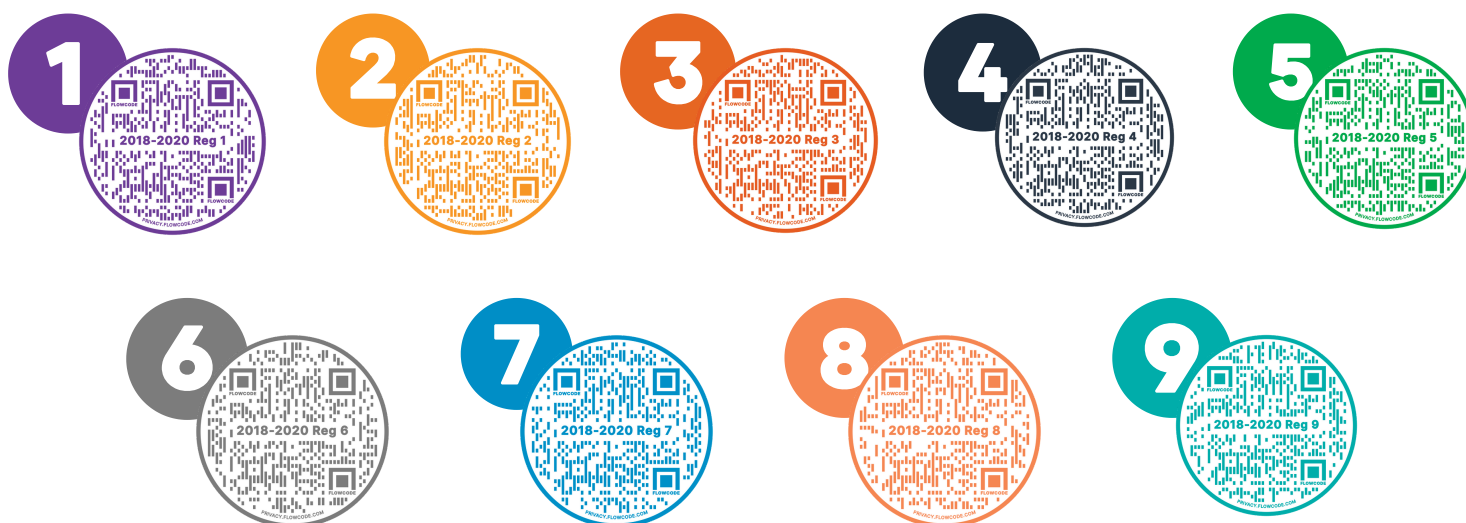
Child health highlights from the report include:

- 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

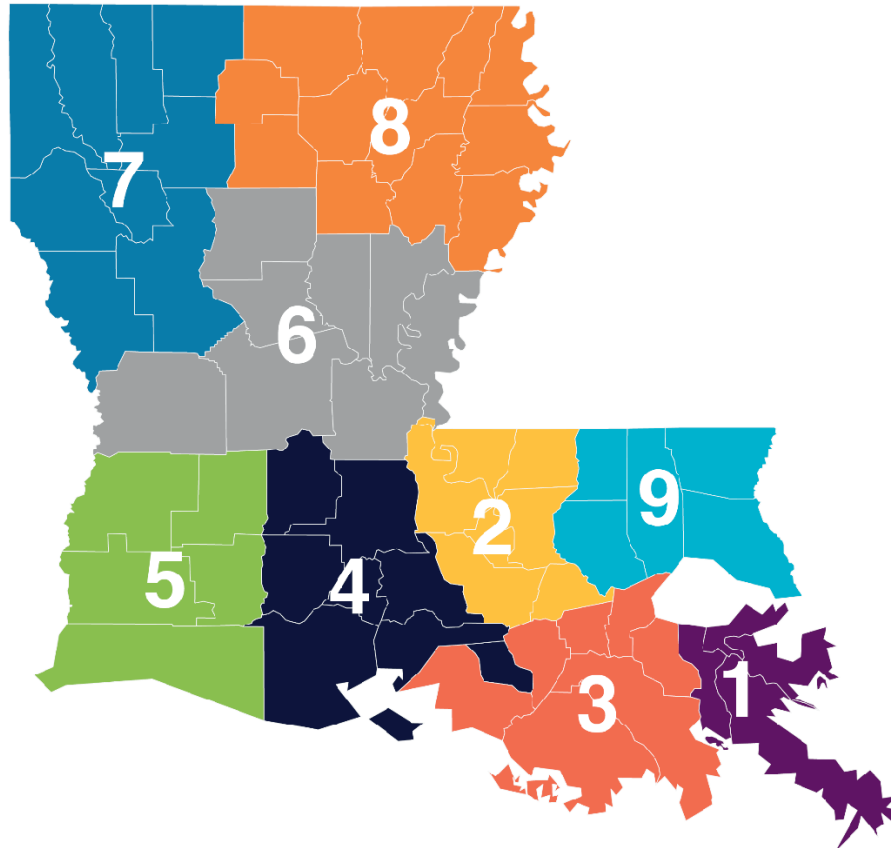
Every year in Louisiana, an average of 59,000 infants are born alive. Of these infants, approximately **464 die before their first birthday**, and **another 192 children do not survive to their 15th birthday**. From 2018-2020, **1,966 children died**, representing a **yearly average of 656 infant and 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



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

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



United States
vs. Louisiana

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.

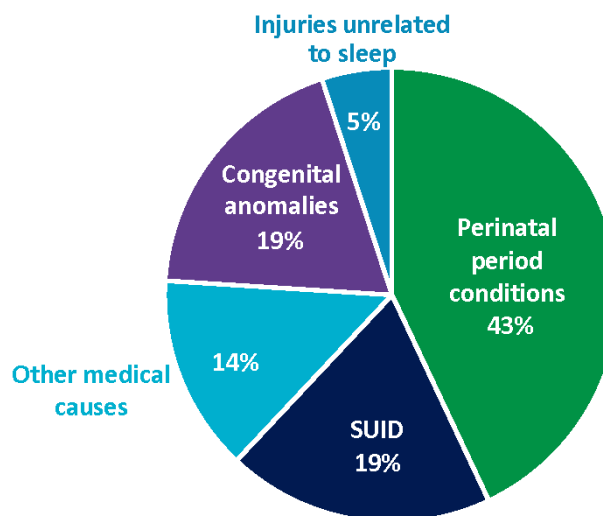
Louisiana Rate ²	U.S. Rate ³	HP2020 Goal ⁴	LA Ranking ²
7.9	5.6	6.0	2nd highest in the U.S.

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

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

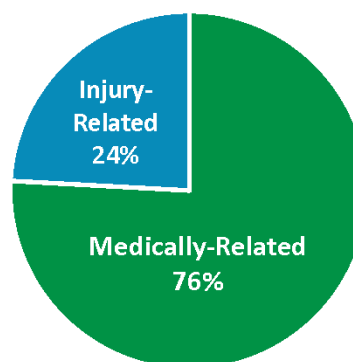
- From 2018-2020, Louisiana had the second highest infant mortality rate in the country.
- Maternal health before conception and during pregnancy is closely linked to the leading cause of infant death: conditions originating in the perinatal period (see [Appendix pg. 52](#) for full definition). 43% 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

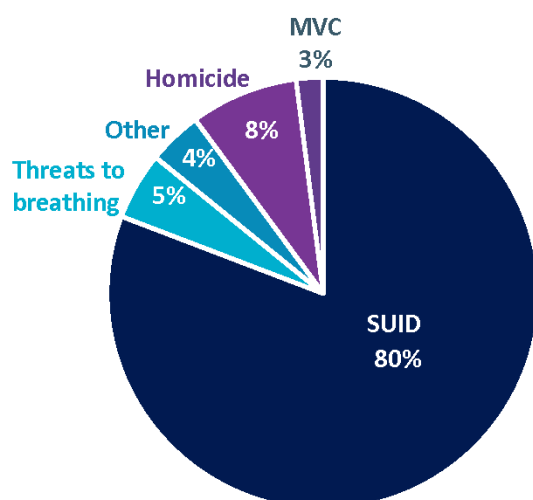
Birth to 1 year

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



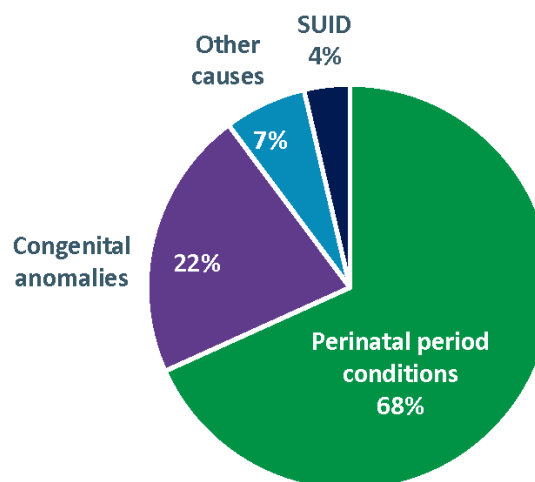
In Louisiana, the **neonatal period** (between 0 and 27 days after birth) is the **period with the most infant deaths** (deaths that occur between birth and 1 year of age). The Louisiana neonatal mortality rate from 2018 to 2020 was **4.7 deaths per 1,000 live births**.

Louisiana Rate ²	U.S. Rate ³	HP2020 Goal ⁴	LA Ranking ³
4.7	3.7	4.1	6 th highest in the U.S.

Causes of Death During the Neonatal Period

Each year, an average of...²

- **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 (SUID)



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.²



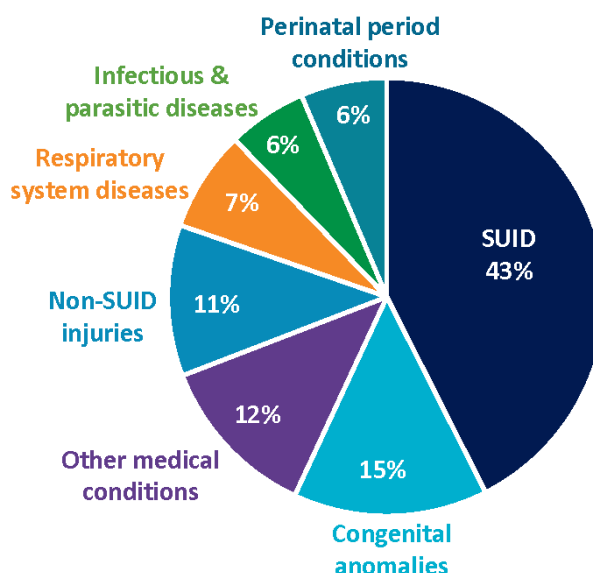
From 2018 to 2020 in Louisiana, fewer deaths occurred during the post-neonatal period than the neonatal period. However, the **causes of death common to this period are more preventable**. For example, 43% of deaths during the post-neonatal period are classified as Sudden Unexpected Infant Deaths (SUIDs).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

Louisiana Rate ²	U.S. Rate ³	HP2020 Goal ⁴	LA Ranking
3.2	1.9	2.0	2 nd Highest in the U.S.

Causes of Death During the Post-Neonatal Period

Each year, an average of...²

- 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

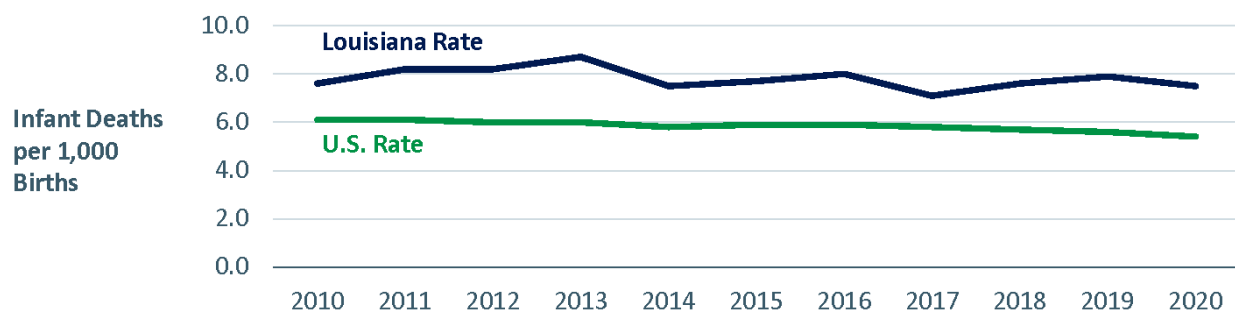
- Over half (54%) of deaths during the post-neonatal period were injury-related (this includes SUIDs).
- Almost half (43%) of infant deaths during this period were classified as SUIDs.
- SUID is considered largely preventable by reducing risk factors and increasing protective factors. Some of these risk 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.⁷ 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.⁷

Trends in Infant Mortality

Birth to 1 year

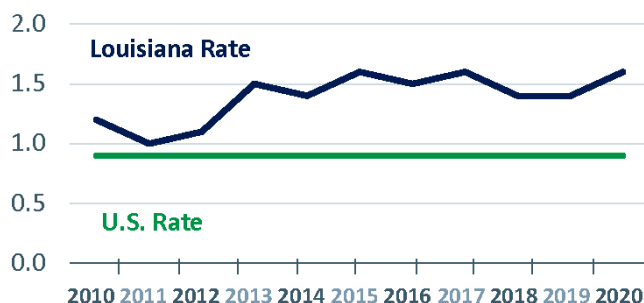
Overall Infant Mortality Over Time³

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.



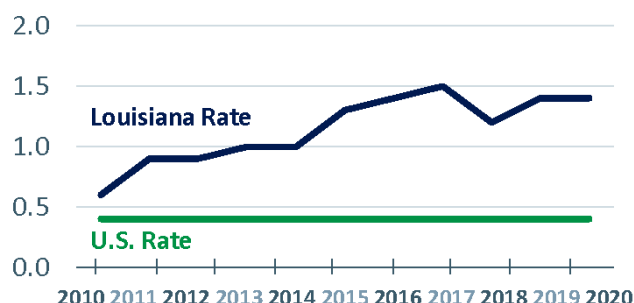
Infant Mortality Due to SUID³

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 Injury³

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.^{8,9} Unequal treatment on the basis of race or insurance type may also deter people from regularly using healthcare services.⁸ Further, the healthcare facilities and providers that people do access may not provide adequate reproductive health services, such as a full range of contraceptive options.^{8,9}

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

Risk Factors for SUID include:⁷

- Preterm birth
- Low birth weight
- Infant sleeping on stomach or side
- Infant sharing a sleeping surface or bed-sharing with other children, pets, or adult(s), especially if the adult is drug- or alcohol-impaired
- Infant sleeping on unsafe sleep surface such as a couch or armchair
- Soft objects, 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:⁷

- 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](#).

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

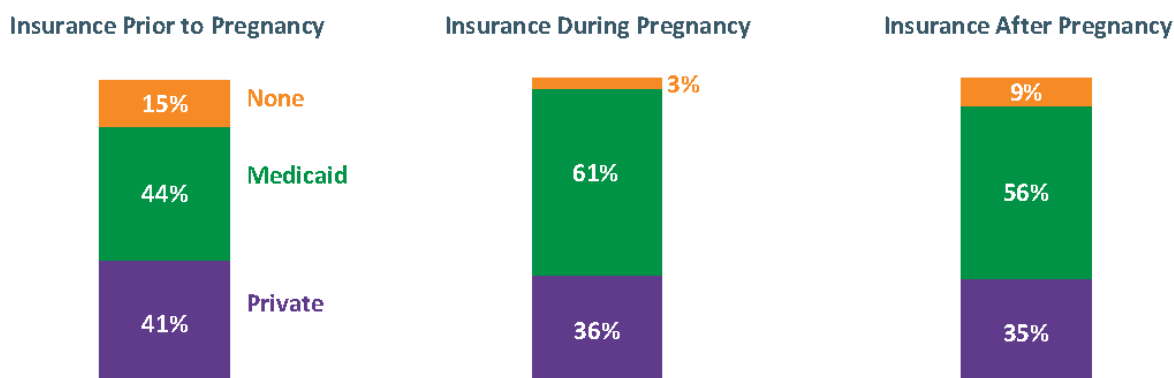
Preconception Health and Family Planning



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)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.



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.



Maternal Health Indicators Prior to Pregnancy (2020)

Prior to their most recent pregnancy...¹¹

- 56% of mothers were overweight or obese*
- 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

*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

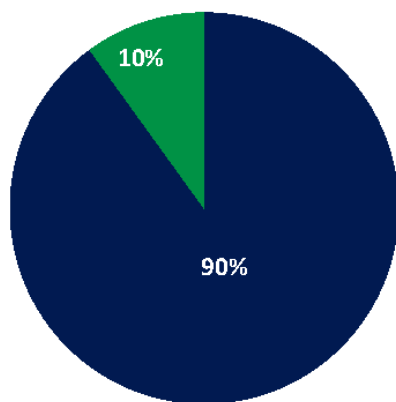


In 2020, **9%** of Louisiana mothers didn't receive prenatal care during the **first trimester**.
Early care is a key part of adequate care and can help reduce infant mortality.¹¹

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 Trimester¹¹



■ First trimester ■ After First trimester

About **1 in 4 (23%)** Louisiana
 Women Received Less than
 Adequate Prenatal Care²

Inadequate <50% of recommended visits	14%
Intermediate 50-79% of recommended visits	9%
Adequate 80 – 109% of recommended visits	42%
Adequate Plus 110% or more of recommended visits	35%

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 pregnancy¹¹. 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

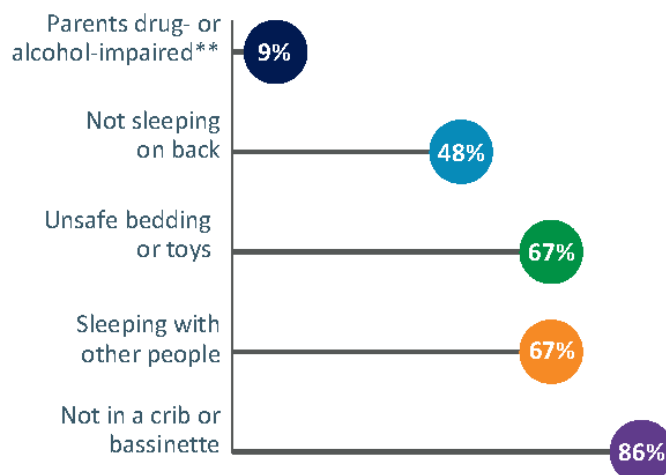


71% of sleep-related deaths in Louisiana occurred by **4 months of age** (2018-2020).⁵

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**.¹¹ **29%** of Louisiana mothers said they **sometimes, often or always bed-share** with their baby.¹¹ 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.⁷

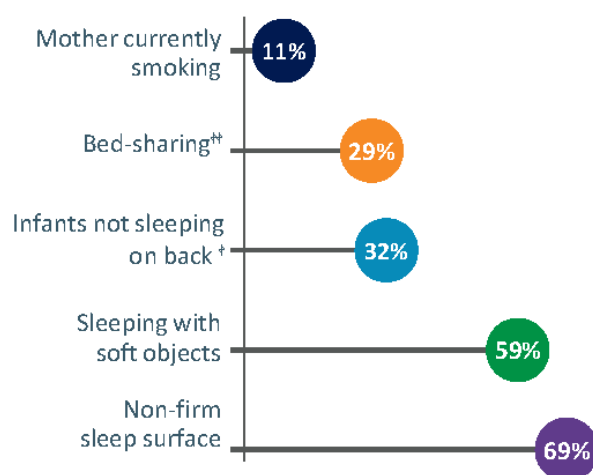
Risk Factors* Present in Louisiana SUIDs (2018-2020 CDR Data)⁵



*Multiple risk factors may be present

**Drug-or alcohol impairment may be underreported

Infant Sleep Environment Risk Factors (2020 Louisiana PRAMS Data)¹¹



† Mothers reported how infants were most often laid to sleep in the past two weeks.

†† Calculated by mothers' reports of infants sometimes, often or always bed-sharing.

Recommendations

- Obstetricians, pediatricians and other direct service providers are encouraged to discuss safe sleep with their patients or clients and their families. Discussions should be culturally appropriate, respectful and nonjudgmental. Language interpreters should be used as needed.⁷
- 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](https://www.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.⁷

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



United States
vs. Louisiana

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.

Louisiana Rate ²	U.S. Rate ³	HP2020 Goal ⁴	LA Ranking ³
22.6	16.2	-	5 th highest in the U.S.

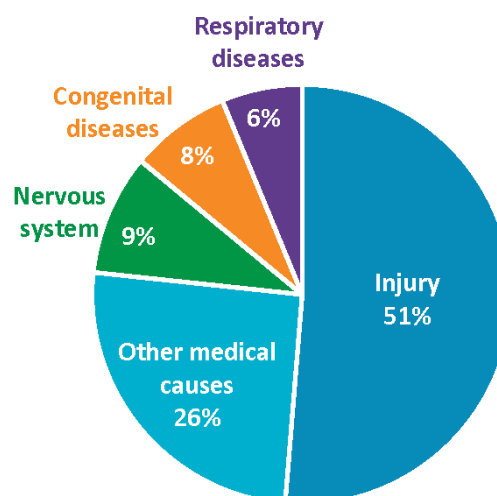
Child Deaths by Region (2018-2020) ²	1	2	3	4	5	6	7	8	9
Average annual child deaths	31	29	15	22	15	12	25	19	25
Child mortality rate per 100,000 children	20.6	23.4	20.3*	19.1	25.4*	21.1*	25.6	30.2*	22.1

**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

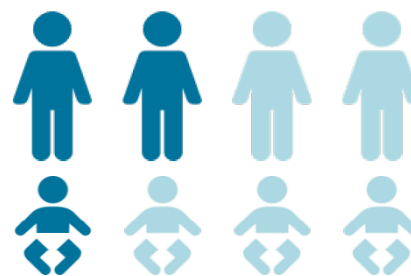
- More than half (51%) of childhood deaths (ages 1 to 14 years old) were due to injuries. Most of these deaths are considered preventable.
- The other (49%) childhood deaths were due to a medical cause. The most common medical causes are diseases of the nervous system, diseases of the respiratory system,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

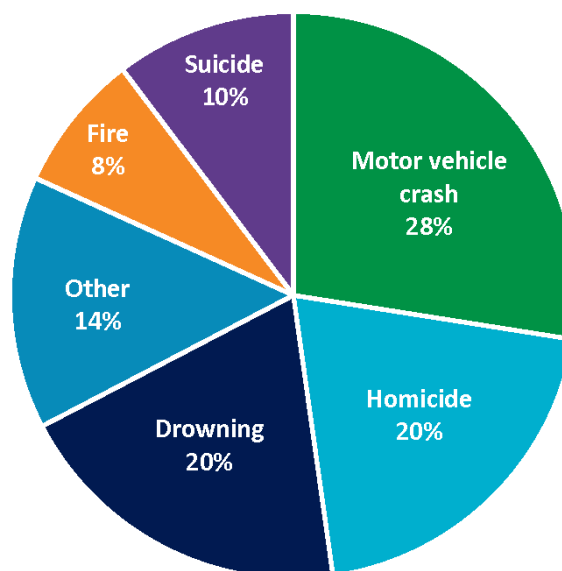
Half of child deaths were a result of injury. Injury makes up a larger percentage of deaths in childhood (51%) than in infancy (24%).



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

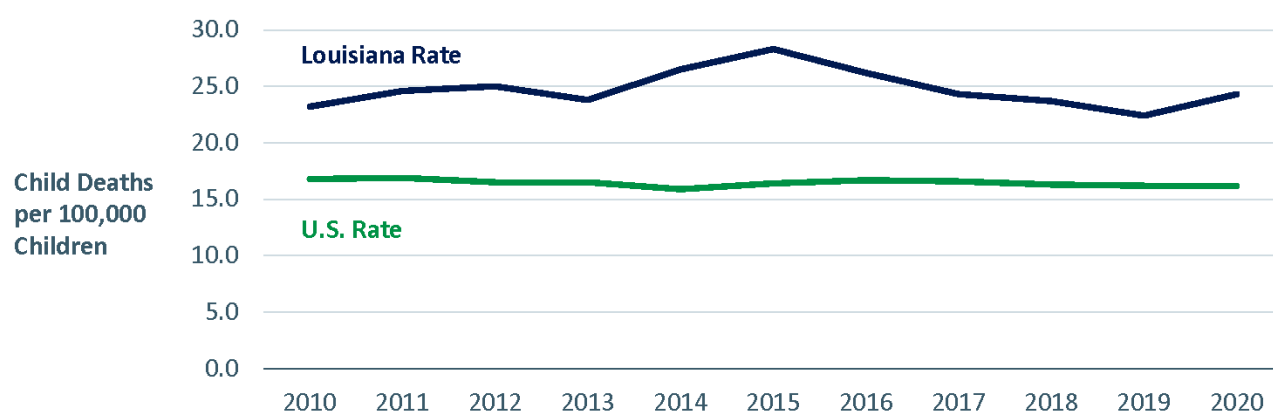
- Motor vehicle crashes, homicide, and drowning were the top causes of injury-related child deaths.
- For the majority of child deaths due to motor vehicle crashes, child safety seats were either not used or used incorrectly.
- Inadequate supervision of children and lack of barriers around water were 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

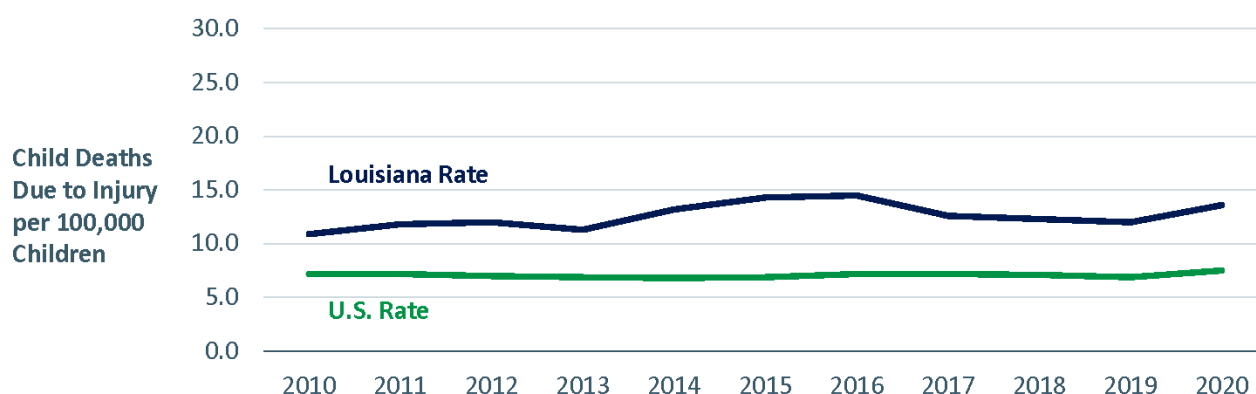
Overall Child Mortality Over Time³

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 Time³

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



United States
vs. Louisiana

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.

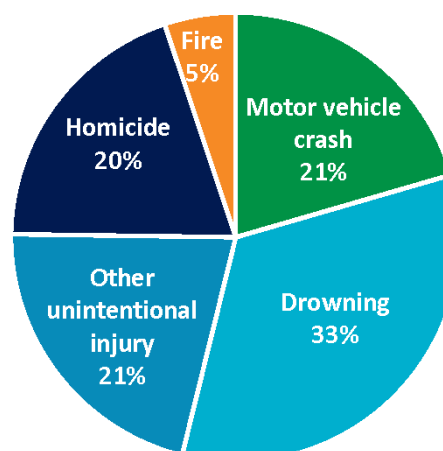
Louisiana Rate ²	U.S. Rate ³	HP2020 Goal ⁴	LA Ranking ³
16.1	9.9	-	4 th highest in the U.S.

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.

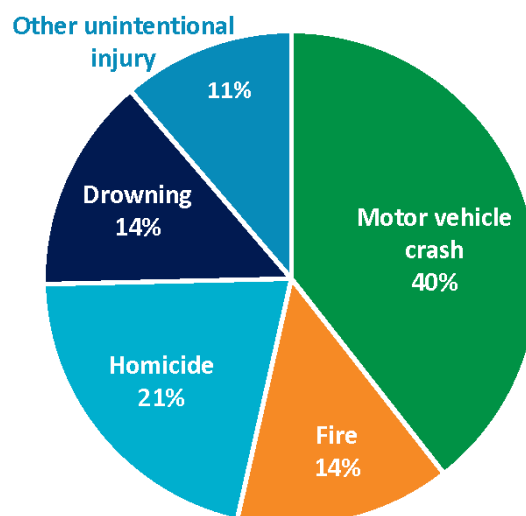
Louisiana Rate ²	U.S. Rate ³	HP2020 Goal ⁴	LA Ranking ³
7.8	4.5	-	3 rd highest in the U.S.

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

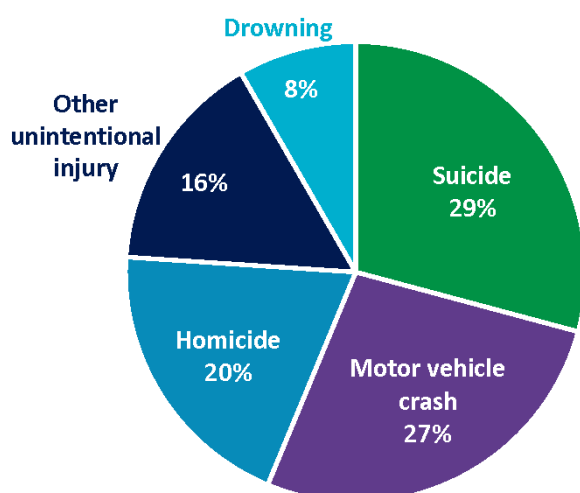


Louisiana's mortality rate due to injury from 2017 to 2019 for children between the ages of 10-14 years was **11.2 deaths per 100,000 children**. The U.S. rate was 7.4 deaths per 100,000 children for the same period. If Louisiana had the same mortality rate as the U.S., **11 fewer** children in this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

Louisiana Rate ²	U.S. Rate ³	HP2020 Goal ⁴	LA Ranking ³
11.2	7.8	-	7 th highest in the U.S.

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.

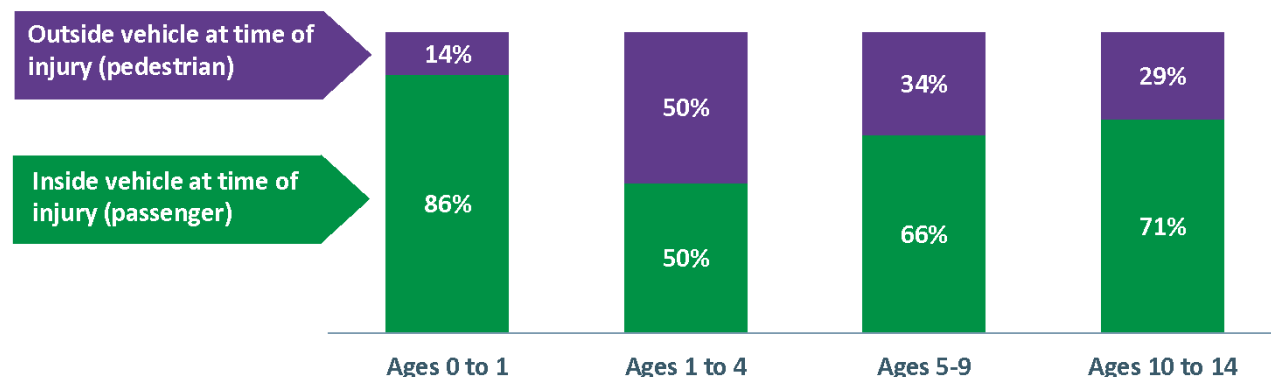


Child Motor Vehicle Crash (MVC) Deaths

Risk Factors & Recommendations, 2018-2020 data

87 infants & children in Louisiana died due to MVCs from 2018-2020.² 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 Group⁵



Safety Features Used Incorrectly, Not Present, or Unknown in Child MVC Deaths⁵



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.¹²
- Injury prevention professionals are encouraged to assess areas where children gather (e.g., parks, schools, libraries, etc.) for unsafe conditions, such as poor visibility, lack of cross-walks, or poorly coordinated traffic.¹³

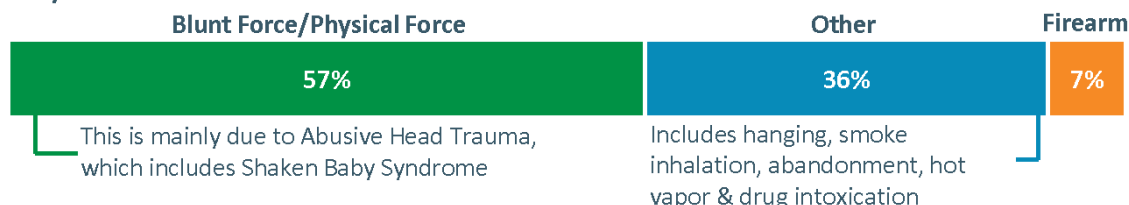
Homicide Deaths in Children

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



Homicide Methods

Ages 1-14 years in Louisiana²



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

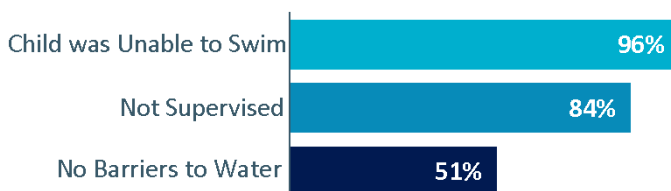
- **Pediatricians are encouraged to regularly talk to parents about:**
 - Safely storing all firearms in children's primary home and relatives' homes. Safe storage includes locking up firearms and storing firearms and ammunition separately. Storage resources can be found at [BeSMART for Kids](#).
 - 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 Louisiana⁵



- 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



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 flotation 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 poolsafely.gov.

Suicide Deaths in Children

Risk Factors & Recommendations, 2018-2020 data

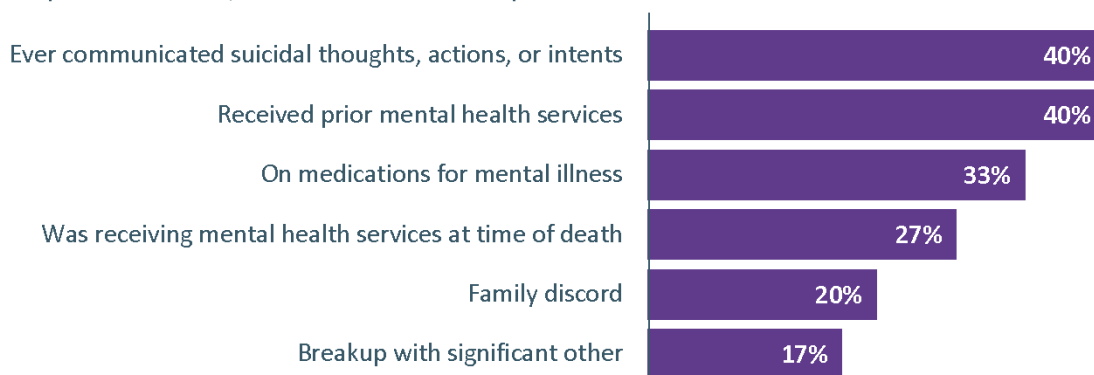
From 2018-2020, 30 children under age 15 in Louisiana died from suicide.²
More than **a third of these suicides** were completed using a **firearm**.

Suicide Methods



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.



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 comprehensive 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.”²⁰

2020

American Public Health Association

“Racism attacks people’s physical and mental health. And **racism is an ongoing public health crisis** that needs our attention now!”²¹

*Institutional racism is the “societal allocation of privilege based on race.”²²

Racial Disparities in Mortality

Infants 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.²³ **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 healthcare⁸ and family planning services²⁴ – can exacerbate differences in infant and child mortality by race.^{9, 10}

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.^{25, 26}

Low socioeconomic status is correlated with injury-related child fatalities.²⁷ 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



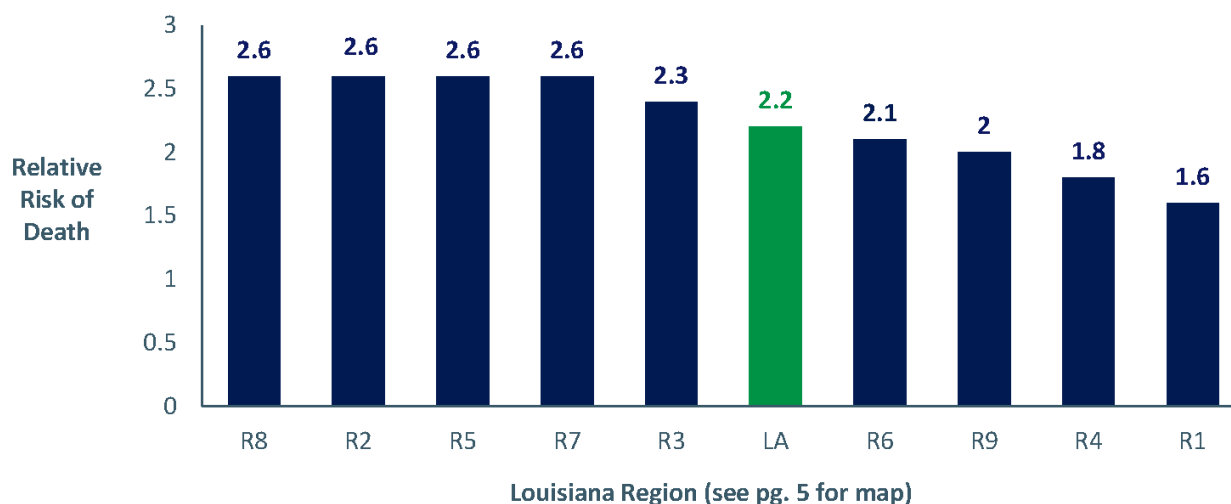
In Louisiana from 2018 to 2020, Black[†] infants were **2.2 times** as likely to die as white[†] infants.

Infant Mortality Rate, 2018-2020	
Black [†]	White [†]
12.0 deaths per 1,000 live births	5.5 deaths per 1,000 live births

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

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

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



Key Points

- Infant mortality affects Black infants more than white infants.
- Region 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[†] children are at an increased risk of dying, as compared to their white[†] peers.²



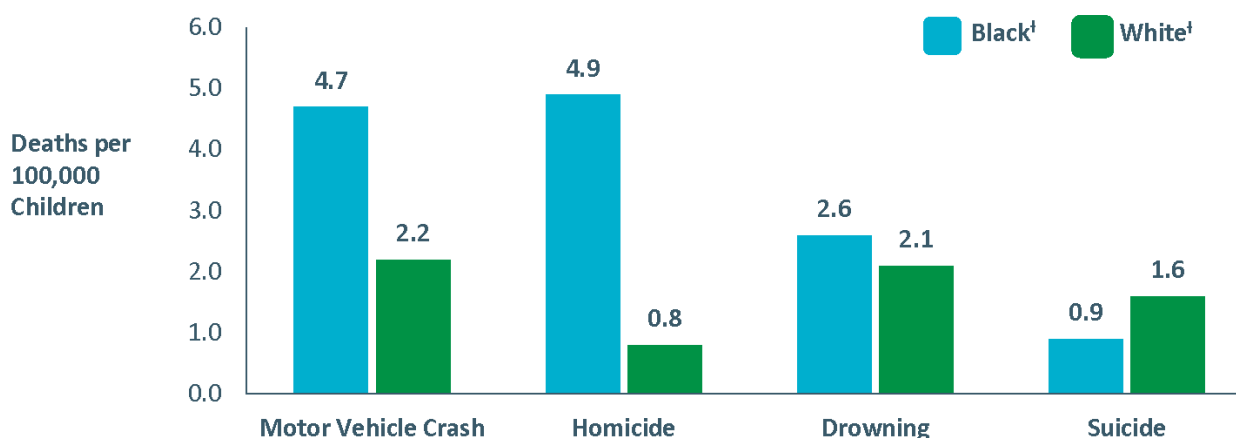
In Louisiana from 2018 to 2020, Black[†] children were 1.7 times as likely to die as white[†] infants.

Child Mortality Rate, 2018 - 2020	
Black [†]	White [†]
31.3 deaths per 100,000 children	18.1 deaths per 100,000 children

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

Mortality Rates by Top Causes of Death & Race

In Louisiana from 2018 to 2020, Black[†] children in Louisiana were more likely than white children to die in a motor vehicle crash, due to homicide, or by drowning. White children[†] 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[†] and Black[†] 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](#).²⁹ 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.³⁰
- 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.³¹ 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.³² 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.³³
- 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 techniques³¹ to help learn 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
 - Bilevel Positive Airway Pressure (BiPAP) machines
 - Suction machines
 - Hospital beds
 - Wheelchairs
 - Stenders/standing aids
 - Enteral feeding pumps
 - Generators for a backup power source (may be provided through insurance or community organizations)

2023 BLUEPRINT FOR CHILDREN- Louisiana AAP

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.

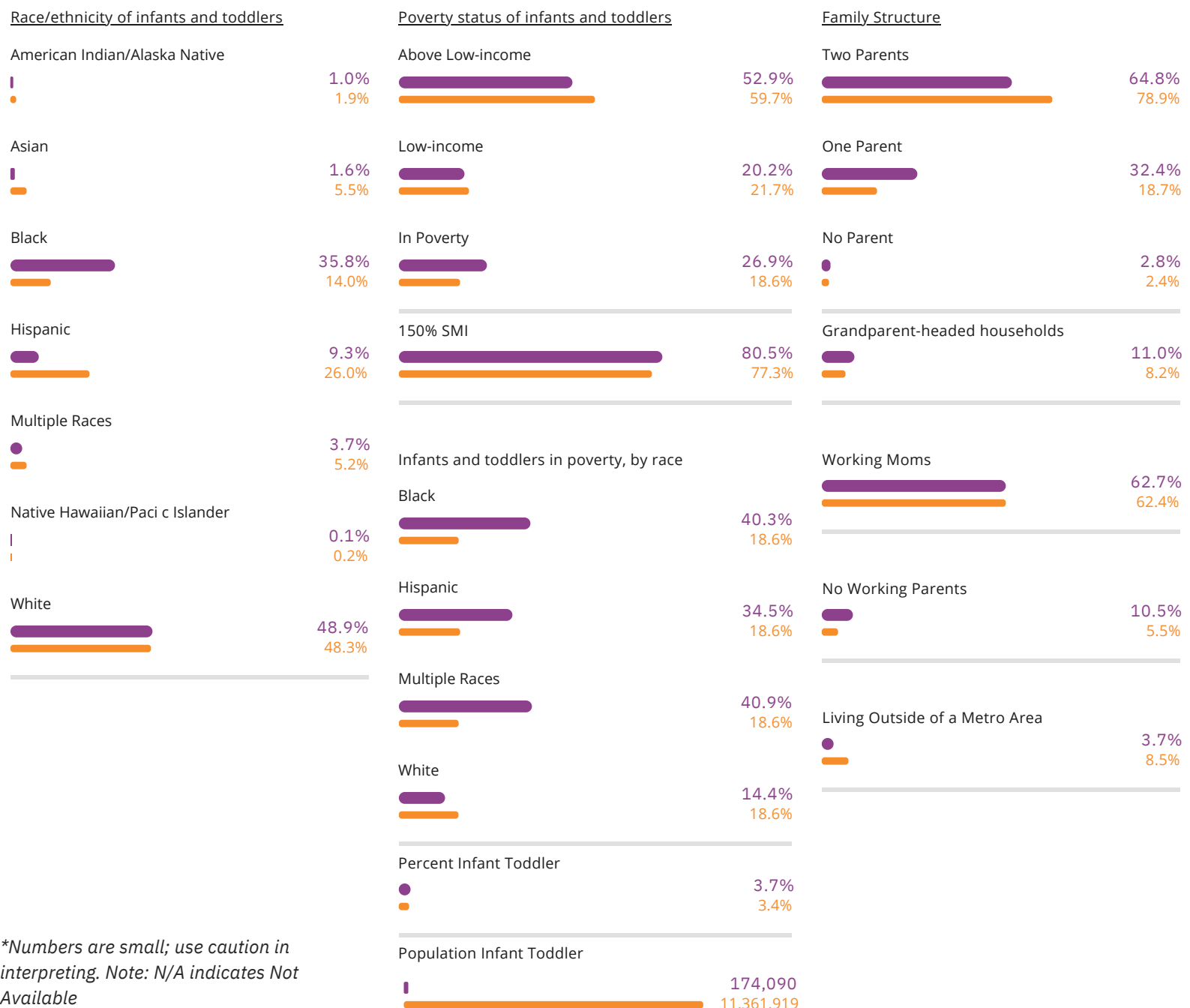
This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the 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

Louisiana National Average

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.



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

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 first 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 the first 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.

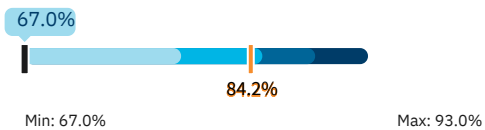
Key Indicators of Good Health

● Louisiana ● National Avg

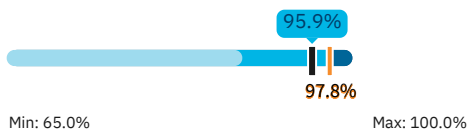
Eligibility limit (% FPL) for pregnant women in Medicaid



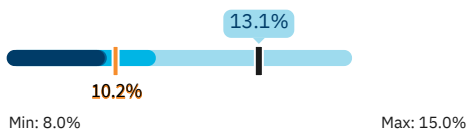
Infants ever breastfed **NR**



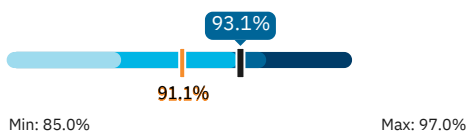
WIC Coverage



Babies born preterm



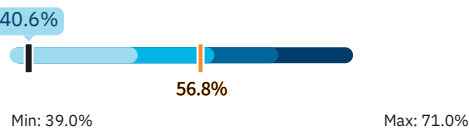
Preventive medical care received



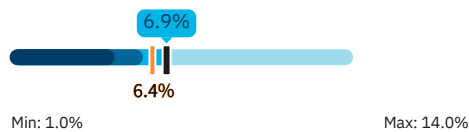
Uninsured low-income infants and toddlers



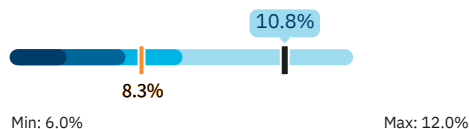
Infants breastfed at 6 months **NR**



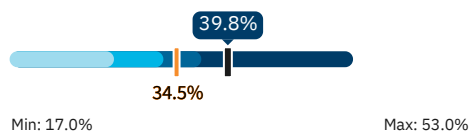
Late or no prenatal care received



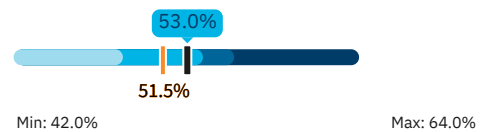
Babies with low birthweight



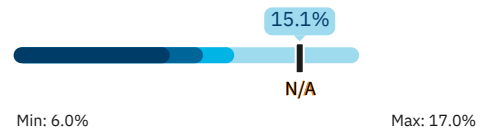
Preventive dental care received



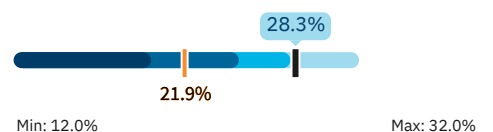
Medical home



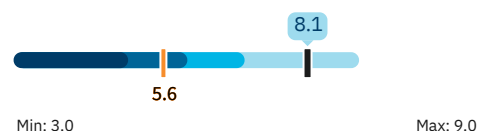
High weight-for-length **NR**



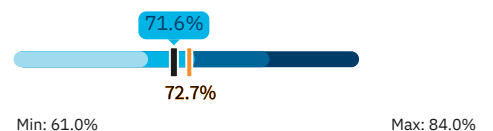
Mothers reporting less than optimal mental health



Infant mortality rate (deaths per 1,000 live births)



Received recommended vaccines



**Numbers are small; use caution in interpreting.*

2023 BLUEPRINT FOR CHILDREN- Louisiana AAP

Good Health Policy in Louisiana

Medicaid expansion state	Yes	✓
CHIP maternal coverage for unborn child option	Yes	✓
Postpartum extension of Medicaid coverage	No law beyond mandatory 60 days	
Pregnant workers protection	Limited coverage: State employees and private employees with exceptions	
State Medicaid policy for maternal depression screening in well-child visits	Recommended	
Medicaid plan covers social-emotional screening for young children	No	✗
Medicaid plan covers IECMH services at home	Yes	✓
Medicaid plan covers IECMH services at pediatric/family medicine	Yes	✓
practices Medicaid plan covers IECMH services in early childhood education settings	Yes	✓

Note: N/A indicates Not Available

All Good Health Indicators for Louisiana

● State Indicator ● National Avg

Health Care Coverage and Affordability

G Eligibility limit (% FPL) for pregnant women in Medicaid	138.0 200.0	W Uninsured low-income infants and toddlers	3.0% 5.1%
R Medical home	53.0% 51.5%		

Nutrition

Infants ever breastfed	NR	G Infants breastfed at 6 months	40.6% 56.8%
High weight-for-length	NR	R WIC coverage	95.9% 97.8%

Maternal Health

R Late or no prenatal care received	6.9% 6.4%	Maternal mortality rate (deaths per 100,000 live births)	NR	NA 20.1
G Mothers reporting less than optimal mental health	28.3% 21.9%			

Children's Health

G Babies born preterm	13.1% 10.2%	G Babies with low birthweight	10.8% 8.3%
G Infant mortality rate (deaths per 1,000 live births)	8.1 5.6	W Preventive dental care received	39.8% 34.5%
O Preventive medical care received	93.1% 91.1%	R Received recommended vaccines	71.6% 72.7%

Note: N/A indicates Not Available.

Strong Families

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.

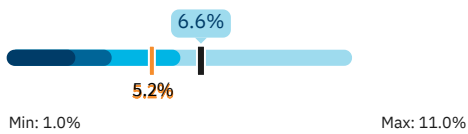
Key Indicators of Strong Families

● Louisiana ● National Avg

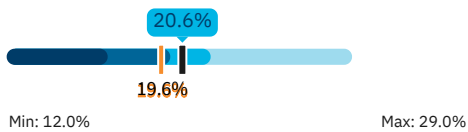
TANF benefits receipt among families in poverty



Unsafe neighborhoods



1 adverse childhood experience



Removed from home **NR**



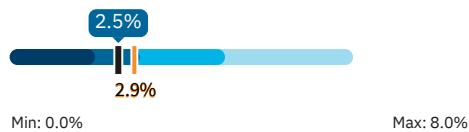
Permanency: Guardian **NR**



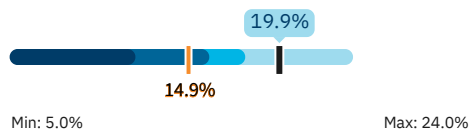
Potential home visiting beneficiaries served



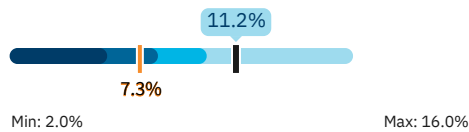
Housing instability



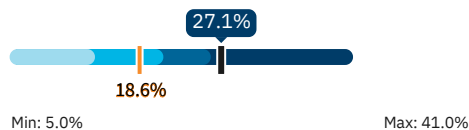
Low or very low food security



2 or more adverse childhood experiences



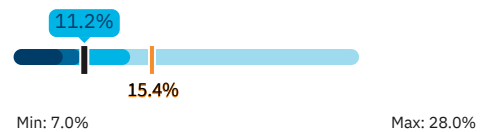
Time in out-of-home placement



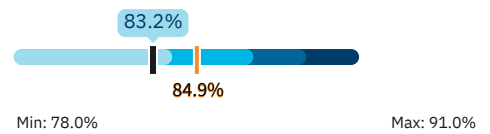
Permanency: Relative **NR**



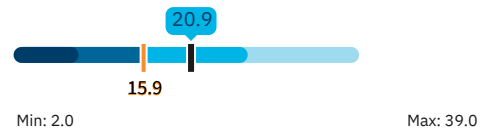
Crowded housing



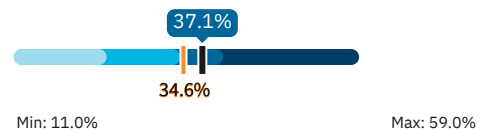
Family resilience



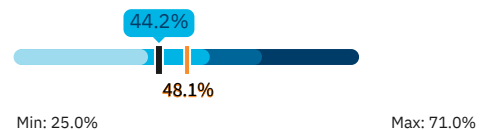
Infant/toddler maltreatment rate (per 1,000 children ages 0-2) **NR**



Permanency: Adopted **NR**



Permanency: Reunified **NR**



*Numbers are small; use caution in interpreting.

2023 BLUEPRINT FOR CHILDREN- Louisiana AAP

Strong Families Policy in Louisiana

Paid family leave	No	✗
Paid sick time that covers care for	Yes	✓
child TANF work exemption	No	✗
State child tax credit	No	✗
State Earned Income Tax Credit	Yes	✓

Note: N/A indicates Not Available

All Strong Families Indicators for Louisiana



State Indicator



National Avg

Basic Needs

TANF bene ts receipt among families in poverty	3.4%	Housing instability	2.5%
	18.5%		2.9%
Crowded housing	11.2%	Unsafe neighborhoods	6.6%
	15.4%		5.2%
Low or very low food security	19.9%		
	14.9%		

Child Well-being and Resilience

Family resilience	83.2%	1 adverse childhood experience	NR	20.6%
	84.9%			19.6%
2 or more adverse childhood experiences	11.2%	Infant/toddler maltreatment rate (per 1,000 children ages 0- 2)	NR	20.9
	7.3%			15.9
Removed from home	NR	Time in out-of-home placement	NR	0.3%
	4.9			%
	7.1			
Permanency: Adopted	NR	Permanency: Guardian	NR	8.4%
	37.1%			8.3%
	34.6%			
Permanency: Relative	NR	Permanency: Reuni ed	NR	44.2%
	9.5%			48.1%
	7.8%			
Potential home visiting bene ciaries served	1.5%			
	2.1%			

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

● Louisiana ● National Avg

Parent reads to baby every day



Parent sings to baby every day



% Income-eligible infants/toddlers with Early Head Start access



Low/moderate income infants/toddlers in CCDF funded-care



Cost of care, as % of income married families



Cost of care, as % of income single parents



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



**Numbers are small; use caution in interpreting.*

2023 BLUEPRINT FOR CHILDREN- Louisiana AAP

Positive Early Learning Experiences Policy in Louisiana

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

Note: N/A indicates Not Available

All Positive Early Learning Experiences Indicators for Louisiana



State Indicator



National Avg

Activities that Support Early Learning

Parent reads to baby every day	29.1%	Parent sings to baby every day	50.8%
	36.8%		57.3%

Access to Early Learning Programs

% Income-eligible infants/toddlers with Early Head Start access	6.0%	Low/moderate income infants/toddlers in CCDF-funded care	4.4%
	11.0%		4.6%
Cost of care, as % of income married families	NR	Cost of care, as % of income single parents	NR
	9.0%		39.4%
	NA		NA

Early Intervention

Developmental screening received	26.2%	Percentage of infants/toddlers receiving IDEA Part C services	5.8%
	33.8%		7.2%
Timeliness of Part C services	NR		
	100.0%		
	NA		

Note: N/A indicates Not Available.



Children's Health Coverage in Louisiana



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 LOUISIANA

Age

6-18 years old

4.3%



Under 6

3.2%



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.

UNINSURED LOUISIANA

4%

of children do not have health insurance

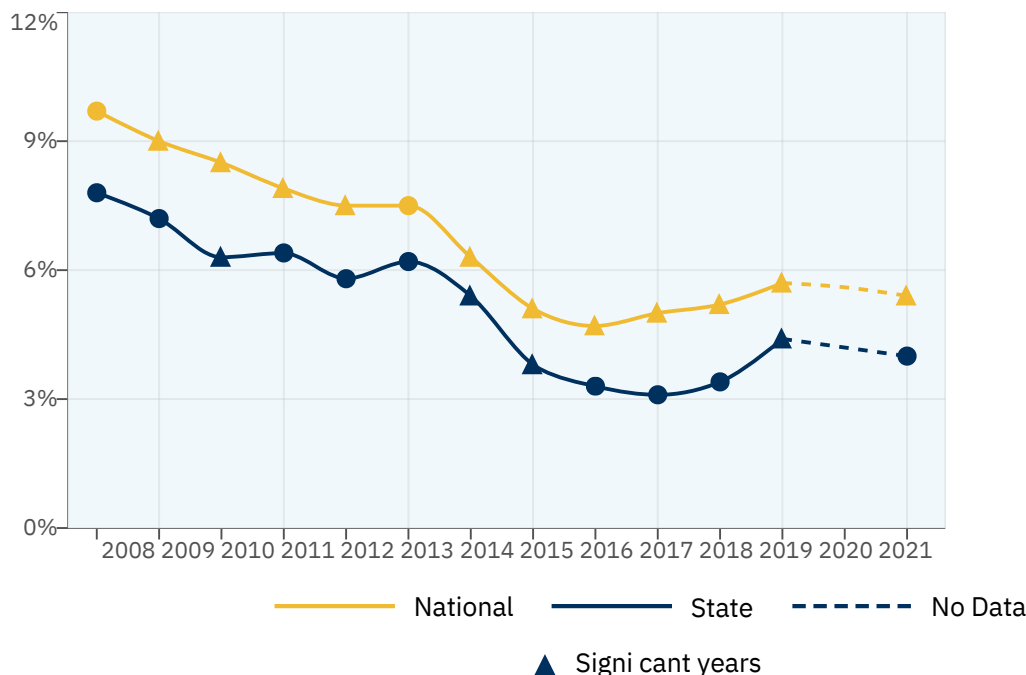
Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Health Insurance Historical Table HIC-5. Health Insurance Coverage Status and Type of Coverage by State—Children Under 19: 2008 to 2021. Because of data quality issues related 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.

Rank among states 2021

18/51

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

Source: "Health Insurance Coverage of Children 0-18," Kaiser Family Foundation, available at <https://www.kff.org/other/state-indicator/children-0-18/?currentTimeframe=0&sortModel=colId:Location,sort:asc>

Employer-Sponsored

37%



Direct Purchase

3.7%



Medicaid/CHIP

53.4%



Other Public

2.1%



Uninsured

3.8%



PARTICIPATION IN MEDICAID/CHIP LOUISIANA

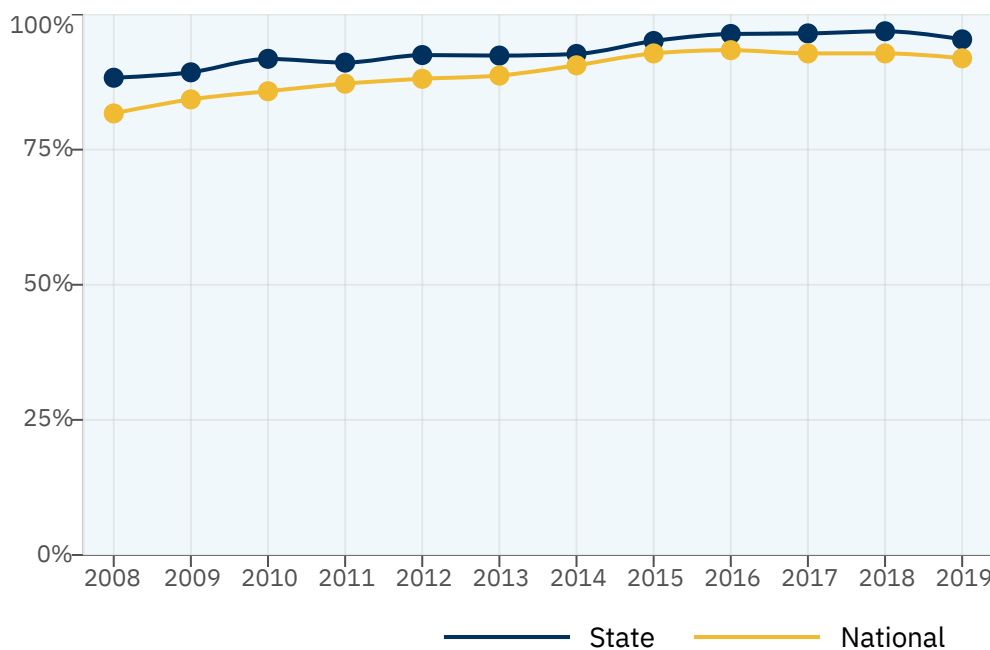
95.4%

of all eligible children participate in Medicaid/CHIP

Source: Haley, J., et al., "Uninsurance Rose among Children and Parents in 2019: National and State Patterns," (Washington D.C.: The Urban Institute, July 2021); and Haley, J., et al., "Progress in Children's Coverage Continued to Stall Out in 2018: Trends in Children's Uninsurance and Medicaid/CHIP Participation," (Washington D.C.: The Urban Institute, October 2020).

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%



Category	Value
Louisiana	255%
US Median	255%

Parents (family of three)

US Median: 138%

138%



Category	Value
Louisiana	138%
US Median	138%

Pregnant women (family of three)

US Median: 207%

214%



Category	Value
Louisiana	214%
US Median	207%

Single adults without dependent children

US Median: 138%

138%



Category	Value
Louisiana	138%
US Median	138%

Source: Brooks, T. et al., "Medicaid and CHIP Eligibility, Enrollment, and Renewal Policies as States Prepare for the Unwinding of the Pandemic-Era Continuous Enrollment Provision," (Georgetown University Center for Children and Families and Kaiser Family Foundation, March 2023), available at <https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-and-renewal-policies-as-states-prepare-for-the-unwinding-of-the-pandemic-era-continuous-enrollment-provision/>. Dollar amounts shown reflect 2023 Poverty Guidelines determined by the U.S. Department of Health and Human Services (HHS).

QUALITY MEASURES LOUISIANA

Louisiana reporting on Behavioral Health Care, 2020

Behavioral Health Care

LA Rate

Worst

Median

Best

Follow-Up After Hospitalization for Mental Illness: Ages 6 - 17 (Follow Up Visit Within 7 Days of Discharge)

★★★★

38.6%



Follow-Up After Hospitalization for Mental Illness: Ages 6 - 17 (Follow Up Visit Within 30 Days of Discharge)

★★★★

61.2%



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)

★★★★

54.6%



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)

★★★★

68.2%



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

★★★★

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52.5%



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%



Louisiana reporting on Care of Acute and Chronic Conditions, 2020

Care of Acute and Chronic Conditions

LA Rate

Worst

Median

Best

Asthma Medication Ratio: Ages 5 to 11

★★★★★

77%



Asthma Medication Ratio: Ages 12 to 18

★★★★★

69.2%



Asthma Medication Ratio: Ages 5 to 18

★★★★★

73.4%



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

★★★★★

55.9%



Louisiana reporting on Dental and Oral Health Services, 2020

Dental and Oral Health Services

LA Rate

Worst

Median

Best

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

★★★★★

19.4%



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

★★★★★

40.9%



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Louisiana reporting on Primary Care Access and Preventive Care, 2020

Primary Care Access and Preventive Care

LA Rate

Worst

Median

Best

Adolescent Well-Care Visits: Ages 12 to 21

★★★★★

59%



Childhood Immunization Status: Age 2 (Measles, Mumps, and Rubella (MMR) Vaccine)

★★★★★

88.2%



Childhood Immunization Status: Age 2 (Combination 3)

★★★★★

69.2%



Chlamydia Screening in Women Ages 16 to 20

★★★★★

65.8%



Developmental Screening in the First Three Years of Life: Ages 0 to 3

★★★★★

18.3%



Immunizations for Adolescents: Age 13 (Human Papillomavirus (HPV) Series)

★★★★★

46%



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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