



# Child Mortality in Louisiana

2019-2021 Data

# Overall Child Mortality

## 1 to 14 years

From 2019-2021 in Louisiana, an average of **206 children** between ages 1 and 14 died each year.<sup>2</sup>



**United States vs. Louisiana**

The 2019-2021 Louisiana mortality rate for children ages 1 to 14 was **24.4 deaths per 100,000 children**. The U.S. rate was 16.5 per 100,000 children for the same time period. If Louisiana had the same mortality rate as the U.S., **67 fewer children** would have died per year.

Louisiana Rate <sup>2</sup>	U.S. Rate <sup>3</sup>	LA Ranking <sup>3</sup>
24.4	16.5	Third highest in the U.S.

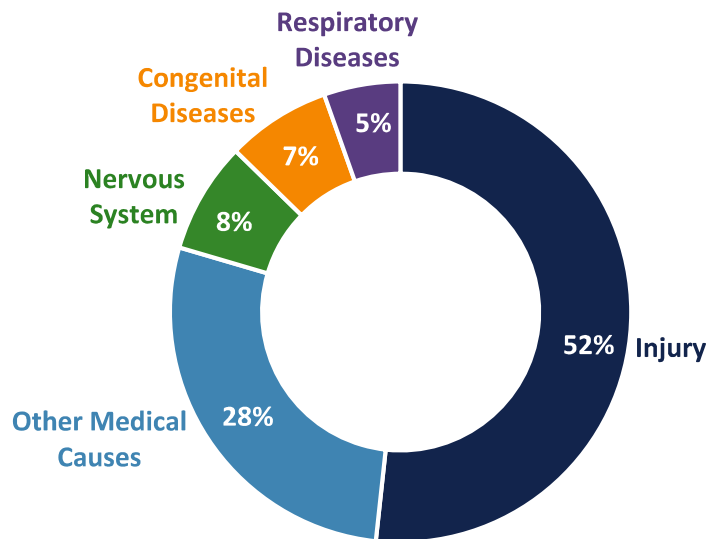
Child Deaths by Region (2019-2021) <sup>2</sup>	1	2	3	4	5	6	7	8	9
Average annual child deaths	32	31	16	28	16	14	28	18	23
Child mortality rate per 100,000 children	21.5	25.4	22.4	23.9	26.7	25.6	28.8	29.44	20.47

*\*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...<sup>2</sup>

- **106** children died from injury
- **57** children died due to another medical cause
- **16** children died due to nervous system diseases
- **15** children died due to congenital anomalies
- **11** children died due to diseases of the respiratory system



## Key Points

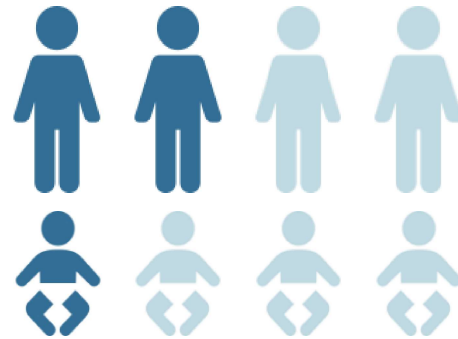
- More than half (52%) of childhood deaths (ages 1 to 14) were due to injuries. Most of these deaths are considered preventable.
- The other (48%) childhood deaths were due to a medical cause. The most common medical causes are diseases of the nervous system, diseases of the respiratory system, and deaths related to congenital anomalies.

# Child Mortality: Fatal Injuries

## 1 to 14 years

From 2019-2021, an average of 106 children died from injuries each year. The majority of injury deaths were due to motor vehicle crashes, homicide, and drowning.<sup>2</sup>

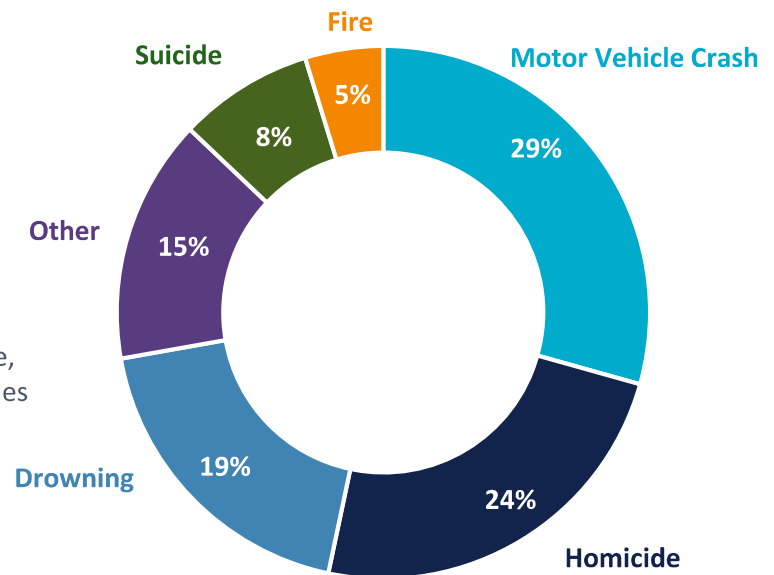
Half of child deaths were a result of injury. Injury makes up a larger percentage of deaths in childhood (52%) than in infancy (26%).



### Causes of Fatal Injury

Each year, an average of...<sup>2</sup>

- 31 children died due to motor vehicle crashes
- 25 children died from homicide
- 20 children drowned
- 16 children died due to another unintentional cause, including falls, threats to breathing, and other injuries
- 9 children died from suicide
- 5 children died due to fire exposure



### Key Points

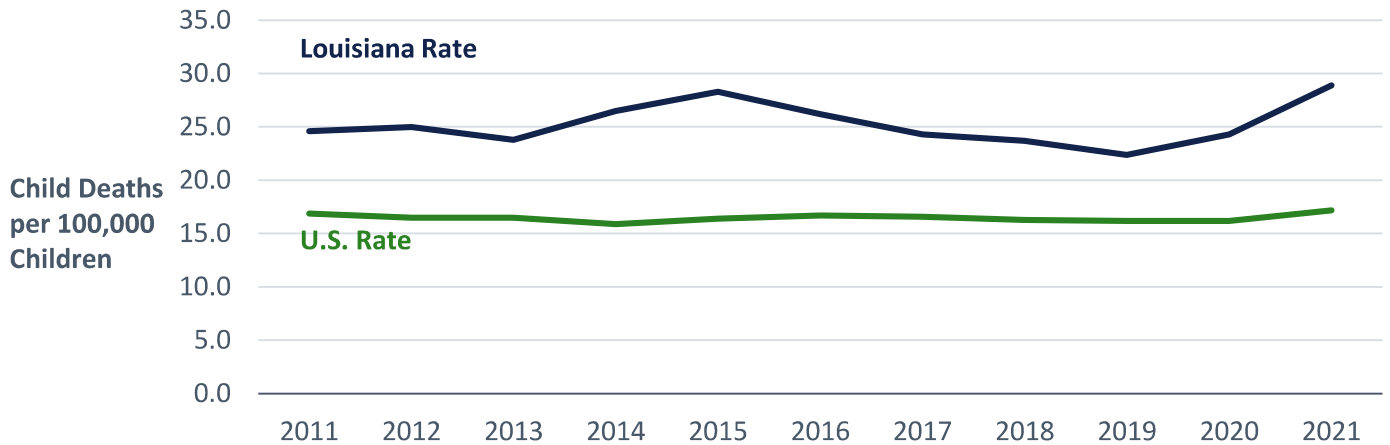
- Motor vehicle crashes, homicide, and drowning were the top causes of injury-related child deaths.
- For the majority of child deaths due to motor vehicle crashes, child restraints were not used.
- Inadequate supervision of children and lack of barriers around water were the top contributing factors in drowning deaths. Almost half (41%) of all drowning deaths occurred in swimming pools, hot tubs, or spas.

# Trends in Child Mortality

## 1 to 14 years

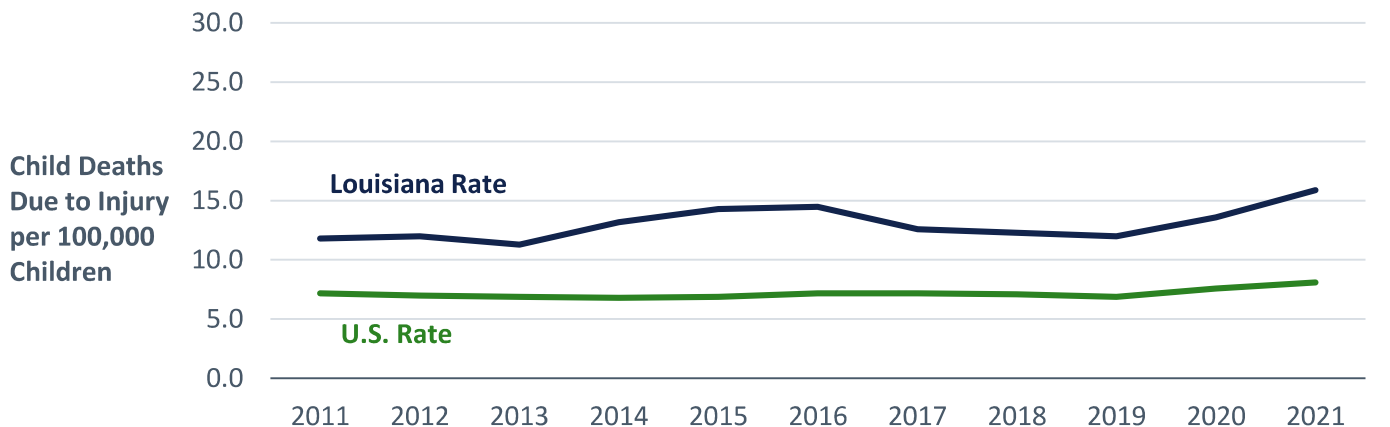
### Overall Child Mortality Over Time<sup>3</sup>

Louisiana's overall child mortality rate remained relatively consistent from 2011 to 2021, hovering around **25 child deaths per 100,000 children**. The Louisiana rate also remained consistently higher than the U.S. rate.



### Child Mortality Due to Injury Over Time<sup>3</sup>

Louisiana's child mortality rate due to injury remained around **14 deaths per 100,000 children** from 2011 to 2021. 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.



# Racial Disparities in Child Mortality

## 1 to 14 years

### Racial disparities in mortality exist throughout Louisiana and the United States, and are complex.

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.<sup>23</sup> Infant and child mortality is influenced by a range of intergenerational social, economic, clinical, and environmental determinants. Racial disparities across important *non-clinical* factors such as income, opportunities for stable employment, affordable housing, and access to preventive healthcare<sup>8</sup> and family planning services<sup>24</sup>, can exacerbate differences in infant and child mortality by race.<sup>9, 10</sup>

Low socioeconomic status is correlated with injury-related child fatalities.<sup>27</sup> 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 no cost 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 may 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.

2020

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

**American Public Health Association**

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

# Racial Disparities in Mortality

## 1 to 14 years



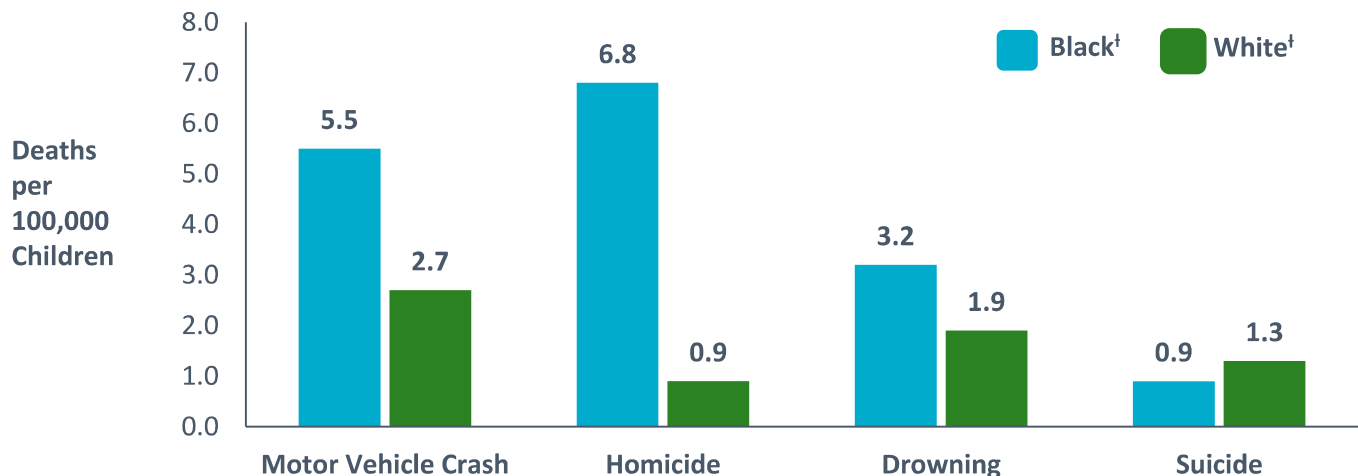
In Louisiana from 2019-2021, **Black<sup>†</sup> children** were **2 times as likely** to die as white<sup>†</sup> children.

Child Mortality Rate, 2019 - 2021	
Black <sup>†</sup>	White <sup>†</sup>
34.8 deaths per 100,000 children	17.5 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 2019 to 2021, **Black<sup>†</sup> children** in Louisiana were more likely than white children to die in a **motor vehicle crash**, due to **homicide**, or by **drowning**. **White children<sup>†</sup>** 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 2019-2021, Black children were six times as likely to die from homicide as white children.
- The top cause of injury-related death for Black children was homicide.
- The top cause of injury-related death for 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<sup>†</sup> and Black<sup>†</sup> children.

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# Child Mortality Due to Injury

2019-2021 Data

# Child Mortality Due to Injury

## 1– 4 Years

From 2019-2021 in Louisiana, an average of **86** children between ages 1 and 4 died each year; **42** per year died due to injury.<sup>2</sup>



United States vs. Louisiana

The Louisiana mortality rate due to injury from 2019 to 2021 for children ages 1 to 4 was **17.8 deaths per 100,000 children**. The U.S. rate was 10.2 per 100,000 children for the same time period. If Louisiana had the same mortality rate as the U.S., **18 fewer** children in this age group would have died per year.

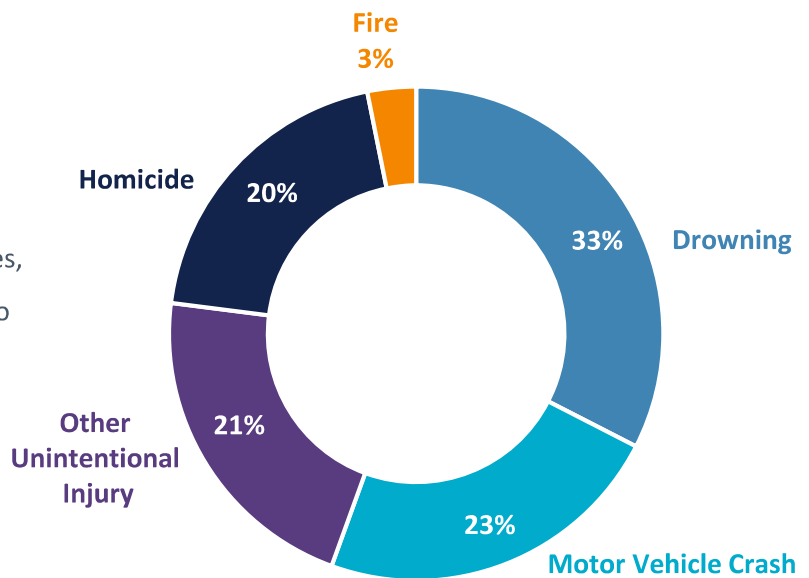
Louisiana Rate <sup>2</sup>	U.S. Rate <sup>3</sup>	LA Ranking <sup>3</sup>
17.8	10.2	Third highest in the U.S.

### Causes of Fatal Injury

About half of all deaths among children ages 1-4 were injury-related.

Each year, an average of...<sup>2</sup>

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



### Key Points

- Children between ages 1 and 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 third 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

## 5 – 9 Years

From 2019-2021 in Louisiana, an average of **46** children between ages 5 and 9 years died each year. **Twenty-four** children per year died due to an injury.<sup>2</sup>



**United States vs. Louisiana**

The Louisiana mortality rate due to injury from 2019 to 2021 for children ages 5 to 9 was **8.1 deaths per 100,000 children**. The U.S. rate was 4.8 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.

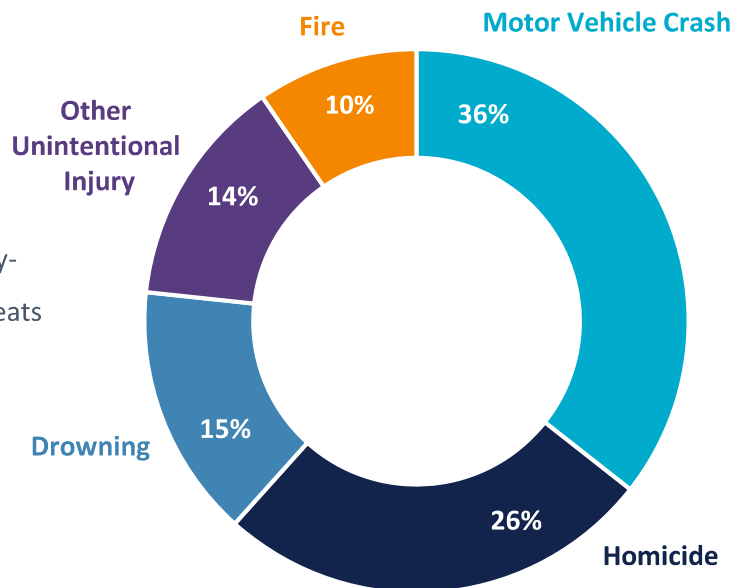
Louisiana Rate <sup>2</sup>	U.S. Rate <sup>3</sup>	LA Ranking <sup>3</sup>
8.1	4.8	Third highest in the U.S.

### Causes of Fatal Injury

53% of deaths among children ages 5 to 9 were injury-related.

Each year, an average of...<sup>2</sup>

- **9** children died in a motor vehicle crash
- **6** children died from homicide
- **4** children drowned
- **3** children died due to other unintentional injury-related causes, including but not limited to: threats to breathing, falls, and accidental poisoning
- **2** children died due to fire exposure



### 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 (55%) 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.)<sup>4</sup>
- Among 5 to 9-year-olds, 68% of homicides were due to firearms.<sup>2</sup>

# Child Mortality Due to Injury

## 10 – 14 Years

From 2019-2021 in Louisiana, an average of **74** children between ages 10 and 14 died each year; **39** per year died from injuries.<sup>2</sup>



**United States vs. Louisiana**

The Louisiana mortality rate due to injury from 2019 to 2021 for children between the ages of 10 to 14 was **12.8 deaths per 100,000 children**. The U.S. rate was 8.2 deaths per 100,000 children for the same period. If Louisiana had the same mortality rate as the U.S., **14 fewer** children in this age group would have died per year.

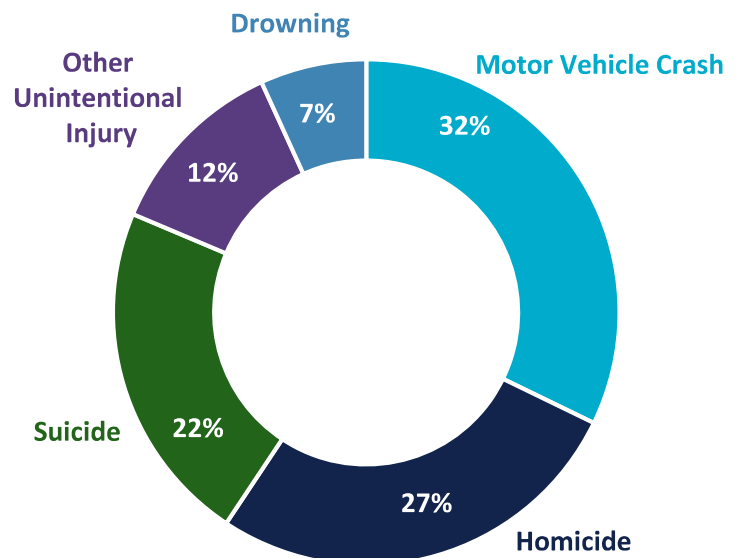
Louisiana Rate <sup>2</sup>	U.S. Rate <sup>3</sup>	LA Ranking <sup>3</sup>
12.8	8.2	Sixth highest in the U.S.

### Causes of Fatal Injury

53% of deaths among children ages 10 to 14 were injury-related.

Each year, an average of...<sup>2</sup>

- **13** children died in motor vehicle crashes
- **11** children died from homicide
- **9** children died from suicide
- **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

- Motor vehicle crashes and homicide were the most common causes of injury-related deaths in this age group.
- Suicide is the third leading cause in this age group. 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 (73%) than outside the vehicle as pedestrians. A major risk factor for child passenger deaths was the absence of restraints being used (shoulder belts, lap belts, etc.).<sup>5</sup>
- In this age group, 84% of homicides were due to firearms.<sup>1</sup>





# Reducing Child Mortality In Louisiana

Driving Factors

Recommendations for Prevention

Moving Data to Action

# Driving Factors and Recommendations for Child Mortality Prevention

## 0 to 14 Years

The following section describes risk factors related to the 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 injury were included to provide a more comprehensive picture of injury-related infant and child deaths in Louisiana. Reducing the risk factors and increasing the protective factors identified in this section may prevent both infant and child deaths.

**Homicides are the top cause of child death in Louisiana.** The homicides are predominantly due to firearms, blunt force trauma, abusive head trauma, asphyxia (suffocation), and poisoning.

**Motor Vehicle Crashes are the second 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.

**Drownings are the third top causes of child death in Louisiana.** These predominately take place in pools, hot tubs, or spas for this age group.

The category of “Other” unintentional injury deaths includes multiple causes, such as falls, blunt force trauma, fire-related, poisoning, and asphyxia (suffocation).

In the following pages, BFH used data from the National Fatality Review Case Reporting System database to determine the prevalence of risk factors in Louisiana deaths due to motor vehicle crashes, homicide, drowning, and suicide.



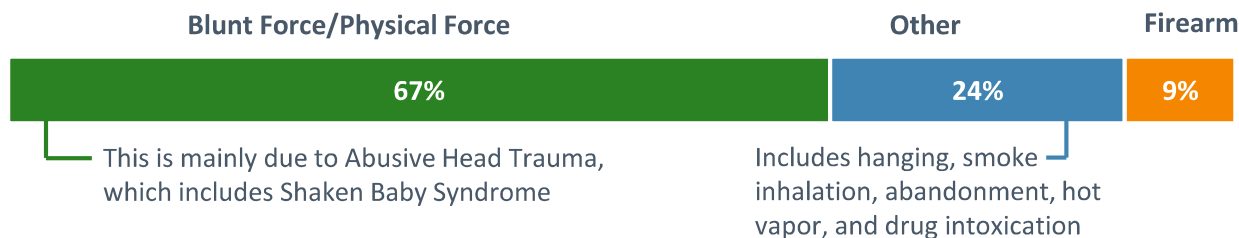
# Homicide Deaths in Children

## Data and Recommendations

From 2019-20215, 109 Louisiana infants and children were victims of homicide.<sup>2</sup> Infants were more likely to die from **blunt force injuries, including Abusive Head Trauma**, while children ages 1 to 14 were more likely to die from **firearms**.

### Homicide Methods

Ages birth to 1 in Louisiana<sup>2</sup>



### Homicide Methods

Ages 1 to 14 in Louisiana<sup>2</sup>



There were **109** homicides between 2019-2021. However, some data providers were cautious about sharing case details under LA RS 40:2019. Therefore, CDR teams could only fully review **41** of these cases.

### Recommendations

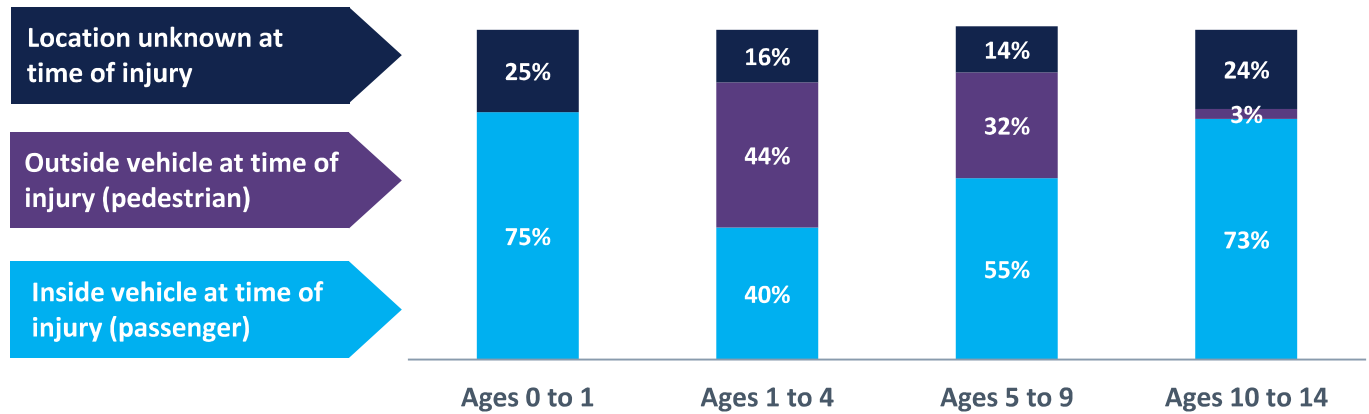
Based on recommendations from Children's Safety Network,<sup>14</sup> American Academy of Pediatrics,<sup>15</sup> and Safe States Alliance.<sup>16</sup>

- **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 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.

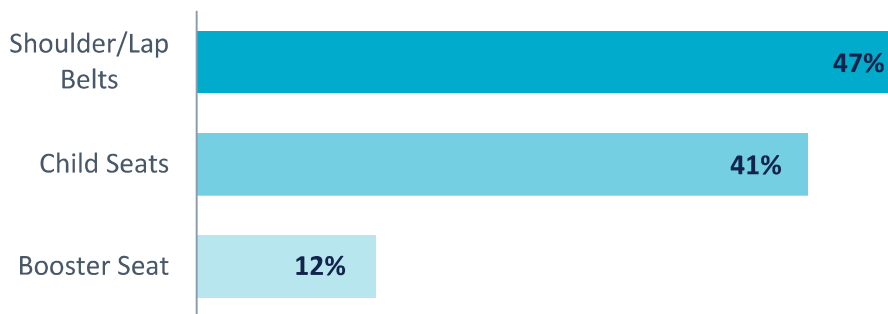
# Child Motor Vehicle Crash (MVC) Deaths: Data and Recommendations

Ninety-nine infants and children in Louisiana died due to MVCs from 2019-2021.<sup>2</sup> All age groups (birth to 14) 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 birth to 14 in Louisiana.

## Location of Victim at time of MVC, by Age Group<sup>5</sup>



## Safety Features Used in Child MVC Deaths<sup>5</sup>



Children were **restrained in 38%** of MVC deaths that occurred from 2019-2021.

## 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 changes as children grow.
- In 2019, Louisiana's child passenger safety (CPS) legislation reflects best practices and is one of the safest CPS laws in the country. Access to appropriate seats and assistance for correct installation should be ensured by prevention professionals.
- For the majority of child deaths due to motor vehicle crashes, child restraints were not used. 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.
- Monitoring and enforcement of legislation related to child safety seats should be prioritized by safety professionals.
- Policies around improper restraint and drinking and driving should be strictly enforced.<sup>12</sup>
- 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.<sup>13</sup>

# Child Drowning Deaths

## Data and Recommendations

A total of 64 infants and children in Louisiana died from drowning from 2019-2021.<sup>2</sup> Drowning was the third leading cause of injury-related death for children ages Birth to 14 in Louisiana.<sup>2</sup>

### Top Risk Factors for Drowning in Louisiana<sup>5</sup>



Lack of supervision, inability to swim, and no barriers to water were key risk factors in most drowning deaths of children.<sup>5</sup>

### Drowning Location

Of children who died from drowning in Louisiana, almost half (41%) drowned in a pool, hot tub, or spa.<sup>5</sup>



### Recommendations

Based on shared recommendations from the CDC,<sup>17</sup> Safe Kids Worldwide,<sup>18</sup> and Children's Safety Network.<sup>19</sup>

#### Pool owners or operators and water safety instructors should:

- Emphasize or require active supervision of all children, at all times, when they are in or around water. Active supervision involves a designated adult, no distractions, and children being within an arm's reach.
- Only use floatation devices that have been approved by the US Coast Guard (USCG) for the specific weight of the child using the device. Product will have the USCG imprint on it.
- Teach children to swim close to lifeguards and to only swim in designated swimming areas.
- Maintain automatic external defibrillators (AEDs) and rescue equipment near pools.
- Require CPR and First Aid certification for pool supervisors and ensure quick phone access to call 911.
- Follow pool safety standards, secure pool/spa ladders, and install updated safety-compliant drains and pipes.
- Maintain clear visibility of pool surface and 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](https://poolsafely.gov).



# Suicide Deaths in Children

## Data and Recommendations

From 2019-2021, 26 children under age 15 in Louisiana died from suicide.<sup>2</sup>

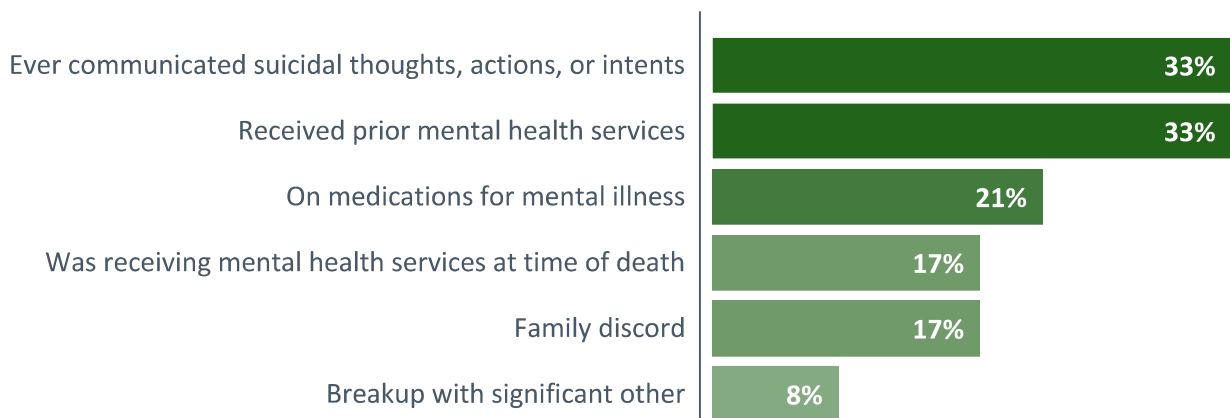
Half of these suicides were completed using a **firearm**.

### Suicide Methods



### Experiences of Children who Died by Suicide

Local CDR teams reviewed 24 out of 26 child deaths due to suicide from 2019-2021. The graph below reflects only reviewed cases, and data are not mutually exclusive.



### Recommendations

Based on recommendations from Children’s Safety Network,<sup>14</sup> American Academy of Pediatrics,<sup>15</sup> and Safe States Alliance.<sup>16</sup>

- **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 the [988 Suicide and Crisis Lifeline](#), a national network of more than 200 accredited local crisis call centers. [988](#) responds to calls, chats and texts to provide 24/7, free and confidential emotional support to people experiencing suicidal crisis, emotional distress, substance use, or mental health challenges.



# Moving Data to Action

## General Injury Prevention

Injury and violence prevention is essential to creating a healthy environment for all Louisiana children. Not only are injury and violence a leading cause of death for Louisiana children, but it can also have a lifelong impact on those who survive. **Injury and violence prevention efforts aim to stop injury before they happen so children, families, and communities can feel safe.**



### General Injury Prevention Efforts

Prevention initiatives completed by BFH to address Child Mortality:

- Expanded [BFH injury prevention efforts](#) by securing funding for additional statewide programming to prevent the leading causes of childhood injury. Funding was provided through the CDC's Core State Violence and Injury Prevention Program, the National Violent Death Reporting System, and the Consumer Product Safety Commission's *Pool Safely* initiative.
- Established topic-specific regional taskforces and workgroups across the state through Community Action and Advisory Teams. Topics include: Infant Safe Sleep, Child Passenger Safety, Father Involvement, Advocacy and Public Safety, and Child Death Prevention.
- Facilitated Injury Free Louisiana (IFLA) Training Academy trainings to teach community providers about the shared risk and protective factor approach to prevent multiple forms of injury and violence. This approach is designed to produce interventions that impact multiple adverse health outcomes, including substance misuse, unintentional injury, violence, and chronic disease.
- Established surveillance and data communication processes to provide prevention stakeholders with information to inform program and policy efforts.
- Expanded the Adverse Childhood Experiences (ACE) Educator program. This involved developing resources for improved training on ACEs and trauma-informed care and supporting the promotion of the [Louisiana Parent Line \(1-833-LA-CHILD\)](#) for parenting support.



# Moving Data to Action

## Child Passenger Safety

Correctly-installed child seat restraints could help prevent child deaths in motor vehicle accidents. Collaboration between health professionals, safety professionals, law enforcement and policy makers can help Louisiana families learn to safely secure their children in motor vehicles and prevent child deaths.



### Child Passenger Safety and Motor Vehicle Crash Prevention for Families

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- Collaborated with Regional Transportation Safety Coalitions to train car seat technicians, open seat safety check stations, promote car seat giveaways, and assist with correct installation.
- Worked with the Louisiana Passenger Safety Task Force to create regional contact cards listing all car seat technicians certified in both general child passenger safety and safety for [Children and Youth with Special Health Care Needs](#).
- Coordinated with emergency department providers and emergency medical personnel on two large Louisiana Department of Wildlife and Fisheries events to promote ATV safety.
- Collaborated with Highway Safety Coalition to organize a training on transport for Children and Youth with Special Healthcare needs for Child Passenger Safety Technicians.



### Child Passenger Safety and Motor Vehicle Crash Prevention Through System Improvement

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- Provided data and recommendations for improving child passenger safety, including seat location and booster seat use, as well as Graduated Driver's Licensing to the Louisiana Highway Safety Commission (LHSC) and other professional partners. LHSC and Louisiana State Police used this information to support legislation that aligned with best practices. Today, [Louisiana's child passenger safety law](#) is one of the most protective in the country.
- Partnered with LSU's Highway Safety Research Group - the Center for Analytics & Research and Transportation Safety – to participate in data integration, linkage, and specialized analyses.
- Completed data analysis linking Louisiana motor vehicle crash data with hospitalization injury data, which revealed the need to emphasize booster seats in child passenger safety legislation.
- Identified motor vehicle crash prevention as a priority for the 2019-2020 State Child Death Review. A subgroup will determine the best ways to change cultural norms around child passenger safety, increase passenger safety for children with special health needs and child passengers in emergency transport vehicles, and make car seats more available.

# Moving Data to Action

## Drowning Prevention

As one of the top three leading causes of death for Louisiana children, drowning prevention efforts can save lives before families get near water. Water safety education at the community and system levels are essential to keeping children safe near water.



### Drowning Prevention Support for Families

- Coordinated with partners to distribute [Pool Safely](#) materials (water safety and drowning prevention education) to parents and caregivers.
- Expanded access to free water safety and swim instruction in areas with few resources.
- Partnered with the YMCA to provide a Spanish-language water safety class for Latino families.
- Coordinated with local media outlets to air public service announcements promoting swim safety, using *Pool Safely* messaging.



### Drowning Prevention Through System Improvement

- Established a state CDR workgroup on drowning prevention. The workgroup used data to identify opportunities for prevention and submit a proposal for funding.
- Received a Consumer Product Safety Commission *Pool Safely* grant that allowed BFH and partners to build a collaborative model to:
  - Offer free or low-cost swim lessons in areas lacking these resources.
  - Conduct trainings on new pool construction safety standards and pool safety operation requirements in collaboration with the State Fire Marshall's Office.
  - Provide public education around water safety and drowning prevention.
  - Develop partnerships and support local prevention initiatives in underserved communities.
- Updated drowning and water safety infographics/fact sheets to share drowning data and prevention recommendations with State CDR partners across the state. These materials are used in combination with *Pool Safely* materials to support annual water safety promotion efforts throughout the summer, especially during drowning prevention month (May).
- Coordinated with the state YMCA Alliance and the Governor's Office on the YMCA's *Safety Around Water* Initiative.
- Provided swim lessons for children with special healthcare needs and expanded the number of instructors certified to teach these children through a collaboration with West Jefferson Medical Center and Greater New Orleans YMCA.
- Partnered with nonprofit organizations to provide free swim lessons for families in the Northshore, Monroe, and Houma/Thibodaux areas.
- Partnered with Children's Water Safety Awareness to distribute life jackets to families in the Houma/Thibodaux areas.

# Moving Data to Action

## Violence Prevention



### Violence Prevention Support for Families

- Worked with parents through BFH’s MIECHV program to support positive parent-child interactions, emotional health, and nurturing familial relationships. MIECHV also screens for Intimate Partner Violence (IPV) and refers clients to domestic violence and IPV resources.
- Worked with the Tulane Violence Prevention Institute (VPI), Children’s Hospital, and Louisiana DCFS to lay the foundation for an Essentials for Childhood Initiative. This approach focuses on preventing adverse childhood experiences, promoting resilience, shifting cultural norms around discipline, and engaging businesses to adopt more family-friendly policies.
- Identified secure firearm storage as a priority for the 2019-2021 State CDR. The State CDR was tasked with examining best practices and developing campaign messaging. This led to the [Be SMART Louisiana campaign](#) that promotes responsible gun ownership to protect kids and reduce child gun deaths.
- Supported promotion of the [VIA LINK Louisiana Parent Line](#): 833-LA-CHILD (833-522-4453).



### Violence Prevention Through System Improvements

- Gathered data on homicide, suicide, and unintentional firearm fatalities using the National Violent Death Reporting System (NVDRS) starting in 2017. NVDRS helps public health agencies understand the circumstances contributing to violent deaths by connecting records from medical examiners, coroners, law enforcement, toxicologists, and vital statistics.
- Created recommendations using CDR data and panel expertise for how law enforcement can:
  - Improve and track the status of child death investigations.
  - Increase recognition and reporting of child abuse and neglect.
- Supported mandated reporting seminars designed to prevent deaths due to child abuse and neglect. Audiences included the Louisiana Emergency Response Network, Louisiana Emergency Room Nurses Association, DCFS, Emergency Medical Services, law enforcement, teachers, social workers, and childcare providers.
- Joined a national Children’s Safety Network Child Safety Learning Collaborative focused on preventing suicide and self-harm. BFH is promoting training for school-based professionals to recognize students who may be considering self harm or suicide.
- Worked with regional suicide prevention taskforces to promote suicide prevention training, and to create a Suicide Prevention Plan and Crisis Intervention Quick Resource Guide.
- Secured additional funding for suicide prevention in Louisiana. This work includes organizing suicide prevention trainings for professionals working with children and youth.
- Provided data and recommendations related to preventing abusive head trauma for a legislative proposal focused on educating high school students on Shaken Baby Syndrome.
- Continued collaborating with the Louisiana Foundation Against Sexual Assault to educate middle, junior, and high school students on preventing physical and emotional aggression.
- Collaborated with Columbia University, Tulane University’s VPI, and Solutions Journalism Network to host a media workshop on covering sensitive injury and violence topics.
- Act 320 (2021 Legislative Session) created a domestic violence fatality review within LDH.





# Children and Youth with Special Healthcare Needs

## Injury Prevention and Recommendations

# Recommendations and Considerations

## Children and Youth with Special Healthcare Needs

Since 2016, in an effort to address the needs of all children in Louisiana in a more equitable way 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 healthcare 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 healthcare 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.
  - Contact the [Community Injury Prevention Program](#), which offers child car seat assessments and education at fitting stations in each region of Louisiana by nationally certified child passenger safety technicians. View the [Special Needs Resources Card](#) for a list of regional technicians certified in transportation needs of children with special healthcare needs.
- Providers and public health agencies should work with families to provide letters of medical necessity when appropriate. Louisiana Medicaid Managed Care Organizations are required to pay for transportation accommodations, including specialized car seats, for families that can demonstrate medical necessity. 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](http://chop.edu/resources/water-safety-your-special-needs-child)
- Place identifiers that convey personal health information or medical diagnoses 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 healthcare needs should consider partnering with community organizations to provide personal health identifiers to families for use in their cars.
- Expand awareness for vehicle heat safety and the importance for all caregivers and families, but children with special healthcare 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.<sup>28</sup>
- 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](http://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 Healthcare Needs



### Preventing Suicide and Homicide

*Homicide includes deaths due to child abuse and neglect*

- 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. Early access to behavioral health supports for parents of children with special healthcare needs, the children themselves, and their siblings is protective against depression, anxiety, and toxic stress.<sup>31</sup>
- 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.<sup>33</sup> Students with disabilities are more likely to be bullied by their peers and are more likely to experience social isolation.<sup>32</sup>
- 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 healthcare needs. While these parents can benefit from the traditional coaching on parenting, life skills, and family health, they could also use additional systems navigation skills and stress management/coping techniques<sup>31</sup> to help learn what is needed to care for a child with special healthcare needs.
- Promote the [988 Suicide & Crisis Lifeline](#), a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, seven days a week in the United States. Supports include specific resources for [Individuals with Neurodivergence](#), [Youth, Deaf and Hard of Hearing](#), and [Maternal Mental Health](#) among many others. Call or text 988.



### 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)

# Recommendations and Considerations

## Children and Youth with Special Healthcare Needs



### Water Safety

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- 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.
- Providers should familiarize themselves with and refer families to community organizations that offer swimming lessons specifically for children and youth with special healthcare needs, such as [JoJo's Hope](#).<sup>29</sup>
- “Search” for certified trainers trained to help children with autism, sensory and motor coordination, anxiety, trauma, or simple discomfort in the water. [Swim Angelfish](#) is a leader in adaptive swim instruction providing a certified training program for swim instructors to teach adaptive swim lessons.
- The following resources offer water safety tips for families of children with special needs:
  - [chop.edu/resources/water-safety-your-special-needs-child](http://chop.edu/resources/water-safety-your-special-needs-child)
  - [safekids.org/video/water-safety-families-children-special-needs](http://safekids.org/video/water-safety-families-children-special-needs)



### Fire Safety

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- 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.<sup>30</sup>
- 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](http://ldh.la.gov/LCD).