

LOUISIANA INJURY PREVENTION STRATEGIC ACTION PLAN 2021–2025

Louisiana Department of Health
Office of Public Health
Bureau of Family Health



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Introduction



Injuries impact Louisianans every day — they seem an unavoidable part of life. With a comprehensive approach to injury prevention that goes beyond one individual action at one moment in time, we can reduce the burden of injuries. Effective injury prevention analyzes risk and protective factors, informs policy, and influences environmental modifications to reduce the human and financial costs of injuries and violence.

The Injury Prevention Strategic Action Plan, facilitated by the Bureau of Family Health (BFH),

housed within the Office of Public Health (OPH) at the Louisiana Department of Health (LDH), aims to interweave agencies' approaches and resources into a comprehensive and coordinated effort to prevent injuries and violence across the state. Our plan uses a shared risk and protective factor approach, which looks at the connections between different causes of injury and violence in prevention planning, partnerships, and programmatic efforts. This approach is combined with existing building blocks like evidence-based strategies already being implemented around the state for intervention and prevention. Priority areas include Bullying, Youth, and Teen Dating Violence, Suicide, Motor Vehicle Collisions (MVC), Intimate Partner Violence (IPV) and Sexual Violence, Child Abuse and Neglect (CAN), Drowning, Homicide, Older Adult Falls, and Traumatic Brain Injury (TBI). The plan considers how interventions effect change at four key personal and social levels — individual, relationship, community, and societal — to ensure maximum reach and impact. The Injury Prevention Strategic Action Plan also aligns with the public health model (see Figure 1, pg. 4) to ensure widespread adoption of prevention strategies.

Public Health Approach

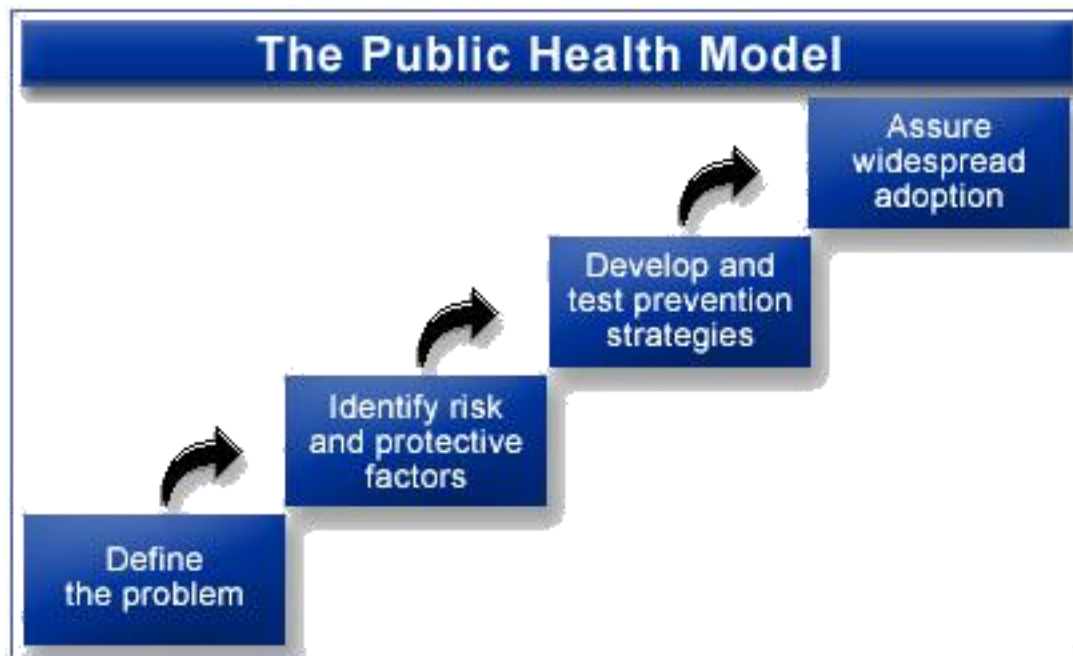


Figure 1: The Public Health Model

The focus of public health is on the health, safety, and well-being of entire populations. One unique aspect of this approach is that it aims to provide the greatest benefit for the largest number of people.

The public health approach emphasizes input from diverse sectors including health, education, social services, justice, policy and the private sector.¹ Collective action on the part of these stakeholders can help to address problems like injury and violence.

The public health approach is a four-step process that is rooted in the scientific method. It can be applied to a variety of public health problems that affect populations.

Mission / Vision / Goals

Our Injury Prevention Mission

BFH works with community partners to improve health by increasing societal protective factors and reducing social risks. To accomplish our mission, BFH:

- coordinates resources and services across agencies and organizations,
- promotes data informed decisions — including policies and laws aligned with the best available evidence,
- works to reduce health disparities,
- supports strategies and approaches to increase social capital and community connectedness, and
- increases healthy behaviors through best practice health education and awareness.

Our Injury Prevention Vision

All Louisianans thrive in safe, stable, and nurturing relationships and environments.

Louisiana's Long-Term Injury Prevention Goals

- Louisiana creates safe, stable, and nurturing relationships and environments for all children.
- Louisiana addresses the underlying factors behind violence through the adoption of evidence-based practices and policies that prevent violent behavior.
- Louisiana creates an environment that recognizes suicide risks, empowers communities to proactively respond, and ensures access to necessary suicide prevention and treatment resources.
- Louisianans safely enjoy and benefit from our state's public and private aquatic environments.
- Louisianans are knowledgeable about and consistently engage in safe behaviors that prevent deaths and serious traumatic injuries due to motor vehicle collisions.
- Louisianans address the risks associated with older falls and are equipped to prevent them.
- Louisiana reduces the burden of TBI injury by preventing injuries and maximizing the health and quality of life for injured persons.

Regional Map of Louisiana

The planning process included participation from partner representatives from all health regions in the state.



Figure 2 (above) / Table 1 (below): Louisiana Health Regions

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

Overview

BFH is housed within the Louisiana Department of Health's Office of Public Health and works to promote the health of Louisiana families, from one generation to the next. BFH administers the state's Title V Maternal and Child Health Block Grant program, the Title X Family Planning program, and many other initiatives designed to improve the health of men and women of reproductive age, pregnant women, and families, including children and youth with special healthcare needs.

BFH offers a variety of resources and services for Louisiana families, as well as data and communications expertise to support healthcare, social service, and public health professionals in their work. The following two pages contain a list of the programs and services most connected to BFH's injury and violence prevention work. More information on all services and programs offered by BFH can be found [here](#).



Current BFH Injury Prevention-Related Efforts

- **Adverse Childhood Experiences (ACE) Educator Program**

The ACE Educator Program offers ACEs trainings at no cost to organizations and community groups across Louisiana.

- **Adolescent School Health Program (ASHP) School-Based Health Centers**

ASHP collaborates with schools, healthcare providers, and key stakeholders to safeguard access, reduce disparities, and encourage healthy transitions from adolescence to adulthood.

- **Child Care Health Consultant (CCHC) Program**

The CCHC Program is designed to assist Louisiana Child Care Centers to meet annual licensure requirements for education and training on health and safety topics.

- **Child Death Review (CDR)**

The Louisiana State CDR Panel is a multidisciplinary panel of 27 members of Louisiana state and non-governmental agencies and organizations. The State CDR Panel reviews all unexpected deaths among children under age 15, including Sudden Unexpected Infant Death (SUID), to better understand the cause and contributing risk factors. Review findings are also used to take action to prevent other deaths and to improve health and safety of Louisiana's children.

- **Children's Special Health Services (CSHS)**

CSHS works to ensure that Children and Youth with Special Health Care Needs (CYSHCN) in Louisiana have access to services designed to maximize their ability to live as independently as possible.

- **Emergency Medical Services for Children (EMSC)**

Louisiana's EMSC works to increase capacity of emergency responders and healthcare providers to reduce child and youth morbidity and mortality caused by acute illness or injury.



- **Family Support and Coaching Program (Home Visiting and Mental Health Consultation):**

Family support and coaching services are offered through two different models: Nurse–Family Partnership (NFP) and Parents as Teachers (PAT). NFP pairs first-time moms with a registered nurse during their second or third trimester to help guide them through pregnancy and newborn care. PAT pairs families who are expecting a baby or have young children with parent educators who provide support, help families navigate services, and keep babies on track for a healthy life. Licensed mental health providers provide consultation to the home visitation program.



- **Injury Data and Surveillance:**

BFH’s Data Action Team (DAT) is charged with population health monitoring and collects, links, analyzes, and interprets fatal and non-fatal data on intentional and unintentional injury among all populations in Louisiana.

- **Injury and Violence Prevention:**

Several BFH programs focus on infrastructure and capacity building for injury and violence surveillance, prevention and data communications focusing on specifically funded areas, including: rape and sexual violence; violent death (homicides and suicides); motor vehicle collisions; CAN; IP; TBI; and older adult falls.

- **Partners for Family Health:**

The Partners for Family Health website and social media platform make it easy for anyone to find family health information, data reports, resources, and services in Louisiana.

- **Pregnancy-Associated Mortality Review (PAMR):**

PAMR is a comprehensive maternal mortality review program that works to quantify and understand maternal mortality by analyzing pregnancy-associated deaths and advancing recommendations for prevention of future deaths.

- **Pregnancy Risk Assessment Monitoring System (Louisiana PRAMS):**

Louisiana PRAMS is an ongoing, population-based risk factor surveillance system designed to describe selected maternal behaviors and experiences that occur before and during pregnancy as well as during a child's early infancy.

Strategic Plan Development Process



Advantage Consulting, LLC (Atlanta, GA) was engaged to facilitate the design and development of the 2021–2025 injury prevention strategic planning process. The planning process commenced in February 2020 and was completed in October 2020. The entire process involved approximately 90 participants representing 38 state and community-based organizations. Due to the COVID-19 pandemic, the entire process was conducted virtually.

The initial step was to design an inclusive and efficient process. [The Centers for Disease Control and Prevention's Core State Violence and Injury Prevention Program](#) (Core SVIPP) Comprehensive Index Tool was adopted as the framework to engage partners and define strategies that lead to the reduction and prevention of injury and violence. The tool has been shown to help increase plan quality, decrease the research-to-practice gap, and increase connectivity to emerging public health paradigms. BFH adopted a shared risk and protective factors approach and embedded this framework into the planning sessions and data collection strategies.

BFH conducted a survey of 59 subject matter experts across multiple injury topic areas regarding the opportunities and challenges in injury and violence prevention in Louisiana. The survey targeted government agencies, professional organizations, academic institutions, medical providers, nonprofits, and community-based organizations. Through the survey, the Bureau identified promising shared risk and protective factors that presented meaningful opportunities to connect and elevate the work of partners and stakeholders across the state.

Next, seven planning sessions were held with community partners and stakeholders based on selected injury areas (e.g., older adult falls, drowning, motor vehicle collisions, etc.). The focus of these sessions was to define why these injury areas were important to address in Louisiana, to inventory what important work was already underway to address these issues, and to begin identifying strategies needed to reduce the incidence and prevalence of injury and death. The strategies were ultimately aligned with six prioritized shared risk and protective factors that best unified and integrated opportunities across multiple areas. The shared risk and protective factors, reframed as objectives, are listed in Figure 3 on page 11.

Shared Protective Factors



Figure 3: The Shared Protective Factors

Five remaining sessions were conducted, each concentrating on a separate shared risk and protective factor. All sessions examined approaches to address increasing health equity. Participants in these meetings recommended strategies aimed at reducing the incidence of injury and violence, maximizing partner capacity, and aligning with the six shared risk and protective factors presented above. A combined total of 135 strategies and actions was submitted to BFH staff for their review and consideration for the five-year plan.

BFH staff worked with consultants to critically review each strategy recommendation. Over the next four weeks, staff addressed potential major steps and milestones, potential timelines, implementation leads, and partners. They also addressed the level of action (i.e. individual, relationship, community, or societal), evaluation methods (including data, sources, and method of analysis), short- and long-term outcomes, resource requirements (e.g., financial and non-financial), and sub-populations to be targeted. Finally, they assessed how each strategy would address health disparities and link to previous efforts.

Based on the intensive review process, BFH adopted 8 critical injury target areas, 5 objectives based on the selected shared risk and protective factors, and 10 strategies as the focus of the five-year plan.

The Burden of Injury in Louisiana

Every Louisianan is affected by injuries and violence, whether through direct experience or from the effects of the injury or death of a family member, friend, neighbor, or other close person. The ripple effects stretch beyond those first few degrees of separation and have social and economic impacts on whole communities and our state.



The leading cause of death of Louisianans ages 1–44 years old is unintentional injuries. In Louisiana, more than 23,000 hospitalizations and 520,000 emergency room visits resulted from injuries in 2018. According to the Centers for Disease Control and Prevention (CDC), the lifetime medical and work loss costs of fatal injuries in Louisiana was over \$6 billion in 2017.¹

Louisiana Injury & Violence Related Deaths
(2014-2018)

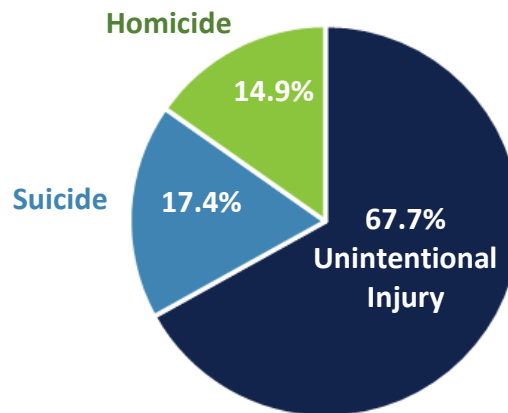


Figure 4: Louisiana Injury and Violence Related Deaths

As shown in Figure 4, more than two thirds of injury-related deaths in Louisiana are a result of unintentional injury.²

Across the eight priority injury areas in Louisiana, the impact to individuals, communities, and the state is significant. The following sections provide data on the burden of Louisiana’s leading causes of injury.

¹ Cost of Injury & Calculators. (2020, June 30). Retrieved October 08, 2020, from <https://www.cdc.gov/injury/wisqars/cost/index.html>.

² Data Source: CDC WISQARS

Homicide

In 2018, more than 18,800 people died via homicide in the US, roughly 5.8 deaths per 100,000.³ Nationally, homicides account for over \$34 billion annually in combined medical and work loss cost.⁴ In 2018, the homicide rate in Louisiana was 12.8 per 100,000, which is the second highest rate in the country. The rate in males is over five times the rate in females, and the state sees the highest rates of homicide among residents 25–34 years old, with the rate of homicide in males being 27.4 per 100,000. In 2014, homicide costs per capita in Louisiana were second highest in the U.S. Successful work in Louisiana includes violence interruption programs like NOLA for Life and Silence is Violence, as well as implementation of the National Violent Death Reporting System (NVDRS) program to better understand the data and community engagement programs and violence interruption programs like Cure Violence.

Suicide

Suicide is the 10th leading cause of death in the United States. In 2018, 48,344 Americans died by suicide,⁵ which accounts for more than \$63 billion dollars in combined medical and work loss cost.⁶ Louisiana's suicide costs per capita were 25th highest in the U.S. in 2014.⁷ The statewide crude rate of suicide was 15.5 per 100,000 in 2018, and rate for males was more than three times the rate for females.⁸ This gender disparity is reversed in nonfatal intentional self-harm emergency department visits and hospitalizations, where females are seen in emergency departments and hospitals almost 1.5 times that of males. In 2018, the total rate of hospitalization for nonfatal intentional self-harm was 30.6 per 100,000, and total rate of emergency department visits for nonfatal intentional self-harm was 142.7 per 100,000.⁹ Louisiana has existing infrastructure in place to prevent suicide that can be leveraged and coordinated for greater impact. Current efforts in suicide prevention include:

- Suicide prevention coordinators and designated suicide prevention programs facilitated by the Office of Behavioral Health (OBH), the National Suicidology Training Center, Louisiana State University (LSU) Mitigation of Suicide Lab, Suicide and Self-Harm Prevention Collaborative through the Children's Safety Network, the Louisiana Department of Education (LDOE) and Project AWARE
- Evidence-based trainings such as Mental Health First Aid trainings, Applied Suicide Intervention Skills Training (ASIST), Safe Talk, Survivors of Suicide (SOS), and Question Persuade and Refer (QPR)
- Louisiana's Zero Suicide Plan
- Work with veterans through the Veterans Administration

³ FastStats - Homicide. (2020, February 27). Retrieved September 05, 2020, from cdc.gov/nchs/fastats/homicide.htm.

⁴ Cost of Injuries and Violence in the U.S. | WISQARS | Injury Center | CDC. (2020, January 23). Retrieved October 08, 2020, from cdc.gov/injury/wisqars/overview/cost_of_injury.html

⁵ Suicide statistics. (2020, July 29). Retrieved September 05, 2020, from afsp.org/suicide-statistics/.

⁶ Cost of Injuries and Violence in the U.S. | WISQARS | Injury Center | CDC. (2020, January 23). Retrieved October 08, 2020, from cdc.gov/injury/wisqars/overview/cost_of_injury.html.

⁷ Luo F, Florence C. State-Level Lifetime Medical and Work-Loss Costs of Fatal Injuries — United States, 2014. *MMWR Morb Mortal Wkly Rep* 2017;66:1–11. DOI: dx.doi.org/10.15585/mmwr.mm6601a1.

⁸ Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database. Available at: wonder.cdc.gov/ucd-icd10.html.

⁹ Louisiana Hospital Inpatient Discharge Database, 2018.

Motor Vehicle Crashes

Motor vehicle crashes are the leading cause of death in the United States. Since 2004, the rate of motor vehicle collision death per 100,000 has decreased from 15 to 12.¹⁰ Translating this to economic terms, the cost of medical care and productivity losses with motor vehicle traffic crashes exceeded \$75 billion in 2017.¹¹ In Louisiana, more than 700 fatalities occur per year from motor vehicle related causes.¹² In 2018, the crude rate of traffic-related fatalities was 16.9 per 100,000 with the highest rate occurring in ages 25–34.¹³ Traffic-related incidents are the leading cause of death in children ages 1–14, and the leading cause of hospitalizations in ages 1–34.¹⁴ According to the 2019 Louisiana High School Youth Risk Behavior Survey (YRBS), 9.6% of youth responded that they drove when they had been drinking alcohol, 24.5% responded that they rode with a driver who had been drinking alcohol, and 42.6% reported that they texted or e-mailed while driving a car or other vehicle.¹⁵ Currently, Louisiana has updated its child passenger safety law to be one of the most protective in the country. The state is working to strengthen its graduated drivers licensing program and implement new statewide and local partnerships (e.g., car seat distribution), Louisiana Passenger Task Force trainings, and education programs in schools to curtail injuries caused by motor vehicle crashes.

Bullying, Youth, and Teen Dating Violence

In the United States, one-fifth of students between 12 and 18 years old experience bullying, and 15% of American students even experience cyberbullying.¹⁶ This has a large economic impact: Both men and women who were bullied in childhood have been less likely to accumulate wealth (e.g., savings, home ownership). Women who were bullied in childhood have also been shown to earn less than those who do not.¹⁷ The data in Louisiana show similar trends in both cyberbullying and bullying on school property. Moreover, in 2019, 12% of children had an instance of not going to school because they felt unsafe there. Louisiana YRBS data from 2019 show that 16.6% of students reported that they experienced sexual dating violence, and 15% reported that they experienced physical dating violence.¹⁸ To combat these issues, Louisiana has started programs like Courageous Kids, provided health specialists in school-based health centers, and started using Safe Dates and Bystander Intervention Programs in high schools.



¹⁰ Car Crash Deaths and Rates. (2020, February 20). Retrieved September 05, 2020, from <https://injuryfacts.nsc.org/motor-vehicle/historical-fatality-trends/deaths-and-rates/>.

¹¹ Cost Data and Prevention Policies. (2020, January 21). Retrieved September 05, 2020, from <https://www.cdc.gov/motorvehiclesafety/costs/index.html>.

¹² Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999–2017 on CDC WONDER Online Database. Available at: <http://wonder.cdc.gov/ucd-icd10.html>.

¹³ Louisiana Vital Records and Statistics, 2018.

¹⁴ Louisiana Hospital Inpatient Discharge Database, 2018.

¹⁵ Centers for Disease Control and Prevention. 2019 Louisiana Youth Risk Behavior Survey Data. Available at: <https://www.cdc.gov/yrbs>.

¹⁶ Assistant Secretary for Public Affairs (ASPA). (2020, August 12). Facts About Bullying. Retrieved September 05, 2020, from <https://www.stopbullying.gov/resources/facts>.

¹⁷ Brimblecombe N;Evans-Lacko S;Knapp M;King D;Takizawa R;Maughan B;Arseneault L;. (n.d.). Long term economic impact associated with childhood bullying victimisation. Retrieved September 05, 2020, from <https://pubmed.ncbi.nlm.nih.gov/29803971/>.

¹⁸ Centers for Disease Control and Prevention. 2019 Louisiana Youth Risk Behavior Survey Data. Available at: <https://www.cdc.gov/yrbs>.

Intimate Partner Violence and Sexual Violence

According to the CDC, one in four women and one in seven men will experience physical violence by their intimate partner at some point during their lifetimes. At least five million acts of intimate partner violence (IPV) occur annually to women aged 18 years and older, and at least three million acts occur to men.¹⁹ The financial impact of this intimate partner violence is substantial: the lifetime economic cost associated with medical services, lost productivity from paid work, and criminal justice in the U.S. is \$103,767 per female survivor of IPV and \$23,414 per male survivor of IPV.²⁰ According to 2010–2012 National Intimate Partner and Sexual Violence Survey data, 22.1% of men and women in Louisiana experienced unwanted sexual contact. In 2016, 98% of female homicide victims in Louisiana were murdered by someone they knew, and among those, 76% were killed by an intimate or formerly intimate partner. According to national data, more than half of all female homicide victims are killed in events related to intimate partner violence. In 2017, the homicide rate among females murdered by males in Louisiana was 2.64 per 100,000, which ranks second in the nation.²¹ According to 2018 Louisiana Pregnancy Risk Assessment Monitoring System data, 3.0% of mothers reported experiencing any physical abuse before their pregnancy, and 2.5% of women reported experiencing any physical abuse during pregnancy. Louisiana has used the success of education programs like Coaching Boys into Men and Girls Leadership Academies, Safe Dates, and other community-based efforts to combat intimate partner violence and sexual violence.

Older Adult Falls

According to the CDC, one in four Americans aged 65 years and older falls each year. Every 11 seconds, an older adult is treated in the emergency room for a fall; every 19 minutes, an older adult dies from a fall.²² Falls result in an estimated annual cost of \$49.5 billion, including medical costs, recovery, and outpatient care.²³ In Louisiana, unintentional falls are the leading cause of nonfatal injury, accounting for more than 11,000 hospitalizations and more than 140,000 visits to emergency departments. Fall-related injuries are the leading cause of hospitalization in ages 55+, with more than half of all hospitalizations related to unintentional falls occurring in ages 75+.²⁴ In 2018, 18% of unintentional fall-related hospitalizations in Louisiana involved TBI,²⁵ which can cost up to \$3 million in lifetime care including inpatient and rehabilitative care. Over the past several years, Louisiana has made inroads forging collaborations between agencies working with older adults and increasing capacity of providers to implement evidence-based programs to improve older adult strength and balance to prevent falls.



¹⁹ Huecker, M. (2020, June 26). Domestic Violence. Retrieved September 05, 2020, from <https://www.ncbi.nlm.nih.gov/books/NBK499891/>.

²⁰ Germano, M. (2019, October 17). Domestic Violence Has A Financial Impact Too. Retrieved September 05, 2020, from <https://www.forbes.com/sites/maggiegermano/2019/10/17/domestic-violence-has-a-financial-impact-too/>.

²¹ Violence Policy Center (September 2019). When Men Murder Women. Retrieved September 23, 2020, from <https://vpc.org/studies/wmmw2019.pdf>.

²² Falls Prevention Facts. (2018, June 04). Retrieved September 05, 2020, from <https://www.ncoa.org/news/resources-for-reporters/get-the-facts/falls-prevention-facts/>.

²³ Haddad, Y., Bergen, G., & Florence, C. (2019). Estimating the Economic Burden Related to Older Adult Falls by State. Retrieved September 05, 2020, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6314899/>.

²⁴ Louisiana Hospital Inpatient Discharge Database, 2018.

²⁵ Louisiana Hospital Inpatient Discharge Database, 2018.

Drowning



From 2005 to 2014, there was an average of 3,536 fatal unintentional drownings (non-boating related) annually in the United States — about 10 deaths per day. An additional 332 people died each year from drowning in boating-related incidents. About one in five people who die from drowning are children aged 14 years and younger.²⁶ Louisiana has the highest rate of drowning in the U.S. for children aged 0–14 years. From 2016 to 2018, 64 infants and children in Louisiana died from drowning, which was the third leading cause of injury-related death in children under 15.²⁷ In 2018, there were more than 250

emergency department visits and 75 deaths in all ages groups in Louisiana related to drowning; more than two-thirds of those deaths were males.²⁸ Louisiana has forged relationships with community-based partners to provide water safety and swim lessons to underserved areas and trainings for construction and permit enforcement professionals on standards in the 2018 International Swimming Pool and Spa Code.

Child Abuse and Neglect

In 2018, an estimated 678,000 children (unique incidents) were victims of abuse and neglect by caregivers in the U.S., which is around 1% of children, and an estimated 1,770 children died from abuse and neglect.²⁹ Including costs of medical treatment, police investigations, and future impact, child abuse can cost the U.S. economy around \$2 trillion dollars each year.³⁰ In Louisiana in 2018, there were almost 10,000



substantiated cases of caregiver-perpetrated child maltreatment, with about 25% of those victims being less than 1 year old. Neglect accounted for 90.7% of the types of maltreatment of the child victims. The fatality rate among children subject of an investigated report alleging child maltreatment was 2.3 per 100,000 in Louisiana in 2018. From 2016 to 2018, 73% of Louisiana’s homicides in infants were due to Abusive Head Trauma (AHT). Among the many factors contributing to Louisiana’s efforts to prevent child abuse and neglect are the implementation of evidence-based home visitation, mental health consultation, parenting skills resources like PAT, ACEs Educator Program, promoting trauma-informed care and resiliency, and better data sharing among Department of Children and Family Services (DCFS), BFH, and CDR.

²⁶ Unintentional Drowning: Get the Facts. (2016, April 28). Retrieved October 08, 2020, from <https://www.cdc.gov/homeandrecreationsafety/water-safety/waterinjuries-factsheet.html>.

²⁷ Louisiana Child Death Review Annual Report 2016–2018. Available at: https://ldh.la.gov/assets/oph/Center-PHCH/FamilyHealth/CDR/CDR_Report_2016-2018_FINAL.pdf.

²⁸ Louisiana Hospital Inpatient Discharge Database, 2018. Louisiana Vital Records and Statistics, 2018.

²⁹ National Child Abuse Statistics from NCA. (2020, August 18). Retrieved October 08, 2020, from <https://www.nationalchildrensalliance.org/media-room/national-statistics-on-child-abuse/>.

³⁰ Apolitical. (2018, October 31). Child abuse costs the US economy \$2 trillion every year. Retrieved September 05, 2020, from https://apolitical.co/en/solution_article/child-abuse-costs-us-economy-2-trillion-every-year.

The 10 Leading Causes of Injury Death in Louisiana

The Louisiana Department of Health (LDH) works diligently to address the leading causes of injury-related deaths. While this plan specifically focuses on the eight injury areas outlined previously, it is important to note that unintentional suffocation and unintentional poisonings are also leading causes of injury deaths in Louisiana. BFH manages Give Your Baby Space, a statewide campaign that teaches caregivers the safest ways for babies to sleep to help prevent accidental suffocation, Sudden Infant Death Syndrome (SIDS), and other sleep-related deaths. Healthcare, public health, and community partners are encouraged to use [GiveYourBabySpace.org](https://www.giveyourbabyspace.org) and share free printed materials with their patients/clients.



To prevent unintentional poisonings (primarily opioid overdoses, which contribute to most of these deaths), LDH is implementing massive efforts to impact prevention, treatment, recovery and surveillance services. These activities are primarily led by the Office of Behavioral Health and Bureau of Health Informatics. More information can be found at LDH's [OPIOIDS: The Problem and Challenge in Louisiana](https://www.louisiana.gov/info-details/?id=12345) website.

On the following page, Table 2 presents the 10 leading causes of injury deaths in Louisiana between 2014 and 2018.

For more information about the leading causes of death in Louisiana, see Appendix IV.

10 Leading Causes of Injury Death in Louisiana

Table 2: 10 Leading Causes of Injury Deaths in Louisiana, 2014–2018

Rank	Age Groups										All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Unintentional Suffocation 317	Unintentional Drowning 71	Unintentional MV Traffic 54	Unintentional MV Traffic 48	Homicide Firearm 786	Unintentional Poisoning 1,104	Unintentional Poisoning 1,168	Unintentional Poisoning 1,070	Unintentional Poisoning 713	Unintentional Fall 1,253	Unintentional Poisoning 4,503
2	Homicide Other Spec., classifiable 16	Unintentional MV Traffic 55	Unintentional Drowning 23	Homicide Firearm 20	Unintentional MV Traffic 720	Unintentional MV Traffic 797	Unintentional MV Traffic 586	Unintentional MV Traffic 577	Unintentional MV Traffic 535	Unintentional MV Traffic 549	Unintentional MV Traffic 3,938
3	Unintentional MV Traffic 16	Homicide Unspecified 26	Unintentional Fire/burn 19	Unintentional Drowning 20	Unintentional Poisoning 272	Homicide Firearm 772	Homicide Firearm 434	Suicide Firearm 388	Suicide Firearm 386	Suicide Firearm 516	Homicide Firearm ---
4	Homicide Unspecified 14	Unintentional Fire/burn 23	Homicide Firearm 12	Suicide Firearm 18	Suicide Firearm 265	Suicide Firearm 371	Suicide Firearm 319	Homicide Firearm 218	Unintentional Fall 184	Unintentional Unspecified 388	Suicide Firearm ---
5	Unintentional Drowning ---	Unintentional Suffocation 20	Unintentional Firearm ---	Suicide Suffocation 15	Suicide Suffocation 136	Suicide Suffocation 195	Suicide Suffocation 144	Suicide Suffocation 120	Homicide Firearm 132	Unintentional Suffocation 340	Unintentional Fall 1,600
6	Unintentional Natural/ Environment ---	Unintentional Pedestrian, Other 19	Unintentional Other Transport ---	Unintentional Fire/burn 11	Unintentional Drowning 63	Undetermined Poisoning 64	Undetermined Poisoning 90	Undetermined Poisoning 92	Suicide Suffocation 94	Unintentional Poisoning 166	Unintentional Suffocation 889
7	Adverse Effects ---	Homicide Firearm 10	Homicide Cut/pierce ---	Suicide Poisoning ---	Homicide Cut/pierce 36	Unintentional Drowning 63	Suicide Poisoning 61	Unintentional Fall 89	Unintentional Fire/burn 85	Adverse Effects 149	Suicide Suffocation 729
8	Five Tied ---	Unintentional Firearm ---	Unintentional Struck by or Against ---	Unintentional Firearm ---	Suicide Poisoning 25	Homicide Cut/pierce 46	Unintentional Drowning 41	Suicide Poisoning 83	Unintentional Suffocation 78	Unintentional Fire/burn 131	Unintentional Unspecified 526
9	Five Tied ---	Unintentional Natural/ Environment ---	Unintentional Suffocation ---	Unintentional Pedal cyclist, Other ---	Undetermined Poisoning 19	Suicide Poisoning 45	Unintentional Suffocation 34	Unintentional Suffocation 56	Suicide Poisoning 66	Unintentional Drowning 63	Unintentional Drowning ---
10	Five Tied ---	Homicide Other Spec., classifiable ---	Three Tied ---	Two Tied ---	Two Tied 16	Unintentional Suffocation 32	Homicide Cut/pierce 33	Unintentional Drowning 53	Unintentional Drowning 57	Homicide Firearm 48	Unintentional Fire/burn 356

Note: For leading cause categories in this state-level chart, counts of less than 10 deaths have been suppressed (---; this may also denote missing data).

Produced by National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System

Social-Ecological Model for Prevention

In developing and finalizing strategies, Louisiana BFH staff used the CDC Social–Ecological Model for Prevention.³¹



Figure 5: CDC Social-Ecological Model for Prevention

The four-level social-ecological model considers the complex interplay between individual, relationship, community, and societal factors. It addresses a range of factors that put people at risk for injury and violence or protect them from experiencing or perpetrating violence. The model suggests that to prevent violence, it is necessary to act across multiple levels of the model at the same time.

The first level (individual) identifies biological and personal factors that increase the likelihood of experiencing intentional or unintentional injury. These factors include age, education, income, substance use, or history of abuse. Prevention strategies at this level promote attitudes, beliefs, and behaviors that prevent injury and violence.

The second level (relationship) examines close relationships that may increase the risk of experiencing violence as a victim or perpetrator. Prevention strategies at this level may include parenting or family-focused prevention programs, and mentoring and peer programs designed to reduce conflict, foster problem-solving skills, and promote healthy relationships.

³¹ National Center for Injury Prevention and Control, Division of Violence Prevention (n.d.). Centers for Disease Control and Prevention. Available at <https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html>.

Social-Ecological Model for Prevention

The third level (community) explores the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur. Prevention strategies at this level impact the social and physical environment by reducing social isolation and improving economic and housing opportunities in neighborhoods, as well as the climate and policies within school and workplace settings.

The fourth level (societal) looks at the broad factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms, as well as health, economic, educational, and social policies that perpetuate economic or social inequalities.

The strategies adopted in this plan address the following social-ecological factors.

Table 2: Social–Ecological Model Stratified by Priority Objectives and Supporting Strategies

	Individual	Relationship	Community	Societal
Increase the coordination of resources and services across government agencies and community organizations	✓	✓	✓	
Increase the practice of making data-informed decisions			✓	
Increase the development of policies and laws aligned with the best available evidence for injury and violence prevention			✓	✓
Increase community connectedness to strengthen injury prevention networks	✓	✓	✓	✓
Increase healthy behaviors and the use of best practice health education and awareness	✓	✓	✓	✓

Addressing Shared Risk and Protective Factors

Different forms of injury are interconnected and often share the same root causes. Understanding the overlapping causes of injury and violence and the things that can protect people and communities can help us better address injury in all its forms. Put simply, a *risk factor* increases the likelihood of injuries or violence. A *protective factor* decreases this likelihood. By looking at risk and protective factors that are shared across different types of injury and violence, we intend to maximize our impact by coordinating the deployment of resources — human, financial, and cross-organizational (partnerships) — across multiple critical areas.



In Louisiana, BFH has identified the following shared risk and protective factors, aligned across critical injury prevention areas:

- **Increase the coordination of resources and services across governmental agencies and community organizations.**
- **Increase the practice of making data informed decisions.**
- **Increase the development of policies and laws aligned with the best available evidence for injury and violence prevention.**
- **Increase community connectedness to strengthen injury prevention networks.**
- **Increase healthy behaviors and the use of best practice health education and awareness.**

The strategies selected in each of these areas also address social equity as an important focus.

Objectives and Strategies

The following section identifies the objectives, strategies, focus areas, implementation partners, and progress indicators for the action plan. *Internal* partners refer to individuals and groups within the Bureau of Family Health (BFH). *External* partners refer to individuals, groups, organizations, associations, and coalitions beyond BFH but still within the Louisiana Department of Health (LDH), and in the broader community.

Objective 1. Increase the coordination of resources and services across governmental agencies and community organizations.

Strategy 1.1 Build cross-agency capacity to collaboratively address the risks and protective factors driving interconnected forms of injury and violence.

Focus Areas

Bullying, Youth Violence, Teen Dating Violence, Suicide, Motor Vehicle Collisions, Intimate Partner Violence and Sexual Violence, Child Abuse and Neglect, Drowning, Homicide, Older Adult Falls, Traumatic Brain Injury

Implementation Partners

Internal: Injury Prevention Leads, Injury-Free Louisiana (IFLA) Coordinator, ACE Educator Program Coordinator, Trauma and Resiliency Strategy Lead

External: Well-Ahead Louisiana, Office of Aging and Adult Services (OAAS), OBH, DCFS, Governor's Office, community coalitions, community-based advocacy, and other prevention partners

Progress Indicator

Increased # of collaborative projects addressing shared risks and protective factors.

Strategy 1.2 Improve coordination efforts by expanding active participation and engagement of underrepresented and nontraditional stakeholders with a focus on strengthening inclusion and equity in injury prevention planning and implementation.

Focus Areas

Bullying, Youth Violence, Teen Dating Violence, Suicide, Motor Vehicle Collisions, Intimate Partner Violence and Sexual Violence, Child Abuse and Neglect, Drowning, Homicide, Older Adult Falls, Traumatic Brain Injury

Implementation Partners

Internal: Injury Prevention Team, Trauma and Resilience Strategy Lead, Family Engagement Workgroup, Health Equity Action Team, MCH Coordinators

External: Community Advisory Action Teams (CAATs), OPH Office of Community Engagement, Well-Ahead Louisiana, Bureau of Planning and Performance

Progress Indicator

Increased # of new and diverse partners at the state and local level actively involved in community initiatives.

Strategy 1.3 Strengthen the effectiveness and use of information and referral platforms and services supporting injury prevention.

Focus Areas

Bullying, Youth Violence, Teen Dating Violence, Suicide, Motor Vehicle Collisions, Intimate Partner Violence and Sexual Violence, Child Abuse and Neglect, Drowning, Homicide, Older Adult Falls, Traumatic Brain Injury

Implementation Partners

Internal: Communications Unit within Strategy, Policy, Alignment, Communication, and Equity (SPACE)

External: OBH, OAAS, LDOE, DCFS, Louisiana Coalition Against Domestic Violence (LCADV), Louisiana Foundation Against Sexual Assault (LaFASA), VIA LINK, Louisiana Partnership for Children and Families, myCommunity CARES, Governor's Office, other prevention partners

Progress Indicator

Increased # of consumers using platforms to prevent injury.

Strategy 1.4 Shift from focusing on individual approaches of the social-ecological model in prevention and planning initiatives to consistently working at societal and community levels.

Focus Areas

Bullying, Youth Violence, Teen Dating Violence, Suicide, Motor Vehicle Collisions, Intimate Partner Violence and Sexual Violence, Child Abuse and Neglect, Drowning, Homicide, Older Adult Falls, Traumatic Brain Injury

Implementation Partners

Internal: Injury Prevention Team

External: Injury-Free Louisiana (IFLA) partners, Well-Ahead Louisiana, OBH, LDOE, DCFS, Governor's Office (Women's Policy and Elderly Affairs and Children's Trust Fund), Area Councils on Aging, Program of All-inclusive Care for the Elderly (PACE), Veterans Administration, other prevention partners

Progress Indicator

Increased # of societal and community level initiatives launched.

Objective 2. Increase the practice of making data informed decisions.

Strategy 2.1 Expand use of comprehensive, available, and reliable data to prevent injury and violence in Louisiana.

Focus Areas

Bullying, Youth Violence, Teen Dating Violence, Suicide, Motor Vehicle Collisions, Intimate Partner Violence and Sexual Violence, Child Abuse and Neglect, Drowning, Homicide, Older Adult Falls, Traumatic Brain Injury

Implementation Partners

Internal: Injury Prevention Team, Communications Unit within SPACE

External: IFLA partners, Bureau of Health Informatics (BHI), DCFS, OBH

Progress Indicator

Increased # of data sets.

Objective 3. Increase the development of policies and laws aligned with the best available evidence for injury and violence prevention.

Strategy 3.1 Improve communication with legislators about shared risk and protective factors and promote policies that affect multiple forms of violence and injury.

Focus Areas

Bullying, Youth Violence, Teen Dating Violence, Suicide, Motor Vehicle Collisions, Intimate Partner Violence and Sexual Violence, Child Abuse and Neglect, Drowning, Homicide, Older Adult Falls, Traumatic Brain Injury

Implementation Partners

Internal: Injury Prevention Team, SPACE Team

External: Louisiana Public Health Institute (LPHI), IFLA partners, Louisiana Partnership for Children and Families, Louisiana Legislature, Governor's Office, coroners, Well-Ahead Louisiana, OAAS, academia

Progress Indicator

Increased # of policies implemented.

Objective 4. Increase community connectedness to strengthen injury prevention networks.

Strategy 4.1 Strengthen trauma-sensitive and trauma-informed injury prevention service systems.

Focus Areas

Bullying, Youth Violence, Teen Dating Violence, Intimate Partner Violence and Sexual Violence, Child Abuse and Neglect, Suicide, and Homicide

Implementation Partners

Internal: Trauma and Resiliency Strategy Coordinator, ACE Educator Program Coordinator, mental health consultants

External: My Community Cares, Children and Youth Planning Boards, LPHI, community coalitions, DCFS, OBH, VA, American Foundation for Suicide Prevention (ASFP) Louisiana Chapter, Children's Justice Act Taskforce, academia (e.g., Tulane University, University of Louisiana at Lafayette — Picard Center for Child Development)

Progress Indicator

Increased # of individuals trained on trauma-informed approaches.

Strategy 4.2 Develop and implement effective stakeholder communication and engagement strategies that expand and strengthen networks and build robust and inclusive service systems.

Focus Areas

Bullying, Youth Violence, Teen Dating Violence, Suicide, Motor Vehicle Collisions, Intimate Partner Violence and Sexual Violence, Child Abuse and Neglect, Drowning, Homicide, Older Adult Falls, Traumatic Brain Injury

Implementation Partners

Internal: Bureau of Family Health programs and partners

External: CAATs, academia, community coalitions, other prevention partners

Progress Indicator

Increased # of entities engaging with BFH around injury prevention topics and being exposed to injury prevention content

Objective 5. Increase healthy behaviors and the use of best practice health education and awareness.

Strategy 5.1 Expand the use of consumer-centered approaches in injury prevention planning, implementation, and evaluation.

Focus Areas

Bullying, Youth Violence, Teen Dating Violence, Suicide, Motor Vehicle Collisions, Intimate Partner Violence and Sexual Violence, Child Abuse and Neglect, Drowning, Homicide, Older Adult Falls, Traumatic Brain Injury

Implementation Partners

Internal: Title V/HEAT Family Engagement Workgroup, OPH regional staff

External: Human Service Districts (HSDs), DCFS, 211

Progress Indicator

Increased # of partners using consumer-centered approaches in injury prevention planning, implementation and/or evaluation.

Strategy 5.2 Reduce the stigma around forms of injury prevention by influencing social norms. (e.g., campaign for normalizing seeking help for sexual violence, domestic violence, parent support, mental health, or substance use needs)

Focus Areas

Bullying, Youth Violence, Teen Dating Violence, Suicide, Intimate Partner Violence and Sexual Violence, Child Abuse and Neglect, Older Adult Falls

Implementation Partners

Internal: DAT, Communications Unit within SPACE

External: Prevention partners determined by the focus of the campaign(s)

Progress Indicators

Increased # of individuals who report changed attitudes, beliefs and/or behaviors.

Conclusion

The strategic move to focus on shared risk and protective factors as an organizing construct represents a critical shift in the Bureau of Family Health’s approach to injury and violence prevention. This shift is intended to expand the breadth and scope of our high-functioning partnerships and intentionally involve diverse and underrepresented stakeholders in informing and shaping future efforts. With these changes, we believe our state is better positioned to attract more national resources to invest in effective practices and approaches and, consequently, to significantly reduce the incidence of injury and violence in Louisiana.



Appendix I: Acronyms and Abbreviations

ACE	Adverse Childhood Experience	LDH	Louisiana Department of Health
AHT	Abusive Head Trauma	LDOE	Louisiana Department of Education
ASHP	Adolescent School Health Program	LPHI	Louisiana Public Health Institute
ASFP	American Foundation for Suicide Prevention	LSU	Louisiana State University
ASIST	Applied Suicide Intervention Skills Training	LSUCCC	Louisiana State Uniform Construction Code Council
BFH	Bureau of Family Health	MCH	Maternal–Child Health
BHI	Bureau of Health Informatics	MVC	Motor Vehicle Collisions
CAAT	Community Advisory and Action Team	NCHS	National Center for Health Statistics
CAN	Child Abuse and Neglect	NFP	Nurse–Family Partnership
CAPTA	Child Abuse and Prevention Treatment Act	NVDRS	National Violent Death Reporting System
CCHC	Child Care Health Consultant Program	OAAS	Office of Aging and Adult Services
CDC	Centers for Disease Control and Prevention	OBH	Office of Behavioral Health
CDR	Child Death Review	OPH	Office of Public Health
CSHS	Children's Special Health Services	PACE	Program of All-inclusive Care for the Elderly
CYSHCN	Children and Youth with Special Health Care Needs	PAMR	Pregnancy Associated Mortality Review
DAT	Data Action Team	PAT	Parents as Teachers
DCFS	Department of Children and Family Services	PRAMS	Pregnancy Risk Assessment Monitoring System
DPT	Department of Physical Therapy	QPR	Question, Persuade, and Refer
EMSC	Emergency Medical Services for Children	SIDS	Sudden Infant Death Syndrome
HSD	Human Service District	SOS	Survivors of Suicide
IFLA	Injury Free Louisiana	SPACE	Strategy, Policy, Alignment, Communication, and Equity
IPV	Intimate Partner Violence	SUID	Sudden Unexpected Infant Death
LaFASA	Louisiana Foundation Against Sexual Assault	SVIPP	State Violence and Injury Prevention Program
LCADV	Louisiana Coalition Against Domestic Violence	TBI	Traumatic Brain Injury
		VA	Veterans Affairs
		WISQARS	Web-based Injury Statistics Query and Reporting System
		YRBS	Youth Risk Behavior Survey

Appendix II: Definitions

Adverse Childhood Experience: A traumatic event occurring before age 18. ACEs include all types of abuse and neglect as well as parental mental illness, substance use, divorce, incarceration, and domestic violence.

Bullying: Any unwanted aggressive behavior by another youth or group of youths, who are not siblings or current dating partners, that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated. Bullying may inflict harm or distress on the targeted youth including physical, psychological, social, or educational harm.

Child Abuse and Neglect: All types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role that results in harm, potential for harm, or threat of harm to children; result from the interaction of individual, family, societal, and environmental factors.

Community Connectedness: The degree to which individuals or groups are socially close, interrelated, or share resources. Connectedness has the potential to be a target of interventions designed to increase protective factors for youth.

Drowning: To suffocate by submersion especially in water.

Excess Death: The additional or fewer number of deaths, if the Louisiana rate was the same as the U.S. rate.

Homicide: Injuries inflicted by another person with intent to injure or kill, by any means. Excludes injuries due to legal intervention and operations of war.

Injury Prevention: Analyzes risk and protective factors, informs policy, and influences environmental modifications to reduce the human and financial costs of injuries and violence.

Interpersonal Violence: Intentional use of physical, sexual, emotional, economic, or psychological actions or threats that may or may not result in injury or death; victimization and perpetration occur across the lifespan.

Motor Vehicle Fatalities: People who died on public roadways within 30 days from the crash.

Older Adult Falls: Defined as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level. Fall-related injuries may be fatal or non-fatal.

Promoting Data-Informed Decisions: Bringing a high standard of research evidence into the decision-making process while considering contextual and experiential factors that influence decisions.

Protective Factors: Factors that decrease the likelihood that an injury and/or violence will occur, or buffer against or lessen the harmful effects of risk factors.

Risk Factors: Factors that increase the likelihood that an injury and/or violence will occur.

Shared Risk and Protective Factors: The risk and protective factors that have been linked to multiple types of violence and injury outcomes.

Social Capital: Networks with shared norms, values and understandings that facilitate co-operation within or among groups.

Social–Ecological Model: This model considers the complex interplay between individual, relationship, community, and societal factors. It allows us to understand the range of factors that put people at risk for violence or protect them from experiencing or perpetrating violence. The overlapping rings in the model illustrate how factors at one level influence factors at another level.

Suicide: Includes death caused by injuring oneself with the intent to die. A suicide attempt is when someone harms themselves with the intent to end their life, but they do not die as a result of their actions.

Traumatic Brain Injury: a disruption in the normal function of the brain that can be caused by a bump, blow, or jolt to the head, or penetrating head injury.

Trauma-Informed Services: programs, interventions, and therapeutic services aimed at treating the symptoms or conditions resulting from a traumatizing event.

Youth Violence: The intentional use of physical force or power to threaten or harm others by young people ages 10–24.

Appendix III: Participants and Contributors

Community Partners

Kristie Bardell	Louisiana Public Health Institute, Managing Director
Daisha Bonhomme	Well-Ahead Louisiana, WellSpot Designation Manager
Louise Bourgeois	eQhealth, QI Manager
Amanda Brunson	Governor's Office, Director of Women's Policy
Wayne Delarge	New Orleans Police Department, Commander of Homicide Section
Melanie Dillon	New Orleans Police Department, Sergeant Homicide Section
Susan East Nelson	Louisiana Partnership for Children and Families, Executive Director
Paula Fenter	LSU Health Sciences Center, Associate Professor of Physical Therapy
Lisa Freeman	Louisiana Highway Safety Commission, Executive Director
Jasmine Harkless	Office of Behavioral Health, Suicide Prevention Specialist
Stephanie Jodeir	Bureau of Chronic Disease Prevention, School Health Manager
Antinea Johnson	Well-Ahead LA, Early Childhood Coordinator
Mark Joiner	Louisiana State Uniform Construction Code Council, Administrator; State Fire Marshal
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Danita LeBlanc	Office of Behavioral Health, Social Worker
Dusty Lyons	Capital Area Agency on Aging, Program Manager
Stan McCallon	LSU Shreveport Department of Physical Therapy, Assistant Dean of Clinical Affairs
Shirley Merrick	Governor's Office of Elderly Affairs, Executive Director
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Jessie Nieblas	LaFASA, Director of Education
Amanda Perry	Emergency Medical Services for Children, Manager
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Mariah Wineski	Louisiana Coalition Against Domestic Violence, Executive Director

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Rosaria Trichilo	Statewide Surveillance Manager
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Karen Webb	Sexual Violence Prevention Coordinator
Sonia Williams	IFLA Academy Training Coordinator

Advantage Consulting Team

Chris Allers, PhD	Partner
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Appendix IV: 10 Leading Causes of Death in Louisiana, 2014-2018

Rank	Age Groups										All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Short Gestation 495	Unintentional Injury 220	Unintentional Injury 117	Unintentional Injury 101	Unintentional Injury 1,171	Unintentional Injury 2,159	Unintentional Injury 2,016	Heart Disease 3,834	Malignant Neoplasms 10,848	Heart Disease 40,345	Heart Disease 54,855
2	Congenital Anomalies 402	Homicide 49	Malignant Neoplasms 22	Suicide 39	Homicide 851	Homicide 880	Heart Disease 1,333	Malignant Neoplasms 3,672	Heart Disease 8,729	Malignant Neoplasms 30,941	Malignant Neoplasms ---
3	Unintentional Injury 354	Congenital Anomalies 46	Homicide 19	Malignant Neoplasms 27	Suicide 451	Suicide 656	Malignant Neoplasms 942	Unintentional Injury 2,069	Unintentional Injury 1,891	Alzheimer's Disease 10,097	Unintentional Injury 13,193
4	SIDS 196	Malignant Neoplasms 23	Congenital Anomalies 14	Homicide 24	Malignant Neoplasms 111	Heart Disease 429	Suicide 559	Cerebrovascular 646	Chronic Low. Respiratory Disease 1,569	Chronic Low. Respiratory Disease 9,371	Cerebrovascular 11,777
5	Maternal Pregnancy Comp. 67	Heart Disease 20	Heart Disease ---	Congenital Anomalies 12	Heart Disease 106	Malignant Neoplasms 307	Homicide 513	Suicide 638	Cerebrovascular 1,460	Cerebrovascular 9,365	Chronic Low. Respiratory Disease 11,444
6	Bacterial Sepsis 53	Influenza & Pneumonia 17	Influenza & Pneumonia ---	Heart Disease 11	Complicated Pregnancy 27	HIV 134	Diabetes Mellitus 212	Diabetes Mellitus 583	Diabetes Mellitus 1,253	Nephritis 4,434	Alzheimer's Disease 10,237
7	Respiratory Distress 52	Perinatal Period ---	Chronic Low. Respiratory Disease ---	Cerebrovascular ---	Congenital Anomalies 27	Diabetes Mellitus 103	Cerebrovascular 196	Liver Disease 582	Liver Disease 968	Diabetes Mellitus 4,314	Diabetes Mellitus 6,490
8	Circulatory System Disease 50	Chronic Low. Respiratory Disease ---	Septicemia ---	Chronic Low. Respiratory Disease ---	HIV 27	Complicated Pregnancy 73	HIV 184	Chronic Low. Respiratory Disease 351	Septicemia 836	Septicemia 3,738	Nephritis 5,733
9	Placenta Cord Membranes 47	Anemias ---	Benign Neoplasms ---	Diabetes Mellitus ---	Cerebrovascular 23	Cerebrovascular 67	Liver Disease 163	Septicemia 334	Nephritis 796	Unintentional Injury 3,094	Septicemia 5,121
10	Necrotizing Enterocolitis 43	Cerebrovascular ---	Two Tied ---	Influenza & Pneumonia ---	Diabetes Mellitus 21	Septicemia 61	Nephritis 129	Nephritis 318	Suicide 578	Influenza & Pneumonia 3,013	Influenza & Pneumonia 3,936

Note: For leading cause categories in this state-level chart, counts of less than 10 deaths have been suppressed (---: this may also denote missing data).

Produced by National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System