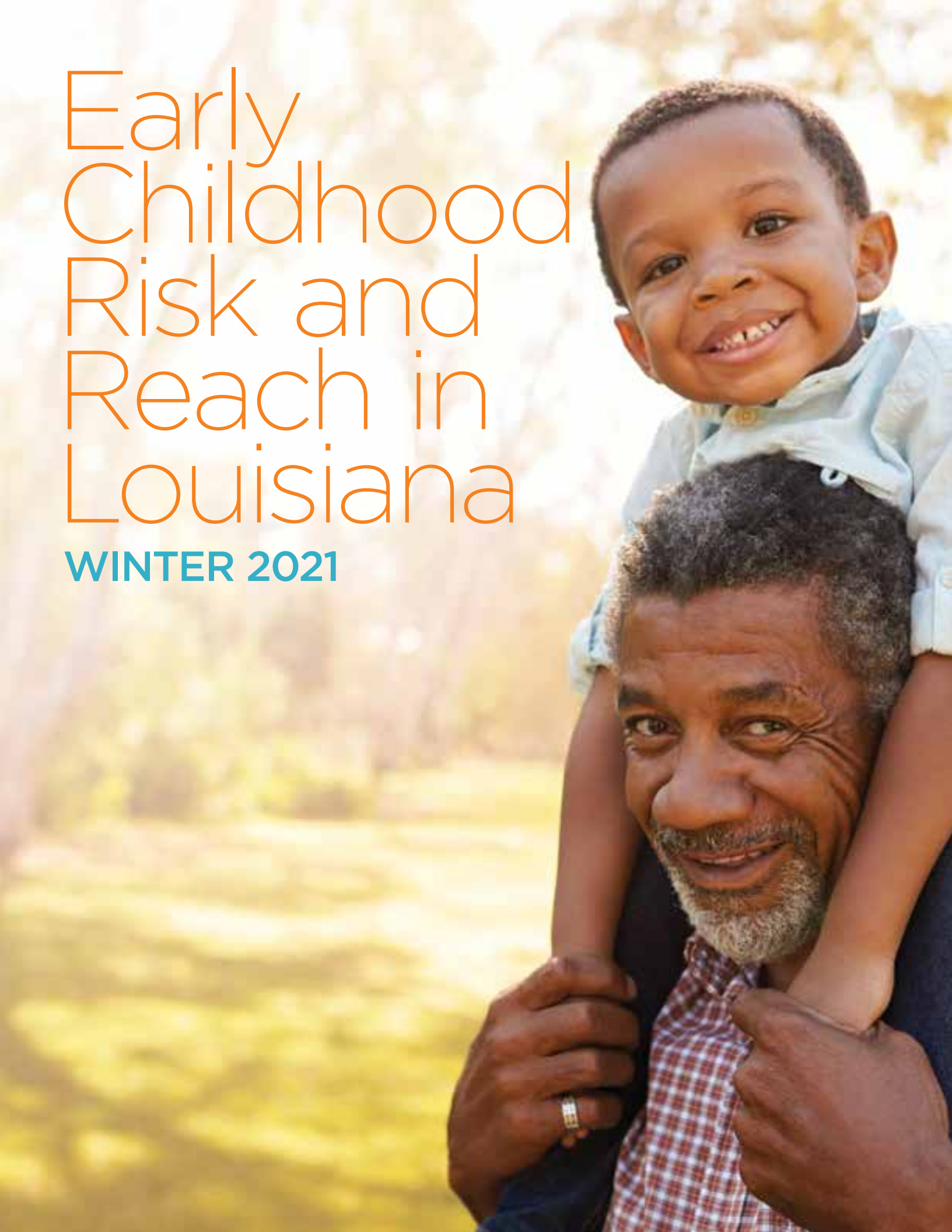
Early Childhood Risk and Reach in Louisiana

WINTER 2021



This report was compiled and edited primarily by the Louisiana Department of Health, Office of Public Health's Bureau of Family Health, but would not have been possible without extensive collaboration between multiple Louisiana State Departments, Offices, and Bureaus, all of whom provided data, written narratives, and expert consultation.

These include:

LOUISIANA DEPARTMENT OF HEALTH (LDH)

- MEDICAID
- OFFICE OF PUBLIC HEALTH
  - BUREAU OF FAMILY HEALTH
  - BUREAU OF NUTRITION SERVICES
- OFFICE FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES
  - EARLYSTEPS

LOUISIANA DEPARTMENT OF EDUCATION (LDOE)

LOUISIANA DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS)

- CHILD WELFARE
- FAMILY SUPPORT

Additionally, many subject matter experts from academic institutions, and other nonprofit organizations in Louisiana contributed their knowledge and expertise throughout the report creation process. Subject matter experts participated in the selection of new risk indicators, provided written interpretation of risk indicators aligned with their area of expertise, and reviewed report sections to ensure accuracy and quality. The non-governmental organizations that these subject matter experts are affiliated with include:

AGENDA FOR CHILDREN

AMERICAN ACADEMY OF PEDIATRICS - LOUISIANA CHAPTER

LOUISIANA BUDGET PROJECT

LOUISIANA POLICY INSTITUTE FOR CHILDREN

LOUISIANA PARTNERSHIP FOR CHILDREN AND FAMILIES

LOUISIANA PUBLIC HEALTH INSTITUTE

LOUISIANA STATE UNIVERSITY ROBERT REICH SCHOOL OF LANDSCAPE ARCHITECTURE

TULANE CENTER FOR INFANT AND EARLY CHILDHOOD MENTAL HEALTH

TULANE SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE

Creation of this report was led by Fiona Ritchey, MPH, with primary data analysis conducted by Bianca Magee, MPH.

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HOW TO USE THIS REPORT

The *2021 Early Childhood Risk and Reach in Louisiana* report uses parish level data to describe the risks and challenges that young children and families face across five categories: ECONOMIC STABILITY, HEALTHCARE ACCESS AND QUALITY, SOCIAL AND FAMILY CONTEXT, EDUCATION ACCESS AND QUALITY, and NEIGHBORHOOD AND BUILT ENVIRONMENT. The report also describes the reach of key publicly-funded programs that address these risks and challenges. Data on program reach are overlaid onto maps of overall risk, which helps to illustrate which parishes may require additional services and investments to support children's health and well-being.

Whether you are a state legislator, program manager, child advocate, teacher, community organizer, or a concerned citizen, this report was designed to serve as a primary reference for reliable data on early childhood in Louisiana. The report can function as a tool and guide to help you take effective action to promote family health and wellness on multiple levels. We recommend using this report to do the following:

DEVELOP EARLY CHILDHOOD POLICIES AT THE LOCAL AND STATE LEVEL:
Investments in young children have the potential to affect a broad range of outcomes for years to come.

DEVELOP AND EVALUATE OTHER KINDS OF POLICIES AT THE LOCAL AND STATE LEVEL:
Many policies that do not directly mention children have significant impacts on children and families.

WRITE GRANTS:
Funders often ask for data on community needs and the reach of existing programs in those communities.

ADVOCATE FOR CHANGE:
Data and expert recommendations are critical to building and securing support for policy and practice changes in your state or community.

BUILD COALITIONS:
Organizations and sectors that do not typically work together can become stronger and more effective champions for children if they understand their collective impact on families, and direct shared resources to areas of greatest need.

IMPROVE DATA COLLECTION AND SHARING:
This report can serve as a baseline data reference to help determine what additional data are needed to better understand the challenges Louisiana families face and opportunities to more effectively support them. Further, this report highlights a need for improved infrastructure to share data that will generate action to improve the lives of Louisiana's children.

The central purpose of the *2021 Early Childhood Risk and Reach in Louisiana* report is to put early childhood data and research into the hands of people and organizations who can translate this information into actions and policies, creating lasting benefits for Louisiana communities. It is intended to empower you to make data-informed decisions that help Louisiana's children reach their full potential in school, in the workforce, and throughout their lives.

For questions or comments, please contact Amy Zapata at Amy.Zapata@la.gov with the subject "Risk and Reach Report Inquiry."

EXECUTIVE SUMMARY

PURPOSE

The *2021 Early Childhood Risk and Reach in Louisiana* report is a tool designed to be used by all early childhood stakeholders, governmental and nongovernmental, to better inform policy and funding decisions that impact the distribution of critical resources. When looking at evidence-based measures of children's well-being, Louisiana has consistently scored poorly in comparison to the rest of the country. Early childhood experiences and circumstances have a profound and lasting influence on a child's ability to reach his or her full potential. It is imperative that policymakers, public health professionals, and other key stakeholders monitor specific indicators of early childhood well-being. To this end, this report is comprised of two parts:

- **RISK:** an analysis of 21 indicators that measure risks to the health and well-being of Louisiana children ages 0-5 at the state and parish level, and
- **REACH:** an analysis of state and parish level availability ("reach") of eight publicly-funded programs that serve young children.

METHODOLOGY

The risk indicators included in this report span across five domains, which are based on the Social Determinants of Health[1] as defined by the World Health Organization in their *Healthy People 2030* framework[2]. These Social Determinants of Health domains include Economic Stability, Healthcare Access and Quality, Social and Community Context, Education Access and Quality, and Neighborhood and Built Environment. Data in this report are presented at the state and parish level.

For each risk indicator, parishes are sorted into ranked quartiles from Low to High risk, based strictly on a comparison of parishes within Louisiana. An average score across all 21 indicators is used to define the overall risk of each parish. Based on their average scores, parishes are placed in one of four overall risk groups: Low, Low-Moderate, Moderate-High, and High.

Reach was determined by requesting parish level enrollment data from eight major publicly-funded programs that serve young children across Louisiana. All programs are administered by either the Louisiana Department of Health or the Louisiana Department of Education. Similar to the risk indicators, reach indicators are sorted into ranked quartiles based on enrollment. Reach indicator data is overlaid onto the map of Overall Risk in order to illustrate the reach of these programs relative to the need (risk) of each parish.

UPDATES FROM THE 2016 EARLY CHILDHOOD RISK AND REACH IN LOUISIANA REPORT

The 2021 iteration of the *Early Childhood Risk and Reach in Louisiana* report includes expanded and reorganized Risk and Reach sections compared to previous reports. Specifically, this report improves upon the *2016 Early Childhood Risk and Reach in Louisiana* report by expanding the Risk section from 12 indicators across three domains to 21 indicators across five domains, with conclusions for each category of risk. The Reach section is also updated to include Medicaid and WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children) and education reach is presented differently. Rather than showing the reach of specific funding streams for publicly funded pre-kindergarten (Title I, NSECD, 8(G), LA 4), this report presents more comprehensive data on access to high quality, publicly funded child care for children ages 0-3 and pre-K for children age 4.

TABLE 1. *Young Children in Louisiana by Risk Level*

RISK GROUP	NUMBER OF PARISHES	NUMBER OF CHILDREN (0-5)	PERCENTAGE OF CHILDREN (0-5)
Low	16	114,615	37.3%
Low-Moderate	16	119,249	38.8%
Moderate-High	13	17,890	5.8%
High	19	55,338	18.0%

[1] Retrieved from: https://health.gov/healthypeople/objectives-and-data/social-determinants-health

[2] Retrieved from: https://health.gov/healthypeople/about/healthy-people-2030-framework

FINDINGS: RISK

There are an estimated 307,092 children under age 5 in Louisiana. An average score of "Low Risk" suggests that the young children in that parish are more likely to be healthy and ready for school, relative to children in parishes with higher risk scores. In contrast, a score of "High Risk" suggests that the young children in that parish are at risk for poor mental and physical health outcomes. Children in "High Risk" parishes are also specifically at greater risk for entering school with delays that make learning more challenging, remaining behind in school, and leaving school less prepared for the workforce or further education.

Overall Risk: In total, 73,228 children live in the 32 parishes that are classified as either Moderate-High or High Risk, representing approximately 23.8% of all children under age 5 in Louisiana. For a full list of risk indicators, please see the Overall Risk section on page 75.

FINDINGS: REACH

Louisiana has leveraged both state and federal funds to provide access to eight key programs and services for young children: Medicaid; WIC; EarlySteps; Maternal Infant and Early Childhood Home Visiting (MIECHV); Early Head Start; Head Start; high-quality, publicly funded child care for children ages 0-3, and high-quality, publicly funded pre-K for children age 4. These programs provide effective services and supports to young children and their families that help prepare children for success in school, work, and life. Ensuring broad access to these programs, particularly for areas of the state with high levels of risk for young children, is a critical step to ensure that families in Louisiana are healthy and thriving.

CONCLUSION

High-quality data and analyses are essential to inform programmatic and investment decisions that guide the distribution of resources that support Louisiana's young children. While certain parishes are considered higher risk environments for young children, it should be noted that 98% of all Louisiana parishes (63 out of 64) are rated as "High Risk" on at least one indicator. Conversely, 97% of all Louisiana parishes (62 out of 64) are rated as "Low Risk" on at least one indicator. These data make it clear that every parish, regardless of its ranking, has strengths to build upon, as well as vulnerabilities to address.

Many of the risk factors affecting young children in Louisiana are not equally distributed throughout the population. As this report shows, Black children face more disadvantages on average than White children, which is a result of centuries of structural racism.[3] In a policy statement released by the American Public Health Association, racism is defined as "the system of structures, processes, and values that results in differential outcomes by 'race'; racism is manifest on cultural, institutional, interpersonal, and internalized levels".[4] Addressing racial disparities in risk factors facing young children requires addressing racism as the root cause of these disparities.[3]

While the eight early childhood programs named in this report use their resources to provide services for as many eligible children as possible, there are many more children in Louisiana who could benefit from these programs. These programs have established evidence to prove that they are effective in promoting a broad range of positive health, education, and economic outcomes among participants. These programs need adequate and sustainable funding to serve all children who could benefit from them.

The information compiled in this report, complemented by the separate Early Childhood System Integration Budget, has a variety of immediate applications.[5] It can be used to describe community needs in grant applications, evaluate or create early childhood policy and programming, identify gaps in existing data systems, and catalyze more effective collaboration across organizations and sectors. It is intended to empower readers to take data-informed action to improve the lives of Louisiana families and children, from this generation to the next.

[3] Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: evidence and interventions. The Lancet, 389(10077), 1453-1463.

[4] American Public Health Association. (2001). Research and intervention on racism as a fundamental cause of ethnic disparities in health. American Journal of Public Health, 91(3), 515.

[5] Louisiana Division of Administration. (2020). Early Childhood System Integration Budget. Retrieved from: https://www.doa.la.gov/Pages/opb/pub/ECSIB.aspx

TABLE 2. *List of Programs Detailed in the Reach Section of the Report*

PROGRAM NAME
Medicaid
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
IDEA Part C- Early Intervention (EarlySteps)
Maternal Infant and Early Childhood Home Visiting (MIECHV)
Early Head Start (EHS)
Head Start (HS)
High-Quality, Publicly Funded Early Care and Education for Children Ages 0-3
High-Quality, Publicly Funded Early Care and Education for Children Age 4

RISK

"Risk" in this section refers to a range of individual, family, or community-level factors that place Louisiana children ages 0-5 at risk for negative outcomes, some of which may persist throughout their lifetimes. Data on these risks are presented at the parish level, using maps to illustrate the geographic distribution of children's exposure to these risk factors. State and national averages are presented for comparison whenever possible. Risk indicators are then compiled and averaged to create a map of Overall Risk. For both individual risk indicators and Overall Risk, parishes are ranked into quartiles based on each parish's percentage of children at risk relative to other parishes; the quartiles are designated as Low, Low-Moderate, Moderate-High, and High Risk.

This edition improves upon the *2016 Early Childhood Risk and Reach in Louisiana* report by expanding the Risk section to include 21 indicators of risk across the five categories of Social Determinants of Health, as defined by the World Health Organization's *Healthy People 2030* framework: Economic Stability, Healthcare Access and Quality, Social and Community Context, Education Access and Quality, and Neighborhood and Built Environment. The previous report covered three domains, using 12 indicators of risk. This expanded purview gives a more comprehensive overview of risks to children's health and well-being in Louisiana, and highlights additional areas of opportunity to improve family and community health.

RISK:
ECONOMIC STABILITY

HEALTHY PEOPLE 2030 GOAL:

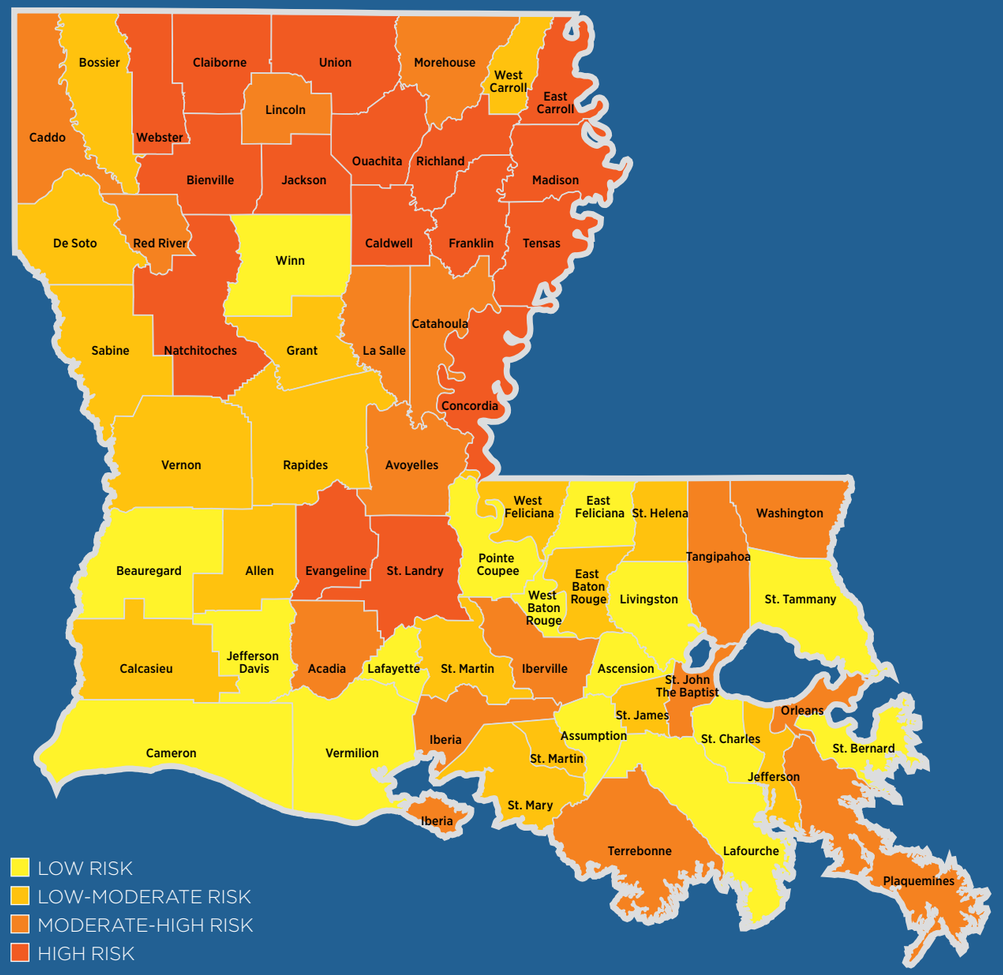
Help people earn steady incomes that allow them to meet their health needs.

INDICATORS OF RISK FOR LOUISIANA CHILDREN AGES 0-5:

- Percentage of Children Under Age 5 Living in Poverty (2014-2018)
- Parish Level Median Income as a Percentage of Federal Poverty Level (2014-2018)
- Percentage of Households Below ALICE (Asset Limited, Income Constrained, Employed) Threshold (Calendar Year 2018)
- Percentage of SNAP Recipients Under Age 5 (CY 2019)
- Percentage of Births to Mothers with Less than High School Education (CY 2018)

RISK: ECONOMIC STABILITY

CHILDREN UNDER AGE 5 IN POVERTY



	%	QUARTILE
Livingston	13.4%	1
Ascension	16.3%	1
Cameron	16.6%	1
Winn	16.7%	1
Lafourche	17.6%	1
St. Tammany	18.1%	1
Pointe Coupee	18.3%	1
Beauregard	19.9%	1
East Feliciana	20.5%	1
National	21.5%	
Jefferson Davis	21.9%	1
St. Charles	22.2%	1
Assumption	22.4%	1
West Baton Rouge	23.4%	1
Lafayette	23.5%	1
St. Bernard	23.5%	1
Vermilion	24.1%	1
West Feliciana	24.4%	2
St. Mary	24.6%	2
St. James	24.7%	2
St. Martin	26.3%	2
Rapides	26.5%	2
West Carroll	27.4%	2
Bossier	28.9%	2
East Baton Rouge	28.9%	2
Jefferson	28.9%	2
Sabine	28.9%	2
De Soto	29.1%	2
Vernon	29.1%	2
Calcasieu	29.4%	2
St. Helena	29.6%	2
Allen	30.6%	2
Louisiana	30.8%	
Grant	31.6%	2
Terrebonne	32.4%	3
La Salle	33.3%	3
Plaquemines	34.1%	3
Avoyelles	35.3%	3
Iberville	36.3%	3
Tangipahoa	36.6%	3
Iberia	36.8%	3
Morehouse	37.2%	3
Washington	37.2%	3
Acadia	37.3%	3
Catahoula	37.3%	3
Red River	38.0%	3
Lincoln	38.7%	3
Orleans	38.7%	3
St. John the Baptist	39.4%	3
Caddo	39.7%	3
Evangeline	40.2%	4
Union	41.3%	4
Concordia	41.8%	4
Bienville	42.7%	4
Ouachita	42.7%	4
Natchitoches	42.8%	4
Caldwell	43.7%	4
Claiborne	46.1%	4
Jackson	47.7%	4
St. Landry	52.4%	4
Webster	53.6%	4
Richland	55.4%	4
Madison	63.7%	4
Franklin	64.6%	4
Tensas	69.4%	4
East Carroll	85.0%	4

PERCENTAGE OF CHILDREN UNDER AGE 5 LIVING IN POVERTY (2014-2018)

Poverty in early childhood touches virtually every dimension of well being. Compared to their wealthier peers, young children in poverty are more likely to experience worse physical, mental, and behavioral health, including negative structural changes that occur during early brain development.[6] Later in life, youth who experienced poverty in early childhood are more likely to demonstrate increased risky behaviors in adolescence, and decreased educational and professional attainment over their lifetimes.[7]

In 2020, the Federal Poverty Level (FPL) was $26,200 for a family of four. In Louisiana from 2014-2018, 30.8% of children under 5 lived in poverty, which represents a significantly higher rate than the nationwide average of 21.5%. Unfortunately, the poverty rate for children ages 0-5 in Louisiana is tied with New Mexico for second-highest in the country.[8] While the percentage of children living in poverty in Louisiana decreased by a modest 2.5% since the last Risk and Reach report in 2016, the state has not kept pace with national trends. Since 2016, the national rate of children under age 5 living in poverty decreased by 10%.[9]

Within Louisiana, the percentage of children under age 5 living in poverty varies widely by parish, from 13.4% in Livingston Parish to 85% in East Carroll. In seven parishes, more than half of children under 5 live in poverty. Only nine parishes had young child poverty rates below the national average. Black children in Louisiana are three times more likely to live in poverty than White children.[10] Modest gains attained recently in lowering poverty rates for Black children are currently under threat due to the disproportionate economic impact of COVID-19 on Black workers, including the parents of young children.[11]

[6] Council on Community Pediatrics. (2016). Poverty and child health in the United States. *Pediatrics, 137*(4), e20160339.

[7] National Academies of Sciences, Engineering, and Medicine. (2019). A Roadmap to Reducing Child Poverty. Washington, DC: The National Academies Press. doi: https://doi.org/10.17226/25246.

[8] Kids Count Data Center. (2019) Children in poverty by age group in the United States. Retrieved from: https://datacenter.kidscount.org/data/tables/5650-children-in-poverty-by-age-group?loc=1&loct=2#ranking/2/any/true/1729/17/12264

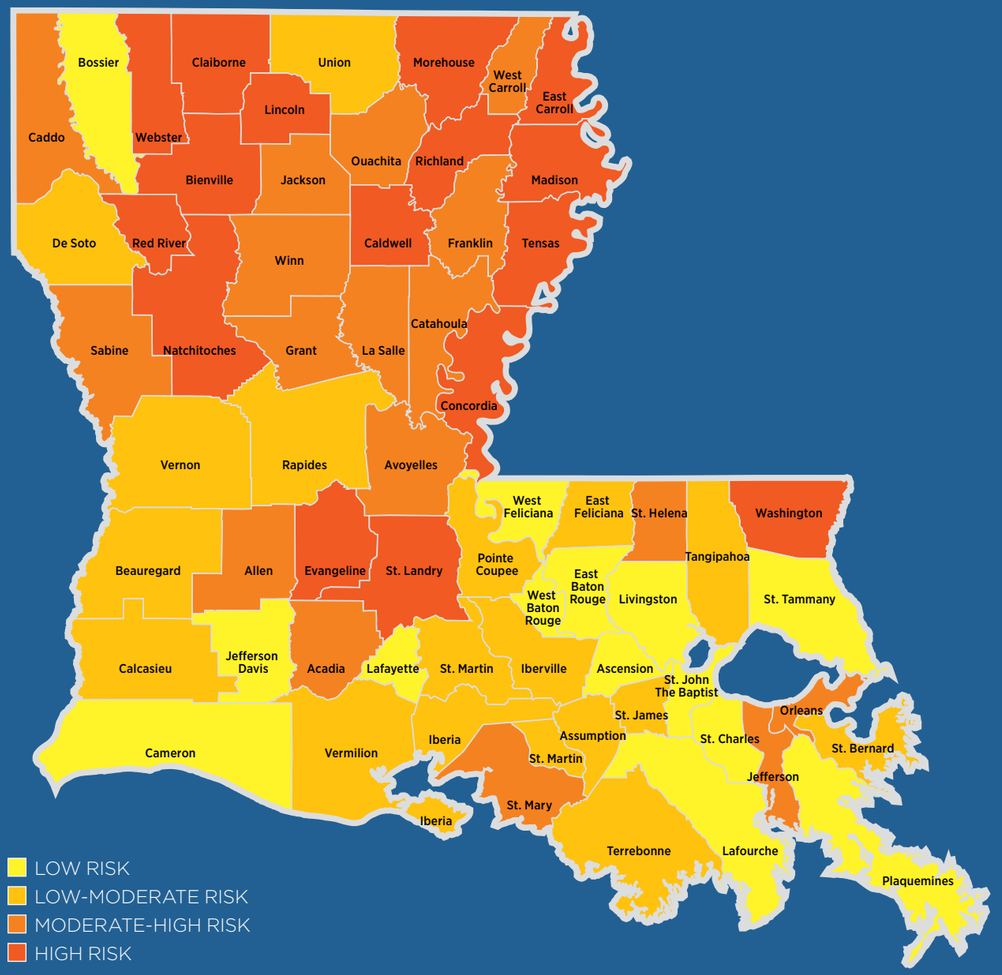
[9] Roussel, S. & Butkus, N. (2019). Poverty Drops (slightly) in Louisiana. Louisiana Budget Project. Retrieved from: https://www.labudget.org/wp-content/uploads/2019/09/Census-Poverty-Data-2018-2.pdf

[10] Kids Count Data Center. (2019). Children in poverty by race and ethnicity in Louisiana. Retrieved from: https://datacenter.kidscount.org/data/tables/44-children-in-poverty-by-race-and-ethnicity?loc=20&loct=2#detailed/2/20/false/1729,37,871,870,573,869,36,868,867,133/10,11,9,12,1,185,13/324,323

[11] Parolin, Z., & Wimer, C. (2020). Forecasting estimates of poverty during the COVID-19 crisis. *Poverty and Social Policy Brief. New York, NY: Center on Poverty and Social Policy at the Columbia School of Social Work, 4*(6).

RISK: ECONOMIC STABILITY

MEDIAN INCOME AS A PERCENTAGE OF FEDERAL POVERTY LEVEL



	%	QUARTILE
Ascension	297.0%	1
St. Tammany	263.0%	1
St. Charles	259.0%	1
Livingston	245.0%	1
West Baton Rouge	237.0%	1
National	234.0%	
West Feliciana	216.0%	1
Cameron	214.0%	1
Lafayette	213.0%	1
St. John the Baptist	213.0%	1
Bossier	209.0%	1
Lafourche	206.0%	1
East Baton Rouge	205.0%	1
Jefferson Davis	204.0%	1
Plaquemines	203.0%	1
Beauregard	197.0%	2
St. James	197.0%	2
Vermilion	197.0%	2
Calcasieu	192.0%	2
Terrebonne	190.0%	2
East Feliciana	187.0%	2
Louisiana	186.0%	
Iberville	186.0%	2
St. Martin	186.0%	2
Vernon	186.0%	2
Tangipahoa	180.0%	2
St. Bernard	179.0%	2
Iberia	176.0%	2
Assumption	174.0%	2
Rapides	174.0%	2
De Soto	172.0%	2
Pointe Coupee	172.0%	2
Union	167.0%	2
Acadia	160.0%	3
Ouachita	160.0%	3
Allen	159.0%	3
Caddo	159.0%	3
Grant	158.0%	3
St. Mary	157.0%	3
St. Helena	155.0%	3
Jefferson	154.0%	3
Orleans	154.0%	3
Sabine	153.0%	3
Catahoula	151.0%	3
Jackson	150.0%	3
Avoyelles	148.0%	3
La Salle	143.0%	3
West Carroll	142.0%	3
Franklin	138.0%	3
Winn	137.0%	3
Washington	136.0%	4
Richland	134.0%	4
Lincoln	133.0%	4
Red River	130.0%	4
Morehouse	129.0%	4
St. Landry	129.0%	4
Caldwell	125.0%	4
Evangeline	125.0%	4
Concordia	124.0%	4
Bienville	118.0%	4
Webster	118.0%	4
Madison	108.0%	4
Natchitoches	108.0%	4
Claiborne	106.0%	4
Tensas	93.0%	4
East Carroll	82.0%	4

PARISH LEVEL MEDIAN INCOME AS A PERCENTAGE OF FEDERAL POVERTY LEVEL (2014-2018)

Median income refers to the exact middle of income distribution—half of all households make more, and half make less. Median income is less sensitive to extreme highs and lows than other measures, such as per-capita or average household income. Comparing median household income to the Federal Poverty Level (FPL) provides valuable context to the relative economic health of households. Household income is a leading indicator for many lifetime outcomes for children, including physical and mental health, educational attainment, and labor market success.[12] Family income also impacts mothers' mental health, which is a significant indicator for healthy early childhood development.[13,14]

Louisiana compares poorly to the nation as a whole. The state has a median household income at 186% FPL, while the national rate is 234%. For the first time since this report has been published, the median income in two parishes (East Carroll and Tensas) has fallen below the FPL.

While national household median income increased by 5% since 2016, Louisiana's has remained largely flat, increasing by only 1% over the same time period.[15] In 2018, Louisiana had the 4th highest income inequality of any state in the country.[16] Decades of wage disparities by race and gender in Louisiana means that families of color—which are disproportionately headed by women—not only struggle to make ends meet, but also fall behind in savings and wealth-building.[17] The gap between Black and White worker wages has increased over the past four and a half decades.[15] This persistent inequality has long-term implications for the state and the young children who live here.

[12] Dahl, Gordon B., and Lance Lochner. 2012. "The Impact of Family Income on Child Achievement: Evidence from the Earned Income Tax Credit." *American Economic Review*, 102 (5): 1927-56.

[13] National Academies of Sciences, Engineering, and Medicine. (2019). A Roadmap to Reducing Child Poverty. Washington, DC: The National Academies Press. doi: https://doi.org/10.17226/25246.

[14] Cooper, K., & Stewart, K. (2017). Does money affect children's outcomes? An update. Centre for Analysis of Social Exclusion: London School of Economics. Retrieved from: http://eprints.lse.ac.uk/103494/1/casepaper203.pdf

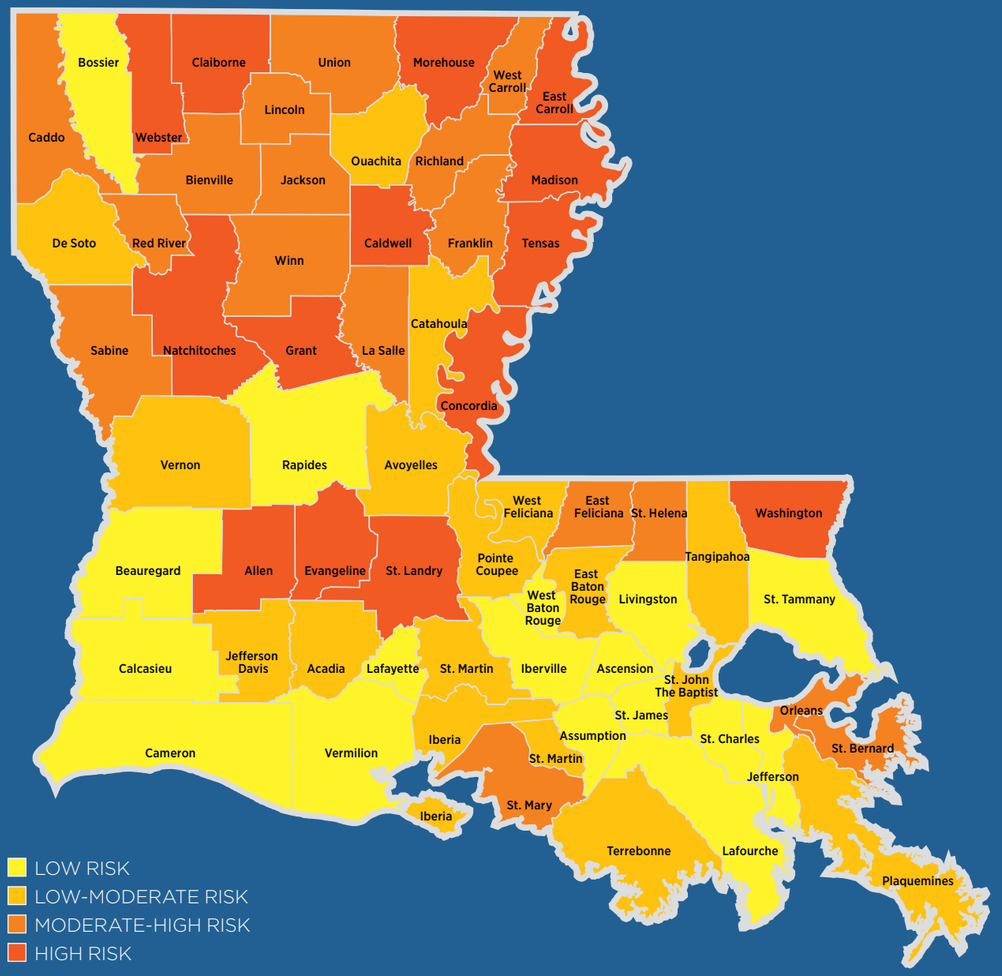
[15] Gould, E. (2020). State of Working America Wages 2019. Economic Policy Institute. Retrieved from: https://www.epi.org/publication/swa-wages-2019/#:~:text=The%20median%20wage%20in%202019,time%2C%20full%2Dyear%20worker.

[16] Roussel, S. & Butkus, N. (2019). Poverty Drops (slightly) in Louisiana. Louisiana Budget Project. Retrieved from: https://www.labudget.org/wp-content/uploads/2019/09/Census-Poverty-Data-2018-2.pdf

[17] Jaggar, K. (2008). The Race and Gender Wealth Gap. *Race, Poverty & the Environment, 15*(2), 79-81. Retrieved from: http://www.jstor.org/stable/41554630

RISK: ECONOMIC STABILITY

HOUSEHOLDS BELOW ALICE THRESHOLD



	%	QUARTILE
Ascension	38.0%	1
West Baton Rouge	39.0%	1
Cameron	42.0%	1
St. Charles	42.0%	1
Bossier	43.0%	1
Lafayette	43.0%	1
St. Tammany	43.0%	1
St. James	45.0%	1
Beauregard	46.0%	1
Calcasieu	46.0%	1
Livingston	46.0%	1
Assumption	48.0%	1
Jefferson	48.0%	1
Lafourche	48.0%	1
Vermilion	48.0%	1
Iberville	49.0%	1
Rapides	49.0%	1
St. John the Baptist	50.0%	2
St. Martin	50.0%	2
Tangipahoa	50.0%	2
De Soto	51.0%	2
Terrebonne	51.0%	2
East Baton Rouge	52.0%	2
Iberia	52.0%	2
Vernon	52.0%	2
Ouachita	53.0%	2
Pointe Coupee	53.0%	2
West Feliciana	53.0%	2
Acadia	54.0%	2
Plaquemines	54.0%	2
Avoyelles	55.0%	2
Catahoula	55.0%	2
Jefferson Davis	55.0%	2
Louisiana	55.0%	
Jackson	56.0%	3
East Feliciana	57.0%	3
Orleans	57.0%	3
Sabine	57.0%	3
Union	57.0%	3
Bienville	58.0%	3
Caddo	58.0%	3
Franklin	58.0%	3
St. Mary	58.0%	3
West Carroll	58.0%	3
La Salle	59.0%	3
Lincoln	59.0%	3
Red River	59.0%	3
Richland	59.0%	3
St. Bernard	59.0%	3
St. Helena	59.0%	3
Winn	59.0%	3
Concordia	60.0%	4
Allen	63.0%	4
St. Landry	63.0%	4
Washington	63.0%	4
Caldwell	64.0%	4
Grant	64.0%	4
Morehouse	64.0%	4
Evangeline	65.0%	4
Webster	65.0%	4
Natchitoches	66.0%	4
Claiborne	71.0%	4
East Carroll	71.0%	4
Madison	71.0%	4
Tensas	72.0%	4
National	*	

* indicates missing data

PERCENTAGE OF HOUSEHOLDS BELOW ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) THRESHOLD (CALENDAR YEAR 2018)

In 2016, the Louisiana Association of United Ways joined United Ways from states across the country and created the first Louisiana ALICE Report to shed light on the prevalence and needs of the ALICE population in our state—Asset Limited, Income Constrained, Employed. The ALICE Report uses a standardized set of measurements to quantify the cost of a basic household budget in each county/parish in each participating state, and to show how many households are struggling to afford this budget. The number of households living under the ALICE survival budget threshold indicates the level of financial instability in a given region.[18]

The most expensive item in Louisiana's ALICE survival budget is child care, which is essential for parents to work and to prepare children for kindergarten. Shortages in one area of a family's budget have consequences in other areas. Nowhere is this more apparent than in early childhood, when it is critical for children to have safe housing, nutritious food, quality child care, comprehensive healthcare, and reliable transportation to make healthy development possible. When working families don't earn enough income to provide these essentials, children's development and lifetime potential can be negatively impacted.[19]

Louisiana and Mississippi are the two states with the highest percentage of households living under the ALICE threshold (55% each) in the United States.[20] ALICE households are in every parish in Louisiana—urban, suburban, and rural—and they include people of all genders, ages, and races/ethnicities, across all household types. Financial hardship, as measured by the number of households living below the ALICE threshold, is markedly higher for non-White families with children, as well as households headed by single women. The percentage of households living under the ALICE threshold in Louisiana ranges from 38% in Ascension Parish to 72% in Tensas Parish.

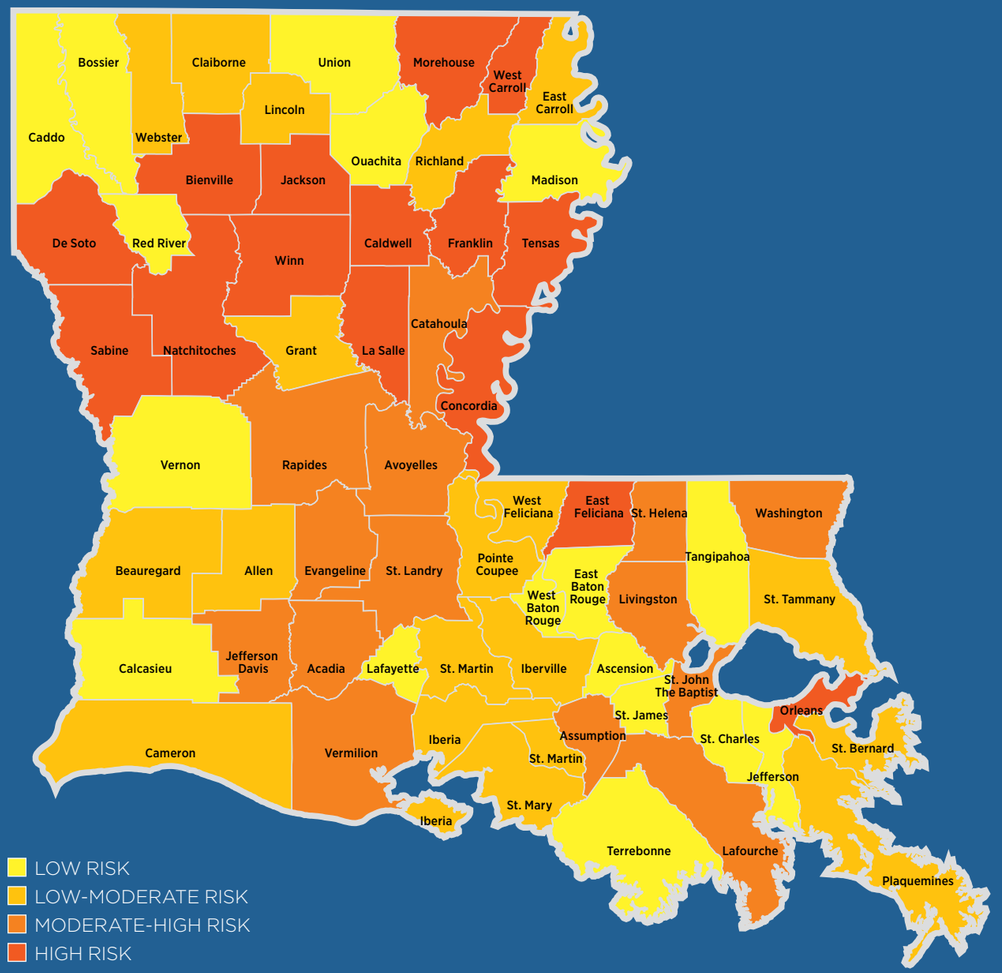
[18] Louisiana Association of United Ways. (2020). ALICE in Louisiana: A Financial Hardship Study 2020 Louisiana Report. Retrieved from: https://www.launitedway.org/alice-report-update-louisiana-released-august-2020

[19] Dahl, Gordon B., and Lance Lochner. 2012. "The Impact of Family Income on Child Achievement: Evidence from the Earned Income Tax Credit." *American Economic Review*, 102 (5): 1927-56.

[20] United for Alice. (2020). On Uneven Ground: ALICE and Financial Hardship in the U.S. 2020 National Report. Retrieved from: https://unitedforalice.org/national-overview

RISK: ECONOMIC STABILITY

SNAP RECIPIENTS UNDER AGE 5



	%	QUARTILE
Calcasieu	17.9%	1
Bossier	17.7%	1
Ascension	17.2%	1
Jefferson	17.1%	1
Madison	17.1%	1
St. Charles	17.0%	1
Union	16.9%	1
East Baton Rouge	16.9%	1
St. James	16.9%	1
Ouachita	16.9%	1
Red River	16.8%	1
Caddo	16.8%	1
Lafayette	16.8%	1
West Baton Rouge	16.8%	1
Tangipahoa	16.8%	1
Terrebonne	16.7%	1
Vernon	16.7%	1
Iberia	16.6%	2
Allen	16.6%	2
Claiborne	16.5%	2
Pointe Coupee	16.5%	2
Webster	16.5%	2
St. Bernard	16.4%	2
Cameron	16.4%	2
West Feliciana	16.3%	2
Louisiana	16.3%	
Lincoln	16.3%	2
St. Martin	16.2%	2
East Carroll	16.2%	2
St. Mary	16.2%	2
Beauregard	16.1%	2
Grant	16.1%	2
Iberville	16.1%	2
St. Tammany	16.1%	2
Plaquemines	16.1%	2
Richland	16.1%	2
Rapides	16.0%	3
Lafourche	16.0%	3
St. Helena	16.0%	3
Vermilion	16.0%	3
St. John the Baptist	16.0%	3
St. Landry	16.0%	3
Jefferson Davis	15.9%	3
Acadia	15.9%	3
Livingston	15.7%	3
Avoyelles	15.7%	3
Assumption	15.6%	3
Catahoula	15.6%	3
Evangeline	15.4%	3
Washington	15.4%	3
De Soto	15.3%	4
Franklin	15.1%	4
Concordia	15.1%	4
Natchitoches	15.0%	4
Sabine	14.8%	4
Orleans	14.8%	4
Morehouse	14.7%	4
Bienville	14.7%	4
Caldwell	14.6%	4
Jackson	14.2%	4
Winn	14.2%	4
East Feliciana	14.0%	4
La Salle	13.9%	4
Tensas	13.8%	4
West Carroll	12.2%	4
National	*	

* indicates missing data

PERCENTAGE OF SNAP RECIPIENTS UNDER AGE 5 (CY 2019)

The Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to low-income families to supplement their food budget and promote healthy eating. SNAP benefits are used to purchase food each month, including items like bread, cereal, fruit, vegetables, meat, fish, dairy products, and snacks. Children living in low-income households are more likely to be food insecure. Beyond inadequate intake of important nutrients, food insecurity is associated with deficits in cognitive development, behavioral problems, and poor health during childhood.[21] Targeting SNAP assistance toward families with young children helps lift these families out of poverty, improves food security, and bolsters children's cognitive development, long-term health, and economic prospects.[22]

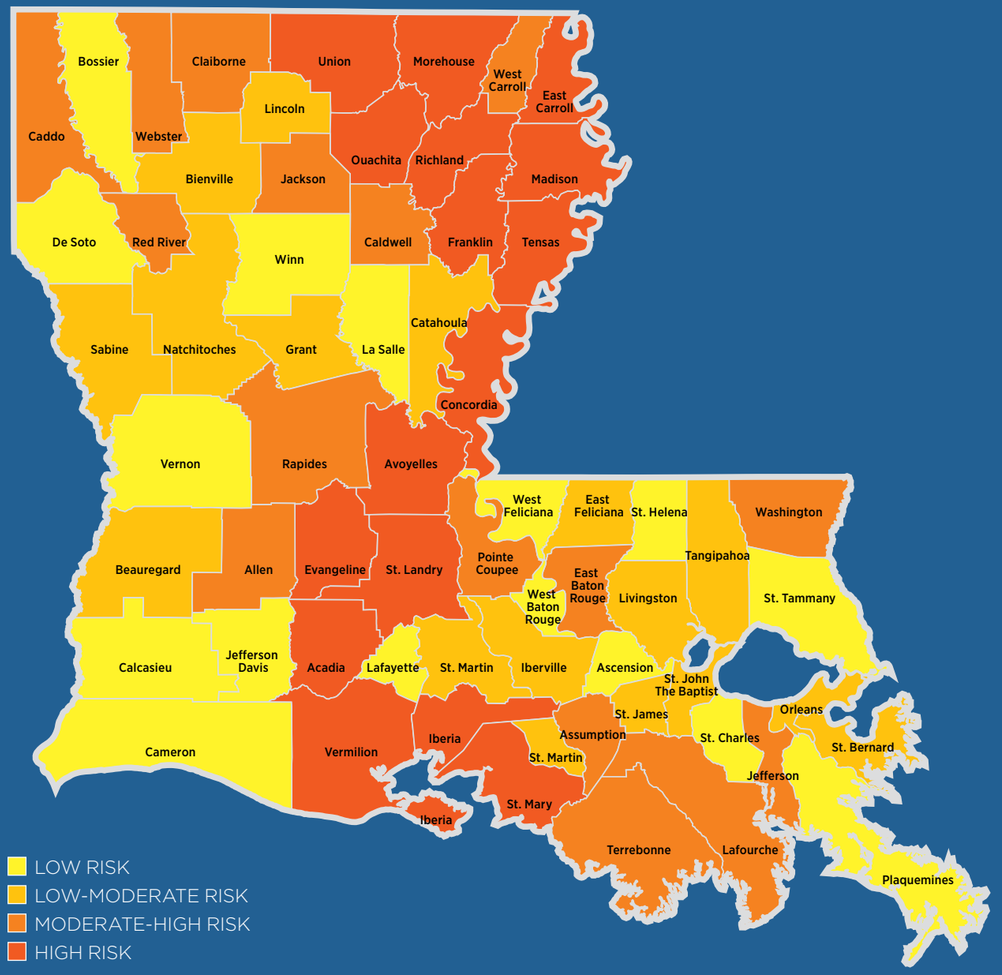
According to the United States Department of Agriculture, Louisiana leads the nation in child food insecurity, with 24.6% of children experiencing food insecurity across the state.[23] Across Louisiana, 16.3% of SNAP recipients are 5 years old or younger, ranging from 12.2% in West Carroll Parish to 17.9% in Calcasieu Parish. Higher rates of SNAP benefits going to younger children indicate a reduced level of risk associated with food insecurity.

[21] Cook, J., & Frank, D. (2008). Food security, poverty, and human development in the United States. *Annals of the New York Academy of Sciences, 1136*(1), 193.

[22] Bartfeld, J., Gundersen, C., Smeeding, T., & Ziliak, J. P. (Eds.). (2015). SNAP matters: how food stamps affect health and well-being. Stanford University Press.

[23] Child Food Insecurity in Louisiana. (2020). Feeding America. Retrieved from: https://map.feedingamerica.org/county/2018/child/louisiana

BIRTHS TO MOTHERS WITH LESS THAN HIGH SCHOOL EDUCATION



	%	QUARTILE
West Feliciana	7.1%	1
St. Helena	7.4%	1
St. Tammany	7.9%	1
West Baton Rouge	9.2%	1
Ascension	9.3%	1
St. Charles	9.3%	1
Vernon	9.6%	1
Jefferson Davis	10.6%	1
Calcasieu	10.6%	1
Winn	11.0%	1
DeSoto	11.3%	1
Bossier	11.4%	1
La Salle	11.6%	1
Cameron	11.8%	1
Plaquemines	11.9%	1
Lafayette	12.3%	1
Livingston	12.6%	2
East Feliciana	12.7%	2
Orleans	12.9%	2
National	13.0%	
Beauregard	13.2%	2
St. Bernard	13.3%	2
Bienville	13.4%	2
Iberville	14.0%	2
Lincoln	14.0%	2
Sabine	14.1%	2
Tangipahoa	14.3%	2
Catahoula	14.3%	2
St. James	14.3%	2
Louisiana	14.7%	
Grant	14.7%	2
St. John the Baptist	14.7%	2
St. Martin	14.8%	2
Natchitoches	15.5%	2
Webster	16.0%	3
Lafourche	16.1%	3
East Baton Rouge	16.3%	3
Claiborne	16.5%	3
Pointe Coupee	16.5%	3
Washington	16.6%	3
Jefferson	16.6%	3
Caddo	16.7%	3
Jackson	16.8%	3
Assumption	16.9%	3
West Carroll	16.9%	3
Caldwell	17.1%	3
Rapides	17.2%	3
Terrebonne	17.4%	3
Red River	17.5%	3
Allen	17.9%	3
Ouachita	18.5%	4
Union	18.6%	4
Iberia	18.9%	4
St. Mary	18.9%	4
St. Landry	19.1%	4
Vermilion	19.2%	4
Evangeline	19.4%	4
Concordia	20.1%	4
Richland	20.6%	4
Acadia	21.0%	4
Franklin	21.0%	4
Avoyelles	21.5%	4
East Carroll	25.3%	4
Morehouse	27.3%	4
Madison	28.1%	4
Tensas	30.8%	4

PERCENTAGE OF BIRTHS TO MOTHERS WITH LESS THAN HIGH SCHOOL EDUCATION (CY 2018)

Low parental education has a well-documented impact on a child's cognitive and social-emotional development. Young children, in particular, may be more susceptible to this influence because parental education level can provide for (or reduce) opportunities for cognitive enrichment during this critical developmental period.[24] Furthermore, financial strain resulting from limited earning opportunity due to lack of education can increase a mother's stress level, negatively impact maternal mental health, and make parenting more challenging.[25] These factors are all associated with behavior problems and poor learning outcomes in preschoolers.[26]

Louisiana's percentage of births where the head of household has less than a high school education is greater than the national average (14.71% in Louisiana, compared to 13% nationally). However, compared to the 2016 Louisiana Risk and Reach report, this measure decreased from 17.6% to 14.7%. Additionally, in the 2016 report, 23 parishes had more than 20% of babies born to heads of household with less than a high school degree, whereas in 2018, only 9 parishes saw rates over 20% for this measure.

[24] Kalil, A., Ryan, R., & Corey, M. (2012). Diverging destinies: Maternal education and the developmental gradient in time with children. Demography, 49(4), 1361-1383. https://doi.org/10.1007/s13524-012-0129-5

[25] Palermo, F., Carlo, G., Ispa, J. M., & Squires, C. (2019). Latina mothers' mental health and children's academic readiness: Moderation by maternal education. *Journal of Applied Developmental Psychology, 62*, 260-269.

[26] Jackson, A. P., Brooks-Gunn, J., Huang, C., & Glassman, M. (2000). Single mothers in low-wage jobs: Financial strain, parenting, and preschoolers' outcomes. Child development, 71(5), 1409-1423.

CONCLUSION

Family economic stability is the foundation of health and well-being. When families have access to jobs that provide livable wages and benefits (such as health insurance and paid family leave), children grow up physically and mentally healthier.[27] For instance, a study conducted in 2014 demonstrated that raising the U.S. federal minimum wage by $1 would have resulted in 2,790 fewer low birthweight newborns and 518 fewer postneonatal deaths across the country that year.[28] Increased family income is also associated with improved academic performance among children in school and increased likelihood of children securing stable employment as adults.[29] Unfortunately, Louisiana ranks 46th on median household income out of 50 states, suggesting that many Louisiana families do not experience economic stability.[30] In particular, Louisiana ranks 49th in children ages 0-4 living in poverty,[31] which confers substantial risks to the lifelong health, well-being, and educational and professional attainment of Louisiana's children.

According to the Louisiana Association of United Ways' 2020 ALICE (Asset Limited, Income Constrained, Employed) Report,[32] which is based on 2018 data, Louisiana has been experiencing steady economic growth since the Great Recession, but wages have not kept pace with the cost of living. The number of Asset Limited, Income Constrained, Employed (ALICE) families is growing. The 2018 Household Survival Budget for a two-parent family in Louisiana with an infant and a preschooler is $69,732, which would require both parents working full time to make an hourly wage of $17.44 after taxes. This is nearly 2.5 times the federal minimum wage of $7.25, which Louisiana uses.

While the full economic impact of the COVID-19 pandemic on the Louisiana economy is not yet known, approximately 44% of all Louisiana employees work in sectors with a high level of economic exposure to the pandemic, including the retail, food service, and arts and entertainment.[33] At the peak of pandemic-related economic restrictions in April 2020, the unemployment rate was 15.1%—nearly triple what it had been in February 2020 (5.2%), the last full month before the state of emergency began.[34] Even as the Louisiana economy started moving toward recovery, unemployment remained high at 9.4% in October 2020. Without guaranteed paid family leave for all full-time workers, many employed families have suffered lost wages caring for children or sick family members.The pandemic also disrupted and continues to disrupt child care and in-person school attendance, creating further challenges for families trying to find work.

It is important to note, however, that all of the data included in this section were collected prior to the pandemic. Economic vulnerability and instability have been significant issues for families in Louisiana for years. As advances in the development of COVID-19 vaccines and treatment usher in hope for a return to normal activities, the need remains the same. Louisiana families must have access to stable jobs that provide living wages and benefits, without sacrificing their health and safety, in order for the state to rebuild and sustain a healthy and

[27] Council on Community Pediatrics. (2016). Poverty and child health in the United States. *Pediatrics, 137(4)*, e20160339.

[28] Komro KA, Livingston MD, Markowitz S, Wagenaar AC. The Effect of an Increased Minimum Wage on Infant Mortality and Birth Weight. Am J Public Health. 2016 Aug;106(8):1514-6. doi: 10.2105/AJPH.2016.303268. Epub 2016 Jun 16. PMID: 27310355; PMCID: PMC4940666.

[29] Dahl, Gordon B., and Lance Lochner. 2012. "The Impact of Family Income on Child Achievement: Evidence from the Earned Income Tax Credit." *American Economic Review, 102 (5)*: 1927-56.

[30] Kids Count Data Center. (2019). Median family income among households with children in the United States. Retrieved from: https://datacenter.kidscount.org/data/tables/65-median-family-income-among-households-with-children?loc=1&loct=2#ranking/2/any/true/1729/any/365

[31] Kids Count Data Center. (2019) Children in poverty by age group in the United States. Retrieved from: https://datacenter.kidscount.org/data/tables/5650-children-in-poverty-by-age-group?loc=1&loct=2#ranking/2/any/true/1729/17/12264

[32] Louisiana Association of United Ways. (2020). ALICE in Louisiana: A Financial Hardship Study 2020 Louisiana Report. Retrieved from: https://www.launitedway.org/alice-report-update-louisiana-released-august-2020

[33] IBISWorld (2020). COVID-19 Economic Impact: Louisiana. Retrieved from: https://www.ibisworld.com/united-states/economic-profiles/louisiana/

[34] Department of Numbers (2021). Louisiana Unemployment. Retrieved from: https://www.deptofnumbers.com/unemployment/louisiana/#:~:text=According%20to%20the%20BLS%20current,national%20rate%20for%20the%20month.

More than half (55%) of Louisiana households cannot make ends meet.

(based on ALICE survival budget)

RISK:
HEALTHCARE ACCESS & QUALITY

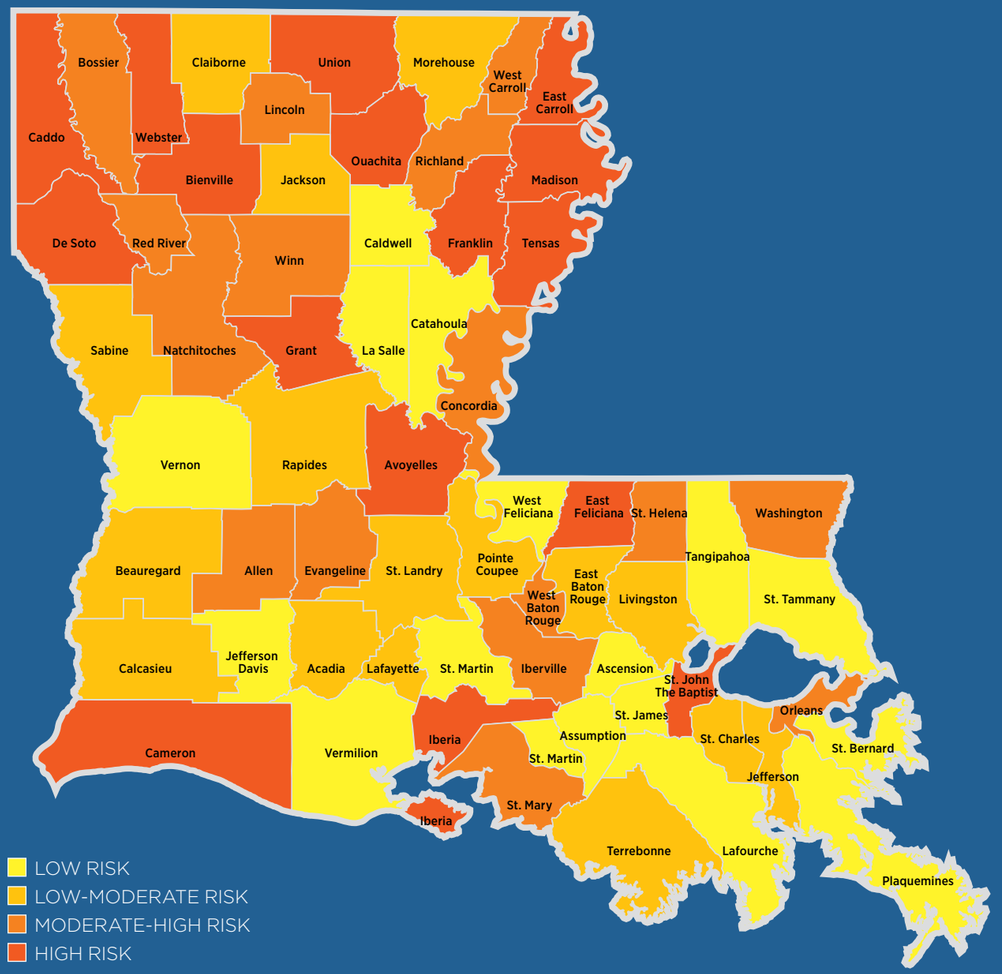
HEALTHY PEOPLE 2030 GOAL:

Increase access to comprehensive, high-quality healthcare services.

INDICATORS OF RISK FOR LOUISIANA CHILDREN AGES 0-5:

- Preterm Birth Rate (percentage; CY 2018)
- Rate of Substance Exposed Newborns (per 1,000 births; CY 2019)
- Infant Mortality Rate (per 1,000 births; 2014-2018)
- Children Ages 3-5 Insured by Medicaid Who Did Not Have a Well-Child Visit This Year (CY 2019)
- Percentage of Children Under Age 5 Insured by Medicaid Who Did Not Have a Preventive Dental Visit This Year (CY 2019)

PRETERM BIRTH RATE



	%	QUARTILE
Vernon	9.2	1
Vermilion	9.3	1
West Feliciana	9.5	1
Plaquemines	9.6	1
La Salle	9.9	1
National	10.0	
Catahoula	10.2	1
Ascension	10.4	1
St. Tammany	10.5	1
Assumption	10.7	1
Tangipahoa	10.8	1
St. Bernard	10.9	1
St. Martin	11.0	1
Lafourche	11.4	1
Caldwell	11.5	1
St. James	11.5	1
Jefferson Davis	11.5	1
Jefferson	11.6	2
Pointe Coupee	11.7	2
Livingston	11.9	2
Morehouse	12.1	2
Lafayette	12.2	2
Sabine	12.4	2
Claiborne	12.4	2
Terrebonne	12.6	2
Acadia	12.6	2
East Baton Rouge	12.9	2
Rapides	12.9	2
St. Landry	12.9	2
Calcasieu	12.9	2
Beauregard	13.0	2
Louisiana	13.0	
St. Charles	13.2	2
Jackson	13.4	2
Red River	13.6	3
Orleans	13.7	3
West Baton Rouge	13.7	3
Allen	14.0	3
Washington	14.5	3
Iberville	14.7	3
St. Mary	14.8	3
Winn	14.8	3
Natchitoches	14.9	3
St. Helena	14.9	3
Bossier	15.0	3
Concordia	15.1	3
Evangeline	15.1	3
Richland	15.3	3
West Carroll	15.3	3
Lincoln	15.3	3
East Feliciana	15.5	4
Grant	15.5	4
Iberia	15.6	4
Madison	15.7	4
Ouachita	15.7	4
Avoyelles	15.7	4
Webster	15.8	4
Cameron	16.0	4
East Carroll	16.0	4
Caddo	16.3	4
DeSoto	16.9	4
Bienville	18.4	4
Union	18.6	4
St. John the Baptist	18.9	4
Tensas	20.5	4
Franklin	21.0	4

PRETERM BIRTH RATE (PERCENTAGE; CY 2018)

Infants born more than three weeks before their due date, or before 37 weeks of gestation, are considered preterm. Many of the consequences of preterm birth, both short and long-term, can be attributed to incomplete development. Inadequate development as a result of early birth can impact the respiratory system, immune system, skin, cardiovascular system, central nervous system, and systems related to hearing and vision,[35] and increased risk for infant mortality. Young children born preterm can experience cognitive and motor deficits, emotional and behavioral problems, and difficulty interacting with peers.[36] Prenatal care has been associated with significant reductions in preterm birth rates.[37]

Louisiana's preterm birth rate (13%) is higher than the national average (10%). Fifty-nine of Louisiana's 64 parishes (92%) have a preterm birth rate above the national average, and 21 of those parishes (33%) have preterm birth rates above 150% of the national average. In Tensas and Franklin parishes, over 1 in 5 babies are born preterm. Preterm birth rates are significantly higher for Black persons than non-Hispanic White persons.[37] While personal health behaviors, such as diet and smoking, can affect the likelihood of having a preterm birth, social and environmental factors rooted in systemic racism play a larger role in the observed preterm birth disparity.[38] In Louisiana during 2018, White and Hispanic women both met the *Healthy People 2020* target of 11.4% for preterm birth rate at 10.6% and 10.8%, respectively, whereas Black women had a preterm birth rate of 17%.[39]

[35] Behrman, R. E., & Butler, A. S. (2007). Preterm birth: causes, consequences, and prevention. Washington (DC): National Academies Press (US); 2007. 10, Mortality and Acute Complications in Preterm Infants.

[36] Wolke, D., Johnson, S., and Mendonça, M. (2019) The Life Course Consequences of Very Preterm Birth. Annual Review of Developmental Psychology 1:1, 69-92

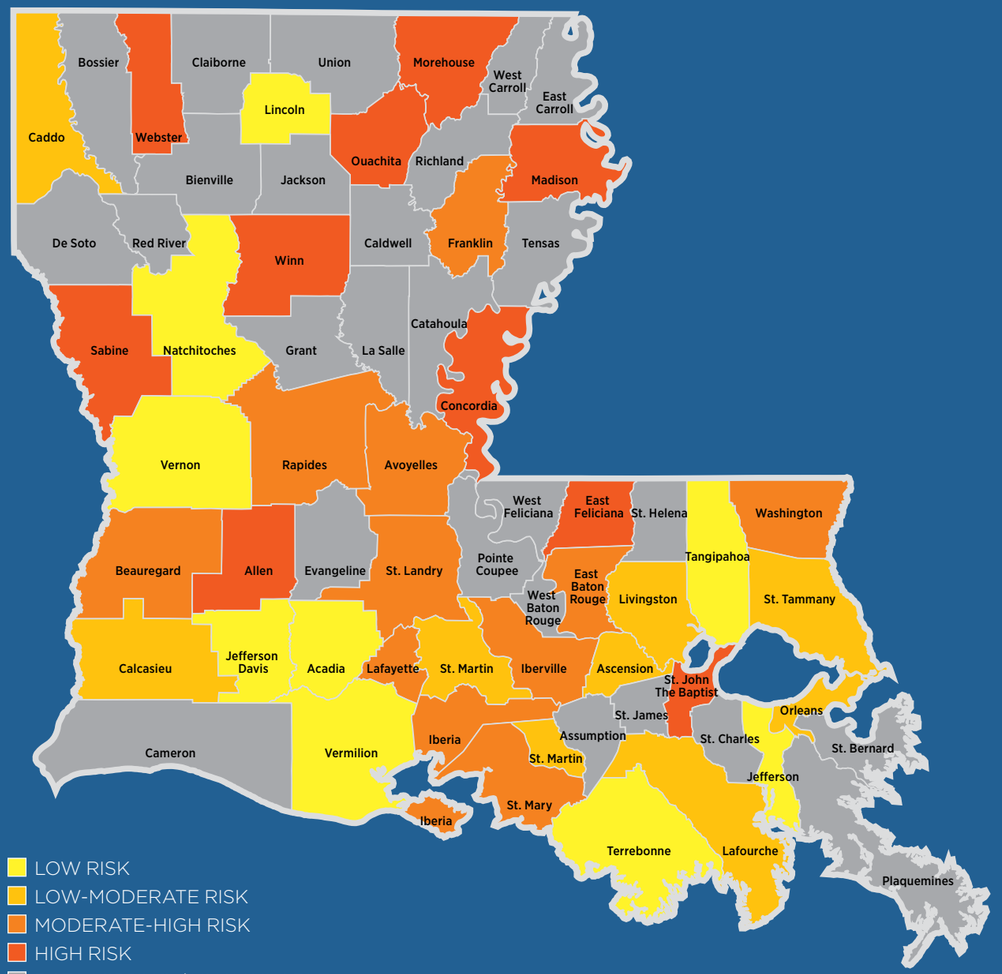
[37] Vintzileos, A. M., Ananth, C. V., Smulian, J. C., Scorza, W. E., & Knuppel, R. A. (2002). The impact of prenatal care in the United States on preterm births in the presence and absence of antenatal high-risk conditions. *American journal of obstetrics and gynecology, 187(5)*, 1254-1257.

[38] Burris H., Lorch S., Kirpalani H., et al. (2019). Racial disparities in preterm birth in USA: a biosensor of physical and social environmental exposures Archives of Disease in Childhood. 104:931-935.

[39] Louisiana Department of Health. (2018). Retrieved from: https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/maternal/IndicatorProfiles/Louisiana_18.pdf

RISK: HEALTHCARE ACCESS & QUALITY

RATE OF SUBSTANCE EXPOSED NEWBORNS



	RATE	QUARTILE
Natchitoches	13.2	1
Acadia	18.9	1
Tangipahoa	19.7	1
Terrebonne	20.4	1
Vernon	22.1	1
Jefferson	22.2	1
Lincoln	25.6	1
Jefferson Davis	26.0	1
Vermilion	29.3	1
Ascension	30.2	2
Calcasieu	30.4	2
St. Martin	31.0	2
St. Tammany	31.2	2
Lafourche	32.0	2
Orleans	32.6	2
Caddo	33.1	2
Louisiana	34.5	
Livingston	34.6	2
St. Mary	35.0	3
Iberia	37.2	3
Lafayette	37.2	3
Avoyelles	39.9	3
Beauregard	40.7	3
Rapides	45.9	3
Franklin	46.7	3
St. Landry	48.3	3
Washington	48.5	3
East Baton Rouge	54.3	3
Iberville	62.1	3
Webster	63.4	4
Sabine	70.2	4
East Feliciana	70.7	4
St. John the Baptist	76.4	4
Morehouse	80.1	4
Ouachita	83.4	4
Allen	106.7	4
Winn	139.5	4
Madison	150.0	4
Concordia	156.0	4
National	*	
Assumption	*	
Bienville	*	
Bossier	*	
Caldwell	*	
Cameron	*	
Catahoula	*	
Claiborne	*	
De Soto	*	
East Carroll	*	
Evangeline	*	
Grant	*	
Jackson	*	
La Salle	*	
Plaquemines	*	
Pointe Coupee	*	
Red River	*	
Richland	*	
St. Bernard	*	
St. Charles	*	
St. Helena	*	
St. James	*	
Tensas	*	
Union	*	
West Baton Rouge	*	
West Carroll	*	
West Feliciana	*	

* indicates missing data

RATE OF SUBSTANCE EXPOSED NEWBORNS (PER 1,000 BIRTHS; CY 2019)

This indicator represents the rate of infants born in Louisiana who were determined by the Department of Children and Family Services (DCFS) to be "substance exposed newborns" following Child Protective Services investigations per 1,000 births. In order to classify a child as a substance exposed newborn, the legal criteria for prenatal neglect must be met. Prenatal neglect includes the following criteria:

- Prenatal exposure to chronic or severe use of alcohol;
- A pregnant person's unlawful use of any controlled and dangerous substance, or use in a manner not lawfully prescribed, which results in symptoms of withdrawal, or;
- The presence of a controlled substance in the infant that is not the result of medical treatment.

Depending on the substance and level of exposure, substance exposed newborns may experience a range of long-term effects, including disrupted physical development, learning disabilities, and behavioral problems.[40] Prenatal exposure to opiates has a well-documented association with neonatal opioid withdrawal syndrome, and an apparent long-term effect on behavior, but more research is needed to determine long-term developmental effects.[41] In contrast, prenatal exposure to legal substances such as alcohol and nicotine has very well-documented negative effects on fetal growth, as well as long term effects on cognition, behavior, and intellectual disability.[41] Best practice care models that engage families in the care of their newborns with opioid exposure can reduce the severity of Neonatal Opioid Withdrawal Syndrome (NOWS) symptoms, and reduce the need for pharmacological care and length of hospital stay.[42]

In 2019, 2,031 newborns met the criteria of "Substance Exposed Newborn" which represents 3.5% of all live births in Louisiana. Over 20% of DCFS investigations for children under age 5 in Louisiana involve the allegation of substance exposed newborn. Rates of substance exposed newborns in Louisiana vary substantially between parishes, ranging from 13.2 per 1,000 in Natchitoches to 156 per 1,000 in Concordia. Higher rates of newborns with substance exposure were concentrated in Northern Louisiana and the River parishes. Geographic data on substance exposed newborns is captured by DCFS assigned worker location, not necessarily by a child's parish of residence, resulting in several parishes lacking data on this indicator.

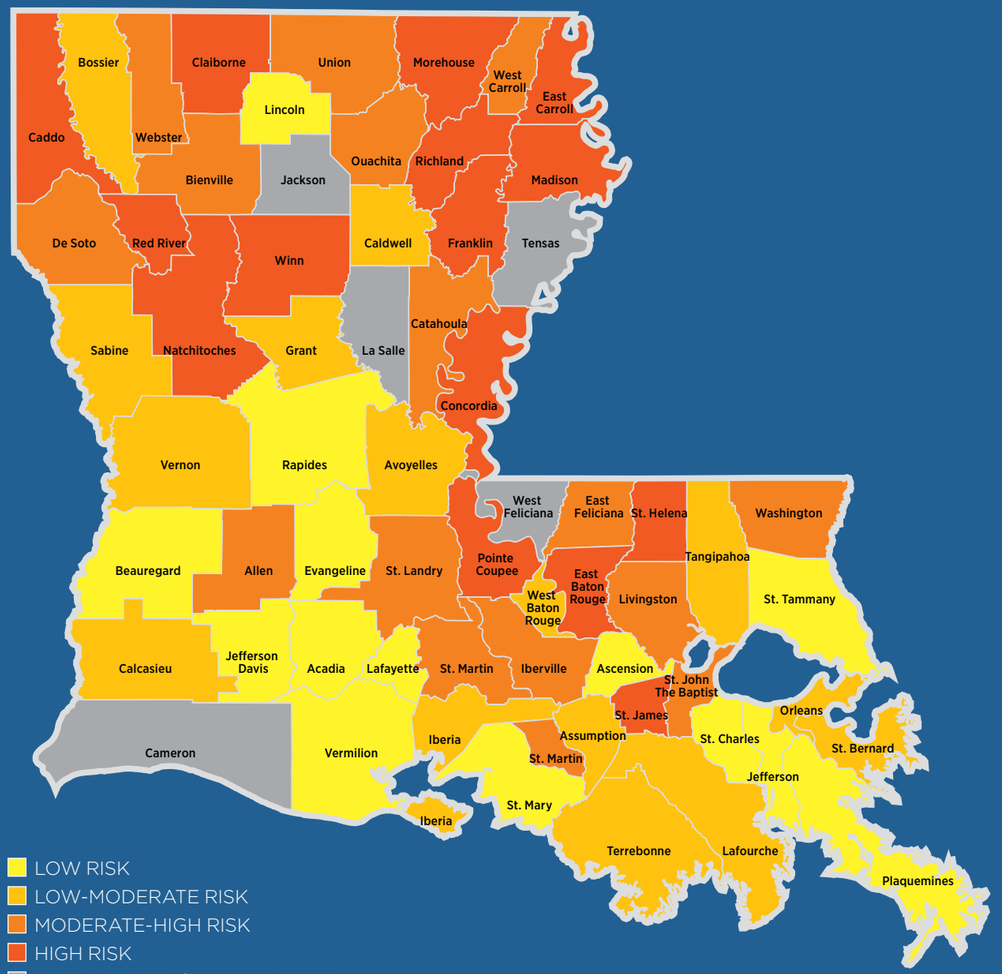
[40] Lester, B. M., Bagner, D. M., Liu, J., LaGasse, L. L., Seifer, R., Bauer, C. R., ... & Das, A. (2009). Infant neurobehavioral dysregulation: behavior problems in children with prenatal substance exposure. *Pediatrics, 124(5)*, 1355-1362.

[41] Behnke, M., Smith, V. C., & Committee on Substance Abuse. (2013). Prenatal substance abuse: short- and long-term effects on the exposed fetus. *Pediatrics, 131(3)*, e1009-e1024.

[42] Jones, H. E., Deppen, K., Hudak, M. L., Leffert, L., McClelland, C., Sahin, L., Starer, J., Terplan, M., Thorp, J. M., Jr, Walsh, J., & Creanga, A. A. (2014). Clinical care for opioid-using pregnant and postpartum women: the role of obstetric providers. *American journal of obstetrics and gynecology, 210(4)*, 302–310. https://doi.org/10.1016/j.ajog.2013.10.010

RISK: HEALTHCARE ACCESS & QUALITY

INFANT MORTALITY RATE



	RATE	QUARTILE
Acadia	5.0	1
St. Tammany	5.1	1
St. Charles	5.4	1
Plaquemines	5.5	1
St. Mary	5.5	1
Jefferson Davis	5.5	1
Vermilion	5.6	1
Lincoln	5.7	1
National	5.8	
Lafayette	5.9	1
Rapides	5.9	1
Evangeline	6.1	1
Jefferson	6.2	1
Beauregard	6.3	1
Ascension	6.3	1
Grant	6.3	1
Vernon	6.5	2
St. Bernard	6.6	2
Orleans	6.7	2
Calcasieu	6.8	2
Bossier	7.0	2
Iberia	7.5	2
Lafourche	7.5	2
Terrebonne	7.5	2
Louisiana	7.8	
Caldwell	7.8	2
Assumption	7.8	2
Sabine	7.9	2
West Baton Rouge	8.1	2
Tangipahoa	8.1	2
Avoyelles	8.1	2
St. Landry	8.3	3
Bienville	8.3	3
Allen	8.4	3
Union	8.4	3
St. John the Baptist	8.6	3
Livingston	8.6	3
Iberville	8.8	3
Webster	8.9	3
Washington	8.9	3
Catahoula	9.0	3
De Soto	9.1	3
Ouachita	9.4	3
West Carroll	9.5	3
East Feliciana	9.8	3
St. Martin	9.8	3
Madison	10.0	4
Caddo	10.1	4
St. Helena	10.2	4
Pointe Coupee	10.3	4
East Baton Rouge	11.3	4
Morehouse	11.9	4
Richland	12.0	4
Winn	12.2	4
St. James	12.2	4
Concordia	12.3	4
Claiborne	13.0	4
Red River	13.0	4
Franklin	13.5	4
Natchitoches	14.0	4
East Carroll	16.1	4
Cameron	Ø	
Jackson	Ø	
La Salle	Ø	
Tensas	Ø	
West Feliciana	Ø	

Ø indicates data was suppressed due to small numbers

INFANT MORTALITY RATE (PER 1,000 BIRTHS; 2014-2018)

Infant mortality refers to deaths of children who are less than 1 year old. The infant mortality rate is the number of infants who die before their first birthday, per 1,000 live births. Beyond the direct impacts that losing an infant has on a family, infant mortality is an important marker for the overall health of a community or society. Factors related to infant mortality in Louisiana include high rates of preterm birth and low birth weight, high rates of obesity and chronic medical conditions among birthing persons of reproductive age, and high levels of poverty.[43] Some causes of infant deaths are preventable, especially those related to injury and suffocation.[43] Among injury-related deaths, more than 75% were associated with Sudden Unexpected Infant Death (SUID), which includes those related to suffocation and unsafe sleep environments.[44] Prenatal care has been associated with a reduction in adverse birth outcomes, including infant mortality.[45]

Louisiana's infant mortality rate (7.8 per 1,000) was about 34% greater than the national rate (5.8 per 1,000). In 56 out of 64 parishes (88%), the infant mortality rate was higher than the national average. However, Louisiana's infant mortality rate has decreased since the 2016 Risk and Reach report (8.3 per 1,000), when Louisiana's rate was 41% greater than the national rate. Ten parishes in Louisiana had an infant mortality rate of at least twice the national rate, while only eight parishes were lower than the national rate. There were fewer than five infant deaths in five parishes—for confidentiality reasons, infant mortality rates are not calculated for parishes with counts less than five.

Considerable disparities in infant mortality exist by both geography and race/ethnicity in Louisiana. Infants in rural parishes are significantly more likely to die in their first year of life compared to infants in urban and suburban parishes, largely due to the socioeconomic disadvantage common to rural areas.[46] Infants born to non-Hispanic Black mothers were more than twice as likely to die before their first birthday compared to their White counterparts.[46] Infant mortality rates can be reduced through public investments in improved social and environmental services, such as housing, parks and recreation, and solid waste management.[47]

[43] Centers for Disease Control and Prevention. (2018). Retrieved from: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm#causes

[44] Louisiana Department of Health. Retrieved from: https://giveyourbabyspace.org/resources/

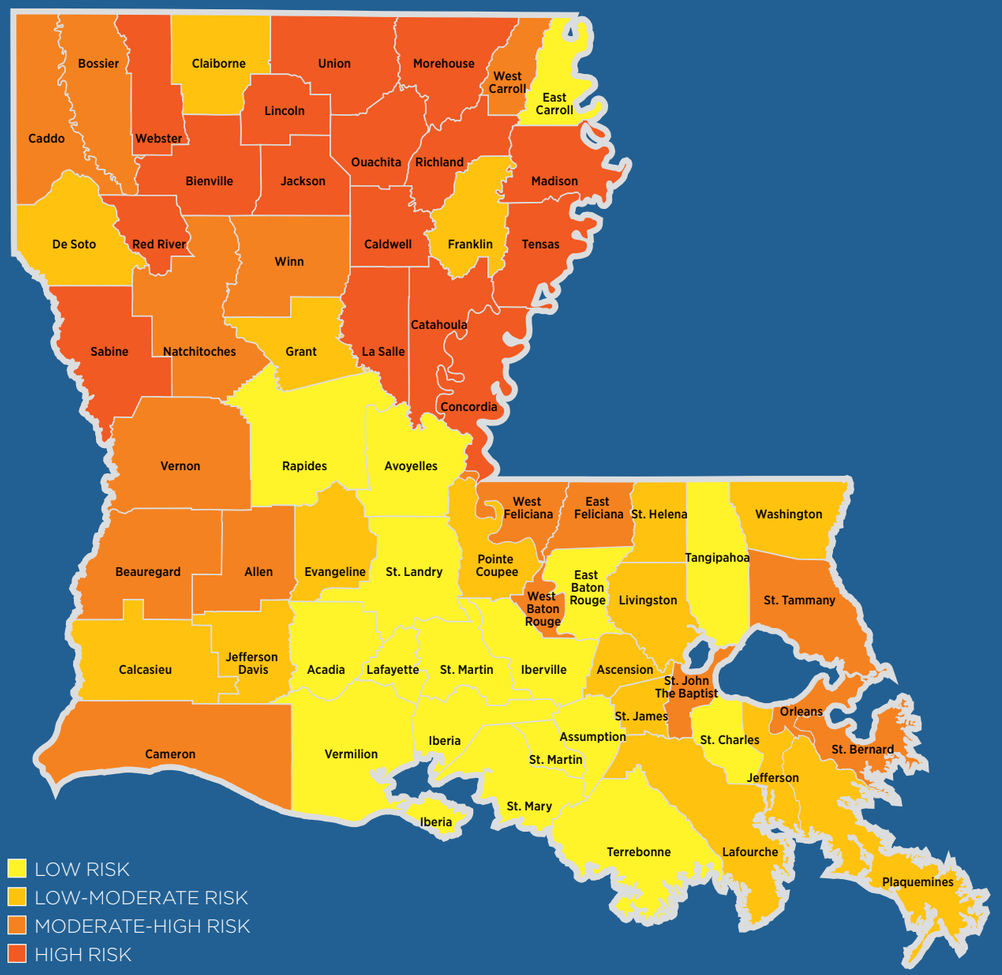
[45] Partridge, S., Balayla, J., Holcroft, C. A., & Abenhaim, H. A. (2012). Inadequate prenatal care utilization and risks of infant mortality and poor birth outcome: a retrospective analysis of 28,729,765 US deliveries over 8 years. *American journal of perinatology, 29(10)*, 787.

[46] Louisiana Department of Health. (2020). Louisiana Child Death Review Report: 2016 - 2018. Retrieved from: https://ldh.la.gov/assets/oph/Center-PHCH/FamilyHealth/CDR/CDR_Report_2016-2018_FINAL.pdf

[47] Goldstein, N. D., Palumbo, A. J., Bellamy, S. L., Purtle, J., & Locke, R. (2020). State and local government expenditures and infant mortality in the United States. *Pediatrics, 146(5)*.

RISK: HEALTHCARE ACCESS & QUALITY

CHILDREN AGES 3-5 INSURED BY MEDICAID WHO DID NOT HAVE A WELL-CHILD VISIT THIS YEAR



	%	QUARTILE
Iberia	30.6%	1
Avoyelles	32.2%	1
St. Martin	32.9%	1
Tangipahoa	33.4%	1
Rapides	34.1%	1
East Carroll	34.2%	1
St. Mary	35.0%	1
Iberville	35.6%	1
Vermilion	36.5%	1
St. Landry	36.7%	1
Assumption	36.9%	1
Terrebonne	38.0%	1
Louisiana	38.5%	
Lafayette	38.6%	1
St. Charles	38.8%	1
Acadia	39.3%	1
East Baton Rouge	39.8%	1
Franklin	40.1%	2
Lafourche	40.1%	2
St. Helena	40.2%	2
Grant	40.7%	2
Evangeline	40.9%	2
Calcasieu	41.0%	2
Plaquemines	41.6%	2
Ascension	41.7%	2
Jefferson	41.8%	2
Pointe Coupee	42.1%	2
Claiborne	42.3%	2
Jefferson Davis	42.5%	2
Livingston	42.6%	2
St. James	42.9%	2
De Soto	42.9%	2
Washington	43.3%	2
St. Bernard	43.4%	3
Vernon	43.7%	3
St. Tammany	44.0%	3
Orleans	44.4%	3
West Baton Rouge	44.4%	3
West Feliciana	44.8%	3
St. John the Baptist	45.1%	3
Caddo	45.4%	3
Beauregard	46.1%	3
Natchitoches	46.1%	3
East Feliciana	46.4%	3
Cameron	46.7%	3
Bossier	47.9%	3
Winn	48.7%	3
West Carroll	49.2%	3
Allen	49.9%	3
Tensas	50.4%	4
Sabine	50.4%	4
Richland	50.6%	4
Concordia	53.1%	4
Ouachita	53.2%	4
Union	53.2%	4
Webster	53.5%	4
Morehouse	53.7%	4
La Salle	54.8%	4
Madison	55.8%	4
Caldwell	56.8%	4
Bienville	57.4%	4
Red River	57.8%	4
Lincoln	58.9%	4
Jackson	61.1%	4
Catahoula	63.1%	4
National	*	

* indicates missing data

CHILDREN AGES 3-5 INSURED BY MEDICAID WHO DID NOT HAVE A WELL-CHILD VISIT THIS YEAR (CY 2019)

Well-child visits serve as key access points to essential disease prevention and health promotion services, such as critical childhood vaccines, developmental and behavioral health screenings, and health education for caregivers about key issues affecting young children.[48] Children who miss well-child visits tend to have lower vaccination rates and higher rates of preventable hospitalizations, such as hospitalization for asthma.[49,50] Well-child visits function as crucial entry points to the larger system of evidence-based early childhood supports and services. When pediatricians screen young children for developmental risks and delays during well-child visits, they are better able to identify issues early and refer children to services during the critical periods for brain development.[51] When early intervention services are received during these periods, they are at their most effective in promoting lifelong cognitive and social-emotional development, as well as lifetime educational attainment.[52]

There are numerous barriers that can prevent a child from having practical access to well-child visits, including distance to the doctors' office, transportation issues, cost, lack of paid leave for parents, and parental depressive symptoms.[53]

In Louisiana, 38.5% of 3-to-5-year-old children insured by Medicaid (the largest insurance provider for children in Louisiana, see page 81) did not receive a well-child visit in 2019. The lack of access to well-child care ranges from 30.6% in Iberia Parish to 63.1% in Catahoula Parish. In one quarter of parishes in Louisiana (16 of 64), over half of all children ages 3-5 did not receive a well-child visit in the past year.

[48] Wolf, ER, Hochheimer CJ, Sabo RT, et al. Gaps in Well-Child Care Attendance Among Primary Care Clinics Serving Low-Income Families. Pediatrics Nov 2018, 142 (5) e20174019; DOI: 10.1542/peds.2017-4019

[49] Hambidge SJ, Davidson AJ, Phibbs SL, et al. Strategies to Improve Immunization Rates and Well-Child Care in a Disadvantaged Population: A Cluster Randomized Controlled Trial. Arch Pediatr Adolesc Med. 2004;158(2):162–169. doi:10.1001/archpedi.158.2.162

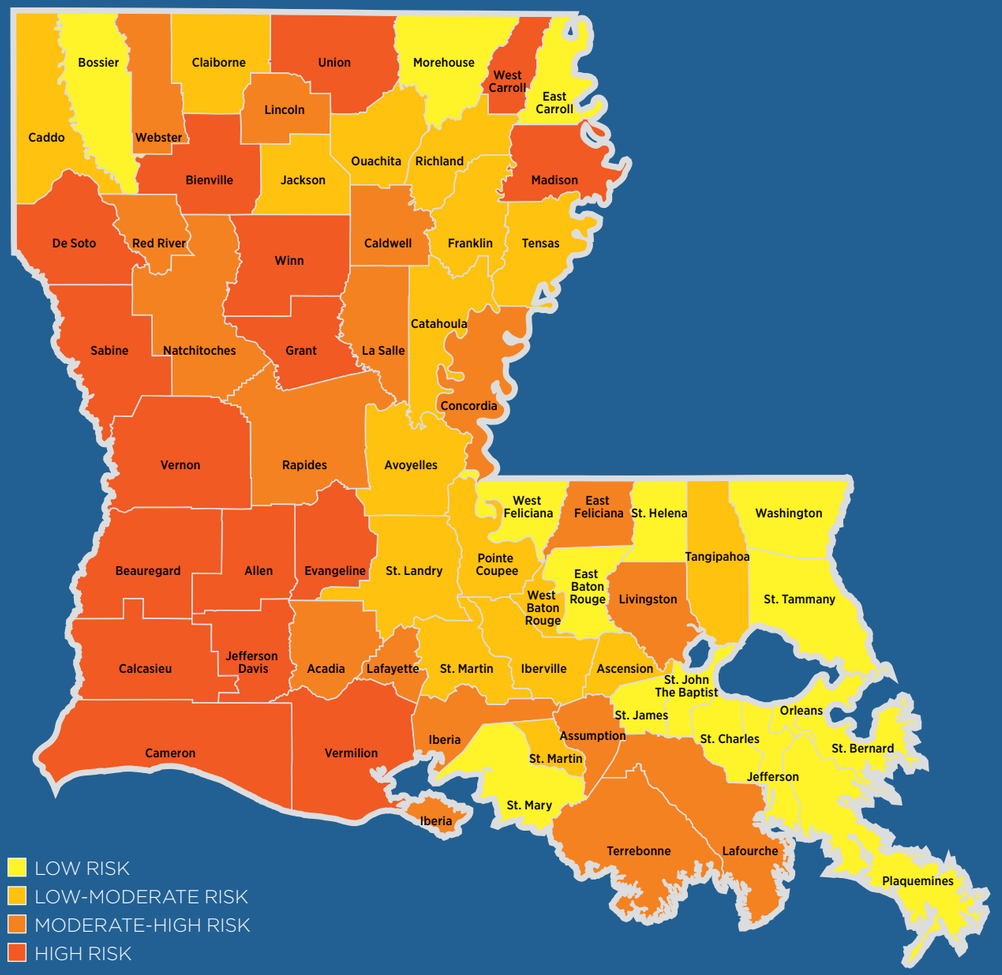
[50] Tom JO, Tseng CW, Davis J, et al. Missed well-child care visits, low continuity of care, and risk of ambulatory care-sensitive hospitalizations in young children. Arch Pediatr Adolesc Med. 2010;164(11):1052–1058pmid:21041598

[51] Nelson, C. A., 3rd, Zeanah, C. H., & Fox, N. A. (2019). How Early Experience Shapes Human Development: The Case of Psychosocial Deprivation. Neural plasticity, 2019, 1676285. https://doi.org/10.1155/2019/1676285

[52] Hebbeler, K., Spiker, D., Bailey, D., Scarborough, A., Mallik, S., Simeonsson, R., & Nelson, L. (2007). Early intervention for infants and toddlers with disabilities and their families: Participants, services, and outcomes. *Menlo Park, CA: SRI International*.

[53] Jhanjee, I., Saxeena, D., Arora, J., & Gjerdingen, D. K. (2004). Parents' Health and Demographic Characteristics Predict Noncompliance with Well-Child Visits. The Journal of the American Board of Family Practice, 17(5), 324. https://doi.org/10.3122/jabfm.17.5.324

CHILDREN UNDER AGE 5 INSURED BY MEDICAID WHO DID NOT HAVE A PREVENTIVE DENTAL VISIT THIS YEAR



	%	QUARTILE
St. James	53.6%	1
Morehouse	54.3%	1
Orleans	55.4%	1
Washington	55.6%	1
St. Helena	56.5%	1
East Carroll	56.6%	1
Jefferson	57.1%	1
St. John the Baptist	57.8%	1
St. Charles	58.1%	1
St. Tammany	58.1%	1
St. Bernard	58.5%	1
West Feliciana	58.5%	1
Plaquemines	58.7%	1
St. Mary	58.8%	1
East Baton Rouge	59.0%	1
Bossier	59.2%	1
Caddo	59.5%	2
Louisiana	59.6%	
Tangipahoa	59.9%	2
Tensas	60.0%	2
Ascension	61.1%	2
Iberville	61.4%	2
Richland	61.9%	2
St. Landry	62.1%	2
Jackson	62.1%	2
Avoyelles	62.3%	2
Catahoula	62.4%	2
West Baton Rouge	62.7%	2
Claiborne	62.9%	2
Franklin	63.0%	2
Ouachita	63.2%	2
Pointe Coupee	63.5%	2
St. Martin	63.6%	2
Webster	63.7%	3
Terrebonne	63.8%	3
Assumption	64.0%	3
Lafayette	64.1%	3
Caldwell	64.2%	3
Red River	64.4%	3
Rapides	64.6%	3
East Feliciana	64.7%	3
Lincoln	65.0%	3
Livingston	65.0%	3
La Salle	65.8%	3
Lafourche	65.9%	3
Natchitoches	65.9%	3
Acadia	66.2%	3
Iberia	66.6%	3
Concordia	66.6%	3
Sabine	67.1%	4
Bienville	67.3%	4
De Soto	67.4%	4
Union	67.6%	4
Winn	69.1%	4
Vermilion	69.7%	4
Evangeline	70.5%	4
Vernon	71.3%	4
Grant	71.6%	4
Cameron	71.7%	4
Jefferson Davis	72.8%	4
Calcasieu	72.9%	4
Beauregard	73.3%	4
West Carroll	73.6%	4
Allen	74.7%	4
Madison	75.0%	4
National	*	

* indicates missing data

PERCENTAGE OF CHILDREN UNDER AGE 5 INSURED BY MEDICAID WHO DID NOT HAVE A PREVENTIVE DENTAL VISIT THIS YEAR (CY 2019)

Louisiana Medicaid, in alignment with the American Academy of Pediatric Dentistry, recommends that a child's first dental visit should occur no later than their first birthday, and should occur every 6 months thereafter.[54] Receiving preventive dental care significantly reduces the rate of non-preventive dental visits as well as non-preventive dental expenditures.[55] This suggests that preventive dental care effectively reduces pediatric dental problems and the associated costs.[55] The consequences of tooth decay in young children's primary teeth include pain, poor nutrition, impaired speech development, misalignment in permanent teeth, and cosmetic effects.[56] If left untreated, decay can progress to dental abscesses and facial cellulitis.[56] Even with proper treatment, decay in the primary teeth of children is the single strongest predictor of developing caries in the permanent teeth.[57] Dental problems and non-preventive dental visits also have significant societal costs, from direct costs associated with treatment, to reduced productivity and lost wages for parents, to missing school and limiting activities for young children.[58]

Almost 60% of children under age 5 insured by Medicaid in Louisiana did not receive preventive dental care in 2019. In every parish of Louisiana, more than half of children under age 5 insured by Medicaid did not receive preventive dental services, from 53.6% in St. James Parish to 75% in Madison Parish. Thus, even in parishes where children receive the most preventive dental care (top quartile), young children insured by Medicaid still have limited access to dental care.

[54] American Academy of Pediatric Dentistry (2020). Oral Health Policies and Recommendations. Retrieved from: https://www.aapd.org/research/oral-health-policies--recommendations/

[55] Savage, M. F., Lee, J. Y., Kotch, J. B., & Vann, W. F. (2004). Early preventive dental visits: effects on subsequent utilization and costs. *Pediatrics*, *114*(4), e418-e423.

[56] Berg, J. H., & Slayton, R. L. (2015). *Early childhood oral health*. John Wiley & Sons.

[57] Bader, J. D., Rozier, R. G., Lohr, K. N., & Frame, P. S. (2004). Physicians' roles in preventing dental caries in preschool children: a summary of the evidence for the US Preventive Services Task Force. *American journal of preventive medicine*, *26*(4), 315-325.

[58] Gift, H. C., Reisine, S. T., & Larach, D. C. (1992). The social impact of dental problems and visits. American journal of public health, 82(12), 1663-1668.

CONCLUSION

Good health in infancy and early childhood supports lifelong health, educational attainment, workforce engagement, and social well-being.[59] While other risk factors associated with the social determinants of health also have a significant impact on children's health (as outlined in the other sections of the report), County Health Rankings estimates that access to high-quality healthcare accounts for 20% of total population health outcomes.[60] For young children, this includes not only ensuring access to comprehensive pediatric care, but also ensuring that birthing persons have access to comprehensive prenatal, intrapartum, and postpartum care, including interpregnancy care.

Ensuring that birthing persons have access to comprehensive care before, during, and after pregnancy is associated with a range of improved birth outcomes, including reductions in preterm birth and infant mortality.[61,62] Care during this time allows for the identification and mitigation of medical and social issues that can have negative effects on pregnancy outcomes. This includes the identification of substance use disorder, a leading cause of maternal mortality in Louisiana.[63] Prenatal visits provide an opportunity for birthing persons who use substances to access evidence-based treatment through screening and referrals, which can improve birth outcomes for substance exposed newborns.[64] The American College of Obstetricians and Gynecologists supports addressing prenatal substance abuse as a health problem, using education, prevention, and community-based treatment, rather than framing the issue as a criminal justice concern.[65]

Establishing well-child care begins with newborn care after delivery, and should continue throughout childhood and adolescence.[66] These preventive care visits allow primary care providers to vaccinate children and systematically track their physical, cognitive, and behavioral development through developmental screening.[66] Screening allows providers to identify developmental delays and disabilities before a child goes to school and provide referrals to intervention services as early as possible, when those services are most effective.[67]

Preventive dental care may be perceived as secondary to other kinds of medical care, but dental problems can negatively affect children's overall health and school attendance.[68] Regular visits to the dentist for cleanings and exams reduce the rate of cavities and other oral health problems.[69]

Significant changes in systems of care in Louisiana, have improved access to preventive medical and dental care for adults and children. Access to healthcare for adults expanded with the federal adoption of the Affordable Care Act (ACA), and Louisiana's decision to use federal tax dollars to expand Medicaid and serve more of the state's low-income workers in 2016.[70] Because of the ACA, Louisiana has lower uninsured rates than the national average for both children and adults, including our neighboring Southern states of Texas and Mississippi.[71] Medicaid expansion is also funding approximately 14,000 jobs across the state and bringing in an additional $1.7 to $1.8 billion dollars in federal funds to Louisiana above and beyond what was received prior to the expansion.[71]

Unfortunately, despite improved insurance coverage, there was a decrease in medical and dental care because of the COVID-19 pandemic. Many medical and dental providers had to limit in-person visits, with some providing virtual support to families or modified hours of operation in accordance with CDC guidelines.[72] While these modifications were necessary to ensure the safety of families and patients, 28% of U.S. families with young children had to miss or delay well-child visits, resulting in delayed screening opportunities and decreased referrals to early intervention, family support and coaching, and other supports and services for young children and families.[73]

While health access is a key component of health outcomes, several other important indicators of children's health are not included in this report, primarily because of a lack of systematic data collection on those indicators. An example is data on administration of developmental screening. Beginning in 2021, Louisiana Medicaid adopted a reimbursement policy that will support data collection on developmental screening at the provider level.[74] Although Medicaid providers were required to administer developmental screens to every child on a regular basis prior to 2021, there has been no standardized way to capture data on whether a screen was performed at the appropriate intervals with a validated screening tool. In 2018, results from the National Survey of Children's Health showed that almost 80% of parents of infants and toddlers in Louisiana who responded to the survey reported not receiving a developmental screen at the doctor's office in the last year.[75] Systematically collecting and analyzing these data can help identify areas of opportunity to improve screening as well as improve systems of care by referring children with developmental delays for appropriate services.

Similarly, there is currently no systematic data source to measure the rate of mental and behavioral health problems in young children. Mental health problems in children are frequently overlooked or considered behavioral or character problems, often resulting in punishment at home and at school rather than support.[76] Collecting and presenting quality data on this topic could help support the implementation of evidence-based mental health programs and services, and encourage therapeutic rather than punitive responses.

92% of Louisiana parishes have a higher preterm birth rate than the national average.

[59] Goodman, A., Gisselmann, M. D., & Koupil, I. (2010). Birth outcomes and early-life social characteristics predict unequal educational outcomes across the life course and across generations. *Longitudinal and Life Course Studies, 1(4)*, 317-338.

[60] County Health Rankings. (2014). County health rankings model. Retrieved from: https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model

[61] Jourabchi, Z., Sharif, S., Lye, M. S., Saeed, A., Khor, G. L., & Tajuddin, S. H. S. (2019). Association between preconception care and birth outcomes. *American Journal of Health Promotion, 33(3)*, 363-371.

[62] Partridge, S., Balayla, J., Holcroft, C. A., & Abenhaim, H. A. (2012). Inadequate prenatal care utilization and risks of infant mortality and poor birth outcome: a retrospective analysis of 28,729,765 US deliveries over 8 years. *American journal of perinatology, 29(10)*, 787.

[63] Benno, J., Trichilo, R., Gillispie-Bell, V., & Lake, C. (2020). Louisiana pregnancy-associated mortality review: 2017 Report. Louisiana Department of Health. Retrieved from: https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/maternal/2017_PAMR_Report_FINAL.pdf

[64] Jones, H. E., Deppen, K., Hudak, M. L., Leffert, L., McClelland, C., Sahin, L., Starer, J., Terplan, M., Thorp, J. M., Jr, Walsh, J., & Creanga, A. A. (2014). Clinical care for opioid-using pregnant and postpartum women: the role of obstetric providers. *American journal of obstetrics and gynecology, 210(4)*, 302–310. https://doi.org/10.1016/j.ajog.2013.10.010

[65] The American College of Obstetricians and Gynecologists. Policy priorities: Substance use disorder in pregnancy. Retrieved from: https://www.acog.org/advocacy/policy-priorities/substance-use-disorder-in-pregnancy

[66] Wolf, ER, Hochheimer CJ, Sabo RT, et al. Gaps in Well-Child Care Attendance Among Primary Care Clinics Serving Low-Income Families. *Pediatrics Nov 2018, 142 (5)* e20174019; DOI: 10.1542/peds.2017-4019

[67] Hebbeler, K., Spiker, D., Bailey, D., Scarborough, A., Mallik, S., Simeonsson, R., & Nelson, L. (2007). Early intervention for infants and toddlers with disabilities and their families: Participants, services, and outcomes. Menlo Park, CA: SRI International.

[68] Bader, J. D., Rozier, R. G., Lohr, K. N., & Frame, P. S. (2004). Physicians' roles in preventing dental caries in preschool children: a summary of the evidence for the US Preventive Services Task Force. *American journal of preventive medicine, 26(4)*, 315-325.

[69] Savage, M. F., Lee, J. Y., Kotch, J. B., & Vann, W. F. (2004). Early preventive dental visits: effects on subsequent utilization and costs. *Pediatrics, 114(4)*, e418-e423.

[70] Richardson, J.A., Llorens, J.J., & Heidelberg, R.L. (2019). Medicaid expansion and the Louisiana economy, 2018 and 2019. Retrieved from: https://ldh.la.gov/assets/media/3and4.2019FinalReportMedicaidExpansionstudy.pdf

[71] Kaiser Family Foundation. (2019). Health insurance coverage of the total population. Retrieved from: https://www.kff.org/other/state-indicator/total-population/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Uninsured%22,%22sort%22:%22desc%22%7D

[72] FAIRHealth. (2020). Healthcare professionals and the impact of COVID-10. Retrieved from: https://s3.amazonaws.com/media2.fairhealth.org/brief/asset/Healthcare%20Professionals%20and%20the%20Impact%20of%20COVID-19%20-%20A%20Comparative%20Study%20of%20Revenue%20and%20Utilization%20-%20A%20FAIR%20Health%20Brief.pdf

[73] Center for Translational Neuroscience (2020, October 13). Health (Still) Interrupted: Pandemic Continues to Disrupt Young Children's Healthcare Visits. Medium. https://medium.com/rapid-ec-project/health-still-interrupted-pandemic-continues-to-disrupt-young-childrens-healthcare-visits-e252126b76b8

[74] Louisiana Department of Health. (2021). Informational bulletin 21-3: Developmental screening, autism screening, and perinatal depression screenings. Retrieved from: https://ldh.la.gov/assets/docs/BayouHealth/Informational_Bulletins/2021/IB21-3.pdf

[75] National Survey of Children's Health. (2017-2018). National performance measure 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year. Retrieved from: https://www.childhealthdata.org/browse/survey/allstates?q=7271

[76] Perry, D. F., Holland, C., Darling-Kuria, N., & Nadiv, S. (2011). Challenging Behavior and Expulsion from Child Care: The Role of Mental Health Consultation. Zero to Three (J), 32(2), 4-11.

RISK:
SOCIAL & COMMUNITY CONTEXT

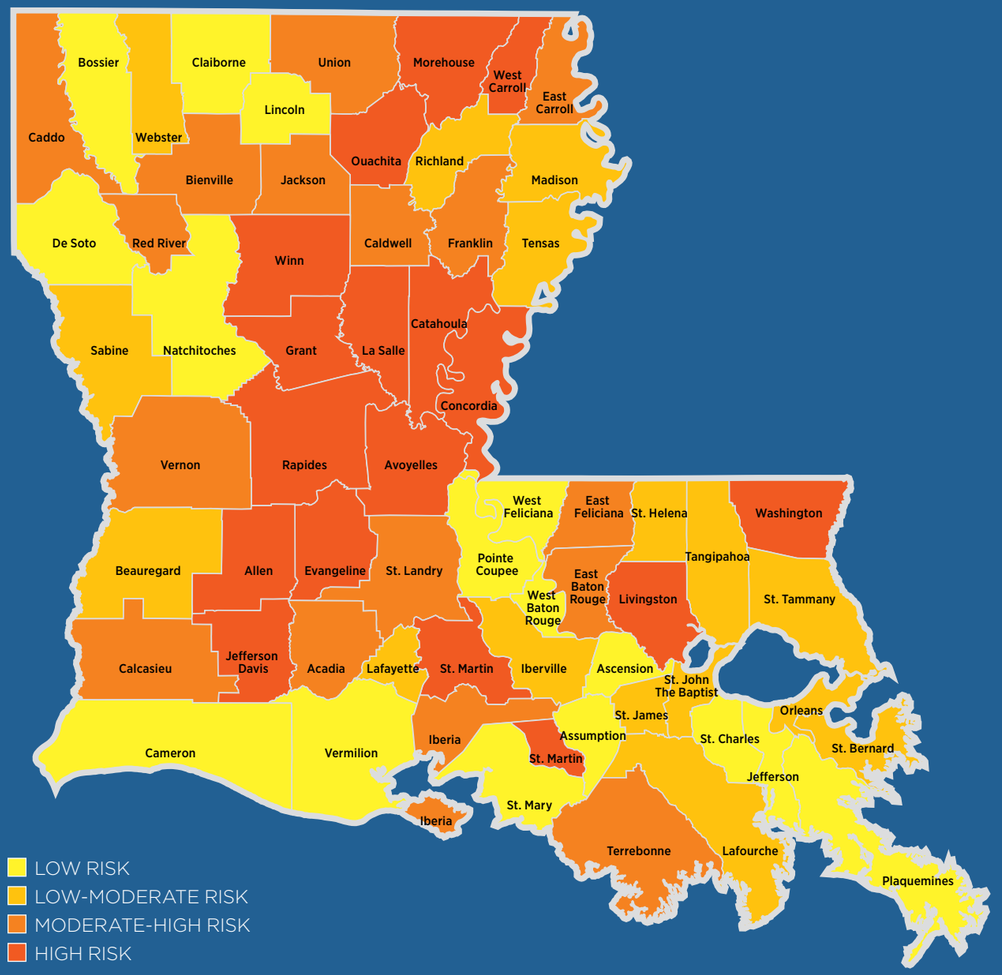
HEALTHY PEOPLE 2030 GOAL:

Increase social and community support.

INDICATORS OF RISK FOR LOUISIANA CHILDREN AGES 0-5:

- Maltreatment Rate of Children Under Age 5 (cases per 1,000 Children; CY 2019)
- Rate of Children Under Age 5 in Foster Care (per 1,000 Children; CY 2019)
- Rate of Youth Ages 10-20 Involved with the Juvenile Justice System (per 1,000 Youth; CY 2017)

MALTREATMENT RATE OF CHILDREN UNDER AGE 5



	RATE	QUARTILE
Plaquemines	4.2	1
Cameron	4.5	1
Pointe Coupee	5.0	1
St. Charles	5.4	1
Bossier	5.7	1
Natchitoches	6.4	1
West Feliciana	6.5	1
De Soto	6.8	1
West Baton Rouge	7.2	1
Jefferson	7.3	1
St. Mary	7.9	1
Claiborne	7.9	1
Assumption	8.0	1
Ascension	8.2	1
Lincoln	8.3	1
Vermilion	8.4	1
St. John the Baptist	8.7	2
St. Helena	8.8	2
Lafourche	9.0	2
Sabine	9.0	2
Iberville	9.1	2
Tensas	9.4	2
St. James	9.4	2
Lafayette	9.5	2
St. Tammany	9.5	2
Orleans	9.8	2
Tangipahoa	9.9	2
Beauregard	9.9	2
Richland	10.0	2
Webster	10.7	2
Madison	10.9	2
Louisiana	11.4	
Acadia	11.4	3
St. Bernard	11.4	3
Union	11.4	3
Iberia	11.5	3
St. Landry	11.7	3
Bienville	11.7	3
Vernon	11.8	3
Terrebonne	11.9	3
Jackson	12.1	3
Calcasieu	12.6	3
Red River	12.7	3
East Carroll	12.8	3
Caddo	13.0	3
East Feliciana	13.2	3
East Baton Rouge	13.3	3
Caldwell	13.5	3
Franklin	13.9	3
Livingston	14.0	4
West Carroll	14.6	4
Concordia	15.3	4
Rapides	15.3	4
St. Martin	15.5	4
Winn	15.8	4
Ouachita	15.9	4
Jefferson Davis	15.9	4
Washington	18.1	4
La Salle	19.2	4
Avoyelles	20.2	4
Grant	21.4	4
Allen	22.9	4
Morehouse	22.9	4
Evangeline	23.8	4
Catahoula	24.2	4
National	*	

* indicates missing data

MALTREATMENT RATE OF CHILDREN UNDER AGE 5 (CASES PER 1,000 CHILDREN; CY 2019)

This indicator represents the number of children, from birth through 4 years of age, involved in a verified case of abuse and/or neglect based on an investigation conducted by the Louisiana Department of Children and Family Services (DCFS). Abuse is defined as the maltreatment of a child, and can be physical, sexual, or emotional in nature. Neglect, on the other hand, refers to a failure to give children the care they need, and as a result, their health or safety is substantially impaired or threatened. Child maltreatment during infancy and early childhood has been shown to negatively affect child development, including physical, cognitive, and social-emotional development.[77] The Adverse Childhood Experiences studies have found that childhood exposure to trauma is associated with significantly increased risk for a broad range of negative health outcomes over the life span, including heart attack, cancer, diabetes, substance abuse, depression, and early death.[78,79]

In 2019, 4,180 Louisiana children under the age of 5 were verified to have experienced abuse and/or neglect. This represents 11.4 out of every 1,000 children in Louisiana under the age of 5. Within Louisiana, rates ranged from 4.2 cases per 1,000 children in Plaquemines Parish to 24.2 cases per 1,000 in Catahoula Parish. There were six parishes with maltreatment rates higher than 20 cases per 1,000 children, all of which are located in Central and Northeastern Louisiana. Of the three most populous parishes in the state (East Baton Rouge, Jefferson, and Orleans), only East Baton Rouge was above the state average at 13 cases per 1,000 children. These geographic patterns suggest that verified cases of child maltreatment may be more common in rural areas compared to urban areas, a finding that has been reported in the academic literature.[80,81]

[77] Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., ... & Committee on Early Childhood, Adoption, and Dependent Care. (2012). The lifelong effects of early childhood adversity and toxic stress. Pediatrics, 129(1), e232-e246.

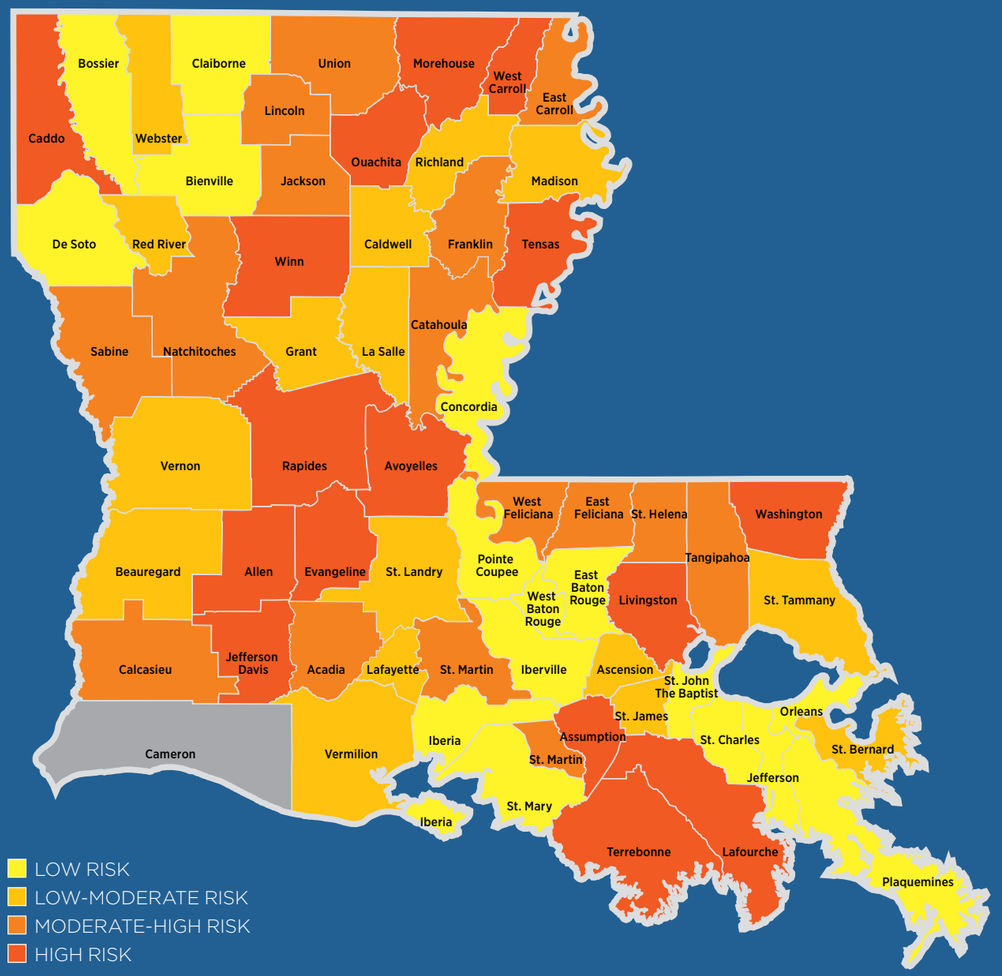
[78] Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. American journal of preventive medicine, 14(4), 245-258.

[79] Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C. H., Perry, B. D., ... & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. European archives of psychiatry and clinical neuroscience, 256(3), 174-186.

[80] Maguire-Jack, K., & Kim, H. (2020). Rural Differences in Child Maltreatment Reports, Reporters, and Service Responses. *Children and Youth Services Review*, 105792.

[81] Walsh, W. A., & Mattingly, M. J. (2012). Understanding child abuse in rural and urban America: Risk factors and maltreatment substantiation.

RATE OF CHILDREN UNDER AGE 5 IN FOSTER CARE



	RATE	QUARTILE
Plaquemines	1.0	1
Orleans	1.6	1
Claiborne	2.0	1
West Baton Rouge	2.2	1
Pointe Coupee	2.5	1
St. Mary	2.7	1
St. Charles	2.7	1
De Soto	2.9	1
St. John the Baptist	3.0	1
Iberia	3.6	1
Iberville	3.6	1
East Baton Rouge	3.8	1
Concordia	4.0	1
Jefferson	4.1	1
Bienville	4.3	1
Bossier	4.3	1
Grant	4.4	2
Vermilion	4.6	2
Vernon	5.1	2
Richland	5.3	2
St. James	5.4	2
Lafayette	5.4	2
La Salle	5.5	2
Ascension	6.0	2
Webster	6.2	2
Red River	6.4	2
Madison	6.6	2
St. Tammany	6.6	2
St. Bernard	6.7	2
Caldwell	6.8	2
St. Landry	6.9	2
Beauregard	6.9	2
Natchitoches	7.0	3
East Feliciana	7.1	3
Louisiana	7.3	
Lincoln	7.4	3
Calcasieu	7.6	3
St. Martin	7.9	3
Acadia	8.0	3
Franklin	8.1	3
Union	8.3	3
Jackson	8.4	3
Tangipahoa	8.6	3
Sabine	9.0	3
Catahoula	9.1	3
West Feliciana	9.1	3
East Carroll	9.6	3
St. Helena	10.2	3
Winn	10.9	4
Lafourche	11.2	4
Caddo	11.5	4
Assumption	12.0	4
Evangeline	12.4	4
Tensas	12.5	4
Ouachita	12.6	4
Rapides	13.1	4
West Carroll	13.3	4
Morehouse	13.9	4
Jefferson Davis	14.4	4
Avoyelles	14.9	4
Terrebonne	15.4	4
Allen	18.0	4
Livingston	18.9	4
Washington	20.2	4
National	*	
Cameron	Ø	

* indicates missing data
Ø indicates data was suppressed due to small numbers

RATE OF CHILDREN UNDER AGE 5 IN FOSTER CARE (PER 1,000 CHILDREN; CY 2019)

This indicator represents the number of children under the age of 5 who entered the custody of the Louisiana Department of Children and Family Services (DCFS) in 2019 for at least one day. Foster care is the temporary care of a child outside the home that is utilized when the child's birth or legal family is unable to provide safe care for them. Within foster care, the child may be placed with a relative, fictive-kin (an individual who is not related by birth, adoption, or marriage to a child, but who has an emotionally significant relationship with the child), or in an unrelated foster family. While keeping a child with their family of origin is the preferred course of action, it is sometimes necessary to place a child in foster care due to abuse or neglect.

According to the American Academy of Pediatrics, having a stable relationship with a nurturing, protective adult who cultivates trust and security is critical for a child's healthy brain development.[82] Experiencing abuse or neglect impacts this relationship, and entry into foster care may further disrupt the development of a nurturing, protective, and trusting relationship with a caretaker.[83] Children who enter or remain in foster care have disproportionately high rates of physical, developmental, and mental health problems, and often have many unmet medical and mental healthcare needs.[84]

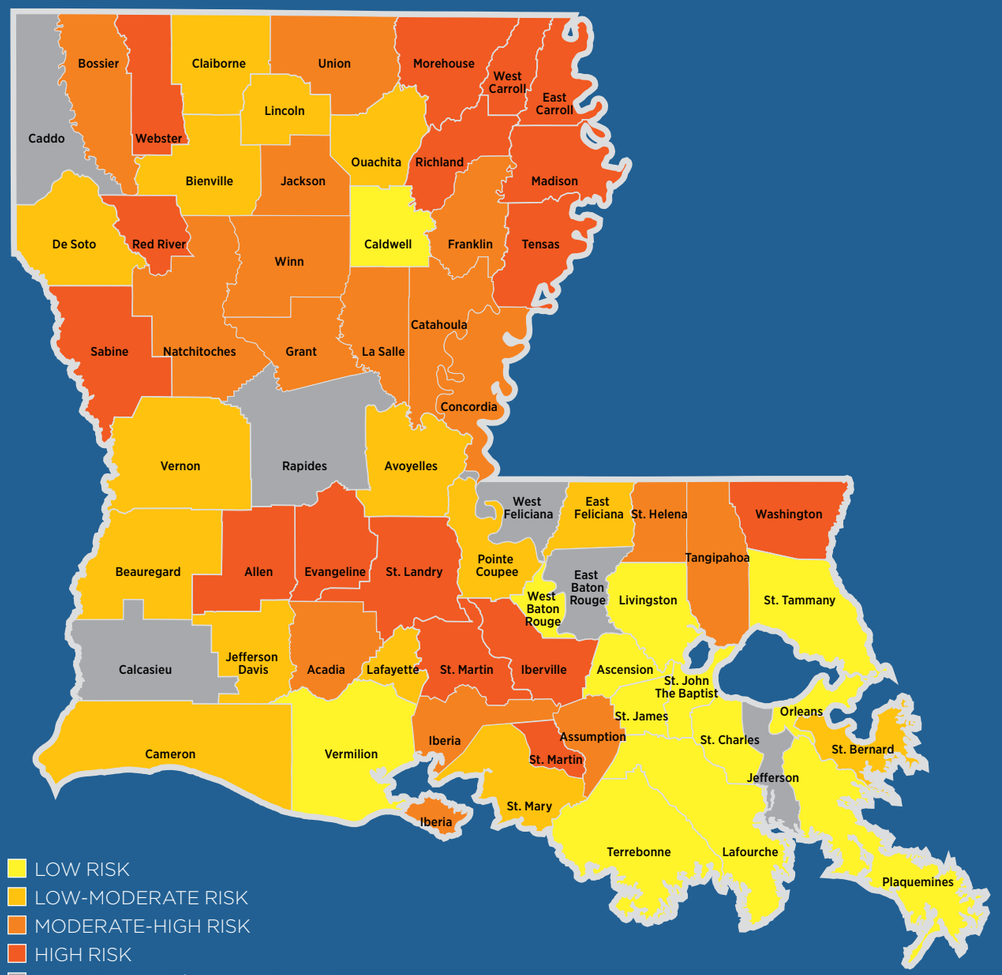
In 2019, 2,665 Louisiana children under the age of 5 (2.9 per 1,000 children), spent at least one day in foster care, compared to the national average of 2.5 per 1,000. Young children are overrepresented in foster care. While children under 5 make up 28% of the total statewide population under the age of 18, children under 5 comprised 38% of the total number of children in foster care. Rates ranged from 1.0 in Plaquemines Parish to 20.2 per 1,000 children in Washington Parish. Children in the Florida Parishes region (five parishes in southeast Louisiana, north of Lake Pontchartrain) are significantly impacted by the foster care system. In 2019, 20% of all Louisiana children under age 5 in foster care were from this region, while accounting for only 12.6% of the total state population of children under 5. Overall, Louisiana's rate of children entering foster care has declined each year since 2016. One possible reason for this decline is the emphasis on family preservation and intensive in-home services to strengthen families.

[82] American Academy of Pediatrics. (2021). Early Brain and Child Development. Retrieved from: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/EBCD/Pages/default.aspx

[83] Schore, A. N. (2001). Effects of a secure attachment relationship on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal: Official Publication of The World Association for Infant Mental Health, 22*(1-2), 7-66.

[84] Committee on Early Childhood, Adoption and Dependent Care. (2000). Developmental issues for young children in foster care. *Pediatrics, 106(5)*, 1145-1150.

RATE OF YOUTH AGES 10-20 INVOLVED WITH THE JUVENILE JUSTICE SYSTEM



	RATE	QUARTILE
Plaquemines	2.8	1
St. John the Baptist	3.3	1
Caldwell	3.6	1
Ascension	3.9	1
Orleans	5.0	1
St. James	5.0	1
St. Charles	5.6	1
St. Tammany	5.6	1
Terrebonne	6.0	1
Lafourche	6.1	1
Vermilion	6.1	1
Livingston	7.0	1
West Baton Rouge	7.1	1
Lafayette	7.3	2
Avoyelles	7.9	2
Jefferson Davis	8.0	2
Beauregard	8.1	2
Vernon	8.1	2
Louisiana	8.4	
Cameron	8.4	2
Ouachita	8.6	2
Pointe Coupee	8.7	2
East Feliciana	8.9	2
Bienville	9.1	2
Claiborne	9.4	2
Lincoln	9.9	2
St. Bernard	10.1	2
De Soto	10.5	2
St. Mary	10.5	2
Acadia	11.1	3
Union	11.2	3
Franklin	11.4	3
Winn	11.4	3
Natchitoches	11.5	3
La Salle	12.3	3
St. Helena	12.5	3
Jackson	12.7	3
Assumption	12.8	3
Tangipahoa	12.8	3
Grant	12.9	3
Bossier	13.3	3
Catahoula	13.4	3
Concordia	13.6	3
Iberia	14.0	3
Washington	14.3	4
Morehouse	15.8	4
Richland	16.8	4
Iberville	17.6	4
Evangeline	18.7	4
St. Landry	19.3	4
Madison	20.0	4
West Carroll	20.0	4
Allen	22.1	4
Webster	25.4	4
St. Martin	26.0	4
Tensas	29.5	4
Sabine	31.2	4
East Carroll	33.1	4
Red River	34.5	4
National	*	
West Feliciana	*	
Caddo	Ø	
Calcasieu	Ø	
East Baton Rouge	Ø	
Jefferson	Ø	
Rapides	Ø	

* indicates missing data

Ø indicates data was suppressed for parishes with separate juvenile probation and parole systems

RATE OF YOUTH AGES 10-20 INVOLVED WITH THE JUVENILE JUSTICE SYSTEM (PER 1,000 YOUTH; CY 2017)

Youth arrests significantly increase risk for a number of issues, including mental health problems such as depression and anxiety; injury and premature death, particularly due to suicide and self-harm; stigmatization and subsequent arrests; substance abuse; lower educational achievement, and unemployment.[85-90]

In Louisiana, 8.4 youths (ages 10-20) per 1,000 were under the supervision of the Office of Juvenile Justice in 2017. Within Louisiana, this rate ranges from 2.8 per 1,000 in Plaquemines Parish to 34.5 per 1,000 in Red River Parish. This rate does not include youth in the adult criminal justice system or youth who are served by parish juvenile courts that operate their own probation and parole systems (Calcasieu, Caddo, East Baton Rouge, Jefferson, and Rapides). In 2018, Louisiana had the highest juvenile arrest rate for any state in the country, and the third highest juvenile arrest rates for aggravated assault and weapons charges.[91]

There are significant racial disparities in juvenile arrest rates. In particular, Black youth are more likely to be arrested than their White peers.[92] Additionally, youth with special needs and youth living in poverty are more likely to be arrested.[93-95] Boys are charged and detained at disproportionately higher rates as compared to girls.[96] All of these factors point to larger systemic issues that impact youth throughout their lives.

Before 2019, Louisiana was one of only nine states that excluded 17-year-olds from being placed in the juvenile justice system. This meant that youth who entered the justice system at age 17 were sent to adult jails upon arrest, and their arrests and convictions were entered into public record. If sentenced to incarceration, they were sent to adult prisons. In 2016, Louisiana Act 501 changed this law, such that in 2019, 17-year-olds charged with non-violent offenses began entering the juvenile justice system and in 2020, 17 year olds charged with violent offenses began entering the juvenile justice system.[97]

85 Burrell, J. (2006). Juvenile justice and mental health: Working together for the best outcomes for youth with serious emotional disorders. Washington, DC: American Institutes for Research

86 Schaeffer, C. M., & Borduin, C. M. (2005). Long-term follow-up to a randomized clinical trial of multisystemic therapy with serious and violent juvenile offenders. Journal of Consulting and Clinical Psychology, 73, 445–453.

87 Gallagher, C. A., & Dobrin, A. (2006). Deaths in juvenile justice facilities. Journal of Adolescent Health, 38, 662–668.

88 Liberman, A.M., Kirk, D.S., Kim, K. (2014). Labeling effects of first juvenile arrests: secondary deviance and secondary sanctioning. Criminology. 52: 345-370.

89 Williams, J. H. (2006). Addressing incarcerated adolescents' psychological and physical health needs. Journal of Adolescent Health, 38, 638–640.

90 Wiesner, M., Kim, H. K., & Capaldi, D. M. (2010). History of Juvenile Arrests and Vocational Career Outcomes for At-Risk Young Men. The Journal of Research in Crime and Delinquency, 47(1), 91–117.

91 OJJDP Statistical Briefing Book. Online. Available: https://www.ojjdp.gov/ojstatbb/crime/qa05103.asp?qaDate=2018. Released on October 31, 2019.

92 Rovner, J. (2016). Policy Brief: Racial disparities in youth commitments and arrests. The Sentencing Project: Washington, D.C.

93 Linares-Orama, N. 2005. Language-learning disorders and youth incarceration. Journal of Communication Disorders 38: 311-9. Quinn, M.M., R.B. Rutherford, P.E. Leone, D.M. Osher, and J.M. Poirier, 2005. Youth with disabilities in juvenile corrections; A national survey. Exceptional Children 71: 339-45.

94 Rutherford, R.B., and C. M. Nelson, 2005. Disability and involvement with the juvenile justice system: Knowing versus doing. Exceptionality 13 (2): 65-67.

95 Brown, E., & Males, M. (2011). Does age or poverty level best predict criminal arrest and homicide rates? A preliminary investigation. Justice Policy Journal, 8(1), 1-30.

96 Ehrmann, S., Hyland, N., & Puzzanchera, C. (2019). Girls in the Juvenile Justice System. Juvenile Justice Statistics: National Report Series Bulletin. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice: Laurel, MD.

97 Louisiana Act 501. 2016 Regular Session. Retrieved from: https://www.legis.la.gov/legis/BillInfo.aspx?s=16RS&b=SB324&sbi=y

CONCLUSION

The social context of a child's family and community plays an important role in healthy development. Healthy relationships with caregivers are the cornerstone of early brain development for young children. Children need at least one reliable and responsive caregiver to develop the cognitive, language, and social-emotional skills that underlie good health, educational attainment, and fulfilling social relationships later in life.[98] Safe, nurturing relationships also foster resilience in young children, acting as a protective factor against later challenges and adversities they may experience.[98]

When young children do not have a nurturing and responsive caregiver, they can experience physical, emotional, cognitive, and language delays and disorders.[99] Non-responsive caregiving may be characterized by abuse or neglect, both of which can cause physical and mental health problems during childhood and throughout the lifespan.[100] Infants are at greatest risk for abuse and neglect, with risk generally declining every year after that.[101] Maltreatment, along with a host of other Adverse Childhood Experiences (ACEs), has been linked to increased risk for heart attack, cancer, substance abuse, depression, and early death.[102]

The effects of the COVID-19 pandemic on child maltreatment in Louisiana are not yet fully understood, although risk factors for child maltreatment—including economic hardship, housing and food instability, caregiver stress and reduced access to social supports—have increased throughout the pandemic. Furthermore, reduced contact with mandated reporters (such as doctors, teachers, and coaches) may mean that a higher proportion of child maltreatment cases are going unreported.

When a case of child maltreatment is reported and confirmed, the first course of action is to make every attempt possible to support a family in providing a safe, nurturing, and responsive environment for the child. Sometimes, when safety cannot be established in a child's family home, they are temporarily placed in foster care. Foster families may be relatives or other adults known to the child, or they may be entirely unrelated. Placement in foster care has decreased in Louisiana over the past several years, potentially due to the child welfare system's increased emphasis on prioritizing family preservation and support.

While most children who experience maltreatment and foster care placement do not become involved with the criminal justice system, many young people who are arrested—particularly for violent offenses—have experienced abuse and/or neglect.[103] Placement in foster care, and particularly unstable placements that result in children moving among foster homes, further increases the risk that youth will become involved in the juvenile justice system, as compared to their peers in the child welfare system who are not placed in foster care.[104] The 2016 passage of Louisiana Act 501 brought 17-year-olds back into the juvenile justice system, instead of automatically entering the adult criminal justice system. Involvement in the adult criminal justice system often results in longer sentences, despite the fact that juvenile crime rates peak in the late teenage years and then decline.[105] In fact, 40-60% of youth who commit crimes do not reoffend, suggesting that long sentences for crimes committed in the teenage years may not be necessary to deter future offenses.[106]

Fortunately, there are evidence-based interventions that support healthy relationships and behaviors and reduce both child maltreatment and interactions with the criminal justice system. Nurse-Family Partnership (which the Louisiana Department of Health currently administers through the Maternal, Infant, and Early Childhood Home Visiting Program), has been shown to decrease both child maltreatment and juvenile arrests and convictions.[107,108] Psychosocial treatments such as Multisystemic Therapy have been shown to reduce recidivism in youth.[109] Ensuring sustainable funding so that families can access these programs will promote safe and secure families and communities.

[98] Schore, A. N. (2001). Effects of a secure attachment relationship on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal: Official Publication of The World Association for Infant Mental Health, 22(1-2),* 7-66.

[99] Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., ... & Committee on Early Childhood, Adoption, and Dependent Care. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics, 129(1),* e232-e246.

[100] Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C. H., Perry, B. D., ... & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. *European archives of psychiatry and clinical neuroscience, 256(3),* 174-186.

[101] US Department of Health & Human Services, Administration for Children and Families, Aministration on Children, Youth, and Families, Children's Bureau. (2019). Child Maltreatment 2017. Retrieved from: https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment

[102] Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine, 14(4),* 245-258.

[103] Maas, C., Herrenkohl, T. I., & Sousa, C. (2008). Review of Research On Child Maltreatment and Violence in *Youth. Trauma, Violence, & Abuse, 9(1),* 56–67. https://doi.org/10.1177/1524838007311105

[104] Ryan, J. P., & Testa, M. F. (2005). Child maltreatment and juvenile delinquency: Investigating the role of placement and placement instability. *Children and youth services review, 27(3),* 227-249.

[105] Farrington, D. P. (1986). Age and crime. *Crime and justice, 7,* 189-250.

[106] Farrington, D. P. (2003). Key results from the first forty years of the Cambridge study in delinquent development. In *Taking stock of delinquency (pp. 137-183).* Springer, Boston, MA.

[107] Olds, D. L. (2007). Preventing crime with prenatal and infancy support of parents: The Nurse-Family Partnership. *Victims and Offenders, 2(2),* 205-225.

[108] Olds, D. L., Eckenrode, J., Henderson, C. R., Kitzman, H., Powers, J., Cole, R., ... & Luckey, D. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect: Fifteen-year follow-up of a randomized trial. *Jama, 278(8),* 637-643.

[109] Timmons-Mitchell, J., Bender, M. B., Kishna, M. A., & Mitchell, C. C. (2006). An independent effectiveness trial of multisystemic therapy with juvenile justice youth. *Journal of Clinical Child & Adolescent Psychology, 35(2),* 227-236.

In six parishes, over 1 in 5 children under age 5 have been abused or neglected.

RISK:
EDUCATION ACCESS & QUALITY

HEALTHY PEOPLE 2030 GOAL:

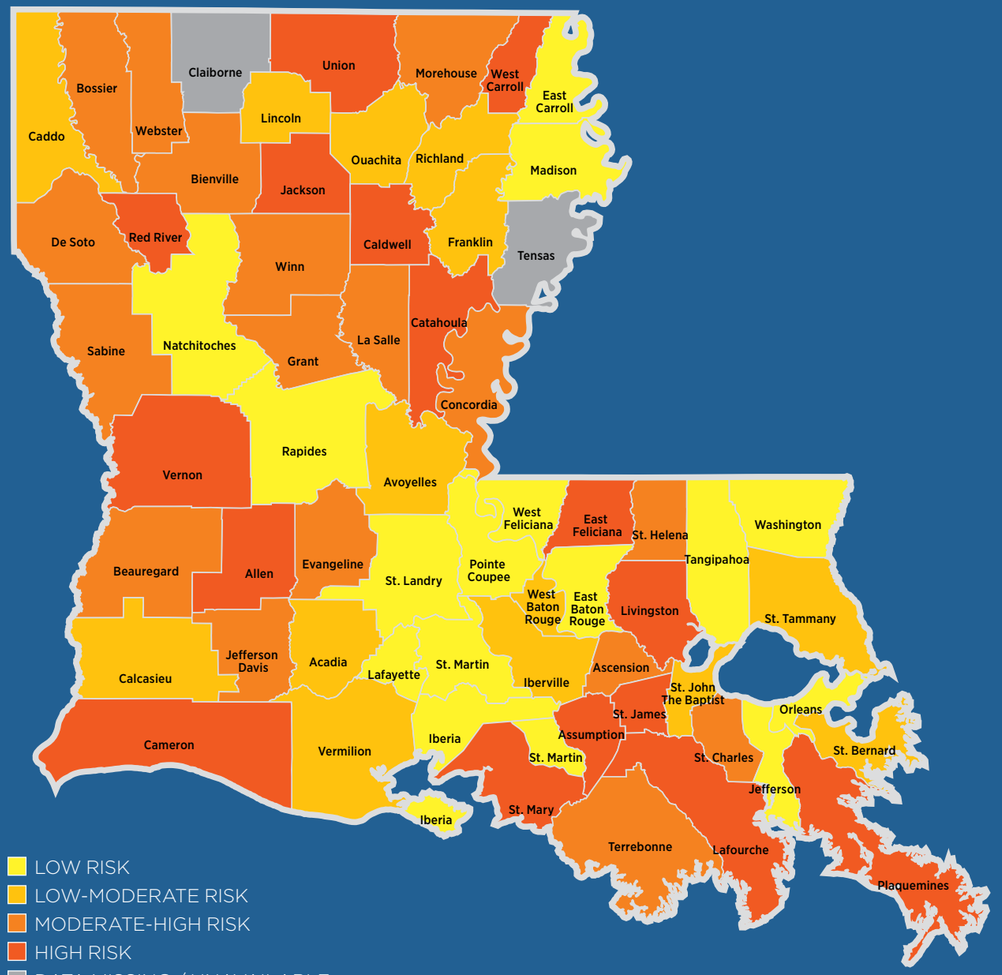
Increase educational opportunities and help children and adolescents do well in school.

INDICATORS OF RISK FOR LOUISIANA CHILDREN AGES 0-5:

- Percentage of Children Ages 0-2 from Economically Disadvantaged Households Who Lack Access to Publicly-Funded Child Care (Academic Year 2018-2019)
- Percentage of Children Age 3 from Economically Disadvantaged Households Who Lack Access to Publicly-Funded Child Care (Academic Year 2018-2019)
- Percentage of Children Not Meeting Literacy Standards at Public Kindergarten Entry (Fall 2019)
- Percentage of Students in Public School Who Enter Public Kindergarten Ready to Learn (Fall 2019)

RISK: EDUCATION ACCESS & QUALITY

ECONOMICALLY DISADVANTAGED CHILDREN 0-2 WITHOUT PUBLICLY FUNDED CHILD CARE



	%	QUARTILE
Orleans	83.0%	1
St. Martin	87.3%	1
West Feliciana	87.4%	1
Pointe Coupee	88.3%	1
Iberia	89.5%	1
Jefferson	90.0%	1
Madison	90.0%	1
East Baton Rouge	90.1%	1
Washington	90.2%	1
Rapides	90.6%	1
Tangipahoa	91.0%	1
St. Landry	91.2%	1
Natchitoches	91.3%	1
Lafayette	91.6%	1
East Carroll	91.8%	1
Franklin	92.0%	2
St. John the Baptist	92.7%	2
Caddo	92.9%	2
West Baton Rouge	93.1%	2
Louisiana	93.2%	
Avoyelles	93.8%	2
Richland	94.0%	2
Lincoln	94.4%	2
St. Tammany	94.6%	2
Ouachita	94.7%	2
Vermilion	95.2%	2
St. Bernard	95.2%	2
Iberville	95.5%	2
Acadia	95.7%	2
Calcasieu	95.7%	2
Terrebonne	96.0%	3
Concordia	96.5%	3
Bossier	96.5%	3
Bienville	96.9%	3
Winn	97.1%	3
Ascension	97.3%	3
La Salle	97.6%	3
Beauregard	97.7%	3
St. Charles	97.8%	3
Morehouse	97.9%	3
Sabine	97.9%	3
De Soto	97.9%	3
Evangeline	98.0%	3
Webster	98.2%	3
Jefferson Davis	98.3%	3
Grant	98.4%	3
St. Helena	98.4%	3
St. James	98.5%	4
Lafourche	98.7%	4
Plaquemines	98.7%	4
Livingston	99.2%	4
Union	99.3%	4
St. Mary	99.3%	4
Vernon	99.4%	4
Jackson	99.5%	4
Allen	99.5%	4
Red River	99.7%	4
Assumption	100.0%	4
Caldwell	100.0%	4
Cameron	100.0%	4
Catahoula	100.0%	4
East Feliciana	100.0%	4
West Carroll	100.0%	4
National	*	
Claiborne	*	
Tensas	*	

* indicates missing data

PERCENTAGE OF CHILDREN AGES 0-2 FROM ECONOMICALLY DISADVANTAGED HOUSEHOLDS WHO LACK ACCESS TO PUBLICLY FUNDED CHILD CARE (ACADEMIC YEAR 2018-2019)

A child's brain develops rapidly, with the majority of development in foundational brain pathways such as sensory (vision, hearing), language, and higher cognition happening by age 3.[110] Children from economically disadvantaged households who participate in high-quality early care and education programs experience lifelong benefits: they are more likely to do well in school and graduate on time.[111] The inverse is true for children who lack access to high-quality early care and education: they are less likely to enter kindergarten ready to learn, are more likely to have lower incomes after graduating high school, and are associated with higher crime rates.[111] Decades of research, led by economist Dr. James Heckman, has shown that investing in high-quality early care and education interventions provides a substantial return on public investment.[112]

In Louisiana, 93.2% of children ages 0-2 from economically disadvantaged households lack access to publicly funded child care. Even in Orleans and East Baton Rouge Parishes, which offer the most options for publicly funded child care, 83% and 90% of economically disadvantaged infants and toddlers still lack access, respectively. This problem is even more pronounced in rural areas—infants and toddlers in six rural parishes do not have access to any publicly funded, licensed child care (East Feliciana, Assumption, Caldwell, Cameron, Catahoula, and West Carroll). Throughout 2020, the COVID-19 pandemic has significantly impacted enrollment in child care centers across the state, and many providers will continue to struggle without additional public investment.[113]

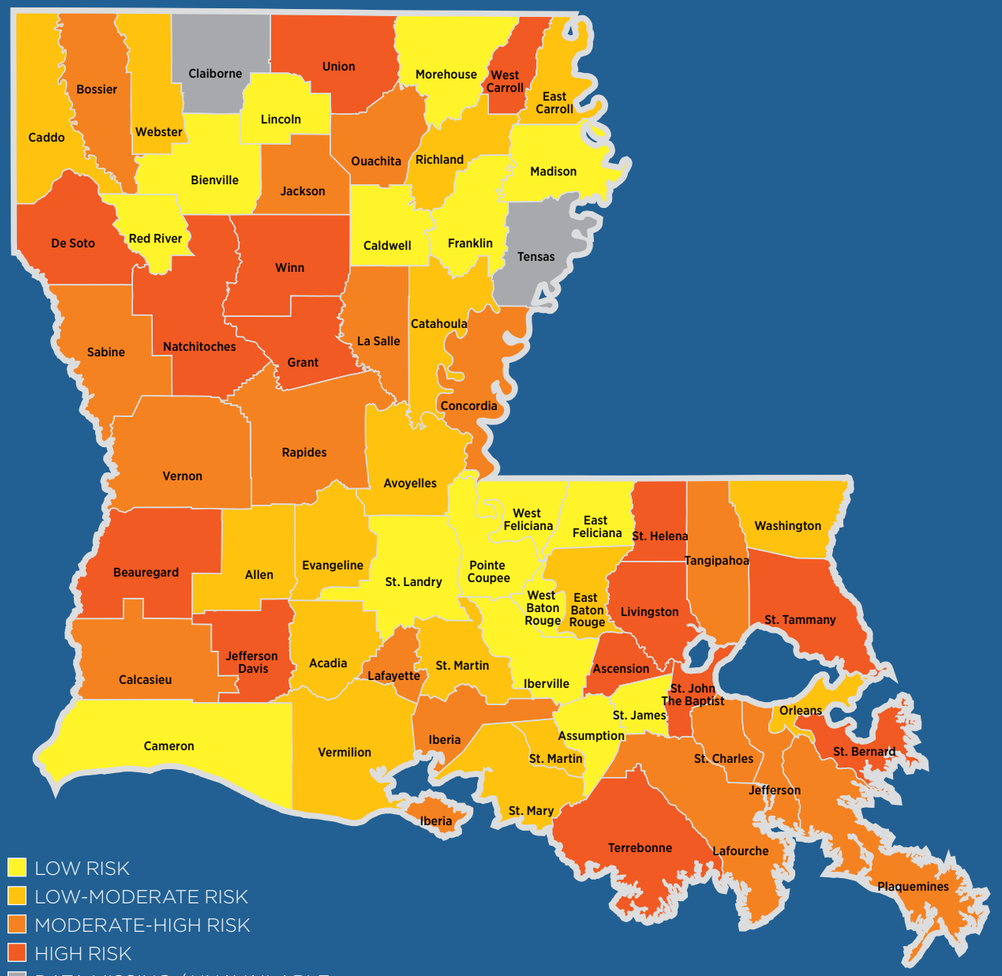
[110] Center on the Developing Child (2007). *The Science of Early Childhood Development* (InBrief). Retrieved from www.developingchild.harvard.edu.

[111] Weiland, C. (2017). *Puzzling It Out: The Current State of Scientific Knowledge on Pre-Kindergarten Effects-A Consensus Statement*. Brookings Institution.

[112] Heckman, J. J. (2011). The economics of inequality: The value of early childhood education. *American Educator, 35*(1), 31.

[113] Sonnier, L., Cope, H., Oakey-Frost, R., & Lewis, R. (2020). The growing adverse impacts of COVID-19 on Louisiana child care providers. Retrieved from: https://www.policyinstitutela.org/covid-19-impact-child-care

ECONOMICALLY DISADVANTAGED 3-YEAR-OLDS WITHOUT PUBLICLY FUNDED CHILD CARE



	%	QUARTILE
Pointe Coupee	0.0%	1
Madison	15.0%	1
Iberville	16.2%	1
St. James	20.1%	1
East Feliciana	23.8%	1
Cameron	26.6%	1
West Feliciana	28.8%	1
Bienville	30.0%	1
West Baton Rouge	30.4%	1
Red River	36.4%	1
Morehouse	39.0%	1
St. Landry	39.6%	1
Lincoln	40.0%	1
Assumption	42.4%	1
Caldwell	42.4%	1
Franklin	44.9%	1
Allen	46.5%	2
East Carroll	47.2%	2
Catahoula	47.4%	2
Caddo	48.7%	2
Evangeline	50.0%	2
Avoyelles	51.8%	2
St. Mary	53.1%	2
Richland	55.5%	2
St. Martin	55.5%	2
Webster	56.2%	2
Orleans	57.7%	2
Vermilion	58.0%	2
East Baton Rouge	58.6%	2
Washington	62.8%	2
Acadia	63.1%	2
Vernon	64.9%	3
Louisiana	65.5%	
Rapides	66.9%	3
Concordia	67.0%	3
Tangipahoa	68.1%	3
La Salle	68.8%	3
Jackson	69.4%	3
Iberia	69.7%	3
Plaquemines	69.9%	3
St. Charles	70.0%	3
Sabine	70.8%	3
Ouachita	70.9%	3
Bossier	72.8%	3
Calcasieu	73.5%	3
Lafourche	73.8%	3
Lafayette	74.7%	3
Jefferson	76.0%	3
Beauregard	76.7%	4
St. Tammany	76.8%	4
Terrebonne	77.5%	4
Grant	79.3%	4
Union	81.4%	4
Ascension	84.8%	4
West Carroll	85.1%	4
Livingston	85.1%	4
St. John the Baptist	85.1%	4
Natchitoches	86.9%	4
St. Bernard	90.4%	4
Winn	93.9%	4
De Soto	97.6%	4
Jefferson Davis	98.7%	4
St. Helena	100.0%	4
National	*	
Claiborne	*	
Tensas	*	

* indicates missing data

PERCENTAGE OF CHILDREN AGE 3 FROM ECONOMICALLY DISADVANTAGED HOUSEHOLDS WHO LACK ACCESS TO PUBLICLY FUNDED CHILD CARE (ACADEMIC YEAR 2018-2019)

A child's brain develops rapidly, with the majority of development in foundational brain pathways such as sensory (vision, hearing), language, and higher cognition happening by age 3.[110] Children from economically disadvantaged households who participate in high-quality early care and education programs experience lifelong benefits: they are more likely to do well in school and graduate on time.[111] The inverse is true for children who lack access to high-quality early care and education: they are less likely to enter kindergarten ready to learn, are more likely to have lower incomes after graduating high school, and are associated with higher crime rates.[111] Decades of research, led by economist Dr. James Heckman, has shown that investing in high-quality early care and education interventions provides a substantial return on public investment.[112]

Access to publicly funded early care and education in Louisiana varies significantly by child age, which is why this indicator was broken down into two age groups. In Louisiana, 65.5% of 3-year-old children from economically disadvantaged households lack access to publicly funded early care and education. Within Louisiana, there is a significant range of access to early care and education for 3-year-olds among parishes. Pointe Coupee Parish reported that every economically disadvantaged 3-year-old child has access to publicly funded early care and education; however, in five parishes over 90% of economically disadvantaged 3-year-old children lack access to publicly funded child care. Throughout 2020, the COVID-19 pandemic has significantly impacted enrollment in child care centers across the state (see Conclusion), and many providers will continue to struggle without additional public investment.[113]

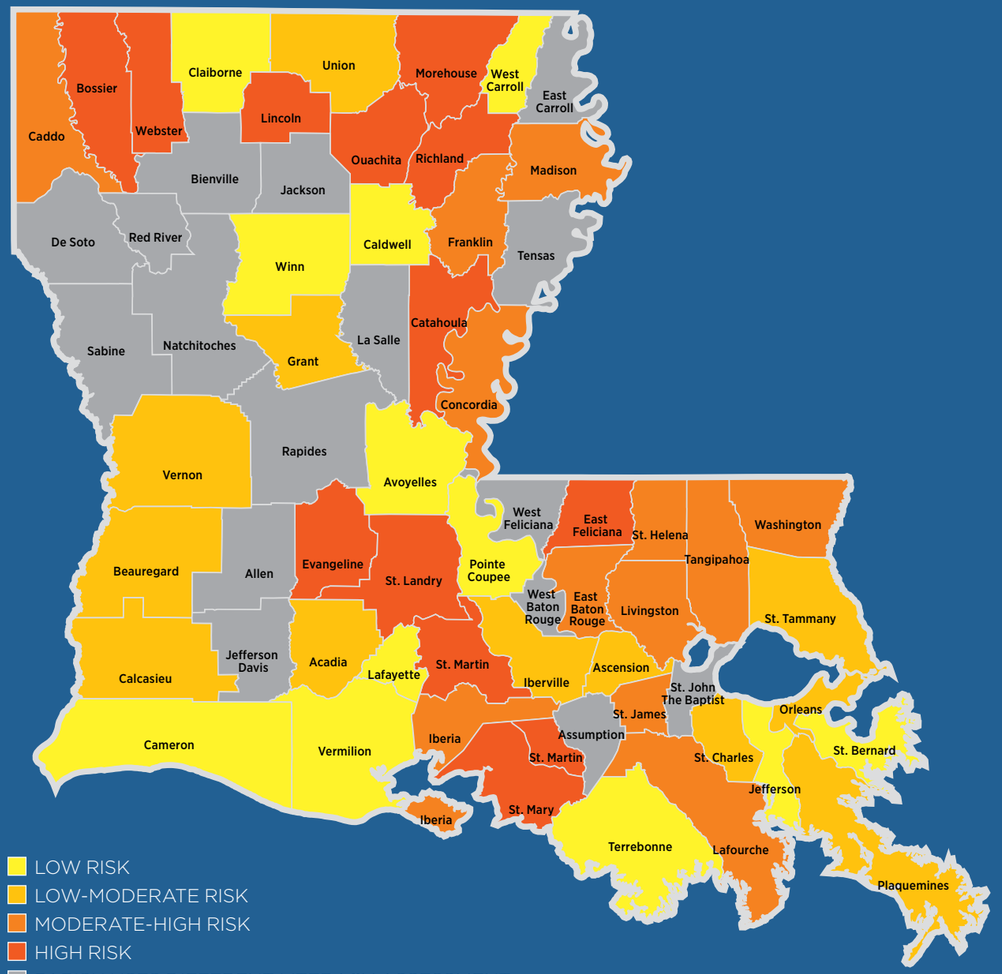
[110] Center on the Developing Child (2007). *The Science of Early Childhood Development* (InBrief). Retrieved from www.developingchild.harvard.edu.

[111] Weiland, C. (2017). *Puzzling It Out: The Current State of Scientific Knowledge on Pre-Kindergarten Effects-A Consensus Statement*. Brookings Institution.

[112] Heckman, J. J. (2011). The economics of inequality: The value of early childhood education. *American Educator, 35*(1), 31.

[113] Sonnier, L., Cope, H., Oakey-Frost, R., & Lewis, R. (2020). The growing adverse impacts of COVID-19 on Louisiana child care providers. Retrieved from: https://www.policyinstitutela.org/covid-19-impact-child-care

CHILDREN NOT MEETING LITERACY STANDARDS AT PUBLIC KINDERGARTEN ENTRY



	%	QUARTILE
Vermilion	22.5%	1
Jefferson	27.3%	1
Caldwell	33.8%	1
Winn	34.8%	1
Cameron	35.6%	1
Lafayette	36.3%	1
Avoyelles	37.5%	1
Pointe Coupee	37.8%	1
Claiborne	38.5%	1
St. Bernard	38.9%	1
West Carroll	39.9%	1
Terrebonne	42.2%	1
Iberville	43.2%	2
St. Tammany	43.4%	2
Orleans	44.3%	2
Beauregard	44.6%	2
St. Charles	44.7%	2
Calcasieu	47.5%	2
Acadia	48.0%	2
Vernon	48.1%	2
Grant	48.7%	2
Plaquemines	48.7%	2
Ascension	48.8%	2
Union	49.8%	2
Madison	50.0%	3
Lafourche	50.2%	3
St. James	50.8%	3
Louisiana	50.9%	
Caddo	52.4%	3
Tangipahoa	52.8%	3
Livingston	52.8%	3
Franklin	54.3%	3
St. Helena	54.8%	3
East Baton Rouge	54.9%	3
Washington	55.4%	3
Iberia	56.4%	3
Concordia	56.5%	3
St. Landry	57.6%	4
St. Mary	57.7%	4
St. Martin	58.7%	4
Richland	59.5%	4
Evangeline	60.2%	4
Ouachita	61.6%	4
Bossier	61.7%	4
Lincoln	64.2%	4
Morehouse	66.4%	4
Catahoula	67.0%	4
Webster	70.0%	4
East Feliciana	73.7%	4
National	*	
Allen	•	
Assumption	•	
Bienville	•	
De Soto	•	
East Carroll	•	
Jackson	•	
Jefferson Davis	•	
La Salle	•	
Natchitoches	•	
Rapides	•	
Red River	•	
Sabine	•	
St. John the Baptist	•	
Tensas	•	
West Baton Rouge	•	
West Feliciana	•	

• indicates that schools in this parish use a different literacy assessment

PERCENTAGE OF CHILDREN NOT MEETING LITERACY STANDARDS AT PUBLIC KINDERGARTEN ENTRY (FALL 2019)

It is critical for young children to have access to opportunities to build their literacy skills starting at birth and continuing through their early elementary years. According to national data, only 1 in 10 children who are not reading at grade level by the end of first grade will ever catch up to the reading grade level of their peers.[114] Acadience Reading (previously named DIBELS Next) is a research-based standardized literacy screener that measures early literacy skills that help predict later reading success.[115] Louisiana law and the Louisiana Board of Elementary and Secondary Education (BESE) require that school systems administer one of four approved literacy screeners within 30 days of the beginning of each school year to all students in public kindergarten through grade 3, of which Acadience Reading is the most common.[116] This requirement aligns with research demonstrating that annual screening is vital to ensure that all students are on the right track to become proficient readers by the end of third grade.[117] Significant time and financial investments in teacher training, curriculum materials, family engagement activities, and birth to age 5 programming are required to ensure that all children are skillful readers by third grade.

Across the state, 50.9% of kindergarteners in public school systems did not meet literacy standards and were considered "at risk" for reading difficulties in Fall 2019. The school systems with the lowest early literacy levels were East Feliciana, Webster, Catahoula, and Morehouse, where over 65% of children were at risk of delayed reading development at the beginning of kindergarten. While a similar measure was included in the 2016 Risk and Reach Report, the method for calculating reading development has changed; therefore direct comparisons are not appropriate. Parishes with missing data for this indicator used a different literacy screener that is not directly comparable to the Acadience Reading.

[114] Francis, D. J., Shaywitz, S. E., Stuebing, K. K., Shaywitz, B. A., and Fletcher, J. M. (1996). Developmental lag versus deficit models of reading disability: A longitudinal, individual growth curves analysis. Journal of Educational Psychology, 88(1), 3-17.

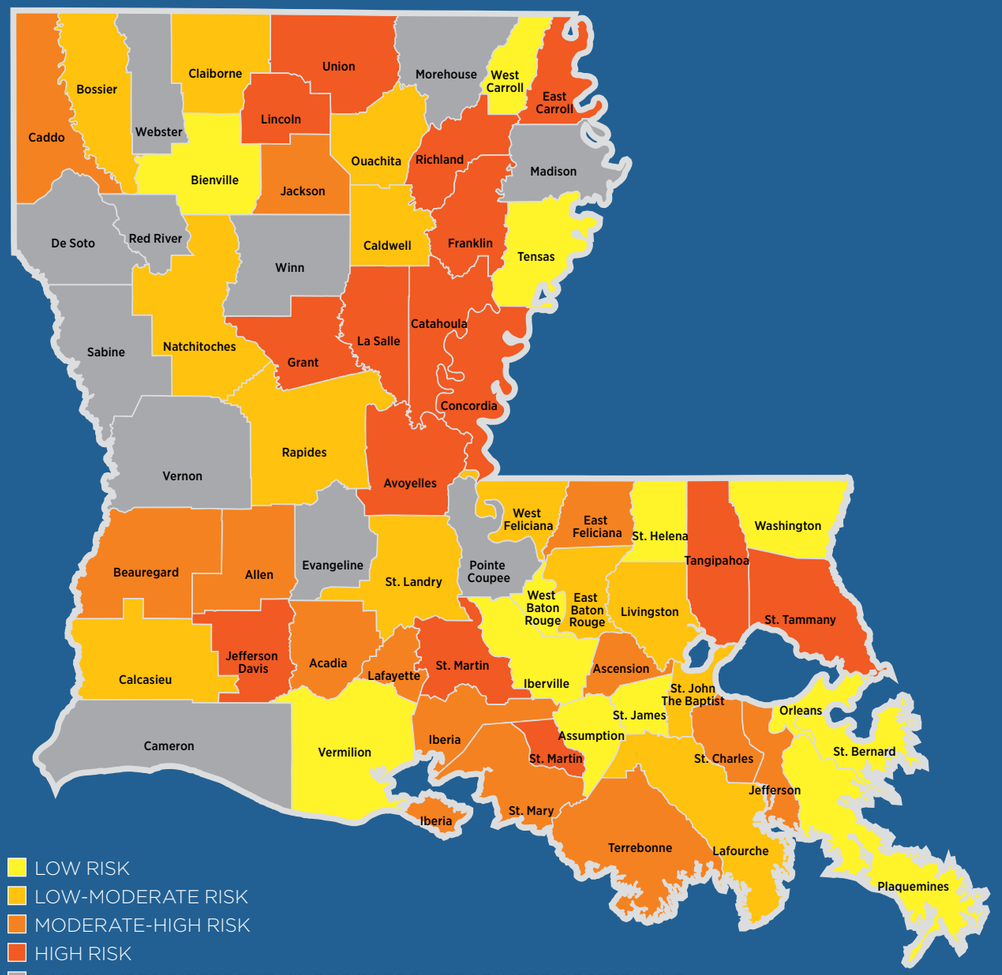
[115] Louisiana Department of Education. (2019). *Fall 2019 Reading Report: School, School System, and State Results for Kindergarten through Grade Three.* Retrieved from: https://www.louisianabelieves.com/docs/default-source/test-results/fall-2019-dibels-reading-report.pdf?sfvrsn=51c9a1f_8

[116] Louisiana Revised Statute 17:182. Acts 2018, No. 688, §1. Retrieved from: http://www.legis.la.gov/Legis/Law.aspx?d=79997

[117] The Annie E. Casey Foundation. (2010). *Early Warning! Why Reading by the End of Third Grade Matters.* Baltimore, MD: Author. Retrieved from: https://www.aecf.org/resources/early-warning-why-reading-by-the-end-of-third-grade-matters/

RISK: EDUCATION ACCESS & QUALITY

KINDERGARTEN READINESS



- LOW RISK
- LOW-MODERATE RISK
- MODERATE-HIGH RISK
- HIGH RISK
- PARISH USES DIFFERENT KINDERGARTEN READINESS ASSESSMENT

	%	QUARTILE
Washington	58.1%	1
Assumption	45.5%	1
Bienville	32.5%	1
West Carroll	32.4%	1
Orleans	30.3%	1
Plaquemines	28.6%	1
St. Helena	28.6%	1
West Baton Rouge	27.6%	1
Vermilion	26.1%	1
Tensas	25.8%	1
St. Bernard	25.5%	1
Iberville	25.0%	1
St. James	24.5%	1
West Feliciana	23.9%	2
St. John the Baptist	21.4%	2
St. Landry	20.7%	2
Livingston	20.3%	2
Bossier	20.0%	2
Caldwell	20.0%	2
Calcasieu	19.0%	2
Claiborne	18.7%	2
Rapides	18.7%	2
Ouachita	18.6%	2
East Baton Rouge	18.2%	2
Natchitoches	16.6%	2
Louisiana	16.0%	
Lafourche	16.0%	2
St. Charles	14.0%	3
East Feliciana	13.9%	3
Beauregard	13.5%	3
Lafayette	13.3%	3
Iberia	13.1%	3
Acadia	13.0%	3
Allen	12.8%	3
Terrebonne	12.5%	3
Jackson	11.4%	3
St. Mary	11.0%	3
Caddo	10.9%	3
Ascension	9.3%	3
Jefferson	9.1%	3
Concordia	8.8%	4
Lincoln	8.6%	4
Avoyelles	8.2%	4
Tangipahoa	8.2%	4
La Salle	8.0%	4
Catahoula	6.8%	4
Jefferson Davis	6.6%	4
Grant	6.4%	4
Union	5.2%	4
Franklin	< 5%	4
St. Tammany	< 5%	4
Richland	< 5%	4
St. Martin	< 5%	4
East Carroll	< 5%	4
Cameron	•	
De Soto	•	
Evangeline	•	
Madison	•	
Morehouse	•	
Pointe Coupee	•	
Red River	•	
Sabine	•	
Vernon	•	
Webster	•	
Winn	•	
National	*	

• indicates that schools in this parish use a different kindergarten readiness assessment

PERCENTAGE OF STUDENTS IN PUBLIC SCHOOL WHO ENTER PUBLIC KINDERGARTEN READY TO LEARN (FALL 2019)

Kindergarten marks a transition point for children as they move from early learning and development settings to the K–12 system. While this is not a "test," data collected through teachers' observations of students' participation in routine classroom activities during the first 30 days of kindergarten offer a glimpse into children's early experiences and provide a baseline for both kindergarten instruction and measuring future progress.[118] A growing body of research indicates that learning and development in the early years, including those before kindergarten entry, provide the foundation for future educational achievement.[119] Differences in academic performance tend to begin early and persist, often worsening over time. The Desired Results Developmental Profile for Kindergarten (DRDP-K), one of two research-based Kindergarten Entry Assessments (KEA) used in Louisiana, assesses students across 27 measures in five domains:

- Approaches to Learning and Self-Regulation
- Social Emotional Development
- Language and Literacy Development
- Cognition: Math
- Physical Development

In order to indicate overall readiness defined by the Louisiana Department of Education, students' scores must demonstrate readiness on four of the five domains (all but physical development). The DRDP-K was piloted in 2017-2018 and is now the most commonly used KEA, having been used to assess more than 90% of students in 2018-2019.

While there have been steady and incremental increases in the percent of students indicating readiness since the DRDP-K was first administered, results reported by districts indicate that across Louisiana, less than 20% of students assessed using the DRDP-K were considered "ready to learn" at the beginning of the 2019 school year. There was a wide range of readiness scores across the state. In five parishes (East Carroll, St. Martin, Richland, St. Tammany, and Franklin), districts reported less than 5% of students entered kindergarten ready to learn. In Washington Parish, which reports the highest performance on the DRDP-K, 58.1% of students demonstrated readiness. Washington was the only parish in which the school district reported that more than half of students demonstrated readiness. In 41 parishes, fewer than 25% of students indicated readiness on all four domains at kindergarten entry.

Some trends emerged across subgroups in the 2019-2020 data. Factors associated with greater kindergarten readiness included family economic stability, speaking English as a first language, being a girl, having no developmental disabilities, and attending school-based pre-K. Data limitations prevent analysis to determine the effect of other types of early care and education programs on kindergarten readiness in Louisiana (child care centers, family child care, etc); however, extensive research exists nationally that demonstrates attendance in a high-quality school-based child care center or Head Start program positively impacts kindergarten readiness.[120]

[118] Goldstein, J., McCoach, D. B., & Yu, H. (2017). The predictive validity of kindergarten readiness judgments: Lessons from one state. *The Journal of Educational Research, 110*(1), 50-60.

[119] Kieff, J. (2003). Eager to Learn: Educating Our Preschoolers. *Childhood Education, 79*(4), 253-255.

[120] Peisner-Feinberg, E. S. (2004). Child care and its impact on young children's development. *Tremblay RE, Barr RG, Peters RDeV, eds. Encyclopedia on Early Childhood Development*, 1-7.

CONCLUSION

While kindergarten often marks the beginning of formal schooling for most children, learning begins long before that—in fact, learning begins at birth.[121] Young children learn by observing, interacting, and playing with their parents, caregivers, siblings, and peers.[122] In addition to basic needs like food, shelter, and sleep, children need safe and stimulating environments with responsive adults to develop the skills they need to thrive in school and life.[123] High-quality early childhood care and education programs allow children to build upon the foundational cognitive, language, and social-emotional skills they gained through rich interactions with caregivers and family members.[124] Research shows that children who participate in these programs are more likely to have better academic outcomes, and better health outcomes as well.[125]

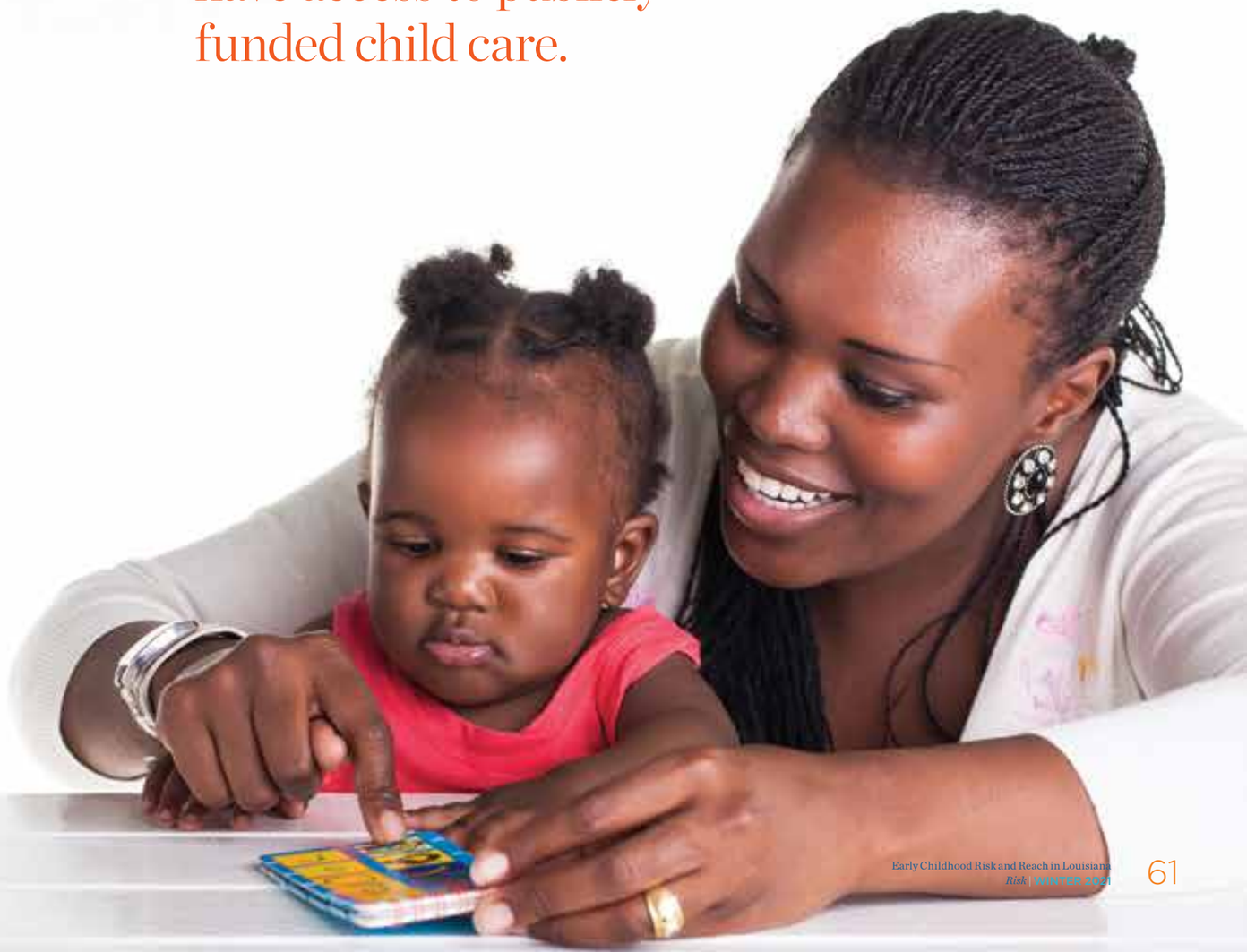
Access to high quality child care early in life is not only beneficial for children, it is frequently essential for their parents and caregivers. Today, most children grow up in households where every adult works. According to a Louisiana Policy Institute for Children report, *Losing Ground: How Child Care Impacts Louisiana's Workforce Productivity and the State Economy*, 67% of Louisiana children from birth through age 5 have either both parents, or their single parent, in the workforce.[126] Access to quality child care has become an indispensable piece of a thriving economy with a growing workforce. Unfortunately, child care remains inaccessible for many Louisiana families: statewide, fewer than 10% of economically disadvantaged children ages 0-2 and 34% of economically disadvantaged 3-year-olds have access to publicly funded care and education. Without affordable access to quality child care, parents may not be able to work full-time or at all, or may have to rely on lower quality options for care. The crisis in access to child care in Louisiana has harmful effects on children, parents, and the economy.[126]

The child care industry has also been significantly affected by the COVID-19 pandemic, which forced 70% of child care centers to close in the spring of 2020, and continues to limit enrollment even as many centers re-open.[127] Decreased enrollment in child care affects the rest of the early childhood system, as it reduces opportunities for early identification of developmental delays and referrals to EarlySteps.

Lack of access to quality child care causes many children to begin kindergarten without the skills they need to learn and succeed in school.[128] In 2019, over half (50.9%) of children entering kindergarten in Louisiana did not have the early literacy skills considered developmentally appropriate for their age. When considering comprehensive kindergarten readiness—which includes cognitive and social-emotional development, in addition to language—districts using the DRDP-K Kindergarten Entry Assessment report that fewer than 20% of children entering kindergarten met all the benchmarks indicating that they are "ready to learn." These delays tend to persist; only 1 in 10 children who are not reading on grade level by the end of first grade will ever catch up to their peers reading at grade level.[129] In January 2020, the Louisiana Early Literacy Commission's report asked the state to commit to building a "seamless support system for early learning."[130] The commission recommended the use of evidence-based curricula and practices to complement a rigorous menu of literacy supports and interventions for struggling readers.

Recent improvements in data collection and linkage will help inform efforts to improve access to, and quality of, early care and education in Louisiana. The Louisiana Department of Education's new EdLink 360 data system can connect enrollment and assessment data from early learning centers to the kindergarten through 12th grade (K-12) data systems, providing longitudinal data (the first of its kind) to guide efforts to improve educational outcomes. There is room to build upon this progress: integrating data from early care and education providers with the rest of the early childhood data system (including EarlySteps, MIECHV, and healthcare providers) could increase early identification of developmental delays in children, ensure that referrals between programs are completed in a timely fashion, and allow early childhood professionals from multiple systems to work together to support children. Greater integration between data systems could also allow the Louisiana Department of Education, the Louisiana Department of Health, and the Department of Children and Family Services to measure the impact of early childhood programs and investments on kindergarten readiness and educational attainment for Louisiana children, two factors that support lifelong health and well-being.

Across Louisiana, only 6.8% of infants and toddlers from economically disadvantaged households have access to publicly funded child care.



[121] Center on the Developing Child (2007). *The Science of Early Childhood Development* (InBrief). Retrieved from www.developingchild.harvard.edu.

[122] Schore, A. N. (2001). Effects of a secure attachment relationship on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal: Official Publication of The World Association for Infant Mental Health*, *22*(1-2), 7-66.

[123] American Academy of Pediatrics. (2021). Early Brain and Child Development. Retrieved from: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/EBCD/Pages/default.aspx

[124] Kieff, J. (2003). Eager to Learn: Educating Our Preschoolers. *Childhood Education*, *79*(4), 253-255.

[125] McCoy, D. C., Yoshikawa, H., Ziol-Guest, K. M., Duncan, G. J., Schindler, H. S., Magnuson, K., ... & Shonkoff, J. P. (2017). Impacts of early childhood education on medium-and long-term educational outcomes. *Educational Researcher*, *46*(8), 474-487.

[126] Davis, B., Bustamante, A., Bronfin, M., & Candal Rahim, M. (2017). Losing ground: How child care impacts Louisiana's workforce productivity and the state economy. Louisiana Policy Institute for Children. Retrieved from: https://0cd902dd-9de1-4dae-8781-4a355ebda8df.filesusr.com/ugd/20d35d_476f91b779d74b74937ccdd9965d74e3.pdf

[127] Sonnier, L., Cope, H., Oakey-Frost, R., & Lewis, R. (2020). The growing adverse impacts of COVID-19 on Louisiana child care providers. Retrieved from: https://www.policyinstitutela.org/covid-19-impact-child-care

[128] Weiland, C. (2017). *Puzzling It Out: The Current State of Scientific Knowledge on Pre-Kindergarten Effects-A Consensus Statement*. Brookings Institution.

[129] Francis, D. J., Shaywitz, S. E., Stuebing, K. K., Shaywitz, B. A., and Fletcher, J. M. (1996). Developmental lag versus deficit models of reading disability: A longitudinal, individual growth curves analysis. Journal of Educational Psychology, 88(1), 3-17.

[130] Early Literacy Commission. (2020). Supporting our youngest readers: LA reads. Louisiana Department of Education. Retrieved from: https://www.louisianabelieves.com/docs/default-source/early-childhood/louisiana-s-early-literacy-commission-legislative-report.pdf

RISK:
NEIGHBORHOOD & BUILT ENVIRONMENT

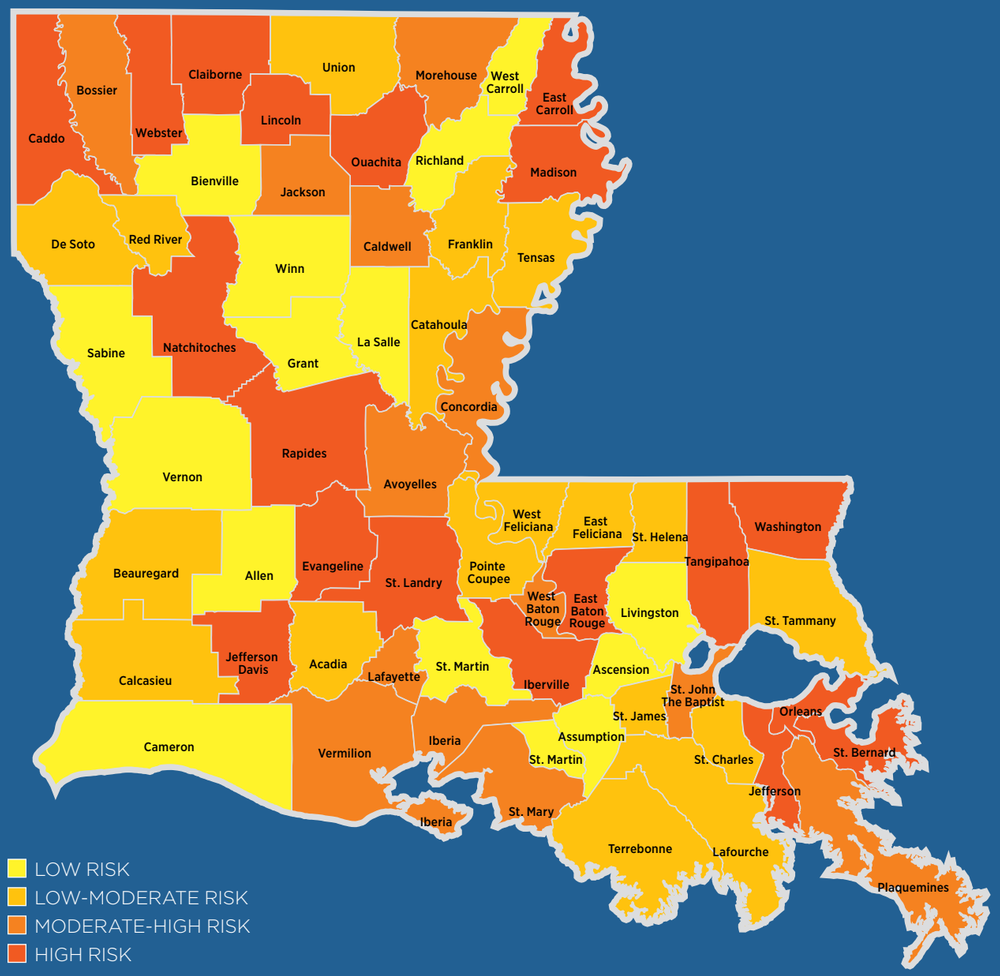
HEALTHY PEOPLE 2030 GOAL:

Create neighborhoods and environments that promote health and safety.

INDICATORS OF RISK FOR LOUISIANA CHILDREN AGES 0-5:

- Percentage of Households with Severe Housing Problems (2012-2016)
- Healthy Food Environment Index (Data from 2015 & 2017)
- Percentage of Households with Internet Access (2013-2017)
- Percentage of Population with Access to Exercise Opportunities (Data from 2010 & 2019)

HOUSEHOLDS WITH SEVERE HOUSING PROBLEMS



	%	QUARTILE
West Carroll	5.0%	1
Cameron	7.0%	1
Richland	9.0%	1
Assumption	10.0%	1
La Salle	10.0%	1
Sabine	10.0%	1
Winn	10.0%	1
Allen	11.0%	1
Ascension	11.0%	1
Bienville	11.0%	1
Grant	11.0%	1
Livingston	11.0%	1
St. Martin	11.0%	1
Vernon	11.0%	1
Acadia	12.0%	2
Beauregard	12.0%	2
Catahoula	12.0%	2
East Feliciana	12.0%	2
Lafourche	12.0%	2
Red River	12.0%	2
St. Helena	12.0%	2
St. James	12.0%	2
Union	12.0%	2
Calcasieu	13.0%	2
De Soto	13.0%	2
Franklin	13.0%	2
Pointe Coupee	13.0%	2
St. Charles	13.0%	2
St. Tammany	13.0%	2
Tensas	13.0%	2
Terrebonne	13.0%	2
West Feliciana	13.0%	2
Avoyelles	14.0%	3
Caldwell	14.0%	3
Concordia	14.0%	3
Iberia	14.0%	3
Lafayette	14.0%	3
Plaquemines	14.0%	3
St. Mary	14.0%	3
Vermilion	14.0%	3
West Baton Rouge	14.0%	3
Bossier	15.0%	3
Jackson	15.0%	3
Morehouse	15.0%	3
St. John the Baptist	15.0%	3
Louisiana	16.0%	
Jefferson Davis	16.0%	4
Iberville	16.0%	4
Ouachita	16.0%	4
Rapides	16.0%	4
St. Bernard	16.0%	4
St. Landry	16.0%	4
Washington	16.0%	4
Webster	16.0%	4
Caddo	17.0%	4
Evangeline	17.0%	4
East Baton Rouge	18.0%	4
Jefferson	18.0%	4
Madison	18.0%	4
Natchitoches	18.0%	4
Tangipahoa	18.0%	4
National	18.4%	
Claiborne	19.0%	4
Lincoln	19.0%	4
East Carroll	22.0%	4
Orleans	26.0%	4

PERCENTAGE OF HOUSEHOLDS WITH SEVERE HOUSING PROBLEMS (2012-2016)

Inadequate housing can have a negative impact on children's physical and mental health, as well as their general well-being.[131,132] Poor housing conditions can lead to an increase in mold, mites, and other allergens which may lead to or exacerbate respiratory conditions, including asthma.[133] Inadequate kitchen conditions have been linked to respiratory illness and some types of cancer.[134] Poor housing conditions can also increase children's risk of cardiovascular conditions, falls, and developmental delays.[135,136]

Housing cost burdens, which have increased over time, can also cause negative outcomes for children, including eviction and homelessness, overcrowding, poor nutrition, frequent moving, and lack of supervision while parents are at work. Overcrowding, for example, has been associated with physical illness (such as tuberculosis and respiratory infections), psychological distress among both adults and children, and low cognitive achievement.[136,137] There are vast disparities in housing problems in the United States, particularly by income and race, but also by gender. Individuals with lower incomes and people of color are more likely to occupy homes with severe physical problems as compared to the general population.[138]

This indicator from the County Health Rankings Initiative reflects the percentage of households with at least one of the following severe housing problems:

1. Housing unit lacks complete kitchen facilities
2. Housing unit lacks complete plumbing facilities
3. Household is overcrowded
4. Household is severely cost burdened

Louisiana performs slightly better than the nation as a whole with regard to the percentage of households with at least one severe housing problem (16% in Louisiana vs 18.4% nationally). However, there is a great deal of variation across Louisiana parishes: 5% of households in West Carroll had at least one severe housing problem, as compared to 26% in Orleans. While severe housing problems are present in both urban and rural communities, it is notable that some of the state's main population centers show higher levels of housing problems, with Orleans, Jefferson, East Baton Rouge, and Caddo Parishes all in the highest quartile. The impacts of these housing problems on families in Louisiana has become more pronounced throughout the COVID-19 pandemic, as families try to balance lost jobs or reduced hours and the transmission risks associated with overcrowding.

[131] Breysse, P., Farr, N., Galke, W., Lanphear, B., Morley, R., & Bergofsky, L. (2004). The relationship between housing and health: children at risk. *Environmental health perspectives*, *112*(15), 1583-1588.

[132] Krieger, J., & Higgins, D. L. (2002). Housing and health: time again for public health action. *American journal of public health*, *92*(5), 758-768.

[133] Lanphear, B. P., Aligne, C. A., Auinger, P., Weitzman, M., & Byrd, R. S. (2001). Residential exposures associated with asthma in US children. *Pediatrics*, *107*(3), 505-511.

[134] Gibson, M., Petticrew, M., Bambra, C., Sowden, A. J., Wright, K. E., & Whitehead, M. (2011). Housing and health inequalities: a synthesis of systematic reviews of interventions aimed at different pathways linking housing and health. *Health & place*, *17*(1), 175-184.

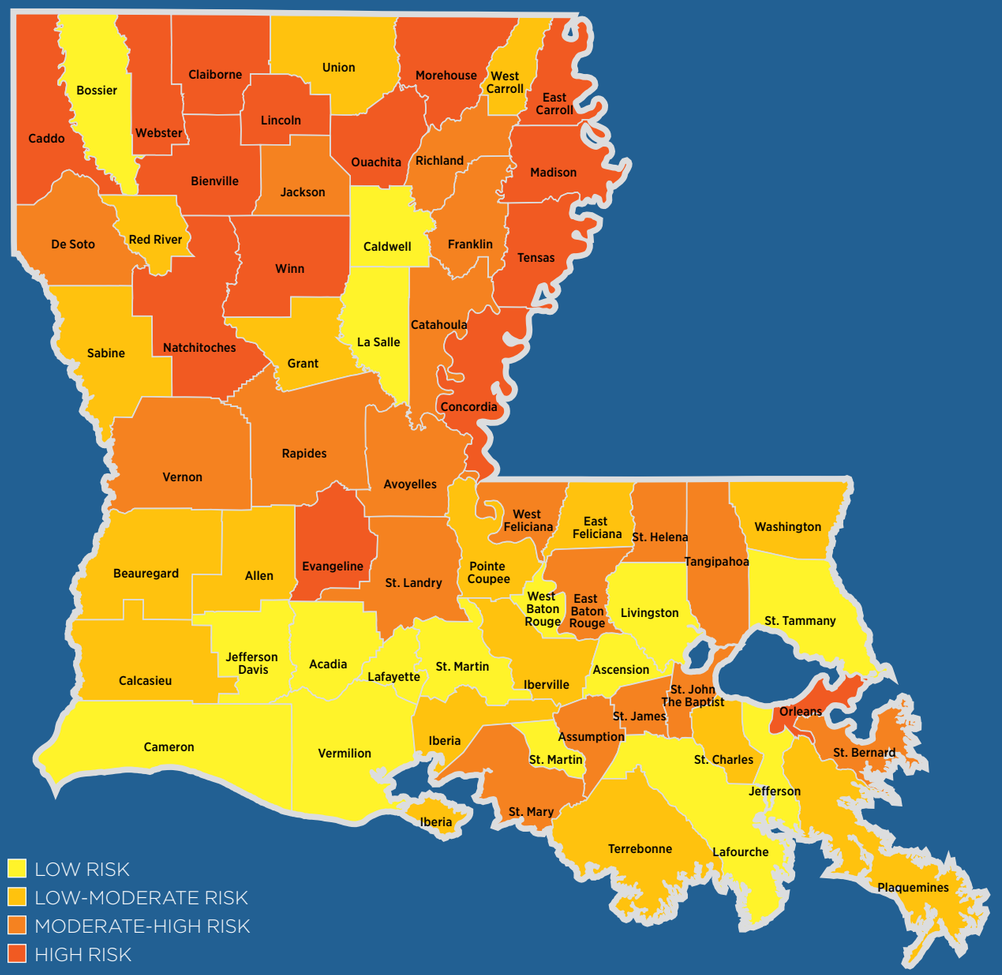
[135] Phelan, K. J., Khoury, J., Kalkwarf, H., & Lanphear, B. (2005). Residential injuries in US children and adolescents. *Public health reports*, *120*(1), 63-70.

[136] Shaw, M. (2004). Housing and public health. *Annu. Rev. Public Health*, *25*, 397-418.

[137] Evans, G. W. (2006). Child development and the physical environment. *Annu. Rev. Psychol.*, *57*, 423-451.

[138] US Census Bureau. *American Housing Survey 2017*. Retrieved from: http://www.census.gov/hhes/www/ahs.html. Accessed June 23, 2020

HEALTHY FOOD ENVIRONMENT



	SCORE	QUARTILE
Cameron	9.0	1
Livingston	8.5	1
St. Tammany	8.4	1
Ascension	8.1	1
Vermilion	8.1	1
Jefferson	7.9	1
Acadia	7.8	1
Jefferson Davis	7.8	1
St. Martin	7.8	1
Lafourche	7.7	1
National	7.6	
Bossier	7.5	1
Caldwell	7.5	1
La Salle	7.5	1
Lafayette	7.5	1
West Baton Rouge	7.4	1
Allen	7.3	2
Calcasieu	7.3	2
East Feliciana	7.3	2
Grant	7.3	2
Pointe Coupee	7.3	2
West Carroll	7.3	2
Beauregard	7.2	2
Union	7.2	2
Iberville	7.1	2
Plaquemines	7.1	2
Sabine	7.1	2
St. Charles	7.0	2
Terrebonne	7.0	2
Washington	7.0	2
Iberia	6.8	2
Red River	6.8	2
Assumption	6.7	3
St. James	6.7	3
Tangipahoa	6.7	3
Avoyelles	6.6	3
Catahoula	6.6	3
St. Helena	6.6	3
De Soto	6.5	3
East Baton Rouge	6.5	3
Jackson	6.5	3
Richland	6.5	3
Franklin	6.4	3
St. Bernard	6.4	3
St. John the Baptist	6.4	3
West Feliciana	6.3	3
Rapides	6.2	3
St. Landry	6.2	3
St. Mary	6.2	3
Vernon	6.2	3
Bienville	6.1	4
Claiborne	6.1	4
Evangeline	6.1	4
Ouachita	6.0	4
Winn	6.0	4
Webster	5.9	4
Caddo	5.8	4
Orleans	5.8	4
Concordia	5.3	4
Madison	5.3	4
Morehouse	5.3	4
Natchitoches	5.3	4
Louisiana	5.2	
Lincoln	5.2	4
Tensas	4.4	4
East Carroll	3.5	4

HEALTHY FOOD ENVIRONMENT INDEX, FROM 0 (WORST) TO 10 (BEST) (DATA FROM 2015 & 2017)

Having access to a healthy food environment is one of the most critical factors associated with healthy nutrition at the population level.[139] This indicator measures the parish level population's ability to purchase healthy foods, accounting for both household income and proximity to stores that traditionally sell healthy foods. Because eating patterns are established early in life, it is important that children are exposed to healthy foods starting in early childhood.[140-142] Consuming a healthy diet reduces the risk for obesity and an array of chronic diseases, including cardiovascular disease, Type 2 diabetes, and some cancers.[143,144] The presence of supermarkets and grocery stores selling healthy foods in one's neighborhood, as well as having the financial means to buy these healthy foods, impacts the nutritional quality of children's diets.[145]

The Food Environment Index ranges from a scale of 0 (worst) to 10 (best) and equally weights two indicators of the food environment:

- LIMITED ACCESS TO HEALTHY FOODS estimates the percentage of the population that is low income and does not live close to a grocery store. Low income is defined as having an annual family income of less than or equal to 200% of the federal poverty threshold for the family size. Living close to a grocery store is defined differently in rural and nonrural areas; in rural areas, it means living less than 10 miles from a grocery store whereas in nonrural areas it means less than 1 mile.
- FOOD INSECURITY estimates the percentage of the population that did not have access to a reliable source of food during the past year. A two-stage fixed effects model was created using information from the Community Population Survey, Bureau of Labor Statistics, and American Community Survey to estimate food insecurity.

Louisiana's food environment earns a score of 5.2 on the food environment index. This is worse than the nation as a whole, which has a score of 7.6 on the index. There is significant variation within the state, with scores ranging from 3.5 in East Carroll Parish to 9.0 in Cameron. 54 out of 64 parishes (84%) have scores below the national average.

Nationwide, there are significant differences in access to healthy foods by race/ethnicity. Black families in particular tend to have lower household incomes, on average, and are less likely than non-Hispanic White families to live close to a supermarket.[146,147] In general, accessing healthy food is more difficult in rural areas compared to urban areas.[148] Hurricanes and the COVID-19 pandemic have affected healthy food environments in Louisiana in multiple ways, including disrupted household income and grocery store closures due to storm damage or decreases in store revenue.

[139] Ahern M, Brown C, Dukas S. A national study of the association between food environments and county-level health outcomes. The Journal of Rural Health. 2011;27:367-379.

[140] Birch, L., Savage, J. S., & Ventura, A. (2007). Influences on the development of children's eating behaviours: from infancy to adolescence. *Canadian journal of dietetic practice and research: a publication of Dietitians of Canada*, *68*(1), s1.

[141] EDEN Mother–Child Cohort Study Group Lioret Sandrine. (2015). Dietary patterns track from infancy to preschool age: cross-sectional and longitudinal perspectives. *The Journal of nutrition*, *145*(4), 775-782.

[142] Reidy, K. C., Deming, D. M., Briefel, R. R., Fox, M. K., Saavedra, J. M., & Eldridge, A. L. (2017). Early development of dietary patterns: Transitions in the contribution of food groups to total energy—Feeding Infants and Toddlers Study, 2008. *BMC Nutrition*, *3*(1), 5.

[143] Nicklas, T. A., Baranowski, T., Cullen, K. W., & Berenson, G. (2001). Eating patterns, dietary quality and obesity. *Journal of the American college of nutrition*, *20*(6), 599-608.

[144] Mokdad, A. H., Ballestros, K., Echko, M., Glenn, S., Olsen, H. E., Mullany, E., ... & Kasaeian, A. (2018). The state of US health, 1990-2016: burden of diseases, injuries, and risk factors among US states. *Jama*, *319*(14), 1444-1472.

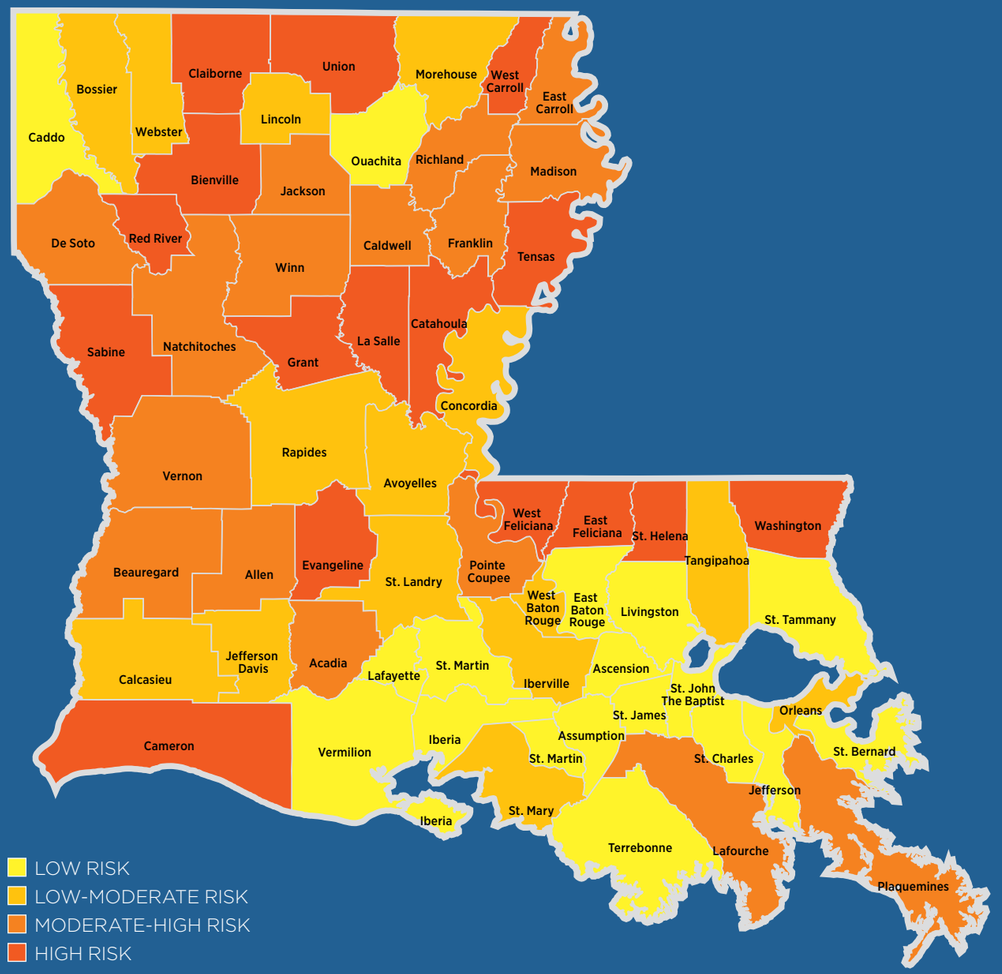
[145] Karpyn, A., Manon, M., Treuhaft, S., Giang, T., Harries, C., & McCoubrey, K. (2010). Policy solutions to the 'grocery gap'. *Health Affairs*, *29*(3), 473-480.

[146] U.S. Census Bureau, 2018. *America's families and living arrangements: 2018*. Retrieved from: https://www.census.gov/data/tables/2018/demo/families/cps-2018.html.

[147] Larson, N. I., Story, M. T., & Nelson, M. C. (2009). Neighborhood environments: disparities in access to healthy foods in the US. *American journal of preventive medicine*, *36*(1), 74-81.

[148] Walker, R. E., Keane, C. R., & Burke, J. G. (2010). Disparities and access to healthy food in the United States: A review of food deserts literature. *Health & place*, *16*(5), 876-884

HOUSEHOLDS WITH INTERNET ACCESS



	%	QUARTILE
East Baton Rouge	100.0%	1
St. John the Baptist	100.0%	1
Terrebonne	99.6%	1
St. James	99.5%	1
Assumption	98.8%	1
Ascension	98.7%	1
St. Tammany	98.5%	1
Livingston	98.4%	1
Jefferson	97.8%	1
Lafayette	97.4%	1
St. Charles	97.3%	1
Ouachita	97.1%	1
Caddo	96.1%	1
Vermilion	96.1%	1
Iberia	93.6%	1
St. Bernard	93.6%	1
St. Martin	93.6%	1
National	93.4%	
Orleans	92.3%	2
Calcasieu	91.7%	2
Morehouse	91.7%	2
Bossier	90.7%	2
St. Mary	89.6%	2
Tangipahoa	88.7%	2
West Baton Rouge	88.1%	2
Louisiana	87.6%	
Rapides	87.3%	2
Lincoln	82.3%	2
St. Landry	81.8%	2
Concordia	81.5%	2
Iberville	80.8%	2
Jefferson Davis	75.8%	2
Webster	74.8%	2
Avoyelles	74.6%	2
Lafourche	72.0%	3
Acadia	71.9%	3
Vernon	69.7%	3
De Soto	69.6%	3
Madison	68.7%	3
Plaquemines	68.5%	3
Natchitoches	68.0%	3
Pointe Coupee	65.8%	3
Allen	63.1%	3
East Carroll	63.0%	3
Jackson	57.9%	3
Caldwell	51.4%	3
Beauregard	50.2%	3
Franklin	50.0%	3
Richland	47.7%	3
Winn	46.5%	3
Evangeline	46.4%	4
La Salle	45.3%	4
Claiborne	40.2%	4
Union	38.0%	4
Washington	37.6%	4
Grant	37.2%	4
St. Helena	35.5%	4
West Feliciana	32.1%	4
West Carroll	31.5%	4
Catahoula	26.2%	4
Red River	21.1%	4
East Feliciana	17.7%	4
Cameron	12.9%	4
Sabine	6.3%	4
Bienville	4.5%	4
Tensas	0.5%	4

PERCENTAGE OF HOUSEHOLDS WITH INTERNET ACCESS (2013-2017)

Access to internet services measures the percentage of the population that has access to a home internet connection at or above the speed which "enables users to originate and receive high-quality voice, data, graphics, and video telecommunications" (according to the Federal Communications Commission [FCC], this is 25 Megabits per second [Mbps] download/3 Mbps upload).[149] Children and families who have limited access to the internet and devices that connect to it experience "digital inequality."[150] Families with no or limited connectivity experience reduced access to a wide range of opportunities available online, from job applications, to remote work, to virtual learning, and more. Many families with access to fixed internet services still often "face limitations in the form of service cutoffs, slow service, older technology, or difficulty using equipment because too many people are sharing devices."[150] Researchers have found that "the more connectivity challenges families face, the less they use the internet to help them access opportunities that support family stability and well-being."[151] For example, compared to parents with fixed internet access, parents with cellular-only internet access are significantly less likely to apply for jobs or services they qualify for online, including health-related resources, which are increasingly migrating online.[151]

According to the FCC's 2019 Broadband Deployment Report, Louisiana ranks 38th among states for access to internet services.[152] The indicator in this report measures household-level access to fixed internet services, cellular-only LTE services, or both. In Louisiana, 87.6% of households have access to the internet, while nationwide, 93.4% of households have internet access. Within Louisiana, 47 of 64 parishes (73%) fall below the national average. In urban areas, 96.5% of Louisianians have access to internet services, compared to 98.3% of the urban population nationally. Louisiana's rural parishes fare worse than the national average for rural areas, as well: 63.6% of Louisiana's rural population has access to internet services, compared to the national average of 73.6%. Louisiana has 18 parishes in which less than 50% of the population has access to internet services. In Tensas Parish only 0.5% of the population has adequate internet access. In total, approximately 580,000 Louisianians do not have access to internet services.[152]

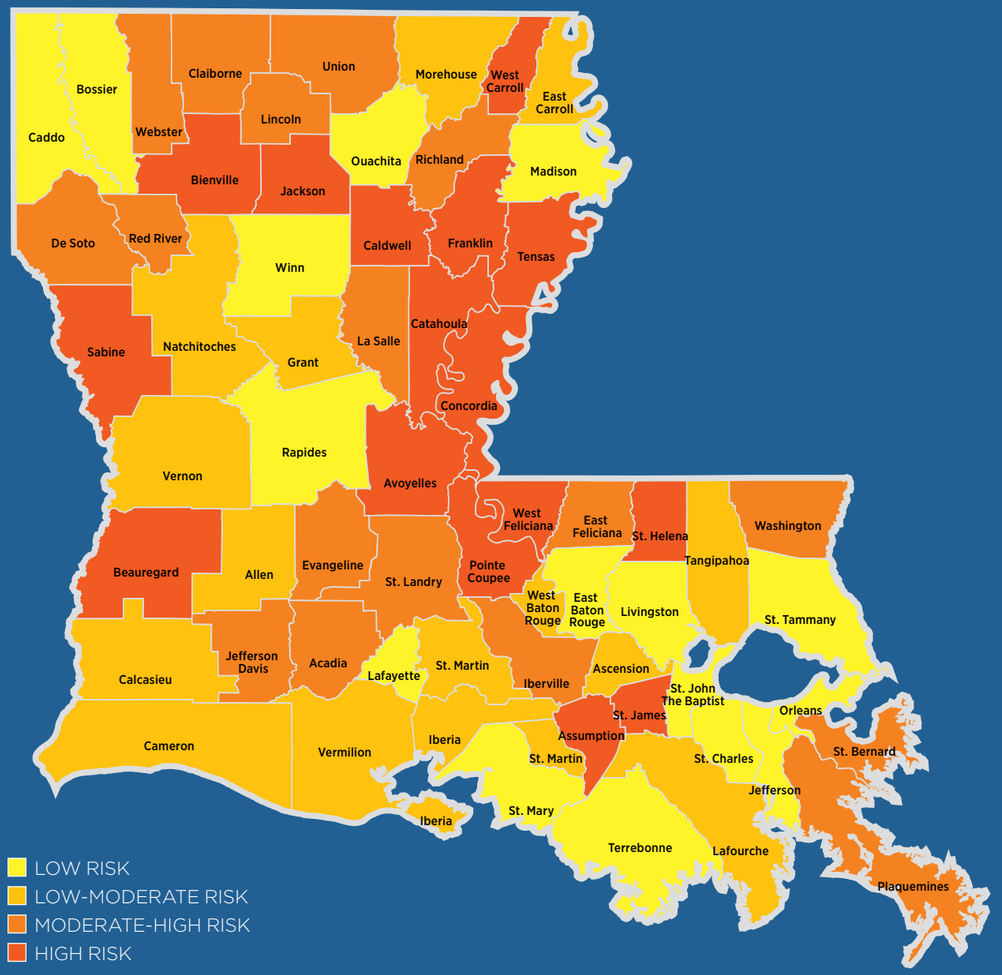
[149] Federal Communications Commission. (2020). Inquiry concerning deployment of advanced telecommunications capability to all Americans in a reasonable and timely fashion (FCC-19-44).

[150] Rideout, V., & Katz, V. S. (2016). Opportunity for All? Technology and Learning in Lower-Income Families. In *Joan Ganz Cooney Center at Sesame Workshop*. Joan Ganz Cooney Center at Sesame Workshop. 1900 Broadway, New York, NY 10023.

[151] Katz, V. S., Gonzalez, C., & Clark, K. (2017). Digital inequality and developmental trajectories of low-income, immigrant, and minority children. *Pediatrics, 140*(Supplement 2), S132-S136.

[152] Federal Communications Commission. (2019). Broadband deployment report. Retrieved from: https://www.fcc.gov/reports-research/reports/broadband-progress-reports/2019-broadband-deployment-report

ACCESS TO EXERCISE OPPORTUNITIES



	%	QUARTILE
East Baton Rouge	98.0%	1
Jefferson	98.0%	1
Orleans	94.0%	1
St. Mary	89.0%	1
Lafayette	86.0%	1
Caddo	85.0%	1
Madison	85.0%	1
St. John the Baptist	82.0%	1
St. Charles	81.0%	1
St. Tammany	81.0%	1
Terrebonne	81.0%	1
Rapides	80.0%	1
Winn	80.0%	1
Livingston	78.0%	1
Ouachita	78.0%	1
Bossier	76.0%	1
Louisiana	75.0%	
Calcasieu	75.0%	2
Morehouse	74.0%	2
West Baton Rouge	74.0%	2
Allen	73.0%	2
Ascension	73.0%	2
Grant	70.0%	2
Natchitoches	69.0%	2
Tangipahoa	68.0%	2
Vernon	66.0%	2
Iberia	63.0%	2
Cameron	61.0%	2
East Carroll	60.0%	2
Lafourche	60.0%	2
St. Martin	60.0%	2
Vermilion	60.0%	2
La Salle	57.0%	3
St. Bernard	57.0%	3
Evangeline	56.0%	3
Red River	53.0%	3
St. Landry	52.0%	3
Webster	51.0%	3
Iberville	49.0%	3
East Feliciana	47.0%	3
Lincoln	47.0%	3
Jefferson Davis	45.0%	3
Plaquemines	45.0%	3
De Soto	44.0%	3
Richland	44.0%	3
Acadia	43.0%	3
Union	40.0%	3
Claiborne	39.0%	3
Washington	39.0%	3
Franklin	38.0%	4
Caldwell	37.0%	4
Assumption	35.0%	4
Pointe Coupee	34.0%	4
West Carroll	33.0%	4
St. James	32.0%	4
Concordia	31.0%	4
Sabine	26.0%	4
Avoyelles	24.0%	4
Jackson	23.0%	4
Bienville	21.0%	4
St. Helena	19.0%	4
Catahoula	16.0%	4
Beauregard	15.0%	4
Tensas	15.0%	4
West Feliciana	15.0%	4
National	*	

* indicates missing data

PERCENTAGE OF POPULATION WITH ACCESS TO EXERCISE OPPORTUNITIES (DATA FROM 2010 & 2019)

It is well-established that safe, accessible spaces for play and exercise, such as parks, gyms, and recreational facilities, are beneficial for physical and mental health, social satisfaction, and general well-being.[153] Young children particularly benefit from these spaces, as children rely on play for cognitive, physical, and social-emotional development in their earliest years.[154] Across the lifespan, people who live near paved sidewalks, parks, and gyms exercise more regularly, with reduced rates of diabetes, cancer, stroke, hypertension, and premature mortality.[155-157] The COVID-19 pandemic has demonstrated the value of such spaces to Louisiana residents as people seek places to get outside, exercise, and engage in outdoor activities.

Access to exercise opportunities measures the percentage of individuals in a county/parish who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. Individuals are considered to have access to exercise opportunities if they:

- Reside in a census block that is within a half mile of a park, or
- Reside in an urban census block that is within 1 mile of a recreational facility, or
- Reside in a rural census block that is within 3 miles of a recreational facility.

Across Louisiana, 75% of the population is considered to have access to parks and recreational facilities. There is significant variation within the state. Only 15% of the population in Beauregard, Tensas, and West Feliciana Parishes live near parks and recreational facilities, while over 90% of the population in Jefferson, East Baton Rouge, and Orleans Parishes live near such facilities. In general, people living in or near cities in Louisiana have greater access to parks and recreational facilities than people living in rural areas.

[153] Centers for Disease Control and Prevention. (2018). *Social Determinants of Health: Know What Affects Health*. Retrieved from https://www.cdc.gov/socialdeterminants/index.htm

[154] Bodrova, E., & Leong, D. J. (2005). The Importance of Play: Why Children Need to Play. *Early Childhood Today, 20*(1), 6-7.

[155] Babey, S. H., Wolstein, J., Krumholz, S., Robertson, B., & Diamant, A. L. (2013). Physical activity, park access and park use among California adolescents.

[156] Sallis, J. F., Hovell, M. F., Hofstetter, C. R., Elder, J. P., Hackley, M., Caspersen, C. J., & Powell, K. E. (1990). Distance between homes and exercise facilities related to frequency of exercise among San Diego residents. *Public health reports, 105*(2), 179.

[157] Cohen, D. A., McKenzie, T. L., Sehgal, A., Williamson, S., Golinelli, D., & Lurie, N. (2007). Contribution of public parks to physical activity. *American journal of public health, 97*(3), 509-514.

CONCLUSION

Louisiana's unique natural and man-made environments, climate, and history shape the health and well-being of even its youngest residents. Safe houses and neighborhoods that provide easy access to affordable healthy food, reliable internet, and public parks create conditions for healthy children, strong families, and thriving economies.[158]

The homes in which children grow up have significant effects on their growth and development. When families live in overcrowded or substandard housing, children may be exposed to mold or lead, eat less nutritious food, and experience disrupted sleep, all of which negatively impact children's health and ability to learn.[159] Households with affordable and reliable internet connections are better equipped to find and access education and employment opportunities.[160] The COVID-19 pandemic has made the importance of stable internet access more clear than ever before. Families have had to shift to virtual learning for their children. Many people needed to work from home, while those in occupations that do not lend themselves to remote work either lost their jobs or faced increased risk of contracting COVID-19 while at work. Those who lost jobs have had to rely on the internet to apply for unemployment insurance. In the health and medical realm, doctors' visits became virtual. Adequate internet access quickly became essential for families to function. While efforts must be made to increase access to fixed internet service, state level service providers should also continue to develop mobile-friendly tools and platforms to improve access to services for individuals with cellular-only internet access and those who prefer to access the internet on a cellular device.

Beyond their individual household, a child's neighborhood and built environment impacts their ability to thrive.[158] Access to affordable, nutritious food is a key part of a healthy neighborhood. When grocery stores are expensive or far from home, families may have to rely on corner stores and fast food to feed their children, resulting in health and learning problems that may persist into adolescence and adulthood.[161] Similarly, access to well-paved sidewalks and safe, clean parks help families cultivate and sustain active and healthy lifestyles.[162]

Louisiana families also contend with specific geographic and historical factors that impact each of the indicators included in this report. Natural disasters, such as hurricanes and floods, cause repeated damage to houses, businesses, parks, and the natural environment. As a result, significant public and private resources are spent repairing and maintaining the built environment, making it more difficult to create and maintain health-promoting environments.[163] There is also a history of policies that have directly contributed to disparities in home ownership and exposure to environmental toxins, particularly by race (e.g., redlining) and income.[164]

There are numerous features of the natural and built environment that significantly impact the health and well-being of children that are not included in this report, for a variety of reasons. Many environmental indicators that are significantly associated with health outcomes are difficult to measure, or data collection is expensive. For instance, indoor air quality has a bigger impact on children's health than outdoor air quality, but it would be extremely challenging to measure air quality in private homes, schools, churches, and stores, and harder still to capture and report on those data.[165] It can also be difficult to quantify access to reliable transportation across the state at the parish level. A meaningful transportation indicator would have to take into account multiple factors of private and public transit (vehicle ownership; the existence, reliability, and coverage of public transit systems; road quality and bike lanes) that would be difficult to compare across urban and rural settings.

[158] Centers for Disease Control and Prevention. (2018). *Social Determinants of Health: Know What Affects Health.* Retrieved from https://www.cdc.gov/socialdeterminants/index.htm

[159] Sharfstein, J., & Sandel, M. (1998). Not Safe at Home: How America's Housing Crisis Threatens the Health of Its Children. A Research Report.

[160] Katz, V. S., Gonzalez, C., & Clark, K. (2017). Digital inequality and developmental trajectories of low-income, immigrant, and minority children. *Pediatrics, 140*(Supplement 2), S132-S136.

[161] Birch, L., Savage, J. S., & Ventura, A. (2007). Influences on the development of children's eating behaviours: from infancy to adolescence. *Canadian journal of dietetic practice and research: a publication of Dietitians of Canada, 68*(1), s1.

[162] Cohen, D. A., McKenzie, T. L., Sehgal, A., Williamson, S., Golinelli, D., & Lurie, N. (2007). Contribution of public parks to physical activity. *American journal of public health, 97(3),* 509-514.

[163] Laska, S., Wooddell, G., Hagelman, R., Gramling, R., & Farris, M. T. (2005). At risk: the human, community and infrastructure resources of coastal Louisiana. *Journal of Coastal Research*, 90-111.

[164] Mizutani, J. (2018). In the Backyard of Segregated Neighborhoods: An Environmental Justice Case Study of Louisiana. *Geo. Int'l Envtl. L. Rev., 31*, 363.

[165] Etzel, R. A. (2007). Indoor and outdoor air pollution: tobacco smoke, moulds and diseases in infants and children. *International journal of hygiene and environmental health, 210(5),* 611-616.

In 18 parishes, less than 50% of households have internet access.

OVERALL RISK

Overall risk is calculated by averaging risk quartiles for each of the 21 risk indicators included in this report. Thus, the overall risk for a given parish is measured relative to other parishes—it is not an absolute appraisal of risk to children. Overall risk also does not necessarily indicate that a parish received High or Moderate-High assessments on all indicators. For example:

Overall, 63 of 64 parishes (98%) are rated as High Risk on at least one indicator and 62 of 64 parishes (97%) are rated as Low Risk on at least one indicator.

Of the parishes rated as High Risk overall, 89% are rated as Low Risk on at least one indicator, while 94% of the parishes rated Low Risk overall have at least one High Risk indicator.

These data demonstrate that every parish has strengths to build upon, as well as vulnerabilities to address.

ECONOMIC STABILITY

Five risk indicators measure a type of economic risk facing young children:

- Percentage of children under age 5 living in poverty
- Parish level median income as a percentage of the Federal Poverty Level
- Percentage of households below ALICE (Asset Limited, Income Constrained, Employed) threshold
- Percentage of SNAP recipients under age 5
- Percentage of births to mothers with less than high school education

32 of the 64 parishes in Louisiana (50%) were rated as High Risk on at least one of the Economic Risk indicators.

HEALTHCARE ACCESS & QUALITY

Five of the risk indicators measure a type of health risk facing young children:

- Preterm birth rate (percentage)
- Rate of substance exposed newborns (per 1,000 births)
- Infant mortality rate (per 1,000 births)
- Percentage of children ages 3-5 insured by Medicaid who did not have a well-child visit this year
- Percentage of children under age 5 insured by Medicaid who did not have a preventive dental visit this year

39 of the 64 parishes in Louisiana (61%) were rated as High Risk on at least one of the Health Risk indicators.

SOCIAL & COMMUNITY CONTEXT

Three of the risk indicators measure a type of risk present in a child's social & community context:

- Maltreatment rate of children under age 5 (per 1,000 children)
- Rate of children under age 5 in foster care (per 1,000 children)
- Rate of youth ages 10-20 involved with the juvenile justice system (per 1,000 youth)

29 of the 64 parishes in Louisiana (45%) were rated as High Risk on at least one of the Social & Community Context indicators.

EDUCATION ACCESS & QUALITY

Four of the risk indicators measure a type of risk to a child's educational achievement:

- Percentage of children ages 0-2 from economically disadvantaged households who lack access to publicly funded child care
- Percentage of children age 3 from economically disadvantaged households who lack access to publicly funded child care
- Percentage of children not meeting literacy standards at public kindergarten entry
- Percentage of students in public school who enter public kindergarten ready to learn

45 of the 64 parishes in Louisiana (70%) were rated as High Risk on at least one of the Education indicators.

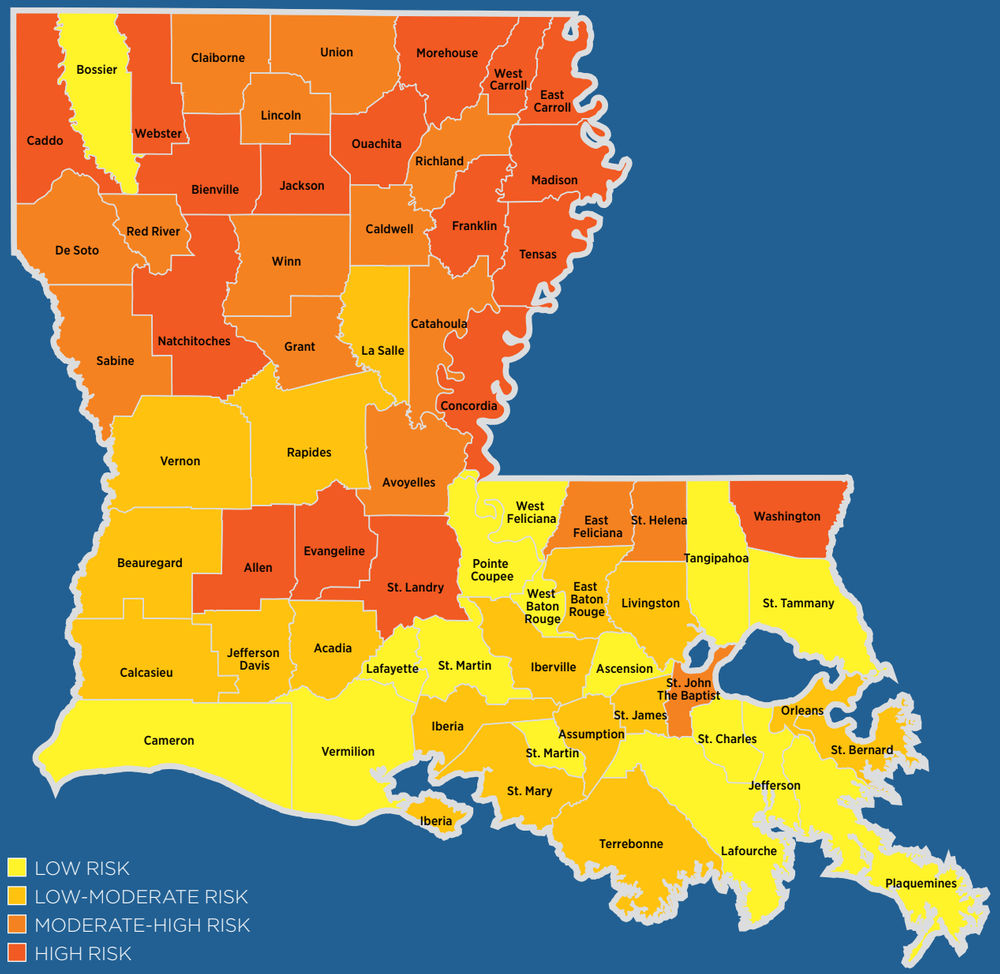
NEIGHBORHOOD & BUILT ENVIRONMENT

Four of the risk indicators measure a type of risk present in a child's neighborhood and built environment:

- Percentage of households with severe housing problems
- Healthy food environment index
- Percentage of households with internet access
- Percentage of population with access to exercise opportunities

43 of the 64 parishes in Louisiana (67%) were rated as High Risk on at least one of the Neighborhood and Built Environment indicators.

OVERALL RISK



	OVERALL	QUARTILE
St. Charles	1.60	1
Ascension	1.70	1
St. Tammany	1.71	1
West Baton Rouge	1.79	1
Lafayette	1.80	1
Cameron	1.82	1
Jefferson	1.84	1
West Feliciana	1.88	1
Bossier	1.95	1
Pointe Coupee	1.95	1
Plaquemines	2.00	1
Vermilion	2.00	1
Lafourche	2.10	1
St. Martin	2.14	1
Tangipahoa	2.14	1
Vernon	2.15	1
East Baton Rouge	2.21	2
Beauregard	2.24	2
Jefferson Davis	2.24	2
Terrebonne	2.24	2
Calcasieu	2.25	2
Acadia	2.30	2
St. James	2.30	2
St. Mary	2.33	2
Livingston	2.38	2
Assumption	2.40	2
Iberia	2.43	2
Iberville	2.43	2
Orleans	2.43	2
La Salle	2.44	2
St. Bernard	2.45	2
Rapides	2.47	2
Grant	2.50	3
St. John the Baptist	2.50	3
Lincoln	2.52	3
De Soto	2.53	3
Catahoula	2.55	3
East Feliciana	2.60	3
St. Helena	2.70	3
Avoyelles	2.75	3
Caldwell	2.75	3
Claiborne	2.78	3
Red River	2.78	3
Sabine	2.79	3
Richland	2.80	3
East Carroll	2.85	4
Union	2.85	4
Winn	2.85	4
Allen	2.86	4
Bienville	2.90	4
Caddo	2.90	4
Franklin	2.90	4
St. Landry	2.90	4
Washington	2.90	4
Natchitoches	2.95	4
Jackson	3.00	4
Madison	3.05	4
West Carroll	3.05	4
Ouachita	3.14	4
Concordia	3.24	4
Evangeline	3.26	4
Morehouse	3.30	4
Webster	3.30	4
Tensas	3.44	4

TABLE 3. *Young Children in Louisiana by Risk Level*

RISK GROUP	NUMBER OF PARISHES	PERCENT OF CHILDREN (0-5)
Low	16	37.3%
Low-Moderate	16	38.8%
Moderate-High	13	5.8%
High	19	18.0%

REACH

"Reach" refers to the level to which publicly-funded programs are reaching children and families across Louisiana. These programs are intended to mitigate many of the risks outlined in the first section of this report. Reach was determined by requesting parish level enrollment data from the Louisiana Department of Health and the Department of Education for eight key publicly funded early childhood programs and services. Similar to the risk indicators, reach indicators are sorted into ranked quartiles based on enrollment—the first quartile represents parishes with the highest percentage of eligible children and families enrolled in these programs. Reach information is overlaid onto the map of Overall Risk in order to demonstrate the reach of these programs relative to the need (risk) of each parish.

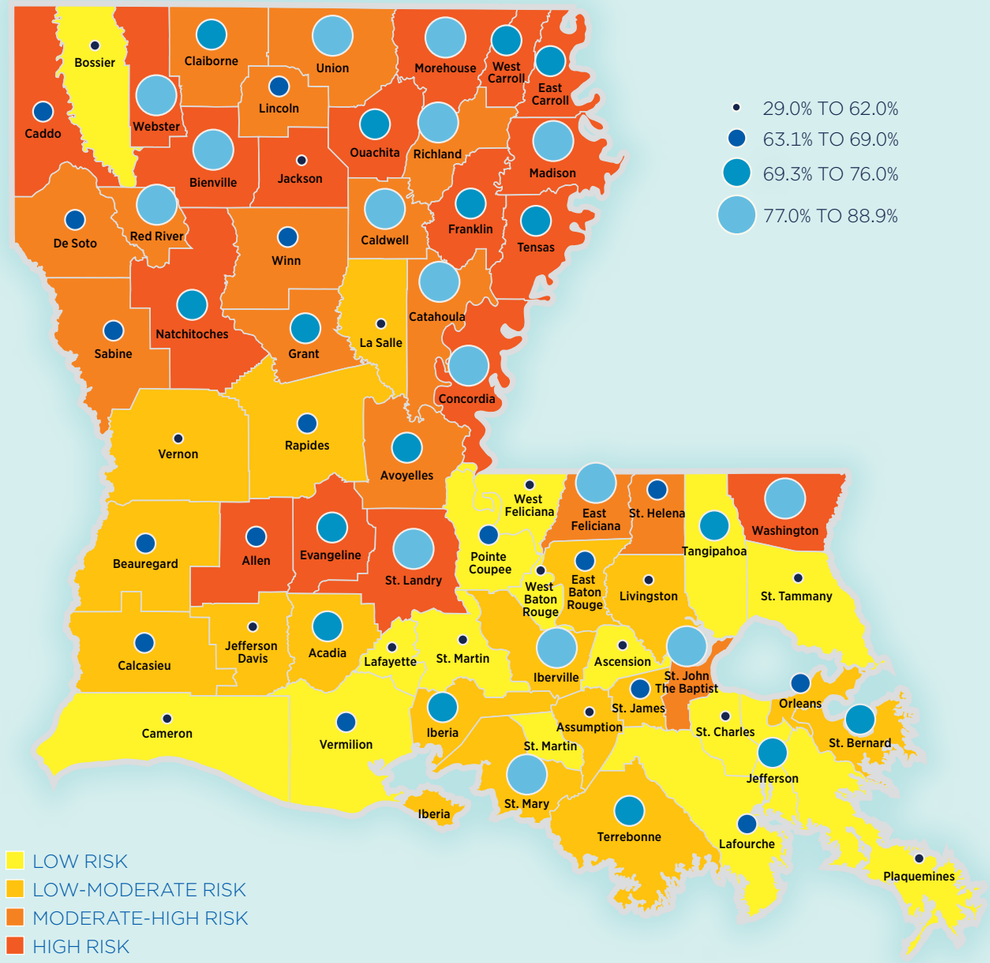
Two health programs are included in this report that were not included in the 2016 report: children under age 5 enrolled in Medicaid, and eligible parents and children under age 5 enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Education reach is also presented differently in this report compared to 2016. Rather than showing the reach of specific funding streams for publicly funded pre-kindergarten (Title I, NSECD, 8(G), LA 4), overall access to high quality, publicly funded child care for children ages 0-3 from economically disadvantaged households is included, as well as pre-k for children age 4 from economically disadvantaged households. This change was made to show a more complete picture of access to publicly funded early learning opportunities, and to highlight the differences in access between different age groups.

REACH INDICATORS OF PUBLICLY FUNDED PROGRAMS SERVING CHILDREN AGES 0-5:

- Children Under Age 5 Insured by Medicaid (May 2020)
- Special Supplemental Nutrition Program for Women, Infants, & Children (WIC; May 2019)
- IDEA Part C Early Intervention: EarlySteps (November 2019)
- Maternal, Infant, and Early Childhood Home Visiting (MIECHV; Fiscal Year 2019)
- Early Head Start (Fall 2018)
- Head Start (Fall 2018)
- Eligible Children Ages 0-3 Enrolled in High Quality, Publicly Funded Early Care and Education (Fall 2019)
- Eligible Children Age 4 Enrolled in High Quality, Publicly Funded Early Care and Education (Fall 2019)

REACH:

CHILDREN UNDER AGE 5 INSURED BY MEDICAID



	%	QUARTILE
Catahoula	88.9%	1
Madison	85.6%	1
Red River	84.9%	1
Bienville	84.9%	1
Richland	84.3%	1
Concordia	83.7%	1
Iberville	81.8%	1
Morehouse	79.8%	1
Caldwell	79.5%	1
Washington	79.1%	1
St. Mary	77.9%	1
St. Landry	77.7%	1
St. John the Baptist	77.7%	1
Webster	77.4%	1
Union	77.3%	1
East Feliciana	77.0%	1
Franklin	76.0%	2
Avoyelles	74.8%	2
West Carroll	74.6%	2
Tangipahoa	74.0%	2
Iberia	72.5%	2
Tensas	72.4%	2
Ouachita	71.8%	2
Evangeline	71.1%	2
St. Bernard	71.1%	2
Grant	70.5%	2
Natchitoches	70.4%	2
Terrebonne	70.4%	2
East Carroll	69.9%	2
Claiborne	69.6%	2
Jefferson	69.5%	2
Acadia	69.3%	2
Rapides	69.0%	3
Caddo	68.7%	3
St. James	68.4%	3
Allen	68.1%	3
Orleans	66.5%	3
Winn	66.3%	3
Sabine	66.3%	3
Calcasieu	66.1%	3
St. Helena	65.9%	3
Lincoln	65.8%	3
East Baton Rouge	65.8%	3
Louisiana	**65.1%**	
Vermilion	64.7%	3
De Soto	64.3%	3
Beauregard	64.1%	3
Pointe Coupee	63.6%	3
Lafourche	63.1%	3
St. Martin	62.0%	4
Jefferson Davis	61.2%	4
Assumption	59.6%	4
La Salle	56.0%	4
Livingston	55.9%	4
Jackson	55.1%	4
West Baton Rouge	55.0%	4
Lafayette	54.8%	4
West Feliciana	52.9%	4
Bossier	50.9%	4
St. Charles	50.7%	4
St. Tammany	49.3%	4
Plaquemines	48.0%	4
Ascension	46.7%	4
Vernon	41.5%	4
Cameron	29.0%	4

CHILDREN UNDER AGE 5 INSURED BY MEDICAID (MAY 2020)

Medicaid provides medical benefits to low-income individuals and families. In Louisiana, over a million residents receive healthcare coverage through Medicaid, most of whom are children under age 19.[166] Louisiana Medicaid contracts with private Managed Care Organizations to deliver Medicaid services to the majority of its enrollees. Children and pregnant women may be eligible for Medicaid coverage through programs such as the Louisiana Children's Health Insurance Program (LaCHIP) and LaMOMS.

Medicaid covers preventive, well-child care as well as specialty care for children's physical and mental health concerns.[167] During a child's first 5 years of well-child visits, pediatric providers should administer vaccinations, conduct physical health checks, and screen for general and social-emotional development and autism. Caregivers are screened for depression at well-child visits during the first 6 months of a child's life due to the potential negative effects of untreated caregiver mental illness on child development. Pediatric primary care serves as a crucial source of referrals and care coordination for children and families with special health and developmental needs.

Medicaid covers 65.1% of children under age 5 in Louisiana, making it the largest source of healthcare funding by far for this population. Medicaid enrollment ranges from 29% in Cameron Parish to 88.9% in Catahoula Parish. The COVID-19 pandemic has presented additional barriers to care delivery in Louisiana, leading to delayed or missed immunizations, well-child visits, and health screenings.[168] Additional services and screenings for children and youth with special healthcare needs and for pregnant and postpartum parents have also been delayed or absent.

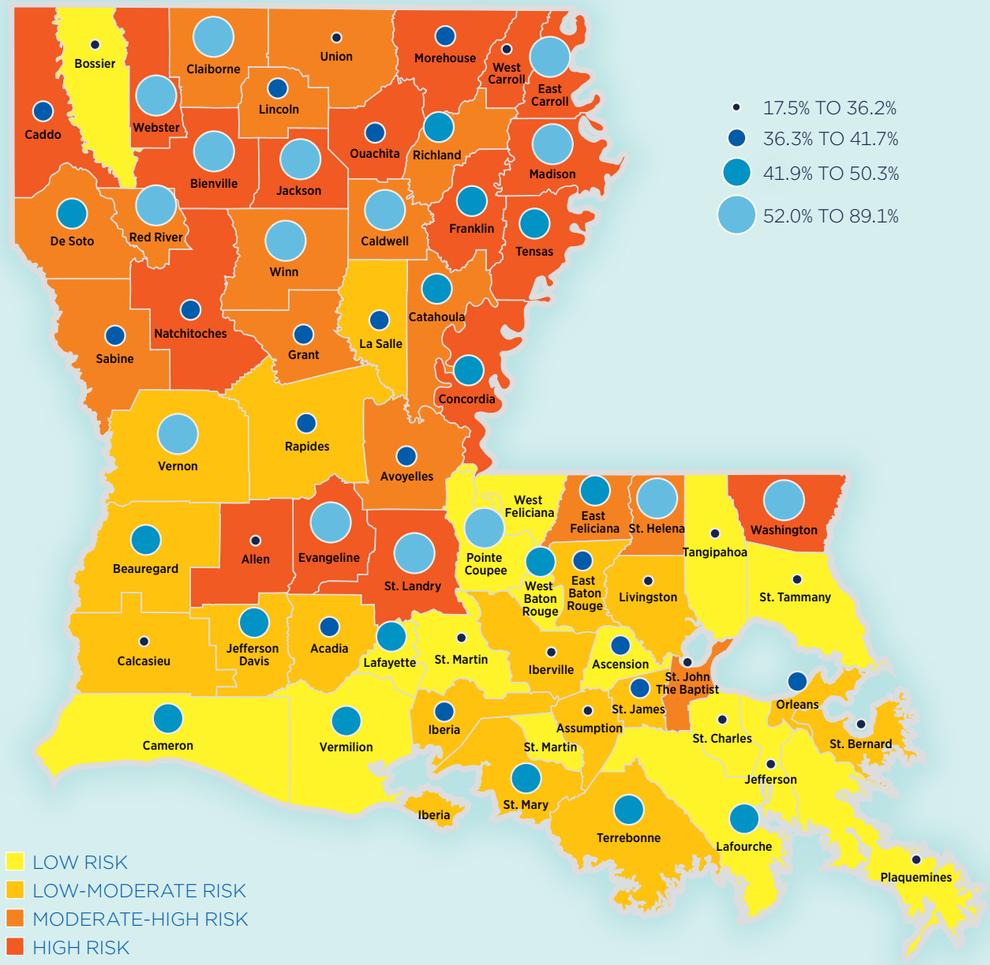
[166] Louisiana Department of Health. (2020). *About Medicaid.* Retrieved from: https://ldh.la.gov/index.cfm/page/220

[167] Louisiana Department of Health. (2020). *Medicaid: For children and families.* Retrieved from: https://ldh.la.gov/index.cfm/page/221

[168] Louisiana Chapter: American Academy of Pediatrics. (2020). *COVID-19 Practice needs assessment survey: Executive summary.* Retrieved from: https://www.laaap.org/wp-content/uploads/2020/05/Summary-COVID-19-PracticeAssessmentSurvey-.pdf

REACH:

PARENTS AND CHILDREN UNDER AGE 5 ENROLLED IN WIC



	%	QUARTILE
St. Helena	89.1%	1
Red River	89.1%	1
Madison	69.7%	1
East Carroll	68.9%	1
Pointe Coupee	63.5%	1
Jackson	60.0%	1
Claiborne	59.3%	1
Washington	58.6%	1
Caldwell	55.9%	1
Evangeline	55.0%	1
Webster	54.5%	1
Bienville	54.4%	1
Winn	54.3%	1
Vernon	54.2%	1
St. Landry	52.0%	1
West Baton Rouge	50.3%	2
St. Mary	49.9%	2
East Feliciana	49.6%	2
Concordia	48.8%	2
Richland	48.6%	2
Tensas	48.5%	2
Lafayette	47.3%	2
Vermilion	46.3%	2
De Soto	45.6%	2
Catahoula	45.4%	2
Cameron	45.2%	2
Terrebonne	45.2%	2
Jefferson Davis	42.8%	2
Beauregard	42.7%	2
Lafourche	42.2%	2
Franklin	41.9%	2
Acadia	41.7%	3
Iberia	41.2%	3
Natchitoches	39.9%	3
Ascension	39.7%	3
Orleans	39.6%	3
Louisiana	39.1%	
Sabine	38.6%	3
Avoyelles	38.6%	3
East Baton Rouge	38.5%	3
Caddo	38.4%	3
Morehouse	38.2%	3
St. James	37.7%	3
Rapides	37.6%	3
La Salle	37.3%	3
Grant	37.3%	3
Ouachita	36.5%	3
Lincoln	36.3%	3
St. Charles	36.2%	4
Jefferson	35.4%	4
St. John the Baptist	35.3%	4
Allen	34.4%	4
Union	33.2%	4
Bossier	32.5%	4
Tangipahoa	31.8%	4
West Carroll	31.4%	4
Assumption	31.2%	4
Iberville	30.5%	4
Calcasieu	29.6%	4
St. Tammany	29.6%	4
St. Bernard	28.3%	4
St. Martin	27.8%	4
Livingston	27.3%	4
Plaquemines	17.5%	4
West Feliciana	•	

• There is no WIC office in West Feliciana parish

ELIGIBLE PARENTS AND CHILDREN UNDER AGE 5 ENROLLED IN WIC (MAY 2019)

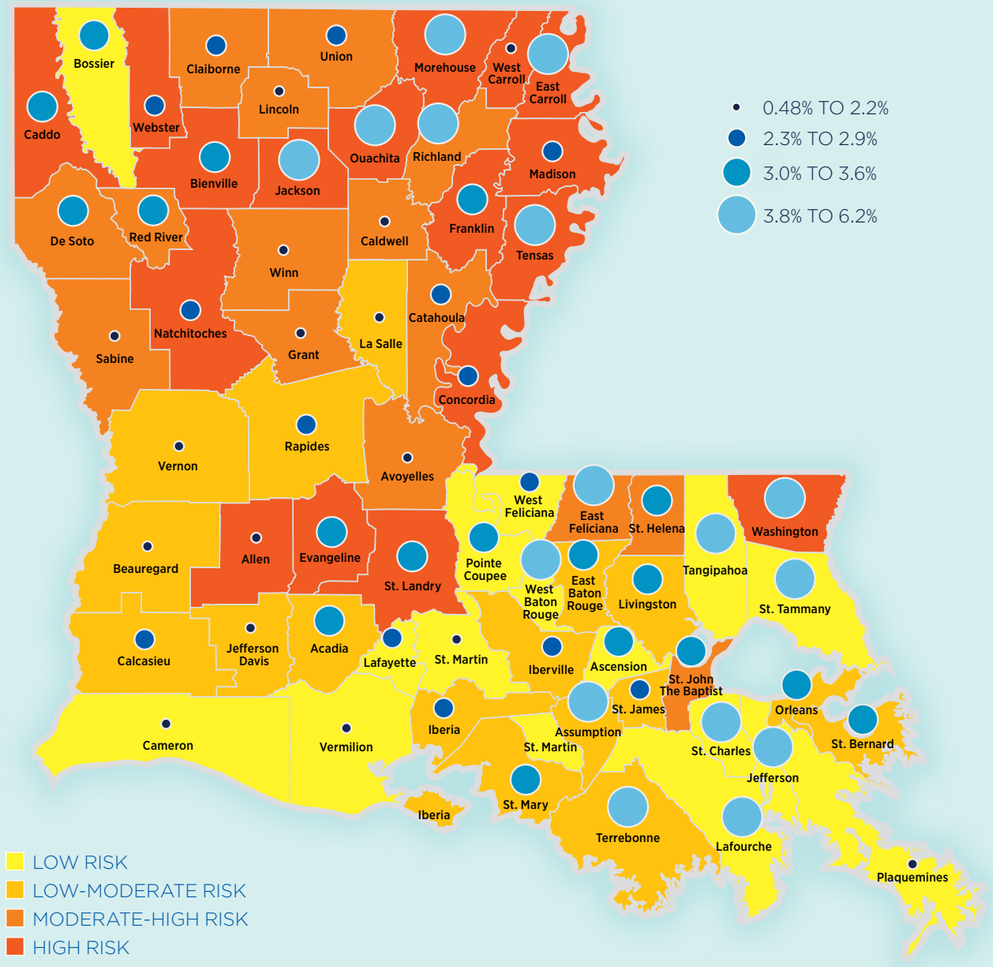
The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides supplemental foods, healthcare referrals, breastfeeding support, and nutrition education to low-income pregnant and postpartum parents, and to infants and children up to age 5 who are found to be at nutritional risk. Parents and caregivers of eligible children can enroll their children into the WIC Program and receive benefits on their behalf. The Louisiana WIC Program plays a critical role in addressing food insecurity. Louisiana WIC also administers the WIC Breastfeeding Peer Counselor Program (BFPC) through a separate federal grant. The BFPC Program provides support beyond current clinical operations and services to WIC participants by making peer-counseling services available to breastfeeding clients outside the WIC clinic environment and beyond usual clinic hours of operation. Families served by WIC show improved nutrition, cognitive development, and higher academic achievement compared to eligible families that are not enrolled in WIC.[169]

Across Louisiana, WIC serves 39.1% of parents and children who are eligible for the program. There is substantial variation in the eligible population served, from only 29.6% in St. Tammany Parish to 89.1% in both Red River and St. Helena Parishes. West Feliciana is the only parish in Louisiana without a WIC office. During the COVID-19 pandemic, Louisiana WIC has experienced a decline in overall participation.

[169] Carlson, S., & Neuberger, Z. (2017). *WIC works: Addressing the nutrition and health needs of low-income families for 40 years.* Washington, DC: Center on Budget and Policy Priorities.

REACH:

CHILDREN UNDER AGE 3 ENROLLED IN EARLYSTEPS



	%	QUARTILE
East Carroll	6.2%	1
Morehouse	5.3%	1
Terrebonne	5.2%	1
Lafourche	4.8%	1
St. Tammany	4.7%	1
Tensas	4.6%	1
Washington	4.6%	1
St. Charles	4.2%	1
East Feliciana	4.0%	1
Richland	4.0%	1
Tangipahoa	4.0%	1
Assumption	3.9%	1
Ouachita	3.9%	1
Jackson	3.8%	1
Jefferson	3.8%	1
West Baton Rouge	3.8%	1
Orleans	3.6%	2
Livingston	3.5%	2
St. Bernard	3.5%	2
Ascension	3.4%	2
Pointe Coupee	3.4%	2
St. John the Baptist	3.4%	2
St. Mary	3.4%	2
Louisiana	3.3%	
Evangeline	3.3%	2
Bossier	3.2%	2
Caddo	3.2%	2
De Soto	3.2%	2
East Baton Rouge	3.2%	2
Red River	3.2%	2
Acadia	3.1%	2
Bienville	3.0%	2
Franklin	3.0%	2
St. Helena	3.0%	2
St. Landry	3.0%	2
Claiborne	2.9%	3
Webster	2.9%	3
Catahoula	2.8%	3
St. James	2.8%	3
Concordia	2.6%	3
Madison	2.6%	3
Natchitoches	2.6%	3
Iberia	2.5%	3
Iberville	2.5%	3
Union	2.5%	3
Lafayette	2.4%	3
Calcasieu	2.3%	3
Rapides	2.3%	3
West Feliciana	2.3%	3
Lincoln	2.2%	4
Vermilion	2.1%	4
Jefferson Davis	2.0%	4
Plaquemines	2.0%	4
Avoyelles	1.9%	4
Caldwell	1.8%	4
St. Martin	1.7%	4
Grant	1.6%	4
West Carroll	1.5%	4
Winn	1.4%	4
La Salle	1.3%	4
Sabine	1.3%	4
Allen	1.1%	4
Beauregard	1.0%	4
Vernon	1.0%	4
Cameron	0.4%	4

CHILDREN UNDER AGE 3 ENROLLED IN EARLYSTEPS (NOVEMBER 2019)

The Individuals with Disabilities Education Act (IDEA) Part C Early Intervention Program—administered in Louisiana as EarlySteps—provides services to families with infants and toddlers under age 3 who have developmental delays or diagnosed conditions that are likely to result in developmental delays. EarlySteps is required under IDEA to provide services to any child that meets the developmental or medical eligibility criteria, regardless of income. Services include family support coordination, occupational therapy, physical therapy, speech/language therapy, psychology, and audiology, among others. For decades, research has proven that high-quality early intervention services are extremely effective at improving cognitive, language, and social-emotional development, as well as overall health in children.[170] Further, investments in early intervention programs reduce the economic burden associated with the cost of special education services by minimizing the need for such services.[171-173]

Across Louisiana, EarlySteps serves 3.3% of infants and toddlers before their third birthday. EarlySteps is offered in every Louisiana parish, with program reach ranging 0.4% of children served in Cameron Parish to 6.2% in East Carroll Parish. In 16 parishes, EarlySteps serves at least 3.7% of the child population, thereby meeting or exceeding the national average (3.5%) of children served in early intervention.[174]

The number of referrals to and children served by EarlySteps has increased by 21% since 2015.[175] Even with more restrictive eligibility criteria implemented in 2013 as a cost control measure, EarlySteps is now serving more children than ever before, suggesting that there may be a broader population of children who would benefit from EarlySteps who do not meet the more restrictive eligibility criteria. The COVID-19 pandemic and the ensuing partial or full closure of pediatricians' offices and child care centers resulted in a decrease in referrals from March to June of 2020. Since June, the referral rate and total number of children served have increased, but have not returned to the levels attained prior to March 2020. In order to continue serving families in the COVID-19 pandemic, EarlySteps transitioned first to a fully virtual model of service delivery, then later to a hybrid service delivery model, with a blend of virtual and in-person services, in cases where this was safe and requested by families.

[170] Hebbeler, K., Spiker, D., Bailey, D., Scarborough, A., Mallik, S., Simeonsson, R., & Nelson, L. (2007). Early intervention for infants and toddlers with disabilities and their families: Participants, services, and outcomes. *Menlo Park, CA: SRI International*.

[171] American Speech-Language-Hearing Association. (2008). Roles and responsibilities of speech-language pathologists in early intervention: Technical report.

[172] Landa, R. J., Holman, K. C., O'Neill, A. H., & Stuart, E. A. (2011). Intervention targeting development of socially synchronous engagement in toddlers with autism spectrum disorder: A randomized controlled trial. *Journal of Child Psychology and Psychiatry, 52*(1), 13-21.

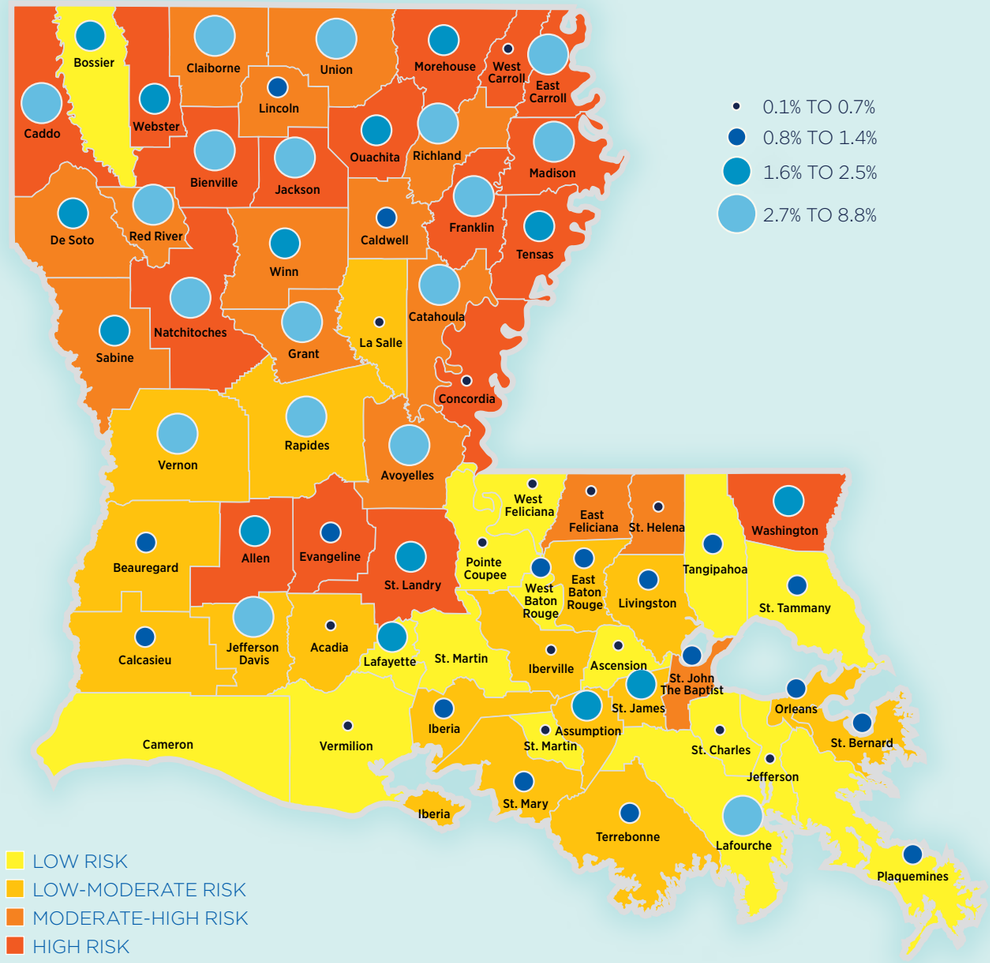
[173] Harvard Center on the Developing Child (2010). *The Foundations of Lifelong Health Are Built in Early Childhood.* Retrieved from www.developingchild.harvard.edu.

[174] Early Childhood Technical Assistance Center (2020). *Part C Infant and Toddler Program Federal Appropriations and National Child Count 1987-2019.* Retrieved from: https://ectacenter.org/partc/partcdata.asp#appropriations

[175] Louisiana Department of Health, Office for Citizens with Developmental Disabilities, EarlySteps. 2019.

REACH:

CHILDREN SERVED BY MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING (LA MIECHV)



	%	QUARTILE
Jefferson Davis	8.8%	1
Lafourche	4.2%	1
Bienville	4.1%	1
Richland	3.8%	1
Natchitoches	3.7%	1
Franklin	3.6%	1
Claiborne	3.4%	1
Madison	3.4%	1
East Carroll	3.2%	1
Red River	3.2%	1
Grant	3.1%	1
Caddo	3.0%	1
Vernon	3.0%	1
Avoyelles	2.8%	1
Jackson	2.7%	1
Rapides	2.7%	1
Catahoula	2.7%	1
Union	2.7%	1
Winn	2.5%	2
Webster	2.5%	2
De Soto	2.4%	2
Ouachita	2.3%	2
Bossier	2.3%	2
St. James	2.2%	2
Assumption	2.1%	2
Sabine	2.1%	2
Allen	1.7%	2
St. Landry	1.7%	2
Morehouse	1.6%	2
Washington	1.6%	2
Tensas	1.6%	2
Lafayette	1.6%	2
Louisiana	**1.4%**	
Evangeline	1.4%	3
St. Tammany	1.4%	3
Livingston	1.4%	3
Tangipahoa	1.3%	3
Beauregard	1.3%	3
Iberia	1.3%	3
Caldwell	1.2%	3
St. Bernard	1.2%	3
St. Mary	1.2%	3
St. John the Baptist	1.2%	3
West Baton Rouge	1.1%	3
Calcasieu	1.1%	3
Orleans	1.0%	3
East Baton Rouge	0.9%	3
Terrebonne	0.8%	3
Plaquemines	0.8%	3
Lincoln	0.8%	3
La Salle	0.7%	4
St. Martin	0.7%	4
Pointe Coupee	0.7%	4
Concordia	0.7%	4
West Carroll	0.6%	4
Acadia	0.6%	4
Ascension	0.6%	4
Vermilion	0.6%	4
St. Helena	0.5%	4
Iberville	0.5%	4
West Feliciana	0.3%	1
St. Charles	0.3%	4
East Feliciana	0.3%	4
Jefferson	0.1%	4
Cameron	•	

• in FY 2019, there was no home visitor serving Cameron parish.

ELIGIBLE CHILDREN SERVED BY MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING (MIECHV; FY 2019)

The Louisiana Maternal, Infant, and Early Childhood Home Visiting (LA MIECHV) family support and coaching program is a part of the Louisiana Department of Health's Bureau of Family Health. LA MIECHV is a free, voluntary program that implements two evidence-based home visiting models, Nurse-Family Partnership (NFP) and Parents as Teachers (PAT). The program provides support to pregnant and parenting families with young children in all 64 parishes, though specific eligibility requirements vary by model. To qualify for either model, families must be eligible for Medicaid, WIC, SNAP, Temporary Assistance to Needy Families (TANF), or Supplemental Security Income (SSI) at the time of enrollment. Nurses implementing NFP provide services and supports to first-time parents and families starting in early pregnancy until the child's second birthday. Parent educators implementing PAT provide services and supports to expectant or parenting families from pregnancy until the child enters kindergarten. Services provided to participating families include health education and coaching; support in building positive parenting skills and caregiving confidence; help setting and reaching personal goals (such as returning to school or work); and connection and referrals to services and community resources. Key program outcomes include improved economic self-sufficiency, early identification of developmental delays, improved child health and development, improved school readiness, and decreased rates of child maltreatment.[176-183]

Across the state, LA MIECHV serves 1.4% of eligible children. Program reach ranges from 0.9% of all eligible children in East Baton Rouge Parish to 8.8% in Jefferson Davis. In order to continue serving families during the COVID-19 pandemic, LA MIECHV shifted service delivery entirely to telehealth. Support is primarily provided over the phone due to limited data plans and/or lack of technology required to participate in virtual visits via video chat platforms such as FaceTime or Zoom. This limits nurses' and parent educators' ability to assess family-child interactions and child behaviors, and to complete required developmental and mental health screenings. While LA MIECHV has continued to conduct outreach to families and community partners across the state to enroll clients and families, the program has experienced a marked decrease in referrals as a result of the COVID-19 pandemic.

[176] Olds, D. L., Eckenrode, J., Henderson, C. R., Kitzman, H., Powers, J., Cole, R., ... & Luckey, D. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect: Fifteen-year follow-up of a randomized trial. *Jama, 278*(8), 637-643.

[177] Olds, D. L., Henderson, C. R., Chamberlin, R., & Tatelbaum, R. (1986). Preventing child abuse and neglect: a randomized trial of nurse home visitation. *Pediatrics, 78*(1), 65-78.

[178] Olds, D. L., Robinson, J., O'Brien, R., Luckey, D. W., Pettitt, L. M., Henderson, C. R., ... & Talmi, A. (2002). Home visiting by paraprofessionals and by nurses: a randomized, controlled trial. *Pediatrics, 110*(3), 486-496.

[179] Olds, D. L., Kitzman, H., Cole, R., Robinson, J., Sidora, K., Luckey, D. W., ... & Holmberg, J. (2004). Effects of nurse home-visiting on maternal life course and child development: age 6 follow-up results of a randomized trial. *Pediatrics, 114*(6), 1550-1559.

[180] Olds, D. L., Henderson, C. R., Tatelbaum, R., & Chamberlin, R. (1986). Improving the delivery of prenatal care and outcomes of pregnancy: a randomized trial of nurse home visitation. *Pediatrics, 77*(1), 16-28.

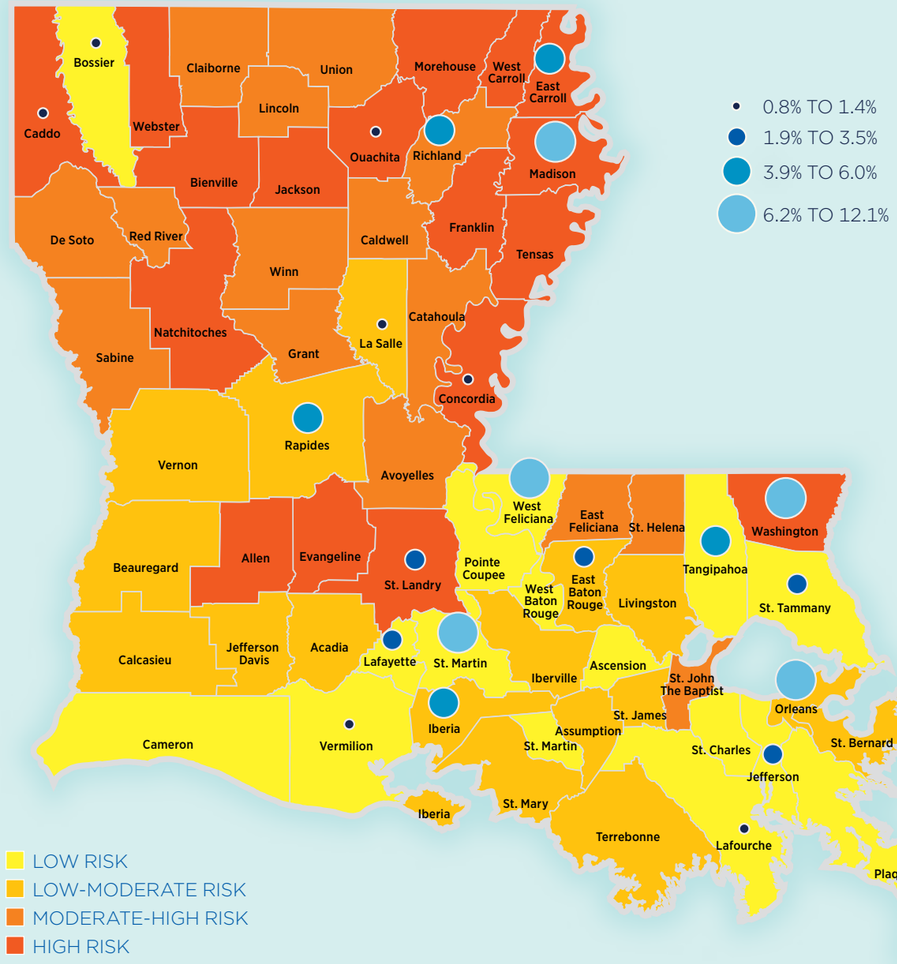
[181] Chaiyachati, B. H., Gaither, J. R., Hughes, M., Foley-Schain, K., & Leventhal, J. M. (2018). Preventing child maltreatment: Examination of an established statewide home-visiting program. *Child abuse & neglect, 79*, 476-484.

[182] Drotar, D., Robinson, J., Jeavons, L., & Lester Kirchner, H. (2009). A randomized, controlled evaluation of early intervention: the Born to Learn curriculum. *Child: care, health and development, 35*(5), 643-649.

[183] Lahti, M., Evans, C. B., Goodman, G., Schmidt, M. C., & LeCroy, C. W. (2019). Parents as Teachers (PAT) home-visiting intervention: A path to improved academic outcomes, school behavior, and parenting skills. *Children and Youth Services Review, 99*, 451-460.

REACH:

CHILDREN AGES 0-2 ENROLLED IN EARLY HEAD START



	%	QUARTILE
West Feliciana	12.1%	1
Orleans	9.9%	1
St. Martin	6.5%	1
Madison	6.3%	1
Washington	6.2%	1
East Carroll	6.0%	2
Iberia	5.9%	2
Tangipahoa	4.3%	2
Rapides	4.0%	2
Richland	3.9%	2
St. Landry	3.5%	3
Jefferson	2.4%	3
Lafayette	2.4%	3
Louisiana	2.1%	
East Baton Rouge	2.0%	3
St. Tammany	1.9%	3
Ouachita	1.4%	4
La Salle	1.4%	4
Lafourche	1.4%	4
Caddo	1.3%	4
Concordia	1.2%	4
Bossier	0.9%	4
Vermilion	0.8%	4
Acadia	•	
Allen	•	
Ascension	•	
Assumption	•	
Avoyelles	•	
Beauregard	•	
Bienville	•	
Calcasieu	•	
Caldwell	•	
Cameron	•	
Catahoula	•	
Claiborne	•	
De Soto	•	
East Feliciana	•	
Evangeline	•	
Franklin	•	
Grant	•	
Iberville	•	
Jackson	•	
Jefferson Davis	•	
Lincoln	•	
Livingston	•	
Morehouse	•	
Natchitoches	•	
Plaquemines	•	
Pointe Coupee	•	
Red River	•	
Sabine	•	
St. Bernard	•	
St. Charles	•	
St. Helena	•	
St. James	•	
St. John the Baptist	•	
St. Mary	•	
Tensas	•	
Terrebonne	•	
Union	•	
Vernon	•	
Webster	•	
West Baton Rouge	•	
West Carroll	•	
Winn	•	

• These 41 parishes do not have Early Head Start programs.

ELIGIBLE CHILDREN AGES 0-2 ENROLLED IN EARLY HEAD START (FALL 2018)

Early Head Start programs serve pregnant parents and infants and toddlers under the age of 3. These programs provide intensive comprehensive child development and family support services to pregnant parents, infants, and toddlers from low-income households. Services are designed to meet the full range of a family's needs, from pregnancy through age 2. Early Head Start has been associated with improved cognitive, language, and social-emotional development, as well as improved parent-child interactions, and parent engagement with their child's development.[184] Evidence also suggests that participation in Early Head Start reduces aggressive behaviors in children.[185] Eligibility for Early Head Start is most frequently based on family income (most families must be at or below 100% of the federal poverty level). 10% of program funds serve children with special needs or who are eligible for special education services, regardless of income. Funds are granted to public and private agencies by the federal Office of Head Start, rather than the state.

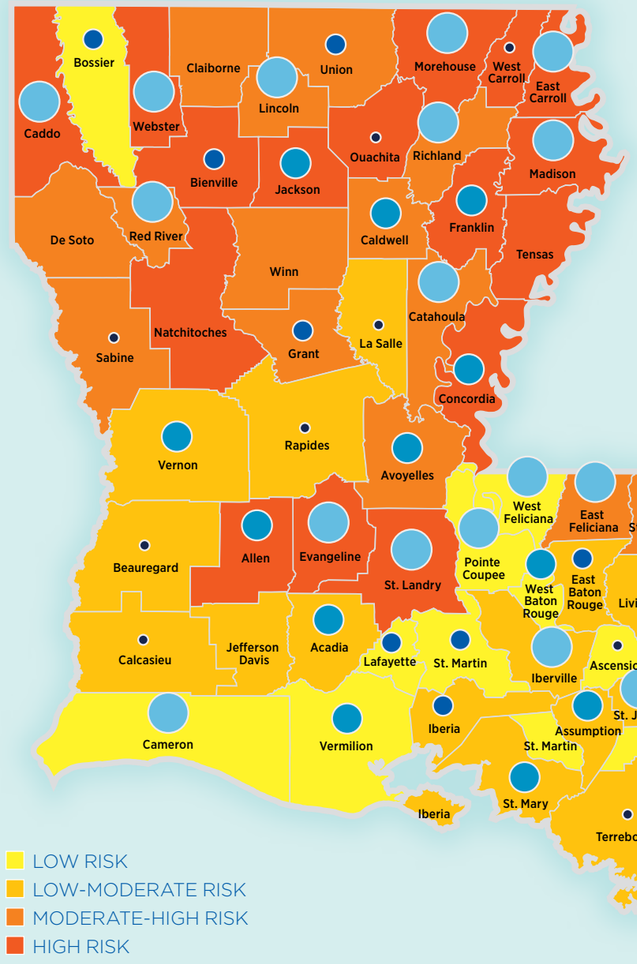
Early Head Start is only available in 23 parishes across Louisiana, 2.1% of eligible children ages 0-2 are enrolled. Among the parishes with Early Head Start programs, enrollment ranges from 0.8% of infants and toddlers from economically disadvantaged households in Vermilion Parish to 12.1% in West Feliciana.

[184] Love, J. M., Kisker, E. E., Ross, C., Raikes, H., Constantine, J., Boller, K., ... & Fuligni, A. S. (2005). The effectiveness of early head start for 3-year-old children and their parents: lessons for policy and programs. *Developmental psychology*, *41*(6), 885.

[185] Vogel, C., Brooks-Gunn, J., Martin, A., & Klute, M. M. (2013). III. Impacts of Early Head Start participation on child and parent outcomes at ages 2, 3, and 5. *Monographs of the Society for Research in Child Development*, *78*(1), 36-63.

REACH:

CHILDREN AGES 3-4 ENROLLED IN HEAD START



	%	QUARTILE
East Feliciana	0.7%	1
East Carroll	0.6%	1
Madison	0.6%	1
Morehouse	0.5%	1
Pointe Coupee	0.5%	1
Iberville	0.5%	1
Lincoln	0.4%	1
Catahoula	0.4%	1
Cameron	0.4%	1
Webster	0.4%	1
St. James	0.4%	1
West Feliciana	0.4%	1
Richland	0.4%	1
Evangeline	0.4%	1
Caddo	0.4%	1
Red River	0.4%	1
St. Landry	0.4%	1
Franklin	0.3%	2
Vernon	0.3%	2
Caldwell	0.3%	2
Acadia	0.3%	2
West Baton Rouge	0.3%	2
Avoyelles	0.3%	2
St. Mary	0.3%	2
Vermilion	0.3%	2
St. Charles	0.3%	2
Jackson	0.3%	2
Assumption	0.3%	2
Orleans	0.3%	2
Concordia	0.3%	2
Allen	0.3%	2
St. John the Baptist	0.2%	3
Lafayette	0.2%	3
East Baton Rouge	0.2%	3
Bossier	0.2%	3
Louisiana	0.2%	
Bienville	0.2%	3
Plaquemines	0.2%	3
Union	0.2%	3
St. Martin	0.2%	3
Washington	0.2%	3
Iberia	0.2%	3
Grant	0.2%	3
Tangipahoa	0.2%	3
West Carroll	0.1%	4
Rapides	0.1%	4
St. Bernard	0.1%	4
Ouachita	0.1%	4
Sabine	0.1%	4
Ascension	0.1%	4
Beauregard	0.1%	4
St. Tammany	0.1%	4
Calcasieu	0.1%	4
Jefferson	0.1%	4
La Salle	0.1%	4
Lafourche	0.1%	4
Terrebonne	0.1%	4
Livingston	0.1%	4
Claiborne	•	
De Soto	•	
Jefferson Davis	•	
Natchitoches	•	
St. Helena	•	
Tensas	•	
Winn	•	

• These 6 parishes do not have Head Start programs.

ELIGIBLE CHILDREN AGES 3-4 ENROLLED IN HEAD START (FALL 2018)

Head Start (HS) programs provide free, comprehensive early learning services to children ages 3-4. These programs support children's growth in a positive learning environment through a variety of services designed to support the child's health, early learning, and development, as well as family well-being. Participation in Head Start is associated with better cognitive, language, and social-emotional development, as well as increased overall health and kindergarten readiness, improved educational attainment and reduced criminal activity later in life.[186-188] Eligibility for Head Start is most frequently based on family income (most families must be at or below 100% of the federal poverty level). 10% of program funds serve children with special needs or who are eligible for special education services, regardless of income. Funds are granted to public and private agencies by the federal Office of Head Start rather than the state.

Head Start is available in 58 parishes—across Louisiana, 0.2% of eligible 3- and 4-year-old children are enrolled. Among the parishes with Head Start programs, enrollment ranges from 0.1% of eligible children in 14 different parishes to 0.7% in East Feliciana.

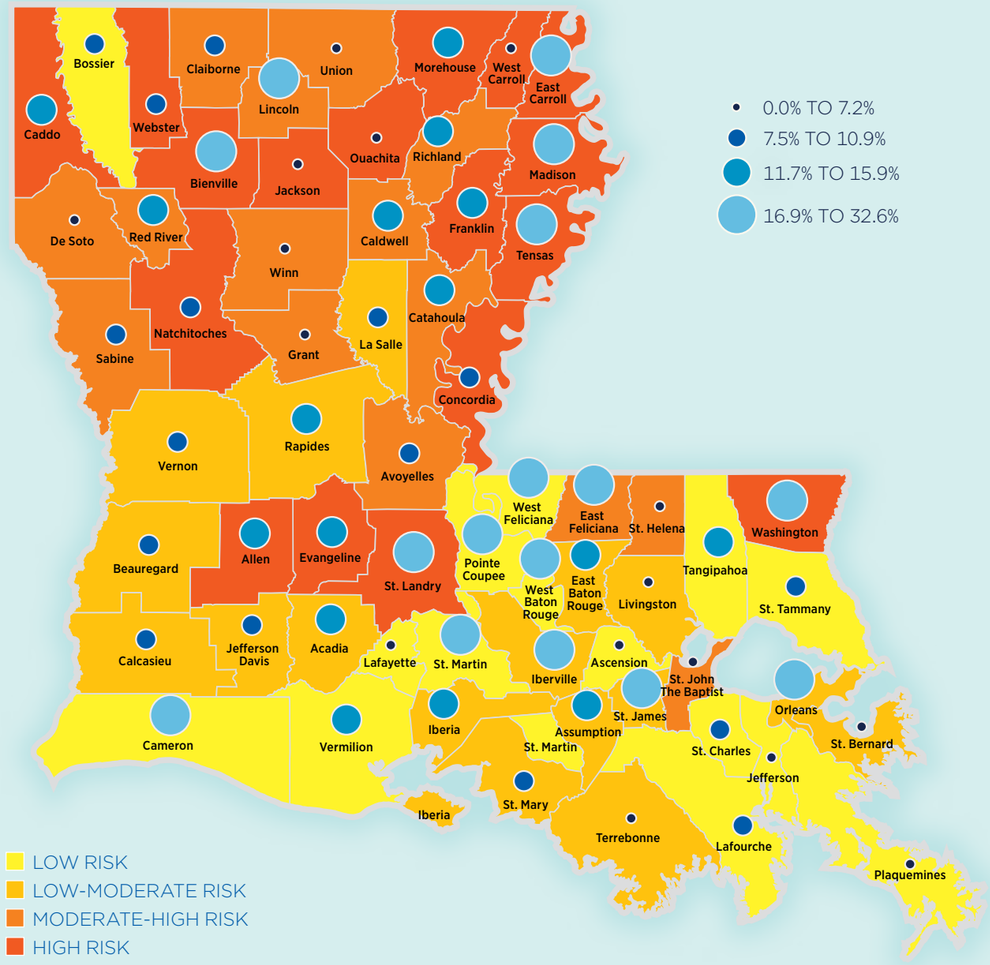
[186] Lee, R., Zhai, F., Han, W. J., Brooks-Gunn, J., & Waldfogel, J. (2013). Head Start and children's nutrition, weight, and healthcare receipt. *Early childhood research quarterly, 28*(4), 723-733.

[187] Bauer, L., & Schanzenbach, D. W. (2016). The long-term impact of the Head Start program. *The Hamilton Project*.

[188] Garces, E., Thomas, D., & Currie, J. (2002). Longer-term effects of Head Start. *American economic review, 92*(4), 999-1012.

REACH:

CHILDREN AGES 0-3 ENROLLED IN HIGH QUALITY, PUBLICLY FUNDED EARLY CARE AND EDUCATION



	%	QUARTILE
Pointe Coupee	32.6%	1
Madison	30.0%	1
West Feliciana	25.8%	1
St. James	20.8%	1
St. Martin	20.6%	1
Tensas	19.9%	1
Orleans	19.0%	1
East Feliciana	19.0%	1
Iberville	18.9%	1
St. Landry	18.5%	1
Cameron	18.4%	1
Bienville	18.1%	1
East Carroll	17.7%	1
Lincoln	17.2%	1
West Baton Rouge	16.9%	1
Washington	16.9%	1
Red River	15.9%	2
Morehouse	15.9%	2
Vermilion	15.4%	2
Franklin	15.2%	2
Iberia	15.0%	2
Caddo	14.9%	2
Richland	14.5%	2
Assumption	14.4%	2
Caldwell	14.4%	2
Allen	13.6%	2
Tangipahoa	13.5%	2
Catahoula	12.5%	2
East Baton Rouge	12.2%	2
Evangeline	12.0%	2
Rapides	12.0%	2
Acadia	11.7%	2
Louisiana	11.0%	
Webster	10.9%	3
Claiborne	10.8%	3
St. Mary	10.6%	3
La Salle	10.3%	3
St. Tammany	9.7%	3
Lafourche	9.6%	3
Jefferson Davis	9.3%	3
Natchitoches	9.2%	3
Bossier	9.0%	3
Concordia	8.7%	3
Vernon	8.6%	3
Sabine	8.6%	3
St. Charles	8.5%	3
Calcasieu	8.3%	3
Beauregard	7.5%	3
Avoyelles	7.5%	3
Jefferson	7.2%	4
Terrebonne	5.7%	4
Lafayette	5.5%	4
Ouachita	5.5%	4
St. John the Baptist	4.8%	4
St. Bernard	4.5%	4
Union	4.1%	4
Grant	4.0%	4
Ascension	3.9%	4
Plaquemines	3.9%	4
West Carroll	3.7%	4
Livingston	3.7%	4
De Soto	2.3%	4
Winn	1.8%	4
St. Helena	1.2%	4
Jackson	0.0%	4

ELIGIBLE CHILDREN AGES 0-3 ENROLLED IN HIGH QUALITY, PUBLICLY FUNDED EARLY CARE AND EDUCATION (FALL 2019)

Children from economically disadvantaged households who participate in high quality, publicly funded early childhood care and education programs are healthier and more likely to do well in school and graduate on time from high school.[189] They are also less likely to interact with the criminal justice system as adults.[190] Research from Economist James Heckman has also demonstrated that the economic returns of high quality early care and education for children from low-income households outweigh the investment, making investments in public early care and education a smart investment of public funds.[191]

In Louisiana, every classroom in publicly funded child care, Head Start, and pre-K sites is observed using the CLASS tool. These observations are used to calculate Performance Ratings for each publicly funded site. Sites rated Proficient or higher are considered "high quality." The reach data presented here reflects 2018-2019 Performance Profiles, published in November 2019.

In Louisiana, only 11% of children under 4 from economically disadvantaged households are enrolled in high quality early childhood care and education. Only five parishes have at least 20% of children from economically disadvantaged households enrolled in high quality, publicly funded early childhood programs. One reason for the limited availability of publicly funded infant and toddler care (compared to the availability of care for 4-year-olds) is the additional costs associated with providing high quality care for very young children, including the need for lower student-to-teacher ratios. Many families struggle to afford quality child care, while many child care centers struggle to make ends meet, highlighting a need for greater subsidies for infant and toddler care.

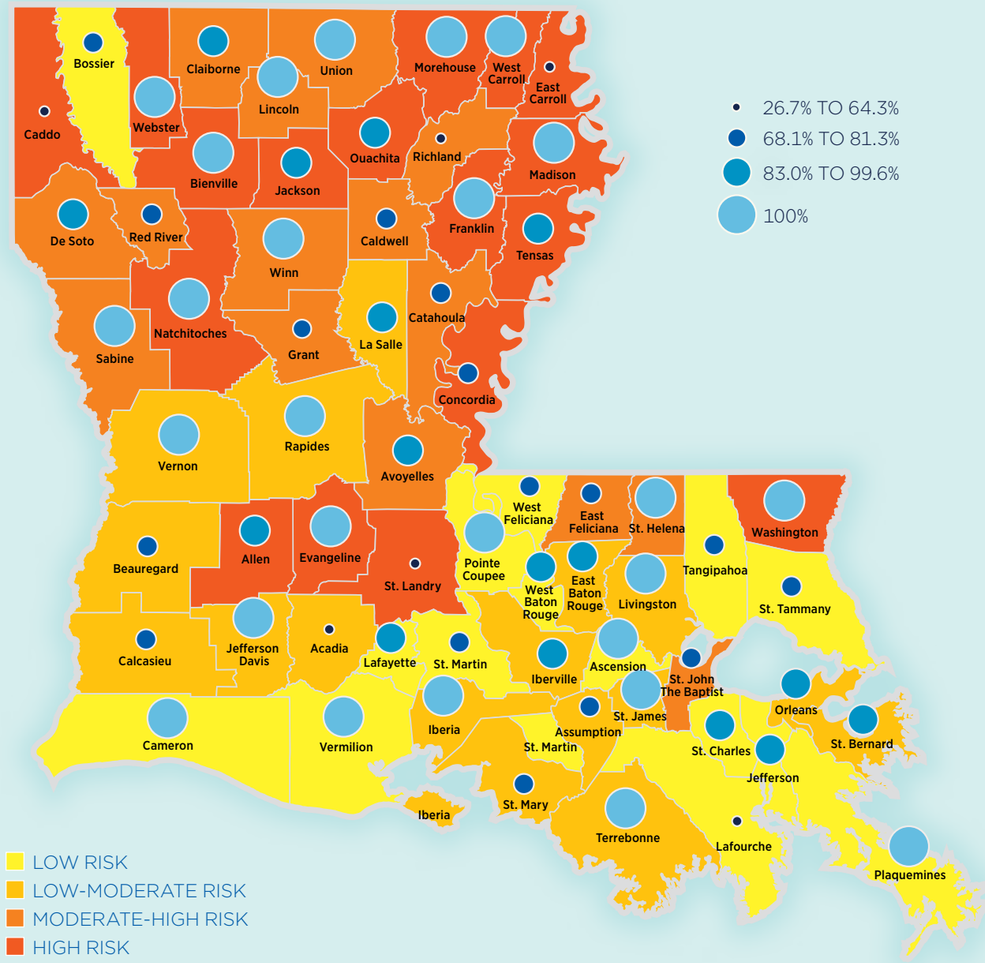
[189] McCoy, D. C., Yoshikawa, H., Ziol-Guest, K. M., Duncan, G. J., Schindler, H. S., Magnuson, K., ... & Shonkoff, J. P. (2017). Impacts of early childhood education on medium-and long-term educational outcomes. *Educational Researcher*, *46*(8), 474-487.

[190] Weiland, C. (2017). *Puzzling It Out: The Current State of Scientific Knowledge on Pre-Kindergarten Effects-A Consensus Statement*. Brookings Institution.

[191] Elango, S., García, J. L., Heckman, J. J., & Hojman, A. (2015). Early childhood education. In *Economics of Means-Tested Transfer Programs in the United States, Volume 2* (pp. 235-297). University of Chicago Press.

REACH:

CHILDREN AGE 4 ENROLLED IN HIGH QUALITY, PUBLICLY FUNDED EARLY CARE AND EDUCATION



	%	QUARTILE
Ascension	100.0%	1
Bienville	100.0%	1
Cameron	100.0%	1
Evangeline	100.0%	1
Franklin	100.0%	1
Iberia	100.0%	1
Jefferson Davis	100.0%	1
Lincoln	100.0%	1
Livingston	100.0%	1
Madison	100.0%	1
Morehouse	100.0%	1
Natchitoches	100.0%	1
Plaquemines	100.0%	1
Pointe Coupee	100.0%	1
Rapides	100.0%	1
Sabine	100.0%	1
St. Helena	100.0%	1
St. James	100.0%	1
Terrebonne	100.0%	1
Union	100.0%	1
Vermilion	100.0%	1
Vernon	100.0%	1
Washington	100.0%	1
Webster	100.0%	1
West Carroll	100.0%	1
Winn	100.0%	1
East Baton Rouge	99.6%	2
St. Charles	97.3%	2
Orleans	96.9%	2
Lafayette	96.5%	2
Jefferson	93.9%	2
De Soto	92.6%	2
Iberville	92.0%	2
St. Bernard	91.2%	2
Avoyelles	91.1%	2
Claiborne	89.6%	2
Ouachita	88.6%	2
Jackson	88.6%	2
West Baton Rouge	88.5%	2
Tensas	87.7%	2
Louisiana	87.0%	
Allen	83.6%	2
La Salle	83.0%	2
Bossier	81.3%	3
St. Martin	78.0%	3
Red River	77.7%	3
Catahoula	77.6%	3
Caldwell	77.4%	3
East Feliciana	76.7%	3
St. John the Baptist	75.7%	3
Grant	75.4%	3
Assumption	74.0%	3
St. Tammany	73.7%	3
Tangipahoa	72.8%	3
Beauregard	71.8%	3
Calcasieu	71.4%	3
St. Mary	70.4%	3
West Feliciana	68.5%	3
Concordia	68.1%	3
Richland	64.3%	4
Acadia	62.1%	4
St. Landry	56.7%	4
Caddo	44.6%	4
East Carroll	38.8%	4
Lafourche	26.7%	4

ELIGIBLE CHILDREN AGE 4 ENROLLED IN HIGH QUALITY, PUBLICLY FUNDED EARLY CARE AND EDUCATION (FALL 2019)

Children from economically disadvantaged households who participate in high quality, publicly funded early childhood care and education programs are healthier and more likely to do well in school and graduate on time from high school.[189] They are also less likely to interact with the criminal justice system as adults.[190] Research from economist James Heckman has also demonstrated that the economic returns of high quality early care and education for children from low-income households outweigh the investment, making investments in public early care and education a smart investment of public funds.[191]

In Louisiana, every classroom in publicly funded child care, Head Start, and pre-K sites is observed using the CLASS tool. These observations are used to calculate Performance Ratings for each publicly funded site. Sites rated Proficient or higher are considered "high quality." The reach data presented here reflects 2018-2019 Performance Profiles, published in November 2019.

In contrast to the previous data for 0-to-3-year-olds, 87% of 4-year-old children from economically disadvantaged households in Louisiana have access to high quality, publicly funded early care and education. In 34 parishes, 90% or more of 4-year-old children from economically disadvantaged households have access to high quality care and education. Conversely, in Caddo, East Carroll and Lafourche parishes, less than 50% of 4-year-old children from economically disadvantaged households have access. The high levels of access to care for this group is a testament to the years of collaborative work done by the Louisiana Department of Education, early childhood advocates, and the Louisiana state government.

[189] McCoy, D. C., Yoshikawa, H., Ziol-Guest, K. M., Duncan, G. J., Schindler, H. S., Magnuson, K., ... & Shonkoff, J. P. (2017). Impacts of early childhood education on medium-and long-term educational outcomes. *Educational Researcher*, *46*(8), 474-487.

[190] Weiland, C. (2017). *Puzzling It Out: The Current State of Scientific Knowledge on Pre-Kindergarten Effects-A Consensus Statement*. Brookings Institution.

[191] Elango, S., García, J. L., Heckman, J. J., & Hojman, A. (2015). Early childhood education. In *Economics of Means-Tested Transfer Programs in the United States, Volume 2* (pp. 235-297). University of Chicago Press.

CONCLUSION

RISK

There are an estimated 307,092 children under age 5 in Louisiana (see Appendix 1 for population under age 5 by parish). As detailed in the Overall Risk section (see pages 75-77), of the 64 parishes:

- 16 are in the Low Risk category
- 16 are in the Low-Moderate Risk category
- 13 are in the Moderate-High Risk category
- 19 are in the High Risk category

73,228 children live in either the Moderate-High or High Risk parishes, representing approximately 24% of all children under age 5 in Louisiana. Risk rankings are determined relative to other parishes in the state, meaning that the risk described in this report is not a comparison to any other county or state in the country. This information, complemented by the separate Early Childhood System Integration Budget, is designed to be used by all early childhood stakeholders, governmental and nongovernmental, in order to better inform policy and funding decisions and the distribution of critical resources.[192]

REACH

Good data are essential to inform programmatic and investment decisions regarding the distribution of resources that support Louisiana's young children. Based on parish level data provided by state agencies, the percentage of eligible children enrolled in early childhood programs was mapped showing program enrollment juxtaposed with overall risk in each parish. These maps are not intended to be conclusive, but are designed to visually display available services relative to overall need, or risk. There are various reasons why there may not be a direct correlation between services and risk, but program leaders and policymakers can use this information to better calibrate resource distribution for maximum efficacy and impact.

LIMITATIONS

Computing the Overall Risk Level as an average of each of the individual risk indicators assumes each indicator has the same weight toward the overall well-being of children. Of course, the reality may be that some risk indicators are more strongly associated with overall risk than others. However, there is substantial research to show that the total number of risk factors present is more strongly associated with poor outcomes than any one specific risk factor.[193] Furthermore, we are limited to including data only from existing data sets that are available at the parish level. While other data may be valuable in determining risk, if those data are not available at the parish level, then it is not possible to include them in this report. Finally, under the best of circumstances risk at the level of the individual neighborhood could be measured; measuring at the parish level is necessarily a blunt instrument. As to the reach data, the reader should be aware that services may have expanded or contracted in FY 2021 as compared to the time period reported here.

CONTACT US

You are invited to share any feedback or comments on this data, analysis, or report, as the hope is that this is an evolving project that will adapt to meet usage demands by public and/or private stakeholder groups. We also would like to know how your stakeholder group used the information. Please contact Amy Zapata at the Bureau of Family Health (Amy.Zapata@la.gov) with your comments or suggestions by sending an email with "Risk and Reach Report Inquiry" in the subject line.

TABLE 4. *Young Children in Louisiana by Risk Level*

RISK GROUP	NUMBER OF PARISHES	PERCENTAGE OF CHILDREN (0-5)
Low	16	37.3%
Low-Moderate	16	38.8%
Moderate-High	13	5.8%
High	19	18.0%

[192] Louisiana Division of Administration. (2020). *Early Childhood System Integration Budget.* Retrieved from: https://www.doa.la.gov/Pages/opb/pub/ECSIB.aspx

[193] Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the adverse childhood experiences (ACE) study..*Am J Prev Med.* 1998;14:245–258.

APPENDIX 1. *Population of Children under Age 5 by Parish*

POPULATION UNDER AGE 5			
National	19,762,962	Livingston	9,611
Louisiana	307,092	Madison	791
Acadia	4,373	Morehouse	1,753
Allen	1,562	Natchitoches	2,411
Ascension	8,833	Orleans	23,045
Assumption	1,254	Ouachita	10,705
Avoyelles	2,673	Plaquemines	1,577
Beauregard	2,609	Pointe Coupee	1,325
Bienville	783	Rapides	8,844
Bossier	8,651	Red River	558
Caddo	16,238	Richland	1,271
Calcasieu	14,582	Sabine	1,417
Caldwell	644	St. Bernard	3,350
Cameron	388	St. Charles	3,262
Catahoula	548	St. Helena	554
Claiborne	804	St. James	1,312
Concordia	1,255	St. John the Baptist	2,777
De Soto	1,702	St. Landry	6,209
East Baton Rouge	28,979	St. Martin	3,578
East Carroll	509	St. Mary	3,451
East Feliciana	946	St. Tammany	15,583
Evangeline	2,335	Tangipahoa	9,703
Franklin	1,426	Tensas	260
Grant	1,343	Terrebonne	7,787
Iberia	5,144	Union	1,285
Iberville	1,820	Vermilion	3,965
Jackson	860	Vernon	3,906
Jefferson	28,496	Washington	3,116
Jefferson Davis	2,157	Webster	2,425
La Salle	931	West Baton Rouge	1,832
Lafayette	16,617	West Carroll	585
Lafourche	6,248	West Feliciana	651
Lincoln	2,653	Winn	830

APPENDIX 2. *Summary Quartile Rank of Individual Risk Indicators*

PARISH IN OVERALL RANK ORDER (LOWEST RISK TO HIGHEST RISK)		POVERTY	INCOME	ALICE	SNAP	EDUCATION	PRETERM	SUBSTANCE EXPOSED	INFANT MORTALITY	WELL CHILD	DENTAL	ABUSE	FOSTER	JUVENILE	0-2 CARE	3 YEAR CARE	READINESS	READING	HOUSING	FOOD	INTERNET	EXERCISE
LOW RISK	St. Charles	1	1	1	1	1	2	*	1	1	1	1	1	1	3	3	2	2	2	2	4	1
	Ascension	1	1	1	1	1	1	2	1	2	2	1	2	1	3	4	*	2	1	1	4	2
	St. Tammany	1	1	1	2	1	1	2	1	3	1	2	2	1	2	4	2	1	2	1	4	1
	West Baton Rouge	1	1	1	1	1	3	*	2	3	2	1	1	1	2	1	*	4	3	1	3	2
	Lafayette	1	1	1	1	1	2	3	1	1	3	2	2	2	1	3		2	3	1	4	1
	Cameron	1	1	1	2	1	4	*	*	3	4	1	*	2	4	1	1	*	1	1	1	2
	Jefferson	2	3	1	1	3	2	1	1	2	1	1	1	*	1	3	*	2	4	1	4	1
	West Feliciana	2	1	2	2	1	1	*	*	3	1	1	3	*	1	1	*	3	2	3	1	4
	Bossier	2	1	1	1	1	3	*	2	3	1	1	1	3	3	3	*	3	3	1	3	1
	Pointe Coupee	1	2	2	2	3	2	*	4	2	2	1	1	2	1	1	1	*	2	2	2	4
	Plaquemines	3	1	2	2	1	1	*	1	2	1	1	1	1	4	3	2	4	3	2	2	3
	Vermilion	1	2	1	3	4	1	1	1	1	4	1	2	1	2	2	1	4	3	1	4	2
	Lafourche	1	1	1	3	3	1	2	2	2	3	2	4	1	4	3	1	3	2	1	2	2
	St. Martin	2	2	2	2	2	1	2	3	1	2	4	3	4	1	2	4	1	1	1	3	2
	Tangipahoa	3	2	2	1	2	1	1	2	1	2	2	3	3	1	3	3	1	4	3	3	2
	Vernon	2	2	2	1	1	1	1	2	3	4	3	2	2	4	3	2	*	1	3	2	2
LOW- MODERATE RISK	East Baton Rouge	2	1	2	1	3	2	3	4	1	1	3	1	*	1	2	*	3	4	3	4	1
	Beauregard	1	2	1	2	2	2	3	1	3	4	2	2	2	3	4	1	2	2	2	2	4
	Jefferson Davis	1	1	2	3	1	1	1	1	2	4	4	4	2	3	4	1	1	4	1	3	3
	Terrebonne	3	2	2	1	3	2	1	2	1	3	3	4	1	3	4	1	2	2	2	4	1
	Calcasieu	2	2	1	1	1	2	2	2	2	4	3	3	*	2	3	3	3	2	2	3	2
	Acadia	3	3	2	3	4	2	1	1	1	3	3	3	3	2	2	*	2	2	1	2	3
	St. James	2	2	1	1	2	1	*	4	2	1	2	2	1	4	1	3	4	2	3	4	4
	St. Mary	2	3	3	2	4	3	3	1	1	1	1	1	2	4	2	4	2	3	3	3	1
	Livingston	1	1	1	3	2	2	2	3	2	3	4	4	1	4	4	3	3	1	1	4	1
	Assumption	1	2	1	3	3	1	*	2	1	3	1	4	3	4	1	2	4	1	3	4	4
	Iberia	3	2	2	2	4	4	2	2	1	3	3	1	3	1	3	2	2	3	2	4	2
	Iberville	3	2	1	2	2	3	3	3	1	2	2	1	4	2	1	3	4	4	2	3	3
	Orleans	3	3	3	4	2	3	2	2	3	1	2	1	1	1	2	2	4	4	4	3	1
	La Salle	3	3	3	4	1	1	*	*	4	3	4	2	3	3	3	*	1	1	1	1	3
	St. Bernard	1	2	3	2	2	1	*	2	3	1	3	2	2	2	4	1	4	4	3	4	3
	Rapides	2	2	1	3	3	2	3	1	1	3	4	4	*	1	3	*	3	4	3	3	1

* Indicates missing data

APPENDIX 2. *Summary Quartile Rank of Individual Risk Indicators*

PARISH IN OVERALL RANK ORDER (LOWEST RISK TO HIGHEST RISK)		POVERTY	INCOME	ALICE	SNAP	EDUCATION	PRETERM	SUBSTANCE EXPOSED	INFANT MORTALITY	WELL CHILD	DENTAL	ABUSE	FOSTER	JUVENILE	0-2 CARE	3 YEAR CARE	READINESS	READING	HOUSING	FOOD	INTERNET	EXERCISE
MODERATE-HIGH RISK	Grant	2	3	4	2	2	4	*	1	2	4	4	2	3	3	4	3	1	1	2	1	2
	St. John the Baptist	3	1	2	3	2	4	4	3	3	1	2	1	1	2	4	*	3	3	3	4	1
	Lincoln	3	4	3	2	2	3	1	1	4	3	1	3	2	2	1	3	1	4	4	3	3
	De Soto	2	2	2	4	1	4	*	3	2	4	1	1	2	3	4	3	*	2	3	2	3
	Catahoula	3	3	2	3	2	1	*	3	4	2	4	3	3	4	2	1	1	2	3	1	4
	East Feliciana	1	2	3	4	2	4	4	3	3	3	3	3	2	4	1	*	2	2	2	1	3
	St. Helena	2	3	3	3	1	3	*	4	2	1	2	3	3	3	4	3	4	2	3	1	4
	Avoyelles	3	3	2	3	4	4	3	2	1	2	4	4	2	2	2	*	1	3	3	3	4
	Caldwell	4	4	4	4	3	1	*	2	4	3	3	2	1	4	1	2	3	3	1	2	4
	Claiborne	4	4	4	2	3	2	*	4	2	2	1	1	2	*	*	4	3	4	4	1	3
	Red River	3	4	3	1	3	3	*	4	4	3	3	2	4	4	1	*	*	2	2	1	3
	Sabine	2	3	3	4	2	2	4	2	4	4	2	3	4	3	3	*	*	1	2	1	4
	Richland	4	4	3	2	4	3	*	4	4	2	2	2	4	2	2	4	1	1	3	2	3
HIGH RISK	East Carroll	4	4	4	2	4	4	*	4	1	1	3	3	4	1	2	3	1	4	4	2	2
	Union	4	2	3	1	4	4	*	3	4	4	3	3	3	4	4	2	1	2	2	1	3
	Winn	1	3	3	4	1	3	4	4	3	4	4	4	3	3	4	1	*	1	4	2	1
	Allen	2	3	4	2	3	3	4	3	3	4	4	4	4	4	2	2	2	1	2	2	2
	Bienville	4	4	3	4	2	4	*	3	4	4	3	1	2	3	1	2	4	1	4	1	4
	Caddo	3	3	3	1	3	4	2	4	3	2	3	4	*	2	2	4	2	4	4	4	1
	Franklin	4	3	3	4	4	4	3	4	2	2	3	3	3	2	1	4	1	2	3	2	4
	St. Landry	4	4	4	3	4	2	3	3	1	2	3	2	4	1	1	4	3	4	3	3	3
	Washington	3	4	4	3	3	3	3	3	2	1	4	4	4	1	2	3	4	4	2	1	3
	Natchitoches	4	4	4	4	2	3	1	4	3	3	1	3	3	1	4	*	3	4	4	2	2
	Jackson	4	3	3	4	3	2	*	*	4	2	3	3	3	4	3	2	2	3	3	2	4
	Madison	4	4	4	1	4	4	4	4	4	4	2	2	4	1	1	3	*	4	4	2	1
	West Carroll	2	3	3	4	3	3	*	3	3	4	4	4	4	4	4	1	4	1	2	1	4
	Ouachita	4	3	2	1	4	4	4	3	4	2	4	4	2	2	3	4	3	4	4	4	1
	Concordia	4	4	4	4	4	3	4	4	4	3	4	1	3	3	3	1	1	3	4	3	4
	Evangeline	4	4	4	3	4	3	*	1	2	4	4	4	4	3	2	4	*	4	4	1	3
	Morehouse	3	4	4	4	4	2	4	4	4	1	4	4	4	3	1	4	*	3	4	3	2
	Webster	4	4	4	2	3	4	4	3	4	3	2	2	4	3	2	4	*	4	4	3	3
	Tensas	4	4	4	4	4	4	*	*	4	2	2	4	4	*	*	*	4	2	4	1	4

APPENDIX 3. *Data Sources and Description*

INDICATOR	DATA SOURCE	DESCRIPTION
Percentage of Children Under Age 5 Living in Poverty (2014-2018)	National, State and Parish Level Data is available at the Census Website (www.census.gov)	Percentage of families with related children under 5 years whose income in the past 12 months is below the federal poverty level. Note: All parishes used five-year estimates from 2014-2018.
Parish Level Median Income as a Percentage of Federal Poverty Level (2014-2018)	Median Family Income and Poverty Threshold at the Census Website (www.census.gov)	The median household income is the midpoint in the range of household income for those surveyed for years 2014-2018 divided by the 2019 Federal Poverty Limit for families of four.
Percentage of Households Below ALICE (Asset Limited, Income Constrained, Employed) Threshold (Calendar Year 2018)	United Way ALICE 2020 Report National, state, and parish data can be found at https://www.unitedforalice.org/	The ALICE Threshold represents the minimum income level necessary for survival for a household. Derived from the household survival budget, the ALICE threshold is rounded to American Community Survey income category and adjusted for households to reach the ALICE Threshold despite both income and assistance. Percentage below the ALICE Threshold includes both ALICE and poverty-level households. Details and methodology of ALICE report can be found at https://issuu.com/louisianaassociationofunitedway/docs/louisiana_alice_report_august_6_2020_release?fr=sMDRlMTE2NjA0Mjg
Percentage of SNAP Recipients Under Age 5 (CY 2019)	Louisiana Department of Children and Family Services: SNAP (Supplemental Nutrition Assistance Program)	LA data derived from children under 5 years old receiving SNAP benefits divided by 2018 total LA child population ages under 5 years old.
Percentage of Births to Mothers with Less than High School Education (CY 2018)	Louisiana Department of Health - Office of Public Health, Vital Statistics	National data can be found in the 2018 Population Reference Bureau analysis of Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS). The 2018 Louisiana Vital Records data are derived from the number of Louisiana mothers who have less than a high school education divided by the total number of 2018 Louisiana births.
Preterm Birth Rate (percentage; CY 2018)	LA Department of Health - Office of Public Health, Vital Statistics	National data can be found at https://www.marchofdimes.org/mission/prematurity-reportcard-tv.aspx#:~:text=The%20preterm%20birth%20rate%20in,to%2010.02%20percent%20in%202018. 2018 LA preterm birth data is derived from the number of babies born <37 weeks gestation divided by number of births for which gestational age is not missing. The preterm birth variable is derived from the gestational age variable.
Rate of Substance Exposed Newborns (per 1,000 births; CY 2019)	Louisiana DCFS (Department of Children Family Services)	The rate of validated substance exposed newborns was derived by the number of newborns prenatally exposed to controlled substances or alcohol per 1,000 live births. LA DCFS data system only allows LA DCFS to capture data for the CPS Investigation case for the assigned worker location, not necessarily where the child resided at the time of the incident.
Infant Mortality Rate (per 1,000 births; 2014-2018)	LA Department of Health - Office of Public Health, Vital Statistics	National 2014-2018 data can be found at the CDC WONDER https://wonder.cdc.gov/ Infant mortality rates are measured by the number of deaths among children under 1 year of age per 1,000 live births. An infant mortality rate may not be possible to determine in some parishes if the number of births or deaths is too small.
Percentage of Children Ages 3-5 Insured by Medicaid Who Did Not Have a Well-Child Visit This Year (CY 2019)	LA Department of Health- Medicaid, Medicaid Eligibility	LA Medicaid data was derived from the number of children insured by Medicaid who did not have a well visit (ages 3-5) divided by the number of children insured by Medicaid 3-5 years old who had any health service claim.

INDICATOR	DATA SOURCE	DESCRIPTION
Percentage of Children Under Age 5 Insured by Medicaid Who Did Not Have a Preventive Dental Visit This Year (CY 2019)	LA Department of Health - Medicaid, Medicaid Eligibility	LA Medicaid Dental Screening: Data derived by children insured by Medicaid who did not have a dental screening (ages 0-4) divided by children insured by Medicaid who had any health service claim.
Maltreatment Rate of Children Under Age 5 (cases per 1,000 Children; CY 2019)	LA Department of Children and Family Services	Unduplicated validated allegations of abuse or neglect in children under age 5, expressed as a rate per 1,000. Parish is based on the location of the child in the Child Welfare System as of 7/1/2020 and not at the time of the incident.
Rate of Children Under Age 5 in Foster Care (per 1,000 Children; CY 2019)	LA Department of Children and Family Services	Children under age 5 in foster care at least 1 day expressed as a rate per 1,000. Parish is based on the court order parish. National data can be found at https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport26.pdf
Rate of Youth Ages 10-20 Involved with the Juvenile Justice System (per 1,000 Youth; CY 2017)	Kids Count Data Center (https://datacenter.kidscount.org/)	The state and parish level data can be found at https://datacenter.kidscount.org/data/tables/9933-youth-under-the-supervision-of-ojj?loc=20&loct=5#detailed/5/3220-3283/false/1729,37,871,870,573,869,36,868,867/any/19272,19271 The data do not include youth in parishes with juvenile courts that operate their own probation and parole systems (Calcasieu, Caddo, East Baton Rouge, Jefferson, and Rapides).
Percentage of Children Ages 0-2 from Economically Disadvantaged Households Who Lack Access to Publicly-Funded Child Care (Academic Year 2018-2019)	Louisiana Department of Education, Child Count	The percentage was derived from children ages birth to 2 years old who lack access to child care divided by children ages birth to 2 years old who are economically disadvantaged (Child Count) and multiplying by 100. Economically Disadvantaged: These children may live in families with incomes below 200% of the federal poverty level (FPL); are foster or migrant children, children experiencing homelessness, children with identified special needs; or are dual language learners. This target population includes children in tribal and rural communities. A child only needs to meet one of these criteria to be considered Economically Disadvantaged. Child Count: Early childhood lead agencies report to the Department of Education the number of publicly-funded early care and education seats on October 1 of each year. This data reflects the October 2019 Child Count.
Percentage of Children Age 3 from Economically Disadvantaged Households Who Lack Access to Publicly-Funded Child Care (Academic Year 2018-2019)	Louisiana Department of Education, Child Count	The percentage was derived by dividing the number of children 3 years old who lack access to child care by the number of children 3 years of age who are economically disadvantaged (Child Count) and multiplying by 100. Pointe Coupee reports 0% for this indicator because all economically disadvantaged children in the parish are served by Louisiana Department of Education. Economically Disadvantaged: These children may live in families with incomes below 200% of the federal poverty level (FPL); are foster or migrant children, children experiencing homelessness, children with identified special needs; or are dual language learners. This target population includes children in tribal and rural communities. A child only needs to meet one of these criteria to be considered Economically Disadvantaged. Child Count: Early childhood lead agencies report to the Department of Education the number of publicly funded children in each age group served in publicly-funded ECE seats on October 1 of each year. This data reflects the October 2019 Child Count.
Percentage of Children Not Meeting Literacy Standards at Public Kindergarten Entry (Fall 2019)	Louisiana Department of Education, Acadience Reading	The proportion was derived by dividing the number of kindergarteners scoring below reading standards on the Acadience Reading Assessment by the total number of kindergarteners who took the Acadience Reading assessment. Parishes with missing data administer a different assessment than the Acadience Reading Assessment.

APPENDIX 3. *Data Sources and Description*

INDICATOR	DATA SOURCE	DESCRIPTION
Percentage of Students in Public School Who Enter Public Kindergarten Ready to Learn (Fall 2019)	Louisiana Department of Education, DRDP-K (Desired Results Developmental Profile—Kindergarten) scores	The measure is derived from the number of students whose DRDP-K scores demonstrate readiness on all four of the following domains: Approaches to Learning & Self-Regulation, Social-Emotional Development, Language & Literacy Development, and Cognition: Math, divided by the total number of student records submitted. These scores are based on teachers' assessments of students within the first 30 school days of the school year. Thresholds for kindergarten readiness were set based on the Louisiana Early Learning & Development Standards behavioral indicators for 4-year-olds. Domain-level readiness is based on the average readiness across the readiness thresholds for measures categorized within that domain. The DRDP-K scores are submitted to the Louisiana Department of Education by Lead Educational Agencies across the state for all students enrolled in Kindergarten. While Lead Educational Agencies can choose between using the DRDP-K and TS Gold® Kindergarten Entry Assessment, most students in Louisiana are assessed using the DRDP-K.
Percentage of Households with Severe Housing Problems (2012-2016)	2020 County Health Rankings	This indicator represents the percentage of households in a parish with at least one of the following housing problems: incomplete kitchen facilities is defined as a unit which lacks a sink with running water, a stove or range, or a refrigerator. Incomplete plumbing facilities is defined as lacking hot and cold piped water, a flush toilet, or a bathtub/shower. Overcrowding is defined as more than 1 person per room. Severe cost burden is defined as monthly housing costs (including utilities) that exceed 50% of monthly income. National, state, and parish level data can be found at https://www.countyhealthrankings.org/app/louisiana/2020/measure/factors/136/data The 2020 County Health Rankings used data from 2012-2016 for this measure.
Healthy Food Environment Index (Data from 2015 & 2017)	2020 County Health Rankings	The Food Environment Index ranges from a scale of 0 (worst) to 10 (best) and equally weights two indicators of the food environment: 1) Limited access to healthy foods estimates the percentage of the population that is low income and does not live close to a grocery store. Low income is defined as having an annual family income of less than or equal to 200% of the federal poverty threshold for the family size. Living close to a grocery store is defined differently in rural and nonrural areas; in rural areas, it means living less than 10 miles from a grocery store whereas in nonrural areas, it means less than 1 mile. 2) Food insecurity estimates the percentage of the population that did not have access to a reliable source of food during the past year. A two-stage fixed effects model was created using information from the Community Population Survey, Bureau of Labor Statistics, and American Community Survey to estimate food insecurity. National, state, and parish level data can be found at https://www.countyhealthrankings.org/app/louisiana/2020/measure/factors/133/datasource The 2020 County Health Rankings used data from 2015 and 2017 for this measure.
Percentage of Households with Internet Access (2013-2017)	2019 Broadband Deployment Report	This indicator represents the percentage of households in a parish with either 1) access to fixed internet services, 2) access to mobile LTE services, or 3) access to both fixed and mobile LTE services. This data is based on a 5-year estimate from 2013-2017. National, state, and parish data can be found at https://docs.fcc.gov/public/attachments/FCC-19-44A1.pdf (Appendix 5 "Deployment of Fixed 25 Mbps/ 3 MBps and Mobile LTE 5 Mbps/ 1 Mbps Services by State and County")
Percentage of Population with Access to Exercise Opportunities (Data from 2010 & 2019)	2020 County Health Rankings	This indicator represents the population of households living in census blocks with adequate access to at least one location for physical activity. Adequate access is defined as census blocks where the border is a half-mile or less from a park, or 1 mile or less from recreational facility in urban census blocks and 3 miles or less in rural census blocks in 2019. National, state, and parish data can be found at https://www.countyhealthrankings.org/app/louisiana/2020/measure/factors/132/datasource The 2020 County Health Rankings used data from 2010 and 2019 for this measure.
Children Under Age 5 Insured by Medicaid (May 2020)	Louisiana Department of Health, Medicaid	The measure was derived by the LA Number of enrolled children ages 0-4 years old divided by the LA 2018 child population 0-4 years old. Medicaid eligibility data was captured at a point in time, May 2020
Special Supplemental Nutrition Program for Women, Infants, & Children (WIC; May 2019)	Louisiana Department of Health, Office of Public Health, WIC (Women, Infant, and Children)	The measure was derived from the number of LA pregnant women and children (0-4) served by WIC in May 2019 divided by the number of LA Medicaid enrolled pregnant women and children (0-4 years old). Medicaid data are limited to those enrolled in May 2020 and excludes those with a parish of 'not available' or 'out of state' in Medicaid files.
IDEA Part C Early Intervention: EarlySteps (November 2019)	Louisiana EarlySteps, November 2019 Cumulative Child Count	The measure was derived from the Cumulative Child Count of under 3 years old receiving Early Steps services divided by LA 2018 child population 0-2 years old.
Maternal, Infant, and Early Childhood Home Visiting (MIECHV; Fiscal Year 2019)	Louisiana Department of Health, Office of Public Health, MIECHV (Maternal, Infant, & Early Childhood Home Visiting)	The measure was derived by the number of children 0-4 years old served by MIECHV (including both Nurse Family Partnership and Parent As Teachers) divided by Medicaid enrolled children (0-4). Cameron Parish is served by surrounding parishes' teams. Medicaid data are limited to those enrolled in May 2020 and excludes those with a parish of 'not available' or 'out of state' in Medicaid files.
Early Head Start (Fall 2018)	Louisiana Department of Education, Child Count	This measure was derived from the Child Count 2019's Early Head Start (EHS) Network Reported Child Count divided by the total number of Economically Disadvantaged children ages 0-2, which is achieved by using the Economically Disadvantaged K Cohort number for that parish multiplied by 3 (to account for three age cohorts: infants, ones, twos). Economically Disadvantaged Kindergarten Cohort: The Department of Education captures the number of 'Economically Disadvantaged' (aligned to Medicaid Eligibility – 200% of FPL) kindergarteners each year. LDOE uses this Economically Disadvantaged 'K Cohort' data as a proxy for the number of economically disadvantaged children in each age group by parish. This serves as the denominator for these data points and was captured in Fall 2019. Note: Some parishes have no Head Start services.
Head Start (Fall 2018)	Louisiana Department of Education, Child Count	This measure was derived from the Child Count 2019's Head Start (HS) Network Reported Count divided by Economically Disadvantaged Children 3-4 years old, which is achieved by using the Economically Disadvantaged K Cohort number for that parish multiplied by 2 (to account for two age cohorts: threes, fours). Economically Disadvantaged Kindergarten Cohort: The Department of Education captures the number of 'Economically Disadvantaged' (aligned to Medicaid Eligibility; 200% of FPL) kindergarteners each year. LDOE uses this Economically Disadvantaged 'K Cohort' data as a proxy for the number of economically disadvantaged children in each age group by parish. This serves as the denominator for these data points and was captured in Fall 2019. Note: Some parishes have no Head Start services.

APPENDIX 3. *Data Sources and Description*

INDICATOR	DATA SOURCE	DESCRIPTION
High Quality Publicly Funded Early Care and Education for Children Ages 0-3	Louisiana Department of Education	The Department of Education captures a count of all children birth to age 5 who are enrolled in publicly funded early childhood spots/seats on October 1 of each year. The Department also rates the quality of each publicly funded site. The numerator is calculated by summing the total number of publicly funded children ages 0-3 who are enrolled in sites rated Proficient or higher. That number is then divided by a proxy for the total number of Economically Disadvantaged children ages 0-3, which is achieved by using the Economically Disadvantaged K Cohort number for that parish multiplied by 4 (to account for four age cohorts: infants, ones, twos, threes). Three data are points involved: Economically Disadvantaged Kindergarten Cohort: The Department of Education captures the number of 'Economically Disadvantaged' (aligned to Medicaid Eligibility—200% of FPL) kindergarteners each year. LDOE uses this Economically Disadvantaged 'K Cohort' data as a proxy for the number of economically disadvantaged children in each age group by parish. This serves as the denominator for these data points and was captured in Fall 2019. Performance Profile Data: At least once per semester, every classroom at publicly-funded child care, Head Start, and pre-K sites is observed using the CLASS tool. These observations are used to calculate Performance Ratings for each publicly-funded site. Sites rated Proficient or higher are considered 'high quality.' This data reflects 2018-2019 Performance Profiles, published in November 2019.
High Quality Publicly Funded Early Care and Education for Children Age 4	Louisiana Department of Education	The Department of Education captures a count of all children birth to age 5 who are enrolled in publicly funded early childhood spots/seats on October 1 of each year. The Department also rates the quality of each publicly-funded site. The numerator is calculated by summing the total number of publicly-funded 4-year-old children enrolled in sites rated Proficient or higher. That number is then divided by a proxy for the total number of Economically Disadvantaged 4-year-olds, which is achieved by using the Economically Disadvantaged K Cohort number for that parish (to account for the 4-year-old age cohort). Three data are points involved: Economically Disadvantaged Kindergarten Cohort: The Department of Education captures the number of 'Economically Disadvantaged' (aligned to Medicaid Eligibility—200% of FPL) kindergarteners each year. LDOE uses this Economically Disadvantaged 'K Cohort' data as a proxy for the number of economically disadvantaged children in each age group by parish. This serves as the denominator for these data points and was captured in Fall 2019. Performance Profile Data: At least once per semester, every classroom at publicly-funded child care, Head Start, and pre-K sites is observed using the CLASS tool. These observations are used to calculate Performance Ratings for each publicly-funded site. Sites rated Proficient or higher are considered 'high quality.' This data reflects 2018-2019 Performance Profiles, published in November 2019.
Population of Children under Age 5 by Parish	Kids Count Data Center (2018)	National, state, and parish level data can be found at https://datacenter.kidscount.org/data/tables/1417-child-population-by-age-group#detailed/5/3220-3283/false/37/62/7924

LOUISIANA
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