



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

**LOUISIANA**

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - Louisiana

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2026 Application / FY2024 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

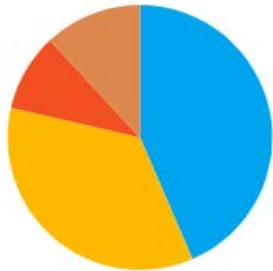
MCH Director	CSHCN Director
Amy Zapata Director, Bureau of Family Health amy.zapata@la.gov (504) 568-3504	Amy Zapata Director, Bureau of Family Health amy.zapata@la.gov (504) 568-3504
SSDI Project Director	State Family Leader
Rebecca Majdoch Data to Action (DAT) Team Lead rebecca.majdoch@la.gov (504) 568-8171	Tiffany Allemand Family Delegate
State Youth Leader	No Contact Information Provided

State Hotline: (800) 251-2229

Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	\$13,152,546
State MCH Funds	\$10,605,387
Local MCH Funds	\$0
Other Funds	\$2,877,075
Program Income	\$3,593,689

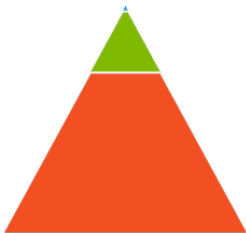
FY 2024 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$230,261	\$0
Enabling Services	\$3,503,338	\$6,083,701
Public Health Services and Systems	\$9,418,947	\$7,518,136

FY 2024 Expenditures  
Federal



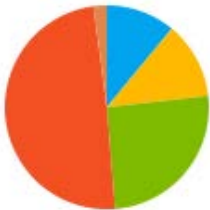
FY 2024 Expenditures  
Non-Federal



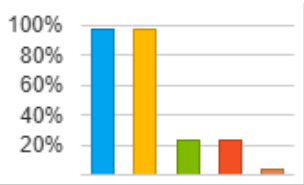
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	97.1%	\$3,178,133
Infants < 1 Year	96.4%	\$3,527,929
Children 1 through 21 Years	23.1%	\$7,381,344
CSHCN (Subset of all infants and children)	23.1%	\$14,215,428
Others *	3.7%	\$610,610

FY 2024 Expenditures  
Total: \$28,913,444



FY 2024 Percentage Served



\*Others– Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2025 Needs Assessment reporting cycle. All states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

### State Priorities and Associated Measures

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<p>Reliable data is available to inform the design, monitoring, and evaluation of MCH policies and services.</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>SPM 1: Percent of maternal health constituents reporting "high" or "very high" satisfaction with the quality of data products available. <ul style="list-style-type: none"> <li>SPM ESM 1.1: In FFY2026, at least 5 maternal health data products will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.</li> </ul> </li> <li>SPM 6: Percent of infant health constituents reporting "high" or "very high" satisfaction with the quality of data products available. <ul style="list-style-type: none"> <li>SPM ESM 6.1: In FFY2026, at least 3 infant health data products will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.</li> </ul> </li> <li>SPM 11: Percent of children's health constituents reporting "high" or "very high" satisfaction with the quality of data products available. <ul style="list-style-type: none"> <li>SPM ESM 11.1: In FFY2026, at least 3 children's health data products will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.</li> </ul> </li> <li>SPM 16: Percent of adolescent health constituents reporting "high" or "very high" satisfaction with the quality of data products available. <ul style="list-style-type: none"> <li>SPM ESM 16.1: In FFY2026, at least 1 adolescent health data product will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.</li> </ul> </li> <li>SPM 21: Percent of CYSHCN health constituents reporting "high" or "very high" satisfaction with the quality of data products available. <ul style="list-style-type: none"> <li>SPM ESM 21.1: In FFY2026, at least 1 CYSHCN health data product will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.</li> </ul> </li> </ul>	New	<p>Women/Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health, Children with Special Health Care Needs</p>
<p>Communities and families have timely access to reliable and accessible information.</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>SPM 2: Percent of maternal health constituents reporting that they "frequently" or "very frequently"</li> </ul>	New	<p>Women/Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health, Children with Special Health Care Needs</p>

<p>share key health education messages with their families and other community members.</p> <ul style="list-style-type: none"> <li>○ SPM ESM 2.1: In FFY2026, at least 300 community leaders will receive information and resources supporting the design of local maternal health education efforts.</li> <li>● SPM 7: Percent of infant health constituents reporting that they "frequently" or "very frequently" share key health education messages with their families and other community members. <ul style="list-style-type: none"> <li>○ SPM ESM 7.1: In FFY2026, at least 300 community leaders will receive information and resources supporting the design of local maternal and infant health education efforts.</li> </ul> </li> <li>● SPM 12: Percent of children's health constituents reporting that they "frequently" or "very frequently" share key health education messages with their families and other community members. <ul style="list-style-type: none"> <li>○ SPM ESM 12.1: In FFY2026, at least 300 community leaders will receive information and resources supporting the design of local child and adolescent health education efforts.</li> </ul> </li> <li>● SPM 17: Percent of adolescent health constituents reporting that they "frequently" or "very frequently" share key health education messages with their families and other community members. <ul style="list-style-type: none"> <li>○ SPM ESM 17.1: In FFY2026, at least 300 community leaders will receive information and resources supporting the design of local adolescent health education efforts.</li> </ul> </li> <li>● SPM 22: Percent of CYSHCN health constituents reporting that they "frequently" or "very frequently" share key health education messages with their families and other community members. <ul style="list-style-type: none"> <li>○ SPM ESM 22.1: In FFY2026, at least 15 community-based organizations receive funding and technical assistance to provide family-to-family support for parents of children and youth with special healthcare needs.</li> </ul> </li> </ul>		
<p>Community / family leaders and CBOs meaningfully participate in the design, monitoring, and evaluation of MCH policies and services.</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 3: Percent of family, community and/or community based organization leaders engaged in Title V supported maternal and infant health programs who reported "high" or "very high" satisfaction with the training / coaching received. <ul style="list-style-type: none"> <li>○ SPM ESM 3.1: In FFY2026, at least 15 family, community, and/or CBO leaders will receive training/coaching to support their meaningful participation in the design, monitoring, and evaluation of maternal and infant health policies and services.</li> </ul> </li> <li>● SPM 8: Percent of family, community and/or community based organization leaders engaged in Title V supported maternal and infant health</li> </ul>	New	<p>Women/Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health, Children with Special Health Care Needs</p>

<p>programs who reported "high" or "very high" satisfaction with the training / coaching received.</p> <ul style="list-style-type: none"> <li>○ SPM ESM 8.1: In FFY2026, at least 15 family, community, and/or CBO leaders will receive training/coaching to support their meaningful participation in the design, monitoring, and evaluation of maternal and infant health policies and services.</li> <li>● SPM 13: Percent of family, community and/or community based organization leaders engaged in Title V supported children's health programs who reported "high" or "very high" satisfaction with the training / coaching received. <ul style="list-style-type: none"> <li>○ SPM ESM 13.1: In FFY2026, at least 12 family, community, and/or CBO leaders will receive training and/or coaching to support their meaningful participation in the design, monitoring, and evaluation of children's health policies and services.</li> </ul> </li> <li>● SPM 18: Percent of youth leaders engaged in Title V supported adolescent health programs who reported "high" or "very high" satisfaction with the training / coaching received. <ul style="list-style-type: none"> <li>○ SPM ESM 18.1: In FFY2026, 0 youth leaders will receive training/coaching to support their meaningful participation in the design, monitoring, and evaluation of adolescent health policies and services.</li> </ul> </li> <li>● SPM 23: Percent of family, community and/or community based organization leaders engaged in Title V supported CYSHCN programs who reported "high" or "very high" satisfaction with the training / coaching received. <ul style="list-style-type: none"> <li>○ SPM ESM 23.1: In FFY2026, at least 15 family, community, and/or CBO leaders will receive training/coaching to support their meaningful participation in the design, monitoring, and evaluation of CYSHCN policies and services.</li> </ul> </li> </ul>		
<p>MCH systems of care have improved capacities to ensure access to quality maternal and infant health services.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV <ul style="list-style-type: none"> <li>○ ESM PPV.1: In FFY2026, at least 76% of birthing hospitals in Louisiana will achieve Louisiana Birth Ready and Louisiana Birth Ready Plus designation.</li> <li>○ ESM PPV.2: In FFY2026, at least 85% of providers participating in the perinatal mental health ECHO training will have improved knowledge, attitudes, and/or behaviors.</li> </ul> </li> <li>● Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) - RAC</li> </ul>	New	Women/Maternal Health, Perinatal/Infant Health

<ul style="list-style-type: none"> <li>○ ESM RAC.1: In FFY2026, at least 86.9% of birthing hospitals in Louisiana will achieve Gift Designation.</li> </ul>		
<p>MCH systems of care have improved capacities to ensure access to quality child and adolescent health services.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year - DS           <ul style="list-style-type: none"> <li>○ ESM DS.1: Number of early care/education and health providers receiving developmental, social/emotional, and environmental screening trainings</li> <li>○ ESM DS.2: In FFY2026, at least 80% of developmental screening providers who participated in training and/or technical assistance will demonstrate improved knowledge of recommended screening tools and screening guidelines.</li> </ul> </li> <li>● Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT           <ul style="list-style-type: none"> <li>○ ESM MHT.1: In FFY2026, at least 85% of youth participating in suicide prevention training will demonstrate improved knowledge, attitudes, and behaviors.</li> <li>○ ESM MHT.2: In FFY2026, at least 70% of unduplicated students seen at an OPH-affiliated school-based health centers will be screened for depression.</li> </ul> </li> <li>● Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care - TAHC           <ul style="list-style-type: none"> <li>○ ESM TAHC.1: In FFY2026, at least 60% of community Sickle Cell Foundations define a medical home action plan objective addressing youth health transition.</li> </ul> </li> </ul>	New	Child Health, Adolescent Health
<p>MCH systems of care have improved capacities to ensure access to quality health services for children and youth with special healthcare needs.</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH           <ul style="list-style-type: none"> <li>○ ESM MH.1: In FFY2026, at least 1000 families will receive care coordination services from the Family Resource Center</li> <li>○ ESM MH.2: In FFY2026, 100% of infants with a presumptive positive screening result for heritable conditions will receive follow-up for additional testing and linkage to appropriate care.</li> </ul> </li> </ul>	New	Children with Special Health Care Needs



<ul style="list-style-type: none"> <li>○ ESM MH.3: In FFY2026, at least 98% of cases identified by the Louisiana Birth Defects Monitoring Network will be processed within 45 days.</li> <li>○ ESM MH.4: In FFY2026, 100% of community Sickle Cell Foundations will define an action plan to improve access to a medical home for children with Sickle Cell Disease.</li> </ul>		
<p>Quality steering / advisory mechanisms ensure effective collaboration in the design, monitoring, and evaluation of MCH policies and services.</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 4: Percent of participants who "strongly" or "very strongly" agree that the maternal and infant health steering / advisory mechanism is "effectively contributing to the improvement of Louisiana's infant health policies and services". <ul style="list-style-type: none"> <li>○ SPM ESM 4.1: In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve maternal and infant health policies and services.</li> </ul> </li> <li>● SPM 9: Percent of participants who "strongly" or "very strongly" agree that the maternal and infant health steering / advisory mechanism is "effectively contributing to the improvement of Louisiana's health policies and services for infants". <ul style="list-style-type: none"> <li>○ SPM ESM 9.1: In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve maternal and infant health policies and services.</li> </ul> </li> <li>● SPM 14: Percent of participants who "strongly" or "very strongly" agree that the children's health steering / advisory mechanism is "effectively contributing to the improvement of Louisiana's children's health policies and services". <ul style="list-style-type: none"> <li>○ SPM ESM 14.1: In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve child and adolescent health policies and services.</li> </ul> </li> <li>● SPM 19: Percent of participants who "strongly" or "very strongly" agree that the adolescent steering / advisory mechanism is "effectively contributing to the improvement of Louisiana's adolescent health policies and services". <ul style="list-style-type: none"> <li>○ SPM ESM 19.1: In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve child and adolescent health policies and services.</li> </ul> </li> <li>● SPM 24: Percent of participants who "strongly" or "very strongly" agree that the CYSHCN steering / advisory mechanism is "effectively contributing to the improvement of Louisiana's CYSHCN health policies and services". <ul style="list-style-type: none"> <li>○ SPM ESM 24.1: In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve</li> </ul> </li> </ul>	New	<p>Women/Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health, Children with Special Health Care Needs</p>



policies and services related to the health of children and youth with special healthcare needs.		
<p>State policies relevant to MCH programs and services are modernized to align with current day public health functions.</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 5: Number of maternal health policy priorities advanced through 2 stages of the policy process towards implementation or other resolution. <ul style="list-style-type: none"> <li>○ SPM ESM 5.1: In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.</li> </ul> </li> <li>● SPM 10: Number of infant health policy priorities advanced through 2 stages of the policy process towards implementation or other resolution. <ul style="list-style-type: none"> <li>○ SPM ESM 10.1: In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.</li> </ul> </li> <li>● SPM 15: Number of children's health policy priorities advanced through 2 stages of the policy process towards implementation or other resolution. <ul style="list-style-type: none"> <li>○ SPM ESM 15.1: In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.</li> </ul> </li> <li>● SPM 20: Number of adolescent health policy priorities advanced through 2 stages of the policy process towards implementation or other resolution. <ul style="list-style-type: none"> <li>○ SPM ESM 20.1: In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.</li> </ul> </li> <li>● SPM 25: Number of CYSHCN policy priorities advanced through 2 stages of the policy process towards implementation or other resolution. <ul style="list-style-type: none"> <li>○ SPM ESM 25.1: In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.</li> </ul> </li> </ul>	New	Women/Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health, Children with Special Health Care Needs

## Executive Summary

### Program Overview

The Title V Maternal and Child Health (MCH) Block Grant Program is the cornerstone of Louisiana's public health data, policy and system-strengthening strategies for mothers and infants, children and adolescents, and children and youth with special healthcare needs. Housed within the Louisiana Department of Health (LDH) Office of Public Health (OPH), the Bureau of Family Health (BFH) is responsible for the overall direction and implementation of the Title V Program. The purpose of Louisiana's Title V Program is to contribute to the continuous quality improvement of the state's MCH systems of care in order to assure all MCH populations in the state have access to the quality health-related services necessary to achieve their full health potential.

The program utilizes the 10 Essential Public Health Services, or "essential services", as the framework for understanding and strengthening the state's MCH systems of care. Essential public health services supported by the program include public health surveillance, epidemiological investigation, public health education, clinical and community-based system strengthening, regional and state coordination, and policy development. Across all of these essential services, the program promotes data-driven decision-

making, evidence-based practice, and democratic participation of key constituents including policy and decision makers, clinical and community-based health service providers, and representatives of the state's MCH populations.

Every five years, Louisiana's Title V Program conducts a comprehensive assessment of the health needs of the state's MCH populations including mothers and infants, children and adolescents, children and youth with special health care needs, and families. The goal of the 2025 needs assessment was to identify the priority needs to be addressed in the 2026 - 2030 state action plan of the Title V Program. The needs assessment utilized primary and secondary data to investigate:

1. The overall health and wellbeing of the state's MCH populations
2. The strengths, assets, and areas of capacity development opportunity within the state's MCH systems of care
3. The strengths, assets, and areas of capacity development opportunity within the state's Title V workforce.

Analysis of key maternal and child health data indicators show that Louisiana continues to have maternal, infant, and child health outcomes that fall behind national averages. The overall outcomes continue to be characterized by persistent geographic, racial, and household income disparities. In particular, the assessment highlighted (1) health professional workforce shortages for a variety of primary and tertiary health providers - particularly in rural areas; (2) inconsistent utilization of evidence-based practices in clinical and community based health delivery; (3) gaps in state and local health system coordination; (4) challenges with access to critical services; (5) a significant proportion of the population with relatively low literacy which may affect health literacy and access to services; (6) limited opportunities for MCH populations to participate in the design, monitoring, and evaluation of MCH policies and services; and (7) opportunities to modernize and expand state policy and legislation.

Based on the findings of the 2025 needs assessment, the Title V Program identified the following eight priority needs to be addressed in the 2026 - 2030 state action plan.

<b>Priority Need 1:</b>	Reliable data is available to inform the design, monitoring, and evaluation of MCH policies and services.
<b>Priority Need 2:</b>	Communities and families have timely access to reliable and accessible information.
<b>Priority Need 3:</b>	Community / family leaders and CBOs meaningfully participate in the design, monitoring, and evaluation of MCH policies and services.
<b>Priority Need 4:</b>	MCH systems of care have improved capacities to ensure access to quality maternal and infant health services.
<b>Priority Need 5:</b>	MCH systems of care have improved capacities to ensure access to quality child and adolescent health services.
<b>Priority Need 6:</b>	MCH systems of care have improved capacities to ensure access to quality services for children and youth with special healthcare needs.
<b>Priority Need 7:</b>	Quality steering / advisory mechanisms ensure effective collaboration in the design, monitoring, and evaluation of MCH policies and services.
<b>Priority Need 8:</b>	State policies relevant to MCH programs and services are modernized to align with current day public health functions.

While the Title V Block Grant continues to support some direct and enabling safety-net services, the selection of the above priority needs reflects how Louisiana's Title V Program increasingly identifies its primary role as building the capacity of key partners in and outside of government to assure access to well-functioning and continuously improving systems of care for mothers, children, and families. The Title V Program's approach to this effort includes identification of three key constituency groups: Policymakers, Providers, and People (MCH Populations). The program places specific emphasis on ensuring *meaningful engagement*<sup>1,2</sup> of community/family leaders and community based organizations. Across all population domains, the Program works with these groups to:

- 1) Facilitate mutual understanding of the MCH priority needs and of each groups' role in the implementation of the essential services within the state's MCH systems of care.
- 2) Invest in evidence-based capacity building initiatives to strengthen each group's contributions to the essential services within the state's MCH systems of care.
- 3) Invest in state and local mechanisms facilitating collaboration in the planning, monitoring, and evaluation of the policies and services within the state's MCH systems of care.

### **Maternal Health**

Louisiana continues to have one of the highest rates of maternal mortality in the country. Based on a review of all maternal deaths, the Louisiana Pregnancy-Associated Mortality Review (PAMR) committee determined that 87% of pregnancy-related deaths and 88% of pregnancy-associated deaths were potentially preventable. Non-Hispanic Black women represent a disproportionate number of pregnancy-associated deaths. In 2021, while Black women represented 36% of the births in Louisiana, they represented 58% of deaths.<sup>3</sup>

A pregnancy-related death is defined as a death during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by the pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy. In 2021, COVID-19, cardiovascular conditions, and cardiomyopathy were the top causes of pregnancy-related mortality in Louisiana. A pregnancy-associated death is defined as a death during or within one year of pregnancy, from a cause that is not related to the pregnancy. In 2021, substance use disorder, motor vehicle collision, and homicide were the leading causes of pregnancy-associated mortality in Louisiana. In 2025, the Louisiana Department of Health launched a concerted effort to reduce pregnancy-associated opioid overdose deaths by 80% within three years.<sup>4</sup>

Another key measure of maternal health is maternal morbidity. Hospital discharge data shows that the rate of severe maternal morbidity remains high in the state. The rate has risen from 71.7 cases per 10,000 delivery hospitalizations in 2018 to a rate of 81.1 cases per 10,000 delivery hospitalizations in 2022.<sup>5</sup> Hemorrhage complications and renal complications are the leading causes of severe maternal morbidity.

The 2026 - 2030 Title V Program will maintain investment in the state's maternal health surveillance systems including the Pregnancy Risk Assessment Monitoring System (PRAMS), Pregnancy Associated Mortality Review (PAMR), and Domestic Abuse Fatality Review (DAFR). Title V will also continue to support the infrastructure for technical assistance and capacity building to ensure the provision of high quality family planning and reproductive health services in the clinical systems affiliated with the state's Title X program. The program will also support the Louisiana Perinatal Quality Collaborative's (LaPQC) implementation of evidence-based, quality improvement initiatives aiming to improve birth outcomes throughout the state. Access to behavioral health services will be improved through the development and implementation of a provider-to-provider Mental Health Consultation system that encompasses universally available consultation and education, as well as more intensive technical assistance to the home visiting workforce. Coordination and statewide leadership for perinatal policy and initiatives will be strengthened through provision of funding and/or technical support to the Louisiana Perinatal Commission, the Doula Registry Board, and the new Maternal Health Task Force.

### **Infant Health**

Louisiana's infant mortality rate was 7.4 deaths per 1,000 live births in 2022,<sup>6</sup> a decrease from 7.7 deaths per 1,000 live births in 2019.<sup>7</sup> In 2022, the mortality rate among non-Hispanic Black infants was 11.9, compared to 4.7 among non-Hispanic white infants.<sup>8</sup> The Louisiana Child Death Review (CDR) investigates causes of infant, child and adolescent mortality. In its most recent [report](#), the CDR committee found that the three leading causes of infant mortality in Louisiana were (1) conditions originating in the perinatal period, (2) deaths classified as Sudden Unexpected Infant Deaths (SUID), which primarily occur in the sleep environment, and (3) congenital anomalies.<sup>9</sup>

The 2026 - 2030 Title V Program will support a robust infant health surveillance system, ensuring evidence-based decision-making. Through the Louisiana Perinatal Quality Collaborative (LaPQC), the program will support quality improvement initiatives promoting access to perinatal nutrition supports as well as supports for substance exposed dyads. The program will also support community based health education initiatives aiming to promote safe sleep environments and caretaking behaviors.

### **Child Health**

According to the 2020-2022 Louisiana Child Death Review Report, the mortality rate for children ages one to 14 was 26.2 deaths per 100,000 children. The U.S. rate was 16.9 deaths per 100,000 children for the same time. More than half (52%) of deaths among children ages 1-14 were due to injuries. Many of the fatal injuries were considered preventable. Homicide, motor vehicle crashes and drowning were the top causes of injury-related child deaths.<sup>9</sup>

National Survey of Children's Health (NSCH) data show that the percentage of children receiving a developmental screening has increased from 24.5% in 2019 to 38.5% in 2023.<sup>10</sup> Despite this progress, the rate is still far from the Health People 2030 goal of 65%. Only 45% of children have access to a medical home.

The 2026 - 2030 Title V program will continue to support implementation of child health surveillance programs including state and local Child Death Review panels. Community led public health education activities will be promoted through nine regional Community Action and Advisory Teams. The Title V Program will also continue to provide remote, universal care coordination services through the Family Resource Center as well as home visiting services to eligible families. First responders and emergency departments will be equipped and trained to provide emergency services for children. Community partners will be sensitized to the impacts of early children trauma and members of the statewide Whole Health Coalition will receive technical assistance to develop trauma resilient models of care. The Title V Program will also support improvement of developmental screening and care coordination practices by providing medical home training and technical assistance to hospitals, health centers, and other pediatric care contexts.

### **Adolescent Health**

National Vital Statistics Systems (NVSS) data shows that Louisiana's overall mortality rate for adolescents ages 10 - 19 was 63.7 per 100,000 in 2023.<sup>11</sup> Use of 2021-2023 combined data allowed for an analysis of disparities among population groups. Race/ethnicity disparities were higher than all other factors analyzed. The mortality rate for non-Hispanic Black adolescents was 105, compared to a rate of 43.3 for non-Hispanic white adolescents. Firearm related mortality and motor vehicle related mortality are leading drivers of adolescent mortality in Louisiana.

2022-2023 National Survey of Children's Health (NSCH) data showed that 15.5% of 12 - 17 year old adolescents in Louisiana had experienced depression or anxiety in the past year.<sup>12</sup> Parents of 1 in 3 adolescents (31.4%) reported that their child had experienced bullying. The 2021-2023 National Vital Statistics System data showed a suicide rate of 6.4 per 100,000 among adolescents ages 10-19.<sup>11</sup> Among adolescents who do not have an existing special healthcare need, 65.3% reported attending an adolescent well visit in the past year and only 83.6% reporting being able to receive needed mental health treatment or counseling. Only 13.6% of adolescents ages 12-17 reported that they have received services to prepare for transition to adult health care.<sup>12</sup>

The 2025 - 2030 Title V Program will continue to promote awareness of the drivers and underlying factors contributing to adolescent mortality in the state through maintenance of public health surveillance systems and through partnerships with community based

organizations working with youth and youth facing service providers. Specific Title V supported programs will focus on prevention of sexual assault and suicide. The program will also work to strengthen access to high-quality preventive medical visits and linkage to behavioral health services by supporting the integration of school-based health centers in a network of statewide middle and high schools.

### **Children and youth with special healthcare needs**

Utilizing the National Survey of Children's Health (NSCH) expanded criteria, it is estimated that 31.8% of Louisiana's children and youth have a special healthcare need (CYSHCN). Importantly, 68.8% of Louisiana's children and youth either currently have a special healthcare need or are at increased risk of a special healthcare need.<sup>12</sup> The prevalence of special healthcare needs status is strongly associated with household poverty. The association is bi-directional where special healthcare needs status can be viewed as both cause and consequence of household poverty.<sup>13, 14</sup> According to 2022-2023 National Survey of Children's Health (NSCH) data, 40% of parents reported that their child with special healthcare need had experienced depression and/or anxiety in the past year.<sup>12</sup> 41.5% of youth with special healthcare needs ages 12-17 experienced bullying, compared with 25.5% of children without special healthcare needs. Data also show that only 40.9% of children and youth with special healthcare needs (CYSHCN) met the criteria for having a medical home.

The Title V Program supports a robust early identification and early intervention system including significant investment in the state's newborn bloodspot screening program, contribution to the state early hearing detection and intervention program, support for the Louisiana Birth Defects Monitoring Network, and provision of technical assistance to improve the quality and accessibility of developmental screening for children ages 0-5. The OPH parish health units continue to serve as a point of access to specialty health services, as a part of the state's newborn screening and follow up system. Funding and technical assistance is also provided to family-led community based organizations including a statewide network of ten Families Helping Families organizations, five Sickle Cell Foundations, and one peer support organization for families with children who are d/Deaf or Hard of Hearing. In 2026 - 2030, the program will strengthen collaboration with the Louisiana Commission for the Deaf to improve accessibility of all Title V supported programs, including for maternal and infant health. The Title V Program will continue to play a key leadership role for children and youth with special healthcare needs in the state by supporting quality steering / advisory mechanisms including the Louisiana Birth Defects Monitoring Network Advisory Board, the Early Hearing Detection and Intervention Advisory Council, the Genetic Disease Program Advisory Committee, the Rare Disease Advisory Council, and the Louisiana Sickle Cell Commission.

The 2026-2030 Title V Program will utilize a broad set of national outcome and performance measures to monitor effectiveness over the five year period. Data will be analyzed annually. Key performance indicators include rates of maternal mortality and severe maternal morbidity, access to post-partum visit, rate of pre-term related infant mortality, access to appropriate perinatal care, child and adolescent injury hospitalization rates, access to developmental screening, access to medical home, access to needed mental health treatment, and access to youth health transition supports. Complementing these performance measures, the program has defined a series of intermediate outcome measures to support continuous feedback and quality improvement of key intervention strategies. A bi-annual knowledge, attitude and practice survey will collect data concerning (1) constituency satisfaction with public health data products, (2) partners' capacity to effectively disseminate key health education messages, (3) family/community leader satisfaction with training and coaching supports aiming to increase their meaningful participation in the design, monitoring, and evaluation of Title V supported programs, (4) participating partners' perceptions of the effectiveness of Title V supported steering / advisory mechanisms, and (5) Title V Program impacts on state policy development.

## How Federal Title V Funds Complement State-Supported MCH Efforts

The Title V Maternal and Child Health (MCH) Block Grant federal-state partnership award provides critical investment into the strengthening and expansion of Louisiana's systems of care for mothers, infants, children, and youth. The block grant is particularly important for strengthening the state's system of care for children and youth with special healthcare needs.

Title V block grant funding ensures that MCH policies and services are rooted in evidence. Title V funding builds on the state's investment in the MCH epidemiology workforce necessary to collect and analyze data, identify public health needs within MCH populations, explore underlying causes of public health needs including existing disparities between Louisiana's population groups (i.e., rural / urban sub-populations, racial and ethnic sub-populations, etc.), generate findings reports and key policy and programmatic recommendations, and measure the short, medium, and long-term effects and impacts of changes in policies and programs within the state's MCH systems of care.

Title V funding supports timely access to reliable information for MCH populations across the state. Aligned with the cross-cutting goal that all mothers, children, and youth should have access to a quality medical home, Title V supported programs help families understand specific health conditions and navigate the at times complex health provider and insurer landscape.

Title V funding also contributes to the state's efforts to maintain and continuously strengthen the capacities of the state's MCH workforce. In addition to providing direct financial coverage to some essential MCH workforce positions, Title V funded programs deliver technical assistance initiatives contributing to statewide workforce development and resiliency. Within individual systems of care, Title V supported quality improvement initiatives contribute to learning and skills development. Partners and participants in these programs include physicians, nurses, social workers, educators, staff of state agencies and offices from various levels of the government of Louisiana, staff of community based organizations and private sector organizations, members of our state's academic community, family members, policymakers, and other key constituents in the state.

Title V supported programs facilitate connections and synergies across state agencies as well as between state agencies and non-state organizations (i.e., community-based organizations, academic institutions, and private sector organizations). Title V funding supports convening of state-mandated Boards, Councils, and Commissions as well as various other steering/advisory

mechanisms. At the regional level, Title V supports community action and advisory teams, which convene local constituents and facilitate identification of local priorities and development of local plans of action.

Lastly, Title V funding plays a critical role in ensuring that the state's mothers, children, and youth are able to participate meaningfully in the state's assessment of priority needs, planning of policy and programmatic response strategies, monitoring and evaluation of programmatic efficiency and effectiveness, and definition of state policy and legislation.

### MCH Success Story

Established in 1980 and operating under the Louisiana Department of Health, the Louisiana Commission for the Deaf (LCD) serves as the state's principal agency for the promotion and protection of the basic rights and general welfare of the estimated 326,000 Deaf, DeafBlind, and Hard of Hearing (DDBHH) individuals in Louisiana.

In 2020, LCD launched a six-month, multi-phased, constituency-engaged needs assessment process. Inconsistent access to quality sign language interpreting services emerged as a priority need. Recognizing the pivotal role that qualified interpreters play in the education, health, safety, legal protection and social welfare of DDBHH constituents, LCD set an objective to establish a robust regulatory framework to improve access to quality interpretation services in the state.

During the 2022 Regular Session of the Louisiana Legislature, LCD supported the adoption of Act 128 ([R.S. 46:2351-2355](#)), expanding the Commission's authority to define minimum qualifications for sign language interpretation and develop a professional registry for various classifications of sign language interpreters, including those historically under the purview of the Louisiana Department of Education and the Louisiana Supreme Court. The adoption of Act 128 marked a turning point for ensuring statewide access to quality interpretation services. The amendment allowed LCD to define a uniform, statewide process for credentialing sign language interpreters. Individual government departments will then be required to align their respective policies with the statewide regulation, streamlining access to qualified interpreters for all government agencies as well as all non-government entities in the state.

Following adoption of Act 128, LCD completed a Statewide Interpreter Workforce Needs Assessment incorporating a literature review of national best practice research, statewide focus groups (DDBHH consumers, interpreters, hiring entities, etc.), and public surveys. Informed by the needs assessment and further engagement with community constituencies, LCD identified the minimum standards required for interpreters working in community and PreK-12 education settings. The proposed standards are currently moving through the state's rule-making process for approval, with the goal of publication in 2025, and full implementation of requirements by July 2026. LCD anticipates development of specific standards for additional settings, such as court/legal settings, in the near future.

Act 128 further empowered LCD to mobilize key constituents in the development of the [Louisiana Interpreter Registry](#). The Registry establishes a centralized, user-friendly database of interpreters who have met the minimum requirements defined by the state. Importantly, the registry also empowers DDBHH constituents with the ability to verify an interpreter's credentials.

LCD collaborates with the Louisiana Registry of Interpreters for the Deaf (LRID), Louisiana Association of the Deaf (LAD), the New Orleans Black Deaf Advocates (NOBDA), and others to offer professional development opportunities for interpreters, students pursuing interpreter credentials, and community members. These partnerships also support promotion of public understanding of the importance of communication access through high-skilled sign language interpreters.

This journey reflects more than just policy changes; it tells the story of a state coming together to ensure individuals who are Deaf, DeafBlind and Hard of Hearing have access to qualified sign language interpreters.

### Maternal and Child Health Bureau (MCHB) Discretionary Investments - Louisiana

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2024.

#### [List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.