# Table of Contents

Introduction ........................................................................................................................................ 3  
Our Injury Prevention Mission ........................................................................................................ 5  
Our Injury Prevention Vision ........................................................................................................... 5  
Louisiana’s Long-Term Injury Prevention Goals ............................................................................... 5  
Regional Map of Louisiana .................................................................................................................. 6  
Overview ........................................................................................................................................... 7  
Current Injury Prevention Programs .................................................................................................... 8  
Strategic Plan Development Process .................................................................................................. 10  
The Burden of Injury in Louisiana ....................................................................................................... 12  
  Homicide ........................................................................................................................................... 13  
  Suicide ............................................................................................................................................... 13  
  Motor Vehicle Crashes ...................................................................................................................... 14  
  Bullying, Youth, and Teen Dating Violence ...................................................................................... 14  
  Intimate Partner Violence and Sexual Violence .............................................................................. 15  
  Older Adult Falls ............................................................................................................................... 15  
  Drowning ......................................................................................................................................... 16  
  Child Abuse and Neglect .................................................................................................................. 16  
The 10 Leading Causes of Injury Deaths in Louisiana ....................................................................... 17  
Social–Ecological Model for Prevention .............................................................................................. 19  
Addressing Shared Risk and Protective Factors .................................................................................. 21  
Objectives and Strategies .................................................................................................................... 22  
Conclusion ........................................................................................................................................... 27  
Appendix I: Acronyms and Abbreviations ......................................................................................... 28  
Appendix II: Definitions ..................................................................................................................... 29  
Appendix III: Participants and Contributors .................................................................................... 31  
Appendix IV: 10 Leading Causes of Death in Louisiana, 2014–2018 ............................................... 33
Injuries impact Louisianans every day — they seem an unavoidable part of life. With a comprehensive approach to injury prevention that goes beyond one individual action at one moment in time, we can reduce the burden of injuries. Effective injury prevention analyzes risk and protective factors, informs policy, and influences environmental modifications to reduce the human and financial costs of injuries and violence.

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

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

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

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

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

Our Injury Prevention Vision

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

Louisiana’s Long-Term Injury Prevention Goals

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

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

<table>
<thead>
<tr>
<th>Region</th>
<th>Area</th>
<th>Parishes within Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>New Orleans</td>
<td>Jefferson, Orleans, Plaquemines, St. Bernard</td>
</tr>
<tr>
<td>2</td>
<td>Baton Rouge</td>
<td>Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, West Feliciana</td>
</tr>
<tr>
<td>3</td>
<td>Houma</td>
<td>Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, Terrebonne</td>
</tr>
<tr>
<td>4</td>
<td>Lafayette</td>
<td>Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermilion</td>
</tr>
<tr>
<td>5</td>
<td>Lake Charles</td>
<td>Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis</td>
</tr>
<tr>
<td>6</td>
<td>Alexandria</td>
<td>Avoyelles, Catahoula, Concordia, Grant, La Salle, Rapides, Vernon, Winn</td>
</tr>
<tr>
<td>7</td>
<td>Shreveport</td>
<td>Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine, Webster</td>
</tr>
<tr>
<td>8</td>
<td>Monroe</td>
<td>Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, West Carroll</td>
</tr>
<tr>
<td>9</td>
<td>Hammond/Slidell</td>
<td>Livingston, St. Helena, St. Tammany, Tangipahoa, Washington</td>
</tr>
</tbody>
</table>
BFH is housed within the Louisiana Department of Health’s Office of Public Health and works to promote the health of Louisiana families, from one generation to the next. BFH administers the state’s Title V Maternal and Child Health Block Grant program, the Title X Family Planning program, and many other initiatives designed to improve the health of men and women of reproductive age, pregnant women, and families, including children and youth with special healthcare needs.

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

- **Adverse Childhood Experiences (ACE) Educator Program**
  The ACE Educator Program offers ACEs trainings at no cost to organizations and community groups across Louisiana.

- **Adolescent School Health Program (ASHP) School-Based Health Centers**
  ASHP collaborates with schools, healthcare providers, and key stakeholders to safeguard access, reduce disparities, and encourage healthy transitions from adolescence to adulthood.

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

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

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

- **Emergency Medical Services for Children (EMSC)**
  Louisiana’s EMSC works to increase capacity of emergency responders and healthcare providers to reduce child and youth morbidity and mortality caused by acute illness or injury.
• **Family Support and Coaching Program (Home Visiting and Mental Health Consultation):**
  Family support and coaching services are offered through two different models: Nurse–Family Partnership (NFP) and Parents as Teachers (PAT). NFP pairs first-time moms with a registered nurse during their second or third trimester to help guide them through pregnancy and newborn care. PAT pairs families who are expecting a baby or have young children with parent educators who provide support, help families navigate services, and keep babies on track for a healthy life. Licensed mental health providers provide consultation to the home visitation program.

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

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

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

• **Pregnancy-Associated Mortality Review (PAMR):**
  PAMR is a comprehensive maternal mortality review program that works to quantify and understand maternal mortality by analyzing pregnancy-associated deaths and advancing recommendations for prevention of future deaths.

• **Pregnancy Risk Assessment Monitoring System (Louisiana PRAMS):**
  Louisiana PRAMS is an ongoing, population-based risk factor surveillance system designed to describe selected maternal behaviors and experiences that occur before and during pregnancy as well as during a child's early infancy.
Advantage Consulting, LLC (Atlanta, GA) was engaged to facilitate the design and development of the 2021–2025 injury prevention strategic planning process. The planning process commenced in February 2020 and was completed in October 2020. The entire process involved approximately 90 participants representing 38 state and community-based organizations. Due to the COVID-19 pandemic, the entire process was conducted virtually.

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

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

Next, seven planning sessions were held with community partners and stakeholders based on selected injury areas (e.g., older adult falls, drowning, motor vehicle collisions, etc.). The focus of these sessions was to define why these injury areas were important to address in Louisiana, to inventory what important work was already underway to address these issues, and to begin identifying strategies needed to reduce the incidence and prevalence of injury and death. The strategies were ultimately aligned with six prioritized shared risk and protective factors that best unified and integrated opportunities across multiple areas. The shared risk and protective factors, reframed as objectives, are listed in Figure 3 on page 11.
Five remaining sessions were conducted, each concentrating on a separate shared risk and protective factor. All sessions examined approaches to address increasing health equity. Participants in these meetings recommended strategies aimed at reducing the incidence of injury and violence, maximizing partner capacity, and aligning with the six shared risk and protective factors presented above. A combined total of 135 strategies and actions was submitted to BFH staff for their review and consideration for the five-year plan.

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

Based on the intensive review process, BFH adopted 8 critical injury target areas, 5 objectives based on the selected shared risk and protective factors, and 10 strategies as the focus of the five-year plan.
Every Louisianan is affected by injuries and violence, whether through direct experience or from the effects of the injury or death of a family member, friend, neighbor, or other close person. The ripple effects stretch beyond those first few degrees of separation and have social and economic impacts on whole communities and our state.

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

### Louisiana Injury & Violence Related Deaths (2014-2018)

- **Homicide**: 14.9%
- **Suicide**: 17.4%
- **Unintentional Injury**: 67.7%

#### Figure 4: Louisiana Injury and Violence Related Deaths

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

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

---


² Data Source: CDC WISQARS
Homicide

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

Suicide

Suicide is the 10th leading cause of death in the United States. In 2018, 48,344 Americans died by suicide, which accounts for more than $63 billion dollars in combined medical and work loss cost. Louisiana’s suicide costs per capita were 25th highest in the U.S. in 2014. The statewide crude rate of suicide was 15.5 per 100,000 in 2018, and rate for males was more than three times the rate for females. This gender disparity is reversed in nonfatal intentional self-harm emergency department visits and hospitalizations, where females are seen in emergency departments and hospitals almost 1.5 times that of males. In 2018, the total rate of hospitalization for nonfatal intentional self-harm was 30.6 per 100,000, and total rate of emergency department visits for nonfatal intentional self-harm was 142.7 per 100,000. Louisiana has existing infrastructure in place to prevent suicide that can be leveraged and coordinated for greater impact. Current efforts in suicide prevention include:

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

---

8 Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database. Available at: wonder.cdc.gov/ucd-icd10.html.
9 Louisiana Hospital Inpatient Discharge Database, 2018.
Motor Vehicle Crashes

Motor vehicle crashes are the leading cause of death in the United States. Since 2004, the rate of motor vehicle collision death per 100,000 has decreased from 15 to 12.\textsuperscript{10} Translating this to economic terms, the cost of medical care and productivity losses with motor vehicle traffic crashes exceeded $75 billion in 2017.\textsuperscript{11} In Louisiana, more than 700 fatalities occur per year from motor vehicle related causes.\textsuperscript{12} In 2018, the crude rate of traffic-related fatalities was 16.9 per 100,000 with the highest rate occurring in ages 25–34.\textsuperscript{13} Traffic-related incidents are the leading cause of death in children ages 1–14, and the leading cause of hospitalizations in ages 1–34.\textsuperscript{14} According to the 2019 Louisiana High School Youth Risk Behavior Survey (YRBS), 9.6% of youth responded that they drove when they had been drinking alcohol, 24.5% responded that they rode with a driver who had been drinking alcohol, and 42.6% reported that they texted or e-mailed while driving a car or other vehicle.\textsuperscript{15} Currently, Louisiana has updated its child passenger safety law to be one of the most protective in the country. The state is working to strengthen its graduated drivers licensing program and implement new statewide and local partnerships (e.g., car seat distribution), Louisiana Passenger Task Force trainings, and education programs in schools to curtail injuries caused by motor vehicle crashes.

Bullying, Youth, and Teen Dating Violence

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

\begin{itemize}
\item \textsuperscript{12} Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database. Available at: http://wonder.cdc.gov/ucd-icd10.html.
\item \textsuperscript{13} Louisiana Vital Records and Statistics, 2018.
\item \textsuperscript{14} Louisiana Hospital Inpatient Discharge Database, 2018.
\item \textsuperscript{15} Centers for Disease Control and Prevention. 2019 Louisiana Youth Risk Behavior Survey Data. Available at: https://www.cdc.gov/yrbs.
\item \textsuperscript{17} Brimblecombe N;Evans-Lacko S;Knapp M;King D;Takizawa R;Maughan B;Arseneault L.; (n.d.). Long term economic impact associated with childhood bullying victimisation. Retrieved September 05, 2020, from https://pubmed.ncbi.nlm.nih.gov/29803971/.
\item \textsuperscript{18} Centers for Disease Control and Prevention. 2019 Louisiana Youth Risk Behavior Survey Data. Available at: https://www.cdc.gov/yrbs.
\end{itemize}
Intimate Partner Violence and Sexual Violence

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

Older Adult Falls

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

2021–2025 Injury Prevention Strategic Action Plan
Drowning

From 2005 to 2014, there was an average of 3,536 fatal unintentional drownings (non-boating related) annually in the United States — about 10 deaths per day. An additional 332 people died each year from drowning in boating-related incidents. About one in five people who die from drowning are children aged 14 years and younger.26 Louisiana has the highest rate of drowning in the U.S. for children aged 0–14 years. From 2016 to 2018, 64 infants and children in Louisiana died from drowning, which was the third leading cause of injury-related death in children under 15.27 In 2018, there were more than 250 emergency department visits and 75 deaths in all ages groups in Louisiana related to drowning; more than two-thirds of those deaths were males.28 Louisiana has forged relationships with community-based partners to provide water safety and swim lessons to underserved areas and trainings for construction and permit enforcement professionals on standards in the 2018 International Swimming Pool and Spa Code.

Child Abuse and Neglect

In 2018, an estimated 678,000 children (unique incidents) were victims of abuse and neglect by caregivers in the U.S., which is around 1% of children, and an estimated 1,770 children died from abuse and neglect.29 Including costs of medical treatment, police investigations, and future impact, child abuse can cost the U.S. economy around $2 trillion dollars each year.30 In Louisiana in 2018, there were almost 10,000 substantiated cases of caregiver-perpetrated child maltreatment, with about 25% of those victims being less than 1 year old. Neglect accounted for 90.7% of the types of maltreatment of the child victims. The fatality rate among children subject of an investigated report alleging child maltreatment was 2.3 per 100,000 in Louisiana in 2018. From 2016 to 2018, 73% of Louisiana’s homicides in infants were due to Abusive Head Trauma (AHT). Among the many factors contributing to Louisiana’s efforts to prevent child abuse and neglect are the implementation of evidence-based home visitation, mental health consultation, parenting skills resources like PAT, ACEs Educator Program, promoting trauma-informed care and resiliency, and better data sharing among Department of Children and Family Services (DCFS), BFH, and CDR.

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

To prevent unintentional poisonings (primarily opioid overdoses, which contribute to most of these deaths), LDH is implementing massive efforts to impact prevention, treatment, recovery and surveillance services. These activities are primarily led by the Office of Behavioral Health and Bureau of Health Informatics. More information can be found at LDH’s OPIOIDS: The Problem and Challenge in Louisiana website.

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

For more information about the leading causes of death in Louisiana, see Appendix IV.
### Table 2: 10 Leading Causes of Injury Deaths in Louisiana, 2014–2018

<table>
<thead>
<tr>
<th>Rank</th>
<th>Age Groups</th>
<th>All Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unintentional Suffocation</td>
<td>317</td>
</tr>
<tr>
<td>2</td>
<td>Homicide Other Spec., classifiable</td>
<td>16</td>
</tr>
<tr>
<td>3</td>
<td>Unintentional MV Traffic</td>
<td>16</td>
</tr>
<tr>
<td>4</td>
<td>Homicide Unspecified</td>
<td>14</td>
</tr>
<tr>
<td>5</td>
<td>Unintentional Drowning</td>
<td>20</td>
</tr>
<tr>
<td>6</td>
<td>Unintentional Natural/ Environment</td>
<td>19</td>
</tr>
<tr>
<td>7</td>
<td>Adverse Effects</td>
<td>10</td>
</tr>
<tr>
<td>8</td>
<td>Five Tied</td>
<td>36</td>
</tr>
<tr>
<td>9</td>
<td>Five Tied</td>
<td>32</td>
</tr>
<tr>
<td>10</td>
<td>Five Tied</td>
<td>19</td>
</tr>
</tbody>
</table>

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

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

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System
In developing and finalizing strategies, Louisiana BFH staff used the CDC Social–Ecological Model for Prevention.  

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

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

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

---

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

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

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

| Table 2: Social–Ecological Model Stratified by Priority Objectives and Supporting Strategies |
|----------------------------------|-----------------|-----------------|-----------------|-----------------|
|                                   | Individual     | Relationship    | Community       | Societal        |
| Increase the coordination of resources and services across government agencies and community organizations | ✓              | ✓               | ✓               |
| Increase the practice of making data-informed decisions |                |                 | ✓               |
| Increase the development of policies and laws aligned with the best available evidence for injury and violence prevention |                |                 | ✓               | ✓               |
| Increase community connectedness to strengthen injury prevention networks | ✓              | ✓               | ✓               | ✓               |
| Increase healthy behaviors and the use of best practice health education and awareness | ✓              | ✓               | ✓               | ✓               |
Different forms of injury are interconnected and often share the same root causes. Understanding the overlapping causes of injury and violence and the things that can protect people and communities can help us better address injury in all its forms. Put simply, a risk factor increases the likelihood of injuries or violence. A protective factor decreases this likelihood. By looking at risk and protective factors that are shared across different types of injury and violence, we intend to maximize our impact by coordinating the deployment of resources — human, financial, and cross-organizational (partnerships) — across multiple critical areas.

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

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

The strategies selected in each of these areas also address social equity as an important focus.
Objective 1. Increase the coordination of resources and services across governmental agencies and community organizations.

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

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

Implementation Partners
Internal: Injury Prevention Leads, Injury-Free Louisiana (IFLA) Coordinator, ACE Educator Program Coordinator, Trauma and Resiliency Strategy Lead
External: Well-Ahead Louisiana, Office of Aging and Adult Services (OAAS), OBH, DCFS, Governor’s Office, community coalitions, community-based advocacy, and other prevention partners

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

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

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

Implementation Partners
Internal: Injury Prevention Team, Trauma and Resilience Strategy Lead, Family Engagement Workgroup, Health Equity Action Team, MCH Coordinators
External: Community Advisory Action Teams (CAATs), OPH Office of Community Engagement, Well-Ahead Louisiana, Bureau of Planning and Performance
Progress Indicator
Increased # of new and diverse partners at the state and local level actively involved in community initiatives.

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

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

Implementation Partners
Internal: Communications Unit within Strategy, Policy, Alignment, Communication, and Equity (SPACE)
External: OBH, OAAS, LDOE, DCFS, Louisiana Coalition Against Domestic Violence (LCADV), Louisiana Foundation Against Sexual Assault (LaFASA), VIA LINK, Louisiana Partnership for Children and Families, myCommunity CARES, Governor’s Office, other prevention partners

Progress Indicator
Increased # of consumers using platforms to prevent injury.

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

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

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

Progress Indicator
Increased # of societal and community level initiatives launched.
Objective 2. Increase the practice of making data informed decisions.

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

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

Implementation Partners
Internal: Injury Prevention Team, Communications Unit within SPACE
External: IFLA partners, Bureau of Health Informatics (BHI), DCFS, OBH

Progress Indicator
Increased # of data sets.

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

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

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

Implementation Partners
Internal: Injury Prevention Team, SPACE Team
External: Louisiana Public Health Institute (LPHI), IFLA partners, Louisiana Partnership for Children and Families, Louisiana Legislature, Governor’s Office, coroners, Well-Ahead Louisiana, OAAS, academia

Progress Indicator
Increased # of policies implemented.
Objective 4. Increase community connectedness to strengthen injury prevention networks.

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

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

**Implementation Partners**
Internal: Trauma and Resiliency Strategy Coordinator, ACE Educator Program Coordinator, mental health consultants
External: My Community Cares, Children and Youth Planning Boards, LPHI, community coalitions, DCFS, OBH, VA, American Foundation for Suicide Prevention (ASFP) Louisiana Chapter, Children’s Justice Act Taskforce, academia (e.g., Tulane University, University of Louisiana at Lafayette — Picard Center for Child Development)

**Progress Indicator**
Increased # of individuals trained on trauma-informed approaches.

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

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

**Implementation Partners**
Internal: Bureau of Family Health programs and partners
External: CAATs, academia, community coalitions, other prevention partners

**Progress Indicator**
Increased # of entities engaging with BFH around injury prevention topics and being exposed to injury prevention content
Objective 5. Increase healthy behaviors and the use of best practice health education and awareness.

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

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

Implementation Partners
Internal: Title V/HEAT Family Engagement Workgroup, OPH regional staff
External: Human Service Districts (HSDs), DCFS, 211

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

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

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

Implementation Partners
Internal: DAT, Communications Unit within SPACE
External: Prevention partners determined by the focus of the campaign(s)

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

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

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

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

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

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

**Drowning:** To suffocate by submersion especially in water.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Youth Violence**: The intentional use of physical force or power to threaten or harm others by young people ages 10–24.
Appendix III: Participants and Contributors

Community Partners

Kristie Bardell  Louisiana Public Health Institute, Managing Director
Daisha Bonhomme  Well-Ahead Louisiana, WellSpot Designation Manager
Louise Bourgeois  eQhealth, QI Manager
Amanda Brunson  Governor’s Office, Director of Women’s Policy
Wayne Delarge  New Orleans Police Department, Commander of Homicide Section
Melanie Dillon  New Orleans Police Department, Sergeant Homicide Section
Susan East Nelson  Louisiana Partnership for Children and Families, Executive Director
Paula Fenter  LSU Health Sciences Center, Associate Professor of Physical Therapy
Lisa Freeman  Louisiana Highway Safety Commission, Executive Director
Jasmine Harkless  Office of Behavioral Health, Suicide Prevention Specialist
Stephanie Jodeir  Bureau of Chronic Disease Prevention, School Health Manager
Antinea Johnson  Well-Ahead LA, Early Childhood Coordinator
Mark Joiner  Louisiana State Uniform Construction Code Council, Administrator; State Fire Marshal
Michelle Lackovic  Louisiana Public Health Institute, Epidemiologist
Danita LeBlanc  Office of Behavioral Health, Social Worker
Dusty Lyons  Capital Area Agency on Aging, Program Manager
Stan McCallon  LSU Shreveport Department of Physical Therapy, Assistant Dean of Clinical Affairs
Shirley Merrick  Governor’s Office of Elderly Affairs, Executive Director
Lori Miller  Department of Child and Family Services, CAPTA Coordinator
Jessie Nieblas  LaFASA, Director of Education
Amanda Perry  Emergency Medical Services for Children, Manager
Jocelyn Pinkerton  New Orleans Health Department, Blueprint for Safety Coordinator
Linda Sadden  Office of Aging and Adult Services, Medical Certification Manager
Jasmine Thomas  Office of Behavioral Health, Suicide Prevention Specialist
Robyn Thomas  Office of Behavioral Health, Suicide Prevention Coordinator
Joey Vining  Children’s Water Safety Awareness, President
Maeve Wallace  Tulane School of Public Health and Tropical Medicine, Assistant Professor
Melissa Williams  The Haven, Training Coordinator
Mariah Wineski  Louisiana Coalition Against Domestic Violence, Executive Director
## BFH Staff

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jia Benno</td>
<td>Mortality Epidemiologist</td>
</tr>
<tr>
<td>Faith Boudreaux</td>
<td>Adolescent School Health Program, Program Manager</td>
</tr>
<tr>
<td>Nicole Cousins</td>
<td>DAT Program Assistant</td>
</tr>
<tr>
<td>Sara Dickerson</td>
<td>Maternal Child Health Coordinator</td>
</tr>
<tr>
<td>Gina Easterly</td>
<td>Family and Community Systems</td>
</tr>
<tr>
<td>Norah Friar</td>
<td>NVDRS Epidemiologist</td>
</tr>
<tr>
<td>Jane Herwehe</td>
<td>Lead Data Action Team/ Injury Director</td>
</tr>
<tr>
<td>Julie Johnston</td>
<td>Title V Family Leader/ LBDMN Program Manager</td>
</tr>
<tr>
<td>Liz Keenan</td>
<td>Title V Strategy Manager</td>
</tr>
<tr>
<td>Chloe Lake</td>
<td>Health Education and Communication Coordinator</td>
</tr>
<tr>
<td>Jennifer Le</td>
<td>Injury Epidemiologist</td>
</tr>
<tr>
<td>Caitlin LaVine</td>
<td>ACE Educator Program Coordinator</td>
</tr>
<tr>
<td>Jason Lochmann</td>
<td>Health Education and Communications Specialist</td>
</tr>
<tr>
<td>CJ McCullough</td>
<td>Title V Program Coordinator</td>
</tr>
<tr>
<td>Dionka Pierce</td>
<td>Program Manager</td>
</tr>
<tr>
<td>Kristen Sanderson</td>
<td>Injury Prevention Coordinator</td>
</tr>
<tr>
<td>Rosaria Trichilo</td>
<td>Statewide Surveillance Manager</td>
</tr>
<tr>
<td>Claudia Washington</td>
<td>Adolescent School Health Program, Program Monitor</td>
</tr>
<tr>
<td>Karen Webb</td>
<td>Sexual Violence Prevention Coordinator</td>
</tr>
<tr>
<td>Sonia Williams</td>
<td>IFLA Academy Training Coordinator</td>
</tr>
</tbody>
</table>

## Advantage Consulting Team

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris Allers, PhD</td>
<td>Partner</td>
</tr>
<tr>
<td>Ben Lang</td>
<td>Associate</td>
</tr>
<tr>
<td>Mathew George</td>
<td>Associate</td>
</tr>
</tbody>
</table>
### Appendix IV: 10 Leading Causes of Death in Louisiana, 2014-2018

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Rank</th>
<th>1-4</th>
<th>5-9</th>
<th>10-14</th>
<th>15-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
<th>All Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>&lt;1</td>
<td>1-4</td>
<td>5-9</td>
<td>10-14</td>
<td>15-24</td>
<td>25-34</td>
<td>35-44</td>
<td>45-54</td>
<td>55-64</td>
<td>65+</td>
</tr>
<tr>
<td>1</td>
<td>Short Gestation</td>
<td>495</td>
<td>235</td>
<td>117</td>
<td>103</td>
<td>1,171</td>
<td>2,119</td>
<td>2,016</td>
<td>3,334</td>
<td>10,818</td>
<td>40,345</td>
</tr>
<tr>
<td>2</td>
<td>Congenital Anomalies</td>
<td>462</td>
<td>49</td>
<td>19</td>
<td>22</td>
<td>851</td>
<td>880</td>
<td>1,333</td>
<td>3,672</td>
<td>8,729</td>
<td>30,941</td>
</tr>
<tr>
<td>3</td>
<td>Unintentional Injury</td>
<td>354</td>
<td>46</td>
<td>19</td>
<td>27</td>
<td>451</td>
<td>656</td>
<td>542</td>
<td>2,049</td>
<td>1,891</td>
<td>10,097</td>
</tr>
<tr>
<td>4</td>
<td>SIDS</td>
<td>195</td>
<td>33</td>
<td>14</td>
<td>24</td>
<td>111</td>
<td>429</td>
<td>559</td>
<td>646</td>
<td>1,569</td>
<td>9,371</td>
</tr>
<tr>
<td>5</td>
<td>Maternal Pregnancy Comp.</td>
<td>67</td>
<td>20</td>
<td>---</td>
<td>12</td>
<td>106</td>
<td>307</td>
<td>513</td>
<td>638</td>
<td>1,460</td>
<td>9,365</td>
</tr>
<tr>
<td>6</td>
<td>Respiratory Disease 52</td>
<td>17</td>
<td>11</td>
<td>27</td>
<td>27</td>
<td>103</td>
<td>196</td>
<td>582</td>
<td>968</td>
<td>4,314</td>
<td>6,498</td>
</tr>
<tr>
<td>7</td>
<td>Circulatory System Disease 50</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>8</td>
<td>Septicemia</td>
<td>27</td>
<td>27</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>3,738</td>
</tr>
<tr>
<td>9</td>
<td>Placenta Cord Membranes</td>
<td>47</td>
<td>47</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>3,094</td>
</tr>
</tbody>
</table>

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

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

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