What's Shaping Louisiana's Future?

Population change, health disparities, and the road ahead

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CONTENTS

EXECUTIVE SUMMARY

Demography — the study of how populations change through fertility, mortality, and migration — provides essential insight for understanding social and economic conditions. Population trends shape labor markets, healthcare demand, education systems, and long-term economic development. For policymakers, demographic data provide a critical evidence base for planning and resource allocation.

For Louisiana, demographic analysis is particularly important at this moment. The state faces slow population growth, sustained out-migration, and persistent health disparities that together affect workforce development, economic competitiveness, and public health systems. Understanding how demographic trends intersect with health outcomes is essential for identifying effective policy responses and strengthening Louisiana's long-term demographic resilience.

This report examines Louisiana's demographic and health landscape using recent data from national and state sources. It analyzes population change, fertility patterns, migration, and age structure, while also assessing key public health indicators including maternal and infant health outcomes, mortality patterns, and healthcare access. Together, these measures provide a comprehensive view of the demographic forces shaping Louisiana today. Several major findings emerge.

Population change and migration.

Louisiana's population grew modestly from 4.2 million in 1990 to approximately 4.6 million in 2020 but has declined since then due largely to net out-migration. Population losses are concentrated in rural parishes, while only a small number of urban parishes have experienced growth.

Demographic structure.

The state's population is aging at roughly the national pace, with a median age of 38.7 and 17.4% of residents aged 65 and older in 2023. Louisiana also has relatively low immigration and linguistic diversity compared to the United States, limiting demographic renewal and future workforce growth.

Fertility patterns.

Louisiana's total fertility rate (1.829) remained slightly above the national average (1.621) in 2023, but has declined steadily (by 0.33 children) over the past two decades. Fertility varies widely across parishes, with higher rates generally concentrated in rural areas.

Teen births.

Louisiana ranks third in the nation for teen births. Although rates have declined substantially since the mid-2000s, they remain significantly above the national average (23.7 births per 1,000 females aged 15-19 compared to 13.6), and they are strongly associated with socioeconomic disadvantage.

Maternal and infant health outcomes.

Louisiana faces significant challenges in maternal and child health. The state's infant mortality rate and prevalence of low birth weight remain among the highest in the nation. Maternal mortality rates are also elevated, with many pregnancy-related deaths considered preventable.

Health disparities.

Substantial racial/ethnic disparities persist across key health indicators. Black women and infants experience disproportionately high rates of maternal mortality, infant mortality, and adverse birth outcomes.

Healthcare access.

Medicaid expansion has reduced the uninsured rate to approximately 5.2%, improving access to healthcare. However, many areas remain underserved, including several maternal health deserts where obstetric care is unavailable.

Broader health challenges.

Louisiana continues to face high mortality from chronic disease and injury, including elevated rates of heart disease, firearm deaths, and overdose.

Conclusion

Overall, Louisiana's demographic and health trends reflect both modest progress and persistent structural challenges. Addressing these issues will require coordinated policies that expand healthcare access, strengthen maternal and child health services, reduce racial/ethnic as well as urban/rural health disparities and address the socioeconomic conditions that shape population health. By providing a clear analysis of population dynamics and health outcomes, this report aims to support evidence-based policy decisions that can improve the well-being and long-term resilience of Louisiana's population.

INTRODUCTION

Demography is the scientific study of human populations—how they change in size, structure, and geographic distribution over time. These dynamics are primarily shaped by three fundamental processes: fertility (births), mortality (deaths), and migration (movement of people across regions). Together, these forces determine how populations grow, age, and redistribute geographically. Demographic analysis therefore provides a powerful lens through which to understand not only population trends but also the broader social, economic, and health conditions that shape the well-being of communities.

Demography plays a central role in evidence-based decision-making. Governments rely on demographic data to plan for housing, education systems, transportation infrastructure, and healthcare services. Economic planners use demographic projections to anticipate workforce needs and economic growth, while businesses use population insights to guide market investments and targeted outreach. Demographic evidence also informs policy debates around population aging, migration patterns, family formation, and resource allocation. In short, demography provides the empirical foundation for decisions that affect the long-term stability and prosperity of societies.

For Louisiana, demographic analysis is particularly important at this moment. The state is experiencing a complex set of population changes that have significant implications for economic vitality, public health, and social equity. Louisiana experienced a rapid decline in population over the past decade, largely driven by sustained out-migration rather than declining birthrates (1). While this trend stabilized in the past two years, we still see declining populations in our urban centers (2). These shifts are reshaping the geographic distribution of residents, placing new pressures on local economies, healthcare systems, schools, and infrastructure.

Louisiana also faces persistent health challenges that intersect closely with demographic conditions. For the fourth consecutive year, we rank 50th in the nation for overall health, according to United Health's America's Health Rankings 2025 Annual Report, attributable to our high rates of chronic disease and premature mortality, as well as our poor maternal and child health outcomes (3). We also rank 50th in the nation on women and children's health, holding some of the worst indicators nationally on maternal mortality, severe maternal morbidity, infant mortality, low birth weight, and sexually transmitted diseases (4). These outcomes are not evenly distributed across the population. Disparities are well documented across race, income, education, and geography, particularly affecting rural communities and Black residents. Demographic analysis helps illuminate how these disparities emerge and where policy interventions may be most effective.

Understanding these population dynamics is also critical for Louisiana's long-term economic future. A shrinking or stagnating population can limit labor force growth and economic competitiveness, particularly in a state with relatively low levels of immigration and limited demographic renewal. An aging population and high burden of chronic disease place increasing pressure on healthcare systems and public resources. Fertility patterns, migration flows, and health outcomes play a central role in shaping Louisiana's workforce, economic productivity, and fiscal sustainability in the decades ahead.

This report provides a comprehensive overview of Louisiana's demographic and health landscape, examining how demographic trends intersect with major public health outcomes and structural inequalities. Drawing on data from the U.S. Census Bureau, the Centers for Disease Control and Prevention, the Louisiana Department of Health, and other national and state sources, the report analyzes patterns in population change, age structure, fertility, and migration. It then examines a series of key health indicators, including teen births, low birth weight, infant mortality, intrauterine fetal demise, maternal mortality, and overall mortality patterns, as well as healthcare access and insurance coverage.

Taken together, these indicators offer a detailed portrait of Louisiana's population dynamics and health conditions. The report highlights areas where progress has occurred while also identifying persistent challenges and disparities that continue to shape outcomes across communities. By situating health outcomes within broader demographic trends, the analysis underscores how population change, socioeconomic conditions, and health systems interact to influence the well-being of Louisiana residents.

Ultimately, the goal of this report is to provide a data-driven foundation for policymakers, researchers, and community leaders seeking to strengthen Louisiana's future. A clear understanding of demographic trends can help guide investments in healthcare, education, economic development, and social policy. By grounding these discussions in demographic evidence, Louisiana can better address current challenges while building a healthier, more resilient population in the years ahead.

METHODS

Data Sources

This report draws on publicly available demographic and health data from multiple national and state sources to examine population trends and health outcomes in Louisiana. Primary demographic data were obtained from the U.S. Census Bureau, including decennial census data, the American Community Survey (ACS), and the Population Estimates Program (5,6), which provide information on population size, age structure, migration, language use, and foreign-born populations.

ital statistics on fertility, births, and mortality were obtained primarily from the National Center for Health Statistics (NCHS) through the Centers for Disease Control and Prevention (CDC), including the National Vital Statistics System and the CDC WONDER Database (7,8). These sources provide standardized data on births, deaths, fertility rates, infant mortality, intrauterine fetal demise (IUFD), and maternal mortality.

State-level maternal and child health indicators were drawn from the Louisiana Department of Health (LDH) and the Louisiana Bureau of Vital Statistics (9,10), including parish-level estimates for fertility, low birth weight, infant mortality, and maternal health outcomes. Additional health indicators, including insurance coverage and selected public health metrics, were obtained from sources such as America's Health Rankings (3,4), the Behavioral Risk Factor Surveillance System (BRFSS) data (11), and other publicly available health data systems. All data sources are noted by graph or table.

Indicators

The report focuses on key demographic and health indicators that reflect population change and population health conditions in Louisiana. Demographic indicators include total population size, population growth and decline, migration patterns, age distribution, and linguistic and immigration characteristics. Fertility measures include the Total Fertility Rate (TFR) and the General Fertility Rate and the General Fertitlity Rate (GFR), which capture birth rates among women of reproductive age. TFR is a sum of age-specific fertility rates, which is used to estimate the average number of children a woman may have in her reproductive lifetime. GFR is a calculation of the number of live births in a year per 1,000 women of reproductive age.

Maternal and child health indicators include teen birth rates, low birth weight prevalence, infant mortality rates, rates of intrauterine fetal demise (IUFD), and maternal mortality ratios. Additional health indicators include overall mortality rates, leading causes of death, cancer incidence and mortality, and health insurance coverage. Where possible, indicators are presented both at the state level and at the parish level, allowing examination of geographic variation across Louisiana.

Anayltic Approach

This report uses a descriptive demographic analysis to examine population trends and health outcomes in Louisiana over time. Historical trends were analyzed using longitudinal data from approximately 1990 through the most recent available year, depending on the indicator and data source. Rates and ratios were calculated using standard demographic definitions, such as births per 1,000 women of reproductive age for fertility rates and deaths per 1,000 live births for infant mortality.

Comparative analyses were conducted to situate Louisiana's demographic and health indicators relative to national averages and, where relevant, to neighboring Southern states including Texas, Florida, Alabama, and Mississippi. Geographic variation within Louisiana was examined through parish-level data and visualized through figures and maps presented throughout the report.

Results are presented using a combination of tables, figures, and descriptive summaries to illustrate key demographic and health patterns. Tables provide summary statistics and cross-state comparisons, while figures display temporal trends and geographic variation across parishes.

Methodological Limitations

Several limitations should be noted. The analysis relies primarily on secondary administrative and survey data, which may be subject to reporting delays, revisions, or differences in measurement across years. Some parish-level estimates may be based on relatively small numbers of events, which can result in unstable rates or missing data in certain locations. Additionally, while this report documents associations between demographic trends and health outcomes, it does not attempt to establish causal relationships. Despite these limitations, the combination of multiple national and state data systems provides a robust overview of Louisiana's demographic conditions and health outcomes, enabling a comprehensive assessment of population dynamics and their implications for public policy.

RESULTS

Population Dynamics

Louisiana ranks 25th among U.S. states in population size, with an estimated 4.6 million residents. The state capital is Baton Rouge. The most populous city is New Orleans.

Change in population size has been modest from 1990-2020, increasing marginally from 4.2 million to 4.6 million during this long 30-year period (Table 1 and Figure 1), with indications of decline to stagnation in more recent projections (1-3).

Table 1: Louisiana's Total Population and Percentage Annual Growth Rate, 1980-2020

Year	Population	% Annual Growth Rate
1990	4,219,973	0.03
2000	4,468,976	0.57
2010	4,533,372	0.14
2020	4,657,757	0.27

Source: US Census Bureau

Figure 1: Louisiana's Total Population and Percentage Annual Growth Rate, 1990-2020

Source: US Census Bureau

Since 2020, population data indicate a consistent decline in Louisiana's population, except for a modest rebound in 2024 (Figure 2). This trend confirms a negative population growth rate through 2023, followed by a 0.21% increase in 2024. The primary factor driving the overall decline appears to be net out-migration from the state. Although natural population growth (the excess of births over deaths) remained positive during 2020–2024, the outflow of residents offset this gain, leading to an overall population decrease. Table 2 presents cumulative estimates of resident population changes in Louisiana, the South Region, and the United States between April 1, 2020, and July 1, 2024.

Figure 2: Louisiana's State Population vs. Population Growth Rate from 2021 to 2024

Source: US Census Bureau

Table 2: Cumulative Estimates of the Components of Resident Population Change for Louisiana, the South Region, and the United States, April 1, 2020, to July 1, 2024

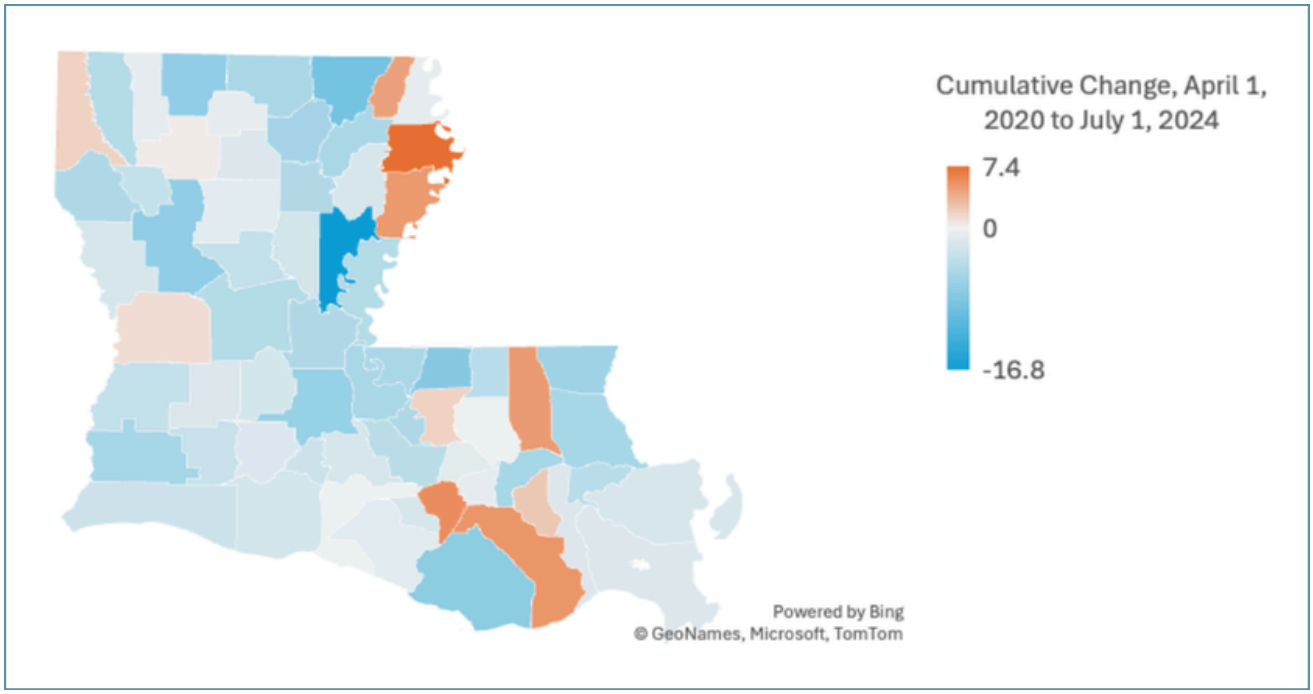
State/Region	Total Population Change	Births	Deaths	Total Net Migration	Migration (% of population)
Louisiana	-60,134	237,446	228,482	-70,376	-1.51%
Southern United States	6,384,156	6,214,328	5,655,385	5,802,546	+4.60%
Total United States	8,595,252	15,413,421	13,988,011	7,162,842	+2.16%

Source: U.S. Census Bureau, Populations Division

Another clear indicator of Louisiana's population decline, largely driven by outmigration, emerges from parish-level data, as illustrated in Figures 3 and 4. Between April 2020 and July 2024, many parishes experienced significant population losses, with an average decrease of 2.5% across the state. In the graph, parishes with net loss are shown in blue, while those with positive change are shown in orange. As evident from the figures, most parishes recorded population declines.

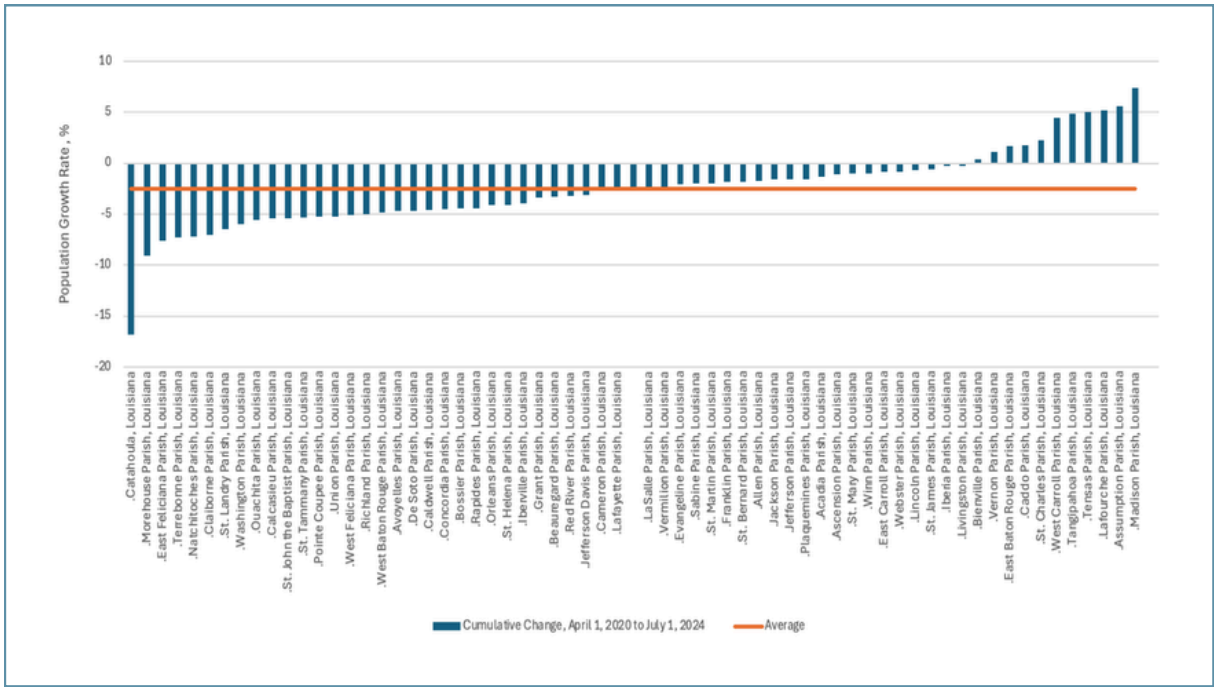
Among those with the largest decreases were Catahoula Parish (–16.8%) and Morehouse Parish (–9.1%). Only 11 of Louisiana's 64 parishes registered population growth during this period. These include Bienville (+0.4%), Vernon (+1.1%), East Baton Rouge (+1.7%), Caddo (+1.8%), St. Charles (+2.3%), West Carroll (+4.5%), Tangipahoa (+4.9%), Tensas (+5.0%), Lafourche (+5.2%), Assumption (+5.6%), and Madison (+7.4%).

Figure 3: Cumulative Estimates of Resident Population Change for Parishes in Louisiana, April 1, 2020 to July 1, 2024



Source: U.S. Census Bureau

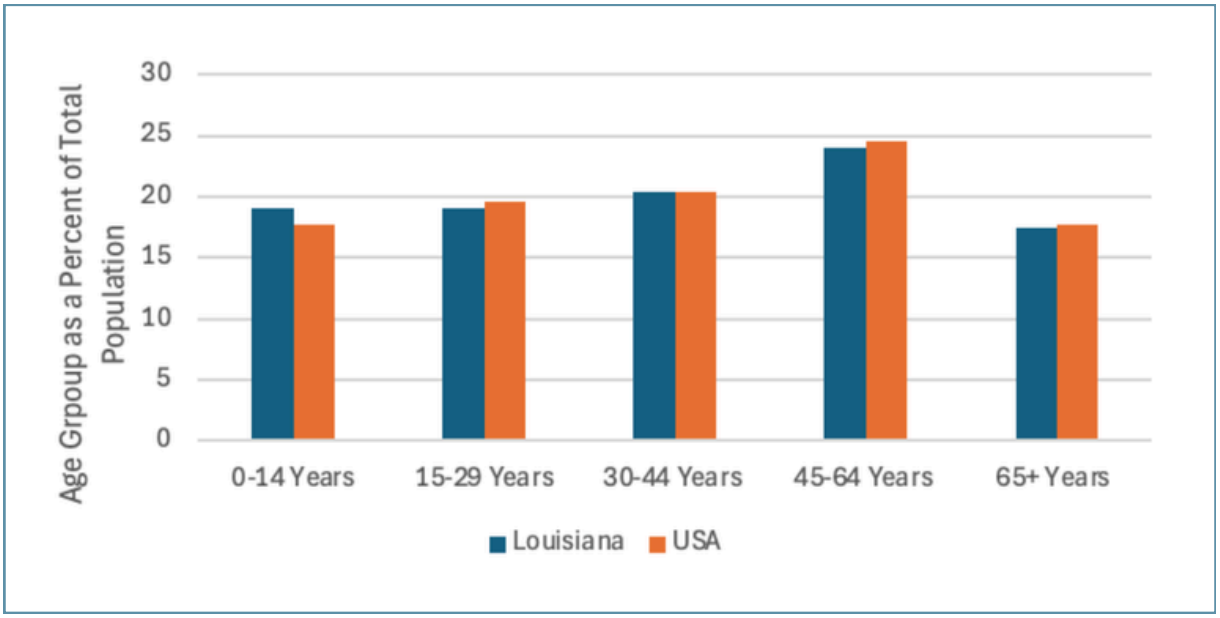
Figure 4: Cumulative Estimates of Resident Population Change for Parishes in Louisiana, April 1, 2020 to July 1, 2024



Source: US Census Bureau

As of 2023, Louisiana's median age of 37.8 is slightly below the U.S. median of 39.0, indicating that Louisiana's population is aging at nearly the same pace as the national population. Figure 5 illustrates the state's age distribution in comparison to the national profile. Currently, 17.4% of Louisiana residents are aged 65 and older, compared to 17.7% nationwide.

Figure 5: Louisiana Population Distribution by Age Group, 2023



Source: US Census Bureau

Fertility

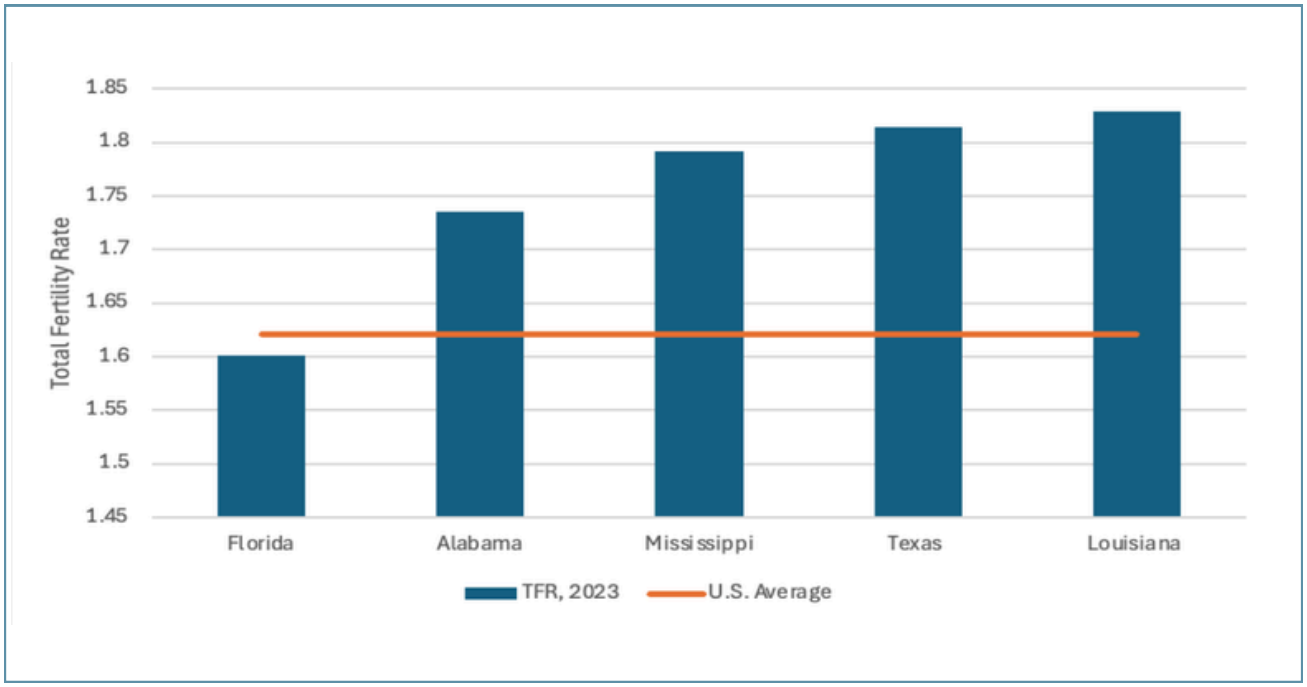
Louisiana's general fertility rate is 60.4 births per 1,000 women aged 15–44 (2023), slightly above the national average of 55.4. The state accounts for approximately 1.38% of the U.S. female population of childbearing age (U.S. Census Bureau, 2023). Table 3 and Figure 6 present the Total Fertility Rates (TFRs) for Louisiana and comparable Southern states (Texas, Florida, Alabama, and Mississippi), along with the U.S. average for 2023. The data show that among these states, Louisiana records the highest TFR—just above 1.8. Moreover, nearly all Southern states depicted in the figure exhibit TFRs notably higher than the U.S. average of slightly above 1.6.

Table 3: Total Fertility Rates by State, 2023

State	TFR
Louisiana	1.829
Texas	1.814
Florida	1.601
Alabama	1.735
Mississippi	1.792
United States	1.621

Source: National Vital Statistics Reports

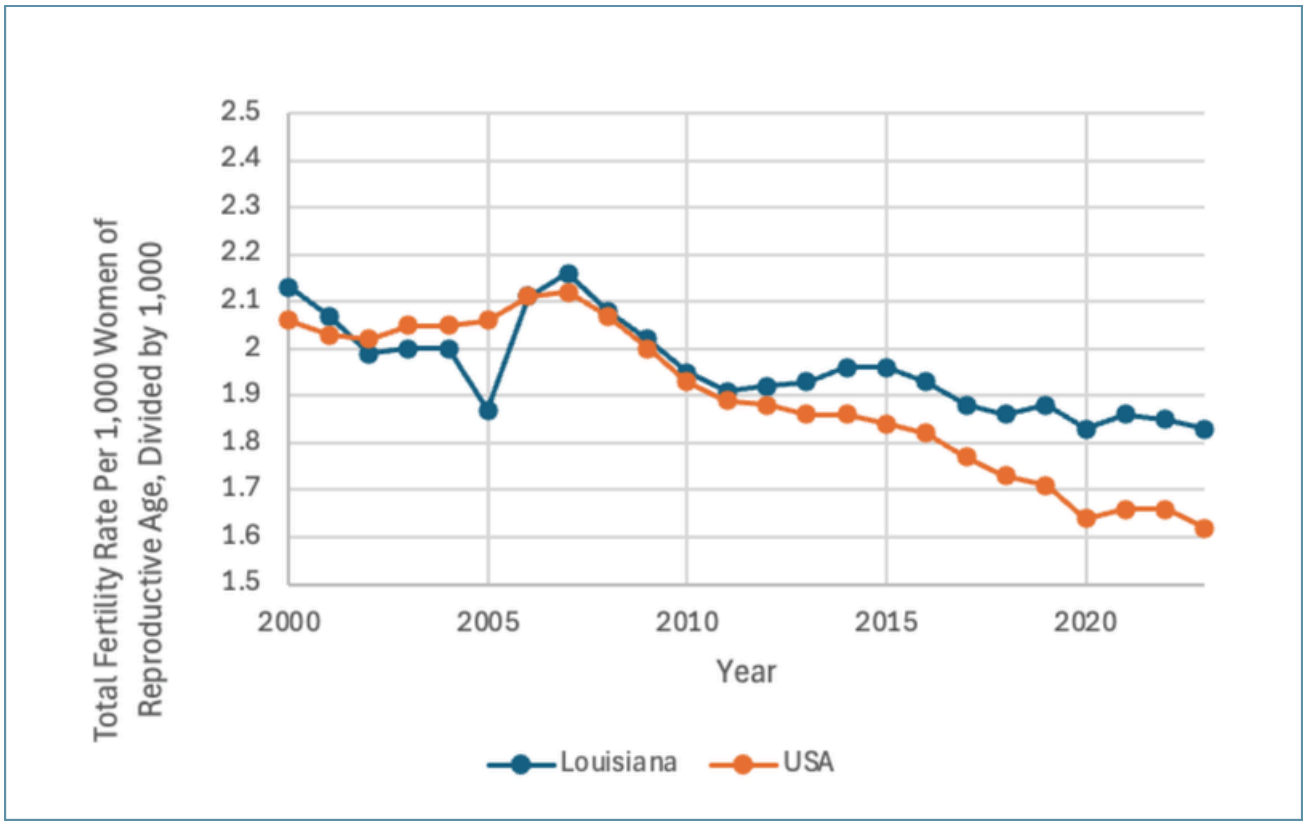
Figure 6: Total Fertility Rates by State, 2023



Source: National Vital Statistics Reports

Figure 7 displays Louisiana's TFR trend from 2000 to 2023, compared to the United States average. Currently, the United States is showing a downward fertility trend, with the TFR dropping below 2.0 in 2010. Since 2010, it has slightly declined every year, with the TFR being 1.93 in 2010, 1.84 in 2015, 1.64 in 2020, and 1.62 in 2023. Compared to the United States average, Louisiana has faced a less steady decline. Overall, the TFR in Louisiana has gradually declined by about 0.33 children over the past 23 years, indicating a slow but steady downward trend. However, there have been some fluctuations, moving from 2.13 in 2000 to 1.82 in 2005, peaking at 2.16 in 2007, then declining to 1.95 in 2010, 1.96 in 2015, 1.83 in 2020 and 1.86 in 2021.

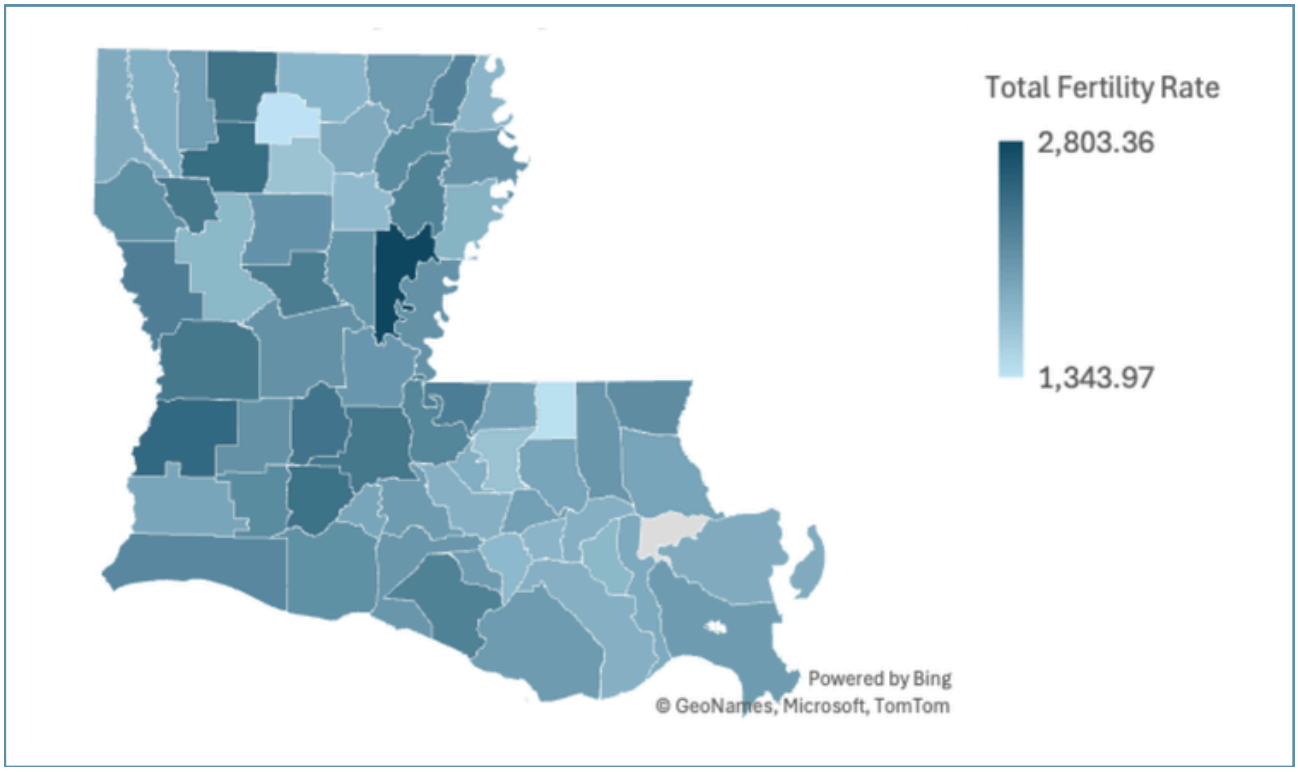
Figure 7: Total Fertility Rate Per Woman of Reproductive Age in Louisiana vs the United States



Source: Louisiana Bureau of Vital Data Statistics

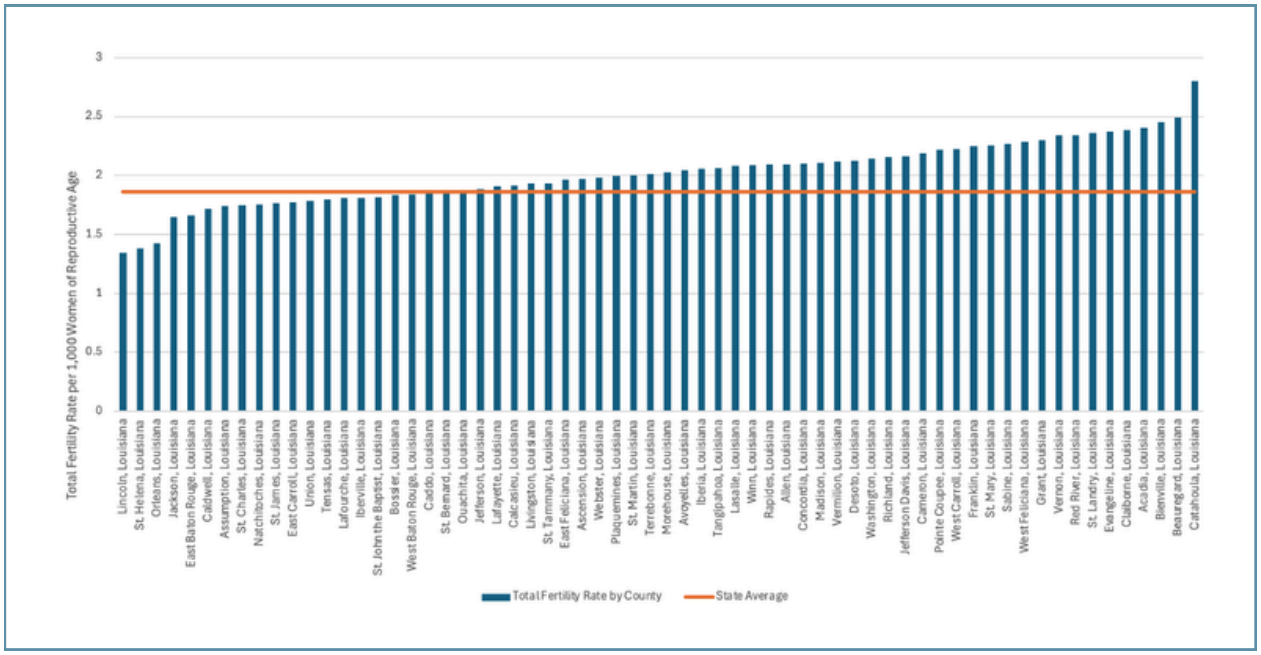
Figures 8 and 9 present the TFR by parish in Louisiana for 2023, ranging from 1.34 to 2.80 births per woman of reproductive age, with a state average of 1.86, according to the Louisiana Bureau of Vital Statistics, who publishes parish level data. Parishes with the lowest fertility rates include Lincoln (1.34), St. Helena (1.38), and Orleans (1.43). A substantial number of parishes report TFRs of 2.0 or higher, usually in rural areas, with Bienville (2.45), Beauregard (2.49), and Catahoula (2.80) recording the three highest TFRs.

Figure 8: Total Fertility Rate by Parish in Louisiana, 2023



Source: Louisiana Bureau of Vital Data Statistics

Figure 9: Total Fertility Rate by Parish in Louisiana, 2023



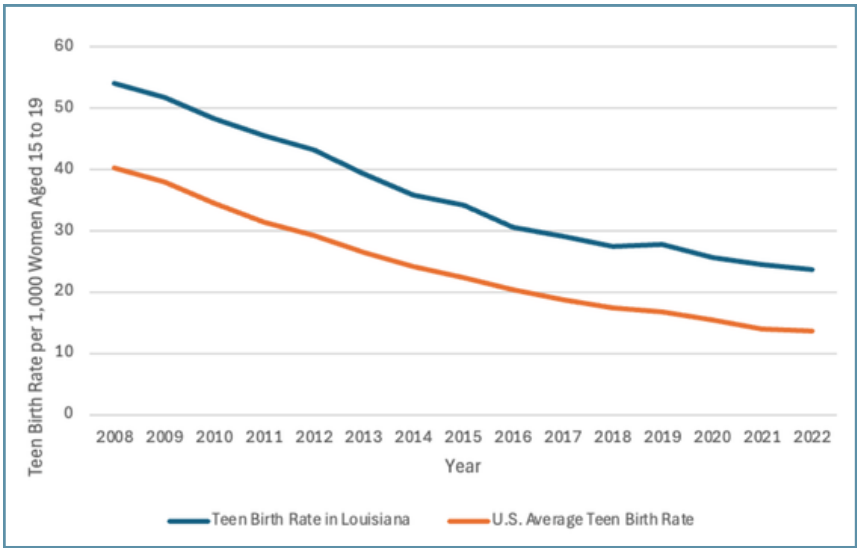
Source: Louisiana Bureau of Vital Data Statistics

Teen Births

Louisiana ranks third in the nation for teen births, behind only Mississippi and Arkansas, with 23.7 births per 1,000 females aged 15–19 as of 2022. This ranking has remained largely unchanged over the years. Although teen birth rates have declined in the state, they remain substantially higher than the national rate of 13.6, making Louisiana's rate 72% higher or roughly 10 additional births per 1,000 females. Rates are significantly higher among Black, Hispanic, and Native American teens compared to their White and Asian counterparts, and are particularly elevated in rural, low-income, and low-education parishes. The state has experienced a notable decline from the 2007 rate of 55.9 births per 1,000 teens, especially among Black adolescents, whose rate fell by 44% between 2007 and 2014. However, the teen birth rate in Louisiana is declining more slowly than the national average (Figure 10).

Please note: Teen pregnancy is a commonly used demographic indicator. In this report, it is presented not as a marker of poor parenting or adverse outcomes, but as an indicator of early-life responsibility that can shape educational, economic, and life-course opportunities for young people.

Figure 10: A Comparison of Teen Birth Rates per 1,000 Women Aged 15-19 in Louisiana vs. the United States, 2008-2022 by America's Healthy Rankings

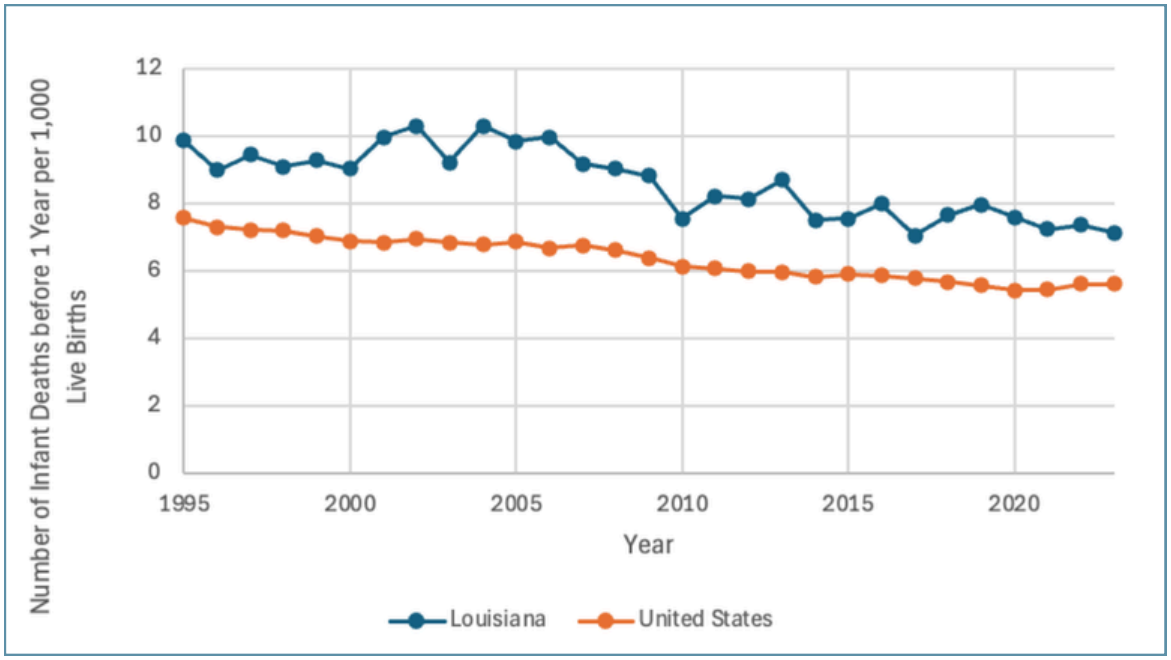


Source: America's Health Rankings

Infant Mortality

Figure 11 illustrates a comparison between Louisiana's infant mortality rate and the United States average (number of deaths before age 0ne per 1,000 live births) between 1995 and 2023. Over this 28-year period, Louisiana's infant mortality declined modestly from 9.9 deaths per 1,000 live births in 1995 to 7.1 deaths per 1,000 in 2023 indicating gradual but limited improvement in infant survival outcomes. However, Louisiana's infant mortality remains higher than the US average. The average infant mortality rate in the US in 2000 is 6.89 compared to 9.03 in Louisiana, 6.86 versus 9.85 in 2005, 6.14 versus 7.55 in 2010, 5.9 versus 7.56 in 2015, 5.42 versus 7.59 in 2020, and finally 5.61 versus 7.14 in 2023.

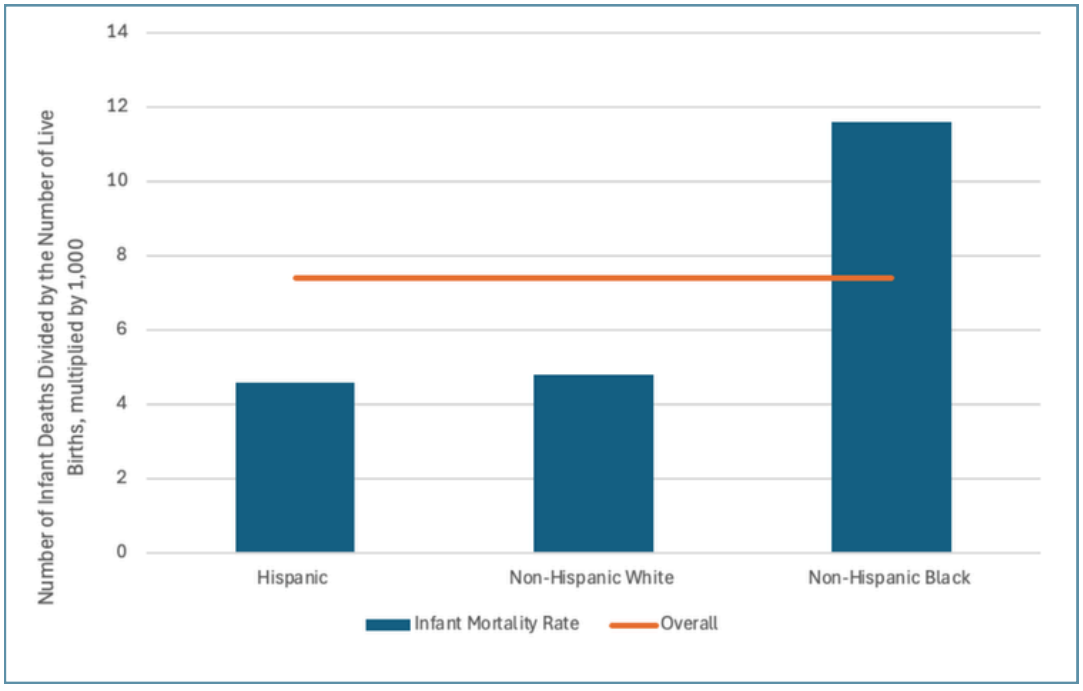
Figure 11: Infant Mortality Rate in Louisiana, 1995-2023



Source: National Vital Statistics, U.S. Centers for Disease Control and Prevention

Figure 12 illustrates the racial disparities in infant mortality rates in Louisiana. Between 2021 and 2023, the state's overall infant mortality rate averaged 7.4 deaths per 1,000 live births, but substantial differences are observed across racial and ethnic groups. Hispanic and (non-Hispanic) White populations have the lowest infant mortality rates, at 4.6 and 4.8 respectively. In contrast, the rate among (non-Hispanic) Black populations is 11.6, more than double that of other groups.

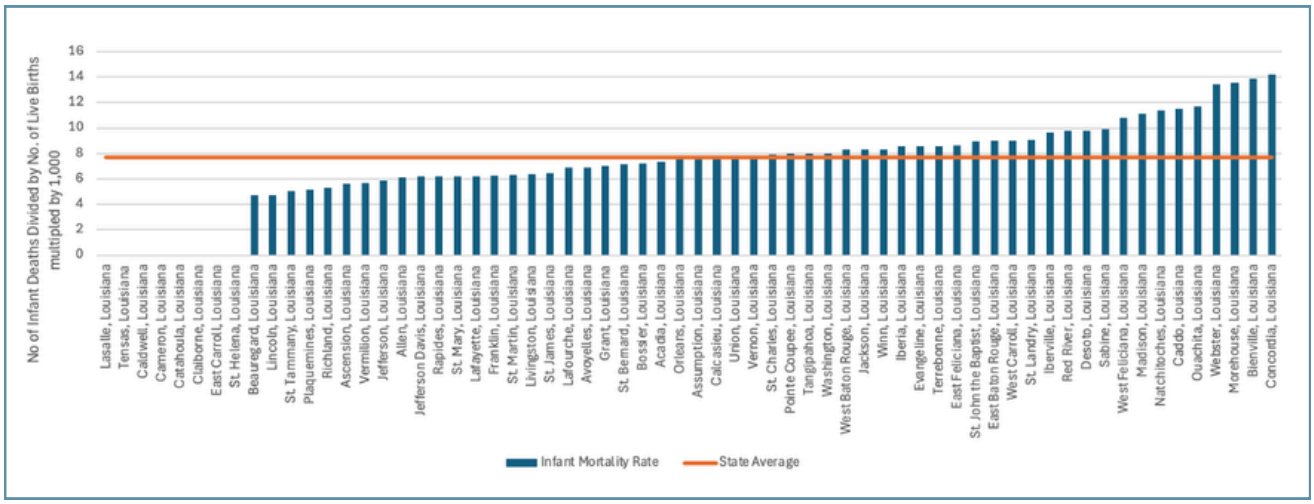
Figure 12: Infant Mortality Rate in Louisiana by Race, 2021 to 2023



Source: Louisiana Bureau of Vital Data Statistics

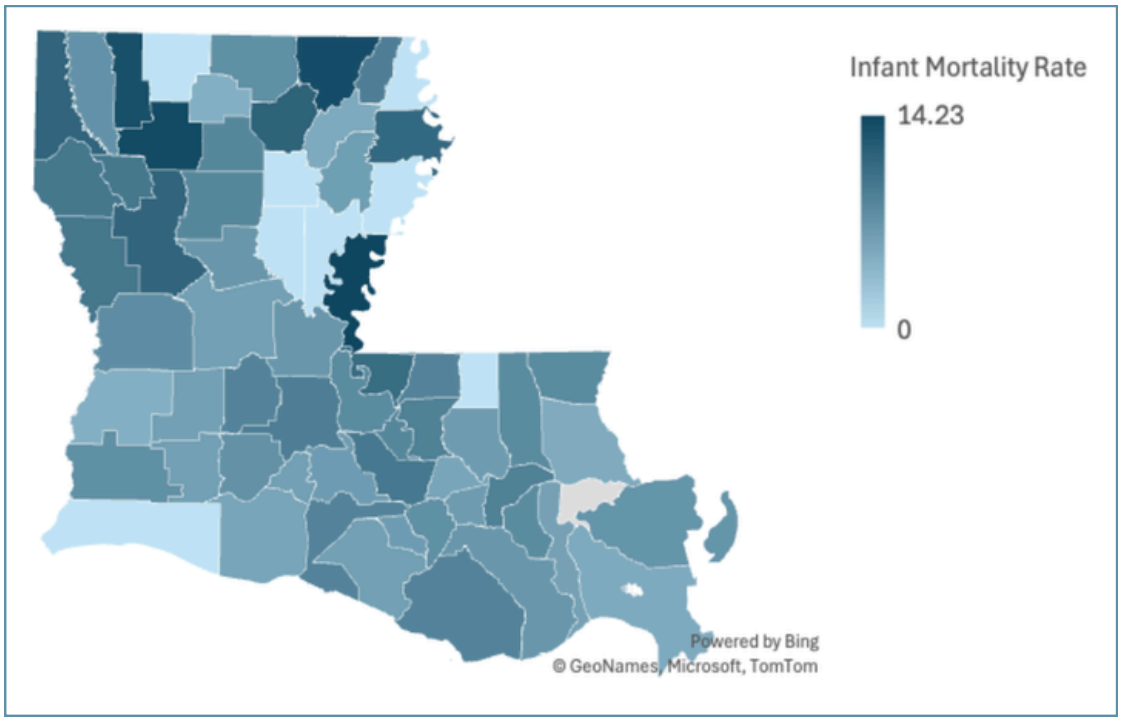
Figures 13 and 14 show infant mortality rates by parish in Louisiana from 2017 to 2021. During this period, the state's average infant mortality rate was 7.7 deaths per 1,000 live births, with parish-level rates ranging from just over 4 to 14.2. Some parishes report no infant deaths, likely due to missing or incomplete data. Parishes with the highest infant mortality rates include Webster (13.4), Morehouse (13.6), Bienville (13.9), and Concordia (14.2), all significantly exceeding the state average of 7.7.

Figure 13: Infant Mortality Rate in Louisiana by Parish, 2017-2021



Source: Louisiana Bureau of Vital Data Statistics

Figure 14: Infant Mortality Rate in Louisiana by Parish, 2017-2021



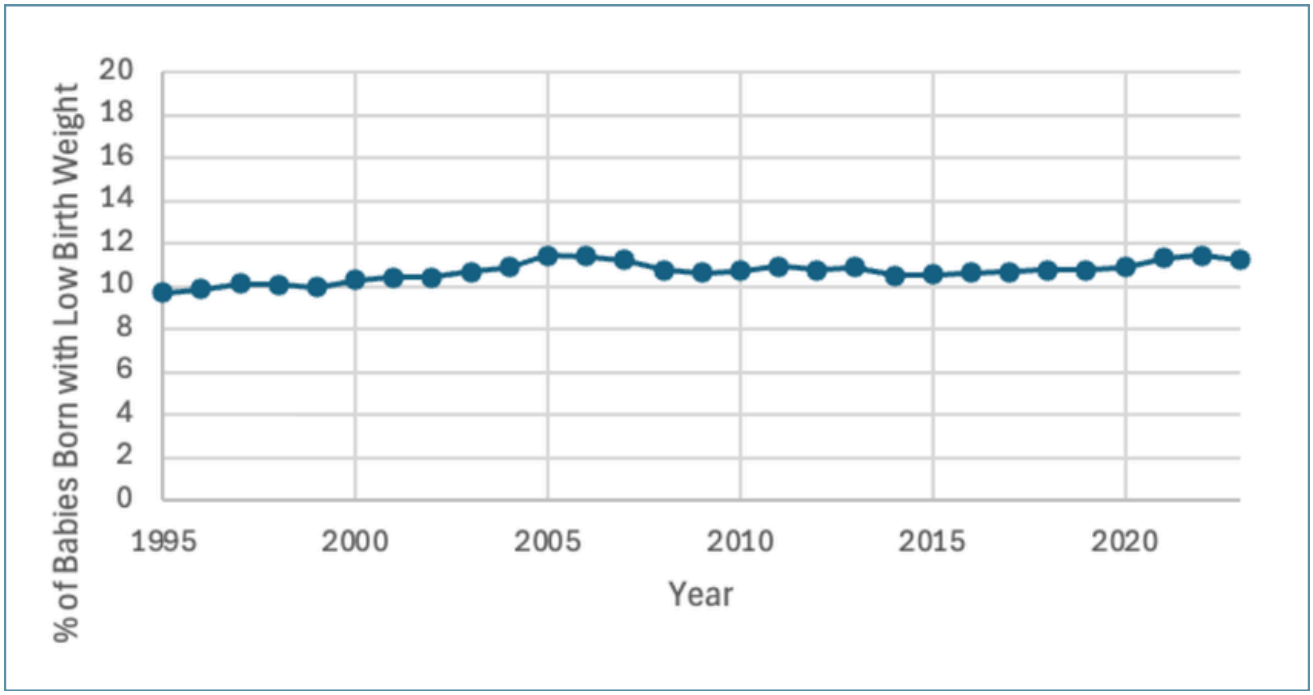
Source: Louisiana Bureau of Vital Data Statistics

Low Birth Weight

The incidence of low birth weight in Louisiana has increased since 1995. Low birth weight refers to infants born weighing less than a certain threshold, typically 2,500 grams. In 1995, the statewide low birth weight rate was 9.7%, peaking at 11.5% in 2005. The rate then declined between 2005 and 2020, before rising again to 10.9% in 2020. Figure 15 illustrates the prevalence of low birth weight in Louisiana from 1995 to 2023, as reported by the U.S. Centers for Disease Control and Prevention.

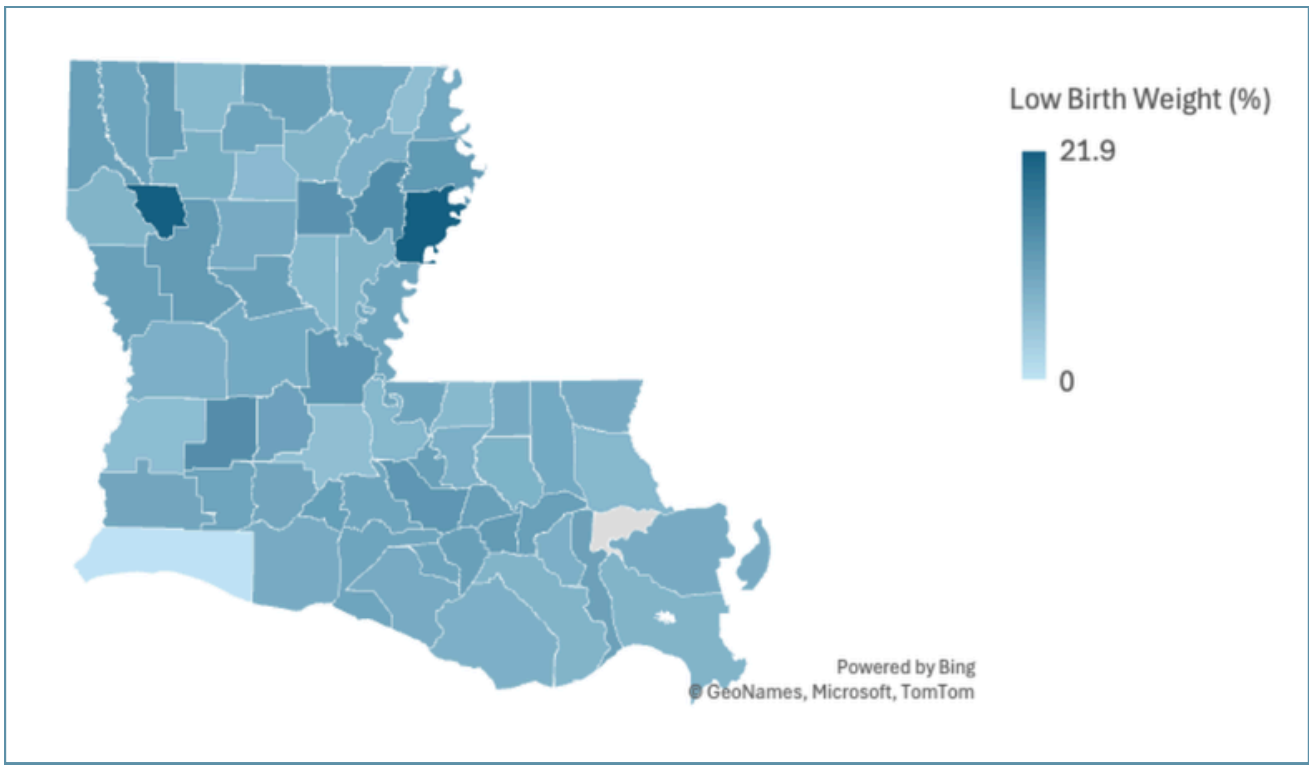
Figures 16 and 17 present the percentage of low birth weight infants by parish in 2021, according to the Louisiana Bureau of Vital Statistics. Parish-level data from 2021 indicate a state average of 11.4%, with rates ranging from 6.1% to 21.9%. Red River and Tensas parishes reported the highest prevalence at 21.9%, while Cameron Parish did not report any data.

Figure 15: Low Birth Weight in Louisiana, 1995-2023



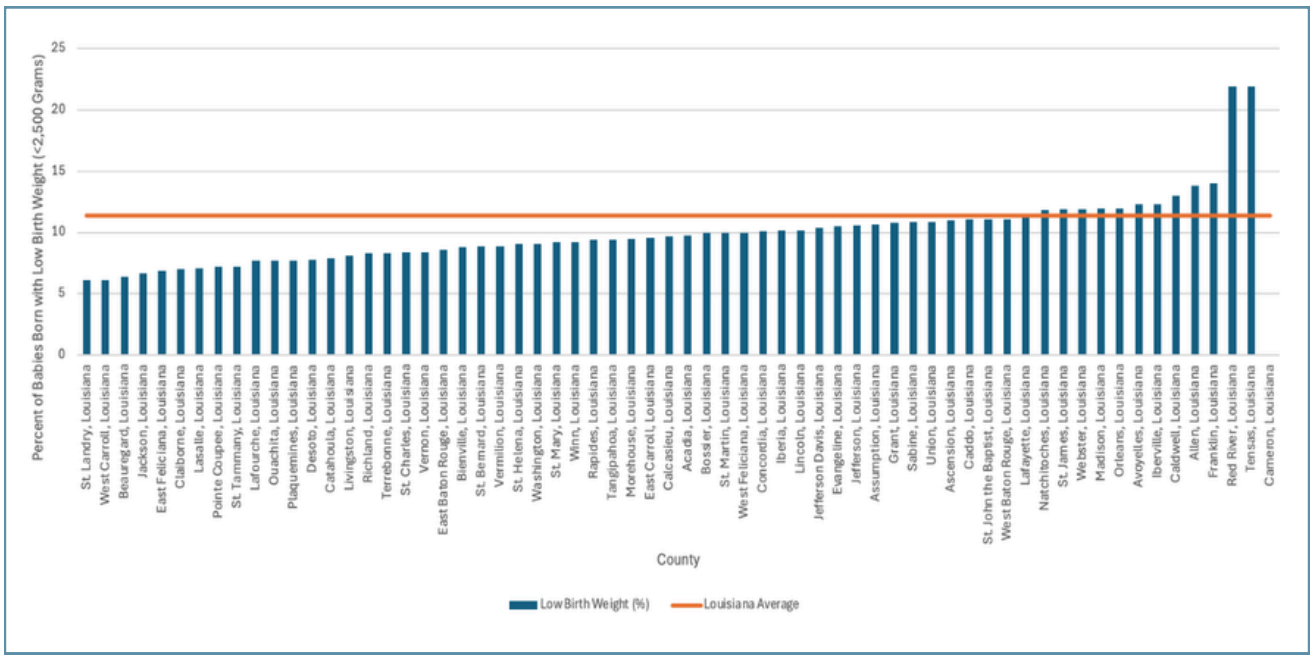
Source: U.S. Centers for Disease Control and Prevention

Figure 16: Low Birth Weight (<2,500 Grams) by Parish in Louisiana, 2021



Source: Louisiana Bureau of Data Statistics

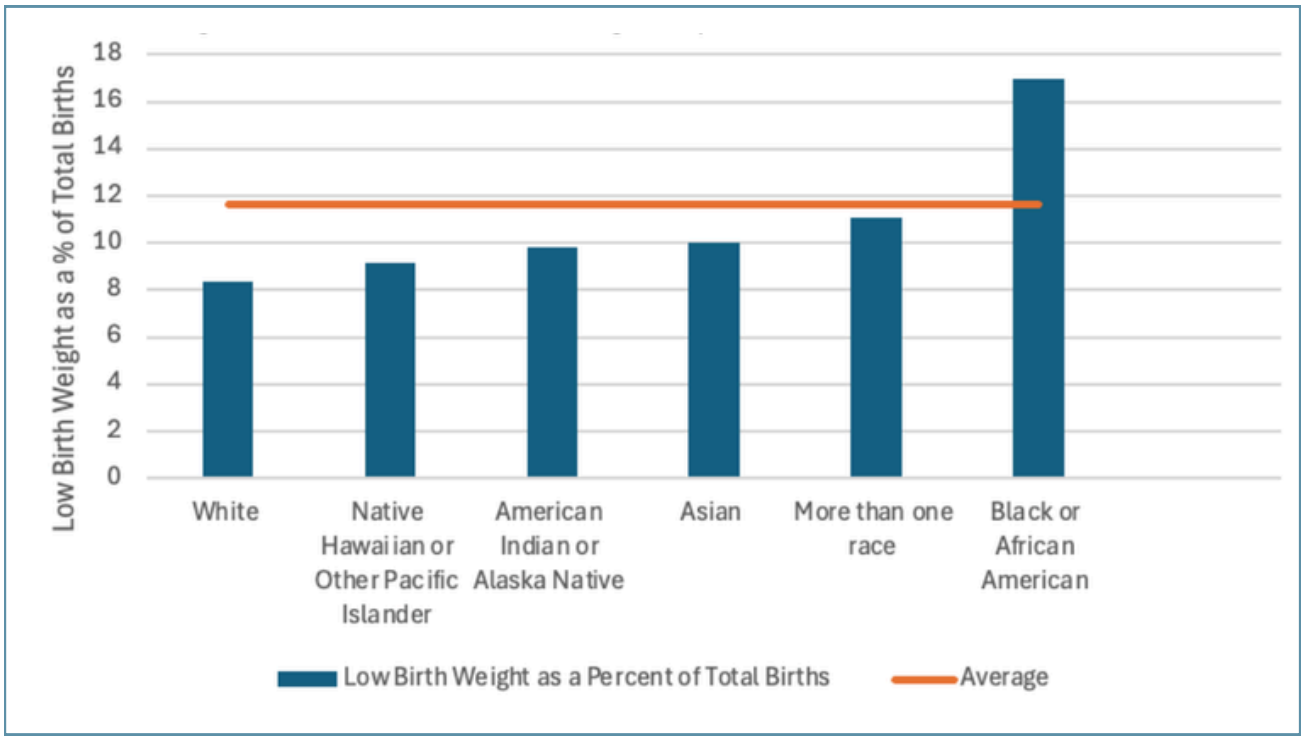
Figure 17: Low Birth Weight (<2,500 Grams) by Parish in Louisiana, 2021



Source: Louisiana Bureau of Data Statistics

Figure 17 depicts low birth weight by parish in Louisiana in 2021. It contextualizes that most parishes exhibit low to moderate rates of low birth weight, but a few outlying parishes report exceptionally high rates of low birth weight, including Tensas and Cameron Parishes. Figure 18 depicts low birth weight by race in Louisiana in 2024. Across all races, 11.6% of infants were classified as low birth weight. However, Blackor African American infants experienced a substantially higher rate of 17%, exceeding both the state average and rates among other racial groups, which ranged from 8% to 10%.

Figure 18: Low Birth Weight by Race in Louisiana, 2024



Source: CDC Wonder Data

Intrauterine Fetal Demise

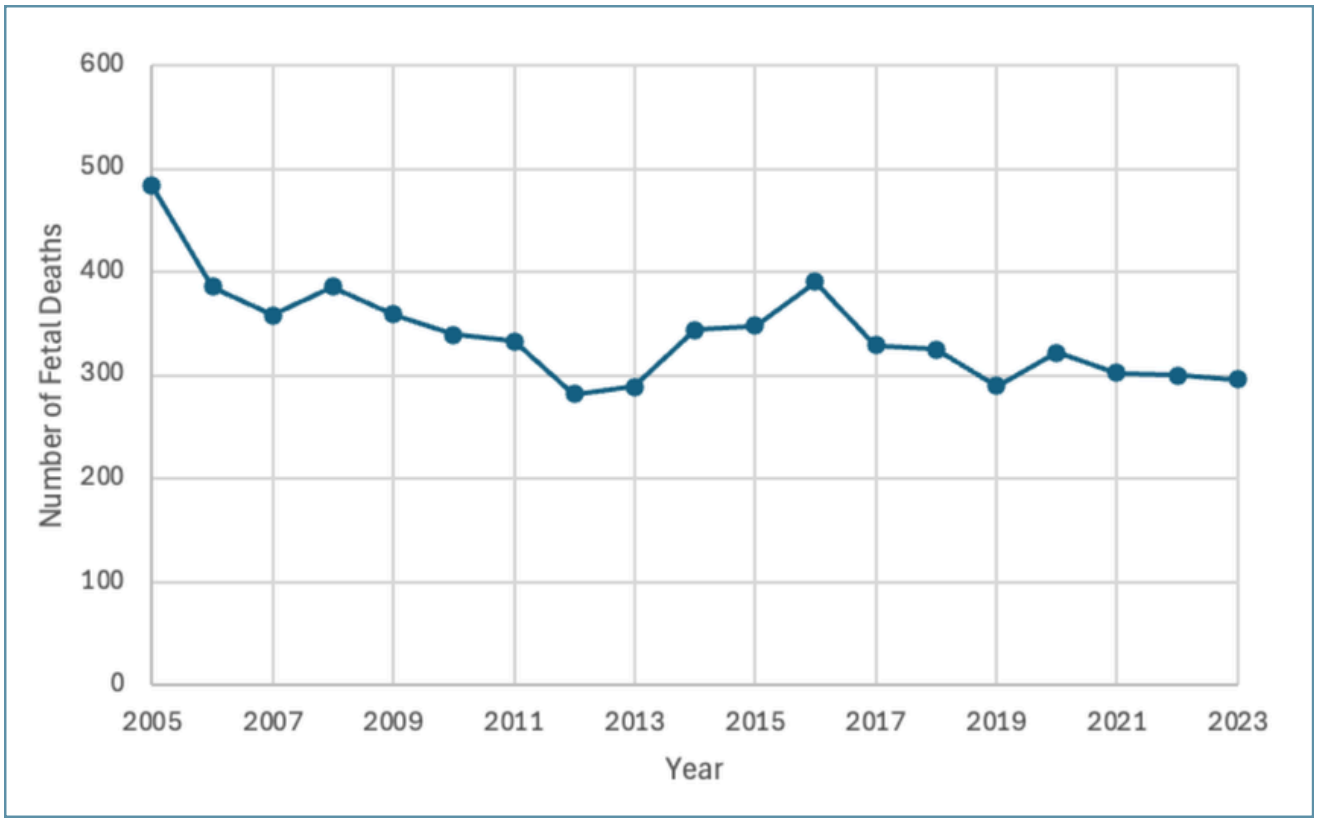
The rate of intrauterine fetal demise (IUFD) is calculated as the number of IUFDs divided by the sum of live births and IUFDs, multiplied by 1,000. A high IUFD rate reflects poor reproductive health outcomes. Between 2021 and 2023, Louisiana's overall IUFD rate averaged 5.3. Table 4 and Figure 19 illustrate a steady decline in Louisiana's IUFD rate since 2005. Table 5 and Figure 20 compare Louisiana's IUFD rate with neighboring Southern states and the U.S. average. Louisiana's rate of 5.36 is slightly below the national average of 5.53. Among the neighboring states, Texas has a rate of 4.15, Florida 6.77, Alabama 7.48, and Mississippi 9.86, highlighting substantial variation across the region.

Table 4: IUFD Rates in Louisiana, No. of IUFDs Divided by No. Of Live Births + Number of IUFDs and Multiplied by 1,000, from 2005 to 2020

Year	IUFD Rate
2005	7.86
2010	5.41
2015	5.35
2020	5.58

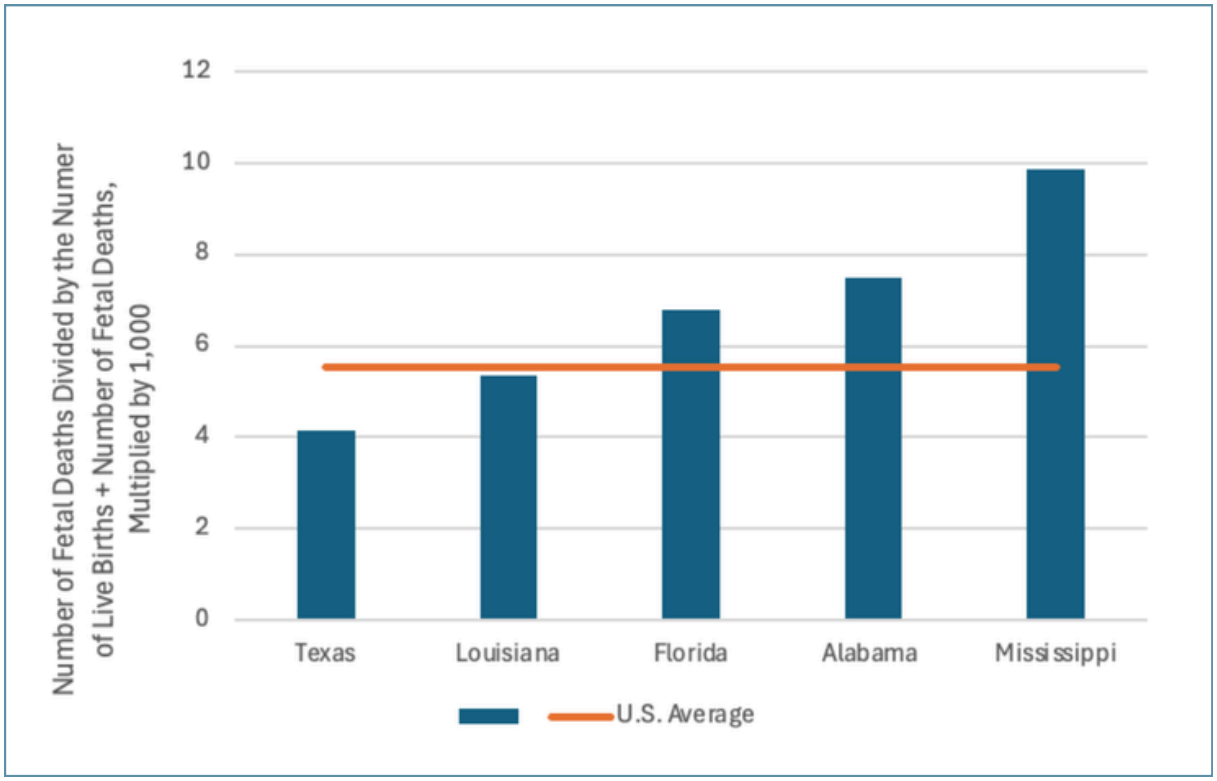
Source: Center for Disease Control

Figure 19: IUFD in Louisiana, No. Of IUDFs Divided by No. Of Live Births + Number of IUFD and Multiplied by 1,000, from2005 to 2023



Source: U.S. Centers for Disease Control WONDER Data

Figure 20: IUFD Rates by State, 2023



Source: National Vital Statistics Report

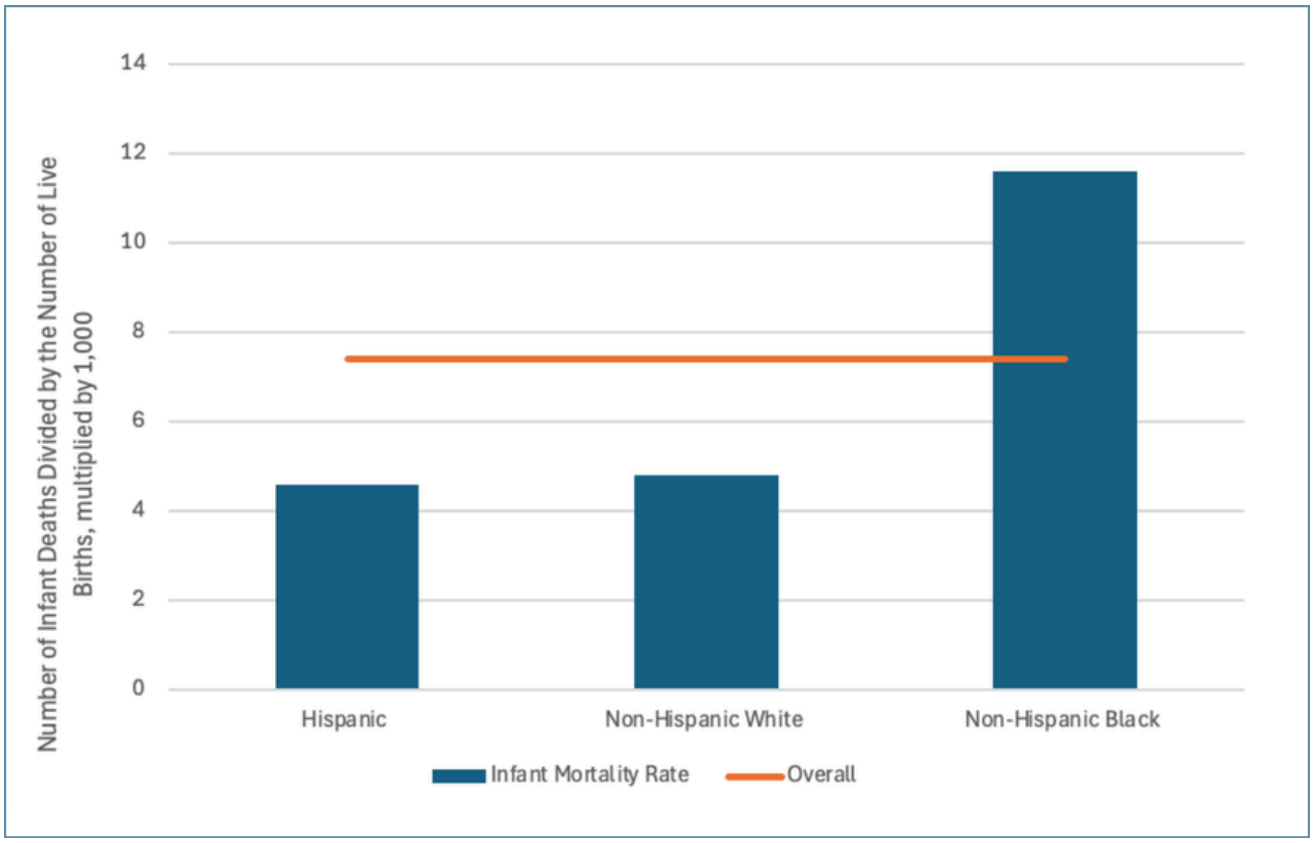
Table 5: IUFD Rates by State, 2023

State	IUFD Rate
Louisiana	4.15
Texas	5.36
Florida	6.77
Alabama	7.48
Mississippi	9.86
United States	5.53

Source: National Vital Statistics Report

Another important aspect of IUFD in Louisiana is its uneven distribution across demographic groups. Although the overall IUFD rate averaged 5.3, when broken down by race, substantial disparities emerge(Figure 21). The Hispanic population had the lowest IUFD rate at 1.7, and the non-Hispanic White population had a rate of 4.0, both below the state average. In contrast, the non-Hispanic Black population experienced a rate of 7.3, well above the state average and significantly higher than other demographic groups. Figures 14, 16, and 21 underscore the persistent racial disparities in infant and fetal health outcomes in Louisiana and highlight the disproportionate burden faced by Black residents.

Figure 21: IUFD Rate in Louisiana by Race, 2021-2023



Source: Louisiana Bureau of Vital Data Statistics

Maternal Mortality

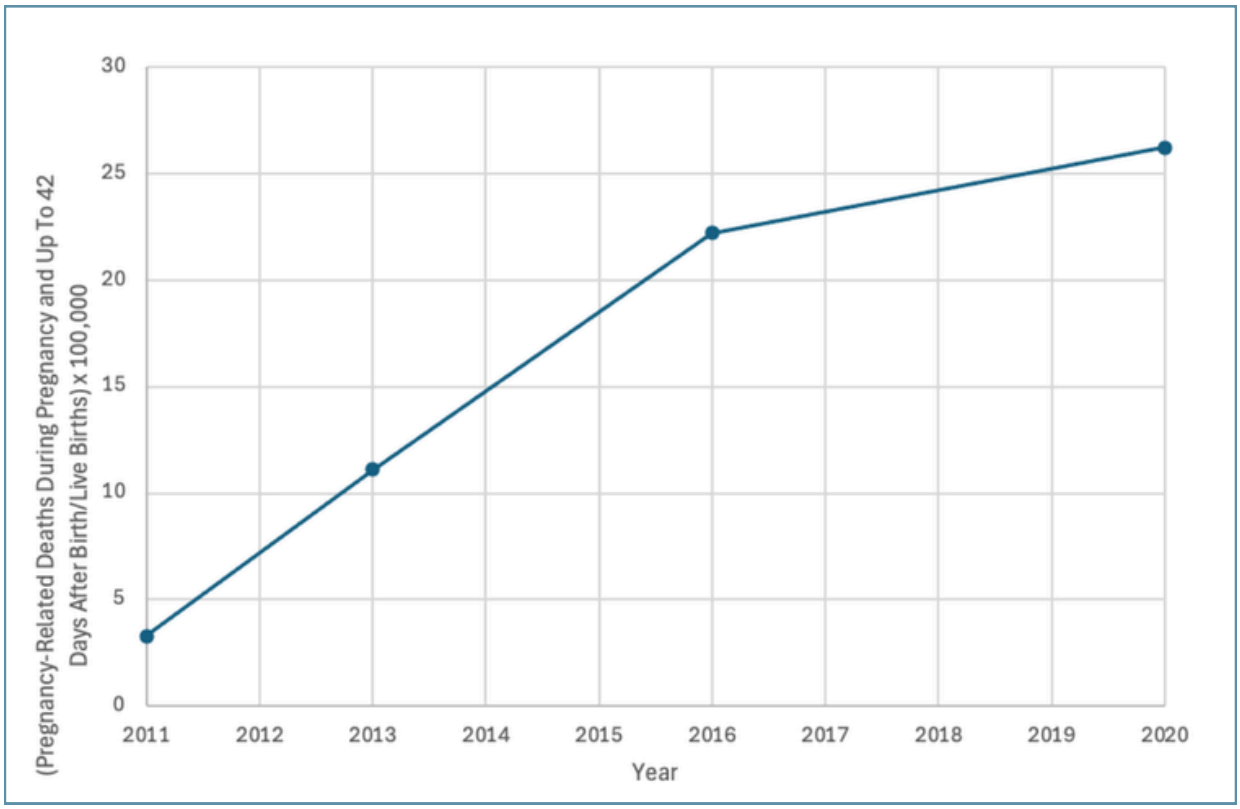
The United States has the highest maternal mortality rate among developed countries, with pronounced racial disparities. Between 2018 and 2021, Louisiana ranked fifth in the nation for maternal mortality, with 39 deaths per 100,000 live births. As of 2023, they had the highest rate, at 41.9 deaths per 100,000 live births.

Table 6: Pregnancy-Related Mortality Ratio (Pregnancy-Related Deaths Occurring During Pregnancy and up to 42 Days After Birth divided by Live Births and multiplied by 100,000) in Louisiana, 2011-2020

Year	Pregnancy-Related Mortality Ratio
2011	3.3
2013	11.1
2016	22.2
2020	26.2

Table Source: Louisiana Department of Health

Figure 22: Pregnancy-Related Mortality Ratio (Pregnancy-Related Deaths Occurring During Pregnancy and up to 42 Days After Birth divided by Live Births and multiplied by 100,000)in Louisiana, 2011-2020



Source: Louisiana Department of Health

Table 6 and Figure 22 show the Pregnancy-Related Mortality Ratio (PRMR), calculated as the number of pregnancy-related deaths occurring during pregnancy and up to 42 days postpartum, for 100,000 live births. As illustrated, Louisiana's PRMR has increased sharply since the early 2010s, rising from 3.3 in 2011 to 26.2 in 2020.

It is unclear how such a drastic increase in maternal mortality has taken place in Louisiana. The 2011–2016 Maternal Mortality Report by the Louisiana Department of Health notes that the CDC has an unclear understanding of the recent increase. The implementation of a standardized pregnancy checkbox on death certificates in 2012 accounted for a sharp initial increase—from 9.7 deaths per 100,000 live births in 2011 to 38.3 in 2012—but does not explain subsequent rises.

In 2010, Louisiana established the Pregnancy-Associated Mortality Review (PAMR) to address maternal mortality. The PAMR committee, composed of diverse experts, reviews all pregnancy-associated deaths regardless of cause. The 2017–2019 Louisiana Pregnancy-Associated Mortality Review (PAMR) Report identifies the leading causes of pregnancy-related deaths, including hypertensive disorders of pregnancy, thrombotic embolism, and cardiovascular conditions, with 80% of deaths considered potentially preventable. Contributing factors include obesity (23% of deaths),

mental health conditions (14%), and substance use disorder (9%) (Louisiana Department of Health, 2017–2019 PAMR Report). According to a Louisiana Department of Health (LDH) report that utilizes data from 2020, the highest maternal mortality ratios occurred among women aged 35 and older. Additionally, 72% of maternal deaths involved women whose highest level of education was a high school diploma or less. Approximately 76% of deaths occurredpostpartum, with the majority within one year after delivery.

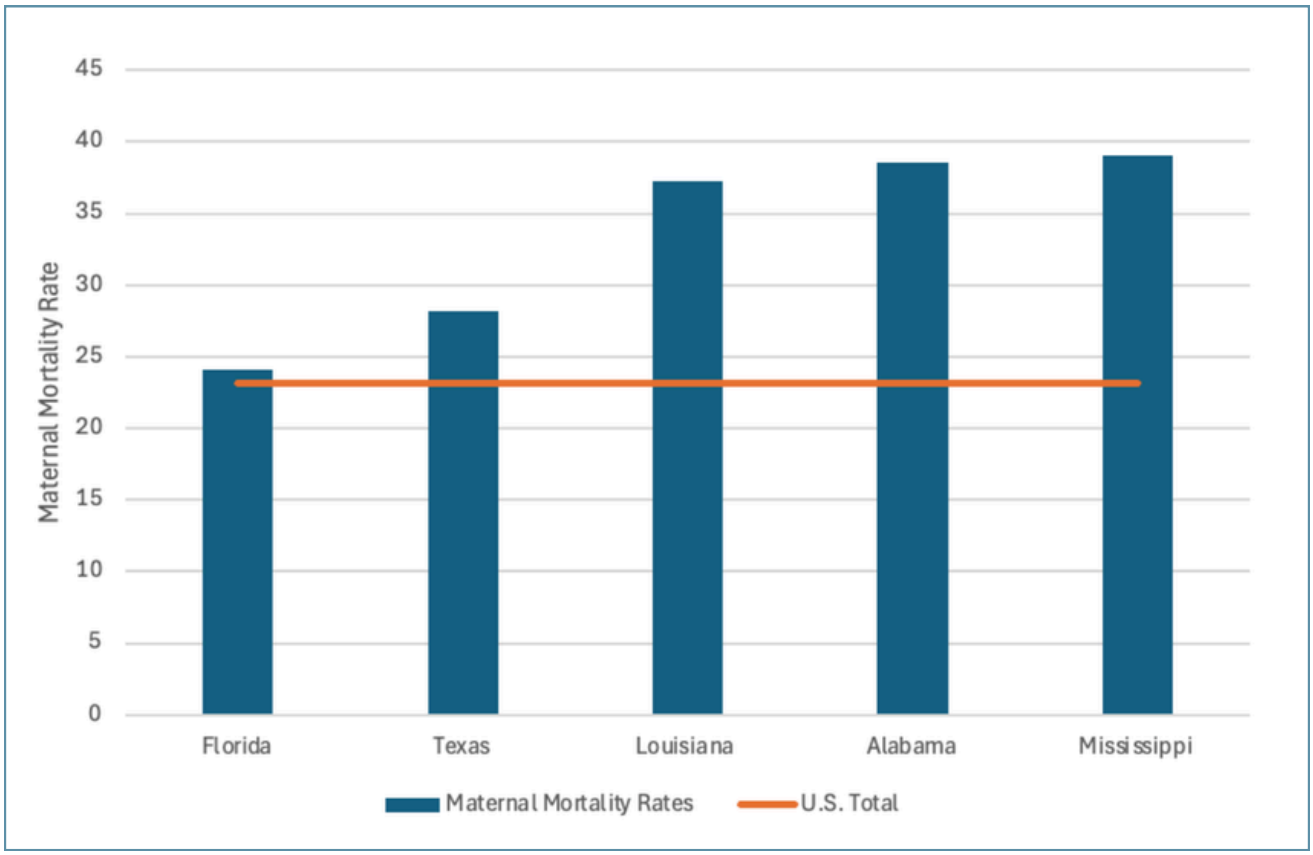
Table 7 compares births, maternal deaths, and maternal mortality rates in Louisiana with comparable Southern states and the national average. Figure 23 highlights the Maternal Mortality Ratio (MMR) in Louisiana and comparable Southern states from 2018 to 2022, calculated as the number of maternal deaths per 100,000 live births. All listed Southern states exceed the U.S. average of 23.2. Florida and Texas report the lowest MMRs at 24.1 and 28.2, respectively, while Louisiana (37.3), Alabama (38.6), and Mississippi (39.1) have substantially higher maternal mortality rates.

Table 7: Births, Maternal Deaths, and Maternal Mortality Ratio (Maternal Deaths per 100,000 Live Births) by State, 2018-2022

State	Births	Maternal Deaths	Maternal Mortality Ratio
Louisiana	289,800	108	37.3
Texas	1,887,748	532	28.2
Florida	1,091,908	263	24.1
Alabama	290,226	112	38.6
Mississippi	178,940	70	39.1
United States	18,484,949	4,295	23.2

Source: U.S. Centers for Disease Control and Prevention

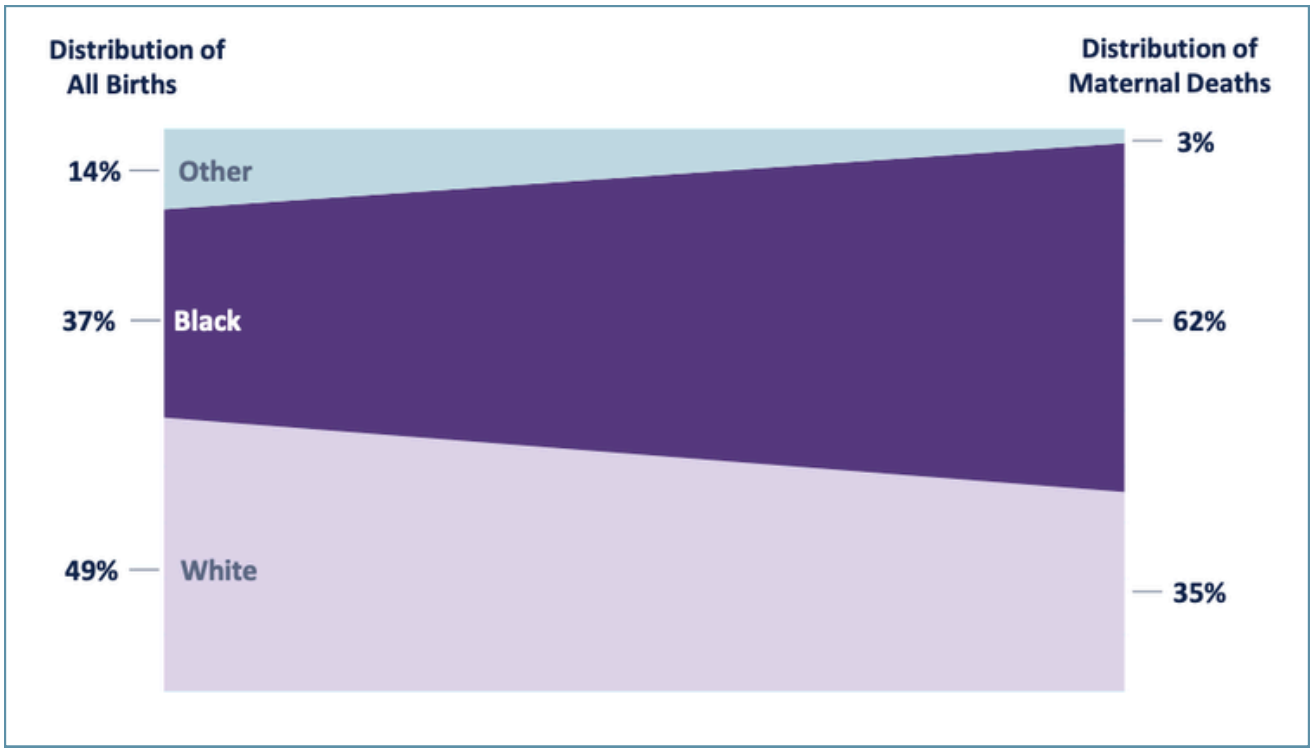
Figure 23: Maternal Mortality Rates (Maternal Deaths per 100,000 Live Births) by State and U.S., 2018-2022



Source: U.S. Centers for Disease Control and Prevention

There are also considerable racial disparities in maternal deaths. Figure 24, adapted from the 2020 PAMR Report, highlights significant racial disparities in maternal mortality in Louisiana. Black women, who account for 37% of total births, represent 62% of maternal deaths. In contrast, White women comprise 49% of births but only 35% of maternal deaths, underscoring the disproportionate burden of maternal mortality on Black women. A previously published descriptive analysis of the 2011–2016 PAMR report further found that, among confirmed pregnancy-related deaths, 9% of deaths among non-Hispanic White women were considered preventable, compared to 59% among non-Hispanic Black women (12).

Figure 24: Racial Disparities in Distribution of Births and Maternal Deaths in Louisiana from the 2020 Pregnancy-Associated Mortality in Louisiana (PAMR) Report

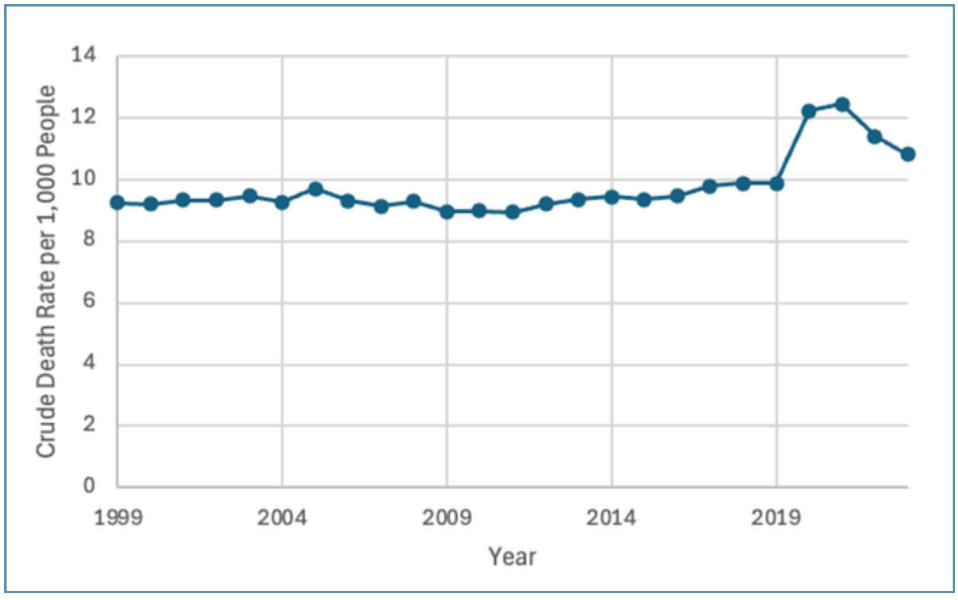


Source: Louisiana Department of Vital Data Statistics, 2020 PAMR Report

Overall Mortality and Morbidity

As of 2023, Louisiana's overall death rate is 10.8 per 1,000 people. Figure 25 illustrates changes in the state's death rate per 1,000 people from 1999 to 2023.

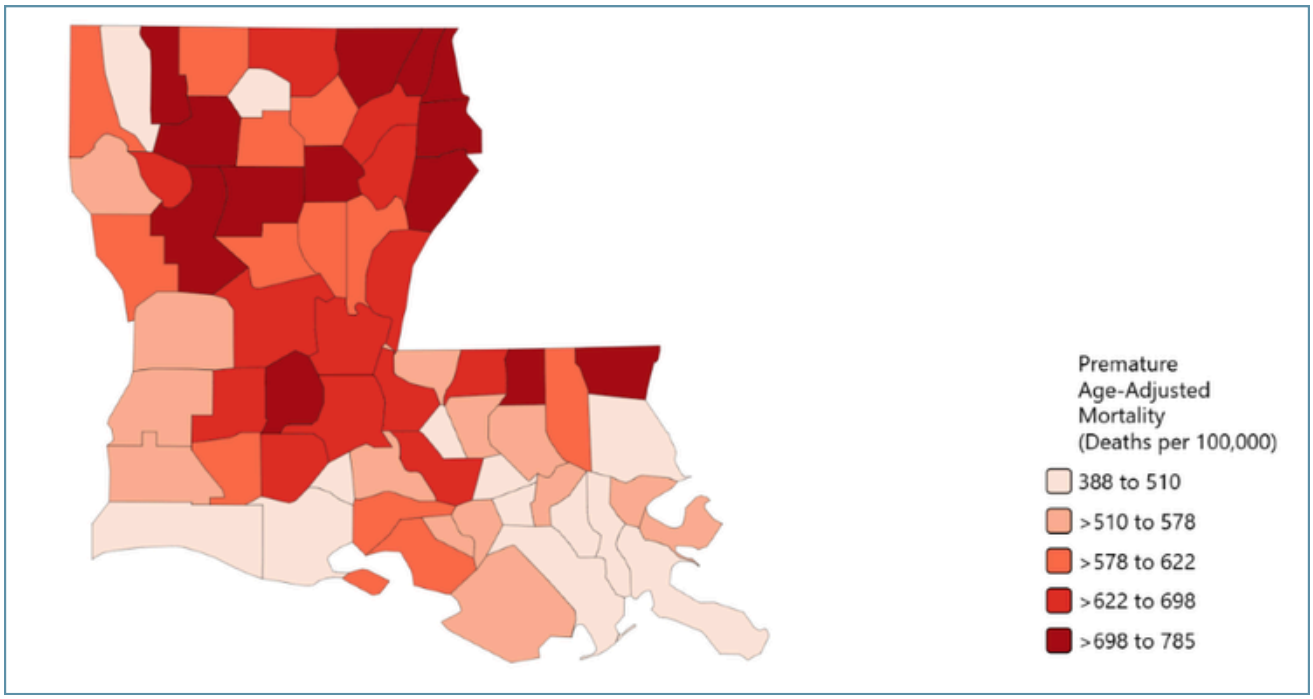
Figure 25: Louisiana's Crude Death Rate per 1,000 People, 1999-2023



Source: U.S. Center for Disease Control and Prevention WONDER

Premature age adjusted mortality is notably higher for Louisiana compared with the U.S. as a whole. Louisiana sees 543 pre-mature deaths per 100,000 people, where the U.S. sees 392 pre-mature deaths per 100,000 people. There is a notable range across parishes, as seen in Figure 26, with St. Tammany Parish having the lowest premature age-adjusted mortality rate, at 388, and Washington Parish having the highest premature age-adjusted mortality rate at 785.

Figure 26: Premature Age-Adjusted Mortality for Louisiana by Parish
All Races, Both Sexes, Ages <75, 2021-2023, from HDPulse



HDPulse from the National Institute on Minority Health and Health Disparities. National Institutes of Health

We also see notable disparities in premature age-related mortality rates- deaths per 100,000 people – with the highest risk seen for Blacks and American Indians in Louisiana:

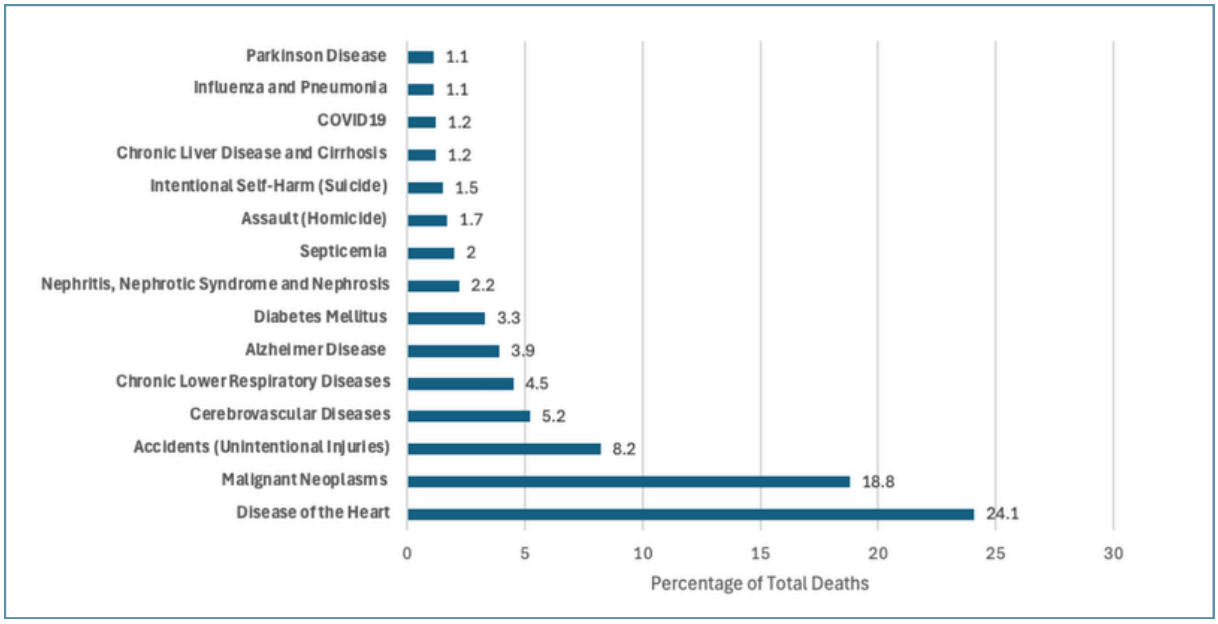
- Whites: 490
- Blacks: 720
- American Indian/Alaskan Native: 683
- Hispanics: 276
- Asian: 219

Figure 27 presents the fifteen leading causes of death in Louisiana in 2023, expressed as a percentage of total deaths. Diseases of the heart are the leading cause, accounting for 24.1% of total deaths. Malignant neoplasms rank second at 18.8%, while accidents resulting from unintentional injuries are the third leading cause, comprising 8.2% of total deaths. Other leading causes include cerebrovascular diseases (5.2%), chronic lower respiratory diseases (4.5%), Alzheimer's disease

(3.9%), diabetes mellitus (3.3%), nephritis, nephrotic syndrome, and nephrosis (2.2%), septicemia (2.0%), homicide (1.7%), suicide (1.5%), chronic liver disease and cirrhosis (1.2%), COVID-19 (1.2%), and Parkinson's disease (1.1%).

Louisiana's high death rate is a contributing factor to concerns about slow population growth. Louisiana also has the second-highest firearm death rate, the third-highest overdose death rate, and ranks first for child deaths due to firearms.

Figure 27: Leading Causes of Death as a Percentage of Total Deaths in Louisiana, 2023



Source: U.S. Centers for Disease Control and Prevention

Figure 28: Crude Cancer Death Rate per 100,000 in Louisiana, 1999 to 2023

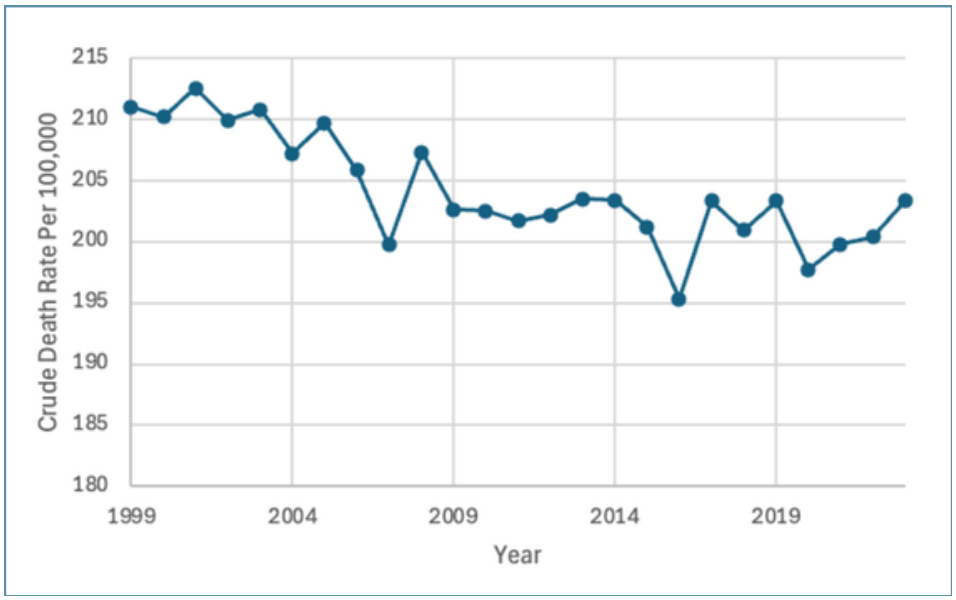
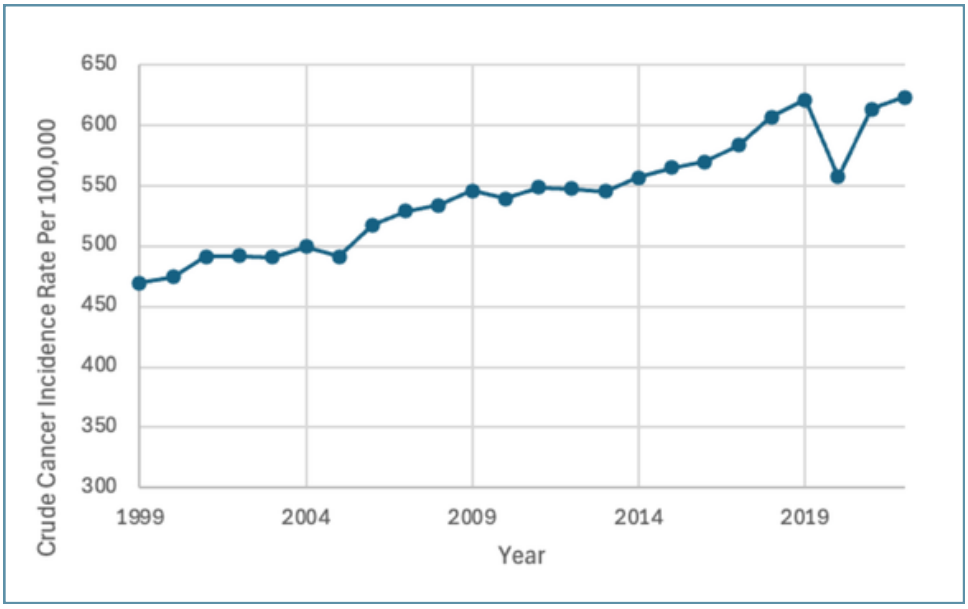


Figure 28 illustrates the crude cancer death rate per 100,000 people in Louisiana from 1999 to 2023, showing a gradual downward trend in cancer mortality over the period.

Source: U.S. Centers for Disease Control and Prevention

In contrast, Figure 29 depicts the crude cancer incidence rate per 100,000 people from 1999 to 2022, revealing a slow upward trend in new cancer cases during the same period. This shows that although the state is able to arrest the cancer mortality to some extent, the incidence keeps rising, resulting in a considerable burden for the individuals as well as for the state.

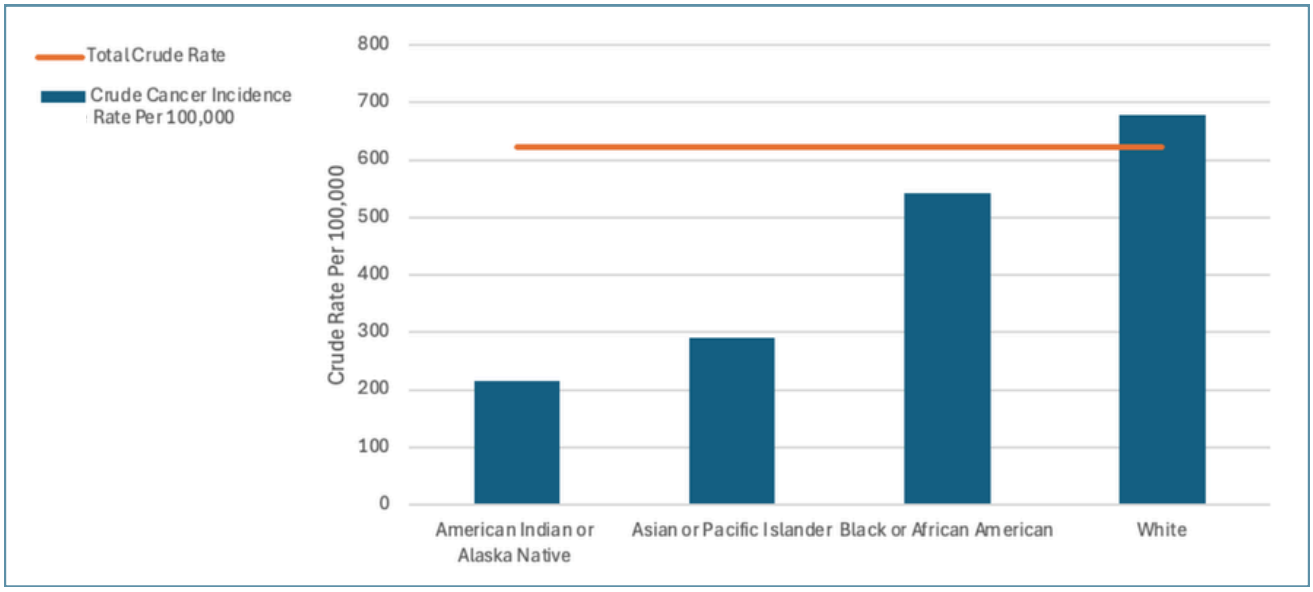
Figure 29: Crude Cancer Incidence Rate Per 100,000 in Louisiana, 1999 to 2022



Source: U.S. Centers for Disease Control and Prevention

Figure 30 presents the crude cancer incidence rate by race in Louisiana in 2022. White residents exhibit the highest incidence at 678.1 per 100,000 people, above the state average of 623.2. Black or African American residents have the second-highest incidence at 541.4 per 100,000, still below the state average. American Indian or Alaska Native and Asian or Pacific Islander populations have the lowest incidence rates, at 214.7 and 291.0 per 100,000, respectively.

Figure 30: Crude Cancer Incidence Rate per 100,000 by Race in Louisiana, 2022

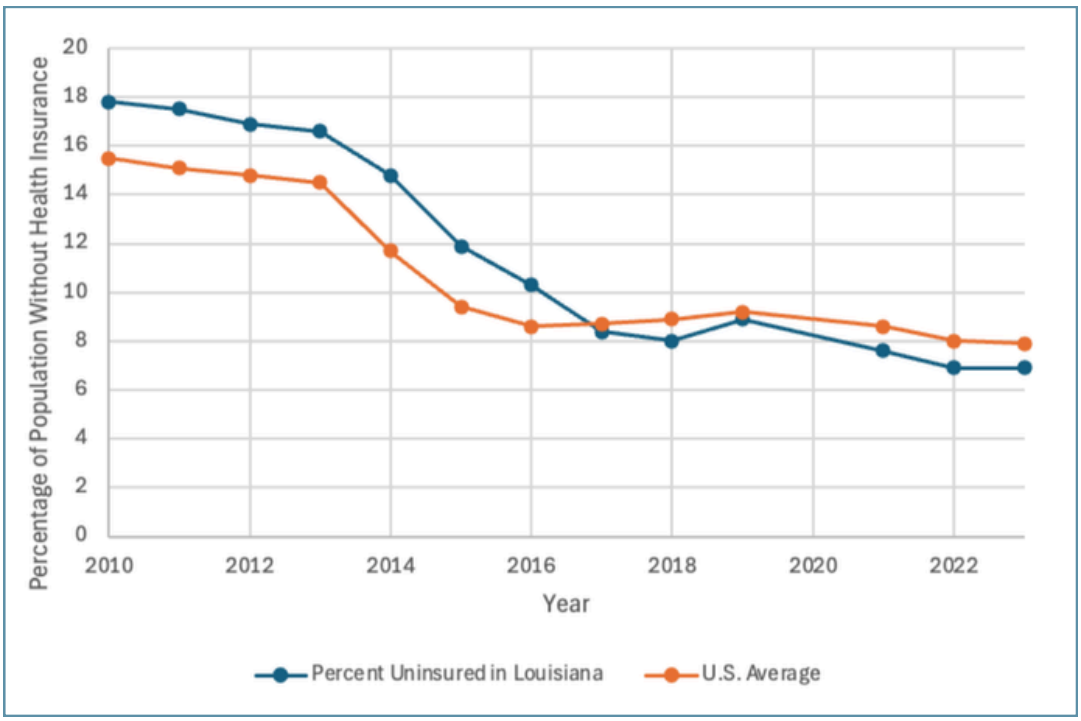


Source: U.S. Centers for Disease Control and Prevention

Health Insurance

Since its implementation in 2016, Medicaid expansion in Louisiana has significantly increased healthcare access for adults, as reflected in the declining percentage of uninsured residents (Fig. 31).

Figure 31: Percentage of Louisiana's Population Without Health Insurance, 2010-2023



Source: America's Healthy Rankings

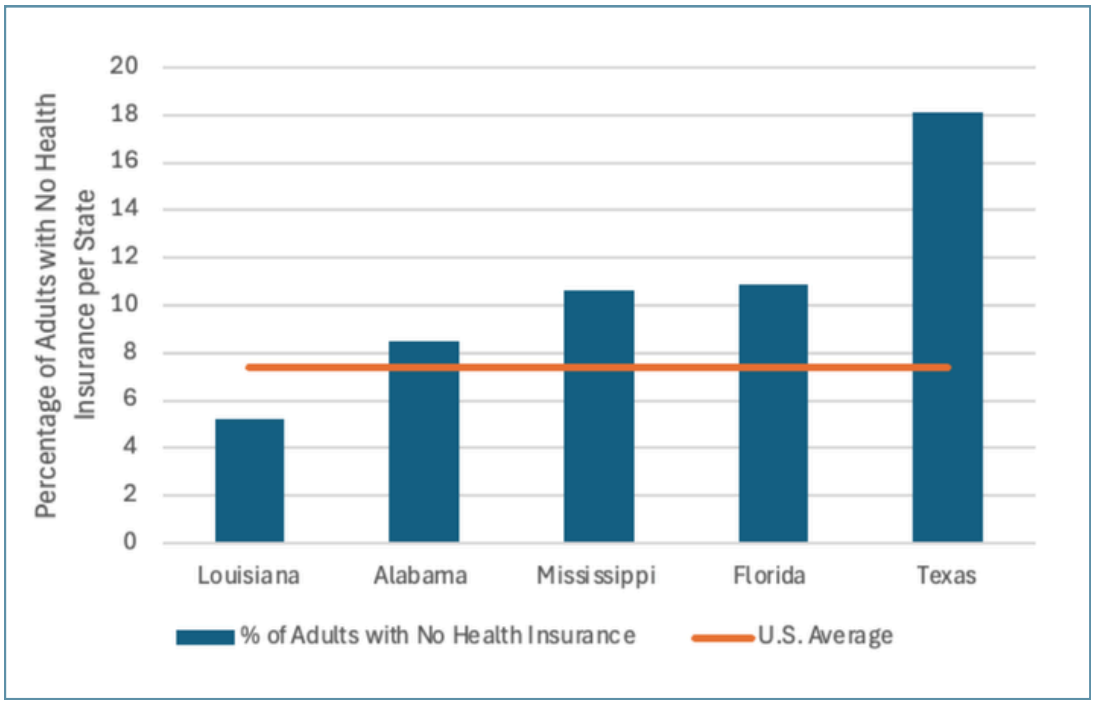
Table 9 and Figure 31 highlight Louisiana's comparatively low percentage of uninsured adults relative to other states and the national average. Approximately 1.4 million people—about 31% of Louisiana's population—are enrolled in Medicaid, roughly ten percentage points above the national average, while 5.2% of residents remain uninsured. In some rural parishes, such as Tensas, over half the population relies on Medicaid due to limited access to private coverage.

Table Source: U.S. Centers for Disease Control and Prevention, BRFSS Prevalence Trends and Data

Table 9: Percentage of Adults with no Health Insurance by State, 2023

State	Percentage of adults who have no health insurance
Louisiana	5.2
Texas	18.1
Florida	10.9
Alabama	8.5
Mississippi	10.6
United States	7.4

Figure 32: Percentage of Adults with No Health Insurance per State, 2023



Source: U.S. Centers for Disease Control and Prevention, BRFSS Prevalence Trends and Data

Despite this progress, the state continues to rank poorly in several major health indicators. Strengths in Louisiana's healthcare system include low prevalence of non-medical drug use, high childhood immunization coverage, and a high percentage of adults with a primary healthcare provider. In contrast, weaknesses include a high premature death rate, a high economic hardship index score, a high homicide rate, and more.

Table 10: Percentage Uninsured by Race in Louisiana, 2024

Race/Ethnicity	Percentage of adults who have no health insurance
White Alone	5.7
Black or African American Alone	7.6
Hispanic or Latino	26.6

Source: United States Census Bureau American Community Survey

Further, U.S. Census data highlights racial disparities in insurance coverage. White and Black Louisianans have uninsured rates of 5.7%, and 7.6%, respectively. Other racial groups, such as American Indian and Alaska Native, where Hispanic or Latino Louisianans have an uninsured rate of 26.9% (Table 10).

CONCLUSION

Louisiana's demographic and health profile reflects a state navigating intersecting challenges in population change, health outcomes, and economic conditions. Recent population decline—driven largely bysustained out-migration—combined with limited in-migration and relatively low levels of immigration, raises concerns for long-term workforce stability and economic competitiveness. These demographic shifts are occurring alongside persistent health burdens, including maternal and infant mortality, chronic disease, and premature death, all of which shape both population well-being and economic resilience.

A central finding of this report is the persistence of disparities in health by both race and geography. Premature mortality is highest for Black Louisianans, with American Indians also seen to be at greater risk relative to White, Asian, and Hispanic populations. Historical inequities in healthcare access, economic conditions, and lived environments have likely contributed to disparities observed today (12). Lack of insurance is somewhat higher for Black than White Louisianans, and it is notably lower for Hispanic Louisianans, likely affect health care utilization. At the same time, rural parishes also face distinct challengesto healthcare utilization regardless of insurance coverage, including limited provider availability, hospital closures, and restricted access to specialty and obstetric care (13). These geographic disparities intersect with economic disadvantage, reinforcing uneven access to timely and high-quality healthcare across the state. In addition, barriers such as transportation, childcare, and inflexible employment conditions constrain access to care, particularly in rural and low-income communities (14).

Maternal and infant health outcomes remain among the most pressing concerns for the state. Louisiana continues to experience among the highest maternal mortality rates in the nation, with many deaths considered preventable. Again, we disproportionate risk and burden for Black communities in our state. Evidence indicates that poorer maternal health outcomes are shaped by multiple, overlapping factors, including chronic conditions such as hypertension and obesity, limited access to postpartum care, and discontinuities in care during and after pregnancy. Again, evidence indicates that historic harms can create intergenerational negative impacts on health (12). Socioeconomic disadvantage further contributes to elevated risk, as individuals with fewer resources may face greater difficulty accessing timely and consistent care (15).

Importantly, emerging evidence highlights that intimate partner violence — particularly homicide — is a significant and preventable contributor to maternal mortality. Research from Louisiana found that homicide was a leading cause of death during pregnancy and the postpartum period, accounting for a substantial share of pregnancy-associated deaths and underscoring the critical role of intimate partner violence in maternal health outcomes (16). Additional research also shows that residence in maternity care deserts is associated with increased pregnancy-associated mortality, reflecting how gaps in healthcare access intersect with safety risks to elevate maternal mortality (17). Though other research in the state indicates that maternity care deserts are not associated with severe maternal morbidity, though being Black and poor were significant correlates (18). These findings emphasize that improving maternal health requires attention not only to clinical care, but also to prevention of violence and support for broader community conditions, and with a focus on poor, rural, and Black communities. Economic constraints—including lack of paid family leave and limited workplace flexibility— may further restrict access to prenatal, postpartum and preventive care, especially for lower-income populations (15). Hence, safety net systems for social and economic needs should also be a priority.

Teen births, while declining, remain significantly higher than the national average and are closely tied to socioeconomic conditions, including poverty, educational access, and availability of reproductive health services (19,20). As framed in this report, teen pregnancy should be understood not as a marker of poor parenting or adverse outcomes alone, but as an indicator of early-life responsibility that can shape long-term educational and economic trajectories. Evidence shows that reductions in teen birth rates are linked to improved access to contraception and delayed sexual activity, but disparities persist, particularly in rural and underserved communities (20). Additional research highlights the roles of poverty and early-life adversity in shaping teen pregnancy risk (21, 22).

One area of strength seen in these data is insurance coverage. Medicaid expansion has substantially reduced the uninsured rate and improved access to care across the state (3). Public health initiatives targeting maternal and infant health have contributed to improvements in some outcomes, demonstrating that coordinated, evidence-based interventions can yield results. However, these gains remain uneven and vulnerable to changes in healthcare access and funding. Recent developments — including reductions in provider availability and the closure of key reproductive health service providers — may further limit access to essential services, particularly for populations already facing barriers to care (23). Ensuring continuity and accessibility of reproductive, maternal, and preventive health services will be critical for sustaining and advancing progress.

Looking ahead, Louisiana's demographic and health trajectory will depend on its ability to address both immediate healthcare needs and the broader conditions that shape population well-being. Efforts to improve outcomes must account for the interplay between economic opportunity, healthcare access, safety, and demographic change. Investments in healthcare infrastructure — particularly in

underserved rural areas—alongside efforts to expand access to preventive, maternal, and chronic disease care, will be essential.

Equally important are strategies that address the underlying conditions influencing health, including education, employment, housing stability, and access to supportive services. Strengthening these areas can improve both individual health outcomes and broader demographic stability by supporting population retention and workforce participation.

In sum, Louisiana's challenges are significant but not insurmountable. The data presented in this report highlight clear areas of need, as well as actionable opportunities. By addressing disparities across both race and geography, improving access to care, and recognizing the role of violence and broader social conditions in shaping health outcomes, Louisiana can build a healthier, more stable, and more resilient future.

IMPLICATIONS AND RECOMMENDATIONS

Strengthening maternal and child health systems.

Improving access to prenatal, obstetric, and postpartum care is essential, particularly in rural areas and maternity care deserts. Expanding provider availability, improving care coordination, and strengthening postpartum care services could substantially reduce preventable maternal and infant deaths.

Addressing racial and geographic disparities in health.

Targeted investments are needed in communities experiencing the highest burden of poor health outcomes. Policies that improve healthcare access, maternal health services, and economic opportunity in underserved communities will be critical for reducing disparities.

Supporting sexual and reproductive healthcare services.

Access to comprehensive sexual and reproductive health services, including family planning, STI and HIV testing and treatment, and maternal healthcare, plays a central role in improving birth outcomes and reducing unintended pregnancy. Ensuring the availability of these services, and comprehensive sexual education, especially in regards to teen births, is particularly important in areas with limited healthcare infrastructure.

Strengthening rural healthcare systems.

Hospital closures and shortages of healthcare providers in rural parishes present major barriers to care, especially since the Dobbs Decision and overturn of Roe v. Wade. Investments in rural health infrastructure, telehealth services, and provider recruitment are essential for improving access and outcomes.

Investing in the social determinants of health.

Education, economic opportunity, housing stability, and transportation all influence population health outcomes. Policies that address these broader determinants can improve health while also strengthening workforce development and economic resilience.

Supporting demographic stability and population retention.

Addressing out-migration and population decline will require investments that improve quality of life, economic opportunity, and community health. A healthier population is also a more productive workforce, strengthening Louisiana's long-term economic competitiveness.

Ultimately, Louisiana's demographic future will be shaped by how effectively the state addresses the interconnected challenges of population change, health disparities, and economic opportunity. Demographic data provide a powerful foundation for understanding these challenges and identifying solutions. By investing in policies that improve health, expand opportunity, and strengthen communities, Louisiana can build a more resilient population and a stronger future for the state.

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