

RESTORING AND RENEWING OUR MOST VITAL ASSET:

# The Black Boys and Men of Louisiana

*Summary of Findings for:*

Louisiana Governor, Lieutenant Governor  
and State Legislature

The Louisiana Council on the Social Status of Black Boys and Men

*March, 2010*



## APPOINTED COUNCIL MEMBERS

**Dr. Calvin Mackie**  
*Council Chairman*  
*Chairman Education*

**Dr. Ronald Gardner**  
*Chairman Health*

**Assistant Secretary Whalen Gibbs**  
*Chair Criminal Justice*

**Mr. John G. Daniel**  
*Chairman Community and Family*

**Undersecretary Girard J. Melancon**  
*Chair Economics*

**Representative Rick Gallot, Jr.**

**Reverend Crispus S. Gordon, Jr.**

**Reverend Jerry Lee Baldwin**

**Ms. Marie Brown-Mercadel**

**Mr. Raymond A. Jetson**

**Mr. Robert Levy**

**Dr. Mary Livers**

**Senator Yvonne Dorsey**

**Senator Edwin R. Murray**

**Mr. Vincent Nzinga**

**Representative Cedric Richmond**

**Dr. Ralph Slaughter**

**Dr. Kyshun Webster**

**Mr. Michael White**

## LETTER FROM THE CHAIRMAN



On behalf of The Louisiana Council on the Social Status of Black Boys and Men, I am pleased to present the following Summary of Findings Report to Louisiana Governor Bobby Jindal, the Louisiana Legislature, state agencies, community advocates and the citizens of Louisiana. This inaugural report is the result of committed individuals from across the full range of diversity that makes up our state – whom collectively desire equitable quality of life for the state of Louisiana in general, and Black boys, men and families in particular. In submitting the following report the Council has fulfilled its statutory charge for 2009 as dictated in House Bill Number 876 as passed in the 2008 session.

Through the use of objective research and data – this report painfully outlines the inequitable and often deplorable conditions and environments in which many Black males in Louisiana are currently entrenched. What the sum of our findings have shown us is that Black males at every age, across every station in life are in imminent crisis, have been in crisis, and will continue to be in crisis until fundamental systemic changes are enacted by the collective stakeholders. Tragically and poignantly, the following not only demonstrates but validates that the socio-demographic and socio-economic quality of life indicators for Black males in Louisiana are the lowest in not just Louisiana – but the nation. To all who read the following a most profound fact emerges –the issues facing Black males can no longer be ignored, no longer relegated to the sidelines of mainstream problems, because today, Black males are the mainstream.

At another time in history, miners used caged canaries as an "early warning device." Miners would release canaries into the mines to test air quality. If the air was toxic enough to kill the canary, the miners knew it would soon be killing people, a canary dying was a warning to stop, turn around, and move in a different direction. Black men have served as Louisiana's canaries. Alerting us, warning us to stop the direction in which we as a state are heading. The summary data provided in the following document not only quantified the current status of Black males in Louisiana - but paints the trajectories of life indicators where white males are beginning to track that of Black males. This report is a clarion call to action; it isn't the end but a beginning; a foundation upon which to build towards righting this wayward ship of disparate quality of life indicators for Black males. A Council rooted in change, not words, using our rich history, heritage and collective gumbo ingredients as resources to bring about measurable impact and better outcomes for Black men and boys in Louisiana.

It has been an honor and most humbling experience to serve as Chairman of the Council this first year. I have learned far more than I could have given; which has solidified my resolve to serve the citizens of Louisiana. As Booker T. Washington stated in 1904, "We are as separate as the fingers, but as whole as the hand." Black men have been but a finger on Louisiana's proverbial hand; but in unifying to save the finger, we

will save and restore the entire hand. Together, as one citizenry in Louisiana, where everyone is equally valued.

Thank you for the opportunity to serve,

A handwritten signature in cursive script, reading "Calvin Mackie". The signature is written in dark ink and is positioned above the printed name.

Calvin Mackie, Ph.D.

## THE DIFFERENCE BETWEEN A BOY AND A MAN

*Sermon excerpt by Rev. James Lumumba James Sr.*

boys are students. **men are teachers.**  
boys are consumers. **men are producers.**  
boys play with toys. **men work with tools.**  
boys break things. **men make things.**  
boys ask questions. **men give answers.**  
boys are disruptive. **men bring order.**  
boys run in gangs. **men organize teams.**  
boys play house. **men build homes.**  
boys shack up. **men get married.**  
boys make babies. **men raise children.**  
a boy won't raise his own children. **a man will raise his and somebody else's.**  
boys invent excuses for failure. **men produce strategies for success.**  
boys look for somebody to take care of them. **men look for somebody to take care of.**  
boys are present-centered. **men are time-balanced.**  
boys seek popularity. **men demand respect.**  
boys are up on the latest. **men are down with the GREATEST.**  
**men have knowledge of the past, understanding of the present and a vision for the future.**

## ACKNOWLEDGEMENTS

The Council would like to thank Louisiana Lt. Governor Mitch Landrieu for his unwavering support in both establishing and housing this Council within his administrative office. This final report endeavor would not have been possible without the dedicated and committed staff in the Lt. Governor's office who went well beyond their job duties and gave so much time and energy to the project; namely Judy Morse, Chief of Staff; Erin Monroe Wesley, Executive Counsel; and James Gilmore, Director, Volunteer Louisiana.

As chairman, I also want to thank the 19 appointed members of the Council whose volunteered time and expertise is a testament to the many people committed to seeing changes and improvements in our state. To the subcommittee Chairmen, thank you for your efforts: Mr. John Daniels (Community and Family), Undersecretary Girard Melancon (Economic), Assistant Secretary Whalen Gibbs (Criminal Justice) and Dr. Ron Gardner (Health). Additional recognition and thanks to The Cecil J. Picard Center for Child Development and Lifelong Learning; Dr. Bobbie DeCuir and Dr. Gail Belhomme. Also; Bel-Mor and Associates, LLC; Mr. Eric Lewis of Sable International; Anthony Patton of Ebonetworks, LLC and Mr. Vincent Sylvan. Special thanks to Dr. Kera E. Moseley, and her team for compiling a plethora of research and data for the Council, along with report writing and editing. And finally, Representative Cedric Richmond, whom I am forever grateful for his vision in conceptualizing a Council to assess the social status of Black males in Louisiana – proposing the bill and fighting for its passing.

## EDITORIAL NOTE

The analysis provided in this summary report compares Black males to their white counterparts both statewide and nationally. Although Louisiana is also home to Hispanics, Native Americans, Asians and other ethnicities, these populations are significantly small, and inclusion in analysis and presentation of findings, makes it impossible to include in race stratification estimates and calculations which would be both comparable and statistically reliable. Furthermore, the following presents “summative” secondary data and information from a thorough review of existing studies, reports and statistics. As such, findings are presented comparing Black males to their white counterparts or Black males to their white and other racial peers as a singular group. Finally, for continuity, the Council has chosen to use the term Black in place of African American, given that the Legislative Council is entitled “Louisiana Council on the Status of Black Boys and Men.

**COMPILED and WRITTEN by:**

Kera Moseley, Dr.PH, MPH  
Kallisto Research Consulting, LLC

Dear Citizens of Louisiana,

In 2008, House Bill 876 was passed to create the Louisiana Council on the Social Status of Black Men and Boys. I was pleased that the Council was placed in the Office of the Lieutenant Governor, providing me and my staff the opportunity to engage in discussion and share ideas on a topic that will have a positive impact on Louisiana.

For the past year, the Council has been meeting regularly to develop strategies to improve the economic and social well-being of black men and boys in Louisiana. The Council approached the objectives outlined in House Bill 876 by researching and identifying historical data and current trends on the conditions of black men and boys in our state. The data collected shows that a collective and coordinated public policy strategy is needed to move our state forward.

The final chapter of this report is a call to action for every local, state, and federally elected official and private citizen in our state, to acknowledge and address the challenges facing black men and boys in our state.

We are a melting pot of people from all backgrounds and nationalities. If we are to continue to compete globally and excel at what we do best, we must address the issues outlined in this report.

I want to thank each member of the Council for volunteering their time and sharing their expertise to create an even stronger Louisiana.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mitch', with a stylized, cursive script.

Mitchell Landrieu  
Lieutenant Governor  
State of Louisiana

To my fellow citizens,

In 2008, the Louisiana State Legislature created the Louisiana Council on the Social Status of Black Men and Boys. I introduced this legislation to highlight the economic, social, political and other barriers that Black men and boys face in Louisiana. The goal of this council is to tell us where Black men and boys are presently, what issues they face and what we as a state should do to reverse the current trends and create an environment conducive to success. I am grateful that the Louisiana State Legislature unanimously recognized that the success of Black men and boys in Louisiana has a direct impact on the lives of all Louisianans. By removing the barriers we remove the excuses and in good faith raise the bar of expectations.

It is important to evaluate the status of Black men and boys from a data driven perspective. Ideally, we should use this data to look at the entire picture. We can not focus on the many negatives and ignore the successful programs and stories that exist. We should also use this report to evaluate how we spend our resources and what policies are productive or counter-productive. For example, the lack of youth programs during the hours immediately following school is a major risk factor associated with youth crime and violence. State and local governments have the ability to solve this problem; however the real question remains whether there's a will to solve it. Government can't match the social and economic return on this investment.

Over the past two years, the work done by this Council affirms that we can change the self-destructive behavior of black men and boys and give them the opportunity and hope they need to dig deep for the resilience and stubborn determination within them to succeed.

Sincerely,



Cedric L. Richmond  
State Representative  
House District 101



## TABLE OF CONTENTS

I.	<u>Louisiana Council on the Social Status of Black Boys and Men</u>	<u>11-12</u>
II.	<u>Executive Summary</u>	<u>13-29</u>
	A. Summary of Report Findings	13-14
	B. Key Report Highlights	15-19
	C. Overview	20
	D. Economic and Community Development	21-22
	E. The 2010 Louisiana Snapshot	23
	F. The Louisiana Hurricane Corridor	24-25
	G. Human Development	26-29
III.	<u>The Status of Black Boys in Louisiana</u>	<u>30-46</u>
	A. Introduction	30
	B. Youth Development	31-32
	C. Historical Impediments to Youth Development	33
	D. Education	34
	E. Health and Wellness	35-38
	F. Mental Health	39-40
	G. Youth Homicide and Suicide	41-42
	H. Youth Anti-Social Behavior	43-45
	I. Youth Violence	46
IV.	<u>The Status of Black Men in Louisiana: Economics</u>	<u>47-58</u>
	A. Introduction	47
	B. Wealth in the Black Community	48
	C. Disparities in Wages and Annual Income	49
	D. Poverty	50-53
	E. Home Ownership	54
	F. Housing Mortgages	55
	G. Entrepreneurship	56-58
V.	<u>The Status of Black Men in Louisiana: Education</u>	<u>59-68</u>
	A. Introduction	59-60
	B. Educational Attainment	61-62
	C. Graduation and Drop Out Rates	63
	D. Achievement Gaps	64-65

	E. Early Childhood Education	66
	F. College Enrollment and Achievement	67-68
VI.	<u>The Status of Black Men in Louisiana: Criminal Justice</u>	<u>69</u>
	A. The Demography of Deconstruction	
VII.	<u>The Status of Black Men in Louisiana: Health and Wellness</u>	<u>70-86</u>
	A. Healthy People 2010	70-71
	B. Health Disparities	72-74
	C. Birth Rates	75
	D. Mortality	76-77
	E. Infant Mortality	78
	F. Homicide	79
	G. Chronic Diseases	80-82
	H. Infectious Diseases	83-84
	I. Health Provider Shortages	85-86
VIII.	<u>The Status of Black Men in Louisiana: Community and Family</u>	<u>87-88</u>
	A. Introduction	87
	B. Relatives as Care Givers	88
IX.	<u>Council Recommendations</u>	<u>89-96</u>
	A. Overview	89
	B. Transparency and Accountability	90
	C. Three Steps for Action	91
	D. Council Operation and Structure	92
	E. Assessment, Measurement Systems and Strategy	93-94
	F. Focus Area Recommendations	95-96
X.	<u>References</u>	<u>97-100</u>

# **I. LOUISIANA COUNCIL ON THE SOCIAL STATUS OF BLACK BOYS AND MEN**

## **OVERVIEW**

In 2008, House Bill No. 876 was passed and enacted in R.S. 36:4 by the Louisiana Legislature to establish the Council on the Social Status of Black Boys and Men to serve in the Executive Branch of the State of Louisiana within the Office of the Lieutenant Governor. The council is declared to be a body corporate and public, exercising public and essential governmental functions and domiciled in the City of Baton Rouge. The established Council is comprised of 19 appointed members and includes representation from the State of Louisiana Senate and House of Representatives, state governmental agency officials, religious community leaders and appointments from five state universities.

This Council is charged with studying the conditions affecting Black boys and men in Louisiana. The Council will compile a final report of summative findings, conclusions and recommendations on behalf of the Council, which will be submitted to the Louisiana Governor, Lieutenant Governor, Senate President, Speaker of the House of Representatives, and appropriate Committee Chairmen of jurisdiction in the Louisiana House and Senate.

## **VISION**

That Louisiana is a State where all Black boys and men are provided the help, support and resources necessary to live, learn, work and prosper equally alongside their counterparts.

## **MISSION**

The Louisiana Council on the Social Status of Black boys and men is committed to building safer and healthier communities and families in Louisiana through developing, implementing and sustaining targeted and cost-effective life-long interventions to mitigate, impact and change the multiple and detrimental social disparities affecting Black boys and men in Louisiana's parishes, towns and cities.

## **GOAL**

With an intent to transform communities disproportionately and adversely affected by social inequities, the Council seeks to demonstrate how best to create a better future for all Black boys, men, families and communities. We will use innovative approaches, form untraditional alliances, and work with and involve a full spectrum of representation to ensure the success of our mission.

The Council on the Social Status of Black Boys and Men is charged with researching and creating a full report to be used as a statistical and data touchstone for the Louisiana Legislature and the Governmental Executive and Judicial Branches.

It is intended to serve as our starting point - upon which to catalyze new conversations with a wider and broader set of business, government, nonprofit and community members. We seek to expand perspectives, and provide a forum for action as participants and advocates - and ultimately, change agents. This final report is intended to illustrate a unified and accurate depiction of the status of Black boys and men in Louisiana to allow for future leveraging of both existing and new resources towards addressing the far reaching social disparities identified.

This Council is rooted in change, not words, and seeks to use the collective diversity, resources and research to bring about better outcomes for Black boys and men in Louisiana. Finally the Council was charged with developing a set of recommendations based on the findings of this report. The Council believes it is their collective responsibility to not just provide recommendations - but ensure that the various systems and institutions that need to do better are held accountable if progress is not made.

## **II. EXECUTIVE SUMMARY**

### **A. SUMMARY OF REPORT FINDINGS**

This report substantiates and quantifies the extensive and shocking social status of too many of Louisiana's Black boys and men in the 21<sup>st</sup> century. What a full examination has shown is an overwhelming disparity and alarming rates in violence, homicide, incarceration, unemployment, and education level of many Black families and communities across the State.

Immediate and wide-scale efforts and change must begin today - by those in positions who can and should assist - from our Governor and politically elected officials - to the heads of all state agencies and higher education institutions, churches and their congregations, as well as traditional and untraditional community leaders and members who are reflective of those Louisianans most impacted. It is time to collectively come together to dialogue, study the findings, and craft a response and action plan to impact and change the current course many Black boys and men of Louisiana currently find themselves adrift on. And whatever is designed and implemented, must utilize innovative technology and data collection systems to continuously monitor and measure the impact and effectiveness of these efforts and programs.

The Council believes that next steps must be forward and not further backwards. Focusing on fixing and repairing identified barriers and needs. For despite the clear inequities, injustices and all encompassing disparities shown in this report that exist today - the Council knows that regardless of what has contributed to the current situation - we believe that assigning fault will simply perpetuate even larger chasms than already exist.

Instead, we choose to look ahead, move quickly and focus on the hope of restoration. Thus we require that all parts of what makes up our political, economic, and social systems urgently and relentlessly work together. Otherwise, we simply continue to widen and deepen existing disparities. And although we are tasked with defining the social status of Black boys and men in Louisiana through identifying disparities and inequities, we must not only see our deficits but acknowledge, include, and involve Black boys and men who, despite overwhelming barriers - have excelled and risen to higher levels of success and contribute intellectually, socially and economically to the state of Louisiana as workers, tax payers, academics and business owners, husbands, sons and fathers.

The contributions to society that Black boys and men make every day is monumental and could be increased exponentially and result in enormous cost savings, economic gains and wealth, social equity and an overall better quality of life for all Louisianans.

No matter what race, culture, gender or income level – all of Louisiana must be included as equal partners with equal access to opportunity. Or, we will all, rich and poor alike, continue this downward spiraling we currently travel.

## B. KEY REPORT HIGHLIGHTS

The following are the key findings from each of the sections contained in this report. References and supporting documentation for each bullet can be found in the broader text which follows. What these key findings collectively paint is a disturbing portrait of tragedy, disparities, failed health, education and social service systems, disenfranchisement, and a profound lack of opportunities in which to learn, excel, advance and have an equitable quality of life.

Perhaps most importantly this report has gone beyond simply providing data and statistics outlining the current social status of Black boys and men in Louisiana – but provides a research-based understanding of “how” and “why” many of our Black males have ended up where they stand today.

### **Louisiana Black Boys: Key Findings**

- ❖ *Juveniles growing up in Louisiana face more adversity and barriers than any other youth group in America.*
- ❖ *Education is the strongest and most predictive determinant of health, socio-economic, and criminal outcomes.*
- ❖ *Just a 1-year increase in the average level of schooling in a community is associated with a 30% decrease in overall murder rates.*
- ❖ *Louisiana leads the nation where 84% of all public school students are low-income.*
- ❖ *Today, more than 15% of Louisiana’s children have a special healthcare need.*
- ❖ *By 2008, Louisiana ranked 50<sup>th</sup> in extent of child homelessness nationally.*
- ❖ *35% of Louisianan children are obese.*
- ❖ *9% have Asthma; with case rates for Black youth of 1.8 vs. 1.2 in white peers.*
- ❖ *Only 25% of Louisiana youth meet requirements for daily physical activities.*

- ❖ *71% of Black youth watch more than 2-hours of TV each weeknight; compared to 48% of whites.*
- ❖ *Black youth are 4 x less likely to smoke cigarettes (7%) compared to white peers (24%); but by adulthood, they smoke more than whites.*
- ❖ *Nationally 8% of youth aged 4-17 are diagnosed with ADHD; compared to 10.3% in Louisiana.*

### **Louisiana Black Men: Key Findings**

- ❖ *There is more disparity in quality of life within Louisiana than any other state in the nation.*
- ❖ *While the primarily white neighborhoods of New Orleans enjoy a human development score which ranks among the highest in the nation – Blacks living in Tangipahoa rank at the bottom in not only Louisiana, but across the nation with a **human development level of the average American in the early 1950s.***
- ❖ *During a 20-year period, inflation-adjusted median earnings for black men barely increased from \$24,376 to \$28,640.*
- ❖ *High school drop outs from the class of 2007 alone will cost the nation nearly \$329 billion in lost wages, taxes and lifetime productivity.*
- ❖ *Between 1990 and 2009, the attainment of bachelor's and graduate or professional degrees only edged up slightly.*
- ❖ *In 4<sup>th</sup> grade: 68% of whites don't read at grade level; compared to 91% of Black children.*
- ❖ *School suspension rates for Black student are 2x the rate for their white counterparts.*
- ❖ *Louisiana leads both the nation – and the world – in incarceration rates per capita – where today we incarcerate at twice the national average.*
- ❖ *Today, 21% of all Louisiana Black males between the ages of 19 and 64 are currently either incarcerated or under probation or parole supervision.*
- ❖ *At the beginning of the 21<sup>st</sup> Century, 1 out of every 6 Black Louisiana males had been incarcerated during their lifetime. If current trends continue, 1 out of every 3 Black males born today can expect to spend time in prison during his lifetime.*



- ❖ *The typical inmate upon entry into the correctional system is a Black male in their 30's who was living in poverty, never finished high school, functioning at a 5<sup>th</sup> grade level, uninsured, unemployed, lacks job training and skills, is substance addicted, and has either a diagnosable mental illness, a chronic or infectious disease or a combination of health conditions.*
- ❖ *The majority of inmates have children under the age of 18 (72%), and most (82%) remain in contact with their children through visits, letters and phone calls.*
- ❖ *An estimated 1 out of every 5 of Louisiana's children (18%) have a parent currently involved in the corrections system; increasing significant for Black children, where almost half (45%) have a parent involved in the system today.*
- ❖ *It cost Louisiana tax payers approximately \$24,000 to incarcerate an adult and \$45,000 to incarcerate a youth annually – it cost only \$9,000 to send a child through grades K-12.*
- ❖ *For three decades the level of "violent crimes" has fallen to record lows to an average of only 20%; where the vast majority of arrests are for non-violent, substance related charges or for violating probation/parole supervision.*
- ❖ *Virtually every inmate comes home – the majority within only a few years; to a small number of concentrated neighborhoods across the state – characterized by poverty, social disorganization, high crime rates and are ill-equipped to support the multiple needs of exiting inmates.*
- ❖ *While white Louisianans have a human development score that is 10 years behind the national; Blacks are 36-years behind.*
- ❖ *Between 1990-2002 - life span increased from only 73.1 years to 75.3 years*
- ❖ *Over 75% of all new HIV and AIDS cases are in Black Louisianans.*
- ❖ *Today there are more people with diagnosed mental illnesses incarcerated – than in mental health facilities.*
- ❖ *Louisiana continues to rate at the very bottom or dead last – across all health indicators.*
- ❖ *Risk behaviors are now the leading cause of both mortality and morbidity among Americans in general – Black populations in particular.*

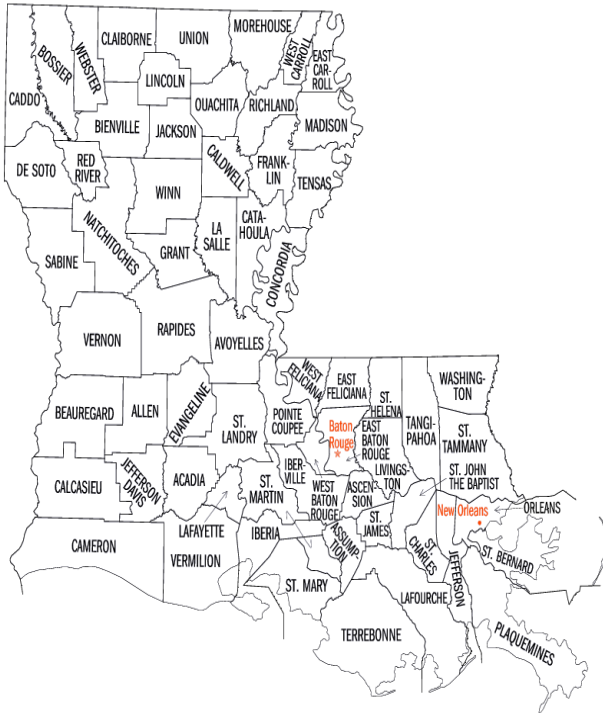
In summary, the current wide and far reaching disparities are clear. The socio-demographic, socio-economic and psycho-social crises we find ourselves today as a community is unacceptable.

The majority of our Black men, many who are living in deplorable and unacceptable conditions are honest, hard working Americans but because of a lack of access to opportunities never had a chance to get a job that has benefits, better wages, provides training and opportunities for advancement. The truth is that Black men provide the backbone of our nation and economy, but often do not have adequate chances to contribute in the way that they might have wanted. These individuals contribute to the workforce, pay taxes, provide for their families, their children and despite insurmountable obstacles, contribute directly and indirectly to our local, state and national economy, wealth and power.

And although many of these men lack a high school diploma and may never have the opportunity to either finish or continue to higher education – it is patronizing to think these men do not understand the magnitude of their situations, that it is likely that for the rest of their lives, it will never be better than it is right now. Despite incredible American successes and innovations this past century – Black men have been left behind... far behind. And despite the evidence and quantification of these disparities – as the following research clearly demonstrates – is it Black men who have failed Louisiana and America? Or have we as a state and nation failed them in opportunities, support, empathy and hope?

Because despite all of this – they still get up every morning.

**Diagram 1:  
A Portrait of Louisiana<sup>1</sup>  
2009**



Total Population	Louisiana	America
	4,287,768	299,398,485
Male	48%	49%
Female	52%	51%
Median Age	36	36
18 Years and <	25%	25%
19 Years and >	75%	75%
White	64%	74%
Black	32%	12%
Hispanic	3%	15%
Asian	1%	4%
18 Years and <	1,170,600	78,677,200
White	56%	56%
Black	39%	14%
Hispanic	4%	22%
Other	1%	8%

**97%**

Percent of Native Born Louisianans

**2<sup>nd</sup>**

National Ranking of States with the Largest Black Populations

**68.1 years**

Life expectancy of a Black baby boy born in Louisiana today.

**69.7 years**

Life expectancy of the average American in 1960.

## C. OVERVIEW

Given the current status of Black boys and men in Louisiana – it is difficult to know where to begin in a landscape filled with numerous and inter-linked impediments spanning a full spectrum of social, community and economic disparities. Because today – every obstacle facing Black boys and men both impacts and ties together - the rest of society.

The following sections will illustrate a methodical and comprehensive review of all relevant and current research, information and data. This quantification poignantly substantiates that the socio-demographic and socio-economic quality of life indicators for Black males are the lowest in Louisiana – and the nation.

Black boys and men today are challenged by a myriad of barriers, unmet needs and inequities including poverty, low graduation rates, low employment skills and training, poor health and high levels of violence and incarceration rates among others. Today's statistics and facts explain the root causes and reasons for what has become a lack of self-esteem, self-respect, and success for many Black males in Louisiana – revealing that wide gaps exist and have only increased.

Quality of life improves for all people when the social and economic issues that negatively affect those most vulnerable and disenfranchised are assertively and holistically addressed. In so much as we may envision the status of Black boys and men in Louisiana as “their” issue – it is “our” issue for it impacts every one of us as a community, region, state and nation. Without attention, intervention, and preventive action – the situation will continue to deteriorate, ultimately making future efforts to reverse the direction in which Black males are headed even more difficult, if not impossible, to counteract.

First, we must begin. And we must begin now.

## D. ECONOMIC AND COMMUNITY DEVELOPMENT

Several national and international organizations, including the US Department of Commerce (USDOC), the World Bank (WB), the International Monetary Fund (IMF), the United Nations (UN) and the World Health Organization (WHO) have carried out literally thousands of research studies across diverse global communities examining this intimate relationship between economic development and poverty.<sup>2</sup> What they have found, almost universally, is that when economic growth occurs to the detriment of the local community where natural resources are located, it has profound and long term impacts on both the environment and the people - particularly those living in poverty. What decades of data and information find is that:

*Community Development and Economic Development are Inter-Dependent.*

Both must be considered equally and concurrently and development efforts should be in tandem to ensure equity between both social and economic growth. Because when economic development occurs in isolation - it usually results in poverty and an even greater widening of inequity and injustice gaps. The following is intended to serve as a comparative case study as an example of the intimate relationship between economic and community development - and perhaps a warning of where our perpetuated inequities and disparities have led not just our Black boys and men in Louisiana - but the rest of the nation.

Since 1990, Louisiana has consistently led the nation in having the worst outcomes for virtually every social, community, health and economic indicator.<sup>3</sup> If one travels from Louisiana straight across the Atlantic Ocean, it finds a small, country named Sierra Leone, located along the West African coastline. In many ways - this country is a mirror image of Louisiana: both share the same topography, the same geographical size, and both have just over 4 million citizens. Also in 1990, the World Health Organization ranked Sierra Leone as the "poorest country" in the world with the worst health, social and economic indicators of any other country globally.<sup>4</sup> Yet when WHO ranked Sierra Leone as the poorest country in the world - an estimated 95% of the country's total natural resources were owned and mined by multiple first world countries (America included) where the general population not only didn't benefit - but it was a catalyst for devastating deterioration of the country's infrastructure and economics, from this foreign ownership of resources.

A strikingly similar paradox is found in Louisiana - although the poorest state in the nation, it is also ranked the third highest in natural resources and refining capacity. The culmination of these factors in Sierra Leone where virtually all of the country's wealth was controlled and owned by foreign countries, in 1990 led to the country's first ever civil war. Often attributable to desperation, starvation and civil unrest - the underlying

cause was fighting for control over billions of dollars in a wide range of natural wealth. In the 20-years since the Sierra Leone civil war erupted, it is estimated that more than 50% of the entire population became refugees, and permanently displaced into other countries; another 25% have died. The final and most disturbing parallel is this:

*In Sierra Leone, it was the most violent civil war in recent world history.*

*In Louisiana, it was the largest natural disaster in American history.*

By presenting these facts, we hope to provide a wake-up call to action by showing where mankind has recently traveled over the past half century - and how the United States is heading in the same direction. Now that this Council has completed its first year and produced the following report - we are collectively led to the next logical and unavoidable question. Having quantified the current social status of Black boys and men in Louisiana -

*What are we going to do about it as a state and as human beings?*

## E. The 2010 LOUISIANA SNAPSHOT

Despite over a 200-year history rich with culture, tradition and heritage – Louisiana continues to face multiple impediments to community and economic development.

Louisiana continues to be the most impoverished state in the nation, repeatedly ranking 50<sup>th</sup> in quality of life and health – 25% lower than national averages on most indicators.<sup>5</sup> The state is burdened by the costs associated with providing health care for a wide-spectrum of diseases and conditions.<sup>6</sup> Louisiana has one of the highest rates of emergency outpatient visits in the nation, providing disjointed care and services that are more costly and less comprehensive than routine primary care, where over 30% of the population relies on the local emergency room as their primary medical provider.<sup>7</sup>

Access to needed care, services and treatment is either unavailable or requires long waiting periods.<sup>8</sup> The state has disproportionately higher rates of chronic and infectious diseases, addiction, and diagnosable mental illnesses.<sup>9</sup> The burden of substance abuse and mental health in the general population is largely unmet and has only increased post hurricanes. Pre-Katrina, the Louisiana Office of Mental Health estimated it was only able to provide services to 8% of adults and only 4% of children living with a mental illness.<sup>10</sup> The Office of Addictive Disorders served less than 5% of all substance abusers in need of treatment services.<sup>11</sup> Although not leading causes of death – substance addiction and mental illnesses are the leading causes of disability and health care expenditures. Mental illness is now the third leading cause of workplace loss in productivity and hours. The profound and significant impact of mental illnesses alone is unmatched by any other disease – globally.<sup>12</sup> Research shows that criminals are disproportionately substance abusers (75%) and diagnosed with mental illnesses (80%) upon entry into a correctional system.<sup>13</sup>

Louisiana is well known for having one of the lowest-performing public school systems in the country;<sup>14</sup> and historically high levels of crime and violence - leading the nation in murder<sup>15</sup> and incarceration rates.<sup>16</sup> In fact, one recent study quantifying leading threats to youth development showed that youth growing up in Louisiana face more barriers and adversity than any other youth populations across America.<sup>17 18</sup> Painfully absent in post-Katrina rebuilding are efforts to invest in Black youth using long-term recovery strategies to systematically address the myriad of on-going educational, recreational, mental and social needs of school-age Louisiana youth.

## F. THE LOUISIANA HURRICANE CORRIDOR

Although much has been written and will continue to be written about Hurricane Katrina, few will ever be able to fully describe the devastation. This is because it would require a full understanding of the decimated lives of millions of Louisianans. It also shattered our workforce, social networks, public infrastructure, public safety, business and industry, healthcare, housing, education and transportation systems not to mention our levees and political landscape.

We have learned and shown that when Louisiana is hit by large scale disaster hurricanes – the nation feels the economic impact. For example, the greater New Orleans region is Louisiana’s “Energy Corridor” for the nation – producing 25% of all crude oil, and over 50% of the nation’s gas processing capacity.<sup>19</sup> Also, Louisiana produces 25% of total seafood nationally.<sup>20</sup>

But Katrina proved that the poor are the most exposed to natural disasters. When the levees broke in New Orleans, 75% of the parish was flooded. The unaffected 25% were almost entirely affluent, upper-income and white neighborhoods. And although many of the flooded neighborhoods were low-income; a significant and primarily forgotten segment were middle and upper income Black residents.

Much of the New Orleans “middle class,” which made up the backbone of the workforce, was wiped out by the flooding and experienced losses of not only homes, possessions and businesses – but waited, in many places literally years, for services to be restored, businesses to be rebuilt, neighbors to come home. Indeed many areas are still struggling to recover.

Despite the billions of dollars donated and allocated towards this natural disaster over the past 4-years, the recovery has been disorganized, disjointed, inequitable, and painfully slow by local, state and federal leadership, agencies and funders. <sup>21</sup>

However, our experience with Katrina is paralleled elsewhere in American history. The Dust Bowl resulted when a severe drought hit the Midwestern and Southern plains in 1931, causing grasses and crops to die which in turn allowed topsoil, already badly eroded from over-cropping, overgrazing, and other unsustainable practices, to take to the air in “black blizzards” of dust. This combined ecological/human disaster ultimately led to the displacement of 2.5 million people. Internationally, a tragic abundance of parallels exist as well, such as the 2008 earthquake in Sichuan, China, which left 90,000 people dead or missing and led to public outcry about the shoddy construction of schools serving the poor. An estimated 10,000 children were killed in these schools or dormitory rooms, often while nearby schools for educating children of wealthier families and better built, remained standing.



If Katrina has taught us nothing else it is that resources, individuals and development are intricately and profoundly tied together. And many witnessed firsthand the effects of inequitable and unjust re-development. In addition to being an unprecedented event, Katrina affirmed America's legacy of social exclusion of marginalized segments of our state, who suffer more before, during, and especially after such catastrophic events. While negative indicators for Black males in Louisiana were already significant in and of themselves; Hurricane Katrina only exasperated the full range of pre-existing impediments, barriers and unmet needs.

We have come to realize that not only will we never have a full or equitable recovery – but our lives as individuals, communities and as a state, will never be, can never be, the same as they were before. Because in addition to our collective material losses; Katrina literally ripped apart the social fabric of a deeply rooted and tight knit way of life where generations of families lived in close proximity to one another. Katrina destroyed and separated families, neighbors, friends and entire communities not just in the hurricane hit areas, but the entire State of Louisiana.

The impact from Hurricane Katrina continues to and cannot help but permeate every piece of life and work in Louisiana – particularly for children and young adults. Thousands of school aged children across the region were displaced, moved and permanently relocated - suffering on a scale never experienced prior to Hurricane Katrina. Additionally Louisiana and particularly regional areas directly hit, have experienced record rates of divorce, separation, and families living apart – all contributing to recent statistics showing the doubling of rates for homelessness in both children and adults. *By 2008, Louisiana ranked 50<sup>th</sup> in extent of child homelessness nationally.*<sup>22</sup>

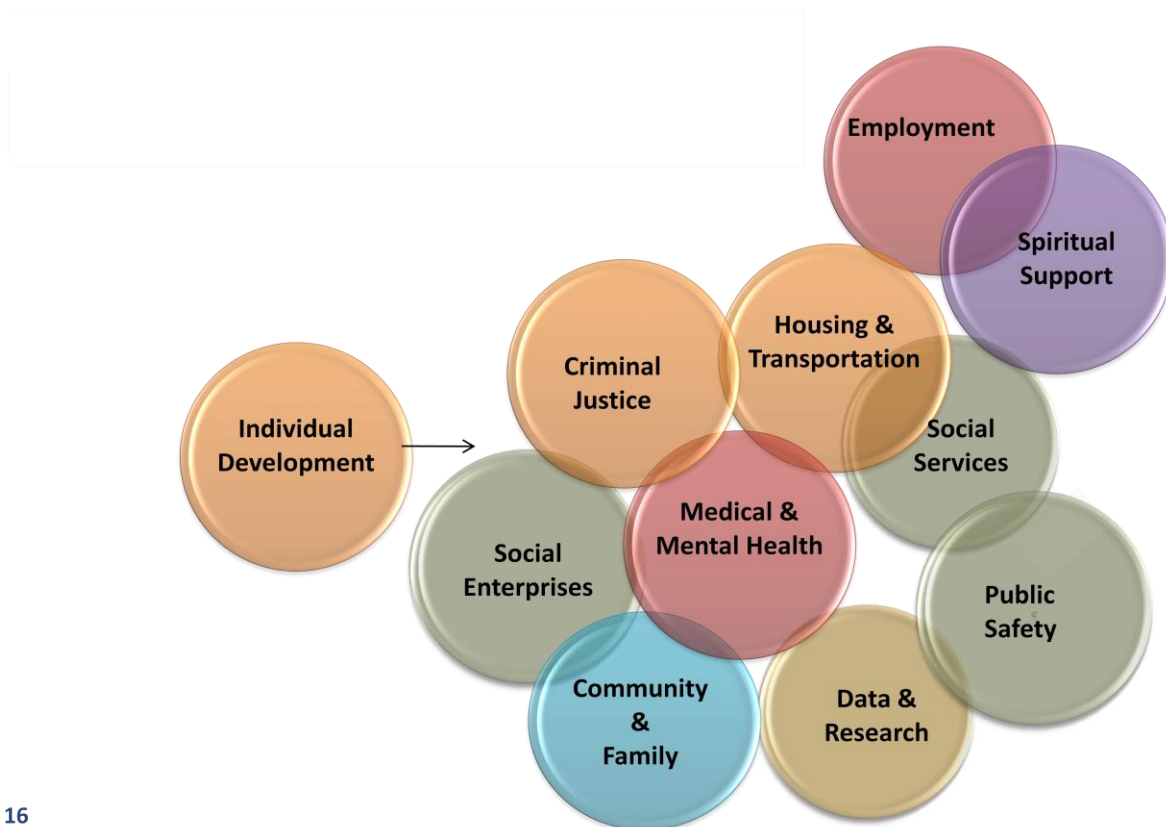
We now understand that although many of the visual reminders of Katrina are gone – we will never be the same. What we have collectively been left with are record rates of divorce, family separation, homelessness, a doubling of mental illnesses and substance addiction, increases in mortality, and a most alarming suicide rate that has steadily climbed in several parishes, since the aftermath. And by the end of 2009 - 250,000 people from the greater New Orleans region have not returned.

## G. HUMAN DEVELOPMENT

Human Development is a holistic concept and measured by the presence or absence of illnesses, disease, unmet needs, and all the other factors which contribute to the ability to live a long and healthy life, to have access to knowledge, and to have a decent standard of living. Other capabilities and freedoms that many view as essential to a fulfilling life include personal and community security, spirituality, a healthy living environment and access to services and necessities, cultural identity, political participation, self-confidence, community bonds, dignity, and equality. The following diagram suggests that there are at least 12 essential development areas that define an individual's "quality of life" (Diagram 2).

For centuries, Louisiana has faced socio-demographic and socio-economic inequalities which have dominated much of American development; where differences have been used to separate, divide and discriminate against population subsets, historically impacting and felt more in the South than other parts of the United States.

**Diagram 2: Critical Elements in Holistic Human Development<sup>23</sup>**



The issues that affect Black males are complex, inter-related and often difficult to untangle. Their inter-connectedness validates the reasons that one cannot simply focus on a single issue – such as healthcare – without acknowledging and addressing the relationship between it and all other social, economic and health indicators simultaneously. A study carried out in 2009 reported that today *Louisiana is a full 20-years behind the rest of the nation.*<sup>24</sup>

**Table 1: Louisiana Human Development Index Comparisons by Race (2007)**

Grouping	HD Index Years	Life Expectancy at Birth (%)	Less Than High School (%)	At Least High School Diploma (%)	At Least Bachelor's Degree (%)	Graduate Degree (%)	School Enrollment (%)	Median Earnings (%)
<b>RACE</b>								
Whites	4.62	76.6	16.6	83.4	23.3	7.8	83.2	28,912
African Americans	2.32	72.2	29.2	70.8	11.8	3.8	82.1	17,010
<b>RACE/PARISH GROUP</b>								
Orleans (Southwest)								
Whites	6.91	79.6	4.4	95.6	61.3	28.7	104.1	31,351
Tangipahoa	0.98	69.9	38.5	61.5	9.3	3.4	72.1	12,703

In addition to this finding, the report showed that while some Louisianans experience well-being at one of the highest levels nationally; others rank at the lowest in America.

For example, white Louisianans living in Orleans Southwest (including the neighborhoods of Uptown, Carrollton, Central City, and the Garden District) have a human development index score (6.91) that bests the top-ranked U.S. state of Connecticut (6.37). At the other end of the spectrum, Blacks living in rural Tangipahoa Parish have a shocking score of only 0.98, which corresponds to the *human development level of the average American in the early 1950s*. On average, white Louisianans have twice the quality of life as Blacks (Table 1).

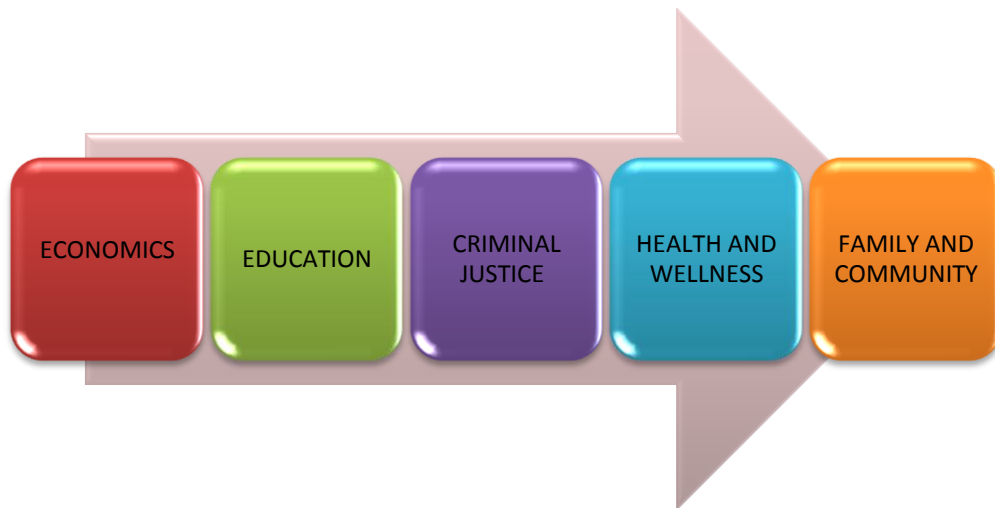
Although the acceptance and merging of ethnic and cultural diversity have historically been the nation's greatest assets – today society has developed clear inequalities across most development areas – which has created ever-increasing gaps. Today's disparities are attributed to many different causes – but socio-demographic factors underscore the most powerful determinants of quality of life.<sup>25 26</sup>

The following diagram outlines a full universe of possible modern stressors that impact health, quality of life and opportunities necessary for successful human development. Simply, the more stressors an individual must overcome – the worse the outcomes (Diagram 3.)

**Modern Stressors**

- Depression
- Illiteracy
- Domestic Abuse
- Job Problems
- Eating Disorders
- Anxiety
- Law Violation
- Probation/Parole
- Unemployed
- Alcoholism
- Incarceration
- Child Support Payments
- Marital Problems
- Holidays
- Children
- Infectious Diseases
- Mental Illness
- Household Conflict
- Ex-Offender
- Family Problems
- Mental Abuse
- Untrained
- Separation
- Veteran
- Physical Disability
- Uninsured
- Unstable Housing
- Problems at Work
- Lack of Exercise
- Poverty
- High Risk Behaviors
- Homeless
- Post Trauma Stress
- Single Parent
- Sexual Abuse
- Unskilled
- Anti-Social
- Chronic Diseases
- Illegal Drugs
- Sleeping Problems
- Incarcerated Family
- Depression
- Safety
- Divorce
- Lose Job
- Debt
- Stress
- Unhealthy Lifestyle
- Death
- Loneliness
- Sick Family Member
- Prescription Drug Abuse

The next diagram shows that the vast majority of stressors can be categorized into 5 key areas of development for which this report has used as an outline to present the current status of Black boys and men in Louisiana (Diagram 4).



### **III. THE STATUS OF BLACK BOYS IN LOUISIANA**

#### **A. INTRODUCTION**

Although statistical trends for Black boys and men are strongly inter-related and traverse across most social and economic indicators – by separating out findings for Black males and comparing youth to adults, it further allows for an overview which can identify separate and unique unmet needs and barriers for Black males in Louisiana.

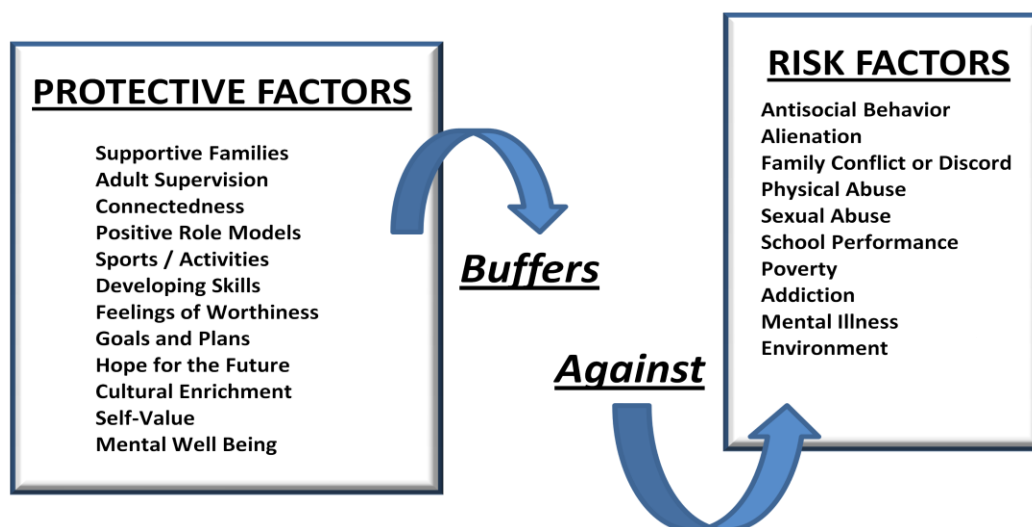
Black boys today are faced with an unprecedented number of wide ranging risk factors that dramatically impact, hinder healthy development and increase exponentially the risk of developing problem behaviors during these most formative years.<sup>28</sup> Community supports have been identified as critical in helping Black youth to overcome significant disparate challenges. According to the research, close to half of all Louisiana Black children live in high risk communities with minimal resources, attend failing and unsafe schools which compromise physical and mental health development and create barriers to academic learning, and have minimal school or community programs and activities for learning and socialization.

## B. YOUTH DEVELOPMENT

In 2009, researchers found that despite Black children having the highest exposure to risk factors that lead to behavioral problems including high rates of mobility, low or fluctuating family income, substance abuse by parents, being raised in single-parent homes, and living in high crime neighborhoods – Black children demonstrated more resiliency and a greater ability to deal with adversity in their environment than their white peers.<sup>29</sup> This 8-year research project conducted in three different regions of the United States found that these Black children showed no higher incidence of behavioral problems such as deviant behavior, violence, or being disruptive in school than white or Hispanic children. The research concluded that Black children who are exposed to many risk factors develop a mechanism that allows them to better cope with the problems of life. However the study also identified a troubling “internalization” of problems which are associated with increased levels of stress, anxiety and depression.

There are a series of common influences and environmental factors that despite a youth’s living situation can collectively provide enough protective factors to create “*buffers*” against risk factors and ultimately influence behavior, decision making and future choices (Diagram 5).

**Diagram 5: Protective Factors Which Serve as Buffers against Risk Factors**



Current findings in criminological research further suggest that many delinquent youth eventually “outgrow” these behaviors, regardless of intervention by the juvenile justice

system. A second source of evidence supporting youth development is the body of research on resiliency suggesting that many youths in high-risk environments manage to grow up normally and even thrive as a result of enough protective factors.<sup>30</sup> Simply put the more assets and protective factors and buffers available to a youth – the less likely they are to engage in risk behaviors and the more likely positive outcomes become.<sup>31 32</sup> Some of the most convincing research to date on youth development is a meta-analysis of 25 program evaluations<sup>33</sup> which found that some of the programs improved many positive behaviors while at the same time decreasing negative behaviors.

Data further indicates that juveniles are at the highest risk of being the victims of violent crime in the 4 hours following the end of the school day (roughly 2–6 p.m.).<sup>34 35</sup> The hours between the end of the school day and when adults return from work is considered the riskiest time for young people.<sup>36</sup> The lack of youth programs during out-of-school hours has been identified as a major risk factor associated with youth crime and violence.<sup>37 38</sup> The strongest successes identified by researchers included strong, well measured prevention and intervention interactive activities both at school, and in the community where they are engaged by both fellow peers and adult role models. Types of activities strongly correlated with improving development included physical activities, sports, clubs, recreation centers, summer and day camps, mentoring and tutoring programs.

Recent youth resiliency research, defined as the capacity of those who are exposed to identifiable risk factors to overcome those risks and avoid long term negative outcomes, have identified two key findings. The two factors that are frequently cited as predictors of resilience are: 1) the presence of an adult role model mentor; and 2) the quality and meaningfulness of that relationship.<sup>39</sup> Resilience research demonstrates that at risk youth who are involved with at least one caring adult are more likely to withstand the range of negative influences, than are peers who have no positive role models and nurturing relationship.<sup>40</sup>



### C. HISTORICAL IMPEDIMENTS TO YOUTH DEVELOPMENT

Historically, education and society did not recognize nor focus on youth strengths and value. Rather, it has concentrated on a “deficits model” which focuses on the identification and quantification of negative behaviors. This traditional “deficit based” approach has changed in recent years to an assets based prevention approach to delinquency and youth development - giving priority to reinforcing existing assets, identifying problem areas and focusing on positive building of competencies that improve a youth’s ability to be productive and effective at tasks and activities that others value. It is not defined by a single end goal but rather is focused on the “process” of bringing about positive changes.<sup>41 42 43</sup>

One powerful study done in the last decade quantified leading threats to youth development in Louisiana, and discovered that *juveniles growing up in Louisiana face more adversity and barriers than any other youth group in America*.<sup>44</sup> And although delinquent and high risk youth have been seen and treated within a punitive rather than developmental model these past decades, criminologists agree, and have shown, that by treating youth like criminals during these formative years – does nothing but create a new generation of criminal offenders – especially within poor Black males.<sup>45</sup>

## D. EDUCATION

*Research suggest that a one (1) year increase in the average level of schooling in a community is associated with a 30% decrease in overall murder rates - because education is the single most important determinant of health, socio-economic, and criminal outcomes.*<sup>46</sup>

A report in 2007 showed that *students living in poverty now make up the “majority” of public school students in the Southern states* of Louisiana, Mississippi, Alabama, and Georgia.<sup>47</sup> For the first time in more than 40 years, the South is the only region in the nation where low income children constitute a majority of all public school students (54%); *Louisiana leads the nation where 84% of all public school students are low-income.*<sup>48</sup> In an increasingly competitive global economy the consequences of dropping out of school are devastating to individuals, communities and the national economy. Nationally, Black boys have the highest rates of high school drop outs (57%) compared to all other minority populations, and almost double their white peers (29%).<sup>49</sup>

The rest of the nation remains largely unaware of this national crisis – particularly for Black boys. In looking at how deep and widespread racial disparities exist at the state and district level schools and systems, one report reviewed and monitored federal accountability systems as states implemented the *No Child Left Behind* legislation, which was designed to improve high school graduation rates, especially among minority children.<sup>50</sup> The summary findings identified significant and increased disparities in how the legislation was applied; particularly along racial and economic lines.<sup>51</sup> Historical legislation such as the “Just Say No to Drugs” campaign was followed by a large increase in drug addiction nationally, along with a widening of illegal substance types and availability; which experts believe served as the impetus for toughened drug laws nationally and is primarily responsible for the tripled incarceration rate during the past 30-years. Similarly, the congressionally commissioned GAO report findings for the *No Child Left Behind* legislation has also resulted in large disparities – in terms of which children have been “left behind.”<sup>52</sup>

The South also has the lowest literacy and educational achievement rates in the country. Recent research conducted by the Hazen Foundation has indicated that there is, and continues to be, an overall lack of philanthropic investment in youth leadership and service-learning work across the southern region of the United States, particularly among low income urban youth. The southern region continues to lead the nation in other disparate indicators including the nation’s highest rates of youth in poverty, older youth who are not working and not in school, early involvement with the criminal justice system, teen deaths, and teen pregnancy.<sup>53</sup>

## E. HEALTH AND WELLNESS

Health, education and a decent standard of living are critical building blocks of a life of choice, value and dignity. These basic capabilities allow people to invest in themselves and their families and to reach their full potential. Thus, the significant racial and social disparities identified in Louisiana not only create racial and gender gaps, but are key impediments to the enhanced well being of everyone in Louisiana. Health disparities begin before birth and include prenatal care, birth weight, and infant mortality – and develops according to the living circumstances into which a child is born, and crosses over to where they live, go to school, play and learn, family and social structure and a multitude of other issues which have the potential to expand or compromise healthy development and cognitive functioning – before a child even begins school.

<b>Table 2: Case Rates (Per 1,000) Youth by Race</b>	<b>Black</b>	<b>White</b>
Teenage Pregnancy	78	40
Low Birth Weight Babies	11%	8%
Youth Drug Charges	5	3
Youth Violent Crimes	4	1

Like Black men, Black boys have been found to be disproportionately represented in most health and wellness indicators, including higher rates of diseases, medical needs, diagnosable mental illnesses and substance addiction compared to other youth populations.<sup>54</sup> The effects of these discrepancies over the life course based on one's perceived race are directly linked to and underscore many of the health disparities between Blacks and whites.

In 2009, a report card on the physical activity and health for children and youth gave Louisiana an overall grade of a "D." Contributing to this score are the following statistics:

- Today, 15% of Louisiana's children have a special healthcare need.<sup>55</sup>
- 35% of Louisiana children are obese; 40% of all Black children are obese.
- 9% have Asthma; with case rates for Black youth of 1.8 vs. 1.2 in white peers.
- Only 25% of Louisiana youth meet requirements for daily physical activities.
- 71% of Black youth watch more than 2-hours of TV each weeknight; compared to 48% of whites.
- Black youth are 4 x less likely to smoke cigarettes (7%) compared to white peers (24%).

- Youth aged 4-17 diagnosed with ADHD nationally is 7.7%; compared to Louisiana at 10.3%.<sup>56</sup>

### **Chronic Diseases and Conditions**

Asthma accounts for an estimated 15 million missed school days annually across the nation and is the leading cause of absenteeism for chronic diseases. National and Louisiana Asthma prevalence rates in school aged youth are nearly equal (8.9 vs. 8.3 respectively). However, when rates are assessed by race, Black children were 1.8 compared to 1.2 cases in white school aged children. Asthma has also become a leading work-related disease for teachers and custodian staff at schools – where they can now acquire it on the job.<sup>57</sup>

In assessing the physical well being of our children; only 1 out of every 4 high school students currently meet the requirements of getting enough daily physical activities; with lower levels of activity among Black children (22%) compared with 27% in white peers. The number of high school students who watched more than two hours of television each week day was significantly higher in Black youth (71%) compared to 48% in whites.

Obesity is a new health crisis which has emerged over the past decade, and although increases have been seen across all races, with a significant disproportionate increase in Black populations. In 2003, 21% of Black children nationally and 15% of white children were considered obese. In less than 10-years, the disparity gap has widened considerably between the races, where today there are two times as many obese Black children (29%) compared to their white peers (15%).<sup>58</sup> In Louisiana, an estimated 40% of all Black children are obese.

### **The Public School Health Crisis**

At the end of 2009, the Louisiana State Superintendent reported to the United States Congress that Katrina has displaced more than 200,000 school students which represent 26% of the state's pre-hurricane total student enrollment.<sup>59</sup> Katrina exasperated deficiencies and inequities already existing in the environmental conditions of public schools across Louisiana.<sup>60</sup> Research has shown that healthy school buildings contribute to increased student learning, reduce health and operating costs, and ultimately, increase school quality and competitiveness. Recent studies have shown that the differences in school resources for maintaining public schools has increased rapidly social and economic inequities and academic disparities. Poor children, in poor schools with a poor environment have poor academic achievement.<sup>61</sup> As explained by Brent Ibata, "The cause of failed achievement is not solely due to the curricula and the teachers – but significantly to a child's learning environment."<sup>62</sup>

Today there is a continuing and increasing environmental public health crisis that is devastating the health and ability to learn and to stay in school for millions of school children across the nation every day. At most risk are those children who are the poorest, attend the worst-performing schools and have underlying health and learning impairments. Education reform has been weakened if the same places where children learn and play erode their health, safety and ability to learn; health care reform will reap savings if school environments are quickly and efficiently addressed by those agencies responsible for the public school systems, and that equitable health care reform include environmental health services for children in harm's way.<sup>63</sup>

<b>Table 3: National vs. Louisiana Comparisons of Youth Mortality</b>		
<b>Case Rates per 100,000 Ages 0-18</b>	<b>2008 Louisiana</b>	<b>2008 National</b>
Teen Death Rate	103	65
Child Death Rate	34	20
Death by Firearm Rate	34	18
Infant Mortality Rate	15	7

As shown in Table 3, Louisiana leads the nation in teen death, child death, infant mortality and the number of deaths by firearm in populations under 18-years of age. Most troubling, is that across most measures – our rates are literally double the national averages.

### **Infectious Diseases**

Sexually Transmitted Diseases (STD) have historically been disproportionately and highly over-represented nationally and internationally in poor, minority populations. Louisiana has had, and continues to have, one of the highest levels of STD prevalence and incidence rates across America; overwhelmingly impacting Black populations.<sup>64</sup> Although the HIV epidemic, which surfaced in the early 1980's, was initially identified and diagnosed overwhelmingly in gay white men; 40-years later it has settled into our most vulnerable, disenfranchised, and poor minority populations. Today, 75% of all new HIV and AIDS cases are diagnosed in Black Louisianans.<sup>65</sup>

<b>Table 4: Louisiana Sexually Transmitted Diseases (per 100,000)</b>	<b>Black</b>	<b>White</b>
Chlamydia Case Rate	452	370
Gonorrhea Case Rate	260	119
Syphilis Case Rate	42	14

Today, Baton Rouge and New Orleans have two of the highest case rates of new HIV infections nationally. Although the average age for persons with HIV is 25-35, sexually transmitted diseases including Gonorrhea and Chlamydia are most frequent in younger populations aged 15-24; with case rates in Blacks 6-12 times higher than their white peers. Using STDs as markers for future infection and disease – suggest that in future years, HIV will become increasingly diagnosed in younger sexually active Black youth (Table 4).

Comparing health and wellness indicators by race (Table 5), Black children have significantly worse health outcomes than their white peers, with the exception of smoking cigarettes and Asthma. These wide disparity gaps which exist between Black and white youth are all very strong predictors of future problems in society and work.

<b>Table 5: (%) of Population Aged 4-18</b>	<b>Louisiana</b>	
	<b>Black</b>	<b>White</b>
Live in Poverty	42%	12%
High School Drop-Out	52%	48%
Single Parent Household	41%	27%
Cannot Read at 4 <sup>th</sup> Grade Level	91%	68%
16-19 Not in School and Unemployed	37%	17%
Watch >2 Hours of TV During Weeknights	71%	48%
Smoke Cigarettes	7%	24%
Diagnosed with ADHD	10%	8%
Diagnosed with Asthma	8%	9%
Diagnosed as Obese	39%	28%
Special Health Care Need	15%	10%

## **F. MENTAL HEALTH**

Today's Black youth are over-represented in both diagnosed learning disabilities as well as mental health conditions. ADHD is diagnosed in an average of 7.7% of all school aged children nationally; compared to 10.3% in Louisiana.<sup>66</sup> This equates to 1 of every 10 students academically challenged by ADHD – which says nothing of the many other learning disabilities which pose additional challenges, stress and barriers for students, schools and teachers alike.

Mental illnesses and conditions, particularly for Black boys, have historically been ignored, underserved, stigmatized and under-funded at the local, state and national level across both school and health care systems.<sup>67</sup> For underprivileged youth who do not have access to necessary care and treatment but live with a mental illness there are multiple sometimes insurmountable barriers to overcome to receive needed services and far too often a child is left in isolation to deal with their conditions alone. In Louisiana, only 13% of all children with a diagnosable "Serious Mental Illness" are being provided care. For those suffering from "lesser" mental illness conditions - like post traumatic stress disorder, depression, anxiety and learning disabilities for example - are not considered "serious" enough to qualify for state public services, which by and large are overwhelmed with providing expensive crisis, emergency and in-patient medical services.<sup>68</sup>

Traditionally, little funding has been designated for community, school and family level prevention and intervention efforts. For it is often only when a crisis situation emerges does a child receive adequate care and services; usually finding access through 911 or an emergency room. It is estimated that 50% of persons with diagnosable mental illnesses are also or eventually become, substance abusers. Pre-hurricane Katrina, the unmet mental health needs were already substantial, and resources painfully inadequate. The tragedy is that the unmet need for mental health services for children and adolescents are more than twice the rates of adults.<sup>69</sup>

The undeniable link between mental illnesses and academic achievement in students show that mental health problems affect all aspects of youth functioning.<sup>70</sup> Research estimates that 9% of children have a "serious" disturbance that disrupts social, academic, and emotional function. This equates to 2 students in every classroom is suffering from a serious mental disability; yet 80% of these children do not receive the mental health services they require<sup>71</sup> and according to the U.S. Department of Education, 50% of these children will become high school drop outs. When looking at overall high school dropout reasons, 40% were attributable to mental illnesses – compared to 7% in students without mental illnesses who dropped out.

Researchers estimate that the proportion of academic failure attributable to psychiatric conditions – is 46%.<sup>72</sup> Research has also shown that an early intervention that effectively prevents or treats these children has the potential to eliminate disparities before they begin. What evidence-based research and studies show repeatedly is that mental health programs designed and delivered in community settings – are the most effective.<sup>73</sup> Behavior, self-esteem, peer and family relationships, conflict, injury, substance abuse, diet and exercise, and violence are directly linked to academic performance, and heavily contribute to student successes and failures.

Effective treatment and prevention programs which address the mental health of individuals before adulthood – can have a lasting influence on education over the course of life.<sup>74</sup> Studies show that students with mental health problems are almost 5x more likely to have poor grades and 3x more absenteeism and tardiness than their peers.<sup>75</sup> Although U.S. legislation created a competitive school climate in which children are expected to rise to increasing levels of academic pressure – their mental health needs have gone largely underestimated and underserved.

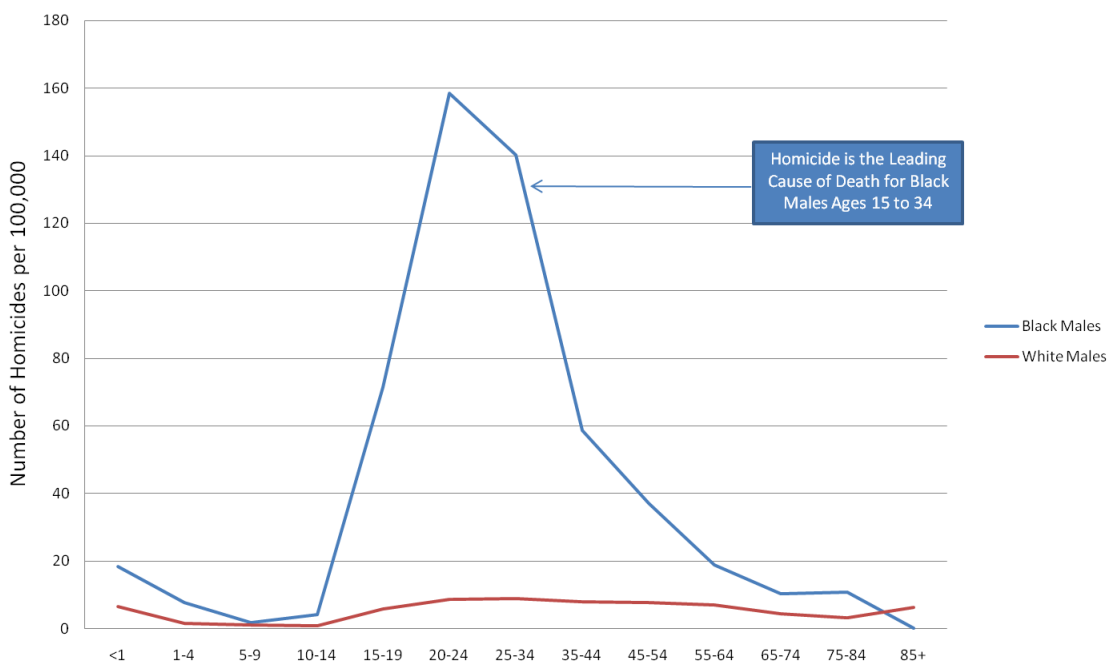


## G. YOUTH HOMICIDE AND SUICIDE

One of the most overwhelming and tragic challenges faced by the state of Louisiana is homicide levels, which have only increased over time; primarily in Black males. Homicide is now the 2<sup>nd</sup> leading overall cause of death among Louisianans ages 10-35 – and is the number one cause of death for Black boys ages 15-24 years old.<sup>76</sup> The corresponding rate in Louisiana, at 14.2 per 100,000 is almost 3 times higher than the national average – and the highest rate of the 50 states.<sup>77</sup> In 2006, 4 out of every 5 homicides were committed with a gun. Louisiana continues to have the highest rate of gun homicides of any state in America.<sup>78</sup> National homicide death rates in 2005 reported a wide disparity between Black males (14.4) compared to 6.1 in white counterparts.<sup>79</sup>

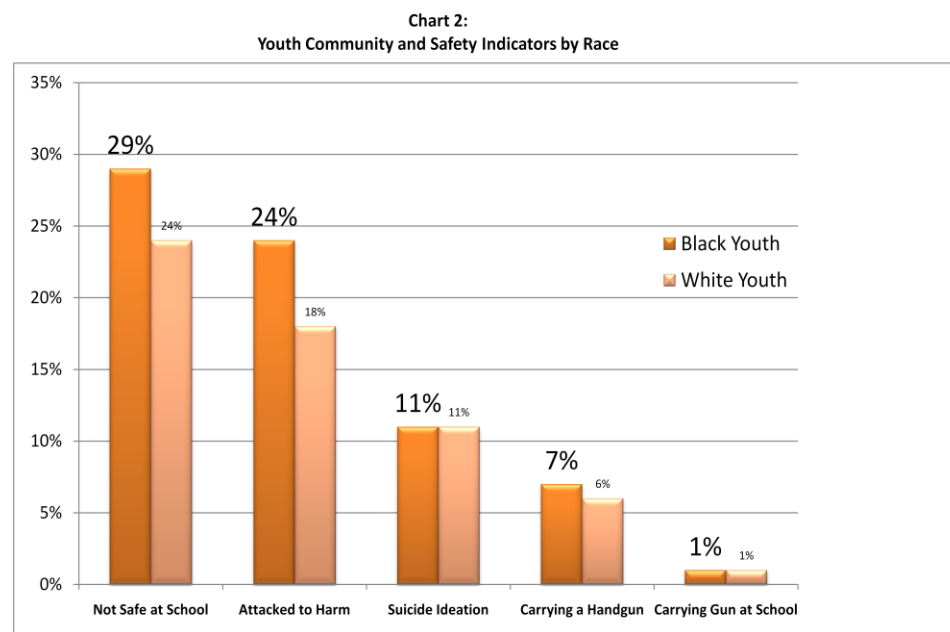
**Chart 1:**

**Louisiana Homicide Rates per 100,000 for Black Males  
and White Males by Age (2000-2005 Data)**



Of recent concern in both the state of Louisiana, as well as in Black males, is the change in suicide incidence post Hurricane Katrina. By 2009, the City of New Orleans had seen a threefold increase in the number of suicides in 2006 - 2009.<sup>80</sup> Similarly, St. Tammany Parish has experienced during the same time period, a more than doubling in total suicides.<sup>81</sup> Historically, suicide has been far more likely to be carried out by white males than both females and Black males. Often suicide prevalence in white males was 6-8 times that found in Black males. Regardless, the recent doubling and tripling of suicides in Hurricane hit areas is troubling, and although demographics regarding gender and race have yet to be released for the suicides committed during the past four years – the New Orleans data would suggest that there may have been an increase in Black males who have taken their own lives.

When Louisiana school aged youth were surveyed during the Louisiana Department of Health statewide assessment (Chart 2) in 2008, a new data collection variable to measure “suicide ideation” was added.<sup>82</sup> As shown, suicide ideation between Black and white students – were equal. Given that suicide has historically been done by white males – this data suggests that there are more and greater mental health needs in Black males than previously identified, and that these new trends may be a result of the cumulative emotional and mental after-effects of trauma and depression post-Katrina. Black students were more likely to not feel safe at school (29% vs. 24%), and attack another with the intent to harm (24% vs. 18%) compared with their white peers. However, Black and white students equally reported carrying a handgun and carrying a gun at school.

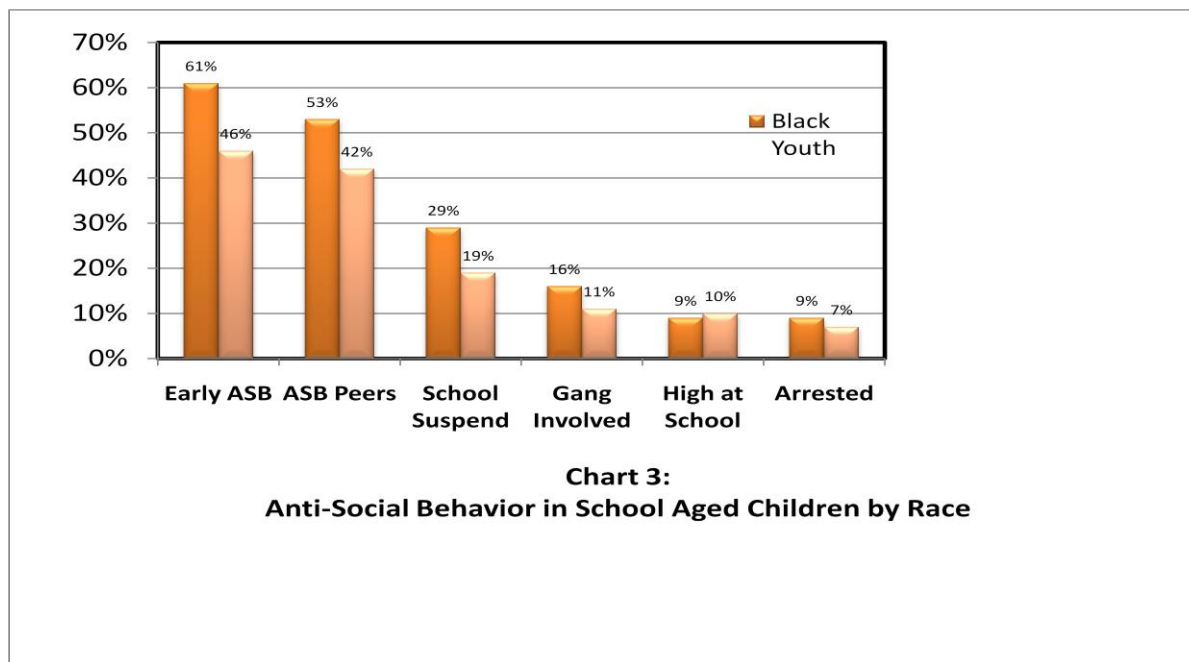


## H. YOUTH ANTI-SOCIAL BEHAVIORS

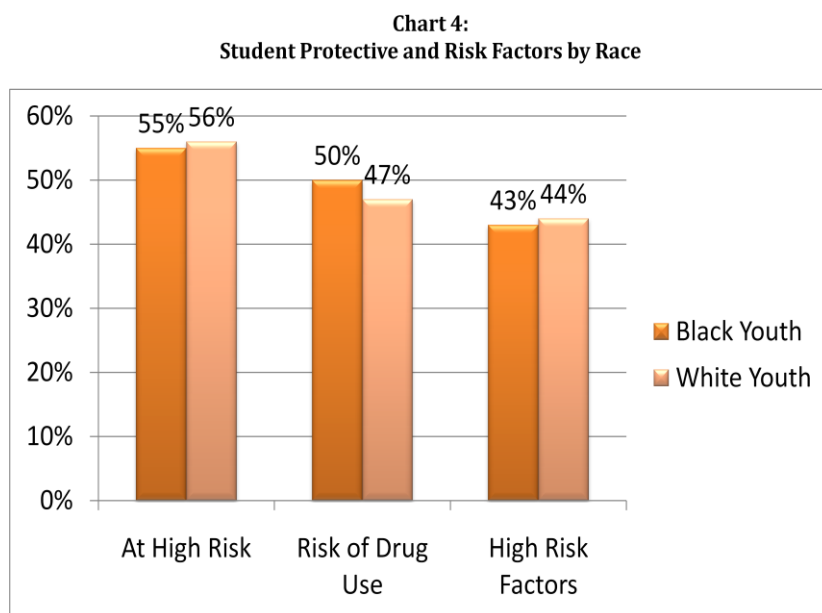
The *Caring Communities Youth Survey* is considered the most reliable measure of both high risk and protective factors for school aged children nationally by surveying 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grade student populations bi-annually,<sup>83</sup> measures attitudes, beliefs, practices and high risk behaviors of students. Variables for analysis include the school community and family environment, risk and protective factors and youth socialization and peer behavior. It is suggested by the report, that data findings are predictive of drug use, delinquency, and school dropout and violent behavior among youth populations.

The study is premised on the conceptual framework that students who live in disorganized, crime ridden neighborhoods are far more likely to become involved with crime and drug use than children who live in safer neighborhoods. Protective factors include bonding to family, community and peers, healthy beliefs and clear standards of behavior. Risk behaviors include delinquency, anti-social behavior, and low attachment levels to family, community and peers.

In assessing the 2008 data as reported and developing a composite score for combined 2004-2008 survey results and then stratification by race, produce a set of results that are similar to new research findings regarding youth development and resiliency. As the following charts show, when Black and white students are compared across high risk variables – there is often little difference in reported answers, with the exception of the early development of Anti-Social Behavior (ASB) in Black students, including their peers, and growing up in ASB families (Chart 3). For example, reported drug and alcohol use was either equal across race, or white students were far more likely to be users and abusers, while drug use and being high at school, remained relatively equal between both Black and white youth.



However, key risk and protective factors for our Black boys may have historically been overlooked and not addressed – which in turn has led to a most combustible combination of factors rooted in anti-social behaviors – many of which have become the newest and strongest predictors for success in Louisiana’s Black boys.



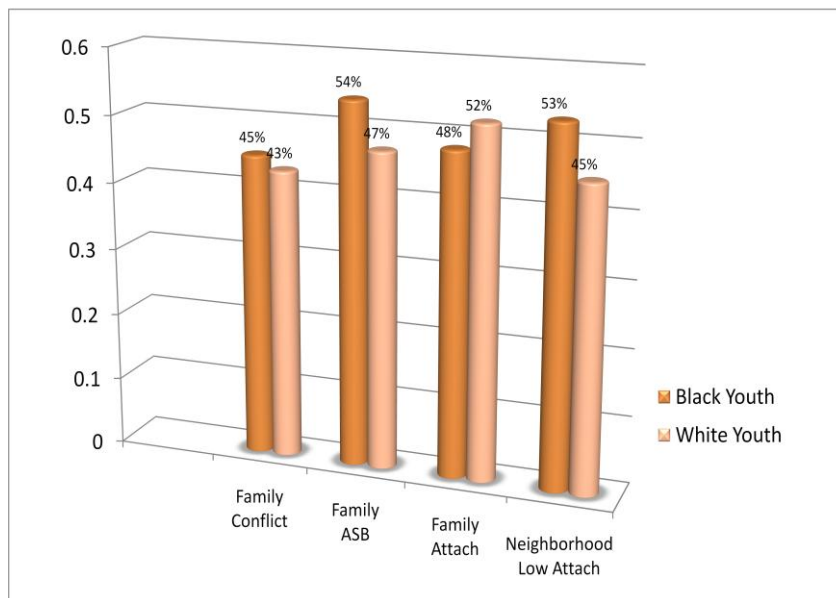
This demonstrates that there are critical interventions and access points and strategies for reaching the Black youth in Louisiana; without further exasperating the institutionalized criminal behavior and substance addiction which has plagued many of our Black men and underscored root causes for

historical high levels of violence and incarceration.

As shown in Chart 4, when final “at risk” and “high risk” measures were calculated for students by race – findings showed that around half of all students are at high risk for developing negative behaviors and drug use. However, levels of risk by race were not significantly different between Black and white youth.

As shown below (Chart 5), Black students reported only slightly higher levels of family conflict (45% vs. 43%) and lower family attachment (48% vs. 52%); and more likely to be living in families with anti-social behaviors (54% vs. 47%), and low attachment to their neighborhoods (53% vs. 45%).

**Chart 5:  
Family and Neighborhood Environment by Race**

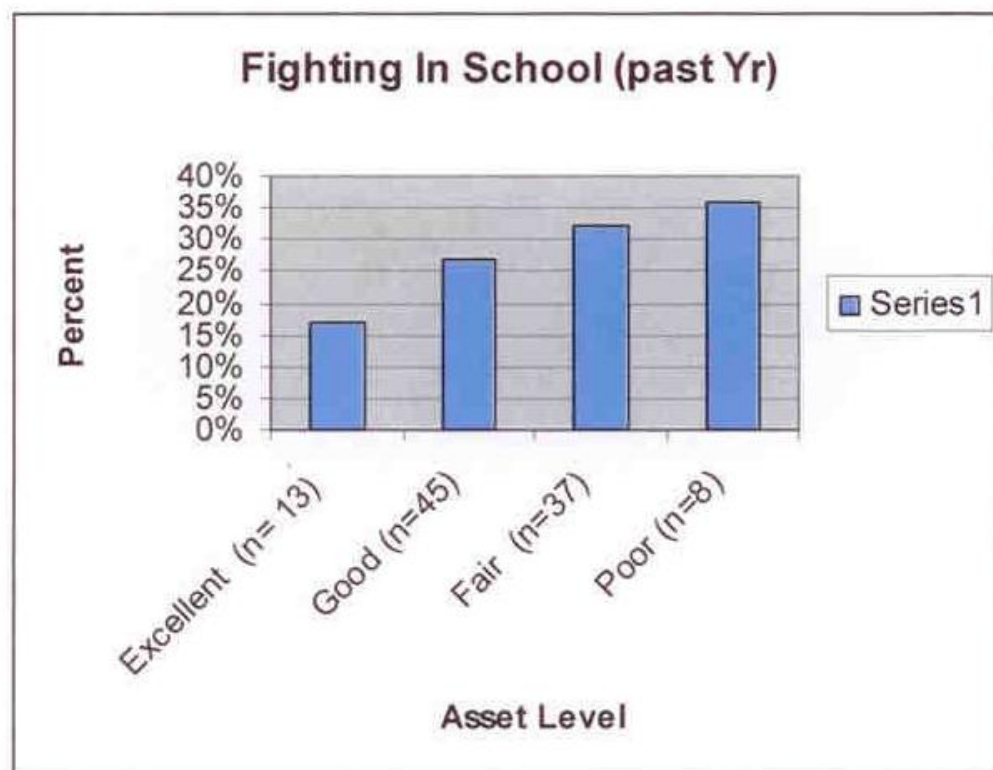


## I. YOUTH VIOLENCE

Youth violence is a major public health problem in the United States, as reflected in data showing both high and increasing prevalence of violent acts involving youth as perpetrators and victims. In 2003 alone, over 1.5 million people in the U.S. were victims of violent incidents perpetrated by youth ages 12 to 20.<sup>84</sup> In 2005, Louisiana youth significantly exceed and leads the nation in rates of carrying guns (9.0% vs. 5.4%), being threatened or injured by a weapon at school (15% vs. 8%), participating in a physical fight (46% vs. 36%), and being involved with dating violence (21% vs. 9%).<sup>85</sup>

A recent survey of middle school, high school and college students in New Orleans found that students with more developmental assets were less likely to engage in violent behavior (fighting). The research indicates that developmental assets serve as protective factors where high levels exist and risk factors where there are low levels (Chart 6).<sup>86</sup>

**Chart 6: Protective Factors Against School Fighting**



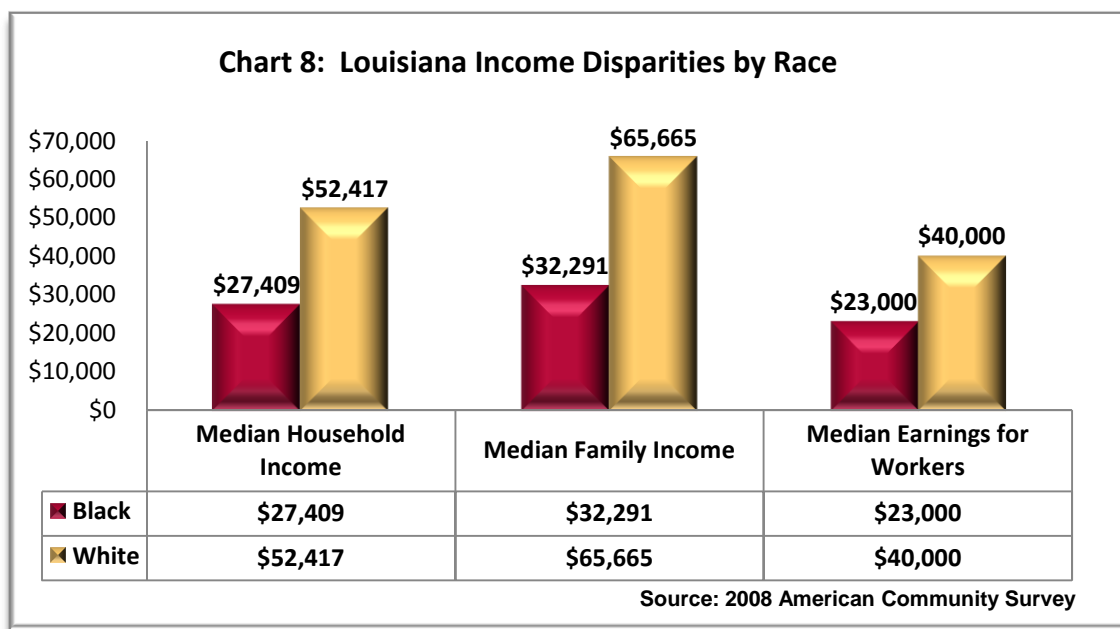
## IV. THE STATUS OF BLACK MEN IN LOUISIANA:

### ECONOMICS

#### A. INTRODUCTION

As a result of the current economic crises, America's wealth gap has widened. In 2007, Black families' net worth was \$17,000.00; one-tenth of the wealth of white families, with an average net worth of \$170,400.00.<sup>87</sup> In regards to retirement accounts, 51% of white adults have Individual Retirement Accounts (IRA) in comparison to 34% of Blacks with IRAs. More whites than Blacks have employer-sponsored retirement plans. And, only 38% of Blacks own individual stocks, compared with 54% of their white peers.<sup>88</sup>

Black Louisianans have made some progress regarding their economic position in Louisiana. However, based on comparisons with other racial and ethnic groups, further action needs to be taken to improve the growth of Black-owned businesses, black homeownership support, and to enhance the skill levels of Black employees (Chart 8).



## **B. WEALTH IN THE BLACK COMMUNITY**

In order to measure wealth in the Black community, Black Wealth is defined as “Increasing economic opportunities through entrepreneurship, high wages, home ownership, educational advancement, and good health.”<sup>89</sup> Based on this definition, the Council’s Economic Committee gathered and analyzed several governmental studies regarding the economic status of Blacks in Louisiana. The following sections provide further explanations of economic status in the state of Louisiana.



### C. DISPARITIES IN WAGES AND ANNUAL INCOME

Researchers reported the nationwide median income of Black men working full time as \$33,077 as opposed to similarly situated Black females who on average earn \$29,672.<sup>90</sup> In further analyzing Black income levels, there are disparities between Black earnings and that of Whites and Hispanics.<sup>91</sup> In 2005, the U.S. household median income by race was as follows:

- Blacks: \$30,858
- Whites: \$50,784
- Hispanics: \$35,967
- Asians: \$61,094

The U.S. Census 2006 American Community Survey estimated that the total labor force in Louisiana was 3,371,197. Black males were represented in all occupations, but were more likely than the majority to hold jobs in the service, transportation, and materials moving industry sectors and were under-represented in higher paying management and professional occupations.

Black men in Louisiana were about 20% less likely to be employed compared to white men in 2008.<sup>92</sup> Over 12.5% of Black males were unemployed in Louisiana, compared to 3.2% of white colleagues. Black Louisiana households have the lowest median income at \$27,409 while the median income for white Louisiana households is literally double at \$52,417.<sup>93</sup>

## D. POVERTY

Poverty is a reality in America and in the state of Louisiana, just as it is for millions of other human beings around the world. According to the US Census Bureau, 35.9 million people live below the poverty line in America, including 12.9 million children. In 2008, almost one out of every three (28%) of Louisiana children under age 18 living in two-parent families live in poverty; increasing to 41% for Louisiana children under age 18 living in single-parent families. Louisiana ranks 49th out of the 50 states in child poverty.<sup>94</sup>

Child Poverty Prevention Council of Louisiana defines poverty as “when a family cannot provide at the most basic levels adequate food, housing, clothing, health care, and education for its members.” However, understanding and addressing poverty is not a straight forward process. Rather it is a complex web of factors, causes, and outcomes which include but are not limited to the following factors: education, work skills, health care, health status, violence and crime, affordable housing, teenage pregnancy, job availability and wages, access to child care, racism and sexism, personal responsibility, transportation, single parents, family and community supports, government assistance, despair and hope. Understanding and reducing poverty must be a focus of any discussion concerning Black males and their disproportionate representation amongst the poorest nationally and in the state of Louisiana.

All studies show that poverty reeducation directly improves all factors which are used to measure quality of life, including school performance and life expectancy. In the article, “Income Climbs, Poverty Stabilizes, Uninsured Rate Increases,” the U.S. Census Bureau reported the 2005 national poverty rates by race as follows:

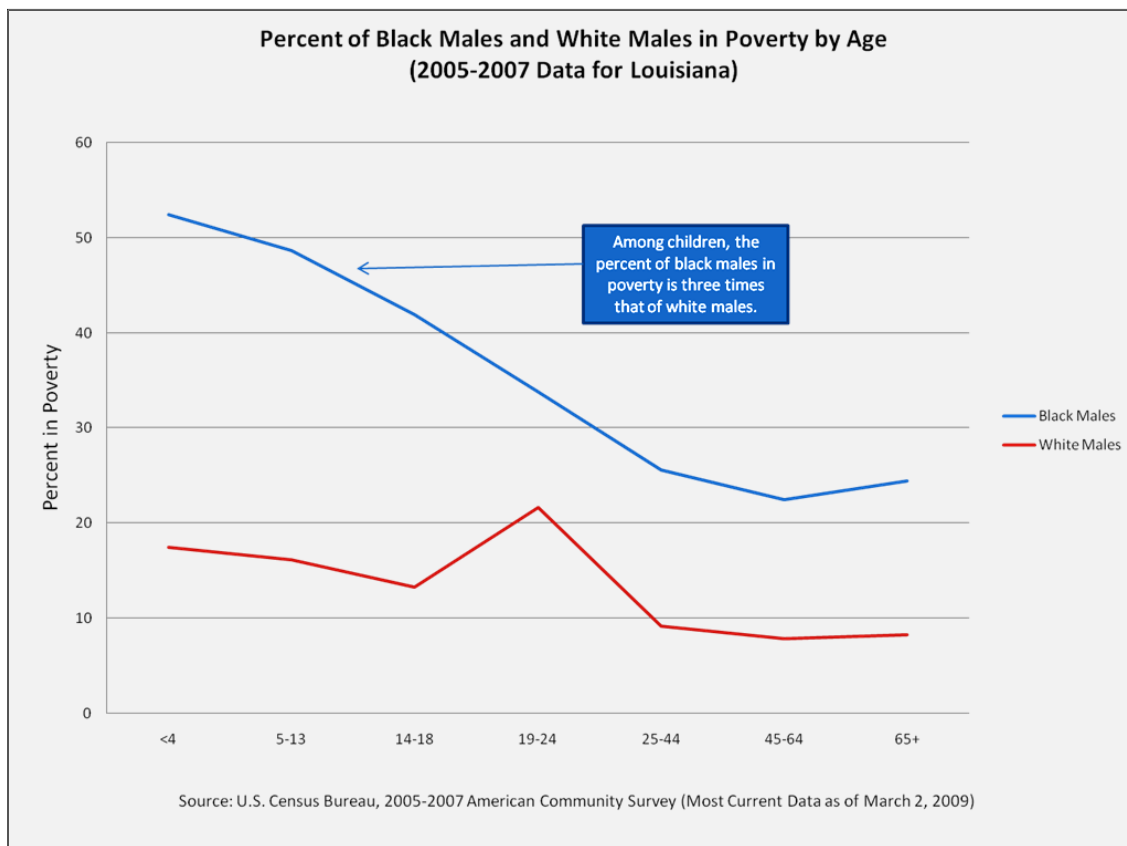
- Blacks: 24.9%
- Hispanics: 21.8%
- Whites: 8.3%
- Asians: 11.1%

The striking nominal 1% difference between Black and Hispanic median wage earnings and a 73.1% difference between Black and white median wages identifies one of the reasons for a 3.1% disparity between Black and Hispanic poverty levels and a 16.6 % disparity between Black and white poverty levels. The U.S. Census Bureau reports the average poverty thresholds based on earnings and the number of persons in families:

- Family of four: \$19,971
- Family of three: \$15,577
- Family of two: \$12,755
- Unrelated Individuals: \$9,973

Poverty rates between married and non-married households are significantly different. Notably, in 2005 there was a 0.3% decline in the poverty rate for families and a 2.2% decline for married-couple families. The poverty rate for females (households with no husband present) was 28.7% (4.0 million), the poverty rate for male husband-present families was 28.7% (4.0 million), and the poverty rate for males (households with no wife present) was 13% (669,000).

**Chart 9:**



Black Louisiana males aged 18 and under were 41% more likely to be living in poverty compared to the white male rate of 11.9 %<sup>95</sup>. The poverty rate for Black Louisiana males

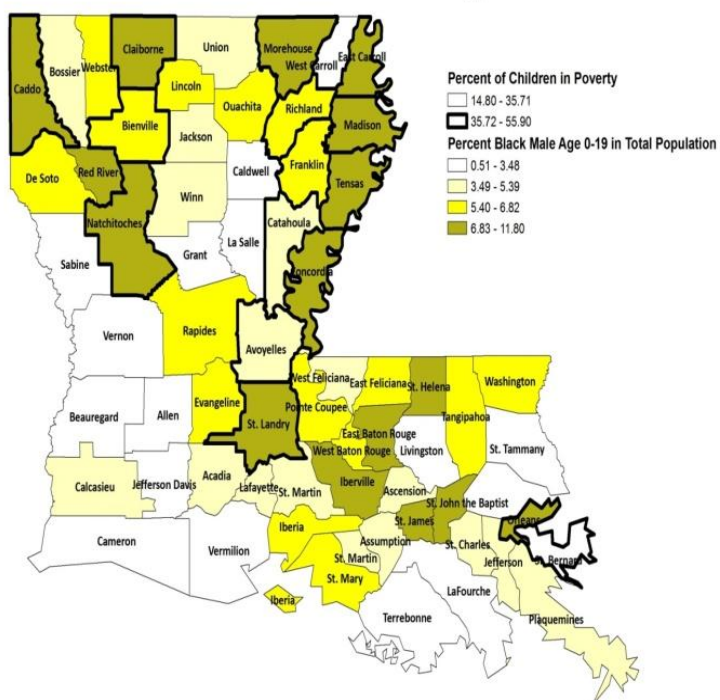
18 years or older in 2008 was 20%; compared to 8% for white Louisiana males. Also, among children the percent of Black males in poverty is three times that of white males (Chart 9).

Louisiana has one of the highest rates nationally of households headed by single women, which make up the majority of Louisiana's poorest households. Nationwide, in 2007, one-half of female-headed households with children under 18 had incomes below the poverty level, and in households with children under the age of 5, nearly three of every five families were living below the poverty level. In 2007, 69% of Black children in Louisiana were in single parent households. Moreover, over 50% of Black families in Louisiana are comprised of a single parent, which are overwhelmingly female.<sup>96</sup>

Research shows that deep and concentrated poverty especially in early childhood affects children's long-term life prospects as it relates to health, education and life expectancy to name a few indicators.

**Diagram 6:**

**Percent Black Males Age 0-19 in Total Population by  
Percent of Children in Poverty, 2007**



It is clear that increasing the earning potential and capacity of Black females strengthens Black families and is key to changing the economic future of Black children, families and communities.

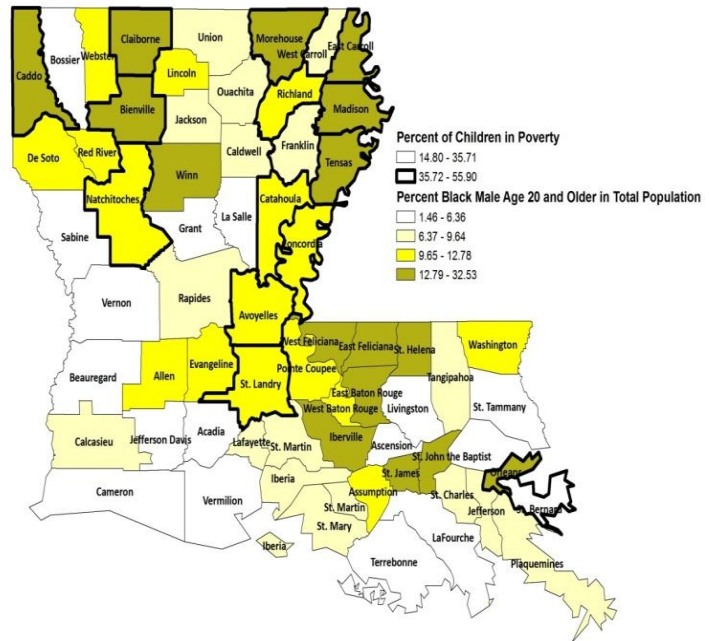
Increasing earning capacity and thus reducing poverty, is clearly an educational and training issue.

Further into the 21<sup>st</sup> century, it has become imperative that everyone, especially Black males and females, have the new skills necessary to participate in the global economy.

Finally, the reduction of poverty is directly related to the improvement of education access and achievement. The following maps chart the concentration and level of poverty amongst Black children and adult Black Males.

Diagram 7

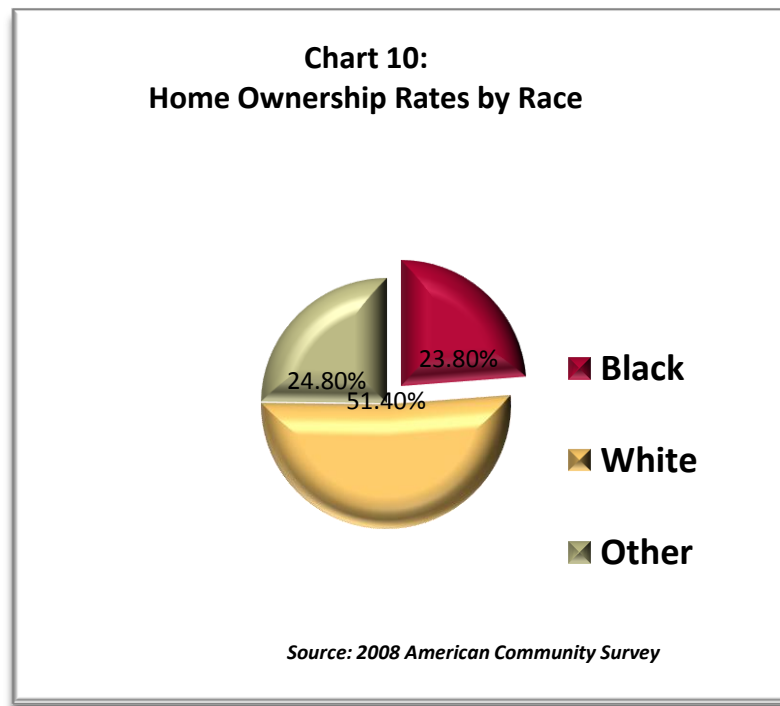
Percent Black Males Age 20 and Older in Total Population by  
Percent of Children in Poverty, 2007



## E. HOME OWNERSHIP

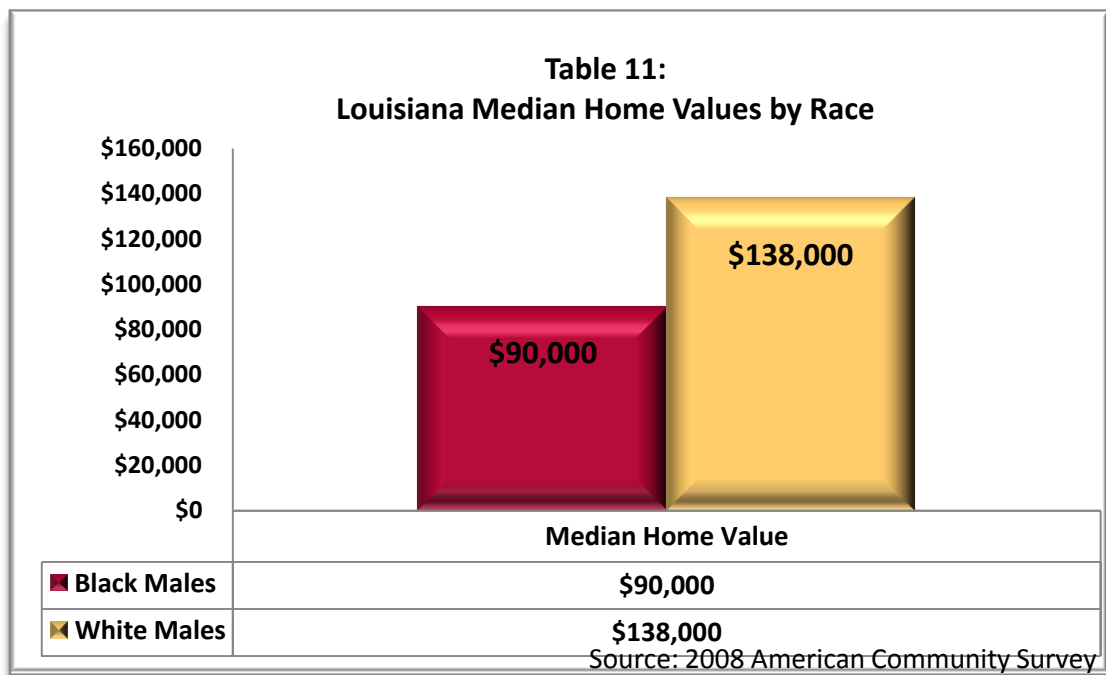
The Black community is behind all others in homeownership. In the 2006 American Community Survey, Freddie Mac reported Black homeownership at 48.8%; with a wide gap between Blacks (20.8%) and white homeownership national rates (75.6%). Across America, 46% of Black households are owner-occupied homes.

In Louisiana, 51.4% of the occupied units are owned by white Louisianans with a median value of \$138,000; double the Black home ownership rate (23%), and average home median value of \$90,000.<sup>97</sup>



## F. HOUSING MORTGAGES

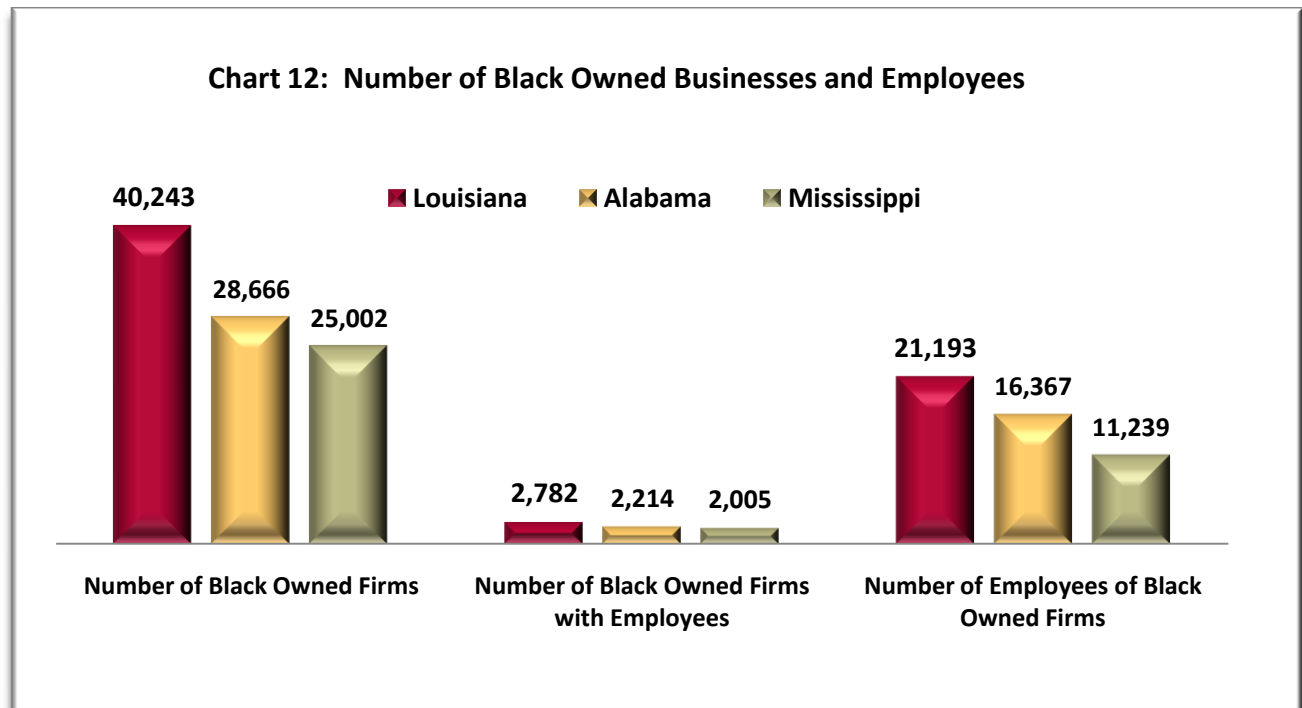
A study sponsored by mortgage insurer Genworth Financial, concluded that “48% of home loans given to Blacks and nearly 42% of loans given to Hispanics in 2008 met the government’s definition of ‘high-cost’ loans. That compares with 18% for whites and more than 24% for the overall population.” The study defines “high-cost” by using the Federal Reserve’s definition of high-cost loans which are: “Mortgages whose rates are at least 3 percentage points above comparable U.S. Treasury securities, a category that includes most subprime loans given to people with weak credit records.” Based on the data, it can be surmised that while Louisiana residents, in general, are not suffering from foreclosure crises, Blacks and Hispanics are clearly disproportionately impacted.



## G. ENTREPRENEURSHIP

Community development thrives on the community's ability to foster and support entrepreneurship. Entrepreneurial efforts can only be supported in Black communities if it can support its local service providers who are able to compete with other service providers in surrounding communities.

According to the U.S. Census Bureau, Black-owned businesses generated a total of \$88.6 billion (0.394% of the total revenues generated by all firms nationally) in revenues in 2007. This is a 24% increase in revenues generated by Black-owned businesses over the past two decades, since 1997. The revenue increase was generated by 1.2 million Black non-farm businesses in the United States. Interestingly, only 107,116 (less than 1%) of the recorded 2002 Black-owned firms with receipts of \$1 million or more represented approximately 55% of the total receipts generated by Black-owned firms in 2002 (approximately \$49 billion).

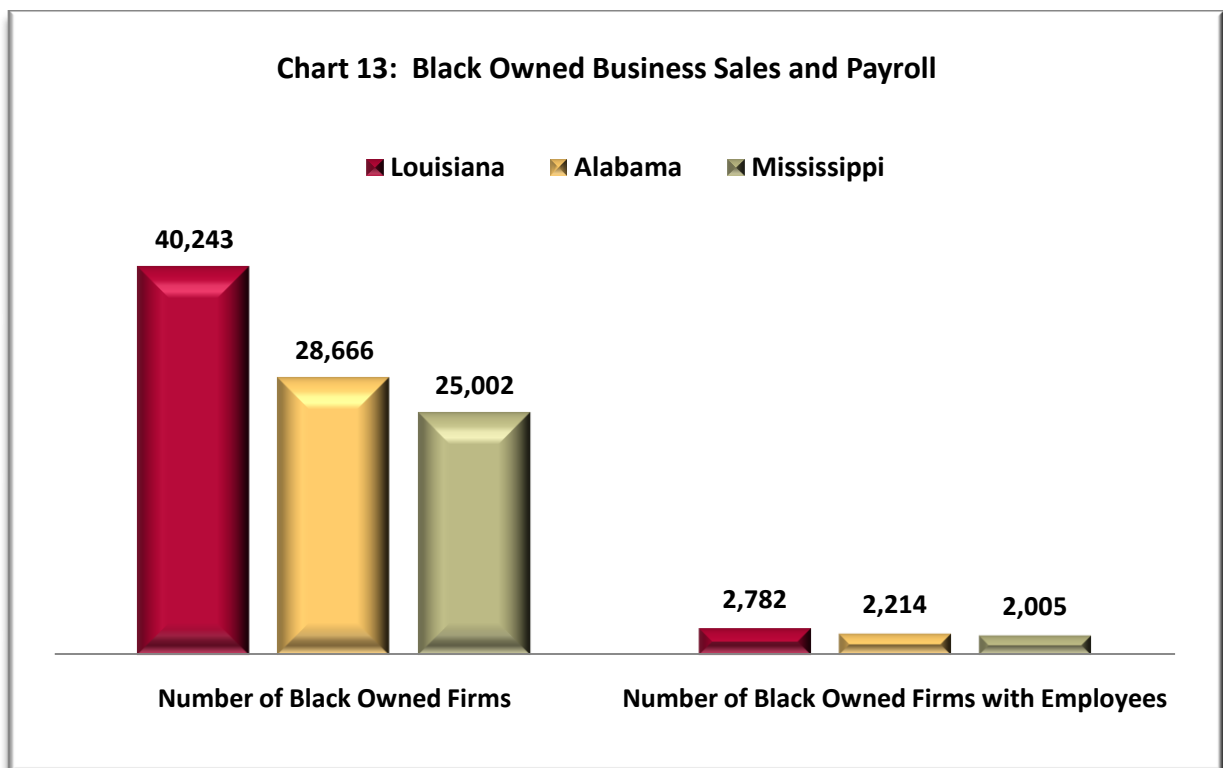


Less than 1% of all the Black-owned businesses are responsible for 55% of the total revenues generated nationally. Louisiana had a total of 328,756 firms, for all sectors, generating a total of \$325,973,694,000. Further, Black firms represent 12.2% of total firms in Louisiana, generating receipts of \$1,933,791,000 (5%). Today Black firms make up approximately 36% of Louisiana's total population, yet Black-owned businesses only generate 5% of Louisiana's total firms' receipts.<sup>98</sup>



The U.S. Census Bureau data from “Black Owned Firms: 2002” reported 8 parishes in Louisiana with more than 1000 Black-owned businesses. The following is a list of the parishes ranked according to the number of businesses.

1. Orleans	9304
2. East Baton Rouge	4308
3. Jefferson	3962
4. Caddo	2397
5. Ouachita	1975
6. Lafayette	1508
7. Calcasieu	1227
8. St. Landry	1041



*Source: 2002 Economic Census*

Unfortunately, the 40,234 reported Black-owned firms in Louisiana only employ a total of 21,193 employees, less than two employees per firm, with statewide employment by all firms accounting for 1,534,789 employees, or an average of five employees per firm in Louisiana.

The seven major industries in which Black-owned businesses participate nationally are:

1. Health care and social assistance
2. Other services (except public administration)
3. Administrative support and waste management and remediation services
4. Professional, scientific, and technical services
5. Transportation and warehousing
6. Arts, entertainment, and recreation
7. Real estate

The seven major industries in which Black-owned businesses participate in Louisiana are:

1. Construction
2. Retail Trade
3. Transportation and warehousing
4. Professional, scientific, and technical services
5. Administrative support and waste management and remediation services
6. Healthcare and social assistance
7. Other services (except public administration)

According to the data, an average salary range for the above industries is between \$20,000 -\$35,000 across all categories.

## V. THE STATUS OF BLACK MEN IN LOUISIANA: EDUCATION

### A. INTRODUCTION

Considering the magnitude of current global economic and social change, the rapid evolution of a knowledge-based/driven economy and the demographic pressures resulting from an aging and diverse population, lifelong learning must be a focal point of basic training and educational programs in Louisiana and across America.

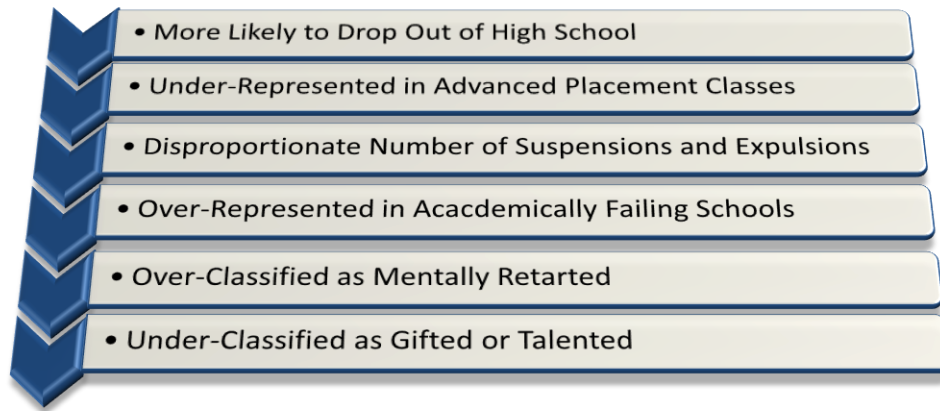
Fifty years after the historic passing of Brown vs. the Board of Education, which outlawed segregation in the U.S. public school system, today's educational system is increasingly segregated, separate and unequal. Education is one of the most important social, economic and health indicators. The more education attained the better quality of life one can expect. When people do not graduate from high school or receive poor educations, economic and health indicators decrease accordingly; where every Louisiana student that doesn't complete school affects the quality of life for all citizens.

Education can be used to level the playing field and correct past inequalities. Educational attainment is the foundation for future successes in eliminating disparities and closing existing racial gaps. A recent study funded by the Bill and Melinda Gates Foundation<sup>99</sup> found that annually, nearly one third of all public high school students fail to graduate with their classes. Additionally, almost half of all Black students do not graduate with their classmates. And of those students who do graduate – half are not prepared for college level work.

Today's public educational system is failing the very people it is supposed to serve: public students. In Louisiana, the state of education for Black males shows that in 2005, *only 48% of Black males in LA graduated high school, compared to 62% of white males*. Black Male dropouts are incarcerated at an alarming rate and comprise a significantly larger percentage of the unemployed. On any given day, nearly 23 percent of all young Black men ages 16 to 24 who have dropped out of high school are in jail, prison, or a juvenile justice institution nationally.

Male dropouts of all races were 47 times more likely to be incarcerated than their peers of a similar age who had graduated from a four-year college or university.<sup>100</sup> Additionally, Black males are more likely than other racial groups to be in special education and 5.6 times more likely to be labeled as "Mentally Retarded" than any other student group.<sup>101</sup> Black males' suspension rates are more than double for any other student population statewide and less than 2% of Black males are labeled as Gifted compared to over 5% of white males.

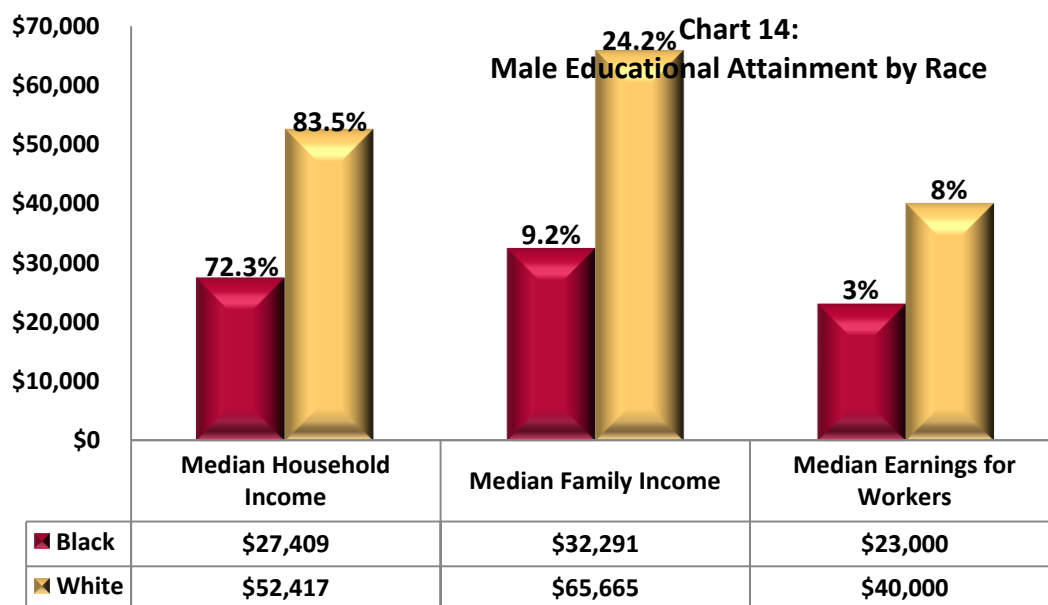
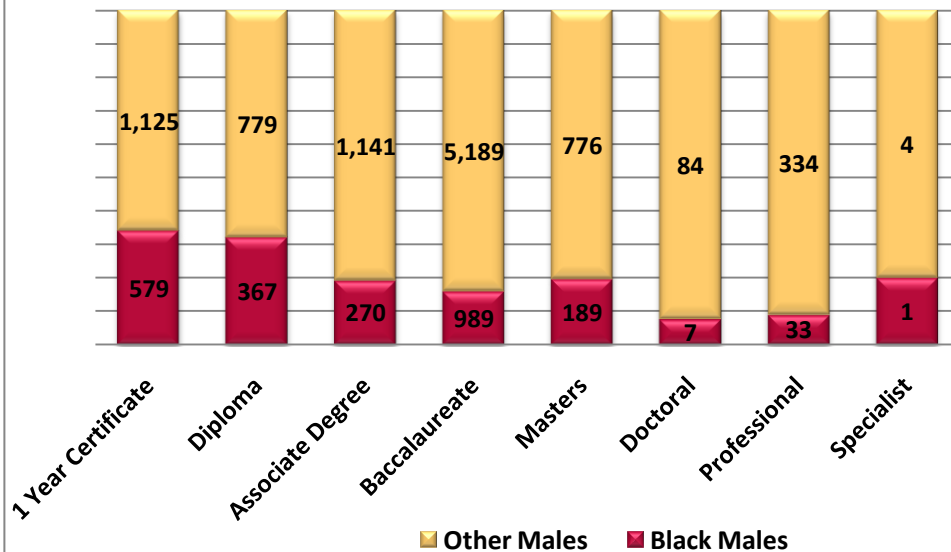
**Diagram 8: Louisiana Black Male Students**



## B. EDUCATIONAL ATTAINMENT

In order for Black males to achieve in school they must be able to remain in school. Black males and their peers attend school at equal rates; but somewhere in the system they become disengaged and disenfranchised. By the age of 18, Black male school enrollment drops by 55%.

**Table 15: Comparison of Completed Degrees by Race**



Source: 2008 American Community Survey

Nationally, 72% of Black males possess high school diplomas (Chart 14), while only 12% of Black males possess higher education and graduate degrees.<sup>102</sup>

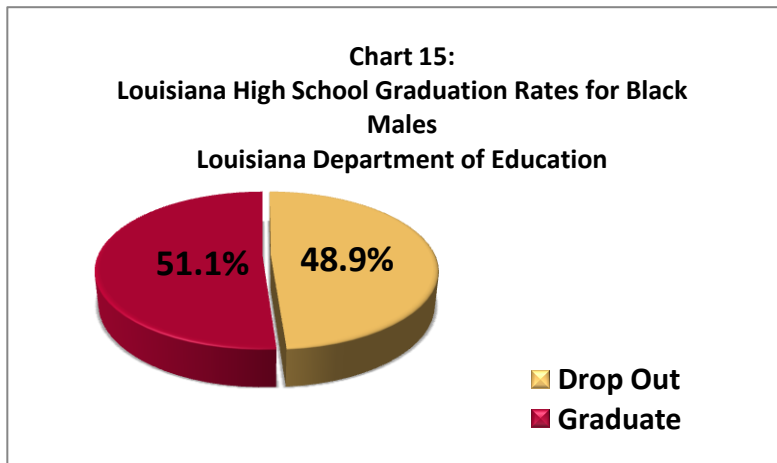
Educational enrollment and attainment is especially important in the 21<sup>st</sup> Century. Today's students, unlike their parents and grandparents, will continue to encounter increasing competition in a rapidly developing technological knowledge economy where a college degree provides entry to the workforce.

### C. GRADUTION AND DROP-OUT RATES

Graduation rates are an indication of whether schools, districts and states are fulfilling their minimal responsibility of providing students with an education meeting or surpassing the state requirements for a high school diploma. The graduate rate represents one measure of educational system and community achievement. Students of all races and socio-economic backgrounds are becoming more disengaged in and disenfranchised by the educational system. It is reported that 30% of America's 9<sup>th</sup> graders will not finished high school, and for minority students the rate is 50%. No great nation can experience long-term sustainability with a public education crisis of this magnitude – where 1 of every 3 students drops out of school.

Louisiana has one of lowest graduation rates in the nation; where in 2008 nearly 50% of Black Males dropped out of high school or didn't graduate with its class members.<sup>103</sup>

In 2008, the Schott Foundation presented its annual report entitled, "Given Half a Chance." In the report, the Schott Foundation documents that only 38% of Black males graduated on time in 2006.



The 10 lowest performing states enroll 1,600,000 black males representing 40% of the total Black male population in US public schools. East Baton Rouge (EBR) School District is listed as one of the best performing large school districts for Black Males in the nation. EBR with a graduation rate of 57% is ranked 7<sup>th</sup>. Such a ranking really highlights the graduation challenges for Black Males when 57% graduation rate is considered good.

**Table 10: Louisiana Black Males School Dropouts (2007)**

Grade	Non-Dropouts	Dropouts	Total Students	% of Dropouts
07	18,245	353	18,598	1.8%
08	19,762	647	20,409	3.1%
09	17,626	2,041	19,667	10.3%
10	12,474	1,106	13,580	8.1%
11	9,285	868	10,153	8.5%
12	8,843	972	9,815	9.9%
Total	86,235	5,987	92,222	6.5%

Source: LA Department of Education

#### **D. ACHIEVEMENT GAPS**

Although test results are only one measure of student achievement, they have become increasingly important in assessing student learning. The Louisiana Educational Assessment Program (LEAP) and the Graduation Exit Examination (GEE) are part of Louisiana's Criterion-Referenced Testing (CRT) program. LEAP and GEE are high-stakes tests which measure how well a student has mastered state educational content standards. LEAP is administered at grades 4 and 8 and the GEE at grades 10 and 11. Furthermore, testing must be directly aligned with state content standards, must be as rigorous as those of the National Assessment of Educational Progress (NAEP), and students no longer receive a simple pass/fail score; instead, they receive one of five achievement ratings.

**Table 11: National Assessment of Educational Progress Scoring**

<b>Score</b>	<b>Definition</b>
Advanced	Demonstrated superior performance beyond the level of mastery
Mastery	Demonstrated competency over challenging subject matter; prepared of upcoming schooling
Basic	Demonstrated only fundamental knowledge and skills needed for the next level of schooling
Approaching	Only partially demonstrated fundamental knowledge and skills needed for advancement
Unsatisfactory	Not demonstrated fundamental knowledge and skills needed for the next level of schooling

Last year, more than half (54%) of Black Louisiana male students did not meet Basic skill level as measured by the LEAP test, compared to only 29% of their white counterparts who failed. Although students are given a pass or fail grade, a student not reaching Basic is not promoted to the next grade. The National Assessment of Educational Progress (NAEP) assessments strongly demonstrate the inequalities in the education of Black compared to white males. According to the U.S. Department of Education, the NAEP is the only nationally representative assessment of what America's students know in various subject areas.



**Table 12: Comparison of Standardized Testing Results by Race**

**Percentages of White and Black Non-Hispanic Male Students At Each Achievement Level, Reading, Grade 4, 2007**

<b><u>Race</u></b>	<b><u>Jurisdictions</u></b>	<b><u>Below Basic</u></b>	<b><u>At Basic</u></b>	<b><u>At Proficient</u></b>	<b><u>At Advanced</u></b>
White	USA	26	36	29	9
	Louisiana	36	36	23	5
Black	USA	59	30	10	1
	Louisiana	70	23	6	1

**Percentages of White and Black Non-Hispanic Male Students At Each Achievement Level, Reading, Grade 8, 2007**

<b><u>Race</u></b>	<b><u>Jurisdictions</u></b>	<b><u>Below Basic</u></b>	<b><u>At Basic</u></b>	<b><u>At Proficient</u></b>	<b><u>At Advanced</u></b>
White	USA	22	46	30	2
	Louisiana	29	47	23	1
Black	USA	53	39	8	#
	Louisiana	59	35	5	#

**Percentages of White and Black Non-Hispanic Male Students At Each Achievement Level, Mathematics, Grade 4, 2007**

<b><u>Race</u></b>	<b><u>Jurisdictions</u></b>	<b><u>Below Basic</u></b>	<b><u>At Basic</u></b>	<b><u>At Proficient</u></b>	<b><u>At Advanced</u></b>
White	USA	9	38	44	9
	Louisiana	15	47	34	4
Black	USA	38	47	14	1
	Louisiana	42	48	10	#

**Percentages of White and Black Non-Hispanic Male Students At Each Achievement Level, Mathematics, Grade 8, 2007**

<b><u>Race</u></b>	<b><u>Jurisdictions</u></b>	<b><u>Below Basic</u></b>	<b><u>At Basic</u></b>	<b><u>At Proficient</u></b>	<b><u>At Advanced</u></b>
White	USA	18	39	33	10
	Louisiana	19	52	26	3
Black	USA	54	35	10	1
	Louisiana	57	36	7	#

**E. EARLY CHILDHOOD EDUCATION**

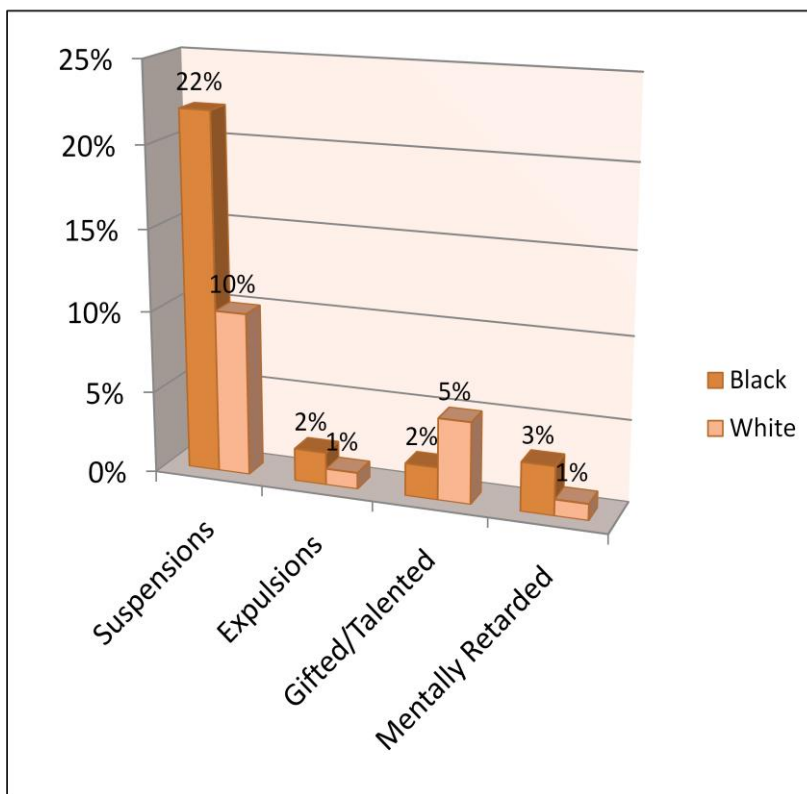
Early childhood, the years before a child reaches kindergarten, are among the most critical in building a foundation for future learning. Benefits of early childhood education and learning programs are well documented. In the 2004-2005 school years, **17.1% of 3-year-olds** and **42.9% of 4-year-olds** were enrolled in **state-funded preschool programs** in Louisiana. In 2005, **21,982 children** were enrolled in **Head Start and Early Head Start** in Louisiana. Of these: 80.5% were Black, non-Latino; 5.5% were Latino; and, 14.6% were White, non-Latino. **Early childhood education** is a critical component of the solution to addressing the educational challenges of Black boys in Louisiana.

### Discipline and Behavior

Black males have often faced evaluation and discipline issues in the public school system. The Schott Foundation Report states that Black males are 5.6 times more likely to be classified as mentally retarded (usually a score below 75 on an IQ test) than enrolled into gifted or talented programs.

As indicated (Chart 16), the Schott report shows that the number of out-of-school suspensions given to Black male students in Louisiana was 2.5 times more than that of white male peers. Black students were 2 times more likely to receive expulsions, 3 times more likely to be diagnosed as “mentally retarded.” Finally, 5% of white males were in gifted and talented programs, compared to only 2% in Louisiana Black boys.

**Chart 16:**  
**Comparison of Discipline and Behavior**  
**Male Louisiana Students by Race**



The large enrollment of Black males in special education classes and the small number evaluated as gifted or talented produces even a larger group of students unprepared to attend and achieve in college. If Black males overpopulate the less rigorous courses or are not readily allowed or directed to take Advance Placement courses, it is less likely that they will aspire to higher education. When you consider expulsions, in school suspensions, the perception of being educationally inferior to their white peers, Black males have significant and overwhelming burdens to overcome from high school to graduation, let alone aspiring to higher educational attainment.

## F. COLLEGE ENROLLMENT AND ACHIEVEMENT

In 2009, the Louisiana Board of Regents reported that Black males comprise 24% of all college enrollments across the state (Chart 17). Although they represent 1 of every 4 current higher education males black males possess only 3% of all graduate degrees in the state and 9% of all Bachelor degrees. Like high school, many currently enrolled Black males attending college will drop out prior to completing their degree. In 2007, *The Journal for Blacks in Higher Education* reported that nationwide college graduation rates for black student's stands at an appallingly low rate of 43 percent; compared to 62 percent for white students. Nationally, the graduation rate for Black men is only 36 percent, whereas Black women are already outpacing them with a graduation rate of 47 percent.

The low graduation rates of many Black males can be attributed to various factors involving the effects of socioeconomic status. Other reasons include poor cultural campus climate, poor campus orientation, isolation or low critical mass of black students, lack of mentors or role models, poor campus student support, inferior K-12 preparation, absence of family college tradition, lack of family wealth and access to financial aid and scholarships. According to a study by Sallie Mae, the largest nonprofit provider of federal and private education loan funds and grants in the United States; 69% of Black males who enrolled in college but did not finish said they quit because of high student loan debt, compared to 43% of white students who cited the same reason. For every 1% increase in those not completing High School, the poverty rate increases by .55% for Louisiana Parishes.<sup>104</sup>

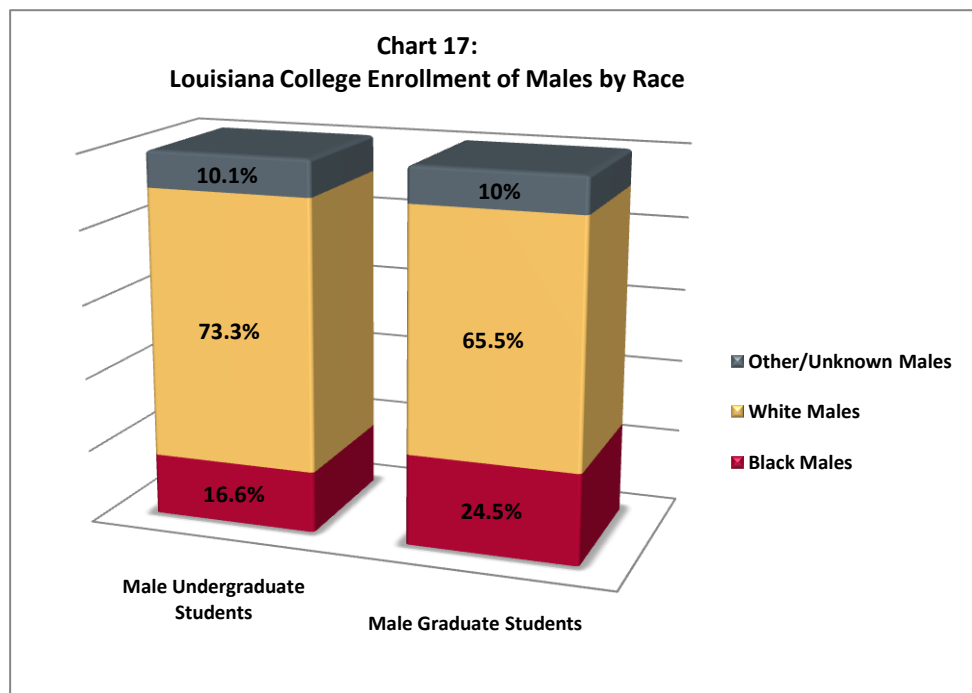
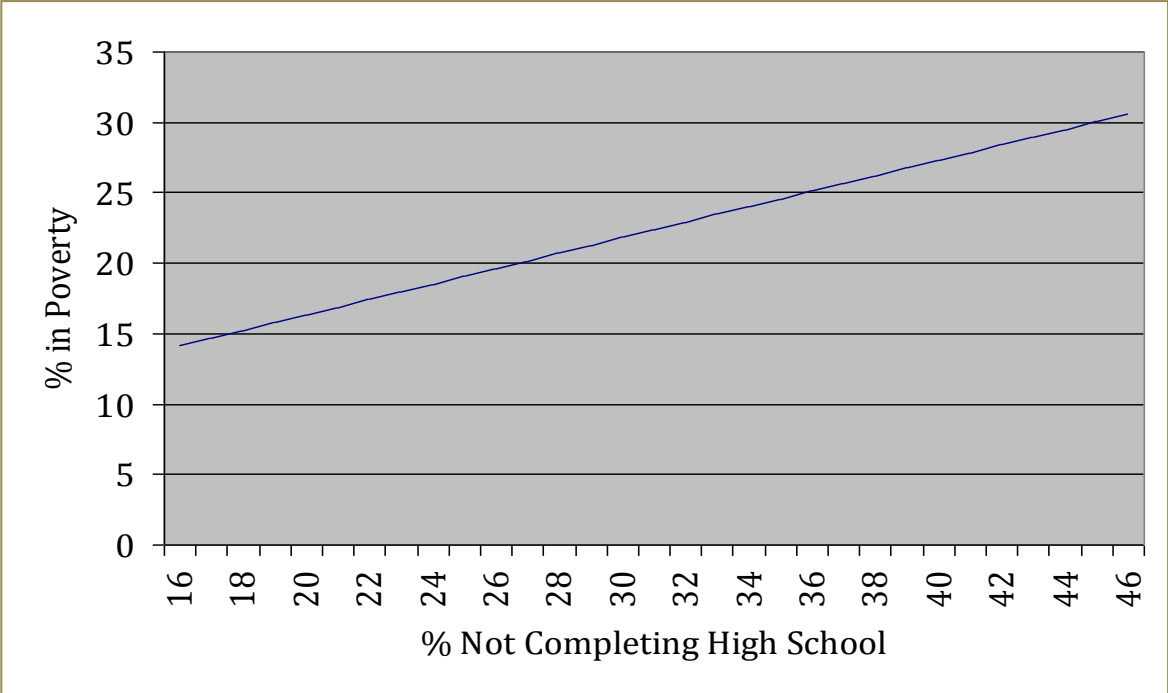


Chart 18: Correlation Between High School Drop Outs and Poverty



## VI. THE STATUS OF BLACK MEN IN LOUISIANA:

### CRIMINAL JUSTICE

#### A. THE DEMOGRAPHY OF DECONSTRUCTION

*Louisiana leads both the nation – and the world – in incarceration rates per capita – where today we incarcerate at twice the national average.*<sup>105</sup> A recent 2008 study, produced by the Pew Center, showed that for the first time in American history, at least 1 out of every 100 American adults is currently confined in a prison or jail.<sup>106</sup> This translates to 1 out of every 50 Louisiana adults currently incarcerated today. The Pew study identified disparities in incarceration rates by race; 1 in every 15 Black males ages 18 and over compared to 1 in every 106 white males.

By 2000, the Justice Policy Institute showed that there were more Black males incarcerated in the Mid South, than in college – with Louisiana serving as the tipping point with over 4,375 more Black males in prison than in higher education, a number much larger than for both Arkansas, and Mississippi combined.<sup>107</sup> Today there are approximately 110,000 Louisiana adults either incarcerated, or under court ordered probation or parole. The vast majority of those currently in the criminal justice system are Black men.

*Into the first decade of the 21<sup>st</sup> century Black men in Louisiana have a 29% chance of serving time in prison during their lives.*<sup>108</sup> *Today, approximately 24% of all Black males in our state are involved in the corrections system – either incarcerated in one of our jails or prisons or under the supervision of probation and parole.*<sup>109</sup>

Since the early 1970s the prison population in the United States has increased at an unprecedented rate resulting in approximately 2.2 million people behind bars by 2009, displaying a disproportionate racial composition, with particularly high rates of incarceration for Black men, who now constitute 900,000 of the 2.2 million people incarcerated across America. The “War on Drugs” policy has had a profound impact on both the number and composition of people who are incarcerated for drug offenses.<sup>110</sup>

Nationally and in Louisiana urban communities make up the largest portion of where incarcerated populations originate. Research has found that when released juvenile and adult ex-offenders return in high volume to a small number of concentrated urban neighborhoods characterized by extreme poverty, social disorganization, high crime rates. These communities are ill-equipped to support the myriad of needs found in most exiting inmates. Virtually all inmates do return to the communities in which they came; most within only a few years. The Louisiana Department of Corrections began a reentry initiative in 2004 to better prepare offenders for their eventual return to society. During this period there has been a significant reduction in the overall recidivism rates for Black males from 35% to 26% since implementation of this comprehensive program during that same period – the recidivism rate for white males remained the same at 10%.<sup>111</sup>

## VII. THE STATUS OF BLACK MEN IN LOUISIANA:

### HEALTH AND WELLNESS

#### A. HEALTHY PEOPLE 2010

In 1979, the U.S. Surgeon General's report *"Healthy People 2000: National Health Promotion and Disease Prevention Objectives,"* established a national baseline for collecting and measuring population based health objectives and their subsequent outcomes. The initiative had two clear goals:

- **Increase Quality and Years of Healthy Life**
- **Eliminate Health Disparities**

From this report, the *Healthy People 2010* initiative was established by the federal government in 1999 as a set of health indicators for the United States to measure achievement over the first decade of the new century and to serve as a road map to better health for all citizens, and could be used by different people, states, communities, professional organizations, and groups to improve the overall health of all Americans. The initiative, directed by the National Institutes of Health (NIH), established the *Healthy People Consortium* which partnered representation across all U.S. government sectors and agencies along with more than 400 national membership organizations, nonprofits, universities, State and Territorial health departments, and officials.

Led by top U.S. federal health agencies and authorities, *Healthy People 2010* outlined 10 targeted health focus areas (Table 19) and measures to serve as baseline points for retrospective and longitudinal population comparisons across socio-economic and socio-demographic segments. The goal was to systematically track health progress, at every level and across every population in health and wellness. In turn, these measures would provide annual "snapshots" of the health of the nation. Over the past decade, several national research agencies have compiled and published various "state comparisons and rankings."

The overall 467 objectives outlined in *Healthy People 2010* became the nations' basic building blocks for community health initiatives and as the 21<sup>st</sup> Century gold standard for *increasing the length of life, the quality of life and the elimination of health disparities*.

It serves as a framework in which to understand how health is measured and counted and illuminates where this national initiative has succeeded, where it has failed. Although some of the existing gaps identified in 1999 have been tightened in some states and in some populations, for the majority of Black men nationally and particularly in Louisiana, the data finds that there

**TABLE 19:  
HEALTHY PEOPLE 2010  
FOCUS AREAS**

Obesity

Physical Activity

Tobacco Use

Substance Abuse

Sexual Behavior

Mental Health

Injury and Violence

Environmental Quality

Immunizations

Access to Health Care

has been no increase in quality of life, in life expectancy, nor the elimination of health disparities (Table 20).

*Not only has there been no improvement, the health of Black men in Louisiana has only deteriorated further, and there are now even wider and deeper disparities between Black and white males in Louisiana.*

The following table provides 16 of the most commonly used indicators to measure and compare health outcomes nationally. It includes the federal baseline from 2000, along with a target goal to be reached by 2010. For comparison, 2008 data is provided for Louisiana as well as stratification by race. With the exception of smoking and binge drinking, Black Louisianans had worse outcomes in 2008, than in 1999, where virtually all key indicators have increased markedly. In 1999, the average life expectancy was 77 years, with a Healthy People 2010 goal of 88; in Louisiana in 2008 it was 74 for whites, and 68 for Blacks.

**Table 20:**  
**Healthy People 2010:**  
**Comparison of Baseline Goals in 2000 to Health Outcomes in 2008** <sup>112 113</sup>

Key Indicator	U.S. Populatio n 2000	HP 2010 Goals	Louisiana Populatio n 2008	Louisiana By Race 2008	
				Black	White
Has Health Insurance	83%	100%	76%	65%	82%
Has Primary Source of Care	87%	96%	79%	72%	82%
Received Prenatal Care	83%	90%	82%	76%	91%
Immunization Coverage	73%	80%	75%	72%	83%
Cigarette Smokers	24%	12%	25%	22%	22%
Physically Inactive	23%	20%	30%	35%	27%
Obesity	23%	15%	31%	40%	28%
Treated Depression	23%	50%	27%	20%	28%
Poor Health Status	20%	15%	19%	24%	17%
Binge Drinking	17%	6%	13%	10%	14%
Illegal Drug Abuse	6%	2%	8%	11%	8%
Arthritis in Last 30 Days	15%	21%	36%	34%	36%
Diagnosed with Diabetes	8%	5%	10%	14%	9%
Life Expectancy at Birth	77	88	75	68	74
Homicide Rate	7	3	12	50	5
Motor Vehicle Death Rate	16	9	24	24	24

## B. HEALTH DISPARITIES

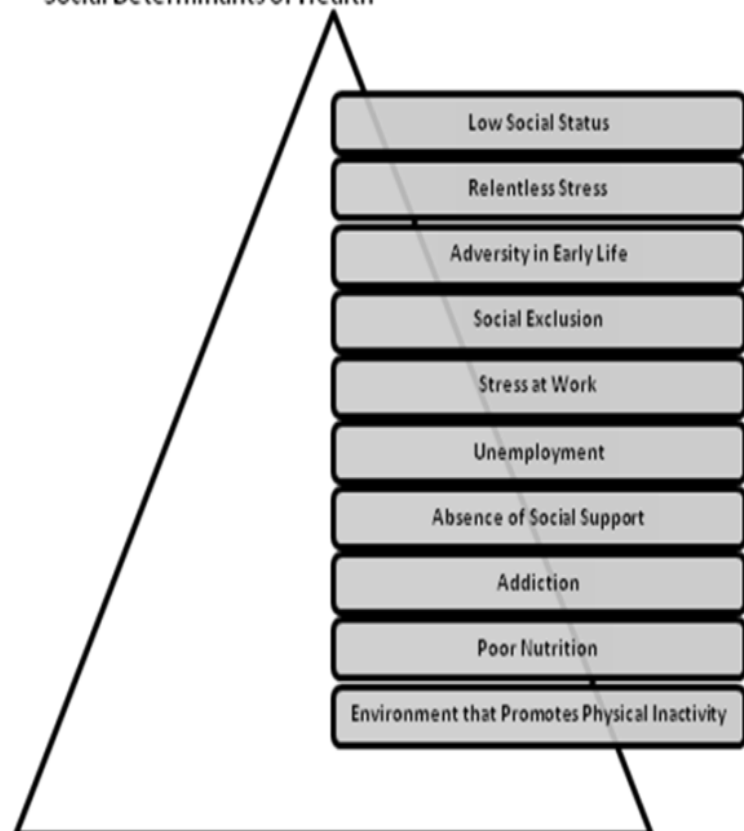
As defined by the U.S. Health Department of Human Services Office of Minority Health, the causes of health disparities are numerous and cannot be dealt within a “one size fits all framework.” What more than 20 years of studies and research has shown is that although our country has become adept at treating illnesses and disease Americans continue to struggle with changing the unhealthy behaviors that lead to these illnesses and diseases in the first place.

The National Institute of Health defines “health disparities” as the “differences” that exist among specific population groups in the United States. Others define health disparities as the “gaps” in equal access and quality of health and social services across racial and ethnic populations. The World Health Organization<sup>114</sup> defines health disparities as the “health differences resulting from social disadvantages that are considered “avoidable, unfair and unjust.” In the United States, “disparity” is used to express outcome differences.

Researchers have spent decades studying, theorizing and trying to explain significant differences in health access, disease and mortality. It is important to understand the approach to assess and determine health disparities because it frames the way health issues are presented, explored, and addressed. Epidemiology and biostatistics have historically dominated the field of public health by “measuring and reporting” on diseases and health conditions. But it has not addressed the depth and width of current and expanding racial disparities – and most importantly – why those disparities exist. Year after year, decade after decade, we produce new numbers; new rankings, scores and quantify increases and decreases (Table 21). And although we have mastered counting and reporting data, understanding the numbers do not solve problems of inequalities.

**Diagram 9:**

**Marmot’s 10 Most Predictive  
Social Determinants of Health**



Quantification of “outcomes” without the identification of the other inter-related and multi-dimensional “causative factors” cannot change health outcomes nor eliminate health disparities.



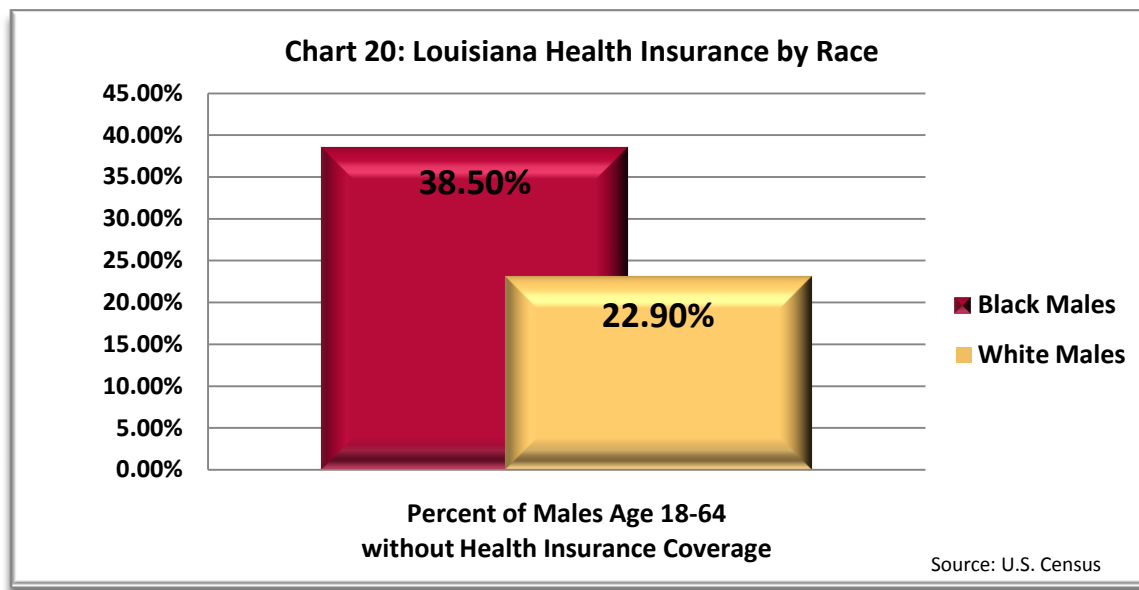
<b>Table 21: Healthy People 2010: Indicator Reports</b>	<b>Year</b>	<b>Louisiana National Ranking</b>
<b>Human Development Index Score</b>	<b>2009</b>	<b>49</b>
<b>America's Health Rankings</b>	<b>2009</b>	<b>47</b>
<b>The Commonwealth Fund State Scorecard</b>	<b>2008</b>	<b>49</b>
<b>United Health Foundation State Rankings</b>	<b>2008</b>	<b>50</b>
<b>The Annie E. Casey Foundation: Child Health</b>	<b>2007</b>	<b>49</b>
<b>The Kaiser Family Foundation: State Health</b>	<b>2007</b>	<b>49</b>

*What the research has supported for more than 30-years is that health outcomes are directly related to healthcare access, poverty and education.*

*In the past decade alone, many Louisiana Blacks have silently slid almost 40-years behind the national averages for virtually every health indicator.*

According to Marmot's 10 most important social determinants of health<sup>115</sup>, healthcare alone cannot counteract the effects of these factors on health. Rather, they are the predictors of health and social outcomes (Diagram 9). As Marmot has demonstrated, while overseeing the World Health Organization's Social Determinants of Health Program, is that although race provides important pieces to the health disparities puzzle other pieces must include social, political and economic disparities. As Wilkinson and Marmot noted in 2003 "It is not simply that poor material circumstances are harmful to health, but the social meaning of being poor, unemployed, socially marginalized and excluded and stigmatized also matters."<sup>116</sup>

As research continues to show, America has not closed the health disparities gap. Rather, disparities have increased and confounded existing and historical chasms. What this has created is a society highly burdened by providing and paying for the treatment of a wide-spectrum of diseases. And with a focus on expensive treatment and emergency care prevention takes a back seat.<sup>117 118</sup>



Today, more than 1 out of every 3 Black males (39%) is living without health insurance coverage; compared to less than 1 out of every 4 white males (23%). As shown below, in the year 2000, 83% of all Americans had health insurance; with a Healthy People 2010 set goal of 100% of all Americans would be insured. Today, 24% of all Louisianans are uninsured and when separated by race only 18% of whites are uninsured compared to 35% of Blacks.

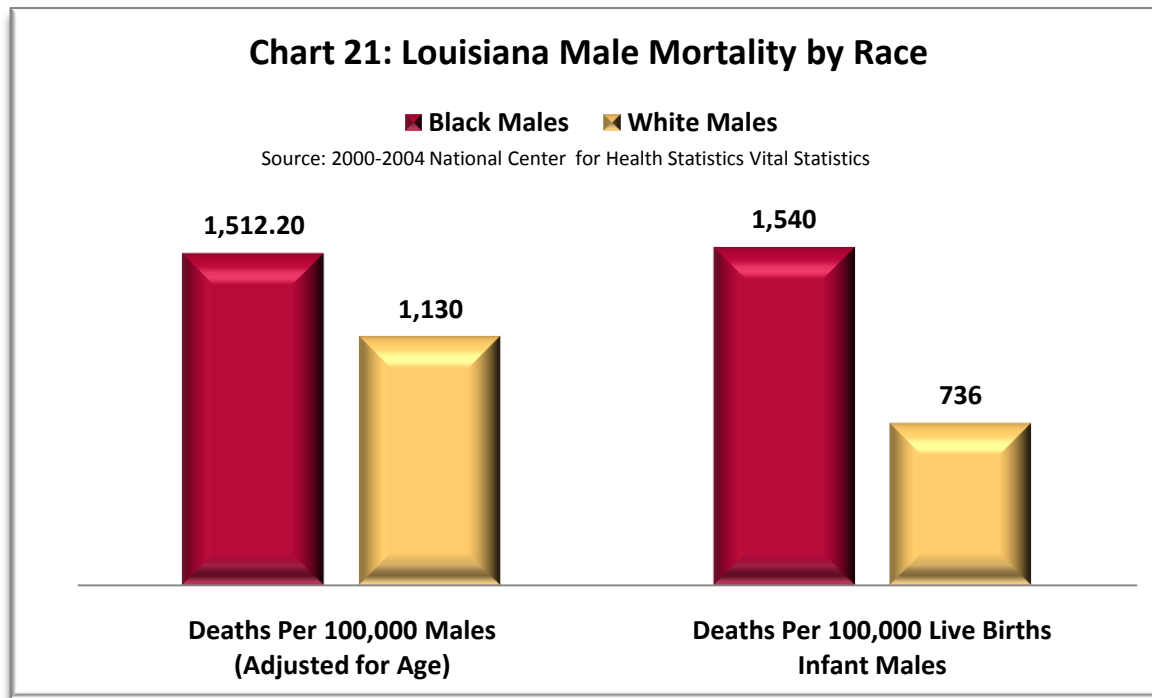
	U.S. 2000	HP 2010 Goal	Louisiana 2008	Louisian a Black	Louisian a White
Has Health Insurance	83%	100%	76%	65%	82%

### **C. BIRTH RATE**

Black women in Louisiana have a significantly higher birth rate (15.7 births per 1,000) compared to 11.9 for white women. For mothers aged 15-19, more than half (66%) of those births were from Black women compared to 36% of their white peers. Prenatal care services were received by 88% of white women; compared to only 72% of Black women. More than 1 out of every 10 babies in Louisiana is born with low birth weights; where Black babies are almost twice more likely to be low birth weight (16%) compared to whites (9%).

## D. MORTALITY

Overall mortality rates between Louisiana and the rest of the nation have widened significantly over the past 30-years. In 1980, death rates were relatively equal between Louisiana and America (850 per 100,000 annually). In less than three decades, the national rate has decreased to just fewer than 800 per 100,000. Louisiana increased to 975 Pre-Katrina, and by 2009 was over 1200 per 100,000. When comparing Black and white Louisianans (Chart 21), deaths of Black men increase dramatically to 1,512 per 100,000; compared to 1,130 in white peers.



Black males in Louisiana are at the highest risk for death, disease, injury and adverse health conditions compared to any other subset of our population. When comparing mortality rates for leading causes of death (Table 22) Black males are significantly over-represented in disease and mortality rates.

	<b>Table 22:</b> <b>Comparison of Mortality Rates by Race<sup>119</sup></b> <b>(per 100,000)</b>					
<b>Cause of Death</b>	<b>White Males</b>	<b>White Females</b>	<b>Black Males</b>	<b>Black Females</b>	<b>Louisiana</b>	<b>National</b>
Heart Disease	297	191	335	223	245	200
Cancer	240	159	329	186	204	181
Accidents	87	42	101	41	63	51
Cerebral Diseases	48	48	73	75	55	50
Diabetes	27	25	65	63	36	23
Suicide	7	22	2	6	12	11
Death by Firearm	14		30		19	10
Infant Mortality Rate	7		15		10	7
Homicide	5		50		12	11
HIV/ AIDS Death Rate					8	4

## **E. INFANT MORTALITY**

Global experts agree that Infant Mortality Rates (IMR) is the strongest indicator of health and well-being. The infant death rate is a sensitive and revealing indicator of overall health and access to health care. Infant mortality rates have been steadily declining the world over since 1960 due to improved health care for mothers and babies alike, better access to water and sanitation in developing countries, and technological advances. Although the national IMR average is 7 per 1000; in Louisiana it is 10. The IMR for Black women is more than double (15 per 1000) the rate in white women (7).

## F. HOMICIDE

While attempts to address leading causes of death in the United States, as in most affluent countries, generally focus on the management of chronic diseases like cancer, stroke, and heart disease. But in Louisiana, homicide is now the second-leading cause of death among Louisiana youth ages 10-35, and the primary cause of death in Black boys 15 to 24 years of age. The homicide rate for the United States is 5.6 murders per 100,000 people. The corresponding rate in Louisiana (14.2 per 100,000) is almost triple the national average and the highest rate across all other 50 states.<sup>120</sup>

Violence among black boys and men is perhaps one of the most paramount issues facing Louisiana and is a major growing public crisis across America.

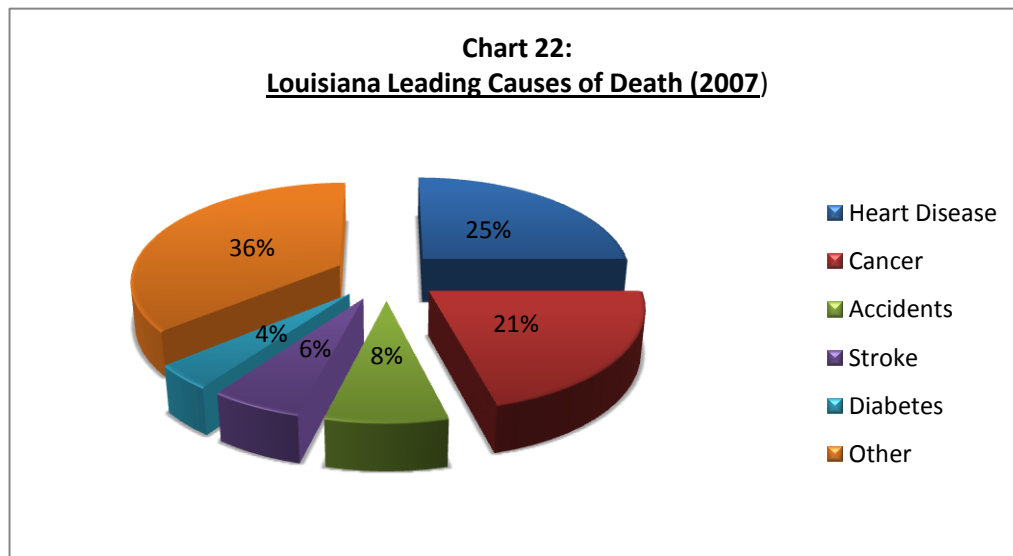
According to the U.S. Bureau of Justice, Black-male homicide rates were 8.3 times higher than white males, and the victim and offender relationship mostly intra-racial.

In 1996, the World Health Assembly declared violence a major public health issue. Homicide is the 4<sup>th</sup> leading cause of premature mortality in the United States – and the leading cause of death for Black boys and men. However, health professionals have largely ignored this steady increase in violence and the cumulative impact it has on Black communities and families, along with the State and rest of the nation. Looking at today's wide disparity in terms of Homicide rates, and who is dying, and explaining the effect based on biological, race or psychiatric factors make homicide appear to be unpredictable, cultural and environmental factors such as the emergence of a new link between violence and race, stereotyping the homicide rate as a "Black male" phenomena.

When Homicides are committed, and there is no other crime involved (which is usually the case), it is shown that "primary" homicide is a by-product of interpersonal violence and inequality. Data shows that Blacks are no more violent than whites – but they are arrested and die more often as the consequence of the conditions which create and lead to violence.

By 2008, New Orleans was named by the *Congressional Quarterly* as the Most Violent City in America.<sup>121</sup> And by 2009, New Orleans ranked 3<sup>rd</sup> among the top five "Murder Capitals" of the world, behind only Caracas, Venezuela and Cape Town, South Africa.<sup>122</sup>

## G. CHRONIC DISEASES



Risk behaviors are now the leading causes of mortality and morbidity among Americans in general – adults in particular.<sup>123</sup> For the past 20-years, five preventable diseases have been responsible for more than 50% of all mortality in Louisiana (Chart 22). Heart disease and stroke remain the leading causes of death nationally despite improvements in prevention, detection, and treatment. However, the profile of individuals at risk has changed profoundly. Additionally, more attention is being paid not only to the behavior of individuals, but also to the environments in which they live, work and play.

Although Louisiana ranks 28<sup>th</sup> in terms of total population of the United States, we have the 5<sup>th</sup> highest rate of mortality due to heart disease and the 7<sup>th</sup> highest rate for stroke. Heart disease and stroke costs the state of Louisiana \$1.4 billion in 1999; by 2003 it had increased to \$2.4 billion – a 71% increase in less than five years.<sup>124</sup>

Research shows that just 5% of all Americans account for almost half (49%) of all health care spending.<sup>125</sup> This small but costly segment primarily accesses the most expensive medical care – emergency room visits and chronic and infectious disease treatment.

In 2007, the estimated cost of health care expenditures and lost productivity attributable to heart disease and stroke alone was more than \$432 billion. In 2003, hospitalization charges in



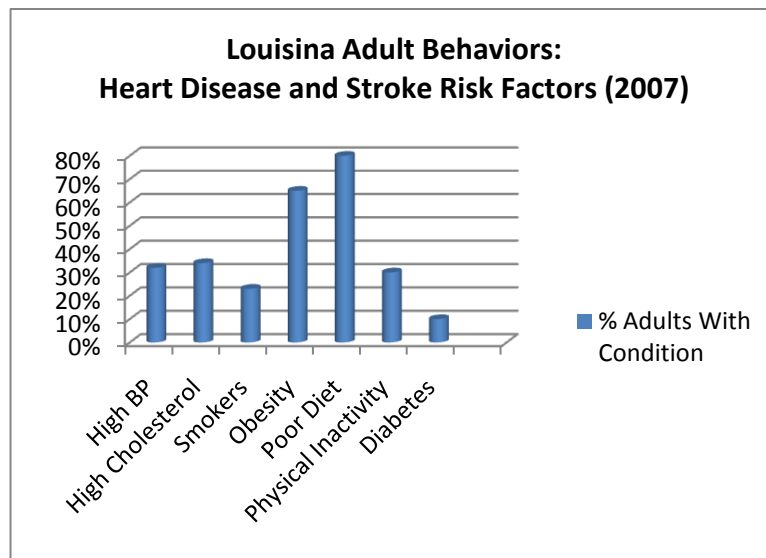
Table 23: National 5-Year <u>Survival Rates</u> by Race and Gender (2002-2006)								
	Urinary		Lung		Colon/Rectal		Prostate	
	Male	Female	Male	Female	Male	Female	Male	
National Rate	80.0%		15.6%		65.2%		99.7%	
White	81.7%	77.0%	13.7%	18.3%	66.3%	65.9%	99.9%	
Black	71.5%	57.3%	10.8%	14.5%	55.5%	56.7%	96.5%	

Louisiana due to heart disease and stroke exceeded \$2.4 billion.<sup>126</sup> Obesity: By the end of this decade, the US will spend more than \$343 billion on health care costs that are attributable to obesity if rates continue to increase at current levels.

Table 24: National Age Adjusted Cancer Rates by Race and Site (per 100,000)					
	Lung		Colon/Rectal		Prostate
	Male	Female	Male	Female	Male
All Races	70.5	40.9	21.9	15.4	25.6
White	69.9	41.9	21.4	14.9	23.6
Black	90.1	40.0	31.4	21.6	56.3
Hispanic	33.9	14.4	16.1	10.7	19.6
Asian	36.9	18.2	13.8	10.0	10.6

There are several controllable risk factors that contribute to high mortality including poor nutrition, lack of physical activity, high blood cholesterol, high blood pressure, obesity, diabetes and tobacco use. Past research now underscore that the most successful strategies result in

concurrent changes in environments, systems, attitudes and policies at the family, community, organizational and societal levels.



## H. INFECTIOUS DISEASES

### Sexually Transmitted Diseases

Louisiana, and particularly Baton Rouge, ranks near the top in both incidence and prevalence of sexually transmitted diseases; which are primarily found in younger, minority and poorer inner-city populations - particularly HIV, Syphilis, Gonorrhea and Chlamydia. Louisiana ranks first nationally in Syphilis rates and EBR Parish ranks 3rd statewide. Within Louisiana, Baton Rouge ranks 5<sup>th</sup> for Gonorrhea infections and 15<sup>th</sup> in Chlamydia prevalence.<sup>127</sup> Today, Baton Rouge has the 2<sup>nd</sup> highest HIV prevalence rates for an American metropolitan area.<sup>128</sup>

<b>Table 25: National vs. Louisiana Prevalence Rates (per 100,000)</b>	<b>Louisiana</b>	<b>United States</b>
HIV/ AIDS	22	14
P&S Syphilis	42	14
Gonorrhea	260	119
Chlamydia	452	370

#### **HIV/AIDS**

In 2008, Louisiana had the 5<sup>th</sup> highest number of AIDS cases nationally; Baton Rouge ranked 4<sup>th</sup> and New Orleans 8<sup>th</sup> in AIDS case rates in large metropolitan areas nationally. Almost half of all new HIV cases are diagnosed in two of the state's parishes: 30% are diagnosed in New Orleans and 28% in Baton Rouge. HIV rates have been found to be six times greater in Black populations, compared to whites.

The majority of all new HIV infections (73%) in Louisiana are in men, and 45% are in Blacks. Nationally, Blacks make up 13% of the total population, but represent 50% of all new HIV cases. Similarly, 33% of Louisiana is Black; with 75% of all new HIV cases identified in Blacks.

Since new drug treatments were made available in the mid-1990s, the overall AIDS death rate has decreased steadily. However, during this same time period, death rates from AIDS declined 65% in whites, but only 13% of blacks. Overall AIDS death rates are highest in Black men, yet Black men are the least likely to receive medical care and treatment, and have the lowest retention rates for medical compliance and continuity of medical care and services. The lifetime cost of taking care of an AIDS patient today is more than \$100,000.

	<b>LA Black</b>	<b>LA White</b>	<b>US Black</b>	<b>US White</b>
New AIDS Cases	74%	22%	47%	30%
Existing AIDS Cases	61%	36%	41%	39%

## I. HEALTH PROVIDER SHORTAGES

The U.S. House of Representatives determined reasonable incentives that they could offer to encourage health care professionals to relocate to hurricane impacted areas:

Table 26:

Type of Provider	2009 Current # of Providers	Current # of Shortages	National Estimated Need	Current Unmet Need
Nurses	43,500	0	37,125	0%
Primary Medical Doctor	708	362	1070	34%
Dentists	409	232	641	36%
Psychiatrist	99	94	193	49%

Although there is a shortage of primary medical doctors (34%) and dentists (36%), the most profound shortage is in the number of psychiatrists (49%) practicing in Louisiana.<sup>129</sup> However, the Congress provided no incentives or methods to address the shortages for mental health professionals. Despite the clearly identified need, unmet need, and the Louisiana Hospital Association reporting in its 2009 survey a strong need and demand for mental health workers, the Congress said only that “mental health reimbursement continues to be an issue that affects the willingness to recruit mental health providers.”

**According to the Louisiana State health Report Card in 2007, in 2003 there were more than 4,400 primary care physicians, 440 psychiatrists, and more than 3,000 licensed social workers in Louisiana. 45% of all social workers, 39% of all PMC doctors and 58% of all psychiatrists lived and worked in the Greater New Orleans region prior to hurricane Katrina. There has been a significant decrease in the number of medical, mental health and dental providers seeing patients in Orleans Parish. According to a 2007 Blue Cross/Blue Shield report, only 28% of medical professionals returned to practice in Orleans Parish after Katrina. Last year, the Louisiana Department of Health and Hospitals reported less than 25% of their providers accepting Medicaid patients in Orleans Parish.**

As of 2008, Louisiana had a total of 120 state Healthcare Professional Shortage Area (HPSA) sites, and ranked 15<sup>th</sup> nationally overall in provider shortages. In data recently released from the Kaiser State Health Facts (2008), Louisiana had the highest percentage (34%) of estimated underserved population living in primary care health shortage areas - 3 times the national average of 11%.<sup>130</sup> Louisiana ranks 4<sup>th</sup> in unmet need for mental health professional providers at 48%, compared to the national average of 19%. Similarly, unmet need for dental services nationally is 10% compared to Louisiana where unmet need is 32%, ranking 1<sup>st</sup> nationally.

New Orleans had 2,258 hospital beds before Katrina. Two years later, it reported 625 staffed beds, a 75% reduction from pre hurricane levels. Of the 10 public and private hospitals available to residents within Orleans Parish, only 4 re-opened. Some were bought and sold, and

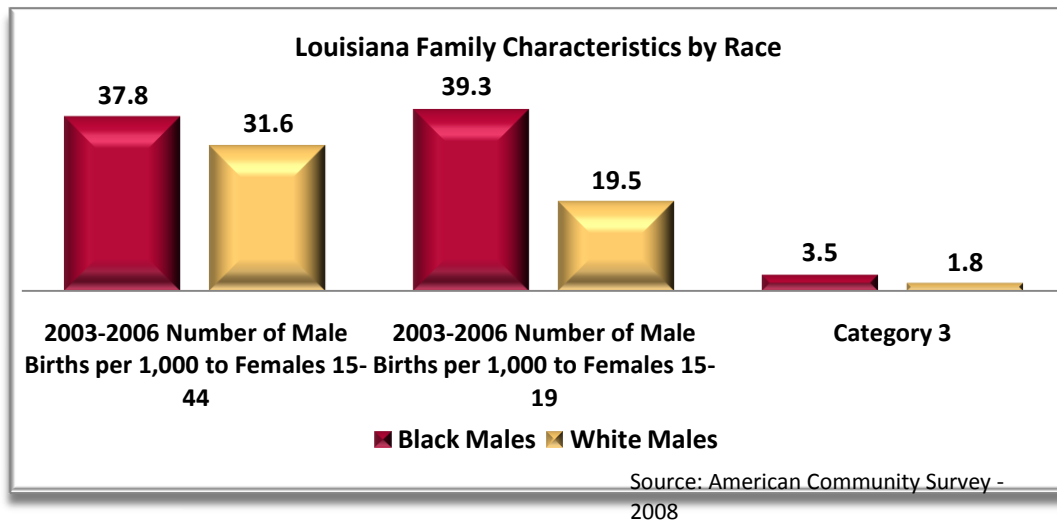
others were never reopened, and those that are operating are impaired by the overwhelming volume of patients seeking care through emergency departments.

## VIII. THE STATUS OF BLACK MEN IN LOUISIANA:

### COMMUNITY AND FAMILY

#### A. INTRODUCTION

Chris Crothers, author of the report *Black Male: Why the Mid South Cannot Afford to Ignore Disparities Facing Its Black boys and men*, studied Black males ages 16-44 in Arkansas, Louisiana and Mississippi and found that they are more likely to be uninsured, drop out of school or die in a homicide when compared to their white counterparts. By most social indicators, the well-being of Black boys and men in the United States is in a precarious state, in Louisiana, it is in crisis. Black male youth have higher rates of grade failure, dropping out, suspension, and special education placement than do any other demographic group. The number of Black boys who graduate from high school and enroll in college is smaller than the national average, and continues to decline.<sup>131</sup>



The problems facing Black boys and men are well-documented and well-known. The challenge facing Louisiana is marshalling the necessary knowledge, skills, and resources to impact and improve their chances of success in the state.

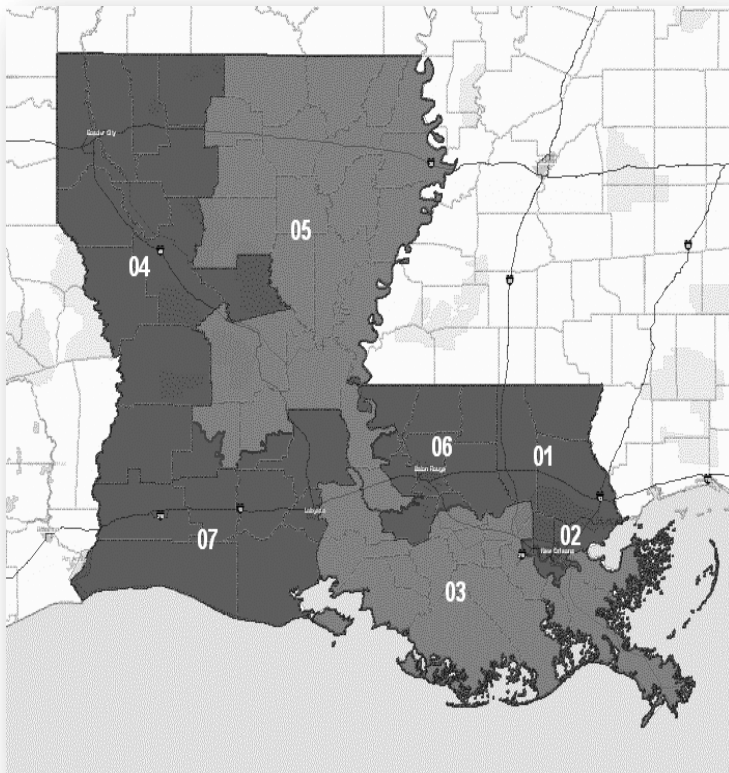
Louisiana Black Children Adopted in 2008		
Black	Female	110
	Male	111
White	Female	164
	Male	138
Other	Female	4
	Male	3

## B. RELATIVES AS CARE GIVERS

It is becoming increasingly more common in America that grandparents are primary caregivers of young children born into poverty. Research demonstrates that split-generation households are created when the parents or parent are no longer able to take care of their children because of physical or mental illness, substance abuse, or economic problems. These multiple generation households face unique and numerous challenges based on the mental, physical and financial situation of the grandparents. Three-generation households, on the other hand, are generally formed because of problems parents encounter living independently, such as separation or divorce, unemployment, or economic need. High public assistance or welfare benefits and better job opportunities reduce the chances that parents and grandchildren live with grandparents. Three-generation households are more common if the mother was a teenager, unmarried, or had a medical disability at the time of birth; thus more likely to have financial challenges.

According to Louisiana GrandFacts, as of January 2008, there were 117,859 children living in households headed by grandparents. There were another 26,691 in households headed by other non-parent relatives. Of the children living in households headed by relatives, more than 50%

are without either parent present (N=64,866).



There are 67,058 grandparents who are responsible for grandchildren living with them; 57% are Black.<sup>132</sup> The needs and challenges of grandparent and other relative caregiver families may vary depending on the reason for the living arrangement, the level of preparation for the child in the home and the types of supports the caregiver can access and provide for the child. Though there are resources available for these children, many relative caregivers do not have the basic information and assistance needed to access the various state systems and programs.



## IX. COUNCIL RECOMMENDATIONS

### A. OVERVIEW

Louisiana Black boys and men are broken and hurting – mentally, emotionally, physically and culturally. There are long-standing, and ever widening social and health disparities, many of which have been further exacerbated by natural disasters in recent years like Hurricane Katrina, as well as man-made disparities created by poor education systems, unavailable basic medical care, and decent jobs.

The Louisiana Council on the Social Status of Black Boys and Men carried out a preliminary assessment and review of local, state and national secondary data sets, research studies, articles and reports and current national best practices and evidence-based programs that relate to defining and changing the current status of Black males in Louisiana. This “landscape analysis” provided an objective; data based description and synthesis of the current social status of Louisiana’s Black males. As such, the Council respectfully submits the following Policy Recommendations to the Louisiana Legislature, as well as the Executive and Judicial Branches of Government. We have come to understand that:

*“The True Measure of a Civilization is how it Treats its Weakest Members....”*

As a broad overarching goal, this Council believes that the only way to move forward is to address the following three greater goals adopted by the World Health Organization, who has been studying disparities and inequities for decades. In their recently released *WHO Commission on Social Determinants of Health: Closing the Gap in a Generation Report 2008* they included three overarching recommendations:

**Improve Daily Living Conditions for Black Boys and Men**

Improve the circumstances in which people are born, grow, live, work and age.

**Address Inequitable Distribution of Power, Money and Resources**

Impact the structural drivers of everyday life – locally, statewide and nationally.

**Measure and Understand the Problem and Assess the Impact of Action**

Measure the problem, evaluate the action, expand knowledge, and raise awareness.

## **B. TRANSPARENCY AND ACCOUNTABILITY**

This executive office of government in Louisiana is holding nonprofits and government more accountable than ever before in tracking and reporting to the general public where their money is going and what money is paying for and how it is making a difference.

According to the Louisiana Recovery Authority, more than \$23 billion of federal hurricane recovery money was allocated to Louisiana. The new federal stimulus bill directs another \$3.3 billion to Louisiana. Given the state's current total population, this represents nearly \$15,000 for each citizen, \$44,000 for the average three-person Louisiana family. However, as history has shown us and as evidenced from disaster recoveries from around the world - rebuilding often results in wider disparities, further concentration of power and resources in the hands of elites and an even greater marginalization of disadvantaged groups.

Equity and equality is only reached when oversight is strong and governing bodies are held accountable. Therefore, the Council will establish its own set of clear outcome indicators in order to track the performance of recovery and stimulus monies, their impact, effectiveness, impact, and final outcome.

### **C. THREE STEPS FOR ACTION**

Despite the overwhelming and daunting findings contained in this report, the Council believes that the next step after quantifying our disparities is knowing how to make changes, where to make those changes and when to make them. So instead of multiple and far reaching recommendations and goals, the Council wanted to provide tangible, specific and measurable recommendations as next steps. Specifically:

- 1. Council Operation and Structure**
- 2. Assessment, Measurement Systems and a Strategic Plan**
- 3. Create Shovel Ready to Implement Projects for 2010**

## D. COUNCIL OPERATION AND STRUCTURE

Establish the Council as a permanent governmental body within the state of Louisiana and house the Council within the Lt. Governor's office for neutrality and accountability. Gain support and resources for the Council to carry out proposed scopes of work.

1. Broaden Council appointments to include representation from other critical fields like public health, criminal and civil court, substance abuse, and young Black men, ex-offenders and others who represent the statistics portrayed in this report.
2. Develop a Council "Framework" that supports Council objectives, builds leadership, and links constituents, services, and providers horizontally and vertically.
3. Produce an annual *Report Card on the Status of Louisiana Black Boys and Men* to first establish a baseline and then provide a yearly measure of successes, outcomes, and lessons learned while also ensuring on-going monitoring and accountability across systems.
4. Learn equally from successes and failures.
5. Tap into a broader spectrum of perspectives and opportunities in other communities, states, and countries to leverage and increase knowledge, resources, funding and talent towards Louisiana endeavors.
6. Establish an ongoing evaluation system to assess the impact of Council work on improving the outcomes and lives of Black boys and men in Louisiana.

## **E. ASSESSMENT, MEASUREMENT SYSTEMS AND STRATEGY**

Seek to create a multi-disciplinary, linked and coordinated system of services which spans across the full continuum of care and programs and directly impact and change current disparities.

### **Year One: 2009**

1. Produce a comprehensive summary of findings report on the current social status of Black boys and men in Louisiana.
2. Based on summary findings, provide a set of recommendations for next steps.

### **Year Two: 2010**

1. Design and carry out a statewide needs assessment by interviewing and surveying a sampling of Black boys and men in Louisiana who are most impacted by disparities. This will provide primary qualitative and quantitative data on unmet needs and barriers directly from target populations.
2. Design and carry out an assessment of each of the state's key governmental agencies (Department of Health and Hospitals, Department of Social Services, Department of Education, Department of Corrections, Office of Juvenile Justice, Workforce Development) to map out operations, programs, service provision, and identify specific strengths and weaknesses, as well as gaps and disparities. The results will identify barriers, as well as recommend ways to streamline and remedy and create new opportunities for change.
3. Design and carryout a stakeholder's analysis to assess community capacity and readiness for interventions and programs.
4. Assess existing data collection, monitoring and reporting systems for state, local and community service providers working with Black males. Based on findings, establish a uniform accountability system to monitor and report on all government programs that involve, impact or provide services to Black males.

### **Year Three: 2011**

1. Based on community, systems and infrastructure assessments, strategically design a comprehensive yet feasible 5-year Strategic Action Plan for the Council which outlines objectives and steps to address the full range of barriers, disparities and impediments faced by Black boys and men in Louisiana.
2. Concurrently design/re-design an electronic based data collection system that will include key indicators and measurements in which to track, evaluate and also serve as

an interface between various service providers to ensure care and service coordination among providers, which is streamlined, time efficient and ensures resource and funding accountability.

## **F. FOCUS AREA RECOMMENDATIONS**

As this report has illustrated there are five key areas which much be addressed. And although each has its own set of recommended strategies they are inter-connected, overlap and require collaborative, simultaneous efforts in order to achieve a significant impact. The following section includes some existing programs that have the potential for quick expansion or policy changes which would help to eliminate system barriers.

### **Education: Goal Statement**

In order for Black males to achieve in school, they have to be in school. These students can succeed academically; if they are given the opportunity.

1. Identify educational challenges facing Black males from birth through college including high dropout and suspension rates and low college participation. State and federal resources should be directed toward adult education, literacy, certification and training programs and postsecondary education.
2. Establish an “Early Warning System” which identifies students who are at risk of academic failure, drop out or disengagement. Instead of punitive measures, establish on-site counselors to provide direct intervention support services to keep students on track, at school and learning.
3. Legislatively mandate that the Louisiana Department of Education systematically collect and maintain accurate data on graduation and dropout rates by age, gender, race and grade level regarding Black males enrolled in public school.
4. Recommend that the Louisiana Department of Education expand “service learning” opportunities beginning in elementary school and extending throughout high school.
5. Review and assess current School Based Health Center model in Baton Rouge for replication in other low-performing areas.
6. Work with Department of Education, and community groups and organizations to increase the availability of on campus, after school, weekend and summer activities, clubs, sports and other recreational activities for youth.

### **Economic: Goal Statement**

Identify strategies for creating new jobs, increase current living wages, promote skill and professional development, and address barriers to accessing employment and legitimate income through asset-building opportunities.

### **Criminal Justice: Goal Statement**

Identify and work towards changing policies to ensure equitable sentencing, reduce recidivism and provide services for ex-offenders.

### **Families: Goal Statement**

Identify methods to promote and train fathers seeking to be involved/re-involved with their children as caretakers and providers.

### **Health and Wellness: Goal Statement**

The current premature loss of Black males in Louisiana is both tragic – and traumatic.<sup>133</sup> The **physical and mental health of Black boys and men in Louisiana must be addressed immediately**, including access to quality health care and treatments for chronic diseases, access to services for untreated and under-diagnosed mental illnesses and substance addiction, and move from a “crisis-emergency” care model to prevention and early diagnosis and intervention.



- 
- <sup>1</sup>US Census Bureau, “Common Good Forecaster,” Louisiana Offices of Public Health and Mental Health, U.S. Department of Justice, UN Office on Drugs and crime, U.S. Centers for Disease Control and Prevention, Louisiana Restaurant Association, Louisiana State University Agricultural center, U.S. Geological Survey, U.S. Office of Management and Budget, U.S. Department of Energy and Gannett Louisiana OnLine Network.
- <sup>2</sup> U.S. Chamber of Commerce, United Nations, World Bank, the World Health Organization, the World Bank. Statistical Briefs, Policy Papers, International Comparisons on Equity in Income and Development. 1980-2008.
- <sup>3</sup> United Health Foundation State Rankings. Annie E. Casey Foundation: Kids Count State Summaries. Kaiser Foundation State Health Report Cards. American Fact Finder, U.S. Census Bureau. 2007-2009.
- <sup>4</sup> World Health Organization. Global Health and Wellness Rankings. Countries in Poverty. 1990. The World Bank Country Profile: Sierra Leone, West Africa. Business, Industry, Assets and Resources Fact Sheet. 1989.
- <sup>5</sup> Demographic Profiles of New Orleans and the Metro Area. 2007 Population Estimates and American Community Survey Data. Population Estimates Program. U.S. Census Bureau (2007); Census 2000; SF 1-full count. 2008; National Center for Health Statistics, State Comparisons, 2004. Louisiana State Center for Health Statistics, 2003.
- <sup>6</sup> Louisiana Department of Health and Hospitals. Louisiana Parish Health Profiles. Annual Statistical Summary Report. 2006; U.S. Centers for Disease Control and Prevention. BRFS Surveillance Data State Statistical Analyses and Comparisons. 2006.
- <sup>7</sup> Louisiana State University, Health Care Services Division. Annual Medical Service Delivery Statistics. 2005; Louisiana State University Health Sciences Center, Health Care Services Division, Divisional Strategic Plan, FY 2005 – 2006 Through 2009-2010. LSUHSC HCSD Planning, Program Development and Governmental Relations Department, June 30, 2004.
- <sup>8</sup> Louisiana Department of Health and Hospitals. *Statewide Medical Service Summaries*. 2004.
- <sup>9</sup> Louisiana Department of Health and Hospitals. Office of Public Health. Summary of Chronic and Infectious Disease Prevalence and Incidence Reporting. 2007.
- <sup>10</sup> Louisiana Department of Health and Hospitals. Office of Mental Health. Statistical Summary. 2006.
- <sup>11</sup> Louisiana Department of Health and Hospitals. Office of Addictive Disorders. Access To Care Report. 2006.
- <sup>12</sup> Kessler, RC. Galea S. Jones, RT. Parker, HA. Mental Illness and Suicidality after Hurricane Katrina. *Bulletin of the World Health Organization*. 84(12):930-939. 2006. Wang, PS. Gruber, MJ. Powers, RE. Mental Health Service use Among Hurricane Katrina Survivors Eight Months after the Disaster. *Psychiatric Services*. 58(11):1403. 2007.
- <sup>13</sup> Moseley, Kera. Evans, Lisa. Workload Indicators and Summary of Findings for Juvenile Medical and Mental Health Systems of Care in Louisiana. Louisiana State University School of Public Health. Findings Report. 2004.
- <sup>14</sup> Louisiana Department of Education. Annual Summary of Student Demographics. 2008.
- <sup>15</sup> Louisiana Uniform Crime Reporting Program. Crime in Louisiana 2006. A Report on the Number of Offenses Reported to Police and the Arrests Made by Louisiana’s Law Enforcement Agencies. Louisiana Sheriff’s Association, Louisiana Commission Law Enforcement and Administration of Criminal Justice. May 2008.
- <sup>16</sup> Louisiana Department of Public Safety and Corrections. Quarterly Statistical Performance Report Corrections 2008. U.S. Department of Justice. National Corrections Statistics by State. Bureau of Justice Statistics. 2008.
- <sup>17</sup> Tewksbury, Richard. Leading Threats to Youth Development in New Orleans. Commissioned Study for Baptist Community Ministries and United Way of Greater New Orleans, 2003.
- <sup>18</sup> Annie E. Casey Report. Kids Count: Annual State Comparisons of Children Health and Wellness Indicators. 2007.
- <sup>19</sup> Dupre, Reggie P. State Senator, District 20, Louisiana. Sub-Council on Disaster Recovery. Council on Homeland Security and Governmental Affairs. United States Senate Sworn Testimony. September 18, 2008; Louisiana Department of Economic Development. Annual Report. 2008.
- <sup>20</sup> Louisiana Department of Economic Development. Economic Impact of Hurricanes Gustav and Ike on Louisiana. September 18, 2008.
- <sup>21</sup> Plyer, Alison. Bonaguro, Joy. Demographic Profiles of New Orleans and the Metro Area. Based on 2007 Population Estimates and American Community Survey Data. Greater NO Community Data Center. March, 2009.
- <sup>22</sup> National Center Family Homelessness. America’s Youngest Outcasts: State Report on Child Homelessness. 2009.
- <sup>23</sup> Kallisto Research Consulting. Critical Elements in Human Development Diagram. 2008.
- <sup>24</sup> Burd-Sharps, Sarah; Louis, Kristen; Bourgeois, Martins Eduardo. A Portrait of Louisiana: Louisiana Human Development Report 2009. 2009.
- <sup>25</sup> Louisiana Economic Development. Economic Impact of Hurricanes on Louisiana, September 18, 2008.

- 
- <sup>26</sup> Dupre, Reggie. State of Louisiana Senate. Ad Hoc Subcommittee on disaster Recovery, Committee on Homeland Security and governmental Affairs, U.S. Senate. September 19, 2008.
- <sup>27</sup> Kallisto Research Consulting. Summary of Modern Life Stressors Diagram. 2008.
- <sup>28</sup> Hawkins and Catalano, 1992.
- <sup>29</sup> Wilson, Melvin. Journal of Blacks in Higher Education. The Journal of Prevention Science. December 21, 2009.
- <sup>30</sup> Elliott, 1993; Rutter 1985; Werner 1986.
- <sup>31</sup> Scales, 1999; Bazemore and Terry, 1997.
- <sup>32</sup> Benson and Saito, 2000.
- <sup>33</sup> Social Development Research Group at the University of Washington (Catalano et al., 1998).
- <sup>34</sup> FBI National Incident-Based Reporting System (NIBRS); Snyder and Sickmund, 1999.
- <sup>35</sup> U.S. Department of Justice, 2000.
- <sup>36</sup> (Snyder and Sickmund, 1999).
- <sup>37</sup> National Institute of Out-of-School Time (NOIST) Study, 2008.
- <sup>38</sup> U.S. Department of Justice. OJJDP. Statistical Briefing Book. Juvenile Population Characteristics. Juvenile Population. 2008.
- <sup>39</sup> Rak and Patterson, 1996; Werner, 1984.
- <sup>40</sup> Herrera, Sipe, and McClanahan, 2000.
- <sup>41</sup> Bazemore and Terry, 2001.
- <sup>42</sup> Bazemore and Terry, 1997.
- <sup>43</sup> Benson and Saito, 2000.
- <sup>44</sup> Tewksbury, Richard. *Leading Threats to Youth Development in New Orleans*. Commissioned Study for Baptist Community Ministries and United Way of Greater New Orleans, 2003; Snyder, H.N. Sickmund, M. *Juvenile Offenders and Victims: National Report* (NCJ 178257). Washington, DC: U.S. Department of Justice, office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. 2005.
- <sup>45</sup> Tewksbury, Richard. Criminal Justice Laws and Equity in Incarceration Nationally. Painful Lessons from Punishing Our Youth. 2005.
- <sup>46</sup> Lochner, Lance. Louisiana Human Development Index, 2009.
- <sup>47</sup> Southern Education Foundation. Annual Summary Report of Education Findings: 2008.
- <sup>48</sup> Southern Education Foundation. SEF Foundation Report. A New Majority: Low Income Students in the South's Public Schools. 2007.
- <sup>49</sup> U.S. Department of Education. National Public School Drop-Outs Fact Sheet. 2008.
- <sup>50</sup> Orfield, Gary. Losen, Daniel. Wald, Johanna. Losing Our Future: How Minority Youth are Being Left Behind by the Graduation Rate Crisis. A joint report between Harvard University, the Urban Institute, Advocates for Children of New York and The Civil Society Institute. 2004.
- <sup>51</sup> No Child Left Behind Legislation: Summary of Findings. 2007.
- <sup>52</sup> U.S. Government Accountability Office. Evaluation Findings: No Child Left Behind Legislation. 2007.
- <sup>53</sup> Southern Growth Policies Board. Brave New South, the 2008 Report on the Future of the South, 2008.
- <sup>54</sup> National Council for Correctional Health Care. 2002. Taxsman et al. 2004.
- <sup>55</sup> Annie E. Casey Foundation. Child Health Rankings Nationally. 2007.
- <sup>56</sup> Louisiana Department of Education, and U.S. Department of Education. Statewide Comparisons of Health Conditions in Youth. 2007.
- <sup>57</sup> U.S. Centers for Disease Control and Prevention. Asthma Rates and Infection in School-Aged Children. 2006.
- <sup>58</sup> Pennington Biomedical Research Center and Louisiana State University Systems. Louisiana Report Card on Physical Activities and Health for Children and Youth: Kick it Up. Better Health for All Children. 2009.
- <sup>59</sup> Pastorek, Paul. Hearing Testimony on the Impact of Hurricane Katrina on Education Systems. Presented to the U.S. Senate Ad Hoc Subcommittee on Disaster Recovery, December 10, 2009.
- <sup>60</sup> Healthy Schools Network. Summary Results of Sick Schools: America's Continuing Environmental Health Crisis for Children. 2009.
- <sup>61</sup> Environmental Law Institute. School Indoor Air Quality: State Policy Strategies for Maintaining Healthy Learning Environments. August 2009.

- 
- <sup>62</sup> Iyata, Brent. Public Health Law and the Built Environment in American Public Schools: Detailed History with Policy Analysis. ISBN 3639116402, Pg. 163. 2009.
- <sup>63</sup> Energy Independence and Security Act of 2007: Subtitle E – Healthy High-Performance Schools.
- <sup>64</sup> Louisiana Department of Health and Hospitals, Office of Public Health, Sexually Transmitted Diseases Program. Louisiana Annual Statewide Prevalence and Incidence Report of Sexually Transmitted Diseases. 2006.
- <sup>65</sup> Louisiana Department of Health and Hospitals, Office of Public Health, HIV Program. Annual HIV Surveillance Report Findings, 2008.
- <sup>66</sup> Louisiana Department of Education, and U.S. Department of Education. Health Conditions in Youth. 2007.
- <sup>67</sup> SAMHSA, The Nation’s Mental Health Crisis in Youth. 2006.
- <sup>68</sup> Louisiana Department of Health and Hospital. Office of Mental Health. Mental Health Service Provision for Children with Mental Illnesses, 2006.
- <sup>69</sup> Louisiana Department of Health and Hospitals. Office of Mental Health. System Gaps and Barriers. 2005.
- <sup>70</sup> Louisiana Department of Health and Hospitals. State Health Report Card: 2007.
- <sup>71</sup> Asarnow, J.R., Jaycox, L.H., Duan, N., LaBorde, A.P., Rea M.M., Tang, L., et al (2005). Depression and role impairment among adolescents in primary care clinics. *Journal of Adolescent Health*, 37(6), 477-483.
- <sup>72</sup> U.S. Department of Education. Twenty-third annual report to Congress on the implementation of the individuals with Disabilities Education Act. Washington, DC. 2002.
- <sup>73</sup> SAMHSA. Prevention and Interventions for Mental Illnesses: Best Practices and Models. 2005.
- <sup>74</sup> Kessler, R.C., Foster, C.L. Saunders, W.B., & Stang, P.E. Social consequences of psychiatric disorders, I: Educational attainment. *American Journal of Psychiatry*. 1995.
- <sup>75</sup> Miech, R.A., Eaton, W.W. et al. Mental health disparities: A prospective analysis examining the life course. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 60 Spec No 2, 93-98.
- <sup>76</sup> U.S. Centers for Disease Control and Prevention, WISQARS. Leading causes if Death, 2006.
- <sup>77</sup> United States Department of Justice FBI Criminal Justice Information and Services Division. Crime in the United States. 2007.
- <sup>78</sup> Vandlandinham, M. 2007 Murder Rates in New Orleans and Louisiana. *American Journal of Public Health* vol 95, no.5 (page 776) May, 2008.
- <sup>79</sup> U.S. Centers for Disease Control and Prevention. Homicides in America: Fact Sheet. 2008.
- <sup>80</sup> City of New Orleans Health Department. Suicide Incidence: Congressional Testimony. December 4, 2009.
- <sup>81</sup> Mental Health Association St. Tammany. Parish Suicide Statistics. St. Tammany Parish Coroner’s Office. 2008.
- <sup>82</sup> Louisiana Department of Health and Hospitals. Annual Community Cares Statewide Survey of School Children. Final Summary of Findings. 2009.
- <sup>83</sup> Louisiana Department of Health and Hospitals, Office for Addictive Disorders, Prevention Services, Louisiana Department of Education. Louisiana Caring Communities Youth Survey Results for 2008: Results for Black or African Americans, 2009.
- <sup>84</sup> Hahn, et al. U.S. Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance Program. Summary of Findings, 2008.
- <sup>85</sup> U.S. Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance Program. Annual Summary of Findings, 2005.
- <sup>86</sup> Stephens, Kevin. Aggressions and Fighting in New Orleans Public Schools. Survey Results for Middle, High School and College.
- <sup>87</sup> Focus Magazine. November, 2009.
- <sup>88</sup> THE ARIEL-SCHWAB 2004 BLACK INVESTOR SURVEY, 2005.
- <sup>89</sup> Florida Committee for the Social Status of Black Men and Boys. Annual Report of findings. 2007.
- <sup>90</sup> U.S. Census Bureau. Facts for Features. December 5, 2006.
- <sup>91</sup> U.S. Census Bureau News. Income Climbs, Poverty Stabilizes, Uninsured Rates Increase. 2005.
- <sup>92</sup> U.S. Bureau of Labor Statistics, (BLS), 2008.
- <sup>93</sup> U.S. Census Bureau. American Community Survey, 2007.
- <sup>94</sup> The Annie E. Casey Foundation: 2008 Kids Count Data Book, 2008.
- <sup>95</sup> U.S. Census Bureau. Poverty Incidence: Statistical Summaries. 2008.
- <sup>96</sup> The Annie E. Casey Foundation. State Poverty Comparisons. 2008.

- 
- <sup>97</sup> Freddie Mac. House Ownership. Fact Sheet. National Comparisons by State. 2008. American Community Survey, 2008.
- <sup>98</sup> Louisiana Office for Workforce Development. Business Ownership Fact Sheet. 2006.
- <sup>99</sup> "The Silent Epidemic," Bill and Melinda Gates Foundation. 2007.
- <sup>100</sup> U.S. Department of Education. Consequences of Dropping Out of High School: Joblessness and Jailing." 2007.
- <sup>101</sup> Office of Civil Rights for US Department of Education. In the Mid South, The Schott Report. 2008.
- <sup>102</sup> U.S. Census Bureau. 2008 American Community Survey.
- <sup>103</sup> Louisiana Department of Education. Statistical Brief. 2009.
- <sup>104</sup> OLS Regression of Parish Data from Census 2000. SF3. 2002.
- <sup>105</sup> U.S. Department of Justice. Bureau of Justice Statistics. Incarceration Trends and State Profiles, 2008.
- <sup>106</sup> The Pew Center Report: One in 100- Behind Bars in America. 2008.
- <sup>107</sup> U.S. Bureau of Justice Statistics. Incidence and Prevalence of Diseases in Inmates. 2006
- <sup>108</sup> U.S. Census Bureau. American Fact Finder. Louisiana Demographics 2007. Adjusted Pop Estimates. 2009.
- <sup>109</sup> Louisiana Department of Public Safety and Corrections. Incarceration Statistics. U.S. Census Bureau. American Community Survey. The Pew Center. 1 in Every 100. 2007-2009.
- <sup>110</sup> U.S. Centers for Disease Control and Prevention. National Council for Correctional Health Care. The Health Status of Soon-to-be Released Prisoners. 2004.
- <sup>111</sup> Louisiana Department of Public Safety and Corrections. CORE Program Overview. 2005.
- <sup>112</sup> Kaiser Health Foundation. State Rankings on Healthy People 2010 Goals. 2008.
- <sup>113</sup> Centers for Disease Control and Prevention. National Surveillance Systems. Health Indicators. 2008.
- <sup>114</sup> The World Health Organization. Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health. Final Report on the Commission on Social Determinants of Health. Geneva, 2008.
- <sup>115</sup> Marmot's 10 Most Predictive Social Determinants of Health Diagram. WHO, 2007.
- <sup>116</sup> Wilkinson and Marmot, Global Conference on the Social Determinant of Health Outcomes. Presentation 9; 2003.
- <sup>117</sup> Council for a Better Louisiana, *State of the State: Louisiana 2005*.
- <sup>118</sup> Louisiana Annual Report Card, Louisiana Office of Economic Development, 2005.
- <sup>119</sup> Data from the 2007 Louisiana Statewide Health Report Card. 2009.
- <sup>120</sup> National Center for Injury Prevention and Control: <http://webappa.cdc.gov/cgi-bin/broker.exe>.
- <sup>121</sup> United States Congressional Quarterly, November 2008.
- <sup>122</sup> Murder Capitals of the World. Journal of Foreign Policy, 2008.
- <sup>123</sup> Jepson, Lisa, Juszczak, Linda, Fisher, Martin. Mental Health Care in a High School Based Health Service Center. Journal of Adolescence, Spring, 2005.
- <sup>124</sup> Louisiana Department of Health and Hospitals. Health Disease and Stroke Prevention Program. The Louisiana State Plan for the Prevention an Treatment of heart Disease and Stroke: 2007-2012.
- <sup>125</sup> Agency for Healthcare Research and Quality, MEPS, Statistical Brief #73: Characteristics of Persons with High Medical Expenditures in the U.S. Civilian Non-institutionalized Population, 2002.
- <sup>126</sup> Davis, Gerrelda. Director, Bureau of Primary Care and Rural Health, State of Louisiana. May 2, 2009.
- <sup>127</sup> Louisiana Department of Health and Hospitals, Office of Public Health. STD Control Program. *Sexually Transmitted Disease: 2006 Annual Report*. 2008.
- <sup>128</sup> Louisiana Department of Health and Hospitals, Office of Public Health. *Louisiana HIV/AIDS 2005/2006*. 2008.
- <sup>129</sup> Levine, Alan. U.S. House Health and Welfare Committee Testimony. State of Louisiana Department of Health and Hospitals. June 24, 2009.
- <sup>130</sup> Office of Shortage Designation, Bureau of Health Professions, Health Resources and Services Administration, Special Data Request, April 2009.
- <sup>131</sup> The Urban League: The State of Black America 2007, Executive Summary, 2008.
- <sup>132</sup> Louisiana GrandFacts- A State Fact Sheet for Grandparents and Other Relatives Raising Children- January, 2008.
- <sup>133</sup> Burd-Sharps, Sarah. Lewis, Kristen. Martins, Eduardo. Oxfam America and the Louisiana Disaster Recovery Foundation. American Human Development Project of the Social Science Research Council. A Portrait of Louisiana: Louisiana Human Development Report 2009.