2011 PRC Community Health Report

New Orleans East
Orleans Parish, Louisiana

Sponsored by
Methodist Health System Foundation

PRC Experience Excellence

Table Of Contents

INTRODUCTION

The PRC Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of our community residents.
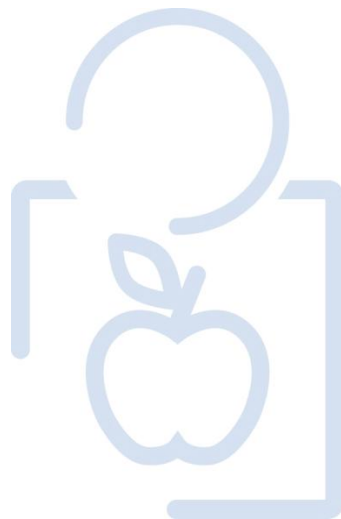
Project Overview

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of the Methodist Health System Foundation in Orleans Parish, Louisiana. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A PRC Community Health Needs Assessment provides the information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.

- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.

- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

Methodology

This assessment incorporates data from three types of input: primary quantitative research (the PRC Community Health Survey); secondary quantitative research (vital statistics and other existing health-related data); and primary qualitative research (personal interviews with key informants). Quantitative data also allow for comparison to benchmark data at the state and national levels.

PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other

recognized health issues. The final survey instrument was developed by Methodist Health System Foundation and Professional Research Consultants, Inc. (PRC).

Community Defined for This Assessment

The study area for the survey effort (referred to as "New Orleans East" in this report) is defined as the ZIP Codes comprising the Primary Service Area (70126, 70127, 70128, and 70129) and Secondary Service Area (70117, 70122, and 70124) of Methodist Health System Foundation.

A geographical description of the New Orleans East community is illustrated in the following map.
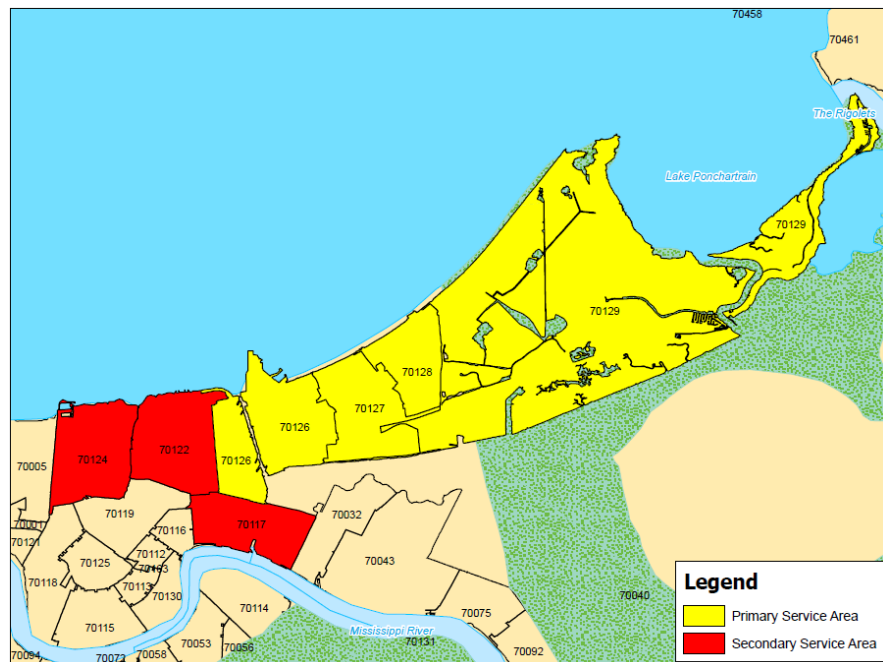
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 1,000 individuals age 18 and older in New Orleans East. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 1,000 respondents is ±3.1% at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 1,000 Respondents at the 95 Percent Level of Confidence
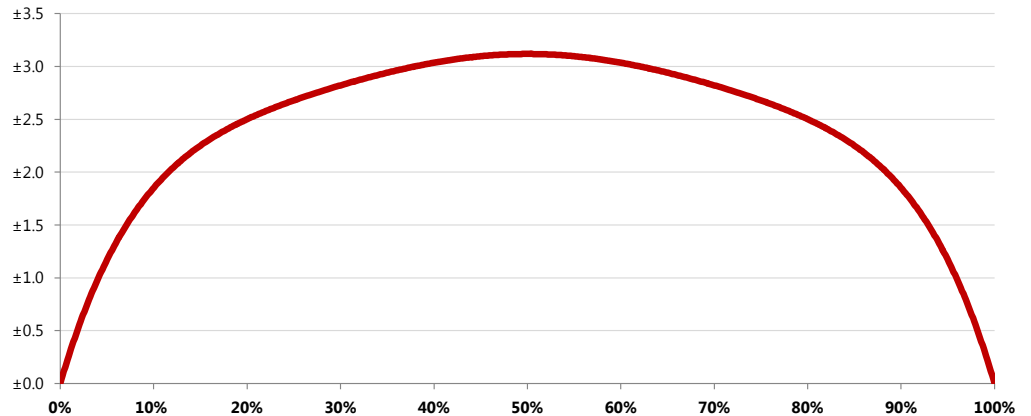
Note: • The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response.
A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples: • If 10% of the sample of 1,000 respondents answered a certain question with a "yes," it can be asserted that between 8.1% and 11.9% (10% ± 1.9%) of the total population would offer this response.
• If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.9% and 53.1% (50% ± 3.1%) of the total population would respond "yes" if asked this question.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following charts outline the characteristics of the New Orleans East sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

Population & Sample Characteristics
(New Orleans East, 2011)

Legend: ☐ Actual Population   ■ Weighted Survey Sample

Category	Actual Population	Weighted Survey Sample
Men	46.7%	46.2%
Women	53.3%	53.8%
18 to 39	41.4%	41.1%
40 to 64	41.7%	41.3%
65+	16.9%	17.6%
Black	66.5%	66.2%
White	26.5%	27.0%
< FPL	23.8%	24.0%
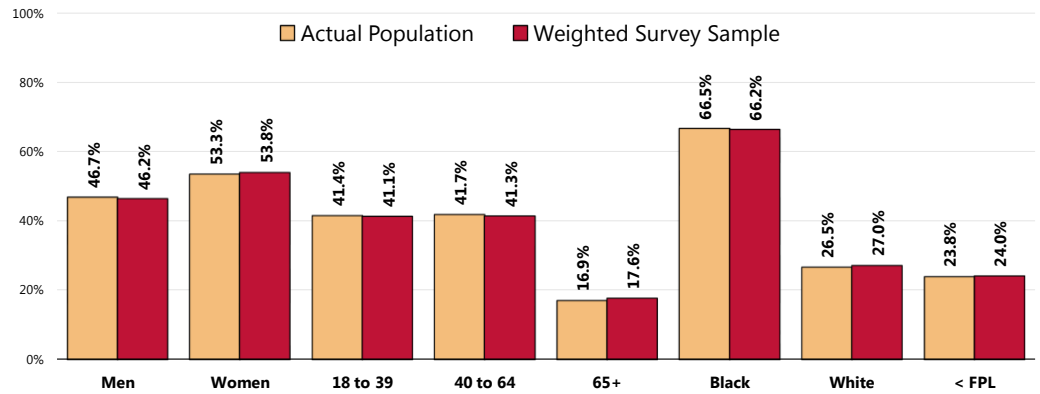
Sources: • Census 2000, Summary File 3 (SF 3). U.S. Census Bureau.
          • 2011 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2011 guidelines place the poverty threshold for a family of four at $22,350 annual household income or lower)*. In sample segmentation: "<FPL" (or less than the Federal Poverty Level) refers to community members living in a household with defined poverty status; "100-199% FPL" includes those households living just above the poverty level, earning up to twice the poverty threshold; and "200%+ FPL" refers to those households living on incomes which are twice or more the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Key Informant Personal Interviews

As part of the community health needs assessment, personal interviews were held with nine select key informants who have an interest in the health of New Orleans East residents. These individuals included physicians, and representatives of local businesses and organizations, including Kingsley House, Louisiana Department of Health and Hospitals Office of Public Health, MQVN Community Development Corporation, Louisiana Public health Institute, and Capitol One Bank. A list of recommended participants was provided by Methodist Health System Foundation.

Interview candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to schedule a personal interview. The information from these interviews are summarized within this report. There are no names connected with this text, as participants were asked to speak candidly and assured of confidentiality.

NOTE: These findings represent qualitative rather than quantitative data. The interviews were designed to gather input regarding participants' opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Orleans Parish were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Centers for Disease Control & Prevention
- ESRI BIS Demographic Portfolio (Projections Based on the US Census)
- GeoLytics Demographic Estimates & Projections
- National Center for Health Statistics
- Louisiana Department of Health and Hospitals
- Crime in Louisiana
- US Census Bureau
- US Department of Health and Human Services
- US Department of Justice, Federal Bureau of Investigation

NOTE: Secondary data as described above reflect parish-level data (whereas survey data are specific to the New Orleans East area).

Benchmark Data

Louisiana Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2011 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Summary of Findings

Areas of Opportunity for Community Health Improvement

The following "health priorities" represent recommended areas of intervention, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist in the region with regard to the following health areas (see also the summary tables presented in the following section). These areas of concern are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority.

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare	• Healthcare Insurance Coverage and Stability • Supplemental Coverage (65+) • Barriers to Healthcare Access (Including Care for Children) • Prescription Medication Misuse • Specific Source for Ongoing Care • Use of the ER • Ratings of Local Healthcare Services
Cancer	• Cancer Death Rates (Including Prostate, Breast, and Colorectal)
Diabetes	• Diabetes Death Rate • Prevalence of Diabetes
Family Planning	• Births to Teens
Heart Disease & Stroke	• Death Rates (Including Heart Disease and Stroke) • Prevalence of Stroke • Hypertension
HIV	• HIV Death Rate • HIV Incidence Rate
Immunization	• Tuberculosis Incidence
Injury & Violence	• Death Rates (Including Unintentional Injury and MV Accidents) • Firearm-Related Death Rate • Prevalence of Unlocked/Loaded Firearms • Violent Crime Indicators (Homicide Rate, Victimization, Crime Rate) • Perceptions of Neighborhood Safety
Kidney Disease	• Death Rate
Maternal & Infant Health	• Low Birth-weight • Infant Mortality
Mental Health	• "Fair/Poor" Mental Health • Symptoms of Chronic Depression
Nutrition & Overweight	• Fruit/Vegetable Consumption • Access to Affordable Fresh Produce
Oral Health	• Dental Visits
Respiratory Disease	• Asthma Among Children
Sexually Transmitted Diseases	• Gonorrhea Incidence • Primary/Secondary Syphilis Incidence • Chlamydia Incidence • Hepatitis B Incidence
Substance Abuse	• Cirrhosis/Liver Disease Death Rate • Drunk Driving • Drug-Induced Deaths • Illicit Drug Use
Vision	• Prevalence of Blindness/Trouble Seeing

Priorities Identified Among Key Informant Interviews

All key informants interviewed are concerned about the **lack of a hospital** and providers in New Orleans East. There is great concern regarding the time it takes to get to a hospital downtown for those who live in New Orleans East. Because there is no hospital and there are so many residents in the area, there is frustration regarding the lack of a hospital to meet the needs of the New Orleans East community.

The number of providers in the area is far outnumbered by the number of residents. Similar to the hospital situation, there is a **need for many more physicians** in the community. Residents often must travel quite far to be seen by a physician. With the community as big as it is, there simply are not enough physicians to see everyone in need of care. Unfortunately, this means that there are some who are going without care until it's an emergency.

Additionally, many are concerned about the **violence** in New Orleans East and the health toll it takes on the community residents. Many believe that if the health needs of the community were met, the rest would sort itself out (including a subsequent decrease in violence).

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in New Orleans East, including comparisons between the two service areas. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

■ In the following charts, New Orleans East results are shown in the larger, blue column.

■ The green columns [to the left of the New Orleans East column] provide comparisons between the two service areas, identifying differences for each as "better than" (☀), "worse than" (�*), or "similar to" (☁) the opposing area.

■ The columns to the right of the New Orleans East column provide comparisons between New Orleans East and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether New Orleans East compares favorably (☀), unfavorably (🌧), or comparably (☁) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Access to Health Services	Svc Areas vs. Each Other		New Orleans East	New Orleans East vs. Benchmarks		
	PSA	SSA		vs. LA	vs. US	vs. HP2020
% [Age 18-64] Lack Health Insurance	☁ 24.3	☁ 20.3	22.1	☁ 24.5	🌧 14.9	🌧 0.0
% [65+] With Medicare Supplement Insurance	☁ 54.6	☁ 56.7	55.8		🌧 75.5	
% [Insured] Went Without Coverage in Past Year	☁ 10.0	☁ 13.0	11.6		🌧 4.8	
% Difficulty Accessing Healthcare in Past Year (Composite)	☁ 49.0	☁ 46.7	47.8		🌧 37.3	
% Inconvenient Hrs Prevented Dr Visit in Past Year	☁ 18.9	☁ 18.8	18.8		🌧 14.3	
% Cost Prevented Getting Prescription in Past Year	☁ 25.1	☁ 24.9	25.0		🌧 15.0	
% Cost Prevented Physician Visit in Past Year	☁ 18.8	☁ 18.4	18.6		🌧 14.0	
% Difficulty Getting Appointment in Past Year	🌧 26.9	☀ 19.5	22.8		🌧 16.5	
% Difficulty Finding Physician in Past Year	☁ 20.7	☁ 16.8	18.6		🌧 10.7	
% Transportation Hindered Dr Visit in Past Year	☁ 11.3	☁ 10.2	10.7		🌧 7.7	
% Skipped Prescription Doses to Save Costs	☁ 17.7	☁ 20.0	18.9		🌧 14.8	
% Difficulty Getting Child's Healthcare in Past Year	🌧 10.5	☀ 4.3	7.3		🌧 1.9	
% [Age 18+] Have a Specific Source of Ongoing Care	☁ 66.4	☁ 68.2	67.4		🌧 76.3	
% Have Had Routine Checkup in Past Year	☁ 74.9	☁ 71.0	72.8		☀ 67.3	
% Child Has Had Checkup in Past Year	☁ 91.6	☁ 94.7	93.2		☀ 87.0	
% Two or More ER Visits in Past Year	☀ 11.6	🌧 16.0	14.0		🌧 6.5	
% Rate Local Healthcare "Fair/Poor"	🌧 43.8	☀ 24.3	33.1		🌧 15.3	

Note: In the green section, each service area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀ better	☁ similar	🌧 worse

Arthritis, Osteoporosis & Chronic Back Conditions	Svc Areas vs. Each Other		New Orleans East	New Orleans East vs. Benchmarks		
	PSA	SSA		vs. LA	vs. US	vs. HP2020
% [50+] Arthritis/Rheumatism	⛅ 42.1	⛅ 39.2	40.4		⛅ 35.4	
% [50+] Osteoporosis	☀️ 5.3	🌧️ 9.3	7.6		☀️ 27.6	🌧️ 5.3
% Sciatica/Chronic Back Pain	⛅ 18.8	⛅ 17.9	18.3		⛅ 21.5	
% Migraine/Severe Headaches	⛅ 17.9	⛅ 19.1	18.5		⛅ 16.9	
% Chronic Neck Pain	⛅ 9.7	⛅ 9.2	9.4		⛅ 8.3	

Note: In the green section, each service area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀️	⛅	🌧️
better	similar	worse

Cancer

Cancer	Svc Areas vs. Each Other — PSA	Svc Areas vs. Each Other — SSA	New Orleans East	New Orleans East vs. Benchmarks — vs. LA	vs. US	vs. HP2020
Cancer (Age-Adjusted Death Rate)			191.4	☀ better 203.8	🌧 worse 181.0	🌧 worse 160.6
Lung Cancer (Age-Adjusted Death Rate)			50.7	☀ better 61.6	☁ similar 51.6	🌧 worse 45.5
Prostate Cancer (Age-Adjusted Death Rate)			33.4	🌧 worse 27.2	🌧 worse 23.9	🌧 worse 21.2
Female Breast Cancer (Age-Adjusted Death Rate)			28.7	🌧 worse 26.5	🌧 worse 23.5	🌧 worse 20.6
Colorectal Cancer (Age-Adjusted Death Rate)			20.8	🌧 worse 19.7	🌧 worse 17.2	🌧 worse 14.5
% Skin Cancer	☁ similar 2.1	☁ similar 4.1	3.2		☀ better 8.1	
% Cancer (Other Than Skin)	☁ similar 5.0	☁ similar 5.7	5.3		☁ similar 5.5	
% [Men 50+] Prostate Exam in Past 2 Years	☁ similar 77.2	☁ similar 70.6	73.5		☁ similar 70.5	
% [Women 50-74] Mammogram in Past 2 Years	☁ similar 87.9	☁ similar 80.2	83.7	☀ better 78.5	☁ similar 79.9	☁ similar 81.1
% [Women 21-65] Pap Smear in Past 3 Years	☀ better 91.8	🌧 worse 81.2	86.3	☁ similar 83.1	☁ similar 84.7	🌧 worse 93.0
% [Age 50+] Sigmoid/Colonoscopy Ever	☁ similar 74.6	☁ similar 72.3	73.3	☀ better 60.8	☁ similar 72.0	
% [Age 50+] Blood Stool Test in Past 2 Years	☁ similar 35.8	☁ similar 35.5	35.6	☀ better 19.1	☀ better 28.3	
% [Age 50-75] Colorectal Cancer Screening	☁ similar 75.9	☁ similar 74.1	74.9			☀ better 70.5

Note that public health indicators (e.g., deaths, disease rates, birth statistics, etc.) represent parish-level data.

Note: In the green section, each service area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀ better   ☁ similar   🌧 worse

Chronic Kidney Disease

Chronic Kidney Disease	Svc Areas vs. Each Other — PSA	Svc Areas vs. Each Other — SSA	New Orleans East	New Orleans East vs. Benchmarks — vs. LA	vs. US	vs. HP2020
Kidney Disease (Age-Adjusted Death Rate)			25.0	☀ better 26.4	🌧 worse 14.5	

Note that public health indicators (e.g., deaths, disease rates, birth statistics, etc.) represent parish-level data.

Note: In the green section, each service area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀ better   ☁ similar   🌧 worse

Diabetes

Diabetes	Svc Areas vs. Each Other		New Orleans East	New Orleans East vs. Benchmarks		
	PSA	**SSA**		**vs. LA**	**vs. US**	**vs. HP2020**
Diabetes Mellitus (Age-Adjusted Death Rate)			**38.9**	🌧️ 35.7	🌧️ 23.5	🌧️ 19.6
% Diabetes/High Blood Sugar	☁️ 14.8	☁️ 12.4	**13.5**	🌧️ 10.3	🌧️ 10.1	
% [Diabetics] Taking Insulin/Medication	☁️ 81.2	☁️ 83.2	**82.2**		☁️ 77.7	

Note that public health indicators (e.g., deaths, disease rates, birth statistics, etc.) represent parish-level data.

Note: In the green section, each service area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

	☀️ better	☁️ similar	🌧️ worse

Dementias, Including Alzheimer's Disease

Dementias, Including Alzheimer's Disease	Svc Areas vs. Each Other		New Orleans East	New Orleans East vs. Benchmarks		
	PSA	**SSA**		**vs. LA**	**vs. US**	**vs. HP2020**
Alzheimer's Disease (Age-Adjusted Death Rate)			**21.9**	☀️ 31.5	☁️ 22.7	

Note that public health indicators (e.g., deaths, disease rates, birth statistics, etc.) represent parish-level data.

Note: In the green section, each service area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

	☀️ better	☁️ similar	🌧️ worse

Educational & Community-Based Programs

Educational & Community-Based Programs	Svc Areas vs. Each Other		New Orleans East	New Orleans East vs. Benchmarks		
	PSA	**SSA**		**vs. LA**	**vs. US**	**vs. HP2020**
% Attended Health Event in Past Year	☁️ 24.5	☁️ 24.0	**24.2**		☁️ 22.2	

Note: In the green section, each service area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

	☀️ better	☁️ similar	🌧️ worse

Family Planning

Family Planning	Svc Areas vs. Each Other		New Orleans East	New Orleans East vs. Benchmarks		
	PSA	**SSA**		**vs. LA**	**vs. US**	**vs. HP2020**
% Births to Teenagers			**14.6**	☁️ 14.2	🌧️ 10.4	

Note: In the green section, each service area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

	☀️ better	☁️ similar	🌧️ worse

Hearing & Other Sensory or Communication Disorders

Hearing & Other Sensory or Communication Disorders	Svc Areas vs. Each Other		New Orleans East	New Orleans East vs. Benchmarks		
	PSA	SSA		vs. LA	vs. US	vs. HP2020
% Deafness/Trouble Hearing	☁ 6.5	☁ 8.1	7.4		☁ 9.6	

Note: In the green section, each service area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Legend: ☀ better ☁ similar 🌧 worse

Heart Disease & Stroke

Heart Disease & Stroke	Svc Areas vs. Each Other		New Orleans East	New Orleans East vs. Benchmarks		
	PSA	SSA		vs. LA	vs. US	vs. HP2020
Diseases of the Heart (Age-Adjusted Death Rate)			225.6	☀ 237.6	🌧 200.9	🌧 152.7
% Heart Attack	☁ 4.0	☁ 2.9	3.4	☀ 5.2		
Stroke (Age-Adjusted Death Rate)			56.9	🌧 52.7	🌧 44.2	🌧 33.8
% Angina/Coronary Heart Disease	☁ 4.4	☁ 4.5	4.4	☁ 5.3		
% Heart Disease (Heart Attack, Angina, Coronary Disease)	☁ 6.4	☁ 6.3	6.4		☁ 6.1	
% Stroke	☁ 4.9	☁ 4.9	4.9	🌧 3.4	🌧 2.7	
% Blood Pressure Checked in Past 2 Years	☁ 93.3	☁ 95.3	94.4		☁ 94.7	☁ 94.9
% Told Have High Blood Pressure (Ever)	☁ 41.1	☁ 39.4	40.2	🌧 35.7	🌧 34.3	🌧 26.9
% [HBP] Taking Action to Control High Blood Pressure	☁ 92.4	☁ 95.0	93.8		☀ 89.1	
% Cholesterol Checked in Past 5 Years	☁ 90.1	☁ 92.5	91.4	☀ 77.2	☁ 90.7	☀ 82.1
% Told Have High Cholesterol (Ever)	☀ 24.5	🌧 31.2	28.1	☀ 36.9	☁ 31.4	🌧 13.5
% [HBC] Taking Action to Control High Blood Cholesterol	☀ 93.6	🌧 84.5	88.1		☁ 89.1	
% 1+ Cardiovascular Risk Factor	🌧 87.4	☀ 82.1	84.5		☁ 86.3	

Note that public health indicators (e.g., deaths, disease rates, birth statistics, etc.) represent parish-level data.

Note: In the green section, each service area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Legend: ☀ better ☁ similar 🌧 worse

HIV

HIV	Svc Areas vs. Each Other		New Orleans East	New Orleans East vs. Benchmarks		
	PSA	SSA		vs. LA	vs. US	vs. HP2020
HIV (Age-Adjusted Death Rate)			21.3	⛈ 8.5	⛈ 4.6	⛈ 3.3
HIV/AIDS Incidence per 100,000			71.7	⛈ 25.9	⛈ 12.5	⛈ 13.0
% Ever Tested for HIV	☁ 60.2	☁ 59.6	59.9		☀ 49.7	
% [Age 18-64] Ever Tested for HIV	☁ 67.4	☁ 65.9	66.6		☁ 55.5	
% [Age 18-44] HIV Test in the Past Year	☀ 47.2	⛈ 32.0	39.2		☀ 19.9	☀ 16.9

Note that public health indicators (e.g., deaths, disease rates, birth statistics, etc.) represent parish-level data.

Note: In the green section, each service area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀ better	☁ similar	⛈ worse

Hunger

Hunger	Svc Areas vs. Each Other		New Orleans East	New Orleans East vs. Benchmarks		
	PSA	SSA		vs. LA	vs. US	vs. HP2020
% Used Food Bank/Free Meal Program in Past Yr	⛈ 17.0	☀ 11.1	13.8			

Note: In the green section, each service area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀ better	☁ similar	⛈ worse

Immunization & Infectious Diseases	Svc Areas vs. Each Other PSA	SSA	New Orleans East	New Orleans East vs. Benchmarks vs. LA	vs. US	vs. HP2020
Measles per 100,000			0.0	(worse) 0.0	(similar) 0.0	
Mumps per 100,000			0.0	(worse) 0.0	(better) 0.4	
Rubella per 100,000			0.0	(similar) 0.0	(better) 0.0	
Pertussis per 100,000			0.8	(better) 2.2	(better) 4.5	
% [Age 65+] Flu Shot in Past Year	(similar) 67.5	(similar) 76.2	72.7	(better) 64.3	(similar) 71.6	(worse) 90.0
% [High-Risk 18-64] Flu Shot in Past Year	(better) 68.4	(worse) 54.0	60.8		(similar) 52.5	(worse) 90.0
% [Age 65+] Pneumonia Vaccine Ever	(worse) 57.0	(better) 70.5	65.2	(similar) 67.4	(similar) 68.1	(worse) 90.0
% [High-Risk 18-64] Pneumonia Vaccine Ever	(better) 45.5	(worse) 31.7	38.1		(similar) 32.0	(worse) 60.0
Tuberculosis Incidence per 100,000			10.0	(worse) 3.1	(worse) 4.4	(worse) 1.0
% Ever Vaccinated for Hepatitis B	(similar) 41.2	(similar) 42.1	41.7		(similar) 38.4	

Note that public health indicators (e.g., deaths, disease rates, birth statistics, etc.) represent parish-level data.

Note: In the green section, each service area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

(sun) better　(cloud) similar　(rain) worse

Injury & Violence Prevention	Svc Areas vs. Each Other PSA	SSA	New Orleans East	New Orleans East vs. Benchmarks vs. LA	vs. US	vs. HP2020
Unintentional Injury (Age-Adjusted Death Rate)			79.6	(worse) 60.9	(worse) 39.7	(worse) 36.0
Motor Vehicle Crashes (Age-Adjusted Death Rate)			16.3	(better) 22.7	(worse) 14.3	(worse) 12.4
% "Always" Wear Seat Belt	(similar) 83.6	(similar) 82.8	83.2		(similar) 85.3	(worse) 92.4
% Child [Age 0-4] "Always" Uses Auto Child Restraint			100.0		(better) 91.6	
% Child [Age 5-17] "Always" Uses Seat Belt	(similar) 86.9	(similar) 91.6	88.8		(similar) 91.6	

21

Indicator					
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	☁ 89.3	☁ 95.5	**92.4**	☁ 91.6	
% Child [Age 5-17] "Always" Wears Bicycle Helmet	☁ 26.1	☁ 34.0	**29.6**	☁ 35.3	
Firearm-Related Deaths (Age-Adjusted Death Rate)			**61.9**	🌧 19.4	🌧 10.3 · 🌧 9.2
% Firearm in Home	🌧 35.6	☀ 28.0	**31.6**	☀ 37.9	
% [Homes With Children] Firearm in Home	☁ 35.2	☁ 30.9	**33.1**	☁ 34.4	
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	☁ 28.5	☁ 34.7	**31.4**	🌧 16.9	
Homicide (Age-Adjusted Death Rate)			**61.2**	🌧 13.4	🌧 6.1 · 🌧 5.5
Violent Crime per 100,000			**1120.2**	🌧 668.6	🌧 450.3
% Victim of Violent Crime in Past 5 Years	☁ 7.0	☁ 6.5	**6.7**	🌧 1.6	
% Neighborhood Safety/Crime Control is "Fair/Poor"	☁ 41.1	☁ 41.3	**41.3**	🌧 21.7	
% Neighborhood Crime Has Worsened	☁ 27.2	☁ 26.1	**26.6**	🌧 20.3	
% Daytime Neighborhood Safety is "Fair/Poor"	🌧 21.2	☀ 14.2	**17.5**	🌧 6.2	
% Nighttime Neighborhood Safety is "Fair/Poor"	🌧 48.9	☀ 42.3	**45.3**	🌧 19.4	
% Nighttime Security at Home is "Fair/Poor"	🌧 12.0	☀ 8.2	**9.9**	🌧 5.2	
% Ever Threatened With Violence by Intimate Partner	🌧 17.2	☀ 11.7	**14.2**	☁ 11.7	
% Victim of Domestic Violence (Ever)	☁ 14.2	☁ 11.3	**12.6**	☁ 13.5	

Note that public health indicators (e.g., deaths, disease rates, birth statistics, etc.) represent parish-level data.

Note: In the green section, each service area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀ better	☁ similar	🌧 worse

Maternal, Infant & Child Health

Maternal, Infant & Child Health	Svc Areas vs. Each Other		New Orleans East	New Orleans East vs. Benchmarks		
	PSA	SSA		vs. LA	vs. US	vs. HP2020
% Adequate Prenatal Care			76.6	worse 81.9		
% of Low Birthweight Births			13.2	worse 11.4	worse 8.1	worse 7.8
Infant Death Rate			10.0	similar 10.2	worse 6.9	worse 6.0

Note that public health indicators (e.g., deaths, disease rates, birth statistics, etc.) represent parish-level data.

Note: In the green section, each service area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Legend: ☀ better | ☁ similar | 🌧 worse

Mental Health & Mental Disorders

Mental Health & Mental Disorders	Svc Areas vs. Each Other		New Orleans East	New Orleans East vs. Benchmarks		
	PSA	SSA		vs. LA	vs. US	vs. HP2020
% "Fair/Poor" Mental Health	similar 15.2	similar 16.5	15.9		worse 11.7	
% Major Depression	similar 9.4	similar 13.0	11.4		similar 11.7	
% Symptoms of Chronic Depression (2+ Years)	similar 35.4	similar 38.9	37.3		worse 26.5	
Suicide (Age-Adjusted Death Rate)			9.3	better 11.6	better 11.1	better 10.2
% Have Ever Sought Help for Mental Health	worse 16.7	better 28.1	22.9		similar 24.4	
% [Those With Major Depression] Seeking Help	similar 73.9	similar 87.5	82.3		similar 82.0	better 75.1
% Typical Day Is "Extremely/Very" Stressful	better 7.8	worse 15.9	12.1		similar 11.5	
% Child [Age 5-17] Takes Prescription for ADD/ADHD	better 4.2	worse 15.8	8.8		similar 6.5	

Note that public health indicators (e.g., deaths, disease rates, birth statistics, etc.) represent parish-level data.

Note: In the green section, each service area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Legend: ☀ better | ☁ similar | 🌧 worse

23

Nutrition & Weight Status	Svc Areas vs. Each Other		New Orleans East	New Orleans East vs. Benchmarks		
	PSA	SSA		vs. LA	vs. US	vs. HP2020
% Eat 5+ Servings of Fruit or Vegetables per Day	similar 35.2	similar 40.0	37.8		worse 48.8	
% Eat 2+ Servings of Fruit per Day	similar 62.4	similar 62.6	62.5		similar 60.5	
% Eat 3+ Servings of Vegetables per Day	similar 26.4	similar 29.9	28.3		worse 40.1	
% Purchasing Affordable Fresh Produce is Difficult	similar 26.3	similar 28.2	27.3			
% Medical Advice on Nutrition in Past Year	similar 46.6	similar 41.1	43.6		similar 41.9	
% Healthy Weight (BMI 18.5-24.9)	similar 30.3	similar 32.1	31.3		similar 31.7	similar 33.9
% Overweight	similar 69.5	similar 64.9	67.0	similar 66.4	similar 66.9	
% Obese	worse 36.8	better 28.5	32.3	similar 31.7	similar 28.5	similar 30.6
% Perceive Self as Somewhat/Very Overweight	similar 55.5	similar 51.4	53.3			
% Medical Advice on Weight in Past Year	similar 27.2	similar 23.5	25.2		similar 25.7	
% [Overweights] Counseled About Weight in Past Year	similar 35.5	similar 32.4	33.9		similar 30.9	
% [Obese Adults] Counseled About Weight in Past Year	similar 45.3	similar 48.1	46.6		similar 47.4	better 31.8
% [Overweights] Trying to Lose Weight Both Diet/Exercise	similar 43.7	similar 38.0	40.7		similar 38.6	
% Children [Age 5-17] Overweight	similar 41.2	similar 30.8	37.2		similar 30.7	
% Children [Age 5-17] Obese	similar 22.8	similar 19.9	21.7		similar 18.9	worse 14.6
% [Parents] Have Been Told That Child [2-17] Is Overweight	similar 6.3	similar 3.0	4.8			

Note: In the green section, each service area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better (sun) — similar (cloud) — worse (rain)

Oral Health

Oral Health	Svc Areas vs. Each Other		New Orleans East	New Orleans East vs. Benchmarks		
	PSA	SSA		vs. LA	vs. US	vs. HP2020
% [Age 18+] Dental Visit in Past Year	similar 53.7	similar 53.4	53.5	worse 63.9	worse 66.9	better 49.0
% Child [Age 2-17] Dental Visit in Past Year	worse 78.5	better 89.6	83.7		similar 79.2	better 49.0
% Have Dental Insurance	similar 55.5	similar 58.6	57.1		similar 60.8	

Note: In the green section, each service area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better (sun)	similar (cloud)	worse (rain)

Physical Activity

Physical Activity	Svc Areas vs. Each Other		New Orleans East	New Orleans East vs. Benchmarks		
	PSA	SSA		vs. LA	vs. US	vs. HP2020
% [Employed] Job Entails Mostly Sitting/Standing	similar 59.2	similar 65.6	62.8		similar 63.2	
% No Leisure-Time Physical Activity	worse 32.9	better 21.5	26.7	better 30.1	similar 28.7	better 32.6
% Meeting Physical Activity Guidelines	worse 37.8	better 47.7	43.1	similar 43.6	similar 42.7	
% Moderate Physical Activity	worse 18.8	better 26.6	23.0		similar 23.9	
% Vigorous Physical Activity	worse 31.2	better 37.3	34.5	better 22.0	similar 34.8	
% Medical Advice on Physical Activity in Past Year	similar 51.6	similar 46.4	48.7		similar 47.8	
% Child [Age 5-17] Watches TV 3+ Hours per Day	similar 21.4	similar 18.1	20.1		similar 19.7	
% Child [Age 5-17] Uses Computer 3+ Hours per Day	worse 20.9	better 7.7	15.7		similar 9.9	
% Child [Age 5-17] 3+ Hours per Day of Total Screen Time	worse 62.2	better 40.3	53.5		similar 43.4	

Note: In the green section, each service area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better (sun)	similar (cloud)	worse (rain)

Respiratory Diseases

Respiratory Diseases	Svc Areas vs. Each Other — PSA	SSA	New Orleans East	vs. LA	vs. US	vs. HP2020
CLRD (Age-Adjusted Death Rate)			**32.4**	(better) 41.0	(better) 41.5	
Pneumonia/Influenza (Age-Adjusted Death Rate)			**15.5**	(better) 21.0	(better) 18.1	
% Nasal/Hay Fever Allergies	(similar) 29.2	(similar) 29.7	**29.5**		(similar) 27.3	
% Sinusitis	(similar) 21.8	(similar) 20.5	**21.1**		(similar) 19.4	
% Chronic Lung Disease	(similar) 6.2	(similar) 7.3	**6.8**		(similar) 8.4	
% Adults Asthma (Ever Diagnosed)	(similar) 12.3	(similar) 13.1	**12.7**	(similar) 11.6		
% [Adult] Currently Has Asthma	(similar) 7.9	(similar) 8.2	**8.0**	(similar) 6.7	(similar) 7.5	
% [Child 2-17] Currently Has Asthma	(similar) 17.1	(similar) 9.5	**13.2**		(worse) 6.8	

Note that public health indicators (e.g., deaths, disease rates, birth statistics, etc.) represent parish-level data.

Note: In the green section, each service area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Legend: (sun) better — (cloud) similar — (rain cloud) worse

Sexually Transmitted Diseases

Sexually Transmitted Diseases	Svc Areas vs. Each Other — PSA	SSA	New Orleans East	vs. LA	vs. US	vs. HP2020
Gonorrhea Incidence per 100,000			**388.7**	(worse) 206.4	(worse) 109.3	
Primary & Secondary Syphilis Incidence per 100,000			**24.7**	(worse) 14.9	(worse) 4.3	
Chlamydia Incidence per 100,000			**1024.4**	(worse) 599.2	(worse) 391.6	
Hepatitis B Incidence per 100,000			**2.5**	(worse) 1.7	(worse) 1.3	
% [Age 18-64 Unmarried] 3+ Sexual Partners in Past Year	(similar) 14.3	(similar) 9.4	**11.7**		(similar) 7.1	
% [Unmarried 18-64] Using Condoms	(similar) 57.7	(similar) 52.1	**54.8**		(better) 18.9	

Note that public health indicators (e.g., deaths, disease rates, birth statistics, etc.) represent parish-level data.

Note: In the green section, each service area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Legend: (sun) better — (cloud) similar — (rain cloud) worse

Substance Abuse

Substance Abuse	Svc Areas vs. Each Other		New Orleans East	New Orleans East vs. Benchmarks		
	PSA	SSA		vs. LA	vs. US	vs. HP2020
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)			9.6	worse 8.0	worse 8.9	worse 8.2
% Current Drinker	similar 57.2	similar 59.1	58.2	worse 48.9	similar 58.8	
% Chronic Drinker (Average 2+ Drinks/Day)	similar 4.8	similar 6.6	5.8	similar 5.3	similar 5.6	
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	similar 17.5	similar 19.4	18.5	worse 15.0	similar 16.7	better 24.3
% Drinking & Driving in Past Month	better 1.8	worse 5.5	3.8		similar 3.5	
% Driving Drunk or Riding with Drunk Driver	similar 8.5	similar 8.7	8.6		worse 5.5	
Drug-Induced Deaths (Age-Adjusted Death Rate)			21.2	worse 18.8	worse 12.2	worse 11.3
% Illicit Drug Use in Past Month	similar 2.7	similar 4.1	3.5		worse 1.7	better 7.1
% Ever Sought Help for Alcohol or Drug Problem	similar 2.4	similar 2.9	2.7		similar 3.9	

Note that public health indicators (e.g., deaths, disease rates, birth statistics, etc.) represent parish-level data.

Note: In the green section, each service area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Legend: ☀ better — ☁ similar — 🌧 worse

Tobacco Use

Tobacco Use	Svc Areas vs. Each Other		New Orleans East	New Orleans East vs. Benchmarks		
	PSA	SSA		vs. LA	vs. US	vs. HP2020
% Current Smoker	similar 17.2	similar 18.8	18.2	better 22.1	similar 16.6	worse 12.0
% Someone Smokes at Home	similar 16.2	similar 16.4	16.3		similar 13.6	
% [Non-Smokers] Someone Smokes in the Home	similar 9.1	similar 9.4	9.3		worse 5.7	
% [Household With Children] Someone Smokes in the Home	similar 16.6	similar 14.0	15.3		similar 12.1	
% [Smokers] Received Advice to Quit Smoking	worse 53.0	better 69.2	62.1		similar 63.7	
% [Smokers] Have Quit Smoking 1+ Days in Past Year	similar 60.0	similar 65.1	62.7		similar 56.2	worse 80.0
% Smoke Cigars	similar 4.9	similar 5.6	5.3		similar 4.2	worse 0.2
% Use Smokeless Tobacco	similar 1.2	similar 0.5	0.8		better 2.8	similar 0.3

Note: In the green section, each service area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better / similar / worse

Transportation

Transportation	Svc Areas vs. Each Other		New Orleans East	New Orleans East vs. Benchmarks		
	PSA	SSA		vs. LA	vs. US	vs. HP2020
% Local Public Transportation is "Fair/Poor"	similar 46.4	similar 43.3	44.6			
% Cannot Rely on Local Public Transportation	similar 36.7	similar 34.5	35.5			

Note: In the green section, each service area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better / similar / worse

Vision

Vision	Svc Areas vs. Each Other		New Orleans East	New Orleans East vs. Benchmarks		
	PSA	SSA		vs. LA	vs. US	vs. HP2020
% Blindness/Trouble Seeing	similar 11.3	similar 13.8	12.6		worse 6.9	
% Eye Exam in Past 2 Years	similar 64.7	similar 63.4	64.1		better 57.5	

Note: In the green section, each service area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better / similar / worse

Overall Health Status	Svc Areas vs. Each Other		New Orleans East	New Orleans East vs. Benchmarks		
	PSA	SSA		vs. LA	vs. US	vs. HP2020
% "Fair/Poor" Physical Health	☁ 16.8	☁ 14.7	15.6	☀ 21.1	☁ 16.8	
% Activity Limitations	☁ 15.2	☁ 18.6	17.0	☀ 21.9	☁ 17.0	
	Note: In the green section, each service area is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.			☀ better	☁ similar	🌧 worse

GENERAL
HEALTH STATUS
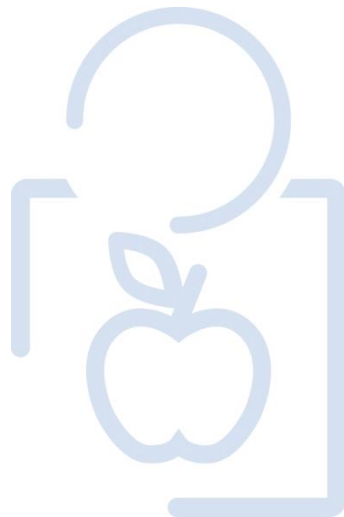
Overall Health Status

Self-Reported Health Status

A total of 55.5% of New Orleans East adults rate their overall health as "excellent" or "very good."

- Another 28.8% gave "good" ratings of their overall health.
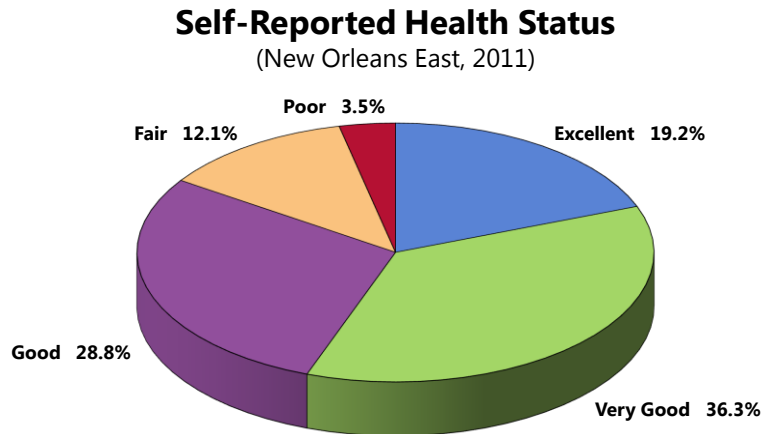
Self-Reported Health Status
(New Orleans East, 2011)

Poor 3.5%
Fair 12.1%
Excellent 19.2%
Good 28.8%
Very Good 36.3%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc.   [Item 5]
Notes: ● Asked of all respondents.

However, 15.6% of New Orleans East adults believe that their overall health is "fair" or "poor."

- More favorable than statewide findings.
- Similar to the national percentage.
- No statistical difference in findings between the two service areas.

Experience "Fair" or "Poor" Overall Health

	16.8%	14.7%	15.6%	21.1%	16.8%
	Primary Svc Area	Secondary Svc Area	New Orleans East	Louisiana	United States
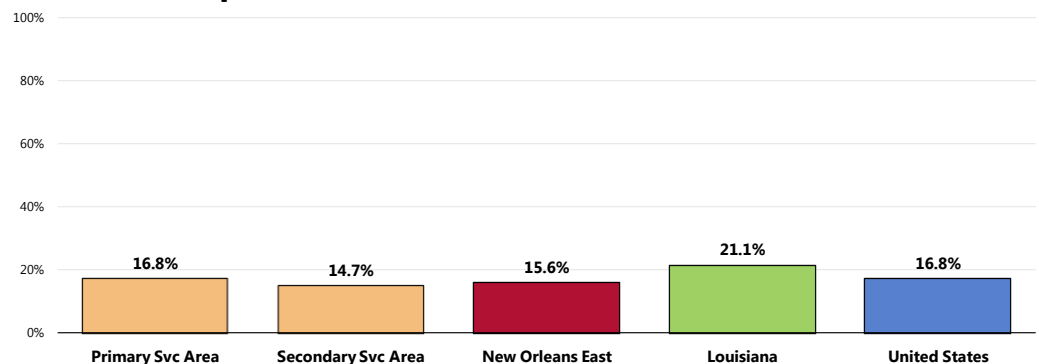
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.
 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Adults <u>more</u> likely to report experiencing "fair" or "poor" overall health include:

- Those aged 40 and older.

- Residents living at lower incomes.

- The prevalence among Blacks and Whites is significantly higher than that mentioned among residents of "Other" races/ethnicities (including Hispanics, Asians, Native Americans, etc.).

- Other differences within demographic groups, as illustrated in the following chart, are <u>not</u> statistically significant.

Experience "Fair" or "Poor" Overall Health
(New Orleans East, 2011)
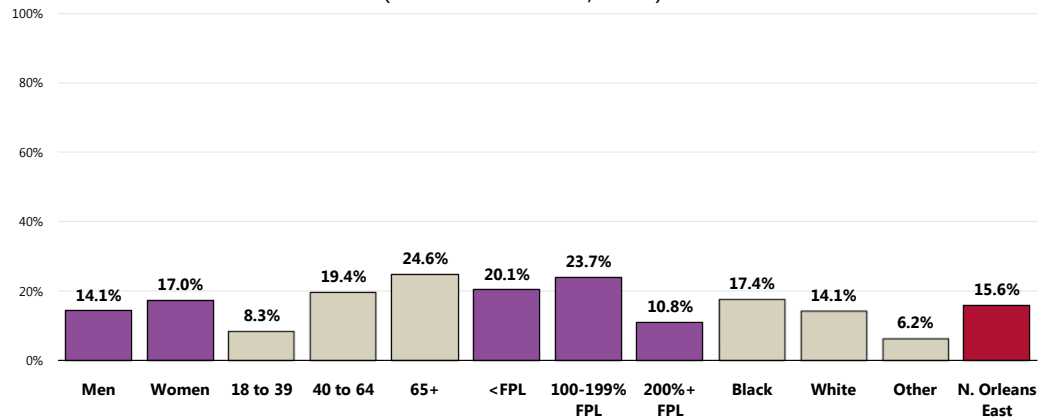
Category	Value
Men	14.1%
Women	17.0%
18 to 39	8.3%
40 to 64	19.4%
65+	24.6%
<FPL	20.1%
100-199% FPL	23.7%
200%+ FPL	10.8%
Black	17.4%
White	14.1%
Other	6.2%
N. Orleans East	15.6%

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.
• Race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Activity Limitations

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.

- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.

- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

- Healthy People 2020 (www.healthypeople.gov)

A total of 17.0% of New Orleans East adults are limited in some way in some activities due to a physical, mental or emotional problem.

- More favorable than prevalence statewide.
- Identical to the national prevalence.
- Similar by service area.

Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem
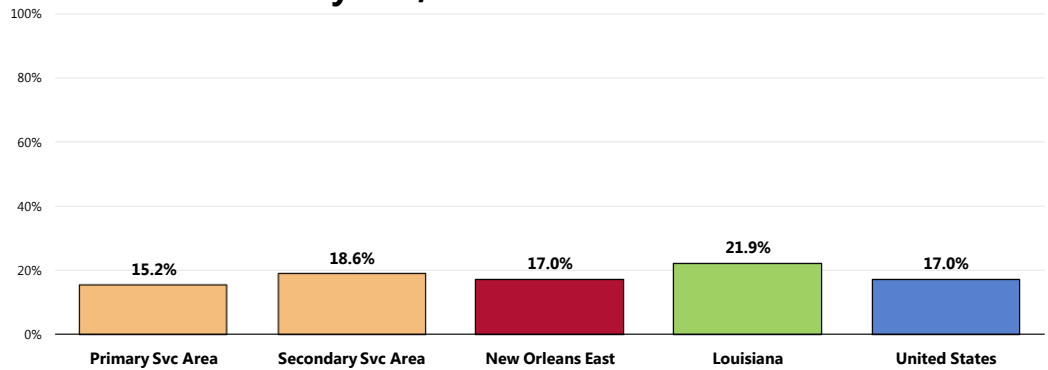
	Primary Svc Area	Secondary Svc Area	New Orleans East	Louisiana	United States
	15.2%	18.6%	17.0%	21.9%	17.0%

In looking at responses by key demographic characteristics, note the following:

- Adults age 40 and older are much more often limited in activities.

- Residents living at or near the federal poverty level are more likely to report activity limitations.

- The prevalence among Blacks and Whites is notably higher than among "Other" residents.

Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem
(New Orleans East, 2011)
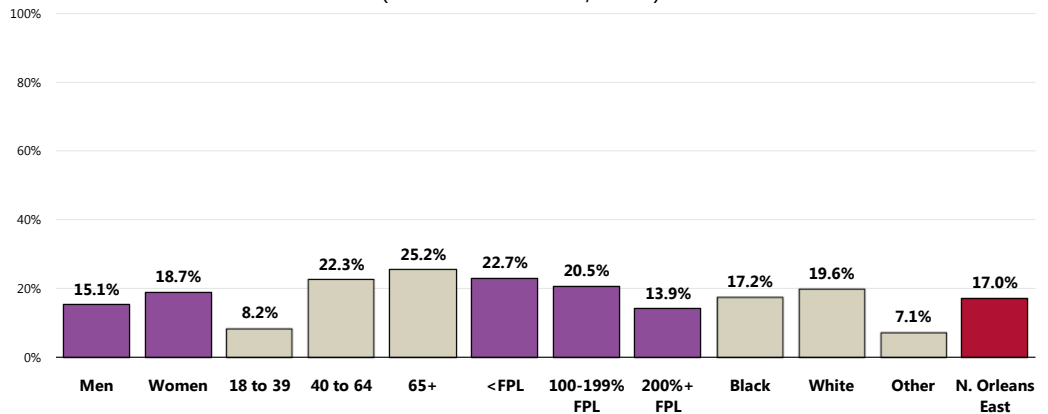
	Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N. Orleans East
	15.1%	18.7%	8.2%	22.3%	25.2%	22.7%	20.5%	13.9%	17.2%	19.6%	7.1%	17.0%

Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as arthritis/rheumatism, back/neck problems, fractures or bone/joint injuries, and walking problems.

Depression, anxiety and other mental health issues also received a large percentage of responses.

Type of Problem That Limits Activities
(Among Those Reporting Activity Limitations; New Orleans East, 2011)

Category	Percentage
Arthritis/Rheumatism	16.8%
Back/Neck Problem	14.7%
Depression/Anxiety/Mental	10.3%
Fractures, Bone/Joint Injury	7.3%
Walking Problem	5.8%
Lung/Breathing Problem	4.9%
Diabetes	4.5%
Various Other (<3% Each)	35.7%
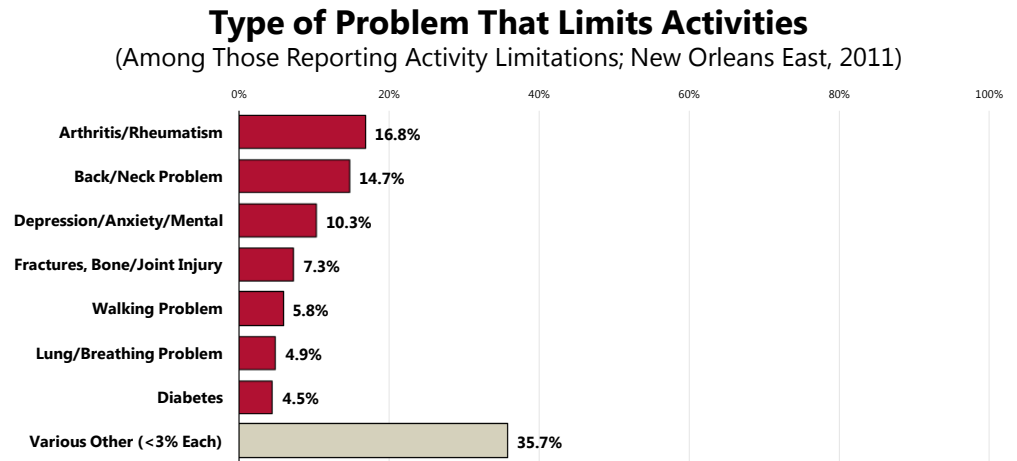
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
Notes: ● Asked of those respondents reporting activity limitations.

Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders.

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the national Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The understanding of how the brain functions under normal conditions and in response to stressors, combined with knowledge of how the brain develops over time, has been essential to that progress. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.

- The greatest opportunity for prevention is among young people.

- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.

- The incidence of depression among pregnant women and adolescents can be reduced.

- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.

- There are potential indicated preventive interventions for schizophrenia.

- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.

- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.

- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression among children and increasing effective parenting.

- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.

- Implementation is complex, and it is important that interventions be relevant to the target audiences.

In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

– Healthy People 2020 (www.healthypeople.gov)

Mental Health Status

Self-Reported Mental Health Status

A total of 58.7% of New Orleans East adults rate their overall mental health as "excellent" or "very good."

- Another 25.4% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status
(New Orleans East, 2011)

Poor 4.0%

Fair 11.9%

Excellent 24.0%

Good 25.4%

Very Good 34.7%
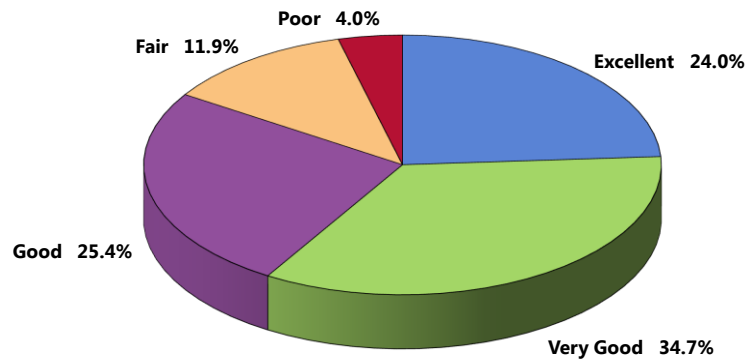
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]
Notes: ● Asked of all respondents.

A total of 15.9% of New Orleans East adults, however, believe that their overall mental health is "fair" or "poor."

- Less favorable than the "fair/poor" response reported nationally.
- Statistically similar by service area.

Experience "Fair" or "Poor" Mental Health
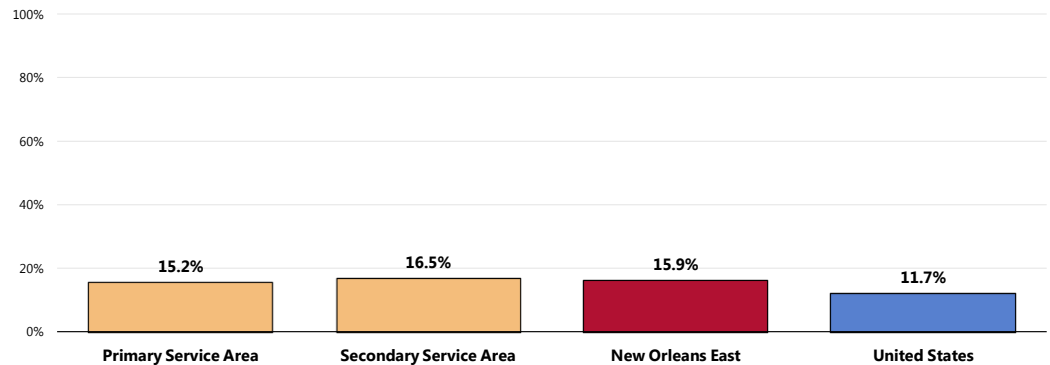
	Primary Service Area	Secondary Service Area	New Orleans East	United States
	15.2%	16.5%	15.9%	11.7%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

The following population segments are <u>more</u> likely to report experiencing "fair" or "poor" mental health:

    👪 Women.

    👪 Adults under 65.

    👪 Residents living below the federal poverty level.

    👪 Non-Whites.

Experience "Fair" or "Poor" Mental Health
(New Orleans East, 2011)

Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N. Orleans East
12.9%	18.4%	17.3%	17.6%	9.6%	28.0%	17.2%	10.7%	18.0%	10.1%	20.0%	15.9%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Depression

Major Depression

A total of 11.4% of New Orleans East adults report having been diagnosed with major depression by a physician or other healthcare professional.

    ● Nearly identical to national findings.

    ● Statistically similar by service area.

Have Been Diagnosed With Major Depression

Primary Service Area	Secondary Service Area	New Orleans East	United States
9.4%	13.0%	11.4%	11.7%
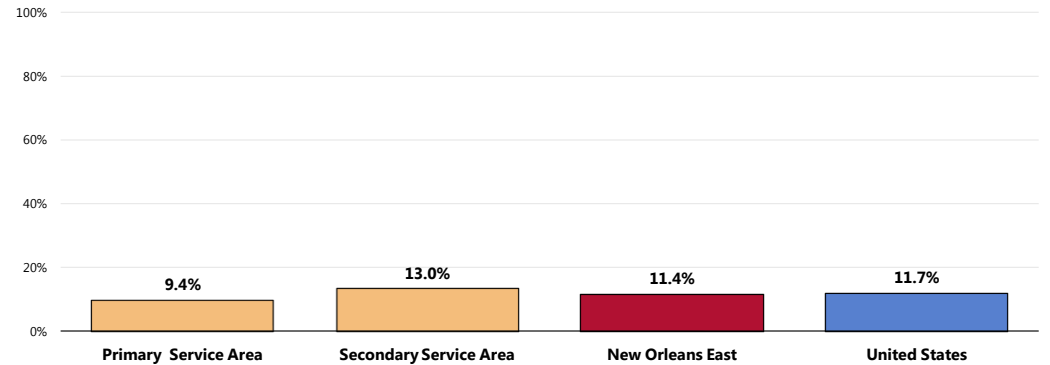
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

The prevalence of major depression is notably higher among:

- Women.

- Adults between the ages of 40 and 64.

- Community members living below the federal poverty threshold.

- Non-Whites.

Have Been Diagnosed With Major Depression
(New Orleans East, 2011)

Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N. Orleans East
8.0%	14.2%	9.9%	13.7%	8.6%	20.8%	10.8%	9.5%	12.6%	8.4%	11.8%	11.4%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Symptoms of Chronic Depression

A total of 37.3% of New Orleans East adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (chronic depression)**.**

- Less favorable than national findings.

- No statistical difference by service area.

Have Experienced Symptoms of Chronic Depression
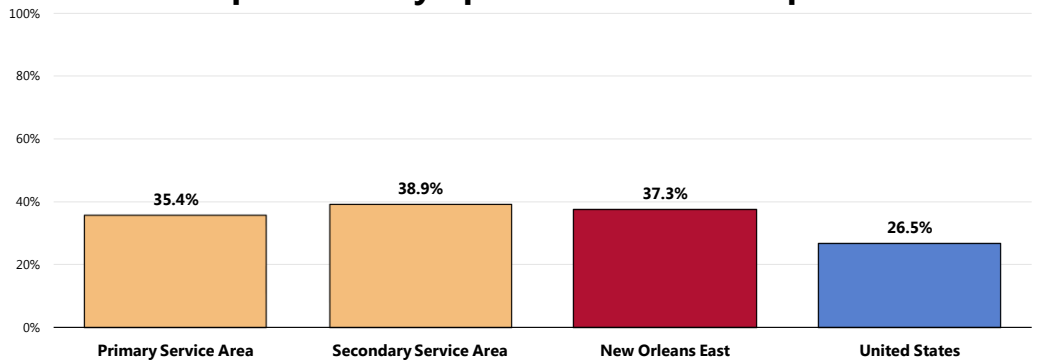
Primary Service Area	Secondary Service Area	New Orleans East	United States
35.4%	38.9%	37.3%	26.5%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Note that the prevalence of chronic depression is notably higher among:

- Women.
- Adults under age 65.
- Adults living below the 200% poverty threshold.
- Non-Whites.

Have Experienced Symptoms of Chronic Depression
(New Orleans East, 2011)

Category	Value
Men	31.4%
Women	42.4%
18 to 39	39.7%
40 to 64	39.1%
65+	28.7%
<FPL	58.0%
100-199% FPL	40.5%
200%+ FPL	29.1%
Black	40.7%
White	28.1%
Other	43.0%
N. Orleans East	37.3%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Stress

Nearly one-half of New Orleans East adults considers their typical day to be "not very stressful" (29.0%) or "not at all stressful" (18.3%).

- Another 40.6% of survey respondents characterize their typical day as "moderately stressful."

Perceived Level of Stress On a Typical Day
(New Orleans East, 2011)
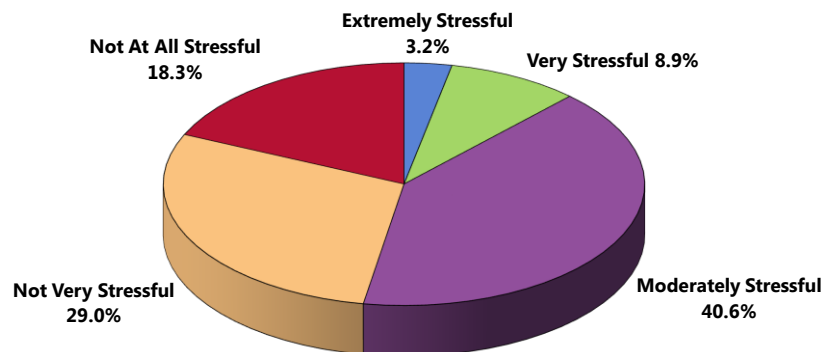
- Extremely Stressful 3.2%
- Very Stressful 8.9%
- Not At All Stressful 18.3%
- Moderately Stressful 40.6%
- Not Very Stressful 29.0%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
Notes: ● Asked of all respondents.

In contrast, 12.1% of New Orleans East adults experience "very" or "extremely" stressful days on a regular basis.

- Comparable to national findings.
- Twice as high (less favorable) in the Secondary Service Area.

Perceive Most Days As "Extremely" or "Very" Stressful
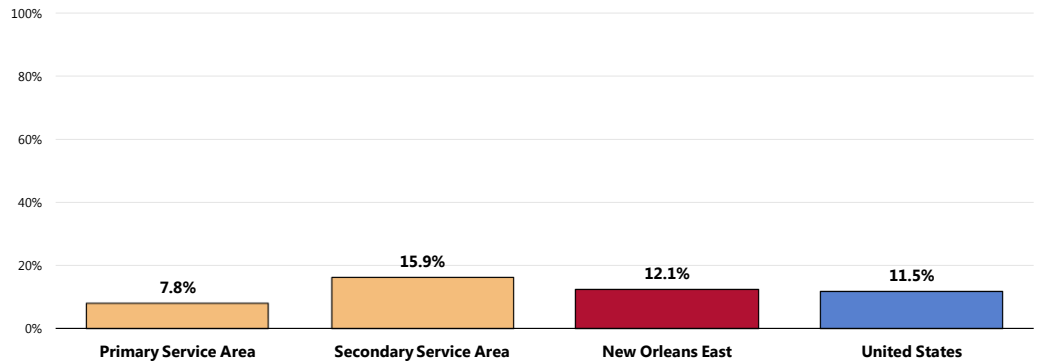
	Primary Service Area	Secondary Service Area	New Orleans East	United States
	7.8%	15.9%	12.1%	11.5%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
　　　　● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes:　● Asked of all respondents.

- Note that high stress levels are more prevalent among women, young adults, and Whites.

Perceive Most Days as "Extremely" or "Very" Stressful
(New Orleans East, 2011)

Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N. Orleans East
9.3%	14.6%	17.6%	10.0%	4.6%	14.4%	10.0%	13.9%	10.9%	16.0%	8.8%	12.1%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
Notes:　● Asked of all respondents.
　　　　● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
　　　　● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Suicide

Between 2005 and 2007, there was an annual average age-adjusted suicide rate of 9.3 deaths per 100,000 population in Orleans Parish.

- Lower than the statewide rate.
- Lower than the national rate.
- Satisfies the Healthy People 2020 target of 10.2 or lower.

Suicide: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)
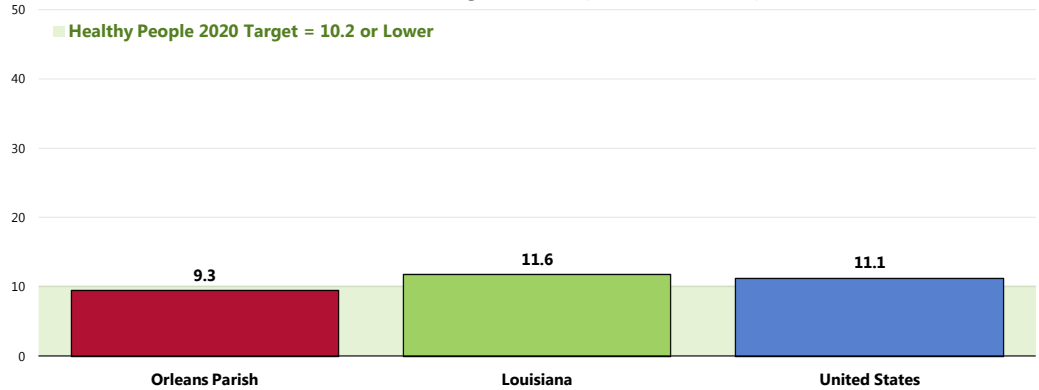
Healthy People 2020 Target = 10.2 or Lower

Orleans Parish	Louisiana	United States
9.3	11.6	11.1

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

Suicide rates in Orleans Parish were higher among Whites than among Blacks during the 2005-2007 reporting period.

Suicide: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower

Orleans Parish Non-Hispanic Black	Orleans Parish Non-Hispanic White	Orleans Parish All Races/Ethnicities
4.7	17.1	9.3

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

- Orleans Parish suicide rates have decreased over the past decade, while state and national rates have been fairly stable.

Suicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
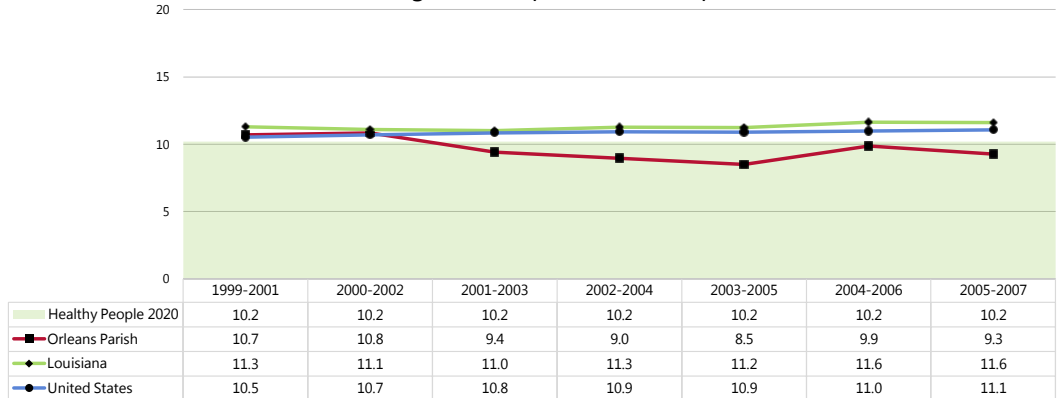
	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	10.2	10.2	10.2	10.2	10.2	10.2	10.2
Orleans Parish	10.7	10.8	9.4	9.0	8.5	9.9	9.3
Louisiana	11.3	11.1	11.0	11.3	11.2	11.6	11.6
United States	10.5	10.7	10.8	10.9	10.9	11.0	11.1

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

Mental Health Treatment

Among adults with diagnosed depression, 82.3% acknowledge that they have sought professional help for a mental or emotional problem.

"Diagnosed depression" includes respondents reporting a past diagnosis of major depression by a physician.

- Nearly identical to national findings.

- Similar to the Healthy People 2020 goal of 75.1% or higher.

- Statistically similar by service area (*keep in mind the small sample sizes represented for this item*).

Have Sought Professional Help
for a Mental or Emotional Problem
(Among Those With Major Depression)

Healthy People 2020 Target = 75.1% or Higher

Primary Service Area Adults w/Major Depression	Secondary Service Area Adults w/Major Depression	New Orleans East Adults w/Major Depression	United States Adults w/Major Depression
73.9%	87.5%	82.3%	82.0%
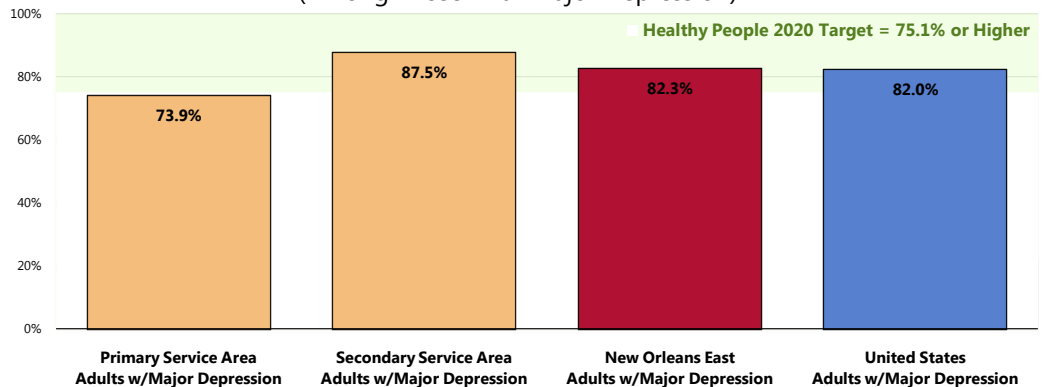
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-9.1]
Notes: • Asked of those respondents with major depression diagnosed by a physician.

Children & ADD/ADHD

Among New Orleans East adults with children age 5 to 17, 8.8% report that their child takes medication for ADD/ADHD.

- Statistically similar to the national prevalence.

- Nearly four times as high among Secondary Service Area children.

Child Takes Medication for ADD/ADHD
(Among Parents of Children 5-17)

Yes 8.8%

PSA 4.2%
SSA 15.8%

No 91.2%

New Orleans East

Yes
6.5%

No
93.5%

US
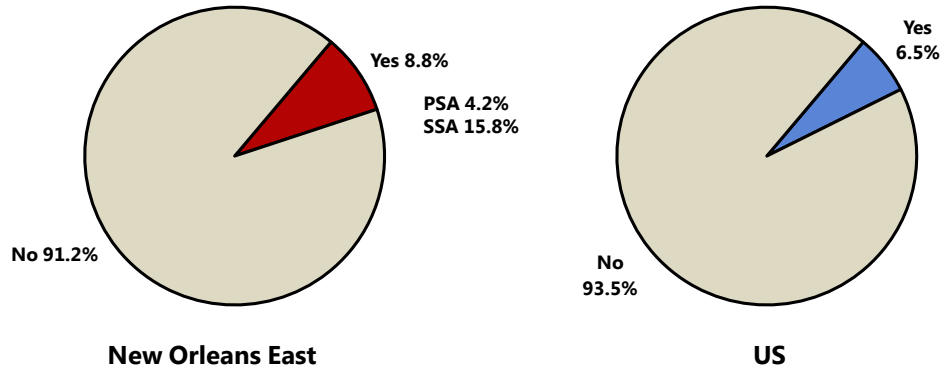
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 143]
          • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children age 5 to 17.

Related Key Informant Interview Findings: Mental Health

As with other specialties, mental health providers and clinics are scarce to non-existent in the area. Interviewees see mental health needs across the board in the New Orleans East community and not enough availability for these. Those with little or no insurance are at particular risk for not receiving mental health treatment. In addition, interviewees noted that those who speak a language other than English are at even greater risk for not getting mental health care because of the limited number of bilingual mental health providers.

One interviewee mentioned the need for educating children in the community regarding mental health and anxiety. A rise in anxiety at the onset of hurricane season for those who live in the area was mentioned, as well as the thought that it would benefit the community if young residents could receive mental health care and education so that as they grow into adults, they are better able to deal with their anxiety.

DEATH, DISEASE & CHRONIC CONDITIONS
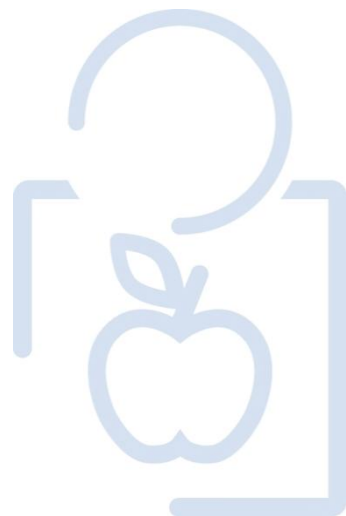
Leading Causes of Death

Distribution of Deaths by Cause

Together, heart disease (including stroke) and cancers accounted for one-half of all deaths in Orleans Parish in 2007.

- Another 7.0% of Orleans Parish deaths were **homicides** in 2007; as the third leading cause of death in Orleans Parish, homicide ranks considerably higher than found nationally.
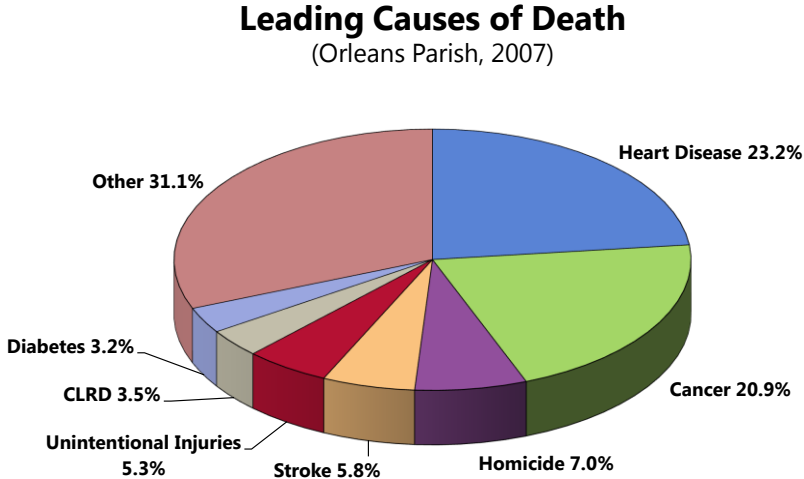
Leading Causes of Death
(Orleans Parish, 2007)

Heart Disease 23.2%
Cancer 20.9%
Homicide 7.0%
Stroke 5.8%
Unintentional Injuries 5.3%
CLRD 3.5%
Diabetes 3.2%
Other 31.1%

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the region with other localities (in this case, Louisiana and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

The following chart outlines 2005-2007 annual average age-adjusted death rates per 100,000 population for selected causes of death in Orleans Parish.

Age-adjusted mortality rates in Orleans Parish are higher than national rates for each of the selected causes illustrated below, with the exceptions of suicide, pneumonia/influenza, Alzheimer's disease, and CLRD.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, Orleans Parish death rates do not satisfy any, with the exception of suicide.

Age-Adjusted Death Rates for Selected Causes
(2005-2007 Deaths per 100,000)

	Orleans Parish	Louisiana	US	HP2020
Diseases of the Heart	225.6	237.6	200.9	152.7*
Malignant Neoplasms (Cancers)	191.4	203.8	181.0	160.6
Unintentional Injuries	79.6	60.9	39.7	36.0
Firearm-Related	61.9	19.4	10.3	9.2
Homicide/Legal Intervention	61.2	13.4	6.1	5.5
Cerebrovascular Disease (Stroke)	56.9	52.7	44.2	33.8
Diabetes Mellitus	38.9	35.7	23.5	19.6*
Chronic Lower Respiratory Disease (CLRD)	32.4	41.0	41.5	n/a
Chronic Kidney Disease	25.0	26.4	14.5	n/a
Alzheimer's Disease	21.9	31.5	22.7	n/a
HIV/AIDS	21.3	8.5	4.0	3.3
Drug-Induced	21.2	18.8	12.2	11.3
Motor Vehicle Crashes	16.3	22.7	14.3	12.4
Pneumonia/Influenza	15.5	21.0	18.1	n/a
Cirrhosis/Liver Disease	9.6	8.0	8.9	8.2
Intentional Self-Harm (Suicide)	9.3	11.6	11.1	10.2

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.
Note: ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
● *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.
● Local, state and national data are simple three-year averages.

Related Key Informant Interview Findings: Disease

All interviewees mentioned diabetes when asked about disease conditions that are present in the community; additionally, COPD, high blood-pressure, asthma, cancer, hypertension, cardiovascular, and hepatitis were mentioned. Interviewees attributed the majority of the disease conditions to the lack of exercise among community members, as well as poor food choices.

Cardiovascular Disease

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

  – Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

The greatest share of cardiovascular deaths is attributed to heart disease.

Between 2005 and 2007, there was an annual average age-adjusted heart disease mortality rate of 225.6 deaths per 100,000 population in Orleans Parish.

- Lower than the statewide rate.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 objective (as adjusted to account for all diseases of the heart).

Heart Disease: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 152.7 or Lower (Adjusted)

	Orleans Parish	Louisiana	United States
Value	225.6	237.6	200.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

By race, heart disease mortality rates are notably higher among Blacks than Whites in Orleans Parish.

Heart Disease: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 152.7 or Lower (Adjusted)

	Orleans Parish Non-Hispanic Black	Orleans Parish Non-Hispanic White	Orleans Parish All Races/Ethnicities
Value	273.3	178.3	225.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

⊞ Heart disease mortality rates have <u>decreased</u> in Orleans Parish, echoing the downward trends across Louisiana and the US overall.

Heart Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020 (Adjusted)	152.7	152.7	152.7	152.7	152.7	152.7	152.7
Orleans Parish	268.3	258.7	250.0	248.2	246.8	243.7	225.6
Louisiana	290.7	279.8	274.8	265.9	260.2	247.2	237.6
United States	257.3	249.0	240.4	230.3	220.4	209.7	200.9

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.
● The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

Between 2005 and 2007, there was an annual average age-adjusted <u>stroke</u> mortality rate of 56.9 deaths per 100,000 population in Orleans Parish.

● Less favorable than the Louisiana rate.

● Less favorable than the national rate.

● Fails to satisfy the Healthy People 2020 target of 33.8 or lower.

Stroke: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)
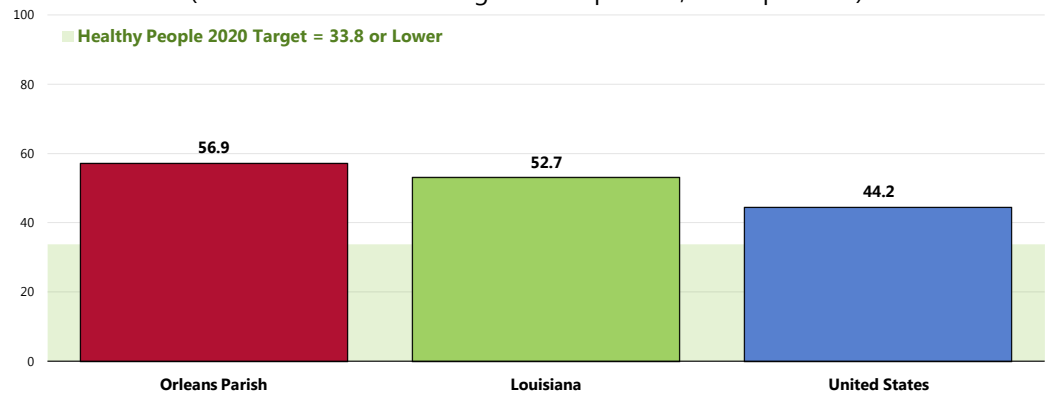
Healthy People 2020 Target = 33.8 or Lower

Orleans Parish	Louisiana	United States
56.9	52.7	44.2

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.

Stroke mortality is much higher among Blacks than Whites in Orleans Parish.

Stroke: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 33.8 or Lower

	Orleans Parish Non-Hispanic Black	Orleans Parish Non-Hispanic White	Orleans Parish All Races/Ethnicities
	71.0	39.3	56.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

Orleans Parish stroke rates have <u>declined</u> in recent years, similar to both Louisiana and the US overall.

Stroke: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
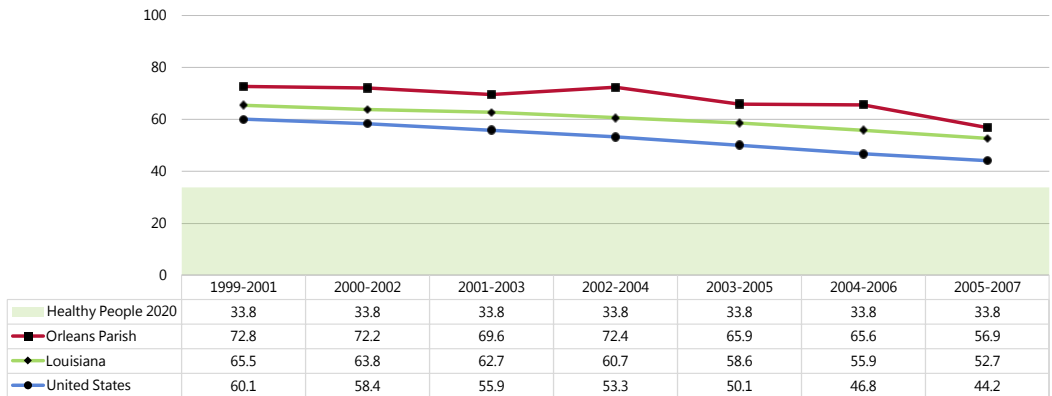
	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	33.8	33.8	33.8	33.8	33.8	33.8	33.8
Orleans Parish	72.8	72.2	69.6	72.4	65.9	65.6	56.9
Louisiana	65.5	63.8	62.7	60.7	58.6	55.9	52.7
United States	60.1	58.4	55.9	53.3	50.1	46.8	44.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 6.4% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the national prevalence.
- Similar by service area.

Prevalence of Heart Disease
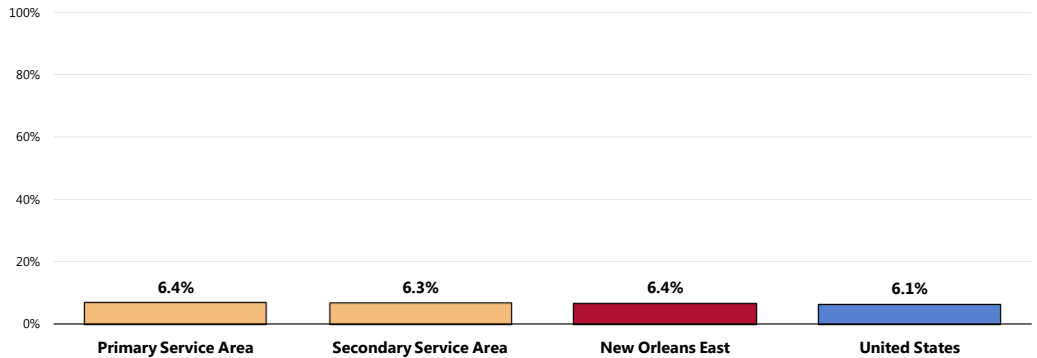
Primary Service Area	Secondary Service Area	New Orleans East	United States
6.4%	6.3%	6.4%	6.1%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 153]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Adults more likely to have been diagnosed with chronic heart disease include:

- Seniors (age 65+).

Prevalence of Heart Disease
(New Orleans East, 2011)
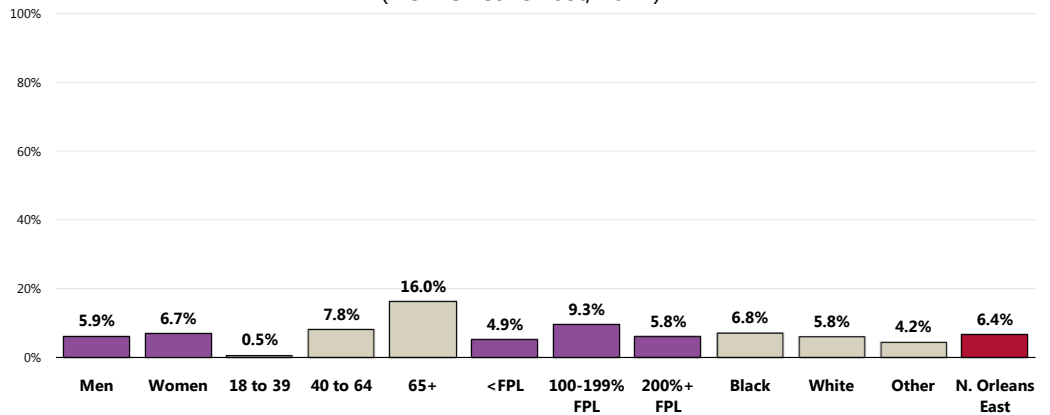
Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200+ FPL	Black	White	Other	N. Orleans East
5.9%	6.7%	0.5%	7.8%	16.0%	4.9%	9.3%	5.8%	6.8%	5.8%	4.2%	6.4%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 153]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

A total of 4.9% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Higher than statewide findings.
- Higher than national findings.
- No difference by service area.

Prevalence of Stroke

	Primary Svc Area	Secondary Svc Area	New Orleans East	Louisiana	United States
	4.9%	4.9%	4.9%	3.4%	2.7%
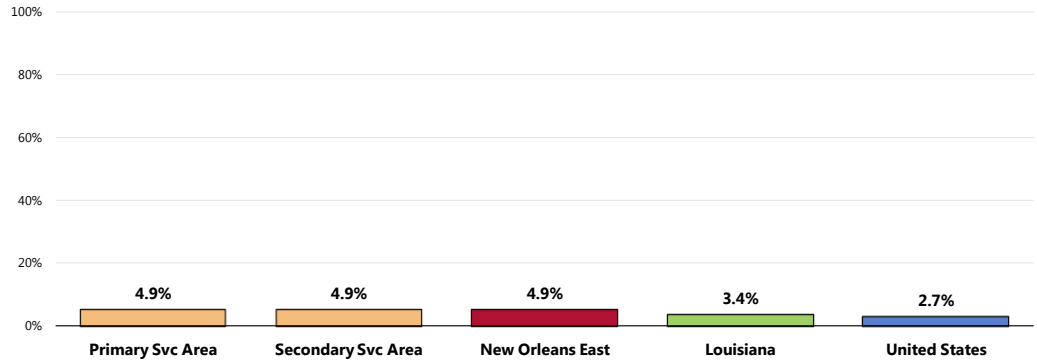
Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.

Notes:
- Asked of all respondents.

The following population segments are more likely to have had a stroke:

- Adults aged 40+.
- Residents living at lower income levels.
- Blacks.

Prevalence of Stroke
(New Orleans East, 2011)

Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N. Orleans East
4.0%	5.6%	0.5%	7.9%	7.1%	5.8%	7.4%	3.0%	6.4%	2.1%	2.2%	4.9%
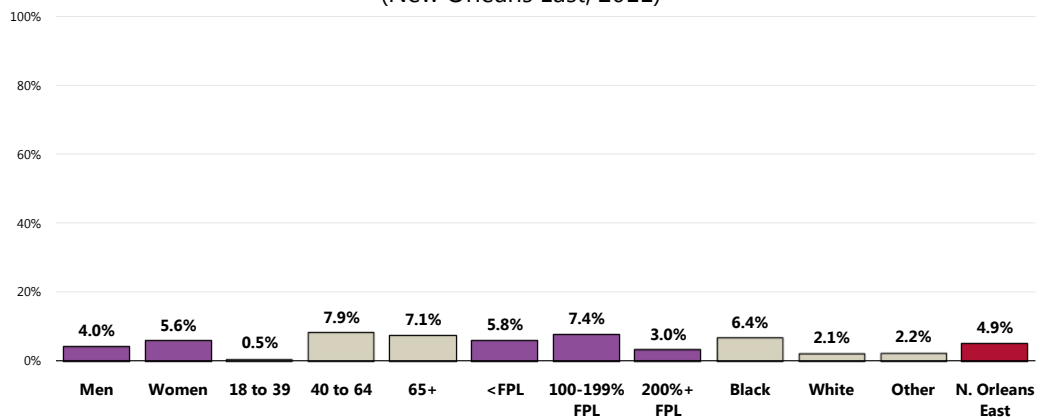
Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]

Notes:
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Cardiovascular Risk Factors

Hypertension (High Blood Pressure)

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

– Healthy People 2020 (www.healthypeople.gov)

High Blood Pressure Testing

A total of 94.4% of New Orleans East adults have had their blood pressure tested within the past two years.

- Nearly identical to national findings.
- Similar to the Healthy People 2020 target (94.9% or higher).
- Similar by service area.

Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 94.9% or Higher

Primary Service Area	Secondary Service Area	New Orleans East	United States
93.3%	95.3%	94.4%	94.7%
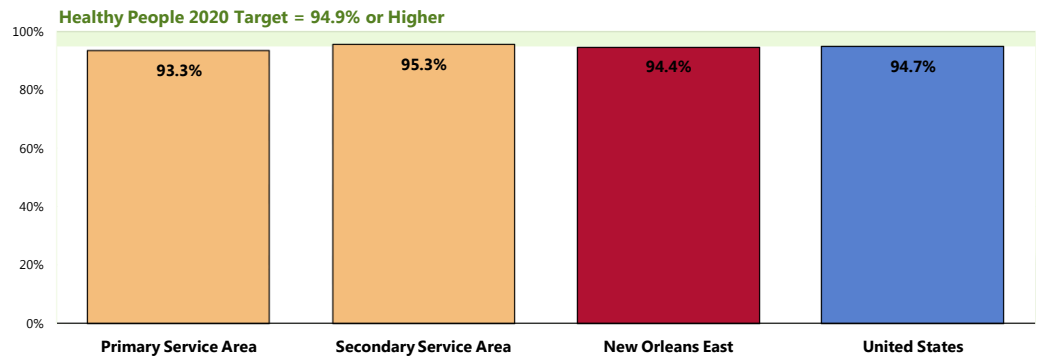
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-4]
Notes: • Asked of all respondents.

Prevalence of Hypertension

A total of 40.2% of adults have been told at some point that their blood pressure was high.

- Less favorable than the Louisiana prevalence.
- Less favorable than the national prevalence.
- Does not satisfy the Healthy People 2020 target (26.9% or lower).
- No statistical difference by service area.
- Among hypertensive adults, 79.6% have been diagnosed with high blood pressure more than once.

Prevalence of High Blood Pressure
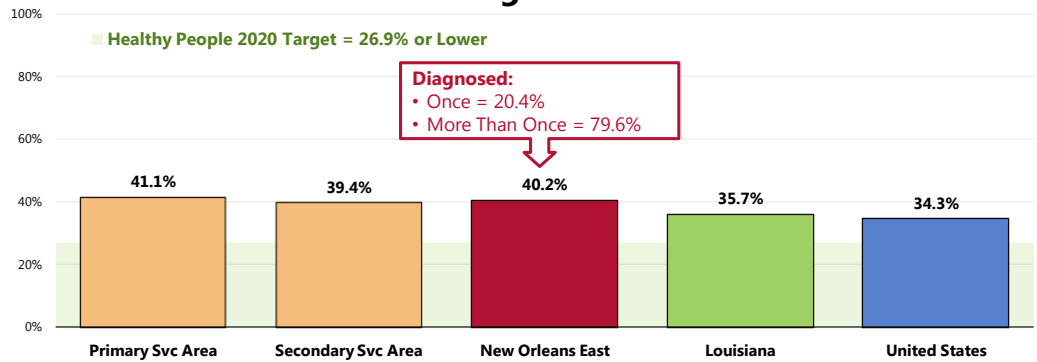
Healthy People 2020 Target = 26.9% or Lower

Diagnosed:
- Once = 20.4%
- More Than Once = 79.6%

Primary Svc Area	Secondary Svc Area	New Orleans East	Louisiana	United States
41.1%	39.4%	40.2%	35.7%	34.3%

Note that 2.4% of New Orleans East adults report not having high blood pressure, <u>but</u>: 1) have never had their blood pressure tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

Hypertension diagnoses are higher among:

- Adults age 40 and older (especially those age 65+).

- Those living at or near the federal poverty level.

- Blacks.

Prevalence of High Blood Pressure
(New Orleans East, 2011)

Healthy People 2020 Target = 26.9% or Lower

Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200+% FPL	Black	White	Other	N. Orleans East
39.8%	40.4%	15.2%	50.1%	73.1%	47.2%	44.3%	34.7%	46.4%	26.3%	29.5%	40.2%

Among respondents who have been told that their blood pressure was high, 93.8% report that they are currently taking actions to control their condition.

- More favorable than national findings.
- Statistically similar by service area.

Taking Action to Control Hypertension
(Among Adults With High Blood Pressure)

	Primary Service Area	Secondary Service Area	New Orleans East	United States
	92.4%	95.0%	93.8%	89.1%

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents who have been diagnosed with high blood pressure.
 • In this case, the term "action" refers to medication, change in diet, and/or exercise.

High Blood Cholesterol

Blood Cholesterol Testing

A total of 91.4% of New Orleans East adults have had their blood cholesterol checked within the past five years.

- More favorable than Louisiana findings.
- Comparable to the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- Comparable findings between service areas.

Have Had Blood
Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher

	Primary Service Area	Secondary Service Area	New Orleans East	Louisiana	United States
	90.1%	92.5%	91.4%	77.2%	90.7%
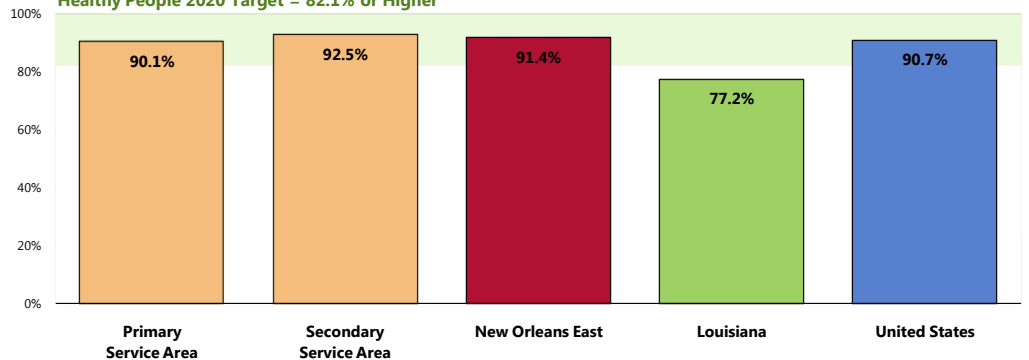
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 Louisiana data.
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]
Notes: • Asked of all respondents.

The following demographic segments report <u>lower</u> screening levels:

- Men.

- Young adults.

- Residents of "Other" races/ethnicities.

Have Had Blood
Cholesterol Levels Checked in the Past Five Years
(New Orleans East, 2011)

Healthy People 2020 Target = 82.1% or Higher

Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N. Orleans East
88.4%	94.0%	83.3%	95.5%	98.4%	88.8%	93.9%	91.3%	93.3%	90.9%	72.2%	91.4%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Self-Reported High Blood Cholesterol

A total of 28.1% of adults have been told by a health professional that their cholesterol level was high.

- More favorable than the Louisiana findings.

- Similar to the national prevalence.

- Twice the Healthy People 2020 target (13.5% or lower).

- Higher (less favorable) in the Secondary Service Area.

Prevalence of High Blood Cholesterol
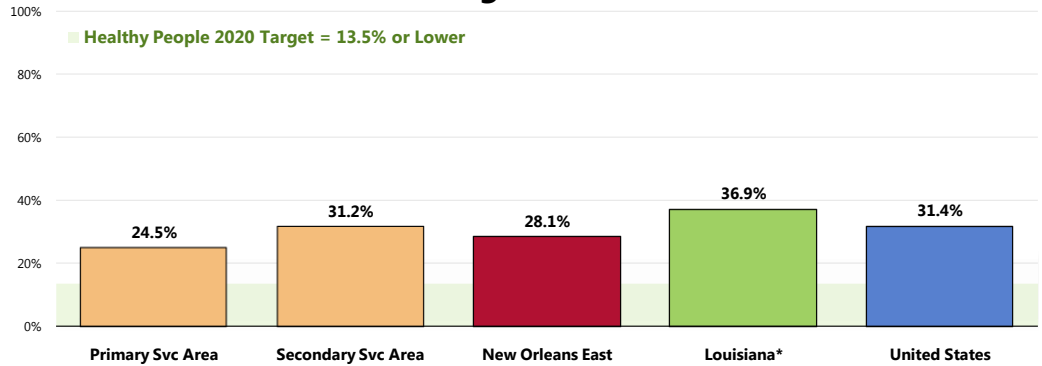
Healthy People 2020 Target = 13.5% or Lower

Primary Svc Area	Secondary Svc Area	New Orleans East	Louisiana*	United States
24.5%	31.2%	28.1%	36.9%	31.4%

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 155]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2009 Louisiana data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.
- *The Louisiana data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.

Note that 14.1% of New Orleans East adults report not having high blood cholesterol, but: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

- Note the positive correlation between age and high blood cholesterol.

- Note the higher prevalence among adults living just above the federal poverty level.

- Blacks report a higher prevalence than Whites and "Other" races.

- Keep in mind that "unknowns" are relatively high in young adults and "Other" races/ethnicities.

Prevalence of High Blood Cholesterol
(New Orleans East, 2011)

Healthy People 2020 Target = 13.5% or Lower

Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N. Orleans East
27.0%	29.1%	9.2%	37.0%	50.0%	28.8%	37.4%	25.3%	30.0%	25.4%	16.0%	28.1%
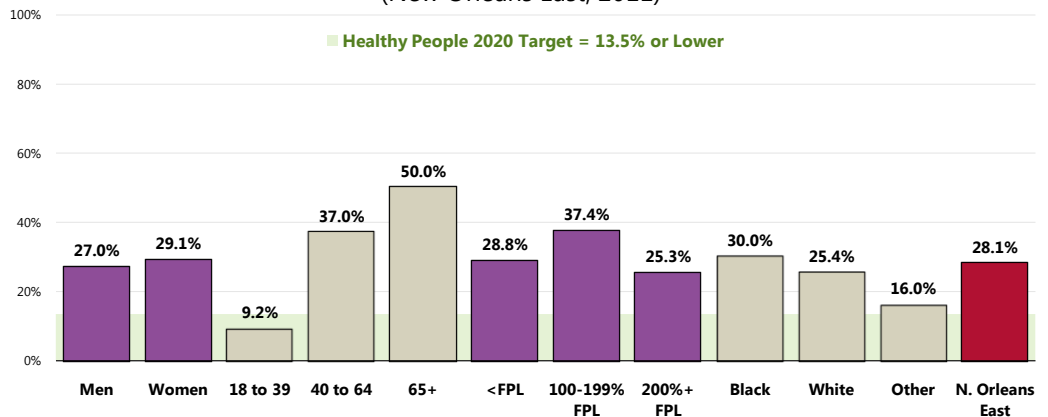
Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Respondents reporting high cholesterol were further asked:

"Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?"

Among adults who have been told that their blood cholesterol was high, 88.1% report that they are currently taking actions to control their cholesterol levels.

- Similar to that found nationwide.
- Higher (more favorable) in the Primary Service Area.

Taking Action to Control High Blood Cholesterol Levels
(Among Adults with High Cholesterol)

	Primary Service Area	Secondary Service Area	New Orleans East	United States
	93.6%	84.5%	88.1%	89.1%
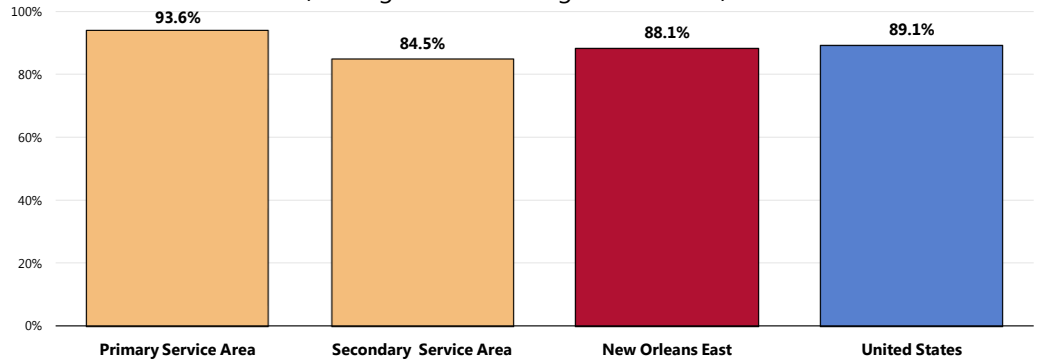
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents who have been diagnosed with high blood cholesterol levels.
● In this case, the term "action" refers to medication, change in diet, and/or exercise.

Total Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

A total of 84.5% of New Orleans East adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Statistically similar to national findings.
- Higher (less favorable) in the Primary Service Area.

Present One or More Cardiovascular Risks or Behaviors

Primary Service Area	Secondary Service Area	New Orleans East	United States
87.4%	82.1%	84.5%	86.3%
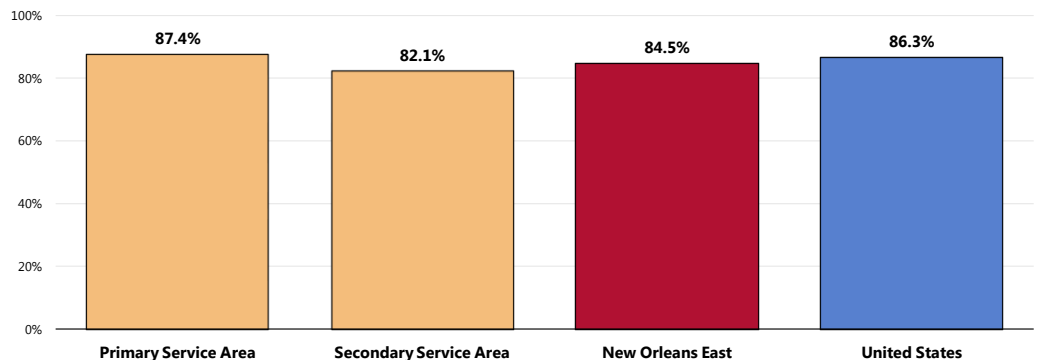
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- Adults age 40 and older, and especially seniors.

- Residents living at lower income levels.

- Blacks.

Present One or More Cardiovascular Risks or Behaviors
(New Orleans East, 2011)
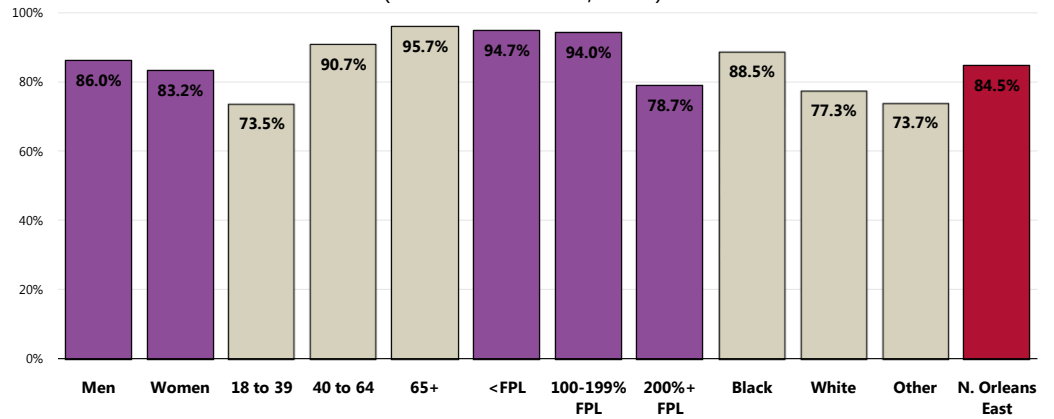
	Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N. Orleans East
%	86.0%	83.2%	73.5%	90.7%	95.7%	94.7%	94.0%	78.7%	88.5%	77.3%	73.7%	84.5%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
Notes: ● Asked of all respondents.
● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

‒ Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2005 and 2007, there was an annual average age-adjusted cancer mortality rate of 191.4 deaths per 100,000 population in Orleans Parish.

- More favorable than the statewide rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 160.6 or lower.

Cancer: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 160.6 or Lower

	Orleans Parish	Louisiana	United States
Rate	191.4	203.8	181.0

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

🏃 Cancer mortality rates are notably higher among Blacks in Orleans Parish.

Cancer: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)

■ Healthy People 2020 Target = 160.6 or Lower

Orleans Parish Non-Hispanic Black	227.3
Orleans Parish Non-Hispanic White	154.0
Orleans Parish All Races/Ethnicities	191.4

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

📈 Cancer mortality rates have <u>decreased</u> over the past decade in Orleans Parish; the same trend is apparent both statewide and nationwide.

Cancer: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
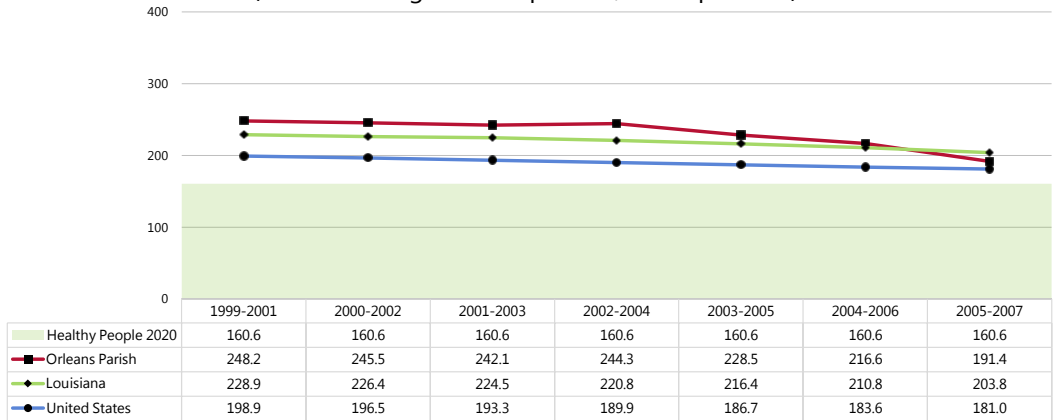
	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	160.6	160.6	160.6	160.6	160.6	160.6	160.6
Orleans Parish	248.2	245.5	242.1	244.3	228.5	216.6	191.4
Louisiana	228.9	226.4	224.5	220.8	216.4	210.8	203.8
United States	198.9	196.5	193.3	189.9	186.7	183.6	181.0

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• State and national data are simple three-year averages.

Lung cancer is by far the leading cause of cancer deaths in Orleans Parish.

Other leading causes of cancer deaths include prostate cancer among men, breast cancer among women, and colorectal cancer (both genders).

As can be seen in the following chart (referencing 2005-2007 annual average age-adjusted death rates):

- The Orleans Parish **lung cancer** death rate is more favorable than the state rate and similar to the national rate.

- The Orleans Parish **prostate cancer** death rate is <u>higher</u> than both the state and national rates.

- The Orleans Parish **female breast cancer** death rate is <u>higher</u> than both the Louisiana and US rates.

- The Orleans Parish **colorectal cancer** death rate is <u>higher</u> than both the state and national rates.

Note that **none** of the Orleans Parish cancer death rates detailed below satisfies the related Healthy People 2020 objective.

Age-Adjusted Cancer Death Rates by Site
(2005-2007 Annual Average Deaths per 100,000 Population)

	Orleans Parish	Louisiana	US	HP2020
Lung Cancer	50.7	61.6	51.6	45.5
Prostate Cancer	33.4	27.2	23.9	21.2
Female Breast Cancer	28.7	26.5	23.5	20.6
Colorectal Cancer	20.8	19.7	17.2	14.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

Prevalence of Cancer

Skin Cancer

A total of 3.2% of surveyed New Orleans East adults report having been diagnosed with skin cancer.

- Much lower than the national average.
- Statistically similar by service area.

Prevalence of Skin Cancer

Primary Service Area	Secondary Service Area	New Orleans East	United States
2.1%	4.1%	3.2%	8.1%
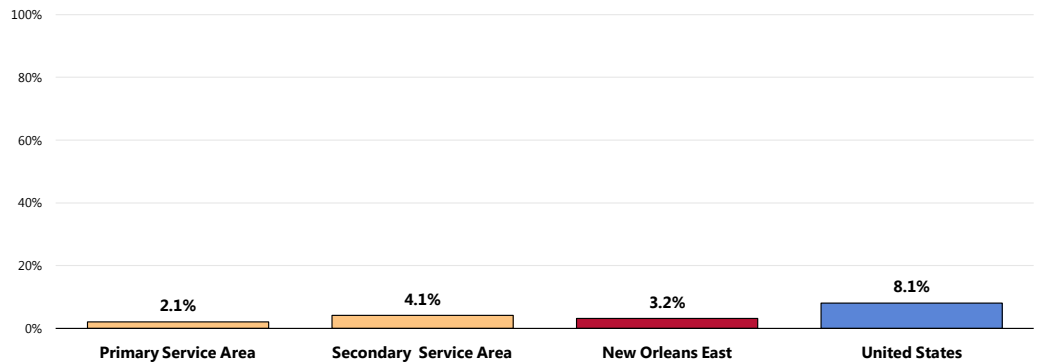
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 31]
⠀⠀⠀⠀⠀⠀• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ⠀⠀• Asked of all respondents.

Other Cancer

A total of 5.3% of respondents have been diagnosed with some type of (non-skin) cancer.

- Nearly identical to the national prevalence.
- Similar by service area.

Prevalence of Cancer (Other Than Skin Cancer)

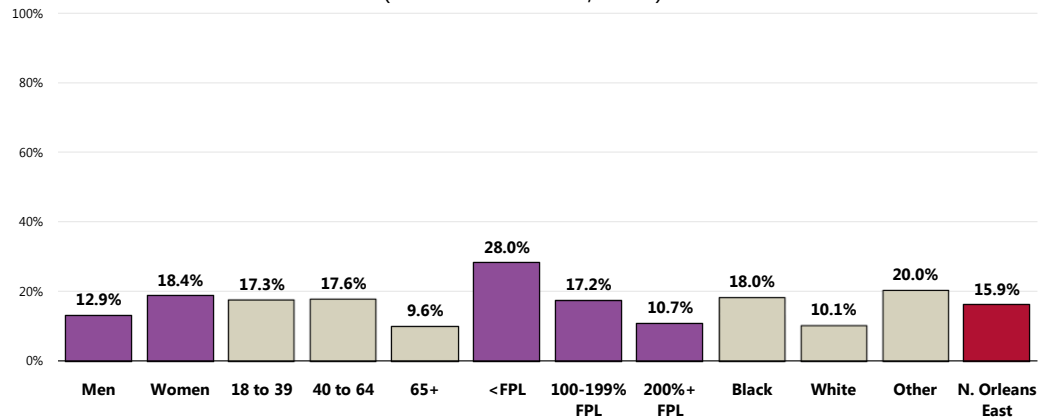| Primary Service Area	Secondary Service Area	New Orleans East	United States
5.0%	5.7%	5.3%	5.5%

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
⠀⠀⠀⠀⠀⠀• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ⠀⠀• Asked of all respondents.

> Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.
>
> ■ All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
>
> ■ According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.
>
> – National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to four cancer sites: prostate cancer (prostate-specific antigen testing and digital rectal examination); female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Prostate Cancer Screenings

The US Preventive Services Task Force (USPSTF) concludes that the current evidence is <u>insufficient</u> to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years.

Rationale: Prostate cancer is the most common nonskin cancer and the second-leading cause of cancer death in men in the United States. The USPSTF found convincing evidence that prostate-specific antigen (PSA) screening can detect some cases of prostate cancer.

In men younger than age 75 years, the USPSTF found inadequate evidence to determine whether treatment for prostate cancer detected by screening improves health outcomes compared with treatment after clinical detection.

The USPSTF found convincing evidence that treatment for prostate cancer detected by screening causes moderate-to-substantial harms, such as erectile dysfunction, urinary incontinence, bowel dysfunction, and death. These harms are especially important because some men with prostate cancer who are treated would never have developed symptoms related to cancer during their lifetime.

There is also adequate evidence that the screening process produces at least small harms, including pain and discomfort associated with prostate biopsy and psychological effects of false-positive test results.

The USPSTF recommends against screening for prostate cancer in men age 75 years or older.

Rationale: In men age 75 years or older, the USPSTF found adequate evidence that the incremental benefits of treatment for prostate cancer detected by screening are small to none.

Given the uncertainties and controversy surrounding prostate cancer screening in men younger than age 75 years, a clinician should not order the PSA test without first discussing with the patient the potential but uncertain benefits and the known harms of prostate cancer screening and treatment. Men should be informed of the gaps in the evidence and should be assisted in considering their personal preferences before deciding whether to be tested.

–   US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

PSA Testing and/or Digital Rectal Examination

Among men age 50 and older, nearly three-fourths (73.5%) have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

- Similar to national findings.
- Similar by service area.

Note: Due to recent (2008) changes in clinical recommendations against routine PSA testing, it is anticipated that testing levels will begin to decline.

Have Had a Prostate Screening in the Past Two Years
(Among Men 50+)

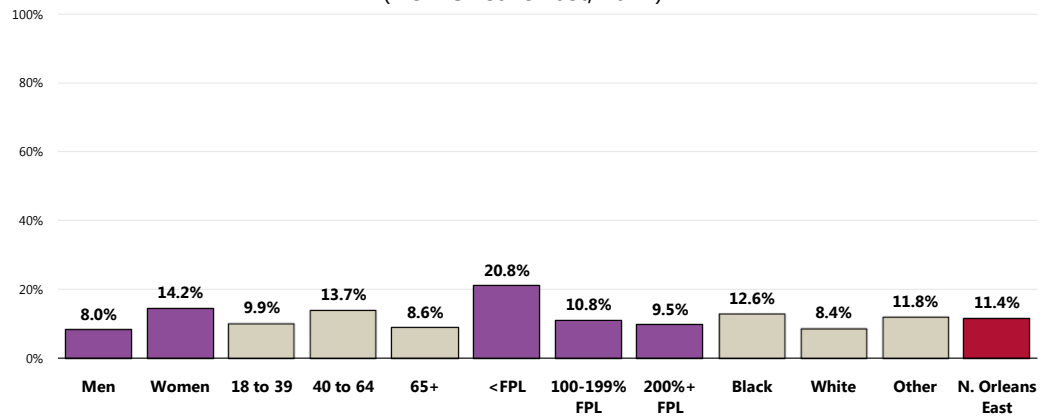| Primary Service Area	Secondary Service Area	New Orleans East	United States
77.2%	70.6%	73.5%	70.5%
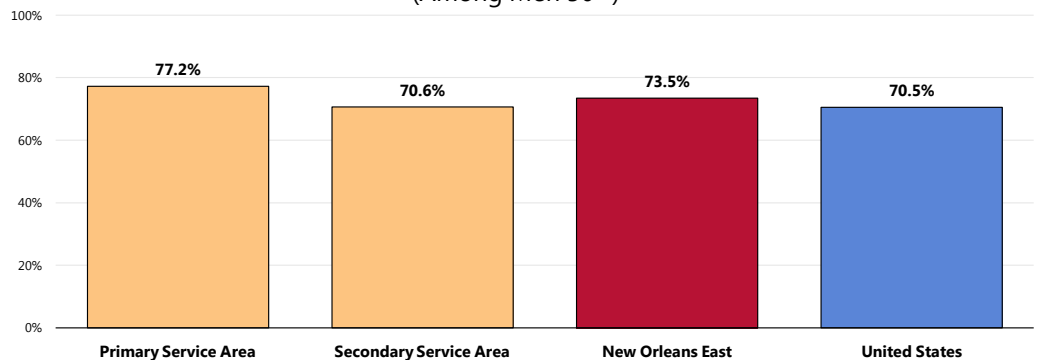
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]
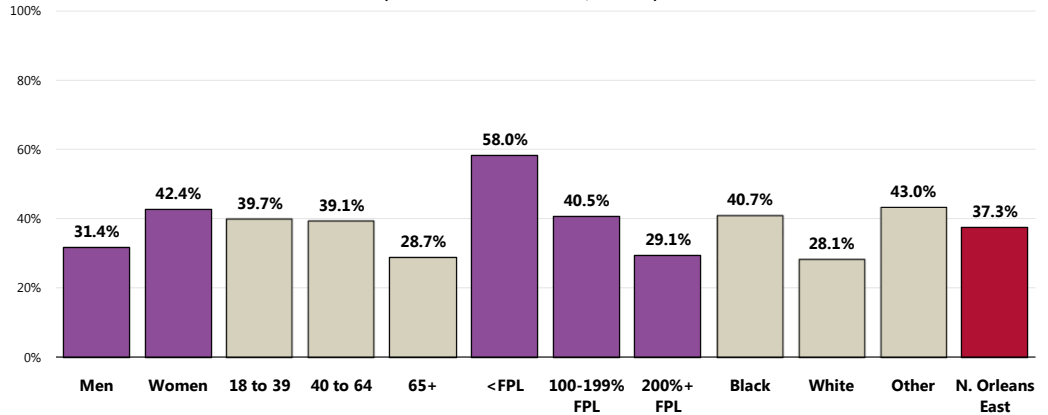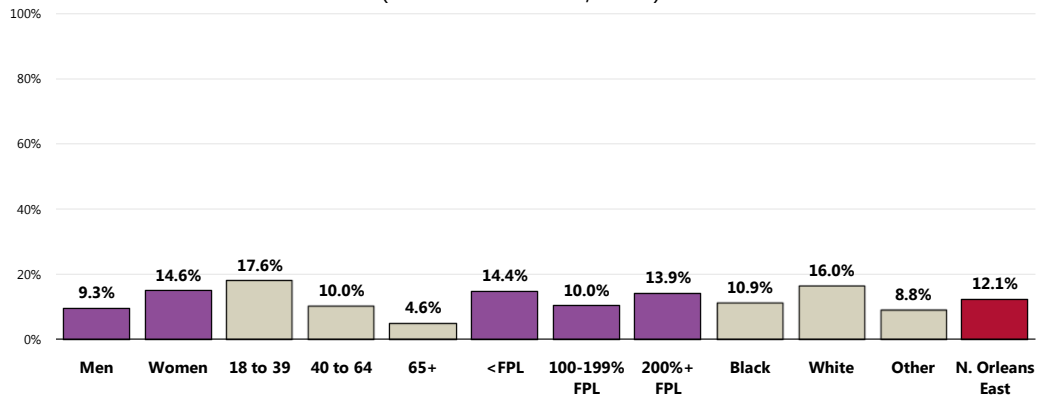   • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all male respondents 50 and older.

Female Breast Cancer Screening

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

   Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Mammography

Among women age 50-74, 83.7% have had a mammogram within the past two years.

- More favorable than statewide findings.
- Similar to national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).
- Statistically similar by service area.
- Note the prevalence of 82.0% among women 40+ in New Orleans East.

Have Had a Mammogram in the Past Two Years
(Among Women 50-74)

Healthy People 2020 Target = 81.1% or Higher   Women 40+ = 82.0%

Primary Svc Area	Secondary Svc Area	New Orleans East	Louisiana*	United States
87.9%	80.2%	83.7%	78.5%	79.9%
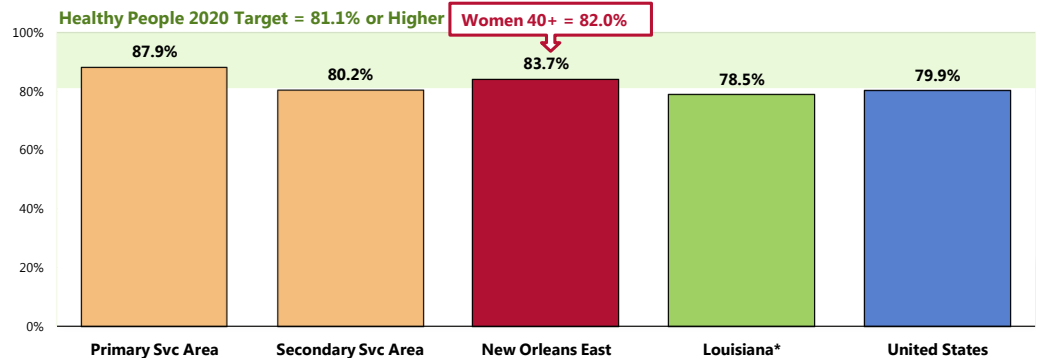
Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157-158]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]

Notes:
- Reflects female respondents 50 to 74.
- *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).

Cervical Cancer Screenings

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

–   US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

   Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Pap Smear Testing

Among women age 18 and older, 86.3% have had a Pap smear within the past three years.

- Comparable to Louisiana findings.
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Lower (less favorable) among women in the Secondary Service Area.

Have Had a Pap Smear in the Past Three Years
(Among Women 21-65)

Healthy People 2020 Target = 93.0% or Higher

	Primary Svc Area	Secondary Svc Area	New Orleans East	Louisiana*	United States
Percentage	91.8%	81.2%	86.3%	83.1%	84.7%
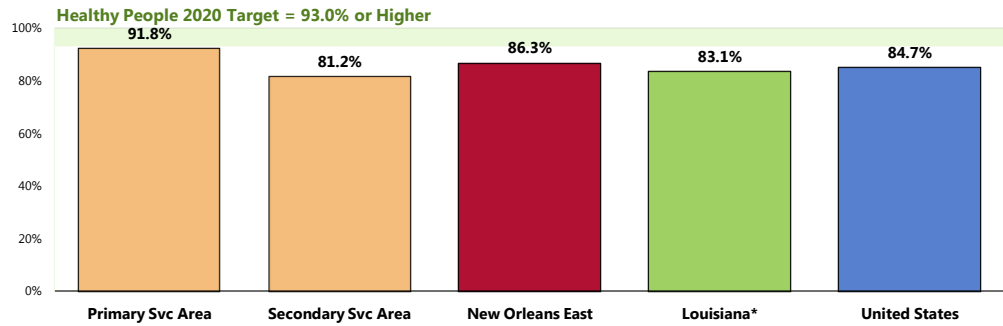
Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-15]

Notes:
- Reflects female respondents age 21-65.
- *Note that the Louisiana percentage represents all women 18 and older.

Colorectal Cancer Screenings

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Colorectal Cancer Screening

Among adults age 50-75, 74.9% have had appropriate colorectal cancer screening (annual fecal occult blood test or sigmoidoscopy/colonoscopy within the past 10 years).

- Satisfies the Healthy People 2020 objective (70.5% or higher).

- Statistically similar by service area (not shown).

Have Had a Colorectal Cancer Screening
(Among New Orleans East Adults 50-75, 2011)

Healthy People 2020 Target = 70.5% or Higher

Yes 74.9%

No 25.1%
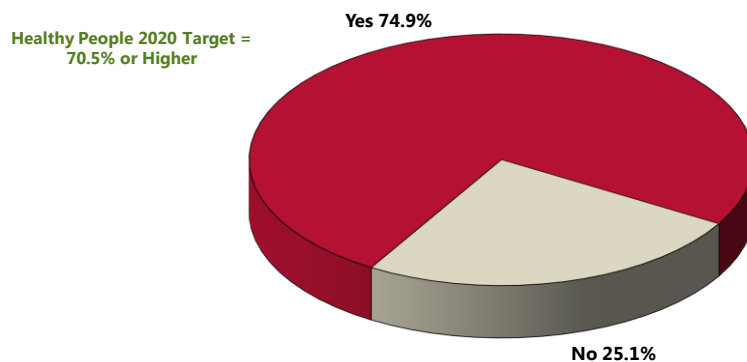
Sources:
- Professional Research Consultants, Inc. PRC Community Health Survey. [Item 163]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-16]

Notes:
- Asked of all respondents age 50 through 75.
- In this case, the term "colorectal screening" refers to adults receiving either a FOBT in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Lower Endoscopy

Among adults age 50 and older, nearly three in four (73.3%) have had a sigmoidoscopy or colonoscopy (lower endoscopy) **at some point in their lives.**

- More favorable than Louisiana findings.
- Similar to national findings.
- Similar by service area.

Have Ever Had a Lower Endoscopy Exam
(Among Adults 50+)

74.6%	72.3%	73.3%	60.8%	72.0%
Primary Svc Area	Secondary Svc Area	New Orleans East	Louisiana	United States
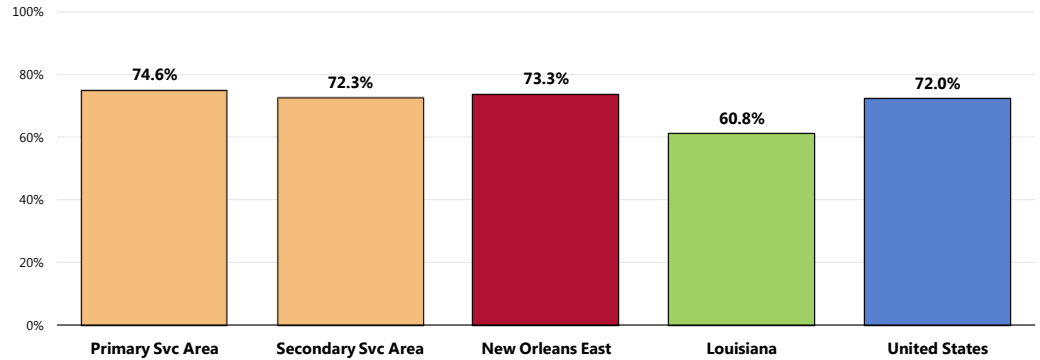
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 161]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents 50+.
• Lower endoscopy includes either sigmoidoscopy or colonoscopy.

Blood Stool Testing

Among adults age 50 and older, 35.6% have had a blood stool test (aka "fecal occult blood test"**) within the past two years.**

- Much more favorable than Louisiana findings.
- More favorable than national findings.
- Similar by service area.

Have Had a Blood Stool Test in the Past Two Years
(Among Adults 50+)

35.8%	35.5%	35.6%	19.1%	28.3%
Primary Svc Area	Secondary Svc Area	New Orleans East	Louisiana	United States
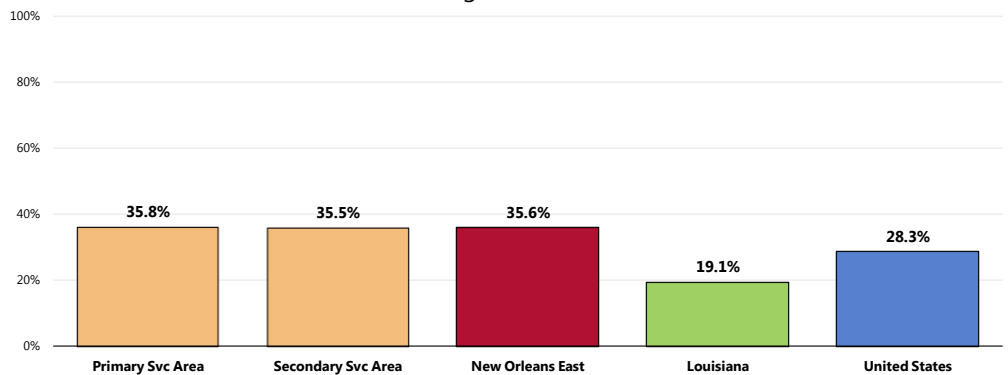
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 162]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents 50+.

Respiratory Disease

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

Several additional respiratory conditions and respiratory hazards, including infectious agents and occupational and environmental exposures, are covered in other areas of Healthy People 2020. Examples include tuberculosis, lung cancer, acquired immunodeficiency syndrome (AIDS), pneumonia, occupational lung disease, and smoking. Sleep Health is now a separate topic area of Healthy People 2020.

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

COPD. COPD is the fourth leading cause of death in the United States. In 2006, approximately 120,000 individuals died from COPD, a number very close to that reported for lung cancer deaths (approximately 158,600) in the same year. In nearly 8 out of 10 cases, COPD is caused by exposure to cigarette smoke. In addition, other environmental exposures (such as those in the workplace) may cause COPD.

Genetic factors strongly influence the development of the disease. For example, not all smokers develop COPD. Quitting smoking may slow the progression of the disease. Women and men are affected equally, yet more women than men have died of COPD since 2000.

– Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2005 and 2007, there was an annual average age-adjusted CLRD mortality rate of 32.4 deaths per 100,000 population in Orleans Parish.

- Lower than found statewide.

- Lower than the national rate.

CLRD: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)
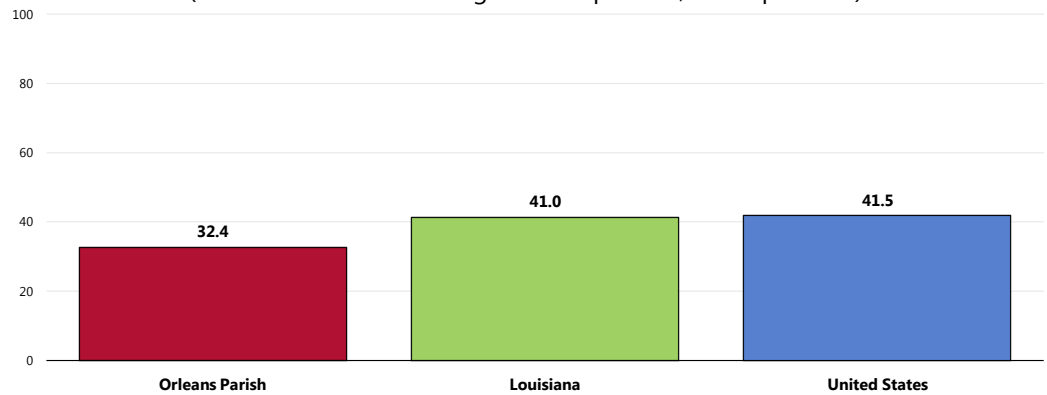
	Orleans Parish	Louisiana	United States
Rate	32.4	41.0	41.5

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.
● CLRD is chronic lower respiratory disease.

CLRD mortality appears somewhat higher among Whites in Orleans Parish.

CLRD: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)

	Orleans Parish Non-Hispanic Black	Orleans Parish Non-Hispanic White	Orleans Parish All Races/Ethnicities
Rate	30.6	34.6	32.4

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.
● CLRD is chronic lower respiratory disease.

CLRD mortality in Orleans Parish has decreased over time, mirroring the trends reported both statewide and nationwide.

CLRD: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
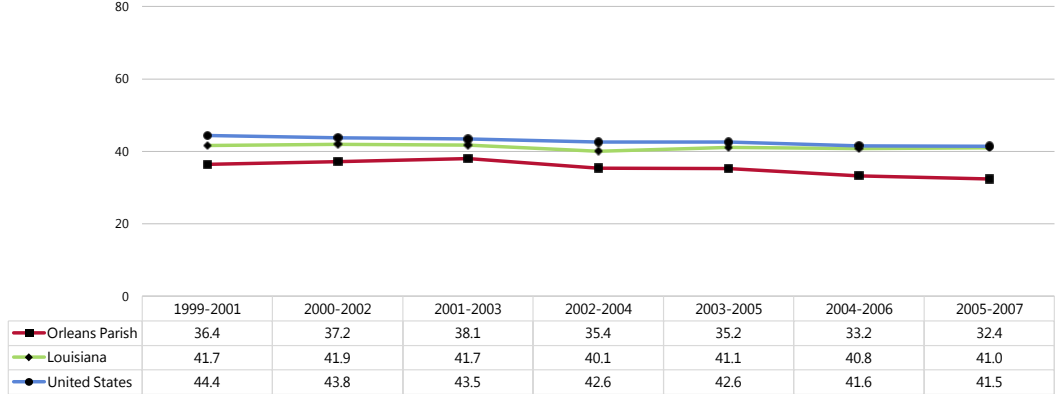
	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Orleans Parish	36.4	37.2	38.1	35.4	35.2	33.2	32.4
Louisiana	41.7	41.9	41.7	40.1	41.1	40.8	41.0
United States	44.4	43.8	43.5	42.6	42.6	41.6	41.5

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● State and national data are simple three-year averages.
● CLRD is chronic lower respiratory disease.

Pneumonia/Influenza Deaths

Between 2005 and 2007, there was an annual average age-adjusted pneumonia/influenza mortality rate of 15.5 deaths per 100,000 population in Orleans Parish.

● Lower than found statewide.

● Lower than the national rate.

Pneumonia/Influenza: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)

Orleans Parish	Louisiana	United States
15.5	21.0	18.1

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.

The pneumonia/influenza mortality rate in Orleans Parish is higher among Blacks.

Pneumonia/Influenza: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)

	Orleans Parish Non-Hispanic Black	Orleans Parish Non-Hispanic White	Orleans Parish All Races/Ethnicities
	15.3	14.4	15.5

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.

Orleans Parish pneumonia/influenza mortality has decreased over time; the same can be said for Louisiana and US rates.

Pneumonia/Influenza: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Orleans Parish	18.4	17.0	15.6	15.2	15.5	17.1	15.5
Louisiana	24.7	23.9	23.0	22.4	22.3	21.5	21.0
United States	23.0	22.8	22.2	21.5	20.7	19.3	18.1

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● State and national data are simple three-year averages.

Prevalence of Respiratory Conditions

Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma, nasal/hay fever allergies, sinusitis, and/or chronic lung disease.

Nasal/Hay Fever Allergies

A total of 3 in 10 (29.5%) New Orleans East adults currently suffer from or have been diagnosed with nasal/hay fever allergies.

- Similar to the national prevalence.

- Similar by service area.

Prevalence of Nasal/Hay Fever Allergies

Primary Service Area	Secondary Service Area	New Orleans East	United States
29.2%	29.7%	29.5%	27.3%
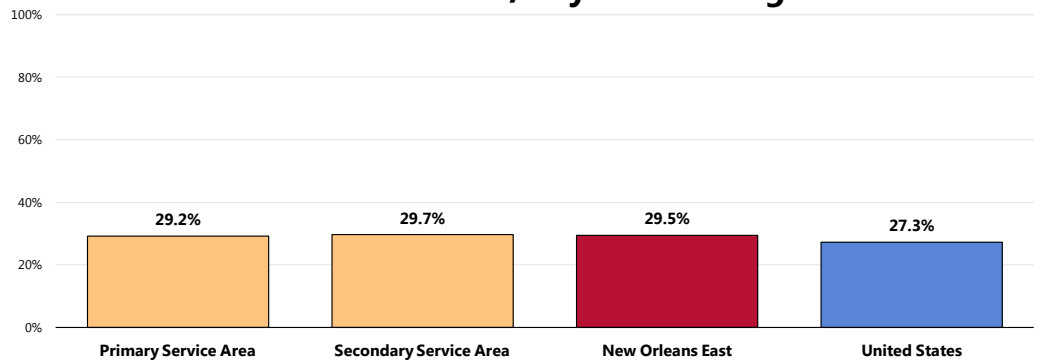
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 35]
         ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Sinusitis

A total of 21.1% of New Orleans East adults suffer from sinusitis.

- Comparable to the national prevalence.

- Statistically comparable by service area.

Prevalence of Sinusitis

Primary Service Area	Secondary Service Area	New Orleans East	United States
21.8%	20.5%	21.1%	19.4%
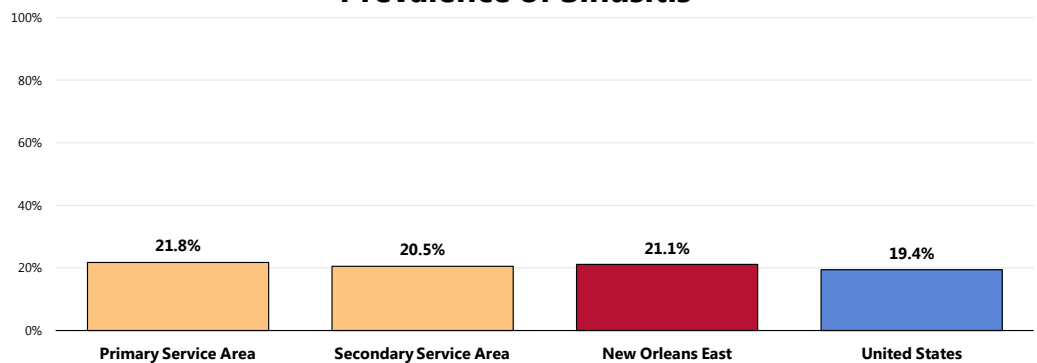
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 34]
         ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Chronic Lung Disease

A total of 6.8% of New Orleans East adults suffer from chronic lung disease.

- Similar to the national prevalence.
- Similar findings between service areas.

Prevalence of Chronic Lung Disease

Primary Service Area	Secondary Service Area	New Orleans East	United States
6.2%	7.3%	6.8%	8.4%
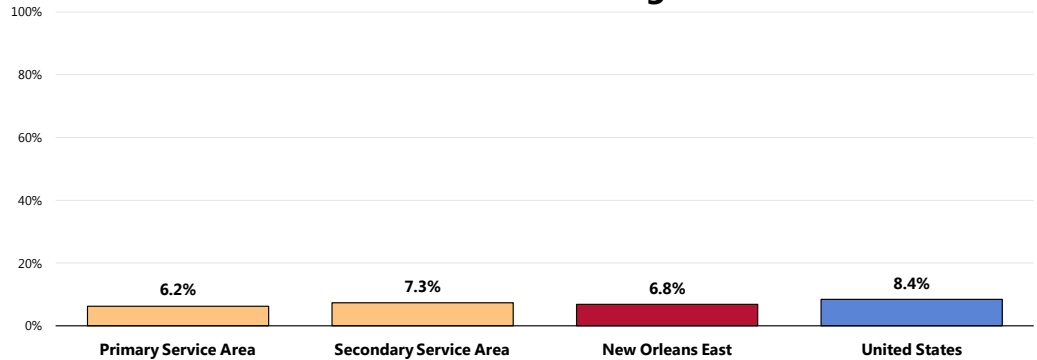
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 25]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Asthma

Adults

A total of 8.0% of New Orleans East adults currently suffer from asthma.

- Similar to the statewide prevalence.
- Similar to the national prevalence.
- Statistically similar by service area.

Currently Have Asthma
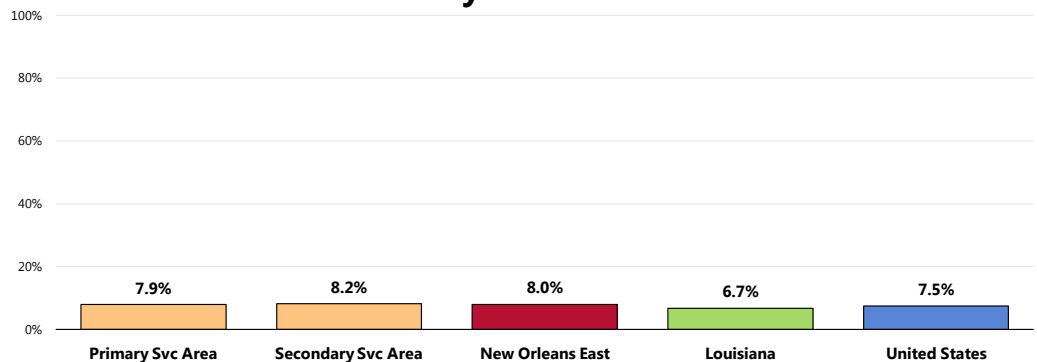
Primary Svc Area	Secondary Svc Area	New Orleans East	Louisiana	United States
7.9%	8.2%	8.0%	6.7%	7.5%

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
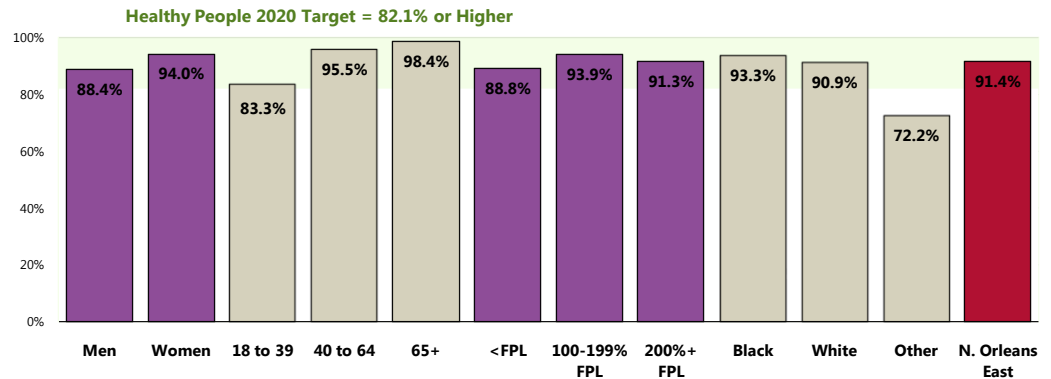• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.
Notes: • Asked of all respondents.

👪 Adults more likely to currently have asthma include Blacks and residents living in poverty.

Currently Have Asthma
(New Orleans East, 2011)
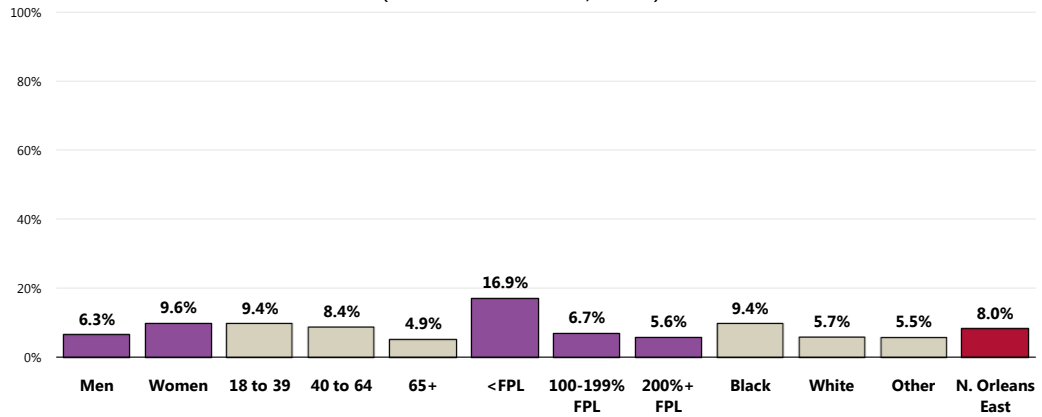
Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N. Orleans East
6.3%	9.6%	9.4%	8.4%	4.9%	16.9%	6.7%	5.6%	9.4%	5.7%	5.5%	8.0%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

When asked about the number of days on which their asthma affected activities in the past year, 46.9% of asthmatic respondents reported "none."

● On the other hand, 45.4% indicated that asthma affected their activities on **at least three days** last year.

Number of Days on Which Asthma Affected Activities Last Year
(New Orleans East Asthmatics, 2011)

Three/More 45.4%
None 46.9%
Two 6.8%
One 0.9%
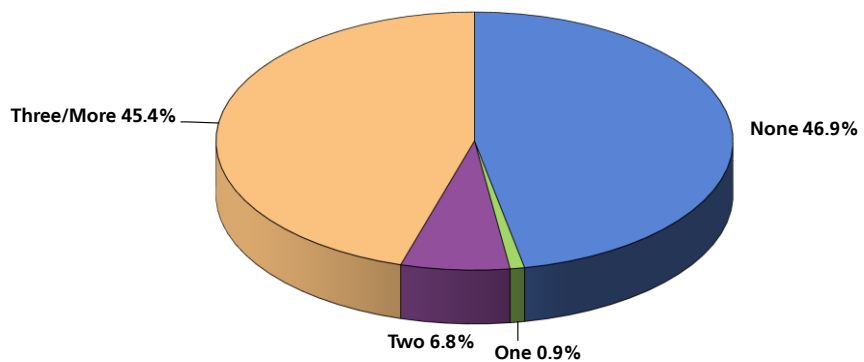
Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 43]
Notes: ● Asked of all respondents with asthma.

Among New Orleans East children under age 18, 13.2% <u>currently</u> have asthma.

- Nearly twice the national findings.

- Statistically similar by service area.

- Viewed by gender, the difference in asthma prevalence is statistically significant.

Child Currently Has Asthma
(Among Parents of Children Age 2-17)

17.1%	9.5%	17.9%	8.4%	13.2%	6.8%
PSA Children 2-17	SSA Children 2-17	New Orleans E. Boys 2-17	New Orleans E. Girls 2-17	New Orleans E. Children 2-17	US Children 2-17

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children 2-17 at home.

Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as "accidents," "acts of fate," or as "part of life." However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

– Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Poisoning, motor vehicle accidents, and falls accounted for the majority of accidental deaths in Orleans Parish in 2006.

Leading Causes of Accidental Death
(Orleans Parish, 2006)
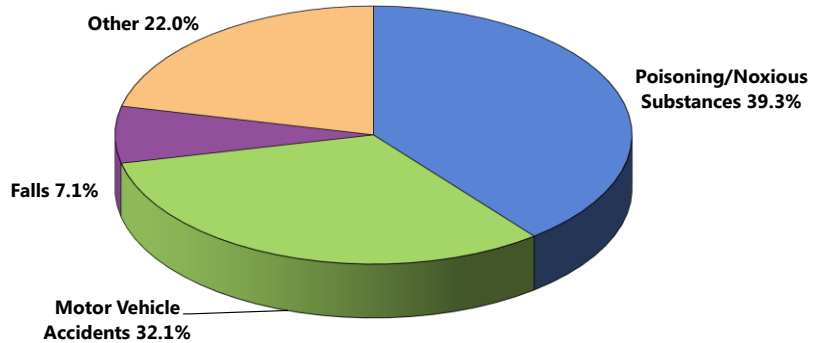
Other 22.0%

Poisoning/Noxious
Substances 39.3%

Falls 7.1%

Motor Vehicle
Accidents 32.1%

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2005 and 2007, there was an annual average age-adjusted unintentional injury mortality rate of 79.6 deaths per 100,000 population in Orleans Parish.

● Higher than the Louisiana rate.

● Dramatically higher than the national rate.

● More than twice the Healthy People 2020 target (36.0 or lower).

● *Keep in mind that these data include the impact of Hurricane Katrina on the City of New Orleans in August 2005.*

Unintentional Injuries: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.0 or Lower

	Orleans Parish	Louisiana	United States
	79.6	60.9	39.7

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.

Mortality rates are notably higher among Blacks when compared with Whites in Orleans Parish.

Unintentional Injuries: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.0 or Lower

	Orleans Parish Non-Hispanic Black	Orleans Parish Non-Hispanic White	Orleans Parish All Races/Ethnicities
	102.1	72.6	79.6

Unintentional injury mortality rates in Orleans Parish increased considerably in the wake of Hurricane Katrina. Louisiana rates echoed this trend, although less significantly. Accidental deaths across the US increased steadily since the 1999-2001 reporting period.

Unintentional Injuries: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	36.0	36.0	36.0	36.0	36.0	36.0	36.0
Orleans Parish	32.2	30.6	30.7	31.5	66.7	75.3	79.6
Louisiana	45.7	46.9	48.2	50.0	56.9	59.3	60.9
United States	35.3	35.8	36.7	37.4	38.1	39.0	39.7

Age-Adjusted Motor-Vehicle Related Deaths

Between 2005 and 2007, there was an annual average age-adjusted motor vehicle crash mortality rate of 16.3 deaths per 100,000 population in Orleans Parish.

- More favorable than that found statewide.

- Less favorable than found nationally.

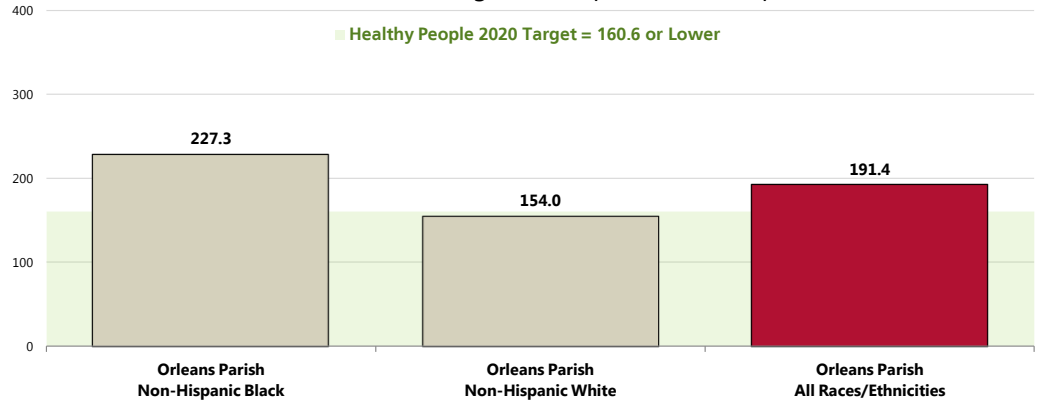- Fails to satisfy the Healthy People 2020 target (12.4 or lower).

Motor Vehicle Crashes: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 12.4 or Lower

	Orleans Parish	Louisiana	United States
Value	16.3	22.7	14.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

The Orleans Parish motor vehicle crash mortality rate is higher among Blacks than Whites.

Motor Vehicle Crashes: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 12.4 or Lower

	Orleans Parish Non-Hispanic Black	Orleans Parish Non-Hispanic White	Orleans Parish All Races/Ethnicities
Value	16.2	12.2	16.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

- Mortality rates in Orleans Parish increased over the past decade. Louisiana rates increased slightly during this time, while US rates decreased.

Motor Vehicle Crashes: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	12.4	12.4	12.4	12.4	12.4	12.4	12.4
Orleans Parish	11.6	10.7	10.6	11.4	11.7	15.6	16.3
Louisiana	21.6	21.4	21.0	21.2	21.6	22.4	22.7
United States	14.8	15.0	14.9	14.9	14.7	14.6	14.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

Seat Belt Usage - Adults

Most New Orleans East adults (83.2%) report "always" wearing a seat belt when driving or riding in a vehicle.

- Similar to the percentage found nationally.

- Fails to satisfy the Healthy People 2020 objective of 92.4% or higher.

- Similar by service area.

"Always" Wear a Seat Belt
When Driving or Riding in a Vehicle

Healthy People 2020 Target = 92.4% or Higher

Primary Service Area	Secondary Service Area	New Orleans East	United States
83.6%	82.8%	83.2%	85.3%

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 62]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IPV-15]
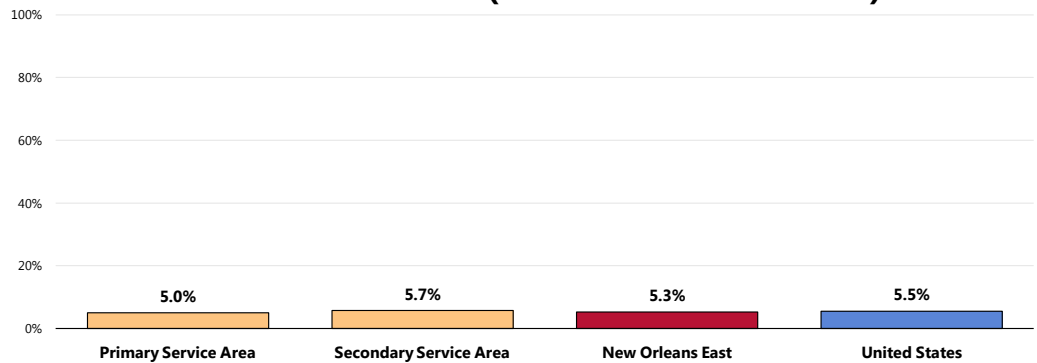
Notes:
- Asked of all respondents.

These population segments are <u>less</u> likely to report consistent seat belt usage:

- 👥 Adults under age 40.

- 👥 Residents living in poverty.

- 👥 Adults of "Other" race/ethnicity.

"Always" Wear a Seat Belt
When Driving or Riding in a Vehicle
(New Orleans East, 2011)

Healthy People 2020 Target = 92.4% or Higher

Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N. Orleans East
80.9%	85.1%	79.4%	86.8%	82.1%	70.4%	83.5%	87.6%	81.3%	89.5%	76.6%	83.2%

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 62]
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IPV-15]
Notes: • Asked of all respondents.
• Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Seat Belt Usage - Children

A total of 92.4% of New Orleans East parents report that their child (age 0 to 17) "always" wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- ● Statistically similar to what is found nationally.

- ● Statistically similar by service area.

- 👥 Among children under age 5, 100% are reported to consistently use appropriate seat belts/safety seats, more favorable than the US prevalence.

- 👥 Among children age 5-17, 88.8% report consistent safety belt usage, comparable to that found nationally.

Child "Always" Wears a Seatbelt or
Appropriate Restraint When Riding in a Vehicle
(Among Parents of Children Age 0-17)
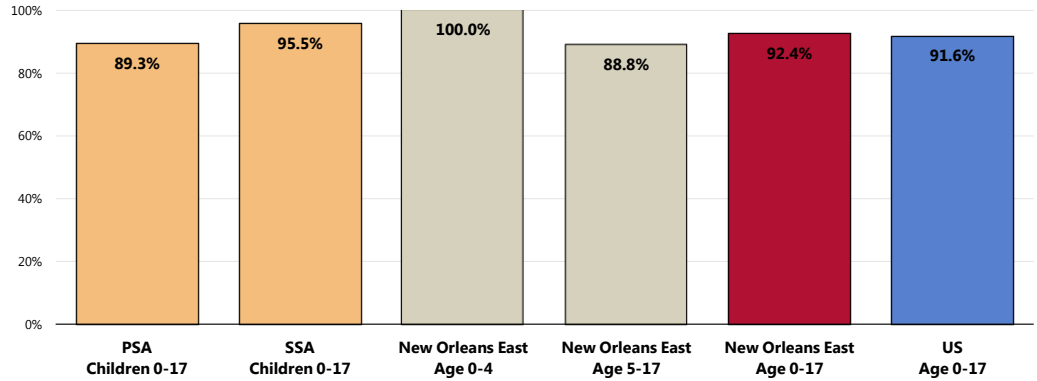
89.3%	95.5%	100.0%	88.8%	92.4%	91.6%
PSA Children 0-17	SSA Children 0-17	New Orleans East Age 0-4	New Orleans East Age 5-17	New Orleans East Age 0-17	US Age 0-17

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 144, 168-169]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children under 18 at home.

Bicycle Safety

Nearly 3 in 10 (29.6%) New Orleans East children age 5 to 17 are reported to "always" wear a helmet when riding a bicycle.

- Similar to the national prevalence.

- Statistically similar by service area.

Child "Always" Wears a Helmet When Riding a Bicycle
(Among Parents of Children Age 5-17)

26.1%	34.0%	29.6%	35.3%
PSA Children 5-17	SSA Children 5-17	New Orleans East Children 5-17	Unites States Children 5-17
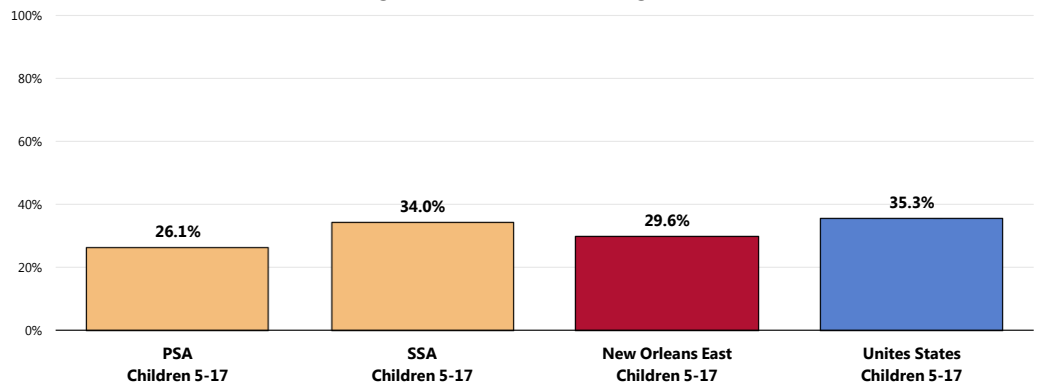
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children age 5 to 17 at home.

Firearm-Related Deaths

Between 2005 and 2007, there was an annual average age-adjusted <u>firearm-related</u> mortality rate of 61.9 deaths per 100,000 population in Orleans Parish.

- Much higher than found statewide.

- <u>Six times</u> that found nationally.

- Far from satisfying the Healthy People 2020 target (9.2 or lower).

Firearms-Related Deaths: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.2 or Lower

	Orleans Parish	Louisiana	United States
Rate	61.9	19.4	10.3

Sources: • Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted August 2011.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
• Local, state and national data are simple three-year averages.

👪 The Orleans Parish firearm-related mortality rate is dramatically higher among Blacks than Whites.

Firearms-Related Deaths: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.2 or Lower

	Orleans Parish Non-Hispanic Black	Orleans Parish Non-Hispanic White	Orleans Parish All Races/Ethnicities
Rate	77.7	19.2	61.9

Sources: • Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted August 2011.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
• Local, state and national data are simple three-year averages.

Mortality rates in Orleans Parish increased over the past decade. Louisiana and US, however, were relatively stable during this time period.

Firearms-Related Deaths: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	9.2	9.2	9.2	9.2	9.2	9.2	9.2
Orleans Parish	37.4	43.3	46.8	51.4	50.7	58.0	61.9
Louisiana	17.5	18.2	18.6	19.4	19.2	19.4	19.4
United States	10.3	10.3	10.4	10.3	10.2	10.2	10.3

Sources: • Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted August 2011.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
• Local, state and national data are simple three-year averages.

Presence of Firearms in Homes

Overall, 31.6% of New Orleans East adults have a firearm kept in or around their home.

- Lower than the national prevalence.
- Higher (less favorable) in the Primary Service Area.
- Among New Orleans East households with children, 33.1% have a firearm kept in or around the house (similar to that reported nationally).

Have a Firearm Kept in or Around the Home

Households With Children: 33.1%
(vs. 34.4% nationwide)

Primary Service Area	Secondary Service Area	New Orleans East	United States
35.6%	28.0%	31.6%	37.9%

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 63, 166]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Survey respondents were further asked about the presence of weapons in the home:

"Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? For the purposes of this inquiry, 'firearms' include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire."

Reports of firearms in or around the home are <u>more</u> prevalent among the following respondent groups:

- 👪 Men.
- 👪 Adults aged 65+.
- 👪 Higher-income households.
- 👪 White respondents.

Have a Firearm Kept in or Around the House
(New Orleans East, 2011)

Category	Value
Men	37.8%
Women	26.4%
18 to 39	30.1%
40 to 64	31.0%
65+	36.8%
<FPL	14.4%
100-199% FPL	27.4%
200%+ FPL	39.3%
Black	26.8%
White	43.3%
Other	34.8%
N. Orleans East	31.6%
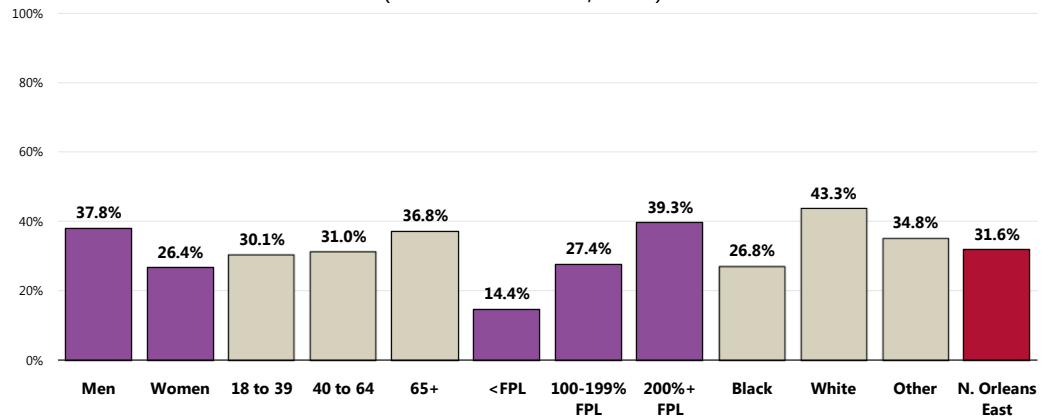
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 63]
Notes: ● Asked of all respondents.
● In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Among New Orleans East households with firearms, 31.4% report that there is at least one weapon that is kept unlocked and loaded.

- Nearly twice that found nationally.
- Similar by service area.

Household Has An Unlocked, Loaded Firearm
(Among Respondents Reporting a Firearm in or Around the Home)

New Orleans East
No 68.6%
Yes 31.4%
PSA 28.5%
SSA 34.7%

US
No 83.1%
Yes 16.9%
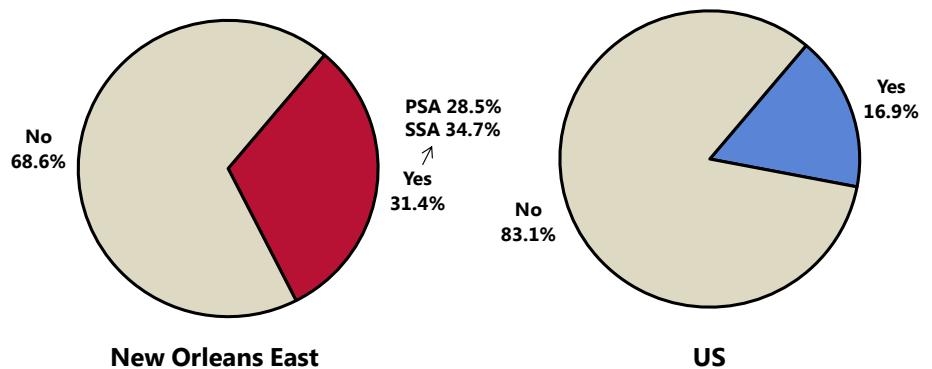
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 167]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with a firearm in or around the home.
● In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

Between 2005 and 2007, there was an annual average age-adjusted homicide rate of 61.2 deaths per 100,000 population in Orleans Parish.

- Much higher than the rate found statewide.

- Much higher than the national rate.

- More than 11 times the Healthy People 2020 target of 5.5 or lower.

Homicide: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)

■ **Healthy People 2020 Target = 5.5 or Lower**

	Orleans Parish	Louisiana	United States
	61.2	13.4	6.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IPV-29]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

Homicide rates are dramatically higher among Blacks in Orleans Parish.

Homicide: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)

■ **Healthy People 2020 Target = 5.5 or Lower**

	Orleans Parish Non-Hispanic Black	Orleans Parish Non-Hispanic White	Orleans Parish All Races/Ethnicities
	79.6	12.7	61.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IPV-29]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

⊞ Homicide rates increased considerably in Orleans Parish between the 1999-2001 and 2005-2007 reporting periods; in contrast, the US rate decreased slightly during this time (the Louisiana rate increased slightly).

Homicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
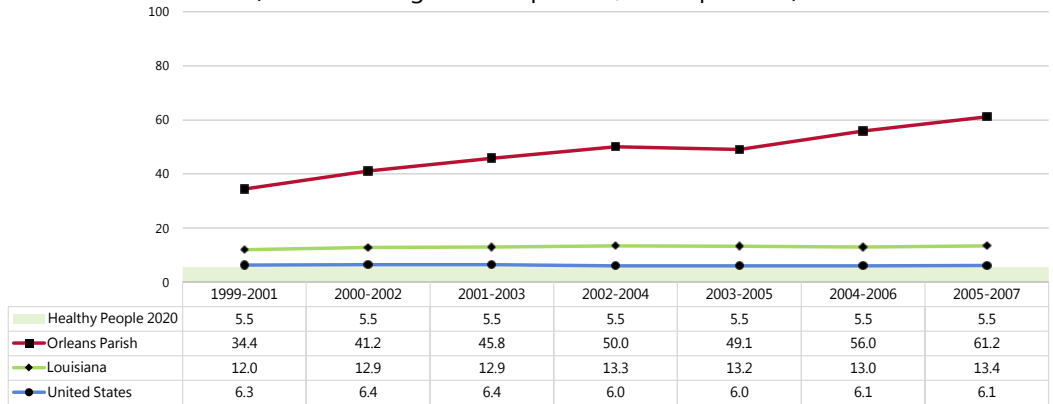
	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	5.5	5.5	5.5	5.5	5.5	5.5	5.5
Orleans Parish	34.4	41.2	45.8	50.0	49.1	56.0	61.2
Louisiana	12.0	12.9	12.9	13.3	13.2	13.0	13.4
United States	6.3	6.4	6.4	6.0	6.0	6.1	6.1

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IPV-29]
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.

Violent Crime

Violent Crime Rates

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Between 2007 and 2009, there was an annual average violent crime rate of 1,120.2 offenses per 100,000 population in Orleans Parish.

● Significantly higher than the Louisiana rate.

● Significantly higher than the national rate.

Violent Crime Rates
(2007-2009 Annual Average Offenses per 100,000 Population)

Orleans Parish	Louisiana	United States
1,120.2	668.6	450.3

Sources: ● Crime in Louisiana.
Notes: ● Rates are offenses per 100,000 population among agencies reporting.

⊞ Orleans Parish crime rates have increased since the 2004-2006 reporting period; this upsurge in violence is particularly noticeable post-Katrina, although it appears to have declined in 2009. In contrast, state and national rates decreased during this time.

Violent Crime Rates
(Annual Average Offenses per 100,000 Population)
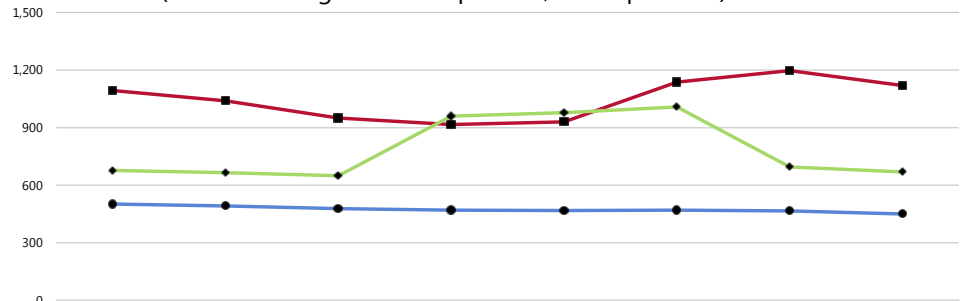
	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
Orleans Parish	1093.7	1039.1	950.6	916.9	931.0	1136.6	1197.7	1120.2
Louisiana	676.8	665.2	649.1	959.8	977.0	1007.2	694.5	668.6
United States	501.8	491.6	477.8	469.3	468.6	469.8	465.0	450.3

Sources: ● Crime in Louisiana.
Notes: ● Rates are offenses per 100,000 population among agencies reporting.

Self-Reported Violence

A total of 6.7% of New Orleans East adults acknowledge being the victim of a violent crime in the past five years.

- ● Four times the national percentage.
- ● Statistically similar by service area.

Victim of a Violent Crime in the Past Five Years

Primary Service Area	Secondary Service Area	New Orleans East	United States
7.0%	6.5%	6.7%	1.6%
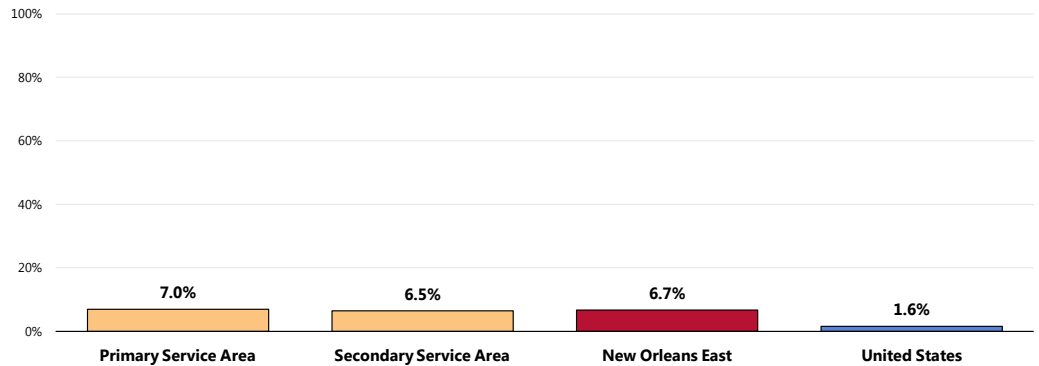
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]
               ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

👪 Reports of violence are notably higher among young adults and residents with lower incomes.

Victim of a Violent Crime in the Past Five Years
(New Orleans East, 2011)

Category	Percentage
Men	7.4%
Women	6.2%
18 to 39	10.2%
40 to 64	5.6%
65+	2.0%
<FPL	12.6%
100-199% FPL	8.2%
200%+ FPL	5.4%
Black	7.1%
White	5.5%
Other	9.6%
N. Orleans East	6.7%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Most recent victims of violent crime (58.8%) indicate that the crime occurred at home.

● Another 23.0% report that the crime occurred in their neighborhood.

Site of Recent Crime
(New Orleans East Victims of Recent Crime, 2011)

Someplace Else 18.1%

In the Neighborhood 23.0%

At Home 58.8%
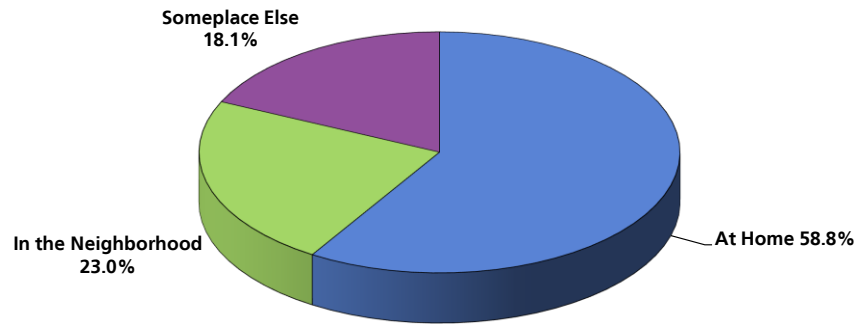
Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 59]
Notes: ● Asked of all respondents who were victims of crime in the past 5 years.

Safety, Security & Crime Control

A total of 30.9% of survey respondents consider their neighborhood's safety, security and crime control to be "excellent" or "very good."

- Another 27.9% gave "good" ratings.

Rating of the Neighborhood's Safety, Security and Crime Control
(New Orleans East, 2011)
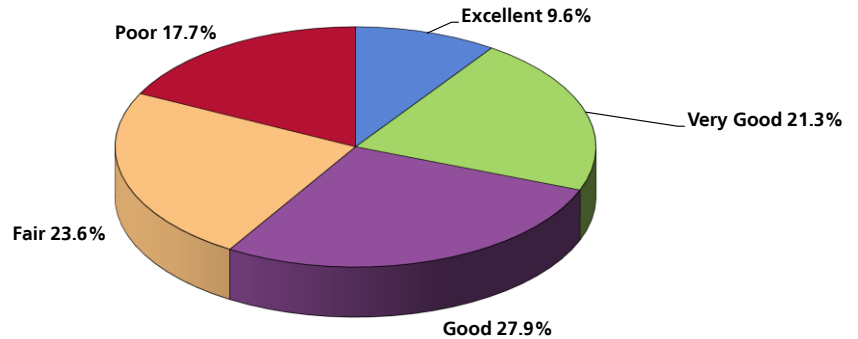
Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 53]
Notes: • Asked of all respondents.

On the other hand, 41.3% of New Orleans East survey respondents consider the safety, security, and crime control in their neighborhood to be "fair" or "poor."

- Much worse than national findings.
- No difference by service area.

Neighborhood Safety, Security and Crime Control is "Fair" or "Poor"
(New Orleans East, 2011)
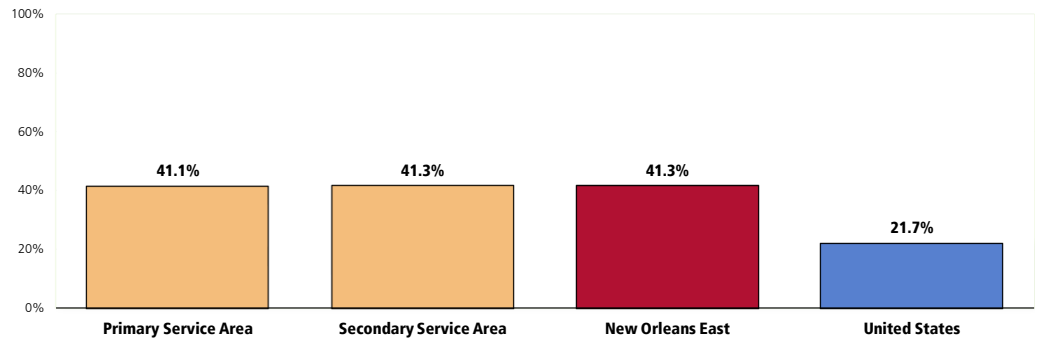
Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 53]
: • Professional Research Consultants, Inc. PRC National Quality of Life Survey. 2008.
Notes: • Asked of all respondents.

Low ratings of neighborhood safety are notably higher among:

- Adults living below the 200% poverty threshold.
- Blacks.

Neighborhood Safety, Security and Crime Control is "Fair/Poor"
(New Orleans East, 2011)
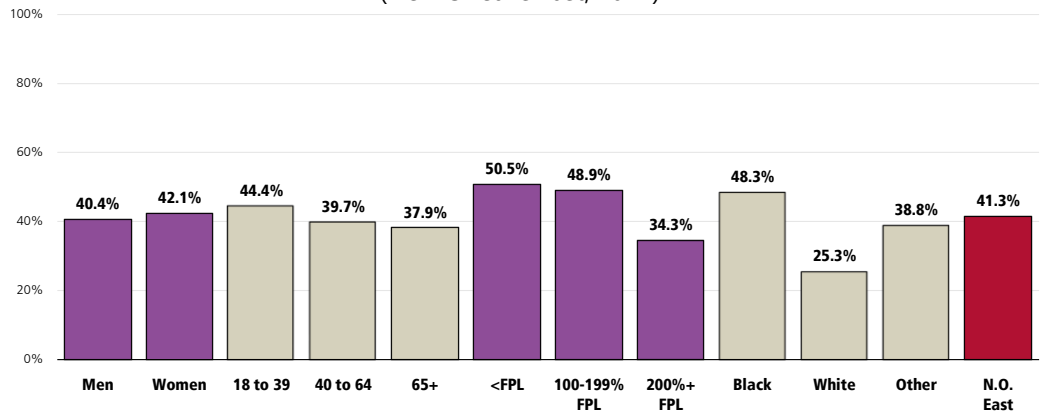
Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N.O. East
40.4%	42.1%	44.4%	39.7%	37.9%	50.5%	48.9%	34.3%	48.3%	25.3%	38.8%	41.3%

Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 53]
Notes: • Asked of all respondents.
• Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Neighborhood Crime Over Time

When asked to consider how neighborhood crime has changed in recent years, the largest share of respondents (46.6%) indicated that it has stayed the same.

- Another 26.9% of respondents consider neighborhood crime to have gotten better over time.

Neighborhood Crime Over Time
(New Orleans East, 2011)
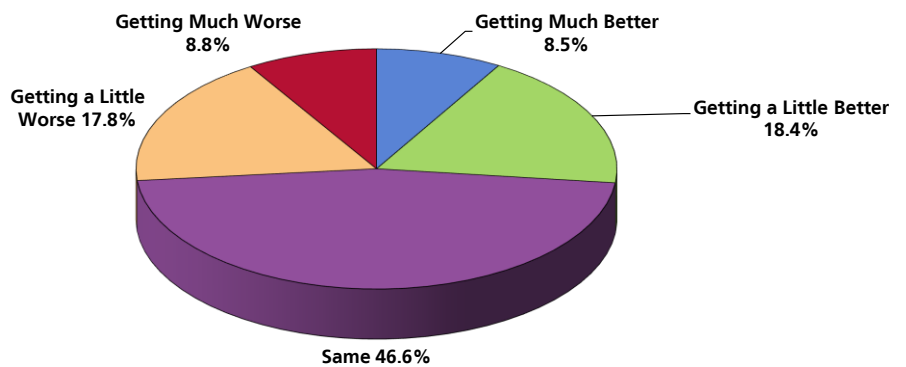
Getting Much Worse 8.8%
Getting Much Better 8.5%
Getting a Little Worse 17.8%
Getting a Little Better 18.4%
Same 46.6%

Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 54]
Notes: • Asked of all respondents.

In contrast, 26.6% of New Orleans East adults consider crime in their neighborhood to have grown worse in recent years (including "getting a little worse" and "getting much worse" responses)**.**

- Higher than national findings.

- Statistically similar by service area.

Neighborhood Crime Has Grown Worse in Recent Years
(New Orleans East, 2011)

	Primary Service Area	Secondary Service Area	New Orleans East	United States
	27.2%	26.1%	26.6%	20.3%
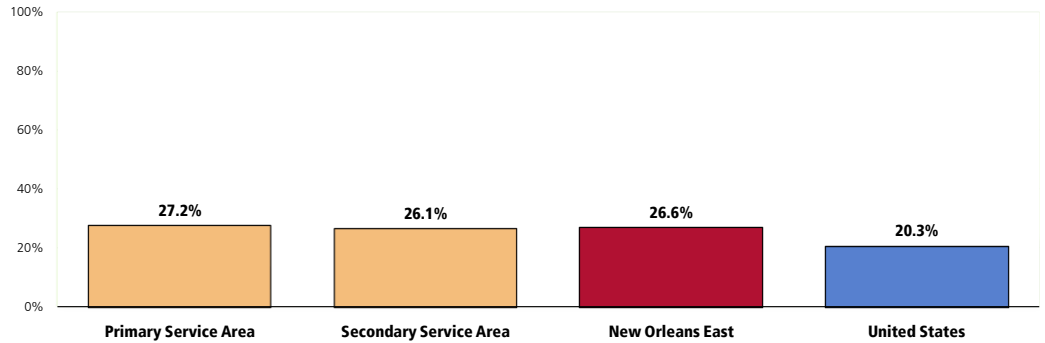
Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 54]
: ● Professional Research Consultants, Inc. PRC National Quality of Life Survey. 2008.
Notes: ● Asked of all respondents.
● Percentages represent combined "getting much worse" and "getting a little worse" responses.

- Young adults are more likely to consider neighborhood crime to have worsened.

- In addition, "Other" residents are more likely than Blacks and Whites to feel that neighborhood crime has worsened in recent years.

Neighborhood Crime Has Grown Worse in Recent Years
(New Orleans East, 2011)
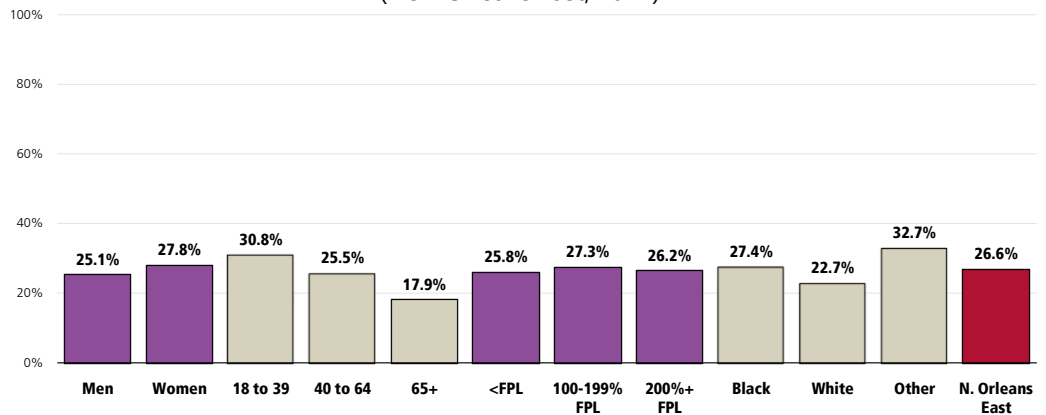
Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N. Orleans East
25.1%	27.8%	30.8%	25.5%	17.9%	25.8%	27.3%	26.2%	27.4%	22.7%	32.7%	26.6%

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 54]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

More than one-half of survey respondents consider the neighborhood's safety and security during the day to be "excellent" (mentioned by 30.3%) or "very good" (25.8%).

- Another 26.5% gave "good" evaluations.

Rating of Neighborhood's Safety and Security During the Day
(New Orleans East, 2011)

On the other hand, 17.5% of New Orleans East adults consider daytime safety and security in the neighborhood to be "fair" or "poor."

- More than twice the national prevalence.
- Higher (less favorable) in the Primary Service Area.

Neighborhood's Daytime Safety and Security is "Fair" or "Poor"
(New Orleans East, 2011)
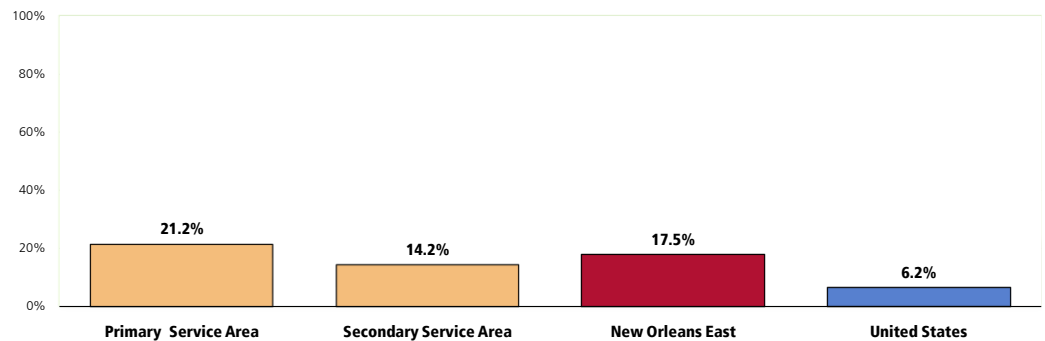
These population segments are more likely to give low ratings to daytime safety and security in the neighborhood:

👫 Residents living below the 200% poverty threshold.

👫 Non-Whites.

Daytime Safety and Security in the Neighborhood is "Fair/Poor"
(New Orleans East, 2011)

Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N. Orleans East
16.3%	18.4%	20.1%	14.1%	17.6%	27.6%	21.7%	10.0%	20.5%	9.6%	21.4%	17.5%
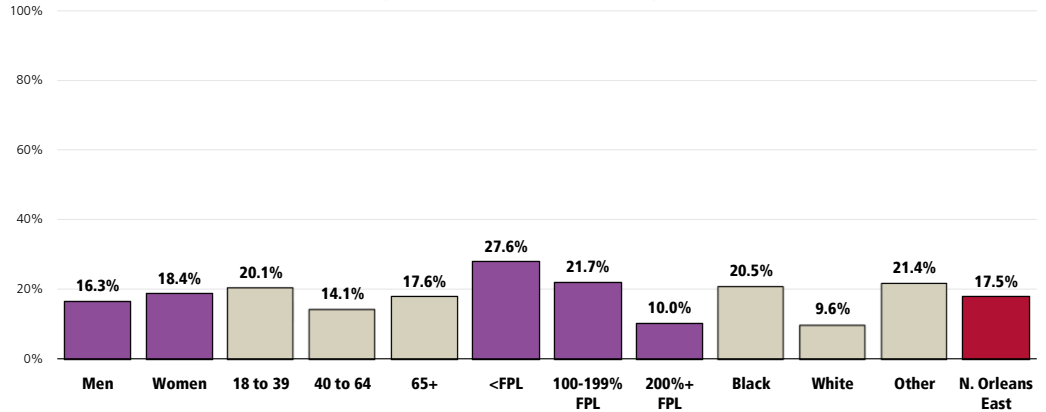
Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 55]
Notes: • Asked of all respondents.
• Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Safety and Security at Night

With regard to their neighborhood's safety and security <u>at night</u>, 28.7% of survey respondents gave "excellent" or "very good" ratings.

● Another 26.0% gave "good" responses.

Rating of Neighborhood's Safety and Security At Night
(New Orleans East, 2011)

Excellent 14.4%
Very Good 14.3%
Good 26.0%
Fair 22.5%
Poor 22.8%
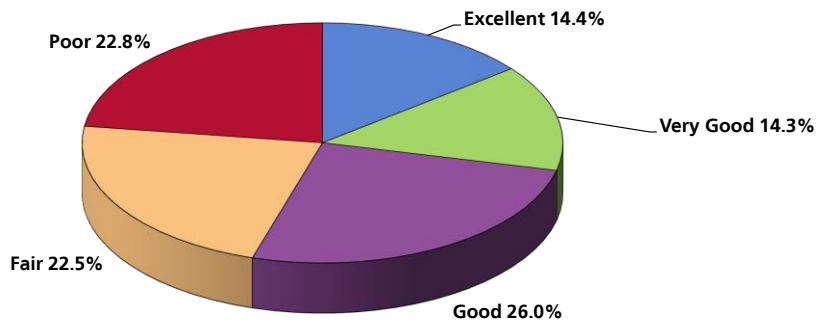
Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 56]
Notes: • Asked of all respondents.

In contrast, 45.3% of community members gave "fair" or "poor" evaluations of their neighborhood's safety and security at night.

- More than twice the national prevalence.
- Higher (less favorable) in the Primary Service Area.

Neighborhood's Nighttime Safety and Security is "Fair" or "Poor"
(New Orleans East, 2011)
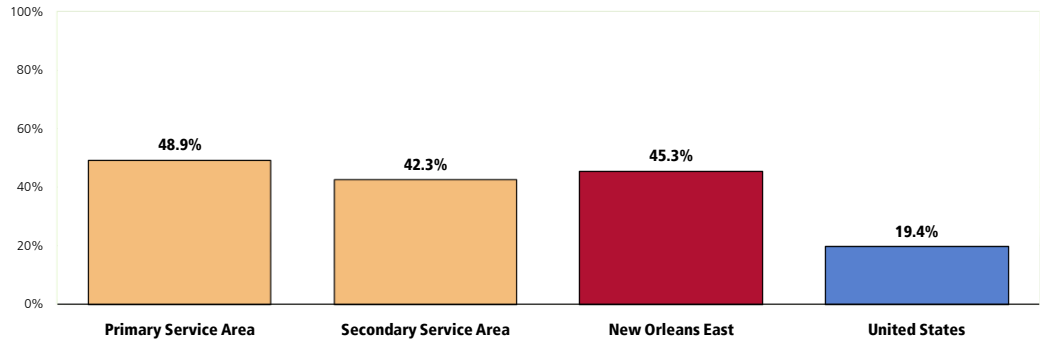
	Primary Service Area	Secondary Service Area	New Orleans East	United States
	48.9%	42.3%	45.3%	19.4%

Adults more likely to consider the neighborhood safety and security at night to be "fair" or "poor" include:

- Women.
- Those living on lower incomes.
- Non-Whites.

Neighborhood's Safety and Security At Night is "Fair/Poor"
(New Orleans East, 2011)

Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N. Orleans East
39.2%	50.7%	46.9%	42.9%	48.4%	59.8%	51.2%	35.5%	51.5%	31.1%	48.3%	45.3%

When asked to consider their feelings of safety and security in their own homes at night, 63.7% of survey respondents gave "excellent" or "very good" ratings.

- Another 26.4% gave "good" responses.

Feelings of Safety and Security in the Home at Night
(New Orleans East, 2011)
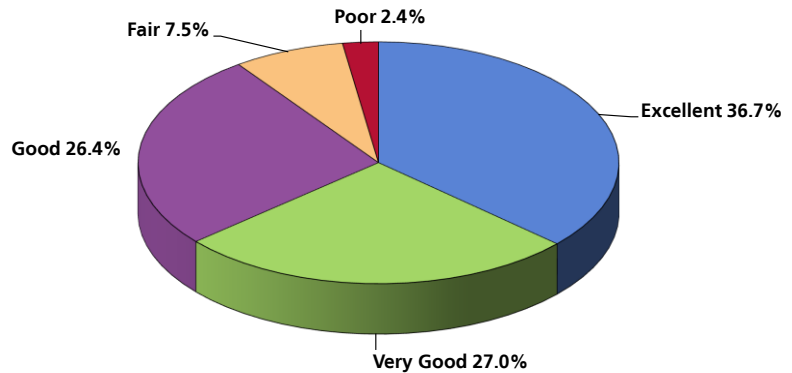
Poor 2.4%

Fair 7.5%

Good 26.4%

Excellent 36.7%

Very Good 27.0%

Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 57]
Notes: • Asked of all respondents.

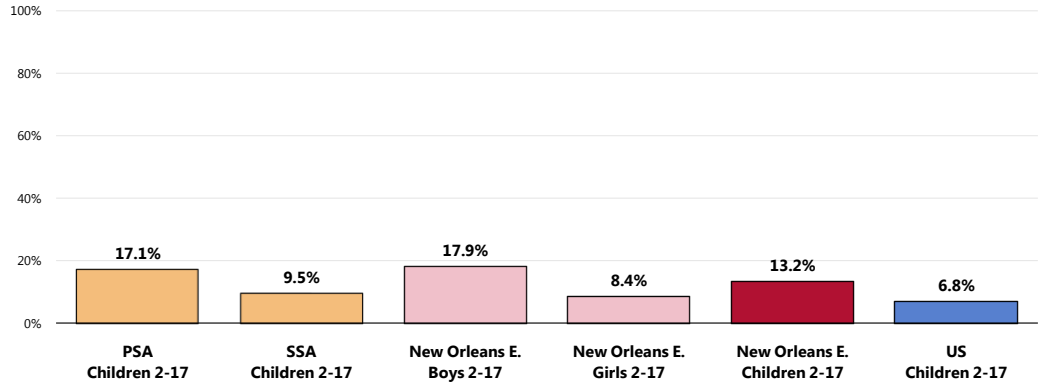**However, 9.9% of New Orleans East adults indicate that their feelings of safety and security at home during the night are "fair" or "poor."**

- Higher than the national prevalence.
- Higher in the Primary Service Area.

Safety and Security in the Home at Night is "Fair" or "Poor"
(New Orleans East, 2011)

Primary Service Area	Secondary Service Area	New Orleans East	United States
12.0%	8.2%	9.9%	5.2%
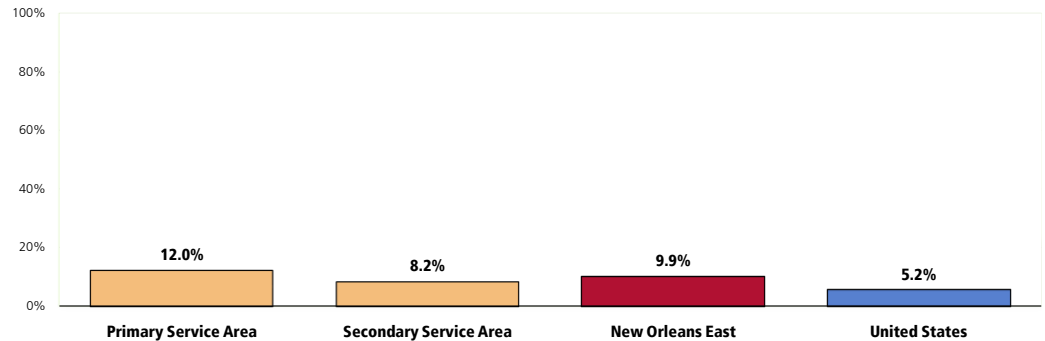
Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 57]
: • Professional Research Consultants, Inc. PRC National Quality of Life Survey. 2008.
Notes: • Asked of all respondents.

Adults more likely to feel unsafe in their homes at night include:

👪 Residents living below the federal poverty level.

👪 Non-Whites.

Safety and Security in the Home at Night is "Fair/Poor"
(New Orleans East, 2011)
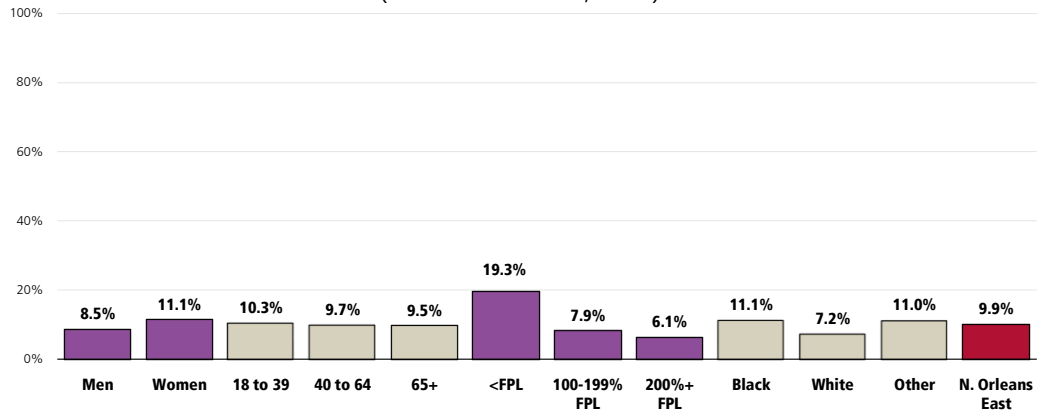
Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N. Orleans East
8.5%	11.1%	10.3%	9.7%	9.5%	19.3%	7.9%	6.1%	11.1%	7.2%	11.0%	9.9%

Sources: • Professional Research Consultants, Inc. PRC Community Health Survey. [Item 57]
Notes: • Asked of all respondents.
• Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Self-Reported Family Violence

A total of 14.2% of New Orleans East adults report that they have ever been _threatened_ with physical violence by an intimate partner.

- Similar to that reported nationally.
- Higher (less favorable) in the Primary Service Area.

A total of 12.6% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Similar to national findings.
- Statistically similar by service area.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

14.2% of adults have been _threatened_ with violence by an intimate partner. (US=11.7%)

Primary Service Area	Secondary Service Area	New Orleans East	United States
14.2%	11.3%	12.6%	13.5%
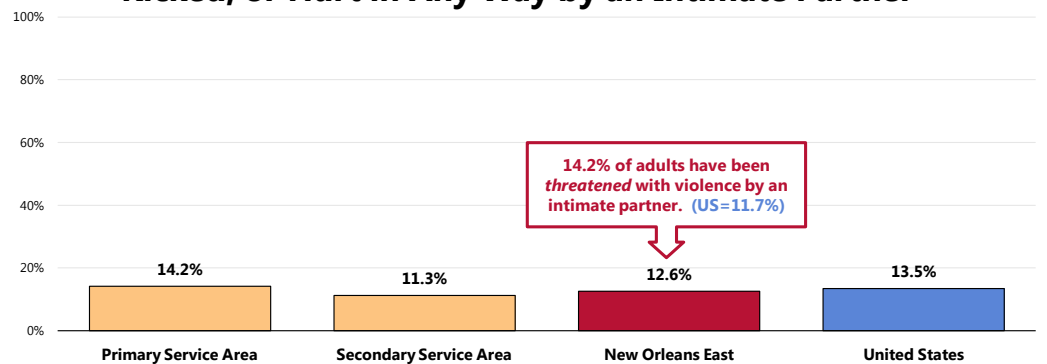
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 60-61]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Reports of domestic violence are also notably higher among:

- 👥 Young adults.

- 👥 Lower-income residents.

- 👥 Blacks.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner
(New Orleans East, 2011)

Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N. Orleans East
10.8%	14.2%	16.6%	11.7%	6.3%	18.3%	17.0%	11.2%	14.6%	10.0%	6.3%	12.6%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Related Key Informant Interview Findings: Injury and Violence

All interviewees agreed that violence is persistent throughout New Orleans East, and most agreed that it seems to be getting worse. Interviewees cited a lack of jobs, living in FEMA trailers, or unstable environments as reasons for the violence in the community. Additionally, there is a general feeling that substance abuse leads to violence.

Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes.

Effective therapy can prevent or delay diabetic complications. However, almost 25% of Americans with diabetes mellitus are undiagnosed, and another 57 million Americans have blood glucose levels that greatly increase their risk of developing diabetes mellitus in the next several years. Few people receive effective preventative care, which makes diabetes mellitus an immense and complex public health challenge.

Diabetes mellitus affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. Diabetes mellitus:

- Lowers life expectancy by up to 15 years.

- Increases the risk of heart disease by 2 to 4 times.

- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

In addition to these human costs, the estimated total financial cost of diabetes mellitus in the US in 2007 was $174 billion, which includes the costs of medical care, disability, and premature death.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Between 2005 and 2007, there was an annual average age-adjusted diabetes mortality rate of 38.9 deaths per 100,000 population in Orleans Parish.

- Less favorable than that found statewide.

- Less favorable than the national rate.

- Nearly twice the Healthy People 2020 target (19.6 or lower).

Diabetes: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)

■ Healthy People 2020 Target = 19.6 or Lower (Adjusted)

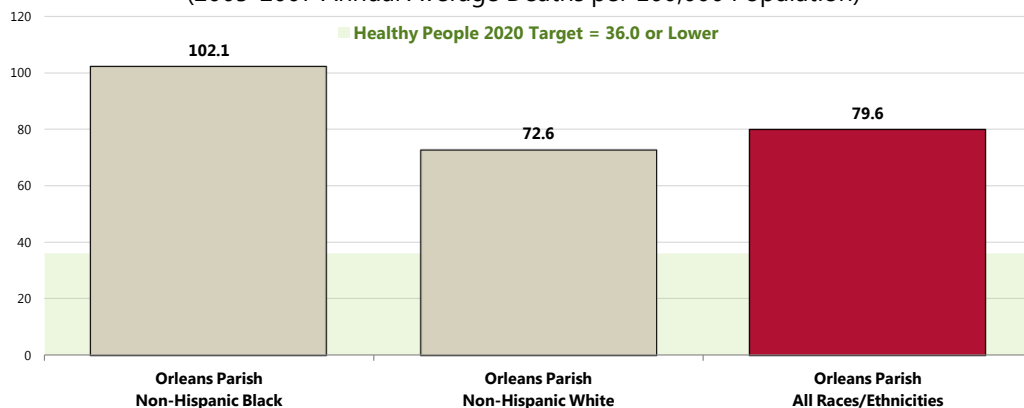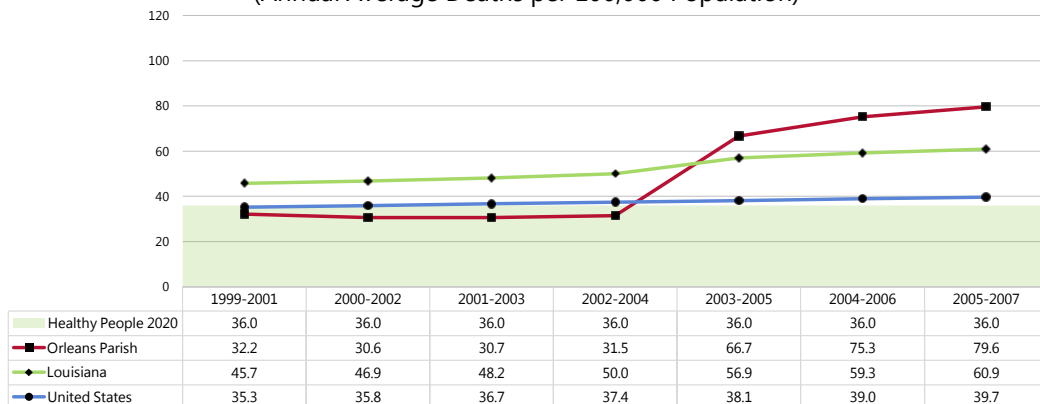| Orleans Parish	Louisiana	United States
38.9	35.7	23.5

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
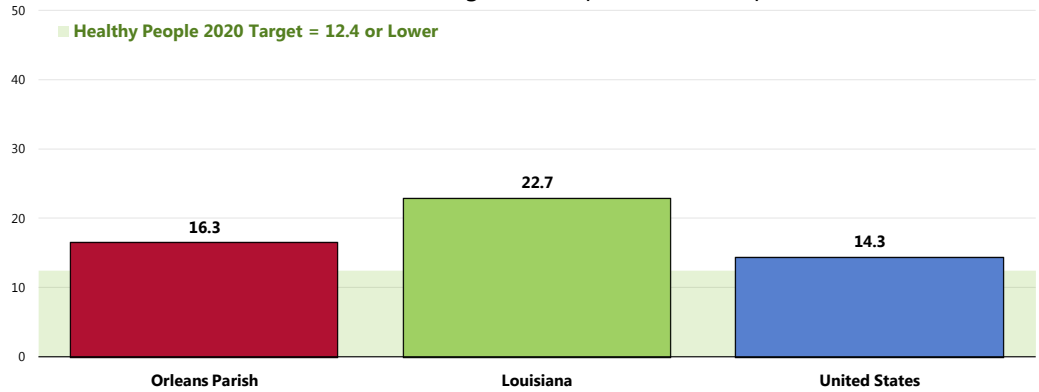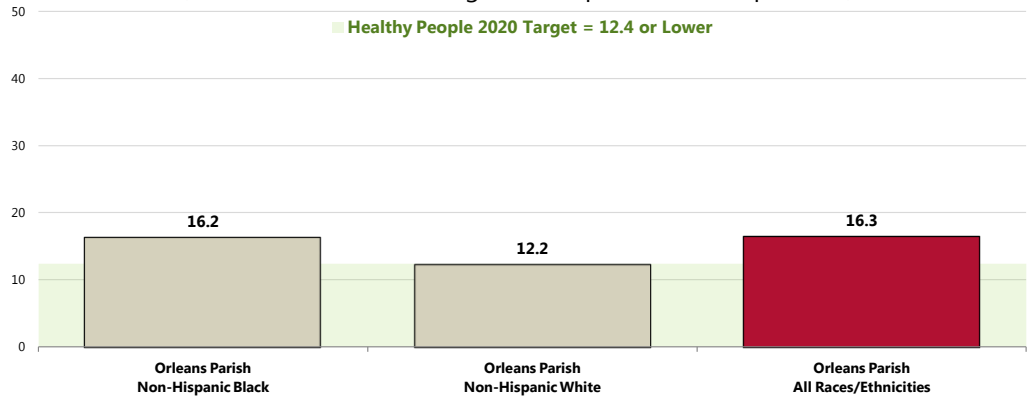● Local, state and national data are simple three-year averages.
● The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

ᛀ Diabetes mortality rates in Orleans Parish are notably higher among Blacks than among Whites.

Diabetes: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)

■ Healthy People 2020 Target = 19.6 or Lower (Adjusted)

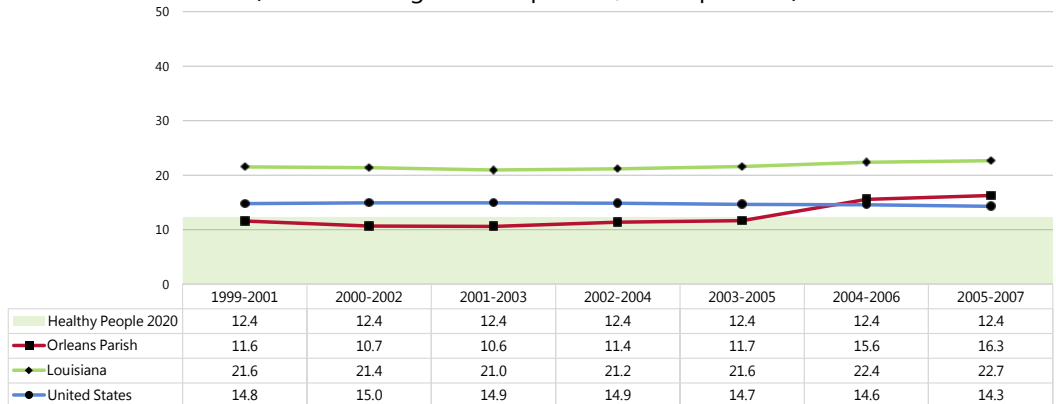| Orleans Parish Non-Hispanic Black	Orleans Parish Non-Hispanic White	Orleans Parish All Races/Ethnicities
58.5	18.0	38.9

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

⊞ Diabetes mortality has decreased steadily since the 2002-2004 reporting period in Orleans Parish. The rate decreased slightly for Louisiana and the US overall since the 1999-2001 time frame.

Diabetes: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

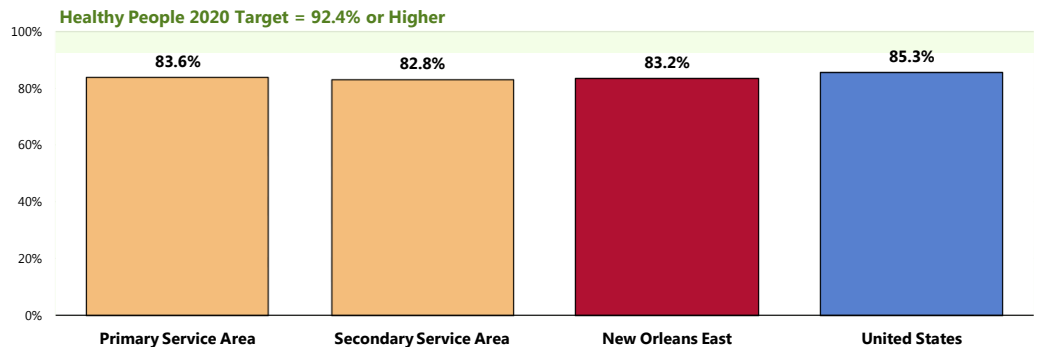|	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020 (Adjusted)	19.6	19.6	19.6	19.6	19.6	19.6	19.6
New Orleans Parish	66.3	64.5	66.1	66.2	59.3	52.6	38.9
Louisiana	41.7	41.8	41.6	40.9	39.7	38.1	35.7
United States	25.1	25.3	25.4	25.1	24.8	24.2	23.5

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.
● The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

A total of 13.5% of New Orleans East adults report having been diagnosed with diabetes.

● Higher than the proportion statewide.

● Higher than the national proportion.

● Statistically similar by service area.

Prevalence of Diabetes

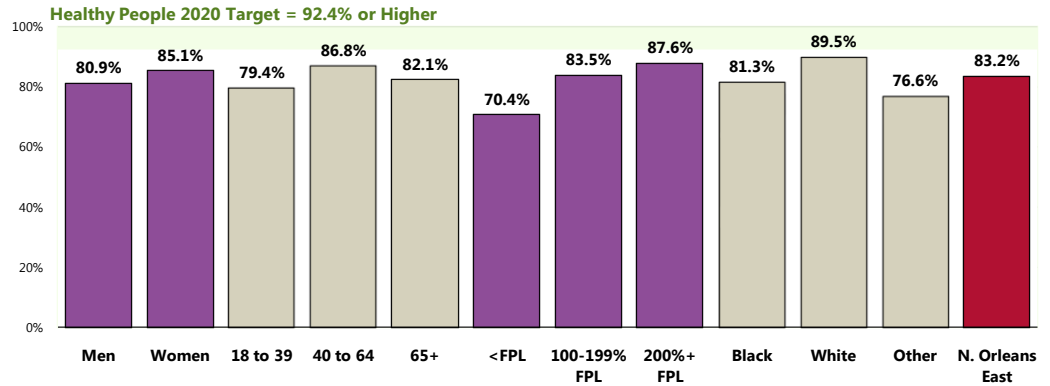| Primary Svc Area	Secondary Svc Area	New Orleans East	Louisiana	United States
14.8%	12.4%	13.5%	10.3%	10.1%
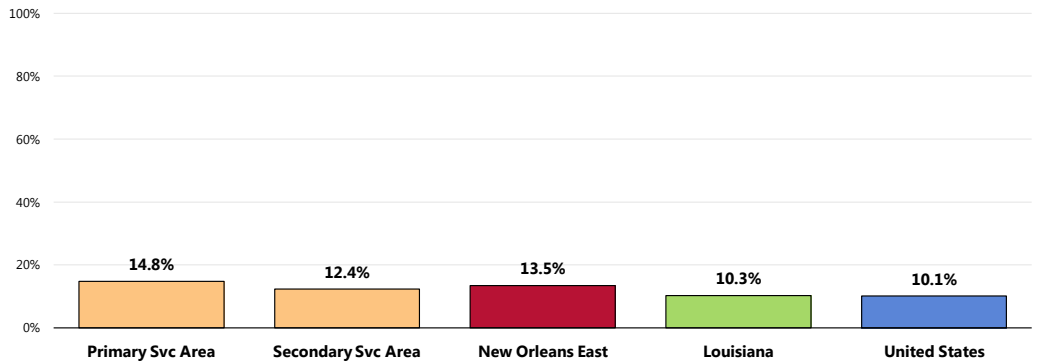
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.
Notes: ● Asked of all respondents.

- Note the positive correlation between diabetes and age (with 29.6% of seniors having diabetes).
- Also, adults living on lower incomes are more likely to be diabetics.
- Blacks in New Orleans East are more likely to report having diabetes as well.

Prevalence of Diabetes
(New Orleans East, 2011)

Category	Value
Men	15.3%
Women	12.0%
18 to 39	3.9%
40 to 64	16.0%
65+	29.6%
<FPL	20.7%
100-199% FPL	20.0%
200%+ FPL	8.6%
Black	15.3%
White	9.7%
Other	11.2%
N. Orleans East	13.5%
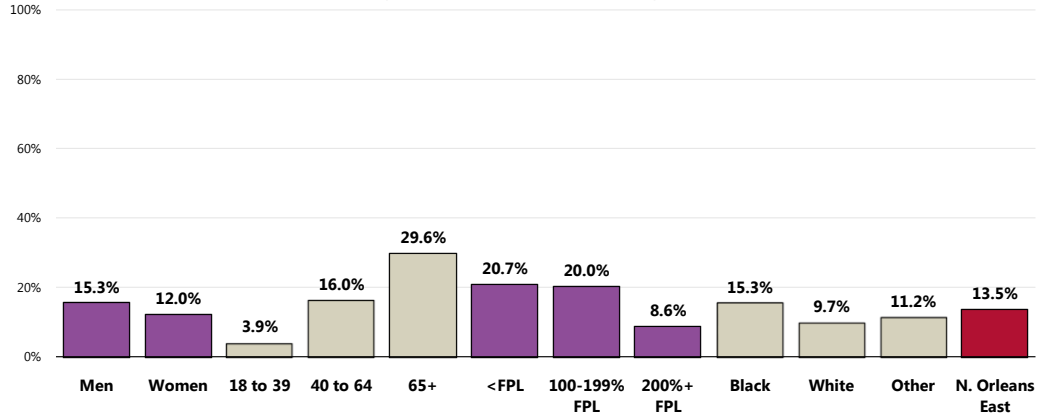
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Diabetes Treatment

Among adults with diabetes, most (82.2%) are currently taking insulin or some type of medication to manage their condition.

- Statistically similar to national findings.
- Statistically similar by service area.

Taking Insulin or Other Medication for Diabetes
(Among Diabetics)

New Orleans East
No 17.8%
Yes 82.2%
PSA 81.2%
SSA 83.2%

US
No 22.3%
Yes 77.7%
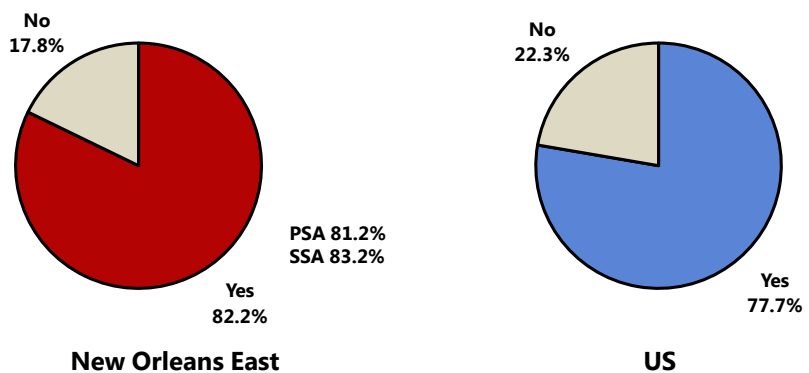
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all diabetic respondents.

Alzheimer's Disease

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

–   Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2005 and 2007, there was an annual average age-adjusted Alzheimer's disease mortality rate of 21.9 deaths per 100,000 population in Orleans Parish.

- More favorable than the statewide rate.

- Similar to the national rate.

Alzheimer's Disease: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)

	Orleans Parish	Louisiana	United States
Rate	21.9	31.5	22.7

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
   • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
   • Local, state and national data are simple three-year averages.

👫 Alzheimer's disease mortality rates in Orleans Parish do not differ significantly between Blacks and Whites.

Alzheimer's Disease: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)

Orleans Parish Non-Hispanic Black	Orleans Parish Non-Hispanic White	Orleans Parish All Races/Ethnicities
22.3	22.0	21.9

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
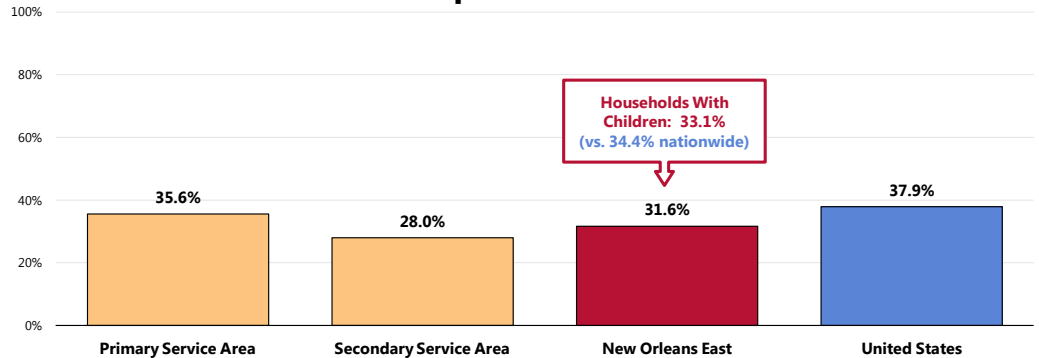● Local, state and national data are simple three-year averages.

📈 Alzheimer's disease mortality rates have increased over time in Orleans Parish. Across Louisiana and the US, rates have increased steadily in recent years.

Alzheimer's Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Orleans Parish	18.3	22.9	25.5	25.5	25.0	25.3	21.9
Louisiana	21.0	24.3	27.0	29.1	30.9	31.5	31.5
United States	17.9	19.2	20.3	21.2	22.1	22.5	22.7

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2005 and 2007, there was an annual average age-adjusted kidney disease mortality rate of 25.0 deaths per 100,000 population in Orleans Parish.

- Lower than the rate found statewide.

- Higher than the national rate.

Kidney Disease: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)

Orleans Parish	Louisiana	United States
25.0	26.4	14.5

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

The kidney disease mortality rate in Orleans Parish is much higher among Blacks.

Kidney Disease: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)

	Orleans Parish Non-Hispanic Black	Orleans Parish Non-Hispanic White	Orleans Parish All Races/Ethnicities
Value	37.9	11.2	25.0

After increasing steadily, kidney disease death rates have decreased in Orleans Parish since the 2002-2004 reporting period. In contrast, rates increased somewhat across Louisiana and the US.

Kidney Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Orleans Parish	27.0	27.5	31.2	33.0	32.6	28.2	25.0
Louisiana	23.3	23.6	24.4	25.0	26.2	26.3	26.4
United States	13.5	13.9	14.2	14.3	14.3	14.4	14.5

Potentially Disabling Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active.   Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

‒   Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Pain

Prevalence of Arthritis/Rheumatism

A total of 40.4% of New Orleans East adults age 50+ report suffering from arthritis or rheumatism.

- Similar to the US prevalence.
- Similar by service area.

Prevalence of Arthritis/Rheumatism
(Among Adults 50+)

	Primary Service Area	Secondary Service Area	New Orleans East	United States
	42.1%	39.2%	40.4%	35.4%
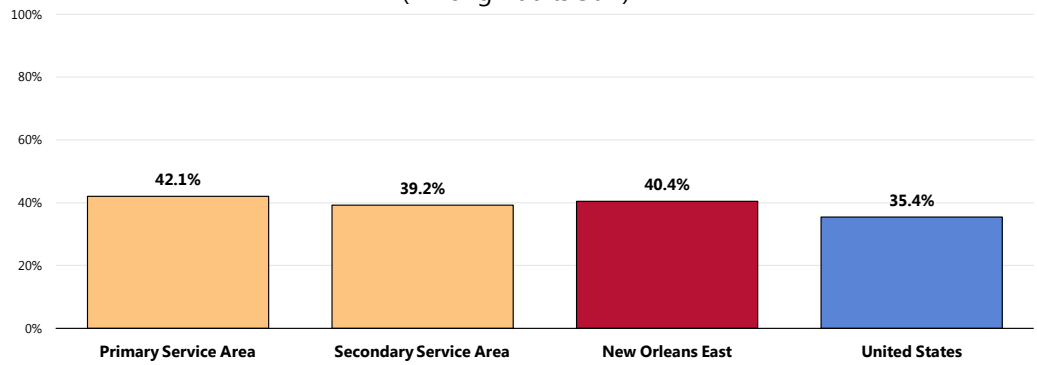
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Reflects respondents 50 and older.

Prevalence of Osteoporosis

A total of 7.6% of survey respondents age 50 and older have osteoporosis.

- Much lower than that found nationally.

- Fails to satisfy the Healthy People 2020 objective of 5.3% or lower.

- Lower (more favorable) in the Primary Service Area.

Prevalence of Osteoporosis
(Among Adults 50+)

Healthy People 2020 Target = 5.3% or Lower

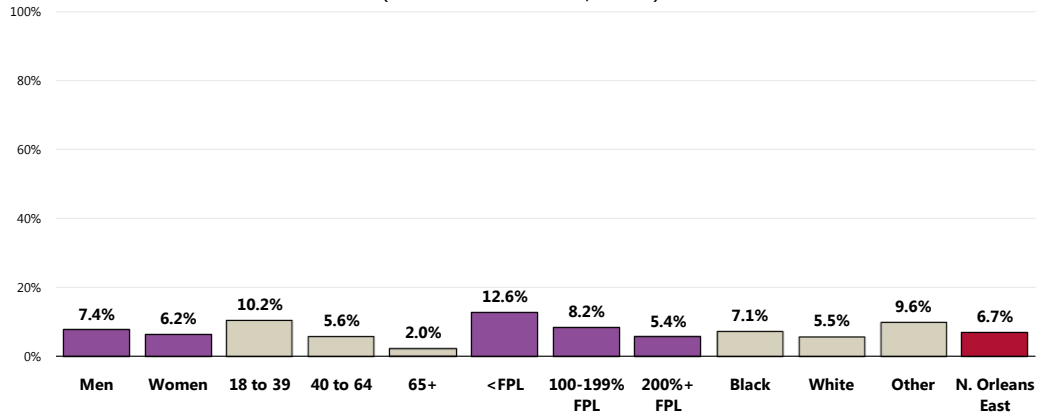|	Primary Service Area	Secondary Service Area	New Orleans East	United States
	5.3%	9.3%	7.6%	27.6%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]
Notes: ● Reflects respondents 50 and older.

Prevalence of Sciatica/Chronic Back Pain

A total of 18.3% of survey respondents suffers from chronic back pain or sciatica.

- Comparable to the US percentage.
- Comparable by service area.

Prevalence of Sciatica/Chronic Back Pain

Primary Service Area	Secondary Service Area	New Orleans East	United States
18.8%	17.9%	18.3%	21.5%
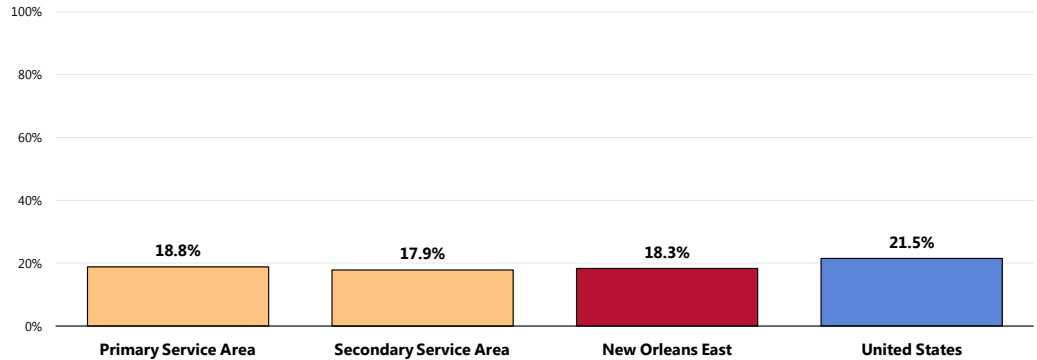
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 29]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Prevalence of Migraines/Severe Headaches

A total of 18.5% of survey respondents reports suffering from migraines or severe headaches.

- Similar to that found nationwide.
- Similar by service area.

Prevalence of Migraines/Severe Headaches

Primary Service Area	Secondary Service Area	New Orleans East	United States
17.9%	19.1%	18.5%	16.9%
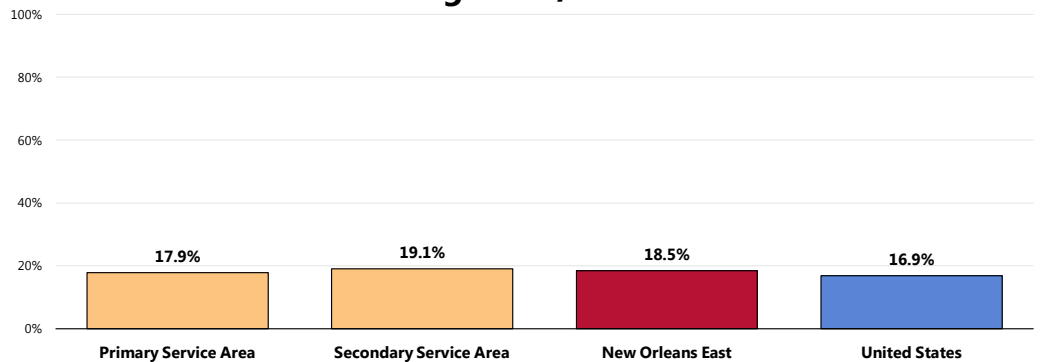
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

A total of 9.4% of survey respondents currently suffer from chronic neck pain.

- Similar to that found nationwide.
- Statistically similar by service area.

Prevalence of Chronic Neck Pain

	Primary Service Area	Secondary Service Area	New Orleans East	United States
	9.7%	9.2%	9.4%	8.3%
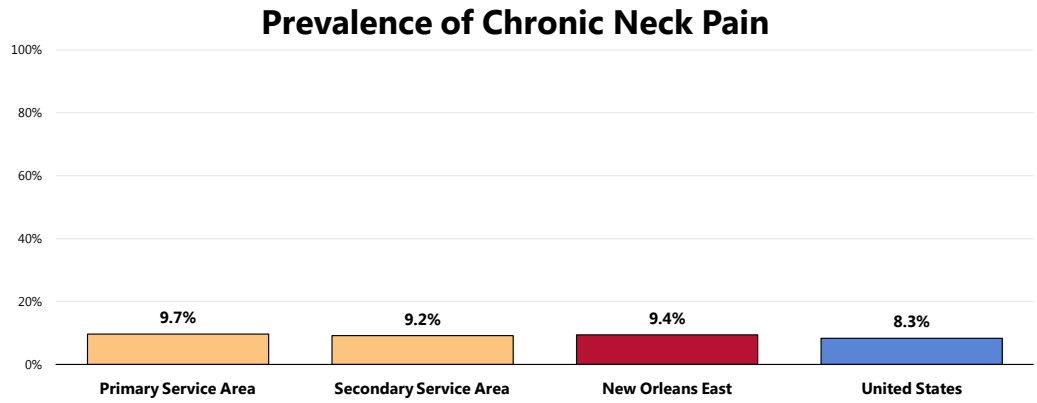
Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Vision & Hearing Impairment

Vision Trouble

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

– Healthy People 2020 (www.healthypeople.gov)

A total of 12.6% of New Orleans East adults are blind, or have trouble seeing even when wearing corrective lenses.

- Less favorable than found nationwide.
- Similar by service area.
- Among New Orleans East adults age 65 and older, 17.8% have vision trouble.

Prevalence of Blindness/Trouble Seeing

Primary Service Area	Secondary Service Area	New Orleans East	United States
11.3%	13.8%	12.6%	6.9%

Among 65+: 17.8%
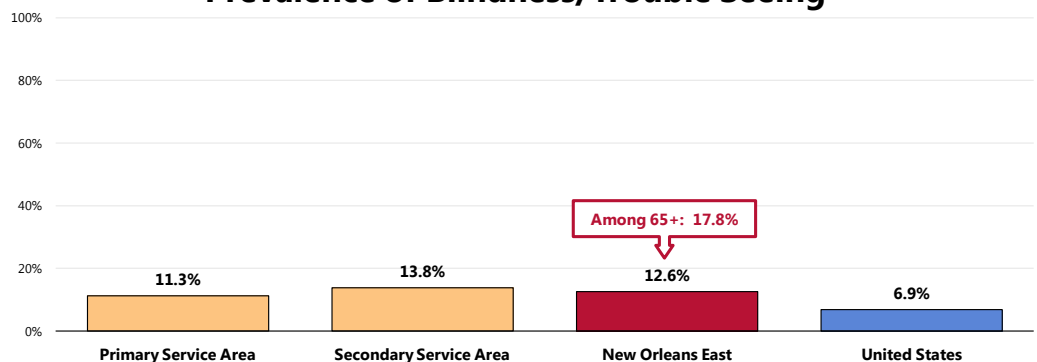
Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 26]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Hearing Trouble

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such a social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

–   Healthy People 2020 (www.healthypeople.gov)

In all, 7.4% of New Orleans East adults report being deaf or having difficulty hearing.

- Similar to that found nationwide.

- Similar by service area.

- Among New Orleans East adults age 65 and older, 17.6% have partial or complete hearing loss.

Prevalence of Deafness/Trouble Hearing

		Among 65+: 17.6%	
6.5%	8.1%	7.4%	9.6%
Primary Service Area	Secondary Service Area	New Orleans East	United States
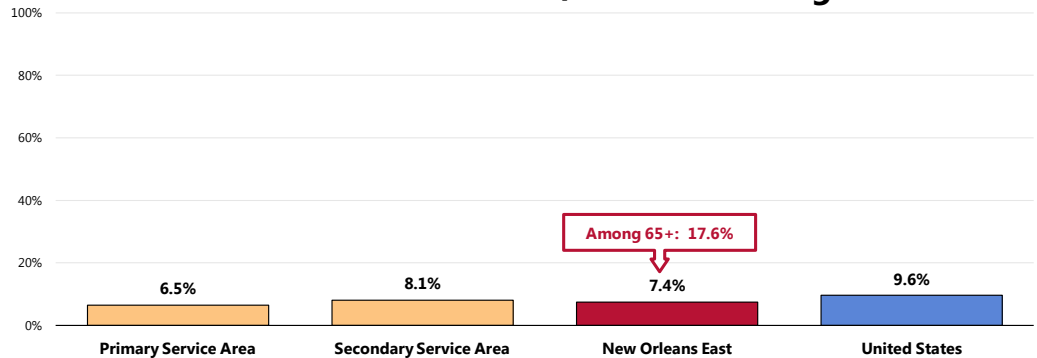
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]
             • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

INFECTIOUS DISEASE
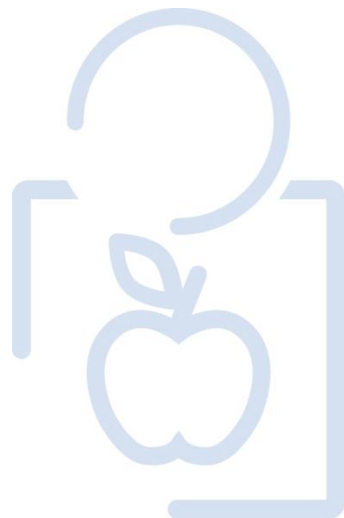
Vaccine-Preventable Conditions

The increase in life expectancy during the 20th century is largely due to improvements in child survival; this increase is associated with reductions in infectious disease mortality, due largely to immunization. However, infectious diseases remain a major cause of illness, disability, and death. Immunization recommendations in the United States currently target 17 vaccine-preventable diseases across the lifespan.

People in the US continue to get diseases that are vaccine-preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death across the nation and account for substantial spending on the related consequences of infection.

The infectious disease public health infrastructure, which carries out disease surveillance at the national, state, and local levels, is an essential tool in the fight against newly emerging and re-emerging infectious diseases. Other important defenses against infectious diseases include:

- Proper use of vaccines
- Antibiotics
- Screening and testing guidelines
- Scientific improvements in the diagnosis of infectious disease-related health concerns

Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. Childhood immunization programs provide a very high return on investment. For example, for each birth cohort vaccinated with the routine immunization schedule, society:

- Saves 33,000 lives.
- Prevents 14 million cases of disease.
- Reduces direct healthcare costs by $9.9 billion.
- Saves $33.4 billion in indirect costs.

– Healthy People 2020 (www.healthypeople.gov)

Measles, Mumps, Rubella

"Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time.

It is usually expressed as cases per 100,000 population per year.

Between 2007 and 2009, there were no reported cases of measles or rubella in Orleans Parish. In 2009, there was one case of mumps in the parish.

Pertussis

Between 2007 and 2009, the annual average pertussis incidence rate in Orleans Parish (new cases per year) **was 0.8 cases per 100,000 population.**

- Below the Louisiana incidence rate.

- Below the national incidence rate for the 2006-2008 reporting period.

- Incidence has fluctuated over the past several years: after increasing around 2004, the incidence rate has decreased in recent years in Orleans Parish, reaching the same rate reported during the 2000-2002 period.

Pertussis Incidence
(Annual Average Cases per 100,000 Population)
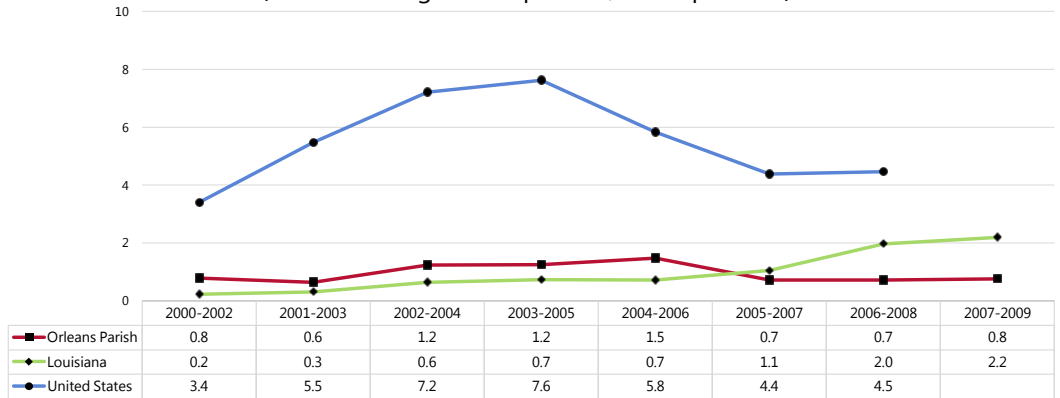
	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
Orleans Parish	0.8	0.6	1.2	1.2	1.5	0.7	0.7	0.8
Louisiana	0.2	0.3	0.6	0.7	0.7	1.1	2.0	2.2
United States	3.4	5.5	7.2	7.6	5.8	4.4	4.5	

Sources: • Louisiana Department of Health and Hospitals
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

Influenza & Pneumonia Vaccination

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

– Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

Among New Orleans East seniors, 72.7% received a flu shot (or FluMist) within the past year.

- More favorable than the Louisiana finding.

- Similar to the national finding.

- Fails to satisfy the Healthy People 2020 target (90% or higher).

- Statistically comparable by service area.

Have Had a Flu Vaccination in the Past Year
(Among Adults 65+)

Healthy People 2020 Target = 90% or Higher

Primary Svc Area	Secondary Svc Area	New Orleans East	Louisiana	United States
67.5%	76.2%	72.7%	64.3%	71.6%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
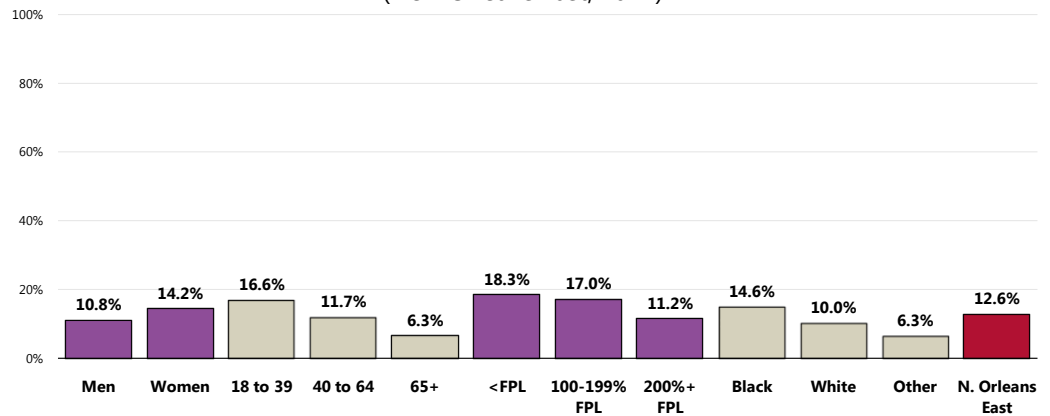● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.7]
Notes: ● Reflects respondents 65 and older.
● Includes FluMist as a form of vaccination.

High-Risk Adults

"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

A total of 60.8% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist) within the past year.

- Similar to national findings.

- Fails to satisfy the Healthy People 2020 target (90% or higher).

- Higher among Primary Service Area high-risk adults under 65.

Have Had a Flu Vaccination in the Past Year
(Among High-Risk Adults 18-64)

Healthy People 2020 Target = 90% or Higher

PSA High-Risk Adults 18-64	68.4%
SSA High-Risk Adults 18-64	54.0%
New Orleans East High-Risk Adults 18-64	60.8%
US High-Risk Adults 18-64	52.5%
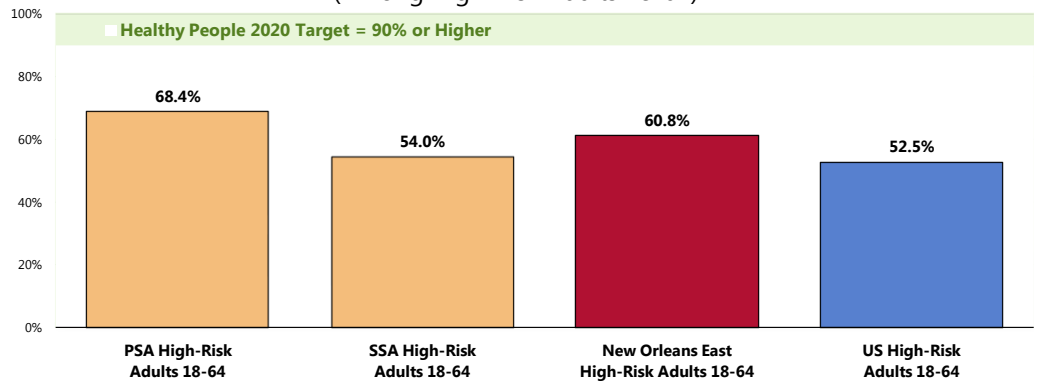
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 173]
　　　　　● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
　　　　　● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.6]
Notes: ● Reflects high-risk respondents age 18-64.
　　　　　● Includes FluMist as a form of vaccination.

Pneumonia Vaccination

Among adults age 65 and older, 65.2% have received a pneumonia vaccination at some point in their lives.

- Comparable to the Louisiana finding.

- Comparable to the national finding.

- Fails to satisfy the Healthy People 2020 objective of 90% or higher.

- Much higher in the Secondary Service Area.

Have Ever Had a Pneumonia Vaccine
(Among Adults 65+)

Healthy People 2020 Target = 90% or Higher

Primary Svc Area	57.0%
Secondary Svc Area	70.5%
New Orleans East	65.2%
Louisiana	67.4%
United States	68.1%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 174]
　　　　　● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
　　　　　● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.
　　　　　● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-13.1]
Notes: ● Reflects respondents 65 and older.

A total of 38.1% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

- Similar to national findings.

- Far from satisfying the Healthy People 2020 target (60% or higher).

- Higher in the Primary Service Area.

Have Ever Had a Pneumonia Vaccine
(Among High-Risk Adults 18-64)

Healthy People 2020 Target = 60% or Higher

PSA High-Risk 18-64	SSA High-Risk 18-64	New Orleans East High-Risk Adults 18-64	US High-Risk Adults 18-64
45.5%	31.7%	38.1%	32.0%
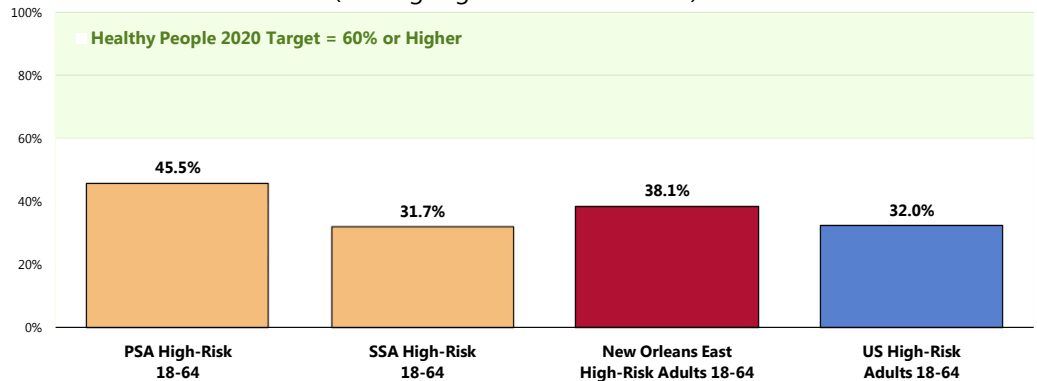
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 175]
           • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
           • US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-13.2]
Notes: • Asked of all high-risk respondents under 65.
           • "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

Tuberculosis

Viral hepatitis and tuberculosis (TB) can be prevented, yet healthcare systems often do not make the best use of their available resources to support prevention efforts. Because the US healthcare system focuses on treatment of illnesses, rather than health promotion, patients do not always receive information about prevention and healthy lifestyles. This includes advancing effective and evidence-based viral hepatitis and TB prevention priorities and interventions.

– Healthy People 2020 (www.healthypeople.gov)

Between 2008 and 2010, the annual average tuberculosis incidence rate (new cases per year) was 10.0 cases per 100,000 population in Orleans Parish.

- Well above the Louisiana incidence rate.

- Above the national incidence rate.

- Fails to satisfy the Healthy People 2020 target (1.0 or lower).
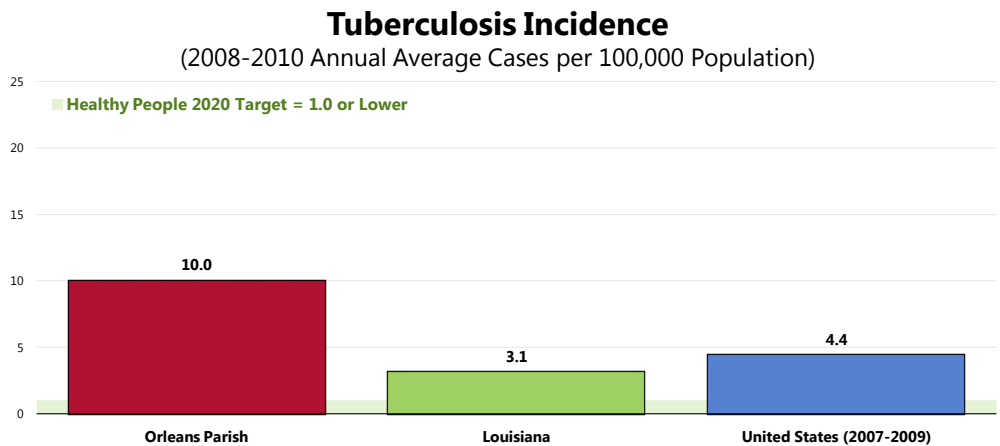
Tuberculosis Incidence
(2008-2010 Annual Average Cases per 100,000 Population)

Healthy People 2020 Target = 1.0 or Lower

Orleans Parish	Louisiana	United States (2007-2009)
10.0	3.1	4.4

Sources: ● Louisiana Department of Health and Hospitals.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-29]
Notes: ● Rates are annual average new cases per 100,000 population.

Tuberculosis incidence has decreased in recent years in Orleans Parish. This decreasing trend is noted across the state and US as well.
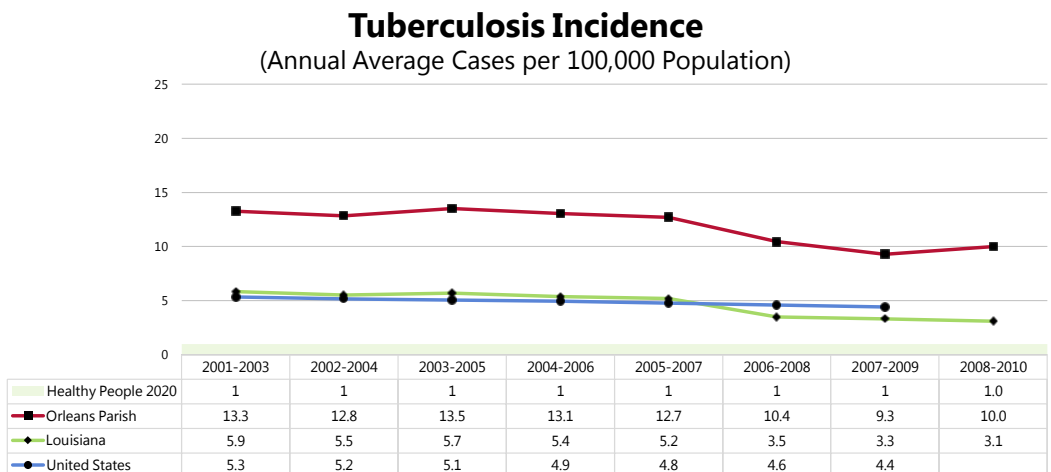
Tuberculosis Incidence
(Annual Average Cases per 100,000 Population)

	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	1	1	1	1	1	1	1	1.0
Orleans Parish	13.3	12.8	13.5	13.1	12.7	10.4	9.3	10.0
Louisiana	5.9	5.5	5.7	5.4	5.2	3.5	3.3	3.1
United States	5.3	5.2	5.1	4.9	4.8	4.6	4.4	

Sources: ● Louisiana Department of Health and Hospitals.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-29]
Notes: ● Rates are annual average new cases per 100,000 population.

HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.

- More than half occur in gay and bisexual men, regardless of race or ethnicity.

- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy

- Screening and treatment for other diseases (such as sexually transmitted infections)

- HIV prevention interventions

- Mental health services

- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.

- Increasing the availability of ongoing HIV prevention interventions.

- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.
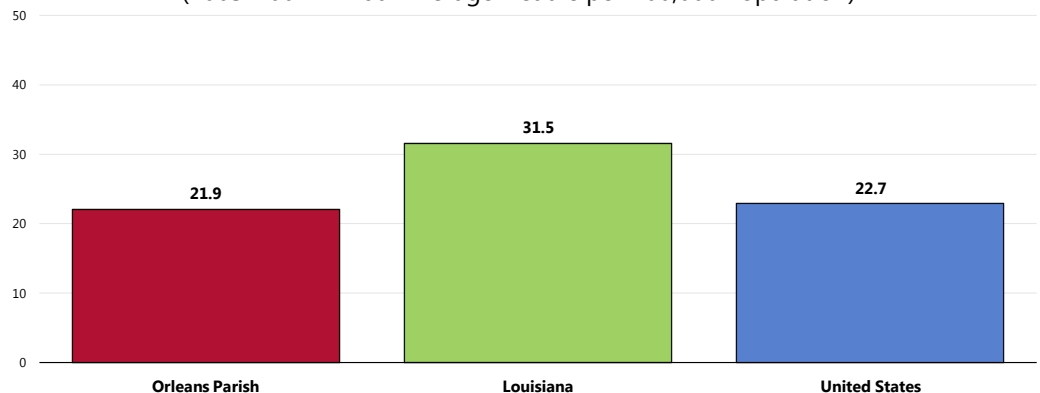
– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted HIV/AIDS Deaths

Between 2005 and 2007, there was an annual average age-adjusted HIV/AIDS mortality rate of 21.3 deaths per 100,000 population in Orleans Parish.

- Higher than found across Louisiana.

- Much higher than the rate reported nationally.

- Fails to satisfy the Healthy People 2020 target (3.3 or lower).

HIV/AIDS: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)
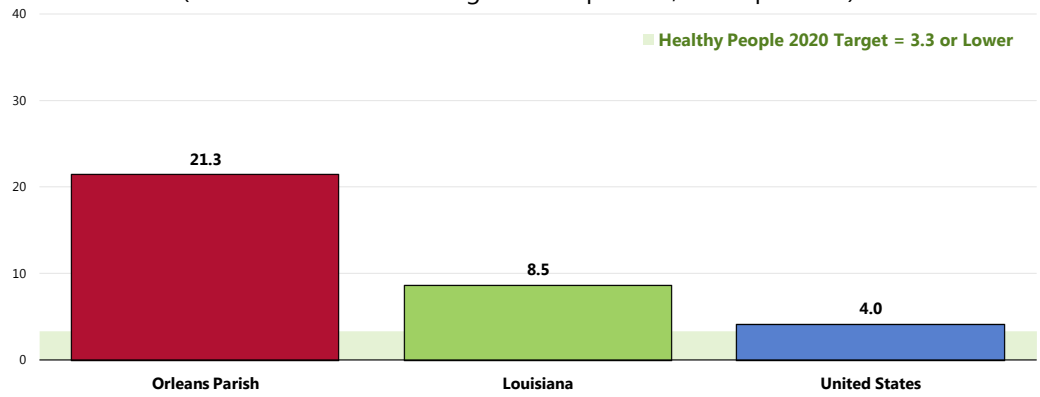
■ **Healthy People 2020 Target = 3.3 or Lower**

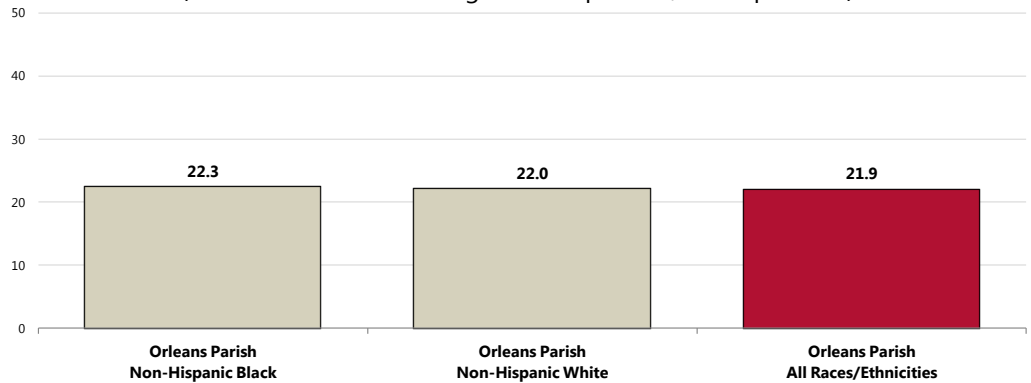| Orleans Parish	Louisiana	United States
21.3	8.5	4.0

Sources:
● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-12]

Notes:
● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.

The HIV mortality rate among Blacks is nearly four times that reported among Whites in Orleans Parish.

HIV/AIDS: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)

■ **Healthy People 2020 Target = 3.3 or Lower**

Orleans Parish Non-Hispanic Black	Orleans Parish Non-Hispanic White	Orleans Parish All Races/Ethnicities
30.3	7.9	21.3

Sources:
● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-12]

Notes:
● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.

HIV Incidence

Between 2008 and 2010, the annual average HIV incidence rate (new cases per year) was 71.7 cases per 100,000 population in Orleans Parish.

- Above the Louisiana incidence rate.
- Well above the national incidence rate.
- More than five times the Healthy People 2020 target (13.0 or lower).
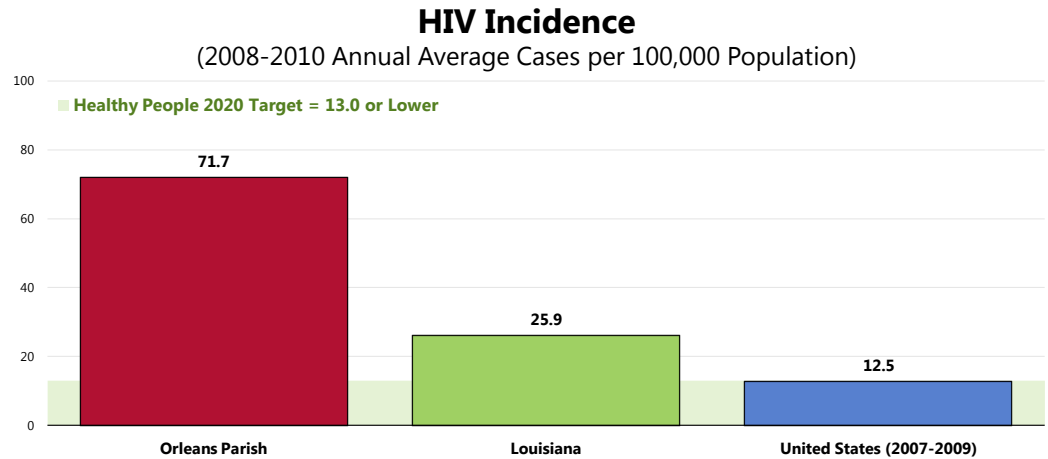
HIV Incidence
(2008-2010 Annual Average Cases per 100,000 Population)

Healthy People 2020 Target = 13.0 or Lower

Orleans Parish	71.7
Louisiana	25.9
United States (2007-2009)	12.5

Sources: ● Louisiana Department of Health and Hospitals.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-4]
Notes: ● Rates are annual average new cases per 100,000 population.

HIV incidence has fluctuated somewhat in recent years in Orleans Parish, always remaining well above state and national rates.
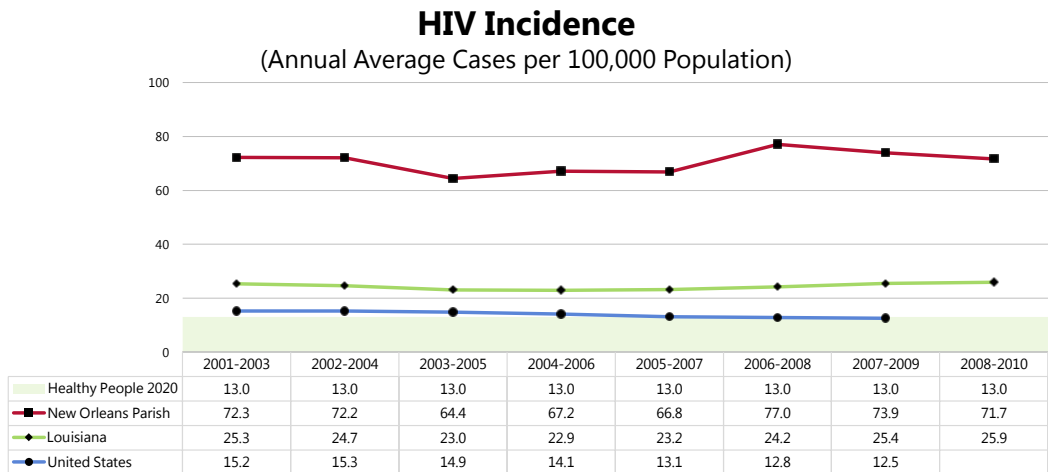
HIV Incidence
(Annual Average Cases per 100,000 Population)

	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	13.0	13.0	13.0	13.0	13.0	13.0	13.0	13.0
New Orleans Parish	72.3	72.2	64.4	67.2	66.8	77.0	73.9	71.7
Louisiana	25.3	24.7	23.0	22.9	23.2	24.2	25.4	25.9
United States	15.2	15.3	14.9	14.1	13.1	12.8	12.5	

Sources: ● Louisiana Department of Health and Hospitals.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-4]
Notes: ● Rates are annual average new cases per 100,000 population.

HIV Cases

HIV Characteristics

The following chart provides an illustration of the demographic characteristics of incident HIV cases in Orleans Parish. Note:

- **Male** residents account for three quarters of new cases.

- **Black** residents made up three in four new HIV cases.

- One-half are among those **aged 20 to 34**.

Characteristics of Incident HIV Cases
(Orleans Parish, 2010)

Gender

- Female 24.4%
- Male 75.6%

Race/Ethnicity

- NH Black 75.6%
- NH White 20.7%
- NH Other 1.5%
- Hispanic 2.3%

Age

- 55+ 8.6%
- 13-19 6.8%
- 45-54 16.9%
- 20-24 16.9%
- 35-44 18.4%
- 25-34 32.3%
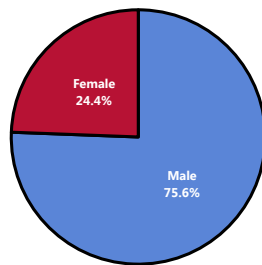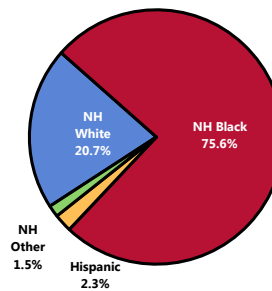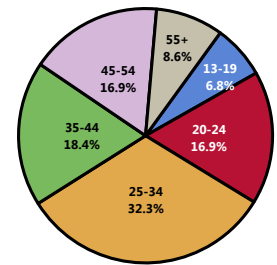
Sources: • Louisiana Department of Health and Hospitals

Mode of Transmission

With regard to HIV cases in Orleans Parish in 2010, more than one-third (36.1%) were among homosexual/bisexual men, while 14.3% were among high-risk heterosexuals, and 6.8% were among injection drug users.

Mode of Transmission, New HIV Cases
(Orleans Parish, 2010)

- MSM/IDU 2.3%
- IDU 6.8%
- MSM 36.1%
- HRH 14.3%
- Other/Unknown 40.6%
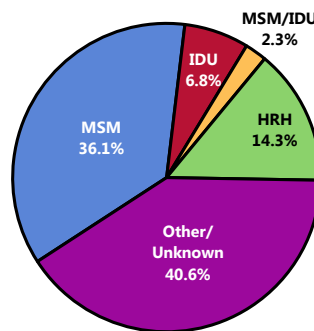
Sources: • Louisiana Department of Health and Hospitals
• In this case, "MSM" is men who have sex with men; "IDU" is injection drug use; and "HRH" is high-risk heterosexual.

Persons Living With HIV/AIDS

As of 2010, there were 4,625 Orleans Parish residents living with HIV/AIDS.

- Note that this figure is notably lower than reported pre-Katrina; this is likely due to the evacuation and outmigration of residents who did not return post-Katrina.

Persons Living With HIV/AIDS
(Orleans Parish; 2000-2010)

Year	Count
2000	4,563
2001	4,771
2002	4,998
2003	5,140
2004	5,408
2005	3,783
2006	3,920
2007	4,080
2008	4,228
2009	4,381
2010	4,625
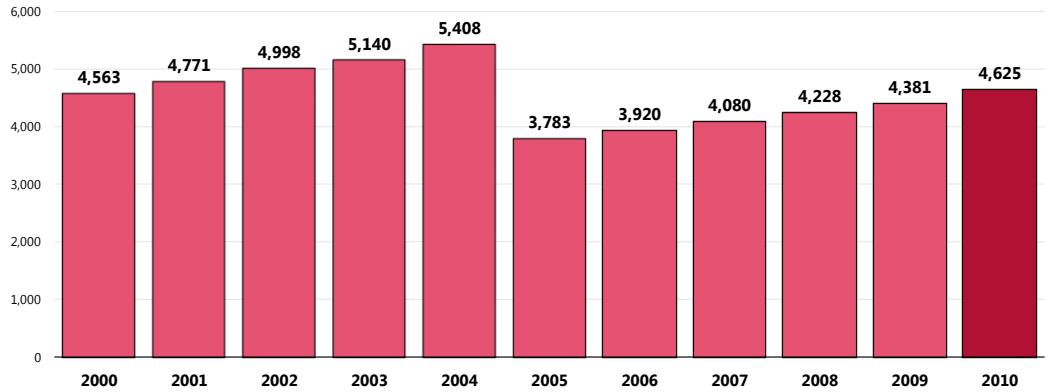
Sources: ● Louisiana Department of Health and Hospitals.

HIV Testing

Among New Orleans East adults age 18-44, 39.2% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Nearly twice the proportion found nationwide
- Satisfies the Healthy People 2020 target of 16.9% or higher.
- Higher in the Primary Service Area.

Tested for HIV in the Past Year
(Among Respondents 18-44)

Healthy People 2020 Target = 16.9% or Higher

Primary Service Area	Secondary Service Area	New Orleans East	United States
47.2%	32.0%	39.2%	19.9%
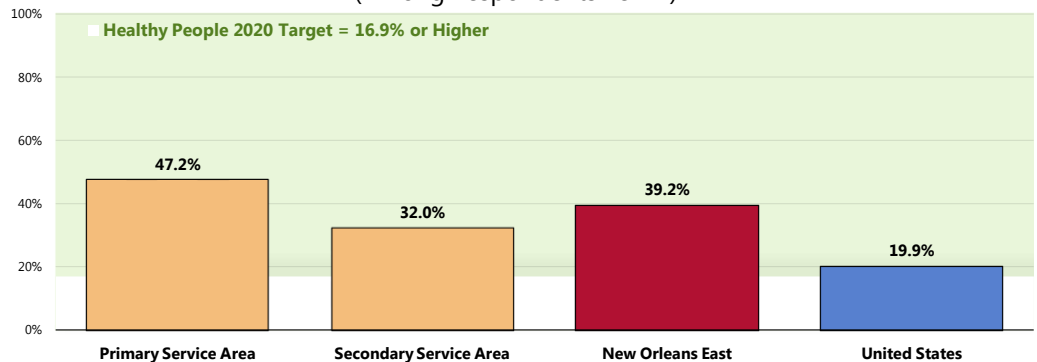
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 178]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-14.1]
Notes: ● Reflects respondents age 18 to 44.
● Note that the Healthy People 2020 objective is for ages 15-44.

Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, 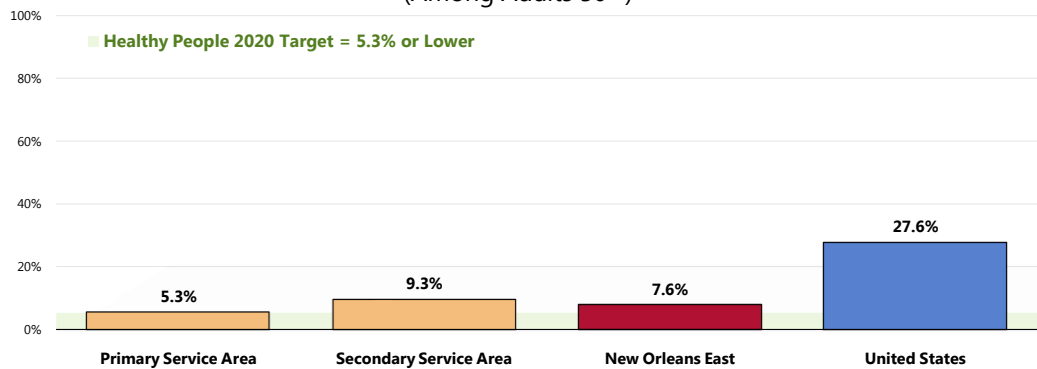especially for adolescent girls and young women. CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- Asymptomatic nature of STDs. The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.

- Gender disparities. Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.

- Age disparities. Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.

- Lag time between infection and complications. Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates the influence of these factors. Social, economic, and behavioral factors that affect the spread of STDs include:

- **Racial and ethnic disparities**. Certain racial and ethnic groups (mainly African American, Hispanic, and American Indian/Alaska Native populations) have high rates of STDs, compared with rates for whites.

- **Poverty and marginalization**. STDs disproportionately affect disenfranchised people and people in social networks where high-risk sexual behavior is common, and either access to care or health-seeking behavior is compromised.

- **Access to health care**. Access to high-quality health care is essential for early detection, treatment, and behavior-change counseling for STDs. Groups with the highest rates of STDs are often the same groups for whom access to or use of health services is most limited.

- **Substance abuse**. Many studies document the association of substance abuse with STDs. The introduction of new illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the epidemic spread of STDs.

- **Sexuality and secrecy**. Perhaps the most important social factors contributing to the spread of STDs in the United States are the stigma associated with STDs and the general discomfort of discussing intimate aspects of life, especially those related to sex. These social factors separate the United States from industrialized countries with low rates of STDs.

- **Sexual networks**. Sexual networks refer to groups of people who can be considered "linked" by sequential or concurrent sexual partners. A person may have only 1 sex partner, but if that partner is a member of a risky sexual network, then the person is at higher risk for STDs than a similar individual from a nonrisky network.

– Healthy People 2020 (www.healthypeople.gov)

Gonorrhea

Between 2008 and 2010, the annual average gonorrhea incidence rate was 388.7 cases per 100,000 population in Orleans Parish.

- Notably higher than the Louisiana incidence rate.
- Notably higher than the national incidence rate.

Gonorrhea Incidence
(2008-2010 Annual Average Cases per 100,000 Population)
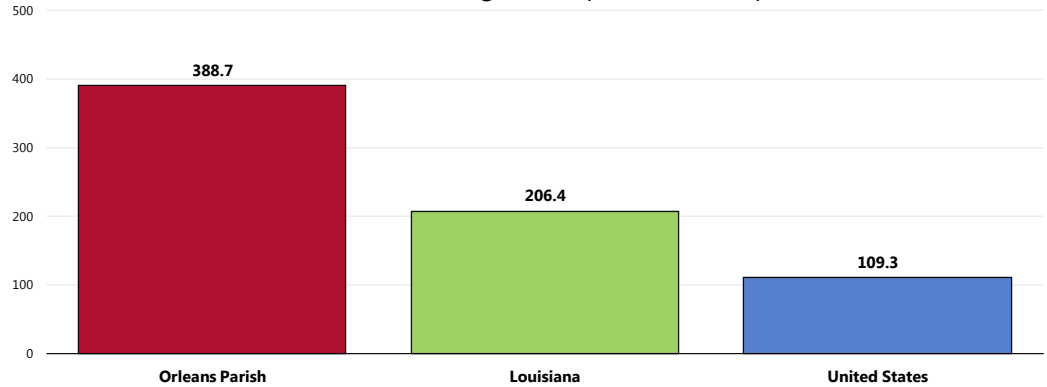
	Orleans Parish	Louisiana	United States
	388.7	206.4	109.3

Sources: ● Louisiana Department of Health and Hospitals.
　　　　 ● Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: 　● Rates are annual average new cases per 100,000 population.

Gonorrhea rates are notably higher among:

- Blacks.
- Men.

Gonorrhea Incidence
(2009 Annual Average Cases per 100,000 Population)
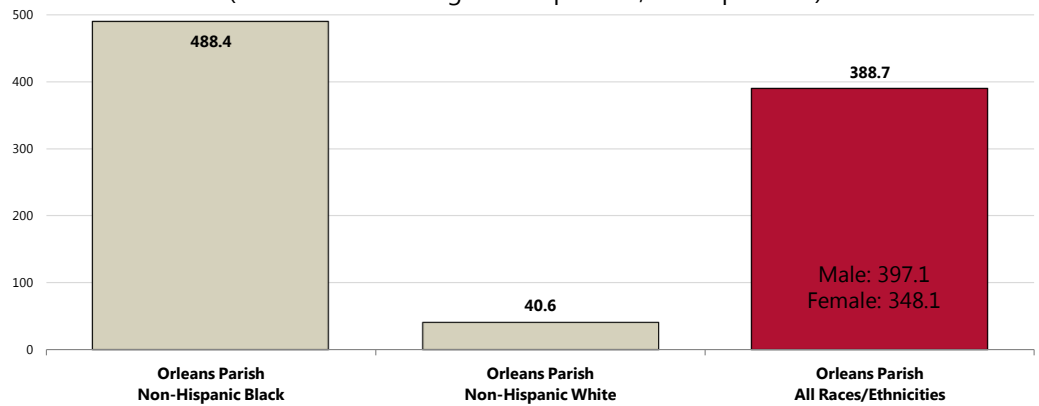
	Orleans Parish Non-Hispanic Black	Orleans Parish Non-Hispanic White	Orleans Parish All Races/Ethnicities
	488.4	40.6	388.7

Male: 397.1
Female: 348.1

Sources: ● Louisiana Department of Health and Hospitals.
Notes: 　● Rates are annual average new cases per 100,000 population.

⊞ Gonorrhea rates have decreased in recent years in Orleans Parish, echoing the statewide trend. Nationally, gonorrhea incidence has decreased as well.

Gonorrhea Incidence
(Annual Average Cases per 100,000 Population)
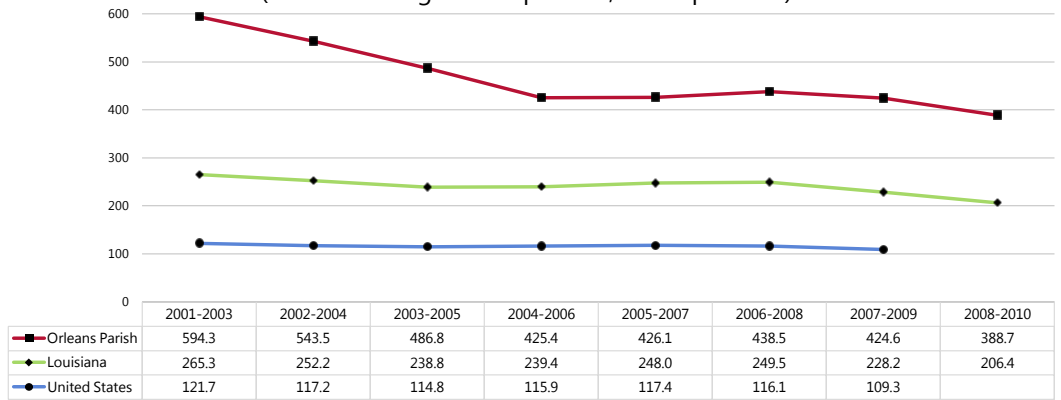
	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Orleans Parish	594.3	543.5	486.8	425.4	426.1	438.5	424.6	388.7
Louisiana	265.3	252.2	238.8	239.4	248.0	249.5	228.2	206.4
United States	121.7	117.2	114.8	115.9	117.4	116.1	109.3	

Sources: ● Louisiana Department of Health and Hospitals.
● Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: ● Rates are annual average new cases per 100,000 population.

Syphilis

Between 2008 and 2010, the annual average primary/secondary syphilis incidence rate was 24.7 cases per 100,000 population in Orleans Parish.

● Higher than the Louisiana incidence rate.

● Much higher than the national incidence rate.

Primary/Secondary Syphilis Incidence
(2008-2010 Annual Average Cases per 100,000 Population)
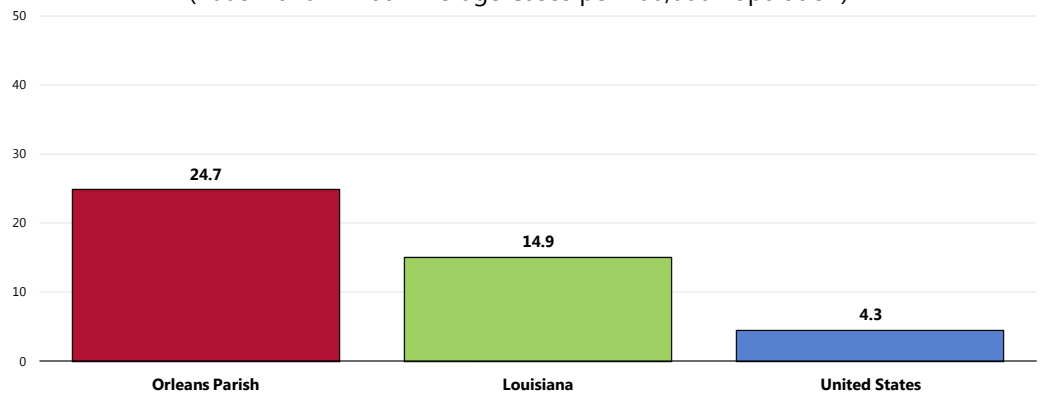
Orleans Parish	Louisiana	United States
24.7	14.9	4.3

Sources: ● Louisiana Department of Health and Hospitals.
● Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: ● Rates are annual average new cases per 100,000 population.

👫 Syphilis rates are more than four times as high among Blacks as among Whites in Orleans Parish.

👫 Likewise, the rate among Orleans Parish men is nearly four times as high as that reported among women.

Primary/Secondary Syphilis Incidence
(2009 Annual Average Cases per 100,000 Population)
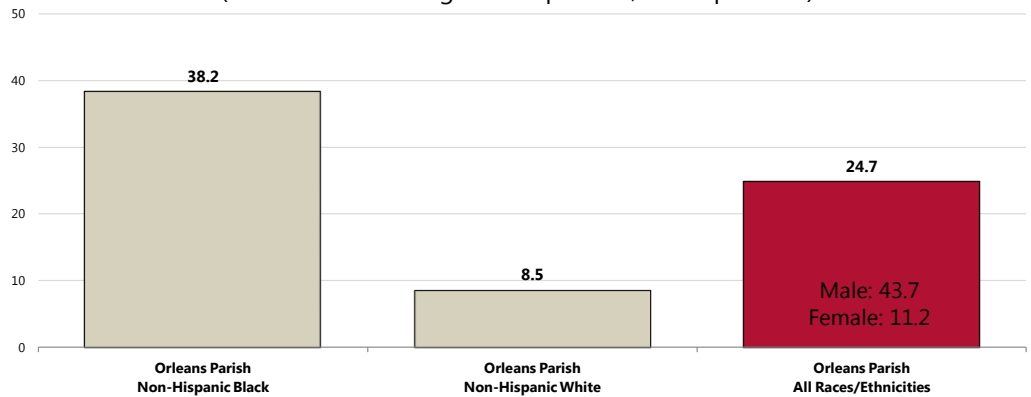
	Orleans Parish Non-Hispanic Black	Orleans Parish Non-Hispanic White	Orleans Parish All Races/Ethnicities
Rate	38.2	8.5	24.7 (Male: 43.7, Female: 11.2)

Sources: ● Louisiana Department of Health and Hospitals.
Notes: ● Rates are annual average new cases per 100,000 population.

📈 Syphilis incidence has decreased recently in Orleans Parish after increasing steadily for years. State incidence has increased since the 2001-2003 reporting period, as has national incidence.

Primary/Secondary Syphilis Incidence
(Annual Average Cases per 100,000 Population)
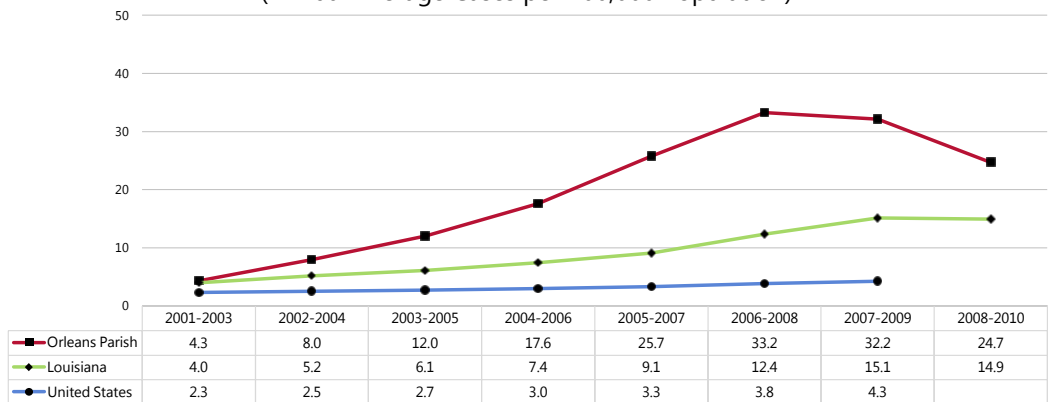
	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Orleans Parish	4.3	8.0	12.0	17.6	25.7	33.2	32.2	24.7
Louisiana	4.0	5.2	6.1	7.4	9.1	12.4	15.1	14.9
United States	2.3	2.5	2.7	3.0	3.3	3.8	4.3	

Sources: ● Louisiana Department of Health and Hospitals.
          ● Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: ● Rates are annual average new cases per 100,000 population.

Chlamydia

Between 2008 and 2010, the annual average chlamydia incidence rate was 1,024.4 cases per 100,000 population in Orleans Parish.

- Much higher than the Louisiana incidence rate.

- More than twice the national incidence rate.

Chlamydia Incidence
(2008-2010 Annual Average Cases per 100,000 Population)
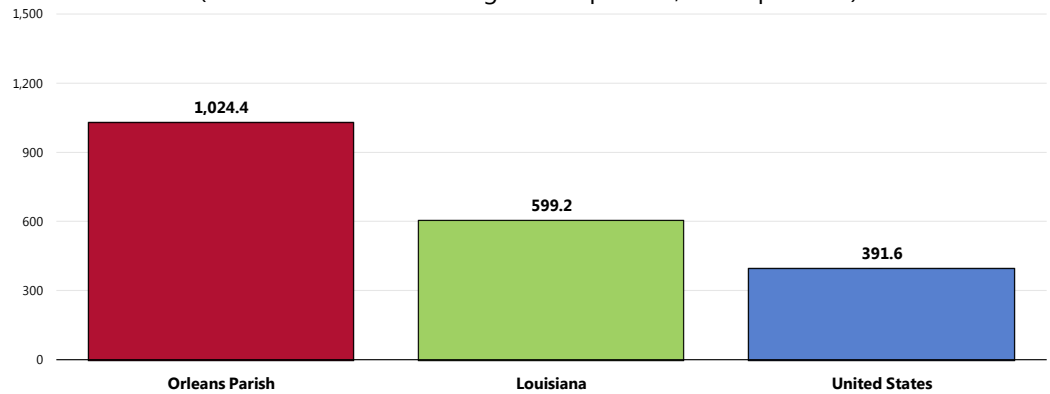
Orleans Parish: 1,024.4
Louisiana: 599.2
United States: 391.6

Sources: • Louisiana Department of Health and Hospitals.
       • Centers for Disease Control and Prevention, National Center for Health Statistics.
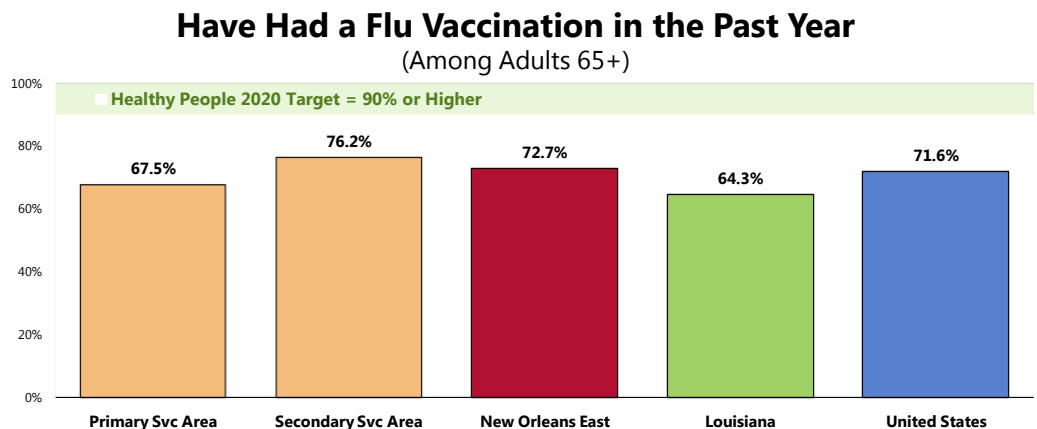Notes: • Rates are annual average new cases per 100,000 population.

- The Orleans Parish chlamydia rate is dramatically higher among Blacks when viewed by race.

- When compared with the rate among males, the female chlamydia rate is twice as high in Orleans Parish.

Chlamydia Incidence
(2009 Annual Average Cases per 100,000 Population)

Orleans Parish Non-Hispanic Black: 1,203.5
Orleans Parish Non-Hispanic White: 102.9
Orleans Parish All Races/Ethnicities: 1,024.4
Male: 647.4
Female: 1,332.7

Sources: • Louisiana Department of Health and Hospitals.
Notes: • Rates are annual average new cases per 100,000 population.

⊞ Chlamydia incidence has increased steadily after decreasing to a low during the 2005-2007 reporting period. Rates have increased since 2001-2003 across Louisiana and the US overall.

Chlamydia Incidence
(Annual Average Cases per 100,000 Population)
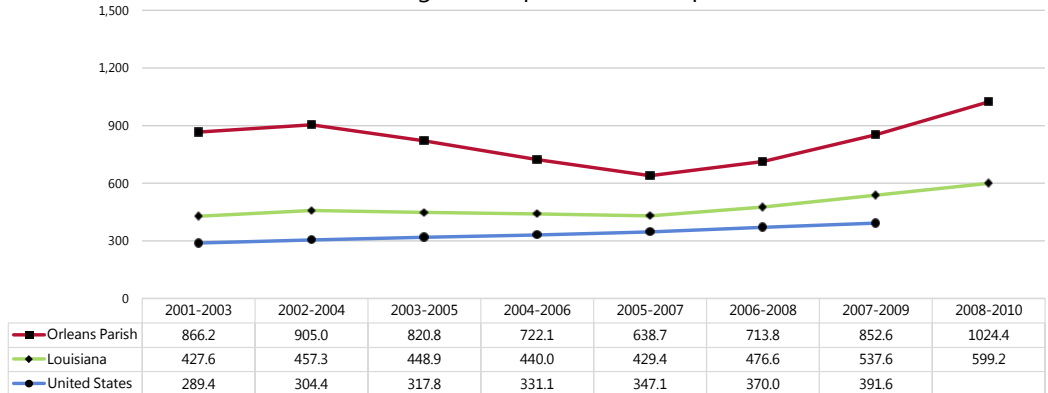
	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Orleans Parish	866.2	905.0	820.8	722.1	638.7	713.8	852.6	1024.4
Louisiana	427.6	457.3	448.9	440.0	429.4	476.6	537.6	599.2
United States	289.4	304.4	317.8	331.1	347.1	370.0	391.6	

Sources: • Louisiana Department of Health and Hospitals.
 • Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

Acute Hepatitis B

Hepatitis B Incidence

Between 2008 and 2010, the annual average hepatitis B incidence rate was 2.5 in Orleans Parish.

● Less favorable than the statewide rate.

● Less favorable than the national rate.

Hepatitis B (Acute) Incidence
(2008-2010 Annual Average Cases per 100,000 Population)
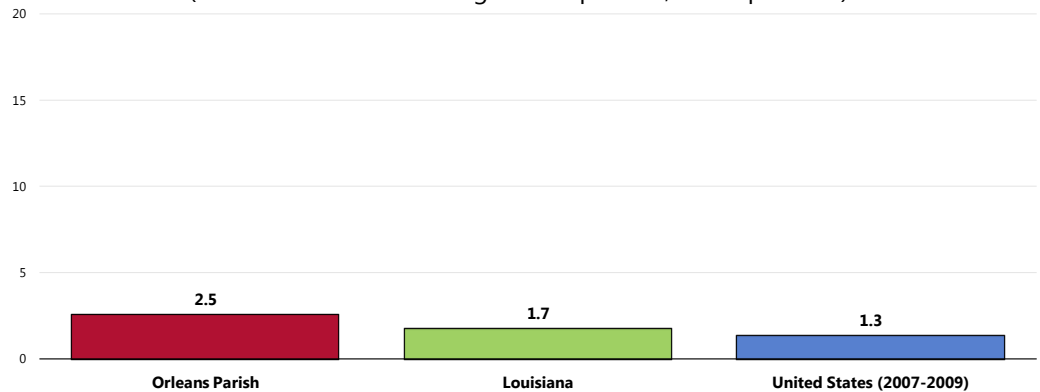
Orleans Parish	Louisiana	United States (2007-2009)
2.5	1.7	1.3

Sources: • Louisiana Department of Health and Hospitals.
 • Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

⊞ Hepatitis B incidence has decreased in recent years, echoing the downward trend reported across Louisiana and the US overall.

Hepatitis B (Acute) Incidence
(Annual Average Cases per 100,000 Population)
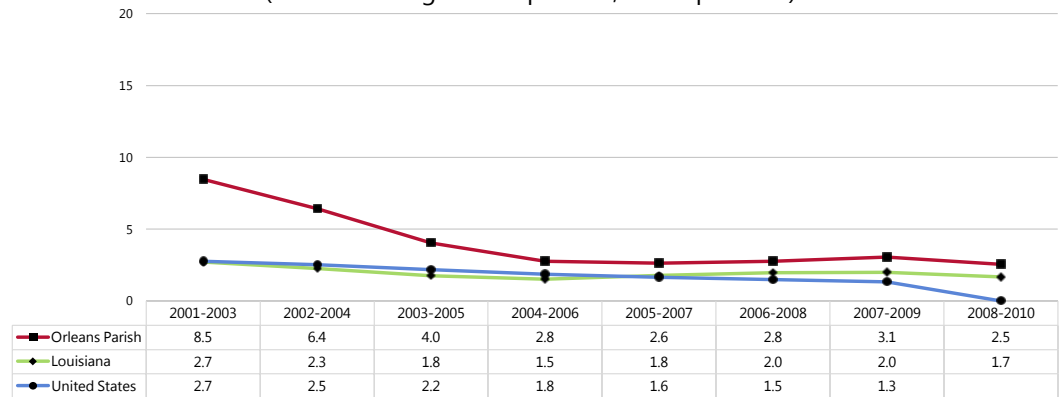
	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Orleans Parish	8.5	6.4	4.0	2.8	2.6	2.8	3.1	2.5
Louisiana	2.7	2.3	1.8	1.5	1.8	2.0	2.0	1.7
United States	2.7	2.5	2.2	1.8	1.6	1.5	1.3	

Sources: ● Louisiana Department of Health and Hospitals.
　　　　● Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: ● Rates are annual average new cases per 100,000 population.

Hepatitis B Vaccination

Based on survey data, just over 4 in 10 (41.7%) residents report having received the hepatitis B vaccine.

- Similar to what is reported nationwide.

- Similar by service area.

Have Ever Received the Hepatitis B Vaccination

Primary Service Area	Secondary Service Area	New Orleans East	United States
41.2%	42.1%	41.7%	38.4%
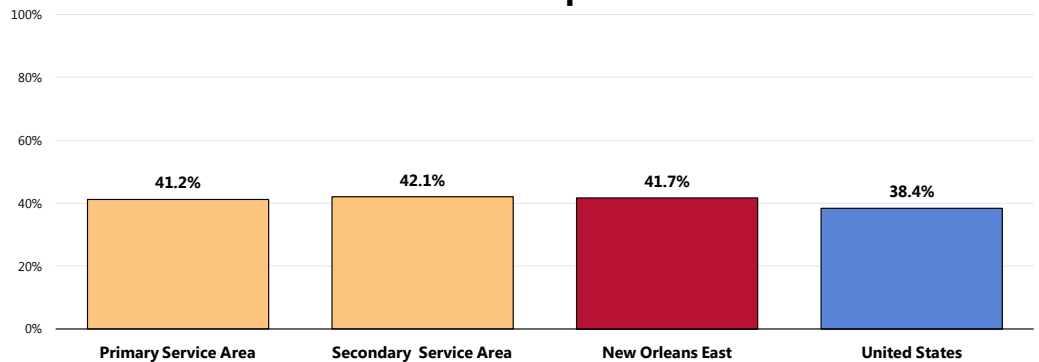
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 83]
　　　　● PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- New Orleans Parish women are more likely than men to have been vaccinated.

- Note the negative correlation between age and hepatitis B vaccination.

- In addition, residents living at higher incomes are much more likely than those with lower incomes to have received the hepatitis B vaccine.

Have Ever Received the Hepatitis B Vaccination
(New Orleans East, 2011)

Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N. Orleans East
37.8%	45.2%	55.8%	36.7%	18.8%	34.0%	37.0%	46.0%	40.5%	42.0%	50.6%	41.7%
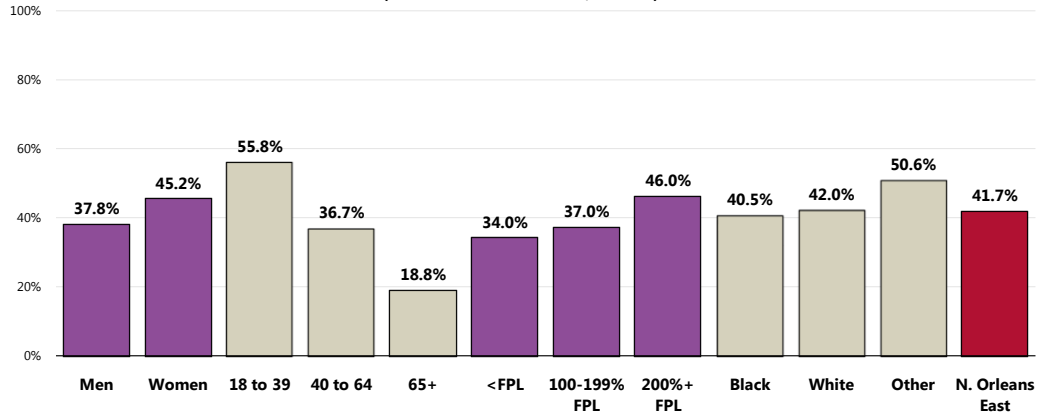
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 83]
Notes: • Asked of all respondents.
• Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Safe Sexual Practices

Sexual Partners

Among unmarried New Orleans East adults under 65, the vast majority cites having one (44.0%) or no (34.8%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months
(Among Unmarried Adults 18-64; New Orleans East, 2011)
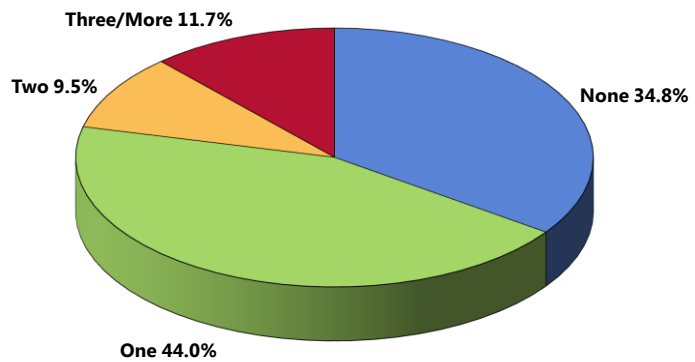
Three/More 11.7%
Two 9.5%
None 34.8%
One 44.0%

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
Notes: • Asked of all unmarried respondents under the age of 65.

However, 11.7% report three or more sexual partners in the past year.

- Comparable to that reported nationally.
- Statistically similar by area.

Had Three or More Sexual Partners in the Past Year
(Among Unmarried Adults 18-64)
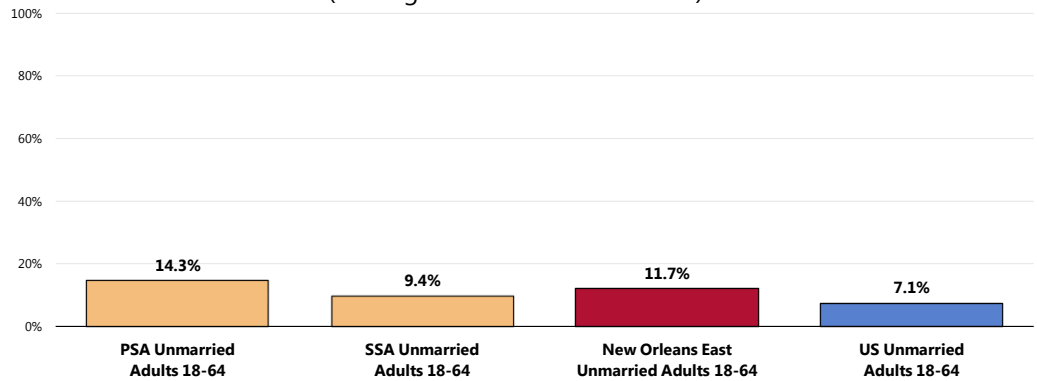
Category	Percentage
PSA Unmarried Adults 18-64	14.3%
SSA Unmarried Adults 18-64	9.4%
New Orleans East Unmarried Adults 18-64	11.7%
US Unmarried Adults 18-64	7.1%

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
          • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all unmarried respondents under the age of 65.

Unmarried respondents (age 18 to 64) <u>more</u> likely to report three or more sexual partners in the past year include:

- Men.
- Residents age 18 to 39.
- Those with higher incomes.
- Whites.

Had Three or More Sexual Partners in the Past Year
(Among Unmarried Adults 18-64; New Orleans East, 2011)

Category	Percentage
Men	23.2%
Women	2.2%
18 to 39	15.8%
40 to 64	6.8%
<FPL	4.6%
100-199% FPL	5.2%
200%+ FPL	18.1%
Black	11.0%
White	19.7%
Other	2.3%
N. Orleans East	11.7%

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
Notes: • Asked of all unmarried respondents under the age of 65.
          • Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
          • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Condom Use

Among New Orleans East adults who are under age 65 and unmarried, 54.8% report that a condom was used during their last sexual intercourse.

- Nearly three times the national percentage.
- Statistically similar by service area.

Condom Was Used During Last Sexual Intercourse
(Among Unmarried Adults 18-64)
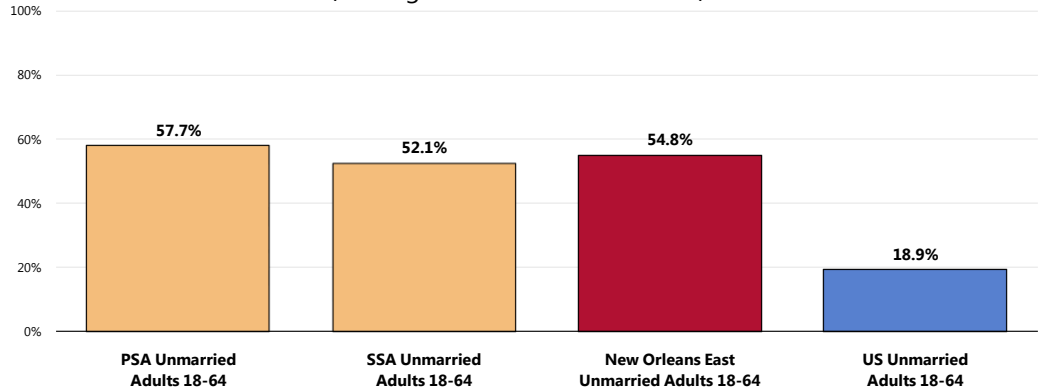
Category	Percentage
PSA Unmarried Adults 18-64	57.7%
SSA Unmarried Adults 18-64	52.1%
New Orleans East Unmarried Adults 18-64	54.8%
US Unmarried Adults 18-64	18.9%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 104]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all unmarried respondents under the age of 65.

Those <u>less</u> likely to report that a condom was used during their last sexual intercourse include:

- Women.
- Residents age 40 through 64.

Condom Was Used During Last Sexual Intercourse
(Among Unmarried Adults 18-64; New Orleans East, 2011)

Category	Percentage
Men	70.8%
Women	42.3%
18 to 39	65.9%
40 to 64	40.8%
<FPL	51.0%
100-199% FPL	54.3%
200%+ FPL	53.2%
Black	57.3%
White	51.0%
Other	44.0%
N. Orleans East	54.8%
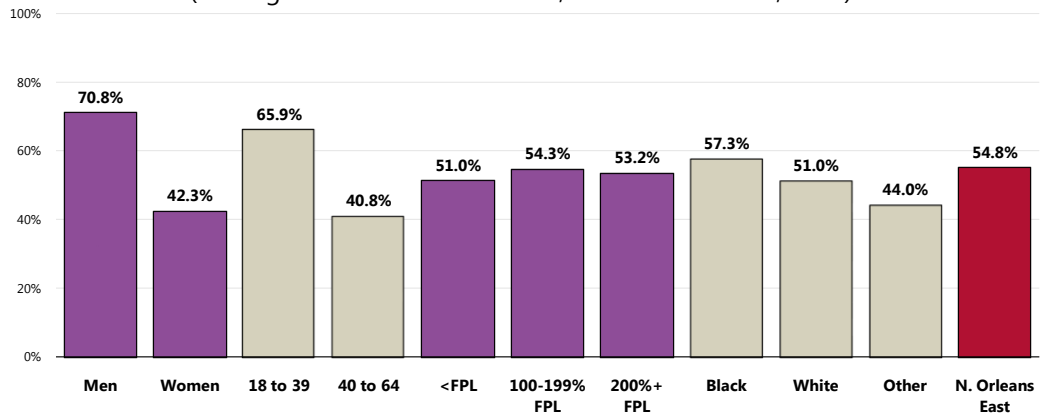
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 104]
Notes: ● Asked of all unmarried respondents under the age of 65.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

BIRTHS
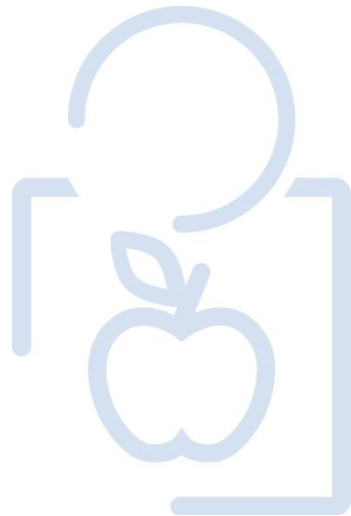
Prenatal Care

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

– Healthy People 2020 (www.healthypeople.gov)

Early and continuous prenatal care is the best assurance of infant health.

Between 2005 and 2007, 76.6% of all Orleans Parish births received adequate prenatal care (as measured by the Kessner Index, which defines prenatal care as adequate if the first prenatal visit occurred in the first trimester of pregnancy and if the total number of visits was appropriate to the gestational age of the baby at birth).

● Lower than the Louisiana proportion.

Mothers Receiving Adequate Prenatal Care
(Percentage of Live Births, 2005-2007)
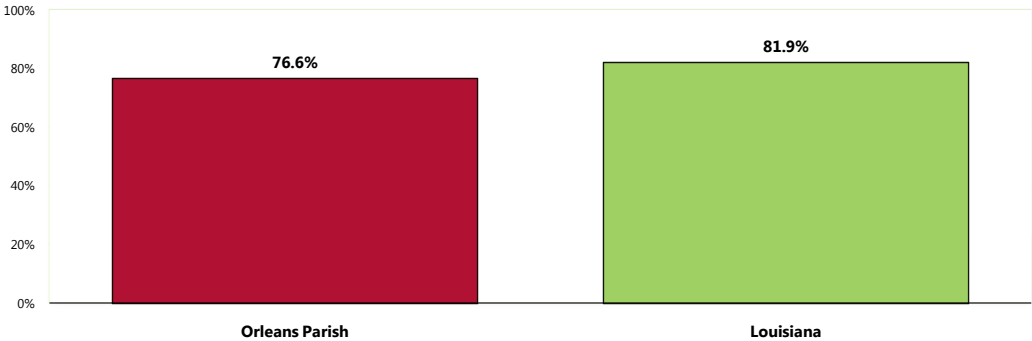
Sources: ● Louisiana Department of Health and Hospitals.
Note: ● Numbers are a percentage of all live births within each population.
● Adequate prenatal care is measured by the modified Kessner Index, which defines prenatal care as adequate if the first prenatal visit occurred in the first trimester of pregnancy and if the total number of visits was appropriate to the gestational age of the baby at birth.

White mothers in Orleans Parish are more likely than Black mothers to receive adequate prenatal care.

Mothers Receiving Adequate Prenatal Care
(By Race, Orleans Parish; 2005-2007)
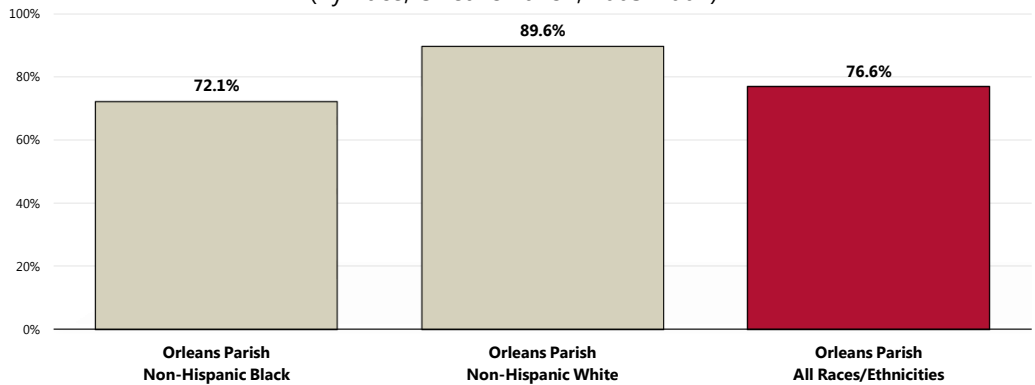
	Orleans Parish Non-Hispanic Black	Orleans Parish Non-Hispanic White	Orleans Parish All Races/Ethnicities
	72.1%	89.6%	76.6%

Sources: ● Louisiana Department of Health and Hospitals.
Note: ● Numbers are a percentage of all live births within each population.

The ratio of mothers receiving adequate prenatal care across Orleans Parish has remained stable over the past decade. Across Louisiana, the percentage has increased over time.

Mothers Receiving Adequate Prenatal Care
(Percentage of Live Births)
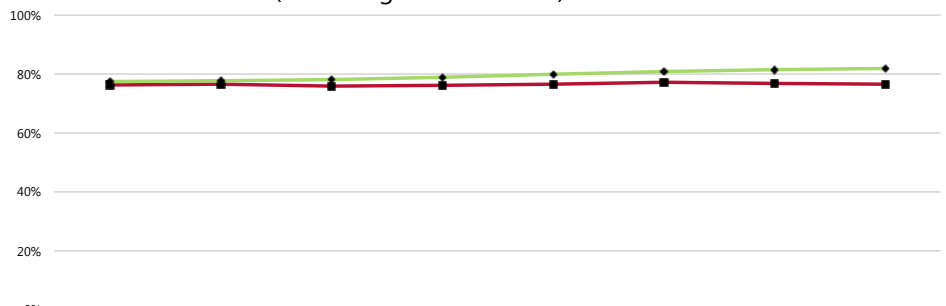
	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Orleans Parish	76.3%	76.6%	75.9%	76.2%	76.6%	77.2%	76.9%	76.6%
Louisiana	77.5%	77.7%	78.2%	78.9%	80.0%	80.9%	81.5%	81.9%

Sources: ● Louisiana Department of Health and Hospitals.
Note: ● Numbers are a percentage of all live births within each population.
● Adequate prenatal care is measured by the modified Kessner Index, which defines prenatal care as adequate if the first prenatal visit occurred in the first trimester of pregnancy and if the total number of visits was appropriate to the gestational age of the baby at birth.

Birth Outcomes & Risks

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Low-Weight Births

A total of 13.2% of 2005-2007 Orleans Parish births were low-weight.

- Higher than the Louisiana proportion.

- Higher than the national proportion.

- Fails to satisfy the Healthy People 2020 target (7.8% or lower).
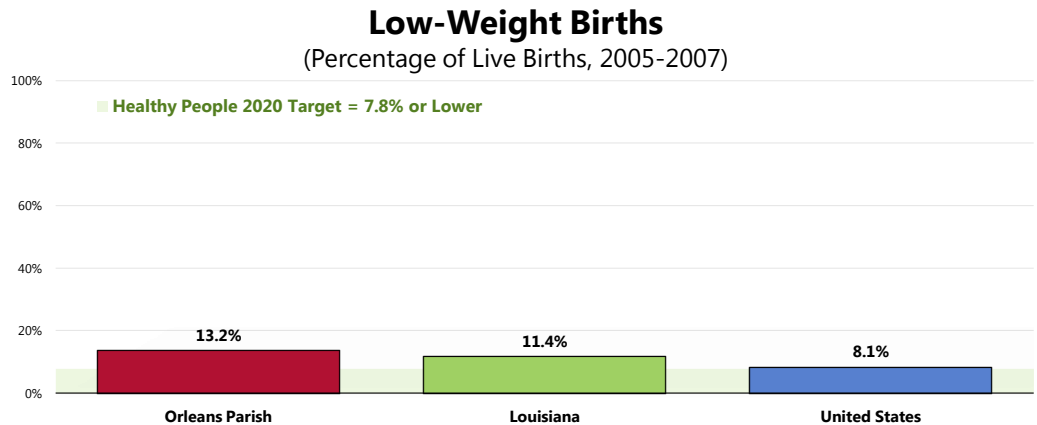
Low-Weight Births
(Percentage of Live Births, 2005-2007)

Healthy People 2020 Target = 7.8% or Lower

Orleans Parish	13.2%
Louisiana	11.4%
United States	8.1%

Sources:
- Louisiana Department of Health and Hospitals.
- Centers for Disease Control and Prevention, National Vital Statistics System.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- Numbers are a percentage of all live births within each population.

Low-weight babies are nearly twice as prevalent among Blacks in Orleans Parish.
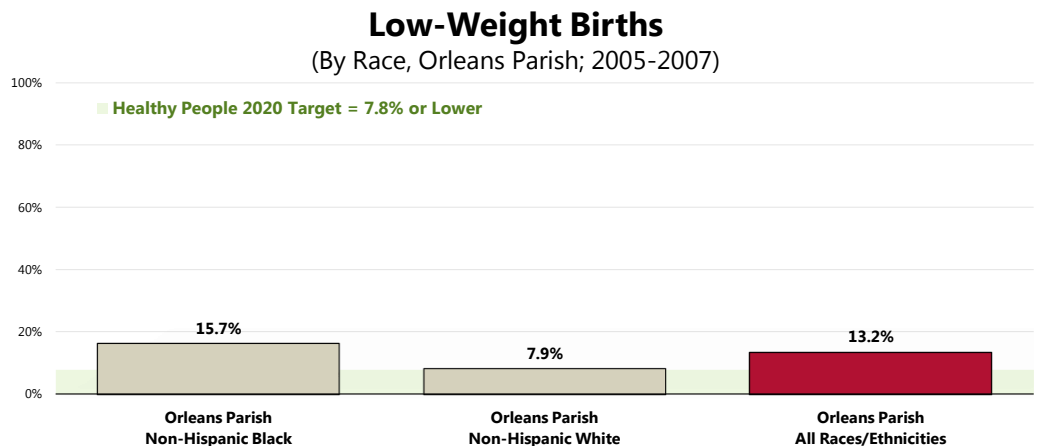
Low-Weight Births
(By Race, Orleans Parish; 2005-2007)

Healthy People 2020 Target = 7.8% or Lower

Orleans Parish Non-Hispanic Black	15.7%
Orleans Parish Non-Hispanic White	7.9%
Orleans Parish All Races/Ethnicities	13.2%

Sources:
- Louisiana Department of Health and Hospitals.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- Numbers are a percentage of all live births within each population.

The proportion of low-weight births has remained stable in Orleans Parish since the 1998-2000 reporting period; the same can be said for both Louisiana and the US as a whole.

Low-Weight Births
(Percentage of Live Births)
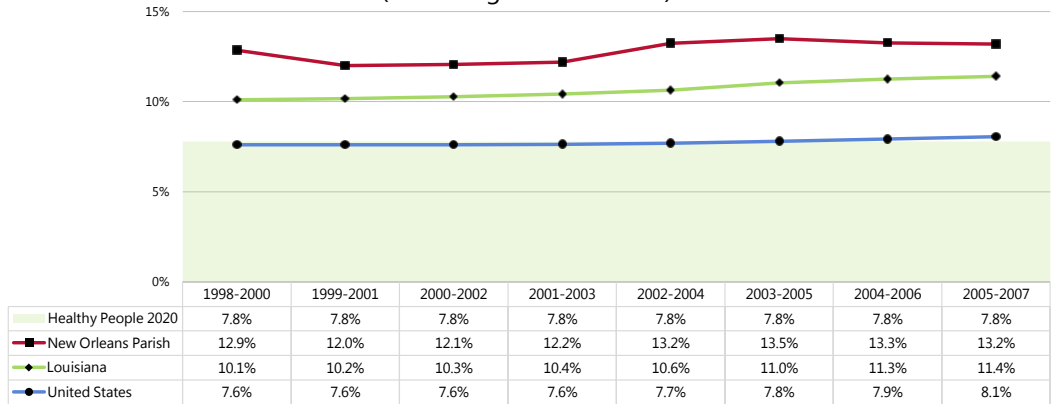
	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%
New Orleans Parish	12.9%	12.0%	12.1%	12.2%	13.2%	13.5%	13.3%	13.2%
Louisiana	10.1%	10.2%	10.3%	10.4%	10.6%	11.0%	11.3%	11.4%
United States	7.6%	7.6%	7.6%	7.6%	7.7%	7.8%	7.9%	8.1%

Sources:
- Louisiana Department of Health and Hospitals.
- Centers for Disease Control and Prevention, National Vital Statistics System.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- Numbers are a percentage of all live births within each population.

Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2005 and 2007, there was an annual average of 10.0 infant deaths per 1,000 live births.

- Comparable to the Louisiana rate.

- Less favorable than the national rate.

- Fails to satisfy the Healthy People 2020 target of 6.0 per 1,000 live births.

Infant Mortality Rate
(2005-2007 Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2020 Target = 6.0 or Lower

Orleans Parish	Louisiana	United States
10.0	10.2	6.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

👪 Infant mortality rates are nearly three times as high among births to Black mothers in Orleans Parish.
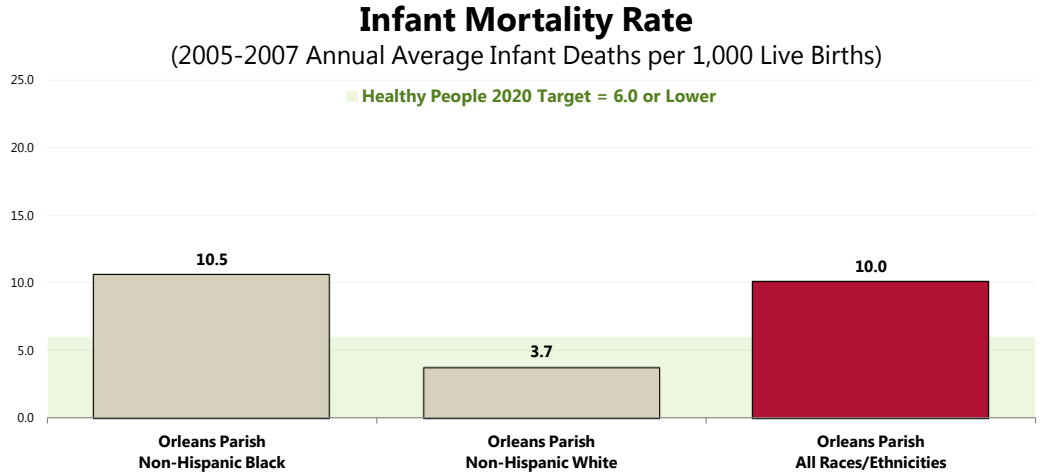
Infant Mortality Rate
(2005-2007 Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2020 Target = 6.0 or Lower

	Orleans Parish Non-Hispanic Black	Orleans Parish Non-Hispanic White	Orleans Parish All Races/Ethnicities
Rate	10.5	3.7	10.0

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]
Notes: • Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

📈 Infant mortality rates have fluctuated over time in Orleans Parish. Across Louisiana rates have increased somewhat, while remaining unchanged nationally in recent years.
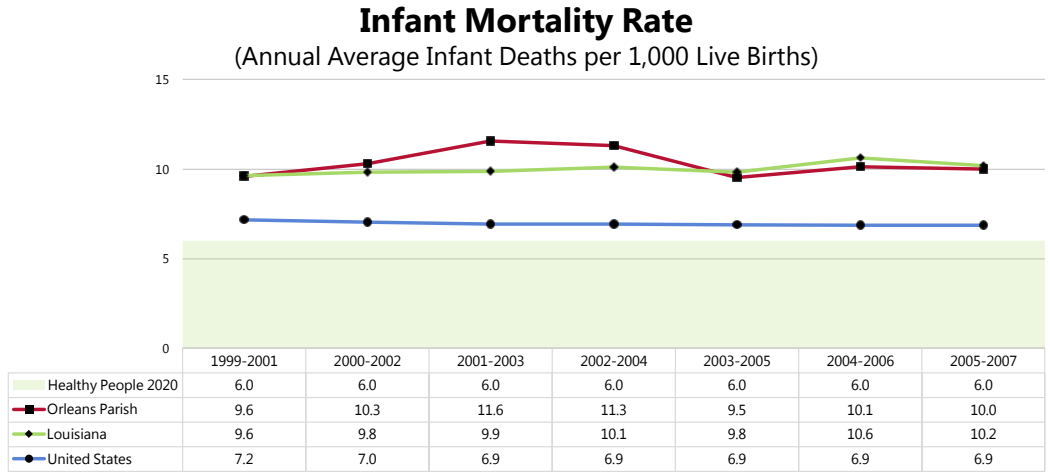
Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births)

	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	6.0	6.0	6.0	6.0	6.0	6.0	6.0
Orleans Parish	9.6	10.3	11.6	11.3	9.5	10.1	10.0
Louisiana	9.6	9.8	9.9	10.1	9.8	10.6	10.2
United States	7.2	7.0	6.9	6.9	6.9	6.9	6.9

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
 • Centers for Disease Control and Prevention, National Center for Health Statistics.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]
Notes: • Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Family Planning

Family planning is one of the 10 great public health achievements of the 20th century. The availability of family planning services allows individuals to achieve desired birth spacing and family size and contributes to improved health outcomes for infants, children, and women. Family planning services include contraceptive and broader reproductive health services (patient education and counseling), breast and pelvic examinations, breast and cervical cancer screening, sexually transmitted infection (STI) and HIV prevention education/counseling/testing/referral, and pregnancy diagnosis and counseling. For many women, a family planning clinic is their entry point into the healthcare system and is considered to be their usual source of care. This is especially true for women with incomes below the poverty level, women who are uninsured, Hispanic women, and Black women.

Unintended pregnancies (those reported by women as being mistimed or unwanted) are associated with many negative health and economic outcomes. In 2001, almost one-half of all pregnancies in the US were unintended. For women, negative outcomes associated with unintended pregnancy include:

- Delays in initiating prenatal care
- Reduced likelihood of breastfeeding
- Poor maternal mental health
- Lower mother-child relationship quality
- Increased risk of physical violence during pregnancy

Children born as a result of an unintended pregnancy are more likely to experience poor mental and physical health during childhood and poor educational and behavioral outcomes.

- Healthy People 2020 (www.healthypeople.gov)

Births to Teen Mothers

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

- Healthy People 2020 (www.healthypeople.gov)

A total of 14.6% of 2005-2007 Orleans Parish births were to teenage mothers.

- Similar to the Louisiana proportion.

- Less favorable than the national proportion.

Births to Teen Mothers
(Percentage of Live Births, 2005-2007)
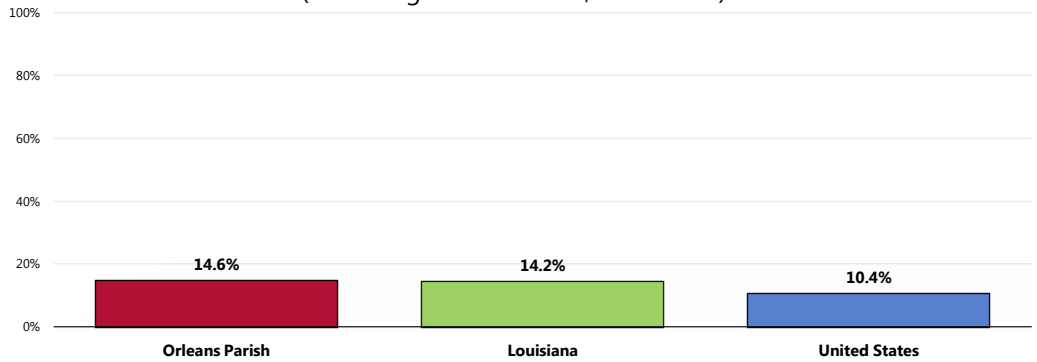
Orleans Parish	Louisiana	United States
14.6%	14.2%	10.4%

Sources: • Louisiana Department of Health and Hospitals.
　　　　 • Centers for Disease Control and Prevention, National Vital Statistics System.
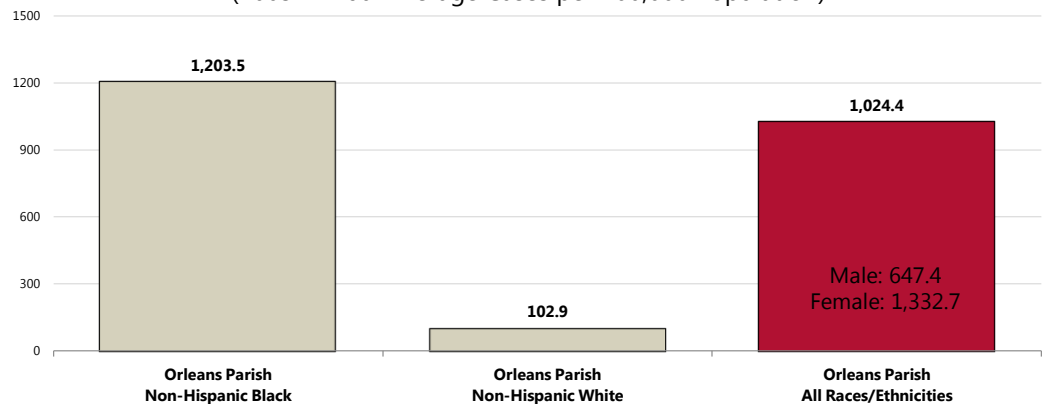Note: 　 • Numbers are a percentage of all live births within each population.

Teen mothers are six times as likely to be Black as to be White in Orleans Parish.

Births to Teen Mothers
(By Race; Orleans Parish, 2005-2007)
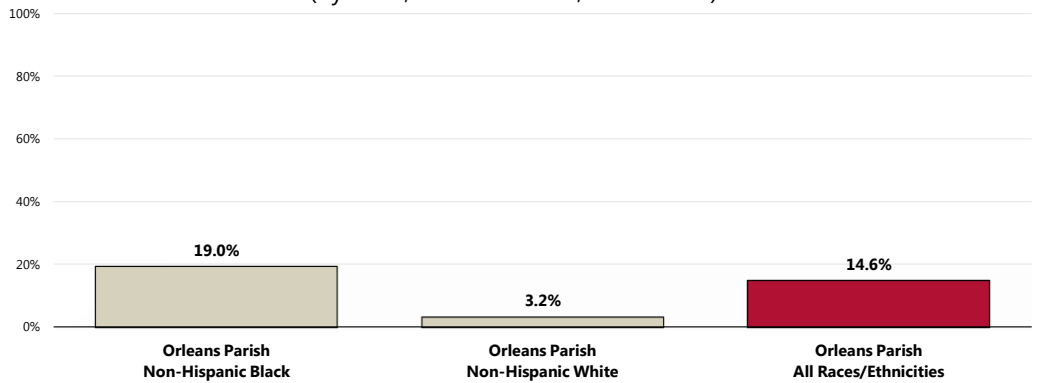
Orleans Parish Non-Hispanic Black	Orleans Parish Non-Hispanic White	Orleans Parish All Races/Ethnicities
19.0%	3.2%	14.6%

Sources: • Louisiana Department of Health and Hospitals.
Note: 　 • Numbers are a percentage of all live births within each population.

⊞ The percentage of teen births decreased considerably in Orleans Parish in recent years; the same downward trend is seen both statewide and nationwide.

Births to Teen Mothers
(Percentage of Live Births)
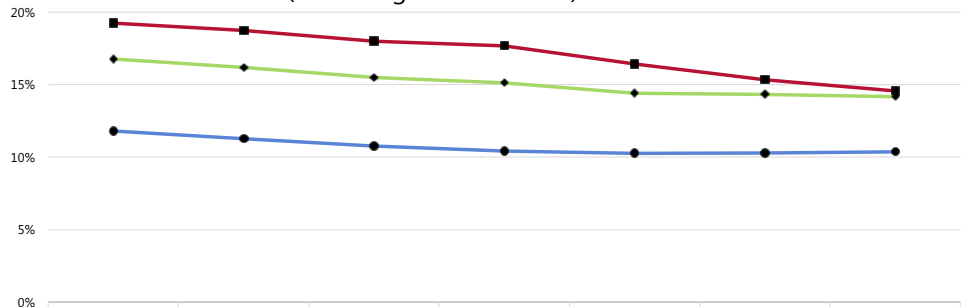
	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Orleans Parish	19.2%	18.7%	18.0%	17.7%	16.4%	15.3%	14.6%
Louisiana	16.8%	16.2%	15.5%	15.1%	14.4%	14.3%	14.2%
United States	11.8%	11.3%	10.8%	10.4%	10.3%	10.3%	10.4%

Sources: ● Louisiana Department of Health and Hospitals.
          ● Centers for Disease Control and Prevention, National Vital Statistics System.
Note: ● Numbers are a percentage of all live births within each population.

Related Key Informant Interview Findings: Teen Pregnancy

Only one interviewee mentioned teen pregnancy as a significant issue in the area. According to that person, there is a lack of recreation or enrichment groups to keep teens otherwise occupied. All others believe teen pregnancy rates are going down.

MODIFIABLE HEALTH RISKS
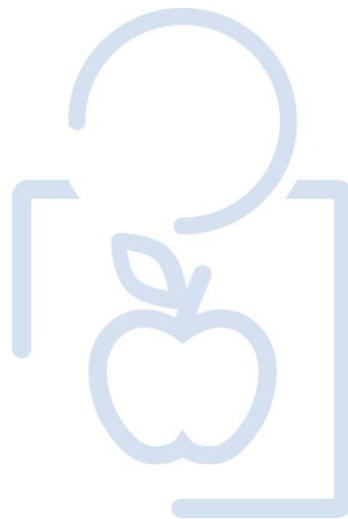
Actual Causes Of Death

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were tobacco (an estimated 435,000 deaths), diet and activity patterns (400,000), alcohol (85,000), microbial agents (75,000), toxic agents (55,000), motor vehicles (43,000), firearms (29,000), sexual behavior (20,000), and illicit use of drugs (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

– Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic lung disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health

Factors Contributing to Premature Deaths in the United States

Medical Care 10%
Physical Environment 5%
Social Circumstances 15%
Genetics 30%

Lifestyle/Behaviors 40%

Tobacco 18%
Diet/Inactivity 17%
Alcohol 4%
Infectious Disease 3%
Toxic Agents 2%
Motor Vehicle 2%
Firearms 1%
Sexual Behavior 1%
Illicit Drugs 1%
Other 52%

United States: 1987. DHHS Pub. No. (PHS) 88–1232.

Nutrition

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.

- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.

- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.

- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes

- Skills

- Social support

- Societal and cultural norms

- Food and agricultural policies

- Food assistance programs

- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

– Healthy People 2020 (www.healthypeople.gov)

Daily Recommendation of Fruits/Vegetables

A total of 37.8% of New Orleans East adults report eating five or more servings of fruits and/or vegetables per day.

- Less favorable than national findings.

- Statistically similar by service area.

Consume Five or More Servings of Fruits/Vegetables Per Day

	Primary Service Area	Secondary Service Area	New Orleans East	United States
	35.2%	40.0%	37.8%	48.8%
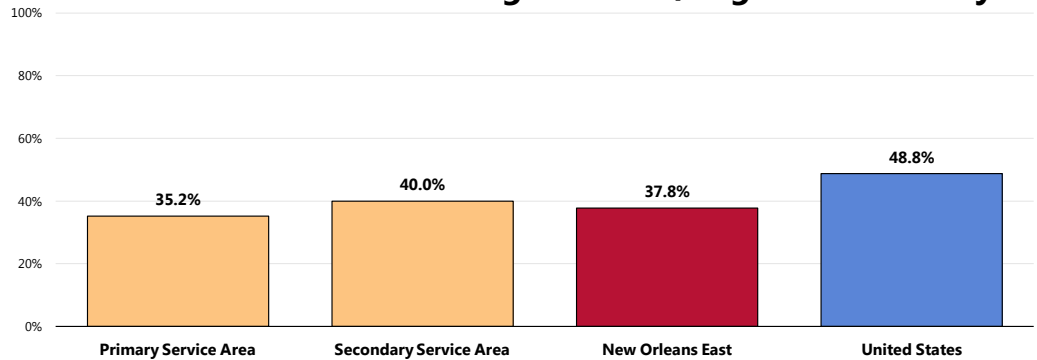
Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 180]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

Low-income adults and Blacks are <u>less</u> likely to get the recommended servings of daily fruits/vegetables.

Consume Five or More Servings of Fruits/Vegetables Per Day
(New Orleans East, 2011)
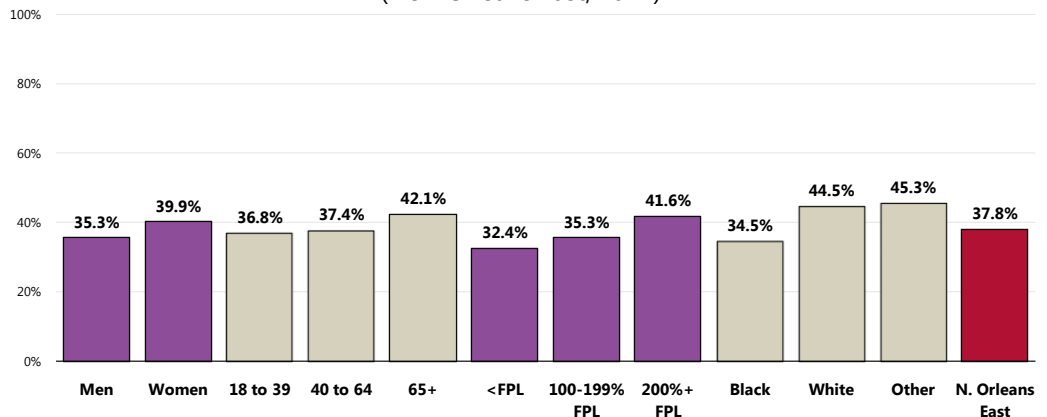
Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N. Orleans East
35.3%	39.9%	36.8%	37.4%	42.1%	32.4%	35.3%	41.6%	34.5%	44.5%	45.3%	37.8%

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 180]

Notes:
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Fruits

The majority (62.5%) of New Orleans East adults reports eating at least two servings of fruit per day.

- Similar to national findings.
- No significant difference by service area (not shown).

Vegetables

A total of 28.3% of survey respondents reports eating three or more servings of vegetables per day, at least one-third of which are dark green or orange vegetables.

- Lower than national findings.
- Similar by service area (not shown).

Fruit & Vegetable Consumption
(New Orleans East, 2011)

No
37.5%

Yes
62.5%

Yes
28.3%

No
71.7%
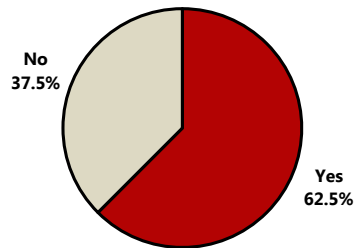
**Consume Two or More
Servings of Fruits/Fruit Juices Per Day**

US=60.5%
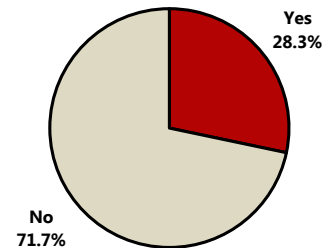
**Consume Three or More Servings of Vegetables
Per Day, With One-Third Dark Green or Orange**

US=40.1%

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 181-182]
 • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Affordability of Fresh Produce

When asked about their level of difficulty in buying affordable fresh produce, the majority of survey respondents gave "not too difficult" (25.1%) or "not at all difficult" (47.5%) responses.

Perceived Difficulty Buying Affordable Fresh Produce
(New Orleans East, 2011)
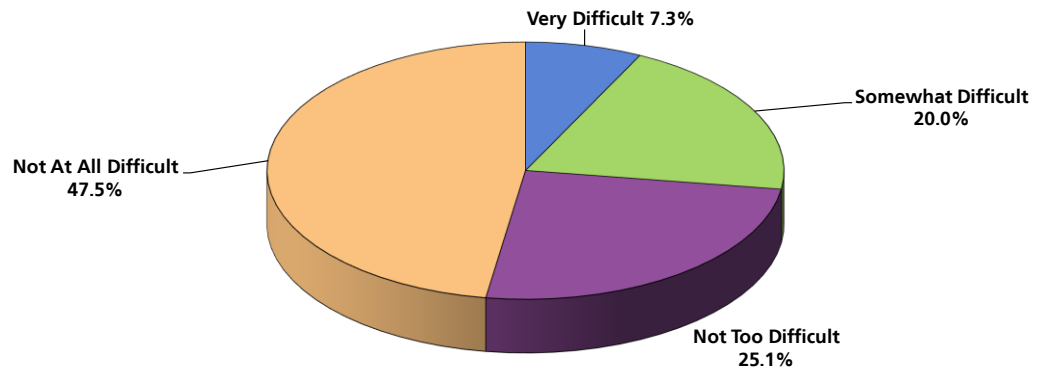
Very Difficult 7.3%

Somewhat Difficult 20.0%

Not At All Difficult 47.5%

Not Too Difficult 25.1%

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 109]
Notes: ● Asked of all respondents.

In contrast, 27.3% of community residents consider it diffiult to buy affordable fresh produce (including 20.0% "somewhat difficult" and 7.3% "very difficult" responses).

- Statistically similar by service area.

Buying Affordable Fresh Produce Perceived as Difficult

26.3%	28.2%	27.3%
Primary Service Area	Secondary Service Area	New Orleans East

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 109]
Notes: ● Asked of all respondents.
● Percentages include both "very difficult" and "somewhat difficult" responses.

Adults more likely to find it difficult to afford fresh produce include the following population segments:

- Women.
- Adults 40+.
- Lower-income residents.
- Blacks.

Buying Affordable Fresh Produce Perceived as Difficult
(New Orleans East, 2011)

Category	Percentage
Men	18.5%
Women	34.9%
18 to 39	23.2%
40 to 64	31.6%
65+	28.3%
Below FPL	42.0%
100-200% FPL	36.2%
200%+ FPL	18.4%
Black	32.2%
White	17.5%
Other	16.9%
N. Orleans East	27.3%

Health Advice About Diet & Nutrition

A total of 43.6% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Comparable to national findings.

- Comparable by service area (not shown).

- Note: Among obese respondents, 59.0% report receiving diet/nutrition advice (meaning that nearly 4 in 10 did not).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional
(By Weight Classification)

Category	Percentage
New Orleans East: Healthy Weight	30.3%
New Orleans East: Overwt/Not Obese	42.9%
New Orleans East: Obese	59.0%
New Orleans East: All Adults	43.6%
US: All Adults	41.9%
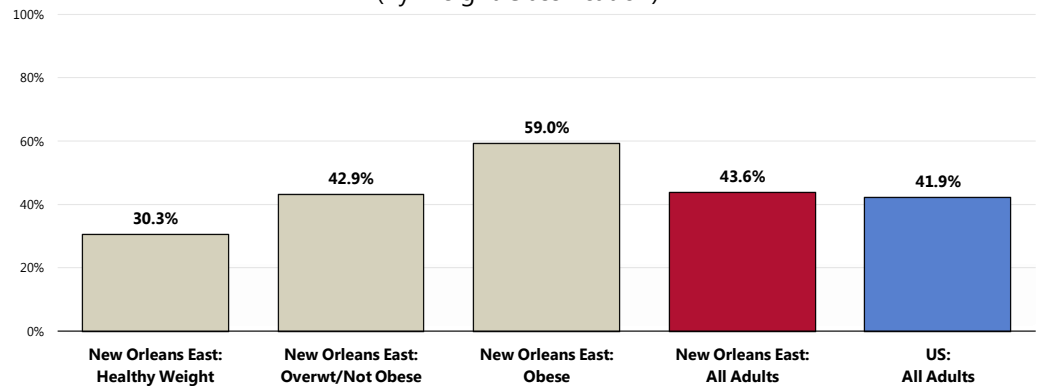
Related Key Informant Interview Findings: Nutrition

Interviewees are concerned about the limited food options available to those living in New Orleans East. There was mention of one grocery store for the entire community plus numerous convenience stores. Most interviewees are worried about the selections in food available at convenience stores and that there are not fresh fruits and vegetables available at those types of stores. Some are also concerned that those who do get to the grocery store are not buying fresh fruits and vegetables because the cost is perceived to be much higher than pre-packaged food.

Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity:

- Gender (boys)
- Belief in ability to be active (self-efficacy)
- Parental support

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity:

- Parental education
- Gender (boys)
- Personal goals
- Physical education/school sports
- Belief in ability to be active (self-efficacy)
- Support of friends and family

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

– Healthy People 2020 (www.healthypeople.gov)

Level of Activity at Work

A majority of employed respondents reports low levels of physical activity at work.

- Just over 6 in 10 (62.8%) employed respondents report that their job entails mostly sitting or standing, similar to the US figure.

- 23.8% report that their job entails mostly walking (similar to national findings).

- 13.4% report that their work is physically demanding (similar to national findings).

Primary Level of Physical Activity At Work
(Among Employed Respondents)

■ **New Orleans East**   ■ **US**

Category	New Orleans East	US
Sitting/Standing	62.8%	63.2%
Mostly Walking	23.8%	22.2%
Physically Demanding	13.4%	14.6%
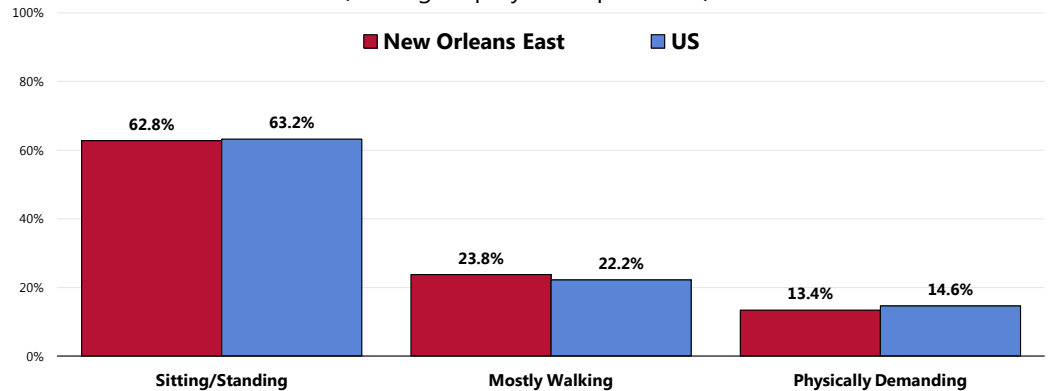
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 113]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of those respondents who are employed for wages.

Leisure-Time Physical Activity

A total of 26.7% of New Orleans East adults report no leisure-time physical activity in the past month.

- More favorable than statewide findings.

- Similar to national findings.

- Satisfies the Healthy People 2020 objective (32.6% or lower).

- Less favorable (higher) in the Primary Service Area.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower

Primary Svc Area	Secondary Svc Area	New Orleans East	Louisiana	United States
32.9%	21.5%	26.7%	30.1%	28.7%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 114]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]
Notes: ● Asked of all respondents.

Lack of leisure-time physical activity in the area is higher among:

   👥 Women.

   👥 Lower-income residents.

   👥 Non-Whites.

No Leisure-Time Physical Activity in the Past Month
(New Orleans East, 2011)

Healthy People 2020 Target = 32.6% or Lower

Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N. Orleans East
22.5%	30.3%	26.1%	25.2%	31.0%	47.8%	37.3%	15.6%	28.6%	20.0%	32.6%	26.7%

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 114]
        • US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]
Notes: • Asked of all respondents.
      • Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
      • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Activity Levels

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

– 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Recommended Levels of Physical Activity

A total of 43.1% of New Orleans East adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations)**.**

   ● Nearly identical to the Louisiana percentage.

   ● Similar to national findings.

   ● Lower among Primary Service Area residents.

Meets Physical Activity Recommendations

Primary Svc Area	Secondary Svc Area	New Orleans East	Louisiana	United States
37.8%	47.7%	43.1%	43.6%	42.7%

Those <u>less</u> likely to meet physical activity requirements include:

- ♦♦♦ Women.

- ♦♦♦ Adults 40+.

- ♦♦♦ Residents with lower income levels.

- ♦♦♦ Non-Whites.

Meets Physical Activity Recommendations
(New Orleans East, 2011)

Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N. Orleans East
48.9%	38.2%	49.1%	40.6%	35.3%	32.1%	35.4%	50.6%	40.3%	50.1%	42.6%	43.1%

Moderate & Vigorous Physical Activity

The individual indicators of moderate physical activity, vigorous physical activity, and strengthening activities are shown here.

In the past month:

A total of 23.0% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time)**.**

- Similar to the national level.
- Lower in the Primary Service Area (not shown).

A total of 34.5% participated in vigorous physical activity (3 times a week, 20 minutes at a time)**.**

- More favorable than the prevalence reported statewide (not shown).
- Nearly identical to nationwide findings.
- Lower in the Primary Service Area (not shown).

Moderate & Vigorous Physical Activity
(New Orleans East, 2011)
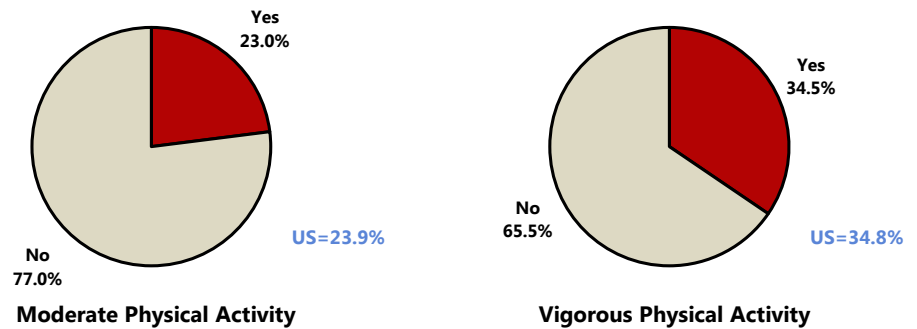
Moderate Physical Activity — Yes 23.0%, No 77.0%, US=23.9%

Vigorous Physical Activity — Yes 34.5%, No 65.5%, US=34.8%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 185-186]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
● Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

Health Advice About Physical Activity & Exercise

A total of 48.7% of New Orleans East adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Comparable to the national average.

- Note: 61.0% of obese New Orleans East respondents say that they have talked with their doctor about physical activity/exercise in the past year.

Have Received Advice About Exercise in the
Past Year From a Physician, Nurse, or Other Health Professional
(By Weight Classification)

New Orleans East: Healthy Weight	36.4%
New Orleans East: Overwt/Not Obese	51.0%
New Orleans East: Obese	61.0%
New Orleans East: All Adults	48.7%
US: All Adults	47.8%
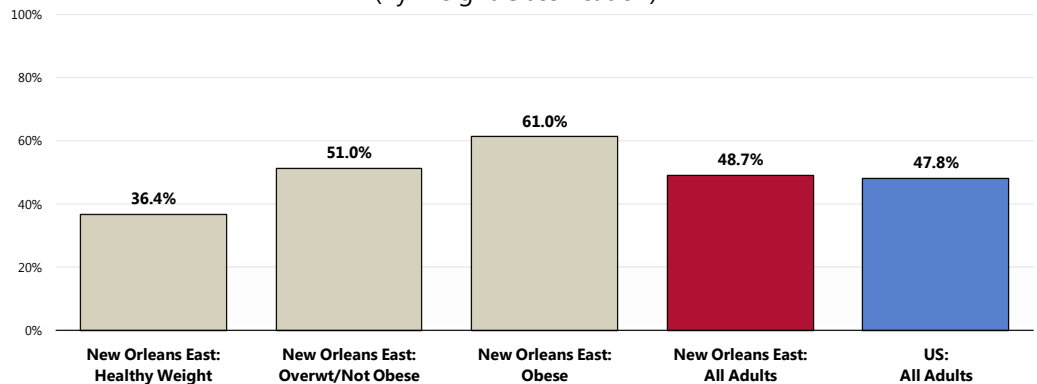
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
        • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Related Key Informant Interview Findings: Exercise

There is concern that community members are not getting the exercise they need to stay healthy. Some spoke of the lack of green space available to the residents of New Orleans East particularly after Hurricane Katrina. Interviewees are not seeing community residents spending time outdoors exercising because of that lack of green space but also because of the violence in the community.

There was mention of religious groups trying to organize exercise options for the community, and there are two fitness gyms in the area. However, interviewees are not seeing that translate into an increase in healthy living for the residents of the community.

Children's Screen Time

Among children aged 2 through 17, 20.1% average three or more hours of television per day, and 15.7% spend three or more hours on other types of screen time for entertainment (video games, Internet, etc.)**.**

- Similar to the US prevalence for both television and other screen time.

- In contrast, 43.5% of children aged 2-17 spend **one hour or less** watching television on an average day, and 67.7% spend **one hour or less** on other screen time.

Children's Screen Time
(Among Parents of Children Ages 2-17; New Orleans East, 2011)
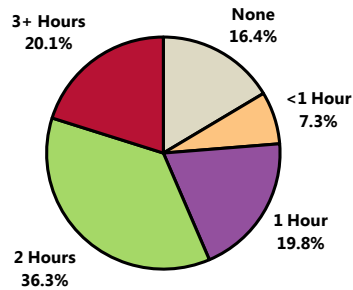
Hours per Day of Television

- 3+ Hours 20.1%
- None 16.4%
- <1 Hour 7.3%
- 1 Hour 19.8%
- 2 Hours 36.3%
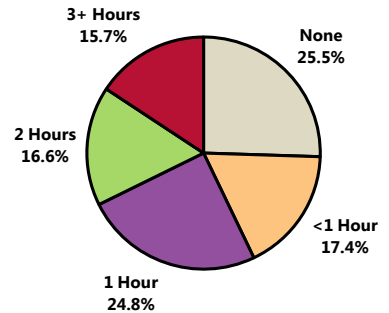
Hours per Day of Other Screen Time
(i.e., video games, computer/Internet entertainment)

- 3+ Hours 15.7%
- None 25.5%
- 2 Hours 16.6%
- <1 Hour 17.4%
- 1 Hour 24.8%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 150-151]
Notes: ● Asked of respondents with a child aged 2 to 17 in the household.

When combined, 53.5% of New Orleans East children spend three or more hours on screen time (whether television or computer, Internet, video games, etc.**) per day.**

- Statistically similar to the national prevalence.

- Much higher in the Primary Service Area.

- Higher among teens in New Orleans East.

Children With Three or More Hours per School Day of Total Screen Time [TV, Computer, Video Games, Etc. for Entertainment]
(Among Parents of Children 5-17)

Children 5-12: 48.2%
Children 13-17: 63.8%

Primary Service Area	Secondary Service Area	New Orleans East	United States
62.2%	40.3%	53.5%	43.4%
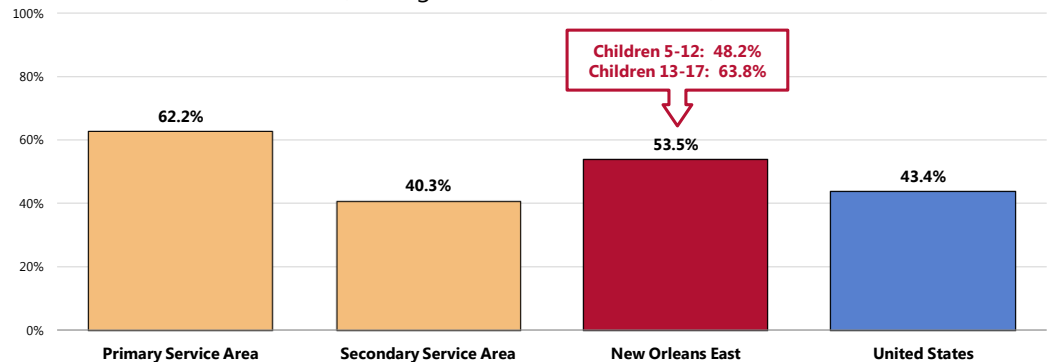
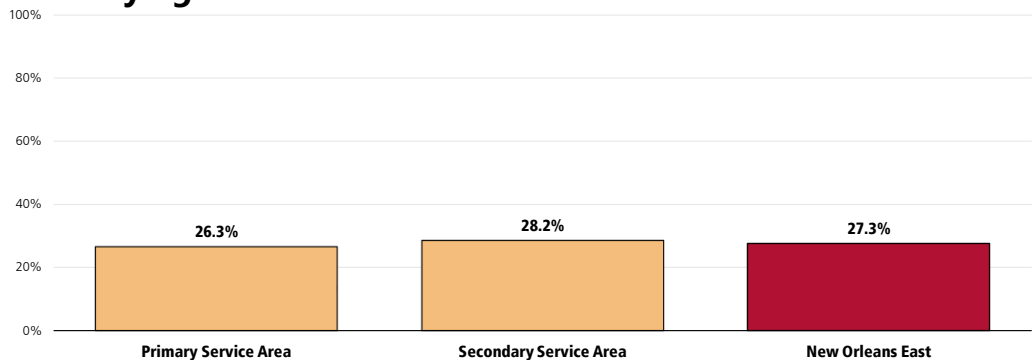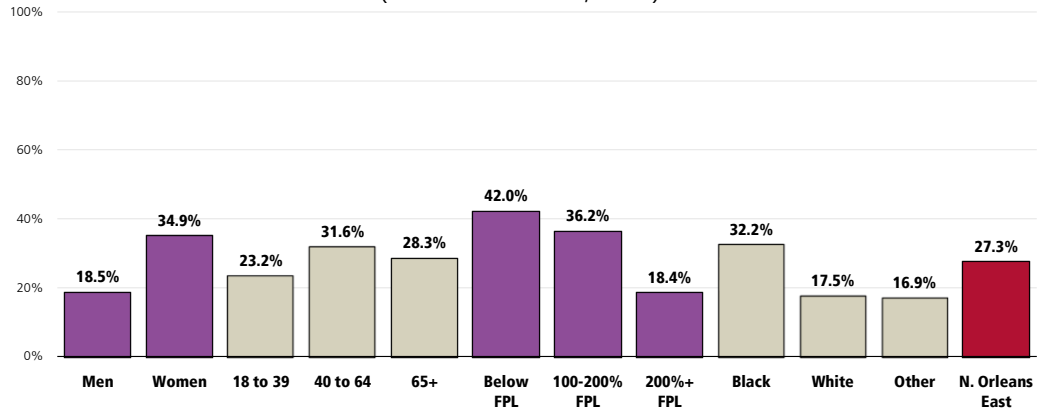Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 189]
Notes: ● Asked of all respondents with children 5-17 at home.
● For this issue, respondents with children who are not in school were asked about "weekdays," while parents of children in school were asked about typical "school days."
● "Three or more hours" includes reported screen time of 180 minutes or more per day.

Weight Status

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

– Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches^2)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI of ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI of ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

Self-Perceived Body Weight

When asked to consider their own bodyweight, 44.9% of overweight (not obese) New Orleans East residents consider themselves to be "about right."

👥 Note that 11.5% of obese residents consider their weight to be "about right."

Actual Versus Perceived Weight Status
(Among Adults Who Are Overweight/Obese Based on BMI; New Orleans East, 2011)
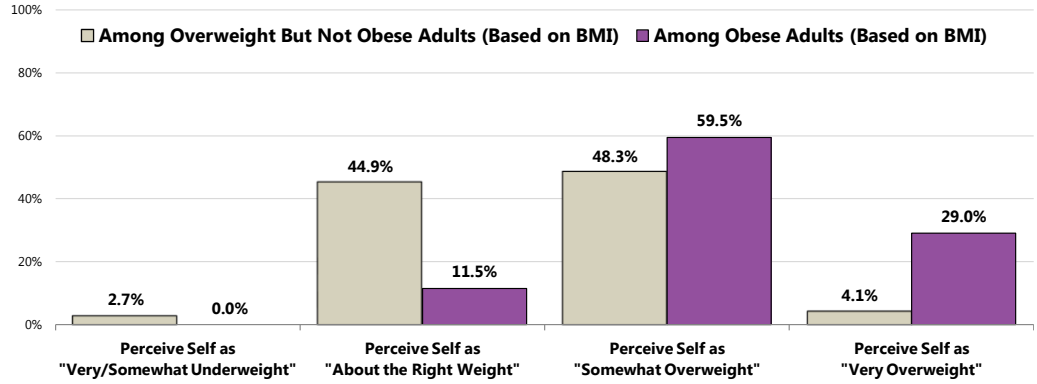
Legend: ☐ Among Overweight But Not Obese Adults (Based on BMI) ■ Among Obese Adults (Based on BMI)

Perceive Self as "Very/Somewhat Underweight"	Perceive Self as "About the Right Weight"	Perceive Self as "Somewhat Overweight"	Perceive Self as "Very Overweight"
2.7% / 0.0%	44.9% / 11.5%	48.3% / 59.5%	4.1% / 29.0%

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 121, 191]
Notes: • BMI is based on reported heights and weights, asked of all respondents.
• The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Healthy Weight

Based on self-reported heights and weights, 31.3% of New Orleans East adults are at a healthy weight.

- Nearly identical to national findings.

- Comparable to the Healthy People 2020 target (33.9% or higher).

- Statistically similar by service area.

Healthy Weight
(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)
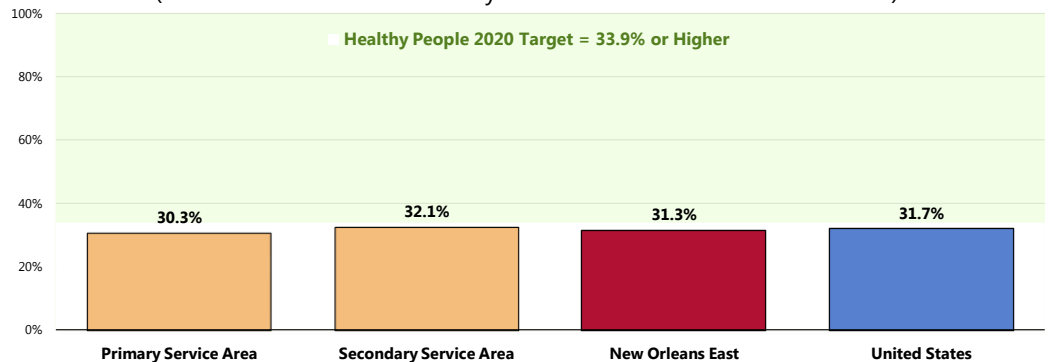
Healthy People 2020 Target = 33.9% or Higher

Primary Service Area	Secondary Service Area	New Orleans East	United States
30.3%	32.1%	31.3%	31.7%

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 191]
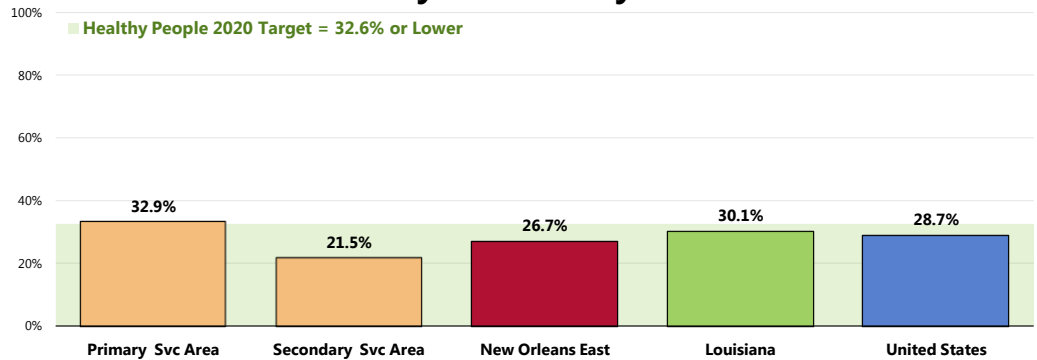• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.
Notes: • Asked of all respondents.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-8]
Notes: • Based on reported heights and weights, asked of all respondents.
• The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

Two in three New Orleans East adults (67.0%) are overweight.

- Comparable to the Louisiana prevalence.

- Comparable to the US overweight prevalence.

- Comparable findings between the two service areas.

Prevalence of Total Overweight
(Percent of Overweight or/Obese Adults; Body Mass Index of 25.0 or Higher)

	Primary Svc Area	Secondary Svc Area	New Orleans East	Louisiana	United States
	69.5%	64.9%	67.0%	66.4%	66.9%

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 191]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.

Notes:
- Asked of all respondents.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

A total of 32.3% of New Orleans East adults are <u>obese</u> (included in the percentage overweight, presented above)**.**

- Similar to Louisiana findings.

- Similar to US findings.

- Similar to the Healthy People 2020 target (30.6% or lower).

- Higher among Primary Service Area adults.

Prevalence of Obesity
(Percent of Obese Adults; Body Mass Index of 30.0 or Higher)
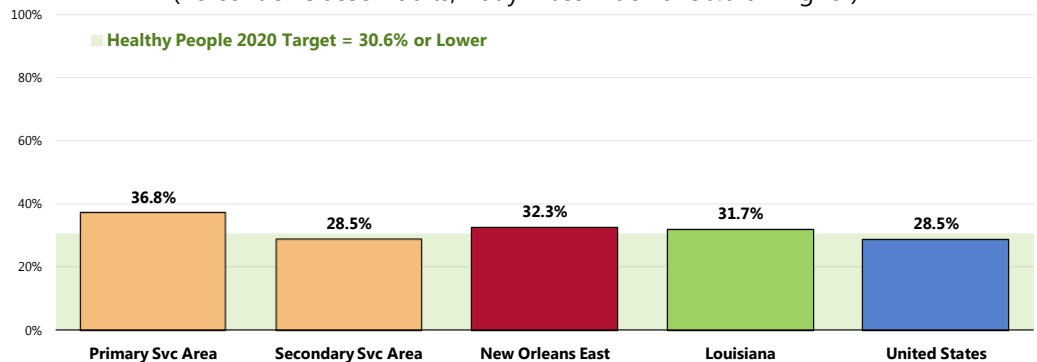
Healthy People 2020 Target = 30.6% or Lower

	Primary Svc Area	Secondary Svc Area	New Orleans East	Louisiana	United States
	36.8%	28.5%	32.3%	31.7%	28.5%

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 191]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
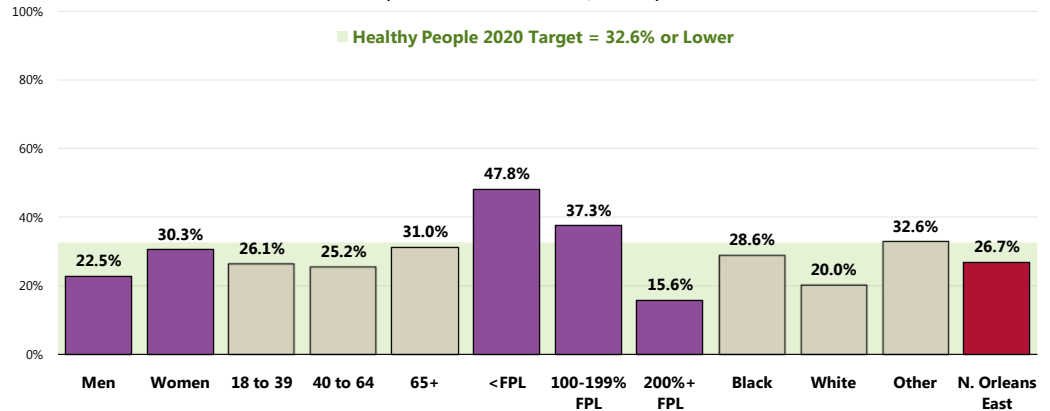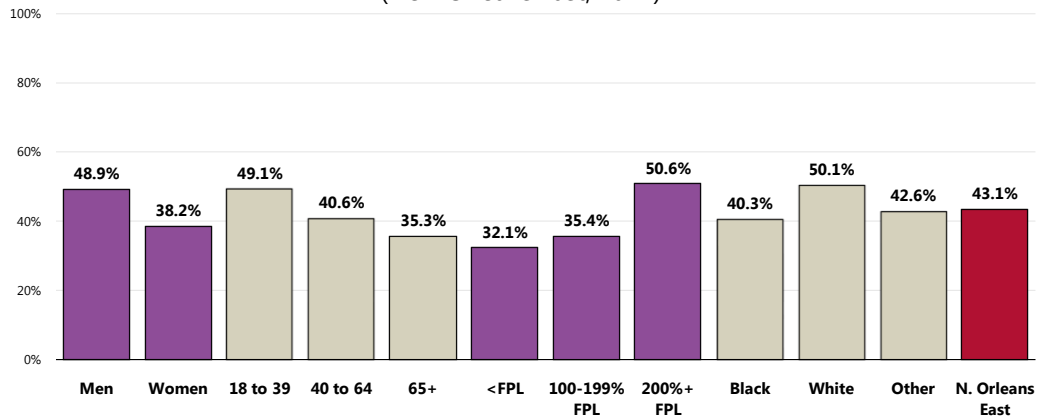- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.

Notes:
- Asked of all respondents.
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Obesity in New Orleans East is notably more prevalent among:

👥 Respondents with lower incomes.

👥 Blacks.

Prevalence of Obesity
(Percent of Obese Adults; Body Mass Index of 30.0 or Higher; New Orleans East, 2011)
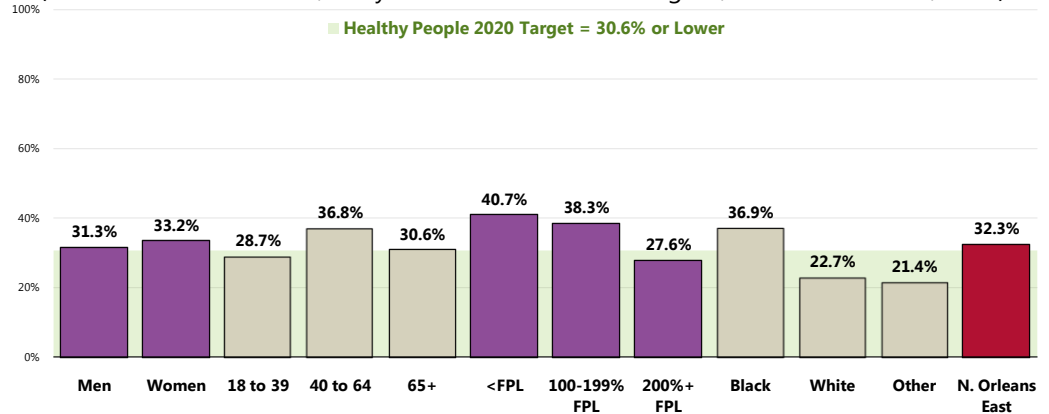
Healthy People 2020 Target = 30.6% or Lower

	Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N. Orleans East
%	31.3%	33.2%	28.7%	36.8%	30.6%	40.7%	38.3%	27.6%	36.9%	22.7%	21.4%	32.3%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 191]
            ● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
Notes: ● Based on reported heights and weights, asked of all respondents.
            ● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
            ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
            ● The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions.

These include:

The correlation between overweight and various health issues cannot be disputed.

- Hypertension (high blood pressure).
- Chronic depression.
- High cholesterol.
- Arthritis/rheumatism.
- "Fair" or "poor" physical health.
- Sciatica/chronic back pain.
- Diabetes.
- Activity limitations.

Overweight/obese residents are also more likely to have obese children.

Relationship of Overweight With Other Health Issues
(By Weight Classification; New Orleans East, 2011)

Legend: ☐ Healthy Weight ☐ Overweight/Not Obese ☐ Obese

Category	Healthy Weight	Overweight/Not Obese	Obese
Hypertension	24.5%	44.0%	51.9%
Chronic Depression	34.3%	29.6%	46.2%
High Cholesterol	18.4%	32.9%	33.3%
Arthritis/Rheumatism	11.3%	25.4%	30.9%
Child is Obese	12.0%	20.6%	28.7%
"Fair/Poor" Health	10.6%	12.3%	23.7%
Sciatica	12.3%	18.4%	22.3%
Diabetes	10.9%	9.0%	21.2%
Activity Limitations	13.4%	16.2%	20.2%
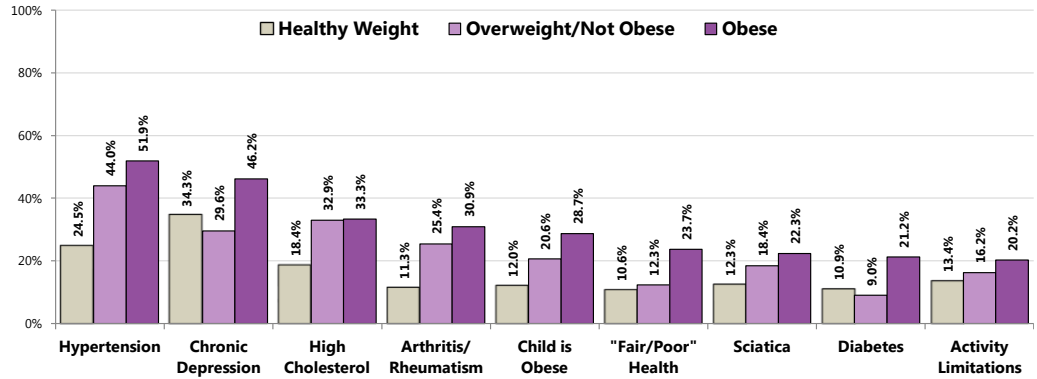
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 28-29, 44, 123, 126, 154-155, 195]
Notes: ● Based on reported heights and weights, asked of all respondents.

Weight Management

Health Advice

A total of 25.2% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

● Nearly identical to the national findings.

👥 Note that 46.6% of <u>obese</u> adults have been given advice about their weight by a health professional in the past year (while over one-half have not).

  – This satisfies the Healthy People 2020 target of 31.8% or higher.

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional
(By Weight Classification)

Healthy People 2020 Target = 31.8% or Higher for Obese Adults

	Percent
New Orleans East: Healthy Weight	5.3%
New Orleans East: Overwt/Not Obese	22.0%
New Orleans East: Obese	46.6%
New Orleans East: All Adults	25.2%
US: All Adults	25.7%
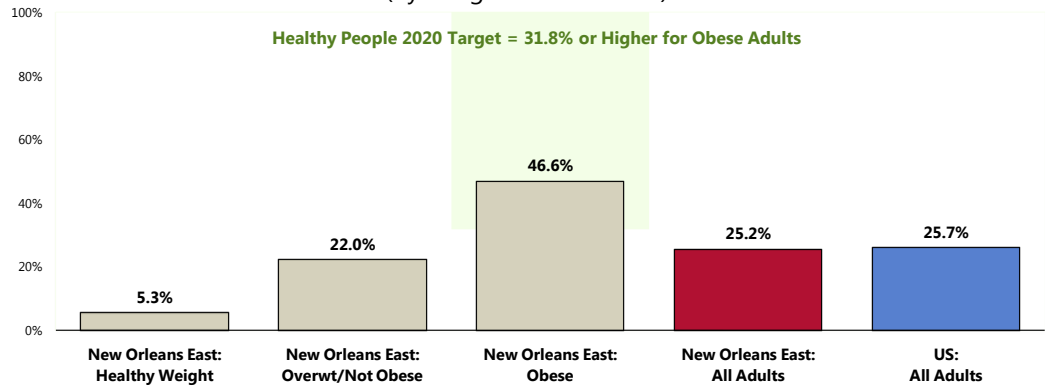
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 120, 193, 194]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Weight Control

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

– Healthy People 2020 (www.healthypeople.gov)

A total of 40.7% of New Orleans East adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Similar to national findings.

- Note: 52.2% of <u>obese</u> New Orleans East adults report that they are trying to lose weight through a combination of diet and exercise.

Trying to Lose Weight by Both
Modifying Diet and Increasing Physical Activity
(By Weight Classification)
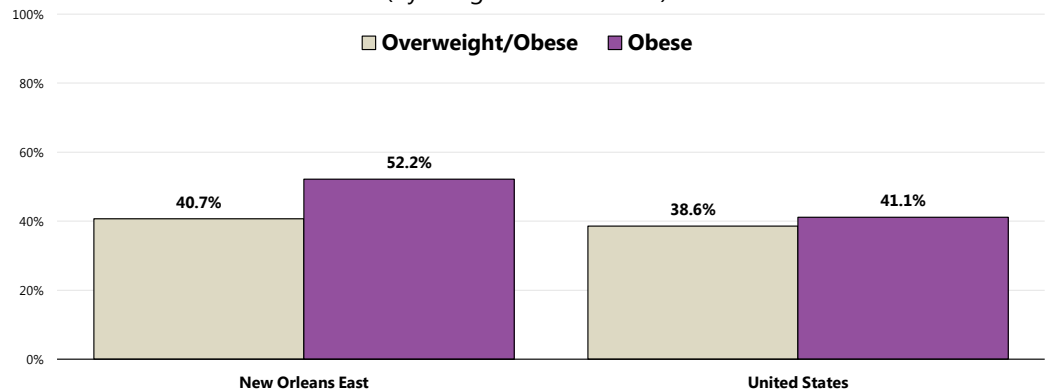
	Overweight/Obese	Obese
New Orleans East	40.7%	52.2%
United States	38.6%	41.1%

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 192]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Based on reported heights and weights, asked of all respondents.

Childhood Overweight & Obesity

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight   <5th percentile
- Healthy Weight   ≥5th and <85th percentile
- Overweight   ≥85th and <95th percentile
- Obese   ≥95th percentile

–   Centers for Disease Control and Prevention.

Based on the heights/weights reported by surveyed parents, 37.2% of New Orleans East children age 6 to 17 are overweight or obese (≥85th percentile)**.**

- Similar to that found nationally.
- Similar by service area.
- Statistically significant by age, but not by gender.

Child Total Overweight Prevalence
(Percent of Children 6-17 Who Are Overweight/Obese; Body Mass Index in the 85th Percentile or Higher)
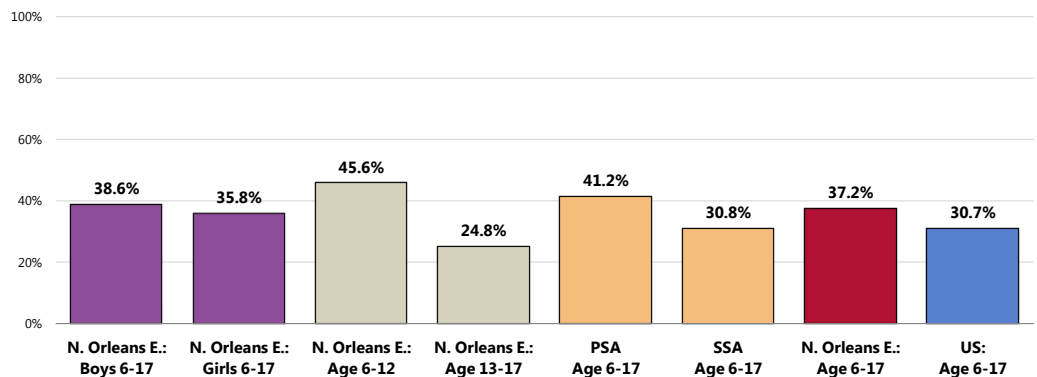
Category	Percent
N. Orleans E.: Boys 6-17	38.6%
N. Orleans E.: Girls 6-17	35.8%
N. Orleans E.: Age 6-12	45.6%
N. Orleans E.: Age 13-17	24.8%
PSA Age 6-17	41.2%
SSA Age 6-17	30.8%
N. Orleans E.: Age 6-17	37.2%
US: Age 6-17	30.7%

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]
             • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children age 6-17 at home.
             • Overweight among children is estimated based on children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Specifically, 21.7% of New Orleans East children age 6 to 17 are <u>obese</u> (≥95th percentile)**.**

- Similar to the national percentage.

- Fails to satisfy the Healthy People 2020 target (14.6% or lower for children age 2-19).

- Similar by service area.

- Much higher among children 6-12 than among teens.

Child Obesity Prevalence
(Percent of Children 6-17 Who Are Obese;
Body Mass Index in the 95th Percentile or Higher)
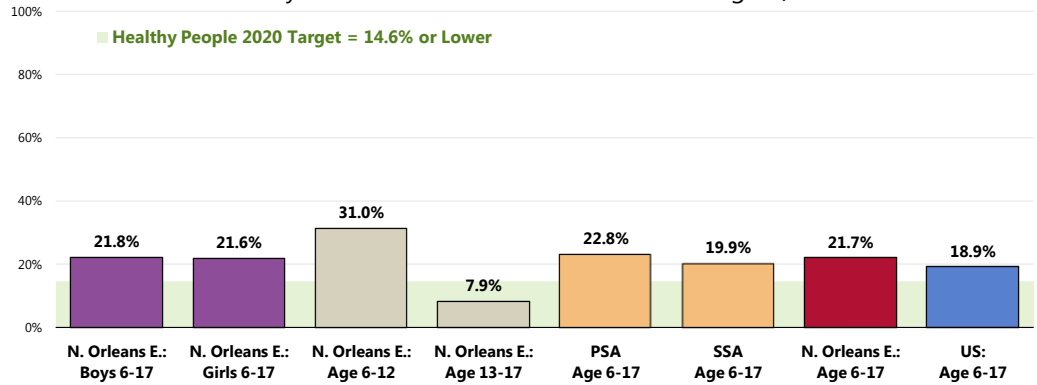
■ **Healthy People 2020 Target = 14.6% or Lower**

21.8%	21.6%	31.0%	7.9%	22.8%	19.9%	21.7%	18.9%
N. Orleans E.: Boys 6-17	N. Orleans E.: Girls 6-17	N. Orleans E.: Age 6-12	N. Orleans E.: Age 13-17	PSA Age 6-17	SSA Age 6-17	N. Orleans E.: Age 6-17	US: Age 6-17

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]
Notes: ● Asked of all respondents with children age 6-17 at home.
● Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Further note that:

- A total of 73.3% of parents with overweight/obese children consider their child to be "about the right weight."

Children's Perceived Weight Status
(Among Children 6-17 Who Are Overweight/Obese Based on BMI; New Orleans East, 2011)

7.3%	73.3%	13.2%	6.2%
Parent Perceives Child as "Very/Somewhat Underweight"	Parent Perceives Child as "About the Right Weight"	Parent Perceives Child as "Somewhat Overweight"	Parent Perceives Child as "Very Overweight"
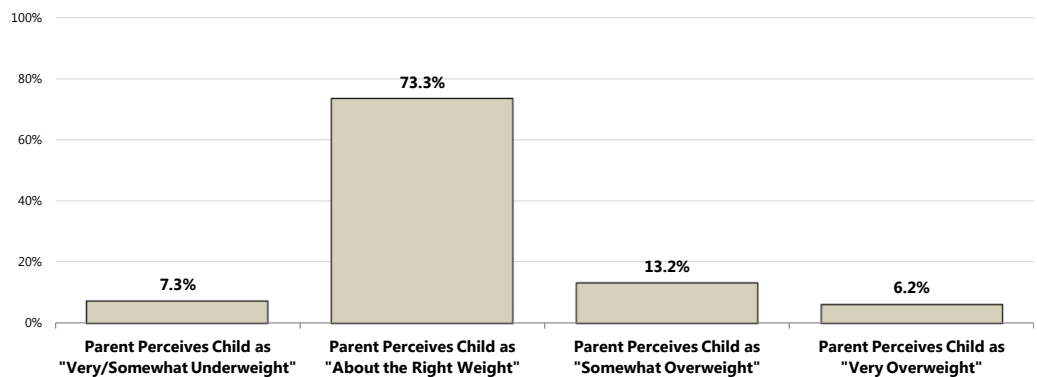
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 147, 195]
Notes: ● Asked of all respondents with children age 6-17 at home.
● Overweight in children is defined as a Body Mass Index (BMI) value at or above the 85th percentile of US growth charts by gender and age; obesity in children is defined as a BMI value at or above the 95th percentile.

- Only 4.8% have been told that their child is overweight by a health professional or someone at school in the past year.

- Among overweight/obese children, this percentage is 11.4%.

Parent Has Been Told in the Past Year by a School or Health Professional That Their Child Is Overweight

(Among Children 6-17 Who Are Overweight/Obese Based on BMI; New Orleans East, 2011)

11.4%	4.8%
Among New Orleans East Parents of Overweight/Obese Children (Based on BMI)	Among New Orleans East Parents of All Children
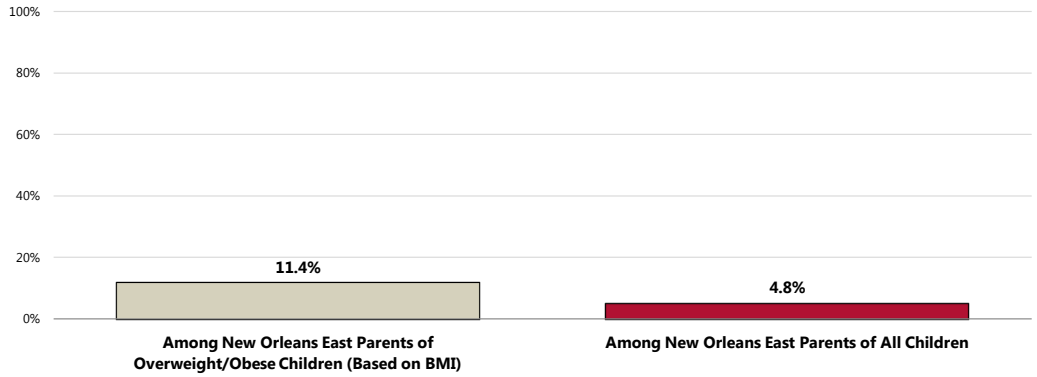
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 148]
Notes: • Asked of all respondents with children age 6-17 at home.
              • Overweight in children is defined as a Body Mass Index (BMI) value at or above the 85th percentile of US growth charts by gender and age; obesity in children is defined as a BMI value at or above the 95th percentile.

Substance Abuse

In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

The field has made progress in addressing substance abuse, particularly among youth. According to data from the national Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey, which is an ongoing study of the behaviors and values of America's youth between 2004 and 2009, a drop in drug use (including amphetamines, methamphetamine, cocaine, hallucinogens, and LSD) was reported among students in 8th, 10th, and 12th grades. Note that, despite a decreasing trend in marijuana use which began in the mid-1990s, the trend has stalled in recent years among these youth. Use of alcohol among students in these three grades also decreased during this time.

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2005 and 2007, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 9.6 deaths per 100,000 population in Orleans Parish.

- Higher than the statewide rate.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).

Cirrhosis/Liver Disease: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower

	Orleans Parish	Louisiana	United States
	9.6	8.0	8.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

👥 Cirrhosis mortality rates are higher among Whites when compared with Blacks in Orleans Parish.

Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower

	Orleans Parish Non-Hispanic Black	Orleans Parish Non-Hispanic White	Orleans Parish All Races/Ethnicities
	7.9	11.5	9.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

Mortality rates have decreased considerably in Orleans Parish in the past decade. Statewide and nationwide, rates have decreased slightly.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	8.2	8.2	8.2	8.2	8.2	8.2	8.2
Orleans Parish	15.7	14.0	13.0	11.5	9.8	10.3	9.6
Louisiana	8.5	8.2	8.0	8.2	8.2	8.1	8.0
United States	9.5	9.5	9.4	9.2	9.1	8.9	8.9

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2011.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● State and national data are simple three-year averages.

Chronic drinkers include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview. For the purposes of this study, a "drink" is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

High-Risk Alcohol Use

Chronic Drinking

A total of 5.8% of New Orleans East adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- Similar to the statewide proportion.
- Similar to the national proportion.
- Similar by service area.

Chronic Drinkers
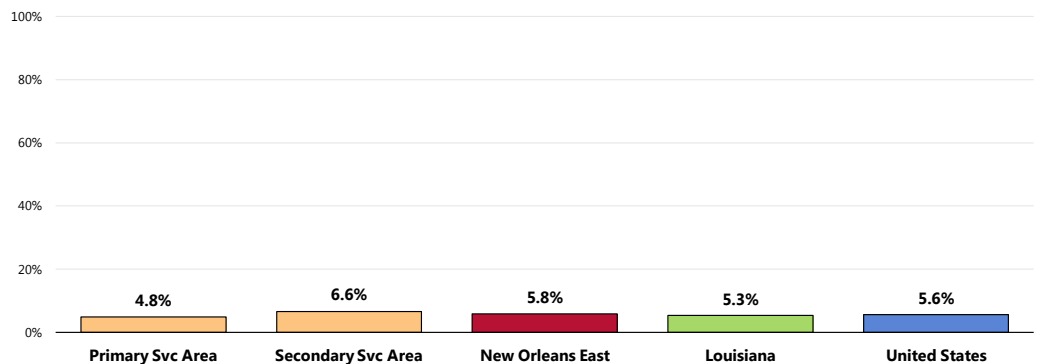
Primary Svc Area	Secondary Svc Area	New Orleans East	Louisiana	United States
4.8%	6.6%	5.8%	5.3%	5.6%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 201]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.
● *The state definition for chronic drinkers is males consuming 2+ drinks per day and females consuming 1+ drink per day.

👥 Chronic drinking is more prevalent among men and Whites in New Orleans East.

Chronic Drinkers
(New Orleans East, 2011)
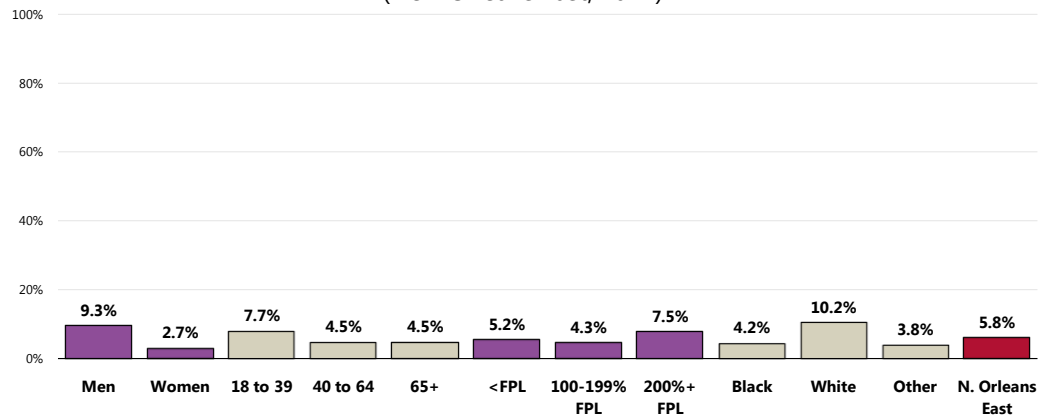
| Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N. Orleans East
9.3%	2.7%	7.7%	4.5%	4.5%	5.2%	4.3%	7.5%	4.2%	10.2%	3.8%	5.8%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 201]
Notes: ● Asked of all respondents.
  ● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
  ● Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.

Binge Drinking

A total of 18.5% of New Orleans East adults are binge drinkers.

  ● Higher than Louisiana findings.

  ● Similar to national findings.

  ● Satisfies the Healthy People 2020 target (24.3% or lower).

  ● Statistically similar by service area.

Binge Drinkers
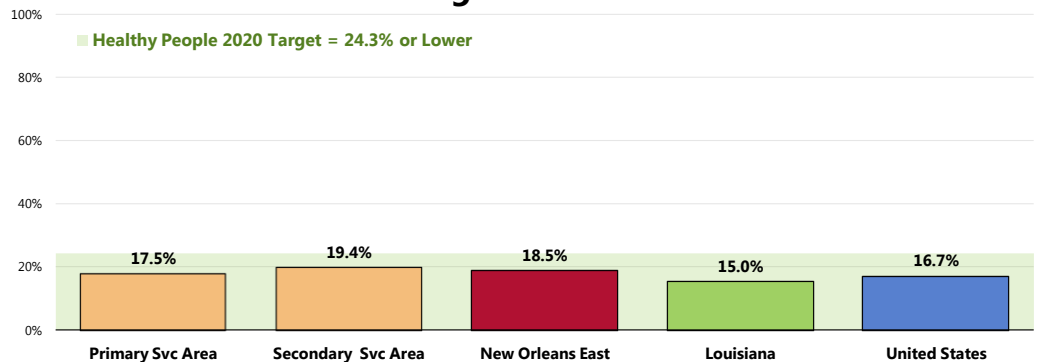
Healthy People 2020 Target = 24.3% or Lower

Primary Svc Area	Secondary Svc Area	New Orleans East	Louisiana	United States
17.5%	19.4%	18.5%	15.0%	16.7%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 202]
  ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.
  ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
  ● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]
Notes: ● Asked of all respondents.
  ● Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Binge drinking is more prevalent among:

- 👥 Men (especially those under age 40).

- 👥 Adults under age 40.

- 👥 Non-Blacks.

Binge Drinkers
(New Orleans East, 2011)
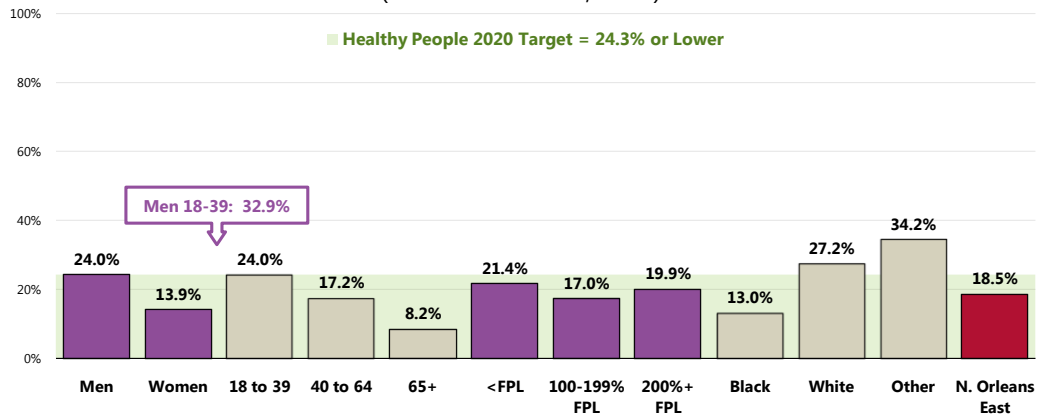
■ **Healthy People 2020 Target = 24.3% or Lower**

Men 18-39: 32.9%

	Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N. Orleans East
%	24.0%	13.9%	24.0%	17.2%	8.2%	21.4%	17.0%	19.9%	13.0%	27.2%	34.2%	18.5%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 202]
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]
Notes: ● Asked of all respondents.
 ● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
 ● Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion

Drinking & Driving

A total of 3.8% of New Orleans East adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Similar to the national findings.

- Higher in the Secondary Service Area.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

Have Driven in the Past Month
After Perhaps Having Too Much to Drink

	Primary Service Area	Secondary Service Area	New Orleans East	United States
%	1.8%	5.5%	3.8%	3.5%
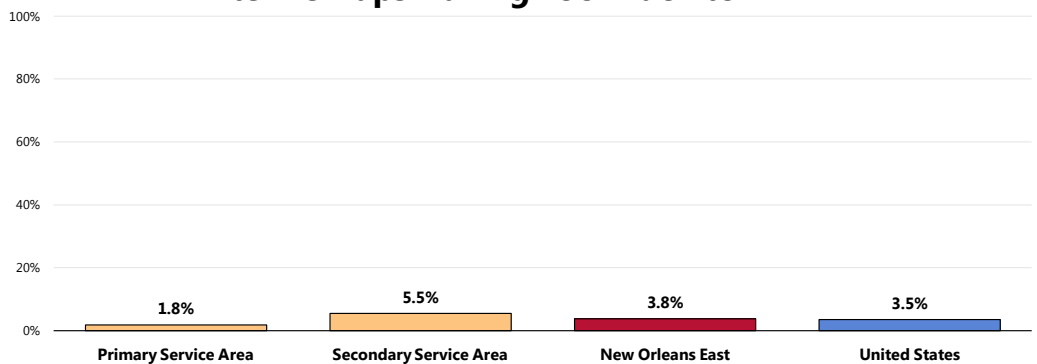
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 76]
 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

A total of 8.6% of New Orleans East adults acknowledge <u>either</u> drinking and driving <u>or</u> riding with a drunk driver in the past month.

- Less favorable than the national findings.
- No difference by service area.

Have Driven Drunk <u>OR</u> Ridden With a Driver in the Past Month Who Had Too Much to Drink
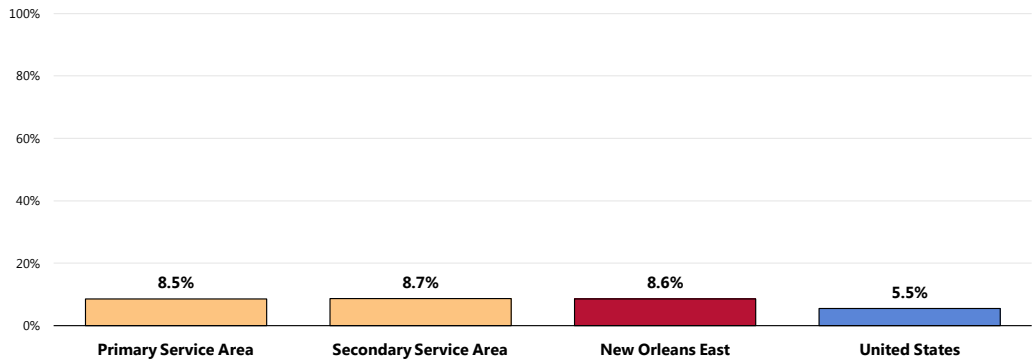
8.5%	8.7%	8.6%	5.5%
Primary Service Area	Secondary Service Area	New Orleans East	United States

Age-Adjusted Drug-Induced Deaths

Between 2005 and 2007, there was an annual average age-adjusted <u>drug-induced</u> mortality rate of 21.2 deaths per 100,000 population in Orleans Parish.

- Higher than the statewide rate.
- Higher than the national rate.
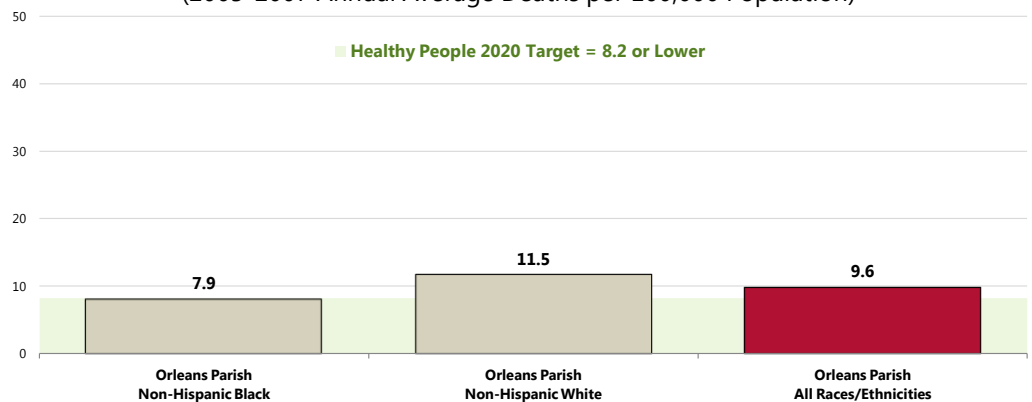- Fails to satisfy the Healthy People 2020 target (11.3 or lower).

Drug-Induced Deaths: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower

21.2	18.8	12.2
Orleans Parish	Louisiana	United States

Drug-induced mortality rates appear to be higher among Blacks when compared with Whites in Orleans Parish.

Drug-Induced Deaths: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower

	Orleans Parish Non-Hispanic Black	Orleans Parish Non-Hispanic White	Orleans Parish All Races/Ethnicities
	24.4	17.2	21.2

Mortality rates have increased for Orleans Parish in the past decade, echoing the upward trends reported across Louisiana and the US overall.

Drug-Induced Deaths: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Healthy People 2020	11.3	11.3	11.3	11.3	11.3	11.3	11.3
Orleans Parish	9.7	9.9	11.7	14.7	15.7	19.8	21.2
Louisiana	7.1	8.8	11.1	13.4	15.5	17.0	18.8
United States	7.2	7.9	8.9	9.8	10.6	11.5	12.2

Illicit Drug Use

A total of 3.5% of New Orleans East adults acknowledge using an illicit drug in the past month.

- Less favorable than the proportion found nationally.
- Satisfies the Healthy People 2020 objective of 7.1% or lower.
- Similar by service area.

Illicit Drug Use in the Past Month

Healthy People 2020 Target = 7.1% or Lower

Primary Service Area	Secondary Service Area	New Orleans East	United States
2.7%	4.1%	3.5%	1.7%

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 78]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]
Notes: • Asked of all respondents.

Alcohol & Drug Treatment

A total of 2.7% of New Orleans East adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.
- No difference by service area.

Have Ever Sought Professional Help
for an Alcohol/Drug-Related Problem

Primary Service Area	Secondary Service Area	New Orleans East	United States
2.4%	2.9%	2.7%	3.9%

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Related Key Informant Interview Findings: Substance Abuse

There is concern among interviewees regarding substance abuse in the New Orleans East community. All agreed that substance abuse is a severe problem and that there are not enough resources to help alleviate the problem. There are treatment facilities available in the area, but the need is so much greater than what is actually available. Those who are uninsured or carry little health insurance are at greater risk for not receiving substance abuse treatment. The facilities available are limited to those who can afford to pay.

Interviewees see substance abuse stemming from mental health and people attempting to self-medicate. Unfortunately, mental health and substance abuse are so closely related that it is difficult to fix one without fixing the other. Interviewees see a definite need for additional facilities to serve the New Orleans East residents.

Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US $193 billion annually in direct medical expenses and lost productivity.

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

– Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 18.2% of New Orleans East adults currently smoke cigarettes, either regularly (11.9% every day) or occasionally (6.3% on some days).

Cigarette Smoking Prevalence
(New Orleans East, 2011)

Regular Smoker
11.9%

Occasional Smoker
6.3%

Former Smoker
19.3%

Never Smoked 62.6%
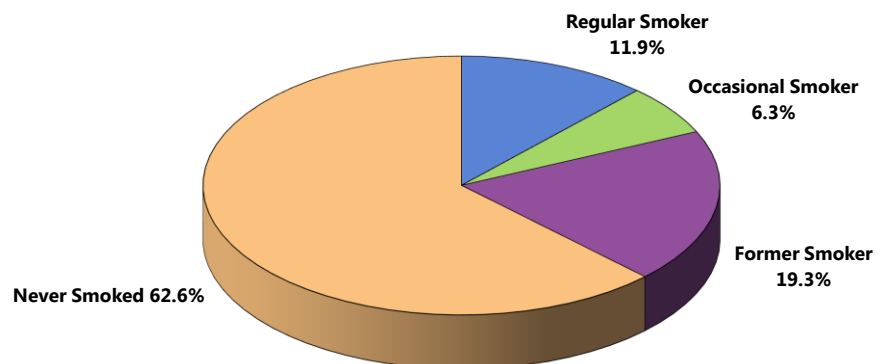
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc.   [Item 196]
Notes: • Asked of all respondents.

- More favorable than the Louisiana proportion.
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).
- Similar by service area.

Current Smokers

Healthy People 2020 Target = 12% or Lower
■ Every Day
□ Some Days
Current Smoker (% at Top)

	Primary Svc Area	Secondary Svc Area	New Orleans East	Louisiana	United States
Current Smoker	17.2%	18.8%	18.2%	22.1%	16.6%
Some Days	5.2%	7.1%	6.3%	6.2%	5.5%
Every Day	12.0%	11.7%	11.9%	15.9%	11.1%

Cigarette smoking is more prevalent among:

- Adults under 65.
- Lower-income residents.
- Blacks.
- Note also that 16.8% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

Current Smokers
(New Orleans East, 2011)
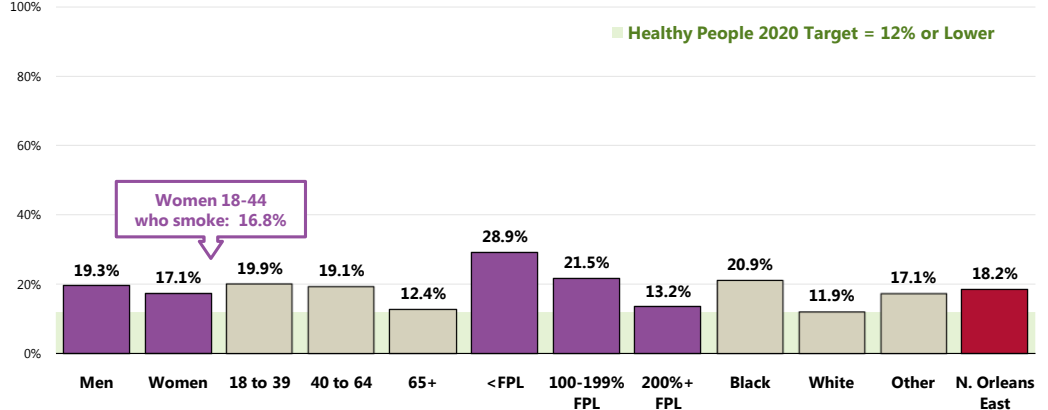
Healthy People 2020 Target = 12% or Lower

Women 18-44 who smoke: 16.8%

Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N. Orleans East
19.3%	17.1%	19.9%	19.1%	12.4%	28.9%	21.5%	13.2%	20.9%	11.9%	17.1%	18.2%

Environmental Tobacco Smoke

A total of 16.3% of New Orleans East adults (including smokers and non-smokers**) report that a member of their household has smoked cigarettes in the home in the past month an average of four or more times per week.**

- Similar to national findings.

- No difference by service area.

- Note that 9.3% of New Orleans East non-smokers are exposed to cigarette smoke at home.

Member of Household Smokes at Home
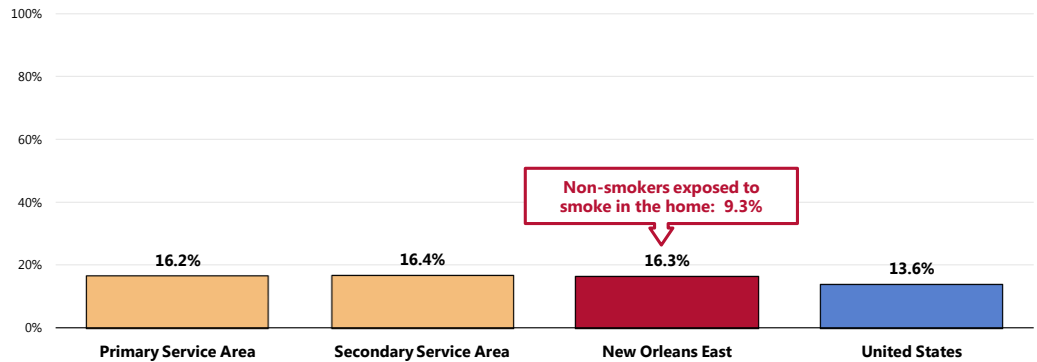
Non-smokers exposed to smoke in the home: 9.3%

16.2%	16.4%	16.3%	13.6%
Primary Service Area	Secondary Service Area	New Orleans East	United States

👪 Notably higher among residents with lower incomes.

Member of Household Smokes At Home
(New Orleans East, 2011)

Category	Value
Men	15.3%
Women	17.2%
18 to 39	15.0%
40 to 64	18.9%
65+	14.6%
<FPL	28.0%
100-199% FPL	19.6%
200%+ FPL	11.6%
Black	18.1%
White	13.7%
Other	10.9%
N. Orleans East	16.3%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]
Notes: ● Asked of all respondents.
           ● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
           ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
           ● "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Among households with children, 15.3% have someone who smokes cigarettes in the home.

● Comparable to national findings.

● Comparable by service area.

Percentage of Households With Children
In Which Someone Smokes in the Home

Category	Value
Primary Service Area	16.6%
Secondary Service Area	14.0%
New Orleans East	15.3%
US	12.1%
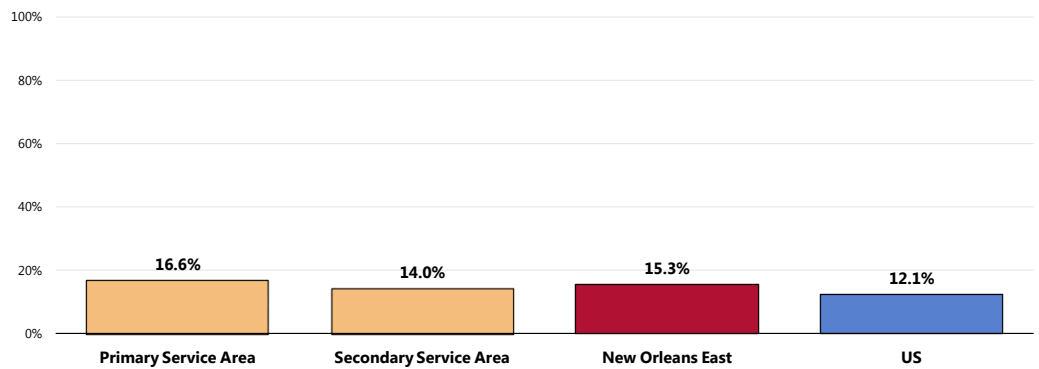
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 199]
           ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked among parents of children age 0-17.
           ● "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

– Healthy People 2020 (www.healthypeople.gov)

Health Advice About Smoking Cessation

A total of 62.1% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Similar to the national percentage.
- Notably lower in the Primary Service Area.

Advised by a Healthcare
Professional in the Past Year to Quit Smoking
(Among Current Smokers)

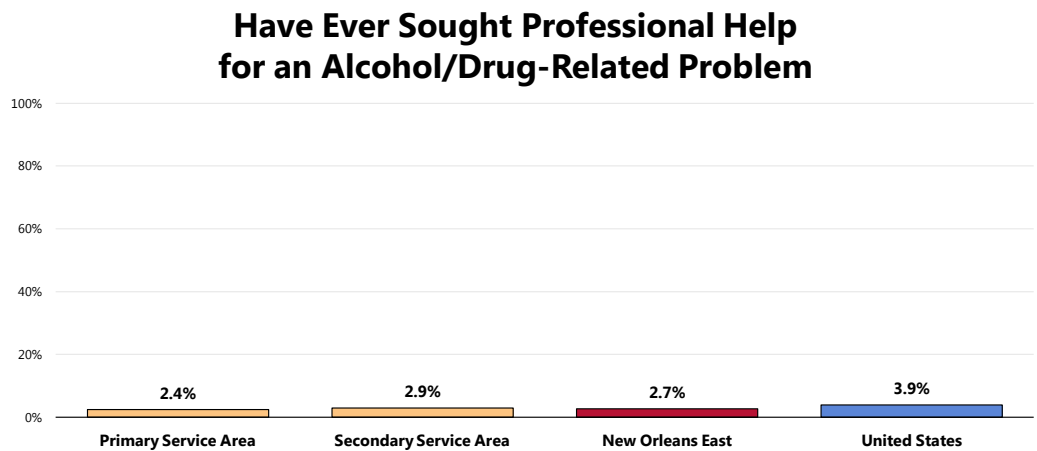| Primary Service Area	Secondary Service Area	New Orleans East	US
53.0%	69.2%	62.1%	63.7%
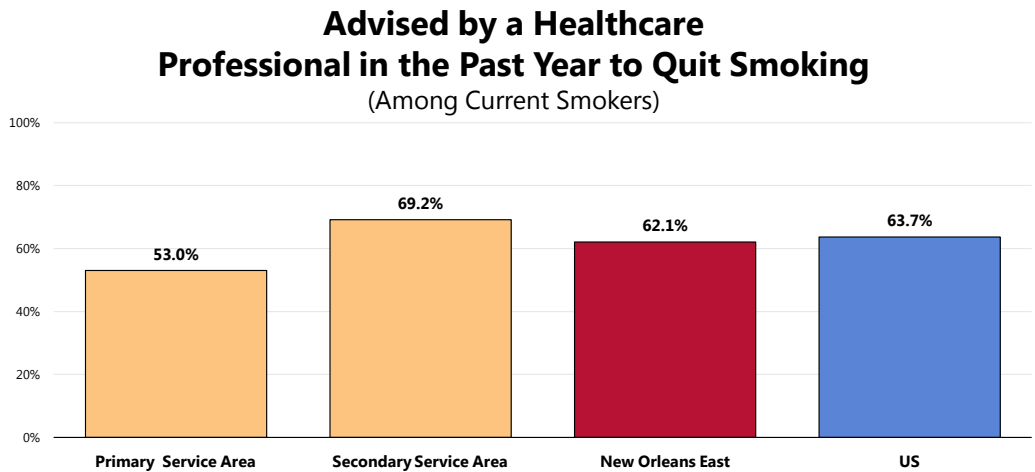
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]
   • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all current smokers.

Smoking Cessation Attempts

A total of 62.7% of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).
- Similar by service area.

Have Stopped Smoking for One Day or Longer
in the Past Year in an Attempt to Quit Smoking
(Among Everyday Smokers)
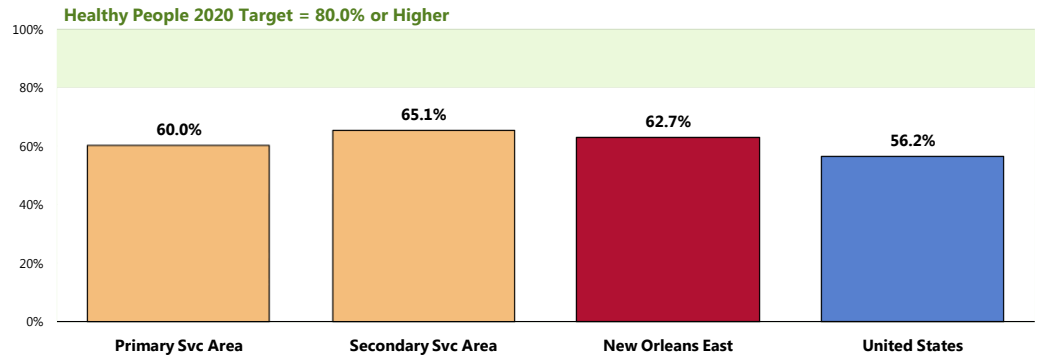
Healthy People 2020 Target = 80.0% or Higher

	Primary Svc Area	Secondary Svc Area	New Orleans East	United States
	60.0%	65.1%	62.7%	56.2%

Other Tobacco Use

Cigars

A total of 5.3% of New Orleans East adults use <u>cigars</u> every day or on some days.

- Similar to the national percentage.

- Fails to satisfy the Healthy People 2020 target (0.2% or lower).

- No significant difference by service area.

Use of Cigars
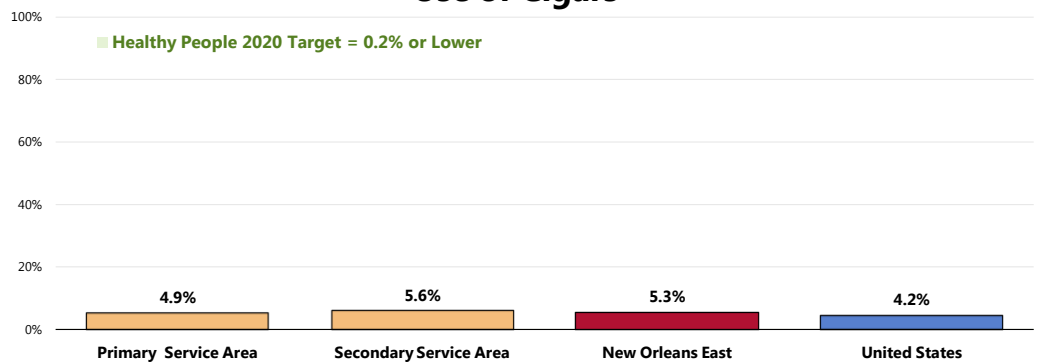
Healthy People 2020 Target = 0.2% or Lower

	Primary Service Area	Secondary Service Area	New Orleans East	United States
	4.9%	5.6%	5.3%	4.2%

Smokeless Tobacco

Just 0.8% of New Orleans East adults use some type of <u>smokeless tobacco</u> every day or on some days.

- More favorable than the national percentage.
- Similar to the Healthy People 2020 target (0.3% or lower).
- Similar by service area.

Use of Smokeless Tobacco

Healthy People 2020 Target = 0.3% or Lower

Primary Service Area	Secondary Service Area	New Orleans East	United States
1.2%	0.5%	0.8%	2.8%
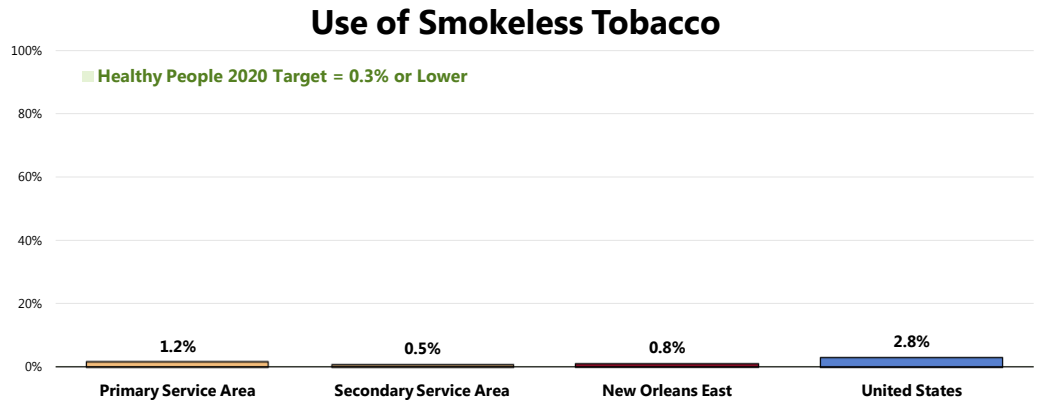
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.2]
Notes: • Asked of all respondents.
• Smokeless tobacco includes chewing tobacco or snuff.

Related Key Informant Interview Findings: Tobacco

Most interviewees agree that tobacco use in the community seems to be down except in the Vietnamese population. In that population smoking is part of the culture and seems to be difficult to stop. Interviewees attribute the reduced use of tobacco among other community members to the fact that there is no smoking allowed in public places.

ACCESS TO HEALTH SERVICES
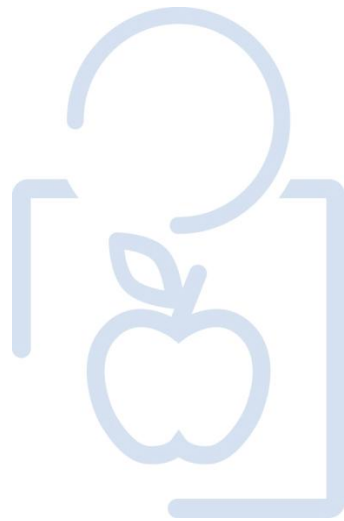
Health Insurance Coverage

Type of Healthcare Coverage

A total of 52.2% of New Orleans East adults age 18 to 64 report having healthcare coverage through private insurance. Another 25.0% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits)**.**

Healthcare Insurance Coverage
(Among Adults 18-64; New Orleans East, 2011)
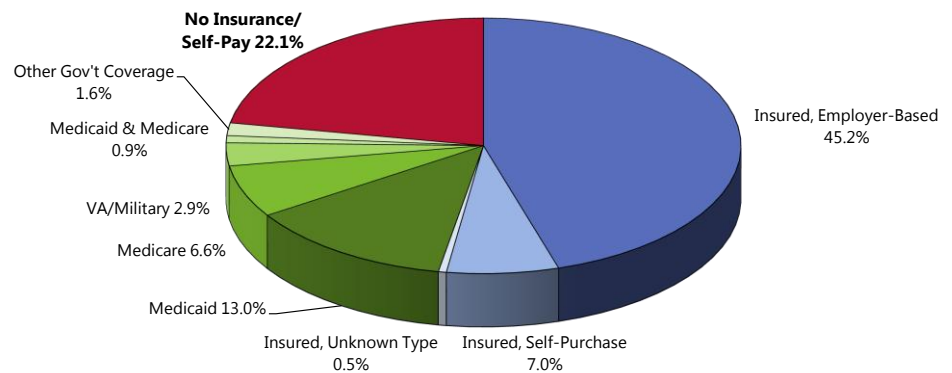
No Insurance/Self-Pay 22.1%
Other Gov't Coverage 1.6%
Medicaid & Medicare 0.9%
VA/Military 2.9%
Medicare 6.6%
Medicaid 13.0%
Insured, Unknown Type 0.5%
Insured, Self-Purchase 7.0%
Insured, Employer-Based 45.2%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 204]
Notes: ● Reflects respondents age 18 to 64.

Supplemental Coverage

Among Medicare recipients, the majority (55.8%) have additional, supplemental healthcare coverage.

- Much lower than that reported among Medicare recipients nationwide.
- Similar by service area.

Have Supplemental Coverage in Addition to Medicare
(Among Adults 65+)

Primary Service Area	Secondary Service Area	New Orleans East	US
54.6%	56.7%	55.8%	75.5%
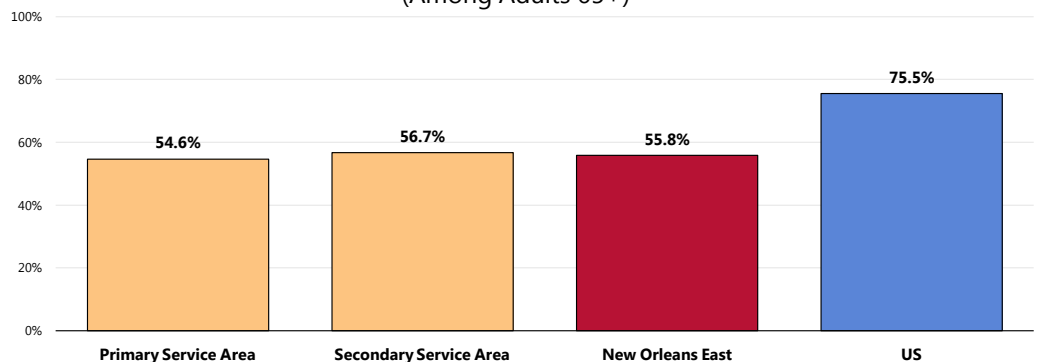
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents age 65+.

Prescription Drug Coverage

Among insured adults, 93.4% report having prescription coverage as part of their insurance plan.

- Nearly identical to the national prevalence.
- No difference by service area.

Health Insurance Covers Prescriptions at Least in Part
(Among Insured Respondents)

Primary Service Area	Secondary Service Area	New Orleans East	US
93.0%	93.7%	93.4%	93.9%

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 93]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with healthcare insurance coverage.

Recent Lack of Coverage (Insurance Instability)

Among currently insured adults in New Orleans East, 11.6% report that they were without healthcare coverage at some point in the past year.

- Much higher than US findings.
- Similar by service area.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year
(Among Insured Adults)

Primary Service Area	Secondary Service Area	New Orleans East	United States
10.0%	13.0%	11.6%	4.8%
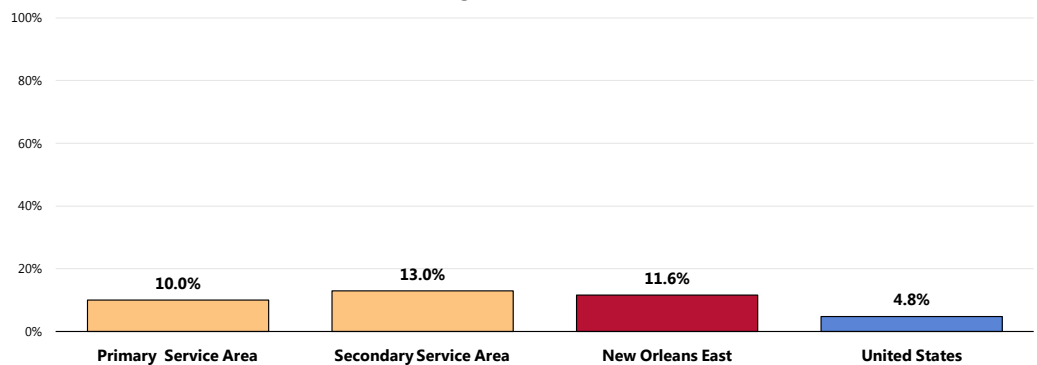
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 94]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
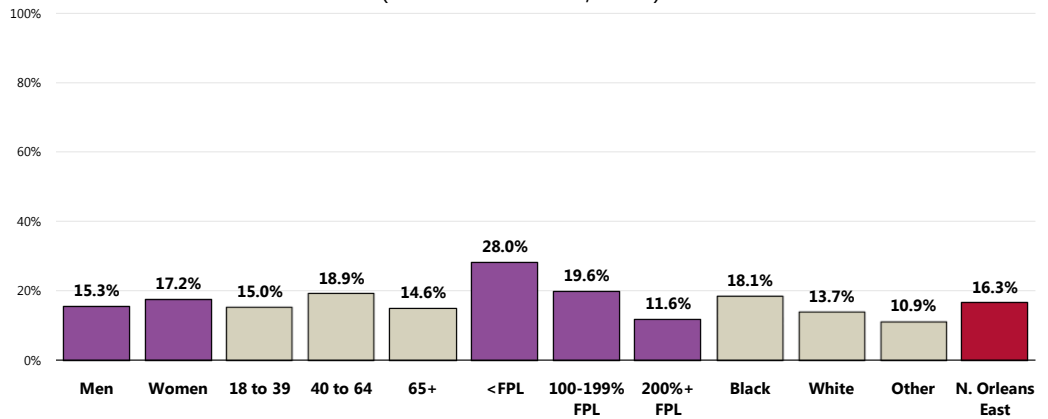Notes: • Asked of all insured respondents.

Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Adults under age 40.

- Lower-income residents.

- Blacks.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year
(Among Insured Adults; New Orleans East, 2011)

	Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N. Orleans East
%	11.9%	11.4%	16.9%	11.3%	3.2%	22.7%	18.9%	7.7%	14.6%	6.7%	5.0%	11.6%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 94]
Notes: ● Asked of all insured respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 22.1% report having no insurance coverage for healthcare expenses.

- Similar to state findings.

- Higher than national findings.

- The Healthy People 2020 target is universal coverage (0% uninsured).

- Similar by service area.

Lack of Healthcare Insurance Coverage
(Among Adults 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)

Primary Svc Area	Secondary Svc Area	New Orleans East	Louisiana	United States
24.3%	20.3%	22.1%	24.5%	14.9%

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 204]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.

The following population segments are more likely to be without healthcare insurance coverage:

👪 Men.

👪 Residents living at lower incomes (note that approximately one-third of adults living below the 200% poverty threshold is without healthcare coverage).

👪 Non-Whites.

Lack of Healthcare Insurance Coverage
(Among Adults 18-64; New Orleans East, 2011)
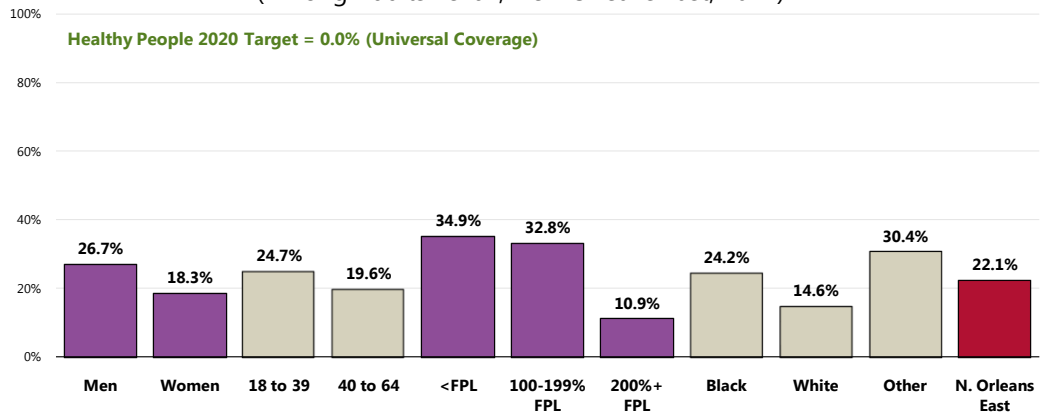
Healthy People 2020 Target = 0.0% (Universal Coverage)

Men	Women	18 to 39	40 to 64	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N. Orleans East
26.7%	18.3%	24.7%	19.6%	34.9%	32.8%	10.9%	24.2%	14.6%	30.4%	22.1%

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 204]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

👪 As might be expected, uninsured adults in New Orleans East are less likely to receive routine care and preventive health screenings, and are more likely to have experienced difficulties accessing healthcare.

👪 Uninsured adults are also much more likely to have visited the ER more than once in the past year (a possible indication of the ER being used as a source for primary care).

Preventive Healthcare
(By Insured Status; New Orleans East, 2011)
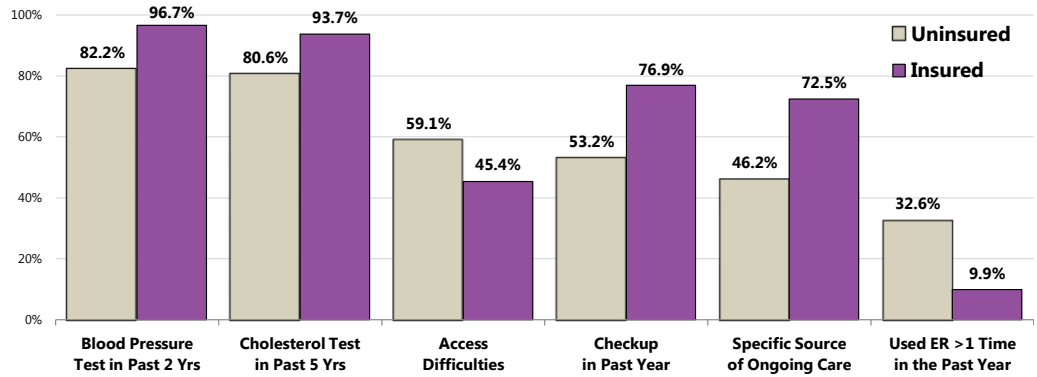
Category	Uninsured	Insured
Blood Pressure Test in Past 2 Yrs	82.2%	96.7%
Cholesterol Test in Past 5 Yrs	80.6%	93.7%
Access Difficulties	59.1%	45.4%
Checkup in Past Year	53.2%	76.9%
Specific Source of Ongoing Care	46.2%	72.5%
Used ER >1 Time in the Past Year	32.6%	9.9%

Difficulties Accessing Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

‒ Healthy People 2020 (www.healthypeople.gov)

Difficulties Accessing Services

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

A total of 47.8% of New Orleans East adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Less favorable than national findings.

- Statistically similar by service area.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

	Primary Service Area	Secondary Service Area	New Orleans East	United States
	49.0%	46.7%	47.8%	37.3%
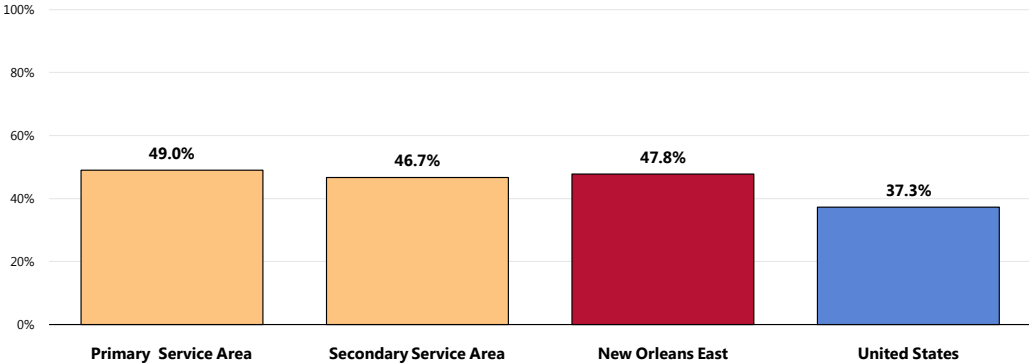
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 208]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Women.

- Adults under the age of 65.

- Lower-income residents.

- Blacks.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year
(New Orleans East, 2011)

Men: 40.8%
Women: 53.8%
18 to 39: 52.4%
40 to 64: 52.3%
65+: 29.3%
<FPL: 60.2%
100-199% FPL: 55.1%
200%+ FPL: 43.9%
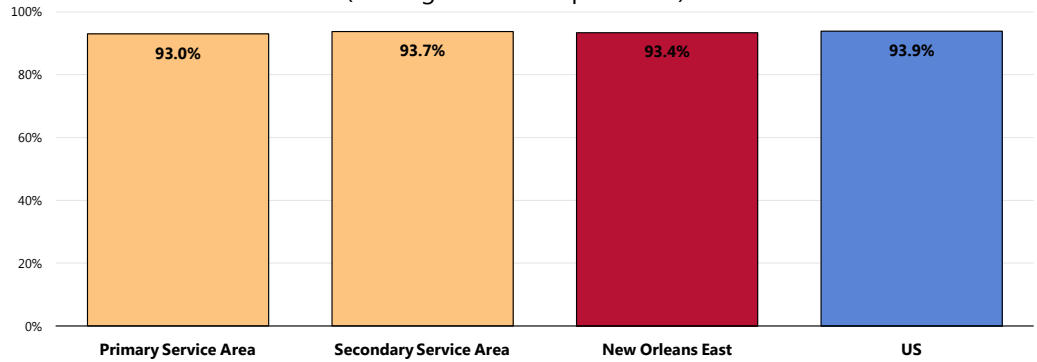Black: 54.4%
White: 35.0%
Other: 32.2%
N. Orleans East: 47.8%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 208]
Notes: ● Asked of all respondents.
● Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Barriers to Healthcare Access

To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, cost of prescription medication impacted the greatest share of New Orleans East adults (25.0% say that cost prevented them from obtaining a visit to a physician in the past year).

● The proportion of New Orleans East adults impacted was statistically higher than that found nationwide for **each** of the tested barriers.

Barriers to Access Have Prevented Medical Care in the Past Year

Legend: PSA, SSA, NOE, US

Cost (Prescriptions): PSA 25.1%, SSA 24.9%, NOE 25.0%, US 15.0%
Getting a Dr Appointment: PSA 26.9%, SSA 19.5%, NOE 22.8%, US 16.5%
Inconvenient Office Hours: PSA 18.9%, SSA 18.8%, NOE 18.8%, US 14.3%
Cost (Doctor Visit): PSA 18.8%, SSA 18.4%, NOE 18.6%, US 14.0%
Finding a Doctor: PSA 20.7%, SSA 16.8%, NOE 18.6%, US 10.7%
Lack of Transportation: PSA 11.3%, SSA 10.2%, NOE 10.7%, US 7.7%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
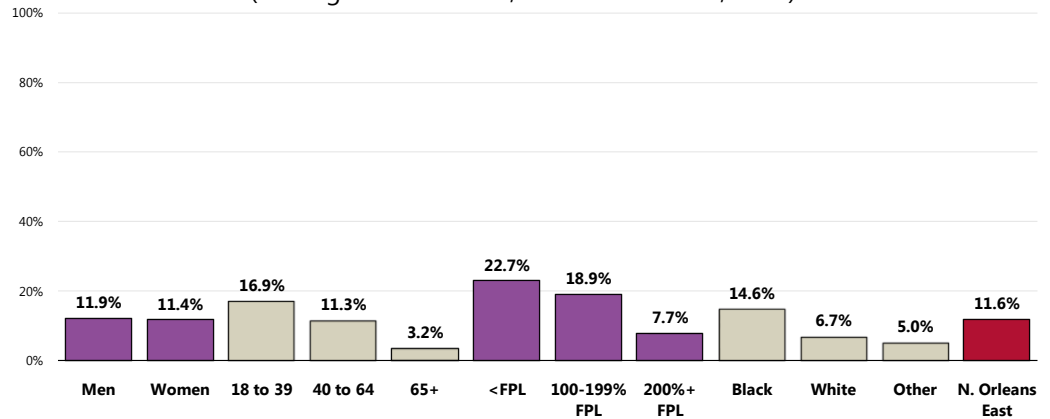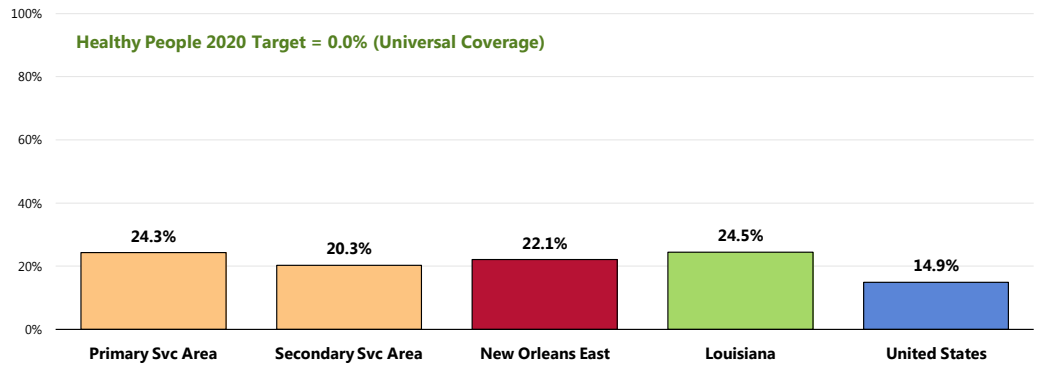Notes: ● Asked of all respondents.

As might be expected, New Orleans East adults without health insurance are much more likely to report access barriers when compared to the insured population, particularly those barriers related to cost.

Barriers to Healthcare Access
(By Insured Status, Adults 18+; New Orleans East, 2011)

	Uninsured	Insured
Cost (Doctor Visit)	44.6%	13.1%
Cost (Prescriptions)	43.6%	20.8%
Finding a Doctor	27.9%	16.6%
Getting a Dr Appointment	25.5%	22.0%
Inconvenient Office Hours	23.9%	17.7%
Lack of Transportation	14.6%	9.9%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]
Notes: ● Asked of all respondents.

Prescriptions

Among all New Orleans East adults, 18.9% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Less favorable than national findings.
- Similar by service area.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money
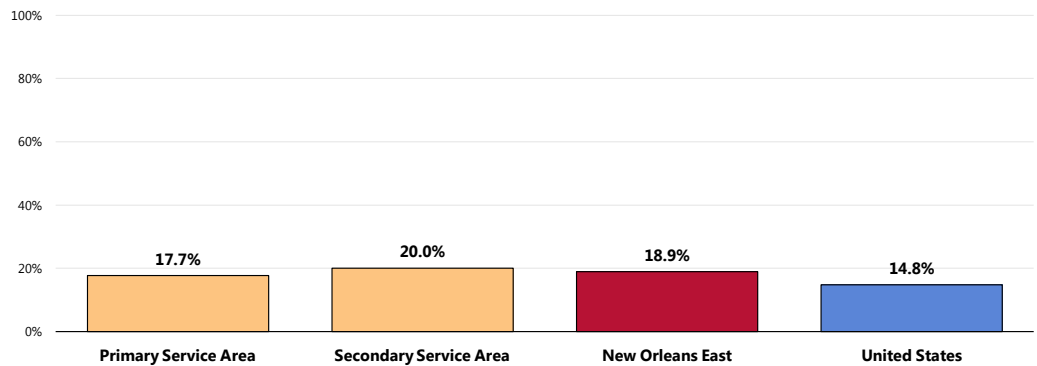
Primary Service Area	Secondary Service Area	New Orleans East	United States
17.7%	20.0%	18.9%	14.8%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
                ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Demographic groups more likely to have skipped or reduced prescription doses include:

- Women.
- Adults age 40 to 64.
- Respondents with lower incomes.
- Non-Whites.
- Uninsured adults.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money
(New Orleans East, 2011)

Men	Women	18-39	40-64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	Insured	Un-insured	N.O. East
14.4%	22.8%	16.0%	26.2%	10.1%	25.9%	28.1%	14.3%	20.9%	13.6%	18.8%	15.9%	32.3%	18.9%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Accessing Healthcare for Children

A total of 7.3% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- ● Much higher than what is reported nationwide.
- ● Unfavorably high in the Primary Service Area.
- ♦♦♦ Highest among parents of teens.

Had Trouble Obtaining Medical Care for Child in the Past Year
(Among Parents of Children 0-17)

Parents with trouble obtaining medical care for their child mainly reported barriers due to cost or lack of insurance coverage. Long waits in the waiting room and lack of specialists were also mentioned.

10.5%	4.3%	0.4%	9.0%	14.7%	7.3%	1.9%
PSA Children 0-17	SSA Children 0-17	New Orleans E. Children 0-5	New Orleans E. Children 6-12	New Orleans E. Children 13-17	New Orleans E. Children 0-17	US Children 0-17
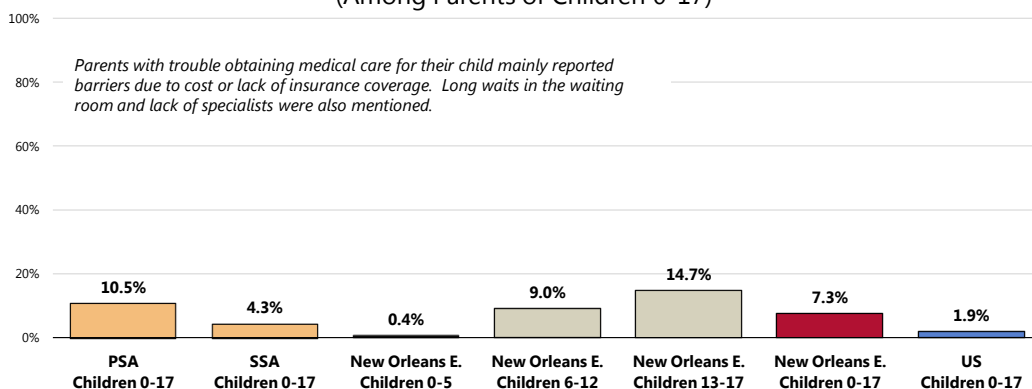
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 137-138]
           ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children under 18 at home.
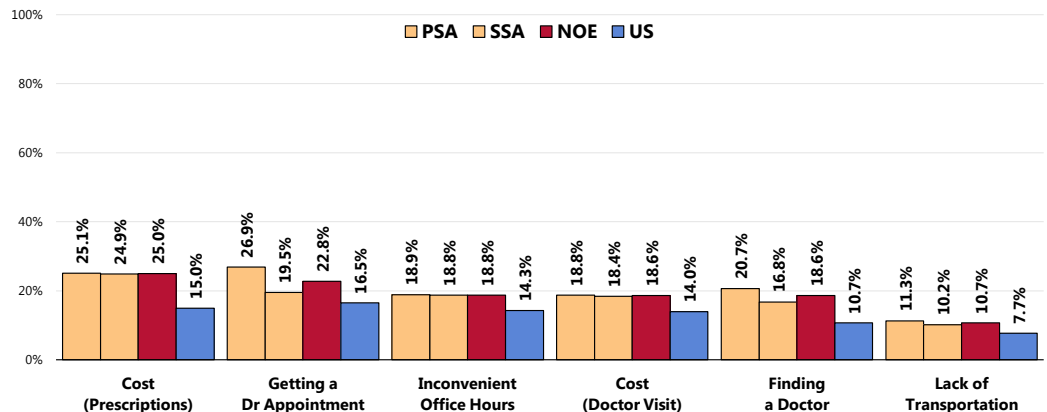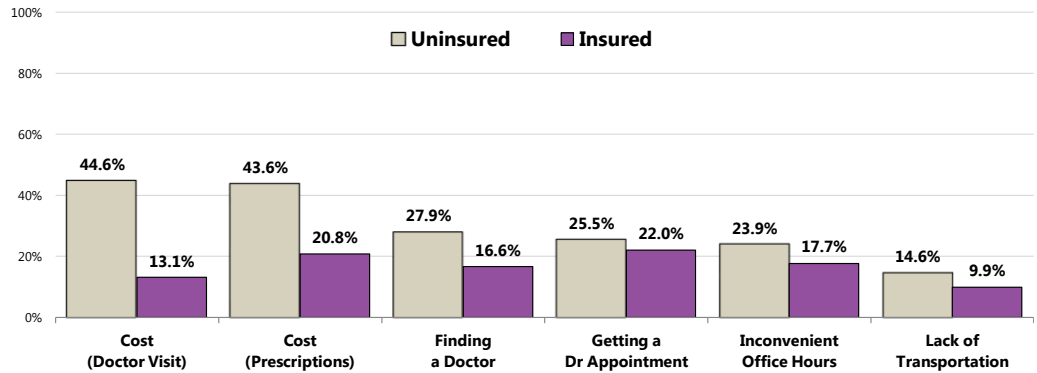
Among parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason; others cited long waits in the waiting room and lack of specialists.

Related Key Informant Interview Findings: Access to Care

The biggest worry among interviewees is the lack of a hospital in New Orleans East. Several people commented on the length of time it takes to get from New Orleans East to downtown New Orleans where the closest hospital is located. Many people are concerned for those who are in dire health and must wait for an ambulance to arrive and then transport them to the hospital. There seems to be a sense of urgency in regards to opening a hospital to serve the residents of New Orleans East.

There is also a perceived lack of primary care physicians in New Orleans East. Those who live in the area are underserved and must often travel far to get health care that was previously in their neighborhood. Unfortunately, transportation is often difficult for those who live in this community and getting to a provider can be a difficult, due to the distance and number of bridges.

Another area of concern regarding access is language barriers for immigrants. The Vietnamese seem to not encounter this as often—they have been in the area for a long time and have built up clinics and other health centers to serve the needs of their own population. Generally, Hispanic immigrants are the ones at risk. Many are afraid to get healthcare because of their undocumented status, so they wait until it is absolutely necessary to see a physician. When a physician is seen, there is often a language issue because of the lack of translators or physicians who speak Spanish.

Primary Care Services

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

‒   Healthy People 2020 (www.healthypeople.gov)

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. A hospital emergency room is not considered a source of ongoing care in this instance.

Specific Source of Ongoing Care

A total of 67.4% of New Orleans East adults were determined to have a specific source of ongoing medical care.

- Lower than national findings.
- Similar by service area.
- Among adults age 18-64, 64.4% have a specific source for ongoing medical care, less favorable than national findings (75.1%).
    - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).
- Among adults 65+, 79.6% have a specific source for care, similar to the 82.6% reported among seniors nationally.
    - Fails to satisfy the Healthy People 2020 target of 100% for seniors.

Have a Specific Source of Ongoing Medical Care

New Orleans East Adults 18-64 = 64.4%   [Healthy People 2020 Target = 89.4% or Higher]
New Orleans East Adults 65+ = 79.6%   [Healthy People 2020 Target = 100%]

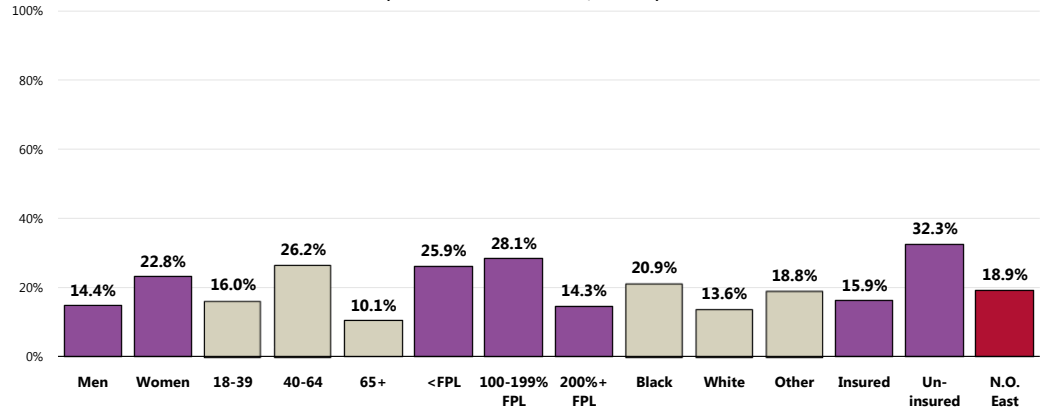| Primary Service Area	Secondary Service Area	New Orleans East	United States
66.4%	68.2%	67.4%	76.3%
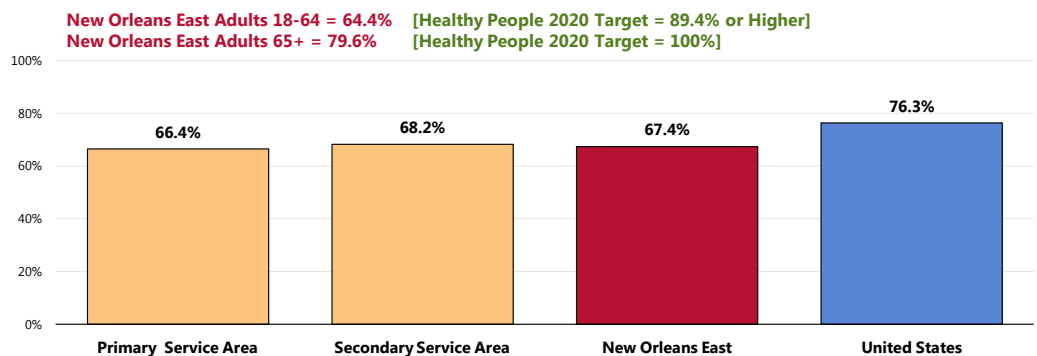
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 205-207]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives AHS-5.3, 5.4]
Notes: ● Asked of all respondents.

When viewed by demographic characteristics, the following population segments are <u>less likely</u> to have a specific source of care:

- 👪 Adults under age 40.
- 👪 Lower-income adults.
- 👪 Non-Whites.

Have a Specific Source of Ongoing Medical Care
(New Orleans East, 2011)

Adults 18-64 Healthy People 2020 Target = 84.9% or Higher
Adults 65+ Healthy People 2020 Target = 100%

Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N. Orleans East
64.4%	69.9%	54.8%	74.0%	79.6%	48.4%	64.7%	73.8%	64.4%	75.9%	61.2%	67.4%
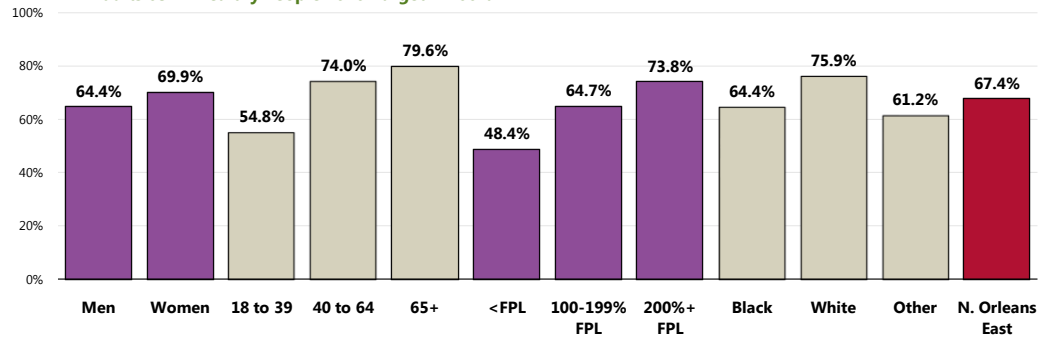
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 205]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives AHS-5.3, 5.4]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, respondents most often identified some type of <u>clinic</u> (mentioned by 32.7%) or a particular <u>doctor's office</u> (32.3%).

A total of 6.9% rely on a <u>hospital emergency room</u>.

Particular Place Utilized for Medical Care
(New Orleans East, 2011)

- Other 6.6%
- Hospital ER 6.9%
- Dr's Office 32.3%
- Clinic 32.7%
- None 21.4%
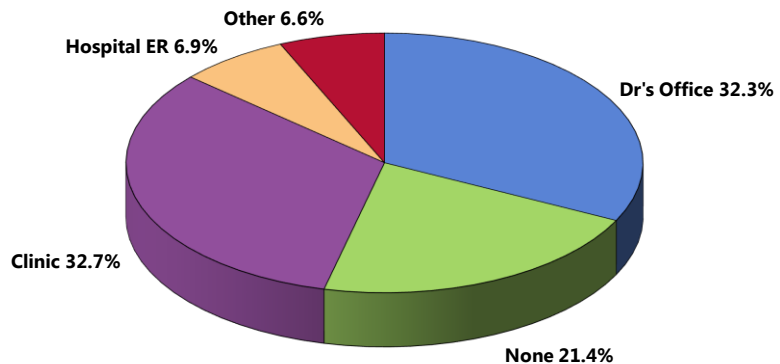
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 16]
Notes: ● Asked of all respondents.

Utilization of Primary Care Services

Adults

More than 7 in 10 (72.8%) adults visited a physician for a routine checkup in the past year.

- More favorable than national findings.
- Comparable by service area.

Have Visited a Physician for a Checkup in the Past Year
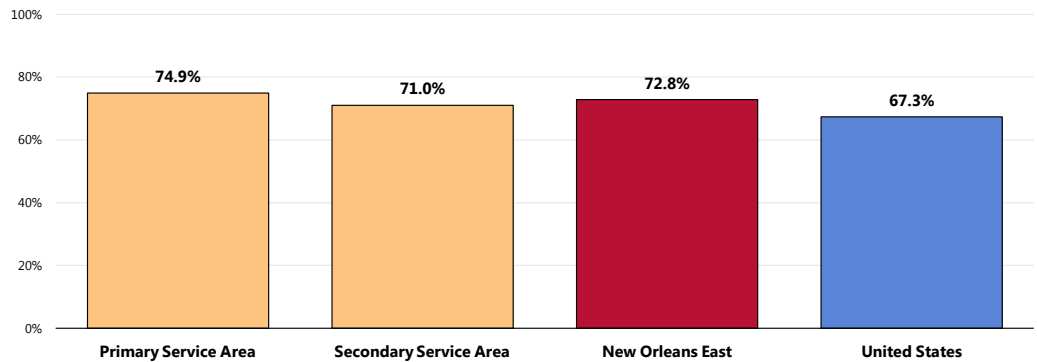
Category	Percentage
Primary Service Area	74.9%
Secondary Service Area	71.0%
New Orleans East	72.8%
United States	67.3%

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Men and adults under age 40 are <u>less likely</u> to have received routine care in the past year, as are Non-Blacks.
- Note the positive correlation with age.

Have Visited a Physician for a Checkup in the Past Year
(New Orleans East, 2011)

Category	Percentage
Men	66.4%
Women	78.3%
18 to 39	59.8%
40 to 64	76.4%
65+	93.4%
<FPL	71.6%
100-199% FPL	72.6%
200%+ FPL	71.4%
Black	78.8%
White	61.4%
Other	57.5%
N. Orleans East	72.8%
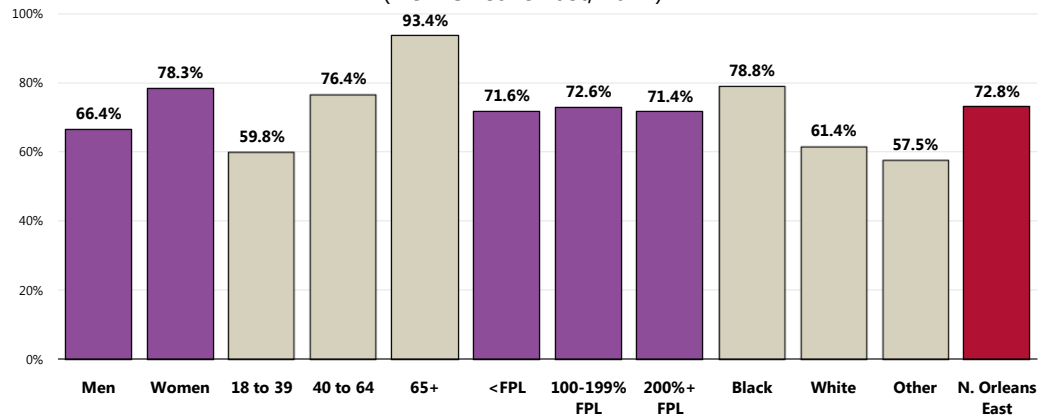
Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]

Notes:
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Among surveyed parents, 93.2% report that their child has had a routine checkup in the past year.

- More favorable than national findings.

- Similar by service area.

- Note that routine checkups are highest in New Orleans East among children under age 6.

Child Has Visited a Physician
for a Routine Checkup in the Past Year
(Among Parents of Children 0-17)

91.6%	94.7%	98.5%	89.2%	92.3%	93.2%	87.0%
PSA Children 0-17	SSA Children 0-17	New Orleans E. Children 0-5	New Orleans E. Children 6-12	New Orleans E. Children 13-17	New Orleans E. Children 0-17	US Children 0-17

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children under 18 at home.

Emergency Room Utilization

A total of 14.0% of New Orleans East adults have gone to a hospital emergency room <u>more than once in the past year</u> about their own health.

- More than twice the national findings.

- Unfavorably high in the Secondary Service Area.

Have Used a Hospital
Emergency Room More Than Once in the Past Year

Used the ER because:
- Emergency Situation = 61.1%
- Weekend/After Hours = 22.1%
- Access Problems = 10.5%

	Primary Service Area	Secondary Service Area	New Orleans East	United States
	11.6%	16.0%	14.0%	6.5%
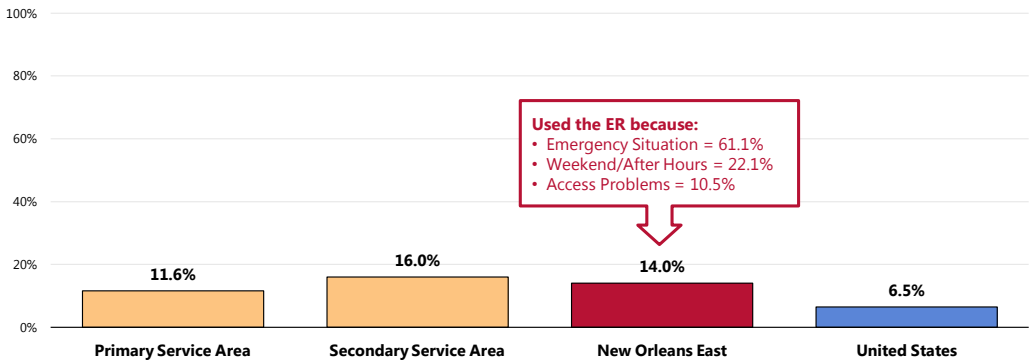
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 23-24]
          • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Of those using a hospital ER, 61.1% say this was due to an **emergency or life-threatening situation**, while 22.1% indicated that the visit was during **after-hours or on the weekend**. Another 10.5% cited **difficulties accessing primary care** for various reasons.

Adults more likely to have used a hospital ER more than once in the past year include:

- Those under 40.

- Lower-income residents.

- Blacks.

Have Used a Hospital Emergency Room
More Than Once in the Past Year
(New Orleans East, 2011)

Men	14.1%	
Women	13.9%	
18 to 39	16.4%	
40 to 64	13.7%	
65+	9.0%	
<FPL	25.1%	
100-199% FPL	18.7%	
200%+ FPL	6.7%	
Black	17.8%	
White	7.6%	
Other	3.7%	
N. Orleans East	14.0%	
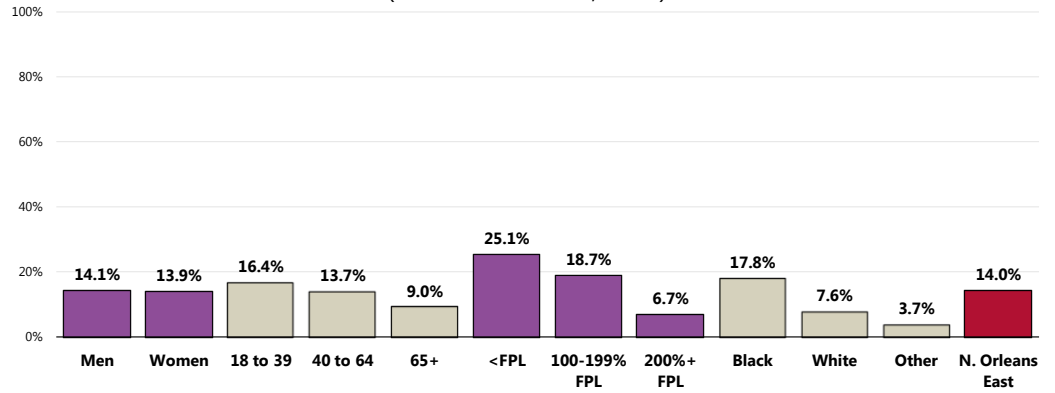
Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]
Notes: • Asked of all respondents.
• Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
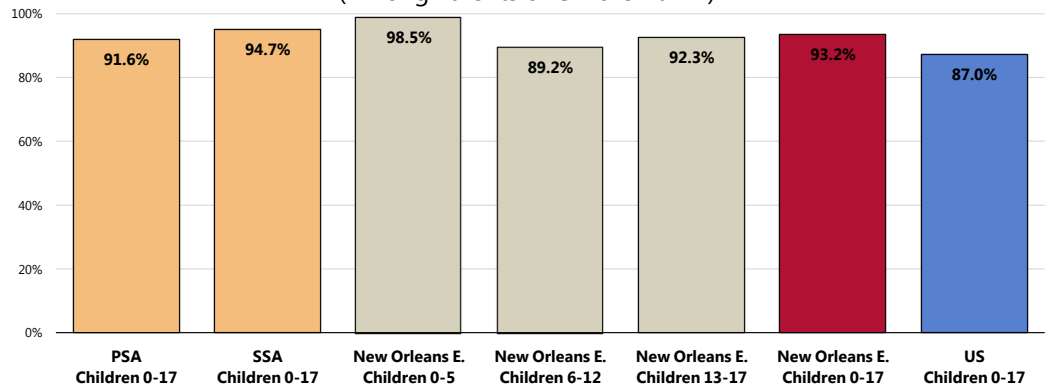
Oral Health

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

Barriers that can limit a person's use of preventive interventions and treatments include:

- Limited access to and availability of dental services
- Lack of awareness of the need for care
- Cost
- Fear of dental procedures

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation's oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

– Healthy People 2020 (www.healthypeople.gov)

Dental Care

Adults

Just over half of New Orleans East adults (53.5%) have visited a dentist or dental clinic (for any reason) in the past year.

- Lower than statewide findings.

- Lower than national findings.

- Satisfies the Healthy People 2020 target (49% or higher).

- No difference by service area.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher

	Primary Svc Area	Secondary Svc Area	New Orleans East	Louisiana	United States
	53.7%	53.4%	53.5%	63.9%	66.9%
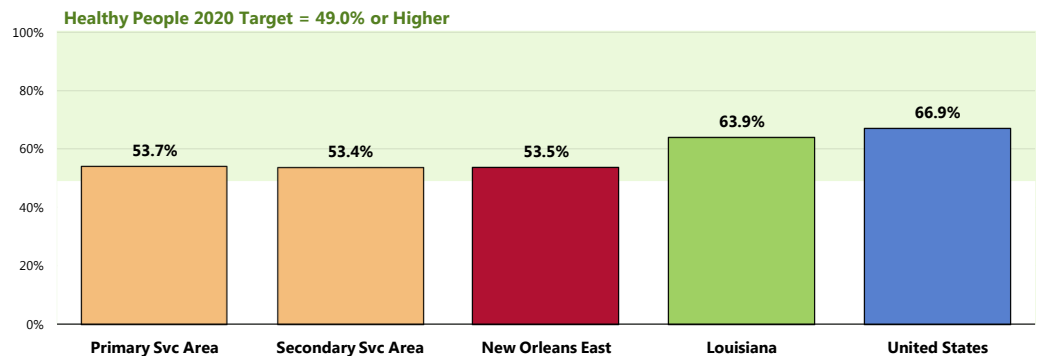
Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.

Notes:
- Asked of all respondents.

Note the following:

- Persons living in the higher income categories report much higher utilization of oral health services (persons below 200% of poverty fail to satisfy the Healthy People 2020 objective).

- Whites are much more likely to report recent dental care.

- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or
Dental Clinic Within the Past Year
(New Orleans East, 2011)
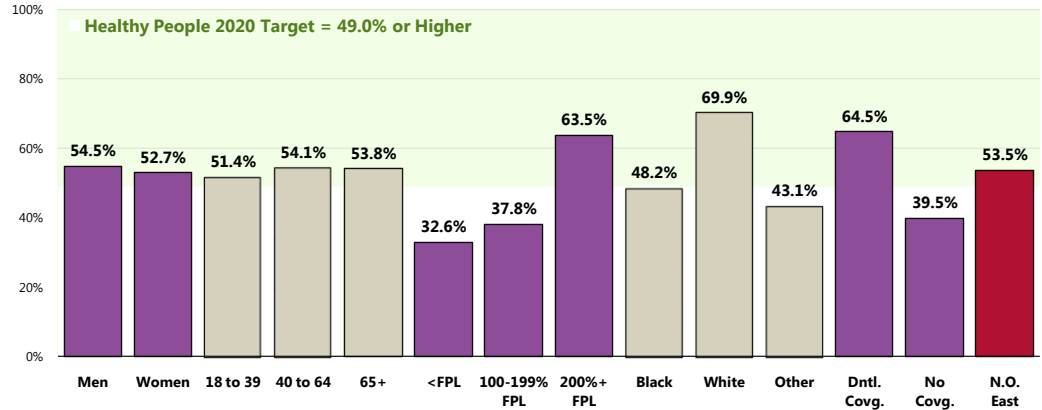
Healthy People 2020 Target = 49.0% or Higher

Category	Percent
Men	54.5%
Women	52.7%
18 to 39	51.4%
40 to 64	54.1%
65+	53.8%
<FPL	32.6%
100-199% FPL	37.8%
200%+ FPL	63.5%
Black	48.2%
White	69.9%
Other	43.1%
Dntl. Covg.	64.5%
No Covg.	39.5%
N.O. East	53.5%

Children

A total of 83.7% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Similar to national findings.

- Satisfies the Healthy People 2020 target (49% or higher).

- Lower among children in the Primary Service Area.

- As may be expected, regular dental care is notably lower among children under 6.

Child Has Visited a Dentist or
Dental Clinic Within the Past Year
(Among Parents of Children 2-17)
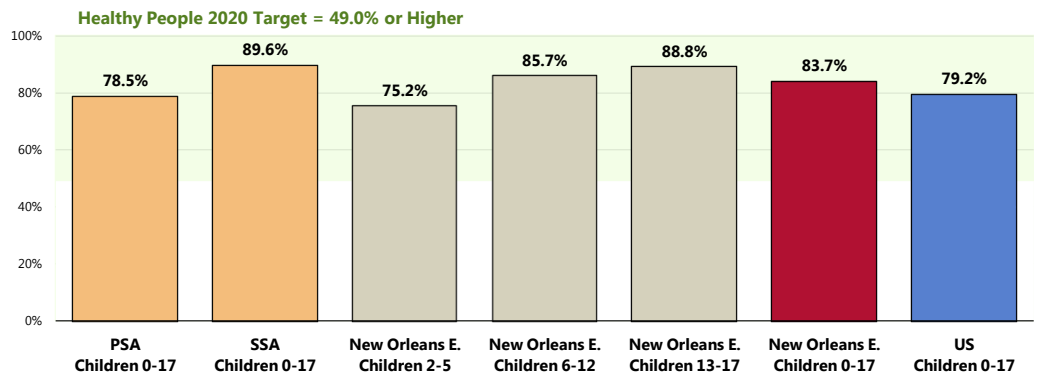
Healthy People 2020 Target = 49.0% or Higher

Category	Percent
PSA Children 0-17	78.5%
SSA Children 0-17	89.6%
New Orleans E. Children 2-5	75.2%
New Orleans E. Children 6-12	85.7%
New Orleans E. Children 13-17	88.8%
New Orleans E. Children 0-17	83.7%
US Children 0-17	79.2%

Dental Insurance

Over one-half of New Orleans East adults (57.1%) have dental insurance that covers all or part of their dental care costs.

- Comparable to the national proportion.
- Comparable findings by service area.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

Primary Service Area	Secondary Service Area	New Orleans East	United States
55.5%	58.6%	57.1%	60.8%

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
         • 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Related Key Informant Interview Findings: Oral Health
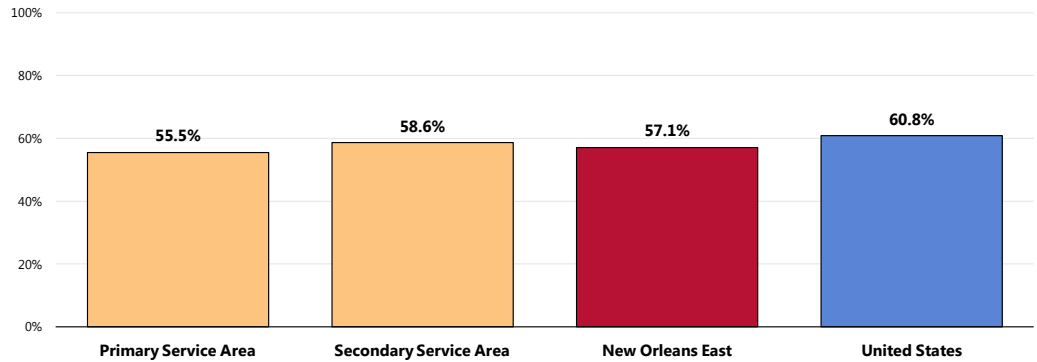
The lack of dental providers in New Orleans East is of great concern to interviewees. There are so few dental providers in the area that even if a person has insurance or has money to pay out of pocket, it is still difficult to find a dentist in the area.

Dentists who accept Medicaid are virtually non-existent in the community. Residents who are uninsured or underinsured are waiting until a crisis to be seen for dental work because the cost is high and the availability is low.

Interviewees mentioned of mobile dental units in the area, but again, there are not enough to serve the number of residents in the community.

Vision Care

A total of 64.1% of residents had an eye exam in the past two years during which their pupils were dilated.

- Higher than national findings.
- Similar by service area.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated
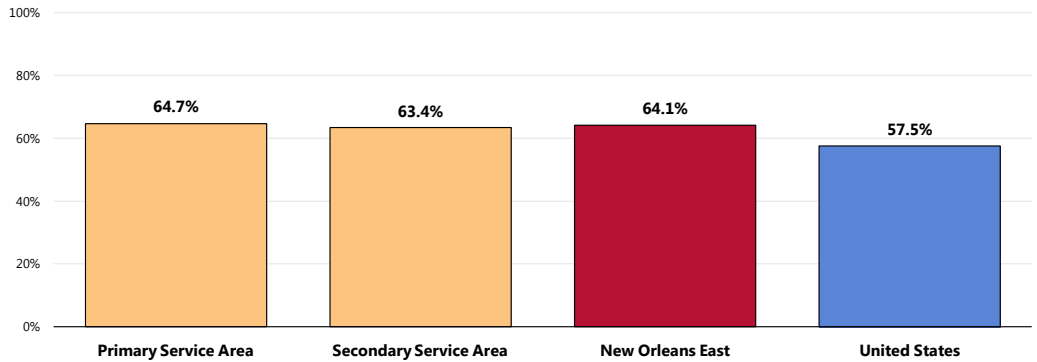
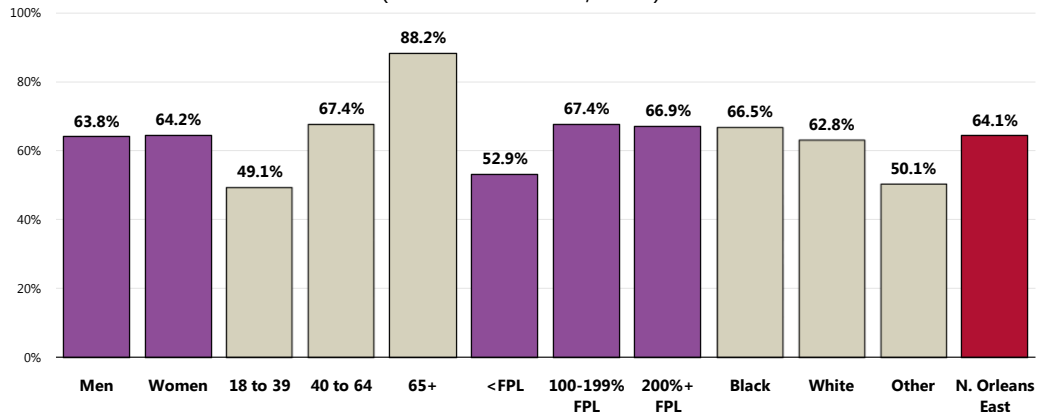|	Primary Service Area	Secondary Service Area	New Orleans East	United States
	64.7%	63.4%	64.1%	57.5%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
　　　　 ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Recent vision care in New Orleans East is <u>more</u> often reported among:

- Residents with higher incomes.
- Note also the positive correlation between age and recent eye exams.
- The prevalence among Blacks and Whites is notably higher than among "Others."

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated
(New Orleans East, 2011)

Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N. Orleans East
63.8%	64.2%	49.1%	67.4%	88.2%	52.9%	67.4%	66.9%	66.5%	62.8%	50.1%	64.1%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
Notes: ● Asked of all respondents.
　　　　 ● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
　　　　 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

HEALTH EDUCATION & OUTREACH

Healthcare Information Sources

Family physicians and the Internet are residents' primary sources of healthcare information.

- 48.4% of New Orleans East adults cited their **family physician** as their primary source of healthcare information.

- The **Internet** received the second-highest response (21.4%).

    - Other sources mentioned include friends and relatives (5.4%), books and magazines (4.9%) and work (4.0%).

- Just 2.9% of survey respondents say that they do not receive any healthcare information.

Primary Source of Healthcare Information
(New Orleans East, 2011)

Internet 21.4%
Other 9.9%
Friends/Relatives 5.4%
Books/Magazines 4.9%
Television 4.0%
Hospital Pub 3.1%
Don't Receive Any 2.9%
Family Doctor 48.4%
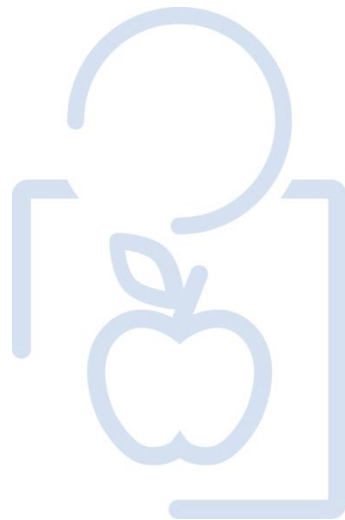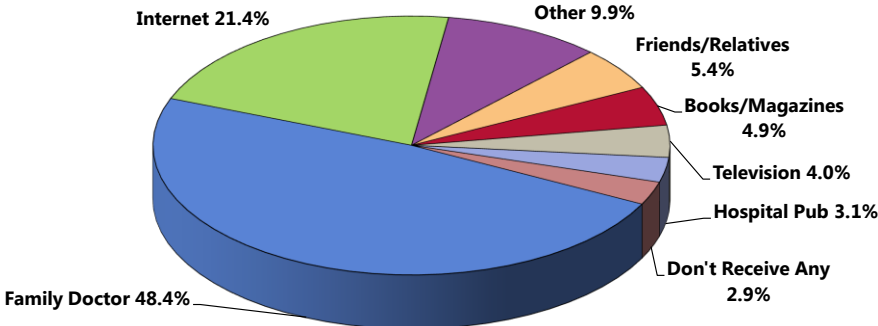
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
Notes: ● Asked of all respondents.

Participation in Health Promotion Events

Educational and community-based programs play a key role in preventing disease and injury, improving health, and enhancing quality of life.

Health status and related-health behaviors are determined by influences at multiple levels: personal, organizational/institutional, environmental, and policy. Because significant and dynamic interrelationships exist among these different levels of health determinants, educational and community-based programs are most likely to succeed in improving health and wellness when they address influences at all levels and in a variety of environments/settings.

Education and community-based programs and strategies are designed to reach people outside of traditional healthcare settings. These settings may include schools, worksites, healthcare facilities, and/or communities.

Using nontraditional settings can help encourage informal information sharing within communities through peer social interaction. Reaching out to people in different settings also allows for greater tailoring of health information and education.
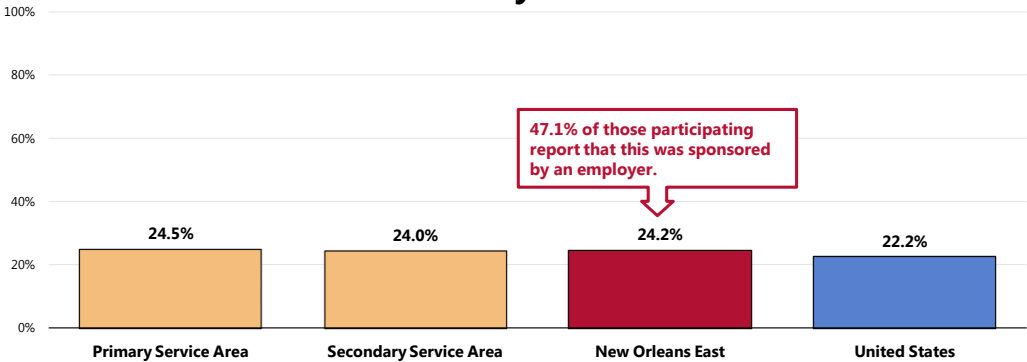
Educational and community-based programs encourage and enhance health and wellness by educating communities on topics such as: chronic diseases; injury and violence prevention; mental illness/behavioral health; unintended pregnancy; oral health; tobacco use; substance abuse; nutrition; and obesity prevention.

– Healthy People 2020 (www.healthypeople.gov)

A total of 24.2% of New Orleans East adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.

- Similar to the national prevalence.

- No difference by service area.

- Note that 47.1% of adults who participated in a health promotion activity in the past year indicate that it was sponsored by their employer.

Participated in a Health Promotion Activity in the Past Year

47.1% of those participating report that this was sponsored by an employer.

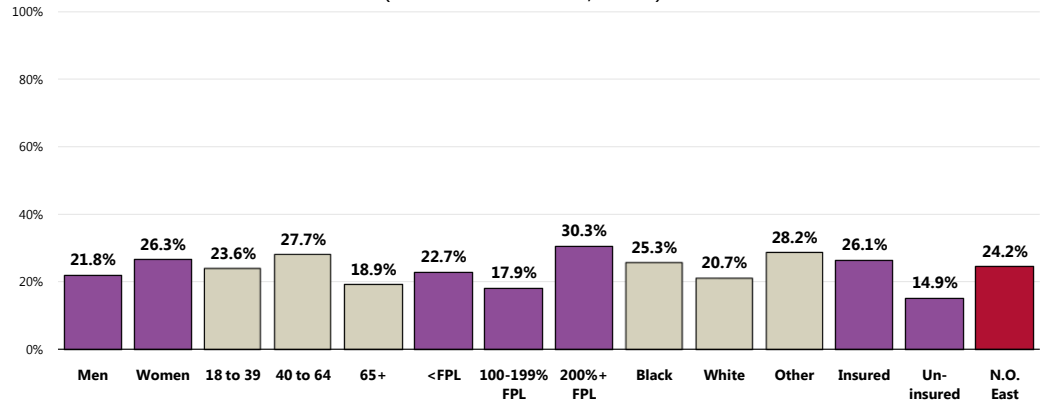|	Primary Service Area	Secondary Service Area	New Orleans East	United States
	24.5%	24.0%	24.2%	22.2%

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 129-130]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

The following chart outlines participation by various demographic characteristics.

👪 Note that adults under 65, residents with higher incomes, and insured adults more often report participation in health promotion activities.

Participated in a Health Promotion Activity in the Past Year
(New Orleans East, 2011)

|													
Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	Insured	Un-insured	N.O. East
21.8%	26.3%	23.6%	27.7%	18.9%	22.7%	17.9%	30.3%	25.3%	20.7%	28.2%	26.1%	14.9%	24.2%

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]
Notes: • Asked of all respondents.
• Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.
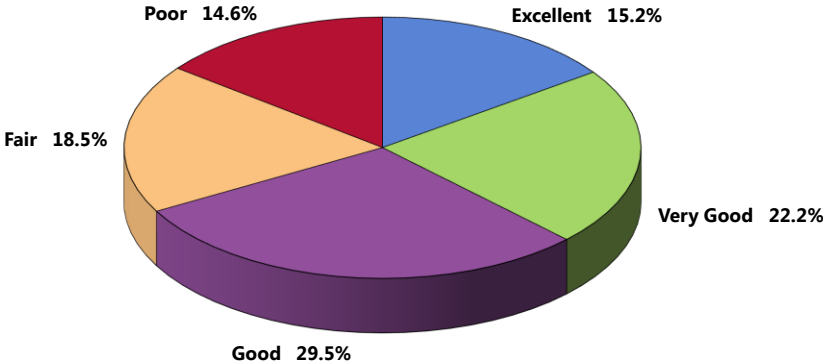
PERCEPTIONS OF HEALTHCARE
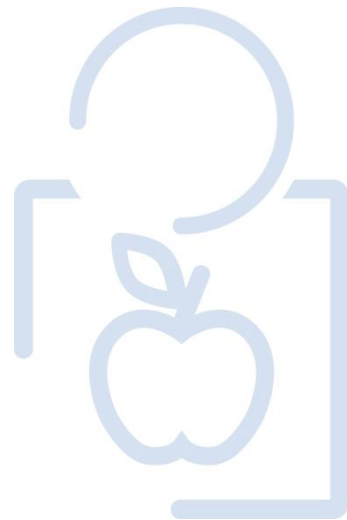
Ratings of Local Healthcare Services

A total of 37.4% of New Orleans East adults rate the overall healthcare services available in their community as "excellent" or "very good."

- Another 29.5% gave "good" ratings.

### Rating of Overall Healthcare Services Available in the Community
(New Orleans East, 2011)

Poor 14.6%
Excellent 15.2%
Fair 18.5%
Very Good 22.2%
Good 29.5%

However, one-third (33.1%) of residents characterizes local healthcare services as "fair" or "poor."

- More than twice that reported nationally.
- Unfavorably high in the Primary Service Area.

Perceive Local Healthcare Services as "Fair/Poor"
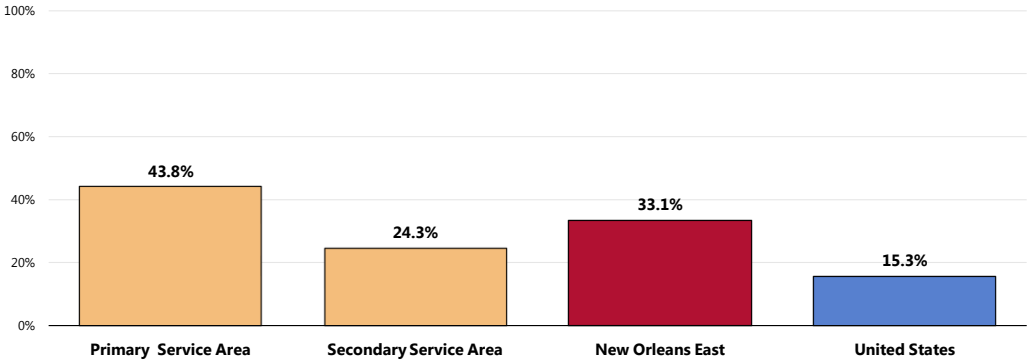
	Primary Service Area	Secondary Service Area	New Orleans East	United States
	43.8%	24.3%	33.1%	15.3%

The following residents are more critical of local healthcare services:

- Adults under age 65.

- The working poor.

- Blacks.

- Uninsured adults.

Perceive Local Healthcare Services as "Fair/Poor"
(New Orleans East, 2011)

Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	Insured	Un-insured	N.O. East
32.1%	34.0%	38.0%	34.0%	20.2%	30.7%	39.4%	31.5%	36.4%	24.2%	32.6%	28.7%	54.3%	33.1%
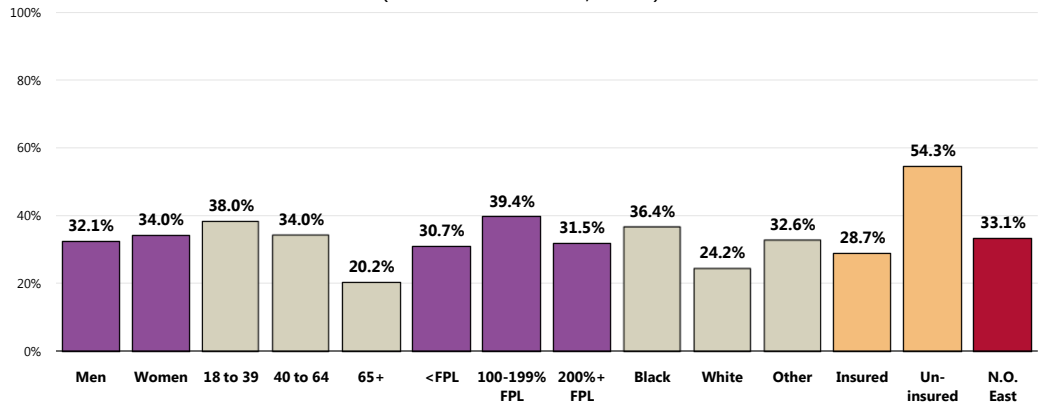
Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Collaboration

Most interviewees feel as though there is not enough collaboration happening in the New Orleans East area. They are concerned that there is so much need and not enough organizations stepping up to help. One interviewee did mention a school partnership with Methodist Health for school-based clinics, and another mentioned the Daughters of Charity and Tulane University working with the community to promote health.   All agree that there is so much to be done and so few agencies able to help.

All would like to see more organizations come together to meet the health needs of the residents of the New Orleans East community. There is a feeling that these residents have suffered enough and that not enough is being done to return New Orleans East to its pre-Hurricane Katrina state. Though there are some organizations rising to the challenge, those few organizations can't do it all and need the help of every community organization.

All agree that Hurricane Katrina has brought the New Orleans East community together and has created better citizens—citizens who are more engaged; however, there are still those who do not engage themselves unless they have a need. Interviewees would like to see a group be able to organize what is available and reach out to involve those who otherwise might not engage themselves.
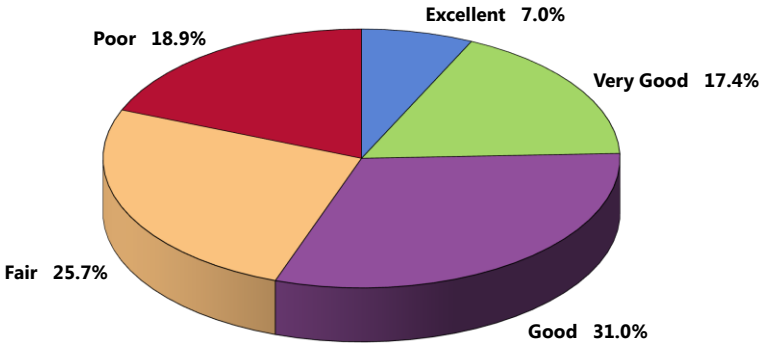
OTHER ISSUES
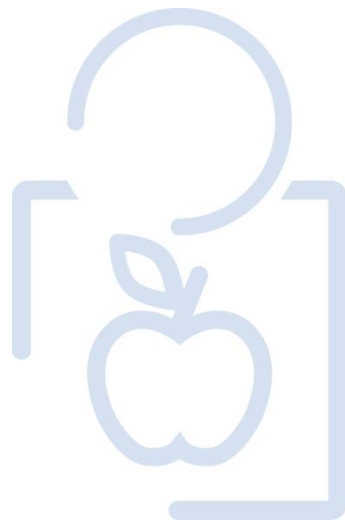
Public Transportation

When asked to rate the local public transportation services, 24.4% of survey respondents gave "excellent" or "very good" responses.

- Another 31.0% gave "good" ratings.

Rating of Local Public Transportation Services
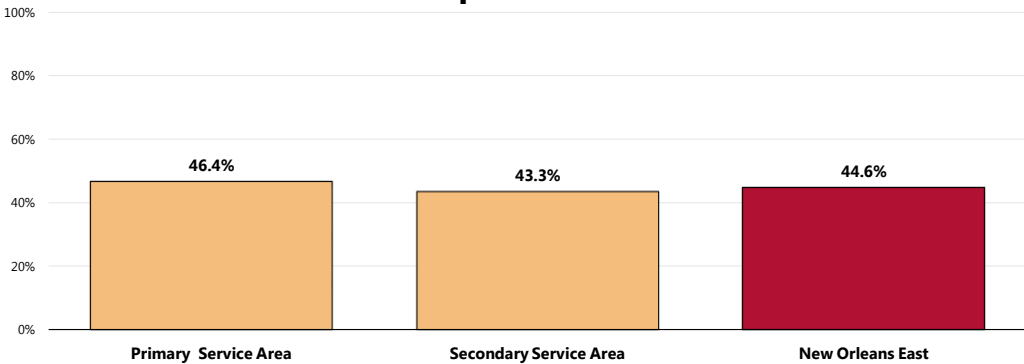(New Orleans East, 2011)

Excellent 7.0%
Very Good 17.4%
Good 31.0%
Fair 25.7%
Poor 18.9%

However, 44.6% of residents characterize local public transportation services as "fair" or "poor."

- Similar by service area.

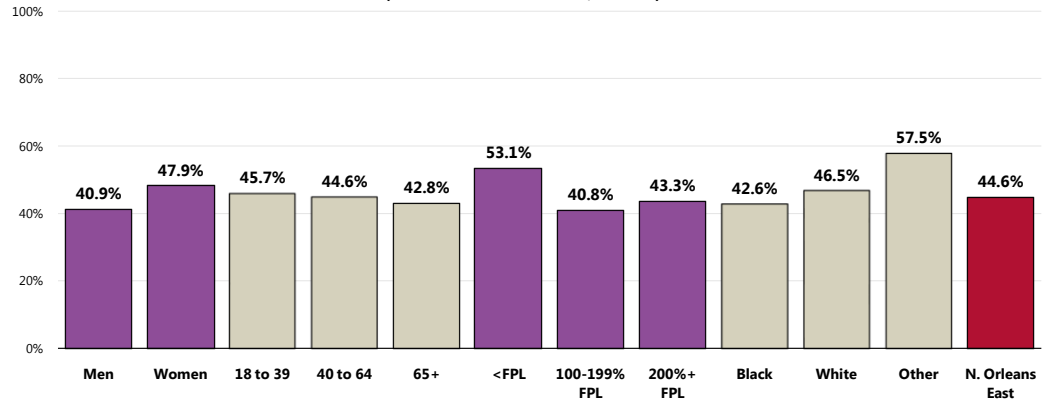### Perceive Local Public Transportation Services as "Fair/Poor"

Primary Service Area	Secondary Service Area	New Orleans East
46.4%	43.3%	44.6%

Adults more likely to be critical of local public transportation include:

- 👫 Women.
- 👫 Those with lower incomes.
- 👫 Adults of "Other" race/ethnicity.

Perceive Local Public Transportation Services as "Fair/Poor"
(New Orleans East, 2011)

|	Men	Women	18 to 39	40 to 64	65+	<FPL	100-199% FPL	200%+ FPL	Black	White	Other	N. Orleans East
%	40.9%	47.9%	45.7%	44.6%	42.8%	53.1%	40.8%	43.3%	42.6%	46.5%	57.5%	44.6%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
Notes: ● Asked of all respondents.
  ● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Most New Orleans East residents (64.5%) believe they can rely on local public transportion if they needed it.

- ● No difference by service area.

Can Rely on Local Public Transportation When Needed
(New Orleans East, 2011)
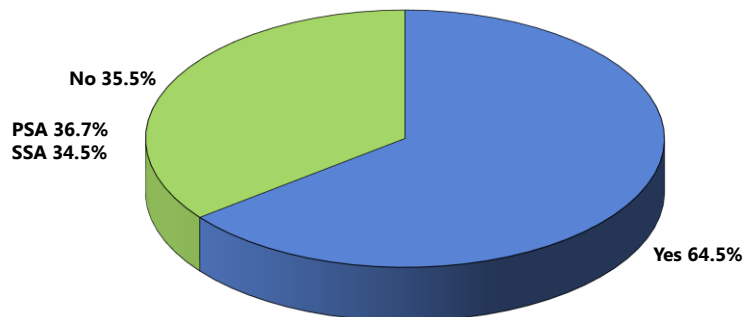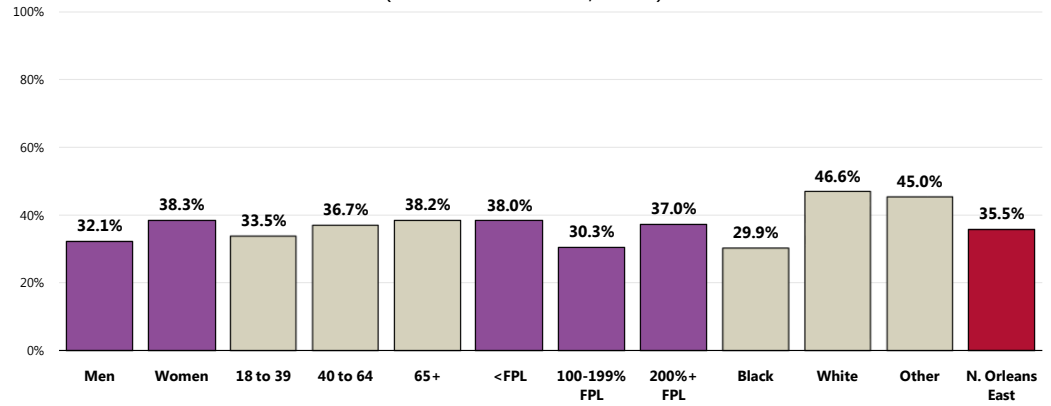
No 35.5%

PSA 36.7%
SSA 34.5%

Yes 64.5%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 132]
Notes: ● Asked of all respondents.

The following population segments are more likely to feel they cannot rely on local public transportation when needed:

   👥 Women.

   👥 Non-Blacks.

Cannot Rely on Local Public Transportation When Needed
(New Orleans East, 2011)

Category	Value
Men	32.1%
Women	38.3%
18 to 39	33.5%
40 to 64	36.7%
65+	38.2%
<FPL	38.0%
100-199% FPL	30.3%
200%+ FPL	37.0%
Black	29.9%
White	46.6%
Other	45.0%
N. Orleans East	35.5%

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 132]
Notes: • Asked of all respondents.
     • Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
     • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size.

Hunger

At-Risk for Hunger

A total of 8.5% of adults in New Orleans East found the following statement to be often true during the past year: *"I worried whether our food would run out before we had money for more."*

- Another 23.9% of survey respondents consider this statement to be sometimes true.

A total of 6.7% of survey respondents found the following statement to be often true during the past year: *"The food that we bought just did not last, and we did not have money for more."*

- Another 18.8% of survey respondents consider this statement to be sometimes true.

Agreement With Statements of Risk for Hunger
(New Orleans East, 2011)

Legend: □ Often True   □ Sometimes True   ■ Never True

Statement	Often True	Sometimes True	Never True
"I worried whether our food would run out before we had money for more."	8.5%	23.9%	67.6%
"The food that we bought just did not last, and we did not have money for more."	6.7%	18.8%	74.5%
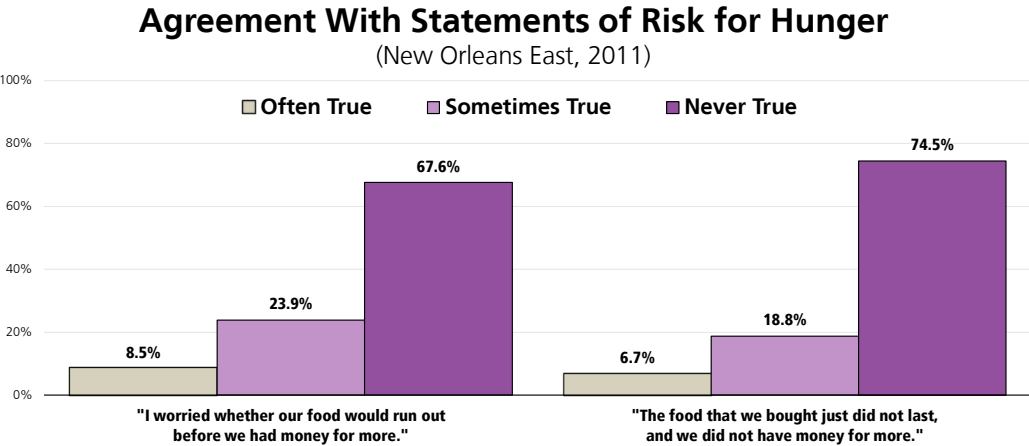
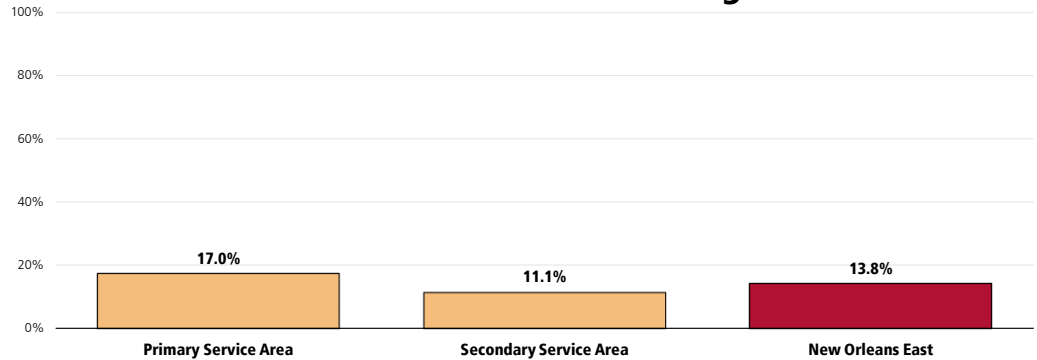Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Items 110-111]
Notes: ● Asked of all respondents.

Use of Food Banks

In the past year, 13.8% of survey respondents visited a food bank or utilized some type of free meal program.

- Higher among adults in the Primary Service Area.

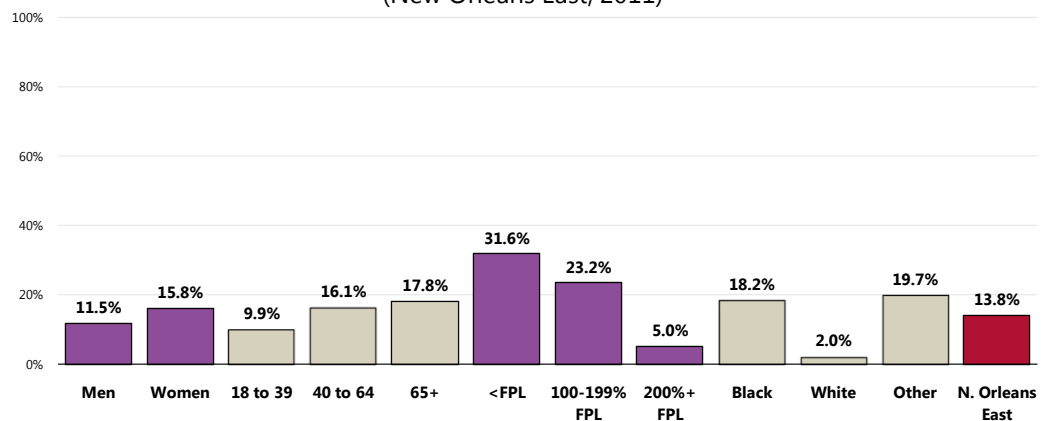### Visited Food Bank or Utilized Free Meal Program in Past Year

Primary Service Area	Secondary Service Area	New Orleans East
17.0%	11.1%	13.8%

The following population segments are more likely to have utilized a food bank or free meal program in the past year:

- Women.
- Adults aged 40+.
- Lower-income residents.
- Non-Whites.

Visited Food Bank or Utilized Free Meal Program in Past Year
(New Orleans East, 2011)

Men	Women	18 to 39	40 to 64	65+	<FPL	100-199 FPL	200%+ FPL	Black	White	Other	N. Orleans East
11.5%	15.8%	9.9%	16.1%	17.8%	31.6%	23.2%	5.0%	18.2%	2.0%	19.7%	13.8%

Homelessness

Most participants agreed that though New Orleans has a homeless population, those people are mostly concentrated in the downtown area and there are few in the New Orleans East area. For those who are in the community, the main issue is getting mental health care.