Executive Report

2015 Community Health Needs Assessment

New Orleans East, Louisiana

Prepared for:

Methodist Health System Foundation

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Introduction

Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to a similar study conducted in 2011, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of Methodist Health System Foundation. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides 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.

This assessment was conducted on behalf of Methodist Health System Foundation by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from quantitative sources, including primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels.

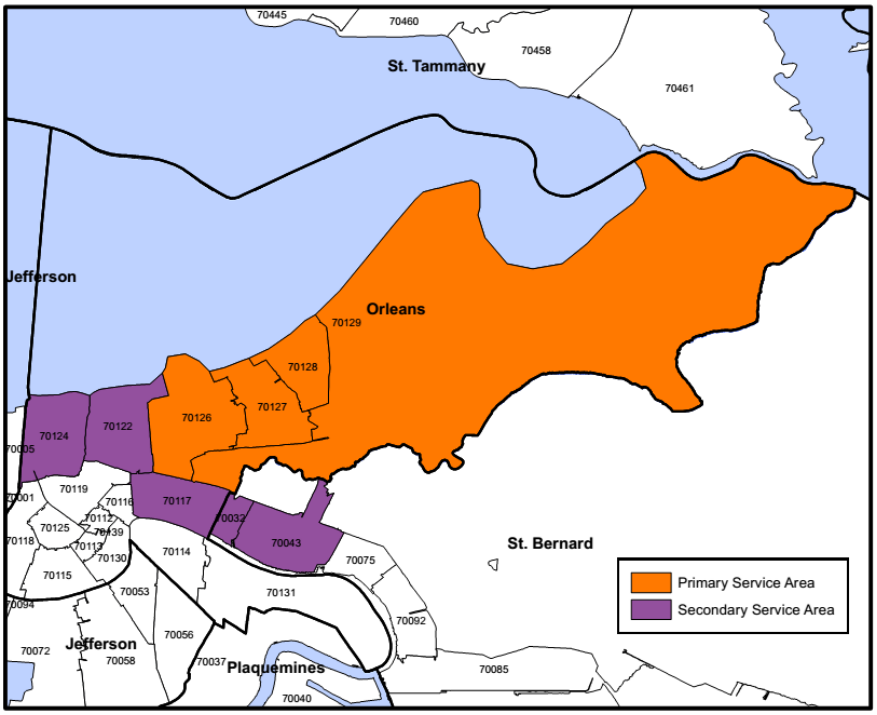
PRC Community Health Survey

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 PRC, and is similar to the previous survey used in the region, allowing for data trending.

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 (70032, 70043, 70117, 70122, and 70124) of Methodist Health System Foundation.



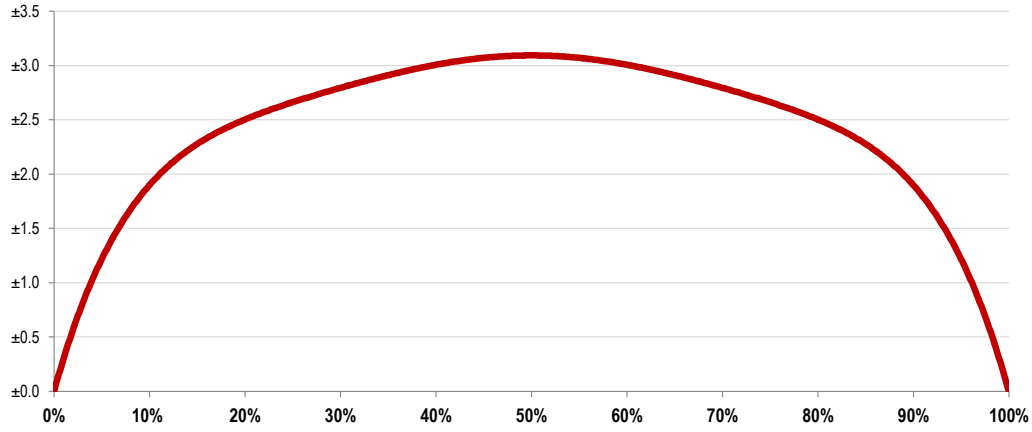
Sample Approach & Design

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 — one that incorporates both landline and cell phone interviews — 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 stratified random sample of 1,000 individuals age 18 and older in New Orleans East, including 457 in the Primary Service Area and 543 in the Secondary Service Area. Once the interviews were completed, these were weighted at the ZIP Code level in proportion to the actual population distribution so as to appropriately represent the service area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

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

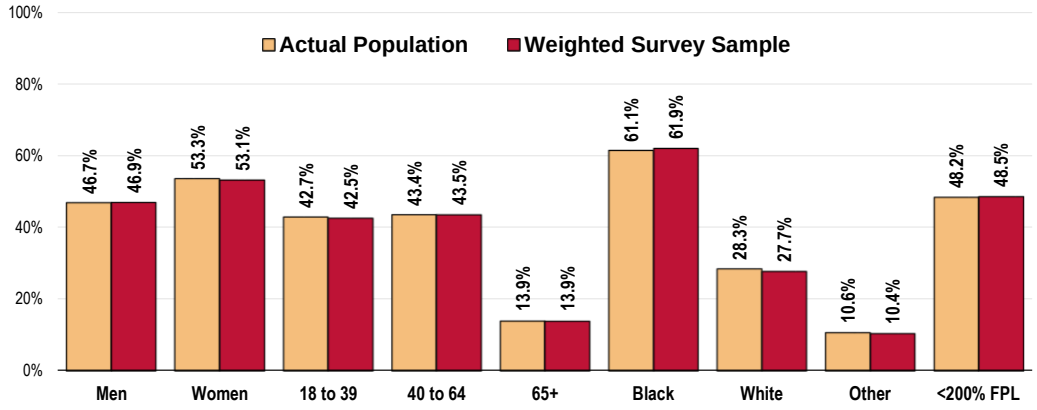
To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” 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 chart outlines 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 & Survey Sample Characteristics

(New Orleans East, 2015)



Sources:
- Census 2010, Summary File 3 (SF 3). US Census Bureau.
- 2015 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 2014 guidelines place the poverty threshold for a family of four at $23,850 annual household income or lower)*. In sample segmentation: "**very low income**" refers to community members living in a household with defined poverty status; "**low income**" refers to households with incomes just above the poverty level, earning up to twice the poverty threshold; and "**mid/high income**" 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.

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 were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that secondary data reflect parish-level data (Orleans Parish).

Benchmark Data

Trending

A similar survey was administered in New Orleans East in 2011 by PRC on behalf of Methodist Health System Foundation. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Because two additional ZIP Codes were added to the current service area, only results from comparable ZIP Codes are trended throughout this assessment *(these include 70117, 70122, 70124, 70126, 70127, 70128, and 70129)*. Historical data for secondary data indicators are also included for the purposes of trending.

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 *2013 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.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates. For secondary data indicators (which do not carry sampling error, but might be subject to reporting error), “significance,” for the purpose of this report, is determined by a 5% variation from the comparative measure.

Summary of Findings

Significant Health Needs of the Community

The following "areas of opportunity" represent the significant health needs of the community, 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 area with regard to the following health issues (see also the summary tables presented in the following section).

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	• Cost of Prescriptions • Specific Source of Ongoing Medical Care • Emergency Room Utilization • Eye Exams
Cancer	• Cancer Deaths ○ Including Lung Cancer, Prostate Cancer, Female Breast Cancer, Colorectal Cancer Deaths • Cancer Incidence ○ Including Prostate Cancer, Female Breast Cancer, Colorectal Cancer, Cervical Cancer Incidence
Chronic Kidney Disease	• Kidney Disease Deaths
Diabetes	• Diabetes Deaths • Prevalence of Borderline/Pre-Diabetes
Heart Disease & Stroke	• Heart Disease Deaths • Stroke Deaths • High Blood Pressure Prevalence
HIV/AIDS	• HIV/AIDS Deaths • HIV Prevalence
Infant Health & Family Planning	• Low-Weight Births • Infant Mortality • Teen Births
Injury & Violence	• Unintentional Injury Deaths ○ Including Motor Vehicle Crash Deaths • Bike Helmet Usage [Children] • Firearm-Related Deaths • Firearm Storage/Safety • Homicide Deaths • Violent Crime Rate • Violent Crime Experience
Mental Health	• Symptoms of Chronic Depression

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Areas of Opportunity (continued)	
Nutrition, Physical Activity & Weight	• Fruit/Vegetable Consumption • Low Food Access • Overweight & Obesity [Adults] • Obesity [Children] • Leisure-Time Physical Activity • Meeting Physical Activity Guidelines • Moderate Physical Activity
Oral Health	• Regular Dental Care
Potentially Disabling Conditions	• Activity Limitations • Sciatica/Back Pain Prevalence
Respiratory Diseases	• Chronic Obstructive Pulmonary Disease (COPD) Prevalence • Asthma Prevalence [Children] • Flu Vaccination
Sexually Transmitted Diseases	• Gonorrhea Incidence • Chlamydia Incidence • Condom Use
Substance Abuse	• Drug-Induced Deaths

Tobacco Use	• Cigarette Smoking Prevalence
	• Environmental Tobacco Smoke Exposure at Home
	  ○ Including Among Households With Children
	  ○ Including Among Non-Smokers

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, as well as trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

TREND SUMMARY
(Current vs. Baseline Data)

Survey Data Indicators: Trends for survey-derived indicators represent significant changes since 2011 in ZIP Codes included in both surveys.

Other (Secondary) Data Indicators: Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade). Note that secondary data reflect parish-level data for New Orleans East.

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 subareas, 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 trending among the comparable ZIP Codes, as well as comparisons between local data 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.

Social Determinants	PSA vs. SSA: PSA	PSA vs. SSA: SSA	New Orleans East	New Orleans East vs. Benchmarks: vs. LA	vs. US	vs. HP2020	TREND
Linguistically Isolated Population (Percent)			2.1	1.6	4.8		
Population in Poverty (Percent)			27.3	19.1	15.4		
Population Below 200% FPL (Percent)			48.4	39.6	34.2		
Children Below 100% FPL (Percent)			40.3	27.0	21.6		
No High School Diploma (Age 25+, Percent)			15.5	17.5	14.0		
Unemployment Rate (Age 16+, Percent)			7.5	7.0	6.1		
	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	PSA vs. SSA: PSA	PSA vs. SSA: SSA	New Orleans East	New Orleans East vs. Benchmarks: vs. LA	vs. US	vs. HP2020	TREND
% "Fair/Poor" Physical Health	21.5	18.6	19.9	22.8	15.3		15.6
% Activity Limitations	21.0	22.7	22.0	22.8	21.5		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

Access to Health Services	PSA vs. SSA: PSA	PSA vs. SSA: SSA	New Orleans East	New Orleans East vs. Benchmarks: vs. LA	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	18.4	13.0	15.3	26.0	15.1	0.0	22.1
% [Insured] Went Without Coverage in Past Year	6.8	12.4	10.1		8.1		11.6
% Difficulty Accessing Healthcare in Past Year (Composite)	47.6	45.3	46.3		39.9		47.8
% Inconvenient Hrs Prevented Dr Visit in Past Year	15.9	16.7	16.4		15.4		18.8
% Cost Prevented Getting Prescription in Past Year	20.2	21.7	21.1		15.8		25.0
% Cost Prevented Physician Visit in Past Year	20.8	16.4	18.3		18.2		18.6
% Difficulty Getting Appointment in Past Year	20.8	18.8	19.7		17.0		22.8

Access to Health Services (continued)	PSA vs. SSA		New Orleans East	New Orleans East vs. Benchmarks			
	PSA	**SSA**	**New Orleans East**	**vs. LA**	**vs. US**	**vs. HP2020**	**TREND**
% Difficulty Finding Physician in Past Year	10.8	10.6	**10.7**		11.0		18.6
% Transportation Hindered Dr Visit in Past Year	9.8	9.9	**9.9**		9.4		10.7
% Skipped Prescription Doses to Save Costs	17.6	22.0	**20.1**		15.3		18.9
% Difficulty Getting Child's Healthcare in Past Year	3.6	6.1	**4.9**		6.0		7.3
Primary Care Doctors per 100,000			**87.5**	64.3	74.5		
% [Age 18+] Have a Specific Source of Ongoing Care	65.9	64.5	**65.1**		76.3	95.0	67.4
% [Age 18-64] Have a Specific Source of Ongoing Care	64.7	62.7	**63.6**		75.6	89.4	64.4
% [Age 65+] Have a Specific Source of Ongoing Care	67.7	72.2	**70.6**		80.0	100.0	79.6

Access to Health Services (continued)	PSA vs. SSA		New Orleans East	New Orleans East vs. Benchmarks			
	PSA	**SSA**	**New Orleans East**	**vs. LA**	**vs. US**	**vs. HP2020**	**TREND**
% Have Had Routine Checkup in Past Year	78.8	72.9	**75.5**	74.9	65.0		72.8
% Child Has Had Checkup in Past Year	90.3	88.9	**89.5**		84.1		93.2
% Two or More ER Visits in Past Year	11.7	11.5	**11.6**		8.9		14.0
% Rate Local Healthcare "Fair/Poor"	26.6	21.3	**23.5**		16.5		33.1
	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	PSA vs. SSA		New Orleans East	New Orleans East vs. Benchmarks			
	PSA	**SSA**	**New Orleans East**	**vs. LA**	**vs. US**	**vs. HP2020**	**TREND**
% [50+] Arthritis/Rheumatism	42.7	40.0	**41.0**		37.3		40.4
% [50+] Osteoporosis	8.3	6.8	**7.4**		13.5	5.3	7.6
% Sciatica/Chronic Back Pain	20.9	22.4	**21.8**		18.4		18.3
	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	PSA vs. SSA: PSA	PSA vs. SSA: SSA	New Orleans East	New Orleans East vs. Benchmarks: vs. LA	vs. US	vs. HP2020	TREND
Cancer (Age-Adjusted Death Rate)			188.7	191.0	166.2	161.4	214.5
Lung Cancer (Age-Adjusted Death Rate)			51.0	55.2	44.7	45.5	
Prostate Cancer (Age-Adjusted Death Rate)			27.8	21.8	19.8	21.8	
Female Breast Cancer (Age-Adjusted Death Rate)			29.5	24.3	21.3	20.7	
Colorectal Cancer (Age-Adjusted Death Rate)			17.1	18.0	14.9	14.5	
Prostate Cancer Incidence per 100,000			166.3	168.9	142.3		
Female Breast Cancer Incidence per 100,000			131.0	121.3	122.7		
Lung Cancer Incidence per 100,000			67.8	74.2	64.9		
Colorectal Cancer Incidence per 100,000			48.6	51.0	43.3		
Cervical Cancer Incidence per 100,000			10.3	9.4	7.8		
% Skin Cancer	0.8	4.2	2.8	5.0	6.7		3.2

Cancer (continued)	PSA vs. SSA: PSA	PSA vs. SSA: SSA	New Orleans East	New Orleans East vs. Benchmarks: vs. LA	vs. US	vs. HP2020	TREND
% Cancer (Other Than Skin)	4.2	6.1	5.3	6.6	6.1		5.3
% [Women 50-74] Mammogram in Past 2 Years	90.7	84.3	86.7	76.8	83.6	81.1	83.7
% [Women 21-65] Pap Smear in Past 3 Years	89.8	84.0	86.5	80.6	83.9	93.0	86.3
% [Age 50-75] Colorectal Cancer Screening	78.2	76.9	77.4		75.1	70.5	74.9
	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	PSA vs. SSA: PSA	PSA vs. SSA: SSA	New Orleans East	New Orleans East vs. Benchmarks: vs. LA	vs. US	vs. HP2020	TREND
Kidney Disease (Age-Adjusted Death Rate)			22.3	24.3	13.2		28.3
% Kidney Disease	3.1	3.0	3.1	2.2	3.0		
	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	

Dementias, Including Alzheimer's Disease	PSA vs. SSA: PSA	PSA vs. SSA: SSA	New Orleans East	New Orleans East vs. Benchmarks: vs. LA	vs. US	vs. HP2020	TREND
Alzheimer's Disease (Age-Adjusted Death Rate)			18.5	32.3	24.0		27.5
				better	similar	worse	

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.

Diabetes	PSA vs. SSA: PSA	PSA vs. SSA: SSA	New Orleans East	New Orleans East vs. Benchmarks: vs. LA	vs. US	vs. HP2020	TREND
Diabetes Mellitus (Age-Adjusted Death Rate)			28.9	27.0	21.3	20.5	52.0
% Diabetes/High Blood Sugar	14.4	11.5	12.7	11.6	11.7		13.5
% Borderline/Pre-Diabetes	8.6	7.2	7.8		5.1		
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	47.8	59.6	54.7		49.2		
				better	similar	worse	

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.

Hearing & Other Sensory or Communication Disorders	PSA vs. SSA: PSA	PSA vs. SSA: SSA	New Orleans East	New Orleans East vs. Benchmarks: vs. LA	vs. US	vs. HP2020	TREND
% Deafness/Trouble Hearing	4.4	7.0	5.9		10.3		7.4
				better	similar	worse	

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.

Heart Disease & Stroke	PSA vs. SSA		New Orleans East	New Orleans East vs. Benchmarks			
	PSA	SSA		vs. LA	vs. US	vs. HP2020	TREND
Diseases of the Heart (Age-Adjusted Death Rate)			206.7	213.2	171.3	156.9	248.1
Stroke (Age-Adjusted Death Rate)			40.6	44.5	37.0	34.8	67.5
% Heart Disease (Heart Attack, Angina, Coronary Disease)	5.3	5.0	5.1		6.1		6.4
% Stroke	4.0	6.8	5.6	4.0	3.9		4.9
% Blood Pressure Checked in Past 2 Years	92.7	92.3	92.5		91.0	92.6	94.4
% Told Have High Blood Pressure (Ever)	47.0	43.5	45.0	39.9	34.1	26.9	40.2
% [HBP] Taking Action to Control High Blood Pressure	94.7	92.5	93.5		89.2		93.8
% Cholesterol Checked in Past 5 Years	87.2	91.7	89.8	76.2	86.6	82.1	91.4
% Told Have High Cholesterol (Ever)	25.3	30.5	28.3	40.7	29.9	13.5	28.1
% [HBC] Taking Action to Control High Blood Cholesterol	87.8	75.3	80.0		81.4		88.1

Heart Disease & Stroke (continued)	PSA vs. SSA: PSA	PSA vs. SSA: SSA	New Orleans East	New Orleans East vs. Benchmarks: vs. LA	vs. US	vs. HP2020	TREND
% 1+ Cardiovascular Risk Factor	89.6	86.2	87.7		82.3		84.5

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

HIV	PSA vs. SSA: PSA	PSA vs. SSA: SSA	New Orleans East	New Orleans East vs. Benchmarks: vs. LA	vs. US	vs. HP2020	TREND
HIV/AIDS (Age-Adjusted Death Rate)			17.3	21.8	3.6	3.3	
HIV Prevalence per 100,000			1834.3	451.8	340.4		
% [Age 18-44] HIV Test in the Past Year	44.6	29.9	36.7		19.3		39.2

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

Immunization & Infectious Diseases	PSA vs. SSA: PSA	PSA vs. SSA: SSA	New Orleans East	New Orleans East vs. Benchmarks: vs. LA	vs. US	vs. HP2020	TREND
% [Age 65+] Flu Vaccine in Past Year	47.7	67.6	60.2	66.3	57.5	70.0	72.7
% [High-Risk 18-64] Flu Vaccine in Past Year	40.8	44.1	42.7		45.9	70.0	60.8

Immunization & Infectious Diseases (continued)	PSA vs. SSA: PSA	PSA vs. SSA: SSA	New Orleans East	New Orleans East vs. Benchmarks: vs. LA	vs. US	vs. HP2020	TREND
% [Age 65+] Pneumonia Vaccine Ever	66.3	77.6	73.5	68.1	68.4	90.0	65.2
% [High-Risk 18-64] Pneumonia Vaccine Ever	47.0	50.9	49.0		41.9	60.0	38.1
% Have Completed Hepatitis B Vaccination Series	46.3	42.4	44.1		44.7		41.7
	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	

Injury & Violence Prevention	PSA vs. SSA: PSA	PSA vs. SSA: SSA	New Orleans East	New Orleans East vs. Benchmarks: vs. LA	vs. US	vs. HP2020	TREND
Unintentional Injury (Age-Adjusted Death Rate)			48.1	49.1	39.2	36.4	71.1
Motor Vehicle Crashes (Age-Adjusted Death Rate)			14.9	17.7	10.7	12.4	14.0
% "Always" Wear Seat Belt	88.4	82.5	85.0		84.8	92.0	83.2
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	91.7	97.1	94.5		92.2		92.4
% Child [Age 5-17] "Always" Wears Bicycle Helmet	40.1	28.6	33.6		48.7		29.6
Firearm-Related Deaths (Age-Adjusted Death Rate)			42.9	18.9	10.4	9.3	52.1

Injury & Violence Prevention (continued)	PSA vs. SSA		New Orleans East	New Orleans East vs. Benchmarks			
	PSA	SSA		vs. LA	vs. US	vs. HP2020	TREND
% Firearm in Home	40.2	34.9	37.1		34.7		31.6
% [Homes With Children] Firearm in Home	42.8	37.1	39.6		37.4		33.1
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	23.7	36.3	30.6		16.8		31.4
Homicide (Age-Adjusted Death Rate)			41.3	12.1	5.3	5.5	50.1
Violent Crime per 100,000			789.1	532.9	395.5		
% Neighborhood Safety/Security/Crime Control is "Fair/Poor"	37.6	22.6	28.8				41.3
% Neighborhood Crime Has Worsened in Past 2 Years	24.7	25.3	25.1				26.6
% Neighborhood Safety During the Day is "Fair/Poor"	20.9	10.7	15.1				17.5
% Neighborhood Safety at Night is "Fair/Poor"	50.5	38.8	43.7				45.3
% Nighttime Safety/Security at Home is "Fair/Poor"	9.8	6.5	7.9				9.9
% Victim of Violent Crime in Past 5 Years	5.4	4.1	4.6		2.8		6.7

Injury & Violence Prevention (continued)	PSA vs. SSA		New Orleans East	New Orleans East vs. Benchmarks			
	PSA	**SSA**	**New Orleans East**	**vs. LA**	**vs. US**	**vs. HP2020**	**TREND**
% Ever Threatened With Violence by Intimate Partner	10.6	12.9	**11.9**		14.1		14.2
% Victim of Domestic Violence (Ever)	13.0	13.6	**13.3**		15.0		12.6
	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.			better	similar	worse	

Maternal, Infant & Child Health	PSA vs. SSA		New Orleans East	New Orleans East vs. Benchmarks			
	PSA	**SSA**	**New Orleans East**	**vs. LA**	**vs. US**	**vs. HP2020**	**TREND**
No Prenatal Care in First Trimester (Percent)			**28.6**	29.5		22.1	
Low Birthweight Births (Percent)			**12.1**	10.9	8.0	7.8	
Infant Death Rate			**7.9**	8.4	6.0	6.0	10.0
Births to Teenagers (Percent)			**8.8**	10.4	7.8		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	

Mental Health & Mental Disorders	PSA vs. SSA: PSA	PSA vs. SSA: SSA	New Orleans East	New Orleans East vs. Benchmarks: vs. LA	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	19.3	10.5	14.2		11.9		15.9
% Diagnosed Depression	16.4	14.8	15.5		20.4		
% Symptoms of Chronic Depression (2+ Years)	39.7	32.6	35.6		30.4		37.3
Suicide (Age-Adjusted Death Rate)			8.8	12.4	12.5	10.2	9.2
% [Those With Diagnosed Depression] Seeking Help	87.8	82.0	84.6		76.6		
% Typical Day Is "Extremely/Very" Stressful	11.9	12.7	12.4		11.9		12.1
	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	

Nutrition, Physical Activity & Weight	PSA vs. SSA: PSA	PSA vs. SSA: SSA	New Orleans East	New Orleans East vs. Benchmarks: vs. LA	vs. US	vs. HP2020	TREND
% Eat 5+ Servings of Fruit or Vegetables per Day	25.6	28.8	27.4		39.5		37.8
% "Very/Somewhat" Difficult to Buy Fresh Produce	20.3	28.5	25.0		24.4		27.3
Population With Low Food Access (Percent)			26.7	28.6	23.6		

Nutrition, Physical Activity & Weight (continued)	PSA vs. SSA		New Orleans East	New Orleans East vs. Benchmarks			
	PSA	SSA		vs. LA	vs. US	vs. HP2020	TREND
% Medical Advice on Nutrition in Past Year	48.1	45.7	46.8		39.2		43.6
% "Often/Sometimes" Worried That Food Would Run Out	29.5	32.8	31.5				32.4
% "Often/Sometimes" Ran Out of Food Without More Money	23.1	25.1	24.3				25.5
% Relied on Food Bank/Church for Food in the Past Year	15.4	11.0	12.9				13.8
% Healthy Weight (BMI 18.5-24.9)	25.1	27.6	26.6	30.6	34.4	33.9	31.3
% Overweight (BMI 25+)	69.9	69.4	69.7	67.4	63.1		67.0
% Obese (BMI 30+)	36.2	37.7	37.1	33.1	29.0	30.5	32.3
% Medical Advice on Weight in Past Year	32.0	30.0	30.9		23.7		25.2
% [Overweights] Counseled About Weight in Past Year	39.1	38.4	38.7		31.8		
% [Obese Adults] Counseled About Weight in Past Year	55.2	53.4	54.1		48.3		
% [Overweights] Trying to Lose Weight Both Diet/Exercise	39.8	45.2	42.9		39.5		40.7

Nutrition, Physical Activity & Weight (continued)	PSA vs. SSA		New Orleans East	New Orleans East vs. Benchmarks			
	PSA	**SSA**	**New Orleans East**	**vs. LA**	**vs. US**	**vs. HP2020**	**TREND**
% Child [Age 5-17] Healthy Weight	49.3	63.3	**57.0**		56.7		
% Children [Age 5-17] Overweight (85th Percentile)	37.2	27.6	**31.9**		31.5		37.2
% Children [Age 5-17] Obese (95th Percentile)	26.8	23.0	**24.7**		14.8	14.5	21.7
% No Leisure-Time Physical Activity	27.5	25.0	**26.1**	32.2	20.7	32.6	26.7
% Meeting Physical Activity Guidelines	43.8	45.4	**44.7**		50.3		43.1
% Moderate Physical Activity	20.5	27.5	**24.5**		30.6		23.0
% Vigorous Physical Activity	38.0	34.4	**35.9**		38.0		34.5
Recreation/Fitness Facilities per 100,000			**9.3**	9.6	9.4		
% Medical Advice on Physical Activity in Past Year	51.4	51.8	**51.6**		44.0		48.7
% Child [Age 2-17] Physically Active 1+ Hours per Day	51.2	61.2	**56.7**		48.6		

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.

better similar worse

Oral Health	PSA vs. SSA: PSA	PSA vs. SSA: SSA	New Orleans East	New Orleans East vs. Benchmarks: vs. LA	vs. US	vs. HP2020	TREND
% [Age 18+] Dental Visit in Past Year	52.4	61.0	57.3	56.1	65.9	49.0	53.5
% Child [Age 2-17] Dental Visit in Past Year	86.9	88.2	87.6		81.5	49.0	83.7
% Have Dental Insurance	61.4	63.6	62.7		65.6		57.1

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

Respiratory Diseases	PSA vs. SSA: PSA	PSA vs. SSA: SSA	New Orleans East	New Orleans East vs. Benchmarks: vs. LA	vs. US	vs. HP2020	TREND
CLRD (Age-Adjusted Death Rate)			27.2	44.4	42.0		33.5
Pneumonia/Influenza (Age-Adjusted Death Rate)			10.3	18.3	15.3		17.7
% COPD (Lung Disease)	10.6	10.9	10.8	7.5	8.6		6.8
% [Adult] Currently Has Asthma	8.2	8.9	8.6	7.8	9.4		8.0
% [Child 0-17] Currently Has Asthma	10.8	17.5	14.5		7.1		13.2

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

Sexually Transmitted Diseases	PSA vs. SSA: PSA	PSA vs. SSA: SSA	New Orleans East	New Orleans East vs. Benchmarks: vs. LA	vs. US	vs. HP2020	TREND
Gonorrhea Incidence per 100,000			396.7	194.0	107.5		
Chlamydia Incidence per 100,000			1189.8	597.9	456.7		
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	11.6	8.2	9.5		11.7		11.7
% [Unmarried 18-64] Using Condoms	50.6	35.4	41.8		33.6		54.8
	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	

Substance Abuse	PSA vs. SSA: PSA	PSA vs. SSA: SSA	New Orleans East	New Orleans East vs. Benchmarks: vs. LA	vs. US	vs. HP2020	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)			9.5	8.7	9.9	8.2	9.9
% Current Drinker	44.4	54.9	50.5	49.0	56.5		58.2
% Excessive Drinker	14.3	18.7	16.8		23.2	25.4	21.4
% Drinking & Driving in Past Month	0.9	3.5	2.4		5.0		3.8
Drug-Induced Deaths (Age-Adjusted Death Rate)			19.8	15.0	14.1	11.3	17.7

Substance Abuse (continued)	PSA vs. SSA: PSA	PSA vs. SSA: SSA	New Orleans East	New Orleans East vs. Benchmarks: vs. LA	vs. US	vs. HP2020	TREND
% Illicit Drug Use in Past Month	1.5	1.7	1.6		4.0	7.1	3.5
% Ever Sought Help for Alcohol or Drug Problem	2.0	5.1	3.8		4.9		2.7

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.

	vs. LA	vs. US	vs. HP2020
	better	similar	worse

Tobacco Use	PSA vs. SSA: PSA	PSA vs. SSA: SSA	New Orleans East	New Orleans East vs. Benchmarks: vs. LA	vs. US	vs. HP2020	TREND
% Current Smoker	16.5	21.5	19.4	23.5	14.9	12.0	18.2
% Someone Smokes at Home	20.3	17.7	18.8		12.7		16.3
% [Non-Smokers] Someone Smokes in the Home	14.7	5.7	9.6		6.3		9.3
% [Household With Children] Someone Smokes in the Home	17.6	16.6	17.0		9.7		15.3
% [Smokers] Received Advice to Quit Smoking	64.8	71.8	69.3		67.8		62.1
% [Smokers] Have Quit Smoking 1+ Days in Past Year			63.8		55.9	80.0	62.7
% Smoke Cigars	6.5	3.7	4.9		4.1	0.2	5.3

Tobacco Use (continued)	PSA vs. SSA	
	PSA	**SSA**
% Use Smokeless Tobacco	2.2	1.6

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.

New Orleans East	New Orleans East vs. Benchmarks			
	vs. LA	**vs. US**	**vs. HP2020**	**TREND**
1.8	5.7	4.0	0.3	0.8

better similar worse

Vision	PSA vs. SSA	
	PSA	**SSA**
% Blindness/Trouble Seeing	9.3	9.6
% Eye Exam in Past 2 Years	59.0	54.5

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.

New Orleans East	New Orleans East vs. Benchmarks			
	vs. LA	**vs. US**	**vs. HP2020**	**TREND**
9.4	5.6	8.5		12.6
56.5		56.8		64.1

better similar worse

Other: Public Transportation	PSA vs. SSA	
	PSA	**SSA**
% Local Public Transportation is "Fair/Poor"	32.0	36.8
% Cannot Rely on Public Transportation for Needs	27.4	37.0

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.

New Orleans East	New Orleans East vs. Benchmarks			
	vs. LA	**vs. US**	**vs. HP2020**	**TREND**
34.8				44.6
32.9				35.5

better similar worse

Community Description

Professional Research Consultants, Inc.

Population Characteristics

Total Population

Orleans Parish, which encompasses the service areas targeted for this Community Health Needs Assessment, includes 169.38 square miles and houses a total population of 357,013 residents, according to latest census estimates.

Total Population

(Estimated Population, 2009-2013)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Orleans Parish	357,013	169.38	2,107.79
Louisiana	4,567,968	43,192.45	105.76
United States	311,536,591	3,530,997.6	88.23

Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Population Change 2000-2010

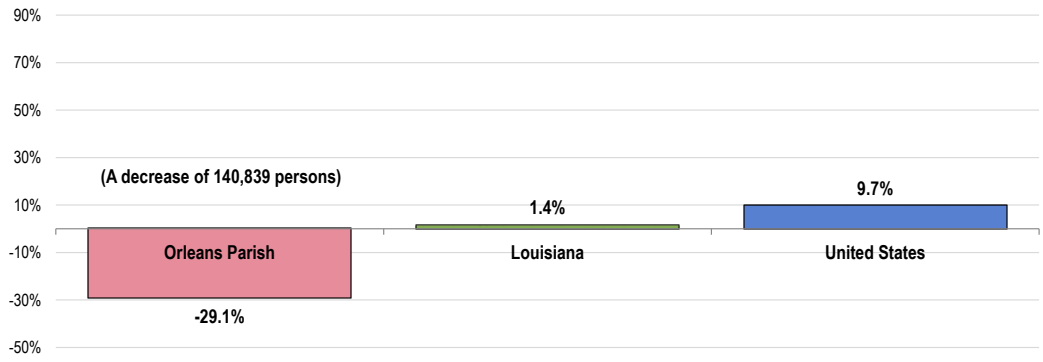
A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the population of Orleans Parish decreased by 140,839 persons, or 29.1%. Note that Hurricane Katrina in 2005 led to dramatic population shifts in the targeted area.

- The state population was relatively stable during this time.
- In contrast, the national population increased between 2000 and 2010.

Change in Total Population

(Percentage Change Between 2000 and 2010)

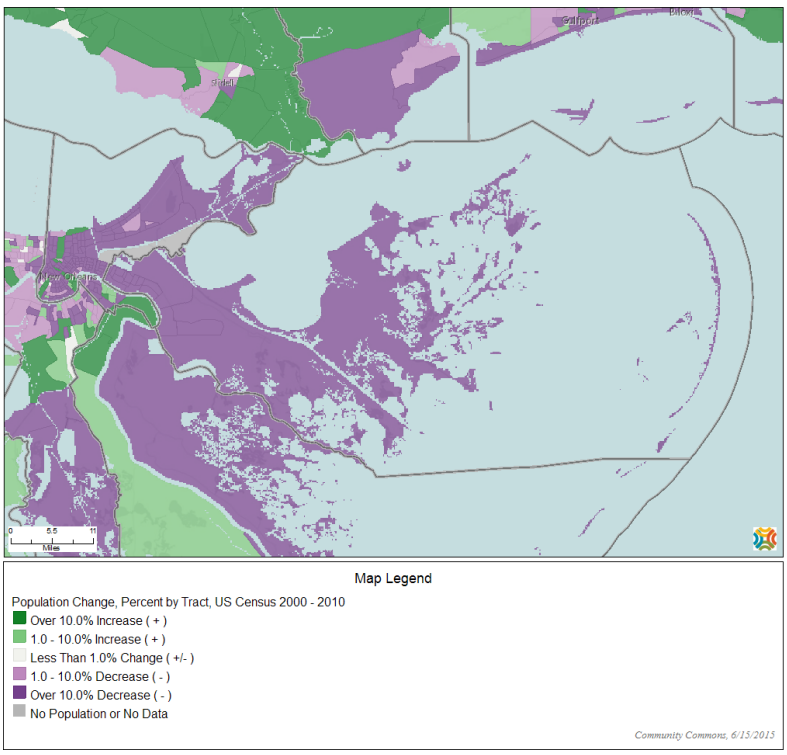


Sources:
- Retrieved April 2015 from Community Commons at http://www.chna.org.
- US Census Bureau Decennial Census (2000-2010).

Notes:
- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Population losses occurred throughout Orleans Parish.

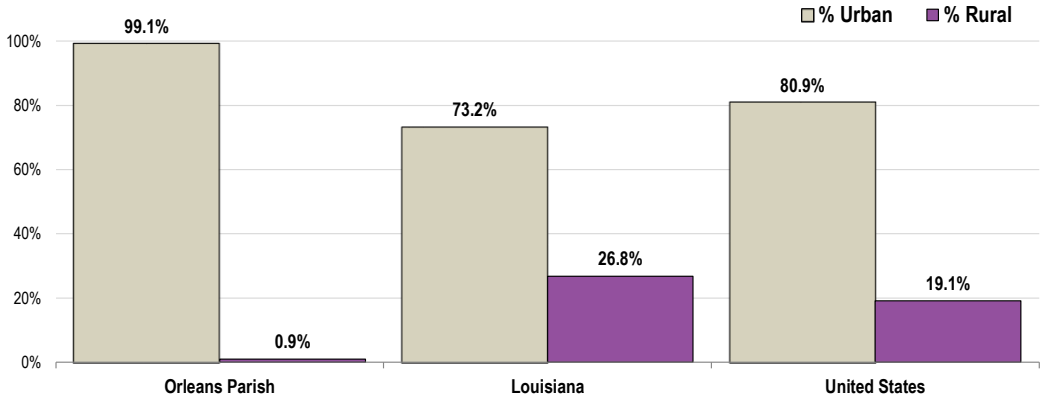
Population Change, Percent by Tract, US Census 2000-2010



Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Orleans Parish is nearly exclusively urban, with 99.1% of the population living in areas designated as urban.

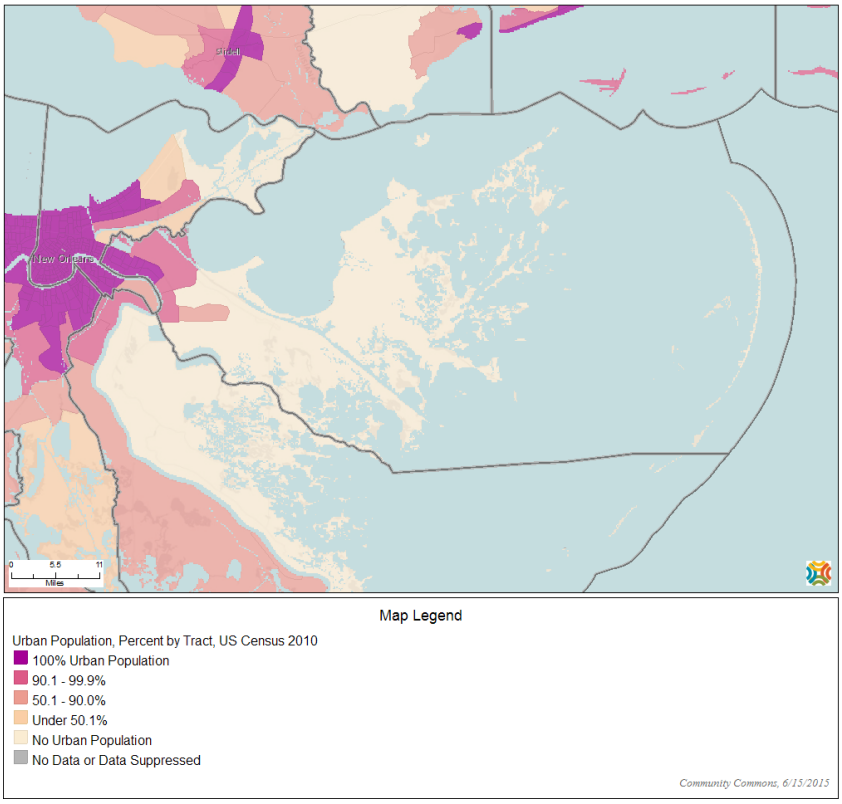


Sources:
- US Census Bureau Decennial Census (2010).
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

- Note the following map outlining the urban population in Orleans Parish census tracts as of 2010.

Urban Population, Percent by Tract, US Census 2010



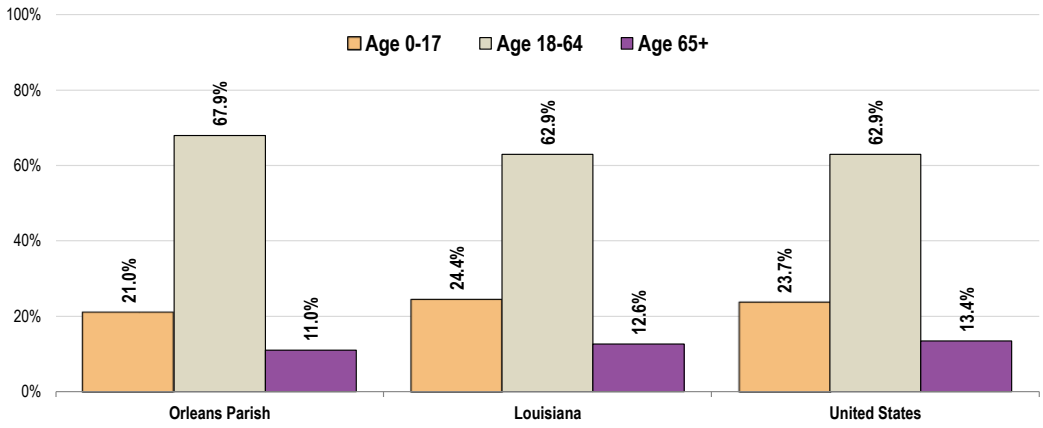
Age

It is important to understand the age distribution of the population as different age groups have unique health needs which should be considered separately from others along the age spectrum.

In Orleans Parish, 21.0% of the population are infants, children or adolescents (age 0-17); another 67.9% are age 18 to 64, while 11.0% are age 65 and older.

- The percentage of older adults (65+) is lower than the state and US figures.

Total Population by Age Groups, Percent
(2009-2013)

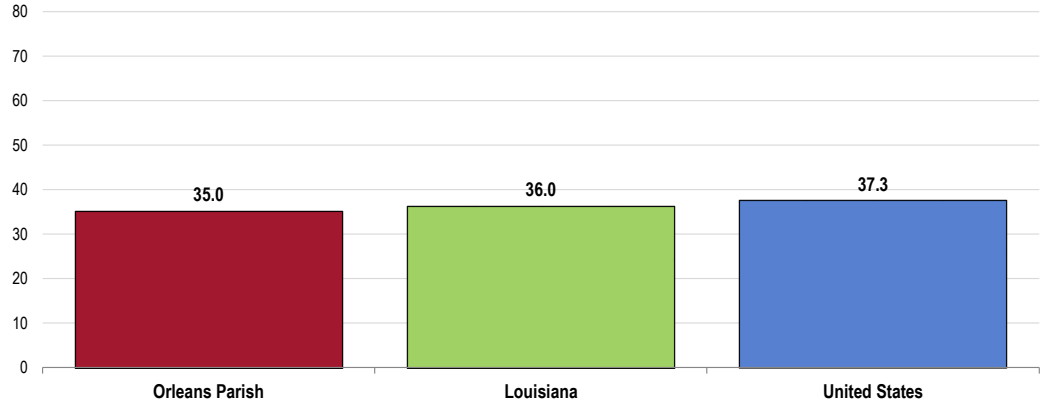


Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Median Age

Orleans Parish is "younger" than the state and the nation in that the median age is lower.

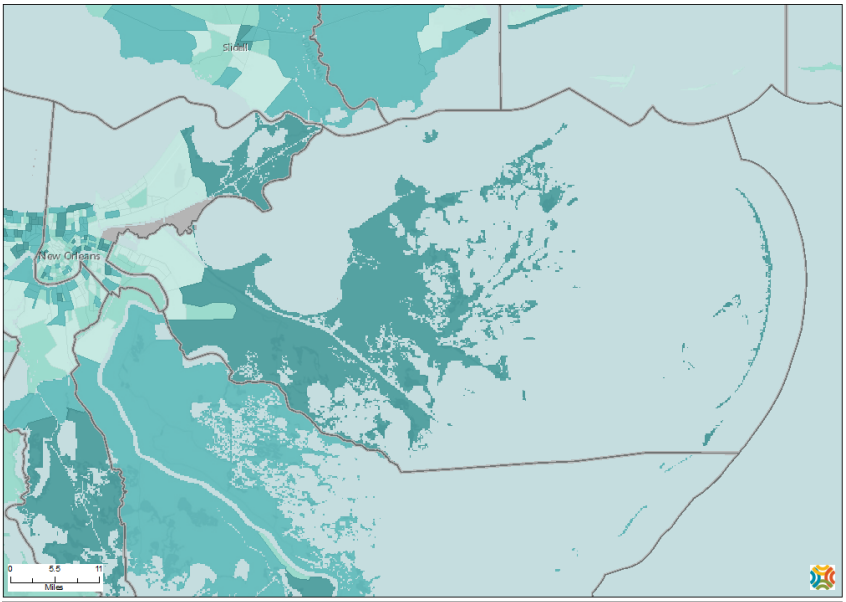
Median Age
(2009-2013)



Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved April 2015 from Community Commons at http://www.chna.org.

- The following map provides an illustration of the median age in Orleans Parish, segmented by census tract.

Median Age, by Tract, ACS 2009-2013



Map Legend

Median Age by Tract, ACS 2009-13
- Over 45.0
- 40.1 - 45.0
- 35.1 - 40.0
- Under 35.1
- No Data or Data Suppressed

Community Commons, 6/15/2015

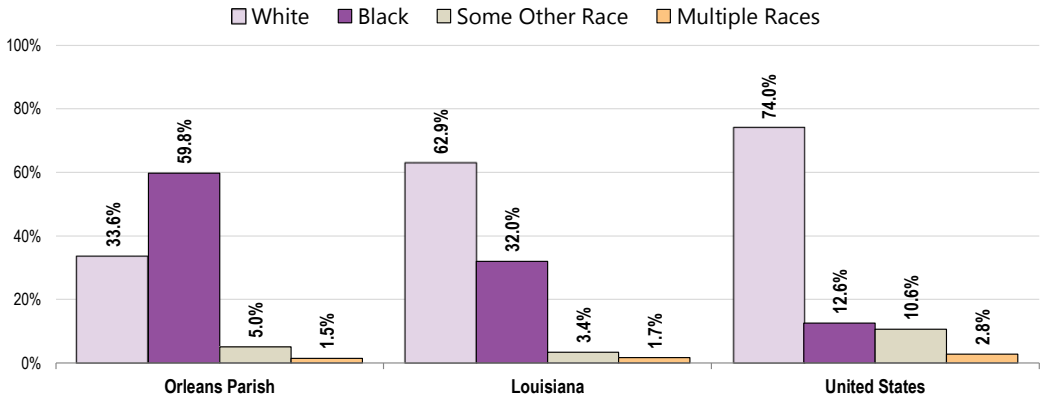
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 59.8% of Orleans Parish residents are Black and 33.6% are White.

- The state racial distribution is much more White and much less Black.
- Nationally, the White and Other populations are notably higher, while the Black proportion is much lower.

Total Population by Race Alone, Percent
(2009-2013)



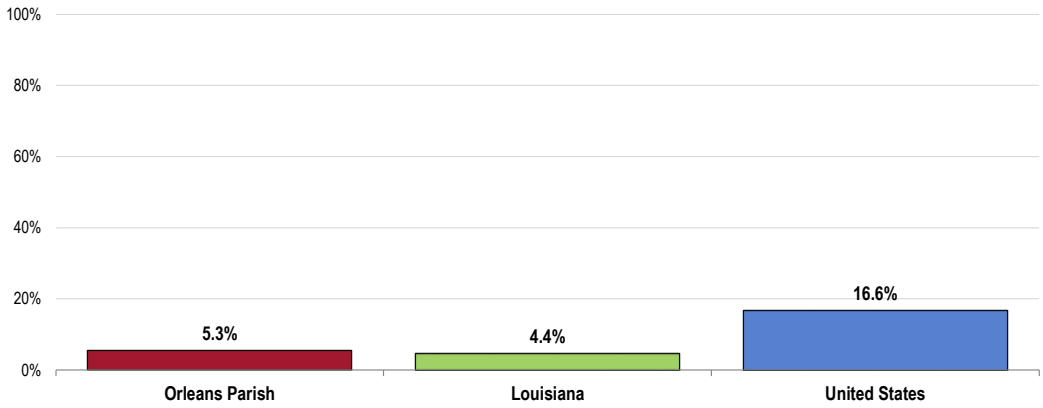
Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Ethnicity

A total of 5.3% of Orleans Parish residents are Hispanic or Latino.

- Just above that found statewide.
- Much lower than found nationally.

Percent Population Hispanic or Latino
(2009-2013)

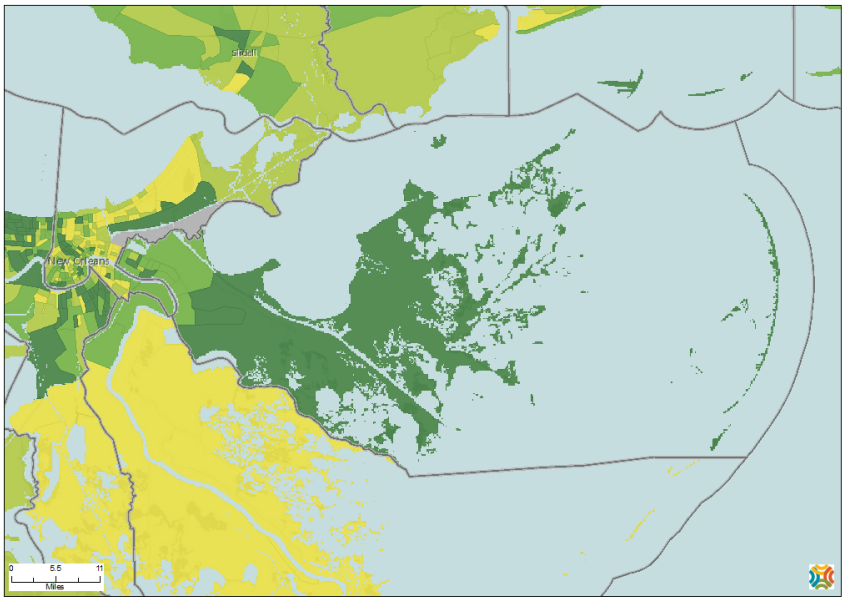


Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

- The Hispanic population appears to be most concentrated in the central and northern portions of the parish (outside of the MHF service area).

Population Hispanic or Latino, Percent by Tract, ACS 2009-2013

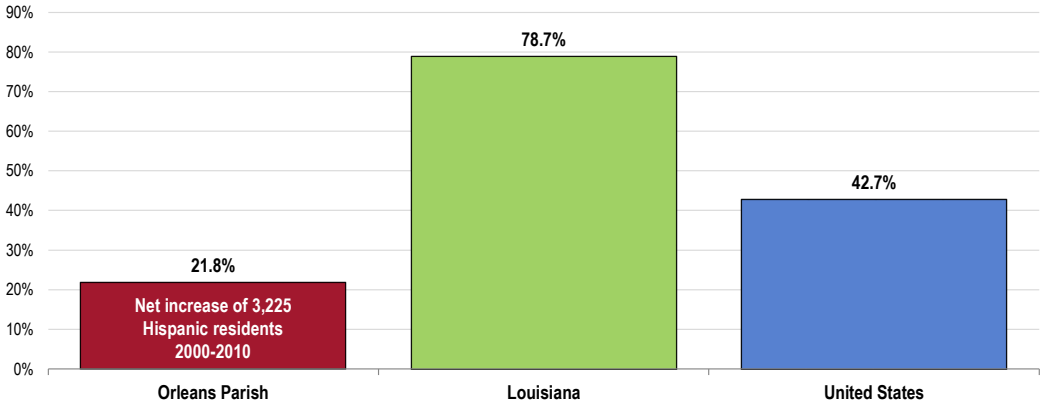


Between 2000 and 2010, the Hispanic population in Orleans Parish increased by 3,225, or 21.8%.

- Much lower (in terms of percentage growth) than found statewide.
- Lower (in terms of percentage growth) than found nationally.

Hispanic Population Change

(Percentage Change in Hispanic Population Between 2000 and 2010)



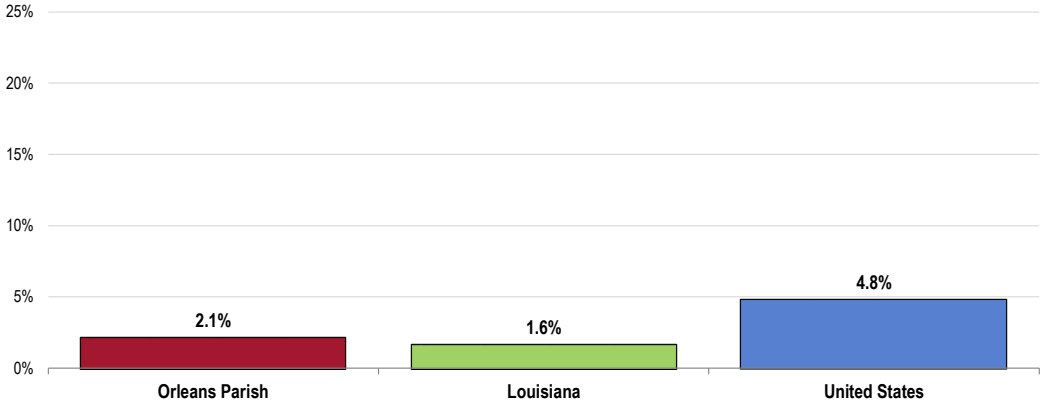
Sources:
- US Census Bureau Decennial Census (2000-2010).
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Linguistic Isolation

A total of 2.1% of the Orleans Parish population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English "very well").

- Slightly higher than found statewide.
- Lower than found nationally.

Linguistically Isolated Population
(2009-2013)

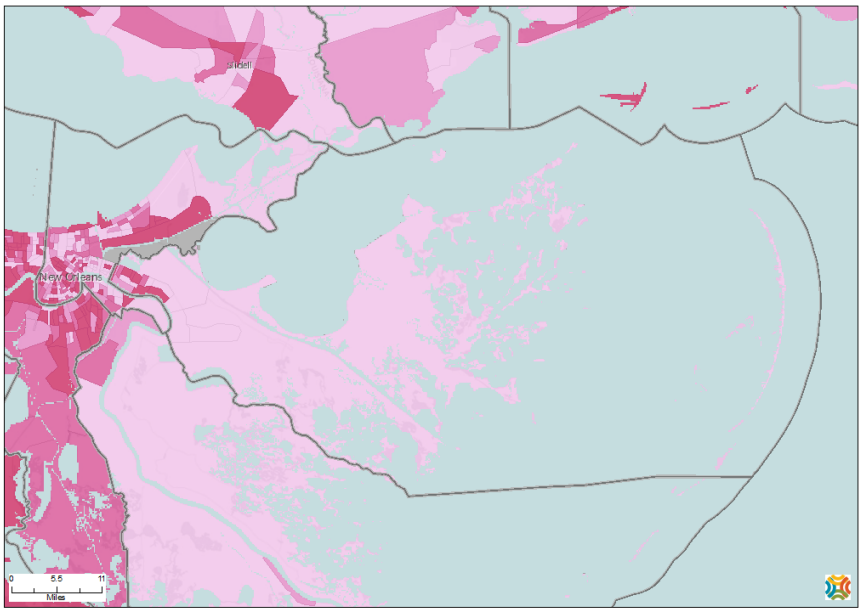


Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population aged 5 and older who live in a home in which no person 14 years old and over speaks only English, or in which no person 14 years old and over speak a non-English language and speak English "very well."

- Note the following map illustrating linguistic isolation in Orleans Parish.

Population in Linguistically Isolated Households, Percent by Tract, ACS 2009-2013



Map Legend

Population in Linguistically Isolated Households, Percent by Tract, ACS 2009-13

- Over 3.0%
- 1.1 - 3.0%
- 0.1 - 1.1%
- No Population in Linguistically Isolated Households
- No Data or Data Suppressed

Community Commons, 6/15/2015

Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

- Healthy People 2020 (www.healthypeople.gov)

Poverty

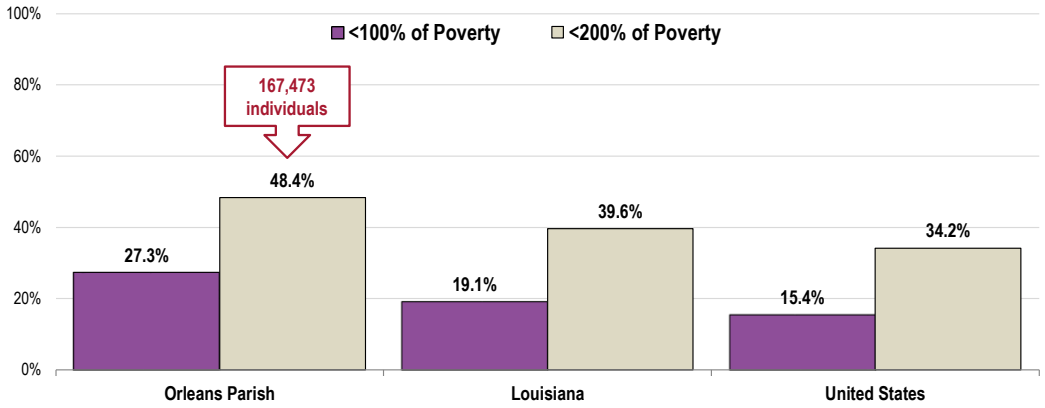
The latest census estimate shows 27.3% of Orleans Parish population living below the federal poverty level.

In all, 48.4% of Orleans Parish residents (an estimated 167,473 individuals) live below 200% of the federal poverty level.

- Higher than the proportion reported statewide.
- Much higher than found nationally.

Population in Poverty

(Populations Living Below 100% and Below 200% of the Poverty Level; 2009-2013)

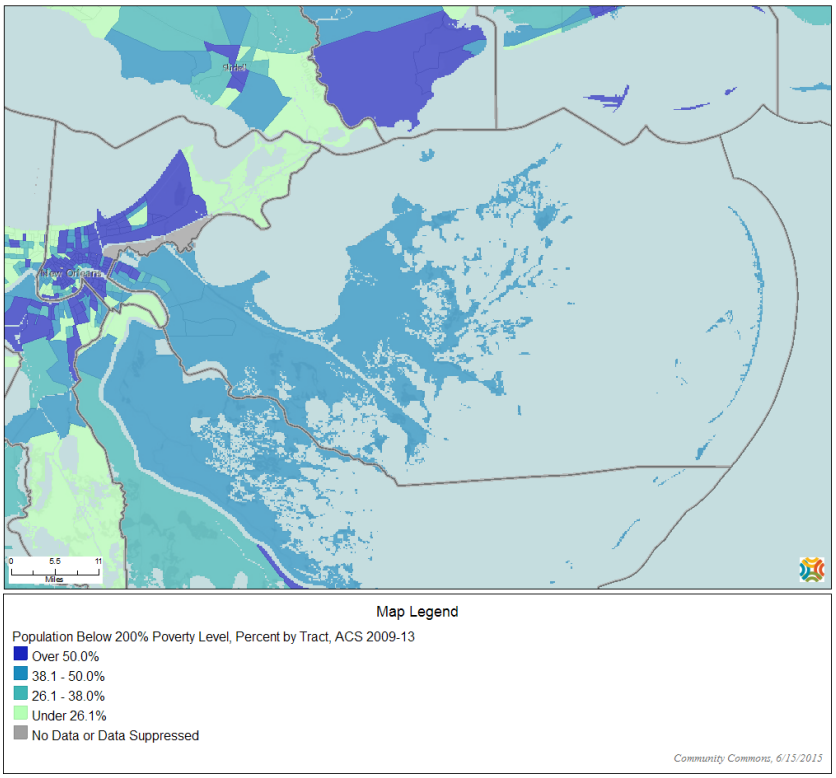


Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- A higher concentration of persons living below the 200% poverty threshold is found in the MHF service area portion of Orleans Parish.

Population Below 200% of Poverty, Percent by Tract, ACS 2009-2013



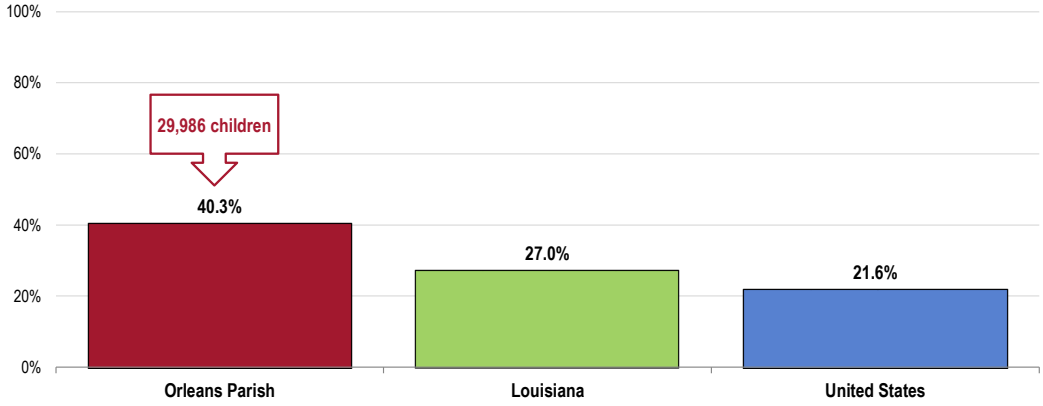
Children in Low-Income Households

Additionally, 40.3% of Orleans Parish children age 0-17 (representing an estimated 29,986 children) live below the poverty level.

- Much worse than the proportions found both statewide and nationally.

Percent of Children in Low-Income Households

(Children 0-17 Living Below 100% of the Poverty Level, 2009-2013)

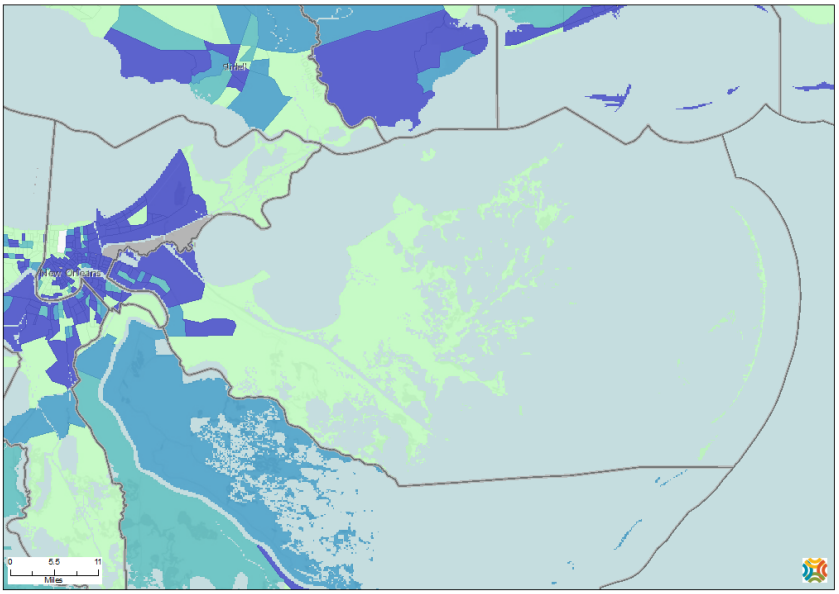


Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of children aged 0-17 living in households with income below 100% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- Geographically, a notably higher concentration of children in lower-income households (**below 200%** of the federal poverty level) is found in the MHF service area portion of the parish.

Children (0-17) Living Below 200% of Poverty, Percent by Tract, ACS 2009-2013



Map Legend

Population Below 200% Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2009-13

- Over 56.0%
- 47.1 - 56.0%
- 38.1 - 47.0%
- Under 38.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed

Community Commons, 6/15/2015

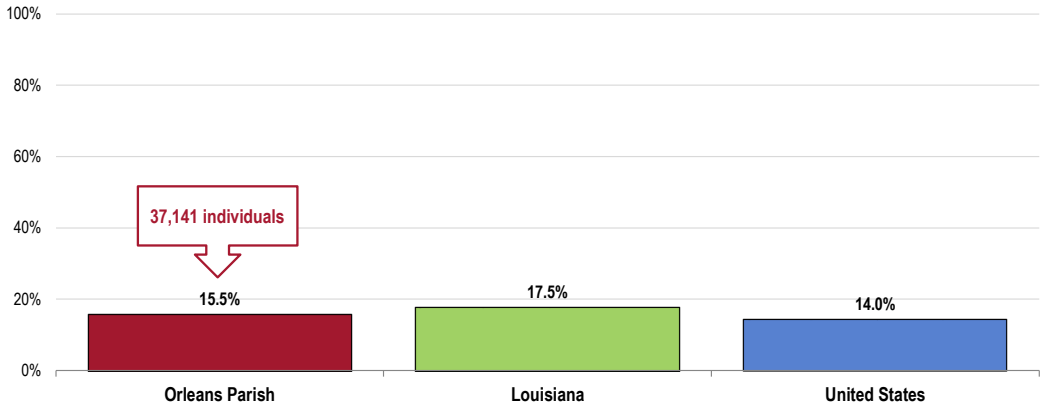
Education

Among the Orleans Parish population age 25 and older, an estimated 15.5% (over 37,000 people) do not have a high school education.

- More favorable than found statewide.
- Less favorable than found nationally.

Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2009-2013)

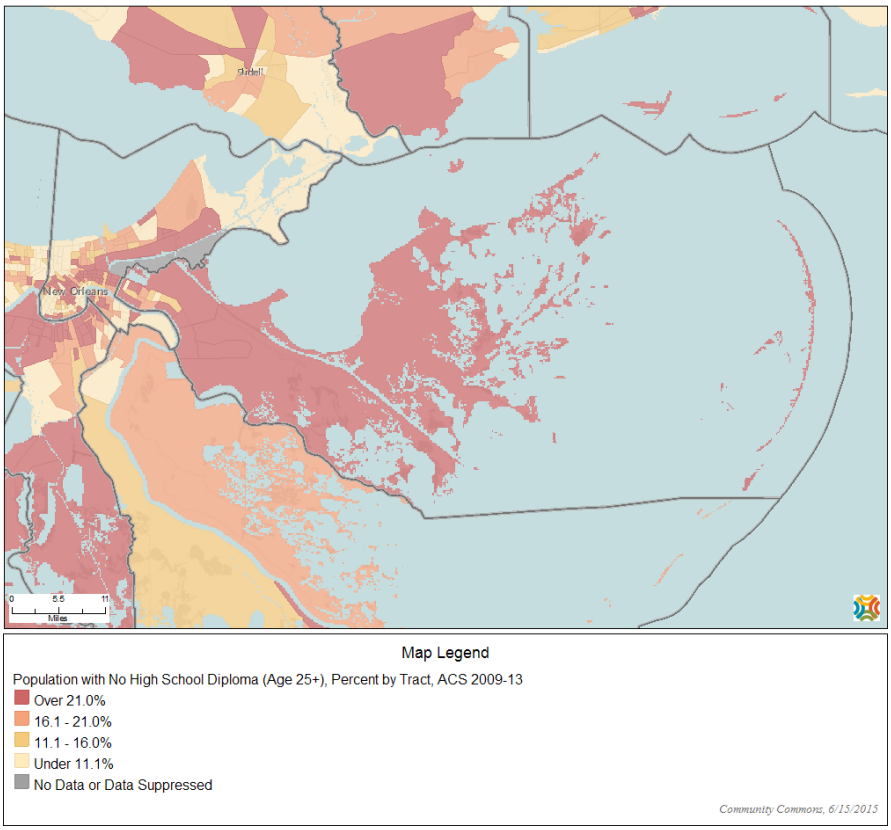


Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.

- Note the following illustration of this distribution throughout the parish.

Population With No High School Diploma, Percent by Tract, ACS 2009-2013



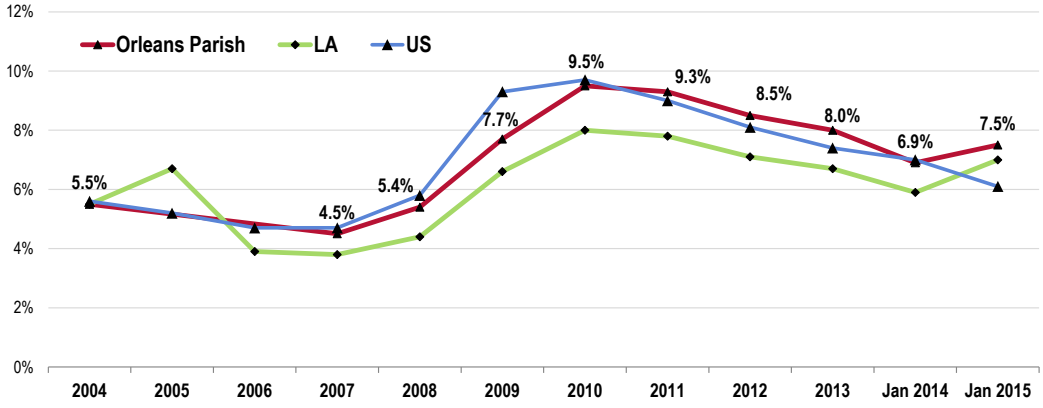
Employment

According to data derived from the US Department of Labor, the January 2015 unemployment rate in Orleans Parish was 7.5%.

- Less favorable than the statewide unemployment rate.
- Less favorable than the national unemployment rate.
- TREND: Unemployment for Orleans Parish trended downward between 2010 and January 2014, echoing the state and national trends.

Unemployment Rate

(Percent of Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted)



Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

General Health Status

Overall Health Status

Self-Reported Health Status

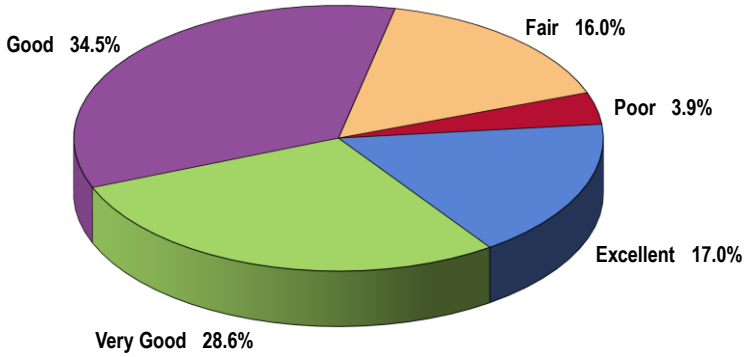
The initial inquiry of the PRC Community Health Survey asked respondents the following:

"Would you say that in general your health is: excellent, very good, good, fair or poor?"

A total of 45.6% of New Orleans East adults rate their overall health as "excellent" or "very good."

- Another 34.5% gave "good" ratings of their overall health.

Self-Reported Health Status
(New Orleans East, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

NOTE:

Differences noted in the text represent significant differences determined through statistical testing.

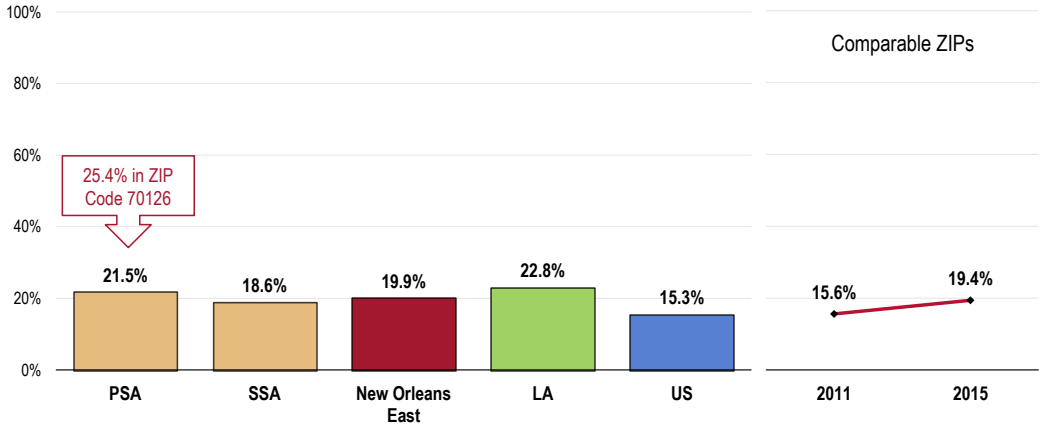
Where sample sizes permit, community-level data are provided.

Trends are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.

However, 19.9% of New Orleans East adults believe that their overall health is "fair" or "poor."

- Better than statewide findings.
- Worse than the national percentage.
- Similar findings between the Primary and Secondary service areas (although note the prevalence in ZIP Code 70126).
- TREND: Note the statistically significant increase over time when comparing "fair/poor" overall health reports to previous (2011) survey results.

Experience "Fair" or "Poor" Overall Health



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Louisiana. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Louisiana data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

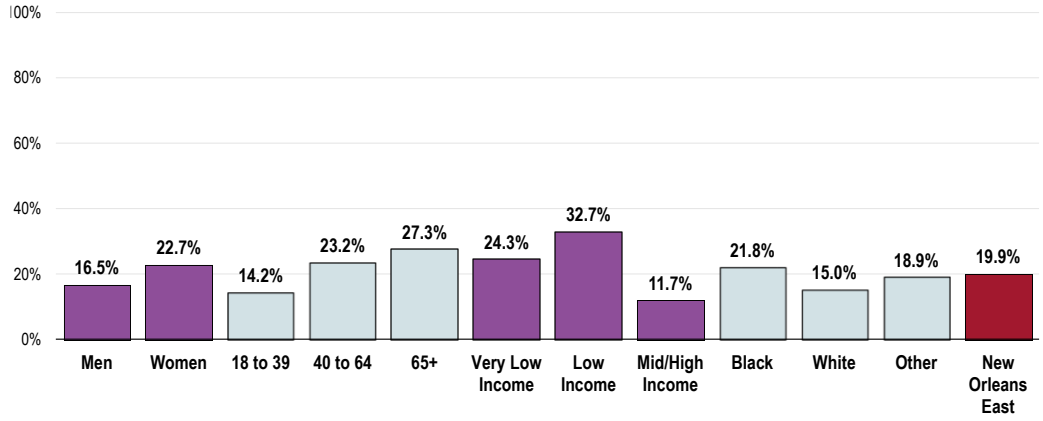
Notes:
- Asked of all respondents.

Adults more likely to report experiencing "fair" or "poor" overall health include:

- Women.
- Residents age 40 and older (positive correlation with age).
- Residents living at lower incomes.
- Blacks.

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by gender, age groupings, income (based on poverty status), and race/ethnicity.

Experience "Fair" or "Poor" Overall Health
(New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

RELATED ISSUE: See also *Potentially Disabling Conditions* in the **Death, Disease & Chronic Conditions** section of this report.

About Disability & Health

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.

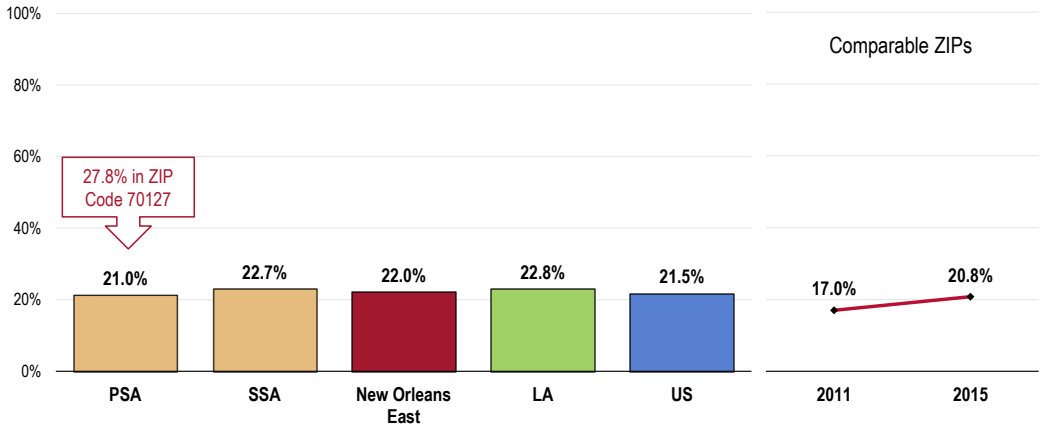
- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **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 22.0% of New Orleans East adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Similar to the prevalence statewide.
- Similar to the national prevalence.
- Similar findings by service area (although high in ZIP Code 70127).
- TREND: Marks a statistically significant increase in activity limitations since 2011.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 105]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Louisiana. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Louisiana data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

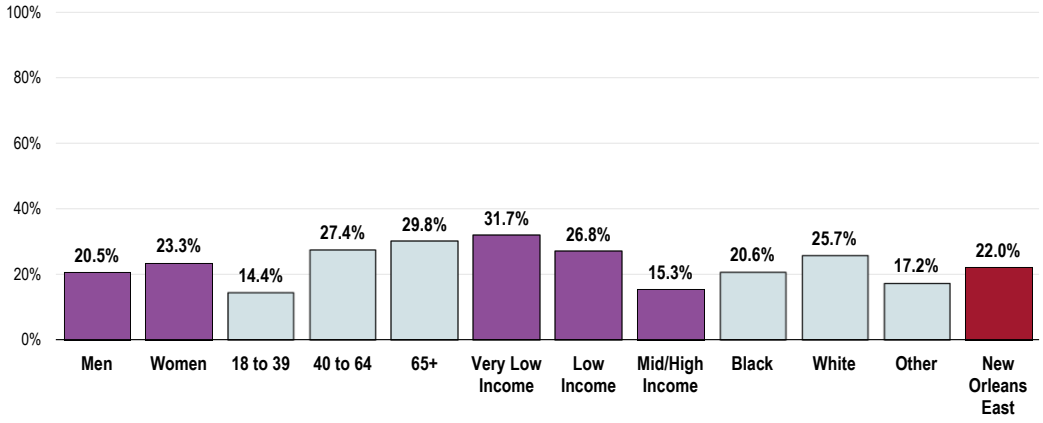
Notes:
- Asked of all respondents.

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

- Adults age 40 and older are much more often limited in activities (positive correlation with age).
- Those living in households with lower incomes are also more likely to report activity limitations (negative correlation with income).
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

(New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]

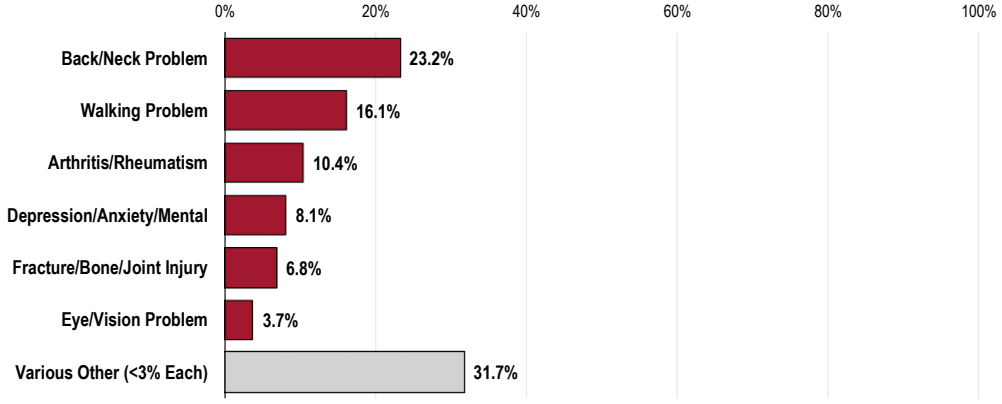
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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

Other limitations noted with some frequency include problems with mental health (depression, anxiety, etc.) and eye or vision problems.

Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]

Notes:
- Asked of those respondents reporting activity limitations.

Mental Health

RELATED ISSUE:

See also *Potentially Disabling Conditions* in the **Death, Disease & Chronic Conditions** section of this report.

About 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.

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 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 in 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, 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)

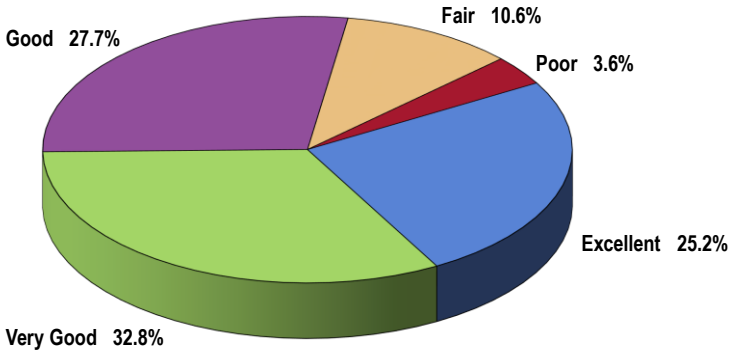
Self-Reported Mental Health Status

"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?"

A total of 58.0% of New Orleans East adults rate their overall mental health as "excellent" or "very good."

- Another 27.7% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status
(New Orleans East, 2015)

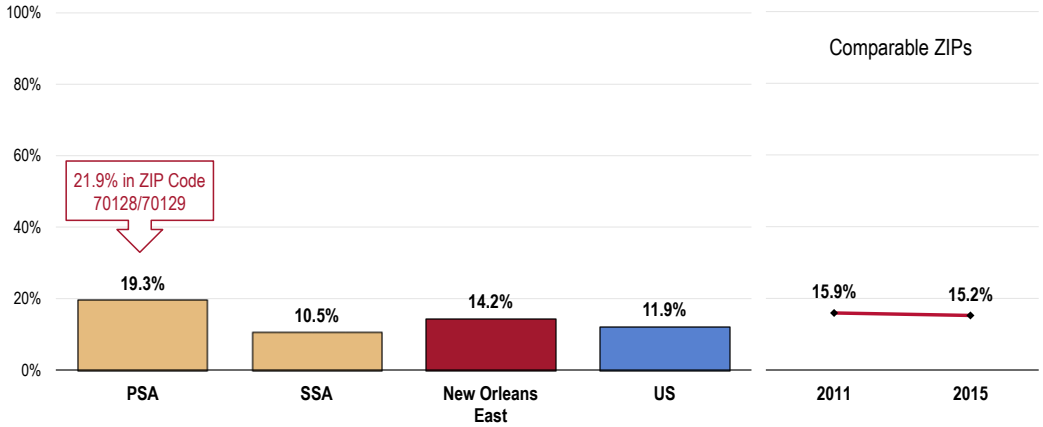


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: ● Asked of all respondents.

A total of 14.2% of New Orleans East adults, however, believe that their overall mental health is "fair" or "poor."

- Similar to the "fair/poor" response reported nationally.
- Higher in the Primary Service Area (PSA) [especially ZIP Codes 70128/70129] than in the Secondary Service Area (SSA).
- TREND: Statistically unchanged since 2011.

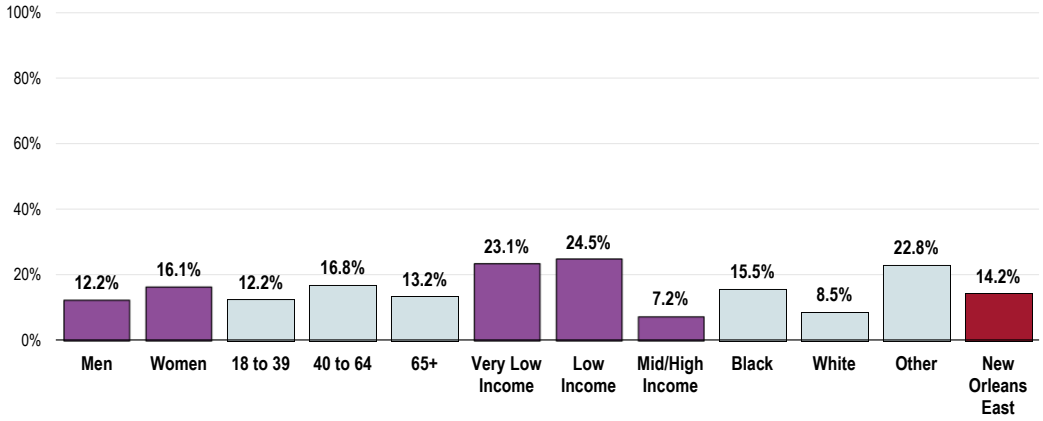
Experience "Fair" or "Poor" Mental Health



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 100]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Adults living at or near the federal poverty level, Blacks, and Other races are more likely to report experiencing "fair/poor" mental health than their demographic counterparts.

Experience "Fair" or "Poor" Mental Health
(New Orleans East, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

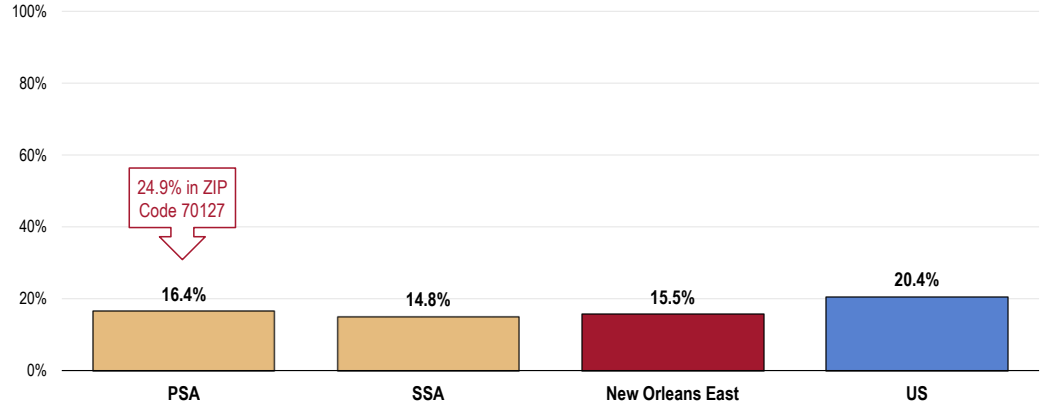
Depression

Diagnosed Depression

A total of 15.5% of New Orleans East adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Below the national finding.
- Statistically similar by service area (although note the prevalence in ZIP Code 70127).
- TREND: *The inquiry was not addressed in 2011*.

Have Been Diagnosed With a Depressive Disorder



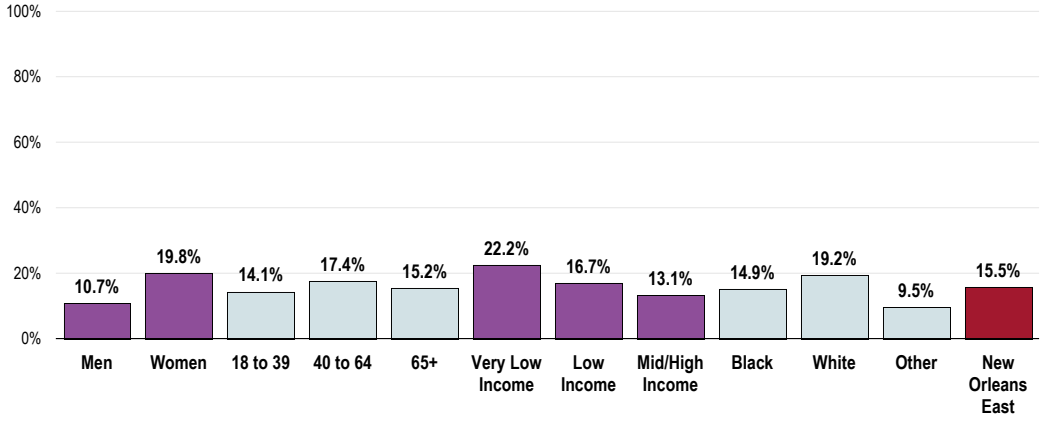
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

The prevalence of diagnosed depression is notably higher among:

- Women.
- Community members living at lower incomes (negative correlation with income).
- Whites.

Have Been Diagnosed With a Depressive Disorder
(New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]

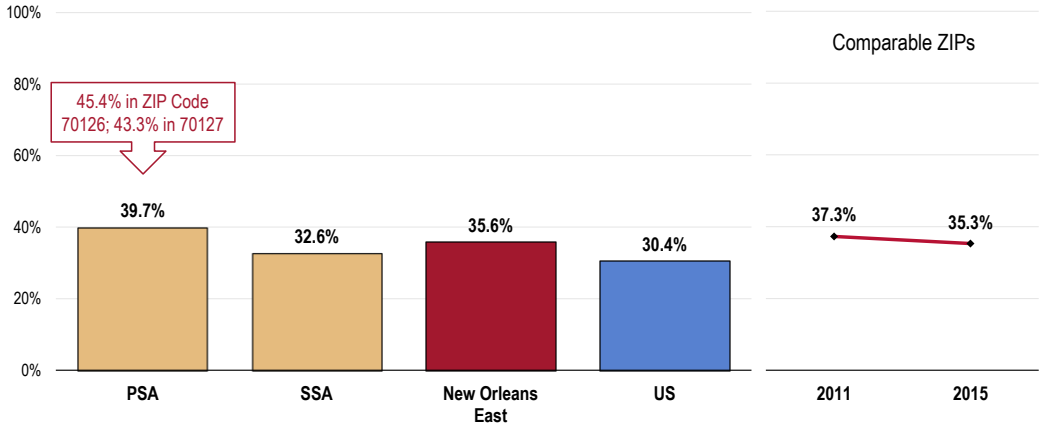
Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Symptoms of Chronic Depression

A total of 35.6% 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 (symptoms of chronic depression).

- Less favorable than national findings.
- Unfavorably high in the Primary Service Area (especially ZIP Codes 70126 and 70127).
- TREND: Similar to that reported in New Orleans East in 2011.

Have Experienced Symptoms of Chronic Depression



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 101]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

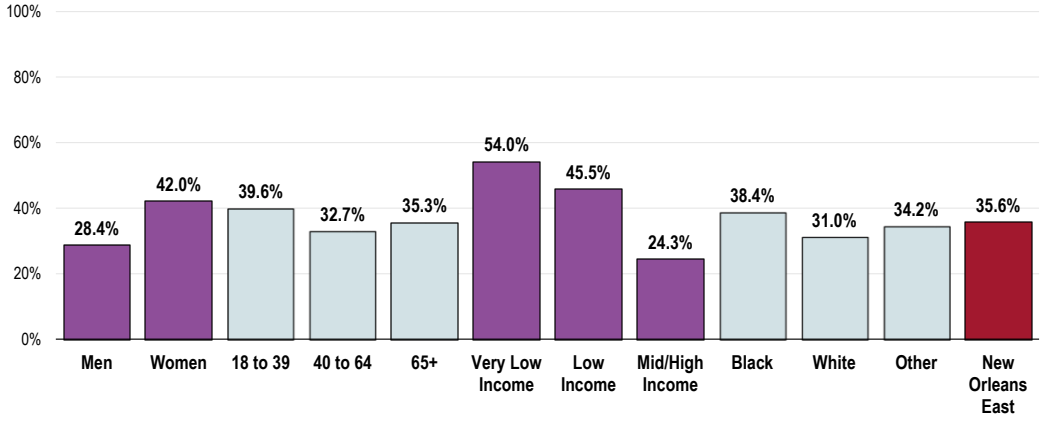
Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

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

- Women.
- Adults with lower incomes (negative correlation).
- Blacks.

Have Experienced Symptoms of Chronic Depression

(New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
- Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

Nearly one-half of New Orleans East adults consider their typical day to be "not very stressful" (27.7%) or "not at all stressful" (21.2%).

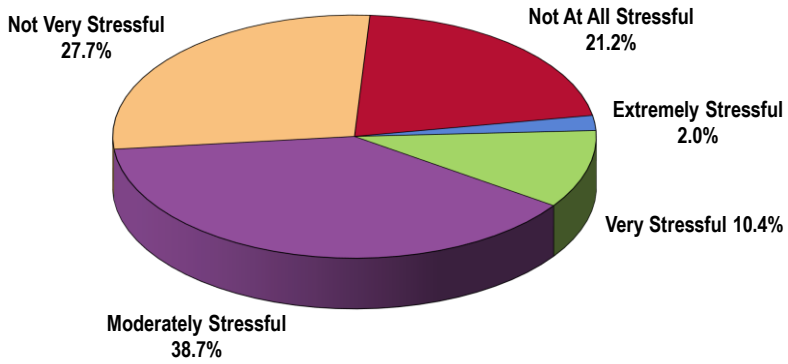
- Another 38.7% of survey respondents characterize their typical day as "moderately stressful."

RELATED ISSUE:

See also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

Perceived Level of Stress On a Typical Day

(New Orleans East, 2015)



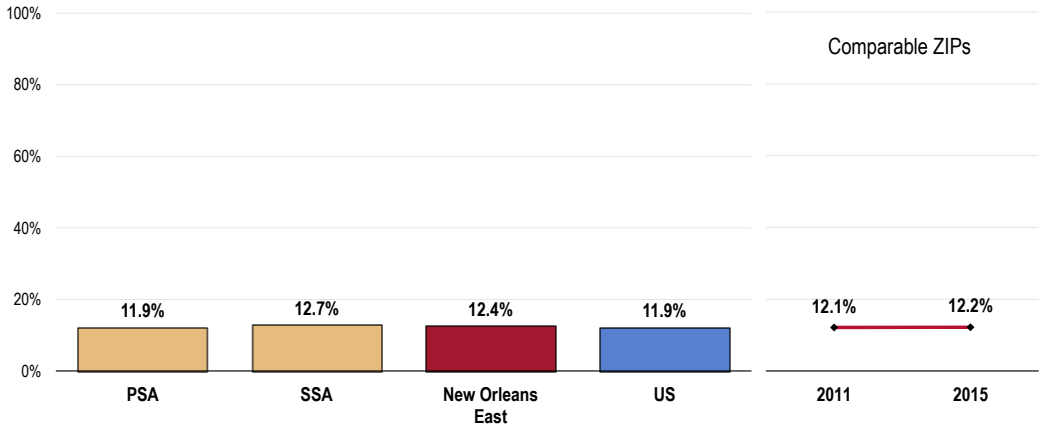
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]

Notes:
- Asked of all respondents.

In contrast, 12.4% of New Orleans East adults experience "very" or "extremely" stressful days on a regular basis.

- Comparable to national findings.
- Comparable findings by service area.
- TREND: Statistically unchanged over time.

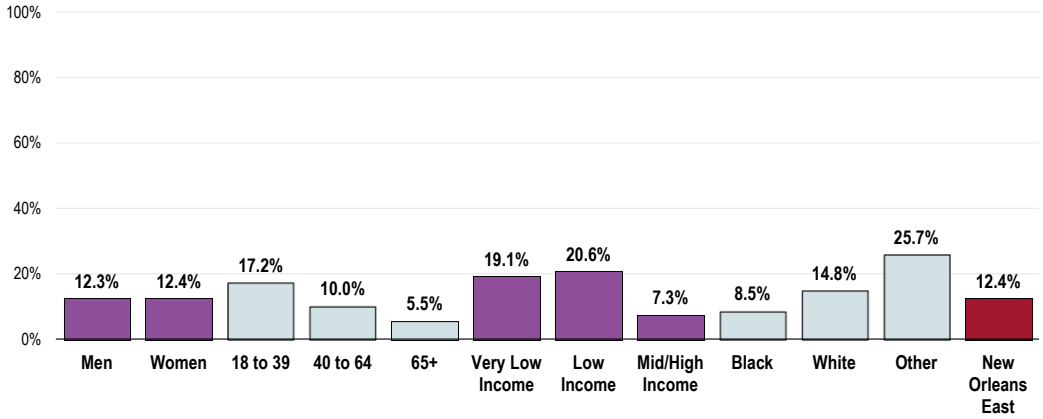
Perceive Most Days As "Extremely" or "Very" Stressful



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 102]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Note that high stress levels are more prevalent among adults under 65 (negative correlation with age), those in households with lower incomes, Whites, and Other race residents.

Perceive Most Days as "Extremely" or "Very" Stressful
(New Orleans East, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Suicide

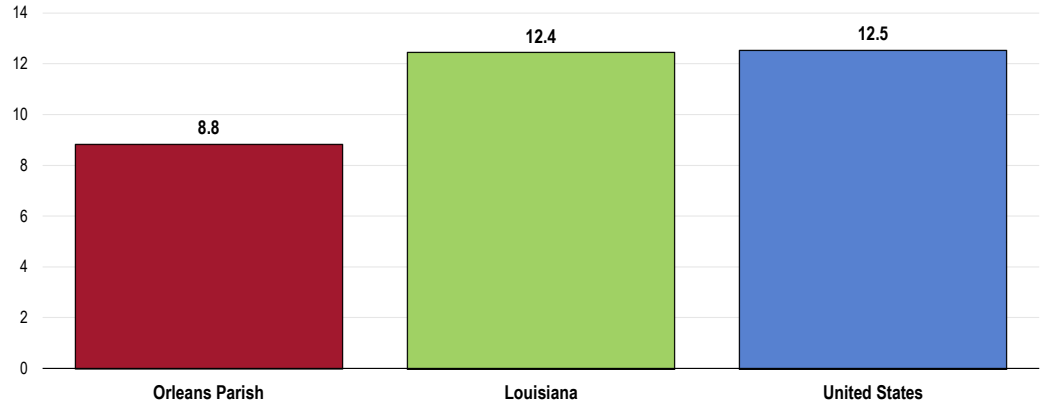
Between 2011 and 2013, there was an annual average age-adjusted suicide rate of 8.8 deaths per 100,000 population in Orleans Parish.

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

Suicide: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

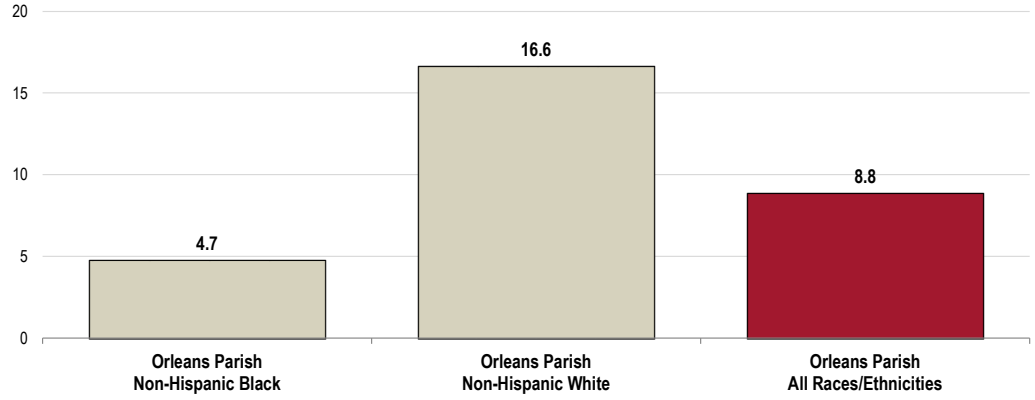
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The suicide rate in Orleans Parish is dramatically higher among Non-Hispanic Whites than among Non-Hispanic Blacks.

Suicide: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

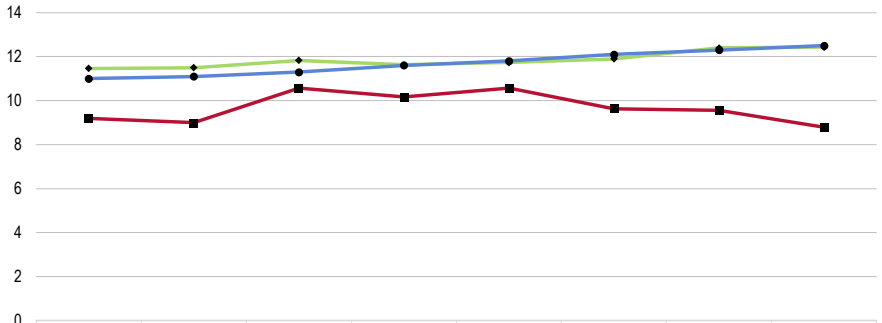
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The area suicide rate is unchanged from the baseline (2004-2006) rate, in contrast to the increasing state and national trends.

Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Orleans Parish	9.2	9.0	10.6	10.2	10.6	9.6	9.6	8.8
LA	11.5	11.5	11.8	11.6	11.7	11.9	12.4	12.4
US	11.0	11.1	11.3	11.6	11.8	12.1	12.3	12.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- 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 US Standard Population.

Mental Health Treatment

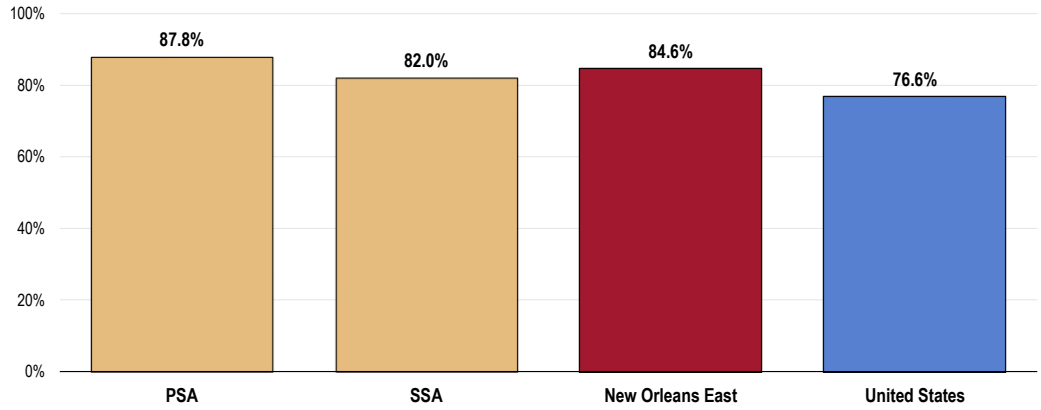
Among adults with a diagnosed depressive disorder, 84.6% acknowledge that they have sought professional help for a mental or emotional problem.

"Diagnosed depressive disorder" includes respondents reporting a past diagnosis of a depressive disorder by a physician (such as depression, major depression, dysthymia, or minor depression).

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

Adults With Diagnosed Depression Who Have Ever Sought Professional Help for a Mental or Emotional Problem

(Among Adults With Diagnosed Depressive Disorder)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects those respondents with a depressive disorder diagnosed by a physician (such as depression, major depression, dysthymia, or minor depression).

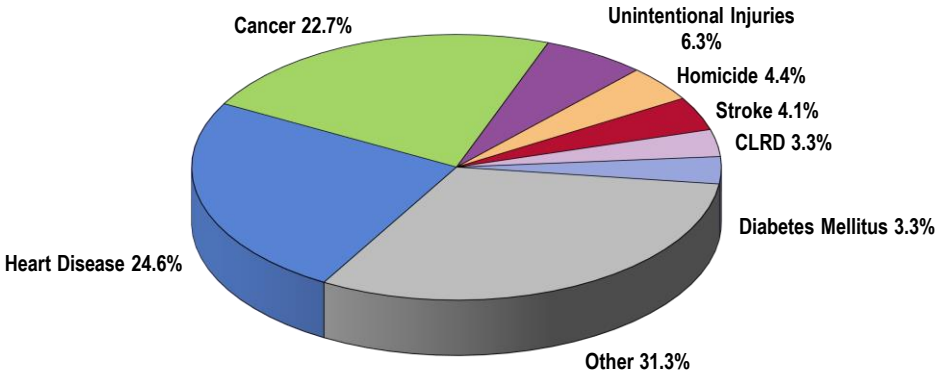
Death, Disease & Chronic Conditions

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for over one-half of all deaths in Orleans Parish in 2013.

Leading Causes of Death
(Orleans Parish, 2013)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
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 2011-2013 annual average age-adjusted death rates per 100,000 population for selected causes of death in Orleans Parish.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Note that age-adjusted mortality rates in Orleans Parish are worse than national rates for heart disease, stroke, cancer, unintentional injuries (including motor vehicle accidents), firearms, homicide, diabetes mellitus, kidney disease, HIV, and drug-induced deaths.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, parish rates fail to satisfy the related goals for all but suicide.

Age-Adjusted Death Rates for Selected Causes

(2011-2013 Deaths per 100,000 Population)

	Orleans Parish	Louisiana	US	HP2020
Diseases of the Heart	206.7	213.2	171.3	156.9*
Malignant Neoplasms (Cancer)	188.7	191.0	166.2	161.4
Unintentional Injuries	48.1	49.1	39.2	36.4
Firearm-Related	42.9	18.9	10.4	9.3
Homicide/Legal Intervention	41.3	12.1	5.3	5.5
Cerebrovascular Disease (Stroke)	40.6	44.5	37.0	34.8
Diabetes Mellitus	28.9	27.0	21.3	20.5*
Chronic Lower Respiratory Disease (CLRD)	27.2	44.4	42.0	n/a
Kidney Diseases	22.3	24.3	13.2	n/a
Drug-Induced	19.8	15.0	14.1	11.3
Alzheimer's Disease	18.5	32.3	24.0	n/a
HIV	17.3	21.8	3.6	3.3
Motor Vehicle Deaths	14.9	17.7	10.7	12.4
Pneumonia/Influenza	10.3	18.3	15.3	n/a
Cirrhosis/Liver Disease	9.5	8.7	9.9	8.2
Intentional Self-Harm (Suicide)	8.8	12.4	12.5	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 April 2015.
- 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.

Cardiovascular Disease

About Heart Disease & Stroke

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.

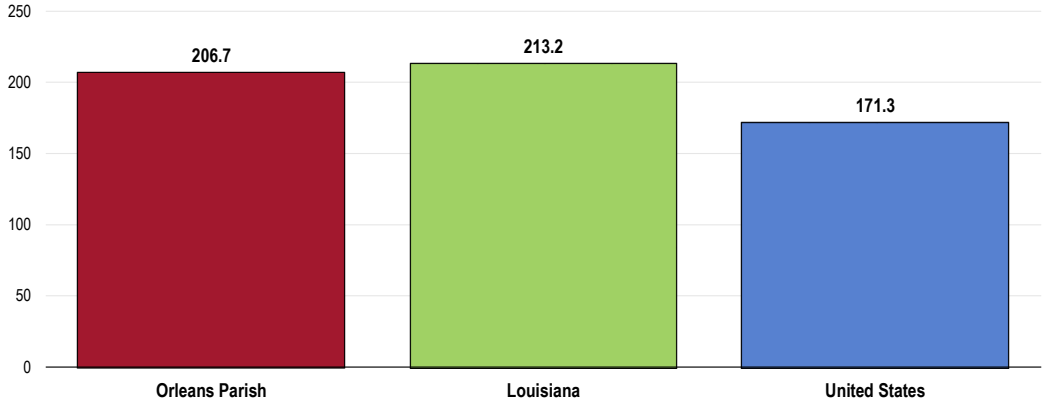
Between 2011 and 2013, there was an annual average age-adjusted heart disease mortality rate of 206.7 deaths per 100,000 population in Orleans Parish.

- Similar to the statewide rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).

Heart Disease: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

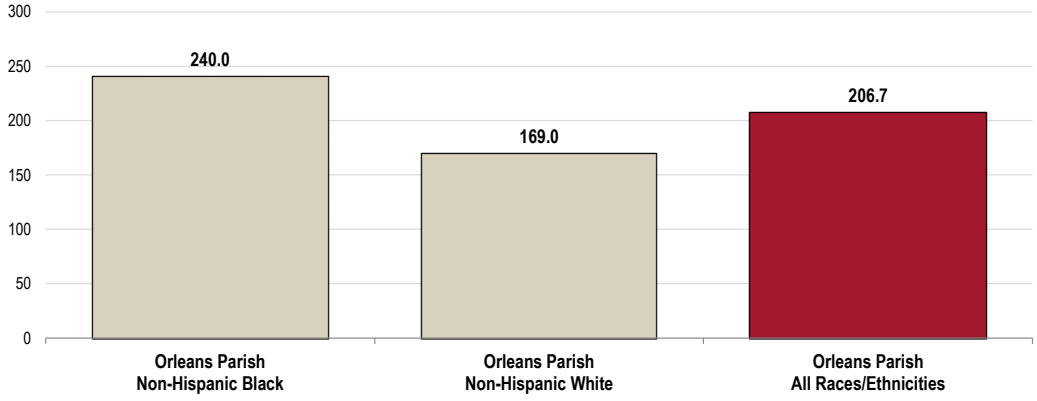
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account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

- By race, the heart disease mortality rate is notably higher among Blacks than Whites in Orleans Parish.

Heart Disease: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

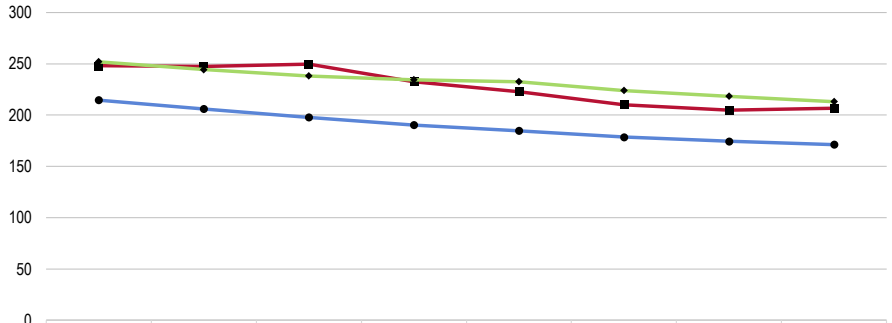
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account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

- TREND: The heart disease mortality rate has decreased in Orleans Parish, echoing the trends across Louisiana and the US overall.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Orleans Parish	248.1	247.4	249.5	232.6	222.9	210.1	204.9	206.7
LA	252.1	244.4	238.3	234.4	232.6	223.9	218.3	213.2
US	214.6	206.1	197.9	190.3	184.7	178.5	174.4	171.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- 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 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

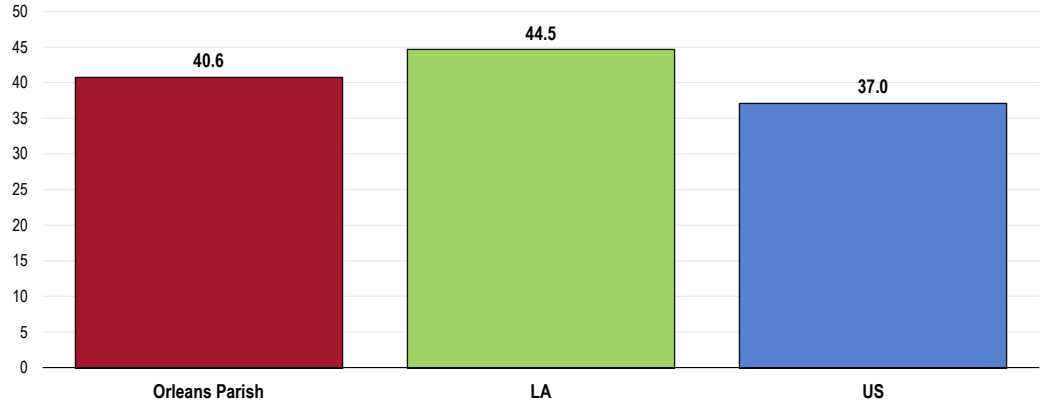
Between 2011 and 2013, there was an annual average age-adjusted stroke mortality rate of 40.6 deaths per 100,000 population in Orleans Parish.

- More favorable than the Louisiana rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 34.8 or lower.

Stroke: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

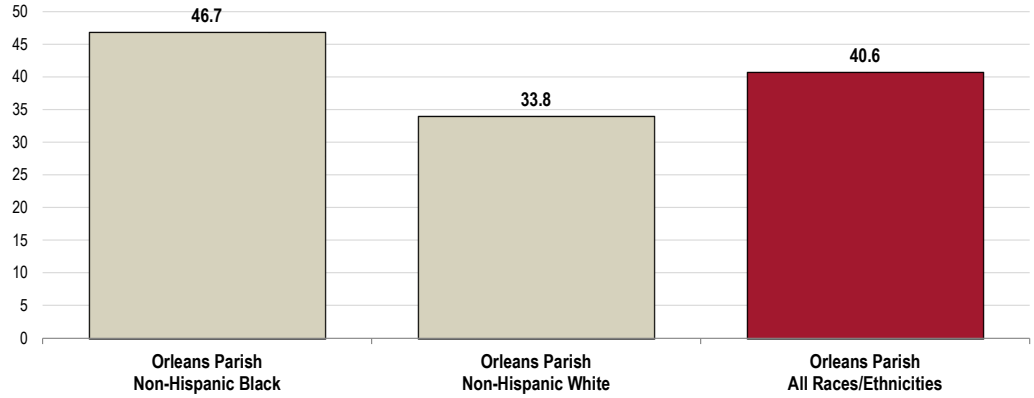
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

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

Stroke: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

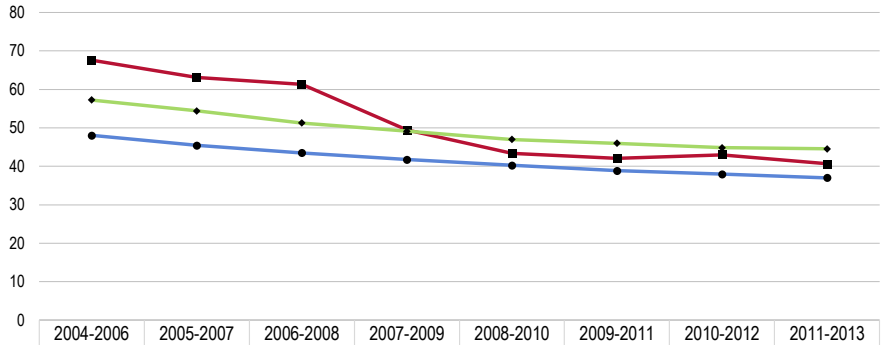
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The stroke rate has declined in recent years, echoing the trends reported across Louisiana and the US overall.

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Orleans Parish	67.5	63.1	61.3	49.4	43.4	42.1	43.0	40.6
LA	57.2	54.4	51.3	49.1	47.0	46.0	44.8	44.5
US	48.0	45.4	43.5	41.7	40.3	38.9	38.0	37.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- 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 US Standard Population.

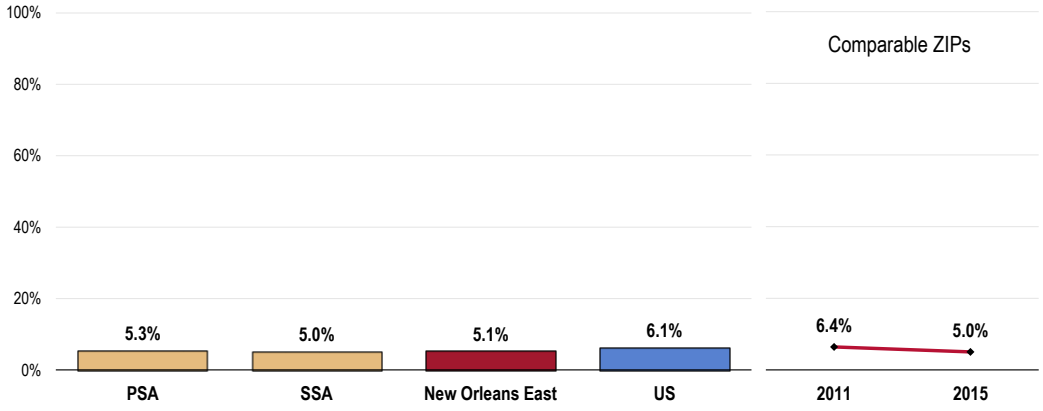
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 5.1% 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 findings by service area.
- TREND: Statistically unchanged since 2011.

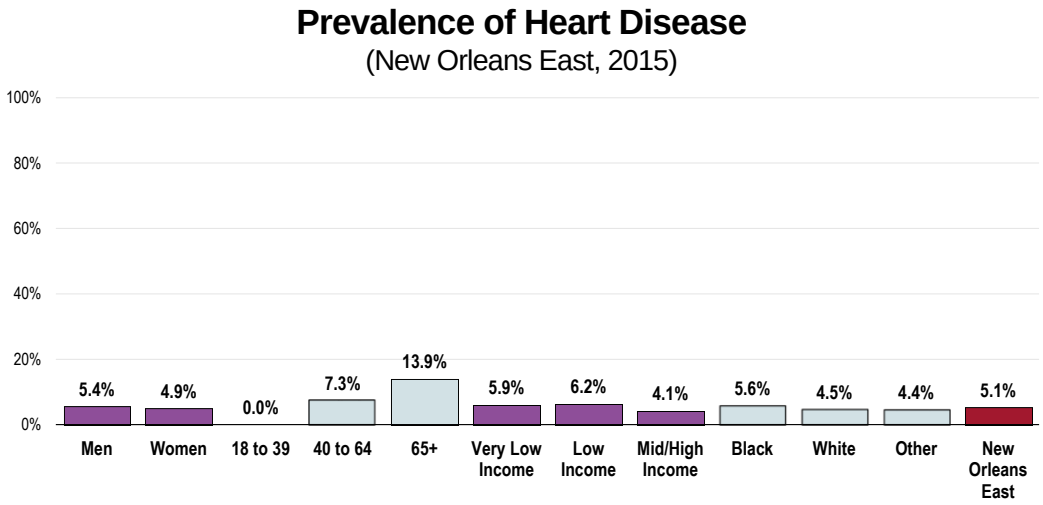
Prevalence of Heart Disease



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 124]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina or coronary heart disease.

- Note the strong correlation between age and heart disease in New Orleans East.



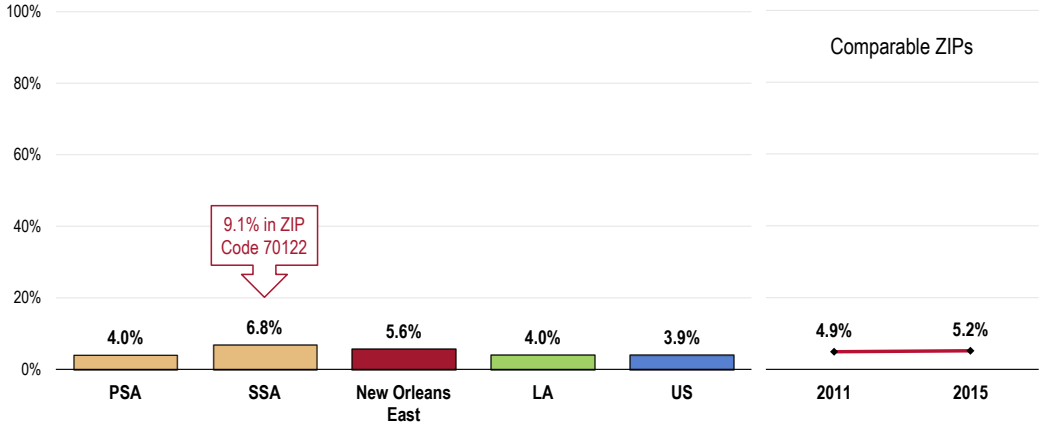
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
Notes: ● Asked of all respondents.
● Includes diagnoses of heart attack, angina or coronary heart disease.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" 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. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 5.6% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Less favorable than statewide findings.
- Similar to national findings.
- Unfavorably high in the Secondary Service Area (especially ZIP Code 70122).
- TREND: Statistically unchanged over time.

Prevalence of Stroke



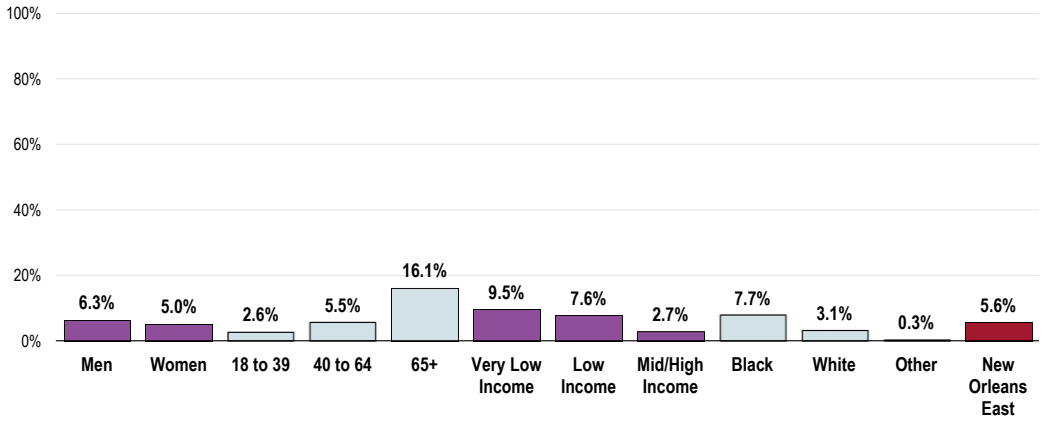
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 36]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Louisiana. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Louisiana data.

Notes:
- Asked of all respondents.

Adults more likely to have been diagnosed with stroke include:

- Those age 40+, and especially seniors (positive correlation with age).
- Residents in households with lower incomes (negative correlation).
- Blacks.

Prevalence of Stroke
(New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cardiovascular Risk Factors

About Cardiovascular Risk

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)

Hypertension (High Blood Pressure)

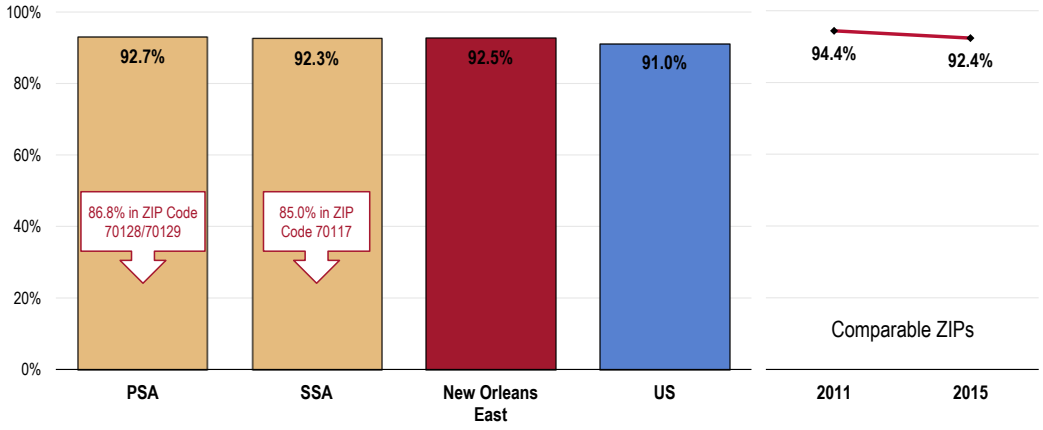
High Blood Pressure Testing

A total of 92.5% of New Orleans East adults have had their blood pressure tested within the past two years.

- Similar to national findings.
- Similar to the Healthy People 2020 target (92.6% or higher).
- Similar findings by service area (note the lower prevalence in select ZIP Codes).
- TREND: Statistically unchanged since 2011.

Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 45]
- 2013 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

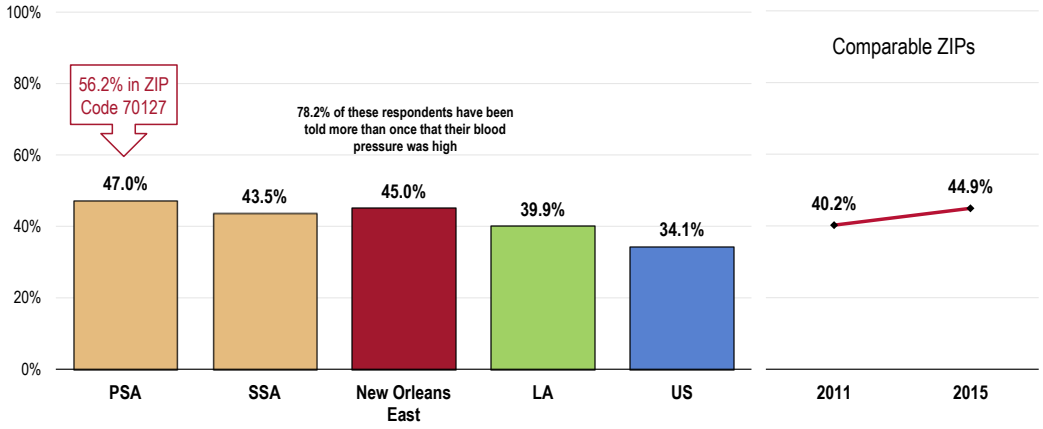
A total of 45.0% of adults have been told at some point that their blood pressure was high.

- Less favorable than the Louisiana prevalence.
- Less favorable than the national prevalence.

- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- Similar findings by service area (although particularly high in ZIP Code 70127).
- TREND: Marks a statistically significant increase in hypertension diagnoses since 2011.
- Among hypertensive adults, 78.2% have been diagnosed with high blood pressure more than once.

Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 43, 125]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Louisiana. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Louisiana data.
- 2013 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-5.1]

Notes:
- Asked of all respondents.

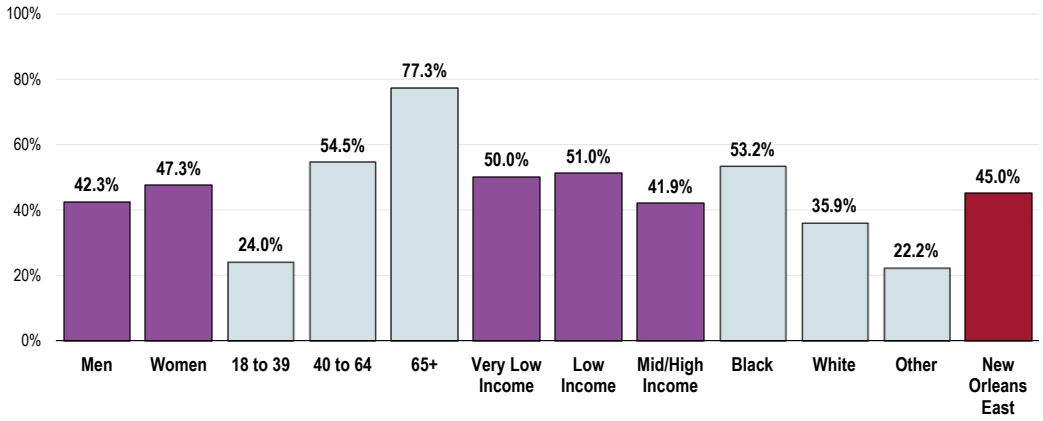
Hypertension diagnoses are higher among:

- Adults age 40 and older, and especially those age 65+.
- Those living in households with lower incomes.
- Blacks.

Prevalence of High Blood Pressure

(New Orleans East, 2015)

Healthy People 2020 Target = 26.9% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hypertension Management

Among respondents who have been told that their blood pressure was high, 93.5% report that they are currently taking actions to control their condition.

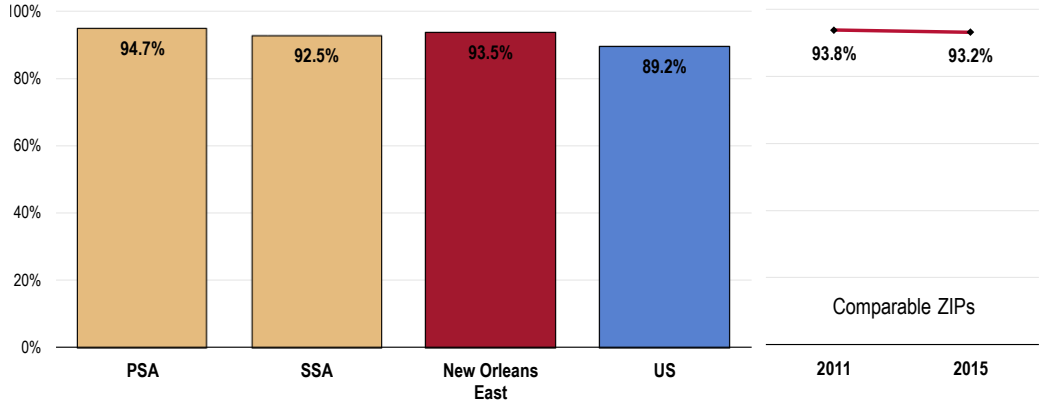
- More favorable than national findings.
- Similar findings by area.
- TREND: Statistically unchanged since 2011.

Respondents reporting high blood pressure were further asked:

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

Taking Action to Control Hypertension

(Among Adults With High Blood Pressure)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 44]
- 2013 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

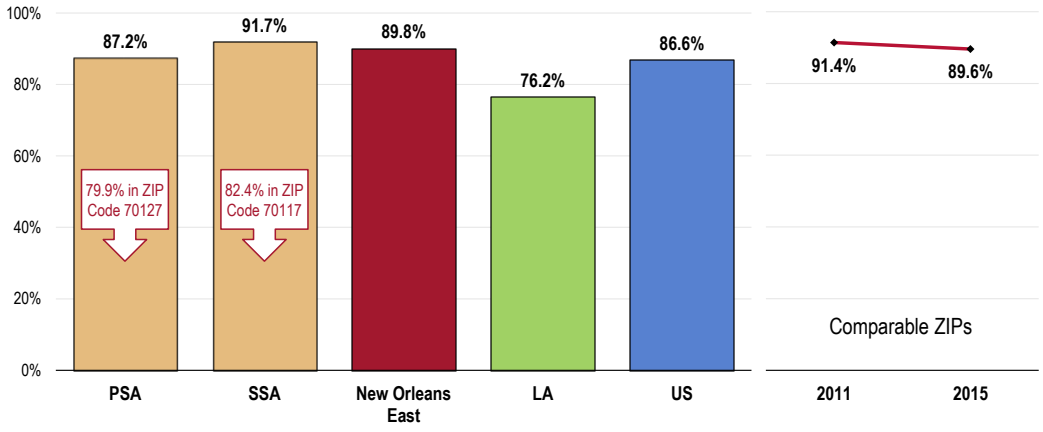
Blood Cholesterol Testing

A total of 9 in 10 New Orleans East adults (89.8%) have had their blood cholesterol checked within the past five years.

- More favorable than Louisiana findings.
- More favorable than the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- Favorably high in the Secondary Service Area (also notably higher in select ZIP Codes).
- TREND: Statistically unchanged over time.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 48]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Louisiana. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Louisiana data.
- 2013 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.

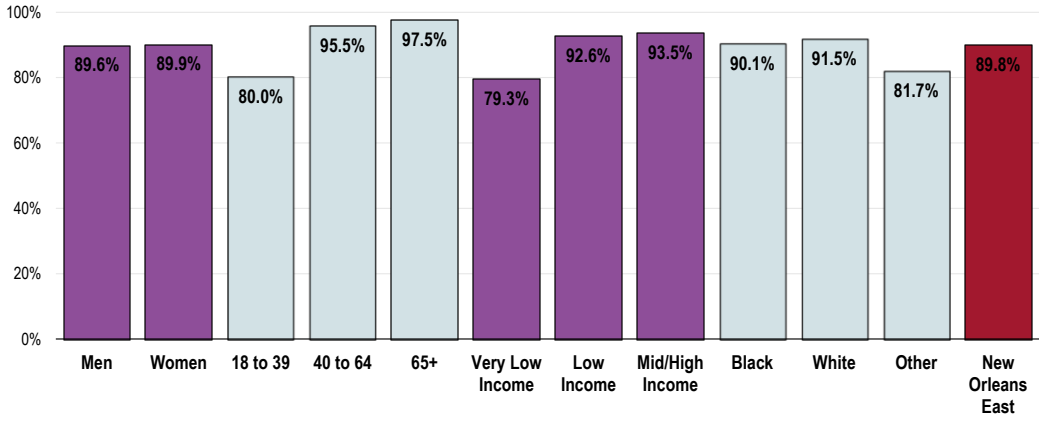
The following demographic segments report lower screening levels:

- Young adults (under age 40).
- Residents with very low incomes.
- Other races.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

(New Orleans East, 2015)

Healthy People 2020 Target = 82.1% or Higher



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

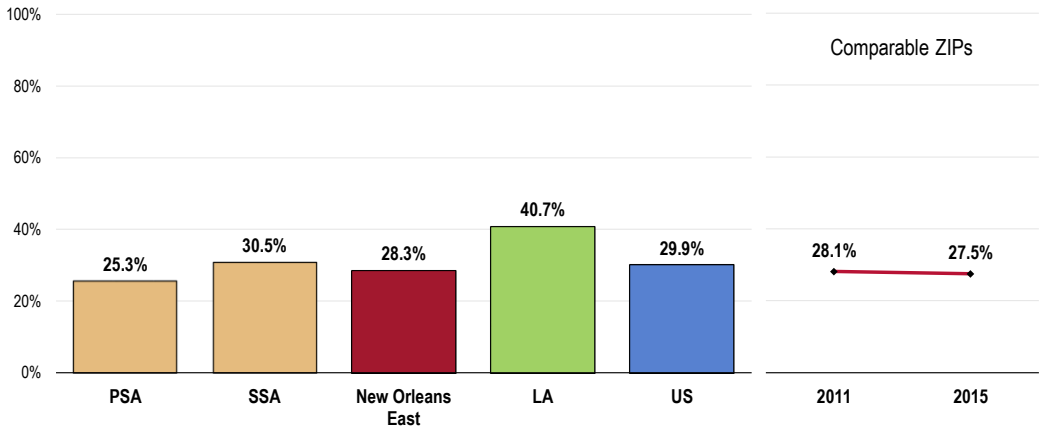
Self-Reported High Blood Cholesterol

A total of 28.3% 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).
- Similar findings by service area.
- TREND: Statistically unchanged since 2011.

Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 126]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Louisiana. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Louisiana data.
- 2013 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 15.2% 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.

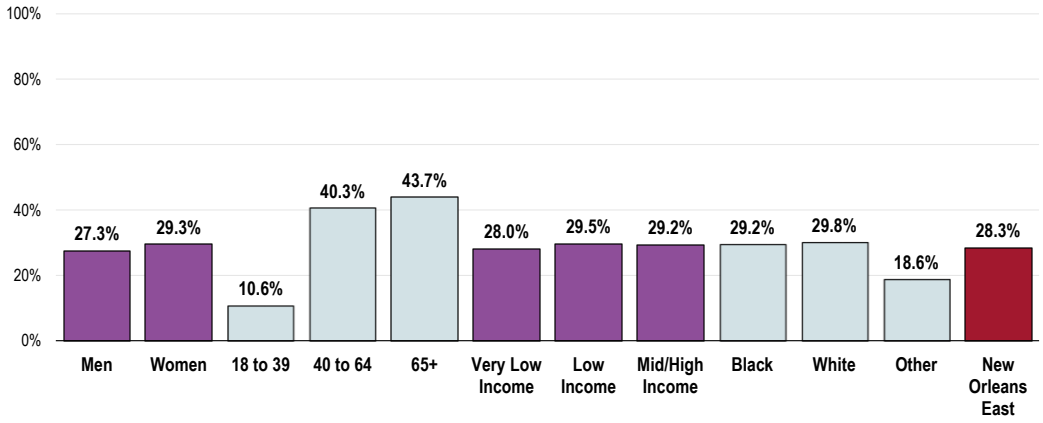
Further note the following:

- There is a positive correlation between age and high blood cholesterol.
- Blacks and Whites report a higher prevalence than Other races.
- Keep in mind that “unknowns” are relatively high in young adults and Other races.

Prevalence of High Blood Cholesterol

(New Orleans East, 2015)

Healthy People 2020 Target = 13.5% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

High Cholesterol Management

Respondents reporting high cholesterol were further asked:

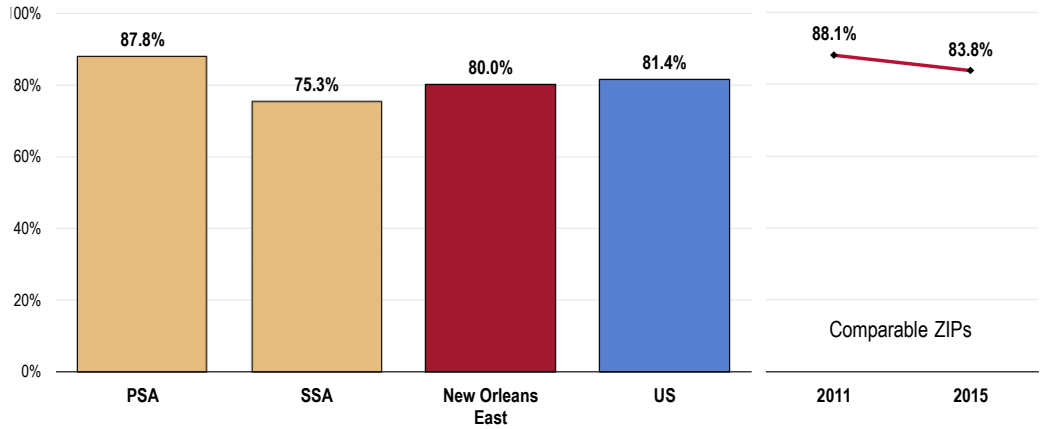
"Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?"

Among adults who have been told that their blood cholesterol was high, 80.0% report that they are currently taking actions to control their cholesterol levels.

- Comparable to that found nationwide.
- Higher in the PSA than the SSA.
- TREND: Statistically unchanged since 2011.

Taking Action to Control High Blood Cholesterol Levels

(Among Adults With High Cholesterol)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 47]
- 2013 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.

About 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

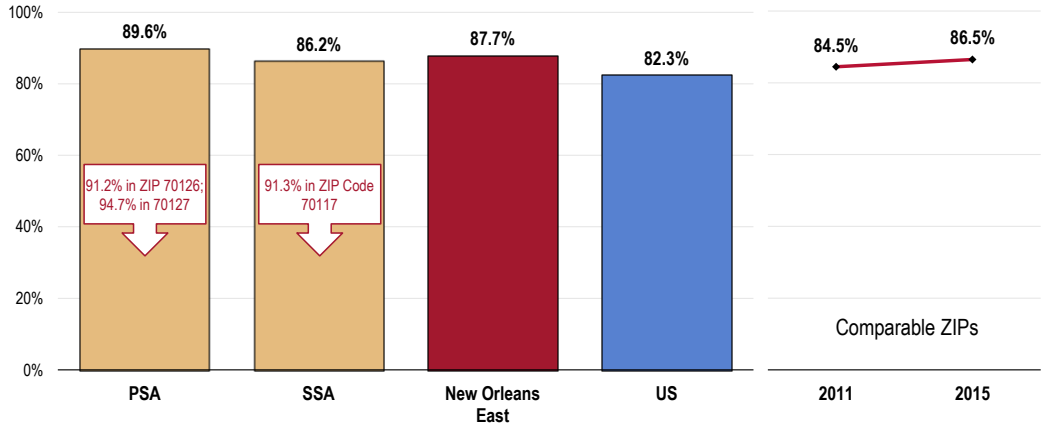
Total Cardiovascular Risk

A total of 87.7% 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.

- Higher than national findings.
- Comparable by service area (higher in select ZIP Codes).
- TREND: Statistically similar to the 2011 findings.

RELATED ISSUE: See also Nutrition & Overweight, Physical Activity & Fitness and Tobacco Use in the Modifiable Health Risk section of this report.

Present One or More Cardiovascular Risks or Behaviors



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

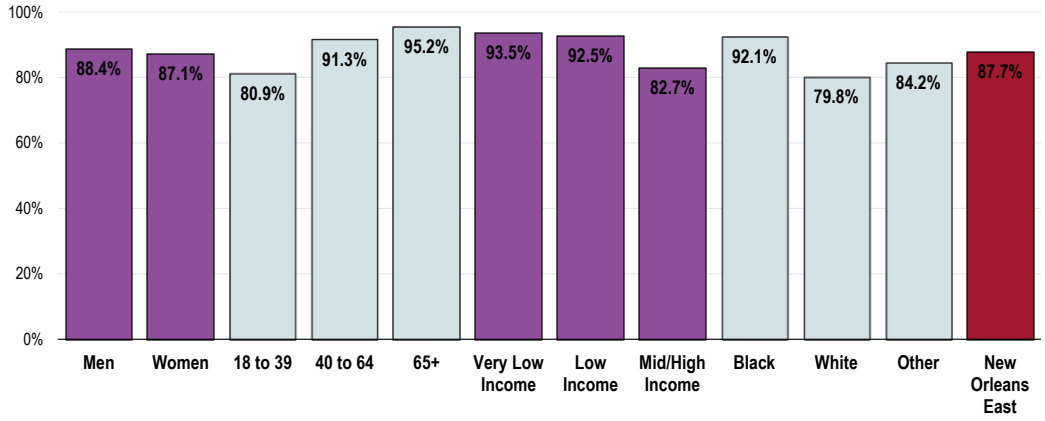
Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- Adults age 40 and older, and especially seniors (positive correlation with age).
- Those living at lower incomes.
- Blacks.

Present One or More Cardiovascular Risks or Behaviors

(New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]

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.
- Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cancer

About 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

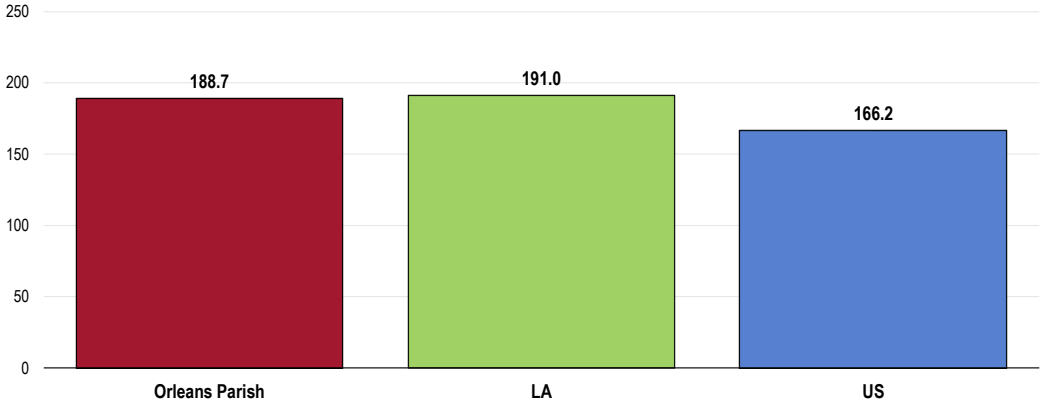
Between 2011 and 2013, there was an annual average age-adjusted cancer mortality rate of 188.7 deaths per 100,000 population in Orleans Parish.

- Similar to the statewide rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 161.4 or lower.

Cancer: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

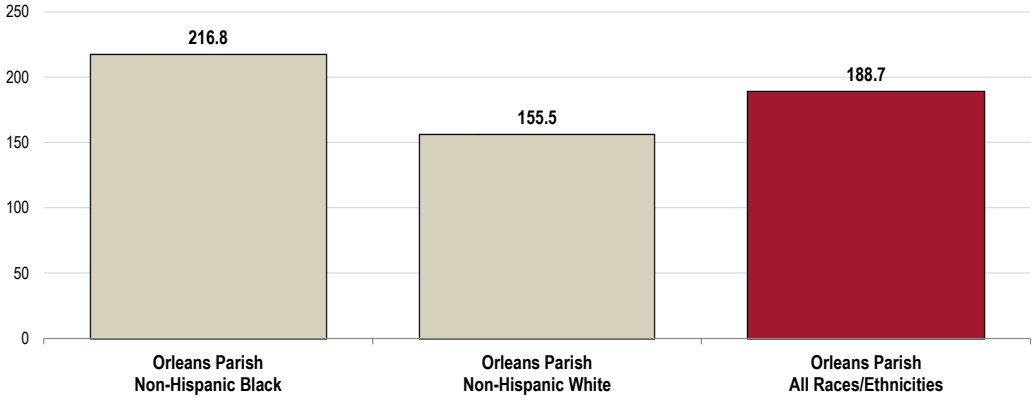
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The cancer mortality rate is notably higher in the Black population.

Cancer: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower

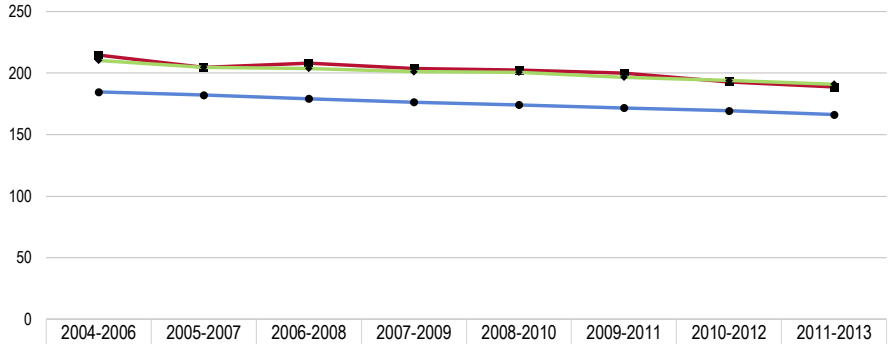


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [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 US Standard Population.

- TREND: Cancer mortality has decreased 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)
Healthy People 2020 Target = 161.4 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Orleans Parish	214.5	204.7	208.2	203.6	202.3	199.9	192.8	188.7
LA	210.3	204.7	203.7	201.2	200.6	196.6	194.0	191.0
US	184.6	182.1	179.2	176.4	174.2	171.8	169.4	166.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- 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 US Standard Population.

Cancer Deaths by Site

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

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

As can be seen in the following chart (referencing 2011-2013 annual average age-adjusted death rates):

- The Orleans Parish **prostate cancer** and **female breast cancer** death rates are worse than both the state and national rates.
- The Orleans Parish **lung cancer** and **colorectal cancer** death rates are better than the state rate but worse than the national rate.

Note that **each** of the New Orleans East cancer death rates detailed in the following chart fails to satisfy the related Healthy People 2020 target.

Age-Adjusted Cancer Death Rates by Site

(2008-2010 Annual Average Deaths per 100,000 Population)

	Orleans Parish	LA	US	HP2020
Lung Cancer	51.0	55.2	44.7	45.5
Female Breast Cancer	29.5	24.3	21.3	20.7
Prostate Cancer	27.8	21.8	19.8	21.8
Colorectal Cancer	17.1	18.0	14.9	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 April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. Here, these rates are also age-adjusted.

"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 2011, Orleans Parish had an annual average age-adjusted incidence rate of prostate cancer of 166.3 cases per 100,000 population.

- Comparable to the statewide incidence rate.
- Worse than the national incidence rate.

There was an annual average age-adjusted incidence rate of 131.0 female breast cancer cases per 100,000 in Orleans Parish.

- Worse than the statewide incidence rate.
- Worse than the national incidence rate.

The parish reported an annual average age-adjusted incidence rate of 67.8 lung cancer cases per 100,000 population.

- Better than the statewide incidence rate.
- Similar to the national incidence rate.

There was an annual average age-adjusted incidence rate of colorectal cancer of 48.6 cases per 100,000 in Orleans Parish.

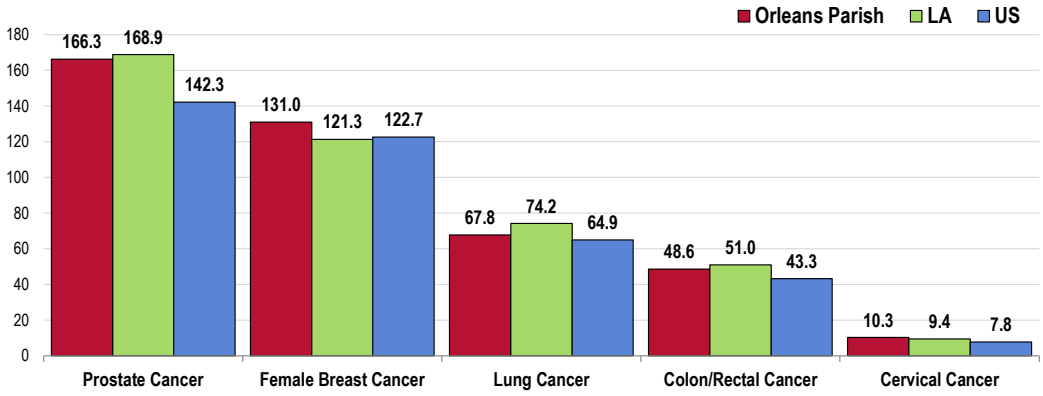
- Close to the statewide incidence rate.
- Worse than the national incidence rate.

Orleans Parish reported an annual average age-adjusted cervical cancer incidence rate of 10.3 cases per 100,000 population.

- Worse than the statewide incidence rate.
- Worse than the national incidence rate.

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2007-2011)



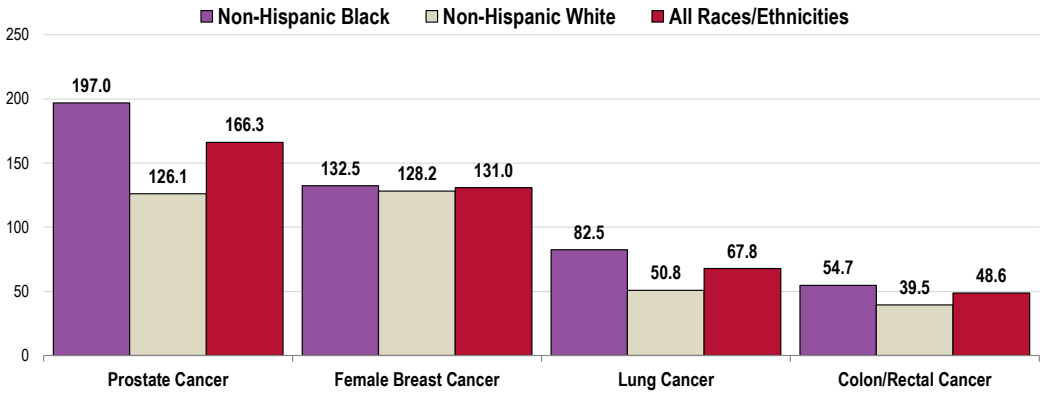
Sources:
- State Cancer Profiles: 2007-11.
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

- By available race data, Orleans Parish Blacks experience higher cancer incidence rates than Whites for prostate, lung and colorectal cancers.

Cancer Incidence Rates by Site and Race/Ethnicity

(Annual Average Age-Adjusted Incidence per 100,000 Population, Orleans Parish 2007-2011)



Sources:
- State Cancer Profiles: 2007-11.
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

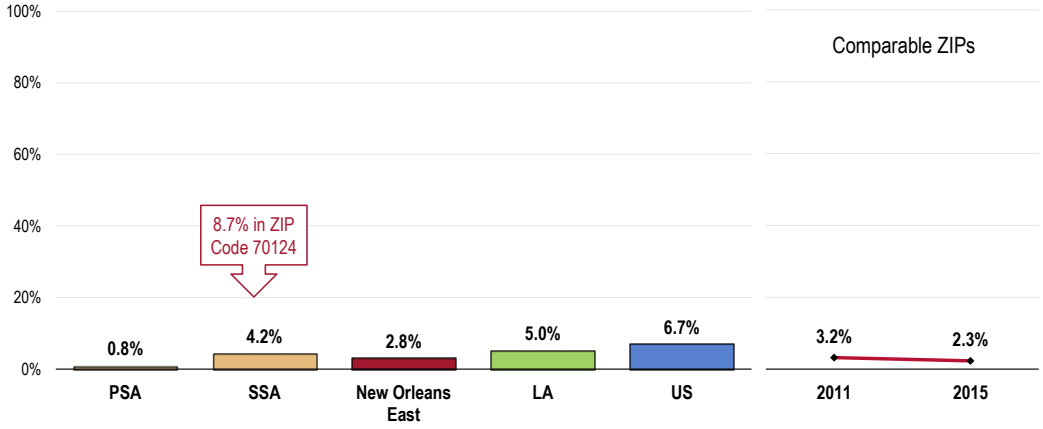
Prevalence of Cancer

Skin Cancer

A total of 2.8% of surveyed New Orleans East adults report having been diagnosed with skin cancer.

- Lower than what is found statewide.
- Lower than the national average.
- Unfavorably high in the Secondary Service Area (especially ZIP Code 70124).
- TREND: The prevalence of skin cancer has remained statistically unchanged over time.

Prevalence of Skin Cancer



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 31]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Louisiana. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Louisiana data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

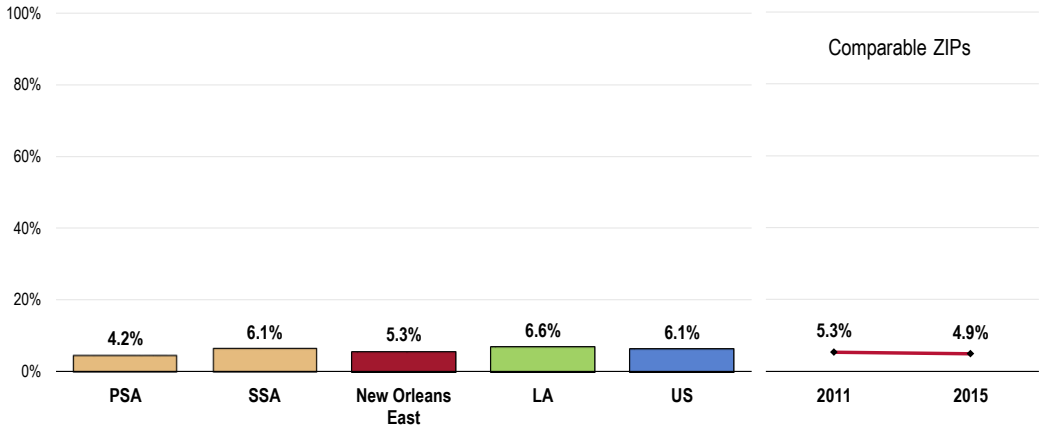
Notes:
- Asked of all respondents.

Other Cancer

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

- Similar to the statewide prevalence.
- Similar to the national prevalence.
- Similar findings by service area.
- TREND: The prevalence of cancer has remained unchanged over time.

Prevalence of Cancer (Other Than Skin Cancer)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Louisiana. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Louisiana data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Cancer Risk

RELATED ISSUE: See also *Nutrition & Overweight*, *Physical Activity & Fitness* and *Tobacco Use* in the **Modifiable Health Risk** section of this report.

About Cancer Risk

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 three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Female Breast Cancer Screening

About Screening for Breast Cancer

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

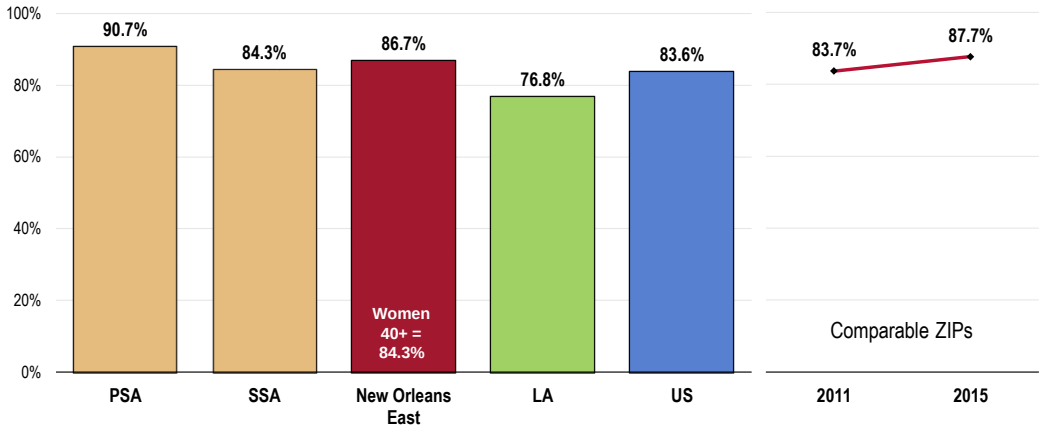
Among women age 50-74, 86.7% have had a mammogram within the past two years.

- More favorable than statewide findings (which represent all women 50+).
- Similar to national findings.
- Satisfies the Healthy People 2020 target (81.1% or higher).
- Favorably high in the Primary Service Area.
- Among women 40+, 84.3% have had a mammogram in the past two years.
- TREND: Statistically unchanged since 2011.

Have Had a Mammogram in the Past Two Years

(Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 128-129]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Louisiana. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Louisiana data.
- 2013 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 50-74.
- *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).

Cervical Cancer Screenings

About Screening for Cervical Cancer

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

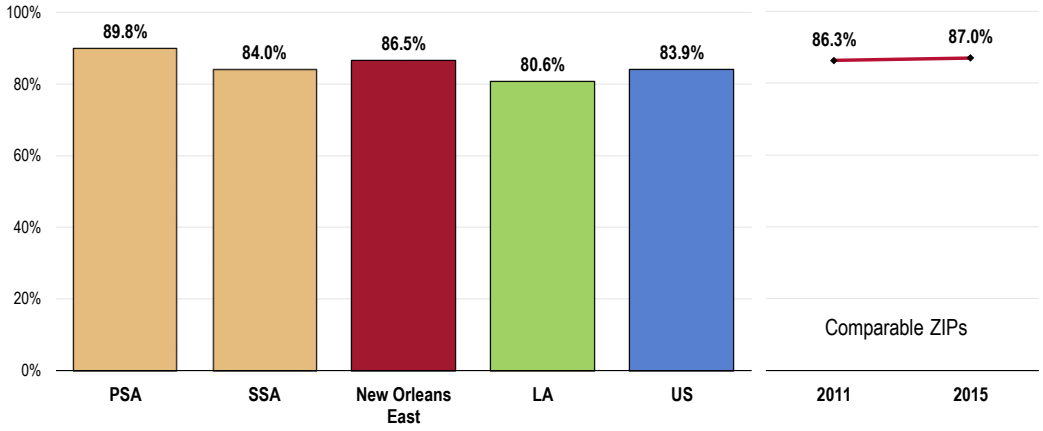
Among women age 21 to 65, 86.5% have had a Pap smear within the past three years.

- Higher than the Louisiana findings (which represents all women 18+).
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Lower among women in the SSA.
- TREND: Statistically unchanged since 2011.

Have Had a Pap Smear in the Past Three Years

(Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 130]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Louisiana. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Louisiana data.
- 2013 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 to 65.
- *Note that the Louisiana percentage represents all women age 18 and older.

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

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

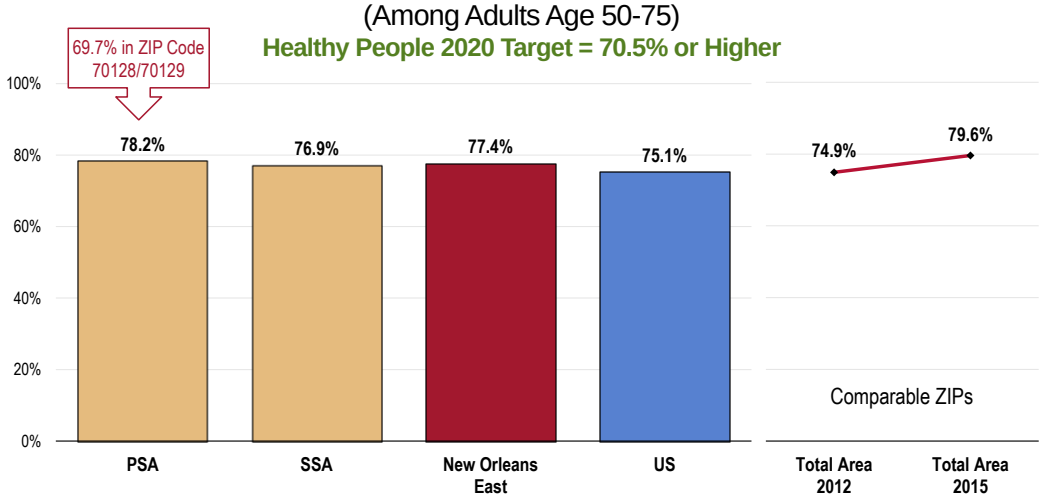
Among adults age 50–75, 77.4% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- Similar to national findings.
- Satisfies the Healthy People 2020 target (70.5% or higher).
- Similar findings by service area (although low in ZIP Codes 70128/70129).
- TREND: Over time, the prevalence has not changed significantly in New Orleans East.

Have Had a Colorectal Cancer Screening

(Among Adults Age 50-75)

Healthy People 2020 Target = 70.5% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 133]
- 2013 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-16]

Notes:
- Asked of all respondents age 50 through 75.
- In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) 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 8 in 10 (79.0%) have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

- More favorable than Louisiana findings.
- Comparable to national findings.

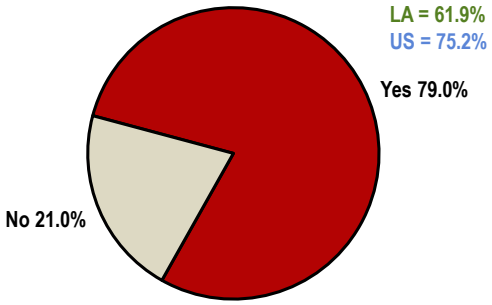
Blood Stool Testing

Among adults age 50 and older, 33.0% have had a blood stool test (aka "fecal occult blood test") within the past two years.

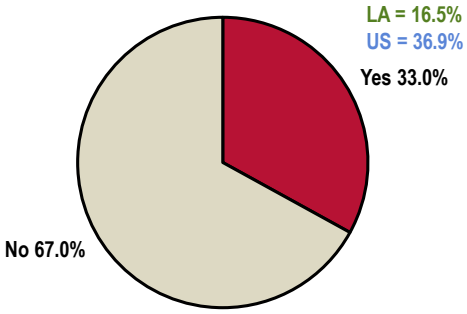
- Better than Louisiana findings.
- Comparable to national findings.

Colorectal Cancer Screenings

(Among New Orleans East Adults Age 50 and Older, 2015)



Ever Had Lower Endoscopy



Blood Stool Test in Past 2 Years

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 131-132]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Louisiana. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Louisiana data.

Notes:
- Asked of respondents age 50 and older.
- Lower endoscopy includes either sigmoidoscopy or colonoscopy.

Respiratory Disease

About Asthma & COPD

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.

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.

- 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)

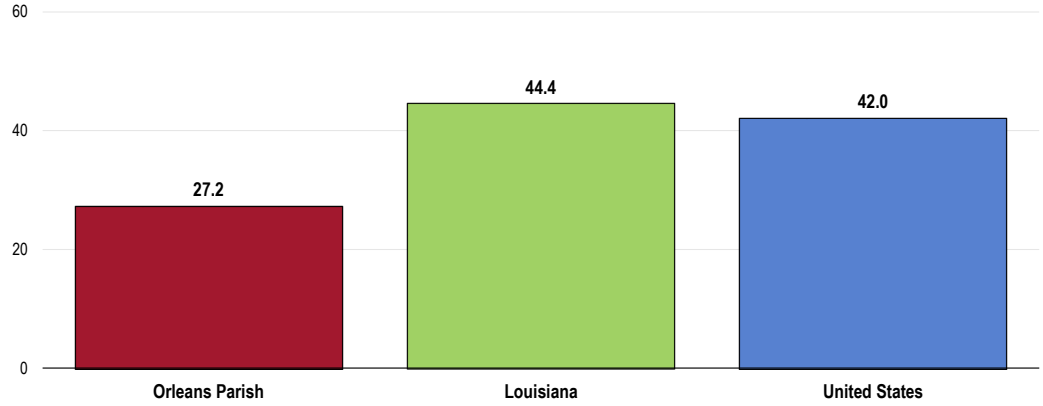
Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

Between 2011 and 2013, there was an annual average age-adjusted CLRD mortality rate of 27.2 deaths per 100,000 population in Orleans Parish.

- Lower than found statewide.
- Lower than the national rate.

CLRD: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)



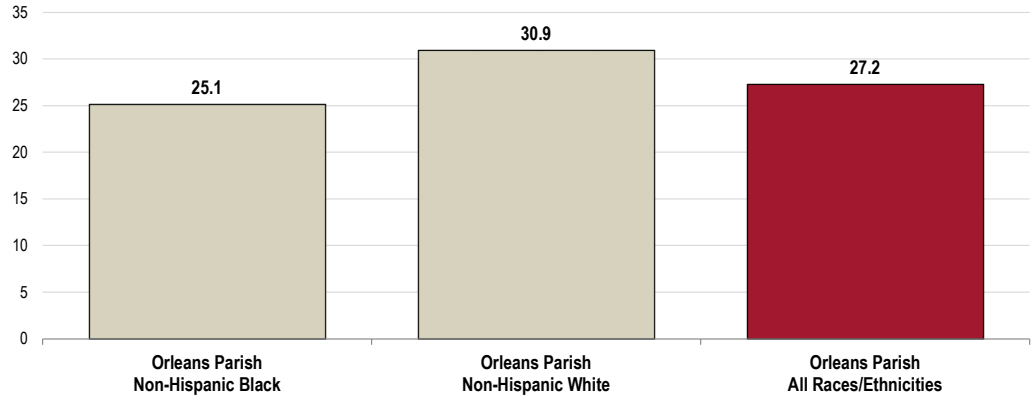
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

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.
- CLRD is chronic lower respiratory disease.

- CLRD mortality appears notably higher among Non-Hispanic Whites in Orleans Parish.

CLRD: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)



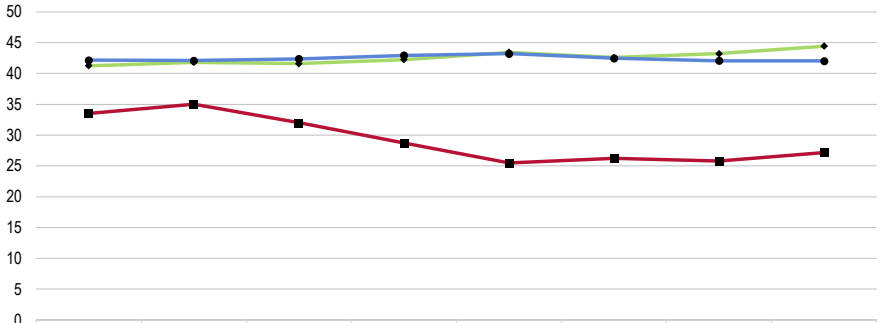
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

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.
- CLRD is chronic lower respiratory disease.

- TREND: CLRD mortality in Orleans Parish has decreased over time (the state rate has increased while the national rate has been stable).

CLRD: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Orleans Parish	33.5	35.0	32.0	28.7	25.5	26.2	25.8	27.2
LA	41.3	41.8	41.6	42.2	43.4	42.6	43.2	44.4
US	42.2	42.1	42.4	42.9	43.2	42.5	42.1	42.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

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.
- CLRD is chronic lower respiratory disease.

Pneumonia/Influenza Deaths

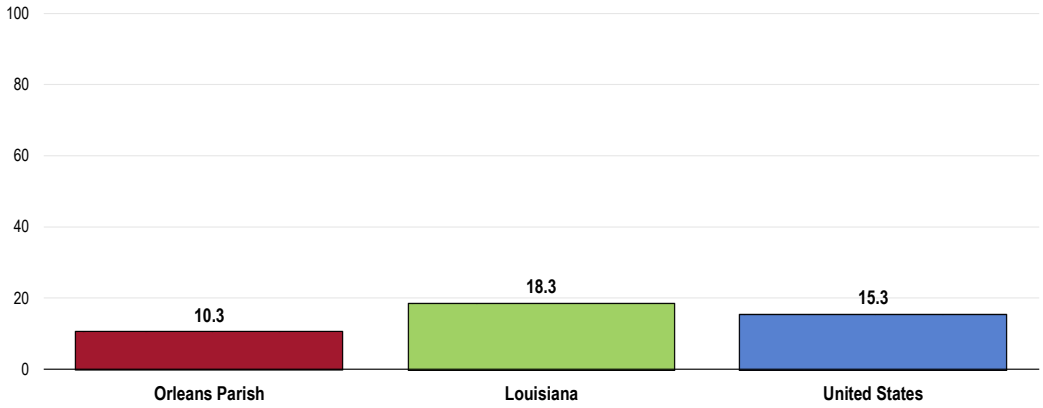
Between 2011 and 2013, there was an annual average age-adjusted pneumonia influenza mortality rate of 10.3 deaths per 100,000 population in Orleans Parish.

- Better than found statewide.
- Better than the national rate.

For prevalence of vaccinations for pneumonia and influenza, see also *Immunization & Infectious Disease*.

Pneumonia/Influenza: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)



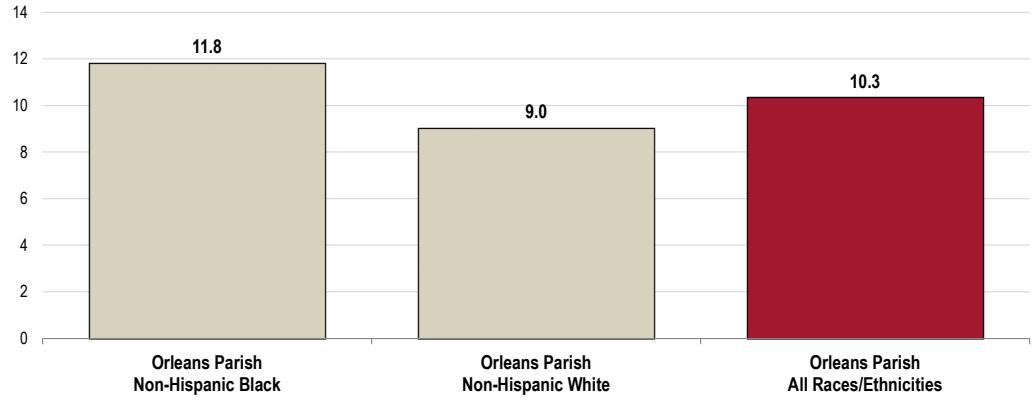
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

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.

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

Pneumonia/Influenza: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)



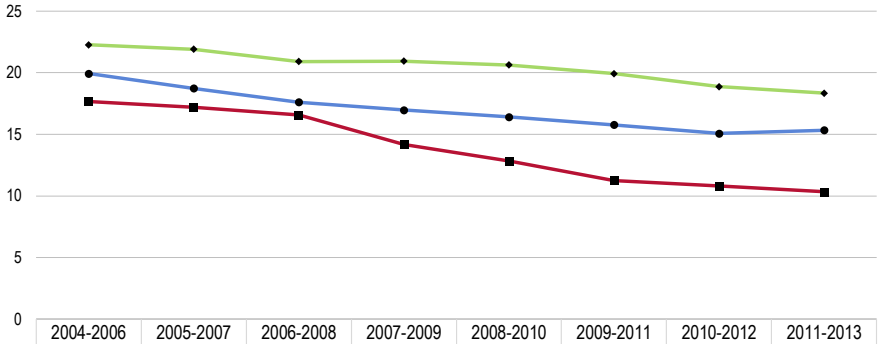
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

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.

- TREND: The parish pneumonia/influenza mortality rate has decreased over time, in keeping with state and national trends.

Pneumonia/Influenza: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Orleans Parish	17.7	17.2	16.6	14.2	12.8	11.2	10.8	10.3
LA	22.3	21.9	20.9	20.9	20.6	19.9	18.9	18.3
US	19.9	18.7	17.6	17.0	16.4	15.8	15.1	15.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

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.

Chronic Obstructive Pulmonary Disease (COPD)

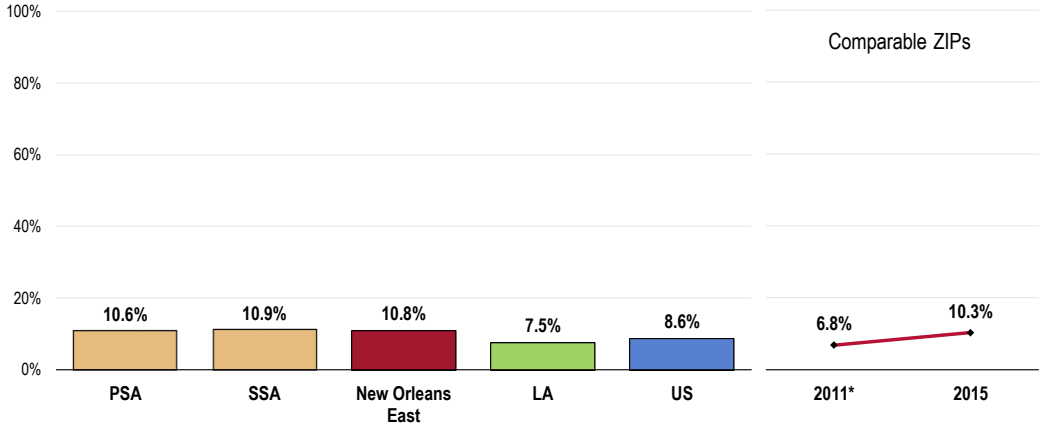
Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

A total of 10.8% of New Orleans East adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Worse than the state prevalence.
- Statistically similar to the US prevalence.
- Similar findings by service area.
- NOTE: in prior data, this question was asked slightly differently; respondents in 2011 were asked if they had ever been diagnosed with “chronic lung disease, including bronchitis or emphysema,” rather than “COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema” as is asked currently.

  TREND: In comparing to 2011 data, the change in prevalence marks a statistically significant increase over time.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 25]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Louisiana. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Louisiana data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
- *In prior data, the term "chronic lung disease" was used, which also included bronchitis or emphysema.

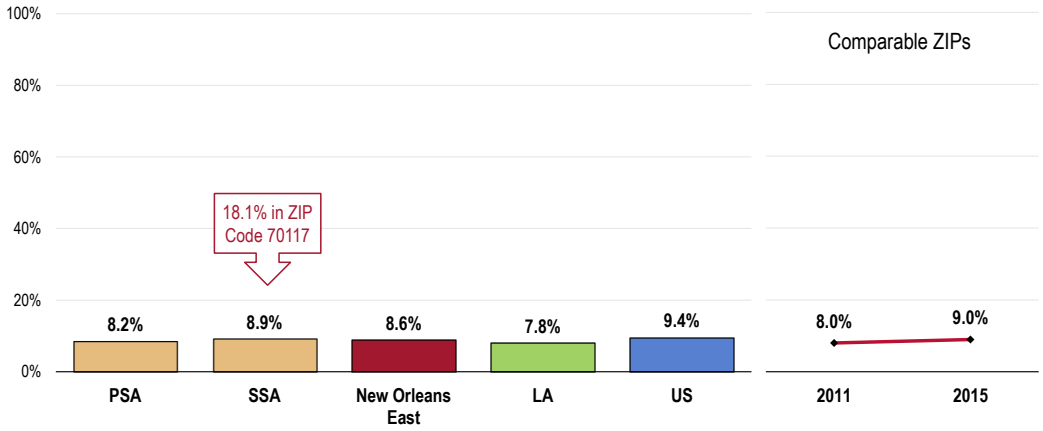
Asthma

Adults

A total of 8.6% of New Orleans East adults currently suffer from asthma.

- Similar to the statewide prevalence.
- Similar to the national prevalence.
- Statistically similar by service area (although exceptionally high in ZIP Code 70117).
- TREND: The prevalence of adults with asthma has not changed significantly since 2011.

Adult Asthma: Current Prevalence



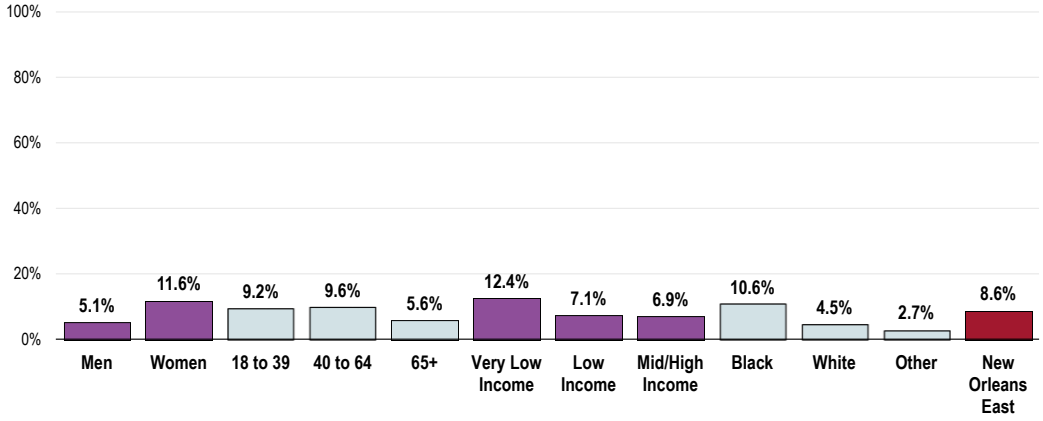
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 134]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Louisiana. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Louisiana data.

Notes:
- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

The following adults are more likely to suffer from asthma:

- Women.
- Adults under age 65.
- Very low income residents.
- Blacks.

Currently Have Asthma
(New Orleans East, 2015)



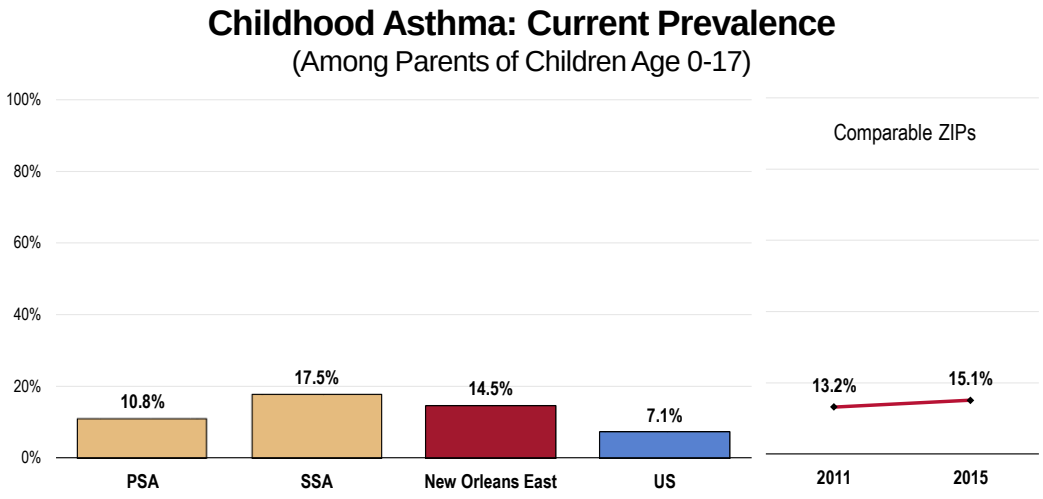
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among New Orleans East children under age 18, 14.5% currently have asthma.

- Twice the US figure.
- Statistically similar findings by service area.
- TREND: The prevalence of children with asthma has not changed significantly since 2011.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 135]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.
- Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Injury & Violence

About 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

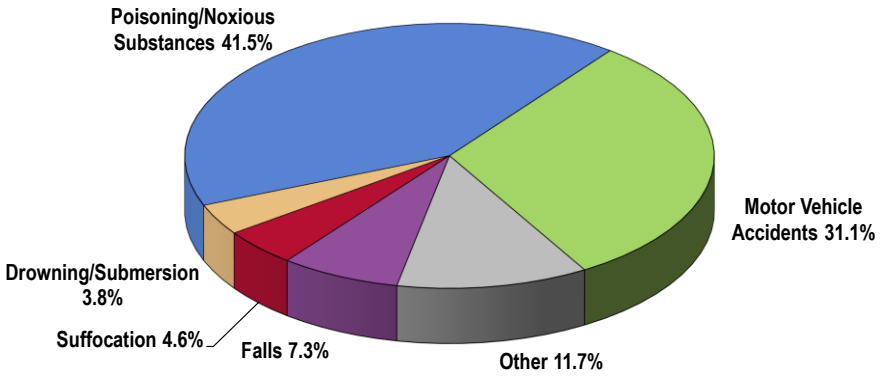
- Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Poisoning (including accidental drug overdose), motor vehicle accidents, falls, suffocation, and drowning/submersion accounted for the majority of accidental deaths in Orleans Parish between 2011 and 2013.

Leading Causes of Accidental Death

(Orleans Parish, 2011–2013)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

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

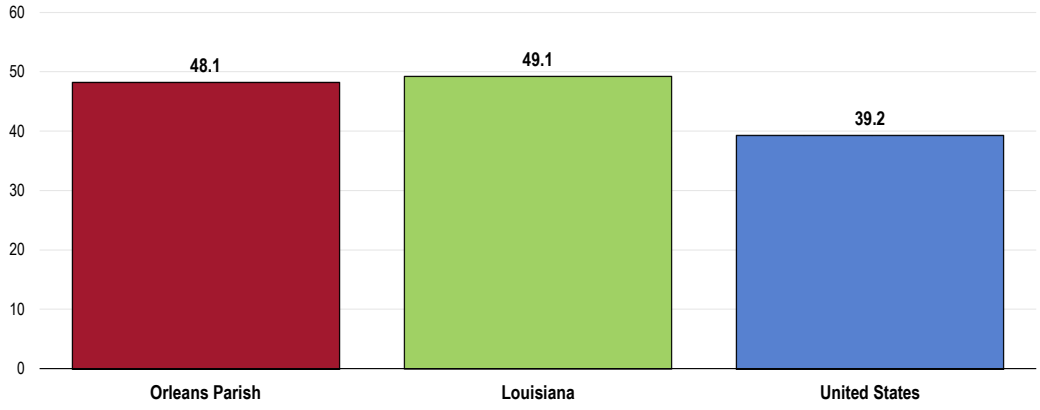
Between 2011 and 2013, there was an annual average age-adjusted unintentional injury mortality rate of 48.1 deaths per 100,000 population in Orleans Parish.

- Similar to the Louisiana rate.
- Less favorable than the national rate.
- Far from satisfying the Healthy People 2020 target (36.4 or lower).

Unintentional Injuries: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

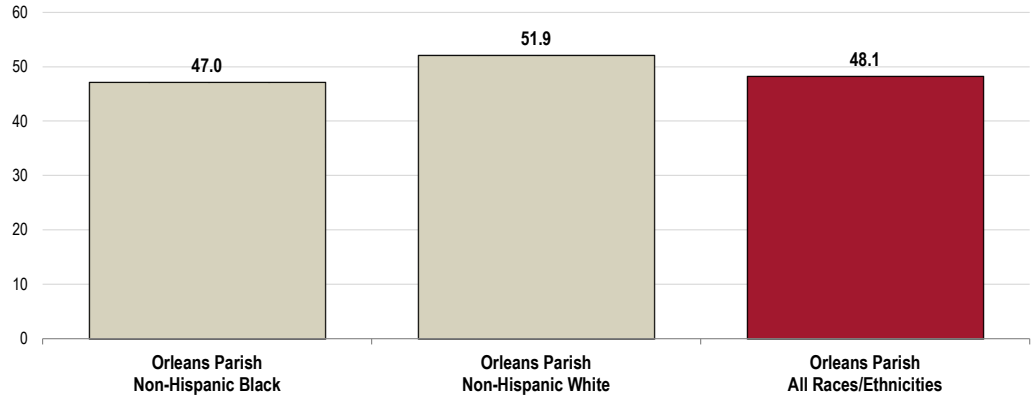
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The mortality rate is nominally higher among Whites when compared with Blacks in Orleans Parish.

Unintentional Injuries: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

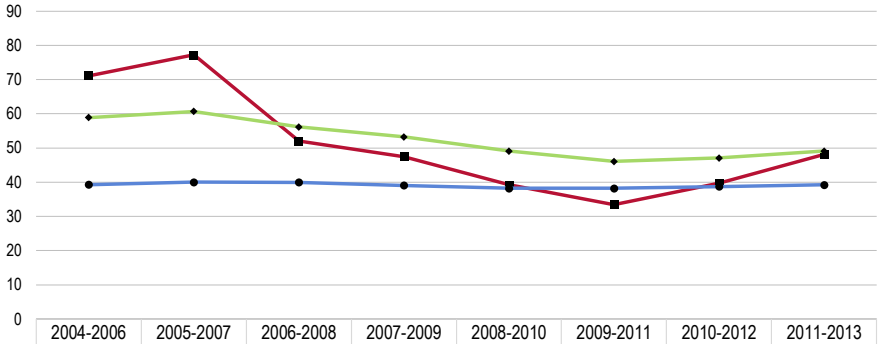
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The mortality rate dropped considerably between 2005 and 2011, but has since begun to rise.

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Orleans Parish	71.1	77.2	52.0	47.5	39.2	33.5	39.7	48.1
LA	58.9	60.7	56.2	53.2	49.1	46.1	47.1	49.1
US	39.3	40.0	39.9	39.0	38.2	38.2	38.7	39.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- 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 US Standard Population.

Motor Vehicle Safety

Age-Adjusted Motor-Vehicle Related Deaths

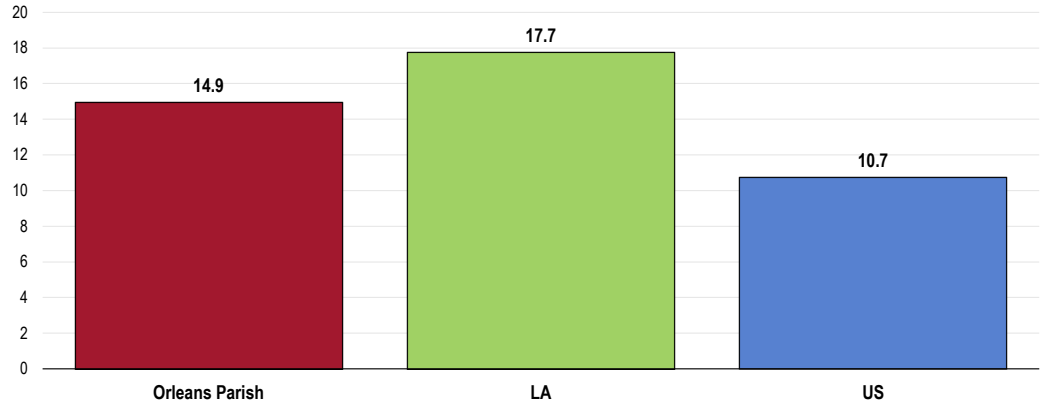
Between 2011 and 2013, there was an annual average age-adjusted motor vehicle crash mortality rate of 14.9 deaths per 100,000 population in Orleans Parish.

- Lower than found statewide.
- Higher than found nationally.
- Fails to satisfy the Healthy People 2020 target (12.4 or lower).

Motor Vehicle Crashes: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 12.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1]

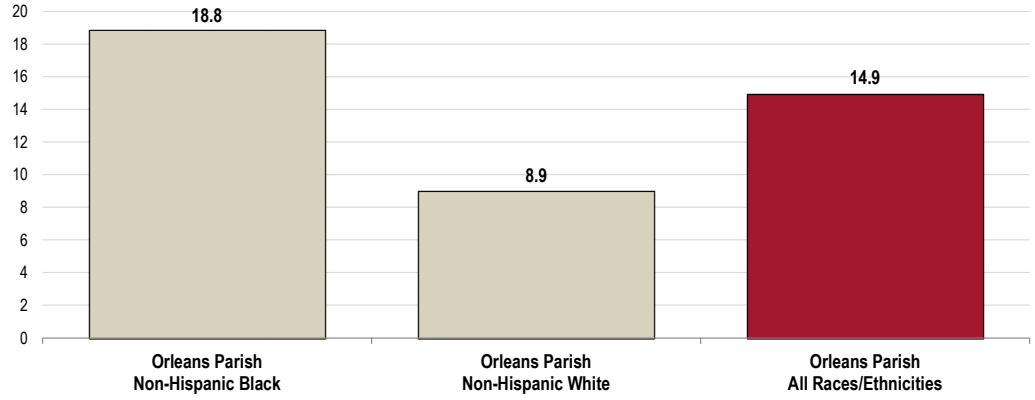
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

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

Motor Vehicle Crashes: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 12.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1]

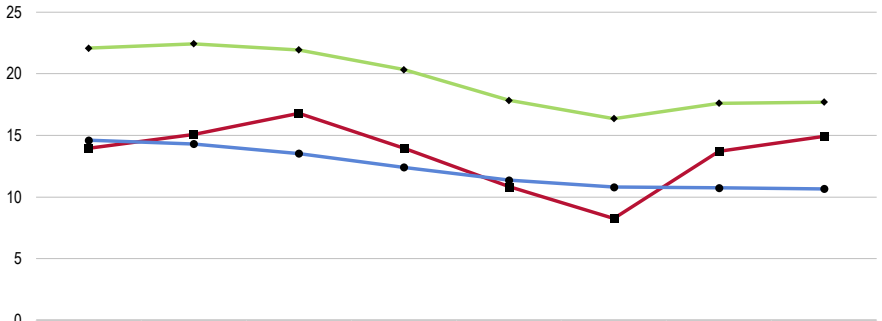
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The mortality rate dropped considerably between 2005 and 2011, but has since begun to rise.

Motor Vehicle Crashes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 12.4 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Orleans Parish	14.0	15.1	16.8	14.0	10.8	8.3	13.7	14.9
LA	22.1	22.4	21.9	20.3	17.8	16.4	17.6	17.7
US	14.6	14.3	13.5	12.4	11.4	10.8	10.7	10.7

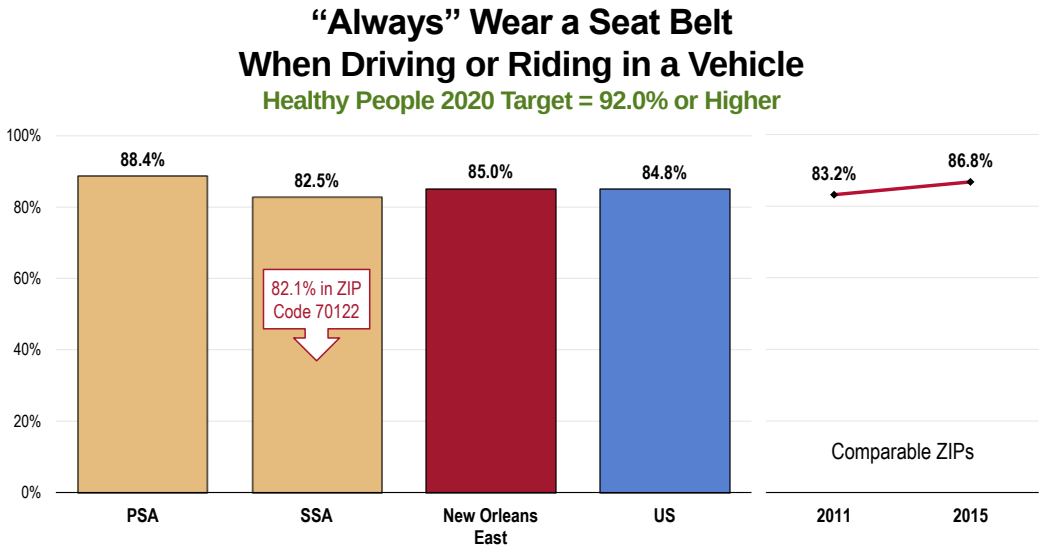
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [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 US Standard Population.

Seat Belt Usage - Adults

Most New Orleans East adults (85.0%) report "always" wearing a seat belt when driving or riding in a vehicle.

- Close to the percentage found nationally.
- Fails to satisfy the Healthy People 2020 target of 92.0% or higher.
- Lower in the Secondary Service Area (especially ZIP Code 70122).
- TREND: Marks a statistically significant increase over time.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 49]
- 2013 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 IVP-15]

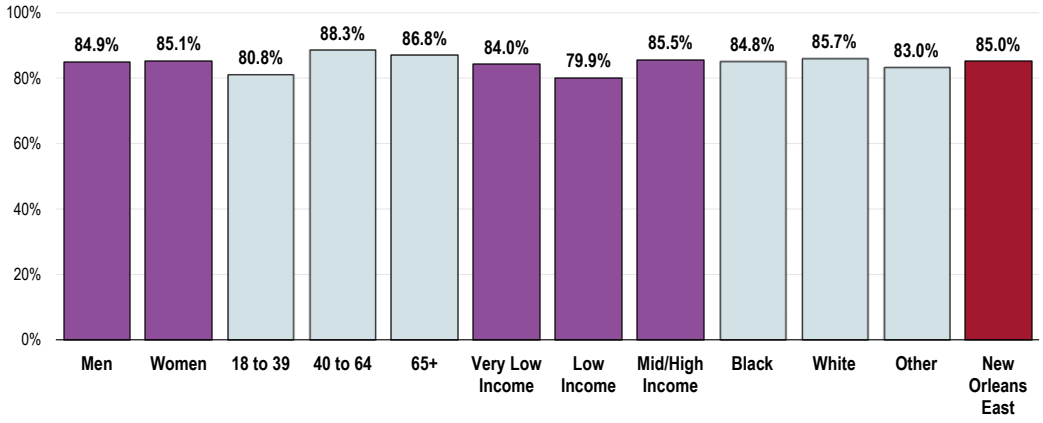
Notes:
- Asked of all respondents.

- Young adults are statistically less likely than older residents to report consistent seat belt usage.

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

(New Orleans East, 2015)

Healthy People 2020 Target = 92.0% or Higher



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-15]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

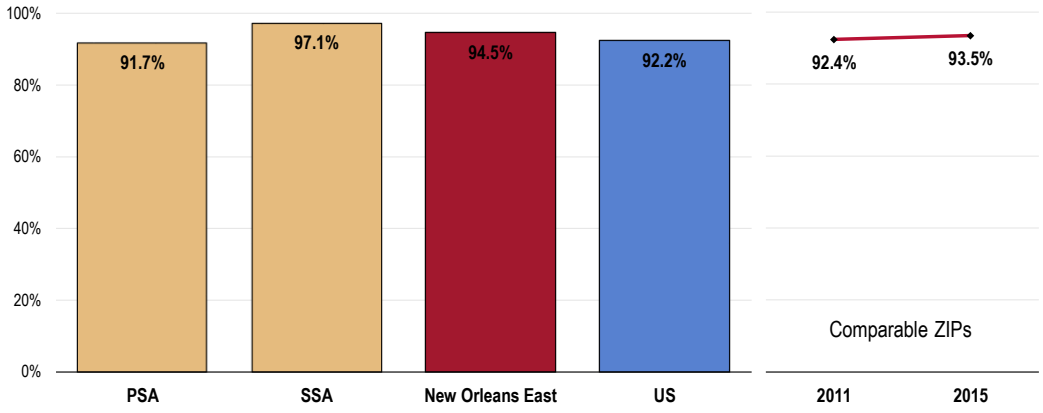
Seat Belt Usage - Children

A full 94.5% 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.
- Similar findings by service area.
- TREND: Statistically unchanged since 2011.

Child "Always" Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle

(Among Parents of Children Age 0-17)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 122]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

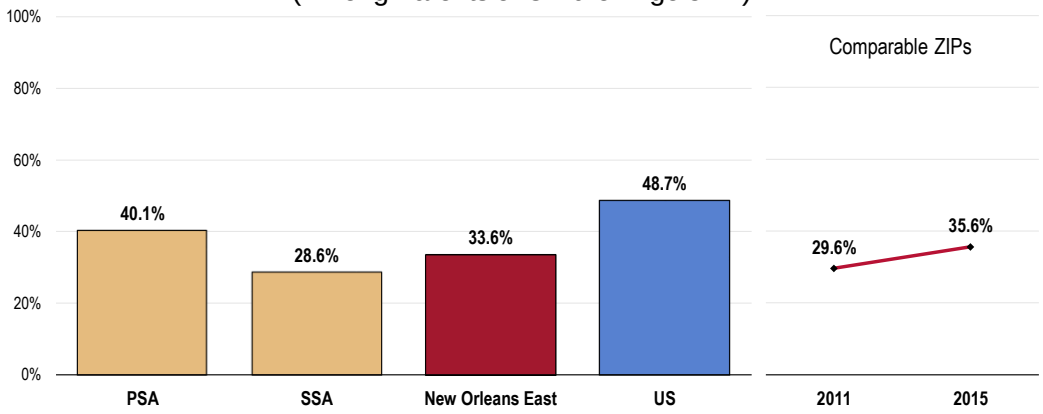
Bicycle Safety

One-third of New Orleans East children age 5 to 17 (33.6%) are reported to "always" wears a helmet when riding a bicycle.

- Much lower than the national prevalence.
- Statistically comparable findings by service area.
- TREND: Statistically similar to 2011 findings.

Child "Always" Wears a Helmet When Riding a Bicycle

(Among Parents of Children Age 5-17)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 121]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children age 5 to 17 at home.

Firearm Safety

Age-Adjusted Firearm-Related Deaths

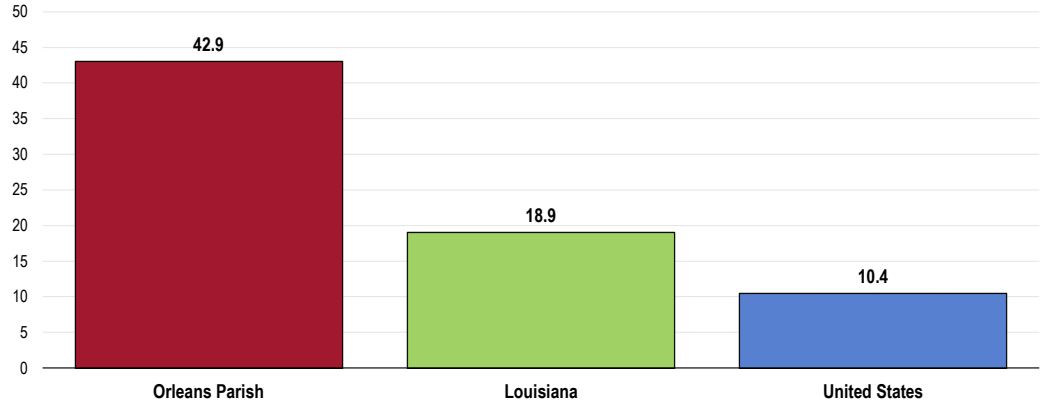
Between 2011 and 2013, there was an annual average age-adjusted rate of 42.9 deaths per 100,000 population due to firearms in Orleans Parish.

- Much higher than found statewide.
- Much higher than found nationally.
- Far from satisfying the Healthy People 2020 objective (9.3 or lower).

Firearms-Related Deaths: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

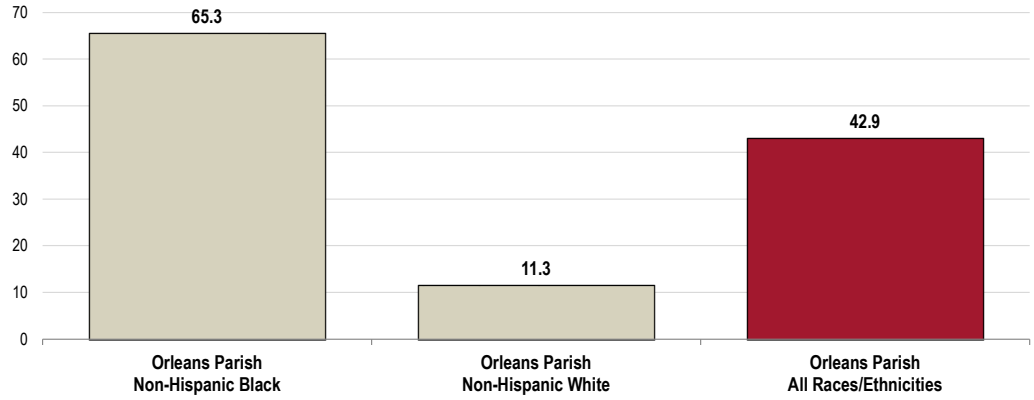
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The Orleans Parish firearm-related mortality rate is more than 5 times as high among Blacks than it is among Whites.

Firearms-Related Deaths: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

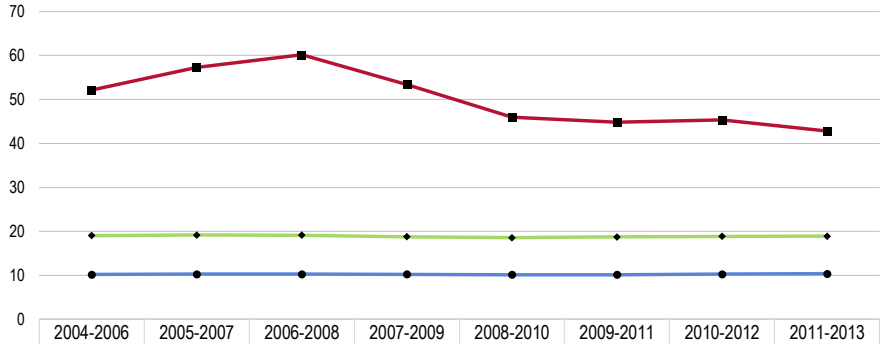
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The mortality rate in Orleans Parish, however, has decreased over the past decade (state and national rates were stable).

Firearms-Related Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Orleans Parish	52.1	57.3	60.2	53.4	45.9	44.8	45.3	42.9
LA	19.1	19.2	19.1	18.8	18.6	18.7	18.9	18.9
US	10.2	10.3	10.3	10.2	10.2	10.1	10.3	10.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- 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.

Presence of Firearms in Homes

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."

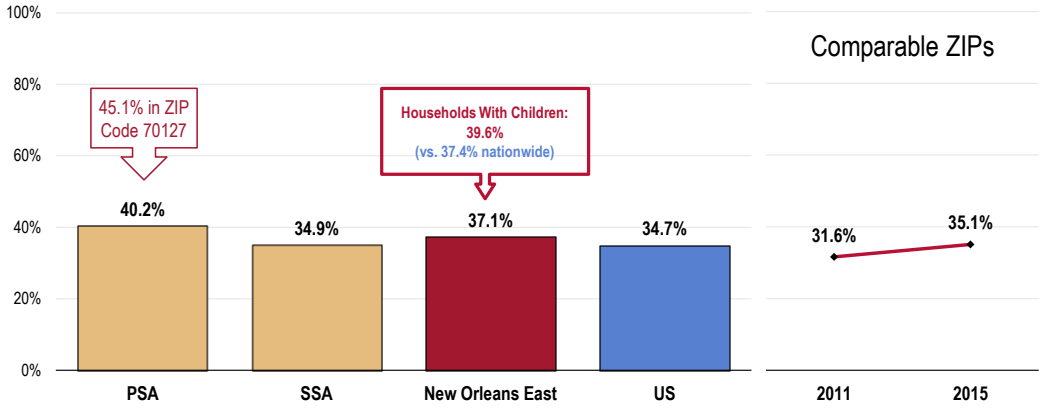
Overall, 37.1% of New Orleans East adults has a firearm kept in or around their home.

- Similar to the national prevalence.
- Similar findings by service area (although highest in ZIP Code 70127).
- TREND: Similar to that reported in 2011.

Among New Orleans East households with children, 39.6% have a firearm kept in or around the house (comparable to that reported nationally).

- TREND: The prevalence of firearms in households with children has not changed significantly over time (not shown).

Have a Firearm Kept in or Around the Home



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 52, 137]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

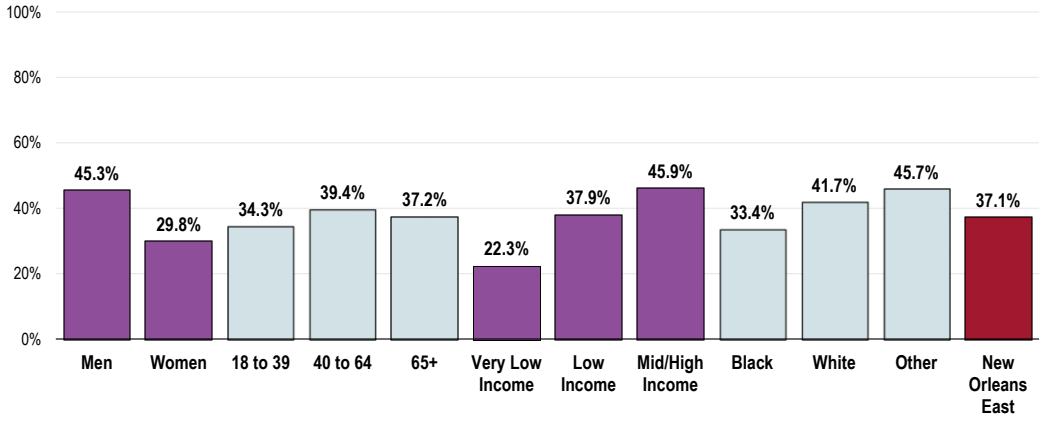
Notes:
- Asked of all respondents.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

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

- Men.
- Higher-income households (positive correlation with income).
- Whites and Other races.

Have a Firearm Kept in or Around the House

(New Orleans East, 2015)



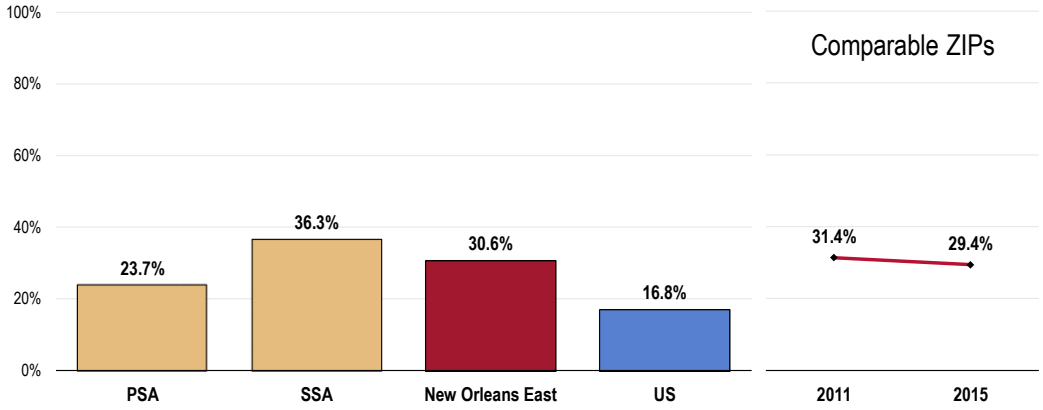
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]

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.
- Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among New Orleans East households with firearms, 30.6% report that there is at least one weapon that is kept unlocked and loaded.

- Much higher than that found nationally.
- Unfavorably high in the SSA.
- TREND: Statistically similar to that reported in 2011.

Household Has An Unlocked, Loaded Firearm



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 138]
- 2013 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 2011 and 2013, there was an annual average age-adjusted homicide rate of 41.3 deaths per 100,000 population in Orleans Parish.

- Dramatically worse than the rate found statewide.
- Dramatically worse than the national rate.
- Far from satisfying the Healthy People 2020 target of 5.5 or lower.

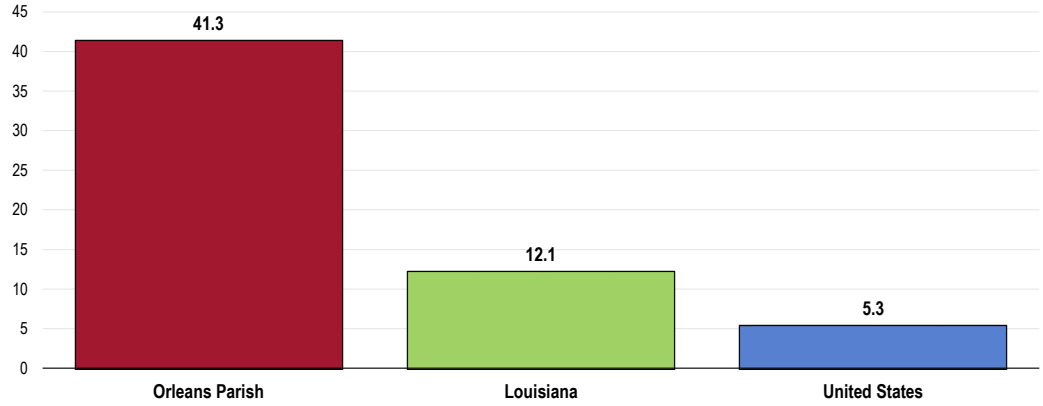
RELATED ISSUE:

See also *Suicide* in the **Mental Health** section of this report.

Homicide: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

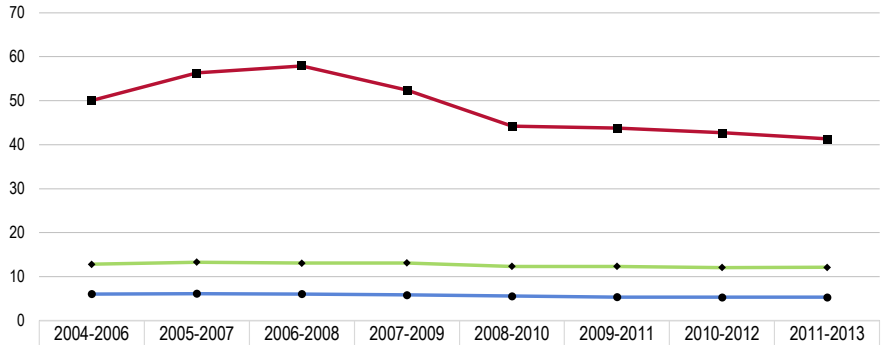
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The homicide rate has decreased in Orleans Parish.

Homicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Orleans Parish	50.1	56.3	57.9	52.4	44.2	43.8	42.7	41.3
LA	12.8	13.3	13.1	13.1	12.3	12.3	12.1	12.1
US	6.1	6.1	6.1	5.8	5.6	5.4	5.3	5.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-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 US Standard Population.

Violent Crime

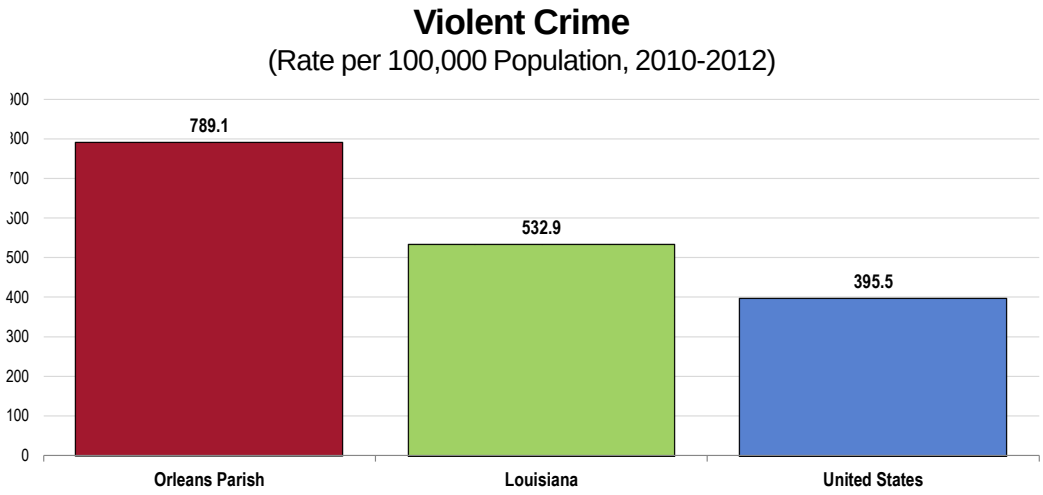
Violent Crime Rates

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 2010 and 2012, there were a reported 789.1 violent crimes per 100,000 population in Orleans Parish.

- Much higher than the Louisiana rate for the same period.
- Much higher than the national rate.



Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports: 2010-2012.
- Retrieved April 2015 from Community Commons at http://www.chna.org.

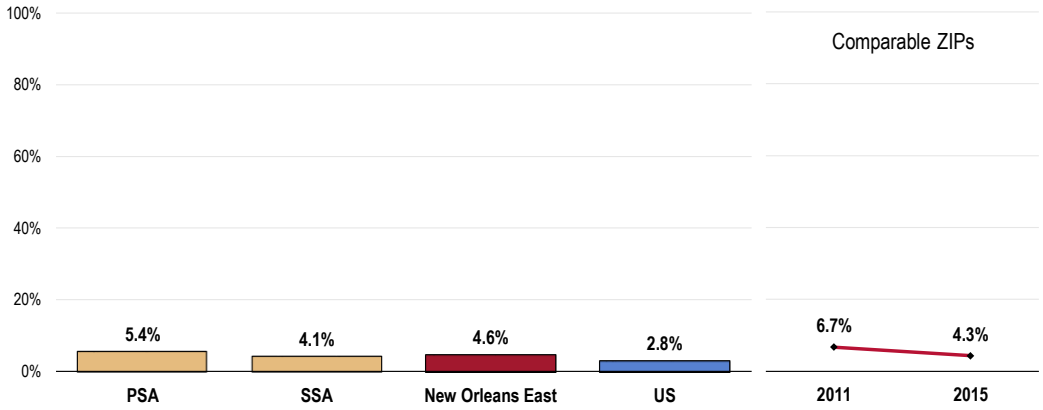
Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Self-Reported Violence

A total of 4.6% of New Orleans East adults acknowledge being the victim of a violent crime in the past five years.

- Less favorable than national findings.
- Comparable findings by service area.
- TREND: Marks a statistically significant improvement over time.

Victim of a Violent Crime in the Past Five Years

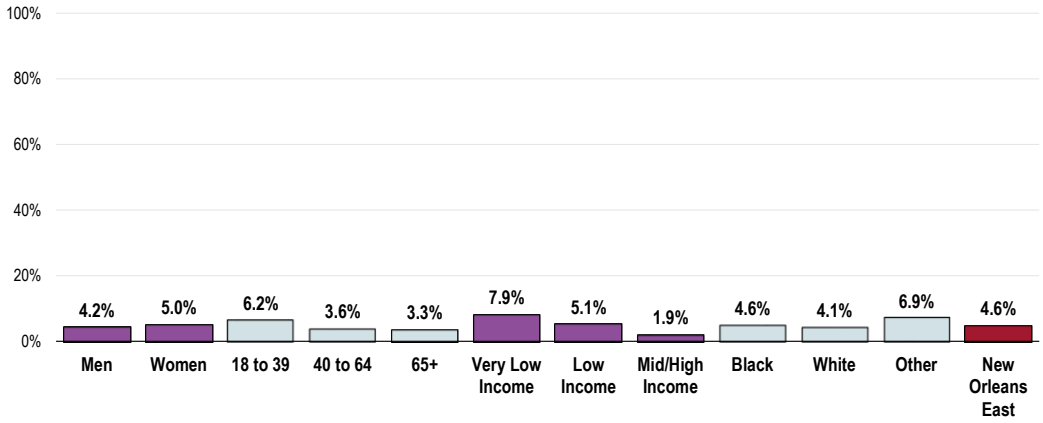


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Reports of violence are notably higher among residents living in the lower income categories (negative correlation with income).

Victim of a Violent Crime in the Past Five Years
(New Orleans East, 2015)



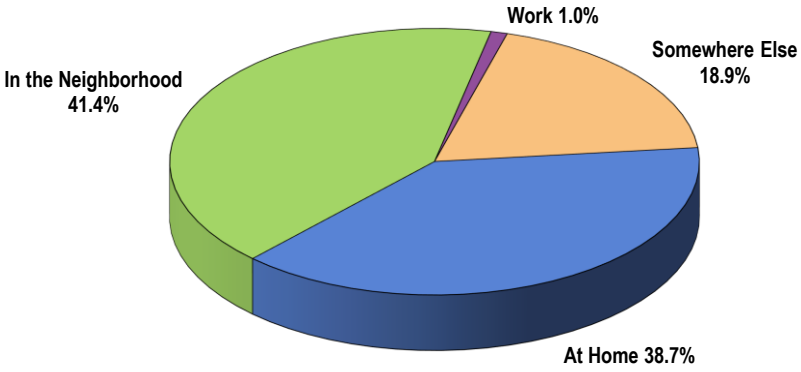
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]

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. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

- Respondents who reported recent violence primarily mentioned the crime happening in the **neighborhood** (41.4%) or at **home** (38.7%).

Site of Recent Crime

(New Orleans East Victims of Recent Crime, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 306]
Notes: ● Asked of all respondents who were victims of crime in the past 5 years.

Neighborhood Safety

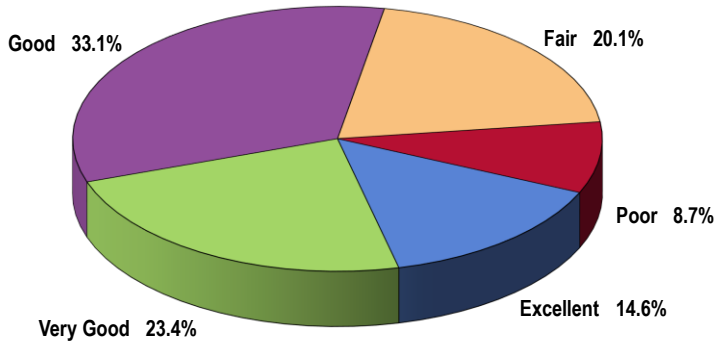
"Overall, how would you rate the safety, security, and crime control in your neighborhood?"

A total of 38.0% of New Orleans East adults rate the safety, security, and crime control in their neighborhood as "excellent" or "very good."

- Another 33.1% gave "good" ratings of their neighborhood safety.

Rating of the Neighborhood's Safety, Security, and Crime Control

(New Orleans East, 2015)

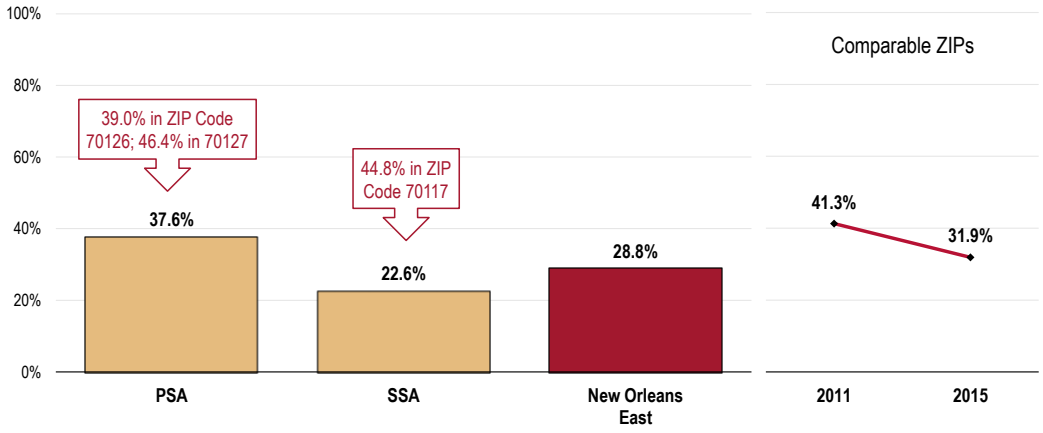


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]
Notes: ● Asked of all respondents.

However, 28.8% of New Orleans East adults believe that the safety, security, and crime control in their neighborhood is "fair" or "poor."

- Unfavorably high among respondents in the PSA (especially ZIP Codes 70126 and 70127; also quite high in ZIP Code 70117 in the SSA).
- TREND: Note the statistically significant decrease (improvement) over time when comparing "fair/poor" neighborhood safety reports to previous survey results.

Neighborhood Safety, Security, and Crime Control is "Fair/Poor"



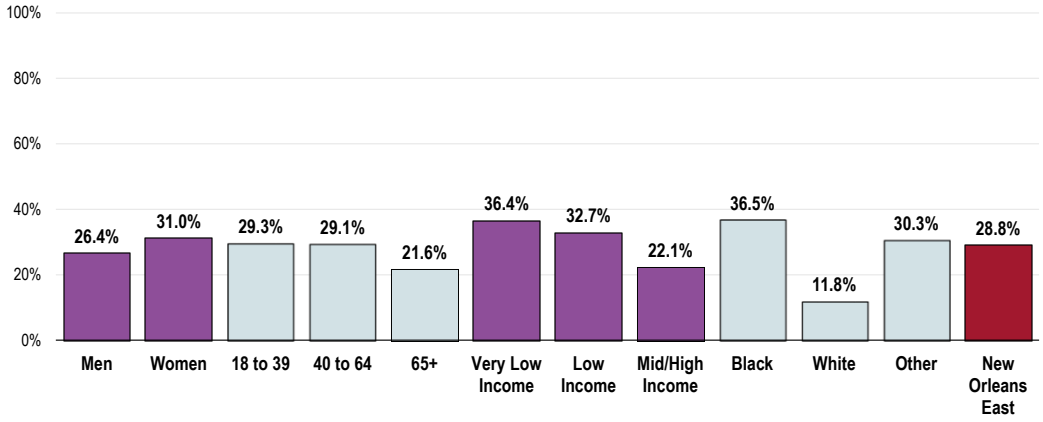
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 301]
Notes: ● Asked of all respondents.

Adults more likely to give "fair" or "poor" ratings of the safety, security, and crime control in the neighborhood include:

- Residents under age 65.
- Residents living at lower incomes (negative correlation with income).
- Blacks and Other races.

Neighborhood Safety, Security, and Crime Control is "Fair/Poor"

(New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

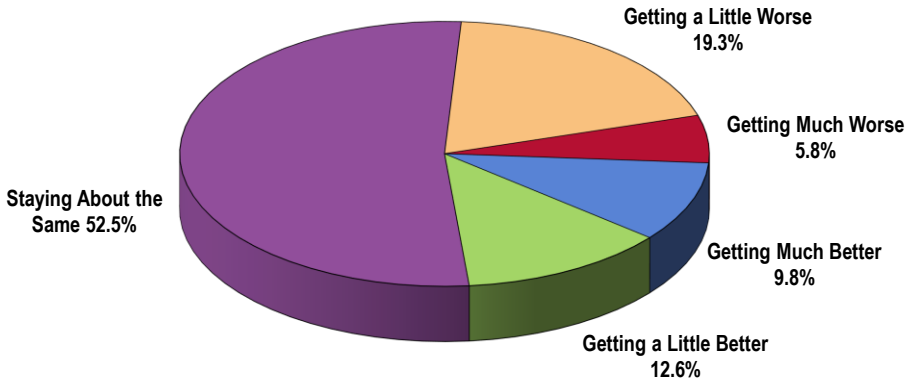
Neighborhood Crime Over Time

When asked about the problem of neighborhood crime over the past year or two, the largest share of respondents (52.5%) reported that it has stayed about the same.

- In a positive note, 22.4% of respondents consider their neighborhood crime to have gotten better over time (either "a little better" or "much better").

Neighborhood Crime Over Time

(New Orleans East, 2015)



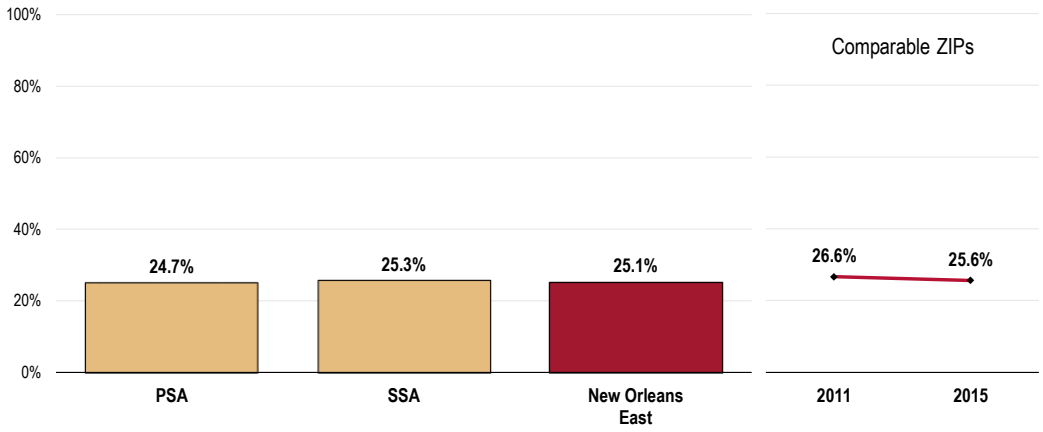
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 302]

Notes:
- Asked of all respondents.

However, one in four New Orleans East adults (25.1%) believes that the problem of neighborhood crime has gotten worse (either "a little worse" or "much worse") over the past year or two.

- Similar findings by service area.
- TREND: Statistically unchanged over time.

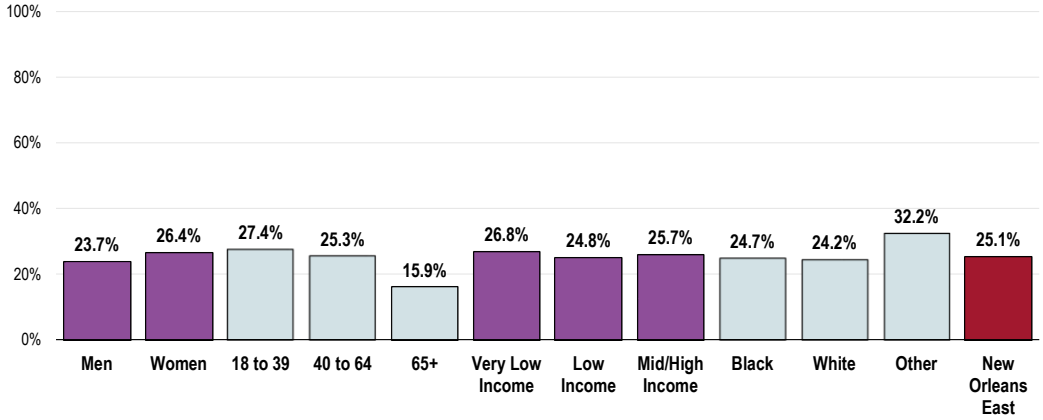
Neighborhood Crime Has Grown Worse in Recent Years



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 302]
Notes: ● Asked of all respondents.
● Percentages represent combined "getting much worse" and "getting a little worse" responses.

- Residents under age 65 are more likely to feel that crime in their neighborhood has worsened over time (negative correlation with age).

Neighborhood Crime Has Grown Worse in Recent Years
(New Orleans East, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 302]
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. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
● Percentages represent combined "getting much worse" and "getting a little worse" responses.

Daytime Safety

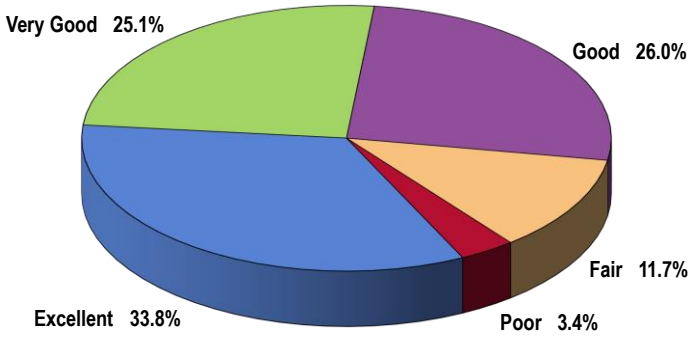
Nearly 6 in 10 New Orleans East adults (58.9%) consider the safety and security they feel walking in their neighborhood during the day to be "excellent" or "very good."

"How would you rate the safety and security you feel walking in your neighborhood during the day?"

- Another 26.0% gave "good" ratings of their feelings of safety during the day.

Rating of the Neighborhood's Safety and Security During the Day

(New Orleans East, 2015)

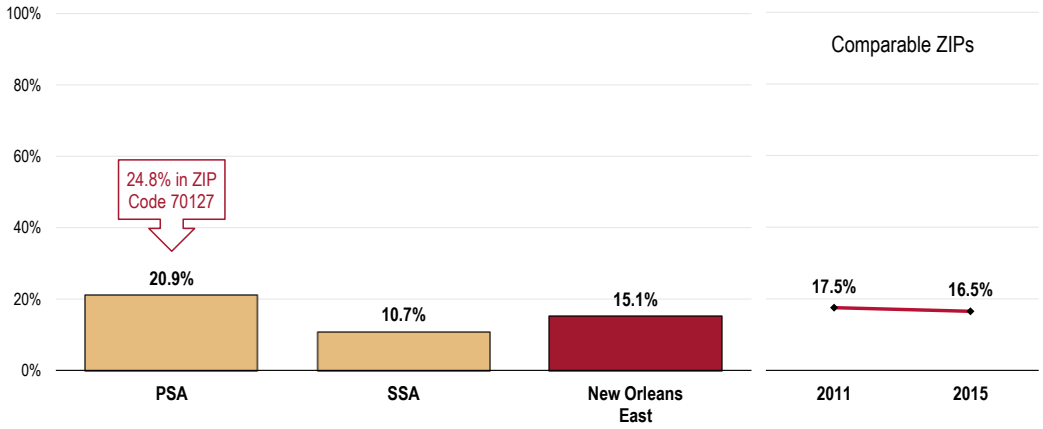


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 303]
Notes: ● Asked of all respondents.

However, 15.1% of New Orleans East adults believe that their neighborhood safety and security during the day is "fair" or "poor."

- Unfavorably high among respondents in the PSA (especially ZIP Code 70127).
- TREND: Statistically unchanged over time.

Neighborhood's Daytime Safety and Security is "Fair/Poor"



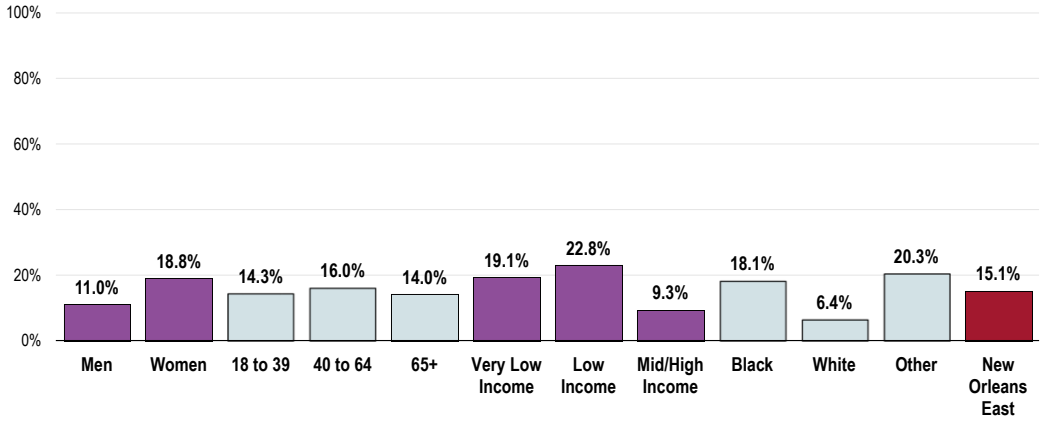
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 303]
Notes: ● Asked of all respondents.

Adults more likely to give "fair" or "poor" ratings of the safety and security they feel in their neighborhood during the day include:

- Women.
- Residents living at lower incomes.
- Blacks and Other races.

Neighborhood's Daytime Safety and Security is "Fair/Poor"

(New Orleans East, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 303]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Nighttime Safety

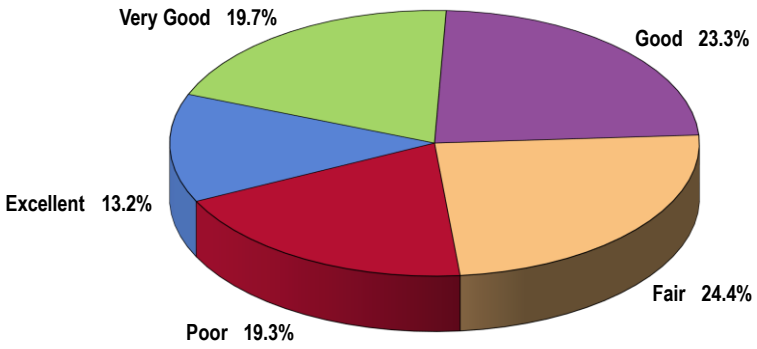
Just less than one-third of New Orleans East adults (32.9%) considers the safety and security they feel walking in their neighborhood at night to be "excellent" or "very good."

"How would you rate the safety and security you feel walking in your neighborhood at night?"

- Another 23.3% gave "good" ratings of their feelings of safety walking in the neighborhood at night.

Rating of the Neighborhood's Safety and Security at Night

(New Orleans East, 2015)

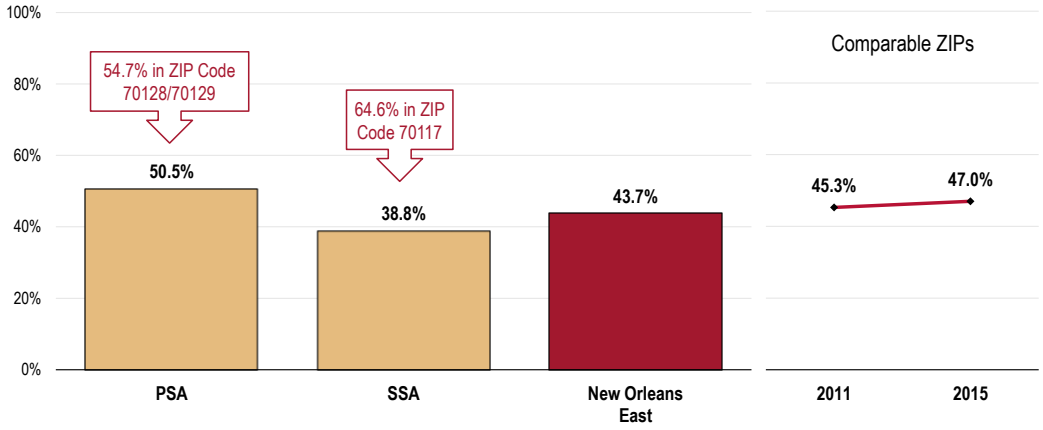


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]
Notes: ● Asked of all respondents.

However, 43.7% of New Orleans East adults believe that their neighborhood safety and security at night is "fair" or "poor."

- Unfavorably high among respondents in the PSA (especially ZIP Codes 70128/70129; but also high in SSA ZIP Code 70117).
- TREND: Statistically unchanged over time.

Neighborhood's Nighttime Safety and Security is "Fair/Poor"



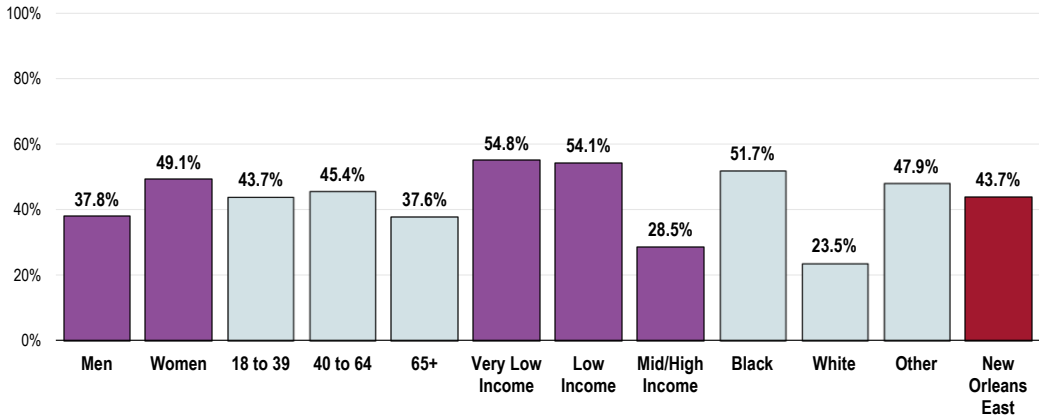
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 304]
Notes: ● Asked of all respondents.

Adults more likely to give "fair" or "poor" ratings of the safety and security they feel in their neighborhood at night include:

- Women.
- Residents living at lower incomes.
- Blacks and Other races.

Neighborhood's Nighttime Safety and Security is "Fair/Poor"

(New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Safety in the Home

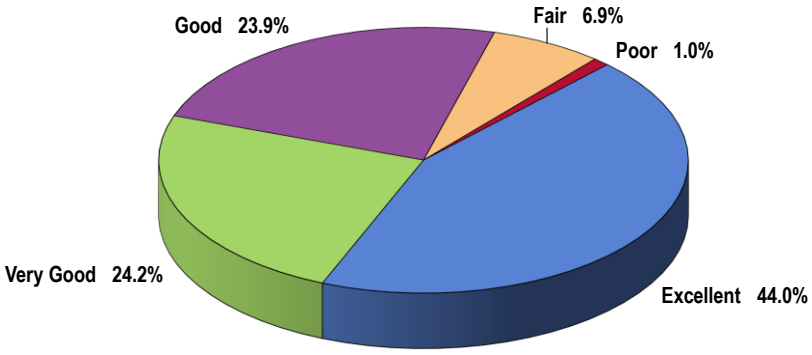
Nearly 7 in 10 New Orleans East adults (68.2%) consider the safety and security they feel in their homes at night to be "excellent" or "very good."

"How would you rate the safety and security you feel in your home at night?"

- Another 23.9% gave "good" ratings of their feelings of nighttime safety and security in the home at night.

Feelings of Safety and Security in the Home at Night

(New Orleans East, 2015)

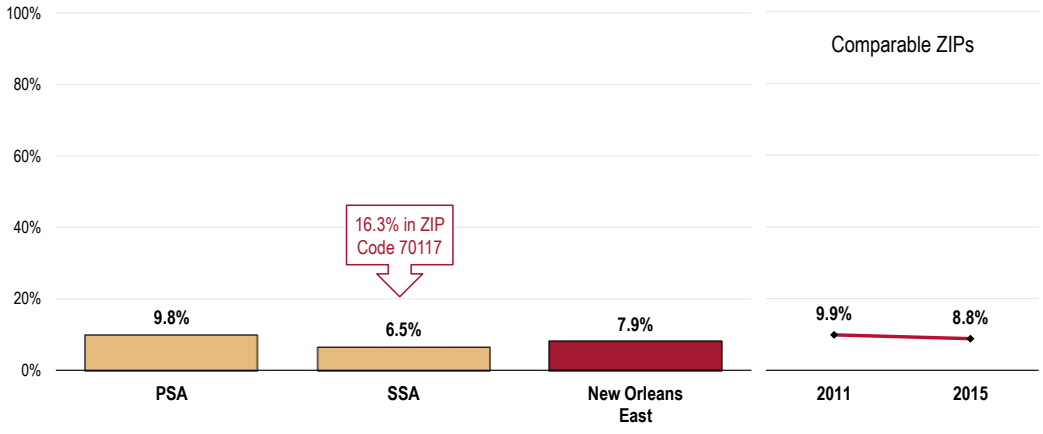


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 305]
Notes: ● Asked of all respondents.

However, 7.9% of New Orleans East adults believe that the safety and security they feel in their homes at night is "fair" or "poor."

- Similar findings by service area (although high in ZIP Code 70117).
- TREND: Statistically unchanged over time.

Safety and Security in the Home at Night is "Fair/Poor"



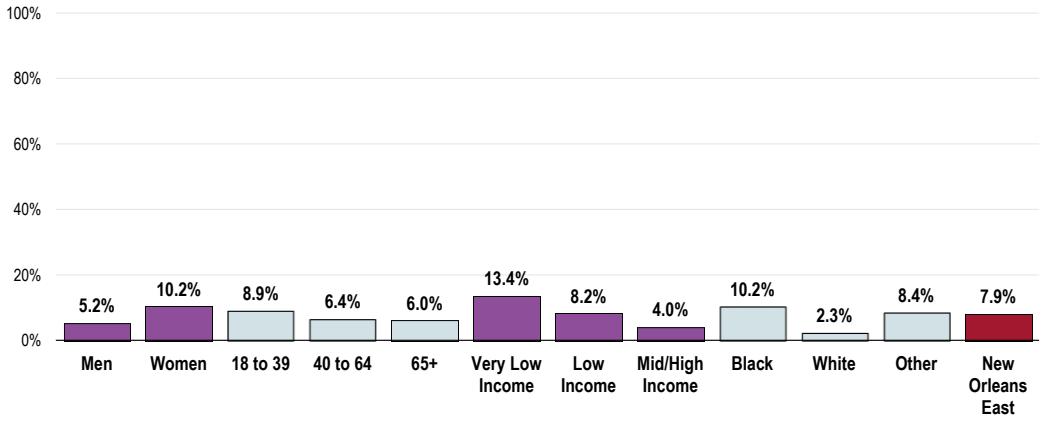
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 305]
Notes: ● Asked of all respondents.

Adults more likely to give "fair" or "poor" ratings of the safety and security they feel in their homes at night include:

- Women.
- Lower-income residents (negative correlation with income).
- Blacks and Other races.

Safety and Security in the Home at Night is "Fair/Poor"

(New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 305]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Self-Reported Family Violence

A total of 11.9% of New Orleans East adults report that they have ever been threatened with physical violence by an intimate partner.

Respondents were told:

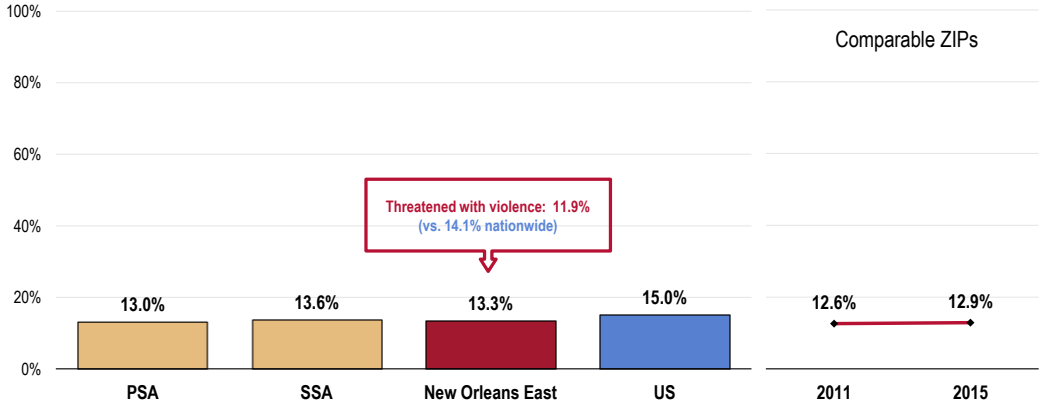
"By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

- Comparable to that reported nationally.
- Statistically similar by service area (not shown).

A total of 13.3% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Comparable to national findings.
- Comparable findings by service area.
- TREND: Statistically unchanged from the 2011 survey results.

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



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 51, 307]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

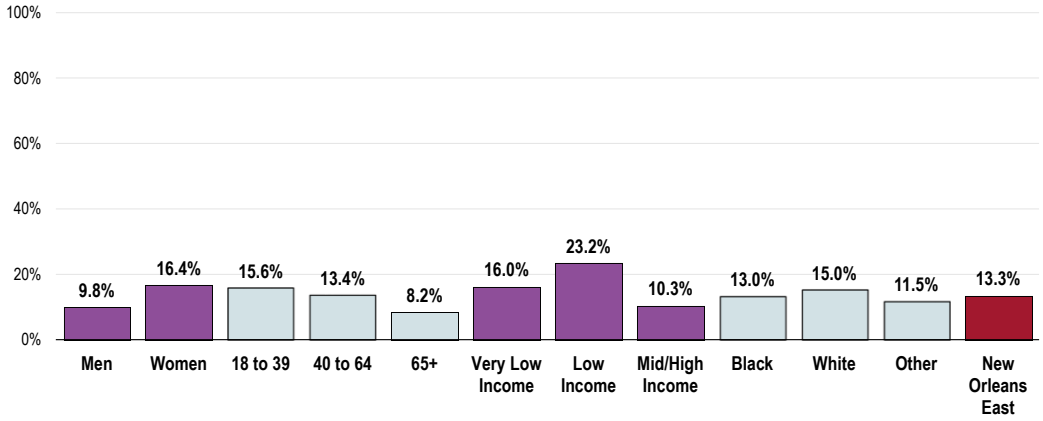
Notes:
- Asked of all respondents.

Reports of domestic violence are also notably higher among:

- Women.
- Adults under the age of 65 (negative correlation with age).
- Those with lower incomes.

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

(New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Diabetes

About 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.

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.

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

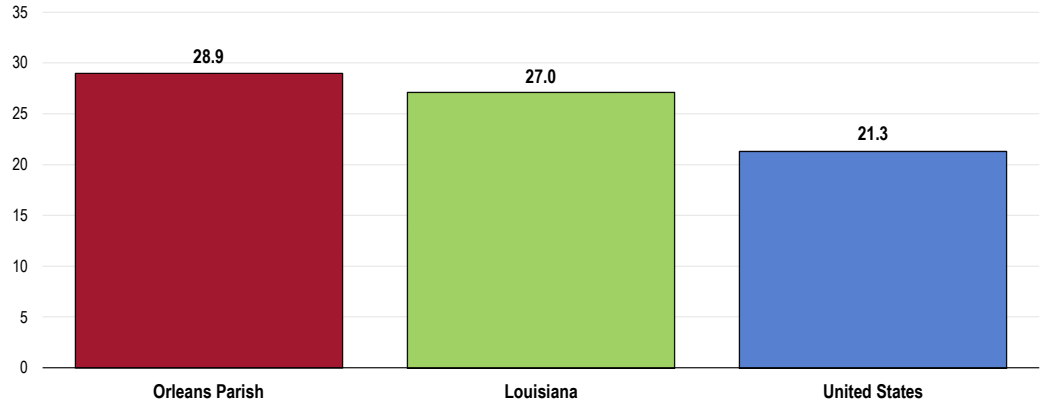
Between 2011 and 2013, there was an annual average age-adjusted diabetes mortality rate of 28.9 deaths per 100,000 population in Orleans Parish.

- Less favorable than that found statewide.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).

Diabetes: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

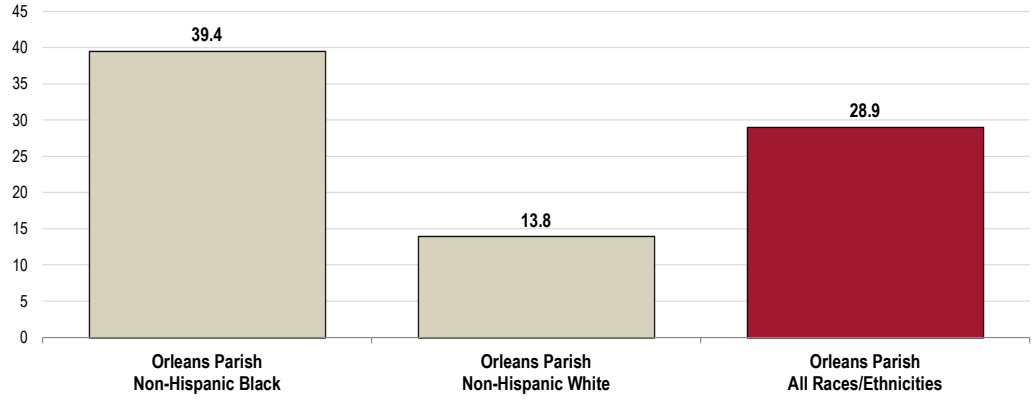
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- The diabetes mortality rate in Orleans Parish is nearly 3 times as high among Blacks than among Whites.

Diabetes: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)

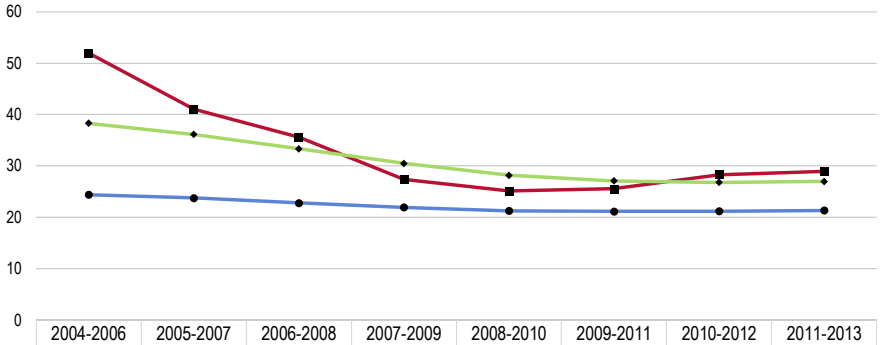


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [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 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- TREND: The Orleans Parish diabetes mortality rate decreased sharply in the mid-2000s, but has risen slightly in recent years.

Diabetes: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 20.5 or Lower (Adjusted)



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Orleans Parish	52.0	41.0	35.6	27.4	25.1	25.6	28.3	28.9
LA	38.3	36.1	33.3	30.5	28.2	27.1	26.8	27.0
US	24.4	23.8	22.8	21.9	21.3	21.1	21.2	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 April 2015.
- 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 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

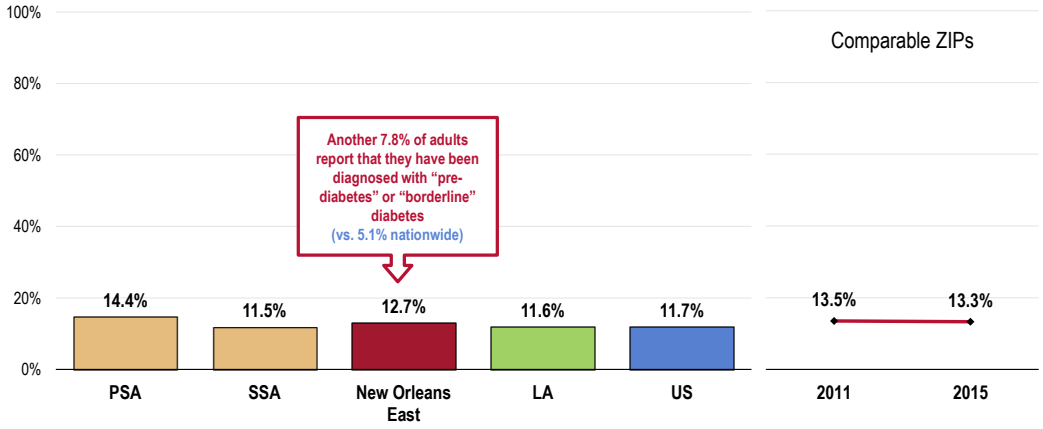
A total of 12.7% of New Orleans East adults report having been diagnosed with diabetes.

- Similar to the statewide proportion.
- Similar to the national proportion.
- Statistically similar by service area.
- TREND: Statistically unchanged since 2011.

In addition to the prevalence of diagnosed diabetes referenced above, another 7.8% of New Orleans East adults report that they have "pre-diabetes" or "borderline diabetes."

- Less favorable than the US prevalence.
- Similar findings by service area (not shown).

Prevalence of Diabetes



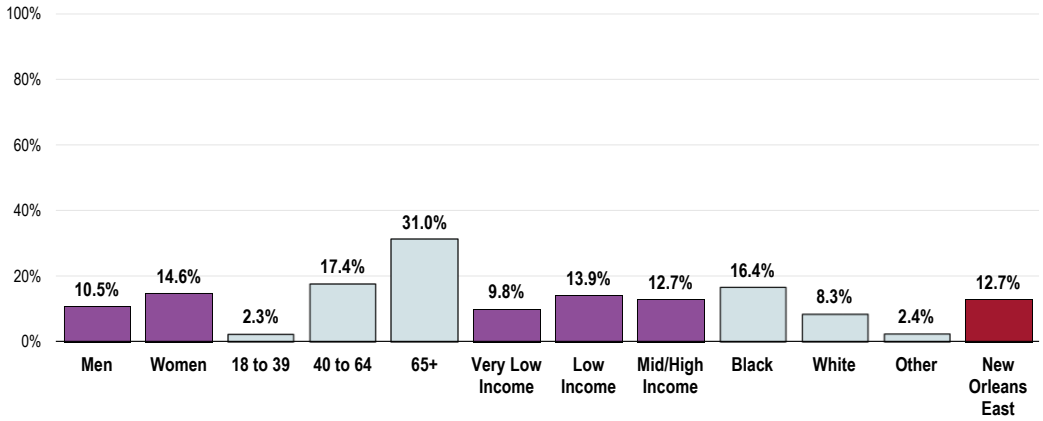
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 136]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Louisiana. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Louisiana data.

Notes:
- Asked of all respondents.
- Local and national data exclude gestation diabetes (occurring only during pregnancy).

A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among:

- Older adults (note the strong positive correlation between diabetes and age, with 31.0% of seniors with diabetes).
- Black residents.

Prevalence of Diabetes
(New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excludes gestation diabetes (occurring only during pregnancy).

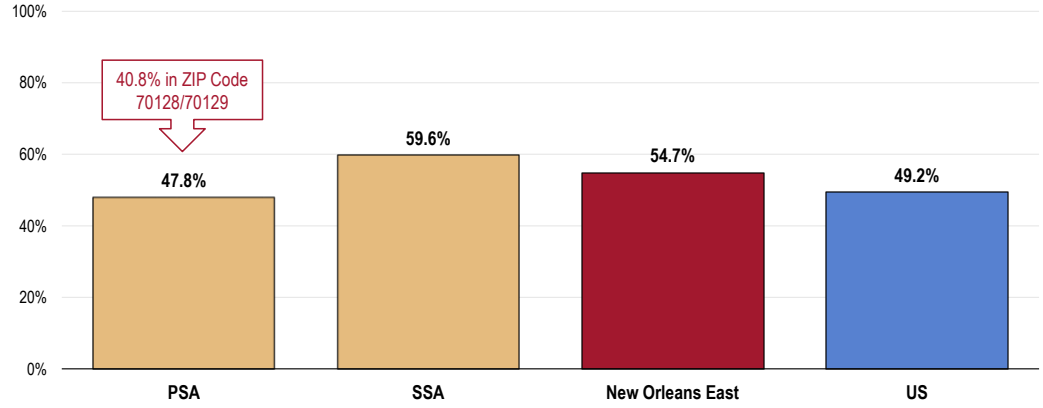
Diabetes Testing

Of New Orleans East adults who have <u>not</u> been diagnosed with diabetes, 54.7% report having had their blood sugar level tested within the past three years.

- Higher than the national proportion.
- Lower in the PSA (especially ZIP Codes 70128/70129).

Have Had Blood Sugar Tested in the Past Three Years

(Among Non-Diabetics)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents who have not been diagnosed with diabetes.

Alzheimer's Disease

About Dementia

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.

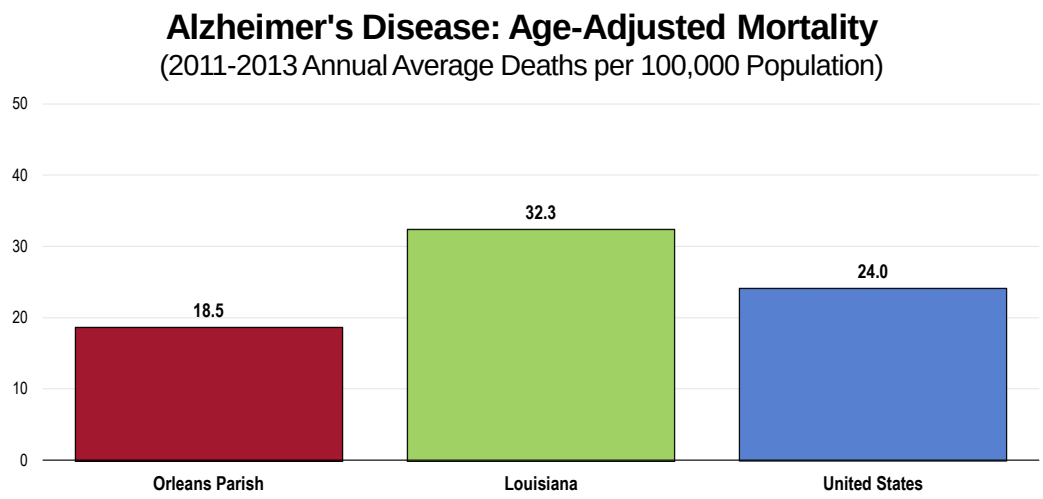
Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2011 and 2013, there was an annual average age-adjusted Alzheimer's disease mortality rate of 18.5 deaths per 100,000 population in Orleans Parish.

- More favorable than the statewide rate.
- More favorable than the national rate.



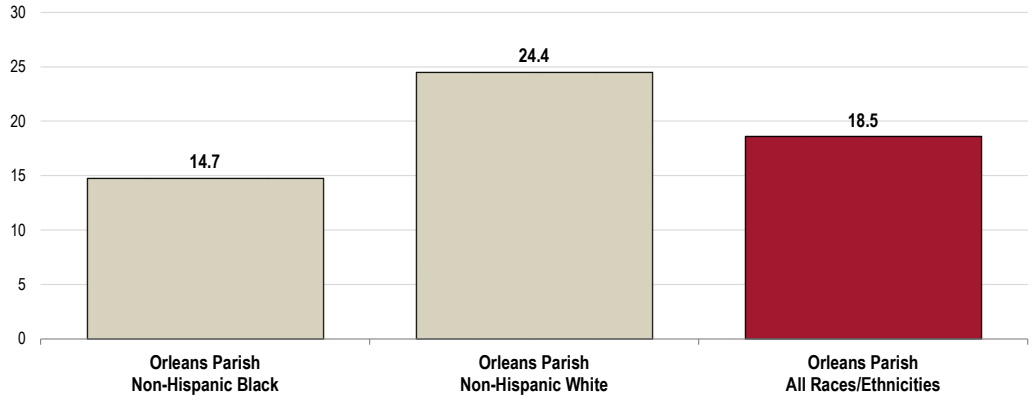
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

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.

- The Alzheimer's disease mortality rate is much higher among Whites in Orleans Parish.

Alzheimer's Disease: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)



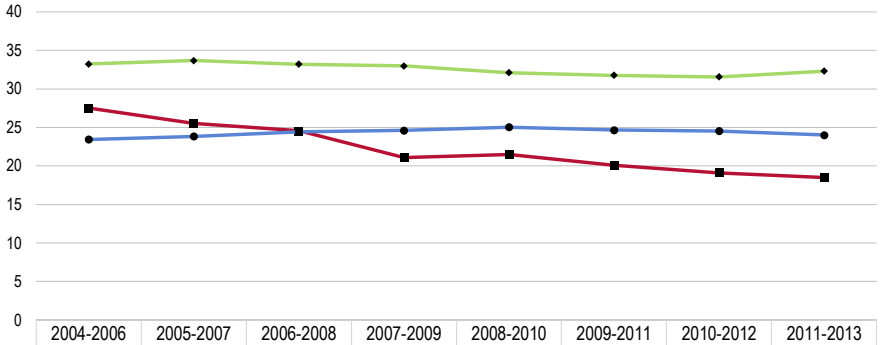
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

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.

- TREND: Alzheimer's disease mortality has decreased over time in Orleans Parish. State and US rates have been more steady, as seen in the following chart.

Alzheimer's Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Orleans Parish	27.5	25.5	24.6	21.1	21.5	20.1	19.1	18.5
LA	33.2	33.7	33.2	33.0	32.1	31.8	31.6	32.3
US	23.4	23.8	24.4	24.6	25.0	24.7	24.5	24.0

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

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.

Kidney Disease

About Chronic 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)

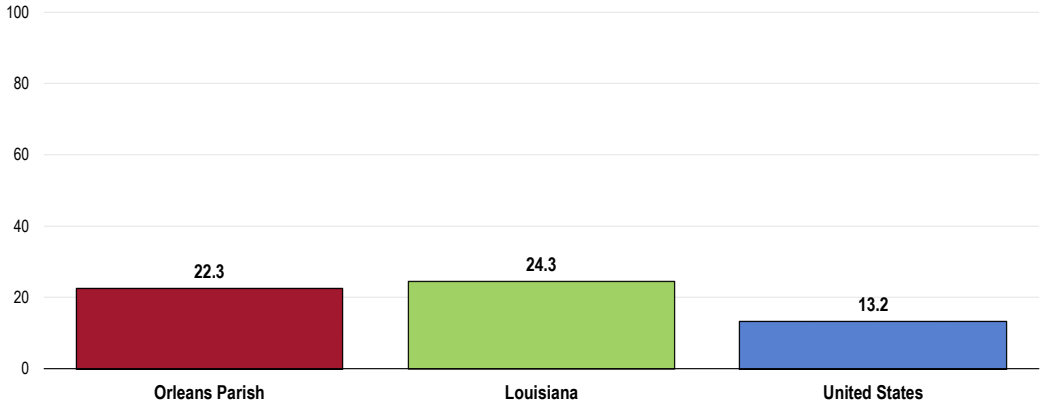
Age-Adjusted Kidney Disease Deaths

Between 2011 and 2013, there was an annual average age-adjusted kidney disease mortality rate of 22.3 deaths per 100,000 population in Orleans Parish.

- Slightly more favorable than the rate found statewide.
- Less favorable than the national rate.

Kidney Disease: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)



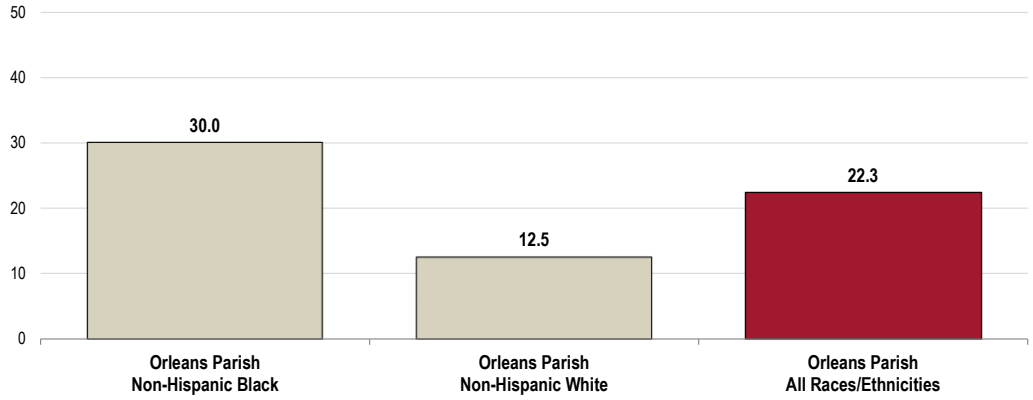
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

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.

- The kidney disease mortality rate in Orleans Parish is more than twice as high among Blacks as Whites.

Kidney Disease: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)



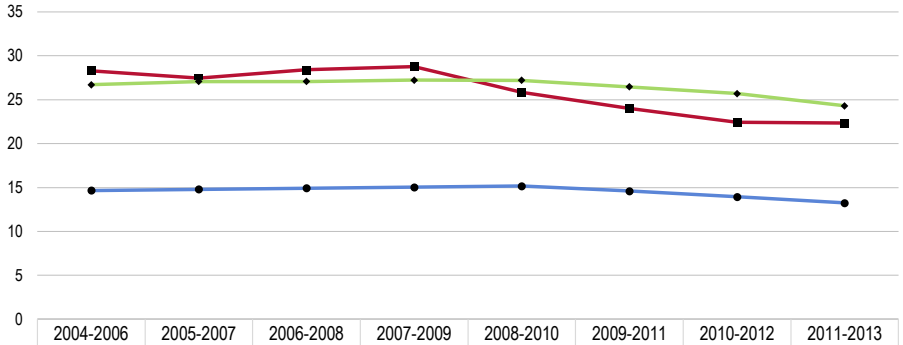
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

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.

- TREND: The death rate has decreased in recent years in Orleans Parish, in keeping with state and national trends.

Kidney Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Orleans Parish	28.3	27.5	28.4	28.8	25.8	24.0	22.4	22.3
LA	26.7	27.1	27.1	27.2	27.2	26.5	25.7	24.3
US	14.7	14.8	14.9	15.0	15.2	14.6	13.9	13.2

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

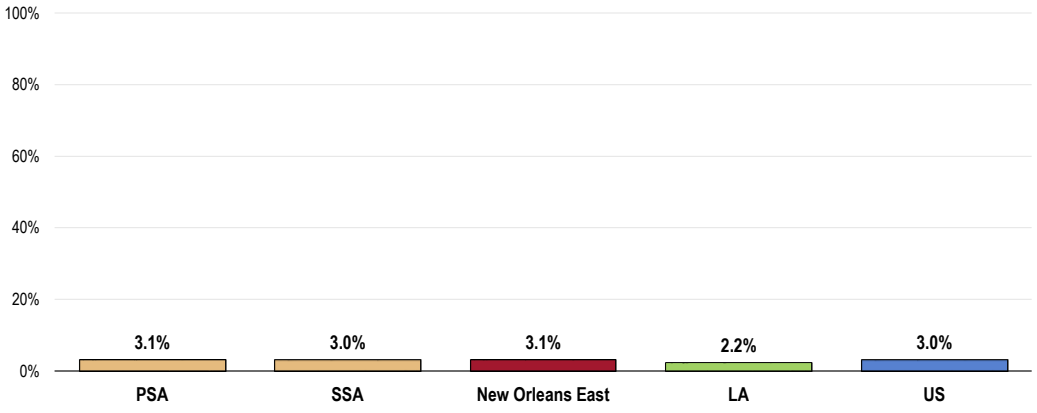
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Kidney Disease

A total of 3.1% of surveyed New Orleans East adults report having been diagnosed with kidney disease.

- Similar to the national proportion.
- Similar to the state proportion.
- Statistically similar by service area.

Prevalence of Kidney Disease

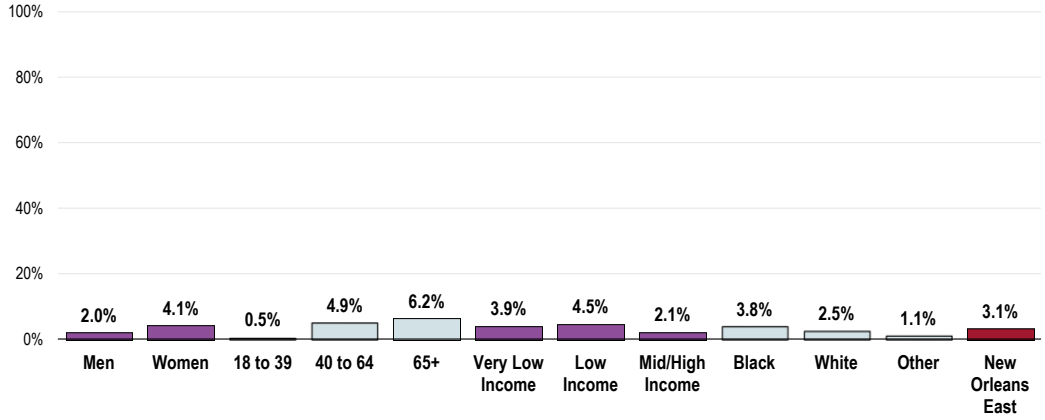


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Louisiana. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Louisiana data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Note the positive correlation between age and kidney disease in New Orleans East.

Prevalence of Kidney Disease
(New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes up to 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Potentially Disabling Conditions

About Arthritis, Osteoporosis & Chronic Back 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 Back Conditions

Prevalence of Arthritis/Rheumatism

RELATED ISSUE:

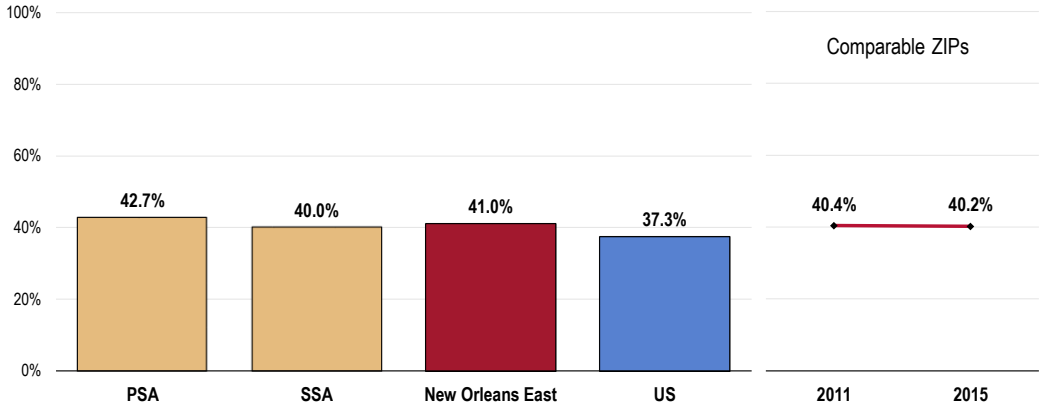
See also *Activity Limitations* in the **General Health Status** section of this report.

Just over 4 in 10 New Orleans East adults age 50 and older (41.0%) reports suffering from arthritis or rheumatism.

- Comparable to that found nationwide.
- Comparable findings by service area.
- TREND: The prevalence of arthritis/rheumatism is unchanged over time.

Prevalence of Arthritis/Rheumatism

(Among Adults Age 50 and Older)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 139]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents age 50 and older.

Prevalence of Osteoporosis

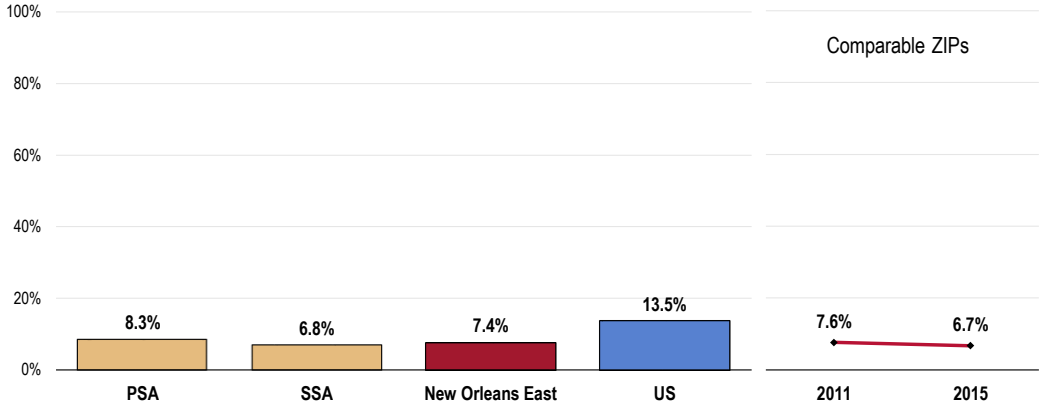
A total of 7.4% of survey respondents age 50 and older have osteoporosis.

- Well below that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.
- Similar findings by service area.
- TREND: Statistically unchanged over time.

Prevalence of Osteoporosis

(Among Adults Age 50 and Older)

Healthy People 2020 Target = 5.3% or Lower



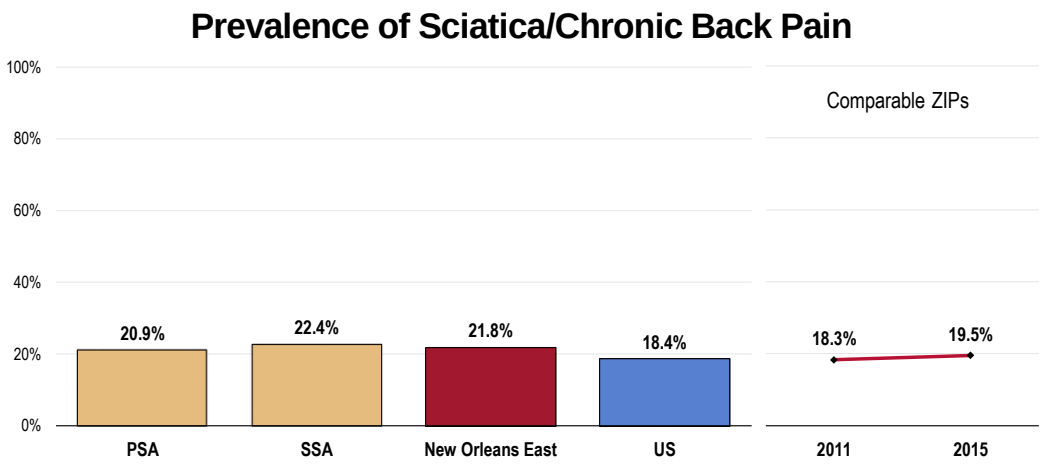
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 140]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]

Notes:
- Reflects respondents age 50 and older.

Prevalence of Sciatica/Chronic Back Pain

A total of 21.8% of survey respondents suffer from chronic back pain or sciatica.

- Worse than the proportion found nationwide.
- Comparable findings by service area.
- TREND: Comparable to the 2011 survey findings.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 29]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Vision & Hearing Impairment

About Vision

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)

Vision Trouble

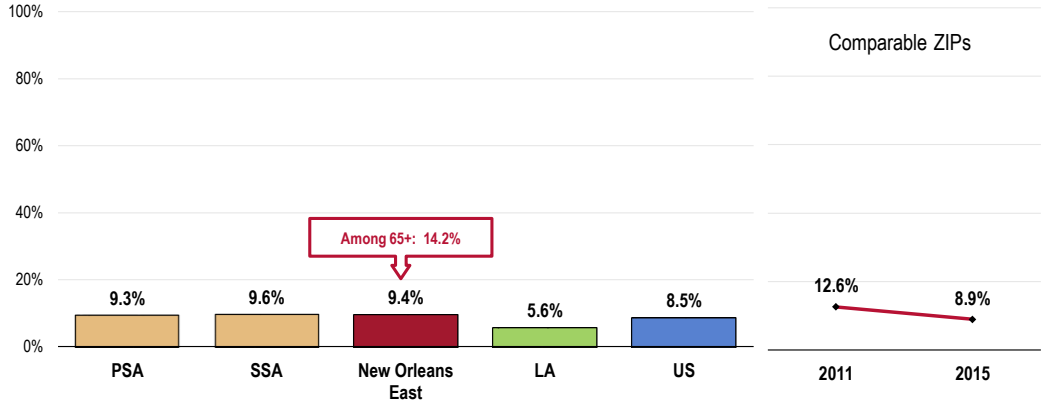
A total of 9.4% of New Orleans East adults are blind or have trouble seeing even when wearing corrective lenses.

RELATED ISSUE:

See also *Vision Care* in the **Access to Health Services** section of this report.

- Less favorable than the state prevalence.
- Comparable to that found nationwide.
- Comparable findings by service area.
- TREND: Denotes a statistically significant decrease over time.
- Among New Orleans East adults age 65 and older, 14.2% have vision trouble.

Prevalence of Blindness/Trouble Seeing



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 26]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Louisiana. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Louisiana data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Hearing Trouble

About Hearing & Other Sensory or Communication Disorders

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.

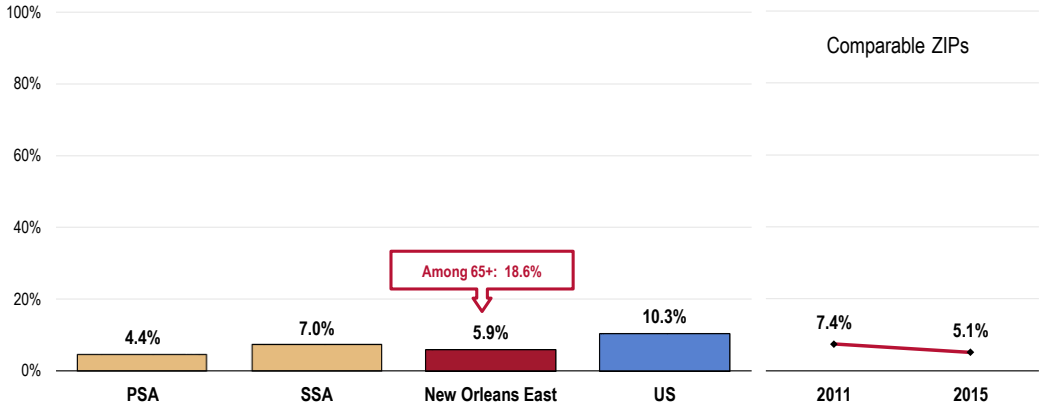
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 (www.healthypeople.gov)

In all, 5.9% of New Orleans East adults report being deaf or having difficulty hearing.

- Well below that found nationwide.
- Similar findings by service area.
- TREND: Denotes a statistically significant improvement over time.
- Among New Orleans East adults age 65 and older, 18.6% have partial or complete hearing loss.

Prevalence of Deafness/Trouble Hearing



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 27]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Infectious Disease

Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

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

FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

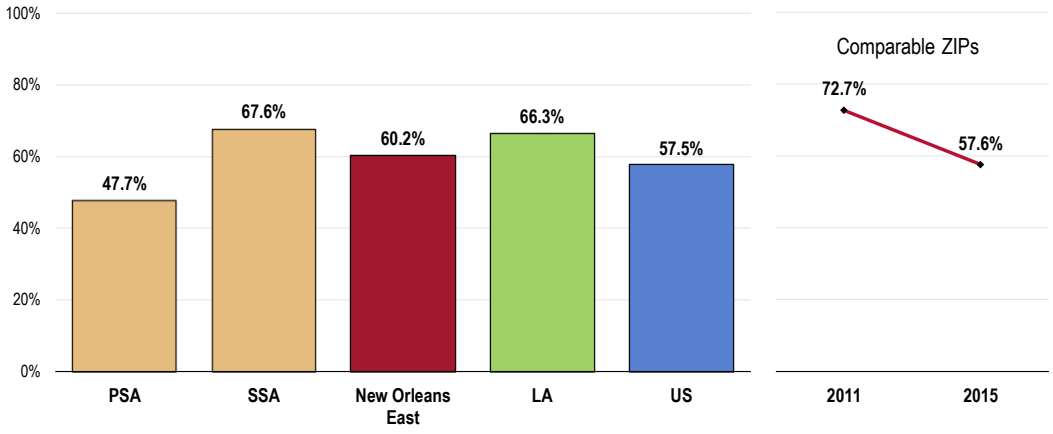
Among New Orleans East seniors, 60.2% received a flu shot (or FluMist®) within the past year.

- Statistically comparable to the Louisiana finding.
- Comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- Unfavorably low among seniors in the PSA.
- TREND: Denotes a statistically significant decrease in vaccinations over time.

Older Adults: Have Had a Flu Vaccination in the Past Year

(Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 141]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Louisiana. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Louisiana data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]

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.

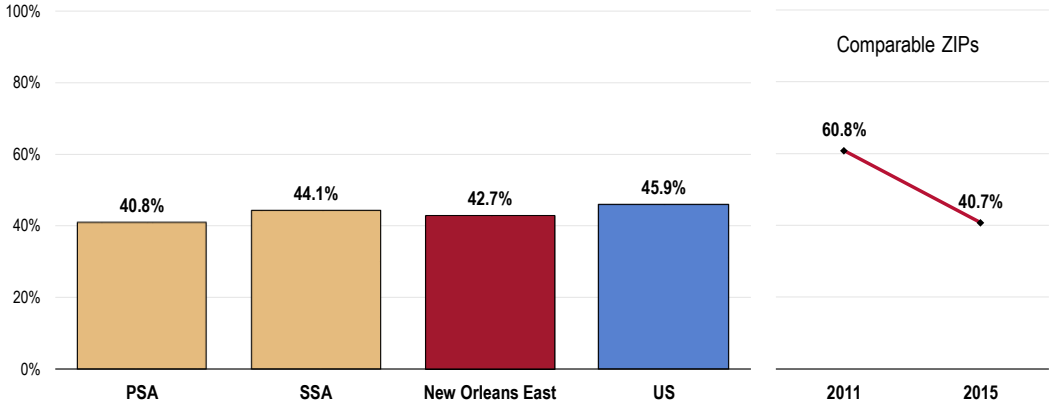
A total of 42.7% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- Statistically comparable by service area.
- TREND: Marks a statistically significant decrease since 2011.

High-Risk Adults: Have Had a Flu Vaccination in the Past Year

(Among High-Risk Adults Age 18-64)

Healthy People 2020 Target = 70.0% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 142]
- 2013 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-12.12]

Notes:
- Reflects high-risk respondents age 18-64.
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
- Includes FluMist as a form of vaccination.

Pneumonia Vaccination

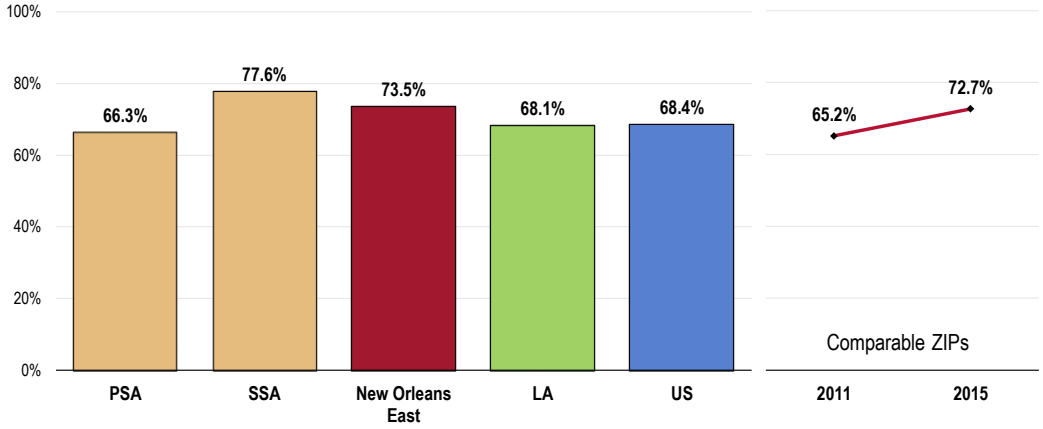
Among adults age 65 and older, 73.5% have received a pneumonia vaccination at some point in their lives.

- Similar to the Louisiana finding.
- Similar to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- Statistically similar by service area.
- TREND: Statistically unchanged since 2011.

Older Adults: Have Ever Had a Pneumonia Vaccine

(Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 143]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Louisiana. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 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.

High-Risk Adults

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

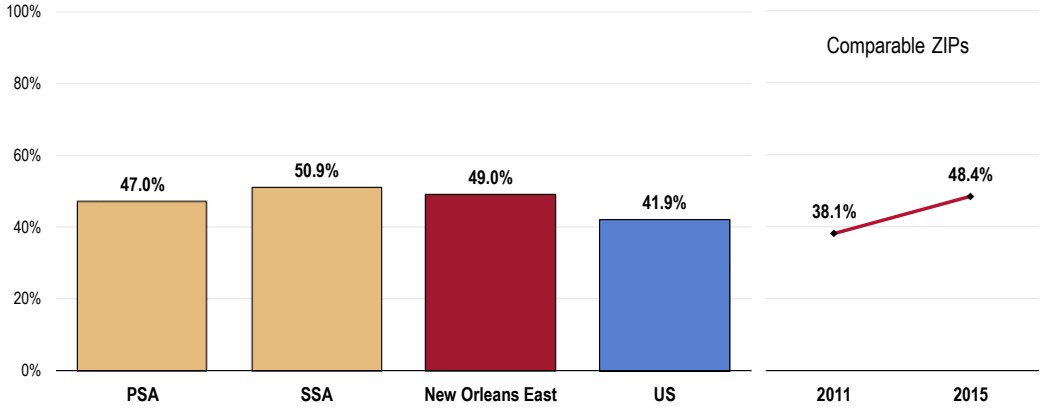
A total of 49.0% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (60% or higher).
- Statistically comparable by service area.
- TREND: Marks a statistically significant increase over time.

High-Risk Adults: Have Ever Had a Pneumonia Vaccine

(Among High-Risk Adults Age 18-64)

Healthy People 2020 Target = 60.0% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 144]
- 2013 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.

HIV

About 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

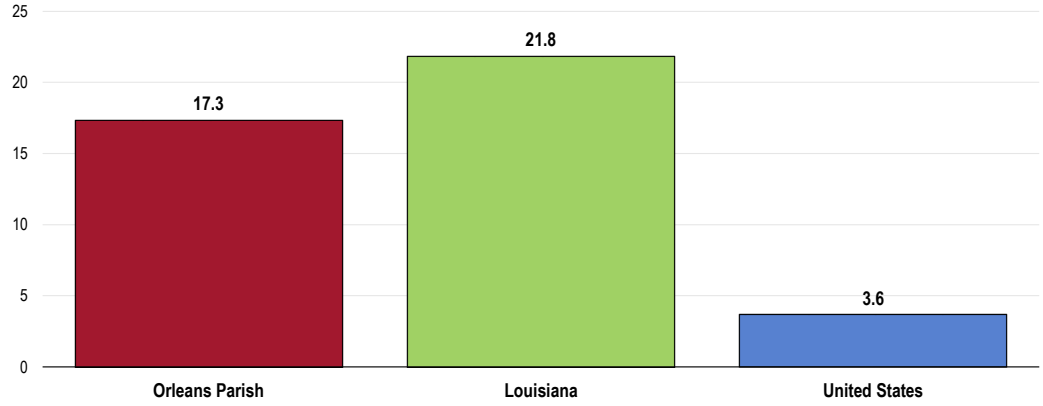
Between 2004 and 2013, there was an annual average age-adjusted HIV/AIDS mortality rate of 17.3 deaths per 100,000 population in Orleans Parish.

- Lower than found statewide.
- Much higher than the rate reported nationally.
- Fails to satisfy the Healthy People 2020 target (3.3 or lower).

HIV/AIDS: Age-Adjusted Mortality

(2004-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 3.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-12]

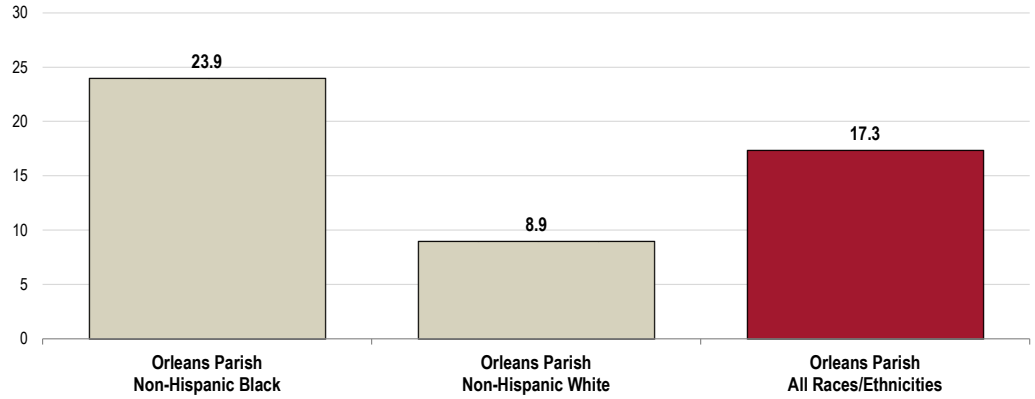
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The HIV mortality rate among Blacks in Orleans Parish is more than twice as high as the rate among Whites.

HIV/AIDS: Age-Adjusted Mortality by Race

(2004-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 3.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- 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 US Standard Population.

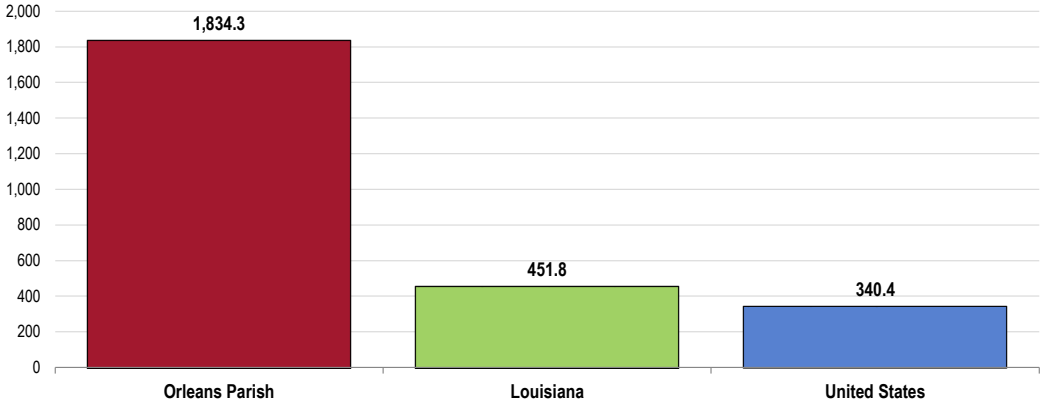
HIV Prevalence

In 2010, there was a prevalence rate of 1,834.3 HIV cases per 100,000 population in Orleans Parish.

- Several times higher than the statewide prevalence.
- Several times higher than the national prevalence.

HIV Prevalence

(Prevalence Rate of HIV per 100,000 Population, 2010)



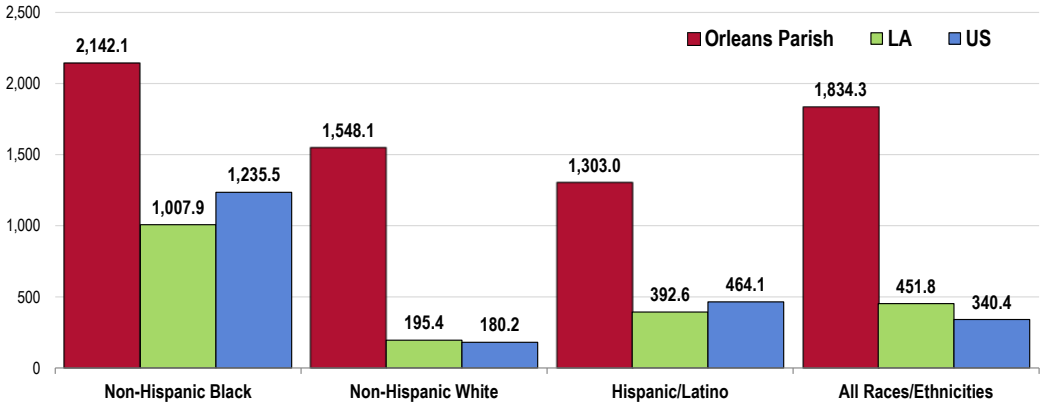
Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010.
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

- HIV/AIDS prevalence in Orleans Parish is higher than statewide and national prevalence for each race breakout shown.

HIV Prevalence Rate by Race/Ethnicity

(Prevalence Rate of HIV per 100,000 Population, 2010)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010.
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

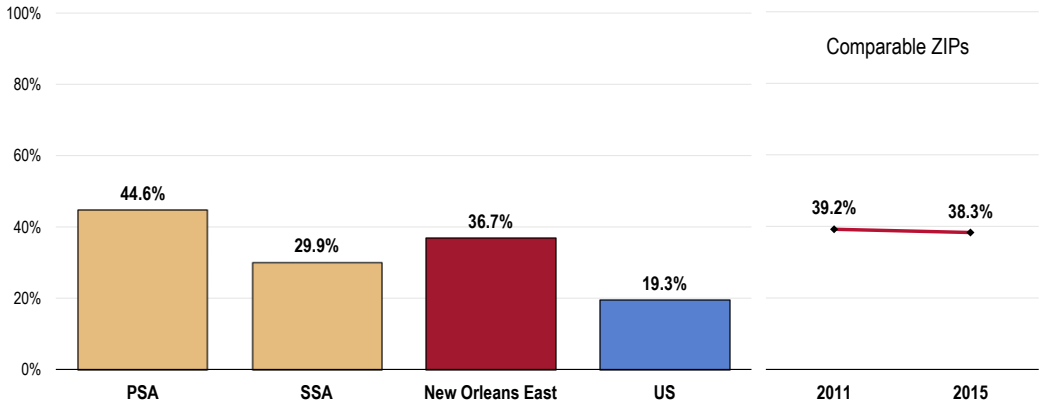
HIV Testing

Among New Orleans East adults age 18-44, 36.7% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Much higher than the proportion found nationwide.
- Lower in the SSA.
- TREND: Testing has remained stable since 2011.

Tested for HIV in the Past Year

(Among Adults Age 18-44)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 145]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

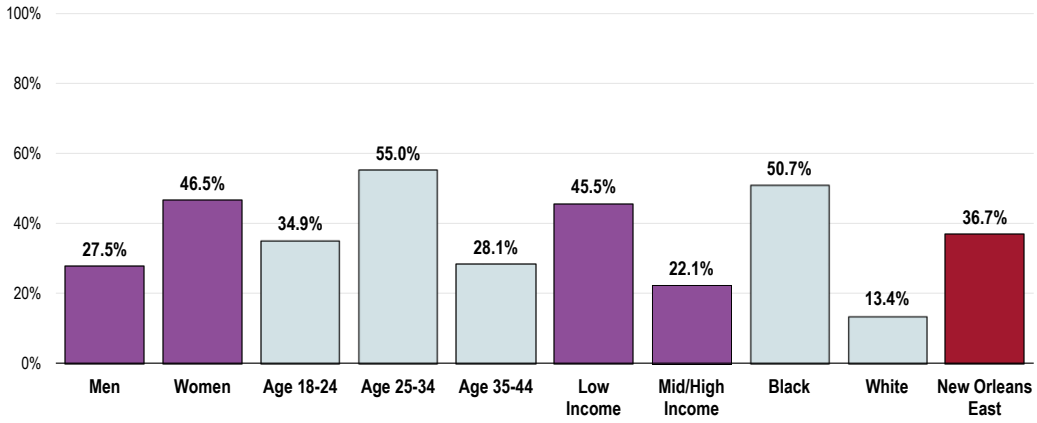
Notes:
- Reflects respondents age 18 to 44.

By demographic characteristics, these adults (age 18-44) are less likely to have been tested for HIV in the past year:

- Men.
- Adults age 18 to 24 and those age 35 to 44.
- Upper-income residents.
- Whites.

Tested for HIV in the Past Year

(Among Adults Age 18-44)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 145]

Notes:
- Reflects respondents age 18 to 44.
- Hispanics can be of any race. Other 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. "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.

Sexually Transmitted Diseases

About 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.

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. 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 these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2012, the chlamydia incidence rate in Orleans Parish was 1,189.8 cases per 100,000 population.

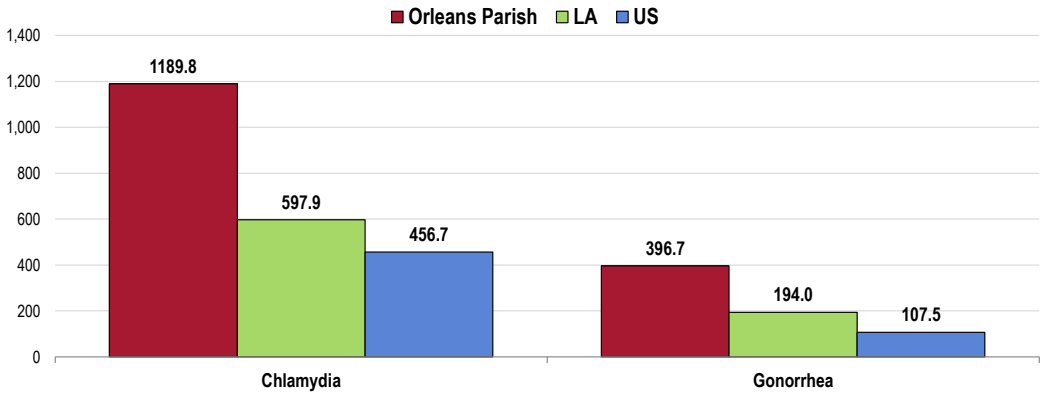
- Notably higher than the Louisiana incidence rate.
- Notably higher than the national incidence rate.

The gonorrhea incidence rate in Orleans Parish was 396.7 cases per 100,000 population in 2012.

- Notably higher than the Louisiana incidence rate.
- Notably higher than the national incidence rate.

Chlamydia & Gonorrhea Incidence

(Incidence Rate per 100,000 Population, 2012)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2012.
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

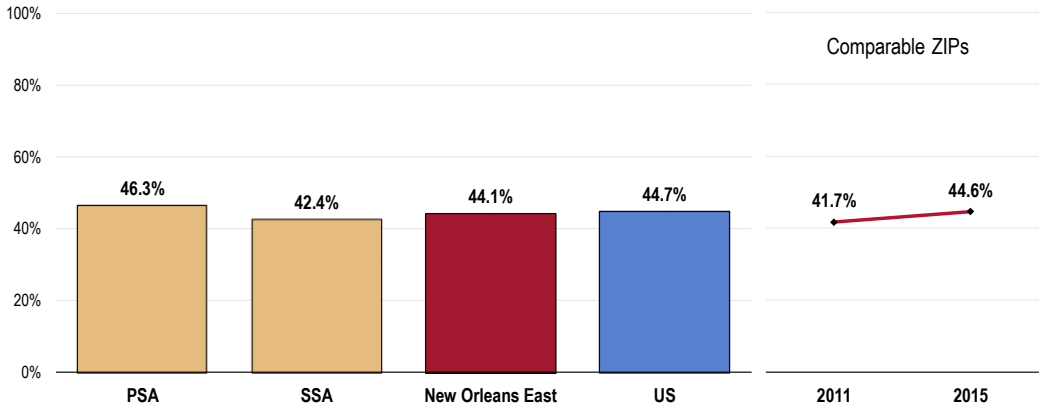
Hepatitis B Vaccination

Based on survey data, 44.1% of New Orleans East adults report having received the hepatitis B vaccination series.

- Similar to what is reported nationwide.
- Similar findings by service area.
- TREND: Statistically unchanged over time.

Respondents were told that, to be vaccinated against hepatitis B, a series of three shots must be administered, usually at least one month between shots. They were then asked if they had completed this vaccination series.

Have Completed the Hepatitis B Vaccination Series



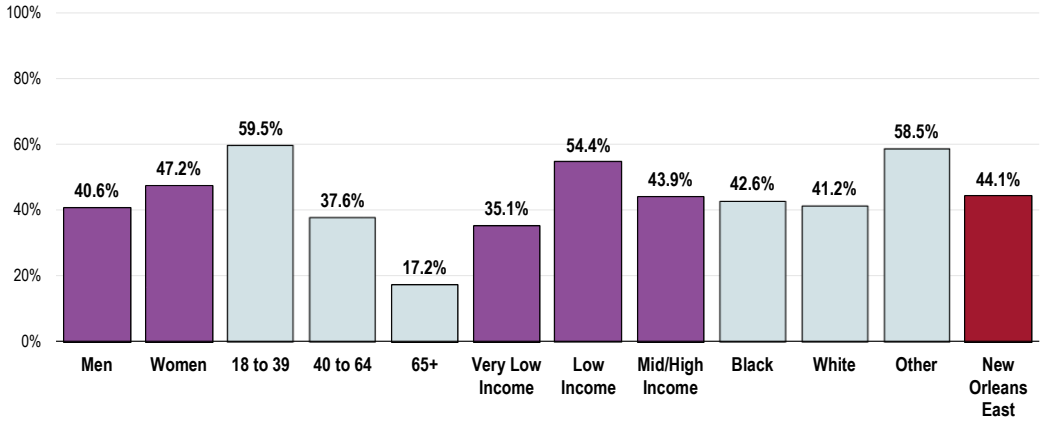
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 70]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes a series of three shots, usually administered at least one month between shots.

- 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.
- By race, Blacks and Whites are less likely than Other races to have been vaccinated.

Have Completed the Hepatitis B Vaccination Series

(New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]

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. "Very Low Income" includes households with incomes up to 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

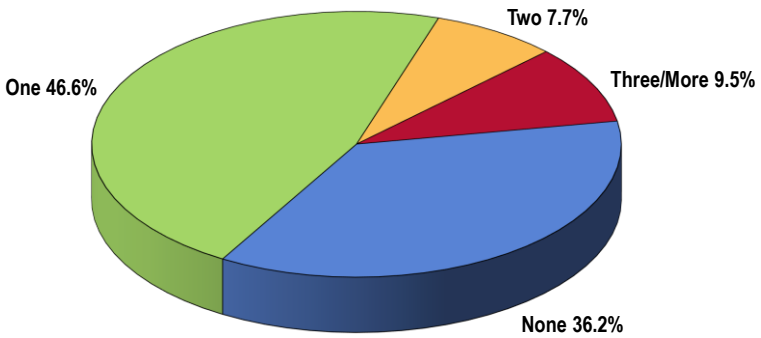
Safe Sexual Practices

Sexual Partners

Among unmarried New Orleans East adults under 65, the vast majority cites having one (46.6%) or no (36.2%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months

(Among Unmarried Adults Age 18-64; New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]

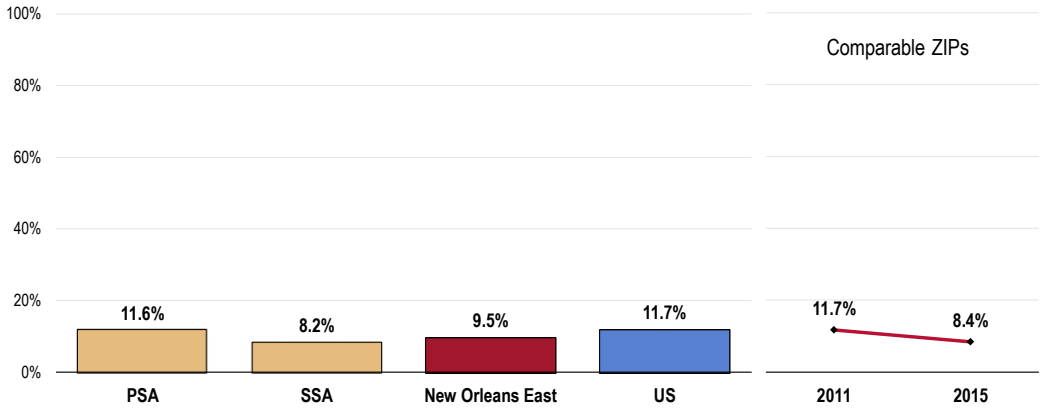
Notes:
- Asked of all unmarried respondents under the age of 65.

However, 9.5% report three or more sexual partners in the past year.

- Comparable to that reported nationally.
- Comparable findings by service area.
- TREND: Statistically unchanged since 2011.

Had Three or More Sexual Partners in the Past Year

(Among Unmarried Adults Age 18-64)



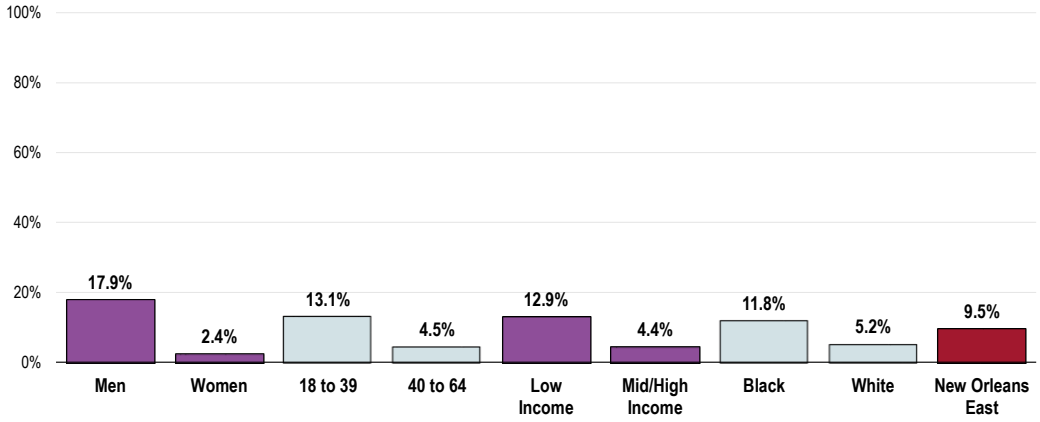
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 86]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all unmarried respondents under the age of 65.

Unmarried respondents (age 18 to 64) more likely to report three or more sexual partners in the past year include:

- Men.
- Residents age 18 to 39.
- Lower-income residents.
- Blacks.

Had Three or More Sexual Partners in the Past Year

(Among Unmarried Adults Age 18-64; New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]

Notes:
- Asked of all unmarried respondents under the age of 65.
- 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.

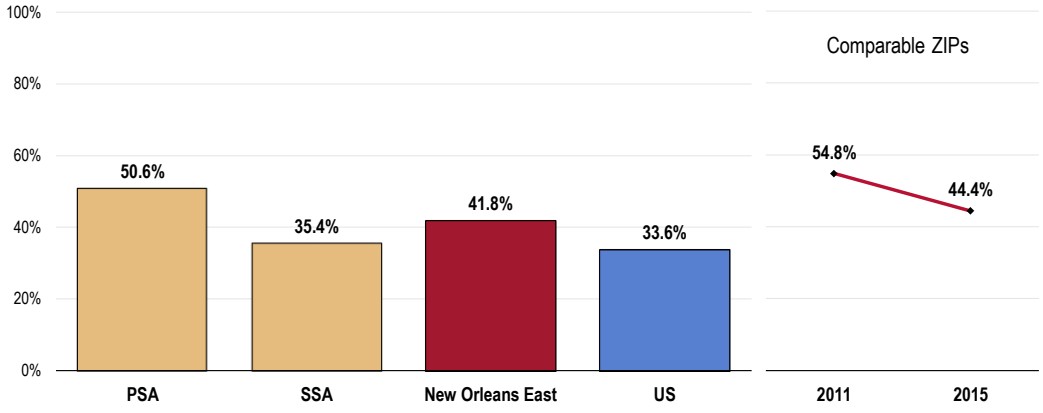
Condom Use

Among New Orleans East adults who are under age 65 and unmarried, 41.8% report that a condom was used during their last sexual intercourse.

- More favorable than national findings.
- Higher in the Primary Service Area.
- TREND: Marks a statistically significant decrease since 2011.

Condom Was Used During Last Sexual Intercourse

(Among Unmarried Adults Age 18-64)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 87]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

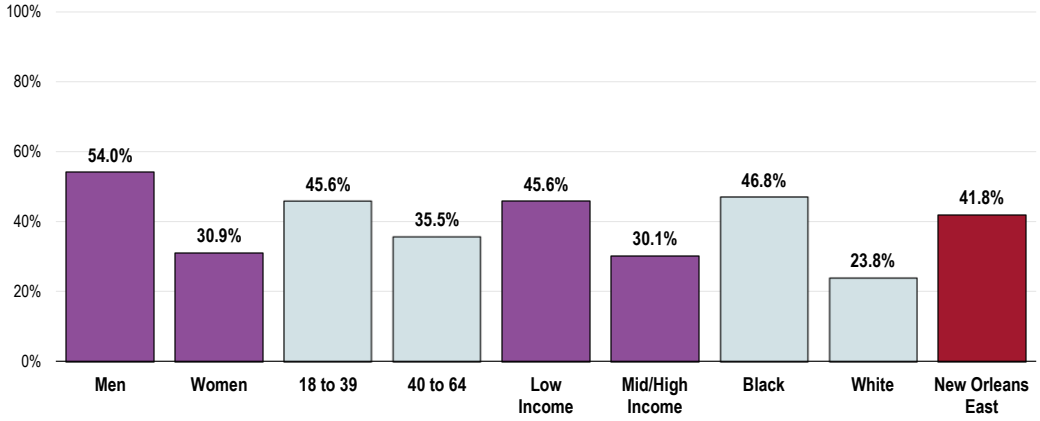
Notes:
- Asked of all unmarried respondents under the age of 65.

Those less likely to report that a condom was used during their last sexual intercourse include:

- Women.
- Residents age 40 through 64.
- Respondents with higher incomes.
- Whites.

Condom Was Used During Last Sexual Intercourse

(Among Unmarried Adults Age 18-64; New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]

Notes:
- Asked of all unmarried respondents under the age of 65.
- Hispanics can be of any race. Other 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. "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.

Births

Prenatal Care

About Infant & Child Health

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.

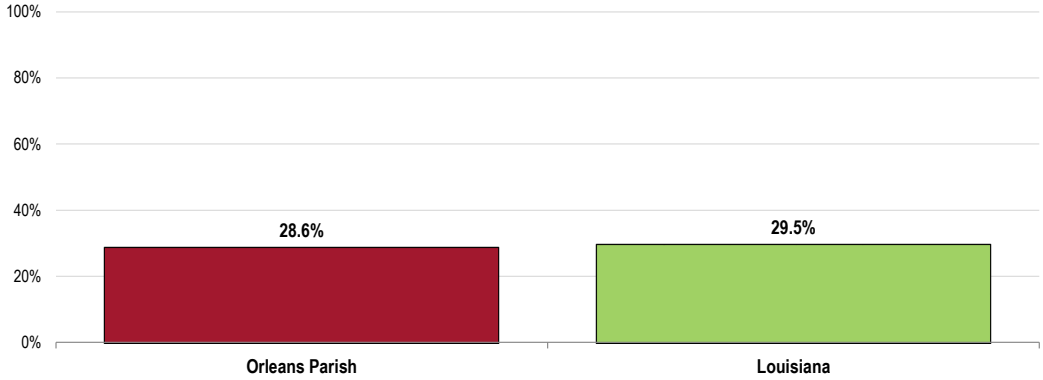
Between 2001 and 2013, 28.6% of all Orleans Parish births did <u>not</u> receive prenatal care in the first trimester of pregnancy.

- Comparable to the Louisiana proportion.
- Fails to satisfy the Healthy People 2020 target (22.1% or lower).

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2001-2013)

Healthy People 2020 Target = 22.1% or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2001-13. Accessed using CDC WONDER.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Birth Outcomes & Risks

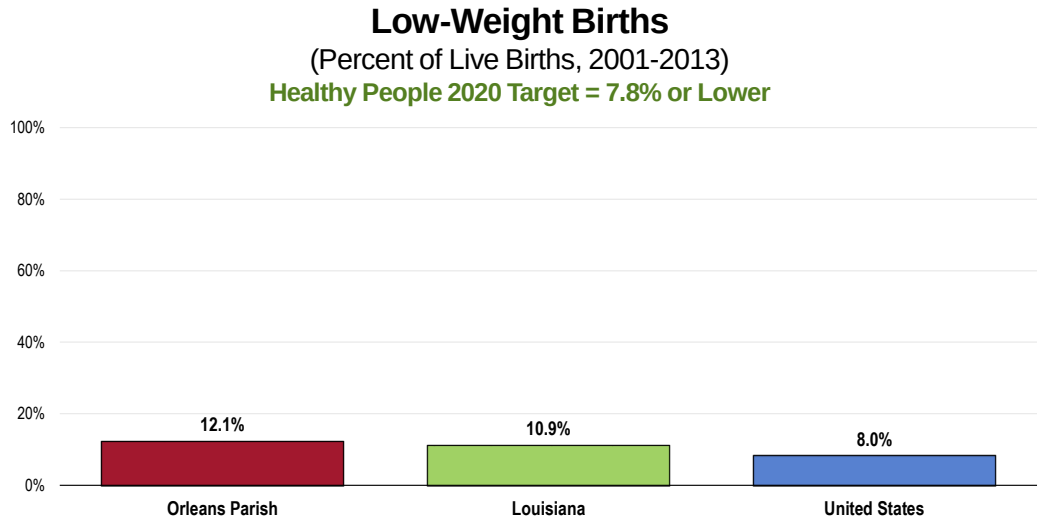
Low-Weight Births

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.

A total of 12.1% of 2001-2013 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).



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2001-13. Accessed using CDC WONDER.
- Retrieved April 2015 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Mortality

Between 2011 and 2013, there was an annual average of 7.9 infant deaths per 1,000 live births.

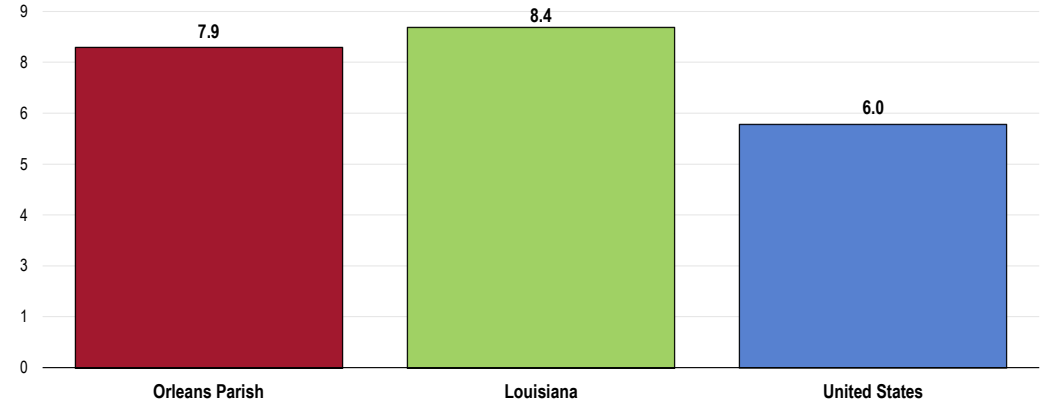
Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

- More favorable than 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

(Annual Average Infant Deaths per 1,000 Live Births, 2011-2013)

Healthy People 2020 Target = 6.0 or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
- Retrieved April 2015 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

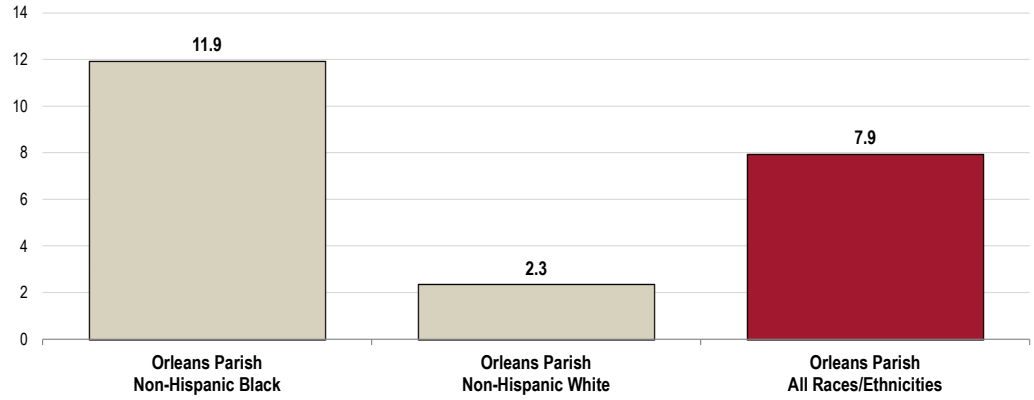
Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- The infant mortality rate is over 5 times as high among births to Black mothers than White mothers in Orleans Parish.

Infant Mortality by Race/Ethnicity

(Annual Average Infant Deaths per 1,000 Live Births, 2011-2013)

Healthy People 2020 Target = 6.0 or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
- Retrieved April 2015 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

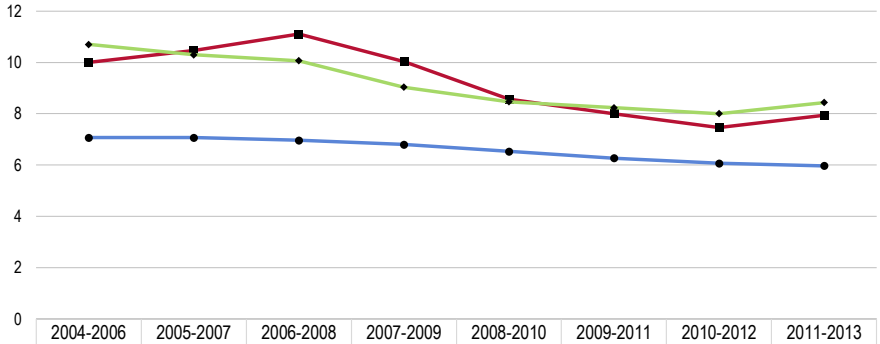
Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- TREND: The infant mortality rate has decreased over time in Orleans Parish, echoing the state trend; the US rate has decreased as well, showing a steadier trend.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2020 Target = 6.0 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Orleans Parish	10.0	10.5	11.1	10.0	8.6	8.0	7.5	7.9
LA	10.7	10.3	10.1	9.0	8.5	8.2	8.0	8.4
US	7.1	7.1	7.0	6.8	6.5	6.3	6.1	6.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- 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

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

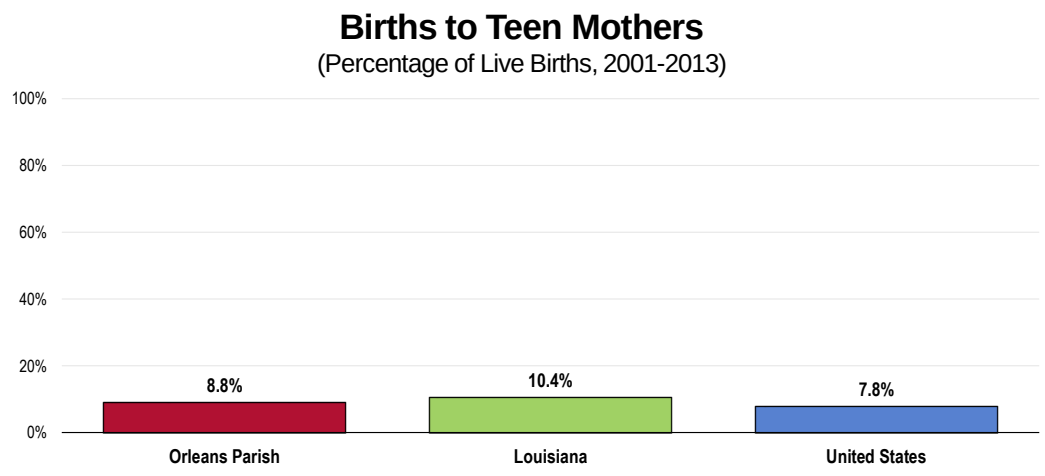
- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

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)

Between 2001 and 2013, 8.8% of live births in Orleans Parish were to females age 15-19.

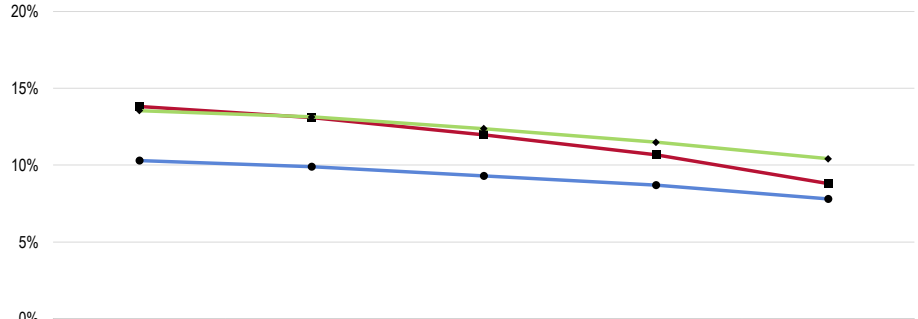
- More favorable than the Louisiana proportion.
- Less favorable than the national proportion.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
Note: • Numbers are a percentage of all live births within each population.

- TREND: The percentage of teen births has declined over time in Orleans Parish, echoing the state and national trends.

Births to Teen Mothers
(Percentage of Live Births)



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Orleans Parish	13.8	13.1	12.0	10.7	8.8
LA	13.6	13.1	12.4	11.5	10.4
US	10.3	9.9	9.3	8.7	7.8

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
Note: • Numbers are a percentage of all live births within each population.

Modifiable Health Risks

Professional Research Consultants, Inc.

Actual Causes Of Death

About Contributors to Mortality

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.

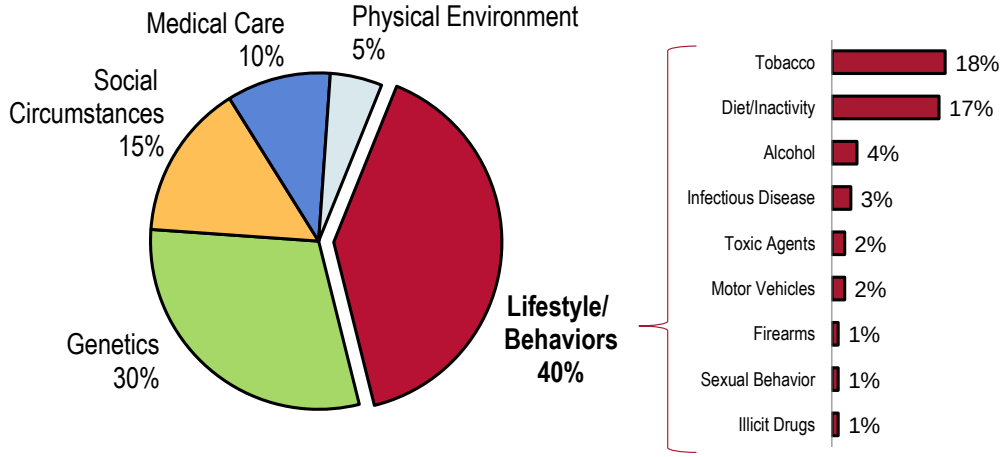
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual 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.

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.

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.

Factors Contributing to Premature Deaths in the United States



Sources: ● "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs. Vol. 32. No. 2. March/April 2002.
"Actual Causes of Death in the United States": (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH.) JAMA. 291 (2000) 1238-1245.

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 United States: 1987. DHHS Pub. No. (PHS) 88–1232.

Nutrition

About Healthful Diet & Healthy Weight

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)

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

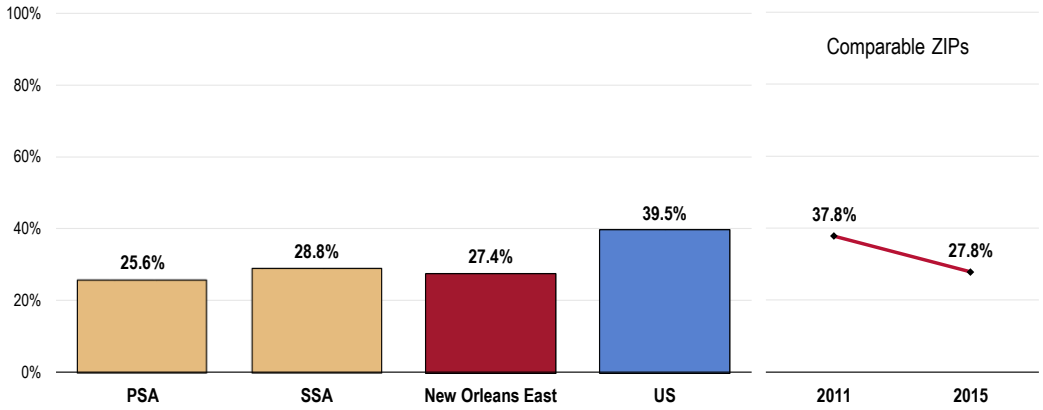
Daily Recommendation of Fruits/Vegetables

A total of 27.4% of surveyed New Orleans East adults report eating 5+ servings of fruits and/or vegetables per day.

- Lower than national findings.

- Comparable findings by service area.
- TREND: Note the statistically significant decrease in consumption since 2011.

Consume Five or More Servings of Fruits/Vegetables Per Day



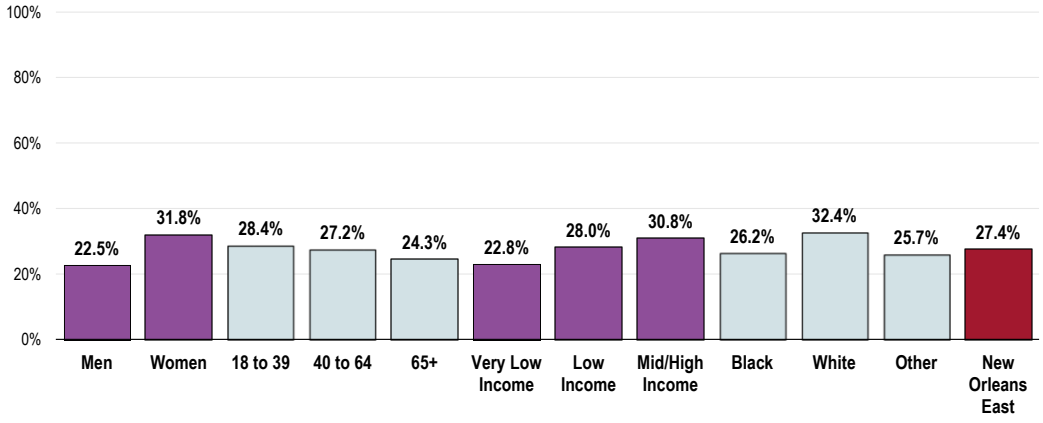
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 146]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

- Area men are less likely to get the recommended servings of daily fruits/vegetables, as are low-income residents (note the positive correlation with income).

Consume Five or More Servings of Fruits/Vegetables Per Day

(New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]

Notes:
- Asked of all respondents; respondents were asked to recall their food intake on the previous day.
- Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes up to 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Access to Fresh Produce

Difficulty Accessing Fresh Produce

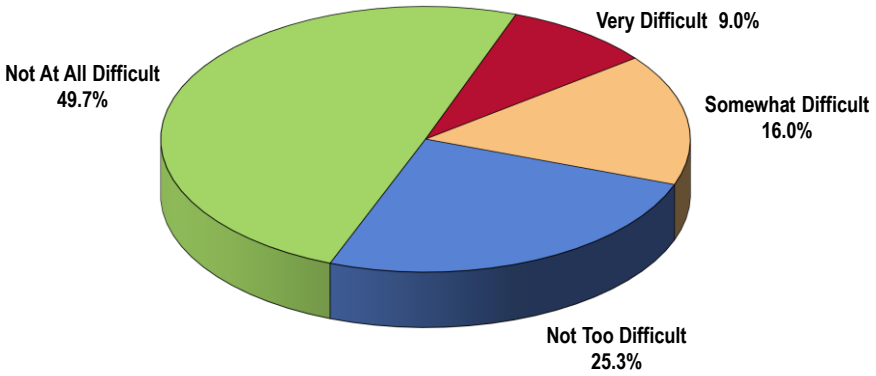
While most report little or no difficulty, 25.0% of New Orleans East adults report that it is "very" or "somewhat" difficult for them to access affordable, fresh fruits and vegetables.

Respondents were asked:

"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?"

Level of Difficulty Finding Fresh Produce at an Affordable Price

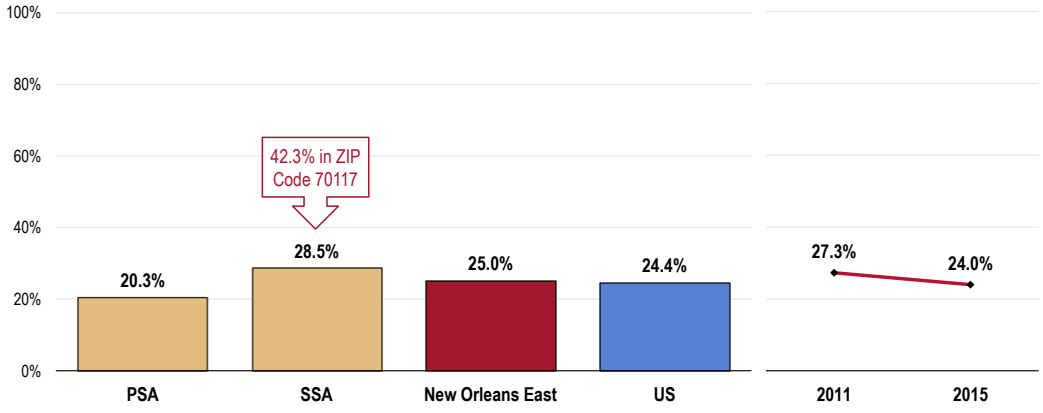
(New Orleans East, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
Notes: ● Asked of all respondents.

- Similar to the US figure.
- Higher in the SSA (especially ZIP Code 70117).
- TREND: Statistically unchanged since 2011.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

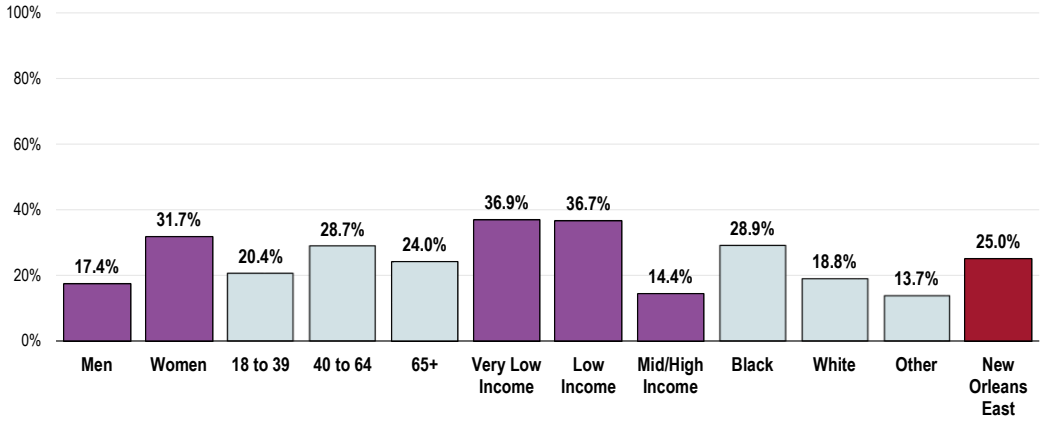


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Women.
- Adults age 18 to 64.
- Lower-income residents.
- Blacks.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce
(New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]

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. "Very Low Income" includes households with incomes up to 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Low Food Access (Food Deserts)

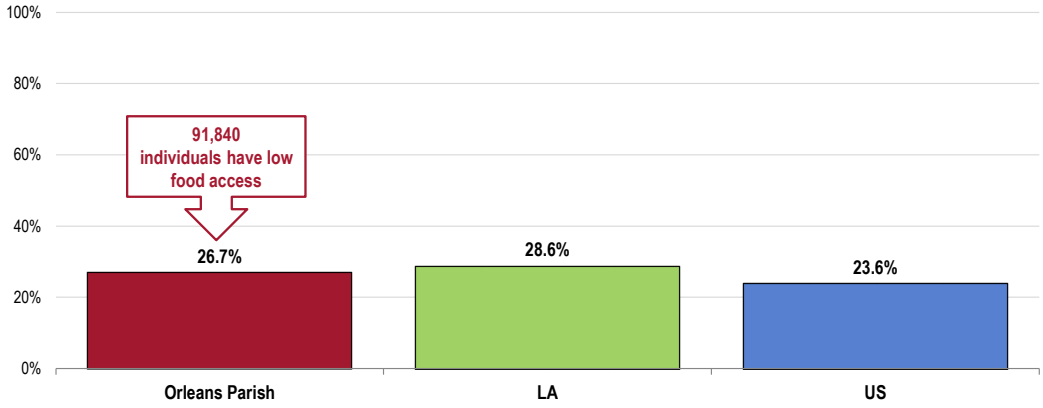
A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas.

US Department of Agriculture data show that 26.7% of the Orleans Parish population (representing nearly 92,000 residents) have low food access or live in a "food desert," meaning that they do not live near a supermarket or large grocery store.

- More favorable than statewide findings.
- Less favorable than national findings.

Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)

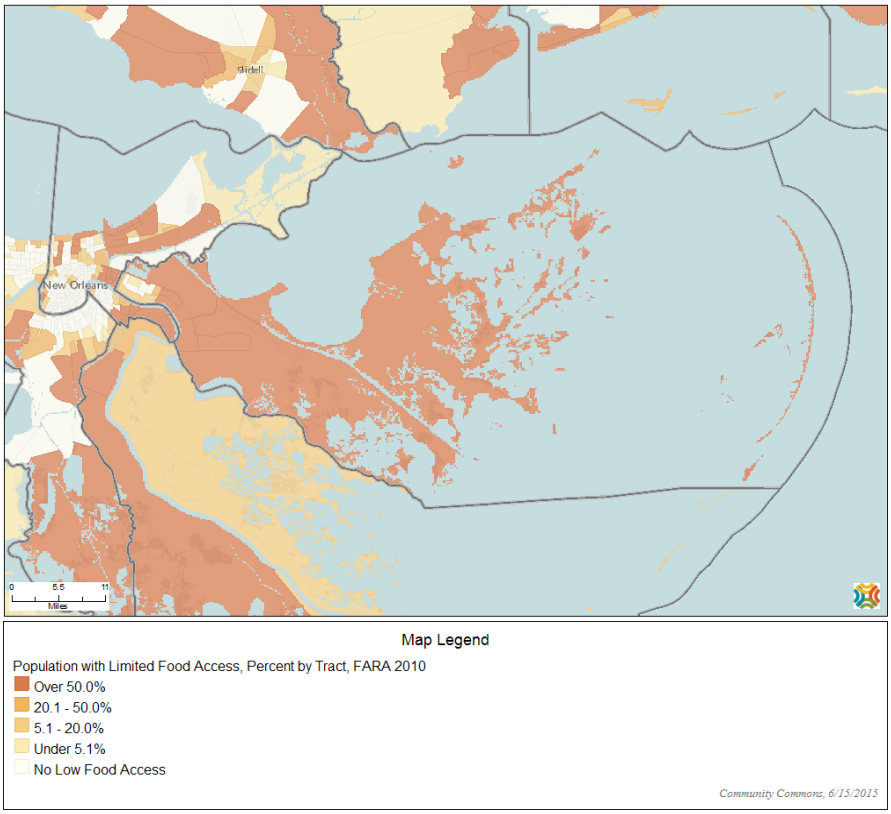


Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA): 2010.
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.

- The following map provides an illustration of food deserts by census tract.

Population With Limited Food Access, Percent by Tract, FARA 2010



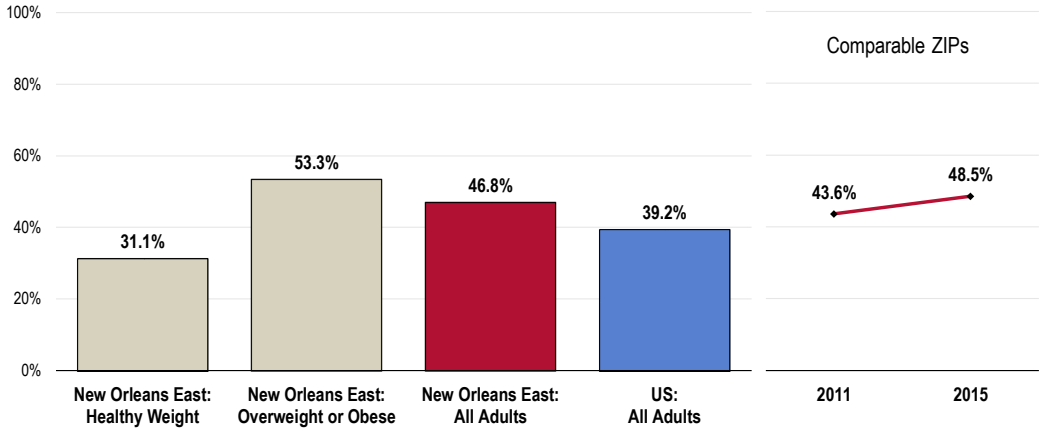
Health Advice About Diet & Nutrition

A total of 46.8% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- More favorable than national findings.
- Comparable by service area (not shown).
- TREND: Marks a statistically significant increase over time.
- Note: Among overweight/obese respondents, 53.3% report receiving diet/nutrition advice (meaning that nearly one-half did not).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 18]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Physical Activity

About 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); and 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); and 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)

Leisure-Time Physical Activity

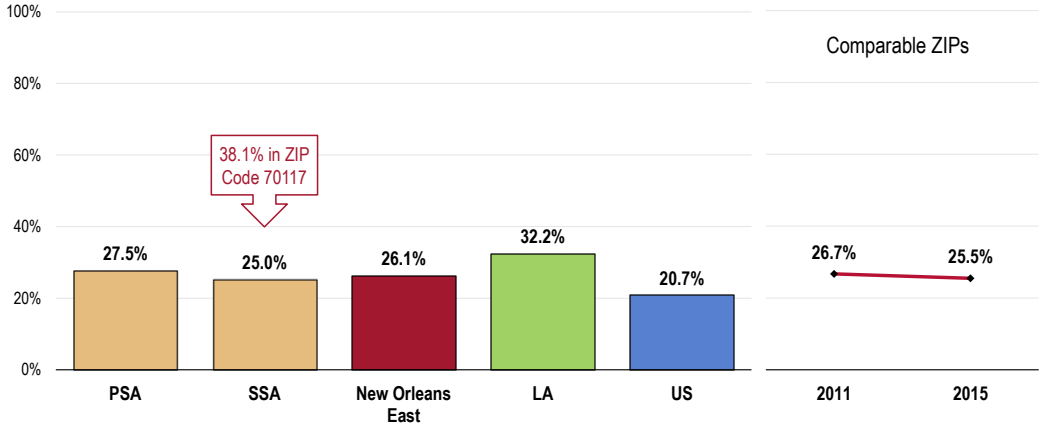
Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

A total of 26.1% of New Orleans East adults report no leisure-time physical activity in the past month.

- More favorable than statewide findings.
- Less favorable than national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- No difference by service area (although particularly high in ZIP Code 70117).
- TREND: Statistically unchanged since 2011.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 92]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Louisiana. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Louisiana data.
- 2013 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.

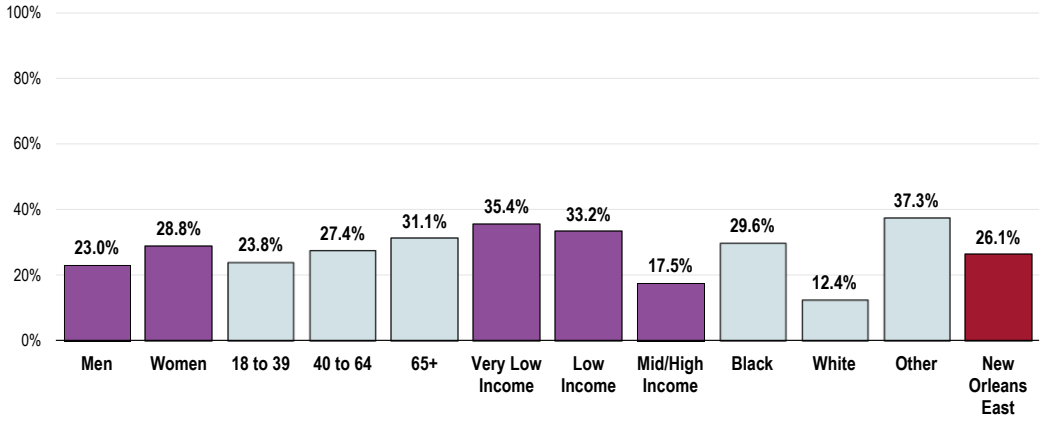
Lack of leisure-time physical activity in the area is higher among:

- Lower-income residents (negative correlation with income).
- Blacks and Other races.

No Leisure-Time Physical Activity in the Past Month

(New Orleans East, 2015)

Healthy People 2020 Target = 32.6% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes up to 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Recommended Levels of Physical Activity

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.

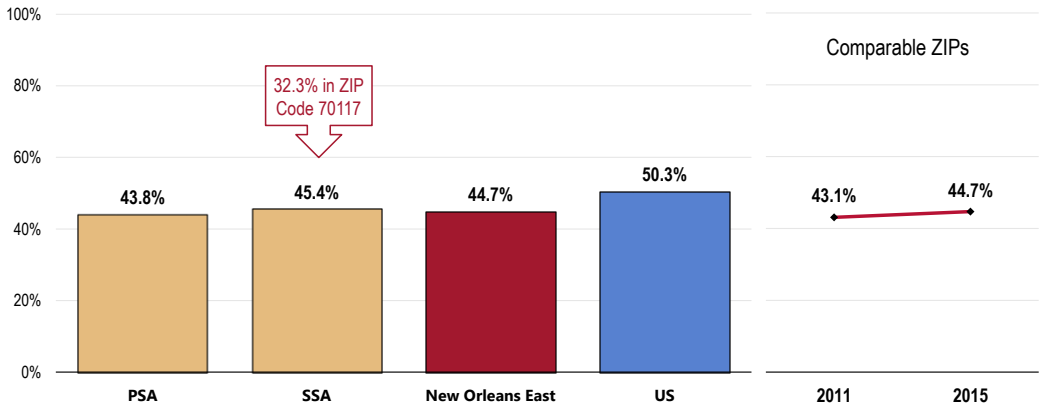
- 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Recommended Levels of Physical Activity

A total of 44.7% of New Orleans East adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Less favorable than national findings.
- Comparable findings by service area (although lowest in ZIP Code 70117).
- TREND: Statistically unchanged since 2011.

Meets Physical Activity Recommendations



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 147]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

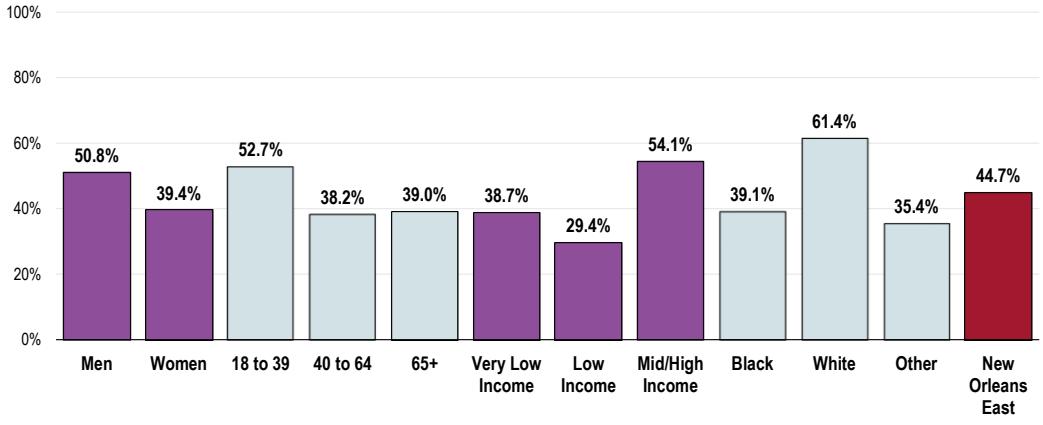
Notes:
- Asked of all respondents.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Those less likely to meet physical activity requirements include:

- Women.
- Adults age 40 and older.
- Lower-income residents.
- Blacks and Other races.

Meets Physical Activity Recommendations

(New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]

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. "Very Low Income" includes households with incomes up to 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Moderate & Vigorous Physical Activity

In the past month:

The individual indicators of moderate and vigorous physical activity are shown here.

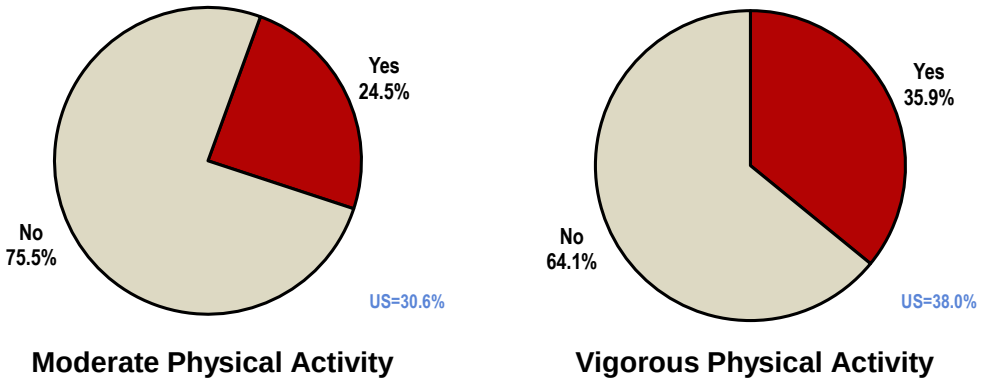
A total of 24.5% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

- Less favorable than the national level.

A total of 35.9% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- Comparable to the nationwide figure.

Moderate & Vigorous Physical Activity
(New Orleans East, 2015)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 148-149]
- 2013 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.

Access to Physical Activity

Access to Recreation & Fitness Facilities

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

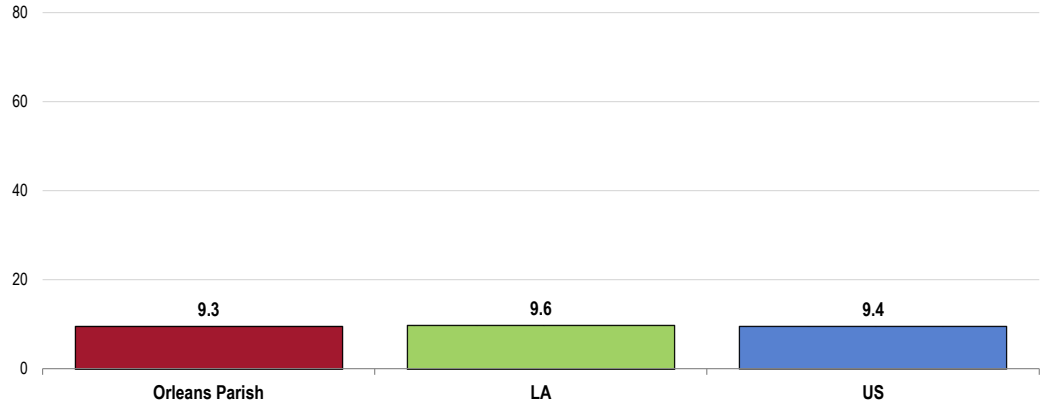
Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

Between 2008 and 2012, Orleans Parish reported 9.3 recreation/fitness facilities for every 100,000 population.

- Comparable to what is found statewide.
- Comparable to what is found nationally.

Population With Recreation & Fitness Facility Access

(Number of Recreation & Fitness Facilities per 100,000 Population, 2008-2012)



Sources:
- US Census Bureau, Parish Business Patterns: 2011. Additional data analysis by CARES.
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

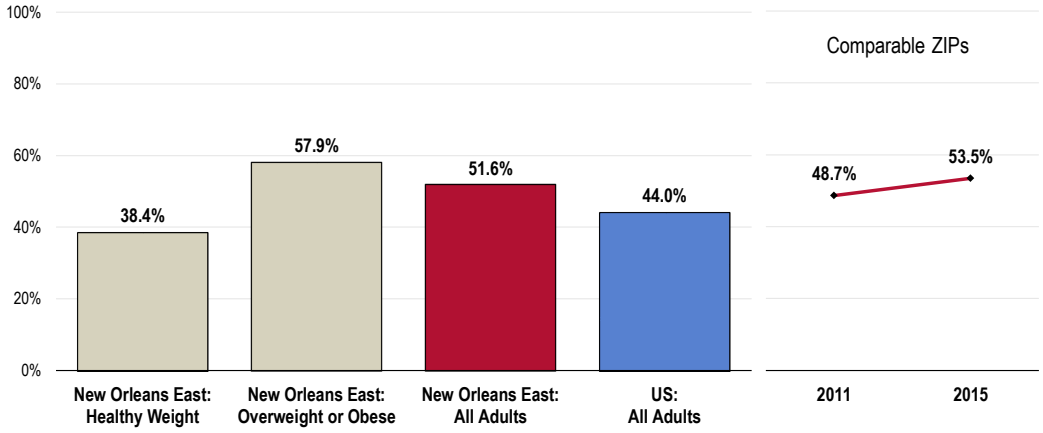
Health Advice About Physical Activity & Exercise

A total of 51.6% of New Orleans East adults report that their physician has asked about or given advice to them about physical activity in the past year.

- More favorable than the national average.
- TREND: Marks a statistically significant increase from 2011 survey findings.
- Note: 57.9% of overweight/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)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 19]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

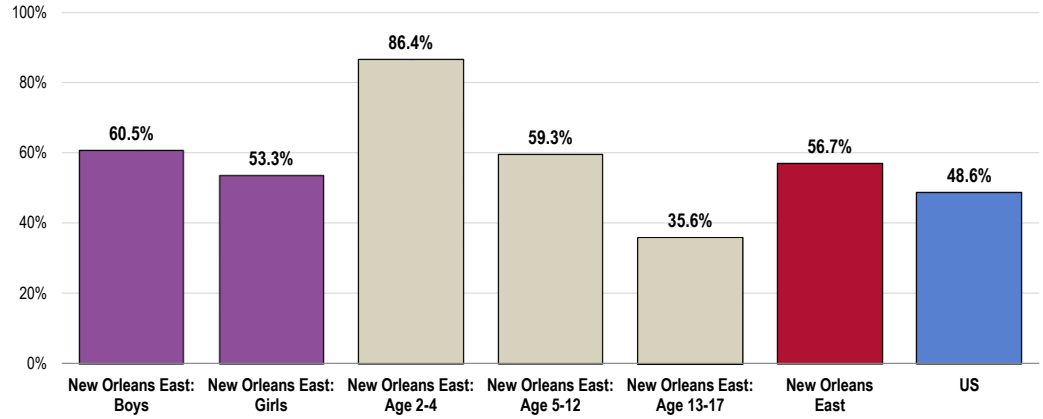
Children's Physical Activity

Among New Orleans East children age 2 to 17, 56.7% are reported to have had 60 minutes of physical activity on <u>each</u> of the seven days preceding the interview (1+ hours per day).

- More favorable than found nationally.
- Similar by service area (not shown).
- By demographics: higher among boys than girls; note also the negative correlation with age.

Child Is Physically Active for One or More Hours per Day

(Among Children Age 2-17)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Weight Status

About Overweight & Obesity

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 ≥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 ≥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

Healthy Weight

"Healthy weight "means neither underweight, nor overweight (BMI = 18.5-24.9).

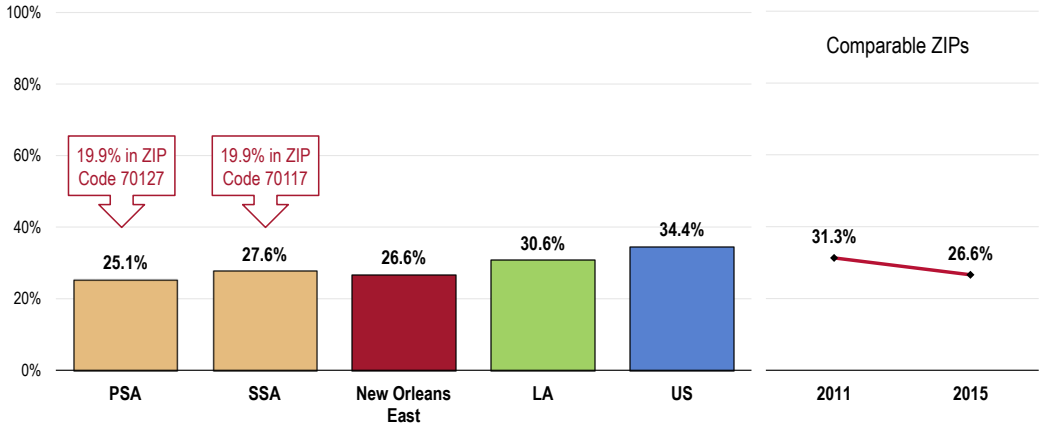
Based on self-reported heights and weights, 26.6% of New Orleans East adults are at a healthy weight.

- Less favorable than state findings.
- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (33.9% or higher).
- Comparable by service area (note the low prevalence in ZIP Codes 70117 and 70127).
- TREND: Denotes a statistically significant decrease since 2011.

Healthy Weight

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)

Healthy People 2020 Target = 33.9% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Louisiana. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Louisiana data.
- 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

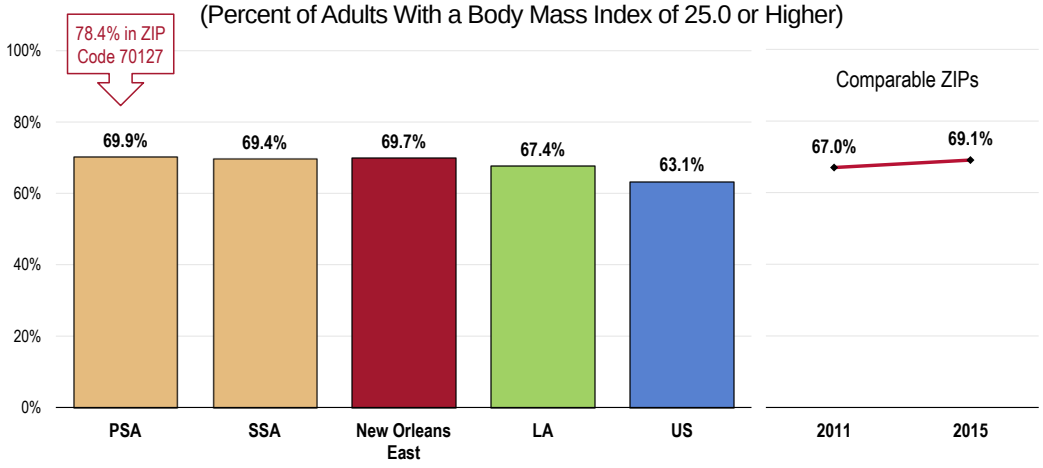
A total of 7 in 10 New Orleans East adults (69.7%) are overweight.

Here, "overweight" includes those respondents with a BMI value ≥25.

- Comparable to the Louisiana prevalence.
- Less favorable than the US overweight prevalence.
- Similar findings by service area (although particularly high in ZIP Code 70127).
- TREND: Statistically unchanged since 2011.

Prevalence of Total Overweight

(Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Louisiana. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Louisiana data.

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.

Further, 37.1% of New Orleans East adults are obese.

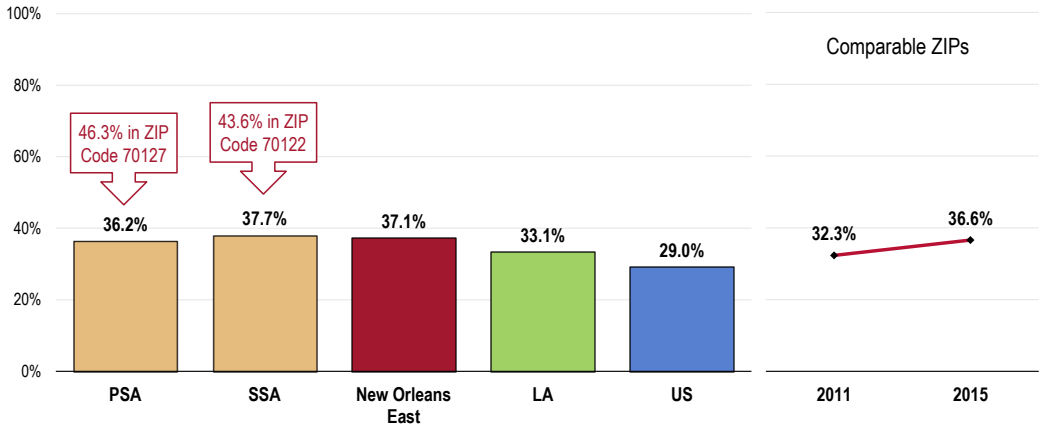
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

- Less favorable than Louisiana findings.
- Less favorable than US findings.
- Fails to satisfy the Healthy People 2020 target (30.5% or lower).
- Comparable findings by service area (although highest in ZIP Codes 70122 and 70127).
- TREND: Denotes a statistically significant increase in obesity since 2011.

Prevalence of Obesity

(Percent of Adults With a Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.5% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
- 2013 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, Louisiana. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Louisiana data.

Notes:
- 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.

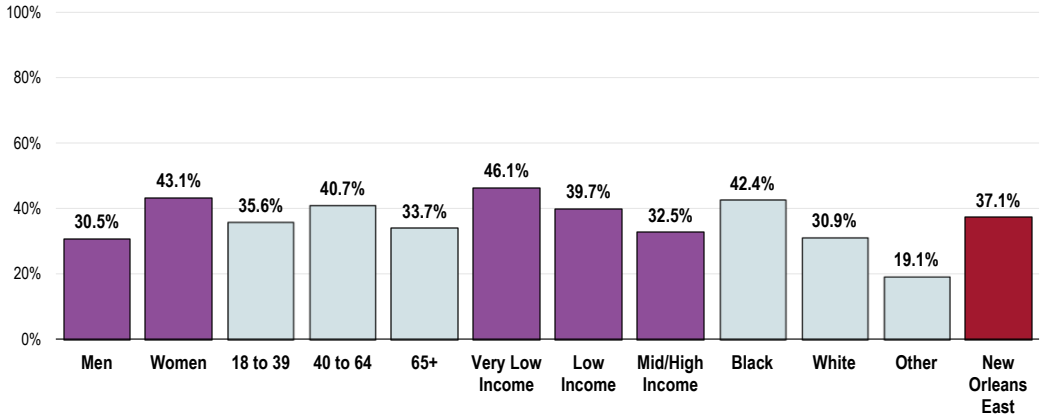
Obesity is notably more prevalent among:

- Women.
- Respondents with lower incomes (negative correlation with income).
- Blacks.

Prevalence of Obesity

(Percent of Adults With a BMI of 30.0 or Higher; New Orleans East, 2015)

Healthy People 2020 Target = 30.5% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- 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.
- Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes up to 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- 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.

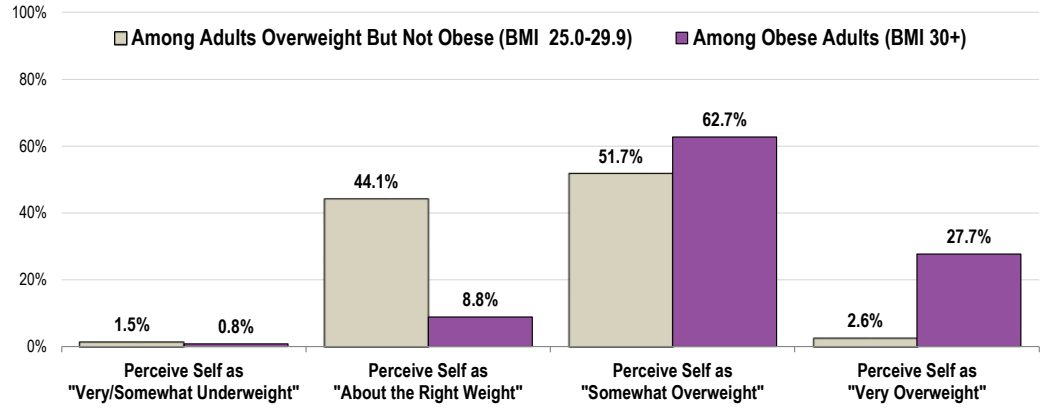
Actual vs. Perceived Body Weight

A total of 8.8% of obese adults and 44.1% of overweight (but not obese) adults feel that their current weight is "about right."

- 51.7% of overweight (but not obese) adults see themselves as "somewhat overweight."
- 27.7% of obese adults see themselves as "very overweight."

Actual vs. Perceived Weight Status

(Among Overweight/Obese Adults Based on BMI; New Orleans East, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
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.

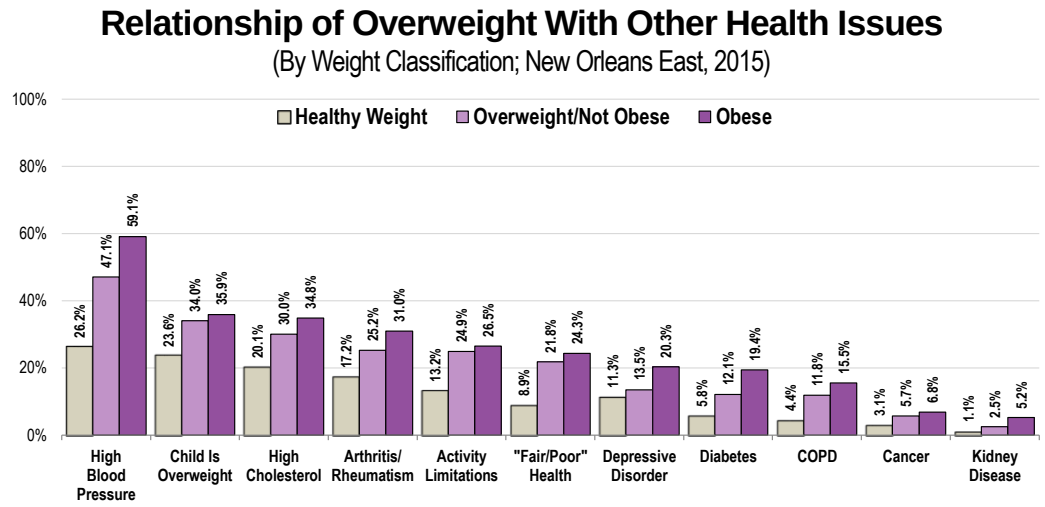
Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions. Among these are:

The correlation between overweight and various health issues cannot be disputed.

- Hypertension (high blood pressure).
- High cholesterol.
- Arthritis/rheumatism.
- Activity limitations.
- "Fair" or "poor" physical health.
- Depressive disorder.
- Diabetes.
- COPD.
- Cancer.
- Kidney disease.

Overweight/obese residents are also more likely to have overweight children.



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 25, 28, 30, 33, 103, 105, 125, 126, 136, 155]
Notes: ● Based on reported heights and weights, asked of all respondents.

Weight Management

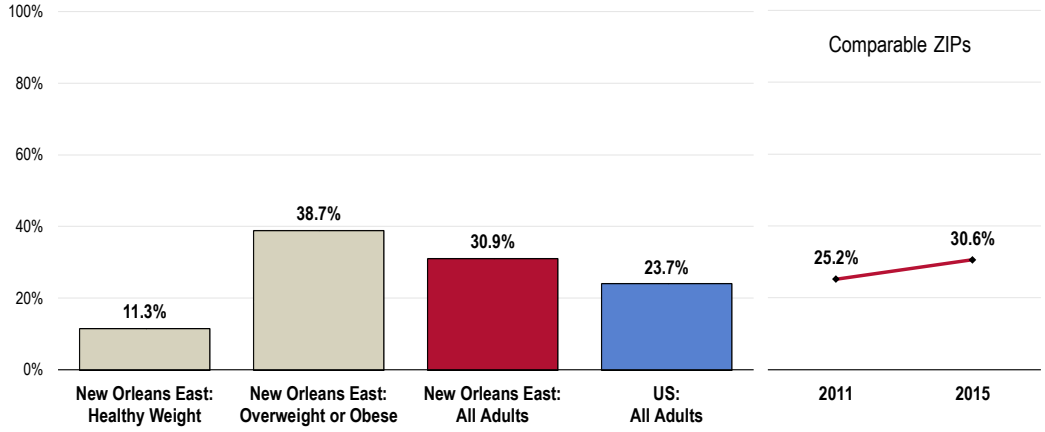
Health Advice

A total of 30.9% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- More favorable than the national findings.
- TREND: Denotes a statistically significant increase over time.
- Note that 38.7% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while over 6 in 10 have not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 98, 153]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Weight Control

About Maintaining a Healthy Weight

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.

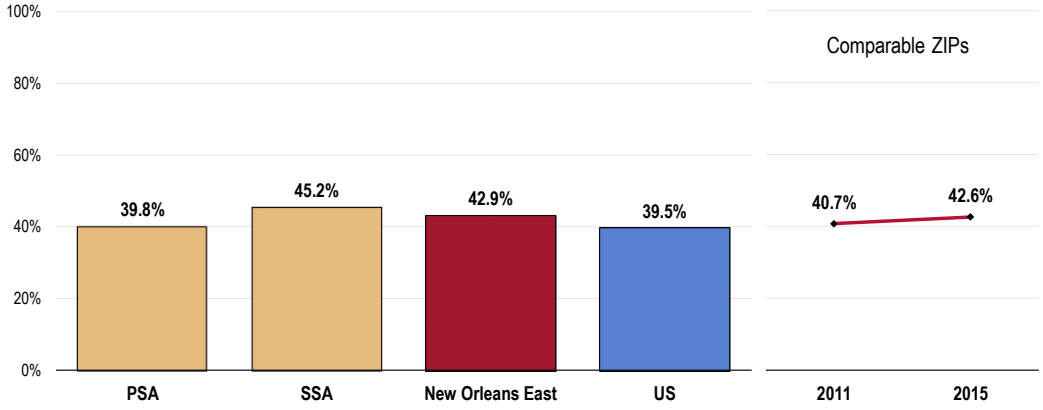
- Healthy People 2020 (www.healthypeople.gov)

A total of 42.9% 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.
- Similar findings by service area.
- TREND: Statistically similar to that reported among overweight adults in 2011.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity

(Among Overweight or Obese Respondents)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 152]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents who are overweight or obese based on reported heights and weights.

Childhood Overweight & Obesity

About Weight Status in Children & Teens

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

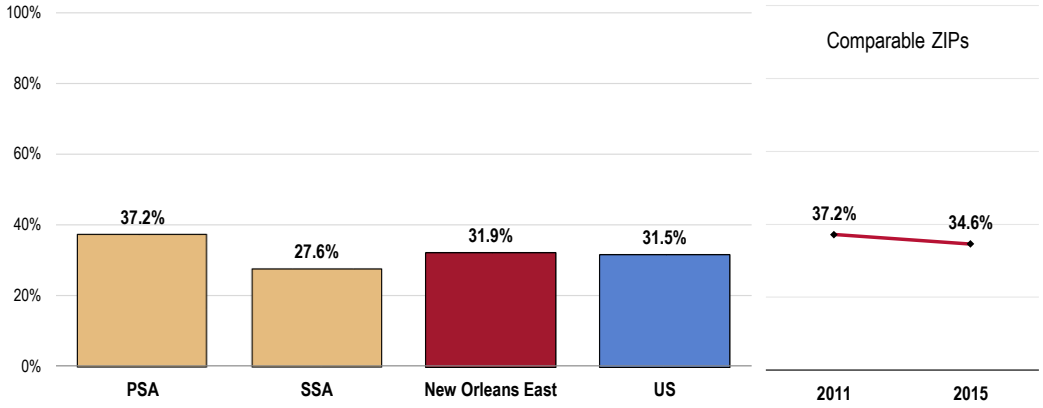
- Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 31.9% of New Orleans East children age 5 to 17 are overweight or obese (≥85th percentile).

- Comparable to the US prevalence.
- Comparable findings by service area.
- TREND: Statistically unchanged since 2011.

Child Total Overweight Prevalence

(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

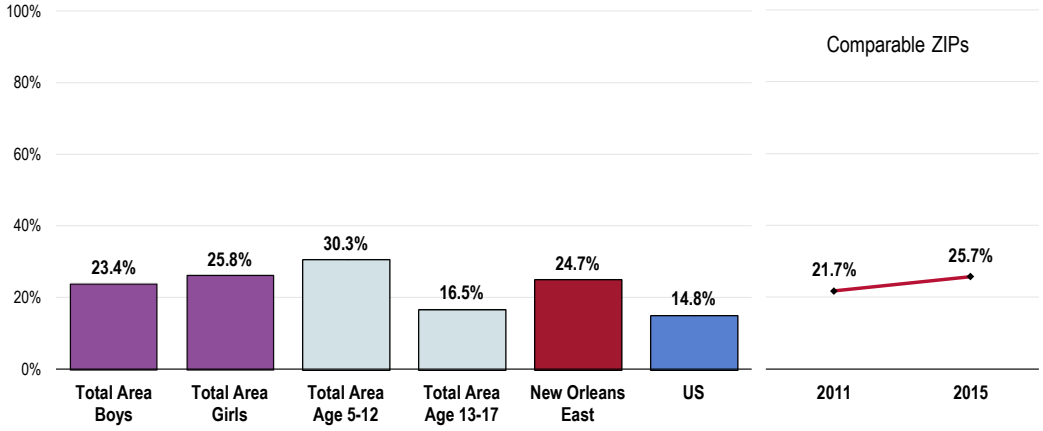
Further, 24.7% of New Orleans East children age 5 to 17 are obese (≥95th percentile).

- Less favorable than the national percentage.
- Fails to satisfy the Healthy People 2020 target (14.5% or lower for children age 2-19).
- Comparable by service area (not shown).
- TREND: Statistically unchanged since 2011.
- Statistically similar by gender; higher among children age 5-12 than among teens.

Child Obesity Prevalence

(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

Healthy People 2020 Target = 14.5% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
- 2013 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 5-17 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.

Substance Abuse

About Substance Abuse

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

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

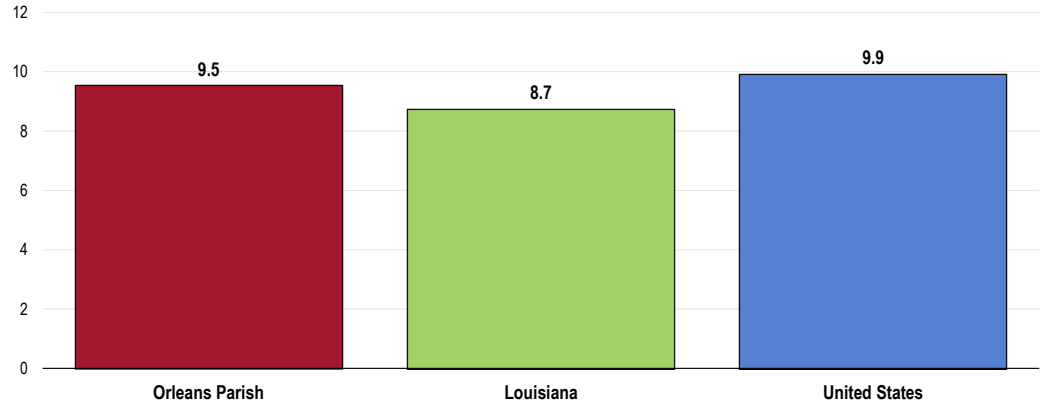
Between 2011 and 2013, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 9.5 deaths per 100,000 population in Orleans Parish.

- Higher than the statewide rate.
- Comparable to the national rate.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).

Cirrhosis/Liver Disease: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

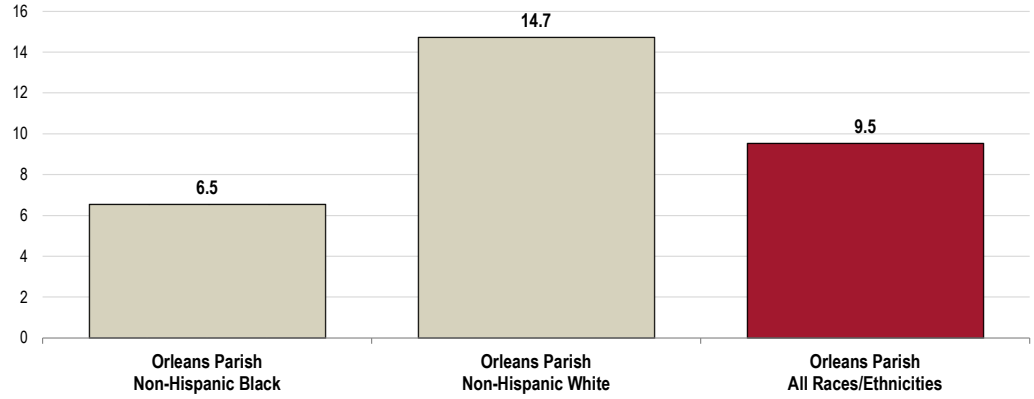
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The cirrhosis mortality rate in Orleans Parish is much higher among Whites when compared with Blacks.

Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

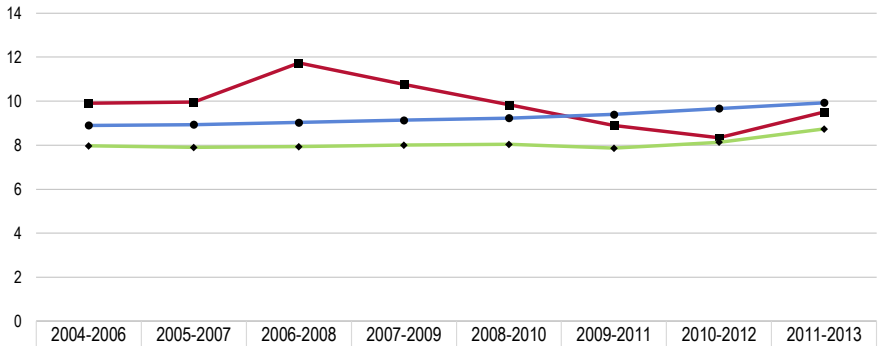
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The mortality rate has declined for much of the past decade.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Orleans Parish	9.9	10.0	11.7	10.8	9.8	8.9	8.3	9.5
LA	8.0	7.9	7.9	8.0	8.0	7.9	8.1	8.7
US	8.9	8.9	9.0	9.1	9.2	9.4	9.7	9.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- 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 US Standard Population.

High-Risk Alcohol Use

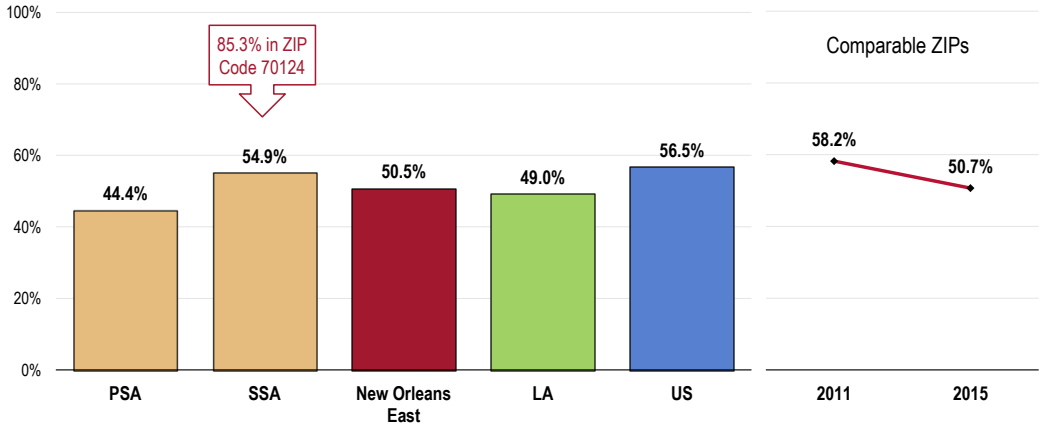
Current Drinking

A total of 50.5% of area adults had at least one drink of alcohol in the past month (current drinkers).

"Current drinkers" include survey respondents who had at least one drink 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.

- Similar to the statewide proportion.
- More favorable than the national proportion.
- Higher in the SSA (particularly ZIP Code 70124).
- TREND: Marks a statistically significant decrease since 2011.

Current Drinkers

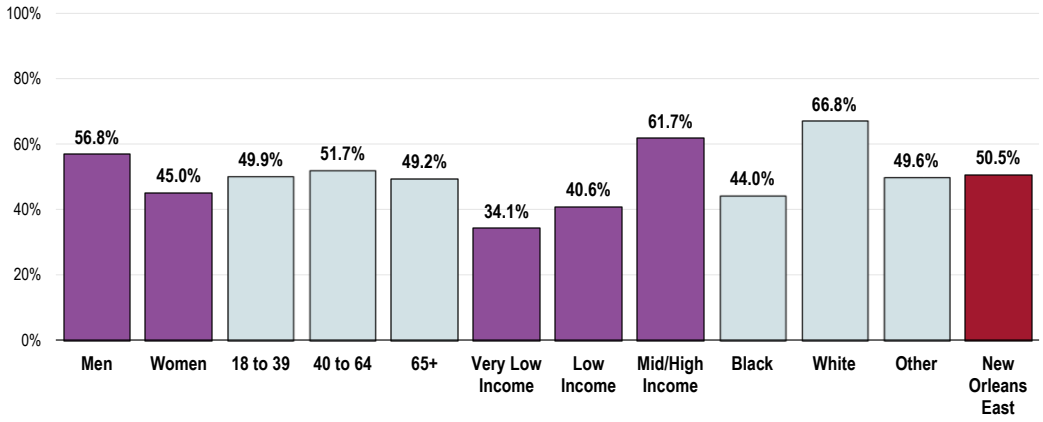


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Louisiana. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Louisiana data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Current drinkers had at least one alcoholic drink in the past month.

- Current drinking is more prevalent among men, upper-income residents (positive correlation with income), and Whites.

Current Drinkers
(New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes up to 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Current drinkers had at least one alcoholic drink in the past month.

Excessive Drinking

"Excessive drinking" includes heavy and/or binge drinkers:

Heavy drinkers include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview; and

Binge drinkers include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

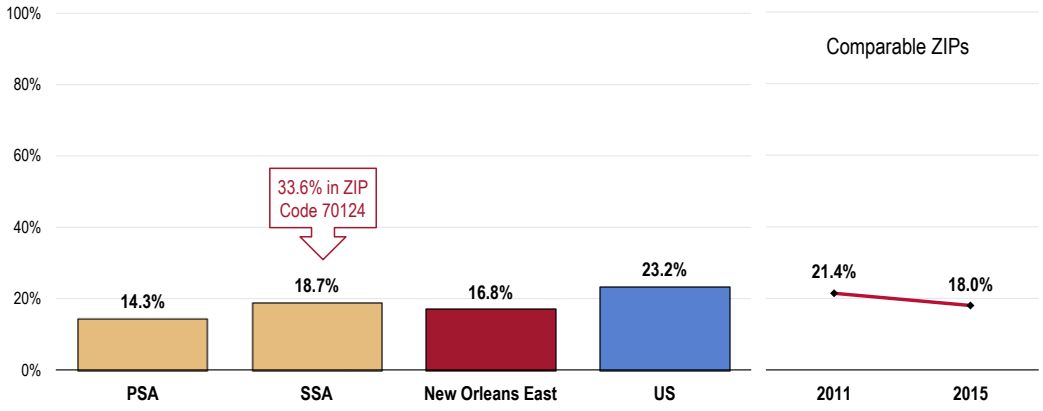
RELATED ISSUE: See also Stress in the Mental Health & Mental Disorders section of this report.

A total of 16.8% of area adults are excessive drinkers (heavy and/or binge drinkers).

- More favorable than the national proportion.
- Statistically similar by service area (although high in ZIP Code 70124).
- Satisfies the Healthy People 2020 target (25.4% or lower).
- TREND: Statistically unchanged since 2011.

Excessive Drinkers

Healthy People 2020 Target = 25.4% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
- 2013 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-15]

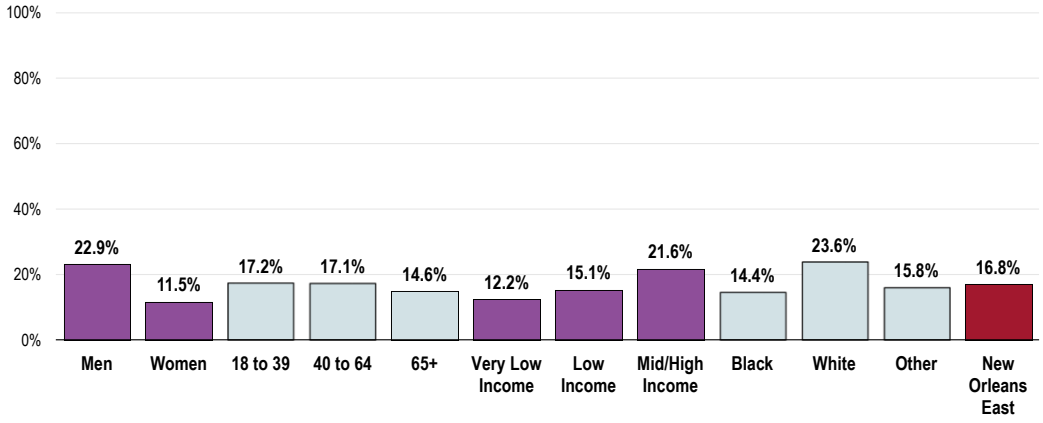
Notes:
- Asked of all respondents.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

- Excessive drinking is more prevalent among men, upper-income residents (positive correlation with income), and Whites.

Excessive Drinkers

(New Orleans East, 2015)

Healthy People 2020 Target = 25.4% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes up to 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

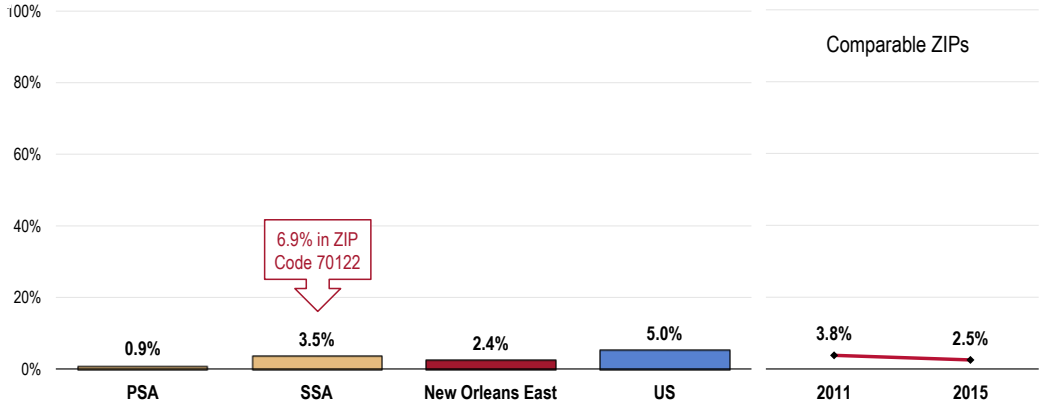
Drinking & Driving

A total of 2.4% of New Orleans East adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Half the national prevalence.
- Unfavorably high in the SSA (especially ZIP Code 70122).
- TREND: The drinking and driving prevalence has not changed significantly.

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



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 65]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Age-Adjusted Drug-Induced Deaths

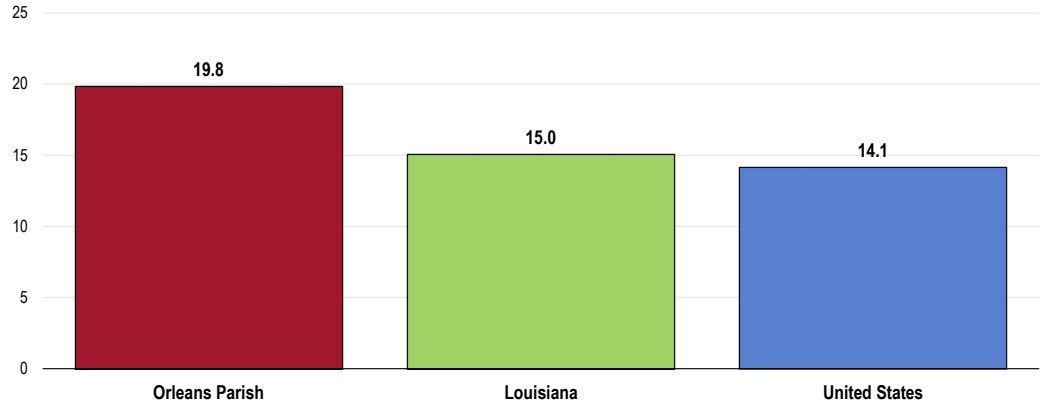
Between 2011 and 2013, there was an annual average age-adjusted drug-induced mortality rate of 19.8 deaths per 100,000 population in Orleans Parish.

- Worse than the statewide rate.
- Worse than the national rate.
- Fails to satisfy the Healthy People 2020 target (11.3 or lower).

Drug-Induced Deaths: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

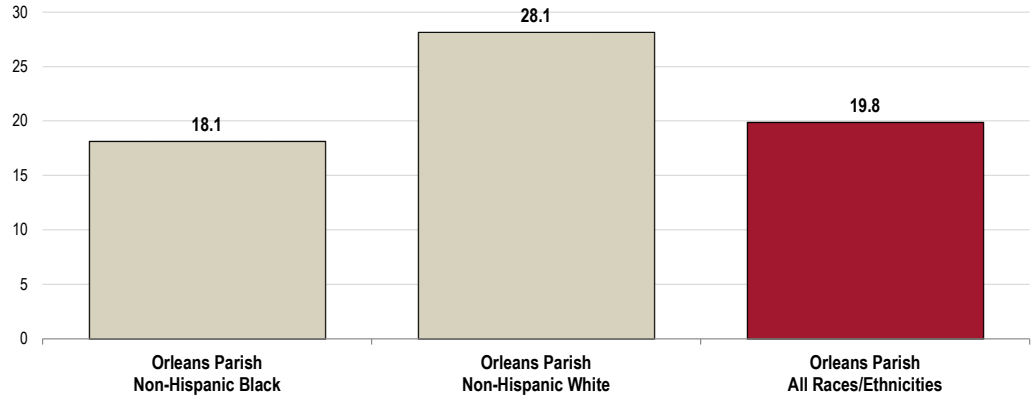
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The drug-induced mortality rate is much higher among Whites in Orleans Parish than among Blacks.

Drug-Induced Deaths: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

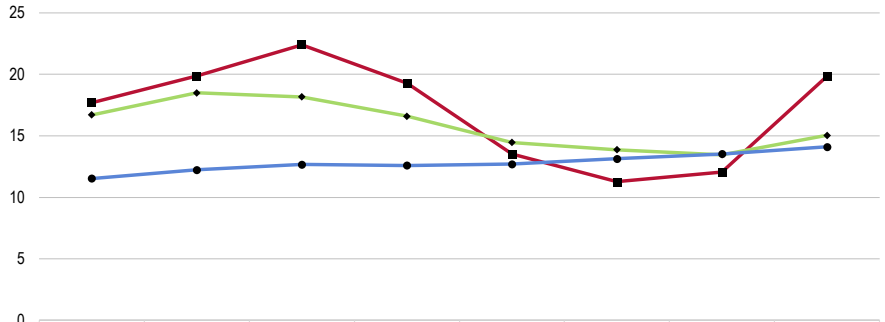
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The drug-induced mortality rate has fluctuated widely in the region, showing no clear trend.

Drug-Induced Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Orleans Parish	17.7	19.9	22.4	19.3	13.5	11.3	12.1	19.8
LA	16.7	18.5	18.2	16.6	14.5	13.9	13.5	15.0
US	11.5	12.2	12.7	12.6	12.7	13.1	13.5	14.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-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 US Standard Population.

Illicit Drug Use

A total of 1.6% of New Orleans East adults acknowledge using an illicit drug in the past month.

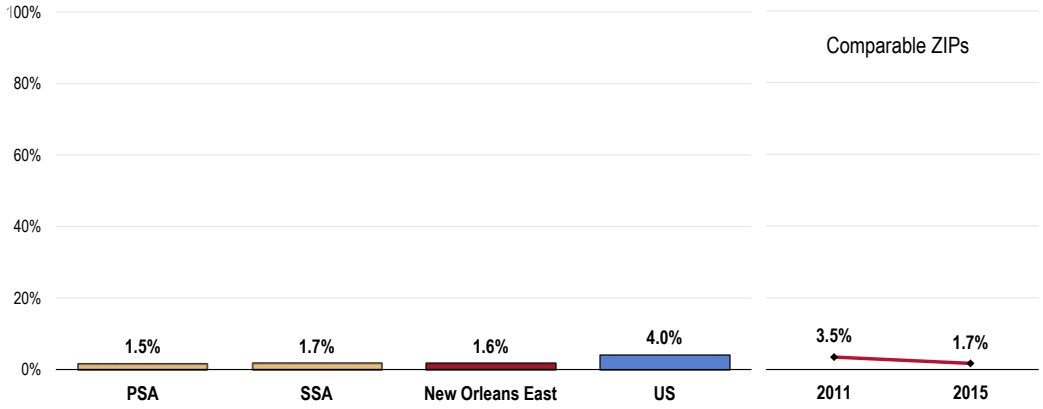
For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

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 actual illicit drug use in the community is likely higher.

- Well below the proportion found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.
- Similar findings by service area.
- TREND: Marks a statistically significant improvement over time.

Illicit Drug Use in the Past Month

Healthy People 2020 Target = 7.1% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 66]
- 2013 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]

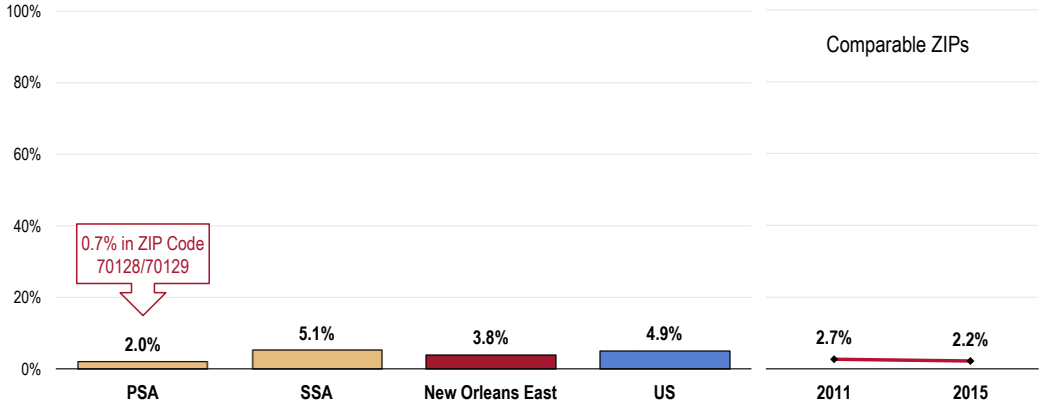
Notes:
- Asked of all respondents.

Alcohol & Drug Treatment

A total of 3.8% 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.
- Lower in the PSA (especially in ZIP Codes 70128/70129).
- TREND: Statistically unchanged over time.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 67]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. 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.

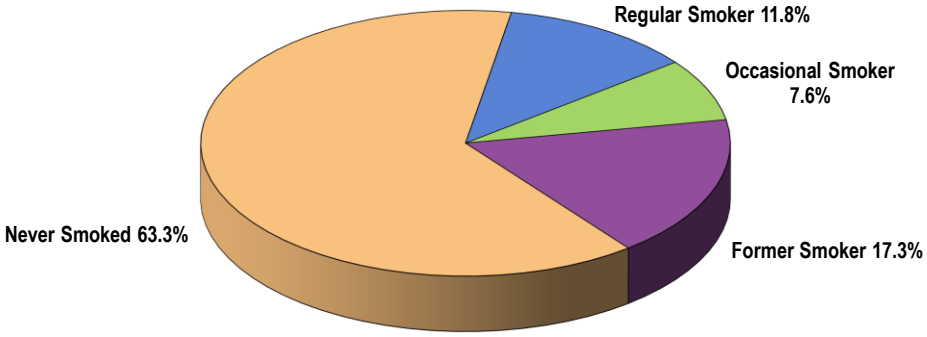
- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 19.4% of New Orleans East adults currently smoke cigarettes, either regularly (11.8% every day) or occasionally (7.6% on some days).

Cigarette Smoking Prevalence
(New Orleans East, 2015)



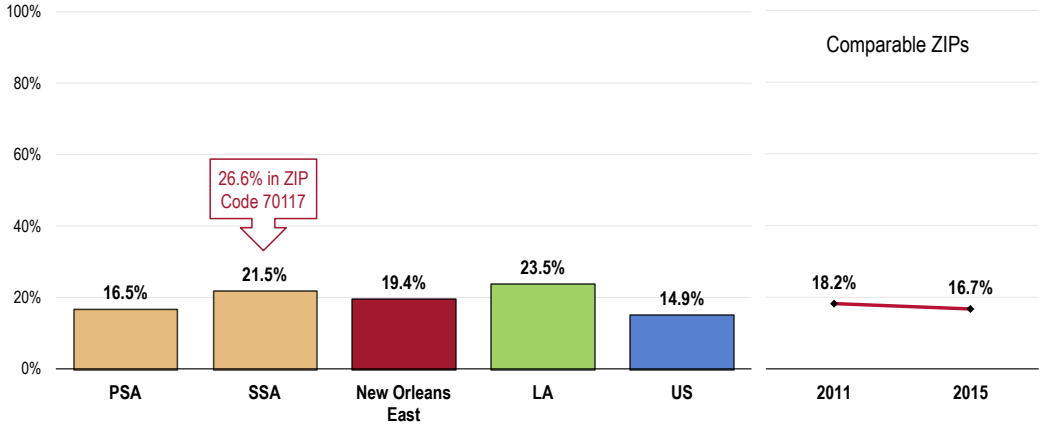
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
Notes: • Asked of all respondents.

- More favorable than statewide findings.
- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).

- Unfavorably high in the SSA (especially ZIP Code 70117).
- TREND: The current smoking percentage is statistically unchanged since 2011.

Current Smokers

Healthy People 2020 Target = 12.0% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 156]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Louisiana. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Louisiana data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).

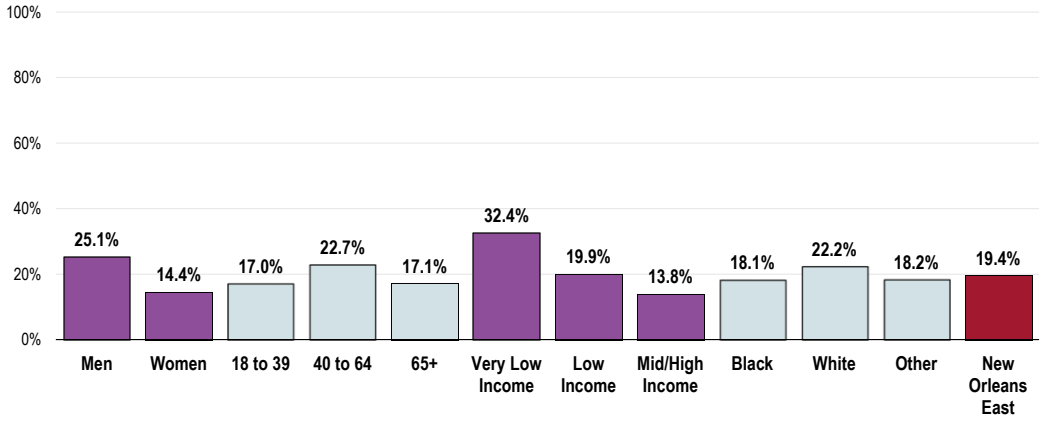
Cigarette smoking is more prevalent among:

- Men.
- Lower-income residents (negative correlation with income).

Current Smokers

(New Orleans East, 2015)

Healthy People 2020 Target = 12.0% or Lower



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

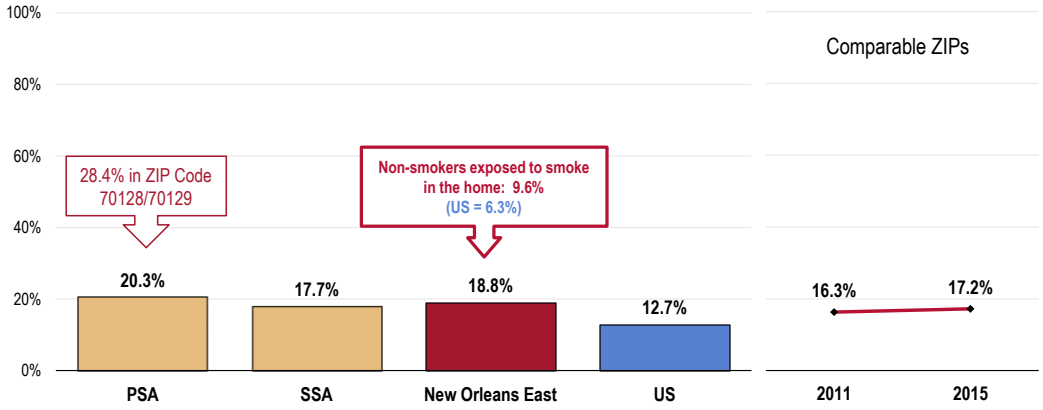
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes up to 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (everyday and some days).

Environmental Tobacco Smoke

A total of 18.8% of New Orleans East adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Less favorable than national findings.
- Similar findings by service area (although particularly high in ZIP Codes 70128/70129).
- TREND: Statistically unchanged over time.
- Note that 9.6% of New Orleans East non-smokers are exposed to cigarette smoke at home, less favorable than what is found nationally.

Member of Household Smokes at Home



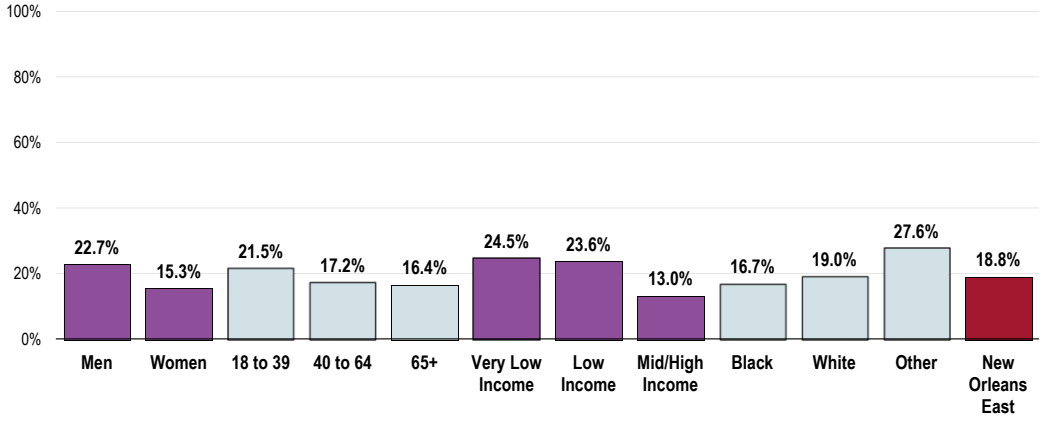
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 59, 158]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "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.

- Notably higher among men, residents with lower incomes, and Other races.

Member of Household Smokes At Home

(New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]

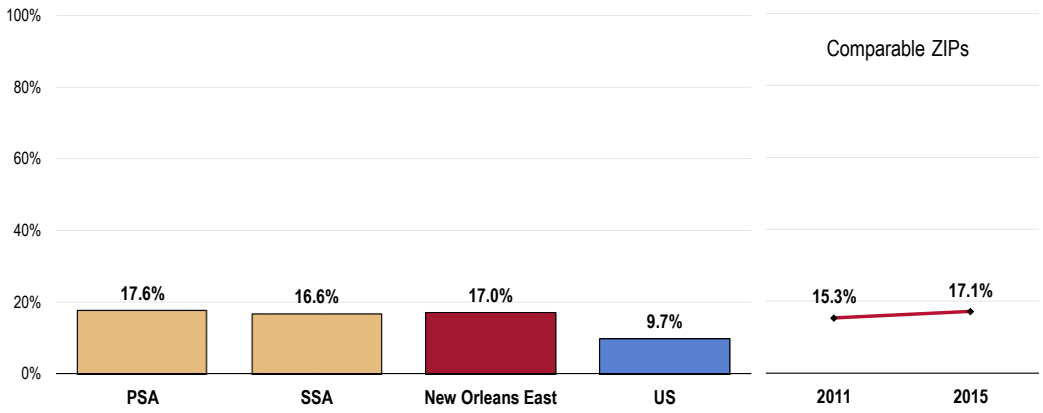
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes up to 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- "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, 17.0% have someone who smokes cigarettes in the home.

- Less favorable than national findings.
- Similar findings by service area.
- TREND: Statistically unchanged over time.

Percentage of Households With Children In Which Someone Smokes in the Home

(Among Households With Children)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 159]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents with children 0 to 17 in the household.
- "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

About Reducing Tobacco Use

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.

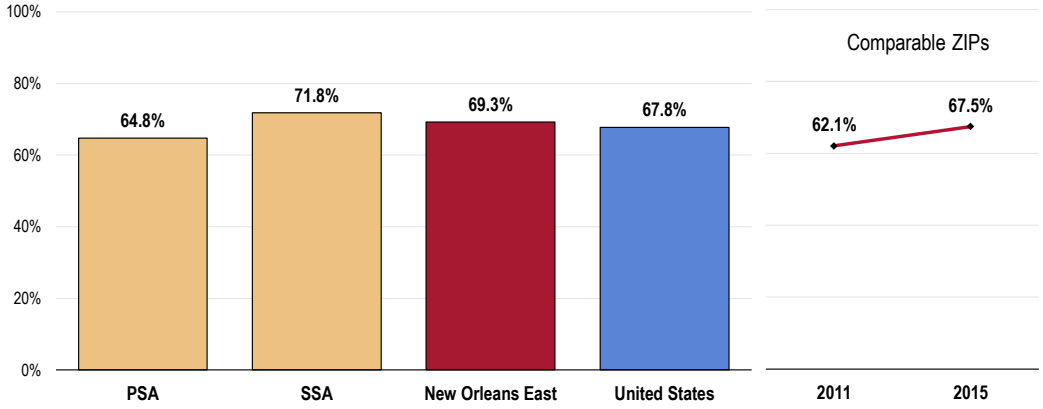
- Healthy People 2020 (www.healthypeople.gov)

Health Advice About Smoking Cessation

A total of 69.3% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Comparable to the national percentage.
- Comparable findings by service area.
- TREND: No statistically significant change since 2011.

Advised by a Healthcare Professional in the Past Year to Quit Smoking
(Among Current Smokers)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 58]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all current smokers.

Smoking Cessation Attempts

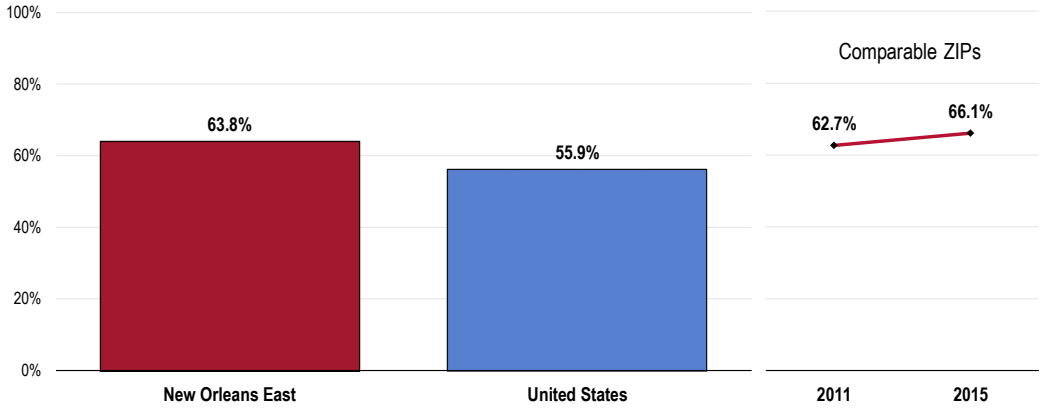
More than 6 in 10 regular smokers (63.8%) went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).
- TREND: Statistically unchanged over time.

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



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 57]
- 2013 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-4.1]

Notes:
- Asked of respondents who smoke cigarettes every day.

Other Tobacco Use

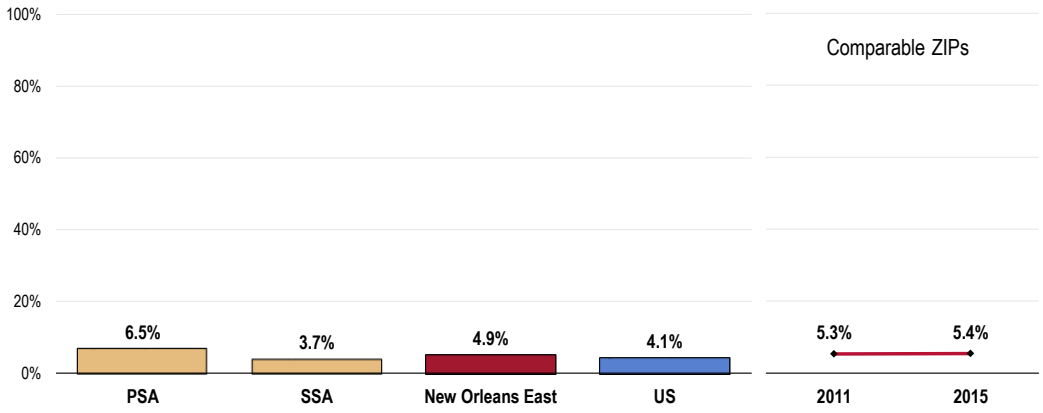
Cigars

A total of 4.9% of New Orleans East adults use cigars every day or on some days.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).
- Unfavorably high in the PSA.
- TREND: Statistically comparable to 2011 survey findings.

Use of Cigars

Healthy People 2020 Target = 0.2% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 61]
- 2013 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-1.3]

Notes:
- Asked of all respondents.

Smokeless Tobacco

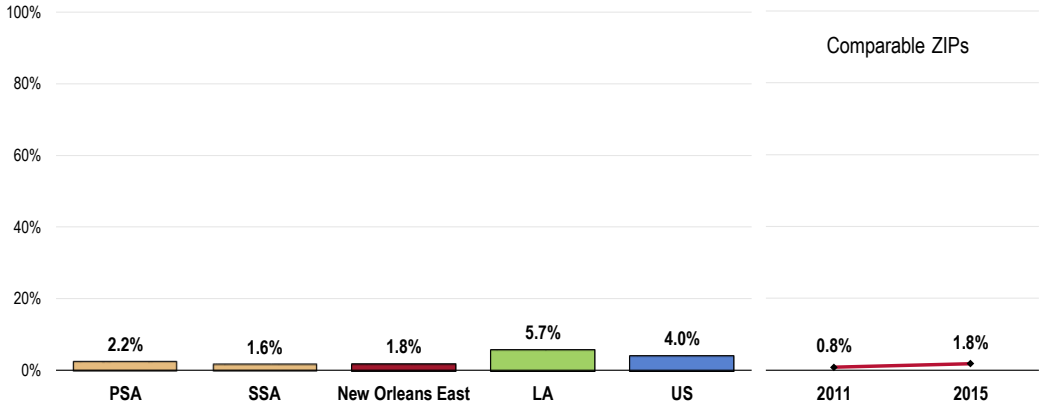
A total of 1.8% of New Orleans East adults use some type of smokeless tobacco every day or on some days.

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

- Below the state percentage.
- Below the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- Comparable findings by service area.
- TREND: Similar to 2011 findings.

Use of Smokeless Tobacco

Healthy People 2020 Target = 0.3% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 60]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Louisiana. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Louisiana data.
- 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.

Access to Health Services

Professional Research Consultants, Inc.

Health Insurance Coverage

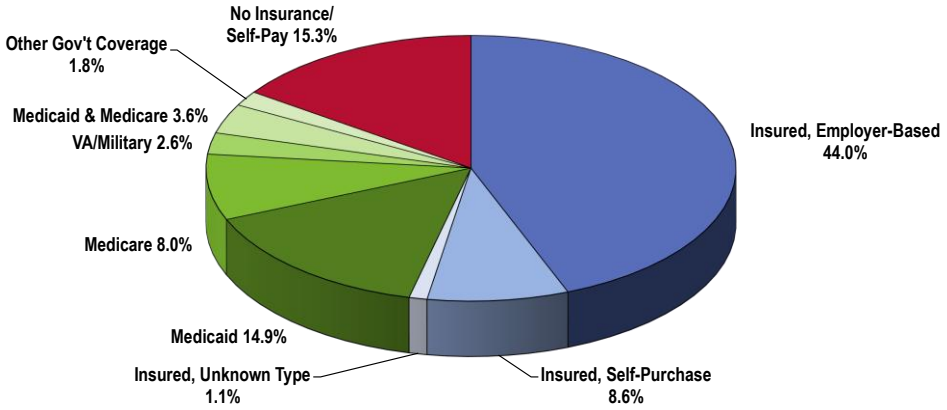
Type of Healthcare Coverage

A total of 53.7% of New Orleans East adults age 18 to 64 report having healthcare coverage through private insurance. Another 30.9% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

Healthcare Insurance Coverage

(Among Adults Age 18-64; New Orleans East, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
Notes: ● Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 15.3% report having no insurance coverage for healthcare expenses.

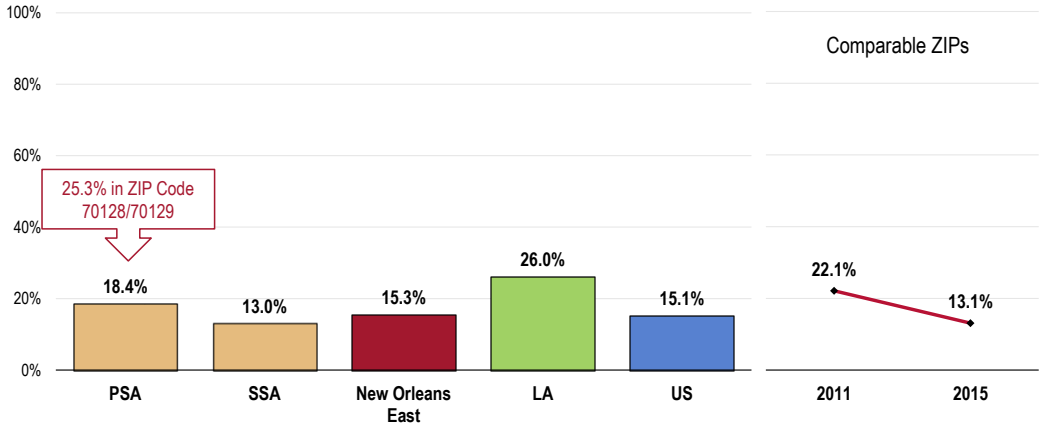
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

- Better than the state finding.
- Similar to the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Unfavorably high in the PSA (especially ZIP Codes 70128/70129).
- TREND: Marks a statistically significant improvement over time.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 165]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Louisiana. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Louisiana data.
- 2013 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.

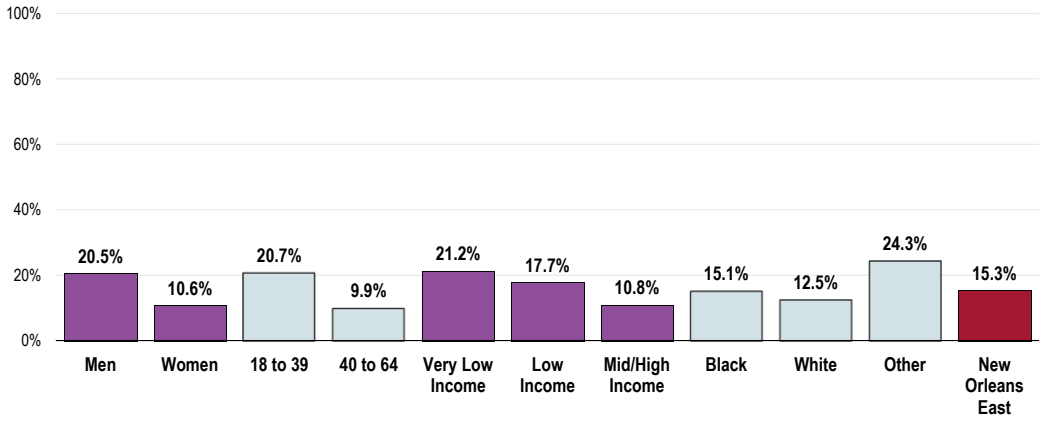
The following population segments (age 18-64) are more likely to be without healthcare insurance coverage:

- Men.
- Young adults.
- Residents living at lower incomes (negative correlation with income).
- Other races.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64; New Orleans East, 2015)

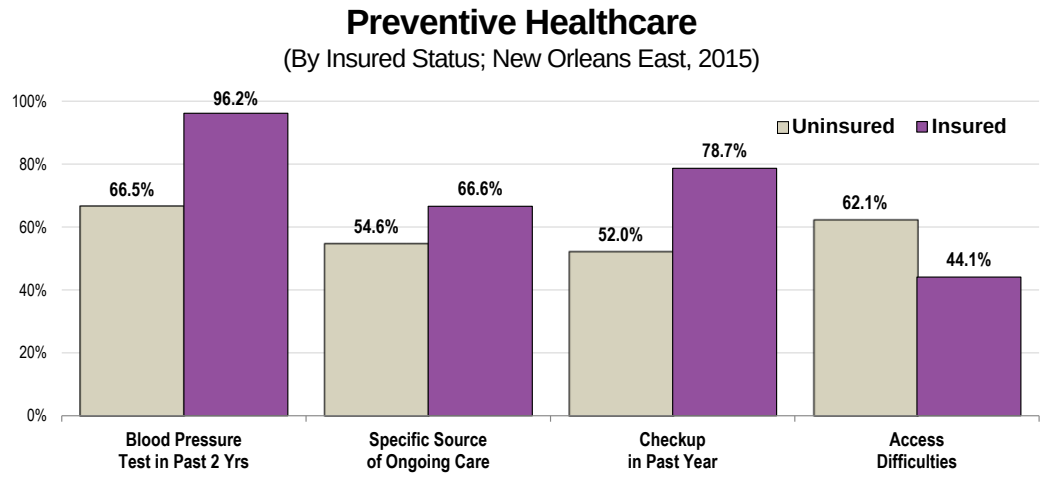
Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
- 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.
- Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes up to 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

- 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.



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 17, 45, 48, 166, 169]
Notes: ● Asked of all respondents.

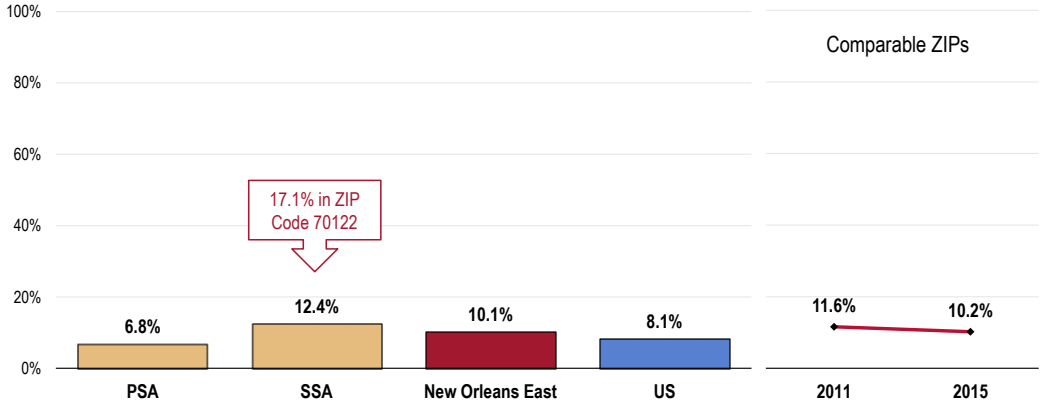
Recent Lack of Coverage

Among currently insured adults in New Orleans East, 10.1% report that they were without healthcare coverage at some point in the past year.

- Similar to US findings.
- Higher in the SSA (especially ZIP Code 70122).
- TREND: Insurance instability is statistically unchanged over time.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year

(Among Insured Adults)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 79]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

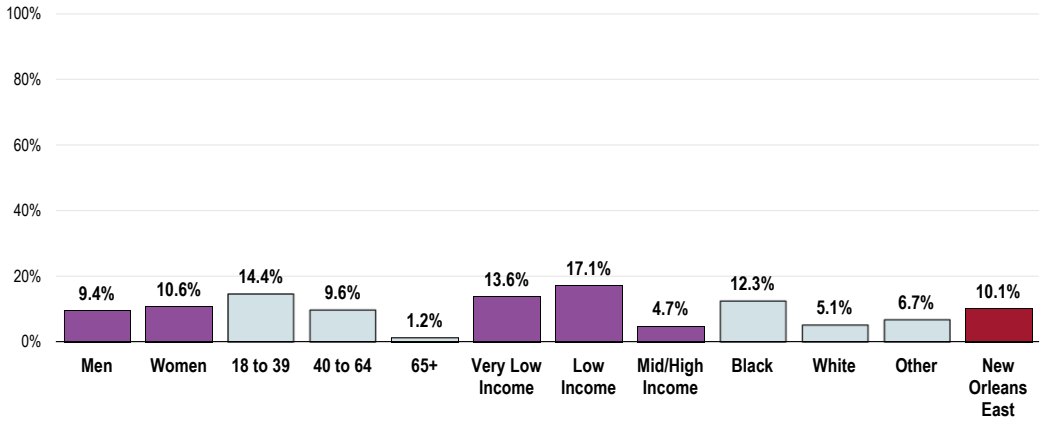
Notes:
- Asked of all insured respondents.

Among insured adults, the following segments are more likely to have gone <u>without</u> healthcare insurance coverage at some point in the past year:

- Adults under age 65 (negative correlation with age).
- Lower-income residents.
- Blacks.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year

(Among Insured Adults; New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]

Notes:
- Asked of all insured respondents.
- Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes up to 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

About Access to 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)

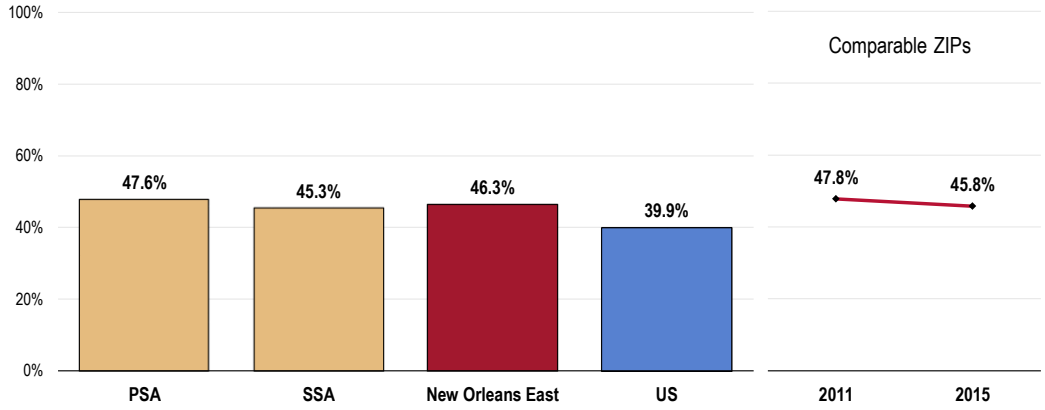
Difficulties Accessing Services

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 46.3% 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.
- TREND: Similar to the percentage reported in 2011.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



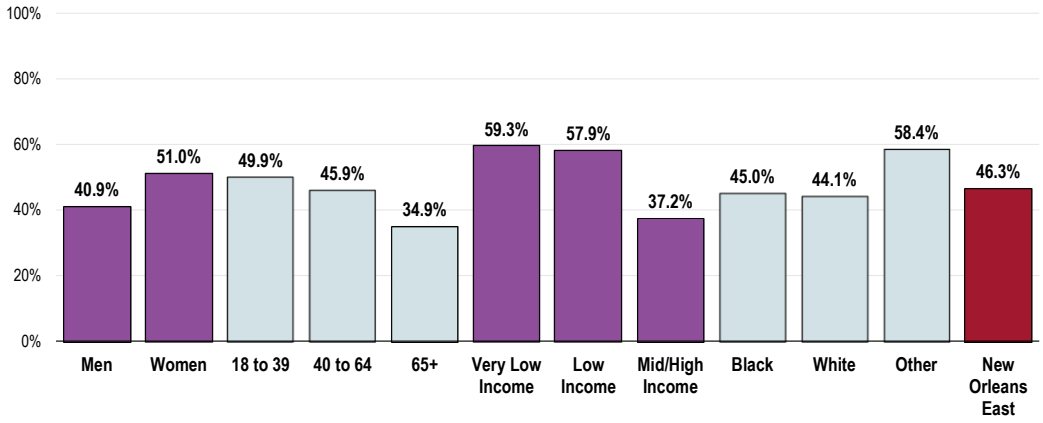
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 169]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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 (negative correlation with age).
- Lower-income residents (negative correlation with income).
- Other races.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year
(New Orleans East, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
Notes: • Asked of all respondents.
• Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
• 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. "Very Low Income" includes households with incomes up to 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

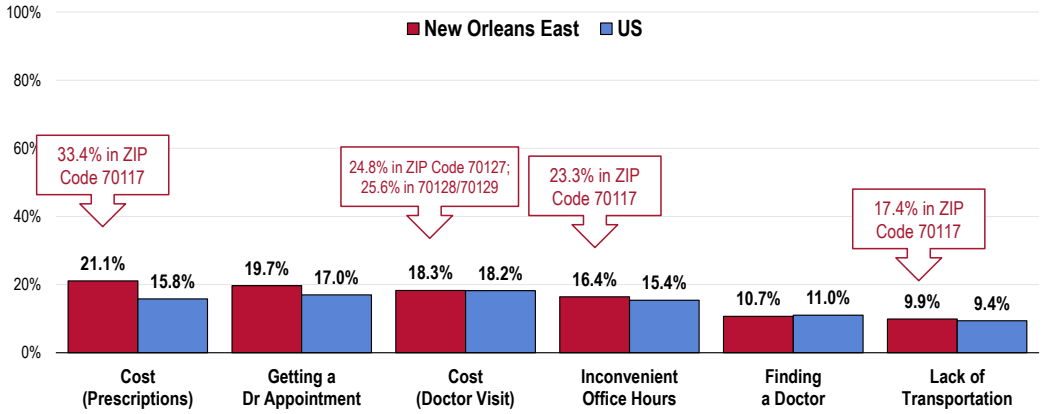
Of the tested barriers, cost of a prescription medication impacted the greatest share of New Orleans East adults (21.1% say that cost prevented them from obtaining a needed prescription in the past year).

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.

- The proportion of New Orleans East adults impacted was statistically comparable to that found nationwide for each of the tested barriers, with the exception of prescription cost (the area fared worse than the US).
- Viewed by service area, results were statistically comparable for each of the tested barriers (not shown). Note, however, higher prevalence in select ZIP Codes.

Barriers to Access Have Prevented Medical Care in the Past Year

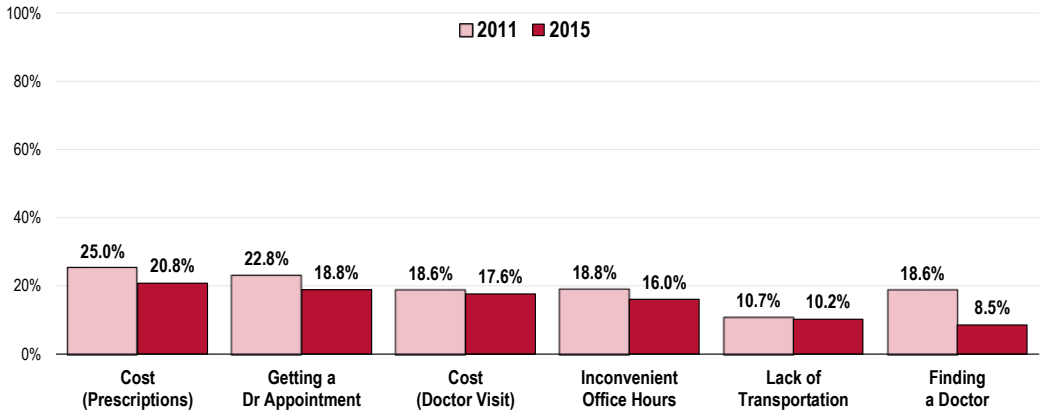


Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- TREND: Compared to baseline 2011 data, the New Orleans East has seen statistically significant improvements for the barriers of **finding a physician**, **obtaining an appointment**, and **cost of prescription medication**.

Barriers to Access Have Prevented Medical Care in the Past Year
(Comparable ZIP Codes)



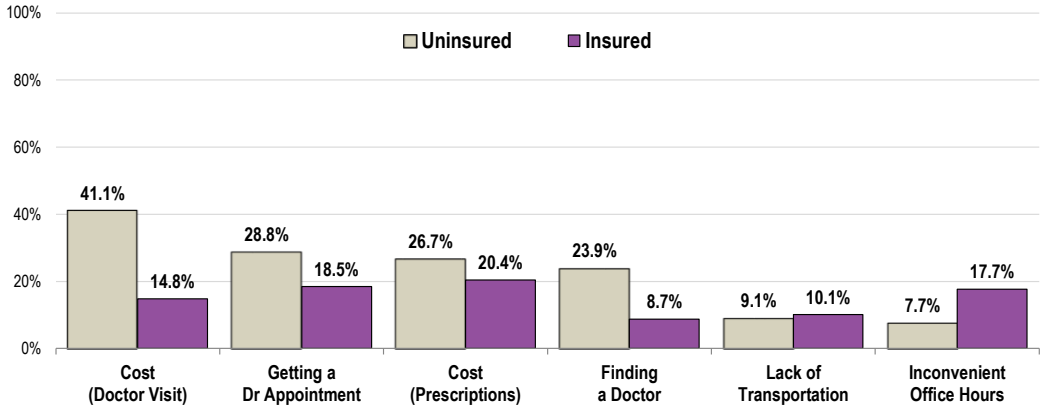
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 7-12]

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 cost of physician visits and finding a physician.

Barriers to Healthcare Access

(By Insured Status; New Orleans East, 2015)



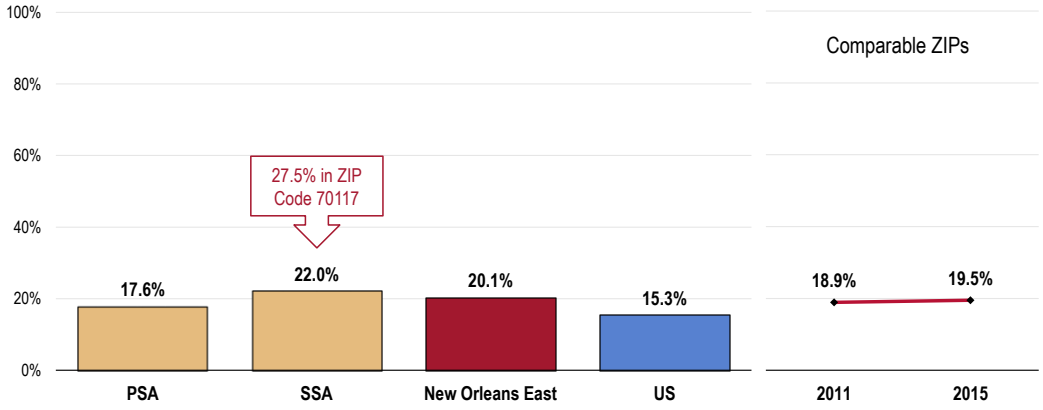
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]
Notes: ● Asked of all respondents.

Prescriptions

Among all New Orleans East adults, 20.1% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Less favorable than national findings.
- Comparable findings by service area (although highest in ZIP Code 70117).
- TREND: Statistically similar to 2011 findings.

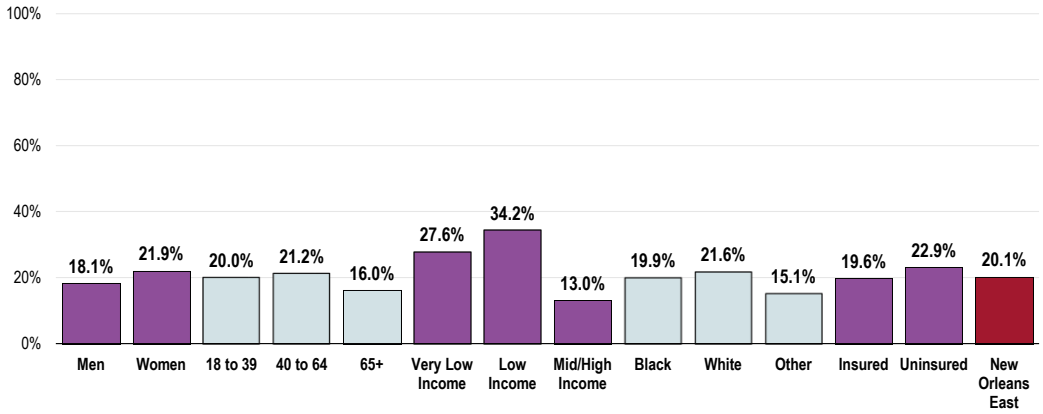
Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 13]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Respondents with lower incomes are more likely to have skipped or reduced their prescription doses.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money
(New Orleans East, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes up to 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Accessing Healthcare for Children

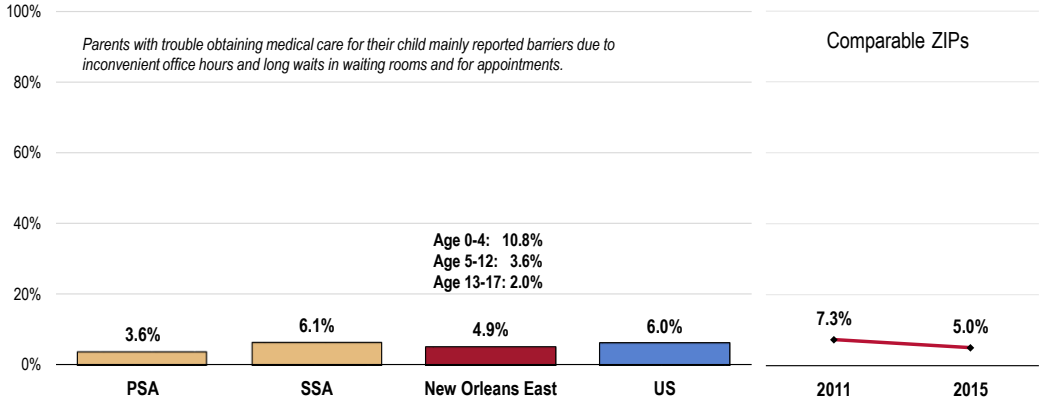
A total of 4.9% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

- Statistically similar to what is reported nationwide.
- Similar findings by service area.
- TREND: Statistically unchanged since 2011.
- Highest (10.8%) among parents of children under age 5.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Among Parents of Children 0-17)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 111-112]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

Among the parents experiencing difficulties, the majority cited **inconvenient office hours** as the primary reason; others cited long waits in waiting rooms and for appointments.

Primary Care Services

About Primary Care

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)

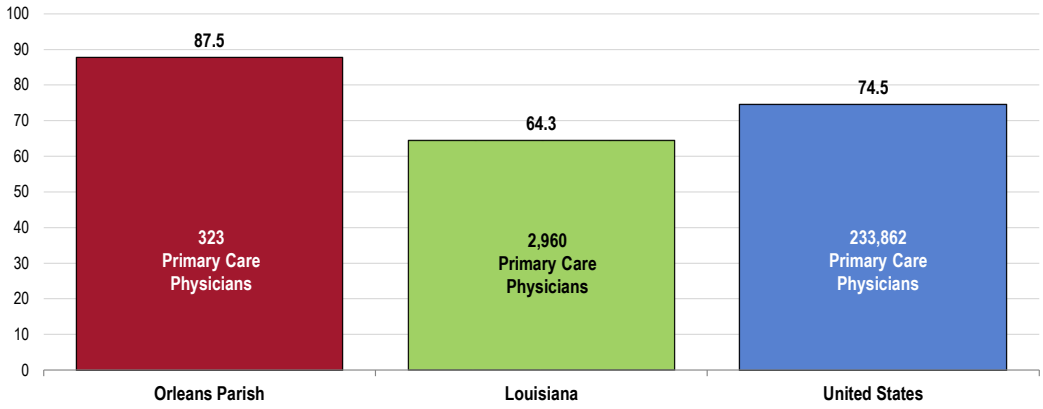
Access to Primary Care

In Orleans Parish in 2012, there were 323 primary care physicians, translating to a rate of 87.5 primary care physicians per 100,000 population.

- Well above the primary care physician-to-population ratio found statewide.
- Above the ratio found nationally.

Access to Primary Care

(Number of Primary Care Physicians per 100,000 Population, 2012)



Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012.
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
- In counties with teaching hospitals, this figure may differ from the rate reported above.

Specific Source of Ongoing Care

A total of 65.1% of New Orleans East adults were determined to have a specific source of ongoing medical care.

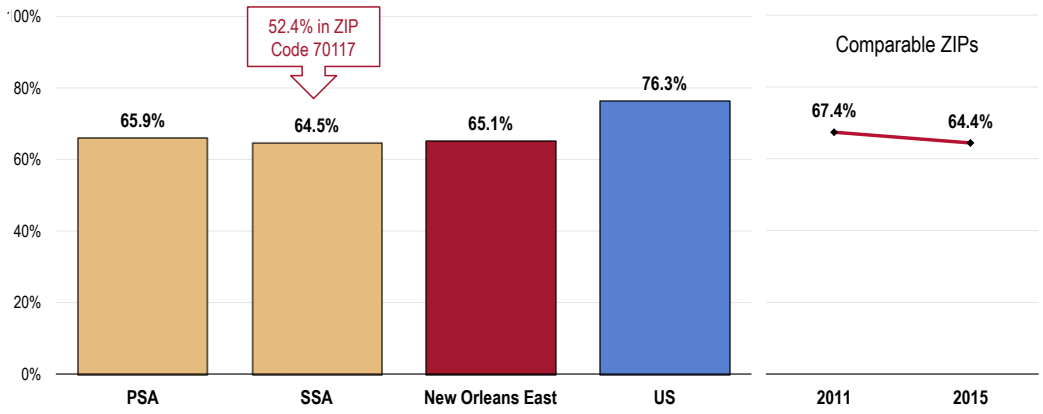
Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- Similar findings by service area (although low in ZIP Code 70117).
- TREND: Statistically unchanged over time.

Have a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 95.0% or Higher [All Ages]



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 166]
- 2013 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-5.1]

Notes:
- Asked of all respondents.

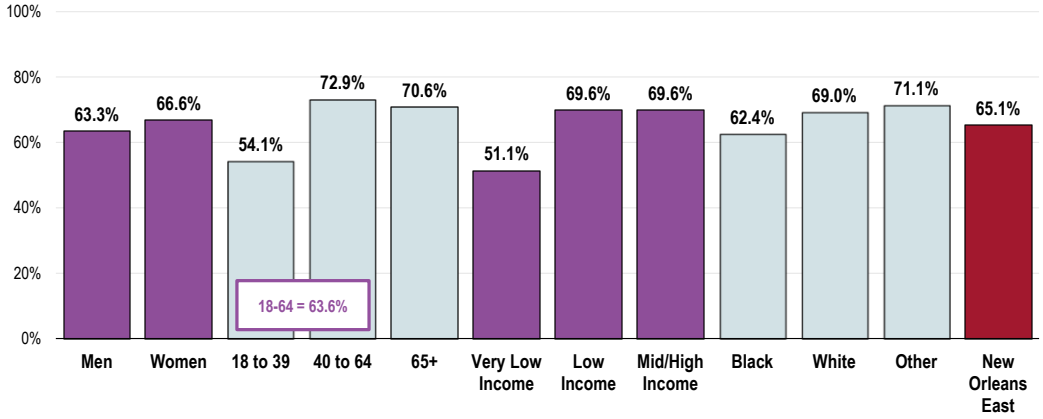
When viewed by demographic characteristics, the following population segments are <u>less likely</u> to have a specific source of care:

- Adults under age 40.
- Very low-income adults.
- Among adults age 18-64, 63.6% have a specific source for ongoing medical care, less favorable than national findings.
  - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).
- Among adults 65+, 70.6% have a specific source for care, less favorable than the percentage 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, 2015)

Healthy People 2020 Target = 95.0% or Higher [All Ages]; ≥89.4% [18-64]; 100% [65+]



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 166-168]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives AHS-5.1, 5.3, 5.4]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes up to 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

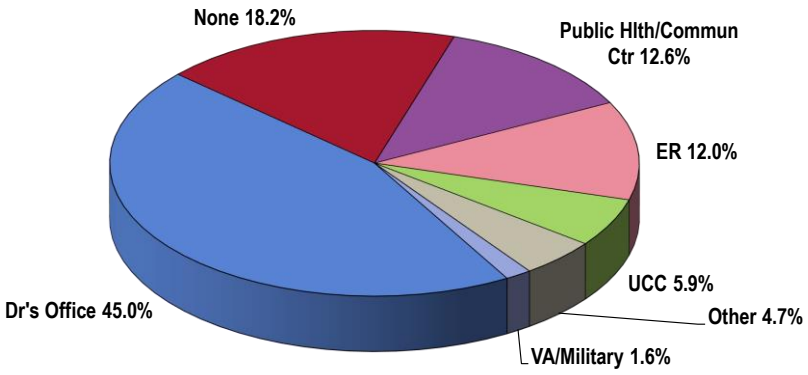
Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (45.0%) identified a particular doctor's office, followed by references to public or community health centers (mentioned by 12.6%) and use of an emergency room (12.0%).

Note that 5.9% of respondents rely on an urgent-care center, and 1.6% use some type of military/VA facility.

Particular Place Utilized for Medical Care

(New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 15-16]

Notes:
- Asked of all respondents.

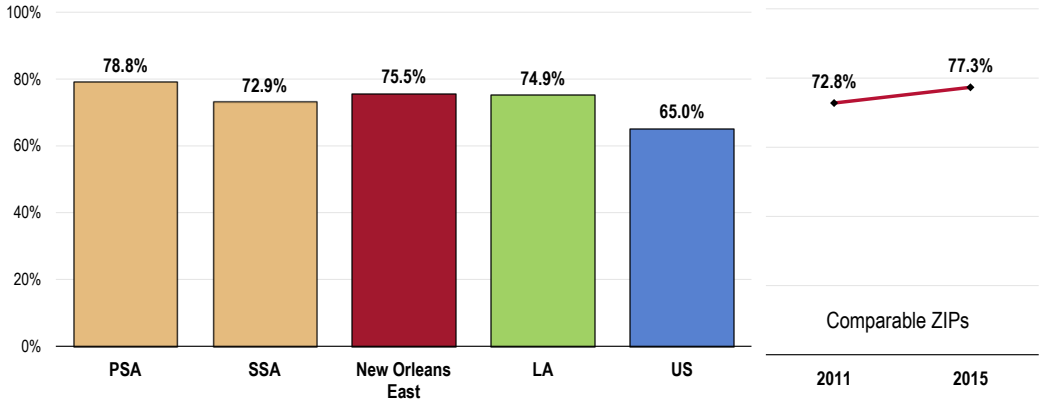
Utilization of Primary Care Services

Adults

Three-fourths of adults (75.5%) visited a physician for a routine checkup in the past year.

- Comparable to state findings.
- Better than national findings.
- Lower in the SSA.
- TREND: Marks a statistically significant increase over time.

Have Visited a Physician for a Checkup in the Past Year



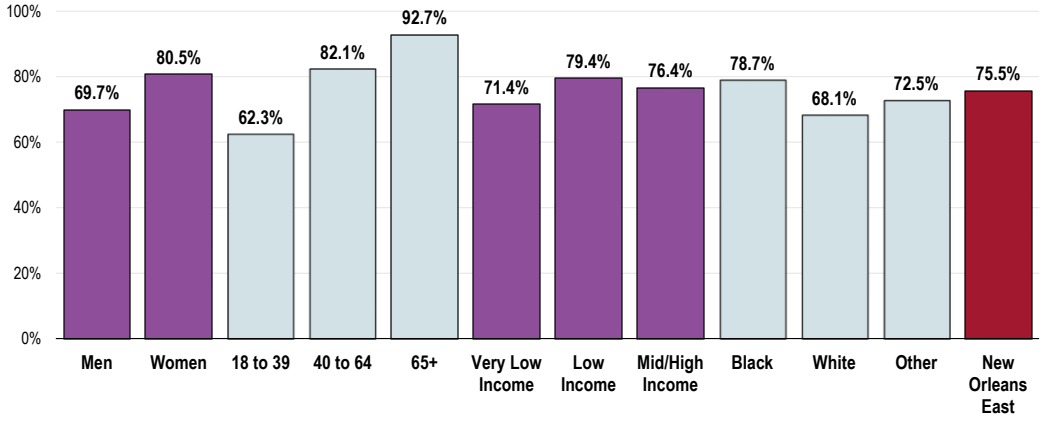
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 17]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Louisiana. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Louisiana data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Adults less likely to report a recent routine checkup include men, young adults (positive correlation with age), and Whites.

Have Visited a Physician for a Checkup in the Past Year

(New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes up to 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

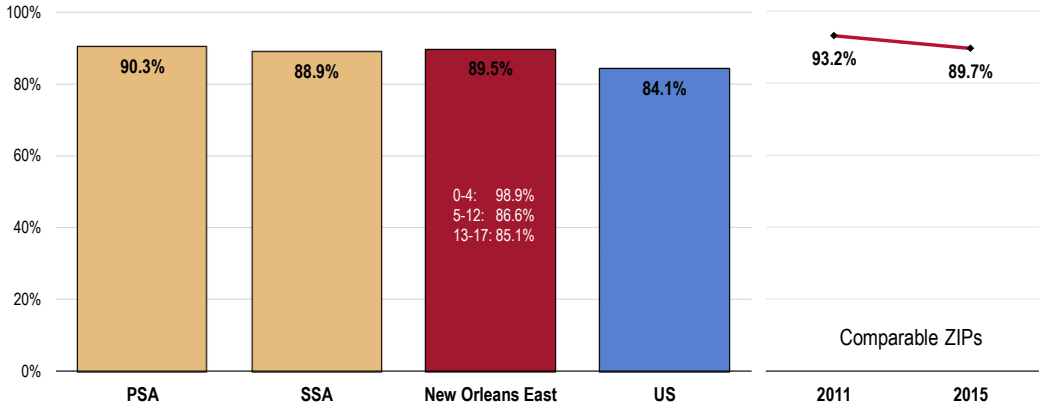
Children

Among surveyed parents, 89.5% report that their child has had a routine checkup in the past year.

- More favorable than national findings.
- Comparable findings between service areas.
- TREND: Statistically similar to 2011 findings.
- As might be expected, routine checkups are highest in New Orleans East among children under age 5.

Child Has Visited a Physician for a Routine Checkup in the Past Year

(Among Parents of Children 0-17)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 113]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

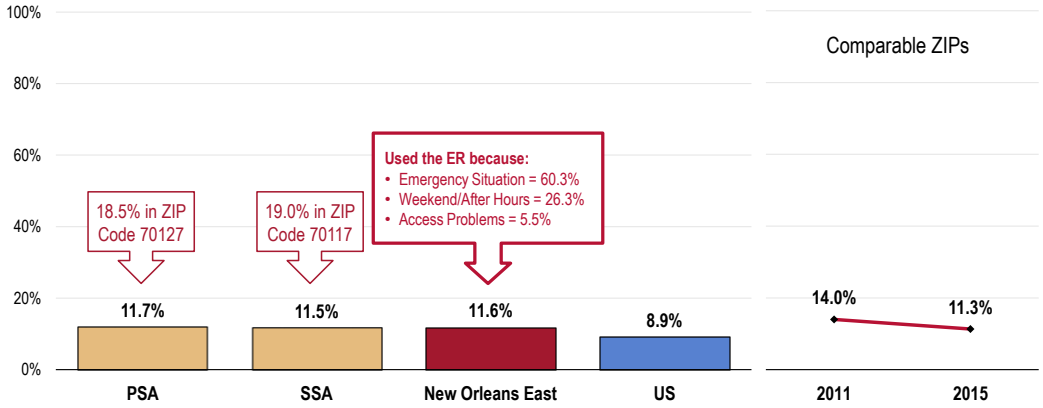
Notes:
- Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 11.6% of New Orleans East adults have gone to a hospital emergency room more than once in the past year about their own health.

- Less favorable than national findings.
- Comparable findings by service area (although particularly high in ZIP Codes 70117 and 70127).
- TREND: Statistically unchanged over time.

Have Used a Hospital Emergency Room More Than Once in the Past Year



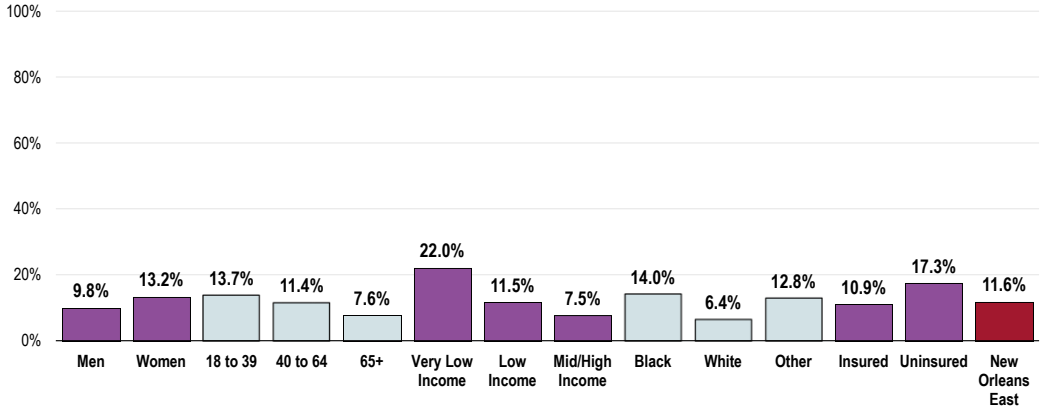
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 23-24]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Of those using a hospital ER, 60.3% say this was due to an **emergency or life-threatening situation**, while 26.3% indicated that the visit was during **after-hours or on the weekend**. A total of 5.5% cited **difficulties accessing primary care** for various reasons.

- Blacks and lower-income residents are more likely to report recurrent ER use (negative correlation with income).

Have Used a Hospital Emergency Room More Than Once in the Past Year

(New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes up to 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

About Oral Health

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;** and **poor dietary choices**.

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.

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; and 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.

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

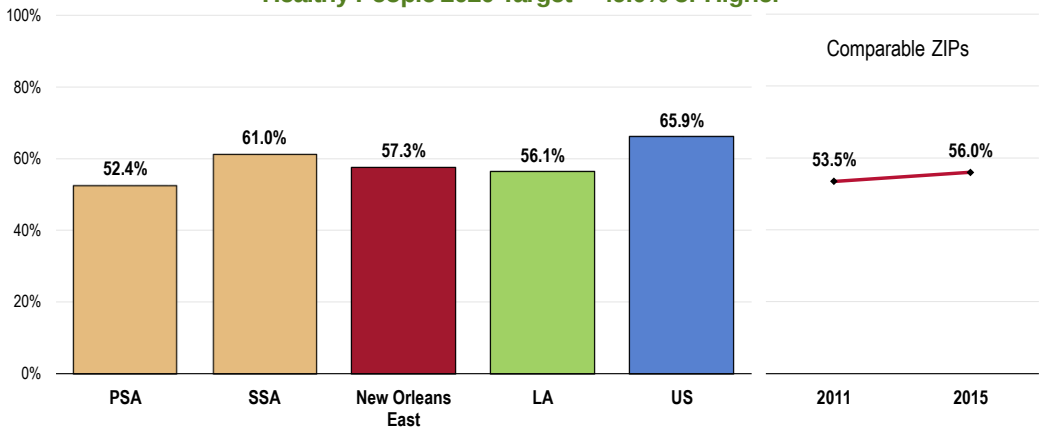
Adults

A total of 57.3% of New Orleans East adults have visited a dentist or dental clinic (for any reason) in the past year.

- Similar to statewide findings.
- Less favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Unfavorably low in the PSA.
- TREND: Statistically unchanged since 2011.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]
- 2013 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, Louisiana. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Louisiana data.

Notes:
- Asked of all respondents.

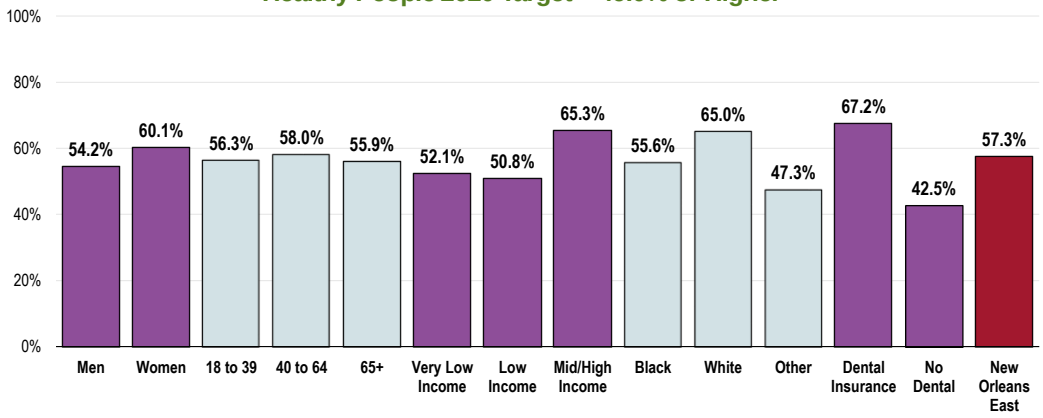
Note the following:

- Persons living in the higher income categories report much higher utilization of oral health services.
- Whites are much more likely than Blacks or Other races 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, 2015)

Healthy People 2020 Target = 49.0% or Higher



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

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. "Very Low Income" includes households with incomes up to 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

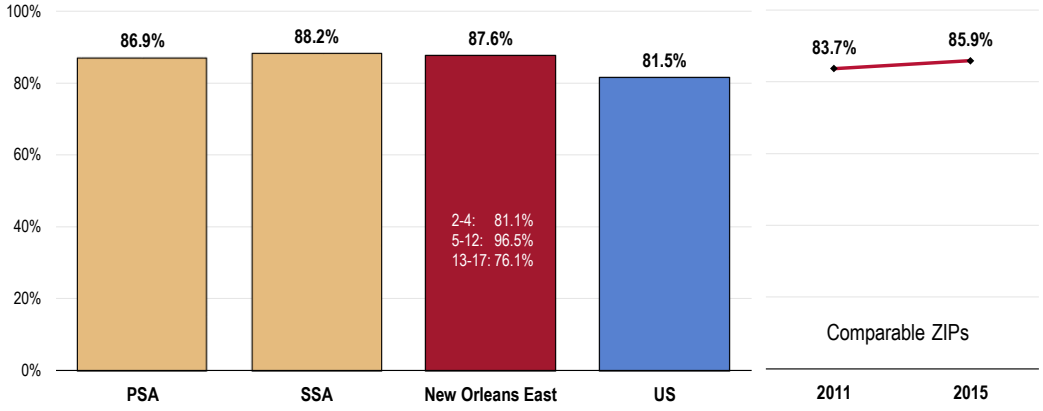
A total of 87.6% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- More favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Similar findings by service area.
- TREND: Statistically unchanged over time.
- Regular dental care is highest among children age 5 to 12.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Parents of Children Age 2-17)

Healthy People 2020 Target = 49.0% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 116]
- 2013 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]

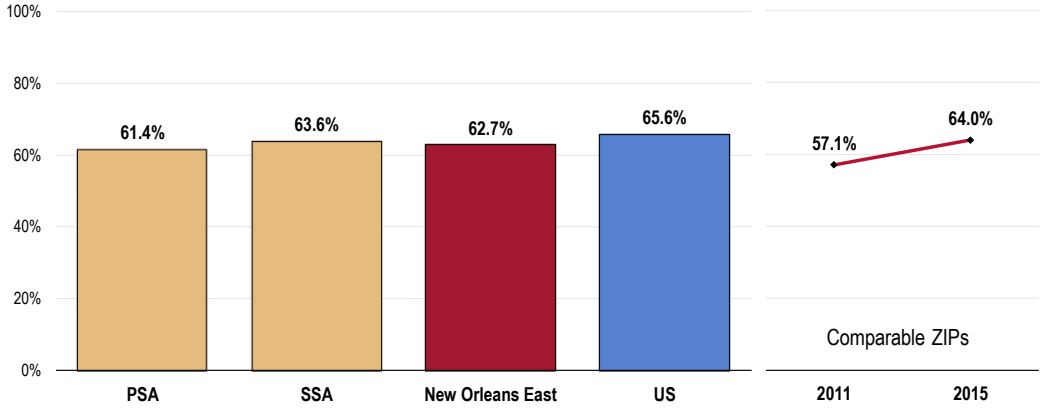
Notes:
- Asked of all respondents with children age 2 through 17.

Dental Insurance

Over 6 in 10 New Orleans East adults (62.7%) have dental insurance that covers all or part of their dental care costs.

- Similar to the national finding.
- Similar findings by service area.
- TREND: Denotes a statistically significant increase over time.

Have Insurance Coverage That Pays All or Part of Dental Care Costs



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 22]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Vision Care

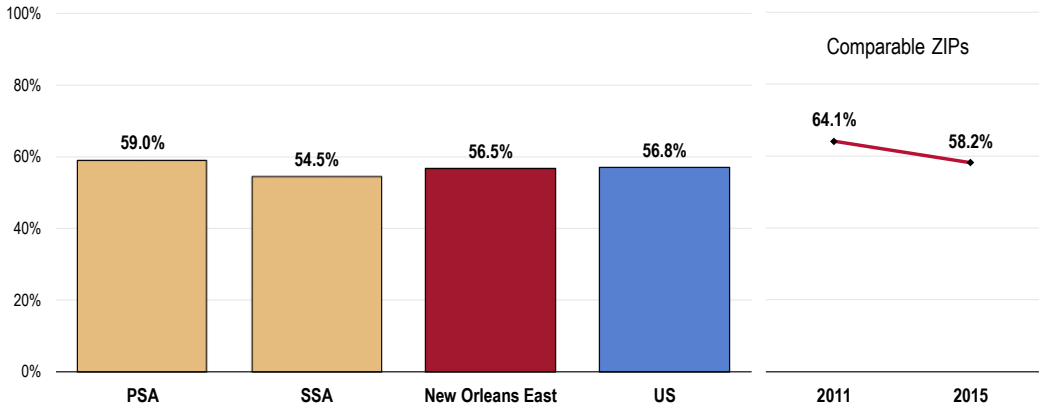
A total of 56.5% of residents had an eye exam in the past two years during which their pupils were dilated.

RELATED ISSUE:

See also Vision & Hearing in the **Death, Disease & Chronic Conditions** section of this report.

- Nearly identical to national findings.
- Similar findings by service area.
- TREND: Marks a statistically significant decrease from previous survey results.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



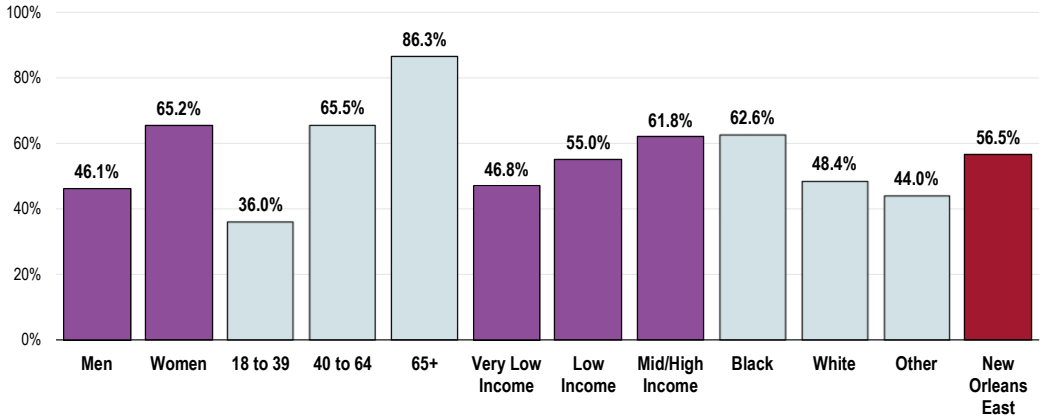
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Recent vision care in New Orleans East is more often reported among:

- Women.
- Residents age 40+ (positive correlation with age).
- Residents with higher incomes (positive correlation with income).
- Blacks.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

(New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]

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. "Very Low Income" includes households with incomes up to 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Local Resources

Professional Research Consultants, Inc.

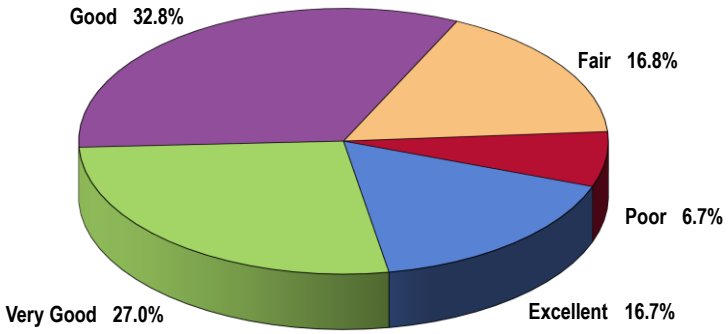
Perceptions of Local Healthcare Services

More than 4 in 10 New Orleans East adults (43.7%) rate the overall healthcare services available in their community as "excellent" or "very good."

- Another 32.8% gave "good" ratings.

Rating of Overall Healthcare Services Available in the Community

(New Orleans East, 2015)

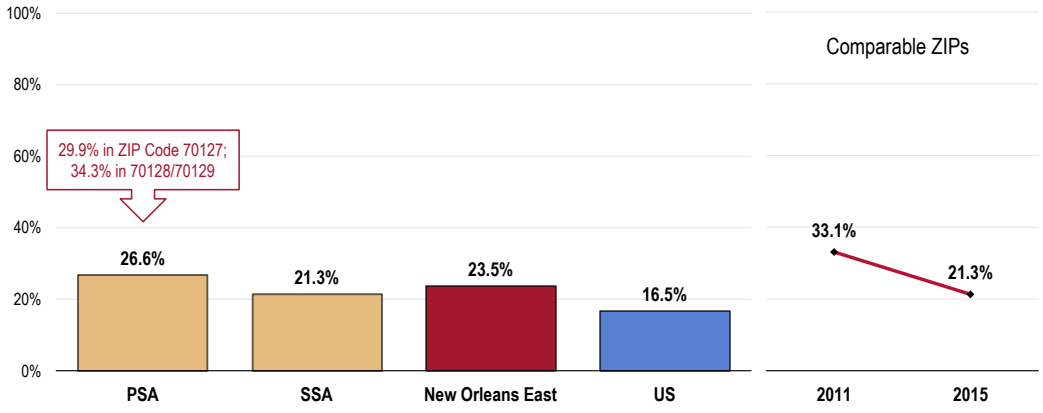


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: ● Asked of all respondents.

However, 23.5% of residents characterize local healthcare services as "fair" or "poor."

- Less favorable than reported nationally.
- Similar findings by service area (although notably less favorable in select ZIP Codes).
- TREND: Marks a statistically significant improvement in ratings over time.

Perceive Local Healthcare Services as "Fair/Poor"



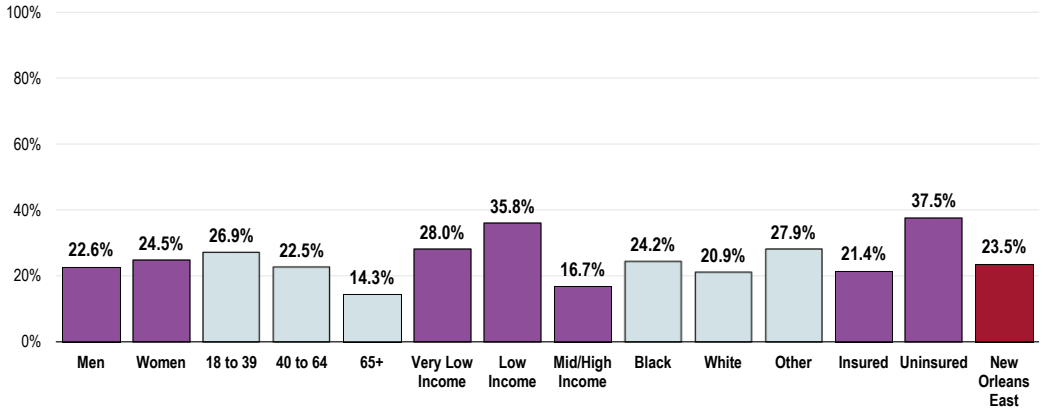
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

The following residents are more critical of local healthcare services:

- Adults under age 65 (negative correlation with age).
- Residents with lower incomes.
- Uninsured adults.

Perceive Local Healthcare Services as "Fair/Poor"

(New Orleans East, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

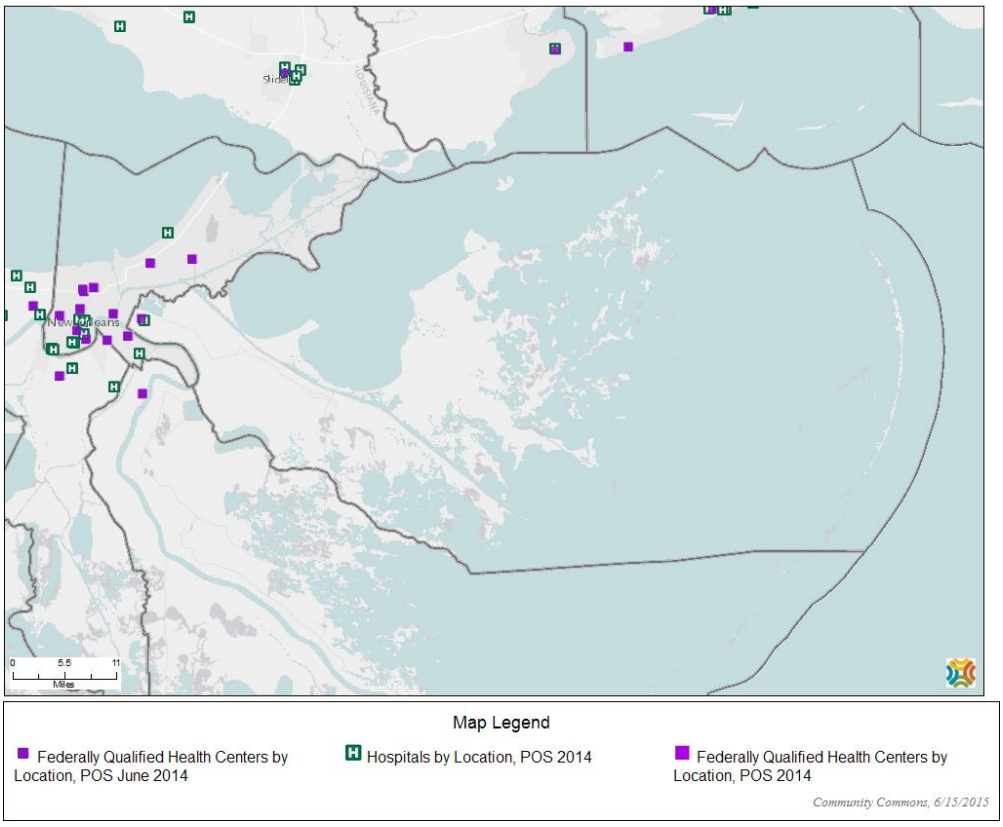
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes up to 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

The following map depicts the hospitals and Federally Qualified Health Centers (FQHCs) within Orleans Parish as of June 2014.

Hospitals and Federally Qualified Health Centers, POS June 2014



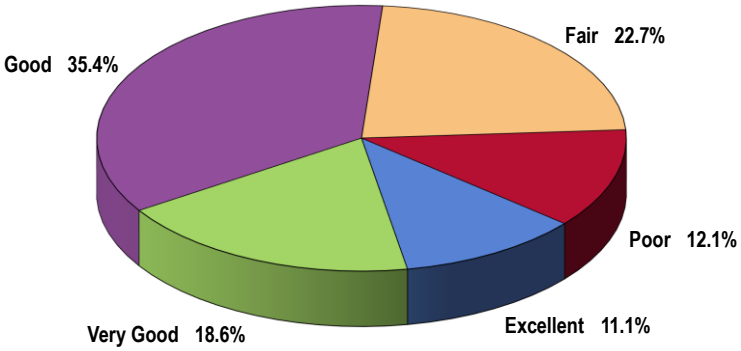
Other Issues

Public Transportation

When asked to rate local public transportation services, 29.7% of survey respondents gave "excellent" or "very good" responses.

- Another 35.4% gave "good" ratings.

Rating of Local Public Transportation Services
(New Orleans East, 2015)

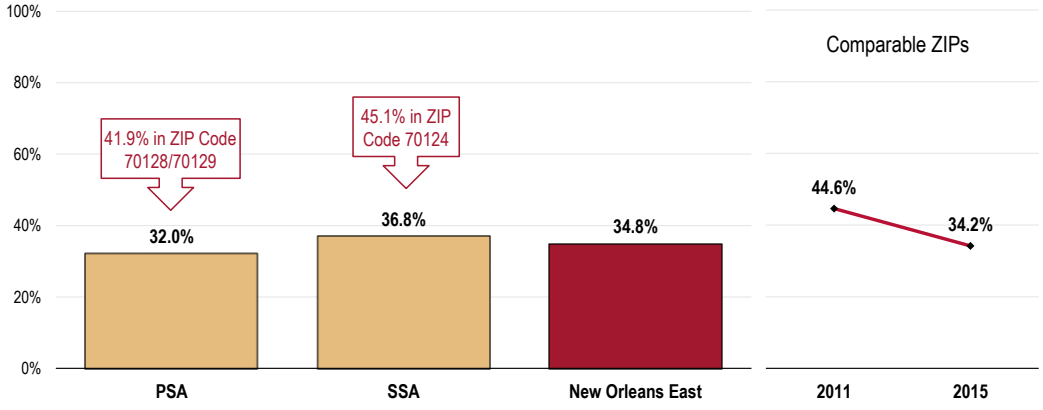


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]
Notes: ● Asked of all respondents.

However, 34.8% of residents characterize local public transportation services as "fair" or "poor."

- Similar by service area (although worse in ZIP Codes 70124 and 70128/70129).
- TREND: Marks a statistically significant improvement over time.

Perceive Local Public Transportation Services as "Fair/Poor"

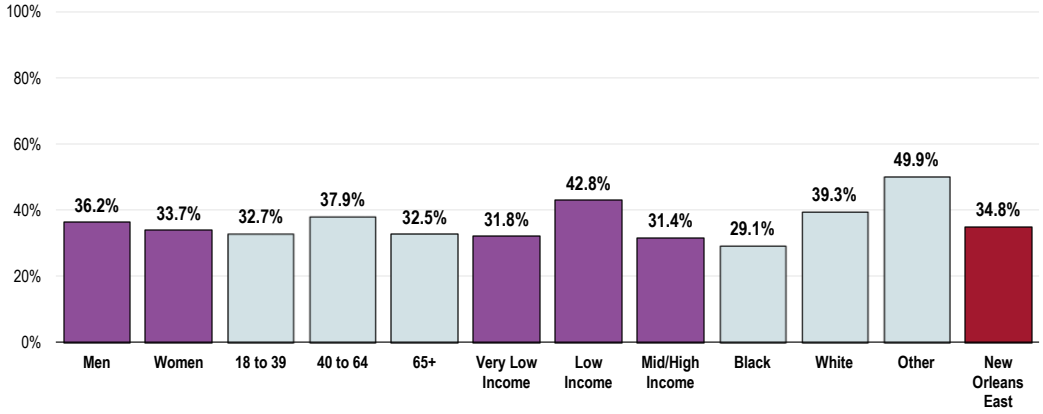


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 311]
Notes: ● Asked of all respondents.

- Whites, Other races, and residents living just above the federal poverty level are more likely to be critical of local public transportation.

Perceive Local Public Transportation Services as "Fair/Poor"

(New Orleans East, 2015)



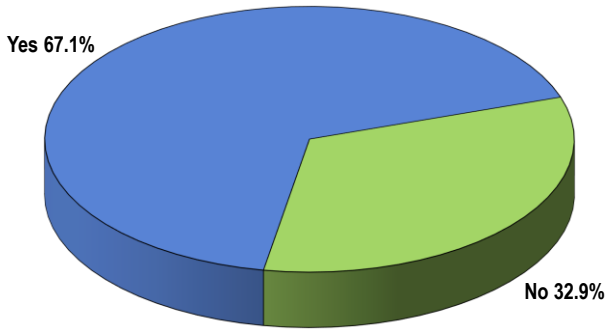
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes up to 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Most New Orleans East residents (67.1%) believe they can rely on local public transportation if they need it.

Can Rely on Local Public Transportation When Needed

(New Orleans East, 2015)



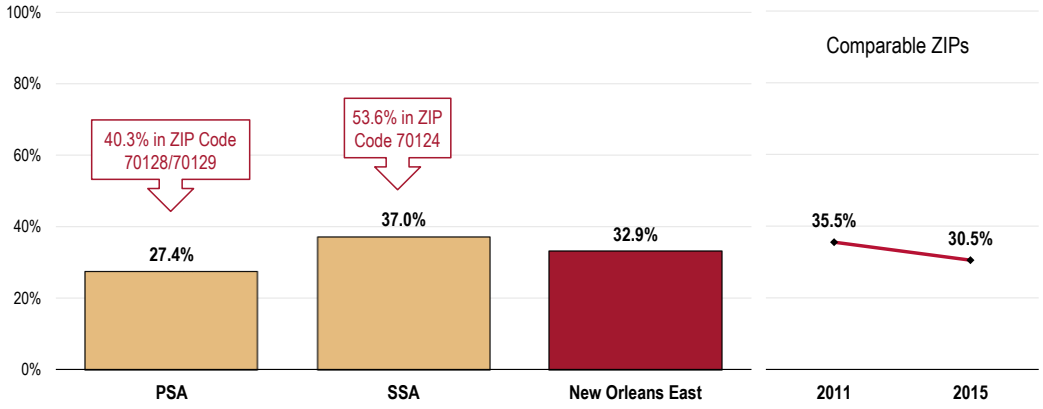
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]

Notes:
- Asked of all respondents.

However, 32.9% of survey respondents do not feel they can rely on public transportation when needed.

- Unfavorably higher in the Secondary Service Area (especially ZIP Code 70124; also high in PSA ZIP Codes 70128/70129).
- TREND: Marks a statistically significant improvement over time.

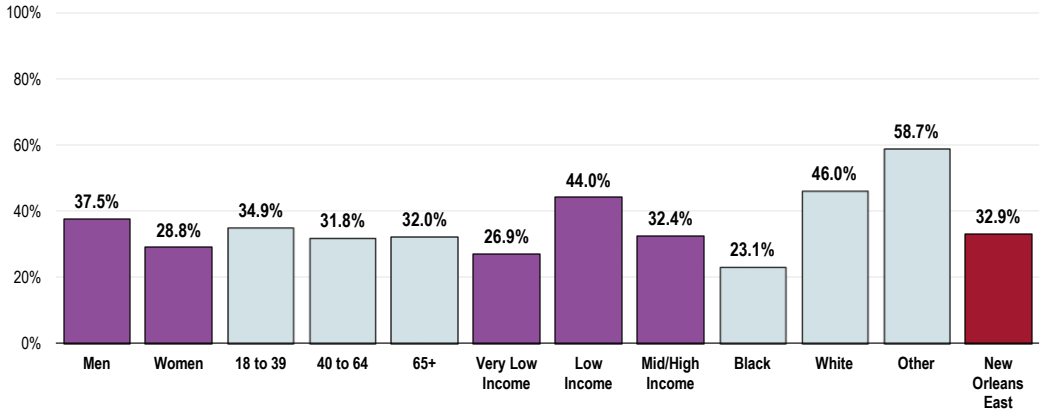
Cannot Rely on Local Public Transportation When Needed



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 312]
Notes: ● Asked of all respondents.

- Adults more likely to feel they cannot rely on local public transportation include men, residents in the "low-income" category, Whites, and Other races.

Cannot Rely on Local Public Transportation When Needed
(New Orleans East, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes up to 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

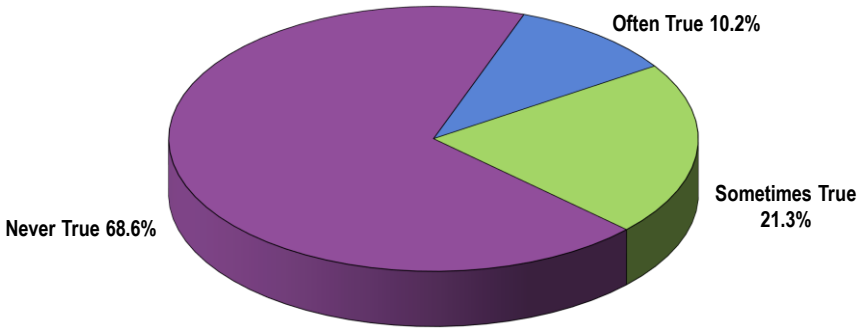
Hunger

At-Risk for Hunger

A total of 10.2% 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 21.3% of survey respondents consider this statement to be sometimes true.

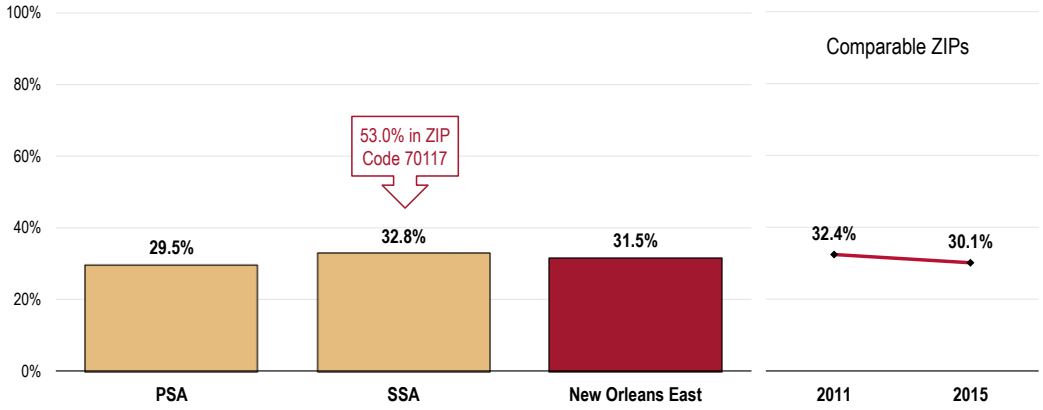
Agreement with: *"I worried whether our food would run out before we had money for more."*
(New Orleans East, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]
Notes: ● Asked of all respondents.

- The combined percentages are similar by service area (although especially high in ZIP Code 70117).
- TREND: Statistically unchanged over time.

"Often/Sometimes" Worried That Food Would Run Out



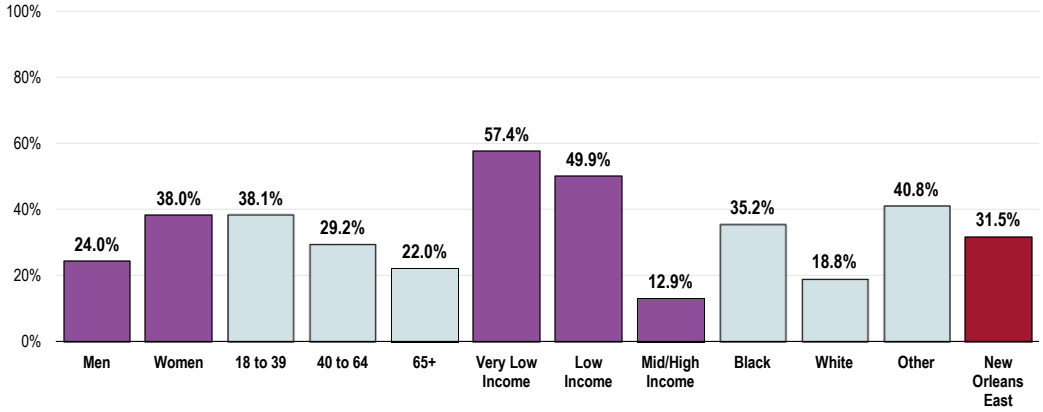
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 308]
Notes: ● Asked of all respondents.

The following residents are more likely to report concern over food running out:

- Women.
- Younger residents (negative correlation with age).
- Lower-income adults (negative correlation with income).
- Blacks and Other races.

"Often/Sometimes" Worried That Food Would Run Out

(New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]

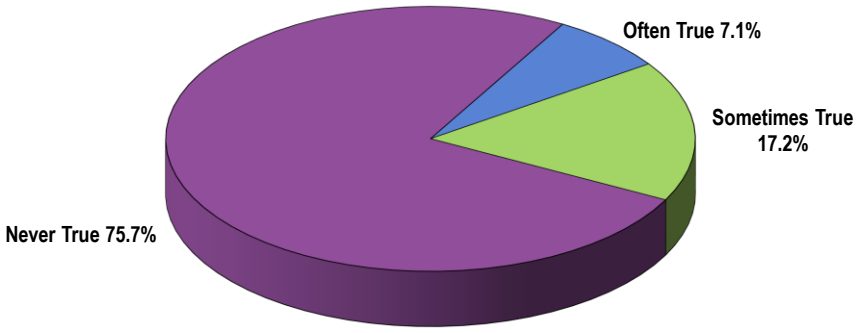
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes up to 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

A total of 7.1% of adults in New Orleans East 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 17.2% of survey respondents consider this statement to be sometimes true.

Agreement with: *"The food that we bought just did not last, and we did not have money for more."*

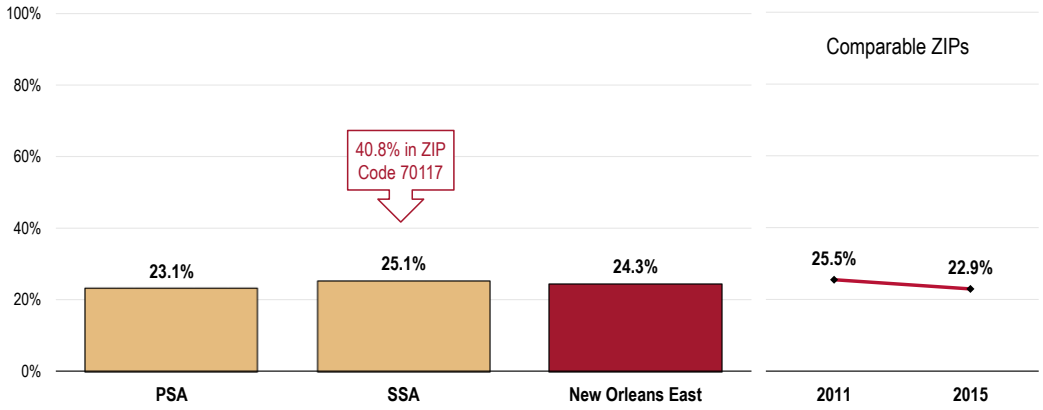
(New Orleans East, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]
Notes: ● Asked of all respondents.

- The combined percentages are similar by service area (again, particularly high in ZIP Code 70117).
- TREND: Statistically unchanged over time.

"Often/Sometimes" Ran out of Food



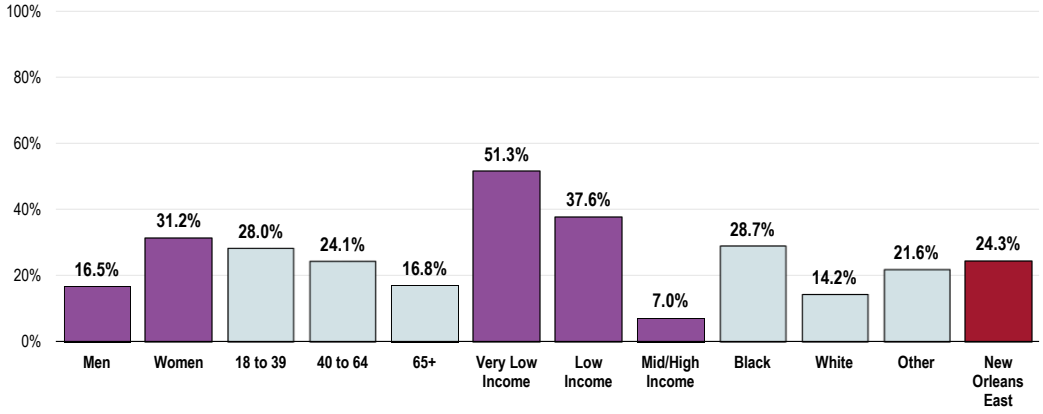
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 309]
Notes: ● Asked of all respondents.

The following residents are more likely to report running out of food without funds to replenish it:

- Women.
- Younger residents (negative correlation with age).
- Lower-income adults (negative correlation with income).
- Blacks.

"Often/Sometimes" Ran out of Food

(New Orleans East, 2015)



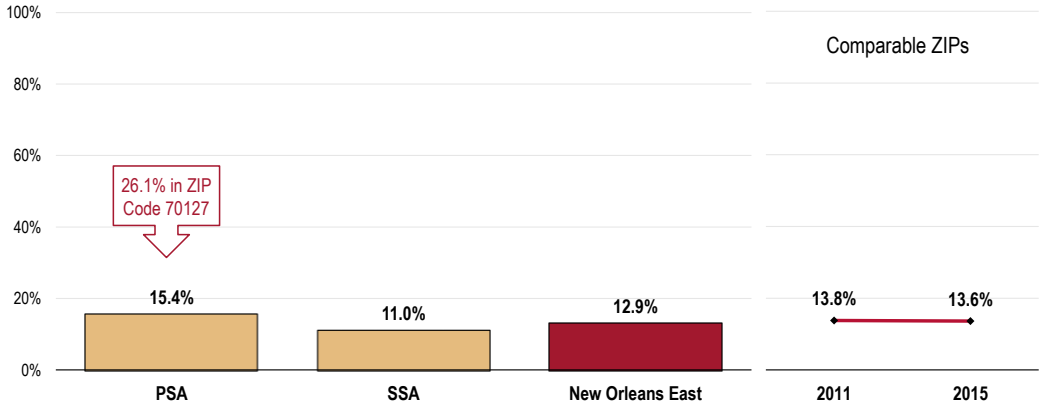
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes up to 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Use of Food Banks

In the past year, 12.9% of survey respondents visited a food bank or utilized some type of free meal program.

- Higher in the PSA (especially ZIP Code 70127).
- TREND: Statistically unchanged over time.

Relied on Food Bank or Free Meal Program in Past Year



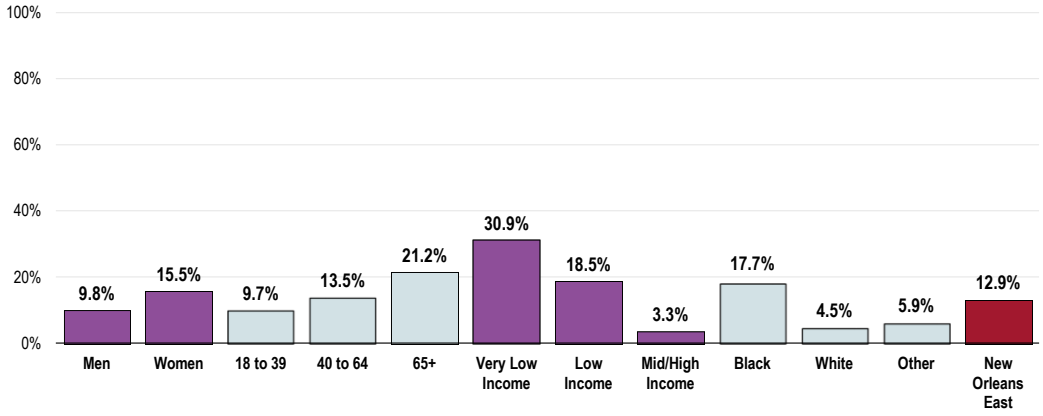
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 310]
Notes: ● Asked of all respondents.

The following population segments are more likely to have utilized a food bank or free meal program in the past year:

- Women.
- Older residents (positive correlation with age).
- Lower-income adults (negative correlation with age).
- Blacks.

Relied on Food Bank or Free Meal Program in Past Year

(New Orleans East, 2015)



Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other 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. "Very Low Income" includes households with incomes up to 100% of the federal poverty level; "Low Income" includes households with incomes between 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Appendix: ZIP Code Analysis of Survey Questions

Professional Research Consultants, Inc.

Overall Health	2015 Comparisons Across ZIP Codes (Each ZIP Code vs. Others)						Trends Within ZIP Code Areas					
	70117	70122	70124	70126	70127	70128/ 70129	70117 2011 vs. 2015	70122 2011 vs. 2015	70124 2011 vs. 2015	70126 2011 vs. 2015	70127 2011 vs. 2015	70128 / 70129 2011 vs. 2015
% "Fair/Poor" Physical Health	22.2	19.2	7.6	25.4	19.5	19.5	19.3 vs. 22.2	17.4 vs. 19.2	4.1 vs. 7.6	15.6 vs. 25.4	21.8 vs. 19.5	14.5 vs. 19.5
% Activity Limitations	22.9	22.5	14.4	23.4	27.8	13.7	23.6 vs. 22.9	18.4 vs. 22.5	11.6 vs. 14.4	18.1 vs. 23.4	18 vs. 27.8	10.9 vs. 13.7

Note: In the green section, each ZIP Code area is compared against all other areas combined. 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.

Note: In the pink section, data are trended within each ZIP Code. Blank cells indicate that a trend is not available for this indicator or that sample sizes are too small to provide meaningful results.

Access to Health Services	2015 Comparisons Across ZIP Codes (Each ZIP Code vs. Others)						Trends Within ZIP Code Areas					
	70117	70122	70124	70126	70127	70128/ 70129	70117 2011 vs. 2015	70122 2011 vs. 2015	70124 2011 vs. 2015	70126 2011 vs. 2015	70127 2011 vs. 2015	70128 / 70129 2011 vs. 2015
% [Age 18-64] Lack Health Insurance	12.3	8.7	1.5	16.4	11.4	25.3	31.9 vs. 12.3	19.7 vs. 8.7	5.7 vs. 1.5	23 vs. 16.4	13.1 vs. 11.4	33.3 vs. 25.3
% [Insured] Went Without Coverage in Past Year	15.4	17.1	4.3	11.6	3.9	4.5	18 vs. 15.4	14.4 vs. 17.1	5.4 vs. 4.3	12.2 vs. 11.6	11.3 vs. 3.9	6.7 vs. 4.5
% Difficulty Accessing Healthcare in Past Year (Composite)	51.7	40.2	40.5	40.5	49.7	52.4	53.4 vs. 51.7	49.7 vs. 40.2	32.4 vs. 40.5	50.5 vs. 40.5	54.9 vs. 49.7	43.9 vs. 52.4
% Inconvenient Hrs Prevented Dr Visit in Past Year	23.3	14.6	8.8	10.0	21.1	17.3	23.5 vs. 23.3	17.7 vs. 14.6	13.4 vs. 8.8	25 vs. 10	17.7 vs. 21.1	14.3 vs. 17.3
% Cost Prevented Getting Prescription in Past Year	33.4	19.1	8.9	22.5	20.7	17.5	33.1 vs. 33.4	26.8 vs. 19.1	10.1 vs. 8.9	27.8 vs. 22.5	27.5 vs. 20.7	21.1 vs. 17.5

% Cost Prevented Physician Visit in Past Year	20.3	14.3	7.1	12.2	24.8	25.6	22.4 vs. 20.3	20.9 vs. 14.3	8.8 vs. 7.1	22.2 vs. 12.2	18 vs. 24.8	16.4 vs. 25.6
% Difficulty Getting Appointment in Past Year	19.1	12.1	22.2	22.8	19.0	20.4	17.2 vs. 19.1	21.3 vs. 12.1	20 vs. 22.2	25.2 vs. 22.8	23.2 vs. 19	30.7 vs. 20.4
% Difficulty Finding Physician in Past Year	9.6	4.3	5.1	10.7	9.5	11.8	21.6 vs. 9.6	16.4 vs. 4.3	10.3 vs. 5.1	21.9 vs. 10.7	21.9 vs. 9.5	18.8 vs. 11.8
% Transportation Hindered Dr Visit in Past Year	17.4	10.9	1.0	10.0	12.8	7.4	15.9 vs. 17.4	10.6 vs. 10.9	1.1 vs. 1	8 vs. 10	17.4 vs. 12.8	10 vs. 7.4
% Skipped Prescription Doses to Save Costs	27.5	20.8	13.3	14.5	22.9	16.3	24.1 vs. 27.5	20.8 vs. 20.8	12.7 vs. 13.3	20.8 vs. 14.5	16.5 vs. 22.9	15.7 vs. 16.3
% [Age 18+] Have a Specific Source of Ongoing Care	52.4	63.0	77.7	68.2	58.2	69.5	55.4 vs. 52.4	73.8 vs. 63	78 vs. 77.7	60.1 vs. 68.2	64 vs. 58.2	73.5 vs. 69.5
% Have Had Routine Checkup in Past Year	74.6	79.9	70.8	87.3	72.8	75.7	69.4 vs. 74.6	78.3 vs. 79.9	62.2 vs. 70.8	77.1 vs. 87.3	65.7 vs. 72.8	79.3 vs. 75.7
% Two or More ER Visits in Past Year	19.0	10.6	0.9	11.2	18.5	7.1	23.2 vs. 19	16.7 vs. 10.6	4.3 vs. 0.9	12 vs. 11.2	14.6 vs. 18.5	9.3 vs. 7.1
% Rate Local Healthcare "Fair/Poor"	24.6	16.2	5.3	15.4	29.9	34.3	26.9 vs. 24.6	28.9 vs. 16.2	13.5 vs. 5.3	34.3 vs. 15.4	46.4 vs. 29.9	50.4 vs. 34.3

Note: In the green section, each ZIP Code area is compared against all other areas combined. 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.

Note: In the pink section, data are trended within each ZIP Code. Blank cells indicate that a trend is not available for this indicator or that sample sizes are too small to provide meaningful results.

2015 Comparisons Across ZIP Codes (Each ZIP Code vs. Others)

Trends Within ZIP Code Areas

Arthritis, Osteoporosis & Chronic Back Conditions	70117	70122	70124	70126	70127	70128/ 70129	70117 2011 vs. 2015	70122 2011 vs. 2015	70124 2011 vs. 2015	70126 2011 vs. 2015	70127 2011 vs. 2015	70128 / 70129 2011 vs. 2015
% [50+] Arthritis/Rheumatism	36.0	40.1	38.0	42.7	48.9	37.8	41.1 vs. 36	47.2 vs. 40.1	17.6 vs. 38	44.8 vs. 42.7	45 vs. 48.9	37.9 vs. 37.8
% [50+] Osteoporosis	4.2	3.5	10.6	8.1	9.2	7.8	9.4 vs. 4.2	7.1 vs. 3.5	13.8 vs. 10.6	5.5 vs. 8.1	10.6 vs. 9.2	2.1 vs. 7.8
% Sciatica/Chronic Back Pain	16.4	19.8	17.9	22.2	23.3	18.0	24.1 vs. 16.4	18.1 vs. 19.8	8.5 vs. 17.9	16.4 vs. 22.2	21.9 vs. 23.3	18.7 vs. 18

Note: In the green section, each ZIP Code area is compared against all other areas combined. 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.

Note: In the pink section, data are trended within each ZIP Code. Blank cells indicate that a trend is not available for this indicator or that sample sizes are too small to provide meaningful results.

2015 Comparisons Across ZIP Codes (Each ZIP Code vs. Others)

Trends Within ZIP Code Areas

Cancer	70117	70122	70124	70126	70127	70128/ 70129	70117 2011 vs. 2015	70122 2011 vs. 2015	70124 2011 vs. 2015	70126 2011 vs. 2015	70127 2011 vs. 2015	70128 / 70129 2011 vs. 2015
% Skin Cancer	2.7	1.3	8.7	1.1	0.5	0.8	3 vs. 2.7	2.4 vs. 1.3	8.6 vs. 8.7	2 vs. 1.1	0.7 vs. 0.5	3.2 vs. 0.8
% Cancer (Other Than Skin)	5.5	6.4	4.3	3.2	4.2	5.0	7.1 vs. 5.5	4 vs. 6.4	6.1 vs. 4.3	4.8 vs. 3.2	3.1 vs. 4.2	6.3 vs. 5
% [Women 50-74] Mammogram in Past 2 Years	78.8	88.5	87.3	95.0	86.2	89.8	vs. 78.8	76.8 vs. 88.5	vs. 87.3	89 vs. 95	vs. 86.2	87.8 vs. 89.8
% [Women 21-65] Pap Smear in Past 3 Years	78.5	86.8	88.6	86.1	92.7	90.5	71.9 vs. 78.5	82 vs. 86.8	88.9 vs. 88.6	91 vs. 86.1	96.1 vs. 92.7	88.9 vs. 90.5

	2015 Comparisons Across ZIP Codes (Each ZIP Code vs. Others)						Trends Within ZIP Code Areas					
% [Age 50-75] Colorectal Cancer Screening	73.2	85.3	81.8	82.8	83.9	69.7	73.5 vs. 73.2	76.6 vs. 85.3	70.8 vs. 81.8	75.8 vs. 82.8	84.7 vs. 83.9	70.7 vs. 69.7

Note: In the green section, each ZIP Code area is compared against all other areas combined. 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.

Note: In the pink section, data are trended within each ZIP Code. Blank cells indicate that a trend is not available for this indicator or that sample sizes are too small to provide meaningful results.

Chronic Kidney Disease	2015 Comparisons Across ZIP Codes (Each ZIP Code vs. Others)						Trends Within ZIP Code Areas					
	70117	70122	70124	70126	70127	70128/ 70129	70117 2011 vs. 2015	70122 2011 vs. 2015	70124 2011 vs. 2015	70126 2011 vs. 2015	70127 2011 vs. 2015	70128 / 70129 2011 vs. 2015
% Kidney Disease	4.3	3.2	0.0	5.1	4.4	0.4						

Note: In the green section, each ZIP Code area is compared against all other areas combined. 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.

Note: In the pink section, data are trended within each ZIP Code. Blank cells indicate that a trend is not available for this indicator or that sample sizes are too small to provide meaningful results.

Diabetes	2015 Comparisons Across ZIP Codes (Each ZIP Code vs. Others)						Trends Within ZIP Code Areas					
	70117	70122	70124	70126	70127	70128/ 70129	70117 2011 vs. 2015	70122 2011 vs. 2015	70124 2011 vs. 2015	70126 2011 vs. 2015	70127 2011 vs. 2015	70128 / 70129 2011 vs. 2015
% Diabetes/High Blood Sugar	15.9	13.1	6.3	17.5	18.5	8.4	14.9 vs. 15.9	15.1 vs. 13.1	4.5 vs. 6.3	17.5 vs. 17.5	10.4 vs. 18.5	15.5 vs. 8.4
% Borderline/Pre-Diabetes	7.2	9.2	6.0	8.3	9.9	8.0						
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	50.1	69.3	57.7	50.4	54.9	40.8						

Note: In the green section, each ZIP Code area is compared against all other areas combined. 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.

Note: In the pink section, data are trended within each ZIP Code. Blank cells indicate that a trend is not available for this indicator or that sample sizes are too small to provide meaningful results.

Hearing & Other Sensory or Communication Disorders

2015 Comparisons Across ZIP Codes (Each ZIP Code vs. Others)

	70117	70122	70124	70126	70127	70128/ 70129
% Deafness/Trouble Hearing	4.9	6.2	6.5	4.5	5.9	3.1

Note: In the green section, each ZIP Code area is compared against all other areas combined. 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.

Trends Within ZIP Code Areas

70117 2011 vs. 2015	70122 2011 vs. 2015	70124 2011 vs. 2015	70126 2011 vs. 2015	70127 2011 vs. 2015	70128 / 70129 2011 vs. 2015
11.1 vs. 4.9	8 vs. 6.2	3.7 vs. 6.5	5.4 vs. 4.5	8.8 vs. 5.9	5.9 vs. 3.1

Note: In the pink section, data are trended within each ZIP Code. Blank cells indicate that a trend is not available for this indicator or that sample sizes are too small to provide meaningful results.

Heart Disease & Stroke

2015 Comparisons Across ZIP Codes (Each ZIP Code vs. Others)

	70117	70122	70124	70126	70127	70128/ 70129
% Heart Disease (Heart Attack, Angina, Coronary Disease)	6.0	4.1	3.7	4.7	6.0	5.4
% Stroke	4.8	9.1	4.1	5.0	6.2	1.4
% Blood Pressure Checked in Past 2 Years	85.0	93.7	99.5	97.1	95.2	86.8
% Told Have High Blood Pressure (Ever)	51.8	46.3	24.7	51.3	56.2	36.3
% [HBP] Taking Action to Control High Blood Pressure	90.6	92.8	90.4	98.9	92.4	91.3
% Cholesterol Checked in Past 5 Years	82.4	95.0	98.3	93.9	79.9	86.8

Trends Within ZIP Code Areas

70117 2011 vs. 2015	70122 2011 vs. 2015	70124 2011 vs. 2015	70126 2011 vs. 2015	70127 2011 vs. 2015	70128 / 70129 2011 vs. 2015
8.6 vs. 6	7.5 vs. 4.1	1.1 vs. 3.7	5 vs. 4.7	8.7 vs. 6	6.2 vs. 5.4
8.1 vs. 4.8	4.2 vs. 9.1	1.2 vs. 4.1	3.2 vs. 5	5.4 vs. 6.2	6 vs. 1.4
92.9 vs. 85	97.3 vs. 93.7		96.5 vs. 97.1	vs. 95.2	91.4 vs. 86.8
42.1 vs. 51.8	50.7 vs. 46.3	18.4 vs. 24.7	39 vs. 51.3	40.7 vs. 56.2	43.1 vs. 36.3
96.6 vs. 90.6	94.8 vs. 92.8		93.1 vs. 98.9	90.4 vs. 92.4	93.2 vs. 91.3
87.5 vs. 82.4	95.5 vs. 95	95.4 vs. 98.3	88.9 vs. 93.9	92 vs. 79.9	89.9 vs. 86.8

% Told Have High Cholesterol (Ever)	30.8	28.6	29.3	25.7	26.6	24.0	38.3 vs. 30.8	31.9 vs. 28.6	19.5 vs. 29.3	27.6 vs. 25.7	20.6 vs. 26.6	24.4 vs. 24
% [HBC] Taking Action to Control High Blood Cholesterol	82.8	87.1	66.6	88.1	92.1	84.0	78.2 vs. 82.8	87.9 vs. 87.1	94.1 vs. 66.6	85.9 vs. 88.1	97.4 vs. 92.1	98.9 vs. 84
% 1+ Cardiovascular Risk Factor	91.3	87.7	65.7	91.2	94.7	84.4	88.1 vs. 91.3	86.9 vs. 87.7	65.9 vs. 65.7	86 vs. 91.2	87.5 vs. 94.7	88.5 vs. 84.4

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2015 Comparisons Across ZIP Codes (Each ZIP Code vs. Others)

Trends Within ZIP Code Areas

Injury & Violence Prevention	70117	70122	70124	70126	70127	70128/ 70129	70117 2011 vs. 2015	70122 2011 vs. 2015	70124 2011 vs. 2015	70126 2011 vs. 2015	70127 2011 vs. 2015	70128 / 70129 2011 vs. 2015
% "Always" Wear Seat Belt	82.4	82.1	94.8	89.5	85.4	89.7	72.8 vs. 82.4	86.5 vs. 82.1	92 vs. 94.8	86.9 vs. 89.5	86.1 vs. 85.4	79.2 vs. 89.7
% Firearm in Home	20.0	35.0	38.4	34.5	45.1	41.5	22.8 vs. 20	24.3 vs. 35	41.4 vs. 38.4	27.8 vs. 34.5	33.9 vs. 45.1	43.5 vs. 41.5
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	39.0	35.8	35.0	27.9	24.0	20.1		41.2 vs. 35.8		28.5 vs. 27.9		31 vs. 20.1
% Victim of Violent Crime in Past 5 Years	6.7	1.7	1.3	5.1	4.5	6.3	11.4 vs. 6.7	4.1 vs. 1.7	3.1 vs. 1.3	10.2 vs. 5.1	6.6 vs. 4.5	4.5 vs. 6.3
% Ever Threatened With Violence by Intimate Partner	19.3	12.0	11.6	7.5	11.8	12.6	16.6 vs. 19.3	7.6 vs. 12	10.5 vs. 11.6	15.1 vs. 7.5	21.7 vs. 11.8	16 vs. 12.6
% Victim of Domestic Violence (Ever)	11.9	14.0	12.5	10.7	14.6	13.8	17.4 vs. 11.9	8.7 vs. 14	6.3 vs. 12.5	10.9 vs. 10.7	22.3 vs. 14.6	11.5 vs. 13.8

% Neighborhood Safety/Security/Crime Control is "Fair/Poor"	44.8	23.9	6.8	39.0	46.4	29.4	70.4 vs. 44.8	32.7 vs. 23.9	12.2 vs. 6.8	37.4 vs. 39	40.5 vs. 46.4	44.8 vs. 29.4
% Neighborhood Crime Has Worsened in Past 2 Years	28.7	26.5	23.4	28.0	32.2	15.9	34.5 vs. 28.7	19.5 vs. 26.5	23.6 vs. 23.4	28.6 vs. 28	26.5 vs. 32.2	26.3 vs. 15.9
% Neighborhood Safety During the Day is "Fair/Poor"	20.0	11.9	1.8	20.9	24.8	18.3	27.7 vs. 20	10.5 vs. 11.9	0.6 vs. 1.8	22.8 vs. 20.9	18.3 vs. 24.8	21.8 vs. 18.3
% Neighborhood Safety at Night is "Fair/Poor"	64.6	45.3	13.5	44.0	52.4	54.7	66.2 vs. 64.6	42.3 vs. 45.3	8.8 vs. 13.5	50.7 vs. 44	52.4 vs. 52.4	45.2 vs. 54.7
% Nighttime Safety/Security at Home is "Fair/Poor"	16.3	5.3	0.9	9.1	12.7	8.1	9.4 vs. 16.3	10.3 vs. 5.3	3.2 vs. 0.9	15.4 vs. 9.1	11.3 vs. 12.7	9.6 vs. 8.1

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2015 Comparisons Across ZIP Codes (Each ZIP Code vs. Others)

Trends Within ZIP Code Areas

Mental Health & Mental Disorders	**70117**	**70122**	**70124**	**70126**	**70127**	**70128/ 70129**	**70117** 2011 vs. 2015	**70122** 2011 vs. 2015	**70124** 2011 vs. 2015	**70126** 2011 vs. 2015	**70127** 2011 vs. 2015	**70128 / 70129** 2011 vs. 2015
% "Fair/Poor" Mental Health	13.6	13.6	4.2	18.0	17.3	21.9	23.6 vs. 13.6	15.4 vs. 13.6	7.6 vs. 4.2	18.6 vs. 18	18.1 vs. 17.3	10.3 vs. 21.9
% Diagnosed Depression	11.5	12.3	20.0	13.3	24.9	12.6						
% Symptoms of Chronic Depression (2+ Years)	38.7	28.2	25.7	45.4	43.3	31.9	47.5 vs. 38.7	39.7 vs. 28.2	25.2 vs. 25.7	35.9 vs. 45.4	32.7 vs. 43.3	36.7 vs. 31.9

	2015 Comparisons Across ZIP Codes (Each ZIP Code vs. Others)						Trends Within ZIP Code Areas					
Nutrition, Physical Activity & Weight	**70117**	**70122**	**70124**	**70126**	**70127**	**70128/ 70129**	**70117** 2011 vs. 2015	**70122** 2011 vs. 2015	**70124** 2011 vs. 2015	**70126** 2011 vs. 2015	**70127** 2011 vs. 2015	**70128 / 70129** 2011 vs. 2015
% Have Ever Sought Help for Mental Health	19.9	20.8	33.9	21.4	35.8	18.1						
% Typical Day Is "Extremely/Very" Stressful	16.4	11.1	9.6	12.1	10.1	13.2	18.5 vs. 16.4	9.7 vs. 11.1	21 vs. 9.6	7.8 vs. 12.1	13.9 vs. 10.1	3.5 vs. 13.2
% Eat 5+ Servings of Fruit or Vegetables per Day	29.6	27.4	34.0	28.6	23.2	24.8	36.5 vs. 29.6	39.6 vs. 27.4	45.4 vs. 34	31 vs. 28.6	32.4 vs. 23.2	40.5 vs. 24.8
% "Very/Somewhat" Difficult to Buy Fresh Produce	42.3	25.4	10.7	19.2	27.5	15.8	29.8 vs. 42.3	34.2 vs. 25.4	17 vs. 10.7	21.5 vs. 19.2	36.6 vs. 27.5	23.5 vs. 15.8
% Medical Advice on Nutrition in Past Year	37.7	62.3	41.2	56.2	55.7	35.1	43.2 vs. 37.7	45.8 vs. 62.3	31.1 vs. 41.2	45.3 vs. 56.2	48.3 vs. 55.7	46.7 vs. 35.1
% "Often/Sometimes" Worried That Food Would Run Out	53.0	27.6	4.9	28.8	29.3	30.5	43.5 vs. 53	35.2 vs. 27.6	7 vs. 4.9	35.3 vs. 28.8	35.9 vs. 29.3	31.2 vs. 30.5
% "Often/Sometimes" Ran Out of Food Without More Money	40.8	19.2	3.4	26.2	24.1	19.5	31 vs. 40.8	26.9 vs. 19.2	3.2 vs. 3.4	33 vs. 26.2	25.3 vs. 24.1	28 vs. 19.5
% Relied on Food Bank/Church for Food in the Past Year	19.0	12.2	1.5	12.6	26.1	9.8	17.2 vs. 19	11.2 vs. 12.2	1.9 vs. 1.5	14 vs. 12.6	21.7 vs. 26.1	16.3 vs. 9.8
% Healthy Weight (BMI 18.5-24.9)	19.9	25.7	43.0	24.3	19.9	29.7	25.5 vs. 19.9	32.9 vs. 25.7	40.1 vs. 43	34.5 vs. 24.3	26.2 vs. 19.9	29.4 vs. 29.7

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% Overweight (BMI 25+)	71.2	73.8	55.5	72.1	78.4	61.6	72.7 vs. 71.2	62.9 vs. 73.8	57 vs. 55.5	65.5 vs. 72.1	73.3 vs. 78.4	70.5 vs. 61.6
% Obese (BMI 30+)	42.0	43.6	19.0	35.8	46.3	29.0	36.3 vs. 42	29.2 vs. 43.6	16.6 vs. 19	37.9 vs. 35.8	31.5 vs. 46.3	39.4 vs. 29
% Medical Advice on Weight in Past Year	25.6	33.1	28.2	32.4	42.7	23.5	28.1 vs. 25.6	22.9 vs. 33.1	17.6 vs. 28.2	25.1 vs. 32.4	28.6 vs. 42.7	28 vs. 23.5
% [Overweights] Trying to Lose Weight Both Diet/Exercise	35.7	51.3	48.9	40.1	40.1	39.0	36.6 vs. 35.7	36.6 vs. 51.3	42.5 vs. 48.9	46.2 vs. 40.1	41.2 vs. 40.1	43.5 vs. 39
% No Leisure-Time Physical Activity	38.1	22.5	5.7	27.7	24.3	29.8	26.6 vs. 38.1	24.6 vs. 22.5	9.4 vs. 5.7	31.7 vs. 27.7	33.4 vs. 24.3	33.5 vs. 29.8
% Meeting Physical Activity Guidelines	32.3	44.7	64.8	49.3	39.7	41.9	48.5 vs. 32.3	38.2 vs. 44.7	60.5 vs. 64.8	42.3 vs. 49.3	37.7 vs. 39.7	33.9 vs. 41.9
% Moderate Physical Activity	19.0	27.3	43.8	25.6	19.6	16.5	26.7 vs. 19	21.3 vs. 27.3	34.4 vs. 43.8	21.4 vs. 25.6	22.6 vs. 19.6	13.9 vs. 16.5
% Vigorous Physical Activity	22.0	36.5	51.5	46.0	27.7	38.4	37.6 vs. 22	28 vs. 36.5	50.5 vs. 51.5	31.7 vs. 46	33.4 vs. 27.7	29.4 vs. 38.4
% Medical Advice on Physical Activity in Past Year	54.5	61.2	47.5	57.8	58.8	40.0	49.9 vs. 54.5	47.7 vs. 61.2	39.1 vs. 47.5	51.9 vs. 57.8	54.8 vs. 58.8	49.1 vs. 40

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2015 Comparisons Across ZIP Codes (Each ZIP Code vs. Others)

Oral Health	70117	70122	70124	70126	70127	70128/ 70129
% [Age 18+] Dental Visit in Past Year	52.4	55.2	75.2	51.0	54.5	52.0
% Have Dental Insurance	61.3	66.1	73.7	64.4	62.7	57.8

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Trends Within ZIP Code Areas

70117 2011 vs. 2015	70122 2011 vs. 2015	70124 2011 vs. 2015	70126 2011 vs. 2015	70127 2011 vs. 2015	70128 / 70129 2011 vs. 2015
34 vs. 52.4	56.4 vs. 55.2	77.8 vs. 75.2	52.2 vs. 51	56.2 vs. 54.5	53.3 vs. 52
47.9 vs. 61.3	63.4 vs. 66.1	67.1 vs. 73.7	59.7 vs. 64.4	66 vs. 62.7	44.8 vs. 57.8

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2015 Comparisons Across ZIP Codes (Each ZIP Code vs. Others)

Respiratory Diseases	70117	70122	70124	70126	70127	70128/ 70129
% COPD (Lung Disease)	12.6	9.2	7.8	9.4	13.3	9.6
% [Adult] Currently Has Asthma	18.1	6.6	3.6	9.8	10.3	5.2

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Trends Within ZIP Code Areas

70117 2011 vs. 2015	70122 2011 vs. 2015	70124 2011 vs. 2015	70126 2011 vs. 2015	70127 2011 vs. 2015	70128 / 70129 2011 vs. 2015
7.4 vs. 12.6	10.3 vs. 9.2	2.8 vs. 7.8	7.3 vs. 9.4	3.5 vs. 13.3	7 vs. 9.6
9 vs. 18.1	10.2 vs. 6.6	3.8 vs. 3.6	11.1 vs. 9.8	4.7 vs. 10.3	7.2 vs. 5.2

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Substance Abuse

Substance Abuse	2015 Comparisons Across ZIP Codes (Each ZIP Code vs. Others)						Trends Within ZIP Code Areas					
	70117	70122	70124	70126	70127	70128/ 70129	70117 2011 vs. 2015	70122 2011 vs. 2015	70124 2011 vs. 2015	70126 2011 vs. 2015	70127 2011 vs. 2015	70128 / 70129 2011 vs. 2015
% Current Drinker	40.9	52.0	85.3	43.9	47.2	42.8	49.9 vs. 40.9	51.6 vs. 52	84.4 vs. 85.3	45.4 vs. 43.9	59.7 vs. 47.2	65.7 vs. 42.8
% Excessive Drinker	15.1	19.4	33.6	12.8	20.3	11.1	21.6 vs. 15.1	20.3 vs. 19.4	28 vs. 33.6	14.4 vs. 12.8	19 vs. 20.3	25.1 vs. 11.1
% Drinking & Driving in Past Month	2.2	6.9	1.3	1.7	0.7	0.3	8.6 vs. 2.2	3 vs. 6.9	4.6 vs. 1.3	0.8 vs. 1.7	3 vs. 0.7	1.9 vs. 0.3
% Illicit Drug Use in Past Month	1.1	1.4	3.5	3.1	1.7	0.0	7.6 vs. 1.1	2.6 vs. 1.4	1.1 vs. 3.5	3.6 vs. 3.1	5.3 vs. 1.7	0.3 vs. 0.01
% Ever Sought Help for Alcohol or Drug Problem	4.5	1.4	1.4	3.2	2.2	0.7	3.5 vs. 4.5	2.7 vs. 1.4	2.3 vs. 1.4	2.4 vs. 3.2	3.9 vs. 2.2	1.4 vs. 0.7

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Tobacco Use

Tobacco Use	2015 Comparisons Across ZIP Codes (Each ZIP Code vs. Others)						Trends Within ZIP Code Areas					
	70117	70122	70124	70126	70127	70128/ 70129	70117 2011 vs. 2015	70122 2011 vs. 2015	70124 2011 vs. 2015	70126 2011 vs. 2015	70127 2011 vs. 2015	70128 / 70129 2011 vs. 2015
% Current Smoker	26.6	15.3	6.7	14.6	21.8	14.2	18 vs. 26.6	10 vs. 15.3	4.9 vs. 6.7	10.6 vs. 14.6	17.3 vs. 21.8	9.8 vs. 14.2
% Someone Smokes at Home	18.9	14.3	8.2	9.6	22.3	28.4	24.6 vs. 18.9	14.9 vs. 14.3	6.3 vs. 8.2	13.1 vs. 9.6	21.8 vs. 22.3	15.2 vs. 28.4
% [Non-Smokers] Someone Smokes in the Home	2.9	7.7	5.2	3.8	14.2	24.8	16.6 vs. 2.9	8 vs. 7.7	3 vs. 5.2	5.9 vs. 3.8	12.5 vs. 14.2	9.6 vs. 24.8

% Smoke Cigars	2.9	5.9	4.4	5.8	8.5	5.7
% Use Smokeless Tobacco	3.7	0.3	0.0	1.3	5.0	0.8

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7.3 vs. 2.9	3.7 vs. 5.9	5.9 vs. 4.4	6.4 vs. 5.8	8.1 vs. 8.5	1.5 vs. 5.7
0.6 vs. 3.7	0.01 vs. 0.3	1.1 vs. 0.01	0.4 vs. 1.3	0.5 vs. 5	2.2 vs. 0.8

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2015 Comparisons Across ZIP Codes (Each ZIP Code vs. Others)

Vision	70117	70122	70124	70126	70127	70128/ 70129
% Blindness/Trouble Seeing	9.1	11.5	3.2	11.6	8.3	7.8
% Eye Exam in Past 2 Years	53.2	61.3	56.8	67.8	54.8	54.0

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Trends Within ZIP Code Areas

70117 2011 vs. 2015	70122 2011 vs. 2015	70124 2011 vs. 2015	70126 2011 vs. 2015	70127 2011 vs. 2015	70128 / 70129 2011 vs. 2015
18.8 vs. 9.1	14 vs. 11.5	6.3 vs. 3.2	12.6 vs. 11.6	10.6 vs. 8.3	10.6 vs. 7.8
54.1 vs. 53.2	71.6 vs. 61.3	65.6 vs. 56.8	65.4 vs. 67.8	62.2 vs. 54.8	65.7 vs. 54

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2015 Comparisons Across ZIP Codes (Each ZIP Code vs. Others)

Transportation	70117	70122	70124	70126	70127	70128/ 70129
% Local Public Transportation is "Fair/Poor"	37.8	29.5	45.1	28.8	24.0	41.9
% Cannot Rely on Public Transportation for Needs	31.9	22.8	53.6	22.3	15.6	40.3

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Trends Within ZIP Code Areas

70117 2011 vs. 2015	70122 2011 vs. 2015	70124 2011 vs. 2015	70126 2011 vs. 2015	70127 2011 vs. 2015	70128 / 70129 2011 vs. 2015
47.2 vs. 37.8	42.8 vs. 29.5	37.6 vs. 45.1	43.1 vs. 28.8	54.7 vs. 24	44.2 vs. 41.9
31.4 vs. 31.9	31.3 vs. 22.8	43.8 vs. 53.6	27.6 vs. 22.3	38.8 vs. 15.6	43.1 vs. 40.3

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