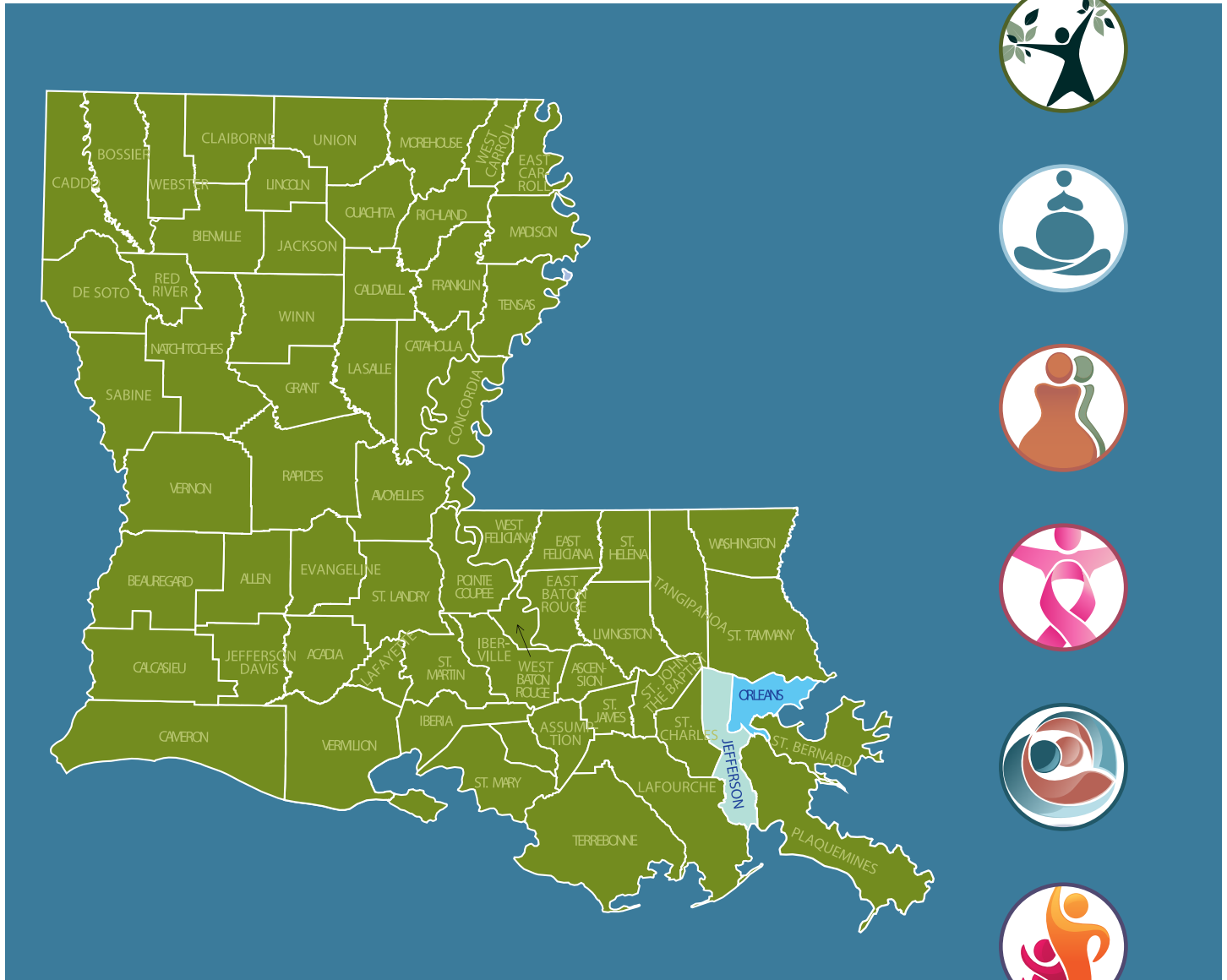


# 2013 Report on the Health of Women & Girls in Greater New Orleans



MARY AMELIA  
DOUGLAS-WHITED  
COMMUNITY WOMEN'S HEALTH  
EDUCATION CENTER



NEWCOMB

Newcomb College Institute of Tulane University

*Educating undergraduate women for leadership in the 21<sup>st</sup> century*



Louisiana Public Health Institute



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*Published November, 2013*

*by*



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# Purpose Statement

As organizations working to improve the lives of women, we convened a working group of academics, civil servants, representatives of community-based organizations (CBOs), and elected officials, to create this report on the health of women and girls in Greater New Orleans. We know that evidence-based and data-driven programs are the most successful at improving health. As the collection and availability of data has improved, the quantity and complexity of information makes it harder than ever for community-based organizations (CBOs) and non-government organizations (NGOs) without significant in-house research capacities to wade through all of the information necessary to determine and convincingly advocate for policy priorities that address the needs of their communities. We have therefore compiled the existing indicators and data on women and girls in New Orleans into one report. Such a report is only the first step. Next, we must consider what information is missing. Assembling what we do know will enable us to ask what we need to know and guide information collection in the future.

General measures of health can mask significant variation by group and inequalities; too few data sources are disaggregated by sex, age, and race or ethnicity. Using an intersectional approach, one that recognizes differences among women and aims to include all women, we hope that by paying special attention to all women and girls in Greater New Orleans we can improve the health and well being of our entire community.

This report emerged from a collaboration between two organizations within Tulane University that share the goal of working in partnership with the New Orleans community to promote women's equality. Although the indicators discussed in this report are assigned to the categories of health and wellness behavior, reproductive health, chronic disease, cancer,

infectious disease, and social determinants, it is nonetheless important to highlight the interrelated nature of these topics. Access to education can enable women to achieve greater economic success, which in turn can enable women to have improved health outcomes. Likewise, the improved long-term health rates of women will result in fiscal savings for the state, healthier families, and enhanced workforce output. Therefore, successful changes around any single women's issue will impact our city and state's ability to succeed in other categories as well. We envision future reports on women on corporate boards, women judges, and eventually, on women and political power, women's economic status, crime and violence, and girls—all focusing on Louisiana.

The mission of the Mary Amelia Douglas-Whited Community Women's Health Education Center is to advance equitable health and wellbeing for all women. The Center creates and supports evidence-based, population-specific health programs for women across the life course and seeks to serve the community in ways that promote inclusiveness and diversity with respect to women's health issues across the life course. The mission of the Newcomb College Institute is to cultivate lifelong leadership among undergraduate women at Tulane University, empower women by integrating teaching, research, and community engagement at Tulane University, preserve, document, produce, and disseminate knowledge about women, and to honor the memory of H. Sophie Newcomb and carry forward the work of Newcomb College by providing a woman-centered experience in a co-ed institution. We are especially pleased with our close partnership with the mayor's office in producing this report.

Please join us in our efforts to improve the status of women and girls in our region.



**Sally J. Kenney, PhD**  
*Newcomb College Endowed Chair*  
*Executive Director, Newcomb College Institute*  
*Professor of Political Science*



**Katherine P. Theall, PhD, MPH**  
*Associate Professor of Public Health*  
*Director, Mary Amelia Douglas-Whited Community*  
*Women's Health Education Center*

# Letter from the city

# Acknowledgements

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# Executive Summary

We offer this first report to inform and advance the policy debate on the health of women and girls. Our examination of available existing health and social indicators across categories of health and wellness behavior, reproductive health, chronic disease, cancer, infectious disease, and social determinants of health generates three primary insights: 1) we observe stark racial disparities in many indicators, 2) we see unacceptably poor health outcomes on certain measures, most notably, high rates of sexual transmitted infections, significantly higher than even the alarming state rate, and 3) we see significant differences between Orleans and Jefferson Parishes and between them and the state as a whole. We will have a greater understanding of the health of women and girls when we have more representative data that differentiates by race, age, sexuality, and location, allowing us to better understand the social determinants of health.

This report highlights continuing gaps between white and black women and girls across numerous indicators, and points to the urgent need to address the underlying causes of such inequities in health and social conditions. White high school girls were more likely to binge drink and try marijuana than black girls. Although black girls were more likely to have had sex, fewer of them used condoms or birth control than white girls. While the overall number of women who seek early prenatal care is high, mortality rates were higher for black infants compared to white infants. Black girls were more likely than white girls to report being physically hurt on purpose by a partner in the last year and to be threatened at school. Black women were only slightly more likely to get breast cancer, but more likely to die from it than white women.

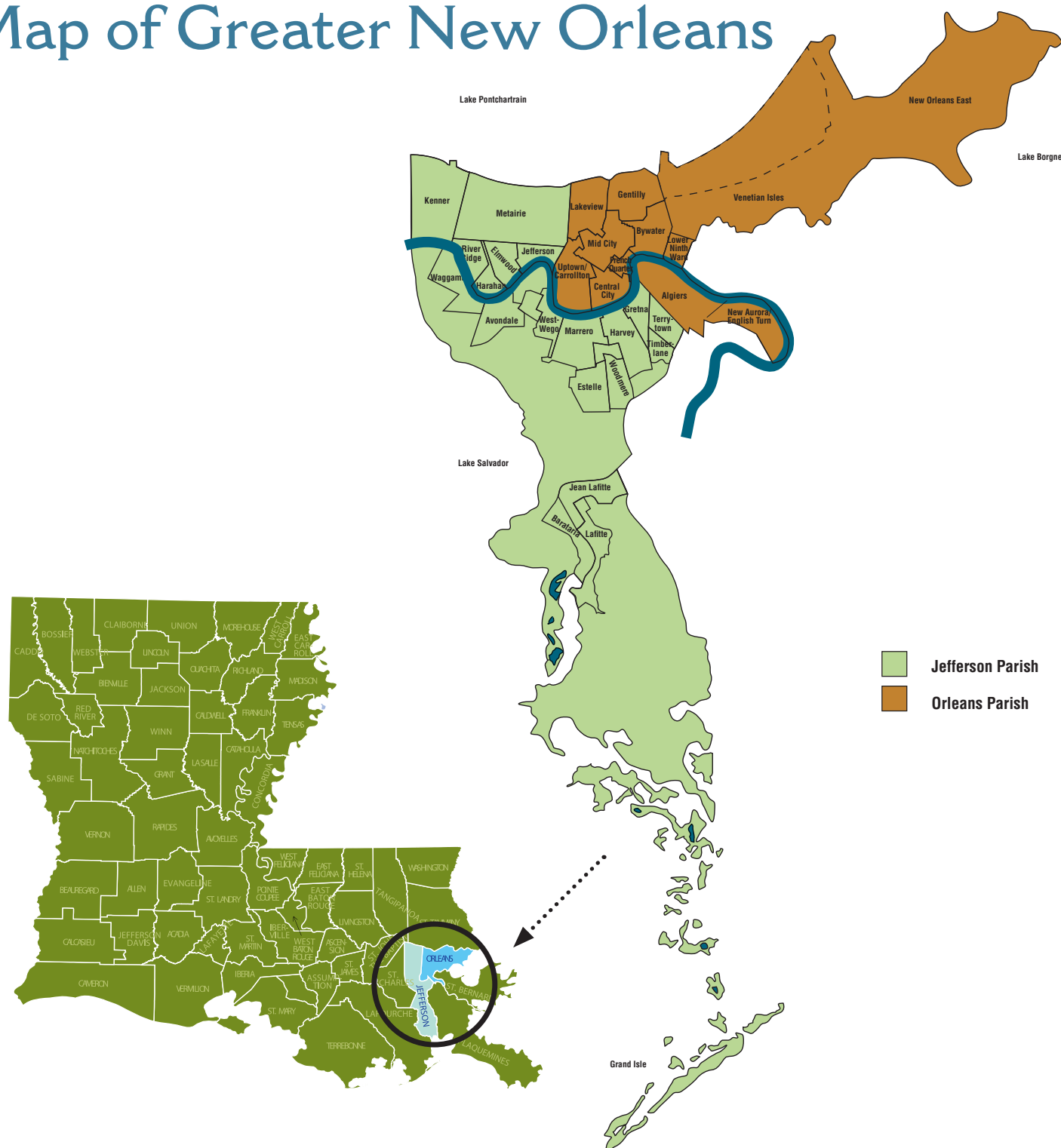
Findings reveal poor progress among all races of women and girls for certain indicators, with less than 15% of adult women consuming the recommended daily servings of fruit and vegetables, less than half meeting the requirements for aerobic activity, and roughly 20% or

more indicating that they currently smoked cigarettes. Overall, over 30% of women were obese, with some groups having overweight and obesity prevalences as high as almost 50% for both women and girls. Sexually transmitted diseases were present in epidemic rates. Although women were more likely to be insured than men, a quarter still remained uninsured. The majority of households living below the poverty line were headed by women.

Differences between Orleans and Jefferson Parish and between these parishes and the state are also of note. Women in Jefferson Parish were the most likely to report binge drinking in the past month, with white women reporting a significantly higher prevalence. The distribution of educational attainment was different in Orleans versus Jefferson Parish, especially for white women with graduate or professional degrees.

In addition to the use of self-reported and non-representative data on a number of indicators, especially at the parish level, a key limitation to this report is the lack of available data on women and girls of other races and ethnicities and on girls younger than high school age. While the data reported should be interpreted with caution, it still brings to light many issues of concern and creates further impetus to better understand the health of women and girls not only in our cities locally but across the state. In future reports, we hope to better examine the intersectional nature of social and health outcomes among women and girls and to gather additional information on indicators such as domestic violence, substance use, and mental health treatment. This first report is just, therefore, the beginning of what we hope to be a long and deeper conversation leading to a healthy Greater New Orleans that includes healthy women and girls.

# Map of Greater New Orleans



According to the United States Census Bureau, the Greater New Orleans Area is the largest metropolitan area in the state of Louisiana, with an estimated 369,250 people living in Orleans Parish<sup>1</sup> and 433,676 people living in Jefferson Parish<sup>2</sup> in 2012. Orleans Parish and the City of New Orleans are coterminous, while Jefferson Parish is made up of several cities and unincorporated areas with Kenner being the largest city. Though the populations in both parishes are made up of slightly more than 50% women, they have different racial compositions. The majority of residents in Orleans Parish are black [34.8% white, 60.4% black, 3.5% other], while the majority in Jefferson Parish are white [66.7% white, 27.0% black, 4.9% other]. Additional parishes (Plaquemines, St. Bernard, St. Tammany, St. Charles, and St. John the Baptist) are often referred to as part of the Greater New Orleans Area. However, only Orleans and Jefferson Parish are included in this report due to data availability.

# Acronyms and Definitions

| Acronyms | Definitions                                                |
|----------|------------------------------------------------------------|
| ACS      | American Community Survey                                  |
| AIDS     | Acquired Immunodeficiency Syndrome                         |
| BMI      | Body Mass Index                                            |
| BRFSS    | Behavioral Risk Factor Surveillance System                 |
| CDC      | Centers for Disease Control and Prevention                 |
| COPD     | Chronic Obstructive Pulmonary Disease                      |
| DHH      | Louisiana's Department of Health and Hospitals             |
| ELA      | English Language Arts                                      |
| FPL      | Federal Poverty Level                                      |
| GED      | General Educational Development                            |
| HDI      | Human Development Index                                    |
| HDR      | Human Development Report                                   |
| HIV      | Human Immunodeficiency Virus Infection                     |
| HP2020   | Healthy People 2020                                        |
| LA       | Louisiana                                                  |
| LAHIDD   | Louisiana Hospital Inpatient Discharge Database            |
| LEAP     | The Louisiana Educational Assessment Program               |
| MCH      | Maternal and Child Health                                  |
| NA       | Not Available (not enough data was available to calculate) |
| SEER     | Surveillance Epidemiology and End Results                  |
| STD      | Sexually Transmitted Diseases                              |
| STI      | Sexually Transmitted Infections                            |
| VA       | Veterans Affairs                                           |
| YRBSS    | Youth Risk Behavior Surveillance System                    |

# Louisiana in Context

| Indicator                                                                              | Healthy People 2020 Targets <sup>3</sup> | U.S. Women                      | LA Women                          |
|----------------------------------------------------------------------------------------|------------------------------------------|---------------------------------|-----------------------------------|
| <b>Health and Wellness Behavior</b>                                                    |                                          |                                 |                                   |
| Physical Activity: Met aerobic recommendations for physical activity                   | 47.9 %                                   | 49.9% <sup>4</sup>              | 39.7% <sup>4</sup>                |
| Fruit Consumption: 2+ servings of fruit                                                | 0.9 cup equivalent per 1,000 calories    | 25.0% <sup>4</sup>              | 10.8% <sup>4</sup>                |
| Vegetable Consumption: 3+ servings of vegetables daily                                 | 1.1 cup equivalent per 1,000 calories    | 11.9% <sup>4</sup>              | 5.0% <sup>4</sup>                 |
| Cigarette Use: Current smoker                                                          | 12.0%                                    | 17.7% <sup>4</sup>              | 22.2% <sup>4</sup>                |
| <b>Reproductive Health</b>                                                             |                                          |                                 |                                   |
| Prenatal Care: Early and adequate prenatal care                                        | 77.6%                                    | 69.4% <sup>5</sup>              | 85.1% <sup>6</sup>                |
| Infant Mortality Rate                                                                  | 5.9 per 1,000                            | 6.2 per 1,000 <sup>7</sup>      | 8.8 per 1,000 <sup>6</sup>        |
| Teen Birth Rate: Ages 15-17                                                            | 36.2 per 1,000                           | 15.4 per 1,000 <sup>8</sup>     | 28.4 per 1,000 <sup>6</sup>       |
| <b>Chronic Disease</b>                                                                 |                                          |                                 |                                   |
| Obesity                                                                                | 30.5%                                    | 27.4% <sup>4</sup>              | 33.2% <sup>4</sup>                |
| <b>Cancer</b>                                                                          |                                          |                                 |                                   |
| Breast Cancer: Mortality Rate                                                          | 20.6 per 100,000                         | 23.0 per 100,000 <sup>9</sup>   | 26.3 per 100,000 <sup>9</sup>     |
| <b>Infectious Diseases</b>                                                             |                                          |                                 |                                   |
| Sexually Transmitted Infections: Chlamydia                                             | Specific target not available            | 648.9 per 100,000 <sup>10</sup> | 1,010.8 per 100,000 <sup>11</sup> |
| <b>Social Determinants of Health</b>                                                   |                                          |                                 |                                   |
| Health Insurance Status: Proportion of persons with medical insurance                  | 100.0%                                   | 86.3% <sup>12</sup>             | 83.3% <sup>12</sup>               |
| Poverty Status: Proportion of persons below the Federal Poverty Level                  | Specific target not available            | 14.6% <sup>12</sup>             | 20.8% <sup>12</sup>               |
| Teen Violence and Safety: Reported being hit, slapped, or physically hurt by a partner | Specific target not available            | 8.8% <sup>13</sup>              | 20.4% <sup>13</sup>               |

*U.S. and Louisiana data is compared to Healthy People 2020<sup>3</sup> objectives. For indicators without specific targets, comparisons were not made. Healthy People is a nationwide program that provides science-based, 10-year national objectives for improving the health of all Americans. Each objective has a reliable data source, baseline measure, and target for specific improvements to be achieved by the year 2020.*

# Health and Wellness Behavior



*Health Status*

*Mental Health*

*Physical Activity*

*Fruit and Vegetable Consumption*

*Cigarette Use*

*Alcohol and Marijuana Use*

*Pap Smears and Mammograms*

# Health Status

## INDICATORS

- Reported health status among women
- Reported poor health that disrupted usual activities among women
- Reported quality of life since Hurricane Katrina among men and women

**Figure #1: Proportion of women who reported good or better overall health (2011)<sup>4</sup>**

|          | Orleans | Jefferson | Louisiana |
|----------|---------|-----------|-----------|
| White, % | 77.5    | 87.3      | 79.7      |
| Black, % | 60.8    | 71.6      | 72.7      |
| Other, % | 77.8    | 75.0      | 71.0      |

**Figure #2: Proportion of women who reported frequent poor health that disrupted usual activities (2011)<sup>4</sup>**

|          | Orleans | Jefferson | Louisiana |
|----------|---------|-----------|-----------|
| White, % | 21.1    | 12.0      | 18.1      |
| Black, % | 23.9    | 19.6      | 18.1      |
| Other, % | 18.2    | 12.5      | 22.8      |

*Note: "Frequent poor health" is defined as having  $\geq 14$  days out of the past 30 days in which poor physical or mental health disrupted usual activities, such as self-care, work, or recreation.*

## Five Years After Hurricane Katrina

**Figure #3: Proportion of men and women in Orleans Parish who reported a better quality of life since Hurricane Katrina (2010)<sup>14</sup>**

|             |       |
|-------------|-------|
| White Men   | 25.7% |
| White Women | 18.4% |
| Black Men   | 29.1% |
| Black Women | 19.6% |



## Interpretation

In both parishes, black women were the least likely to report good or better overall health. White women in Jefferson Parish were the most likely to report good or better health compared to all other women. Women of all races in Orleans Parish were more likely to report that poor health frequently disrupted their usual activities compared to women in Jefferson Parish. Men in Orleans Parish were more likely to report a better quality of life since Hurricane Katrina compared to women of both races.

# Mental Health

## INDICATORS

- Reported frequent poor mental health among women
- Reported adverse mental health among high school girls
- Reported adequacy of mental health care among men and women since Hurricane Katrina

**Figure #4: Proportion of women who reported frequent poor mental health (2011)<sup>4</sup>**

|          | Orleans | Jefferson | Louisiana |
|----------|---------|-----------|-----------|
| White, % | 15.2    | 11.1      | 15.3      |
| Black, % | 18.7    | 21.9      | 19.1      |
| Other, % | 23.1    | 6.3       | 19.8      |

Note: "Frequent poor mental health" is defined as having  $\geq 14$  days out of the past 30 days in which poor health disrupted daily activities.

**Figure #6: Proportion of high school girls who reported having suicidal ideation in the past 12 months (2007/2011)<sup>13,15</sup>**

|          | Orleans | Louisiana |
|----------|---------|-----------|
| White, % | 26.4    | 15.9      |
| Black, % | 12.3    | 18.6      |
| Other, % | 22.8    | 20.4      |

**Figure #5: Proportion of high school girls who reported feeling depressed in the past 12 months (2007/2011)<sup>13,15</sup>**

|          | Orleans | Louisiana |
|----------|---------|-----------|
| White, % | 35.9    | 34.6      |
| Black, % | 33.8    | 34.6      |
| Other, % | 43.9    | 39.5      |

Note: "Feeling depressed" is defined as feeling so sad or hopeless that you stopped doing your usual activities almost every day for  $\geq 2$  weeks in a row during the past 12 months.

## Five Years After Hurricane Katrina

**Figure #7: Proportion of men and women in Orleans Parish who reported that their mental health needs were being met (2010)<sup>14</sup>**

|             |       |
|-------------|-------|
| White Men   | 67.6% |
| White Women | 69.6% |
| Black Men   | 62.9% |
| Black Women | 58.5% |



From 2008-2010, mental health diagnoses among women made up **2.7%** of inpatient hospital admissions in Orleans and Jefferson Parish.<sup>16</sup>



## Interpretation

Mental health indicators varied depending on race, parish, age and gender. In Orleans Parish, women of other races were the most likely to report frequent poor mental health compared to white and black women. Black women in Jefferson Parish were much more likely to report poor mental health compared to white women and women of other races. White men and women in Orleans Parish were also more likely than their black counterparts to report that their mental health needs were being met after Hurricane Katrina. Among high school girls in Orleans Parish, girls of other races were the most likely to report feeling depressed. White girls in Orleans Parish were the most likely to report suicidal ideation and at a much higher prevalence than girls across the state.

# Physical Activity

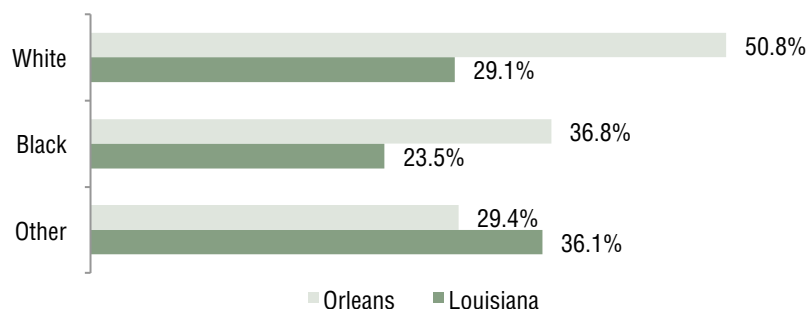
## INDICATORS

- Reported aerobic activity among women
- Reported physical activity among high school girls
- Reported daily sedentary behavior (TV, video games, computer) among high school girls

**Figure #8: Proportion of women who reported that they met the CDC guidelines for aerobic activity (2011)<sup>4</sup>**

|          | Orleans | Jefferson | Louisiana |
|----------|---------|-----------|-----------|
| White, % | 39.5    | 55.8      | 42.7      |
| Black, % | 31.1    | 36.2      | 34.2      |
| Other, % | 23.1    | 71.4      | 36.4      |

**Figure #9: Proportion of high school girls who reported being physically active for 60+ minutes on at least 5 of the past 7 days (2007/2011)<sup>13,15</sup>**



*Note: Physical activity is defined as any activity that increases the heart rate and makes it hard to breathe some of the time.*

## CDC Guidelines for Physical Activity<sup>17</sup>

**Children and adolescents (6-17 years) should do 60+ minutes of physical activity daily.**

**Adults (18+ years) should do ≥150 minutes of moderate aerobic activity (i.e., brisk walking) every week, or ≥75 minute of vigorous aerobic activity (i.e., jogging or running) every week.**

**Figure #10: Proportion of high school girls who reported spending 3+ hours daily watching TV, or playing computer or video games in the past 7 days (2007/2011)<sup>13,15</sup>**

|          | Orleans | Louisiana |
|----------|---------|-----------|
| White, % | 38.2    | 44.2      |
| Black, % | 65.1    | 76.3      |
| Other, % | 47.7    | 57.3      |



## Interpretation

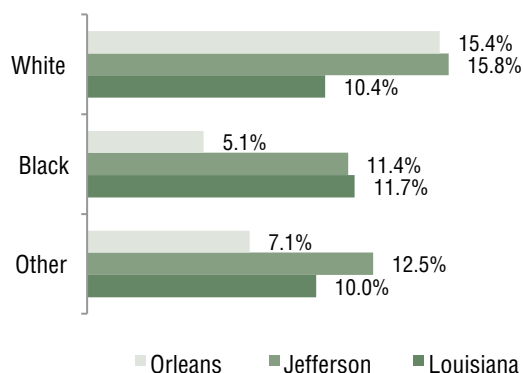
In general, less than 50% of women reported that they met the CDC guidelines for aerobic activity, with women of other races in Orleans Parish being the least active. White high school girls in Orleans Parish reported being the most physically active. Also, black girls were much more likely than white girls or girls of other races to report spending more than three hours daily in front of a TV or computer screen, both in Orleans Parish and across Louisiana.

# Fruit and Vegetable Consumption

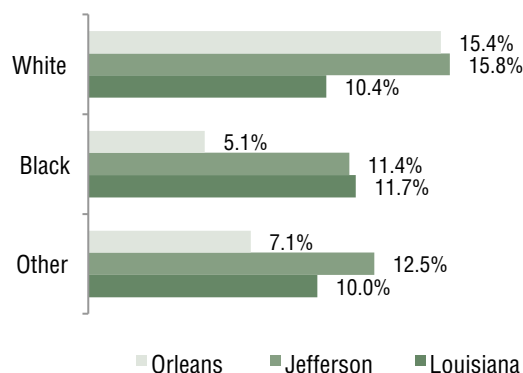
## INDICATORS

- Reported daily fruit and vegetable consumption among women
- Reported daily fruit and vegetable consumption among high school girls

**Figure #11: Proportion of women who reported consuming 2+ servings of fruit daily (2011)<sup>4</sup>**



**Figure #12: Proportion of women who reported consuming 3+ servings of vegetables daily (2011)<sup>4</sup>**



**Figure #13: Proportion of high school girls who reported consuming 2+ servings of fruit daily in the past 7 days (2007/2011)<sup>13,15</sup>**

|          | Orleans | Louisiana |
|----------|---------|-----------|
| White, % | 27.7    | 17.5      |
| Black, % | 14.7    | 27.1      |
| Other, % | 17.5    | 29.8      |

**Figure #14: Proportion of high school girls who reported consuming 3+ servings of vegetables daily in the past 7 days (2007/2011)<sup>13,15</sup>**

|          | Orleans | Louisiana |
|----------|---------|-----------|
| White, % | 60.9    | 12.7      |
| Black, % | 17.8    | 10.4      |
| Other, % | 32.2    | 12.6      |



## Interpretation

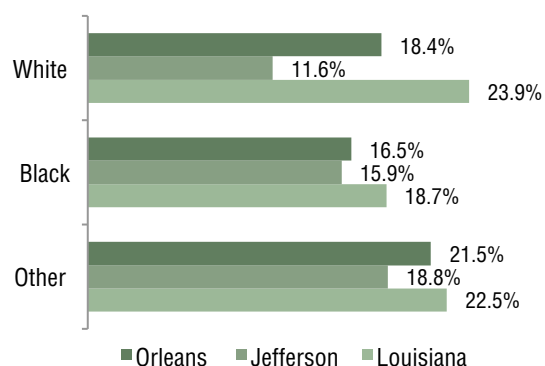
Fruit consumption was significantly higher than vegetable consumption among white and black women in both parishes and across the state. Vegetable consumption was strikingly low overall, with less than 10% for white and black women in both parishes and the lowest being less than 2% among black women in Orleans Parish. Fruit and vegetable consumption among high school girls in Orleans Parish was much higher than among adults, and smaller differences were seen between consumption of fruits and vegetables. In general, black girls consumed the least amount of fruits and vegetables compared to white girls and girls of other races.

# Cigarette Use

## INDICATORS

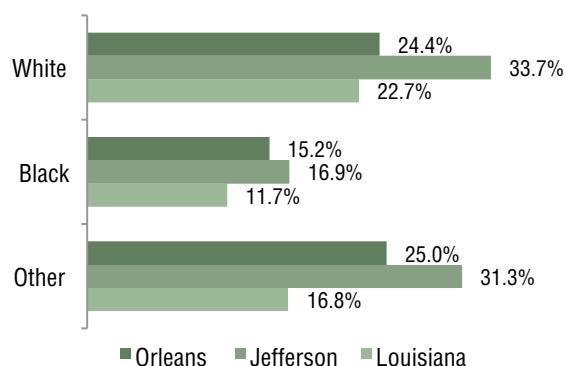
- Reported history of cigarette use among women
- Reported history of cigarette use among high school girls

**Figure #15: Proportion of current smokers among women (2011)<sup>4</sup>**



*Note: Current smokers reported smoking some days or every day.*

**Figure #16: Proportion of former smokers among women (2011)<sup>4</sup>**



*Note: Former smokers reported smoking at least 100 cigarettes in their lifetime but no longer smoke.*

**Figure #17: Proportion of high school girls who reported ever smoking cigarettes in their lifetime (2007/2011)<sup>13,15</sup>**

|          | Orleans | Louisiana |
|----------|---------|-----------|
| White, % | 51.1    | 60.6      |
| Black, % | 45.3    | 47.6      |
| Other, % | 48.6    | 59.6      |

**Figure #18: Proportion of high school girls who reported smoking cigarettes in the past 30 days (2007/2011)<sup>13,15</sup>**

|          | Orleans | Louisiana |
|----------|---------|-----------|
| White, % | 15.7    | 25.5      |
| Black, % | 5.0     | 10.5      |
| Other, % | 8.3     | 23.6      |



## Interpretation

Overall, black women had the lowest proportions of current and former smokers. Women across the state were more likely to be current smokers compared to women in Orleans and Jefferson Parish. Also of note is that the prevalence of former smokers was the highest in Jefferson Parish for all races. White high school girls in Orleans Parish were more likely to have ever smoked a cigarette compared to black girls and girls of other races. Black girls in Orleans Parish were the least likely to report smoking cigarettes in the past 30 days, and girls of all races across the state were more likely to report smoking cigarettes in the past 30 days compared to girls in Orleans and Jefferson Parish.

# Alcohol and Marijuana Use

## INDICATORS

- Reported binge drinking among women
- Reported alcohol use among high school girls
- Reported marijuana use among high school girls

**Figure #19: Proportion of women who reported binge drinking in the past 30 days (2011)<sup>4</sup>**

|          | Orleans | Jefferson | Louisiana |
|----------|---------|-----------|-----------|
| White, % | 7.8     | 21.3      | 12.0      |
| Black, % | 3.9     | 5.9       | 7.6       |
| Other, % | 11.1    | 25.0      | 12.7      |

*Note: Binge drinking is defined as drinking 4 or more drinks per occasion or 7 or more drinks per week.*

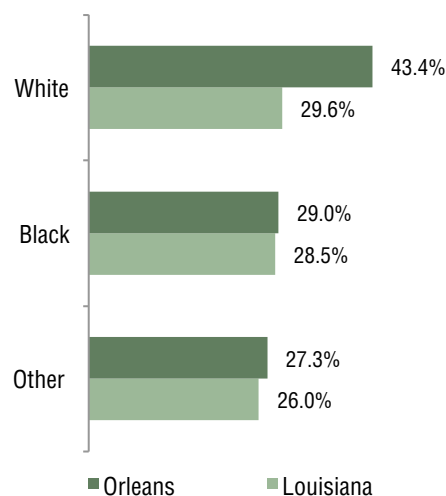
**Figure #20: Proportion of high school girls who reported drinking alcohol at least once in their lifetime (2007/2011)<sup>13,15</sup>**

|          | Orleans | Louisiana |
|----------|---------|-----------|
| White, % | 80.5    | 80.6      |
| Black, % | 68.8    | 76.6      |
| Other, % | 72.3    | 67.9      |

**Figure #21: Proportion of high school girls who reported drinking alcohol at least once in the past 30 days (2007/2011)<sup>13,15</sup>**

|          | Orleans | Louisiana |
|----------|---------|-----------|
| White, % | 59.7    | 49.9      |
| Black, % | 36.2    | 40.8      |
| Other, % | 39.9    | 43.0      |

**Figure #22: Proportion of high school girls who reported trying marijuana at least once in their lifetime (2007/2011)<sup>13,15</sup>**



## Interpretation

The proportion of women who reported binge drinking in the past 30 days was highest in Jefferson Parish with white women and women of other races being much more likely than black women to report binge drinking. In Orleans Parish, white high school girls were much more likely to report alcohol consumption in their lifetime or in the past 30 days compared to black girls and girls of other races. White girls in Orleans Parish were also the most likely to report trying marijuana at least once in their lifetime compared to all other girls.

# Pap Smears and Mammograms

## INDICATORS

- Reported pap smear history among women
- Reported mammogram history among women

**Figure #23: Proportion of women who reported having had a pap smear in the past 3 years (2010)<sup>18,19</sup>**

|          | Orleans | Jefferson | Louisiana |
|----------|---------|-----------|-----------|
| White, % | 78.7    | 83.2      | 88.3      |
| Black, % | 93.1    | 84.2      | 87.2      |
| Other, % | 60.1    | N.A.      | 77.7      |

*Note: These numbers include women aged 18-65 years old who have not had a hysterectomy.*

**Figure #24: Proportion of women who reported having had a mammogram in the past 2 years (2010)<sup>18,19</sup>**

|          | Orleans | Jefferson | Louisiana |
|----------|---------|-----------|-----------|
| White, % | 77.4    | 72.1      | 76.0      |
| Black, % | 75.8    | 82.5      | 77.8      |
| Other, % | 76.4    | 63.3      | 67.7      |

*Note: These numbers include women aged 40+ years.*



## Interpretation

Black women in Orleans Parish were the most likely to report having had a pap smear in the last three years with women of other races being the least likely. Prevalence of women who reported having had a mammogram in the past two years was approximately 70-75% across the parishes and state for all races.

# Reproductive Health



*Prenatal Care*

*Obstetric Care*

*Adverse Exposures During Pregnancy*

*Teen Sexual Health*

*Teen Birth Rate*

*Infant Mortality Rate*

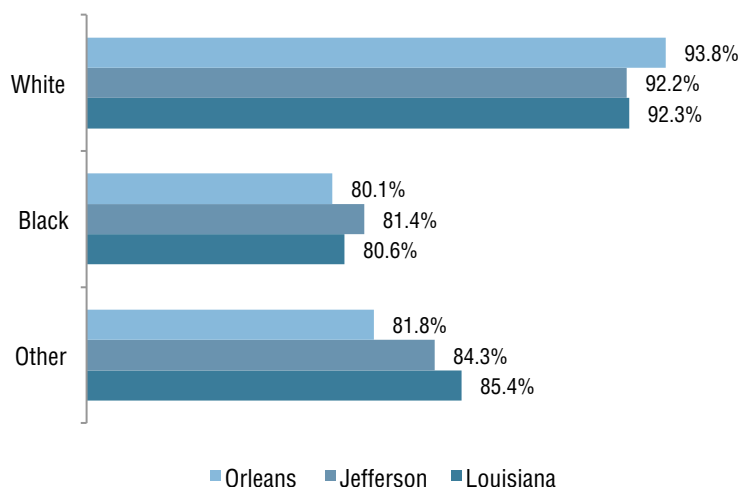
*Preconception Risk*

# Prenatal Care

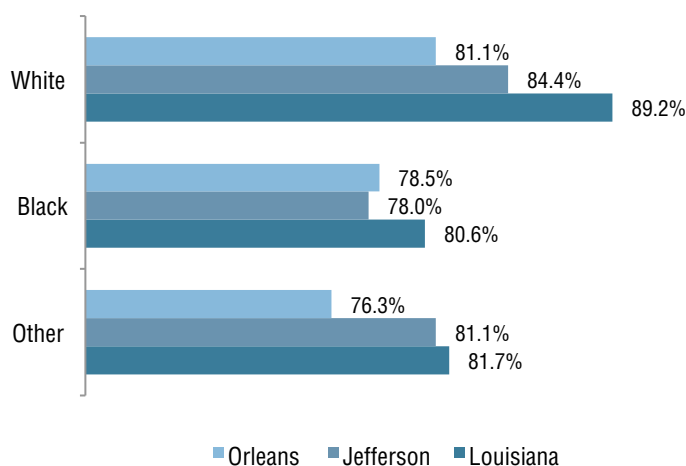
## INDICATORS

- Women who received prenatal care in their first trimester
- Women who met “early and adequate” prenatal care recommendations

**Figure #25: Proportion of women who received prenatal care in their first trimester (2007-2009)<sup>6</sup>**



**Figure #26: Proportion of women who met “early and adequate” prenatal care recommendations (2007-2009)<sup>6</sup>**



*Note: “Early” care means prenatal care was received in the 1st trimester (1-3 months); “adequate” care means prenatal care began by the 4th month of pregnancy and 80-100% of the recommended visits were received.*



## Interpretation

The majority of women in both parishes and across the state started prenatal care in the first trimester, with white women being slightly more likely than black women and women of other races to receive first trimester prenatal care. Proportions were somewhat lower for women who met early and adequate prenatal care recommendations, with similar distributions among races.

# Obstetric Care

## INDICATORS

- Women who gave birth to low birth weight infants
- Women who had preterm births
- Low-risk women who had cesarean sections

Figure #27: Birth outcomes in Orleans Parish (2007-2009)<sup>6</sup>

|          | Very low birth weight (<1500 grams) | Low birth weight (<2500 grams) | Preterm (<32 weeks gestational age) | Preterm (32-36 weeks gestational age) | Cesarean section among low-risk women |
|----------|-------------------------------------|--------------------------------|-------------------------------------|---------------------------------------|---------------------------------------|
| White, % | 1.1                                 | 7.4                            | 1.0                                 | 8.2                                   | 25.3                                  |
| Black, % | 3.6                                 | 14.9                           | 3.9                                 | 11.6                                  | 20.6                                  |
| Other, % | 1.8                                 | 8.3                            | 2.2                                 | 6.4                                   | 18.5                                  |

Figure #28: Birth outcomes in Jefferson Parish (2007-2009)<sup>6</sup>

|          | Very low birth weight (<1500 grams) | Low birth weight (<2500 grams) | Preterm (<32 weeks gestational age) | Preterm (32-36 weeks gestational age) | Cesarean section among low-risk women |
|----------|-------------------------------------|--------------------------------|-------------------------------------|---------------------------------------|---------------------------------------|
| White, % | 1.1                                 | 7.7                            | 1.1                                 | 8.3                                   | 27.1                                  |
| Black, % | 3.2                                 | 13.0                           | 3.2                                 | 9.8                                   | 26.3                                  |
| Other, % | 1.2                                 | 8.1                            | 1.3                                 | 6.2                                   | 20.3                                  |

Figure #29: Birth outcomes in Louisiana (2007-2009)<sup>6</sup>

|          | Very low birth weight (<1500 grams) | Low birth weight (<2500 grams) | Preterm (<32 weeks gestational age) | Preterm (32-36 weeks gestational age) | Cesarean section among low-risk women |
|----------|-------------------------------------|--------------------------------|-------------------------------------|---------------------------------------|---------------------------------------|
| White, % | 1.3                                 | 8.1                            | 1.4                                 | 9.2                                   | 23.1                                  |
| Black, % | 3.3                                 | 14.7                           | 3.5                                 | 11.8                                  | 22.2                                  |
| Other, % | 0.8                                 | 8.5                            | 1.0                                 | 7.7                                   | 19.5                                  |



From 2008-2010, diagnoses during and after labor and delivery made up **22.1%** of inpatient hospital admissions in Orleans and Jefferson Parish.<sup>16</sup>



## Interpretation

Black women in both parishes and across the state were much more likely than white women and women of other races to have a very low birth weight or preterm baby and were also more likely to have a low birth weight baby. Cesarean sections among low-risk women were higher in Orleans and Jefferson Parish than across the state, with the highest proportion occurring among white women in Jefferson Parish.

# Adverse Exposures During Pregnancy

## INDICATORS

- Women who smoked during their pregnancy
- Women who had a sexually transmitted disease during their pregnancy

Figure #30: Proportion of women who smoked during their pregnancy (2007-2009)<sup>6</sup>

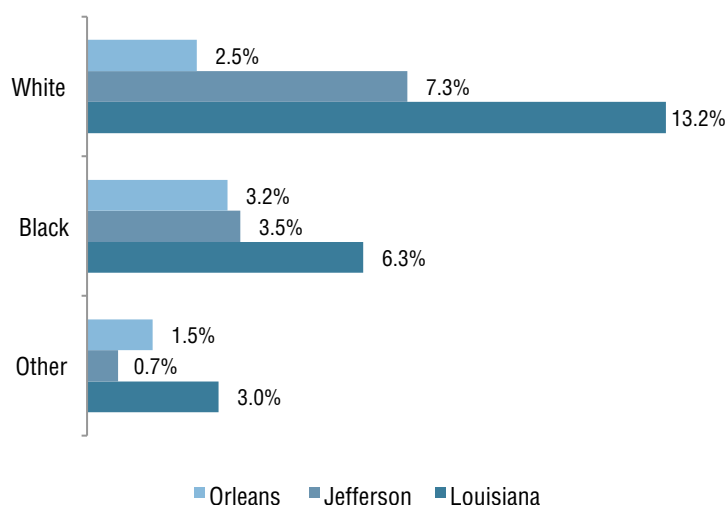
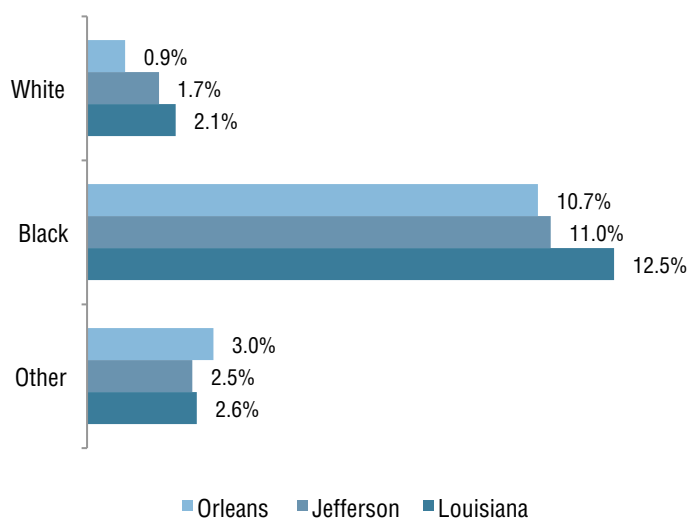


Figure #31: Proportion of women who had an STD during their pregnancy (2007-2009)<sup>6</sup>



## Interpretation

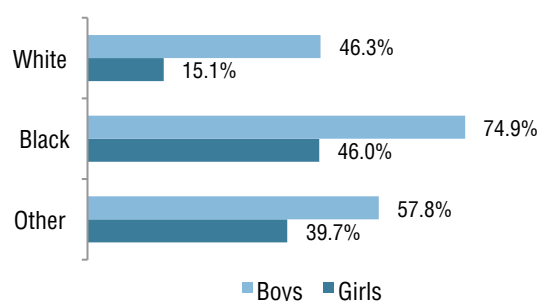
Adverse exposures during pregnancy differ by race, parish, and type of exposure. While white women in Jefferson Parish were the most likely to smoke during pregnancy, black women in Orleans Parish were significantly more likely to have an STD during pregnancy. Prevalences of adverse exposures during pregnancy among other races were significantly lower than those among white and black women.

# Teen Sexual Health

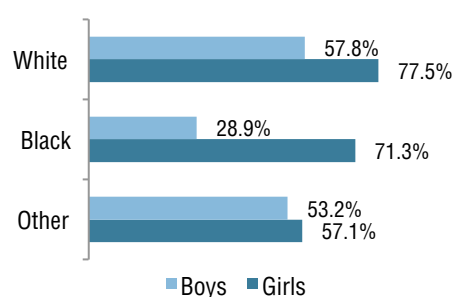
## INDICATORS

- Reported sexual activity among high school boys and girls
- Reported safe sex practices among sexually-active high school boys and girls
- Reported contraceptive use to prevent pregnancy among sexually-active high school boys and girls

**Figure #32: Proportion of high school boys and girls in Orleans Parish who reported having had sex (2007)<sup>13</sup>**

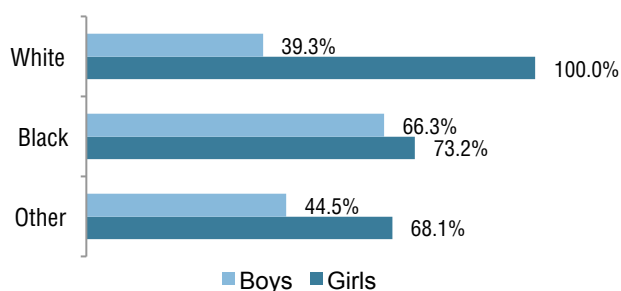


**Figure #33: Proportion of sexually-active high school boys and girls in Orleans Parish who reported using a condom during their last sexual encounter (2007)<sup>13</sup>**



*Note: Data has not been collected at the state level for these indicators.*

**Figure #34: Proportion of sexually active high school boys and girls in Orleans Parish who reported using any method to prevent pregnancy during their last sexual encounter (2007)<sup>13</sup>**



## Interpretation

In Orleans Parish, black high school girls were much more likely than white girls to report having had sex, and they were slightly less likely to report using a condom during their last sexual encounter. White girls were also much more likely to report using any method to prevent pregnancy when they did have sex. However, the same was not true for high school boys. Also of note is that black boys were much less likely to report using a condom during their last sexual encounter compared to black girls.

# Teen Birth Rate

## INDICATORS

- Rates of teen birth

**Figure #35: Teen birth rate (per 1,000 population) in Orleans Parish (2007-2009)<sup>6</sup>**

|       | Maternal Age (Years) |       |
|-------|----------------------|-------|
|       | 15-17                | 18-19 |
| White | 6.4                  | 25.8  |
| Black | 30.9                 | 92.0  |
| Other | 20.9                 | 56.1  |

**Figure #36: Teen birth rate (per 1,000 population) in Jefferson Parish (2007-2009)<sup>6</sup>**

|       | Maternal Age (Years) |       |
|-------|----------------------|-------|
|       | 15-17                | 18-19 |
| White | 13.7                 | 54.4  |
| Black | 34.5                 | 112.7 |
| Other | 41.5                 | 134.6 |

**Figure #37: Teen birth rate (per 1,000 population) in Louisiana (2007-2009)<sup>6</sup>**

|       | Maternal Age (Years) |       |
|-------|----------------------|-------|
|       | 15-17                | 18-19 |
| White | 19.6                 | 73.8  |
| Black | 41.9                 | 110.8 |
| Other | 16.1                 | 61.7  |



## Interpretation

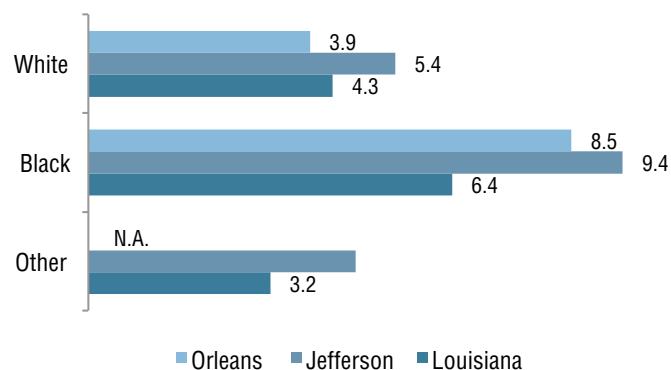
Rates of birth among black girls aged 15-17 years old were significantly higher in Orleans Parish and much higher in Jefferson Parish than the rates among white girls. The highest teen birth rates were among girls aged 18-19 years old with black girls and girls of other races having much higher rates than white girls in some cases across both parishes and the state.

# Infant Mortality Rate

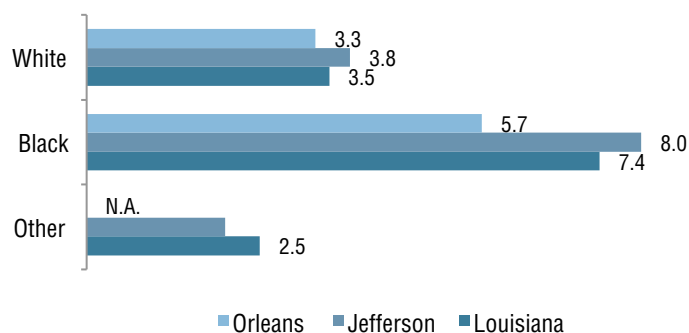
## INDICATORS

- Rates of fetal, neonatal, and infant mortality

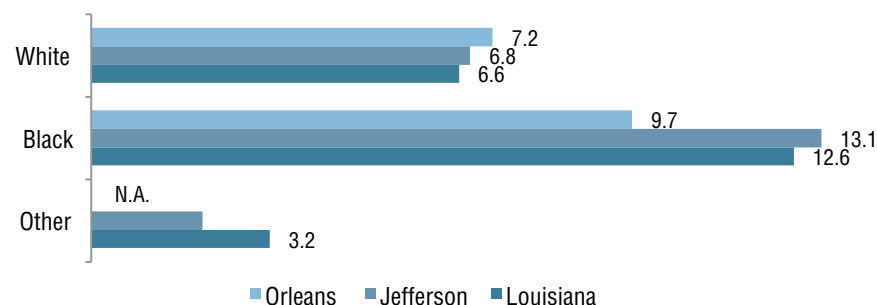
**Figure #38: Fetal mortality rate (per 1,000 population) (2007-2009)<sup>6</sup>**



**Figure #39: Neonatal mortality rate (per 1,000 population) (2007-2009)<sup>6</sup>**



**Figure #40: Infant mortality rate (per 1,000 population) (2007-2009)<sup>6</sup>**



*Note: Fetal age is equal to <20 weeks gestational age or 350 grams; Neonatal age is equal to <28 days after birth; Infant age is within the first year of life.*



## Interpretation

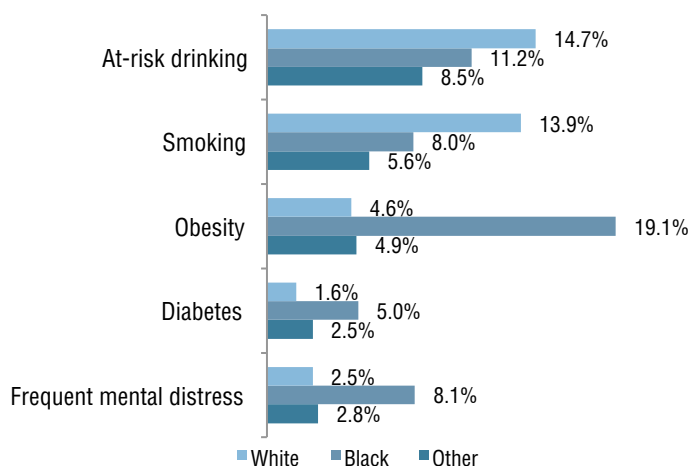
Mortality rates at less than 20 weeks gestational age and at 28 days after birth were much higher for black infants compared to white infants in both parishes. Infant mortality within the first year of life was higher for black infants than white infants and was the highest for black infants in Jefferson Parish.

# Preconception Risk

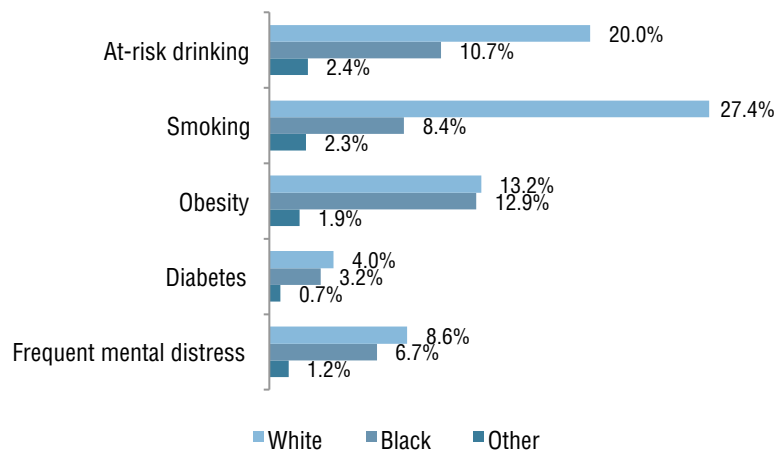
## INDICATORS

- Reported preconception risk factors among non-pregnant women

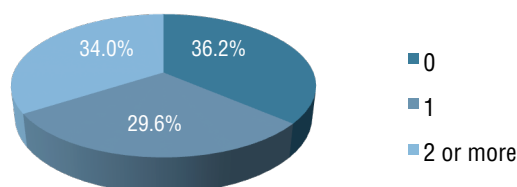
**Figure #41: Prevalence of preconception risk factors among non-pregnant women in Orleans and Jefferson Parish (2011)<sup>4,20</sup>**



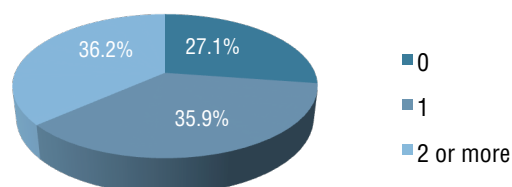
**Figure #42: Prevalence of preconception risk factors among non-pregnant women in Louisiana (2011)<sup>4,20</sup>**



**Figure #43: Number of preconception risk factors among non-pregnant women in Orleans and Jefferson Parish (2011)<sup>4,20</sup>**



**Figure #44: Number of preconception risk factors among non-pregnant women in Louisiana (2011)<sup>4,20</sup>**



### Risk Factors for Adverse Pregnancy Outcomes<sup>20</sup>

- 1) At-risk drinking** ( $\geq 4$  drinks per occasion, or  $\geq 7$  drinks per week)
- 2) Cigarette smoking** (at least 100 cigarettes in lifetime)
- 3) Obesity** (Body Mass Index  $\geq 30$ )
- 4) Diabetes** (ever diagnosed as diabetic by a doctor)
- 5) Frequent mental distress** ( $\geq 14$  days of poor mental health in past 30 days)



## Interpretation

Over 60% of women in Orleans and Jefferson Parish and statewide had at least one preconception risk factor. Overall, women in Orleans and Jefferson Parish had a lower prevalence of risk factors compared to women across the state, with the exception of obesity among black women. The highest proportions of risk factors were seen at the state level for at-risk drinking and smoking among white women.

# Chronic Disease



*Overweight and Obesity*

*Diabetes*

*Cardiovascular Disease*

*Asthma*

*Arthritis*

# Overweight and Obesity

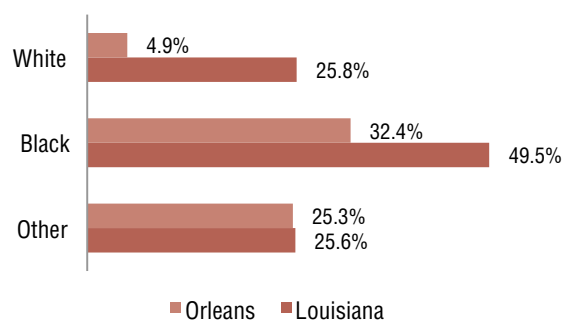
## INDICATORS

- Women who were obese
- High school girls who were overweight or obese
- Reported weight loss attempts among high school girls

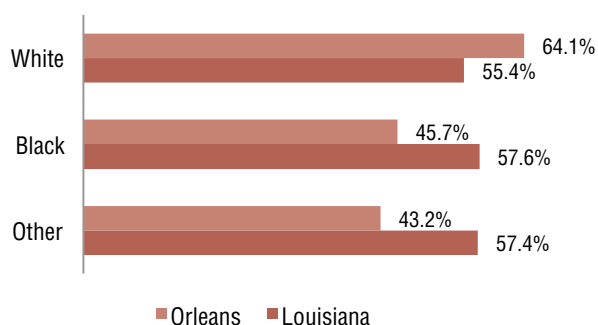
**Figure #45: Proportion of women who were obese (2011)<sup>4</sup>**

|          | Orleans | Jefferson | Louisiana |
|----------|---------|-----------|-----------|
| White, % | 30.2    | 18.4      | 28.0      |
| Black, % | 45.3    | 45.0      | 44.5      |
| Other, % | 36.0    | 25.0      | 30.3      |

**Figure #46: Proportion of high school girls who were overweight or obese (2007/2011)<sup>13,15</sup>**



**Figure #47: Proportion of high school girls who reported that they were trying to lose weight (2007/2011)<sup>13,15</sup>**



*Note: Obesity is based on the Body Mass Index (BMI)  $\geq 30$  for adults. For children, obesity is defined as  $\geq 95^{\text{th}}$  percentile, and overweight is defined as  $\geq 85^{\text{th}}$  but  $\leq 95^{\text{th}}$  percentile. BMI is calculated based on reported height and weight (height in cm/weight in  $\text{kg}^2$ ).*



## Interpretation

Obesity was the highest among black women overall regardless of parish. In particular, black women in Jefferson Parish were much more likely to be obese than white women in Jefferson Parish. Among high schools girls in Orleans Parish, black girls were much more likely to be overweight or obese compared to white girls. White girls in Orleans Parish were significantly less likely to be overweight or obese than black girls and girls of other races, and they were also the most likely to report that they were trying to lose weight.

# Diabetes

## INDICATORS

- Reported diabetes diagnosis among women
- Reported diabetes screening among women
- Reported diabetes diagnosis among high school girls

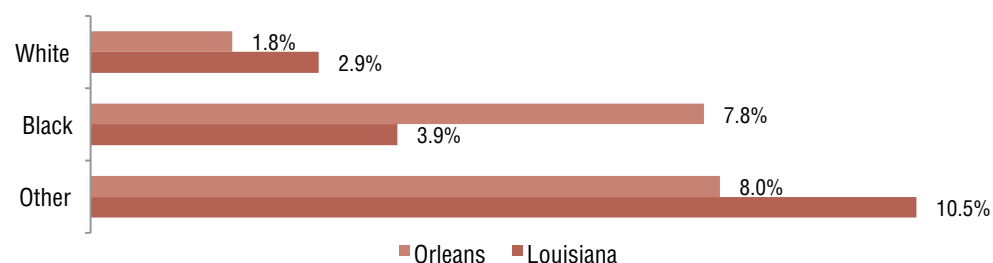
**Figure #48: Proportion of women who reported being diagnosed with diabetes by a health care professional (2011)<sup>4</sup>**

|          | Orleans | Jefferson | Louisiana |
|----------|---------|-----------|-----------|
| White, % | 14.0    | 5.3       | 11.7      |
| Black, % | 26.6    | 17.4      | 17.0      |
| Other, % | 22.2    | 25.0      | 17.0      |

**Figure #49: Proportion of women who reported being tested for diabetes or high blood sugar in the past 3 years (2011)<sup>4</sup>**

|          | Orleans | Jefferson | Louisiana |
|----------|---------|-----------|-----------|
| White, % | 71.6    | 70.6      | 66.3      |
| Black, % | 75.0    | 69.1      | 66.2      |
| Other, % | 88.2    | 70.0      | 66.1      |

**Figure #50: Proportion of high school girls who reported being diagnosed with diabetes by a health care professional (2007)<sup>13</sup>**



*Note: Data was not collected for this indicator at the state level in 2011.*



## Interpretation

In Orleans Parish, black women were most likely to report being diagnosed with diabetes. In Jefferson Parish, women of other races were significantly more likely than white women to report being diagnosed with diabetes. In general, prevalence of diabetes diagnosis was higher in Orleans and Jefferson Parish than across the state, with the exception of white women in Jefferson Parish being the lowest. Women in Orleans and Jefferson Parish were also more likely than women across the state to report being tested for diabetes or high blood sugar. Among high school girls in Orleans Parish, the proportion of black girls and girls of other races who reported being diagnosed with diabetes was much higher than the proportion of white girls.

# Cardiovascular Disease

## INDICATORS

- Reported diagnosis of various cardiovascular conditions among women

**Figure #51: Proportion of women in Orleans Parish who reported being diagnosed with various cardiovascular conditions by a health care professional (2011)<sup>4</sup>**

|          | Stroke | COPD | Heart Attack | Heart Disease |
|----------|--------|------|--------------|---------------|
| White, % | 6.0    | 13.6 | 7.0          | 6.5           |
| Black, % | 5.1    | 8.9  | 7.6          | 5.1           |
| Other, % | 7.1    | N.A. | 3.6          | 3.6           |

**Figure #52: Proportion of women in Jefferson Parish who reported being diagnosed with various cardiovascular conditions by a health care professional (2011)<sup>4</sup>**

|          | Stroke | COPD | Heart Attack | Heart Disease |
|----------|--------|------|--------------|---------------|
| White, % | 2.1    | 5.3  | 2.1          | 6.3           |
| Black, % | 6.0    | 8.0  | 4.5          | 6.0           |
| Other, % | N.A.   | 12.5 | N.A.         | N.A.          |

**Figure #53: Proportion of women in Louisiana who reported being diagnosed with various cardiovascular conditions by a health care professional (2011)<sup>4</sup>**

|          | Stroke | COPD | Heart Attack | Heart Disease |
|----------|--------|------|--------------|---------------|
| White, % | 3.7    | 8.1  | 4.2          | 4.9           |
| Black, % | 4.4    | 6.5  | 4.0          | 4.0           |
| Other, % | 3.4    | 9.9  | 3.9          | 3.6           |

From 2008-2010, cardiovascular and stroke diagnoses among women made up **12.9%** of inpatient hospital admissions in Orleans and Jefferson Parish.<sup>5</sup>



## Interpretation

Chronic Obstructive Pulmonary Disease (COPD) was the most common cardiovascular condition overall to be reported among women of all races in both parishes and across the state. In Orleans Parish, white women were much more likely to report being diagnosed with COPD compared to black women. In general, reported cardiovascular conditions were higher in Orleans Parish compared to Jefferson Parish and the state.

# Cardiovascular Disease *(Continued)*

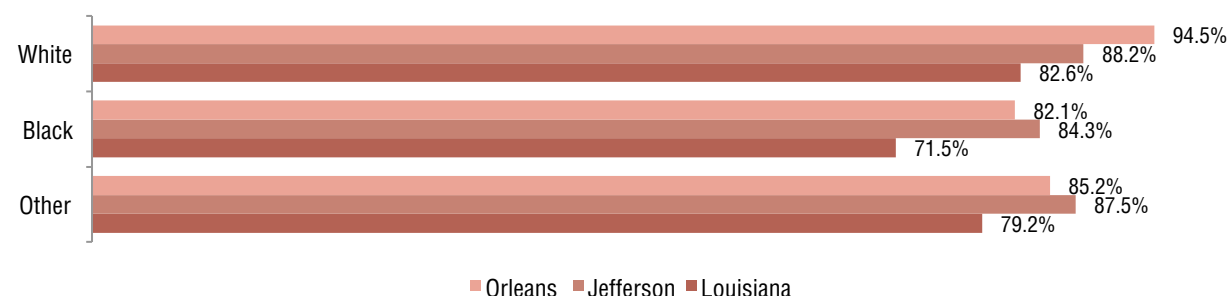
## INDICATORS

- Reported hypertension diagnosis among women
- Reported cholesterol screening among women

**Figure #54: Proportion of women who reported being diagnosed with hypertension by a health care professional (2011)<sup>4</sup>**

|          | Orleans | Jefferson | Louisiana |
|----------|---------|-----------|-----------|
| White, % | 50.0    | 27.3      | 34.4      |
| Black, % | 50.6    | 58.7      | 47.6      |
| Other, % | 28.6    | 31.3      | 29.8      |

**Figure #55: Proportion of women who reported having their cholesterol screened in their lifetime (2011)<sup>4</sup>**



## Interpretation

Reported hypertension diagnosis differed across parishes and the state. In Orleans Parish, there was no difference between white and black women. However, in Jefferson Parish and the state black women were more likely than white women to report a diagnosis. Cholesterol screening trends also differed by race and across parish. White women in Orleans Parish were more likely to report having their cholesterol screened compared to black women and women of other races. However, in Jefferson Parish and at the state level there was not as large of a difference between races. Overall women of other races were the least likely to report being screened.

# Asthma

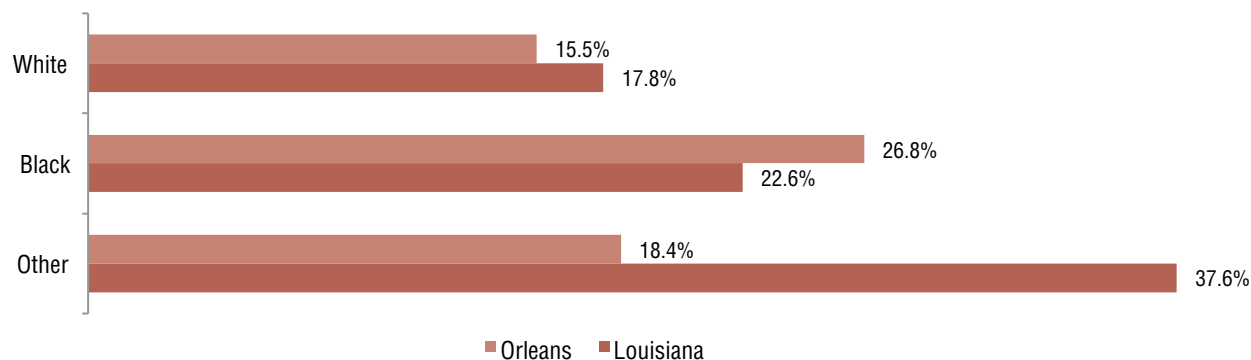
## INDICATORS

- Reported asthma diagnosis among women
- Reported asthma diagnosis among high school girls

**Figure #56: Proportion of women who reported being diagnosed with asthma by a health care professional (2011)<sup>4</sup>**

|          | Orleans | Jefferson | Louisiana |
|----------|---------|-----------|-----------|
| White, % | 11.0    | 5.2       | 11.2      |
| Black, % | 6.3     | 19.1      | 13.4      |
| Other, % | 17.9    | 12.5      | 15.8      |

**Figure #57: Proportion of high school girls who reported being diagnosed with asthma by a health care professional (2007/2011)<sup>13,15</sup>**



## Interpretation

The proportion of women with asthma differs dramatically by parish. In Orleans Parish, white women and women of other races were more likely to report an asthma diagnosis compared to black women. In Jefferson Parish, black women were much more likely than white women to report an asthma diagnosis. Among high school girls in Orleans Parish, black girls were the most likely to report an asthma diagnosis. At the state level, however, girls of other races were much more likely to report an asthma diagnosis than all other girls.

# Arthritis

## INDICATORS

- Reported arthritis diagnosis among women

**Figure #58: Proportion of women who reported being diagnosed with arthritis by a health care professional (2011)<sup>4</sup>**

|          | Orleans | Jefferson | Louisiana |
|----------|---------|-----------|-----------|
| White, % | 41.2    | 29.8      | 29.5      |
| Black, % | 34.6    | 36.4      | 28.9      |
| Other, % | 14.2    | 37.5      | 26.2      |



## Interpretation

White women in Orleans Parish were more likely to report an arthritis diagnosis compared to black women and women of other races. A reverse trend was seen in Jefferson Parish with black women and women of other races being more likely to report an arthritis diagnosis than white women. These racial differences were not seen at the state level.

# Cancer



*Breast Cancer*

*Lung Cancer*

*Cervical Cancer*

*Ovarian Cancer*

# Breast Cancer

## INDICATORS

- Rate of breast cancer incidence among women and girls
- Rate of breast cancer mortality among women and girls

**Figure #59: Age-adjusted incidence rate (per 100,000 population) of breast cancer among women and girls (2005-2009)<sup>9</sup>**

|       | Orleans | Jefferson | Louisiana |
|-------|---------|-----------|-----------|
| White | 115.8   | 119.5     | 117.9     |
| Black | 121.4   | 132.9     | 124.1     |
| Other | N.A.    | N.A.      | N.A.      |

**Figure #60: Age-adjusted mortality rate (per 100,000 population) of breast cancer among women and girls (2005-2009)<sup>9</sup>**

|       | Orleans | Jefferson | Louisiana |
|-------|---------|-----------|-----------|
| White | 25.7    | 23.9      | 23.1      |
| Black | 35.3    | 38.3      | 35.0      |
| Other | N.A.    | N.A.      | N.A.      |

*Note: The age-adjusted rates are calculated with U.S. 2000 standards.*



## Interpretation

Age-adjusted incidence rates of breast cancer among women and girls were similar between races and across parishes with black women in Jefferson Parish having a slightly higher incidence rate. Mortality rates were similar; however black women had higher breast cancer mortality rates compared to white women in both parishes.

# Lung Cancer

## INDICATORS

- Rate of lung cancer incidence among women and girls
- Rate of lung cancer mortality among men and women

**Figure #61: Age-adjusted incidence rate (per 100,000 population) of lung cancer among women and girls (2005-2009)<sup>9</sup>**

|       | Orleans | Jefferson | Louisiana |
|-------|---------|-----------|-----------|
| White | 41.8    | 59.7      | 60.8      |
| Black | 50.6    | 52.7      | 52.6      |
| Other | N.A.    | N.A.      | N.A.      |

**Figure #62: Age-adjusted mortality rate (per 100,000 population) of lung cancer among men and women (2005-2009)<sup>9</sup>**

|       | Orleans |       | Jefferson |       | Louisiana |       |
|-------|---------|-------|-----------|-------|-----------|-------|
|       | Men     | Women | Men       | Women | Men       | Women |
| White | 42.7    | 31.3  | 68.5      | 41.6  | 79.2      | 45.7  |
| Black | 106.2   | 42.2  | 99.8      | 45.0  | 104.0     | 40.6  |
| Other | N.A.    | N.A.  | N.A.      | N.A.  | N.A.      | N.A.  |

*Note: The age-adjusted rates were calculated with U.S. 2000 standards.*



## Interpretation

Age-adjusted incidence rates of lung cancer were lower among white women than black women in Orleans Parish, but they were higher among white women than black women in Jefferson Parish. Age-adjusted mortality rates of lung cancer among women did not differ drastically between races and across parishes. However, mortality rates among women were significantly lower compared to mortality rates among men, with black men in Orleans Parish having the highest age-adjusted mortality rate overall.

# Cervical Cancer

## INDICATORS

- Rate of cervical cancer incidence among women and girls
- Rate of cervical cancer mortality among women and girls

**Figure #63: Age-adjusted incidence rate (per 100,000 population) of cervical cancer among women and girls (2005-2009)<sup>9</sup>**

|       | Orleans | Jefferson | Louisiana |
|-------|---------|-----------|-----------|
| White | N.A.    | 7.3       | 8.3       |
| Black | 11.6    | 14.4      | 13.0      |
| Other | N.A.    | N.A.      | N.A.      |

**Figure #64: Age-adjusted mortality rate (per 100,000 population) of cervical cancer among women and girls (2005-2009)<sup>9</sup>**

|       | Orleans | Jefferson | Louisiana |
|-------|---------|-----------|-----------|
| White | N.A.    | 2.3       | 2.5       |
| Black | 5.8     | N.A.      | 5.7       |
| Other | N.A.    | N.A.      | N.A.      |

*Note: The age-adjusted rates are calculated with U.S. 2000 standards.*



## Interpretation

Both age-adjusted incidence rates and mortality rates of cervical cancer were higher among black women in Louisiana compared to white women. Significant data was not available to make this comparison at the parish level. However, it appears that there were similar trends.

# Ovarian Cancer

## INDICATORS

- Rate of ovarian cancer incidence among women and girls
- Rate of ovarian cancer mortality among women and girls

**Figure #65: Age-adjusted incidence rate (per 100,000 population) of ovarian cancer among women and girls (2005-2009)<sup>9</sup>**

|       | Orleans | Jefferson | Louisiana |
|-------|---------|-----------|-----------|
| White | 13.0    | 13.1      | 11.3      |
| Black | 10.5    | 8.4       | 9.9       |
| Other | N.A.    | N.A.      | N.A.      |

**Figure #66: Age-adjusted mortality rate (per 100,000 population) of ovarian cancer among women and girls (2005-2009)<sup>9</sup>**

|       | Orleans | Jefferson | Louisiana |
|-------|---------|-----------|-----------|
| White | 8.9     | 9.3       | 8.1       |
| Black | 8.0     | N.A.      | 7.4       |
| Other | N.A.    | N.A.      | N.A.      |

*Note: The age-adjusted rates were calculated with U.S. 2000 standards.*



## Interpretation

In general, age-adjusted incidence rates of ovarian cancer did not differ between races or across parishes. However, in Jefferson Parish, black women had slightly lower age-adjusted incidence rates of ovarian cancer compared to white women. Age-adjusted mortality rates did not differ between races or across parishes.

# Infectious Disease



*HIV/AIDS*

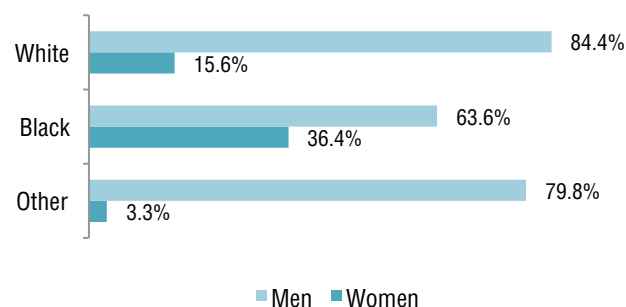
*Sexually Transmitted Infections*

# HIV/AIDS

## INDICATORS

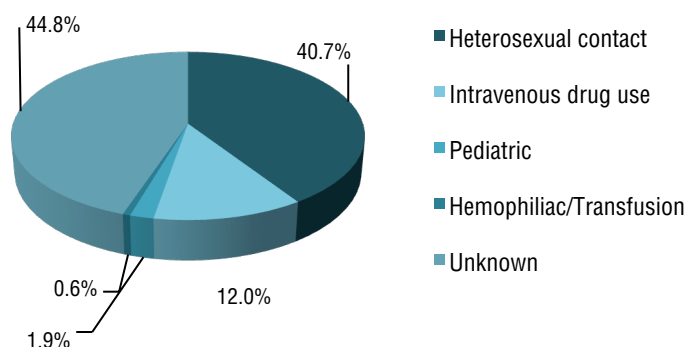
- Men and women living with HIV/AIDS
- Method of HIV transmission among women and girls living with HIV/AIDS
- New HIV case rates among women and girls
- Women and girls living with HIV case rates

**Figure #67: Proportion of men and women in Louisiana living with HIV/AIDS (2012)<sup>21</sup>**



*Note: Data for Orleans and Jefferson Parish was similar to data presented for Louisiana*

**Figure #68: Method of HIV transmission among women in Louisiana living with HIV/AIDS (2012)<sup>21</sup>**



**Figure #69: New HIV case rates among women and girls (2012)<sup>21</sup>**

|       | Orleans | Jefferson | Louisiana |
|-------|---------|-----------|-----------|
| White | 7.5     | 1.6       | 2.7       |
| Black | 58.9    | 37.2      | 35.3      |
| Other | 12.2    | 11.1      | 5.2       |

**Figure #70: Women and girls living with HIV case rates (2012)<sup>21</sup>**

|       | Orleans | Jefferson | Louisiana |
|-------|---------|-----------|-----------|
| White | 65.6    | 36.5      | 28.5      |
| Black | 421.3   | 252.4     | 278.7     |
| Other | 65.7    | 59.4      | 45.4      |

*Note: AIDS case rates were similar to case rates for Louisiana and Jefferson Parish. Rates for Orleans Parish were slightly lower for black and white women but higher among women of other races.*

*Note: AIDS case rates were similar to case rates for Louisiana. Rates for Orleans Parish were higher among women of other races and in Jefferson Parish were higher for both black women and women of other races.*



## Interpretation

The majority of people living with HIV and AIDS in Louisiana were men. However, among those women living with HIV and AIDS, black women made up the majority. Black women also had significantly higher rates of both new cases of HIV/AIDS and people living with HIV/AIDS in both parishes and across Louisiana. Also of note is that in almost 45% of HIV cases, the method of transmission was unknown, and in about 40%, the method of transmission was heterosexual contact.

# Sexually Transmitted Infections

## INDICATORS

- Rate of gonorrhea diagnosis among women and girls
- Rate of chlamydia diagnosis among women and girls

**Figure #71: Gonorrhea diagnosis rate (per 100,000 population) among women and girls (2011)<sup>11</sup>**

|       | Orleans | Jefferson | Louisiana |
|-------|---------|-----------|-----------|
| White | 60.0    | 10.0      | 32.1      |
| Black | 564.0   | 78.0      | 450.7     |
| Other | 103.0   | N.A.      | 53.8      |

**Figure #72: Chlamydia diagnosis rate (per 100,000 population) among women and girls (2011)<sup>11</sup>**

|       | Orleans | Jefferson | Louisiana |
|-------|---------|-----------|-----------|
| White | 500.0   | 115.0     | 226.1     |
| Black | 2,310.0 | 533.0     | 1,698.8   |
| Other | 1,227.0 | 40.0      | 384.7     |

*Note: Syphilis was also diagnosed among black women and girls in Orleans Parish at a rate of 10 per 100,000 population in 2011.<sup>11</sup>*



## Interpretation

Rates of gonorrhea diagnoses were much higher for black women compared to white women, with rates being significantly higher among black women in Orleans Parish compared to white women. Chlamydia diagnosis rates were also higher among black women compared to white women, with strikingly higher rates among black women in Orleans Parish.

# Social Determinants of Health



*Health Insurance Status*

*Education*

*Literacy and Drop-outs*

*Employment*

*Poverty Status*

*Female Earning Power*

*Teen Violence and Safety*

*Crime and Homicide*

*Human Development Index*

# Health Insurance Status

## INDICATORS

- Proportion of men and boys who were uninsured
- Proportion of women and girls who were uninsured
- Source of health insurance among women
- Reported satisfaction with health care services available for uninsured and low income people since Hurricane Katrina

**Figure #73: Proportion of men and boys who were uninsured (2009-2011)<sup>12</sup>**

| Age (years) | Orleans | Jefferson | Louisiana |
|-------------|---------|-----------|-----------|
| <18, %      | 5.9     | 7.5       | 5.7       |
| 18-64, %    | 30.5    | 30.7      | 26.9      |
| >65, %      | 0.7     | 0.6       | 0.5       |

**Figure #74: Proportion of women and girls who were uninsured (2009-2011)<sup>12</sup>**

| Age (years) | Orleans | Jefferson | Louisiana |
|-------------|---------|-----------|-----------|
| <18, %      | 6.3     | 8.1       | 5.8       |
| 18-64, %    | 24.4    | 25.4      | 24.3      |
| >65, %      | 0.4     | 0.6       | 0.7       |

**Figure #75: Health insurance type among women aged 18-64 years old (2009-2011)<sup>12</sup>**

| Health Insurance Type |                        | Orleans | Jefferson | Louisiana |
|-----------------------|------------------------|---------|-----------|-----------|
| Private               | Employed-based, %      | 48.4    | 55.1      | 55.4      |
|                       | Direct Purchase, %     | 14.1    | 10.5      | 10.5      |
| Public                | Medicaid, %            | 16.5    | 12.6      | 13.1      |
|                       | Medicare, %            | 4.6     | 3.8       | 4.3       |
|                       | Other (Military/VA), % | 1.7     | 1.8       | 2.5       |

### Five Years After Hurricane Katrina

**Figure #76: Proportion of men and women in Orleans Parish who reported thinking that there were enough health care services available for uninsured and low-income people (2010)<sup>14</sup>**

|             |       |
|-------------|-------|
| White Men   | 16.6% |
| White Women | 17.0% |
| Black Men   | 13.6% |
| Black Women | 7.1%  |



## Interpretation

Overall, approximately 24 to 30% of men and women aged 18-64 were uninsured, with the highest proportion being among men in Orleans and Jefferson Parish. Among insured women, the majority were privately insured through their employers. The majority of men and women in Orleans Parish did not think that there were enough health care services available for uninsured and low-income people.

# Education

## INDICATORS

- Highest educational attainment among men and women

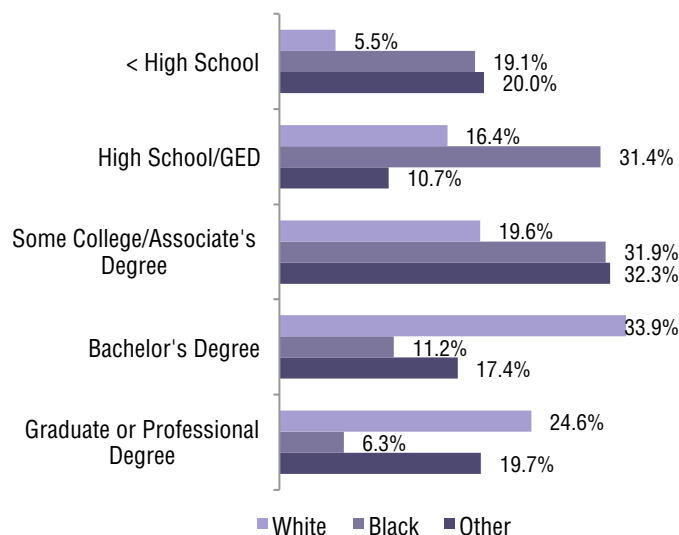
**Figure #77: Highest educational attainment among men aged 25+ years old (2008-2010)<sup>12</sup>**

| Education Completed                | Orleans | Jefferson | Louisiana |
|------------------------------------|---------|-----------|-----------|
| < High School, %                   | 17.0    | 16.0      | 19.6      |
| High School/GED, %                 | 26.0    | 31.1      | 35.0      |
| Some College/Associate's Degree, % | 24.8    | 27.3      | 24.9      |
| Bachelor's or Higher, %            | 32.2    | 23.4      | 20.6      |

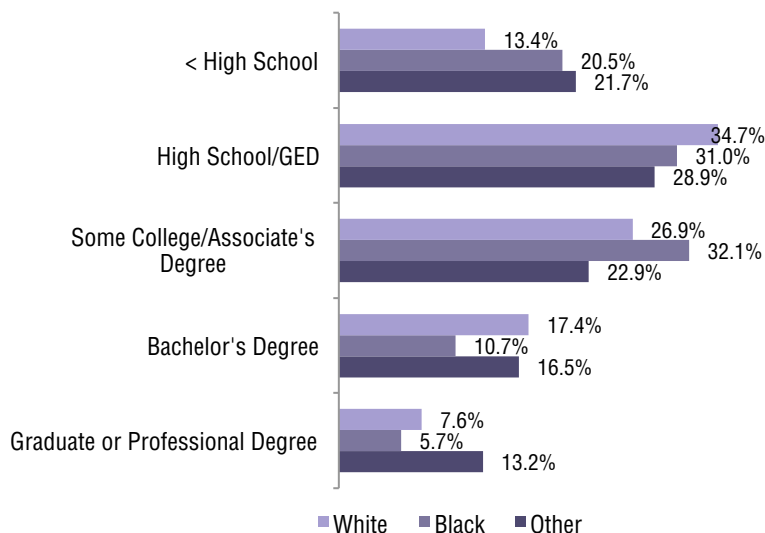
**Figure #78: Highest educational attainment among women aged 25+ years old (2008-2010)<sup>12</sup>**

| Education Completed                | Orleans | Jefferson | Louisiana |
|------------------------------------|---------|-----------|-----------|
| < High School, %                   | 15.7    | 14.8      | 16.4      |
| High School/GED, %                 | 33.4    | 24.1      | 33.7      |
| Some College/Associate's Degree, % | 27.8    | 28.0      | 27.8      |
| Bachelor's or Higher, %            | 23.1    | 33.1      | 22.1      |

**Figure #79: Highest educational attainment by race among women aged 25+ in Orleans Parish (2009-2011)<sup>12</sup>**



**Figure #80: Highest educational attainment by race among women aged 25+ in Jefferson Parish (2009-2011)<sup>12</sup>**



Note: Data for Louisiana was similar to data presented for Jefferson Parish.



## Interpretation

Women were more likely in both parishes compared to men to have finished high school or received a GED. Among women aged 25 years and older, black women and women of other races were much less likely to finish high school compared to white women. Overall black women were the least likely compared to white women and women of other races to have a bachelor's degree or higher. While the distribution of highest level of educational attainment was similar for all races between Jefferson Parish and Louisiana, the distribution in Orleans Parish was different, especially for white women with a graduate or professional degree.

# Literacy and Drop-Outs

## INDICATORS

- Proficiency scores on the Louisiana Educational Assessment Program's English Language Arts test
- Proportion of boys and girls who dropped out of public school

**Figure #81: Proportion of boys with proficient Louisiana Educational Assessment Program (LEAP) for English Language Arts (ELA) scores (during 2011-2012 academic year)<sup>22</sup>**

| Grade  | Orleans | Jefferson |
|--------|---------|-----------|
| 4th, % | 89.8    | 70.6      |
| 8th, % | 81.4    | 62.0      |

**Figure #82: Proportion of girls with proficient Louisiana Educational Assessment Program (LEAP) for English Language Arts (ELA) scores (during 2011-2012 academic year)<sup>22</sup>**

| Grade  | Orleans | Jefferson |
|--------|---------|-----------|
| 4th, % | 77.2    | 93.6      |
| 8th, % | 81.8    | 69.7      |

**Figure #83: Proportion of boys who dropped out of public school (including charter schools) (during 2011-2012 academic year)<sup>23</sup>**

| Grade   | Orleans | Jefferson |
|---------|---------|-----------|
| 7th, %  | 0.7     | 1.7       |
| 8th, %  | 1.7     | 3.0       |
| 9th, %  | 3.1     | 8.0       |
| 10th, % | 3.5     | 5.6       |
| 11th, % | 3.2     | 5.3       |
| 12th, % | 1.8     | 7.1       |

**Figure #84: Proportion of girls who dropped out of public school (including charter schools) during 2011-2012 academic year)<sup>23</sup>**

| Grade   | Orleans | Jefferson |
|---------|---------|-----------|
| 7th, %  | 0.0     | 0.9       |
| 8th, %  | 0.8     | 1.7       |
| 9th, %  | 0.9     | 5.3       |
| 10th, % | 1.1     | 4.4       |
| 11th, % | 1.3     | 3.9       |
| 12th, % | 1.3     | 5.1       |

*Note: The Louisiana Educational Assessment Program's English Language Arts (LEAP/ELA) test scores are advanced, mastery, basic, approaching basic, and unsatisfactory. Students who receive a basic score or above pass the test.*

## Spotlight on Louisiana

**Figure #85: Proportion of 4th and 8th grade boys and girls in Louisiana who had proficient LEAP/ELA scores and proportion of 7-12th grade boys and girls who dropped out of public schools (during 2011-2012 academic year)<sup>22,23</sup>**

|          | Had Proficient LEAP/ELA Scores | Dropped Out |
|----------|--------------------------------|-------------|
| Boys, %  | 68.0                           | 4.2         |
| Girls, % | 75.0                           | 2.8         |

## Interpretation

Among 4th graders, boys in Orleans Parish were more likely to be proficient in ELA compared to girls. In Jefferson Parish girls were more likely to be proficient in ELA, with boys in Jefferson Parish having the lowest proportion of ELA proficiency overall. Girls were less likely to drop out of public school than boys across parishes. However, girls in Jefferson Parish were much more likely to drop out than girls in Orleans Parish. At the state level, girls were more likely to have proficient scores and less likely to drop out than boys.



# Employment

## INDICATORS

- Employment status of men and women
- Occupation type for men and women

**Figure #86: Employment status of men aged 20-64 years old (2007-2011)<sup>12</sup>**

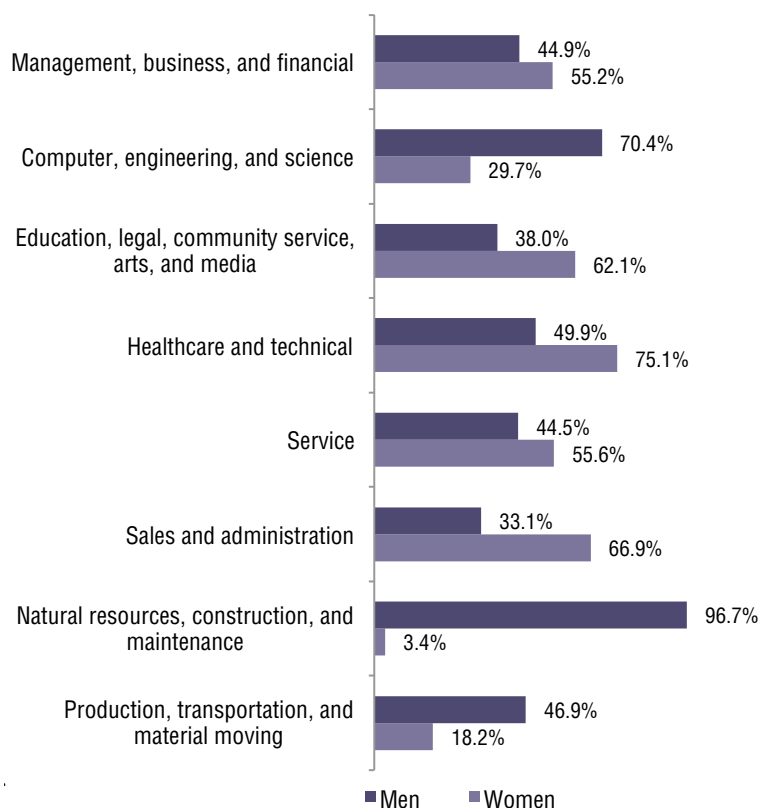
| Employment Status | Orleans | Jefferson | Louisiana |
|-------------------|---------|-----------|-----------|
| In labor force, % | 76.0    | 85.0      | 78.2      |
| Unemployed, %     | 11.0    | 6.3       | 8.9       |

**Figure #87: Employment status of women aged 20-64 years old (2007-2011)<sup>12</sup>**

| Employment Status | Orleans | Jefferson | Louisiana |
|-------------------|---------|-----------|-----------|
| In labor force, % | 71.0    | 72.4      | 69.0      |
| Unemployed, %     | 10.1    | 6.0       | 7.9       |

*Note: Data for "in labor force" is shown rather than data for "employed" because it includes active duty military.*

**Figure #88: Occupation type for the past 12 months for employed men and women aged 16 years and older in Orleans and Jefferson Parish (2009-2011)<sup>12</sup>**



*Note: Data for Louisiana was similar to data presented for Orleans and Jefferson Parish.*



## Interpretation

Unemployment within parishes was similar between men and women with the proportion of unemployed in Orleans Parish being slightly higher than Jefferson Parish. Women were more likely to be employed in the fields of education and healthcare, and men were more likely to be employed in production/transportation/material moving and natural resources/construction/maintenance.

# Poverty Status

## INDICATORS

- Adults, children and families who were below the Federal Poverty Level

**Figure #89: Proportion of men who were below the Federal Poverty Level in the past 12 months (2009-2011)<sup>12</sup>**

| Age (years) | Orleans | Jefferson | Louisiana |
|-------------|---------|-----------|-----------|
| <18, %      | 39.8    | 25.0      | 25.9      |
| 18-64, %    | 21.2    | 11.1      | 13.4      |
| 65+, %      | 11.8    | 7.9       | 8.5       |

**Figure #90: Proportion of women who were below the Federal Poverty Level in the past 12 months (2009-2011)<sup>12</sup>**

| Age (years) | Orleans | Jefferson | Louisiana |
|-------------|---------|-----------|-----------|
| <18, %      | 39.8    | 25.4      | 27.5      |
| 18-64, %    | 27.5    | 17.1      | 20.1      |
| 65+, %      | 18.3    | 12.4      | 14.9      |

**Figure #91: Proportion of boys and girls less than 18 years old who were below the Federal Poverty Level in the past 12 months (2009-2011)<sup>12</sup>**

|          | Orleans | Jefferson | Louisiana |
|----------|---------|-----------|-----------|
| White, % | 5.7     | 12.1      | 13.8      |
| Black, % | 50.2    | 45.5      | 45.6      |
| Other, % | 27.8    | 36.3      | 25.8      |

**Figure #92: Proportion of families who were below the Federal Poverty Level in the past 12 months (2009-2011)<sup>12</sup>**

|                                     | Orleans | Jefferson | Louisiana |
|-------------------------------------|---------|-----------|-----------|
| Married-couple family, %            | 6.9     | 4.6       | 5.3       |
| Male head of household, single, %   | 23.3    | 12.1      | 18.1      |
| Female head of household, single, % | 40.6    | 34.2      | 37.6      |

*Note: The threshold for the Federal Poverty Level (FPL) varies by family size. In Louisiana, the FPL threshold for a family of four in 2011 was \$22,350.<sup>24</sup>*



## Interpretation

Across both parishes and the state, the largest proportion of men and women living in poverty were those less than 18 years of age, with poverty being most prevalent among women in Orleans Parish. Black children were significantly more likely to be living in poverty compared to white children, with the highest prevalence in Orleans Parish. Families below the poverty line were much more likely to have a single head of household than a married couple. Among households identified as being below the poverty level, the prevalence of female head of households was double that of male head of households.

# Female Earning Power

## INDICATORS

Industry type and median earnings for men and women

**Figure #93: Industry type and median earnings for men and women in Orleans and Jefferson Parish (2009-2011)<sup>12</sup>**

|                                                                                                   | Estimated median earnings for men, \$ | Estimated median earnings for women, \$ | Difference in earnings between men and women, \$ |
|---------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------|--------------------------------------------------|
| Management, Business, and Financial                                                               | 58,549                                | 42,435                                  | -16,114                                          |
| Computer, Engineering, and Science                                                                | 63,334                                | 53,416                                  | -9,918                                           |
| Education, Legal, Community Service, Arts and Media                                               | 49,759                                | 36,823                                  | -12,936                                          |
| Healthcare Practitioner and Technical                                                             | 83,668                                | 50,029                                  | -33,639                                          |
| Service (Law Enforcement, Food Service, Personal Care, Cleaning, Maintenance, Healthcare Support) | 20,418                                | 15,214                                  | -5,204                                           |
| Sales and Administration                                                                          | 32,658                                | 23,761                                  | -8,897                                           |
| Natural Resources, Construction, and Maintenance                                                  | 31,570                                | 24,346                                  | -7,224                                           |
| Production, Transportation, and Material Moving                                                   | 32,607                                | 20,216                                  | -12,391                                          |

*Note: Data for Louisiana was similar to data presented for Orleans and Jefferson Parish.*



## Interpretation

In all industries, women had a lower earning power than men, with the greatest differences in the healthcare and management industries.

# Teen Violence and Safety

## INDICATORS

- Reported physical violence events among high school girls
- Reported sexual violence events among high school girls

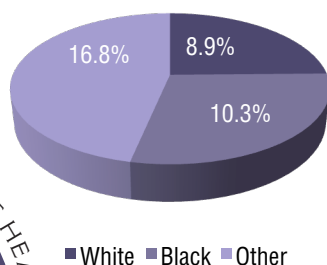
**Figure #94: Proportion of high school girls who reported feeling unsafe or threatened at school (2007/2011)<sup>13,15</sup>**

|          | Missed school $\geq 1$ day because felt unsafe during the past 30 days |           | Felt threatened at school at least once during the past 12 months |           |
|----------|------------------------------------------------------------------------|-----------|-------------------------------------------------------------------|-----------|
|          | Orleans                                                                | Louisiana | Orleans                                                           | Louisiana |
| White, % | 4.8                                                                    | 5.5       | 6.0                                                               | 3.3       |
| Black, % | 8.2                                                                    | 9.9       | 10.2                                                              | 9.8       |
| Other, % | 16.7                                                                   | 17.1      | 8.2                                                               | 18.4      |

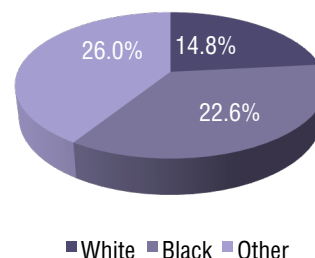
**Figure #95: Proportion of high school girls who reported carrying a weapon to school and being in a physical fight (2007/2011)<sup>13,15</sup>**

|          | Carried a weapon to school during the past 30 days |           | Were in a physical fight at least once during the past 12 months |           |
|----------|----------------------------------------------------|-----------|------------------------------------------------------------------|-----------|
|          | Orleans                                            | Louisiana | Orleans                                                          | Louisiana |
| White, % | 2.8                                                | 0.8       | 20.7                                                             | 4.6       |
| Black, % | 2.1                                                | 2.9       | 40.2                                                             | 20.8      |
| Other, % | 4.9                                                | 5.1       | 37.6                                                             | 11.9      |

**Figure #96: Proportion of high school girls in Orleans Parish who reported being forced to have sex when they didn't want to in the past 12 months (2007)<sup>13</sup>**



**Figure #97: Proportion of high school girls in Orleans Parish who reported being hit, slapped, or physically hurt on purpose by a partner in the past 12 months (2007)<sup>13</sup>**



*Note: Data for Louisiana was similar to data presented for Orleans Parish, with slightly higher prevalence among black girls in Orleans Parish.*

## Interpretation

In Orleans Parish, black high school girls and girls of other races were more likely to report feeling unsafe or threatened compared to white girls. Black girls and girls of other races were much more likely to be in a physical fight compared to white girls. Black girls and girls of other races were also more likely to report occurrence of forced sexual activity or violence compared to white girls.



# Crime and Homicide

## INDICATORS

- Gender, race, and age of murder victims
- Reported motives for homicide
- Reported homicides by police departments and sheriff's departments

**Figure #98: Orleans Parish murder victims, by sex (between January-December 2012)<sup>25</sup>**

|                 | 13-20 Years Old, % | 21-29 Years Old, % | 30+ Years Old, % |
|-----------------|--------------------|--------------------|------------------|
| Men and boys    | 90.6               | 95.9               | 83.1             |
| Women and girls | 9.4                | 4.1                | 16.9             |

**Figure #99: Orleans Parish murder victims, by race (between January-December 2012)<sup>25</sup>**

|       | 13-20 Years Old, % | 21-29 Years Old, % | 30+ Years Old, % |
|-------|--------------------|--------------------|------------------|
| White | 0.0                | 0.0                | 6.0              |
| Black | 96.9               | 98.6               | 86.7             |
| Other | 3.1                | 1.4                | 7.2              |

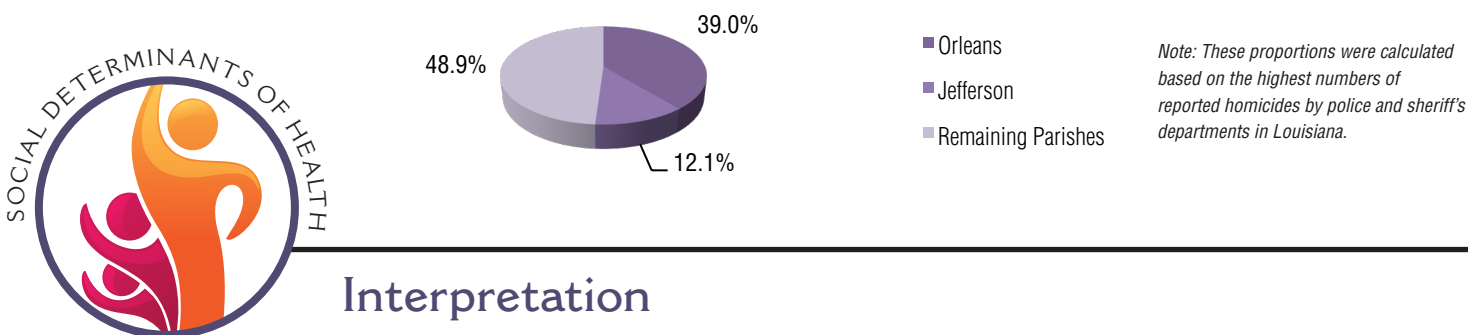
*Note: Other includes Hispanic and Asian*

**Figure #100: Orleans Parish motives for homicide (between January-December 2012)<sup>25</sup>**

| Motives          | 13-20 Years Old, % | 21-29 Years Old, % | 30+ Years Old, % |
|------------------|--------------------|--------------------|------------------|
| Drug-Related     | 3.1                | 23.3               | 22.9             |
| Retaliation/Feud | 46.9               | 27.4               | 14.5             |
| Argument         | 28.1               | 17.8               | 26.5             |
| Robbery          | 3.1                | 6.8                | 25.3             |
| Domestic         | 3.1                | 2.7                | 9.6              |
| None Identified  | 40.6               | 50.7               | 42.2             |

*Note: Only the top 6 motives are shown. Other motives included bystander, mental illness, gang initiation, murder-suicide, and negligent homicide.*

**Figure #101: Proportion of reported homicides in Louisiana (2011)<sup>19</sup>**



## Interpretation

Murder victims in Orleans Parish were most likely to be black males across all age groups. A large majority of homicide motives were unidentified or related to retaliation/feud among those 13-29 years of age and argument or robbery among those older than 30 years of age. Reported murders in Orleans and Jefferson Parish make up over half of all reported murders in the state.

# Human Development Index

## INDICATORS

- Human Development Index (HDI) of men and women

**Figure #102: Human Development Index of men and women in Louisiana (2009)<sup>27</sup>**

|       | Men | Women |
|-------|-----|-------|
| White | 4.6 | 4.4   |
| Black | 2.0 | 2.8   |

**Figure #103: Human Development Index of men and women (2009)<sup>27</sup>**

|       | Orleans, East | Orleans, West | Orleans, Southeast | Orleans, Southwest | Jefferson, North | Jefferson, South | Jefferson, East | Jefferson, West |
|-------|---------------|---------------|--------------------|--------------------|------------------|------------------|-----------------|-----------------|
| White | 4.6           | 6.9           | 6.4                | 6.9                | 5.4              | 4.3              | 4.4             | 5.1             |
| Black | 2.8           | 2.1           | 2.1                | 2.0                | 4.2              | 2.9              | 2.7             | 3.1             |

### *What is Human Development?<sup>27</sup>*

Human development is defined as the process of enlarging people's freedoms and opportunities and improving their well-being. The human development model emphasizes the everyday experience of ordinary people, including the economic, social, legal, psychological, cultural, environmental, and political processes that shape the range of options available to us. It is a numerical measure of well-being and opportunity made up of health, education, and income indicators.



## Interpretation

Human Development Index for black men and women was less than half of that for white men and women. The most drastic difference between races was seen in Orleans, Southwest, and the least difference was in Jefferson, North.

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# Data Sources and Descriptions

## BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS); 2011

Centers for Disease Control and Prevention (CDC)

BRFSS is a cross-sectional telephone survey conducted by state health departments to collect prevalence data on chronic conditions, risk behaviors and preventative health practices of the adult population aged 18 years and older. States conduct monthly telephone surveys using a standardized questionnaire to monitor the distribution of health conditions, risk behaviors and health practices among adults. State and local agencies use the survey results to establish and track health objectives, target and build health promotion activities. The 2011 BRFSS data reflects a change in weighting methodology and the addition of cell phone only respondents. Refinements to the BRFSS to include data received from cell phone users facilitates the inclusion of a broader demographic and ultimately provides a better reflection of the nation's health status. BRFSS collects data in all 50 states as well as the District of Columbia and three U.S. territories.

*Limitations:* While 2011 data includes cell phone respondents, the same biases exist as those with landline telephones since respondents represent only those who can afford phone service. Households without a telephone are, on average, of lower income. Therefore, for many of the health behaviors measured, the results are likely to understate the true level of health behaviors in the adult population. A second limitation is due to the fact that the data is self-reported by the respondents. Health risk behaviors are often underreported, especially those that are illegal or socially unacceptable, therefore, the survey may underestimate the prevalence of the behavior across the population. A third limitation is that the data is “cross-sectional,” meaning that the data is collected at a single point in time. Each month an entirely new sample of respondents are contacted. Therefore, causality cannot be inferred from BRFSS survey results.

## MATERNAL AND CHILD HEALTH INDICATORS; 2007-2009

Louisiana Department of Health and Hospitals (DHH)

Reproductive health data is obtained from the Louisiana Office of Public Health, which includes data from various government sources. Prenatal care, obstetrical care, teen birth rate, and infant mortality figures are provided by the Louisiana State Registrar and Vital Records, which utilizes birth certificates and a passive surveillance system to obtain data. Sexually Transmitted Diseases during pregnancy are calculated by linking birth certificate data to data from the Louisiana HIV/STD prevention program. Parish and state level data is available in report form here:

<http://www.dhh.state.la.us/index.cfm/page/398>.

*Limitations:* Birth certificate data often has missing values which may result in underrepresentation of certain indicators. More detailed data on certain maternal and child health indicators is collected through the Pregnancy Risk Assessment Monitoring System (PRAMS), however this data is not available at the parish level.

## SURVEILLANCE EPIDEMIOLOGY AND END RESULTS (SEER); 2005-2009

National Cancer Institute

The Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute is responsible for the collection and reporting of cancer incidence and survival data from 15 population-based central cancer registries that cover 26% of the U.S. population. The U.S. racial/ethnic population coverage in SEER includes whites, blacks, Hispanics, American Indians and Alaska Natives, Asians, and Native Hawaiian and other Pacific Islanders. SEER data includes patient demographic information as well as primary tumor site, tumor morphology and stage at diagnosis, first course of cancer treatment, and follow-up for vital status. SEER began collecting data on cancers diagnosed on January 1, 1973, which enables the analysis of longitudinal trends as well as current patterns of cancer. Population-based cancer registries from state or metropolitan area and rural county grouping submit data to the National Cancer Institute for inclusion in the SEER database. The cancer patient data is collected from health providers such as hospitals, clinics, pathology labs, and physician offices in addition to data from autopsy reports and death certificates. The data is subjected to rigorous data quality edits and investigations and must meet data quality standards. The SEER Program data is the international standard for cancer registry data quality.

*Limitations:* The SEER data is a definitive source of cancer incidence and survival data in the U.S., but coverage is limited to about 26% of the total U.S. population. Minority racial/ethnic groups, foreign-born, and urban populations are groups of special interest to the SEER program and are therefore somewhat overrepresented in the database. Although frequency distributions of tumor characteristics and observed survival may be generated for over 30 detailed racial/ethnic groups, incidence rate calculations are limited to the racial/ethnic groups for which population denominators are available from the Census Bureau.

# Data Sources and Descriptions

## SEXUALLY TRANSMITTED DISEASES, LOUISIANA 2011 ANNUAL REPORT; 2011

Louisiana Department of Health and Hospitals (DHH) Office of Public Health, STD/HIV Program

The STD/HIV Program (SHP) administers statewide and regional programs designed to prevent the transmission of STDs and HIV, to ensure the availability of quality medical and social services for those diagnosed with an STD or HIV, and to track the impact of the STD and HIV epidemics in Louisiana. SHP is also responsible for data management and surveillance of chlamydia, gonorrhea, syphilis and HIV epidemics throughout the state. Surveillance data is used for STD/HIV prevention planning and helps guide the allocation of resources for STD/HIV treatment, care, and other supportive services. The 2011 STD Annual Report provides detailed information regarding demographic and risk characteristics of individuals with STD infections and epidemic trends. This report includes data for all persons diagnosed with an STD in Louisiana in 2011.

*Limitations:* Small rates may be unreliable and are not presented for numerators less than 5. Data is only broken down at the parish level for whites, blacks, and Hispanics/Latinos. Therefore, data is not included for all races and ethnicities.

## AMERICAN COMMUNITY SURVEY: 3-YEAR ESTIMATES (ACS); 2009-2011

United States Department of Commerce, United States Census Bureau

The U.S. Census Bureau's American Community Survey (ACS) is an annual survey administered to roughly 3.5 million households from all 50 states and the District of Columbia using mailed, paper questionnaires. Participants are legally required to answer all questions. The Census Bureau utilizes home visits and phone surveys to reach non-respondents. The selected households comprise a random sample used to estimate population level data. Specifically, the data used in the 3-year estimate for 2009-2011 is combined by the U.S. Census Bureau to illustrate population characteristics within the period. The survey collects basic demographic information as well as social, employment, financial and housing information.

*Limitations:* Data at the state and national level is missing for several indicators. This limitation makes data obtained at the parish level incomparable on a larger scale for these indicators. Additionally, ACS survey data is self-reported and may be subject to recall bias and underreporting.

## YOUTH RISK BEHAVIOR SURVEY (YRBS); 2007/2011

Centers for Disease Control and Prevention (CDC)

The Youth Risk Behavior Survey (YRBS) monitors priority health-risk behaviors and the prevalence of chronic disease among youth and young adults in six categories: injury/violence, sexual behavior, alcohol/drug use, tobacco use, dietary behavior, and physical activity. YRBS 2007 includes a national school-based survey conducted in 47 states, 6 territories and 2 tribal governments. YRBS 2011 was conducted in 43 states and 21 large urban school districts among students in grades 9–12. Louisiana YRBS is partially funded by the Louisiana Public Health Institute (LPHI), which offers monetary incentives to selected schools for their participation. The report also draws from the New Orleans YRBS 2007 (NOYRBS), a representative sample of 9th through 12th grade students in Orleans Parish public schools.

*Limitations:* The state health department does not collect data on sexual health behavior at the state level. Therefore, there is no statewide comparison for youth sexual behavior. Data was not collected on all indicators at the state and Orleans level for both 2007 and 2011. Also, NOYRBS only sampled Orleans Parish public schools, which means charter schools and private/parochial school students were not sampled. Similar to BRFSS, the YRBS data is self-reported, so questions in some categories may be misreported or underreported due to misunderstanding of the questionnaire.

## NEW ORLEANS FIVE YEARS AFTER THE STORM: A NEW DISASTER AMID RECOVERY; 2010

The Henry J. Kaiser Family Foundation

This comprehensive survey of the experiences of New Orleans residents is the third in a series conducted by the Kaiser Family Foundation since 2005. The survey is designed and analyzed by a research team from across the Kaiser Family Foundation. Social Science Research Solutions (SSRS) collaborated with Kaiser researchers on sample design and weighting, and conducted the fieldwork. Interviews for the current survey were completed May 26–June 27, 2010, in English and Spanish via landline telephones and cell phones among 1,528 randomly selected adults aged 18 years and older residing in Orleans Parish. The survey includes Orleans Parish residents of different races and ethnicities including whites, blacks, Hispanics, Asian Americans and those of other backgrounds.

*Limitations:* Only the black and white populations have sufficient sample sizes to conduct analyses. The margin of sampling error for the total sample is plus or minus 3 percentage points. For results on other subsets of respondents, the margin of sampling error may be higher.

# Data Sources and Descriptions

## LOUISIANA HOSPITAL INPATIENT DISCHARGE DATABASE (LAHIDD); 2008-2010

Louisiana Department of Health and Hospitals (DHH)

Hospital inpatient discharge data includes all admissions and discharges within a year reported by all hospitals in a specified area. Data is collected by the Louisiana Hospital Association and given to the Louisiana Department of Health and Hospitals to clean and analyze. Hospital inpatient admission data includes about 90% of all inpatients and excludes government and rehabilitation hospitals. Data is provided for women and girls only; newborns are excluded. Information included in this report is based on principal diagnoses categorized by relevant indicators.

*Limitations:* The data presented does not take into consideration secondary or tertiary diagnoses and in some cases, principal diagnoses may be categorized into more than one indicator.

## STATE CANCER PROFILES: SCREENING AND RISK FACTORS

National Cancer Institute

The National Cancer Institute's data on preventative health practices among women in Louisiana was originally obtained from the 2010 annual BRFSS survey. Participants are selected randomly and information is collected through standardized telephone surveys. Data is weighted and edited in order to provide estimates that include appropriate input from underrepresented groups.

*Limitations:* Data obtained in 2010 only includes responses from individuals with a landline telephone. This limitation may lead to reduced generalizability due to the possible demographic differences in individuals who have landline telephones and those who do not. Other issues that may affect the generalizability of the data include language barriers that may have excluded women who belong to ethnic minorities. Furthermore, BRFSS data is self-reported and is subject to recall bias and underreporting.

## HIV/AIDS SURVEILLANCE DATA; 2012

Louisiana Department of Health and Hospitals (DHH) Office of Public Health, STD/HIV Program

The Louisiana State University Health Sciences Center (LSUHSC) HIV Program Office was established in 1992 under the LSU School of Medicine, Department of Preventive Medicine. Simultaneously, the Louisiana Department of Health and Hospitals (DHH) was also addressing HIV public health issues through the Office of Public Health (OPH) HIV/AIDS Services. Noting that there were two State agencies addressing the HIV epidemic, LSU and OPH came together as the Department of Health and Hospitals (DHH) Office of Public Health (OPH) HIV/AIDS Program (HAP) in 1998. In December 2010, the STD Control Program and the HIV/AIDS Program merged to become the STD/HIV Program (SHP). Data provided by this program includes cases diagnosed with HIV/AIDS reported as of December 31, 2012.

*Limitations:* Small rates may be unreliable and are not presented for numerators less than 5. Data is only broken down at the parish level for whites, blacks, and Hispanics/Latinos. Therefore, data is not included for all races and ethnicities.

## MAYOR'S STRATEGIC COMMAND TO REDUCE MURDERS: CASE SUMMARY REPORT; 2012

City of New Orleans

Data from Dr. David Seal, of Tulane University, is used to determine counts of murder victims (January-November 2012) in New Orleans. The Mayor's Strategic Command to Reduce Murders is a new murder reduction initiative as part of the SOS NOLA: Saving Our Sons Campaign under New Orleans Mayor Mitch Landrieu, city officials and criminal justice partners. The Strategic Command is a data-driven, multidisciplinary approach to prevent and reduce crime in New Orleans. Data is disaggregated, namely for motive, race/ethnicity, and age group.

*Limitations:* The Mayor's Strategic Command reports data on homicides only. It does not address intimate partner violence, domestic violence and other forms of sexual and physical abuse. Also, there may be more than one motive listed for homicides.

# Data Sources and Descriptions

## CRIME IN LOUISIANA; 2011

The Louisiana Statistical Analysis Center and the Louisiana Uniform Crime Reporting Program

The purpose of this report is to provide the reader with the most current certified information available regarding the number of offenses reported and the number of arrests made by Louisiana law enforcement agencies as recorded in the Summary Uniform Crime Reporting System (UCR). The statistics represent the available data for a 12-month snapshot of offenses and arrests by participating agencies for January 1, 2011 through December 31, 2011. Murder and non-negligent homicides by number of offenses is included in this report by police and sheriff's departments. Information on other violent and non-violent crimes can be found here: [http://lcle.la.gov/programs/uploads/Crime\\_in\\_LA\\_2011\\_050213.pdf](http://lcle.la.gov/programs/uploads/Crime_in_LA_2011_050213.pdf)

*Limitations:* The comparison of data between years and between villages, towns, cities, parishes or law enforcement agencies is discouraged due to the fact that the data presented may not have all of the same contributors year to year or the mitigating circumstances that impact crime rates is not included in the statistics presented in the report. Statistical data in individual jurisdictions should not be compared solely based on their population. Data should not be used to calculate the effectiveness of law enforcement agencies in Louisiana.

## A PORTRAIT OF LOUISIANA: LOUISIANA HUMAN DEVELOPMENT REPORT; 2009

American Human Development Project; Burd-Sharps S, Lewis K, Martins EB

The Human Development (HD) Index is calculated by averaging indices for health, education, and income, and then reported on a scale of 0-10. Data used to create the health index is obtained from the Louisiana Department of Health and Hospitals and the U.S. Census Bureau's July 2007 American Community Survey (ACS). The education and income indices uses data from the ACS 2005-2007 three year estimates. ACS three year estimates provide an average value from the period and indicate population trends. Samples include individuals from all counties and states and are representative of the source population.

*Limitations:* Due to the Louisiana Department of Health and Hospitals dependence on surveillance to obtain data on fetal mortality, data may be incomplete leading to an underestimation in reported fetal mortality. Furthermore, ACS data is self-reported and is subject to recall bias and underreporting.