
Introduction

The intent of the Parish Health Profiles is to provide information that will support data driven planning and implementation of health policies and interventions to improve health outcomes for Louisiana and its communities. The 2005 edition of the Parish Health Profiles is the third update of the profiles originally published in 1992 and last updated in 2000. In the five years since this last update, the public's health has continued to face many of the same challenges: obesity, toxic environments, a large uninsured population, and health disparities, as well as facing new ones such as antimicrobial resistance and bioterrorism.¹ We have seen improvement in some areas—a decrease in the cardiovascular and cancer deaths, an increase in childhood immunization rates, while observing worsening trends in others—an increase in limited days of activity and increased rates of obesity. These trends have been felt across all states and the communities within those states.

In Louisiana and our local communities, we have demonstrated improvement in some areas including access to adequate prenatal care, decrease in the prevalence of smoking, and a decrease in the rate of the uninsured, particularly uninsured children. Yet, Louisiana continues to carry the dubious distinction of being ranked as the least healthiest state in which to live.² Looking at common indicators of health, certain aspects seem to contribute to Louisiana remaining at the bottom of numerous health status ranking systems. First, where we are making progress, we are doing so at a slower and less significant rate when compared to other states. Secondly, we continue to remain static or are even losing ground on several key determinants and risk factors, such as high school graduation and obesity rates.

While there are many economic and social factors in the state that are known to contribute to negative health outcomes—high rates of poverty, low levels of education, and a culture that just likes to eat, the questions remain: “What are we doing with the resources we have?” and “Can we do better?”

Regardless of rankings, all states and communities nationwide are struggling with many of the same issues. Experts locally, nationally, and worldwide are promoting a common understanding of key components for health care reform that must be recognized and addressed if we are to improve our health outcomes:

- public resources are limited;
- efforts and interventions must be evidenced-based and evaluated against demonstrated outcomes;
- reliable data are needed to identify priorities, evaluate interventions and outcomes, and provide accountability;
- public health and government agencies cannot improve health outcomes alone; and
- **communities are the key.** Through collaboration with government, social institutions, and individuals, communities have the power to provide for “healthy people in healthy communities.”

In the words of CDC Director Dr. Julie Gerberding, “*Simply documenting shortfalls is not enough. Committed action will need to be taken if we are to do better.*”³

Health Care Reform in Louisiana

In Louisiana, the Governor’s Health Care Reform Panel has accepted this charge to ensure data-driven decision making and implementation of appropriate actions to improve the health outcomes of our state. Through the collaboration of a composite of stakeholders and experts from all levels—local, state, and national—the legislature has established nine regional consortia to develop and implement statewide and regional initiatives to address key priorities of health care and health outcomes for Louisiana, as guided by the adopted Health Care Reform Plan. The focus of the plan and panel efforts is directed by the belief that Louisiana must:

- create greater access to appropriate health care services;
- expand care to Louisiana’s uninsured;
- improve and restructure Louisiana’s systems of long-term care;
- increase opportunities for health education and awareness;
- improve the administrative efficiencies of Louisiana’s health care systems; and
- focus on performance-based outcomes using evidence-based principles and practices.

Inherent in the Governor’s Health Care Reform Plan is the commitment to work with communities across the state to increase public awareness around critical health-related issues, as well as to provide and ensure public access to information on leading health indicators, health status and priority data needs. It is imperative that we make available the most accurate and comprehensive information possible to enable effective decision and policy making.

A Tool for Community Action

It is the intent of the Parish Health Profiles to be a tool for community health planning—a tool that supports the state and its communities as they take action to provide for “healthy people in healthy communities.” As in previous Profiles, this edition uses a broad definition of health and the factors that either contribute to or detract from the overall quality of life of a community. The information included represents not only health status but also other aspects of quality of life, such as the status of local education, economy, and resources for recreation and culture.

“Simply documenting shortfalls is not enough. Committed action will need to be taken if we are to do better.” — Julie Gerberding

References

1. Institute of Medicine (IOM). 2003. *The Future of the Public’s Health in the 21st Century*. Washington, DC: National Academy Press.
2. United Health Foundation. *America’s Health: State Health Rankings—2004 Edition*.
3. United Health Foundation, 2004.

Using the Parish Health Profiles



Definition of a Healthy Community:

- ✓ *A clean, safe, high quality physical environment and a sustainable ecosystem; a strong, supportive and participatory community;*
- ✓ *Provision of basic needs;*
- ✓ *Access to a wide variety of experiences and resources;*
- ✓ *A diverse, vital and innovative economy; and*
- ✓ *A sense of historical, biological and cultural connectedness.*

- World Health Organization, 1999

A Tool for Action

The primary purpose of the Parish Health Profiles is to provide data and information necessary to promote and support appropriate action to improve health outcomes—locally and statewide. It is one component, or tool, to be utilized in an ongoing process for developing and maintaining “healthy communities.”

To increase the utilization of the Profiles, it is important to present this tool with a common understanding of key terminology and a generally accepted framework for addressing health issues and outcomes. There are numerous publications available that provide details on each of the following concepts presented, as well as more specific models for implementation of health interventions.¹ The presentation here is intended to be simple and concise, giving a basic understanding needed to utilize the information presented in the Profiles.

Definition of Key Terms and Concepts

Health Status/Health Outcomes – the long-term consequence of health behaviors, conditions, or diseases. Health outcomes are measured in terms of the frequency and duration of occurrence in a population (incidence and prevalence), the level of disability or limitations resulting, and the number of deaths (mortality) resulting.

Health Determinants – are underlying factors that create or impact health for individuals and communities. The 1999 Parish Health Profiles presented a comprehensive discussion of the determinants of health and the actual causes of death. Recent and ongoing research supports this understanding, telling us that health is determined by:

- genetics,
- medical care,
- environment,
- social circumstances, and
- individual behavior and lifestyles.²

Community health is profoundly affected by the collective behaviors, attitudes, and beliefs of everyone who lives in a community. Behavior patterns represent the single most prominent domain of influence over health prospects in the nation.³ The daily choices we make about what we choose to eat, the amount of physical activity we engage in, how we cope with stress, use of addictive substances, and choices about sexual activity are all important determinants of health. Poor diet choices and lack of physical activity are known to lead to ailments such as obesity, diabetes, heart disease, and more.

In combination with national and state resources, communities have the ability to identify opportunities to change their ultimate health outcome; and they can target this change where maximum results can be obtained. Change can be effected by targeting prevention—prevention in the community environment, through health policies, and changes in personal behaviors.⁴

Indicators – are the data we use to measure and quantify health determinants and outcomes. Indicators for health planning include both long-term indicators of health outcomes, as well as intermediate indicators of health risks and behaviors. Both are needed to assess where you are now, where you want to be, and how you are moving toward achieving your objective. They are used to help us understand where our community stands in comparison to other communities, states and nations. The indicators are used to identify needs, establish priorities, and to measure results.

A good indicator is ...

Important: *It means something to people, and it is related to an outcome.*

Measurable: *It has a high, medium or low value, or it is a number.*

Reliable: *It measures the same thing study after study. This is especially important for an indicator measuring a trend over time.*

Responsive: *A change in related factors will cause a reaction in the indicator.*

Sensitive: *It can be depended on to correctly identify a situation that meets certain criteria.*

Specific: *It can be depended on to correctly identify a situation that does not meet certain criteria.*

Valid: *It measures what it is supposed to measure.*

All of these are rarely achieved.

Source: Mausner, J and Kramer, S. 1985. Epidemiology, An Introductory Text. Saunder Company. Philadelphia.

Healthy People 2010 (HP 2010) –

“The ultimate measure of success in any health improvement effort is the health status of the target population.”⁵ HP 2010 is the nationwide agenda for improving the health of all people in the United States through comprehensive health promotions and disease prevention. The two overarching goals are to: increase quality and years of healthy life, and to eliminate health disparities.⁶ In support of this effort, HP 2010 has developed a systematic approach that focuses on establishing goals and objectives for particular health issues, identifying key indicators for measuring health status and associated determinants of health, and tracking progress towards objectives through changes in these indicators over time. Where applicable, the Healthy People objectives are presented in the Profiles along with current parish, state, and national data for a readily available comparison to the HP 2010 target.

A Framework for Improving Community Health

Several models are available to facilitate health planning in a community: MAPP, PATCH, and CHIP to name a few.⁷ Interestingly enough they all begin with “collaboration” and ultimately lead to evaluation and adjustment. Among the various models, there is shared agreement that the process never ends and is a continuing cycle of assessment, prioritization, implementation, evaluation, and adjustment. Two key points are clear: improving individual and community health cannot be done alone or in a vacuum; and it cannot be done without good data and information throughout the process.

As such, the data and information provided in the Profiles is intended to be utilized to support communities and their collaborations in identifying priorities and opportunities, in selecting among alternative strategies and interventions, and in making decisions to implement policies and practices that will improve health outcomes.

Parish Specific Data

Individual volumes of the Profiles were prepared for each parish. The intent is to present the best available data down to the Parish level. While parish specific, the profiles contain standard data sets that are available over time and across parishes. However, parish level data are limited, either because they are not collected or because sample sizes at the parish level are too small to produce reliable information. In these cases, regional level data is presented when it is available. Unless otherwise indicated, “region” or “regional” refers to combined data for parishes in each of the Louisiana Department of Health and Hospitals’ administrative regions. A regional map of the State by parish is provided on page 10 of this profile.

In cases where no parish or regional data are available, national and state data can be used to estimate local impacts. In particular, sample sizes at the national and usually state level are large enough to look at differences among subpopulation groups such as race, sex, age, or geographic location. These breakdowns give an indication of groups more likely to be impacted by a particular risk factor or health outcome. This information can be used in combination with parish demographic data which is readily available from the U.S. Census to identify groups at the parish level that are likely to have higher risks for certain health conditions and outcomes.

The data for the Profiles have come from many different sources. Indicators are reported from the most credible and current source(s) available; and when appropriate, the limitations of the data are explained. Sometimes there will be several organizations which report on an indicator. You might find that there will be different results for the same indicator. The difference could be due to the calculation or collection of the data, but the general magnitude and trends should be consistent. Understanding and using data from multiple valid sources can strengthen the reliability and usability of the data.

User-Friendly Content

Each Parish Health Profile is intended to be informative and user-friendly. They can be read straight through or by topics and sections. Each page contains summarized information in boxes, figures, bullets and charts. These summaries relate to the more in-depth information in the main body of the text. At the top of each page is the chapter title and parish. You can photocopy pages and always know what document and section you used.

Each chapter combines data, graphs and stories about improving community health, because it takes many perspectives to bring the picture of any community’s health in focus. This combination of information is part of the broader definition of health and quality of life. It is presented in terms of the current prevalence of risks, disease, and health outcomes, trends overtime and among various groups, and as compared to the state and the nation as a whole.

The indicators in the Parish Health Profiles can be used as guides to identify problems and successes in your community. These indicators are the starting point for exploring your community. For each issue or health outcome identified, a general overview, impact, trends, and known evidence for intervention is given. **In the body of the text, the bold print identifies the indicators with parish level or regional level data.**

Your Parish at a Glance

This chart of selected indicators is intended to demonstrate the wide variety of parish-level information in the Profiles that can be looked at in comparison to national and state information. These indicators can also be used to set agendas for quality-of-life improvement at the community level. The individual chapters in the Profiles contain additional indicators for specific subject areas. Readers can use the detailed table of contents and the index to find other types of indicators and related subject areas.

Taking Care – Taking Control

Throughout the Profiles, readers will find shaded boxes labeled “Taking Care – Taking Control.” These brief narratives are provided as examples of “local action” that communities throughout the state have actually implemented to address health issues and challenges in their communities.

Taking Care – Taking Control

Read the information in these boxes to find stories and tips about turning information into action. These boxes contain the stories about people and organizations in Louisiana who are successfully responding to challenges in their communities. Where it is appropriate and available, contact information is provided for readers interested in obtaining additional information on the projects and efforts presented.

The Community Can. . .

At the end of each section there is a list of suggestions for communities to take action. These suggestions are based on the best available evidence or valid authority for initiatives and actions that organizations and individuals can take at the community level to target priority areas identified. This is a beginning list of possible ways that you and your community can take steps to improve upon the indicators or topics presented in the section. They should be accessed for the appropriateness of utilization as part of an overall community health plan or locally implemented intervention. Links to toolkits and additional resources are provided for communities to obtain the details necessary to follow up on the recommendations presented.

References and Resources

At the end of each section, after suggestions for community action, you will find the references. The 2005 Parish Health Profiles data are carefully documented to make it as easy as possible for the reader to contact or access the people and data sources. The references give as precise a location as possible, for readers to find the information themselves. The data in the Profiles are reflective of the point in time during which the information was collected. In a period of just a few months, many of the data will be updated, and even sooner for information that is on the internet. You and your community can keep abreast of the newest data by using the references and resources for more recent data. Whenever possible, websites are provided in the references and resources. The websites are given for homepages of organizations. Because web pages are moved around, the home page is usually in the reference along with keywords that can be followed to the page where data are located on the site. To reach the exact webpage where data or information is located, follow the “keywords.”

In addition, a consolidated resource section is provided in the appendix which lists contact information for agencies and organizations that have been cited which may provide additional information and resources on the topics presented.

Obtaining Copies of the Profiles

A separate volume of the Profiles was prepared for each parish. They can all be accessed and downloaded online at www.oph.dhh.louisiana.gov. In addition to the text of the profiles, data for all parishes can be downloaded from the website. For individuals or groups who do not have access to the web, a CD version can be obtained by contacting the Office of Public Health at 225-342-8093. In addition, 28 state depository libraries have hard copies and most local libraries provide public access to the internet.

References:

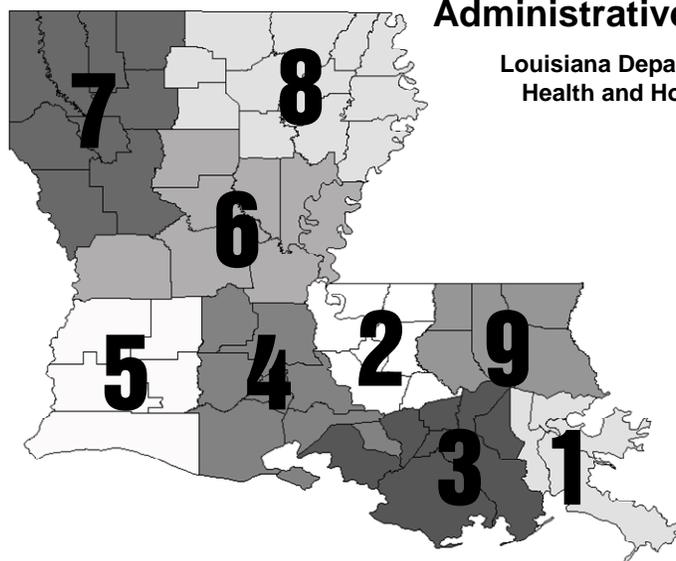
1. Institute of Medicine (IOM). 2003. *The Future of the Public's Health in the 21st Century*. Washington, DC: National Academy Press.
2. McGinnis, J. Michael; Williams-Russo, Pamela; and Knickman, James R. .2002. *The Case for More Active Policy Attention to Health Promotion*. Health Care Affairs.
3. McGinnis et al. 2002.
4. United Health Foundation. *American's Health: State Health Rankings—2004 Edition*.
5. U.S. Department of Health and Human Services. *Healthy People 1020*. 2nd ed. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000.
6. U.S. Department of Health and Human Services. *Healthy People 1020*. 2nd ed. 2 vols.
7. Institute of Medicine (IOM). 2003.

**2005 Parish Health Profiles –
Public Domain**

The Profiles are a work-in-progress. These documents are public information written for the benefit of the public. Our request to you, the reader, is to complete and return the evaluation form, included at the end of this document. Let us know what you found useful for your work in communities. Your input will help us improve the next issue.

Please feel free to copy and distribute all or parts of this book as needed.

Thank you.



Administrative Regions

Louisiana Department of Health and Hospitals

Region 7

- Bienville
- Bossier
- Caddo
- Claiborne
- DeSoto
- Natchitoches
- Red River
- Sabine
- Webster

Region 8

- Caldwell
- East Carroll
- Franklin
- Jackson
- Lincoln
- Madison
- Morehouse
- Ouachita
- Richland
- Tensas
- Union
- West Carroll

Region 1

- Jefferson
- Orleans
- Plaquemines
- St. Bernard

Region 2

- Ascension
- East Baton Rouge
- East Feliciana
- Iberville
- Pointe Coupee
- West Baton Rouge
- West Feliciana

Region 3

- Assumption
- Lafourche
- St. Charles
- St. James
- St. John
- St. Mary
- Terrebonne

Region 4

- Acadia
- Evangeline
- Iberia
- Lafayette
- St. Landry
- St. Martin
- Vermilion

Region 5

- Allen
- Beauregard
- Calcasieu
- Cameron
- Jefferson Davis

Region 6

- Avoyelles
- Catahoula
- Concordia
- Grant
- LaSalle
- Rapides
- Vernon
- Winn

Region 9

- Livingston
- St. Helena
- St. Tammany
- Tangipahoa
- Washington