




COMMUNITY HEALTH NEEDS ASSESSMENT

Prepared for Opelousas General Health System

July 2019



In the following report, Hanover Research provides Opelousas General Health System (OGHS) with demographic and health datasets that outline the factors, needs, and priorities of the OGHS service community.

TABLE OF CONTENTS

Scope and Process	3
Key Findings and Priorities	4
Service Area	6
SOCIO-DEMOGRAPHICS	6
Age and Race	6
Education	7
Employment.....	7
Income	8
Access to Care	10
INSURANCE	10
TRANSPORTATION	10
Target Populations	12
DATA ON MATERNAL AND CHILD HEALTH	12
DATA ON ELDERLY HEALTH.....	13
DATA ON VETERANS	15
Health Factors and Behaviors	16
Key Behavioral Health Indicators	19
Key Physical Health Indicators	20
HEART DISEASE.....	20
DIABETES.....	22
COLON CANCER	24
COPD	24
RENAL FAILURE.....	25
STROKE	26

SCOPE AND PROCESS

Hanover Research’s 2019 Community Health Needs Assessment for Opelousas General Health System (OGHS) leverages numerous sources of local, state, and national data to provide insight into the current demographics, health status, health-related behaviors, and community health needs of the OGHS service area. In addition to assessing traditional health status and behavior indicators, this report includes information on social determinants of health, such as education, employment, income, and transportation. Social determinants of health have become a national priority for identifying and addressing health disparities, and OGHS is committed to addressing these needs and gaps in services.

The purpose of this assessment is twofold: (1) to look at national data and the conditions and trends in the OGHS service area of Opelousas City and St. Landry Parish and (2) to use the information gathered to explore strategic options available to inform the organizational strategic planning process. OGHS expects to use this Community Health Needs Assessment to focus on top priorities identified in order to:

- Improve the health status of the community,
- Identify opportunities for better preventive care and wellness initiatives,
- Address social determinants of health and health disparities within OGHS’s service area, and
- Continuously improve access to and quality of health care and health education that will enable community members to improve their overall well-being.

KEY FINDINGS AND PRIORITIES

Based on data analysis, the top community health needs and priorities identified for the OGHS service area include the following:

- OGHS strategic priorities should consider the socio-demographics of the population in its service area.
 - Policies and practices related to children’s health may be particularly significant in OGHS’s community.
 - The racial makeup of Opelousas and St. Landry indicate that any racial disparities in health status, behaviors, and outcomes for African Americans in these communities would affect large swaths of the population and have a proportionately large impact on the community as a whole.
 - Income inequality and economic opportunity, paralleled by educational attainment levels, are key issues in OGHS service areas. To combat these social determinants of health, OGHS may consider a strategy in outreach and providing programs and services that cater to people who are unemployed, those who are low-income, and those who are in poverty.
- OGHS strategic priorities should consider barriers to care faced by residents in its service area.
 - The percentages of people in St. Landry Parish and Louisiana who are under age 65 and do not have health insurance are quite similar to, and actually seem to be lower than, the proportion for the country as a whole. However, in Opelousas City, the uninsured rate jumps, meaning that the OGHS’s immediate vicinity is home to a higher proportion of people facing financial barriers to care than the surrounding parish, the state, and the country.
 - Transportation barriers and challenges continue to be a leading impediment to accessing quality, regular and timely healthcare services. Telemedicine initiatives and other innovative programs may be beneficial.
- Special populations, including the elderly and veterans, may experience greater difficulty seeking or accessing care and may require more specialized services compared to the general population. OGHS should also consider maternal and child health, particularly regarding the care for Black families as rates for low birthweight, infant mortality, and child mortality are higher for African Americans in St. Landry Parish than for their white neighbors.
- St. Landry Parish ranks 57th out of the 64 parishes for health factors and behaviors, indicating a clear need for improved education and outreach activities. However, it is important to note that OGHS’s home parish ranks 14th amongst Louisiana’s parishes in terms of Clinical Care: OGHS may consider its status as part of the highest-ranking component of St. Landry’s health ecosystem to branch out and collaborate and/or take the lead in other areas.

- OGHS may consider efforts to attract more mental health providers to St. Landry Parish to support the community with increased and improved behavioral health services.
- There are racial disparities in several measures of physical health in St. Landry Parish. When compared to their white counterparts, African American residents have higher teen birthrates, higher age-adjusted years of potential life lost, lower life expectancies, higher premature age-adjusted mortality rates, higher heart disease hospitalization and death rates, and higher stroke hospitalization and death rates. Additionally, Black Louisianans have higher rates of diabetes than white Louisianans. It is important for OGHS to work to reduce these disparities.

SERVICE AREA

OGHS is a 209-bed full-service medical center with three locations in the Opelousas area. The Main Campus and South Campus of OGHS are both located in Opelousas, while the OGH Imaging center is located in neighboring Sunset, Louisiana. The primary service area draws from surrounding communities including: Sunset, Grand Coteau, Port Barre, Eunice, Washington, Arnaudville, Leonville, Krotz Springs, Melville, Eunice, Lawtell, Palmetto, Ville Platte and Church Point.

SOCIO-DEMOGRAPHICS

This section illustrates the OGHS service area’s demographic makeup regarding age, race, education, employment, and income, all of which are social determinants of health. Where available, there is information for both Opelousas and St. Landry, with statistics for Louisiana and the United States included for comparison. Where data for Opelousas is not available, this section relies on information for St. Landry Parish, still comparing it to the state and the country.

AGE AND RACE

Table 1 demonstrates that, when compared to Louisiana and the United States, Opelousas and St. Landry have slightly younger populations, with slightly higher proportions of residents under the age of 5 and under the age of 18. This suggests that policies and practices related to children’s health could be particularly significant in OGHS’s community. Opelousas also has a slightly lower percentage of residents over the age of 65 than the other three geographic areas under consideration. Additionally, African Americans make up a much higher proportion of the population of Opelousas and, to a lesser extent, St. Landry than they do in Louisiana and the United States as a whole. The percentage of white and Hispanic people in Opelousas and St. Landry is correspondingly lower than their share in the state and the nation.¹ The racial makeup of Opelousas and St. Landry indicate that any racial disparities in health status, behaviors, and outcomes for African Americans in these communities would affect large swaths of the population and have a proportionately large impact on the community as a whole.

Table 1

	OPELOUSAS CITY	ST. LANDRY PARISH	LOUISIANA	UNITED STATES
Population Estimate, July 1, 2018	16,126	82,764	4,659,978	327,167,434
Percent Under Age 5*	9.0%	7.6%	6.6%	6.1%
Percent Under Age 18*	28.3%	26.9%	23.5%	22.4%
Percent Age 65 and Above*	14.8%	16.1%	15.4%	16.0%
Percent Female*	54.1%	51.7%	51.2%	50.8%

¹ United States Census Bureau: QuickFacts: Opelousas city, Louisiana; St. Landry Parish, Louisiana; Louisiana; United States.

<https://www.census.gov/quickfacts/fact/table/opelousascitylouisiana,stlandryparishlouisiana,LA,US/PST045218>

	OPELOUSAS CITY	ST. LANDRY PARISH	LOUISIANA	UNITED STATES
Percent White Alone*	20.5%	56.2%	62.9%	76.5%
Percent Black or African American Alone*	77.0%	41.6%	32.7%	13.4%
Percent Two or More Races*	1.1%	1.3%	1.7%	2.7%
Percent Hispanic or Latino*	1.0%	2.3%	5.2%	18.3%
Percent White Alone, not Hispanic or Latino*	19.7%	54.5%	58.6%	60.4%

*Estimates of different geographical levels are not necessarily comparable to one another due to the potential methodological differences between data sources.
 Source: United States Census Bureau: Quick Facts: Opelousas city, Louisiana; St. Landry Parish, Louisiana; Louisiana; United States.²

EDUCATION

Table 2 shows that educational attainment for people age 25 and over in Opelousas and St. Landry was lower than that in Louisiana and the United States for the period from 2013 through 2017.³ Since education is a social determinant of health, these statistics indicate that the health of Opelousas and St. Landry citizens might benefit from educational outreach and information campaigns.

Table 2

	OPELOUSAS CITY	ST. LANDRY PARISH	LOUISIANA	UNITED STATES
Percent of People who are High School Graduates	70.8%	76.5%	84.3%	87.3%
Percent of People who have a Bachelor’s Degree	13.0%	13.5%	23.4%	30.9%

*Estimates of different geographical levels are not necessarily comparable to one another due to the potential methodological differences between different data sources.
 Source: United States Census Bureau: Quick Facts: Opelousas city, Louisiana; St. Landry Parish, Louisiana; Louisiana; United States.⁴

EMPLOYMENT

In 2018, Louisiana tied for 47th place in a ranking of the unemployment rates of the 50 states and the District of Columbia.⁵ As indicated Table 3, in 2018, St. Landry Parish had an unemployment rate that was 1.3 percentage points higher than the unemployment rate for Louisiana and 2.3 percentage points higher than the rate for the nation.⁶ Employment is a

² United States Census Bureau: QuickFacts: Opelousas city, Louisiana; St. Landry Parish, Louisiana; Louisiana; United States. Op. Cit.

³ Ibid.

⁴ Ibid.

⁵ “Unemployment Rates for States, 2018 Annual Averages.” United States Department of Labor: Bureau of Labor Statistics: Local Area Unemployment Statistics. <https://www.bls.gov/lau/lastrk18.htm>

⁶ “Labor Force Data by County: 2018 Annual Averages.” United States Department of Labor: Bureau of Labor Statistics. <https://www.bls.gov/lau/laucnty18.xlsx>; “Unemployment Rates for States, 2018 Annual Averages.” United States Department of Labor: Bureau of Labor Statistics: Local Area Unemployment Statistics. Op. Cit.; and “Labor Force Statistics from the Current Population Survey.” United States Department of Labor: Bureau of Labor Statistics: Databases, Tables & Calculators by Subject. https://data.bls.gov/timeseries/LNU04000000?periods=Annual+Data&periods_option=specific_periods&years_option=all_years

social determinant of health, and these elevated unemployment levels could negatively impact the health of the OGHS community.

Table 3

	ST. LANDRY PARISH	LOUISIANA	UNITED STATES
Unemployment Rate, 2018	6.2 %	4.9%	3.9%

Sources: (left to right) “Labor Force Data by County: 2018 Annual Averages.” United States Department of Labor: Bureau of Labor Statistics.; “Unemployment Rates for States, 2018 Annual Averages.” United States Department of Labor: Bureau of Labor Statistics: Local Area Unemployment Statistics.; and “Labor Force Statistics from the Current Population Survey.” United States Department of Labor: Bureau of Labor Statistics: Databases, Tables & Calculators by Subject.⁷

INCOME

As seen in Table 4, the median household income and per capita income in Opelousas amount to less than half the income values in those categories for the United States as a whole and are also much lower than incomes in Louisiana. While higher than those reported in Opelousas, St. Landry Parish also has lower median household incomes and per capita incomes than Louisiana and the nation. Additionally, Opelousas City has a very high poverty rate, far eclipsing the rates for St. Landry, Louisiana, and the United States, and St. Landry’s rate is itself higher than those in the state and the country.⁸ The low-income levels and high poverty rates in Opelousas and St. Landry present a challenge for the community with regard to health status, behaviors, and outcomes as these are determinants of health.

The measurement of poverty rates shown in the table below is not necessarily comparable across different geographical levels due to potential methodological differences between data sources. However, a comparison can be made based on the broad strokes of information relayed through this data, considering the fact that the differences in incomes at different geographical levels, which were collected and calculated in a uniform manner, lend credence to the differences in the data for the percent of people in poverty.

Table 4

	OPELOUSAS CITY	ST. LANDRY PARISH	LOUISIANA	UNITED STATES
Median Household Income (in 2017 dollars), 2013-2017	\$20,005	\$32,163	\$46,710	\$57,652

⁷ “Labor Force Data by County: 2018 Annual Averages.” United States Department of Labor: Bureau of Labor Statistics. <https://www.bls.gov/lau/laucounty18.xlsx>; “Unemployment Rates for States, 2018 Annual Averages.” United States Department of Labor: Bureau of Labor Statistics: Local Area Unemployment Statistics. Op. Cit.; and “Labor Force Statistics from the Current Population Survey.” United States Department of Labor: Bureau of Labor Statistics: Databases, Tables & Calculators by Subject. https://data.bls.gov/timeseries/LNU04000000?periods=Annual+Data&periods_option=specific_periods&years_option=all_years

⁸ United States Census Bureau: QuickFacts: Opelousas city, Louisiana; St. Landry Parish, Louisiana; Louisiana; United States. Op. Cit.

	OPELOUSAS CITY	ST. LANDRY PARISH	LOUISIANA	UNITED STATES
Per Capita Income in the Past 12 months (in 2017 dollars), 2013-2017	\$15,266	\$19,205	\$26,205	\$31,177
Percent of People in Poverty*	45.3%	25.6%	19.7%	12.3%

*Estimates of different geographical levels are not necessarily comparable to one another due to the potential methodological differences between different data sources.

Source: United States Census Bureau: Quick Facts: Opelousas city, Louisiana; St. Landry Parish, Louisiana; Louisiana; United States.⁹

To measure income inequality, the Louisiana Department of Health’s Office of Public Health reports on the ratio of household income at the 80th percentile to income at the 20th percentile. The income inequality ratio for St. Landry Parish in 2019 is 6.38 percent, which is the seventh-highest in the state.¹⁰

Income inequality and economic opportunity, paralleled by educational attainment levels, are key issues in the OGHS service area. OGHS may consider outreach efforts and the provision of programs and services that specifically address the particular needs of these populations.

⁹ United States Census Bureau: QuickFacts: Opelousas city, Louisiana; St. Landry Parish, Louisiana; Louisiana; United States. Op. Cit.

¹⁰ Louisiana Department of Public Health Office of Public Health: Health Data Portal: County Health Rankings: Social & Economic Factors: Health Factors: Income inequality. <https://healthdata.dhh.la.gov/>

ACCESS TO CARE

Two essential factors of access to care are insurance and transportation. This section focuses on statistics and data related to those two important topics.

INSURANCE

In 2016, the proportion of children under age 19 who did not have health insurance was 3 percent in both St. Landry Parish and Louisiana.¹¹ Table 5 shows that the percentages of people in St. Landry Parish and Louisiana who are under age 65 and do not have health insurance are quite similar to, and actually seem to be lower than, the proportion for the country as a whole. However, in Opelousas City, the uninsured rate jumps, meaning that the OGHS’s immediate vicinity is home to a higher proportion of people facing financial barriers to care than the surrounding parish, the state, and the country.¹²

Table 5

	OPELOUSAS CITY	ST. LANDRY PARISH	LOUISIANA	UNITED STATES
Percent of People Under Age 65 without Health Insurance*	17.7%	9.8%	9.7%	10.2%

*Estimates of different geographical levels are not necessarily comparable to one another due to the potential methodological differences between different data sources.

Source: United States Census Bureau: Quick Facts: Opelousas city, Louisiana; St. Landry Parish, Louisiana; Louisiana; United States.¹³

TRANSPORTATION

Having insurance and an excellent health system nearby cannot guarantee that a person will be able to take advantage of the opportunity to receive quality care, because there are other barriers to care that can pose significant problems. One such barrier is transportation. According to OGHS’s “Regional Health Summit: Executive Summary Report” from April 2018, one of the factors of regional health that needs to be different is transportation to care.¹⁴

It is important to note that OGHS serves a large rural population in St. Landry Parish. Approximately 26.8 percent of the population of Louisiana lives in rural areas, while that proportion nearly doubles for St. Landry Parish, where approximately 48.2 percent of people

¹¹ County Health Rankings & Roadmaps: Louisiana: St. Landry (SL). Op. Cit. and County Health Rankings & Roadmaps: Louisiana: Uninsured Children. 2019. <https://www.countyhealthrankings.org/app/louisiana/2019/measure/factors/122/map>

¹² United States Census Bureau: QuickFacts: Opelousas city, Louisiana; St. Landry Parish, Louisiana; Louisiana; United States. Op. Cit.

¹³ Ibid.

¹⁴ Henley, B. “Regional Health Summit: Executive Summary Report.” Opelousas General Health System. Prepared by The Pyramid Group. April 2018. p. 4.

live in rural places.¹⁵ A patient in OGHS's primary service area will drive an average of 27 miles round trip to access care, at a cost of \$14.17, and a patient in OGHS's secondary service area will drive an average of 56 miles round trip, at a cost of \$30.42. These expenses increase due to a ripple effect of missing work and factoring in lost income and wages.¹⁶

According to the Louisiana Department of Transportation & Development, there are two public transit options in St. Landry Parish. The St. Landry Parish Community Action Agency operates the St. Landry Parish Government's system, which has seven vehicles and runs from 7:30am to 3:30pm, Monday through Friday. This system is designed to provide non-emergency medical transportation services to St. Landry residents. Medicaid recipients may be able to ride for free through their Medicaid provider, but all other passengers must pay \$10 to \$35, depending on the location and destination. The other public transportation option in St. Landry Parish is operated by the St. Landry COA, and it uses two lift-equipped vans to provide demand-responsive transit services to people ages 60 and above. The hours for this service are 8:00am to 4:00pm, Monday through Friday, and there is a \$5 roundtrip fare.¹⁷

The limited access to affordable and reliable transportation can affect access to timely health care in the result of missed appointments and poor care management, despite the availability of health care services. While OGHS has been working on a Telecardiology program in an effort to mitigate transportation issues for this subset of patients, additional telemedicine initiatives and other innovative programs or provision of transportation may be beneficial to the greater population in need of these services.

¹⁵ County Health Rankings & Roadmaps: Louisiana: St. Landry (SL). 2019.
<https://www.countyhealthrankings.org/app/louisiana/2019/rankings/st-landry/county/outcomes/overall/snapshot>

¹⁶ Whitacre, Brian, E. "Estimating the Economic Impact of Telemedicine in a Rural Community" *Agricultural and Resource Economics Review*. 40 no.2 (2011):178

¹⁷ "Saint Landry Parish." Louisiana Department of Transportation & Development: Louisiana Transit Resource Guide.
<http://wwwapps.dotd.la.gov/multimodal/publictransportation/transitresources/providers.aspx?Parish=49>

TARGET POPULATIONS

DATA ON MATERNAL AND CHILD HEALTH

According to the 2019 rankings from the Robert Wood Johnson Foundation’s County Health Rankings & Roadmaps Program, low birthweights were recorded in 11 percent of live births in both St. Landry Parish and the state of Louisiana between 2011 and 2017. This rate is nearly double the 6 percent rate for the top 10th percentile of United States performers. Additionally, there are racial disparities in the percentage, with low birthweights recorded 14 percent of the time for Black live births, but only 5 percent of the time for Hispanic live births and 8 percent of the time for white live births.¹⁸ Since a mother’s health can influence the birthweight of her baby and low birthweights can lead to problems for the baby, these statistics are relevant to OGHS’s interests in both maternal and child health and they show that St. Landry Parish, and particularly its African American residents, could benefit from care that addresses low birthweights.

The 2019 County Health Rankings & Roadmaps Program reports that, from 2011 through 2017, the infant mortality rate for Louisiana was eight, indicating that, for every 1,000 live births, eight babies (up to one year of age) died. In parishes throughout the state, the range for the infant mortality rate was five to sixteen. Within St. Landry Parish, the infant mortality rate was nine overall, but the overall statistic glosses over the fact that the infant mortality rate for white infants (six) was half that for Black infants (twelve).¹⁹ Increasing the age of young decedents does not eliminate this disparity in St. Landry. The child mortality rate for the state of Louisiana for the period from 2014 through 2017 was 70, meaning that 70 children (individuals under age 18) died per 100,000 population. The range in child mortality rates for Louisiana parishes during that period was 40 to 130. In St. Landry Parish, the child mortality rate was 90 both overall and for white children, but it climbed to 110 for African American children.²⁰ These statistics demonstrate the need for St. Landry Parish to address maternal and infant health care and prevention of tragedy within African American families.

Moreover, America’s Health Rankings, a United Health Foundation program, places Louisiana 47th out of 48 states with available data for maternal mortality, the rate of which is defined as the “[n]umber of deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 births.” Based on the 2018 calculations for America’s Health

¹⁸ County Health Rankings & Roadmaps: Louisiana: St. Landry (SL). Op. Cit. and County Health Rankings & Roadmaps: Louisiana: Low Birthweight. 2019.

<https://www.countyhealthrankings.org/app/louisiana/2019/measure/outcomes/37/map>

¹⁹ County Health Rankings & Roadmaps: Louisiana: St. Landry (SL). Op. Cit. and County Health Rankings & Roadmaps: Louisiana: Infant Mortality. 2019.

<https://www.countyhealthrankings.org/app/louisiana/2019/measure/outcomes/129/map>

²⁰ County Health Rankings & Roadmaps: Louisiana: St. Landry (SL). Op. Cit. and County Health Rankings & Roadmaps: Louisiana: Child Mortality. 2019.

<https://www.countyhealthrankings.org/app/louisiana/2019/measure/outcomes/128/map>

Rankings, the maternal mortality rate for the United States was 20.7, up from 19.9 in 2016, while the rate in Louisiana was more than double that, at 44.8, up from 35.0 in 2016.

America's Health Rankings puts Louisiana in 48th place out of the 50 states for the overall health of women and children.²¹ The status of overall health of women and children and rate of maternal and infant mortality in Louisiana demonstrate a clear and compelling need for improved healthcare services for mothers in children.

DATA ON ELDERLY HEALTH

A 2019 report of elderly health in each state and in the country as a whole ranks Louisiana 48th out of the 50 states in terms of the health of its seniors.²² The health measures in the report are divided into five categories, and Louisiana's highest ranking is in the policy category, where it ranks 34th. Louisiana ranks 38th in the clinical care category, but it ranks in the bottom 10 for the remaining categories: 43rd for health outcomes, 49th for community and environment, and 50th for behaviors.²³

As shown in Table 6, Louisiana performed better than the United States as a whole and the majority of the individual states on two measures of senior health that may be of interest to OGHS: Personal Doctor or Healthcare Provider and Chronically Ill Medicare Recipient Hospital Deaths. Additionally, although its percentage is lower than the national percentage, Louisiana ranked in the top half of states for the America's Health Ranking Diabetes measurement. However, Louisiana performed relatively poorly on six other measures of health care for elderly populations that may be of interest to OGHS, namely Hospital Readmissions, Increase in Obesity, Colorectal Screenings and Mammograms, Flu Vaccinations, Preventable Hospitalizations, and Avoidance of Care Due to Cost.²⁴

²¹ "Explore Health Measures in the United States | 2019 Senior Report." America's Health Rankings. <https://www.americashealthrankings.org/explore/senior>

²² "America's Health Rankings Senior Report 2019." United Health Foundation, 2019. p. 5. https://assets.americashealthrankings.org/app/uploads/ahr-senior-report_2019_final.pdf

²³ Ibid., p. 16.

²⁴ "Explore Health Measures in the United States | 2019 Senior Report," Op. cit. [2] "Explore Dedicated Health Care Provider in the United States | 2019 Senior Report." America's Health Rankings. https://www.americashealthrankings.org/explore/senior/measure/dedicated_health_care_provider_sr/state/ALL [2] "Explore Diabetes Management in the United States | 2019 Senior Report." America's Health Rankings. https://www.americashealthrankings.org/explore/senior/measure/diabetes_management_sr/state/ALL [2] "Explore Flu Vaccine in the United States | 2019 Senior Report." America's Health Rankings. https://www.americashealthrankings.org/explore/senior/measure/flu_vaccine_sr/state/ALL [2] "Explore Health Screenings in the United States | 2019 Senior Report." America's Health Rankings. https://www.americashealthrankings.org/explore/senior/measure/health_screenings_sr/state/ALL [2] "Explore Hospital Deaths in the United States | 2019 Senior Report." America's Health Rankings. https://www.americashealthrankings.org/explore/senior/measure/hospital_deaths_sr/state/ALL [2] "Explore Hospital Readmissions in the United States | 2019 Senior Report." America's Health Rankings. https://www.americashealthrankings.org/explore/senior/measure/hospital_readmissions_sr/state/ALL [2] "Explore Preventable Hospitalizations in the United States | 2019 Senior Report." America's Health Rankings. https://www.americashealthrankings.org/explore/senior/measure/preventable_hospitalizations_sr/state/ALL [2] "Explore Health Measures in Louisiana | 2019 Senior Report." America's Health Rankings. https://www.americashealthrankings.org/explore/senior/measure/overall_sr_2/state/LA [2] "America's Health Rankings Senior Report 2019," Op. cit., pp. 29–30.

Table 6

	LOUISIANA (LA)	UNITED STATES (U.S.)	LA's 2019 RANKING IN THE U.S.
Percentage of Adults Ages 65+ with One or More People They Regard as Their Personal Doctor or Healthcare Provider	95.2%	94.2%	12 th
Percentage of Deaths Taking Place in a Hospital Among Chronically Ill Medicare Decedents Ages 65+	19.7%	20.8%	21 st
Percentage of Medicare Enrollees Ages 65-75 with Diabetes Receiving a Blood Lipids Test	78.1%	79.5%	24 th
Percentage of Medicare Enrollees Ages 65+ who were Readmitted to the Hospital within 30 Days of Discharge from the Hospital	15.3%	14.9%	38 th
Percentage Increase in Obesity for Adults Age 65+, 2013-2019	19%	13%	39 th
Percentage of Adults Ages 65-75 who Received Colorectal Screening in the Recommended Time Period and Percentage of Women Ages 65-74 who Received a Mammogram in the Last Two Years	68.3%	73.0%	40 th
Percentage of Adults Ages 65+ who Got a Flu Vaccine in the Last Year	54.4%	60.4%	47 th
Number of Discharges for Ambulatory Care-Sensitive Conditions per 1,000 Medicare Enrollees Ages 65+ (Preventable Hospitalizations)	65.8	49.4	47 th
Percentage of Adults Age 65+ who Avoided Care Due to Cost within the Last Year	7.4%	5.2%	50 th

Sources: America’s Health Rankings, United Health Foundation and “America’s Health Rankings Senior Report 2019”²⁵

Behavioral Health

“America’s Health Rankings Senior Report 2019” found that the incidence of depression among adults ages 65 and older increased from 13.4 percent to 16.0 percent between 2018 and 2019, a 19 percent spike.²⁶ Louisiana did not record a significant change in its senior depression rate during this period, but, with a rate of 19.8 percent, it is in last place among the states for its senior depression rate. Louisiana’s scores for depression-related measures are also in the bottom 10 among the states for the percentage of seniors experiencing frequent mental distress and the percentage of seniors at risk for social isolation, which are 9.9 percent and 95.0 percent, respectively. For the two other depression-related measures included in “America’s Health Rankings Senior Report 2019,” suicide rate per 1,000 and percent of people engaging in binge drinking or chronic drinking, Louisiana’s standing among

²⁵ “Explore Health Measures in the United States | 2019 Senior Report,” Op. cit. [2] “Explore Dedicated Health Care Provider in the United States | 2019 Senior Report,” Op. cit. [2] “Explore Diabetes Management in the United States | 2019 Senior Report,” Op. cit. [2] “Explore Flu Vaccine in the United States | 2019 Senior Report,” Op. cit. [2] “Explore Health Screenings in the United States | 2019 Senior Report,” Op. cit. [2] “Explore Hospital Deaths in the United States | 2019 Senior Report,” Op. cit. [2] “Explore Hospital Readmissions in the United States | 2019 Senior Report,” Op. cit. [2] “Explore Preventable Hospitalizations in the United States | 2019 Senior Report,” Op. cit. [2] “Explore Health Measures in Louisiana | 2019 Senior Report,” Op. cit. [2] “America’s Health Rankings Senior Report 2019,” Op. cit., pp. 29–30.

²⁶ “America’s Health Rankings Senior Report 2019,” Op. cit., pp. 7–8.

the other states improves with rates of 15.1 and 8.7 percent, respectively, but it is still not among the top 10.²⁷

DATA ON VETERANS

Eighteen to 22 American veterans commit suicide daily, and young veterans aged 18–44 are most at risk. Approximately 49,933 American veterans are homeless and face the same difficulties as civilians in addition to service-related matters. Nationally, almost 9 million veterans are enrolled in the VHA system.²⁸ By 2017 almost 50 percent of veterans reached the age of 65 years or older. There is also a large cohort of younger veterans from Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) who have registered for VA health care over the past 10 years.²⁹

According to the 2016 U.S. Census data, Opelousas City had 552 veterans, and there were 3,122 veterans in residing St. Landry Parish and 254,921 in the state.³⁰ Approximately 17.7 percent (552 of 3,122) of the veterans in St. Landry Parish live in Opelousas City.

Table 7

	OPELOUSAS CITY	ST. LANDRY PARISH	LOUISIANA	UNITED STATES
Veterans, 2013-2017	552	3,122	254,920	18,939,219
Veterans, 2013-2017 as Percentage of July 1, 2018 Population Estimate	3.4%	3.8%	5.5%	5.8%

Source: United States Census Bureau: Quick Facts: Opelousas city, Louisiana; St. Landry Parish, Louisiana; Louisiana; United States.³¹

Adjusting to civilian life after military combat experience and issues related to complex multiple deployments are among complex veteran wellness issues. Successful reintegration into civilian life requires that veterans have access to the training that builds on their military knowledge and skill, employment after service, homelessness prevention, and mental health programs that support this transition. The interconnection of the mental, physical, and social health of veterans highlights the importance of an integrated approach to veterans’ health care.

²⁷ “America’s Health Rankings Senior Report 2019,” Op. cit., pp. 23-27.

²⁸ Williams, J and Jackson, L. Utilizing Evidence to Address the Health and Health Care Needs of Veterans. *North Carolina Medical Journal November-December 2015 vol. 76 no. 5 294-298*

²⁹ Pickett T, et al. *Mental health among military personnel and veterans. N C Med J. 2015;76(5):299-306*

³⁰ United States Census Bureau: QuickFacts: Opelousas city, Louisiana; St. Landry Parish, Louisiana; Louisiana; United States. Op. Cit.

³¹ Ibid.

HEALTH FACTORS AND BEHAVIORS

The following community needs assessment data for St. Landry Parish underscores the need for services in high-need areas. Each parish is ranked by quality of each indicator – the scores reflect individual county performance placement out of the state’s **64 parishes** (first place being the best ranking, 64th the worst). The OGHS St. Landry service area has poor health outcomes according to the 2018 County Health Rankings, ranking in the bottom third of the state for a variety of health indicators³², with the exception of Clinical Care. The scores include multiple factors related to each listed indicator.

- **Length of life:** premature death
- **Quality of life:** poor health, poor physical health days, and poor mental health days
- **Health behaviors:** adult smoking, adult obesity, food environment index, physical activity, access to exercise opportunities, excessive drinking, alcohol impaired driving deaths, sexually-transmitted infections, and teen births
- **Clinical care:** uninsured, primary care physicians, dentists, mental health providers, preventable hospital stays, diabetic monitoring, and mammography screening
- **Social/economic factors:** single parent households, education, income, poverty, social associations, violent crime, and injury deaths
- **Physical environment:** air and water pollution, housing problems, driving conditions, and commutes

Table 8

FACTOR OR BEHAVIOR	ST. LANDRY’S RANK (OUT OF 64)
Overall	57
Health Outcomes	57
Length of Life	60
Quality of Life	50
Health Factors	50
Health Behaviors	41
Clinical Care	14
Social & Economic Factors	59
Physical Environment	48

Source: County Health Rankings & Roadmaps: Louisiana.³³

As Table 8 clearly indicates, when compared to other parishes in Louisiana, St. Landry is not currently in a strong position in terms of health factors and behaviors. However, it is important to note that OGHS’s home parish ranks 14th amongst Louisiana’s parishes in terms of Clinical Care; OGHS may consider its status as part of the highest-ranking component of St. Landry’s health ecosystem to branch out and collaborate and/or take the lead in other areas.

³² County Health Rankings & Roadmaps: Louisiana. Op. Cit.

³³ Ibid.

Additionally, there are a number of specific health factors and behaviors tracked by the County Health Rankings & Roadmaps Program on which the parish performs worse than the state. Table 9 lists some of these health factors and behaviors and their measures for St. Landry Parish and Louisiana.

Table 9

FACTOR OR BEHAVIOR	ST. LANDRY PARISH	LOUISIANA
Incidence of Obesity Among People Age 20+	37%	35%
Percent of People Age 20+ who do not Engage in Any Leisure-Time Physical Activity	31%	29%
Percent of People with Access to Locations for Exercise	53%	75%
Percent of Driving Deaths with Alcohol Involvement	40%	34%
Births per 1,000 Members of the Female Population Ages 15-19	53 <ul style="list-style-type: none"> ▪ 46 for Hispanic teens ▪ 47 for white teens ▪ 60 for Black teens 	37
Ratio of Population to Dentists	3,210:1	1,840:1
Ratio of Population to Mental Health Provider	400:1	340:1

Sources: County Health Rankings & Roadmaps: Louisiana: St. Landry (SL). 2019.; County Health Rankings & Roadmaps: Louisiana: Adult Obesity. 2019.; County Health Rankings & Roadmaps: Louisiana: Physical Inactivity. 2019.; County Health Rankings & Roadmaps: Louisiana: Access to Exercise Opportunities. 2019.; County Health Rankings & Roadmaps: Louisiana: Alcohol-Impaired Driving Deaths. 2019.; County Health Rankings & Roadmaps: Louisiana: Teen Births. 2019.; County Health Rankings & Roadmaps: Louisiana: Dentists. 2019.; and County Health Rankings & Roadmaps: Louisiana: Mental Health Providers. 2019.³⁴

Using data from 2015 through 2017, the 2019 County Health Rankings & Roadmaps Program determined that there were 13,100 “[y]ears of potential life lost before age 75 per 100,000 population (age-adjusted)” (YPLL) in St. Landry Parish. When broken down by race, the YPLL rate in St. Landry reveals a 5,000 YPLL disparity, as the rate is 11,300 YPLL for white residents and 16,300 YPLL for Black residents. In the state of Louisiana, there were 9,500 YPLL and the range for each parish’s individual loss of years was 6,400 YPLL to 15,200 YPLL. Therefore, at

³⁴ County Health Rankings & Roadmaps: Louisiana: St. Landry (SL). Op. Cit.; County Health Rankings & Roadmaps: Louisiana: Adult Obesity. 2019. <https://www.countyhealthrankings.org/app/louisiana/2019/measure/factors/11/map>; County Health Rankings & Roadmaps: Louisiana: Physical Inactivity. 2019. <https://www.countyhealthrankings.org/app/louisiana/2019/measure/factors/70/map>; County Health Rankings & Roadmaps: Louisiana: Access to Exercise Opportunities. 2019. <https://www.countyhealthrankings.org/app/louisiana/2019/measure/factors/132/map>; County Health Rankings & Roadmaps: Louisiana: Alcohol-Impaired Driving Deaths. 2019. <https://www.countyhealthrankings.org/app/louisiana/2019/measure/factors/134/map>; County Health Rankings & Roadmaps: Louisiana: Teen Births. 2019. <https://www.countyhealthrankings.org/app/louisiana/2019/measure/factors/14/map>; County Health Rankings & Roadmaps: Louisiana: Dentists. 2019. <https://www.countyhealthrankings.org/app/louisiana/2019/measure/factors/88/map>; and County Health Rankings & Roadmaps: Louisiana: Mental Health Providers. 2019. <https://www.countyhealthrankings.org/app/louisiana/2019/measure/factors/62/map>

16,300 YPLL, the measurement of premature death among African American residents of St. Landry is higher than the total premature death rate for any parish in the state. Within the United States, the top 10th percentile of performers in this measure recorded 5,400 YPLL, less than half that of St. Landry and less than one-third the YPLL rate for African American residents of St. Landry.³⁵ When compared to the measures for Louisiana and the country, it is clear that there is room to improve on this measure for premature death in St. Landry Parish.

³⁵ County Health Rankings & Roadmaps: Louisiana: St. Landry (SL). Op. Cit. and County Health Rankings & Roadmaps: Louisiana: Premature Death. 2019.
<https://www.countyhealthrankings.org/app/louisiana/2019/measure/outcomes/1/map>

KEY BEHAVIORAL HEALTH INDICATORS

In the first quarter of 2019, six of the 322 phone calls to 232-HELP related to mental health care, with half of those calls requesting help related to mental health care facilities and half seeking support for mental health evaluation and treatment.³⁶

The 2019 County Health Rankings & Roadmaps Program identifies intentional self-harm (suicide) as the fifth leading cause of premature death in St. Landry Parish for 2015 through 2017, for which there was an age-adjusted rate of 25.3 per 100,000. Additionally, the 2019 County Health Rankings & Roadmaps Program indicates that, in 2016, the age-adjusted average number of mentally unhealthy days reported in St. Landry Parish in the last 30 days was 4.7. This is half a day higher than the 4.2-day average reported for the state as a whole and more than one and a half days higher than the 3.1-day average recorded for the top 10th percentile of United States.³⁷ Fifteen percent of adult residents of St. Landry Parish indicated that they experience frequent mental distress, defined as 14 or more days of poor mental health per month. For this measure, the range for parishes throughout the state is 11 to 18 percent and the overall rate for the state is 13 percent.³⁸

Together, the prevalence of suicide as a leading cause of premature death in St. Landry Parish, the higher-than-average number of poor mental health days experienced by people in the Parish, and the elevated proportion of adults who experience frequent mental distress in St. Landry indicate that the community could benefit from improved and/or increased behavioral health services. OGHS may consider addressing this with efforts to attract more mental health providers to St. Landry Parish, because, as demonstrated in Table 9, the ratio of population to mental health providers in St. Landry is higher than the ratio for the state of Louisiana as a whole.

³⁶ "Q1 Stats from 232help 2019 (003)." Opelousas General Health System. 2019.

³⁷ County Health Rankings & Roadmaps: Louisiana: St. Landry (SL). Op. Cit. and County Health Rankings & Roadmaps: Louisiana: Poor Mental Health Days. 2019.
<https://www.countyhealthrankings.org/app/louisiana/2019/measure/outcomes/42/map>

³⁸ County Health Rankings & Roadmaps: Louisiana: St. Landry (SL). Op. Cit. and County Health Rankings & Roadmaps: Louisiana: Frequent Mental Distress. 2019.
<https://www.countyhealthrankings.org/app/louisiana/2019/measure/outcomes/145/map>

KEY PHYSICAL HEALTH INDICATORS

In the first quarter of 2019, approximately 11 percent of the phone calls to 232-HELP related to health care, with 20 queries focusing on health supportive services and 13 concentrating on specialty medicine. Additionally, three calls in the health supportive services category were coded as unmet, which provides clear indication that there are unmet health needs in the St. Landry community.³⁹

Overall, the 2019 County Health Rankings & Roadmaps Program found that, in 2016, 23 percent of (age-adjusted) adults in St. Landry Parish indicated that their health was poor or fair. Although 23 percent is not much higher than the 21 percent of Louisiana adults that reported that level of health, it is nearly double to 12 percent who classified their health that way in the top 10th percentile of counties in the United States. Furthermore, in 2016, the average number of physically unhealthy days reported in St. Landry Parish in the past 30 days was 4.7, which is slightly higher than the 4.1-day average reported for the entire state of Louisiana. Additionally, St. Landry's 4.7-day average is over a day and half higher than the 3.0-day average of the top 10th percentile of United States performers.⁴⁰ Fifteen percent of adult residents of St. Landry Parish reported frequent physical distress, defined as 14 or more days of poor physical health per month, which is the exact midpoint in the range of responses in each parish in Louisiana, but higher than the 12 percent of adults in the state as a whole.⁴¹

HEART DISEASE

According to the County Health Rankings & Roadmaps Program, diseases of the heart were the leading cause of death for people under age 75 in St. Landry Parish from 2015 through 2017. The age-adjusted rate of heart disease death rate for that period was 161.4 per 100,000.⁴² In fiscal year 2016, the OGHS emergency department treated 3,253 cardiac patients.

From 2014 through 2016, the national heart disease hospitalization rate per 1,000 Medicare beneficiaries ages 65 and above was 129.6 and the rate in Louisiana was a full 20 points higher (149.6). During that same period, the heart disease death rate per 100,000 people ages 35 and above was 324.3 for the U.S. and nearly 100 points higher in Louisiana (413.1). Both the hospitalization rate and the death rate were higher in St. Landry Parish than in the state as a whole, with the former being 159.0 while the latter was 590.1. Furthermore, racial disparities exist between Black (non-Hispanic) residents of St. Landry and their white (non-Hispanic)

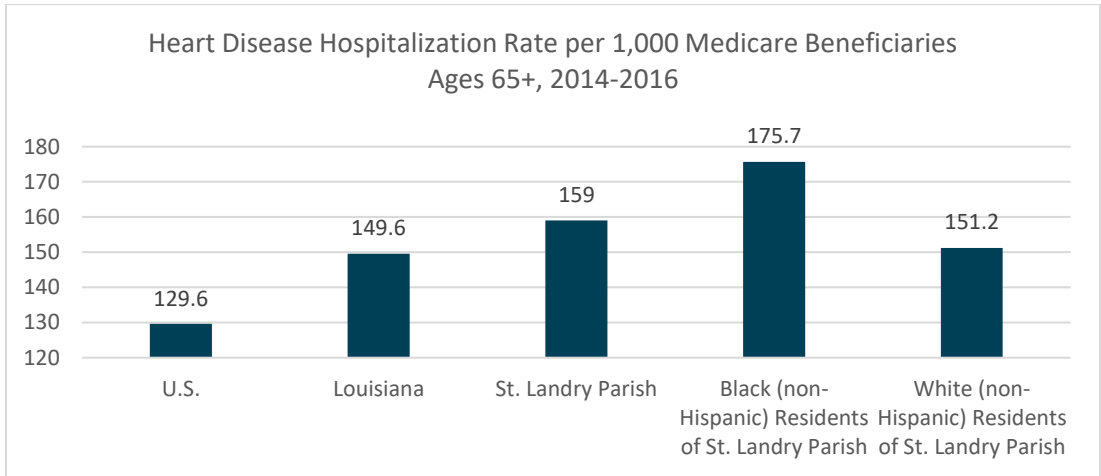
³⁹ "Q1 Stats from 232help 2019 (003)." Op. Cit.

⁴⁰ County Health Rankings & Roadmaps: Louisiana: St. Landry (SL). Op. Cit. and County Health Rankings & Roadmaps: Louisiana: Poor Physical Health Days. 2019.
<https://www.countyhealthrankings.org/app/louisiana/2019/measure/outcomes/36/map>

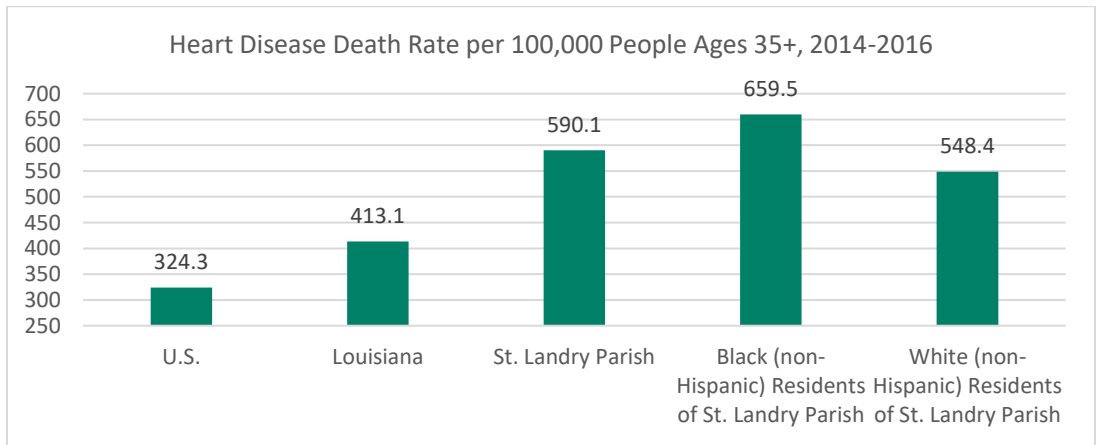
⁴¹ County Health Rankings & Roadmaps: Louisiana: St. Landry (SL). Op. Cit. and County Health Rankings & Roadmaps: Louisiana: Frequent Physical Distress. 2019.
<https://www.countyhealthrankings.org/app/louisiana/2019/measure/outcomes/144/map>

⁴² County Health Rankings & Roadmaps: Louisiana: St. Landry (SL). Op. Cit. and County Health Rankings & Roadmaps: Louisiana: Premature Death. 2019.
<https://www.countyhealthrankings.org/app/louisiana/2019/measure/outcomes/1/map>

counterparts on both measures. For heart disease hospitalizations, the rate for African Americans was 175.7, while the rate for white residents was 151.2. The disparity in the death rates were more pronounced, with Black residents age 35 and above dying of heart disease at a rate of 659.5 per 100,000, more than double the rate for the United States, compared to a rate of 548.4 per 100,000 for white residents.⁴³ The following graphs show these statistics.



Source: "Heart Disease Hospitalization Rate per 1,000 Medicare Beneficiaries, 65+, All Races/Ethnicities, Both Genders, 2014-2016."⁴⁴



Source: "Heart Disease Death Rate per 100,000, 35+, All Races/Ethnicities, Both Genders, 2014-2016."⁴⁵

⁴³ "Heart Disease Hospitalization Rate per 1,000 Medicare Beneficiaries, 65+, All Races/Ethnicities, Both Genders, 2014-2016." County Profile for St. Landry, LA: CDC Interactive Atlas of Heart Disease and Stroke. <https://nccd.cdc.gov/DHDSPAtlas/DetailedPDFReport.aspx?Arealds=22097&Themeld=2&filterIds=5,1,3,6,7&filterOptions=1,1,1,1,1> and "Heart Disease Death Rate per 100,000, 35+, All Races/Ethnicities, Both Genders, 2014-2016." County Profile for St. Landry, LA: CDC Interactive Atlas of Heart Disease and Stroke. <https://nccd.cdc.gov/DHDSPAtlas/DetailedPDFReport.aspx?Arealds=22097&Themeld=1&filterIds=9,2,3,4,7&filterOptions=1,1,1,1,1>

⁴⁴ Ibid.

⁴⁵ "Heart Disease Death Rate per 100,000, 35+, All Races/Ethnicities, Both Genders, 2014-2016." Op. Cit.

The 2018 Louisiana Health Report Card offers data on the percentage of people in the state who experienced a heart attack or dealt with heart disease during the year. Table 10 shows the heart attack and heart disease statistics for Louisiana for 2018. Based on the confidence intervals, it appears as though the most consistent, significant differences between heart attack and heart disease rates by subgroup can be found in the age category, where incidence of heart attacks and heart disease increases with each measured subgroup. Additionally, those who make \$50,000 or more per year are less likely to have had a heart attack or heart disease than those who make \$35,000 to \$49,999, \$15,000 to \$24,999, or less than \$15,000. Without knowing the standard error for the statistics in the table below, the significance or insignificance of the differences between other data points cannot be determined.⁴⁶

Table 10

	PERCENT OF LOUISIANANS WHO HAD A HEART ATTACK OR HEART DISEASE, 2018	95% CONFIDENCE INTERVAL
Overall	7.8%	7.0-8.7
Female	6.7%	5.6-7.7
Male	9.1%	7.7-10.5
Black, Non-Hispanic	6.3%	4.8-7.8
White, Non-Hispanic	8.1%	7.0-9.2
Other Race	-	-
Age 18-24	-	-
Age 25-34	-	-
Age 35-44	2.2%	1.0-3.5
Age 45-54	6.4%	4.4-8.4
Age 55-64	12.0%	9.6-14.4
Age 65+	20.7%	18.0-23.5
Less than High School Education	13.4%	10.1-16.7
High School Graduate	8.3%	6.7-9.9
Some College	5.5%	4.3-6.7
College Graduate	5.9%	4.7-7.1
<\$15,000 Household Income	14.1%	10.7-17.5
\$15,000-\$24,999 Household Income	8.9%	6.8-11.1
\$25,000-\$34,999 Household Income	6.9%	4.3-9.5
\$35,000-\$49,999 Household Income	8.4%	5.5-11.3
\$50,000+ Household Income	4.0%	3.1-5.0

Source: 2018 Louisiana Health Report Card⁴⁷

DIABETES

The 2019 County Health Rankings & Roadmaps Program indicates that 14 percent of adults (age 20 and over) in St. Landry Parish had been diagnosed with diabetes as of 2015. This

⁴⁶ Bureau of Health Informatics. "2018 Louisiana Health Report Card." 2019. p. 77.

<http://www.lh.gov/assets/docs/LegisReports/RS401262018HealthRptCard519.pdf>

⁴⁷ Ibid.

proportion is higher than the 12 percent rate calculated for the state as a whole, and it is the exact midpoint of the 10 to 18 percent range among Louisiana parishes.⁴⁸

Based on the data in Table 11, the most significant difference between the subgroups seems to be between racial groups, with white, non-Hispanic Louisianans having diabetes at significantly lower rates than Black Louisianans. Additionally, Louisianans in the 25 to 34 and 35 to 44 age ranges are significantly less likely to have diabetes than those in the 45 to 54, 55 to 64, and 65 and over age ranges. Louisianans who graduated from college are significantly less likely to have diabetes than those with less than a high school education or a high school diploma, and those with some college are significantly less likely to have diabetes than those with less than a high school education. Finally, those who make \$50,000 or more per year are less likely to have diabetes than those who make \$25,000 to \$34,999, \$15,000 to \$24,999, or less than \$15,000. Without knowing the standard error for the statistics in the table below, the significance or insignificance of the differences between other data points cannot be determined.⁴⁹

Table 11

	PERCENT OF LOUISIANANS WHO HAD DIABETES, 2018	95% CONFIDENCE INTERVAL
Overall	13.6%	12.3-14.8
Female	14.3%	12.7-16.0
Male	12.8%	11.0-14.6
Black, Non-Hispanic	16.7%	14.1-19.3
White, Non-Hispanic	11.7%	10.4-13.1
Other Race	14.3%	6.5-22.1
Age 18-24	-	-
Age 25-34	4.2%	2.1-6.3
Age 35-44	6.8%	4.3-9.2
Age 45-54	16.6%	12.9-20.4
Age 55-64	21.2%	18.0-24.5
Age 65+	25.9%	23.0-28.9
Less than High School Education	18.9%	14.9-22.8
High School Graduate	14.9%	12.6-17.1
Some College	12.0%	9.8-14.1
College Graduate	9.3%	7.6-11.0
<\$15,000 Household Income	18.9%	15.1-22.7
\$15,000-\$24,999 Household Income	17.0%	13.4-20.6
\$25,000-\$34,999 Household Income	20.1%	14.9-25.2
\$35,000-\$49,999 Household Income	12.6%	8.4-16.7
\$50,000+ Household Income	8.4%	6.9-9.9

Source: 2018 Louisiana Health Report Card⁵⁰

⁴⁸ County Health Rankings & Roadmaps: Louisiana: St. Landry (SL). Op. Cit. and County Health Rankings & Roadmaps: Louisiana: Diabetes Prevalence. 2019.

<https://www.countyhealthrankings.org/app/louisiana/2019/measure/outcomes/60/map>

⁴⁹ Bureau of Health Informatics, Op. cit., p. 69.

⁵⁰ Ibid.

COLON CANCER

From 2011 through 2015, the age-adjusted incidence rate of colon and rectum cancer cases per 100,000 people was 39.2 for the United States as a whole, but it was 46.5 for the state of Louisiana, and, at 65.2, St. Landry Parish had the third-highest rate of any parish in the state. In the same time period, the age-adjusted rate of colon and rectum cancer deaths per 100,000 people was 14.5 for the United States, but it was 17.5 for Louisiana and 23.1 for St. Landry, which placed the parish in tenth place in the state for highest death rate from colon and rectum cancer. Additionally, while the recent trends for colon and rectum cancer cases in the United States and Louisiana indicated that the incidence and deadliness of the disease was falling, the recent trends for St. Landry put colon and rectum cancer incidence and deadliness at a stable rate. This suggests that the distance between the rates of colon and rectum cancer incidence and deadliness in the United States and Louisiana and those of St. Landry will only grow over time.⁵¹

COPD

Table 12, with data taken from the 2018 Louisiana Health Report Card, shows COPD incidence rates within the state as a whole and among various subgroups. Based on the confidence intervals, COPD rates are significantly higher for women in Louisiana than for men. Additionally, Louisianans between the ages of 25 and 34 are significantly less likely to have COPD than those who are 45 to 54, 55 to 64, or 65 and over, and Louisianans between the ages of 35 and 44 are significantly less likely to have COPD than those who are 65 and over. People in Louisiana with less than a high school education are significantly more likely to have COPD than those with more education, while Louisianans with a college degree are less likely to have COPD than those with fewer educational credentials. Household income also correlates to COPD incidence, as people in households that report less than \$15,000 of annual income and those that report \$15,000 to \$24,999 are significantly more likely to have COPD than those who report household incomes of \$25,000 to \$34,999, \$35,000 to \$49,999, or \$50,000 and above. Without knowing the standard error for the statistics in the table below, the significance or insignificance of the differences between other data points cannot be determined.⁵²

Table 12

	PERCENT OF LOUISIANANS WHO HAD COPD, 2018	95% CONFIDENCE INTERVAL
Overall	9.0%	8.0-10.1

⁵¹ "Incidence Rate Report for Louisiana by Parish: Colon & Rectum, 2011-2015: All Races (includes Hispanic), Both Sexes, All Ages: Sorted by Rate." National Cancer Institute: State Cancer Profile: Incidence Rates Table. <https://statecancerprofiles.cancer.gov/incidencerates/index.php?stateFIPS=22&cancer=020&race=00&sex=0&age=001&type=incd#results> and "Death Rate Report for Louisiana by Parish: Colon & Rectum, 2011-2015: All Races (includes Hispanic), Both Sexes, All Ages: Sorted by Rate." National Cancer Institute: State Cancer Profile: Death Rates Table. <https://statecancerprofiles.cancer.gov/deathrates/index.php?stateFIPS=22&cancer=020&race=00&sex=0&age=001&type=death#results>

⁵² Bureau of Health Informatics, Op. cit., p. 82.

	PERCENT OF LOUISIANANS WHO HAD COPD, 2018	95% CONFIDENCE INTERVAL
Female	10.5%	9.0-12.0
Male	7.4%	5.9-8.9
Black, Non-Hispanic	7.8%	5.9-9.7
White, Non-Hispanic	9.0%	7.8-10.1
Other Race	-	-
Age 18-24	-	-
Age 25-34	5.0%	3.0-7.1
Age 35-44	7.2%	4.4-9.9
Age 45-54	10.4%	7.3-13.4
Age 55-64	12.3%	9.7-15.0
Age 65+	15.2%	12.8-17.5
Less than High School Education	16.9%	13.0-20.9
High School Graduate	9.1%	7.3-10.9
Some College	8.3%	6.6-9.9
College Graduate	3.5%	2.4-4.5
<\$15,000 Household Income	15.3%	11.9-18.8
\$15,000-\$24,999 Household Income	15.6%	11.7-19.4
\$25,000-\$34,999 Household Income	7.0%	3.9-10.1
\$35,000-\$49,999 Household Income	6.7%	4.5-8.9
\$50,000+ Household Income	3.8%	2.8-4.9

Source: 2018 Louisiana Health Report Card⁵³

RENAL FAILURE

Table 13 shows statistics on the incidence of kidney disease in Louisiana. Based on the confidence intervals, the only statistically significant difference in cases of kidney disease by subgroup that can be determined is that Louisianans between the ages of 45 and 54 are less likely to have kidney disease than those who are 65 and above. Without knowing the standard error for the statistics in the table below, the significance or insignificance of the differences between other data points cannot be determined.⁵⁴

Table 13

	PERCENT OF LOUISIANANS WHO HAD KIDNEY DISEASE, 2018	95% CONFIDENCE INTERVAL
Overall	3.8%	3.2-4.5
Female	3.9%	3.1-4.8
Male	3.7%	2.7-4.7
Black, Non-Hispanic	3.3%	2.1-4.5
White, Non-Hispanic	3.9%	3.1-4.7
Other Race	-	-
Age 18-24	-	-
Age 25-34	-	-
Age 35-44	-	-

⁵³ Bureau of Health Informatics, Op. cit., p. 82.

⁵⁴ Ibid. p. 87.

	PERCENT OF LOUISIANANS WHO HAD KIDNEY DISEASE, 2018	95% CONFIDENCE INTERVAL
Age 45-54	3.4%	2.0-4.8
Age 55-64	5.7%	3.9-7.5
Age 65+	8.1%	6.3-9.9
Less than High School Education	6.0%	3.5-8.5
High School Graduate	3.1%	2.1-4.1
Some College	3.6%	2.6-4.7
College Graduate	3.4%	2.4-4.5
<\$15,000 Household Income	4.4%	2.3-6.5
\$15,000-\$24,999 Household Income	5.1%	3.2-6.9
\$25,000-\$34,999 Household Income	5.1%	2.7-7.5
\$35,000-\$49,999 Household Income	3.7%	1.6-5.8
\$50,000+ Household Income	2.7%	1.8-3.7

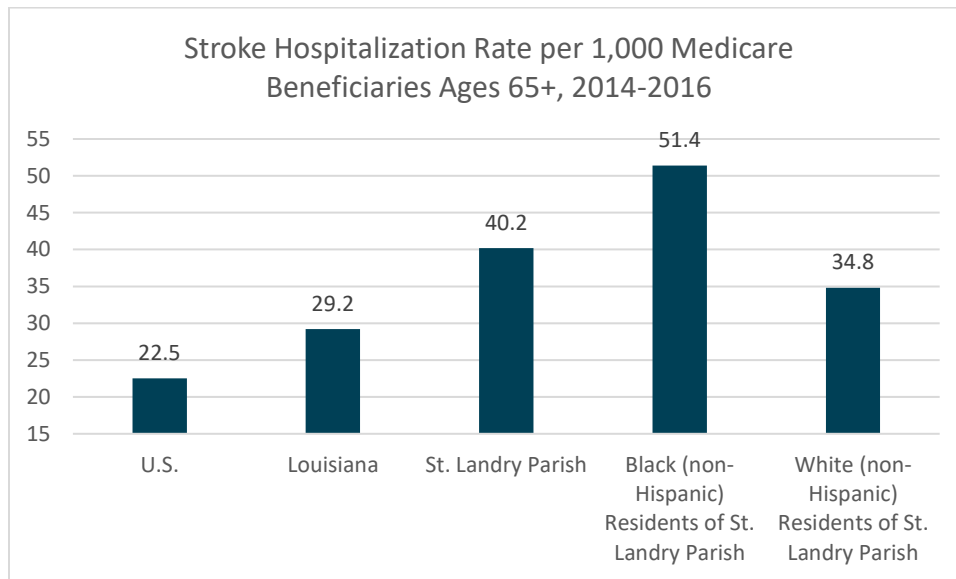
Source: 2018 Louisiana Health Report Card⁵⁵

STROKE

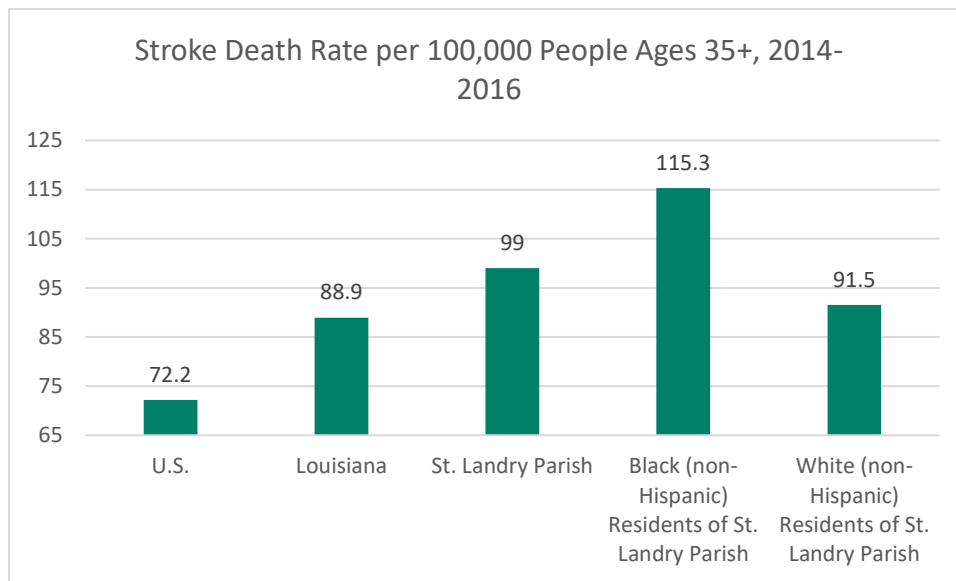
From 2014 through 2016, the stroke hospitalization rate per 1,000 Medicare beneficiaries ages 65 and above was 22.5 for the United States and 29.2 for Louisiana, and the stroke death rate per 100,000 people ages 35 and above was 72.2 for the country and 88.9 for the state. In St. Landry Parish, both the stroke hospitalization and stroke death rates were higher than both the national and state measures; the hospitalization rate was 40.2 and the death rate was 99.0. In both cases, the disparity between Black (non-Hispanic) and white (non-Hispanic) residents was evident, with the hospitalization rate for African American residents was 51.4 while the rate for white residents was 34.8, and the death rate for Black residents was 115.3 while the rate for white residents was 91.5.⁵⁶ The following graphs illustrate these data.

⁵⁵ Bureau of Health Informatics, Op. cit., p. 87.

⁵⁶ “Stroke Hospitalization Rate per 1,000 Medicare Beneficiaries, 65+, All Races/Ethnicities, Both Genders, 2014-2016.” County Profile for St. Landry, LA: CDC Interactive Atlas of Heart Disease and Stroke. <https://nccd.cdc.gov/DHDSPAtlas/DetailedPDFReport.aspx?Arealds=22097&Themeld=20&filterIds=1,5,3,6,7&filterOptions=1,1,1,1,1> and “Stroke Death Rate per 100,000, 35+, All Races/Ethnicities, Both Genders, 2014-2016.” County Profile for St. Landry, LA: CDC Interactive Atlas of Heart Disease and Stroke. <https://nccd.cdc.gov/DHDSPAtlas/DetailedPDFReport.aspx?Arealds=22097&Themeld=3&filterIds=9,2,3,4,7&filterOptions=1,1,1,1,1>



Source: "Stroke Hospitalization Rate per 1,000 Medicare Beneficiaries, 65+, All Races/Ethnicities, Both Genders, 2014-2016."⁵⁷



Source: "Stroke Death Rate per 100,000, 35+, All Races/Ethnicities, Both Genders, 2014-2016."⁵⁸

There is a statistically significant difference between women and men in Louisiana with regard to the occurrence of strokes, with women being more likely to experience strokes than men. Additionally, Louisianans between the ages of 45 and 54 are significantly less likely to have a stroke than those who are 65 and over. Louisianans with less than a high school education are more likely to have a stroke than those with more educational credentials, and those who

⁵⁷ "Stroke Hospitalization Rate per 1,000 Medicare Beneficiaries, 65+, All Races/Ethnicities, Both Genders, 2014-2016." Op. Cit.

⁵⁸ "Stroke Death Rate per 100,000, 35+, All Races/Ethnicities, Both Genders, 2014-2016." Op. Cit.

are high school graduates are still significantly more likely to have a stroke than those with some college experience or a bachelor’s degree. Lastly, Louisianans with household incomes of \$35,000 to \$49,999 or \$50,000 and above are significantly less likely to have a stroke than those with incomes of \$15,000 to \$24,999 or less than \$15,000. Without knowing the standard error for the statistics in the table below, the significance or insignificance of the differences between other data points cannot be determined.⁵⁹

Table 14

	PERCENT OF LOUISIANANS WHO HAD A STROKE, 2018	95% CONFIDENCE INTERVAL
Overall	4.7%	4.0-5.3
Female	5.8%	4.7-6.8
Male	3.5%	2.6-4.3
Black, Non-Hispanic	5.5%	4.1-7.0
White, Non-Hispanic	4.0%	3.2-4.8
Other Race	-	-
Age 18-24	-	-
Age 25-34	-	-
Age 35-44	-	-
Age 45-54	4.1%	2.5-5.7
Age 55-64	6.9%	4.9-8.9
Age 65+	11.0%	8.8-13.1
Less than High School Education	9.4%	6.6-12.2
High School Graduate	5.1%	4.0-6.3
Some College	2.8%	1.9-3.7
College Graduate	2.6%	1.7-3.4
<\$15,000 Household Income	8.8%	6.2-11.4
\$15,000-\$24,999 Household Income	7.4%	5.2-9.5
\$25,000-\$34,999 Household Income	4.3%	2.2-6.3
\$35,000-\$49,999 Household Income	2.7%	1.3-4.1
\$50,000+ Household Income	1.8%	1.1-2.4

Source: 2018 Louisiana Health Report Card⁶⁰

⁵⁹ Bureau of Health Informatics, Op. cit., p. 74.

⁶⁰ Ibid.

PROJECT EVALUATION FORM

Hanover Research is committed to providing a work product that meets or exceeds client expectations. In keeping with that goal, we would like to hear your opinions regarding our reports. Feedback is critically important and serves as the strongest mechanism by which we tailor our research to your organization. When you have had a chance to evaluate this report, please take a moment to fill out the following questionnaire.

<http://www.hanoverresearch.com/evaluation/index.php>

CAVEAT

The publisher and authors have used their best efforts in preparing this brief. The publisher and authors make no representations or warranties with respect to the accuracy or completeness of the contents of this brief and specifically disclaim any implied warranties of fitness for a particular purpose. There are no warranties that extend beyond the descriptions contained in this paragraph. No warranty may be created or extended by representatives of Hanover Research or its marketing materials. The accuracy and completeness of the information provided herein and the opinions stated herein are not guaranteed or warranted to produce any particular results, and the advice and strategies contained herein may not be suitable for every client. Neither the publisher nor the authors shall be liable for any loss of profit or any other commercial damages, including but not limited to special, incidental, consequential, or other damages. Moreover, Hanover Research is not engaged in rendering legal, accounting, or other professional services. Clients requiring such services are advised to consult an appropriate professional.



4401 Wilson Boulevard, Suite 400

Arlington, VA 22203

P 202.559.0500 F 866.808.6585

www.hanoverresearch.com