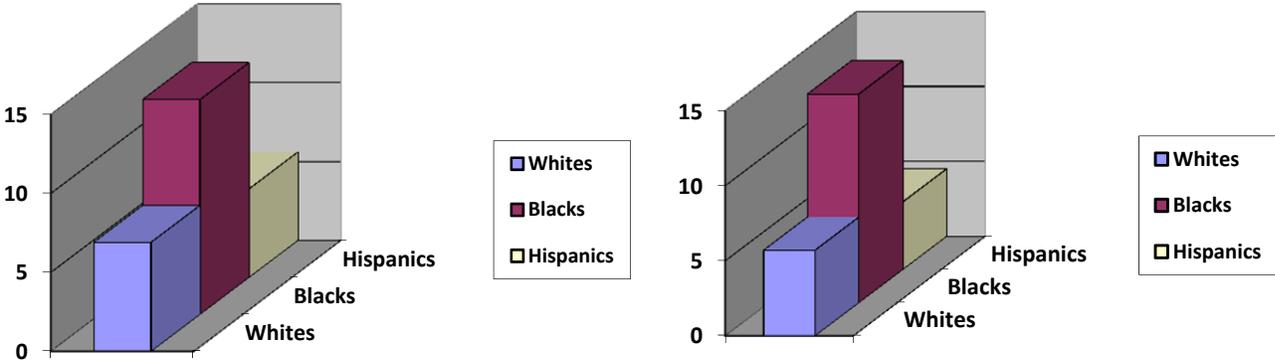


# Louisiana Health Disparities Data

Infant Mortality Rate (Deaths per 1,000 Live Births) by Race/Ethnicity, 2006



United States

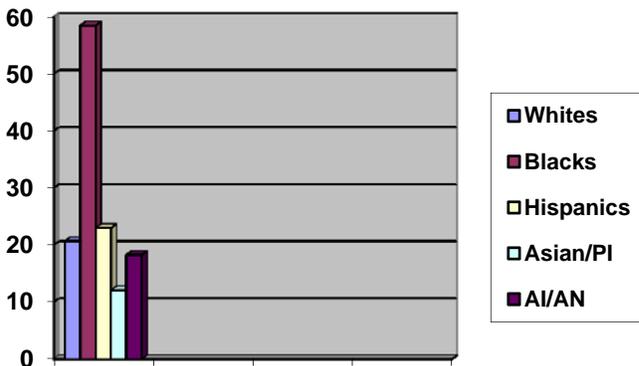
Louisiana

Infant mortality is defined as death during the first year of life. This measure excludes fetal deaths (abortions and miscarriages). The infant mortality rate is defined as the number of deaths within the first year of life per 1,000 live births. Children born to African American mothers (13.9 per 1,000 live births) tend to have higher infant mortality rates than those born of Caucasian mothers (7.1 per 1,000 live births), Hispanic (5.6) and Asian/Pacific Islanders (0.96). Rates are per 1,000 live births in 2006

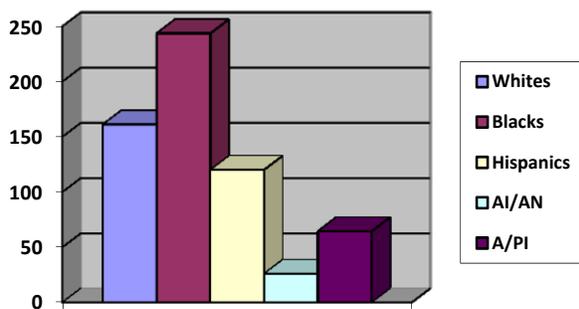
## Number of Cancer Deaths per 100,000 Population by Race/Ethnicity, 2005

Nationally and statewide, malignant neoplasm or cancer is the second leading cause of death. African Americans are dying from cancer at a rate of 249.7 per 100,000 population group compared to whites at 197.3 per 100,000 and Hispanics at 76.6 population groups respectively.

**Prostate Cancer Mortality Rates by Race and Ethnicity**



About 350 men are expected to die from prostate cancer this year in Louisiana while 3,000 will be diagnosed. The nation as a whole is experiencing some good news when it comes to prostate cancer: deaths are down 10 percent while the number of diagnosed cases is up, signifying the annual early detection works and is saving lives. But African American death rate from prostate cancer is more than double (58.5 per 100,000) the rate for whites (20.7 per 100,000).



**Incidence of Prostate Cancer by Race/Ethnicity**

African Americans diagnosed with prostate cancer out paces all racial and ethnic groups with an incidence rate of 243.5 per 100,000 compared to 161.0 per 100,000 for whites. Hispanic men are closing the gap with 120.0 per 100,000 and Asian Pacific Islanders are at 26.1 and 64.4 for American Indians and Alaskan Natives.

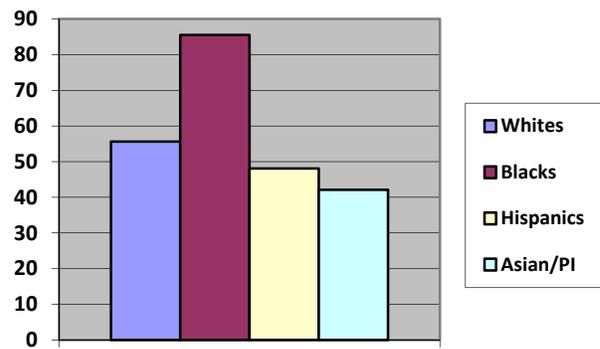
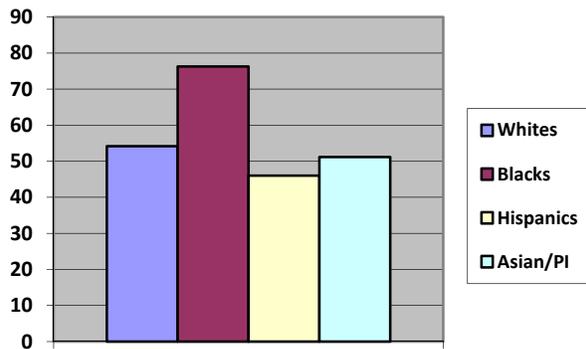
### Number of Diabetes Deaths per 100,000 Population by Race/Ethnicity, 2005

	White	Black	Other
United States	47.0	48.0	20.5
Louisiana	38.5	68.7	NSD

### Number of Heart Disease Deaths per 100,000 Population by Race/Ethnicity, 2005

Louisiana	Rate
White	241.4
Black	284.5
Asian/Pacific Islander	134.4
Hispanic	149.7

### Number of Stroke Deaths per 100,000 Population by Race/Ethnicity, 2005

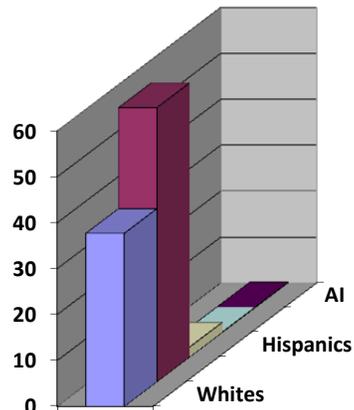
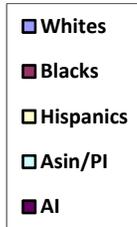
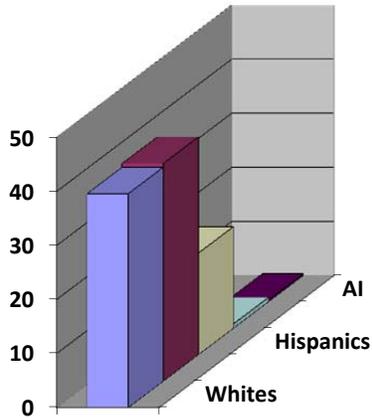


#### United States

#### Louisiana

Cerebral Disease (stroke) accounts for the third highest number of deaths nationally and statewide. African Americans carry the highest rates of deaths due to stroke with 85.5 per 100,000 compared to whites with 55, Hispanics with 48.1 and Asian/PI suffer from death due to stroke 42.1 per 100,000 population group.

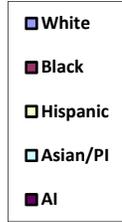
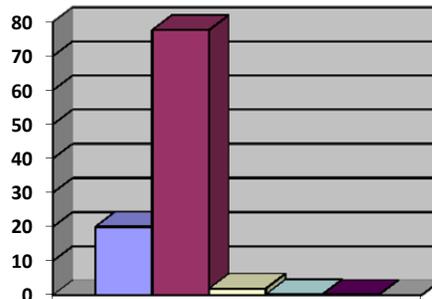
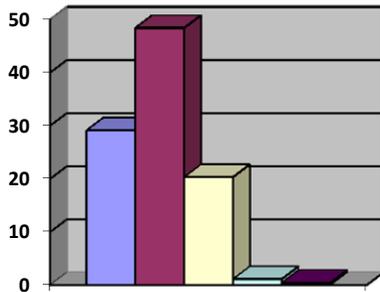
**Distribution of Reported AIDS Cases, All Ages, by Race/Ethnicity, Cumulative through 2005**



**Louisiana**

**United States**

**Distribution of New AIDS Cases by Race/Ethnicity, Reported in 2005**

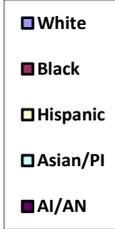
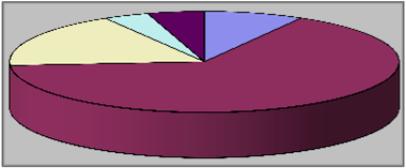
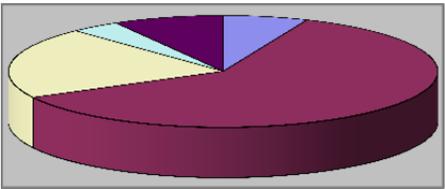


**Louisiana**

**United States**

African Americans continue to be disproportionately impacted by HIV/AIDS. In 2005, nearly 80 percent of new HIV/AIDS cases were in African Americans (77.6 per 100,000 population group), while African American comprise only 32 percent of the population. The HIV rates from African American are six times higher than among Caucasians, including Hispanics.

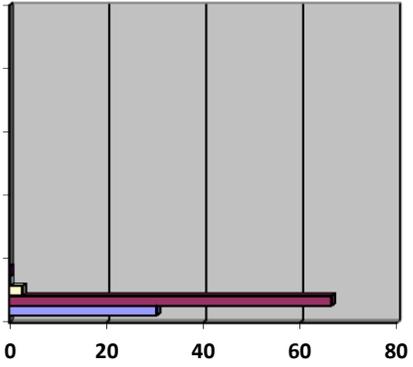
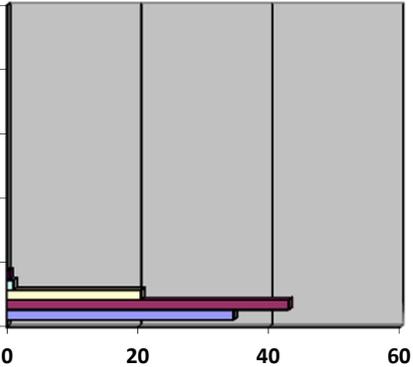
**Adult and Adolescent Annual AIDS Case Rate per 100,000 Population, by Race/Ethnicity, Reported in 2005**



**United States**

**Louisiana**

**Distribution of Persons Estimated to be Living with AIDS, by Race/Ethnicity, at the End of 2005**



**United States**

**Louisiana**

African Americans living with HIV/AIDS rates are significantly higher than other racial and ethnic population groups with a 77.6 per 100,000 rate which doubles that of whites (30.6) and triples the rate for Hispanics (2.7 per 100,000). The annual adult and adolescent HIV/AIDS cases for African Americans is 64.0; 8.1 for whites; Hispanics 17.3; Asian/Pacific Islanders 3.7 and American Indians and Alaskan Natives are 4.6 per 100,000 population group.

**Number of Deaths per 100,000 Population by Race/Ethnicity, 2003**

<b>United States</b>	<b>Rate</b>
White	817.1
Black	1,065.9
Asian/Pacific Islander	460.9
Hispanic	613.9

<b>Louisiana</b>	<b>Rate</b>
White	943.5
Black	1,205.3
Asian/Pacific Islander	463.5
Hispanic	437.6

**Number of Deaths Due to Firearms per 100,000 Population by Race/Ethnicity, 2004**

<b>United States</b>	<b>Rate</b>
White	9.2
Black	19.3
Other	4.3
Louisiana	Rate
White	14.5
Black	28.8
Other	NSD

**Percentage of Adults Who Reported Having High Blood Pressure**

<b>United States</b>	<b>Rate</b>
White	26.2
Black	34.2
Asian/Pacific Islander	18.9
Hispanic	27.4
<b>Louisiana</b>	<b>Rate</b>
White	26.0
Black	32.2
Asian/Pacific Islander	18.0
Hispanic	25.0

**Distribution of Medical School Graduates by Race/Ethnicity, 2005**

	<b>White</b>	<b>Black</b>	<b>Hispanic</b>	<b>Asian</b>	<b>Native American</b>	<b>Unknown</b>	<b>Foreign</b>	<b>Total</b>
<b>United States</b>	63.7%	6.6%	6.0% <sup>1</sup>	20.1% <sup>2</sup>	0.6%	2.0%	1.1%	100.0%
<b>LA</b>	76.2%	8.0%	2.2%	11.9%	0.5%	1.0%	0.2%	100.0%

### Distribution of Nonfederal Physicians by Race/Ethnicity, 2002

United States	Percent	Louisiana	Percent
White	49.4%	White	51.1%
Black	2.6%	Black	4.2%
Hispanic	2.8%	Hispanic	3.4%
Asian/Pacific Islander	9.3%	Asian/Pacific Islander	6.6%
American Indian/Alaskan Native	0.1%	American Indian/Alaskan Native	0.1%
Other	2.5%	Other	2.3%
Unknown	33.4%	Unknown	32.4%

### Distribution of Medicare Enrollees by Race/Ethnicity, states (2004-2005), U.S. (2005)

Louisiana	Percent
White	70%
Black	27%

### Percentage of Adults Who Reported Being Over Weight or Obese (2005)

United States	Rate	Louisiana	Rate
White	59.5	White	60.3
Black	68.9	Black	68.1
Asian/Pacific Islander	37.7	Asian/Pacific Islander	45.4
Hispanic	61.7	Hispanic	52.6

**Employer-Sponsored Coverage Rates for the Nonelderly by Race/Ethnicity, states (2005-2006), U.S. (2007)**

	LA #	LA %	US #	US %
White	1,442,140	63.2%	114,951,320	69.0%
Black	419,240	35.1%	16,207,080	48.8%
Hispanic	NSD	NSD	17,066,610	39.3%
Other	NSD	NSD	10,881,550	59.9%
Total	1,914,300	52.5%	159,106,560	60.9%

**Louisiana: Distribution of the Nonelderly Uninsured by Race/Ethnicity, states (2006-2007), U.S. (2007)**

	LA #	LA %	US #	US %
White	410,730	48.8%	20,264,170	45.1%
Black	356,150	42.3%	6,941,040	15.4%
Hispanic	58,870	7.0%	14,558,420	32.4%
Other	NSD	NSD	3,207,150	71.3%
Total	841,630	100.0%	44,970,780	100.0%

**Louisiana: Health Insurance Coverage of Nonelderly 0-64, states (2006-2007), U.S. (2007)**

	LA #	LA %	US #	US %
Employer	1,914,300	52.5%	159,106,560	60.9%
Individual	193,760	5.3%	14,347,160	5.5%
Medicaid	610,900	16.8%	36,359,410	13.9%
Other Public	84,260	2.3%	6,642,560	2.5%
Uninsured	841,630	23.1%	44,970,780	17.2%
Total	3,644,850	100.0%	261,426,470	100.0%

### Death Rates as a result of Homicide by Race and Sex Ages 18-24, 2005

Sex	Race	Death Rate*
Male	White	6.13
	Black	<b>147.35</b>
	Other	24.11
Female	White	5.6
	Black	8.53
	Other	13.24

In 1996, the World Health Assembly declared violence a major public health issue. Although homicide is the fourth leading cause of premature mortality in the United States and the leading cause of death for young blacks, the health professions have been largely oblivious to violence. Prevailing explanations contribute to this neglect by emphasizing biological or psychiatric factors that make homicide unpredictable and cultural and environmental factors such as the emergence of a new "underclass" that link violence to race. Focusing on instances where no other crime is involved, it is believed "primary" homicide be reconceptualized as a by-product of interpersonal violence, a broad category of social entrapment rooted in the politics of gender inequality and including wife abuse, child abuse, and assaults by friends and acquaintances. The data show that blacks are no more violent than whites, though they are arrested and die more often as the consequence of violence.

In addition, a majority of homicides are between social partners or involve gender stereotypes, are preceded by a series of assaults that are known to service providers, and grow out of "intense social engagement" about issues of male control and independence. Professional failure to respond appropriately is a major reason why assaults become fatal, particularly among blacks.