Parish Health Profiles

A Tool For Community Health Planning

Cameron Parish

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State of Louisiana

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October 2005

PUBLIC HEALTH IN AMERICA

Promoting Healthy People in Healthy Communities

Public Health

- *Prevents epidemics and the spread of disease;*
- *Protects against environmental hazards;*
- *Prevents injuries;*
- *Promotes and encourages healthy behaviors;*
- *Responds to disasters and assists communities in recovery; and*
- *Assures the quality and accessibility of health services.*

Essential Public Health Services

- *Monitor health status to identify community problems;*
- *Diagnose and investigate health problems and health hazards in the community;*
- *Inform, educate and empower people about health issues;*
- *Mobilize community partnerships to identify and solve health problems;*
- *Develop policies and plans that support individual and community health efforts;*
- *Enforce laws and regulations that protect health and ensure safety;*
- *Link people to needed personal health services and assure the provision of health care when otherwise unavailable;*
- *Assure an expert public health and personal health care workforce;*
- *Evaluate effectiveness, accessibility and quality of personal and population-based health services; and*
- *Research for new insights and innovative solutions to health problems.*

Essential Public Health Services Workgroup of the Core Public Health Functions Steering Committee, American Public Health Association

2005 PARISH HEALTH PROFILES

A TOOL FOR COMMUNITY HEALTH PLANNING

A publication of the

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CAMERON PARISH

2005 Parish Health Profiles

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Acknowledgments

A special thanks to the all of the people and organizations who have contributed to the compilation of this profile. Their insight and experience have helped us provide more accurate information.

We, the staff of Policy, Planning and Evaluation, are very thankful for the continued support of Sharon G. Howard, Audrey Pugh, and Derek Stafford. We would also like to thank the DHH/OPH center directors, regional administrators, program staff, and the many other staff members who gave us valuable information and feedback. We would like to thank all of the personnel who developed, read, reviewed, and edited all or part of the 2005 Parish Health Profiles during their production.

- Department of Health and Hospitals:
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  - Office for Citizens with Developmental Disabilities
  - Office of Mental Health
  - Bureau of Health Economics
  - Bureau of Media and Communications
  - Bureau of Policy, Research and Program Development
  - Bureau of Primary Care and Rural Health
  - Bureau of Health Services Financing
- Louisiana Department of Culture, Recreation and Tourism
- Louisiana Department of Social Services
- Louisiana Department of Economic Development
- Louisiana Department of Education
- Louisiana Department of Environmental Quality
- Louisiana Department of Public Safety and Corrections
- Louisiana Department of Wildlife and Fisheries
- Office of the Governor, Elderly Affairs Council
- Louisiana Interagency Council for the Homeless
- Louisiana State Library

In addition, we would like to thank the communities and community representatives who allowed their stories to be used in the **"Taking Care - Taking Control"** boxes. These contributors are inspiring examples of the work being done in communities all over the state every day.

Finally, special thanks to you, all the readers who will provide the input and the mechanisms to make the profiles work as a community tool for action. Your experiences, comments and feedback will make future editions of the Profiles more useful and effective. Please share your stories and evaluations with us.

Thank you!

Values, Vision, and Mission

Values

- The Office of Public Health aspires to promote health for the people of Louisiana by providing leadership, being innovative, and focusing on disease prevention.
- We honor diversity and respect all people as individuals.
- We are dedicated to serving people and communities in a caring, compassionate manner.
- We are committed to excellence and continuous improvement.
- Through education, teamwork, and collaboration, we strive to improve the health of individuals and communities.
- We strive for high ethical standards and integrity in all that we do, pledging to be good stewards of the resources entrusted to us.

Vision

We see a future where all the people of Louisiana are born healthy and have the opportunity to grow, develop, and live in an environment that is nurturing, supportive, safe, and that promotes the physical, mental, and social health of individuals, families, communities, and the state.

Mission

Our commitment is to enhance the quality of life in Louisiana by providing the information necessary for individuals to assume responsibility for their own health by assuring the availability of basic health care services for those in need. Our mission relies on our ability to capitalize on the diversity of our population and our employees to develop healthy and happy communities. The mission of the Office of Public Health is to:

- Promote health through education that emphasizes the importance of individual responsibility for health and wellness,
- Enforce regulations that protect the environment and investigate health hazards in the community,
- Collect and distribute information vital to informed decision-making on matters related to individual, community, and environmental health,
- Provide leadership for the prevention and control of disease, injury, and disability in the state, and
- Assure universal access to essential health services.

The Office seeks to provide a work environment where teamwork is valued, and where employees are encouraged to make collaborative decisions and work to the best of their abilities.

Kathleen Babineaux Blanco
GOVERNOR

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS

Frederick P. Cerise, M.D., M.P.H.
SECRETARY

October 31, 2005

Dear Fellow Louisianians:

Immediately upon taking office, Governor Kathleen Babineaux Blanco established health care reform as the key priority of her administration, challenging individuals and communities to come together and identify ways to address their local needs with regard to health care issues, recognizing and acknowledging that it will take a combination of solutions statewide to improve delivery of health care in Louisiana.

It was with this mission in mind that staff from the Department of Health and Hospitals' Office of Public Health began drafting this 4th edition of the ***Louisiana Parish Health Profiles,*** which we are proud to be able to present at this time. We have, for many years, provided this vital community health information as a tool for local health planning to numerous individuals and organizations statewide. However, shortly before this publication went to print, the importance of our agency's role in protecting and improving the public's health and the essential need to have solid and timely information about our citizens, communities and health infrastructures became even more evident. On August 29 and September 24, 2005, hurricanes Katrina and Rita, respectively, slammed into Southeast and Southwest Louisiana and the surrounding Gulf Coast region, thereby drastically shifting our population demographics and health care resources.

While much has changed in Louisiana since these health profiles were being developed, our overall priorities in best meeting the health care needs of our citizens has not changed. The commitment to provide each of you with the kind of information that you need to make smart choices—and decisions about your health and the health of your community—remains a steadfast priority. As Louisiana moves into its rebuilding process, the data contained in the ***Louisiana Parish Health Profiles*** and its continued update will provide guidance in state and local health planning activities.

These Profiles will provide necessary baseline data on a parish, region and state level and will become especially helpful in hurricane-impacted areas. In addition, as we move forward in overall health systems development and health care reform, our hope is that you gain a greater understanding of the importance of having reliable information and benchmarks as priorities are set for responding to local and statewide needs.

Please use these documents and the examples put forth in them as you work to ensure healthy communities and improve Louisiana's health status. We hope that they will enrich and renew your efforts to make Louisiana a healthier place to live.

Sincerely,

Sharon G. Howard, MSW
Assistant Secretary, Office of Public Health

Frederick P. Cerise, M.D., M.P.H.
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"AN EQUAL OPPORTUNITY EMPLOYER"

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.

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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

"Simply documenting shortfalls is not enough. Committed action will need to be taken if we are to do better." *– Julie Gerberding*

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.

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 theses 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 with 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

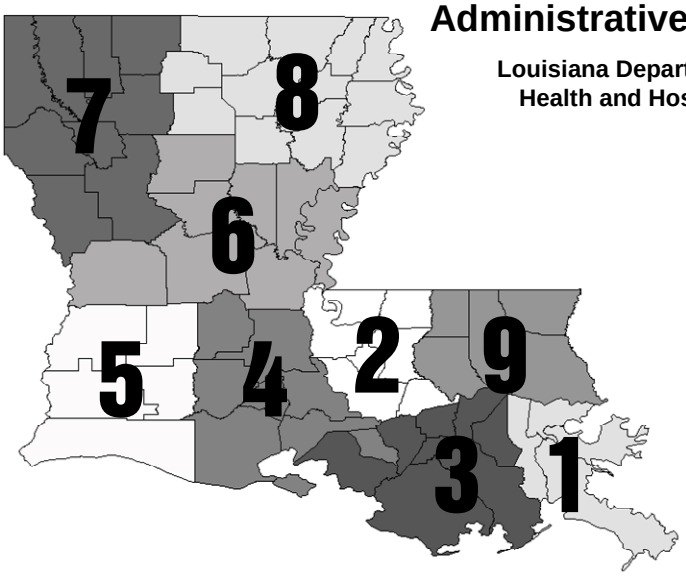
The Profiles are a work-in-progress. These documents are public information written for the benefit of the public. Our request to you, the reader, is to complete and return the evaluation form, included at the end of this document. Let us know what you found useful for your work in communities. Your 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 9
Livingston
St. Helena
St. Tammany
Tangipahoa
Washington

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

Cameron Parish

"Over the years, it has become clear that individual health is closely linked to community health—the health of the community and environment in which individuals live, work, and play. Likewise, community health is profoundly affected by the collective beliefs, attitudes, and behaviors of everyone who lives in the community"

Healthy People 2010

Parish Health Profiles 2005 — Your Parish at a Glance

	Cameron	Louisiana	U.S.	HP 2010
ECONOMICS, 2000				
% All persons in poverty	12.3%	19.6%	12.4%	--
% Children under 18 in poverty	13.1%	26.6%	16.6%	--
% Unemployed 16 and over	4.6%	7.3%	5.8%	--
EDUCATION 2002-2003				
School Expenditure per Student	$8,594	$6,906	--	--
Student Attendance (average daily attendance as a % of the average number of students enrolled)	94.0%	93.5%	--	--
% High School Drop Outs (as a % of incoming 9th grade)	2.1%	7.0%	--	--
MOTHERS AND CHILDREN, 2002				
Infant mortality rate (per 1,000 births)	0.0	10.2	7.0	4.5
% Receiving prenatal care within first 3 months	95.8%	83.8%	83.7%	90.0%
% Receiving adequate prenatal care (modified Kessner)	95.7%	78.9%	76.2%	--
% Low birth weight	9.1%	10.5%	7.7%	5.0%
% Births to teens ages 15 - 19	9.5%	15.5%	10.6%	--
% Children fully immunized by 2 years old	--	69.8%	78.5%	90.0%
INFECTIOUS DISEASES, 2003 (new cases - rate per 100,000 population)				
Syphilis (primary and secondary)	--	4.1	2.5	0.2
Early Syphilis (primary, secondary and early latent)	0.0	8.6	5.4	--
Chlamydia	110.1	469.8	304.3	3.0
Gonorrhea	20.0	265.6	116.2	19.0
Tuberculosis	42.6*	5.8	5.1	1.0
STATEWIDE LEADING CAUSES OF DEATH, 2002 (death rate per 100,000 population)				
Heart	255.2	248.4	241.7	166.0
Cancer	**	209.7	193.2	159.9
Cerebrovascular Disease	**	57.4	56.4	48.0
Accidents	**	46.7	37.0	17.5
Diabetes	**	39.5	25.4	45.0
Chronic Lower Respiratory	**	37.8	43.3	--
COMMUNITY SAFETY, 2003				
Validated cases of child abuse/neglect (rate per 1,000 population)	17.8	10.9	12.4	10.3
Deaths caused by motor vehicle crashes (rate per 100 Million Vehicle Miles Traveled)	5.1	2.1	1.5	0.8
HEALTH BEHAVIORS, 2004	**Region 5**	**Louisiana**	**U.S.**	**HP 2010**
% Current cigarette smokers (adults 18+)	26.4%	23.5%	21.0%	12.0%
% Obese - BMI>30 (adults 20+)	25.7%	27.0%	31.1%	15.0%
% Having a mammogram within 2 years (women 40+)	70.8%	74.3%	74.6%	70.0%
% Having a pap smear within 3 years (women 18+)	86.2%	85.2%	85.9%	90.0%
% Having a flu shot in past year (adults 65+)	72.5%	68.6%	67.9%	90.0%

Data Sources:

Economics: U.S. Census 2000 Summary File 3 (SF 3) - Sample Data, 2000

Education: Louisiana Department of Education District-reported data submitted to the Student Information System (SIS) end-of-year (EOY) report and Profile of Educational Personnel (PEP) System. Office of Management and Finance, Division of Planning, Analysis and Information Resources. District Composite Report 2003-2004.

Mothers and Children: DHH/OPH, Louisiana State Center for Health Statistics, *2004 Louisiana Health Report Card* and National Vital Statistics Reports, Vol. 53, No. 15, February 2005

Infectious Diseases: DHH/OPH, Sexually Transmitted Disease Program. 2004 and Centers for Disease Control and Prevention, "Trends in Reportable Sexually Transmitted Disease in the United State, 2003". NA= Rate not available, # of cases is less than 5

Leading Causes of Death: DHH/OPH, Louisiana State Center for Health Statistics, 2004 Louisiana Health Report Card and National Vital Statistics Reports, Vol. 53, No. 15, February 2005 (**Rates for counts less than 20 are unreliable and are not reported)

Community Safety: Child Abuse--Louisiana Department of Social Services, Office of Community Services, prepared by Prevent Child Abuse Louisiana and Motor Vehicle Deaths--EMS/Injury Research & Prevention Program

Healthy Behaviors: DHH/OPH, Behavioral Risk Factor Surveillance System (BRFSS), 2004

History[1, 2]

Cameron Parish, among the largest in land area in the state, was organized on March 15, 1870. The parish reportedly took its name from Simon Cameron, Lincoln's secretary of war. Early records are sketchy, and comprise the history of several large southwest Louisiana parishes, including Vermilion and Calcasieu. Many of the early wooden courthouses have burned, thus destroying records. Early settlers' names include the Elenders, Deuhons, Faulks, Heberts, Smiths, and Domingos. Early records of Grand Chenier include the names of Placide Labove, who settled in 1836, and John Smith, John Armstrong, John Sweeney, and James Welse, all settlers who came before 1850. The earliest inhabitants were the Attakapas Indians in the southwesternmost region of the area. Recollections of the early days tell of the enormous orange crops, with some trees producing 5,000 oranges. During the growing season, schooners came from Galveston, Texas, to buy the crops. Despite the devastation caused by Hurricane "Audrey" and others, the parish has always been rebuilt and continues to grow and prosper.

Cameron Parish is home to four wildlife refuges. Hunting, fishing, crabbing, shelling, and bird-watching will entice visitors of all ages. The marsh flowers and birds, alligators, and marsh animals are prevalent in all refuges and along the roads leading into the parish. Over 20,000 people visit the Cameron Refuges on a monthly basis.

Parish Seat[3] ..... Cameron

Major Cities (population over 5,000)
N/A

Parish Population[4]

2000	9,991
2003 (estimate)	9,708
2000 Population by Race	
White	93.7%
African-American	3.9%
Some other race	2.5%
Hispanic of Latino (of any race)	2.2%
2000 Population by Age	
Under 5 years	6.7%
5-14	16.3%
15-17	5.4%
18-19	2.8%
20-24	6.6%
25-64	51.6%
65 & over	10.6%

Geography and Statistics[5]

Average elevation ..... 5ft.
Land area in square miles 1313
Water area in square miles 618.7

Climate

Average temperatures
- Annual 69º
- January 57º
- July 89º
- Annual average rainfall ..... 58.2 inches

Labor Force (2001)[6]

Cameron Parish
- Civilian 3,033
- Employed 2,861
- Unemployed 172
- Unemployment 5.7%

Louisiana
- Civilian 2,055,000
- Employed 1,956,500
- Unemployed 98,500
- Unemployment Rate 4.8%

Colleges/Universities (within one hour commute)

N/A

1. Louisiana Almanac, 2002-2003 edition, Pelican Publishing Company, Gretna, LA. 2002.
2. Louisiana Office of Tourism. 1998. keywords: regional information <http://www.crt.state.la.us/crt/tourism/>.
3. Louisiana Almanac, 2002-2003 edition, Pelican Publishing Company, Gretna, LA. 2002.
4. U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3) <http://www.census.gov>.
5. U.S. Census Bureau: State and County QuickFacts <http://www.census.gov>.
6. Louisiana Department of Labor, Civilian Labor Force Summary <http://www.ldol.state.la.us/forms/lmi/CLF_Parishes_2000-Present.xls>.

Maternal, Child, and Adolescent Health

"If we are looking at children's issues . . . we have to look at how these issues affect and motivate the parents and grandparents of kids. Children's issues are best thought of as 'family issues'."

– Glen Bolger, Partner, 1998

The health of a community is directly related to the health of the families that make up that community. The family, no matter how small or how extended, is the fundamental social unit of a community; therefore healthy families are key to healthy communities. In this chapter we will discuss and identify health problems for the most vulnerable sectors of our community: pregnant women, infants, children, and adolescents. Additional chapters in this book will discuss the many other issues related to healthy families and healthy communities.

Achieving the goal of healthy families begins with preventing infant death, preterm birth, and low birth weight births. Accessible and adequate prenatal and preventive pediatric care is vital, along with the education of women on the importance of early prenatal care and healthy prenatal behaviors. Community leaders and planners will want to explore ways to provide social, emotional, and psychological support to pregnant women and families with young children.

DID YOU KNOW?

In 2002 Louisiana Ranked

- *49th in low birth weight rate*
- *46th in Infant Deaths*
- *45th in Child Deaths*
- *18th in women initiating prenatal care in the first trimester*

DHH/OPH Maternal & Child Health Program

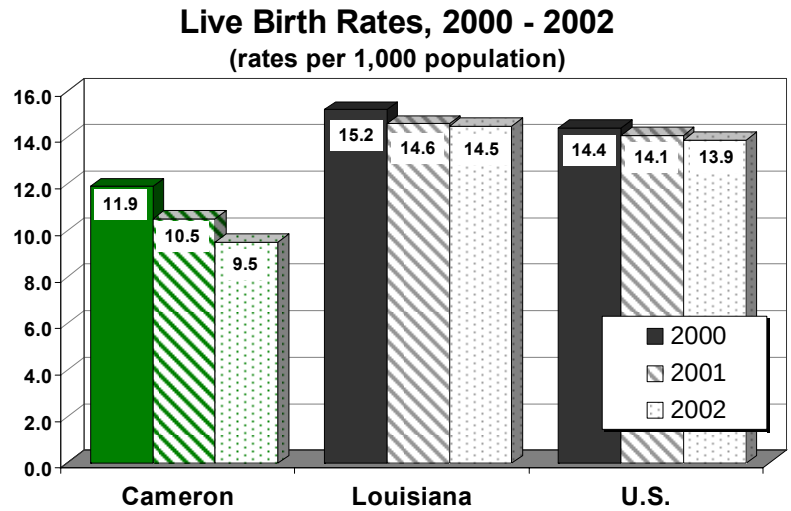
This chapter follows the natural life cycle of a child from birth to adolescence. Most of the health information presented is collected by the various offices of the Louisiana Department of Health and Hospitals. **The following indicators addressed in this section are:**

- Birth rates
- Infant mortality rate
- Percent of women receiving adequate prenatal care
- Percent of babies born with low and very low birth weights
- Newborn screenings
- Immunization rates for children under 24 months of age
- Nutrition information on percentages of breastfed infants, underweight, at risk for overweight, and overweight children
- Rate of babies born to teens

Other data and information on child and adolescent deaths, unintentional injury, child abuse, neglect, and domestic violence are discussed in the Community Safety Chapter. Women's and men's health issues, such as prevention and screenings, are discussed in the Chronic Disease and Leading Cause of Death chapter.

Having Healthier Babies

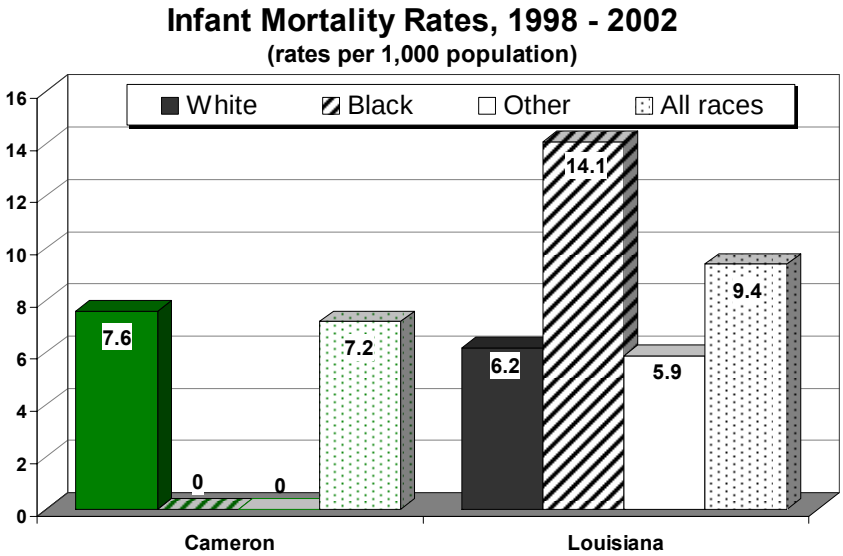
The birth rate is a useful measure of one of the components of population growth. Birth rates are useful for community planners to meet the childcare, educational, and health needs of its citizens now and in the future. In 2002, there were 64,755 live births to Louisiana residents for a rate of 14.4 births per 1,000 persons. **In 2002, there were 95 live births to Cameron Parish residents for a birth rate of 9.5 per 1,000 persons.**[1]



Source: Louisiana Center for Health Statistics <www.oph.dhh.louisiana.gov> keywords: Data & Statistics
National Vital Statistics Reports, Vol. 52, No. 19, May 10, 2004: Table 2

Infant Mortality

The infant mortality rate is an indicator of the health and well being of mothers and children. Infant mortality measures deaths within the first year of life for each 1,000 infants born in a year. The Healthy People 2010 objective is to reduce the infant mortality rate to no more than 4.5 per 1,000 live births.[2]



Data Source: DHH/OPH, Louisiana Center for Health Statistics

In Louisiana for 2002 the infant mortality rate was 10.2 per 1,000 live births. **In Cameron Parish the rate was .0 per 1,000 live births.**[3] Infant mortality rates differ by race. In Louisiana in 2002, the black infant mortality rate was just over two times the rate for white infants.[4]

Maximizing the health of infants from the beginning should be a community priority. This section will discuss factors that result in healthier babies: prenatal care, birth weight, infant mortality, and the importance of screening newborns.

Prenatal Care

Babies have a better chance of being born healthy when their mothers are also healthy. Because of the special risks and needs of pregnancy, women need prenatal care. Getting quality care within the first three months and continuing throughout the pregnancy are very important. Prenatal care may reduce the risk of infant death and low birth weight. In prenatal care, women with high-risk pregnancies are identified early and are more likely to receive the special care they need for a healthy birth. For every $1 spent on prenatal care, $3 are saved in hospital costs related to premature and low birth weight.[5]

For every $1 spent on prenatal care, $3 are saved in hospital costs related to premature birth and low birth weight.

DID YOU KNOW?

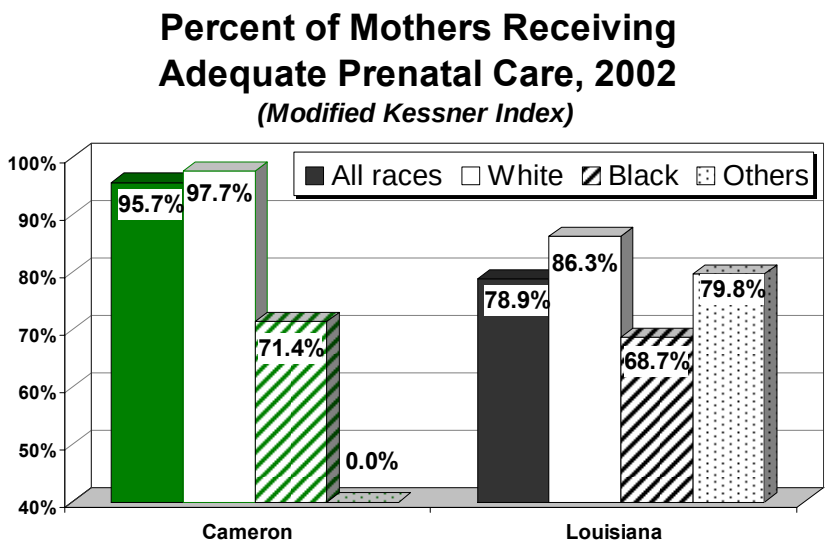
Five tips for having a healthy baby are:

1. *Eat a balanced diet;*
2. *Get moderate exercise;*
3. *Give up smoking, alcohol and illegal drugs;*
4. *Get regular prenatal care; and*
5. *Reduce stress and fatigue.*

DHH/OPH Maternal & Child Health Program

"Adequate" prenatal care is a combination of getting care within the first trimester, called early care, and receiving scheduled follow-up care throughout the pregnancy. The first component of "adequate" prenatal care is that it begins early—in the first trimester. The Healthy People 2010 goal is that at least 90 percent of women will enter prenatal care within the first three months of pregnancy.[6] Two populations at risk for not receiving early prenatal care in Louisiana are African-American women and mothers under the age of 15.

In Louisiana for 2002, only 74.7 percent of African-American women and 49.2 percent of mothers under age 15 began prenatal care in the first trimester.[7] **In Cameron Parish for 2002, 71.4 percent of African-American women began prenatal care in the first trimester, compared to 97.7 percent of White women.**[8]



Source: DHH/OPH Maternal & Child Health Program, 2004

The Modified Kessner Index is used to measure adequacy of prenatal care, meaning that the first prenatal visit was in the first three months of the pregnancy and that the number of prenatal visits was appropriate to the gestational age of the baby at birth. **In Cameron Parish for 2002, 95.7 percent received adequate prenatal care.**[9]

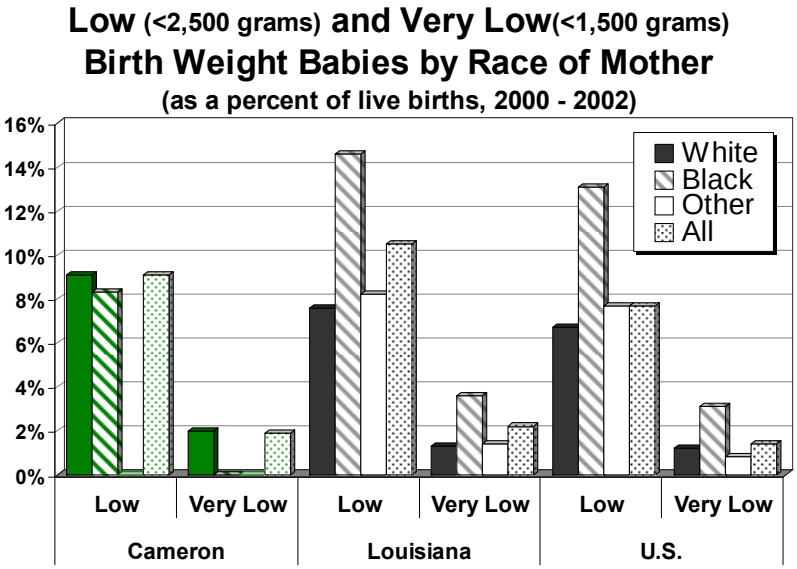
Prenatal care, however, is more than just a clinic visit. It is practicing healthy behaviors, such as eating properly, getting enough rest, and exercising moderately. It is also refraining from such risky health behaviors as smoking, drinking, or using illegal drugs. Prenatal care during a pregnancy also involves testing and screening for other health problems such as diabetes or syphilis. If a medical condition is detected, both the mother and child can receive early treatment interventions. For some women getting prenatal care is dependent upon her knowledge of the services available and how to access those services, her attitude toward her pregnancy, and her support system—family, friends, or employer. For more information on healthy prenatal care, call the Partners for Healthy Babies helpline: 1-800-251-BABY (1-800-251-2229).

Low Birth Weight

One of the problems associated with high-risk pregnancies or a mother's poor health is the insufficient weight of the infant at birth. A baby's weight is directly tied to the baby's overall health and survival through the first year of life: the lower the birth weight, the greater the chances of death within the first year. These babies are at greater risk for cerebral palsy, developmental delays, and mental retardation; and in general they will be more likely to have difficulties in their lifelong health.[10]

There are many factors that cause or influence low birth weight including little education, poor maternal health or health habits. A complicated pregnancy or a genetic risk for a disorder is a predictor of low birth weight. Low-income status, race, access to care, and young motherhood are also among the factors associated with low birth weight.

In Louisiana the low birth rate percentage for African-American infants is twice that of white infants, which also has an impact on the infant mortality rates in those populations.[11] **From 2000-2002 combined, 9.1 percent of babies born in Cameron Parish were of low birth weight, compared to 10.5 percent in the state and 7.7 percent nationally.**[12] The percent of babies born at low birth weight varies from year to year. Trend data is reported in the Louisiana Health Report Card published by the Louisiana State Center for Health Statistics on line at www.oph.dhh.louisiana.gov.



Sources: DHH/OPH Maternal & Child Health Program, 2004
National Vital Statistics Reports, Vol. 52, No. 19, May 10, 2004: Table 2

Newborn Screening

Screening newborns is important for early detection and treatment of diseases that could compromise the health of the child throughout his life.[13] The state-mandated Newborn Screening Program ensures that all newborns are screened for phenylketonuria (PKU), congenital hypothyroidism, biotinidase deficiency, galactosemia, and sickle cell disease before being discharge from the hospital. There were 433 cases of these diseases detected through newborn screening in Louisiana from 2000 to 2002.[14]

A newborn with any of these diseases is immediately referred for specialized care. In the case of PKU and congenital hypothyroidism, early detection coupled with treatment prevents profound mental retardation. For babies detected with a sickle cell disease, early detection and immediate enrollment into specialized care reduces illness and death.

Hearing Screening

Hearing Screening-- Hearing loss is the most frequently occurring birth defect, occurring in about 3 per 1,000 births.[15] Research has shown that children who are screened before 1 month of age, identified before 3 months of age and receive appropriate early intervention by 6 months of age can develop age-appropriate language, social, and educational skills.[16] More than one in 25 preschoolers suffers from a speech, language or hearing problem.[17]Louisiana law mandates universal newborn hearing screening prior to discharge from the birthing hospital. Louisiana's early hearing detection and intervention (EHDI) program, "Sound Start," is working with primary care physicians, Early Steps, parents, and educators to coordinate and provide needed follow-up services for those children identified with hearing loss. In Louisiana for 2003, 56,299 infants were screened. The state rate for hospital screenings of newborns has increased from 56.6 percent in 2000 to 89.9 percent in 2003. [18]

REGION 5
Percent of Newborns Screened for Hearing Loss by Parish of Birth, 2003

Allen	*
Beauregard	99.2%
Calcasieu	96.3%
Cameron	*
Jefferson Davis	97.4%

* No birthing hospitals in the parish
Source: DHH/OPH
Childrens Special Health Services, 2004

Taking Care, Taking Control:
Family Literacy Project in Vermilion Parish

"We Can Make It" is a six-week series of programs for at-risk families offered at the Abbeville Branch of the Vermilion Parish Library. A key objective of the program is to make caregivers aware of important issues and community resources related to children's health, education and safety. Community partners include the Vermilion Parish Health Unit, the Acadiana Works Boys & Girls Club, the Vermilion Parish School Board, and local fire and police departments. This program was 1of 12 family literacy projects across the nation chosen to receive support thorough the national Center for Books at the Library of Congress in 2004-2005.

State Library of Louisiana, *Communiqué,'* November/December 2004, Vol. 20, No. 6. 14 June 2005, <http://www.state.lib.la.us/empowerlibrary/11,12-04%20Communique.pdf>.

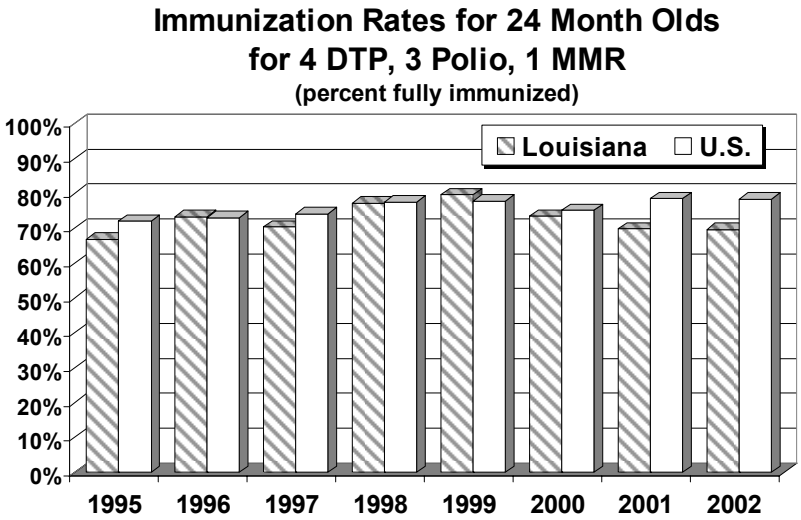
Healthier Children

Child Deaths – Ages 1 to 14

The leading cause of death for this age group is unintentional injuries including motor vehicle deaths, suffocation, drowning, fires, and others. The following topics in this chapter focus on other health risks and preventive health measures for children ages 1 to 14 years old. Additional information on deaths, unintentional injury, child abuse, neglect, and domestic violence is discussed in the Community Safety chapter.

Immunizations

Children are required by Louisiana law to be immunized before entering school or childcare. However, it is important that this is done before the age of two, when children are most vulnerable to disease. Currently, there are 10 diseases from which children are routinely protected through the use of standard childhood immunizations: diphtheria, tetanus, pertussis (whooping cough), polio, measles, mumps, rubella (German measles), hepatitis B, *Haemophilus influenzae B* (bacterial meningitis), and varicella (chickenpox). Drastic reductions in the occurrence of these serious diseases have taken place since the introduction of vaccines. For example, in Louisiana there were no reported cases of measles in 2001 and 2002.[20] People may not be worried about these diseases because the rates are now so low; however, these diseases are serious and could return and threaten the health of children unless they are immunized on time.



Source: National Immunization Survey <www.cdc.gov/nip/coverage/NIS/02/toc-02.htm>

DID YOU KNOW?

Every dollar spent on Immunization saves $10 to $12 in direct medical and hospitalization costs.[19]

Taking Care, Taking Control: Collaboration Brings Immunizations to Schools in St. Tammany Parish

The St. Tammany Parish Social Services Agency partnered with the St. Tammany Parish School Board, St. Tammany Parish Hospital, and the state Department of Health and Hospitals to bring immunizations to school-age children throughout the parish. The parish's command center information van stopped at eight St. Tammany Parish schools in the month of May. Nurses from St. Tammany Parish Hospital and the Department of Health and Hospitals were in the van to administer the immunizations which included all childhood vaccines and those that prevent chicken pox and hepatitis B.

Ackel, L., "Immunizations Coming to Kids Around Parish", News Banner, 2 May 2005, 14 June 2005, <http://www.newsbanner.com/articles/2005/05/02/news/news02.txt>.

Nutrition

Improper and inadequate nutrition can affect infants, children, and adults. Mothers that do not eat well-balanced meals while pregnant are more likely to give birth to premature or very low birth weight babies, which may involve further health complications. These infants can more easily contract other diseases, some of which could be life-threatening. If a breastfeeding mother does not eat adequately, she may not produce enough breast milk. If children do not eat enough for long periods of time, they may weigh less, have stunted growth, or have slower mental and physical development. These children may perform poorly academically, may have memory loss or a short attention span, and may be easily distracted. Good nutrition throughout childhood helps ensure good brain development.[22]

DID YOU KNOW?

The Healthy People 2010 goal is to increase the percentage of mothers who breastfeed their babies in early postpartum period to 75%. [21]

Louisiana offers two supplemental food programs for low income pregnant and postpartum women, infants, and children. The first is the Special Supplemental Nutrition Program for Women, Infants, and Children, popularly known as WIC, offering medical and nutritional services and, when medically needed, a food package to children up to the age of five. WIC also provides vouchers for foods high in protein, vitamin A, vitamin C, calcium and iron, nutritional screening and assessment, nutritional education, and breastfeeding guidance. The second supplemental program is the U.S. Department of Agriculture, Commodities food program, which supplements the diets of the elderly and children up to the age of six.

Available Data – The CDC Pediatric Nutrition Surveillance System (PedNSS) and the Pregnancy Nutrition Surveillance System (PNSS) are national surveillance systems that collect and report national, state and parish level program data to monitor the nutritional status of low-income infants, children, and women in federally funded maternal and child health programs, including WIC. These systems were not developed to provide data representative of the general population or even all low-income women and children. They do, however provide information about the women and children served by public health programs. This information can be used to make comparisons across geographic areas, (e.g. parish to parish, parish to state, state to state, and state to nation.)[23] Additional data, explanations, and suggestions for use of data are available online at www.cdc.gov/pednss/.

PedNSS is used by the DHH/OPH Nutrition Services Program to monitor the pediatric patients at high nutrition risk who attend WIC clinics. The PedNSS high-risk nutrition indicators include being underweight, overweight, short in stature, or having low iron, indicating potential concern for anemia. The WIC program uses this surveillance tool to ensure that children with the greatest nutritional counseling needs will receive counseling with a qualified nutritionist. The following data presented are from the 2001 – 2003 PedNSS report for Louisiana.[24] The three-year aggregate data is used to provide a large enough sample to report data for each of the 64 parishes.

Breastfeeding – It is recommended that infants should be exclusively breastfed during the first 4 to 6 months of life. Ideally, breastfeeding should be continued through the entire first year of life. Breastfed infants experience fewer cases of infectious and noninfectious diseases, as well as less severe cases of diarrhea, respiratory infections, and ear infections.[26] A woman's ability to optimally breastfeed her infant depends on the support she receives from those around her, including her family and the community. The overriding principle is to make breastfeeding as easy as possible for the mother rather than to discourage her, either intentionally or unintentionally, from breastfeeding.

For Cameron Parish, among infants reported in PedNSS from 2001 to 2003, 19.4 percent were ever breastfed, 0.8 percent were breastfed for at least 6 months, and 0.8 percent were breastfed for at least 12 months.[27]

Overweight and Underweight Children – In Louisiana and the United States, the percent of overweight children participating in the WIC program has increased.[28] Targeting overweight children can impact and prevent adult overweight and obesity. A child is considered at risk for overweight if he/she is in the 85th to 94th percentile and overweight if he/she is at or above the 95th percentile of the gender-specific Body Mass Index (BMI) for-age growth charts. Once overweight is established during childhood or adolescence, it is likely to remain in adulthood. The probability that overweight school-age children will become obese adults is estimated at 50 percent. In Louisiana over the last decade (1991 to 2001), the percent of overweight and/or obese adults increased from 49 percent to 60 percent.[29] **From 2001-2003, for Cameron Parish, of children 2 years to 5 years reported in PedNSS, 11.4 percent were at risk for overweight and 13.9 percent were overweight.**[30]

> **DID YOU KNOW?**
> *The Healthy People 2010 goals are to reduce both the proportion of children ages 6 to 11 years who are overweight or obese and those who are at risk of overweight to 5%.*[25]

Underweight children are also a measure of the health of children. A child is considered underweight if he/she is below the 5th percentile of the gender-specific Body Mass Index BMI for-age growth charts. **From 2001 to 2003, for Cameron Parish, among children ages 2 to 5 years reported in PedNSS, 4.4 percent were underweight.**[32]

Anemia – Iron deficiency is the most common known form of nutritional deficiency. Because of rapid growth and increased iron requirements, young children are at great risk of iron deficiency. In infants and young children, iron deficiency causes developmental delays and behavioral disturbances and can lead to enhanced lead absorption. Primary prevention of iron deficiency in infants and preschool children should be achieved through diet. **In Cameron Parish from 2001 to 2003, 15.1 percent of infants and children under 5 years of age reported in PedNSS had iron-deficiency anemia.**[33] In Louisiana, the percent of infants and young children participating in the WIC Program with iron-deficiency anemia has increased from 12.5 percent in 2000 to 14.9 percent in 2003.[34]

> **DID YOU KNOW?**
> *The Healthy People 2010 goal is to reduce iron-deficiency among young children aged 1 to 2 years* to 5% *and among children aged 3 to 4 years to 1%.*[31]

Oral Health

Healthy teeth and gums are very important for a healthy life. Healthy teeth are pain-free and secure. Good dental health means that children are less likely to be distracted at school or feel bad about their appearance. They will also be able to eat a variety of foods all through their lives. Oral health habits are often set in childhood. The things that make teeth healthy include good diets, tooth-brushing and regular check-ups. These habits need to begin early. More importantly, healthy teeth are linked to the health of the overall body. Diseases of the mouth remain as our number one chronic childhood disease.[35]

DID YOU KNOW?

Louisiana received an overall grade of D+ on the 2003 Oral Health Care Report Card

F Prevention—Community Water Fluoridation and Sealant efforts.

C Dentist Availability, including Pediatric Dentists

C Medicaid Providers

C- Overall Access

C+ Infrastructure—Planning, Budget and Data Use

D+ Overall Health Status

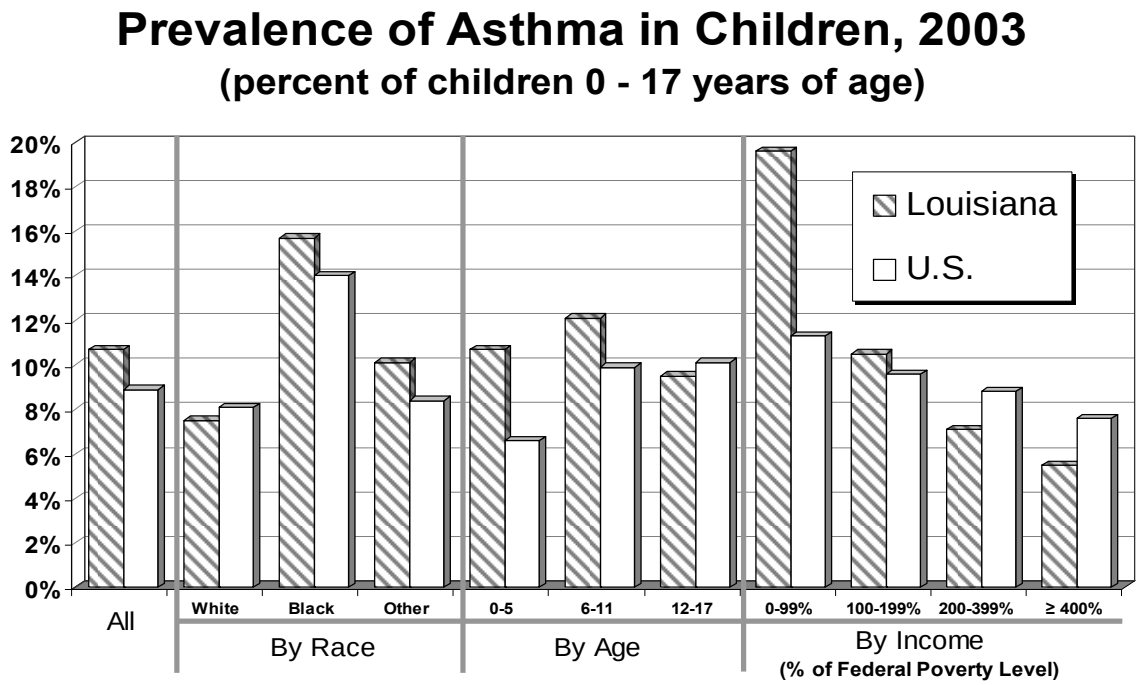
D+ Policies[36]

The Healthy People 2010 goal is for 75 percent of the population to receive optimally-fluoridated water.[37] The recommended level of fluoride for Louisiana is 0.9 parts per million based on the ambient air temperature and guidelines set by the U.S. Public Health Service.[38] Based on the 2000 Louisiana Census, approximately 45.5 percent of Louisiana residents are served by water systems that adjust fluoride levels to the optimal level. Also, 8.4 percent of the population has naturally occurring fluoride levels in their water systems. Therefore, 53.9 percent of Louisiana's population receives the benefits of optimally-fluoridated water.[39]

Asthma

While asthma in children is rarely fatal, its impact in terms of limited activity, missed school days, and total costs is quite significant. Nationwide, approximately 6.3 million children ages 0 – 17 have asthma and approximately 4.2 million of these children had an asthma attack last year. In schools, nearly 1 in 3 children are diagnosed with asthma and this disease accounted for more than 14 million missed school days in 2000. The rate is rising more rapidly in preschool aged children than in any other age group. Asthma related episodes account for almost 5 million physician visits and more than 200,000 hospitalizations of children per year, with related costs due to asthma (health care costs and lost productivity) totaling $14 billion in 2002.[40]

The asthma data presented in this Profile is from the National Survey of Children's Health. This data quantifies the overall prevalence of asthma in children in Louisiana and provides an indication of differences by race, age, gender, and income. It is estimated that 10.7 percent, or 125,649 children in Louisiana have asthma. The prevalence of asthma among children varies by race, age, and income. By race, the prevalence is highest among blacks with 15.7 percent of black children reported to have asthma, compared to 7.5 percent of whites, and 10.1 percent of other races. By age the highest prevalence is found in the 6 to 11 age group at 12.1 percent. The prevalence of asthma also increases with decreasing levels of income, with the highest prevalence rate of 19.6 percent among persons below the federal poverty level.[41]



Source: National Survey of Children's Health, Data Resource Center on Child and Adolescent Health website. Retrieved 08/04/05 from www.nschdata.org

While asthma-specific parish level data are currently limited, surveillance systems such as the Behavior Risk Factor Surveillance System (BRFSS) and Youth Tobacco Survey (YTS), which incorporates the International Study of Asthma and Allergies in Childhood (ISAAC) asthma model, are being used in the state to collect data and monitor asthma trends within Louisiana. The DHH/OPH Community Health Promotion and Chronic Disease Section has been working towards expanding these data sets. The YTS will be conducted again in the fall of 2005, and data from the recently expanded sample size of the 2004 BRFSS will provide regional level data—available by the end of 2005.

Management and Prevention – Most asthma attacks and emergency room visits are preventable. Asthma can be controlled through proper medical treatment, disease management and elimination or reduction of environmental triggers. These triggers can be found indoors and outdoors—including, ozone, secondhand smoke, fragrances, paint and gasoline fumes, cockroaches and other pests, dust mites and house dust, molds, and pets and other animals. Secondhand smoke is especially dangerous for asthma sufferers. Secondhand smoke can both trigger and increase the severity of asthma attacks. Secondhand smoke can also serve as a risk factor for new cases of asthma in children who previously exhibited no asthma symptoms.[42]

The ultimate goal should be primary prevention and reduction of the onset of asthma. This can be accomplished in a number of ways. Communities can work with their schools to develop educational programs for educators, parents, and caretakers of asthmatic children on how to improve indoor air quality and environmental health in schools, in the home, and wherever children congregate. Communities can also work to reduce outdoor environmental triggers in their communities by educating the public and policy makers on the relationships between exposure to air pollutants and asthma, and the need for control measures to reduce environmental factors.[43]

Adolescent Health

The teen years are an exciting time. They present new opportunities to learn and grow. While most teenagers do not seek out or create trouble, teenagers take risks that may have unhealthy results such as drug and alcohol use, anti social behavior, and teen pregnancy.

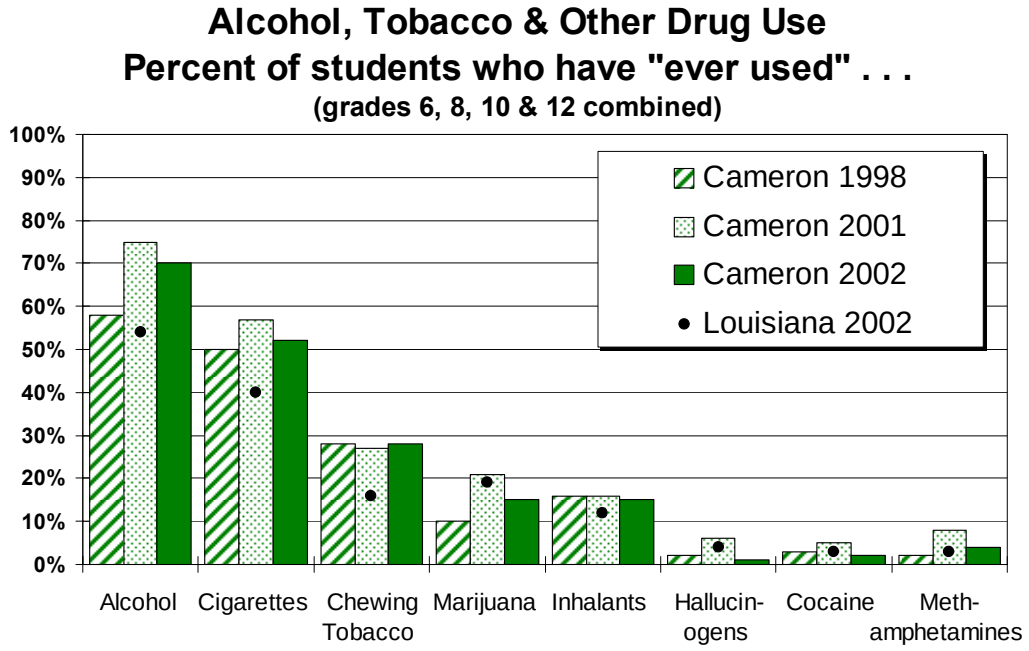
The Louisiana Department of Health and Hospitals, Office of Addictive Disorders and the Louisiana Department of Education survey youth in grades 6, 8, 10 and 12 every other year. This survey provides information and indicators of adolescent behaviors and factors influential in the lives of adolescents in four settings defined as school, family, community and peer/individual. In 2002, the survey, Communities that Care (CTC), was conducted in all but three parishes.[46] This Profile presents composite data for all grades combined as an initial indicator of two risk factors: Alcohol, Tobacco and Drugs (ATOD) and Peer/Individual Risk and Protective Factors. The detail data by individual grade can be obtained from the complete survey reports for the parish, region, and the state at www.dhh.louisiana.gov/reports.asp, DHH Office for Addictive Disorders.

DID YOU KNOW?

Louisiana adolescents, aged 10 to 19, are the most underserved population in health education and health services.[44] School-Based Health Centers (SBHC) provide access to comprehensive primary and preventive physical and mental health services for school-age children. ***There is currently one school-based health center in Cameron Parish.***[45] *More information on SBHC can be found in the Access to Appropriate Health Care chapter.*

Alcohol, Tobacco and Other Drug Use

For Cameron Parish in 2002, 70 percent of students reported ever using alcohol, as compared to the statewide rate of 54 percent; the percent of students ever using cigarettes was 52 percent for the parish and 40 percent for the state. The percent of students ever using marijuana in their lifetime was 15 percent and 19 percent for the parish and state respectively.[47] Additional parish data on adolescent tobacco usage can be found in the Chronic Disease and Leading Cause of Death chapter of this Profile.

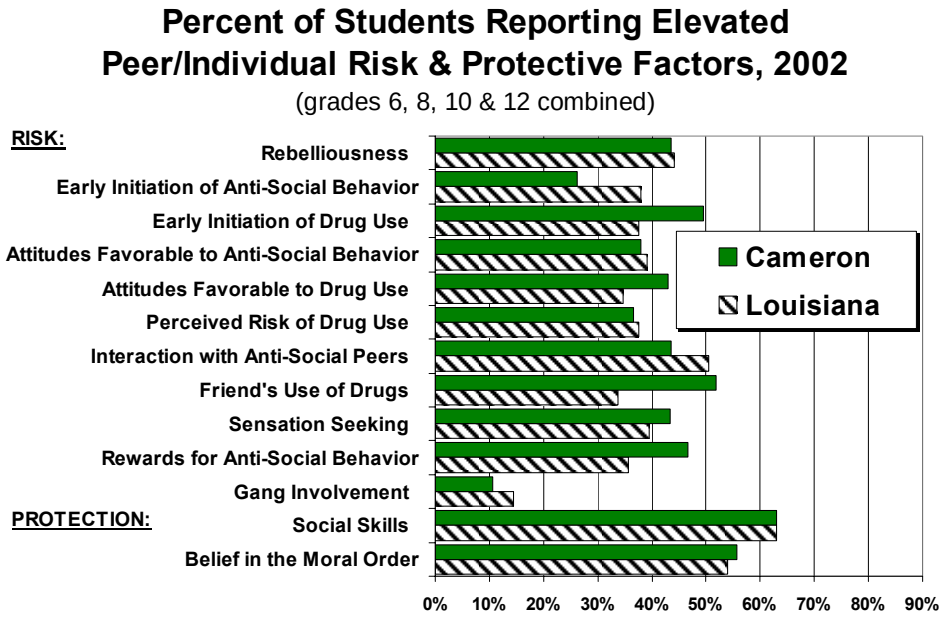


Source: DHH/OAD Communities That Care Survey Report, 2002

Peer and Individual Risk and Protective Factors

The CTC survey collects and reports data on risk and protective factors that have been shown to be related to youth behavior problems. Knowledge of these factors can help guide communities in identifying opportunities to address adolescent health and behavior problems. The aim is to reduce risk and increase protection.

The risk and protective factors for the Peer/Individual domain for all four grades combined is presented here as an initial comparison of the parish to the state. Since these risk and protective factors vary with age, users should refer to the complete CTC report for breakdowns by age.

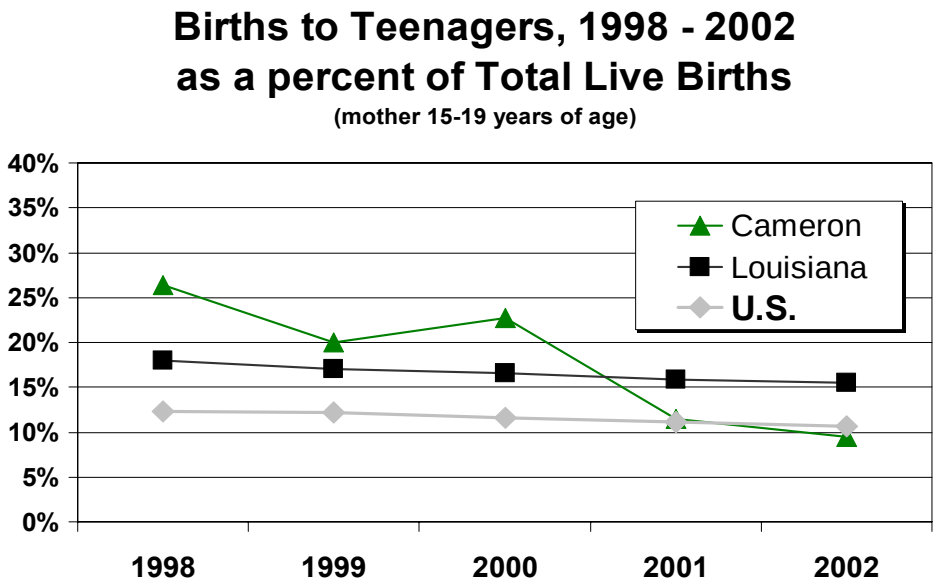


Source: DHH/OAD Communities That Care Survey, 2002

Teenage Pregnancy

Teen pregnancy can complicate the lives of young women and their babies. Young men and women may not be emotionally prepared for sex, much less pregnancy. Early childbearing reduces the overall number of school years completed by almost three years.[48] Nationally, the poverty rate for children born to teen mothers who have not married and did not graduate from high school is 78 percent while the child poverty rate for children born to married high school graduates over 20 is only 9 percent.[49]

A third of pregnant teens receive inadequate prenatal care, and babies born to young mothers are more likely to be low birth weight, to have childhood health problems, and to be hospitalized than are babies born to older mothers.[50]



Source: Louisiana Center for Health Statistics <www.oph.dhh.louisiana.gov> keywords: Data & Statistics

All through the 1990s, rates of teen pregnancy have been dropping both nationally and in our state. However, the U.S. still has one of the highest teen pregnancy rates in the developed world, and Louisiana still ranks high within the U.S. In Louisiana for 2002, 15.5 percent of all births were to teenagers 15 to19 years of age. **In Cameron Parish for 2002, 9.5 percent of live births were to teenagers 15 to 19.**[51] The reductions in teen pregnancy over the past decade are due to a combination of factors. Studies show that when teenagers are educated about abstinence and safe sex, they are more likely to begin having sex at a later age and to use contraception when they do have sex.[52] The National Longitudinal Study of Adolescent Health (AddHealth) found that increasing teens' connections to, "their family and home, their school, and their community is essential for protecting teenagers from a vast array of risky behaviors, including sexual activity."[53] Parents often need support and information to facilitate taking on the role of health educators with their children.

Teen pregnancy is not easily addressed, often requiring multilevel interventions. Family planning programs try to educate young teens about preventing pregnancy by many methods, especially abstinence, and the importance of involving parents in their health decision-making. Many factors influence teens' decision to have sex. These factors include economic status, self-worth, family structure, faith systems, peer pressure, amount of supervision, and boredom. Teen pregnancy happens in all communities, but teens who give birth are more likely to come from poorer and more disadvantaged families and neighborhoods. Other characteristics associated with low-income homes, like low educational attainment, lack of employment and single parenthood may also be significant. Many researchers suggest that addressing broader social and environmental factors is critical to achieving further reductions in teen pregnancy.

DID YOU KNOW?

- *"Close to 80%t of teen mothers will require welfare assistance."* [54]
- *"Four out of every ten American females will become pregnant before the age of 20. . . . Most of these pregnancies are unintended."* [55]

Family Planning

Family planning strategies and services provide individuals and families the information and means to exercise personal choice in determining the number and spacing of their children. These strategies can reduce teen pregnancy and reduce female and infant mortality and morbidity. For the health of both the mother and the newborn, most public health recommendations suggest a minimum of two years between pregnancies as being ideal. The proportion of all women in the United States ages 15 to 44 years, who are currently practicing contraception, including sterilization, rose from 56 percent in 1982 to about 64 percent in 1995.[58] With the high rate of people living without health insurance in Louisiana, a family planning visit may be the only time that a woman ever has a preventive health clinic visit. Therefore, it is important to provide overall health information in a family planning clinic.

DID YOU KNOW?

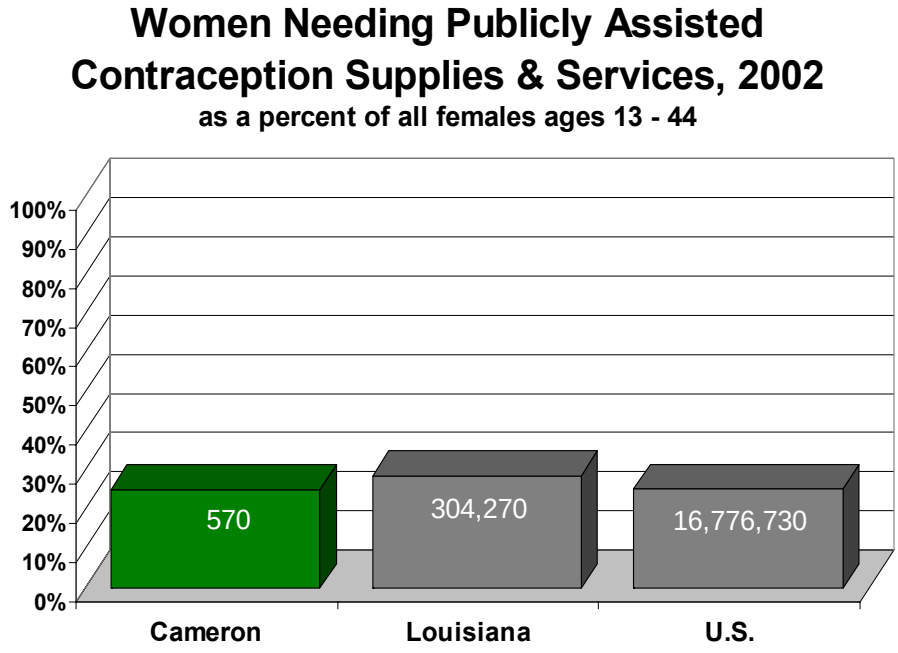
- *An estimated 1.3 million unintended pregnancies, many of which might lead to abortion, are prevented each year through publicly funded family planning services.*[56]
- *Only 6% of family planning clients nationwide are men. Less than 13% of family planning clinics have a client base that is more than 10% male.*[57]

Family Planning Services

The DHH/OPH Family Planning Program provides holistic care and ongoing education focusing on a woman's needs for more than just birth control methods. Most of the client services will relate to fertility regulation. Wherever possible, the program provides health maintenance services and counseling directed toward health promotion and disease prevention. Issues including mental health, financial security, safety, healthy relationships, nutrition and fitness, breast and cervical cancer screening, education and disease prevention knowledge, STD and HIV/AIDS awareness and prevention, reproductive rights and decision making are all related to the health of women. In Louisiana, 80 percent of clients at public health family planning clinics are at or below the federal poverty level. In the U.S., 39 percent of publicly funded clinic patients are at or below this poverty level. These clients have the least financial access to the health care system, insurance and Medicaid.[59]

Unintended Pregnancy

Unintended pregnancy is the unrecognized, poorly understood root cause of several social issues currently generating much controversy, such as teenage pregnancy, births to unmarried women and abortion. In the United States nearly half of all pregnancies are unintended. Unintended pregnancies can be pregnancies that occur at the wrong time or are completely unwanted. Almost half of these pregnancies end in abortion. Unintended pregnancies occur among women of all socioeconomic, marital status and age groups. Unmarried women, poor women and very young or older women are especially likely to become pregnant unintentionally.[60]



Source: Alan Guttmacher Institute, 2004. <www.guttmacher.org/pubs/win/index.html>

A woman with an unintended pregnancy is less likely to seek early prenatal care and is more likely to expose the fetus to harmful substances, such as tobacco or alcohol.[61] The child of an unwanted conception is also at risk. For example, children of unintended pregnancies are less likely to be breastfed.[62] The mother may be at greater risk of depression and of physical abuse herself, and her relationship with her partner is at greater risk of dissolution. Both mother and father suffer economic hardship and may fail to achieve their educational and career goals. Such consequences impede the formation and maintenance of strong families.

While many factors help to explain the high level of unintended pregnancy, the most obvious causes are failure to use contraceptive methods carefully and consistently, and actual technical failures of the methods themselves. However, these factors come into play only once access to contraceptive services and/or supplies is assured, a vital first step. In Louisiana, for 2002, there were an estimated 515,960 women, ages 13 to 44 years, needing contraceptive services and supplies. Of those, 59 percent needed publicly supported services. **In Cameron Parish, it is estimated that of the 920 women needing contraceptive services and supplies, 570 (62 percent) were in need of publicly supported services and supplies.**[63]

The Community Can . . .

Improve the access and usage of prenatal care

- Support and develop Nurse-Home visitation programs.[64]
- Support the delivery of prenatal care in school-based health centers.[65]

Toolkits & Guides:

Invest in Kids, Nurse Family Partnership, www.iik.org/nursefamilyinit.htm.

Substance Abuse and Mental Health Services Administration (SAMHSA), Nurse-Family Partnership Program, modelprograms.samhsa.gov/pdfs/FactSheets/NurseFP.pdf.

All Children Thriving: Pre-Birth Through Age Three Initiative, W.K. Kellogg Foundation www.wkkf.org/Pubs/YouthEd/PB3/Pub725.pdf.

Reduce health-compromising personal behaviors in pregnant women[66]

- Offer smoking cessation interventions to pregnant women.[67]
- Conduct a community awareness campaign on alcohol and other drug-related birth defects.[68]

Toolkits & Guides:

National Council on Alcoholism and Drug Dependence, Inc, NCADD Awareness Activities, www.ncadd.org/programs/awareness/index.html.

Reduce the incidence of childhood asthma[69]

- Target asthma interventions at schools
  - Improve asthma management through the presence of school nurses and allow children to have access to prescribed asthma medication during the school day.[70]
  - Remove environmental asthma triggers such as mold and mildew.[71]
  - Reduce exposure to diesel exhaust pollution from school buses.[72]
- Establish maintenance and management practices in existing schools to improve indoor air quality.[73]

Toolkits & Guides:

Fighting Childhood Asthma: How Communities Can Win, www.policylink.org/Research/ChildhoodAsthma.

Indoor Air Quality Tools for Schools Kit, www.epa.gov/iaq/schools/tools4s2.html.

Asthma Regional Council of New England, Toolkit for Reducing Diesel Emissions, Resources for School Communities, www.asthmaregionalcouncil.org/about/_BusToolkit.htm.

Asthma Regional Council of New England, Implementing a Statewide School Bus Idling Program, Sample Action Plan, www.asthmaregionalcouncil.org/about/_BusToolkit.htm, Implementation Strategies

Improve oral health

- Support school-based or school-linked sealant programs.[74]
- Fluoridate the community water supply to recommended levels of fluoridation.[75]

Improve both access and community demand for immunizations through multicomponent interventions[76]

- Promote and encourage the vaccination of low-income children in non-medical settings such as WIC program.
- Initiate and support a client reminder/recall system to increase community demand for vaccinations.

Improve adolescent health through school-based interventions

- Support school-based programs for youth before initiation of tobacco use and continue these programs throughout high school.[77]
- Support school-based programs aimed at preventing substance abuse of anabolic steroids among student athletes.[78]
- Support school-based programs designed to stop or prevent the initiation of inappropriate dating behaviors.[79]

Toolkits & Guides:

Guidelines for School Health Programs to Prevent Tobacco Use and Addiction, www.cdc.gov/mmwr/PDF/RR/RR4302.pdf.

Athletes Training and Learning to Avoid Steroids (ATLAS), SAMHSA Model Programs, modelprograms.samhsa.gov/template_cf.cfm?page=model&pkProgramID=6.

Safe Dates, SAMHSA Model Programs, modelprograms.samhsa.gov/template_cf.cfm?page=model&pkProgramID=228.

References

1. Louisiana Department of Health and Hospitals, Office of Public Health (DHH/OPH) , *2004 Louisiana Health Report Card*, Louisiana State Center for Health Statistics. Louisiana 2005.
2. U.S. DHHS, HP 2010.
3. DHH/OPH, 2004 Louisiana Health Report Card.
4. DHH/OPH, 2004 Louisiana Health Report Card.
5. Louisiana Department of Health and Hospitals, Office of Public Health (DHH/OPH), Maternal and Child Health Program, 2004.

6. U.S. Department of Health and Human Services (US DHHS). *Healthy People 2010*. 2nd ed. With Understanding and Improving Health Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000.
7. DHH/OPH, *2004 Louisiana Health Report Card*.
8. DHH/OPH, Maternal and Child Health Program.
9. DHH/OPH, *2004 Louisiana Health Report Card*.
10. DHH/OPH, Maternal and Child Health Program.
11. DHH/OPH, 2004 Louisiana Health Report Card
12. DHH/OPH, Maternal and Child Health Program.
13. Department of Health and Hospitals, Office of Public Health (DHH/OPH), *Issue Brief*. Genetic Disease Program. 2004.
14. DHH/OPH, 2004 Louisiana Health Report Card.
15. DHH/OPH, Hearing, Speech and Vision Program.
16. DHH/OPH, Hearing, Speech and Vision Program.
17. Department of Health and Hospitals, Office of Public Health (DHH/OPH), Maternal and Child Health – Hearing, Speech and Vision Program, 2004.
18. DHH/OPH, Hearing, Speech and Vision Program.
19. DHH/OPH, 2004 Louisiana Health Report Card.
20. DHH/OPH, 2004 Louisiana Health Report Card.
21. U.S. DHHS, HP 2010.
22. DHH/OPH, Nutrition Services and Chronic Disease Control Program.
23. Pediatric and Pregnancy Nutrition Surveillance System. Center for Disease Control. 01 Feb 2005, 3 May 2005. <http://www.cdc.gov/pednss/>.
24. Polhamus B, Dalenius K, et al, *Pediatric Nutrition Surveillance 2001 - 2003 Report* (PedNSS). Atlanta: U. S. Department of Health and Human Services, Center for Disease Control and Prevention. 2004.
25. U.S. DHHS, HP 2010.
26. Department of Health and Hospitals, Office of Public Health (DHH/OPH), The Louisiana Supplemental Nutrition Program for Women, Infants and Children (WIC). 2004.
27. Polhamus B, Dalenius K, et al, *Pediatric Nutrition Surveillance 2003 Repot* (PedNSS)Atlanta: U. S. Department of Health and Human Services, Center for Disease Control and Prevention. 2004.
28. DHH/OPH, WIC Final Data 2003.
29. DHH/OPH, WIC Final Data 2003.
30. Polhamus B, Dalenius K, et al.
31. U.S. DHHS, HP 2010.
32. Polhamus B, Dalenius K, et al.
33. Polhamus B, Dalenius K, et al.
34. DHH/OPH, WIC Final Data, 2003.
35. *Keep America Smiling*: *Oral Health in America*, The Oral Health America National Grading Project. United States 2003.
36. *Keep America Smiling*: *Oral Health in America*, 2003.
37. U.S. DHHS, HP 2010.
38. DHH/OPH, Maternal and Child Health Program.
39. DHH/OPH, Maternal and Child Health Program.
40. Environmental Protection Agency. *About Asthma, 2005,* <http://www.epa.gov/iaq/asthma/about.html>.

41. Nation Survey of Children's Health, 2003. Resource Center on child and Adolescent Health. Nov 2005 <http://www.nschdata.org>.

42. Environmental Protection Agency. *About Asthma, 2005,* <http://www.epa.gov/iaq/asthma/about.html>.

43. Association of State and Territorial Health Officials. Catching Your Breath: Strategies to Reduce Environmental Factors that Contribute to Asthma in Children. May 2003.

44. Department of Health and Hospitals, Office of Public Health (DHH/OPH), Adolescent School Based Health Care (SBHC) Program.

45. DHH/OPH, SBHC Program.

46. DHH/OAD, *Communities That Care Survey, 2002.*

47. Louisiana Department of Health and Hospitals, Office of Addictive Disorders (DHH/OAD). *State of Louisiana Communities That Care Survey, 2002 State Report*. Tables 4 and 11, 30 Mar 2004, <http://www.dhh.louisiana.gov>.

48. Klepinger, DH, Lundberg, S and Plotnick, RD Adolescent Fertility and the Educational Attainment of Young Women *Family Planning Perspectives* (1995) 27, 23-28.

49. *KIDS Count Data Book 2004* Annie E. Casey Foundation.

50. *Sex and America's Teenagers* (1994) Alan Guttmacher Institute.

51. DHH/OPH, *2004 Louisiana Health Report Card*.

52. U.S. Teenage Pregnancy Statistics Overall Trends, Trends by Race and Ethnicity (2004), The Alan Guttmacher Institute.

53. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (US DHHS/CDC). *Births to Teenagers in the United States, 1940-2000,* 2001.

54. Annie E. Casey Foundation. 1998. *When Teens Have Sex. Kids Count Special Report.* Baltimore, MD. p 12.

55. Annie E. Casey Foundation. 1998. p 7.

56. U.S. Department of Health and Human Services (U.S. DHHS). 1998. Office of Public Health and Service. *Healthy People 2010 Objectives: Draft for Public Comment*. Washington, DC. p. 11-6.

57. U.S. DHHS.

58. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (US DHHS/CDC). 2004. CDC's Reproductive Health Information Source.

59. Alan Guttmacher Institute. 2003. *Women in Need of Contraceptive Services and Supplies, 2000.* <http://www.guttmacher.org/pubs/win/index.html>.

60. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (US DHHS/CDC) *Pregnancy Risk Assessment Monitoring System (PR*AMS) 1999 Surveillance Report.

61. Kost, K., Landry, DJ, Darroch, JE. "Predicting maternal behaviors during pregnancy: does intention status matter?" *Family Planning Perspectives* 1998 *30*: 79-88.

62. Dye, T, Wojtowwycz, Aubry, RH, Quade, J, Kilburn, H., Unintended pregnancy and breast-feeding behavior. *American Journal of Public Health* 1997, *82*:1709-1711.

63. Alan Guttmacher Institute. 2004. *Contraceptive Needs and Services, 2001–2002*. <http://www.guttmacher.org/pubs/win/index.html>.

64. Coalition for Evidence-Based Policy, Social Programs that Work, "Nurse-Family Partnership (nurse home visitation program of low-income, pregnant women)" 8 July 2005 <http://www.evidencebasedprograms.org/>.

65. Barnet, B., Duggan, A.K., and Devoe, M., "Reduced Low Birth Weight for Teenagers Receiving Prenatal Care at a School-based Health Center: Effects of Access and Comprehensive Care, Journal of Adolescent Health, 33(5): 349-358, November 2003, accessed on line at the Robert Wood Johnson Foundation, Key words," Research and Policy Analysis Projects, Interest Area, Vulnerable Populations, Archive 2003" <http://www.rwjf.org/research>.

66. Okah, F.A., Cai, J. and Hoff. G.L., "Term-gestation low birth weight and health-compromising behaviors during pregnancy" Obstet Gynecol. 2005 March, 105 (3):543-50. <http://www.greenjournal.org>.

67. Bull, Julie, Mulvihill, C., and Quigley, R. "Prevention of low birth weight: assessing the effectiveness of smoking cessation and nutritional interventions, Evidence briefing", Health Development Agency, United Kingdom, July 2003, 11 July 2005, <http://www.renewal.net/Documents/RNET/Policy%20Guidance/Preventionlowbirth.pdf>.

68. National Council on Alcoholism and Drug Dependence, Inc, NCADD Awareness Activities, 11 July 2005, <http://www.ncadd.org/programs/awareness/index.html>.

69. Thompson, Mildred, Phillips, R., Bell, J., "Fighting Childhood Asthma: How Communities Can Win," A Policy Link Report, Fall 2002, 18 July 2005, <http://www.policylink.org/pdfs/ChildhoodAsthma.pdf>.

70. Thompson, Mildred.

71. Thompson, Mildred.

72. Environmental Protection Agency, New England Region, Diesel Exhaust and School Bus Idling, November 2002, 18 July 2005, <http://www.epa.gov/NE/eco/diesel/assets/pdfs/Diesel_Factsheet_Schoolbus.pdf>.

73. Parker, Joan N., "Reducing Asthma Triggers in Schools: Recommendations for Effective Polices, Regulations, & Legislation, Asthma Regional Council of New England, March 2005, 18 July 2005, <http://www.asthmaregionalcouncil.org/documents/ParkerReportfinal_001.doc>.

74. Centers for Disease Control and Prevention, "School-based or School-linked Pit and Fissure Sealant Delivery Programs are Effective in Reducing Tooth Decay in Children and Adolescents,", as cited in The Guide to Community Preventive Services (Community Guide), 1 July 2005, <http://www.thecommunityguide.org/oral/oral-int-seal.pdf >.

75. Centers for Disease Control and Prevention, "Community Water Fluoridation is Effective in Reducing Tooth Decay," as cited in The Guide to Community Preventive Services (Community Guide), 1 July 2005, <http://www.thecommunityguide.org/oral/oral-int-fluor.pdf>.

76. Centers for Disease Control and Prevention, "Vaccine-Preventable Diseases: Improving Vaccination Coverage in Children, Adolescents, and Adults," MMWR Morbidity Mortality Weekly rep 1999; 48(RR-8): 1-15 as cited in The Guide to Community Preventive Services (Community Guide), 17 Jan 2003, 1 July 2005, <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4808a1.htm>.

77. Centers for Disease Control and Prevention, "Guidelines for School Health Programs to Prevent Tobacco Use and Addiction," MMWR Morbidity Mortality Weekly rep 1994; 43(RR-2): 1-18, 12 July 2005 <http://www.cdc.gov/mmwr/PDF/RR/RR4302.pdf>.

78. Substance Abuse and Mental Health Services Administration,, Model Program, Athletes Training and Learning to Avoid Steroids (ATLAS), 19 July 2005, <http://modelprograms.samhsa.gov/template_cf.cfm?page=model&pkProgramID=6>.

79. Substance Abuse and Mental Health Services Administration, Model Program, Safe Dates, <http://modelprograms.samhsa.gov/template_cf.cfm?page=model&pkProgramID=228>.

Chronic Disease and Leading Causes of Death

"Modifiable behavioral risk factors are leading causes of mortality in the United States. Quantifying these will provide insight into the effects of recent trends and the implications of missed prevention opportunities."

–Mokdad, et al 2004[1]

Leading Causes of Death

Until the early years of this century, the greatest natural threats to long lives were infectious diseases. Thanks to improved hygiene, vector control, safe food, clean water, antibiotics and immunizations, men and women can now live longer. Now, the most common causes of premature death in the U.S. and Louisiana are chronic diseases, such as heart disease, cancer and diabetes, as well as preventable injuries.[2] These are called ***leading*** *causes of death.*

For the most part, the leading causes of death are preventable or controllable through lifestyle and environment changes. Most diseases have several potential causes and several factors that lead to death. Chronic diseases and deaths are related to genetics, lifestyles, and environment.

Factors that significantly contribute to the leading causes of death (such as smoking, poor diet, and inadequate exercise) are called ***actual*** *causes of death.*[3] For example, Heart Disease was the leading cause of death in the United States in 2002. However, the actual causes of death that may have led to heart disease deaths include tobacco, poor diet, and physical inactivity. Knowing the **actual** causes of death is key to preventing death, disability, and chronic disease. This chapter presents data and discussion on the leading causes of death and then presents the **actual** causes of death in the order of their impact as assessed by Mokdad et al (2004).[4]

Knowing both the leading causes and actual causes of death is important. Communities can identify priority diseases for prevention and resource planning. Focusing on the actual causes of death can help communities take action to prevent disease. They can also identify ways to change local policies and environments and work together to support healthy lifestyles. The indicators discussed in this chapter include:

- Death rates and prevalence rates for leading causes of death
- Prevalence rates of contributing behavior risk and/or protection factors

Leading and Actual Causes of Death
United States, 2000

Leading Causes (as recorded on death certificate)		Actual Causes (underlying and/or contributing factors)	
Heart Disease	30%	Tobacco	18%
Malignant Neoplasms (Cancer)	23%	Poor Diet/ Physical Inactivity	17%
Cerebrovascular Disease (Stroke)	7%	Alcohol Consumption	4%
Chronic Lower Respiratory Disease	5%	Microbial Agents	3%
Accidents (Unintentional Injuries)	4%	Toxic Agents	2%
Diabetes Mellitus	3%	Motor-vehicles	2%
Influenza and Pneumonia	3%	Firearms	1%
Alzheimer's Disease	2%	Sexual Behavior	1%
Nephritis (Kidney Disease)	2%	Illicit Drug Use	1%
Septicemia (Blood Poisoning)	1%		

Source: Mokdad, et al. JAMA 2004

Information on the cause of death is obtained from death certificates kept in Vital Records at the Office of Public Health. The National Center for Health Statistics (NCHS) lists 72 selected causes of death for the nation. That list is then used to rank the leading causes nationally. In turn, the list is used to categorize and rank the causes of death for the parish and the state in such a way that the information can be compared nationally across race, sex and age groups.[5] Unless otherwise noted, all of the death rates presented in this chapter are crude death rates. State and national data on age adjusted rates are available in the *2004 Louisiana Health Report Card* or online at www.oph.dhh.louisiana.gov <keywords: data, statistics>.

Information about individual behavior and disease prevalence comes from the state and regional-level Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is an ongoing, anonymous, state-based telephone surveillance system supported by the Centers for Disease Control and Prevention. The BRFSS collects self-reported data on the behavior and conditions that place adults at risk for the chronic diseases, injuries, and preventable infectious diseases that are the leading causes of morbidity and mortality in Louisiana.[6]

The leading causes of death are also associated with other elements of living with a chronic disease or condition. Therefore in addition to the death rates, it is important for communities to look at incidence (the number of new cases) and prevalence (the total number of new and pre-existing cases.) However this type of data for a local area is often limited. State and regional level data from the 2004 Behavioral Research Surveillance Survey (BRFSS), as well as other sources where available, are presented as an indicator of incidence and/or prevalence.

The top five leading causes of deaths can vary by parish. In the following tables, the first table provides crude death rates for the state and the parish for **Louisiana's** top five causes of death: heart disease, cancer, stroke, accidents, and diabetes. The second table provides the **Parish's** top five causes of death. The two are not always the same—this difference may indicate local conditions or factors that communities should consider in their local and regional planning efforts.

Top 5 Statewide Leading Causes of Death, 2002
(rates per 100,000 population)

Cause of Death	Louisiana	Cameron
Diseases of Heart	248.4	255.2
Cancer	209.7	142.9
Stroke	57.4	20.4
Accidents	46.7	40.8
Diabetes	39.5	10.2

Top 5 Cameron Parish Leading Causes of Death, 2002
(rates per 100,000 population)

Cause of Death	Count	Rate
Diseases of Heart	25	255.2
Cancer	14	**
Chronic Lower Respiratory Disease	5	**
Accidents	*	**
Alzheimer's disease	*	**

*Count greater than 0 and less than 5
**Rates for counts less than 20 are unstable

Source: DHH/OPH, Louisiana Center for Health Statistics, 2002 Vital Statistics Data – Tables 26-A & B. www.oph.dhh.louisiana.gov.

Leading Cause of Death in Cameron Parish by Race and Sex

Leading causes of death aggregated for an entire geographic population are key indicators of health outcomes and can be used over time and across areas, but it is also important to look at variations in causes of death among different population groups. Causes of death can vary by age, race, sex, and socio-economic status, just to name a few. For example, the leading cause of death for young people is preventable injuries, including death in car crashes where seat belts or child safety seats may not have been in use. Additional information on traffic and child safety can be found in the Community Safety chapter.

Race and sex are two key characteristics that show variations in causes of deaths and health outcomes in general. Since the annual number of deaths for any one group at the parish level is often too small to produce reliable rates, we have compiled the average death rates of the leading causes of death by race and sex for each parish over the ten year period 1993 – 2002. Each parish profile has this data for its respective parish. Rates are not presented for individual categories where the total deaths for the ten years are less than twenty. This data provides a basis for examining the variations in causes of death for different groups. Planners can use this to better target audiences, messages, and interventions.

Cameron Parish
Top Five Leading Causes of Death
10 Year Average (1993 - 2002)
By Race and Sex

Cause of Death	Average Count	Rate/ 100,000
White Males		
Disease of heart	12.7	304.0
Malignant neoplasm (Cancer)	10.8	258.6
Accidents	2.2	52.7
Cerebrovascular disease (Stroke)	1.2	**
Chronic lower respiratory disease	0.9	**
Black Males		
Disease of heart	0.7	**
Accidents	0.3	**
Cerebrovascular disease (Stroke)	0.3	**
Diabetes	0.3	**
Influenza and pneumonia	0.1	**
Septicemia (Blood Poisoning)	0.1	**
Homicide	0.1	**
Malignant neoplasm (Cancer)	0.1	**
Chronic lower respiratory disease	0.1	**
White Females		
Disease of heart	9.7	230.8
Malignant neoplasm (Cancer)	7.3	173.7
Cerebrovascular disease (Stroke)	1.5	**
Chronic lower respiratory disease	1.5	**
Alzheimer's disease	1.3	**
Nephritis (Kidney Diseases)	1.0	**
Accidents	1.0	**
Black Females		
Disease of heart	1.0	**
Malignant neoplasm (Cancer)	0.6	**
Nephritis (Kidney Diseases)	0.3	**
Cerebrovascular disease (Stroke)	0.2	**

Source: Louisiana Center for Health Statistics, 2005

* The number is an average count per year over 1993-2002

** Rates are not calculated for average counts less than two for reasons of stability

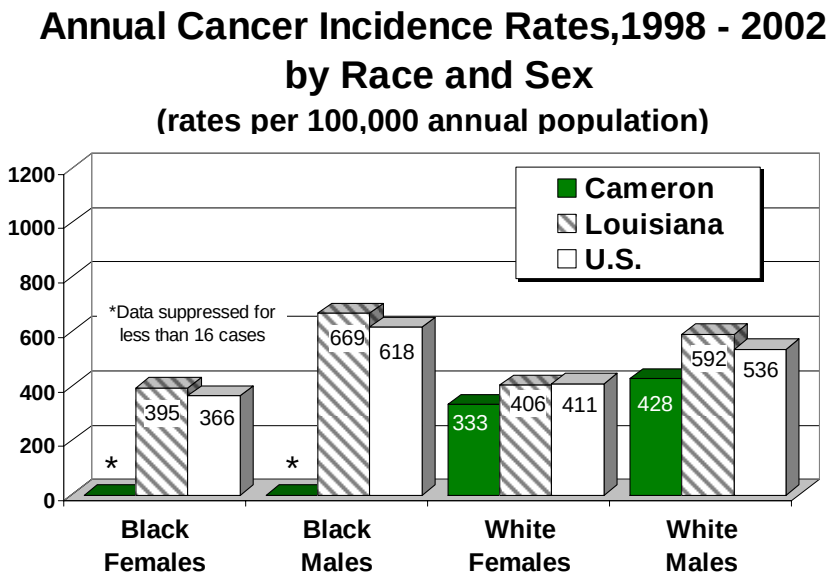
Heart Disease

Heart Disease has consistently been the number one killer nationwide, statewide, and in all but 7 of Louisiana's 64 parishes.[7] **In 2002, heart disease was the leading cause of death in Cameron Parish, accounting for 37.3 percent of all deaths. In 2002, the unadjusted death rate for heart disease in the parish was 255.2, as compared to a state rate of 248 deaths per 100,000 population.**[8]

An additional indicator of the prevalence of persons diagnosed and living with heart disease is obtained from the BRFSS. **In Region 5, 4.7 percent of respondents in the 2004 survey indicated that they had been told by a medical professional that they had coronary heart disease. This compares to the 2002 state rate of 4.5 percent.**[9]

Cancer

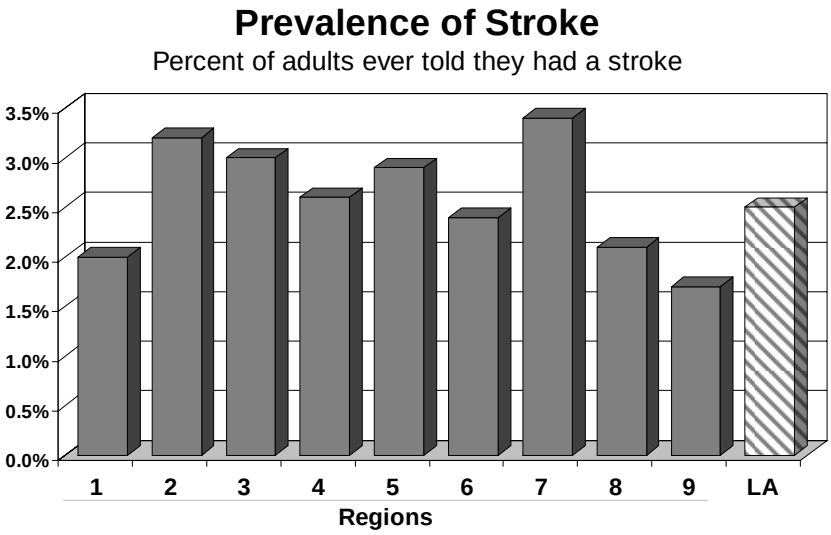
Nationally and statewide, malignant neoplasms—cancer, is the second leading cause of death. A ranking that holds true for most parishes, with the exception of Concordia, Grant, Lafayette, Lincoln, St. Helena, Tensas, and Terrebonne—where cancer ranks first. The cancer incidence data for the following graph is taken from the National Cancer Institute, State Cancer Profiles. This and other parish data such as cancer death rates by type can be found online at http://statecancerprofiles.cancer.gov.



Source: National Cancer Institute <http://www.statecancerprofiles.cancer.gov>

Stroke

Cerebrovascular Disease (stroke) accounts for the third highest number of deaths nationally, statewide. In Cameron Parish it is the fourth leading cause of death. **In 2002, cerebrovascular disease accounted for 3.0 percent of all deaths in Cameron Parish.**[10] **In 2004, 2.9 percent of BRFSS respondents in Region 5 and 2.5 percent statewide reported being told that they had had a stroke.**[11]



Source: 2004 BRFSS, DHH/OPH Chronic Disease Epidemiology Unit, 2005

Accidents/Unintentional Injuries

The fourth leading cause of death in Louisiana for 2002 was accidents. **For the Cameron population as a whole, accidents was the fourth leading cause of death, accounting for 6.0 percent of total parish deaths in 2002**.[12] Accidents or unintentional injuries include motor vehicle deaths, other land and water transport deaths, falls, firearms, drowning, fire, poisoning, and others. For the state and each parish individually, the majority of deaths from unintentional injury are due to motor vehicle accidents.[13] Death rates for unintentional injuries vary by age. Specifically, unintentional injuries are the number one leading cause of death for persons ages 1 to 44 years old.[14]

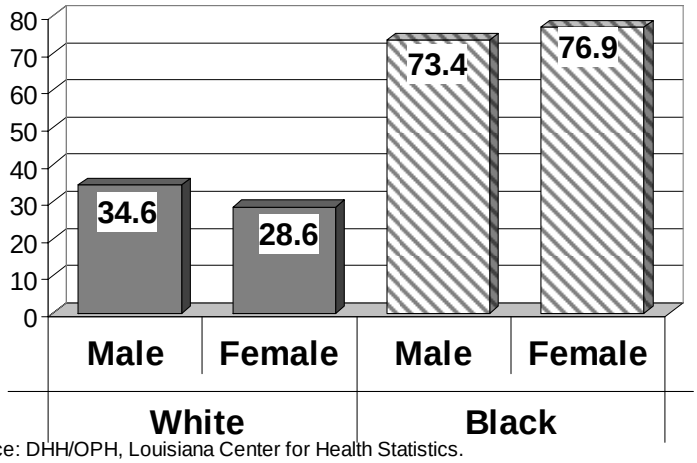
It should be noted that accidents/unintentional injury is not the same as "preventable" injury which includes intentional injuries such as assaults, homicides, suicides and intentional self-harm. Intentional injuries, such as child abuse and homicides, are discussed in the community safety chapter.

Diabetes

Accounting for 4 percent of deaths statewide in 2002, diabetes has moved back up to the 5th leading cause of death in the state. The statewide age-adjusted death rates demonstrate a significant difference in deaths from diabetes by race.

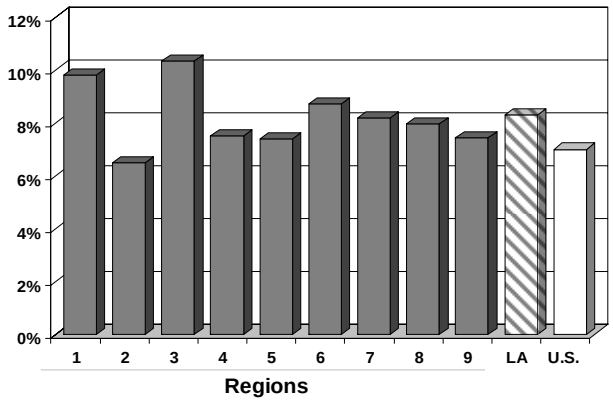
According to the 2004 BRFSS, the prevalence of adult diabetes for Region 5 was 7.4 percent. This compares to an overall state rate of 8.3 percent and a national rate of 7.0 percent. But again, this rate varies for different demographic groups, most notably by race: blacks—10.9 percent, compared to whites—8.3 percent, and others—8.7 percent.

Age-Adjusted Death Rates for Diabetes
by Race and Sex – Louisiana, 2002
Rates per 100,000 population



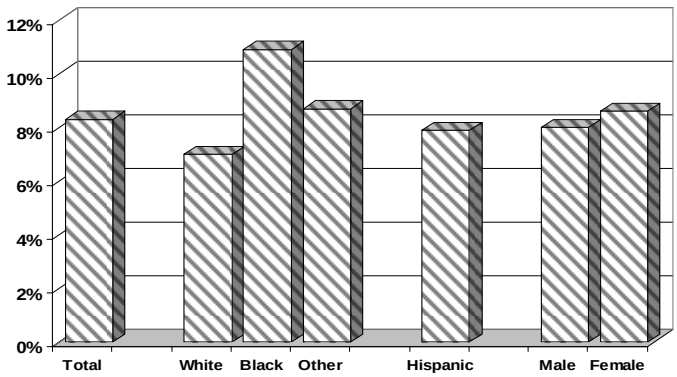
Source: DHH/OPH, Louisiana Center for Health Statistics. *2004 Louisiana Health Report Card*.

Prevalence of Adult Diabetes
Percent of adults 18 years and older
(exluding gestational or pre-diabetes)



Source: 2004 BRFSS, DHH/OPH Chronic Disease Epidemiology Unit, 2005

Prevalence of Adult Diabetes - Louisiana
by Race, Ethnicity, and Sex
Percent of adults 18 and older



Source: 2004 BRFSS, DHH/OPH Chronic Disease Epidemiology Unit, 2005

Actual Causes of Death – Behavioral Risk Factors

As described in the beginning of this chapter, the top five **actual** causes of death in the United States are tobacco, poor diet/physical inactivity, alcohol use, microbial agents, and toxic agents. Firearms, risky sexual behavior, motor vehicles, and illegal use of drugs are also included.[15] Each of the top five actual causes of death can be linked to individual lifestyles and risk behaviors. The actual causes of deaths and determinants of health are key to identifying controllable factors that impact health. The following information about individual behaviors comes from the state and regional-level Behavioral Risk Factor Surveillance System (BRFSS).[16]

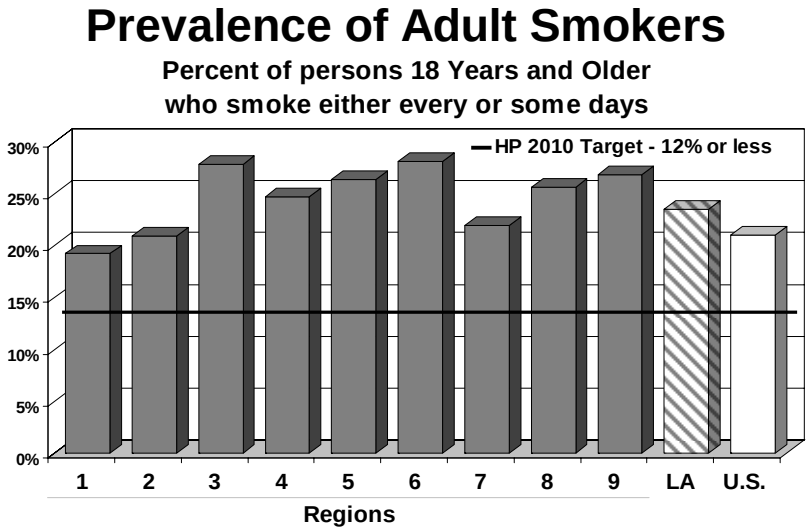
Communities can collect information about lifestyle behaviors, the actual causes of death, and other factors in their environment that contribute to health problems. For example, knowing that tobacco use can contribute to overall poor health and disease, communities might want to look not only at individual smokers, but the number of places where tobacco products are marketed to youth as well as where youth are able to purchase these products. Communities can also look at the number of workplaces and public spaces that have smoke-free environments. Once a community has identified a health outcome or behavior as high-priority, they can change not only the outcome, but the behaviors and circumstances that lead to and maintain the risky behavior.

Tobacco use, poor diet, and physical inactivity are some of the most damaging health habits. Poor diet and little or no physical activity can result in being overweight. Obesity puts a strain on the body and makes it less able to cope with all kinds of illness. In general, physical activity is good for overall health.

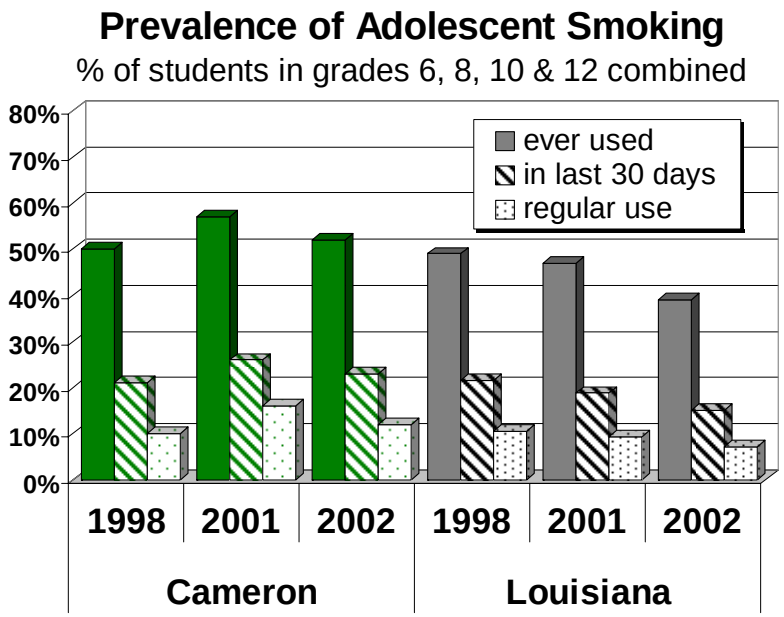
Tobacco – Don't Chew, Dip, or Smoke!

The Healthy People 2010 goal is to reduce the percent of adults who smoke to 12 percent or less. **According to the 2004 BRFSS, in Region 5, 26.4 percent of adults smoke cigarettes every day or some days.** This compares to 23.5 percent of Louisiana adults and 22.4 percent of adults nationally.[17]

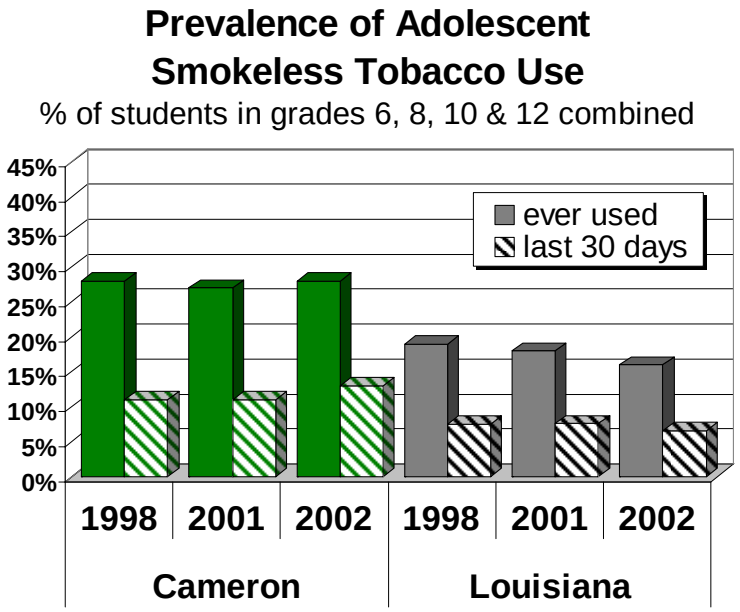
Smokeless tobacco, called "dip" or "chew," also poses a problem, with 10 percent of Louisiana youth dipping regularly.[18] Smokeless tobacco puts people at-risk for aggressive and deadly cancers of the mouth and throat, as well as poor oral health.



Source: 2004 BRFSS, DHH/OPH Chronic Disease Epidemiology Unit, 2005



Data Source: 2002 Louisiana Communities that Care Student Survey Report



Data Source: 2002 Louisiana Communities that Care Student Survey Report.

Parish and state data for prevalence of youth tobacco usage for both cigarettes and chewing tobacco is available from the DHH/OADD Communities that Care Survey. As an estimate of the overall youth usage rates, the data presented here is a composite of all students surveyed—grades 6, 8, 10, and 12 combined.

For 2002, in Cameron Parish 52 percent of students had at least tried a cigarette, 23 percent had smoked in the last 30 days, and 12 percent were regular smokers. In addition, 28 percent had tried smokeless tobacco, and 13 percent had used it in the last 30 days.[19]

Nearly 90 percent of adult smokers started before their 18th birthday. So preventing tobacco use must focus on helping children and teens resist the marketing strategies of the tobacco industry as well as peer pressure to smoke. But, it is also important for communities to help current smokers stop and to develop policies that create a smoke-free norm and prevent exposure to secondhand smoke.[20]

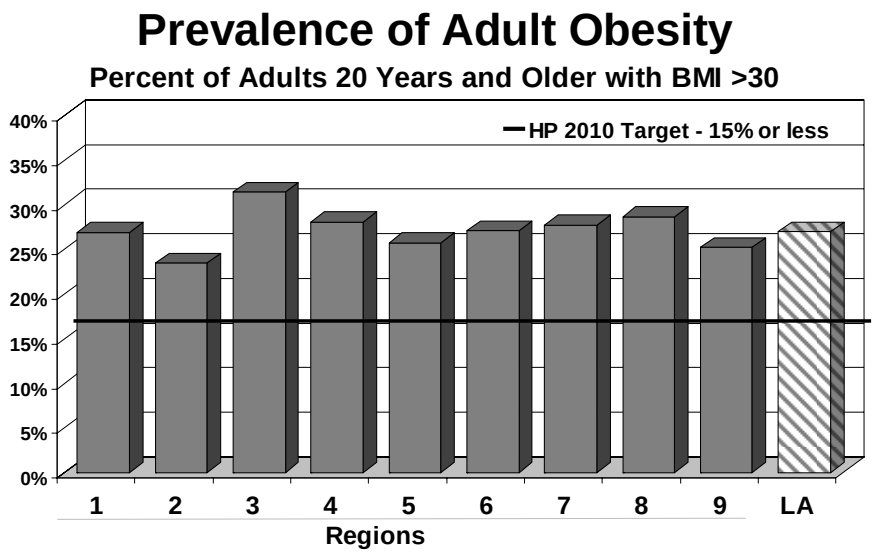
Taking Care, Taking Control:

Louisiana Cities say "No" to smoking in Public Places

The city of Shreveport is leading the way for communities to reduce exposure to second hand smoke by becoming the first Louisiana city to adopt a citywide ban on smoking, effective May 2005. In June, Mandeville quickly followed suit, adopting an indoor smoking ban covering all buildings, stores, libraries, theaters, restaurants, city-owned facilities, and specifically named parks and playgrounds. Lafayette, Sulphur, and Grambling have also adopted city ordinances bringing the current state total up to five. The numbers are expected to continue increasing as other cities are joining the initiative to reduce exposure to second hand smoke by eliminating indoor smoking in public places.

Obesity

Obesity is an excess of body fat. A diagnosis of overweight or obese is based on a measure of relative weight, called body mass index (BMI), to estimate the prevalence of obesity. Adults may think of themselves as obese when they begin to feel that their weight is affecting their quality of life. However, a diagnosis of overweight should be done with the help of a professional. Obesity is now the most common nutritional disease of children, teens, and adults in the U.S.[21]



Source: 2004 BRFSS, DHH/OPH Chronic Disease Epidemiology Unit, 2005

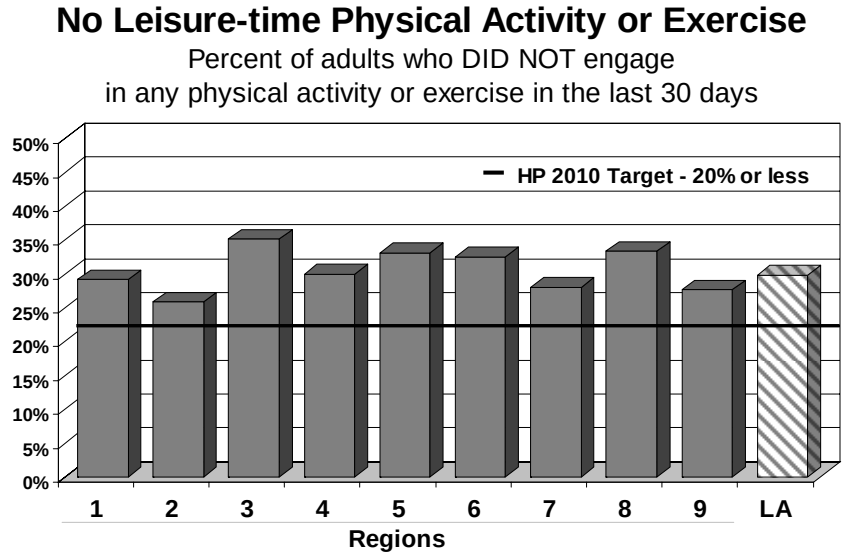
Being overweight and/or obese is linked to high blood pressure, high blood cholesterol, and diabetes. It is also related to heart disease, stroke, some cancers, and gallbladder disease. **According to the BRFSS, 25.7 percent of adults in Region 5 are obese. This compares to the state rate of 27.0 percent.**[22]

Many people in the United States over-eat and do not get enough physical activity. Problems associated with over-nutrition (too much sugar, fat, cholesterol, salt, and alcohol) can increase the risk of chronic diseases, including heart disease, cancer, diabetes, high blood pressure, and liver disease. Prevention of obesity could also prevent the development of diseases associated with being overweight. Obesity is becoming a chronic social problem and the number of overweight individuals is steadily increasing. Obesity is the most commonly occurring nutritional disease of children and teens in the United States, affecting one in five children. Overweight children encounter social and psychological problems. Most overweight children (80 percent) remain overweight in adulthood.[23]

The way people are trying to deal with their obesity is changing. The trend had been to focus almost solely on changes in diet. Now, obesity is better understood by people to be a result of too many calories from fat and the other food groups combined with not enough physical activity. The current way for people to deal with obesity calls for improving overall diet and getting more exercise.

Physical Activity

Physical activity goals are met if moderate activity occurs in segments at least ten minutes long, and add up to at least 30 minutes a day, five or more days per week. Some examples of moderate physical activity include brisk walking, push-mowing the lawn, and climbing stairs. The Healthy People goal is for at least 30 percent of people to be moderately physically active.[24]



Source: 2004 BRFSS, DHH/OPH Chronic Disease Epidemiology Unit, 2005

Regular activity can help prevent and manage high blood pressure, heart disease, diabetes, osteoporosis, and obesity. It may also play a role in mental health. Exercise has a helpful effect on mood, depression, anxiety, and self-esteem. **According to the BRFSS, 28 percent of Louisiana adults and 33 percent of adults in Region 5 are not physically active.**[25] This compares to 24 percent of adults nationally (US median 2002). The Healthy People 2010 goal is for less than 20 percent of adults to be physically inactive.

Taking Care – Taking Control:
Mayor Challenges Residents to "Lighten Up!"

The mayor of Shreveport challenged local citizens to participate in "Lighten Up Louisiana" – a campaign that promoted healthy eating and physical activity for residents statewide.

Shreveport residents who took part in the initiative for the entire five months received a Mayoral Certificate as a reward for their efforts. Residents who made a dedicated effort to change their lifestyle by exercising, quitting smoking, eating less, and/or eating healthier foods received a certificate congratulating them for taking part in "Lighten Up Shreveport" and making the decision to improve their health.

The weight loss and physical activity competition was a joint program effort sponsored by the Louisiana Department of Health and Hospitals, Office of Public Health and the Governor's Council on Physical Fitness and Sports between August 30, 2004-January 31, 2005.

Eat a Balanced Diet

Eating well is more than just eating food that tastes good. Adequate and appropriate food is important. An unhealthy diet may be the result of not eating enough food every day, not eating a balanced variety of foods, or simply eating too many food items that do not contain the needed nutrients. A healthy eating lifestyle will help prevent disease and improve the quality and length of life. The nutrition information discussed below is provided by Nutrition Services and the OPH Chronic Disease Control Program.

Improper and inadequate nutrition can affect infants, children, and adults. An ideal healthy lifestyle includes a balanced and varied diet with daily exercise and a healthy body weight. A good diet must be balanced, offering a variety of foods that will provide all the essential nutrients and enough energy to maintain an appropriate body weight. A good diet supplies adequate iron and calcium to both children and adults. Consuming food items containing vitamin C will help iron absorption. When enough iron is not consumed, an individual may become tired, lethargic, weak or irritable. A lack of iron in children affects social and brain development. Calcium is required for bone growth. If too much protein and phosphorus (colas and processed foods) are consumed, the body will excrete too much calcium through the urine. Excessive fat intake will clog arteries and increase the risk of cancer and heart disease. The general healthy lifestyles and eating guidelines are as follows:

- Eat only moderate amounts of fat, sugar, and salt;
- Choose plenty of foods high in fiber, especially fresh fruits and vegetables;
- Drink lots of fluids; and
- Get plenty of physical activity.

Eat more fruits and vegetables – An appropriate diet is varied, low in fat and salt, and high in foods from plant sources. The national Five-A-Day program promotes a daily intake of five servings from plant sources. The five fruits and vegetables should be three vegetables and two fruits daily.[26] Certain foods can provide protection from cancers, heart disease, and other life-threatening conditions. A balanced diet can also help people achieve and maintain appropriate weight.

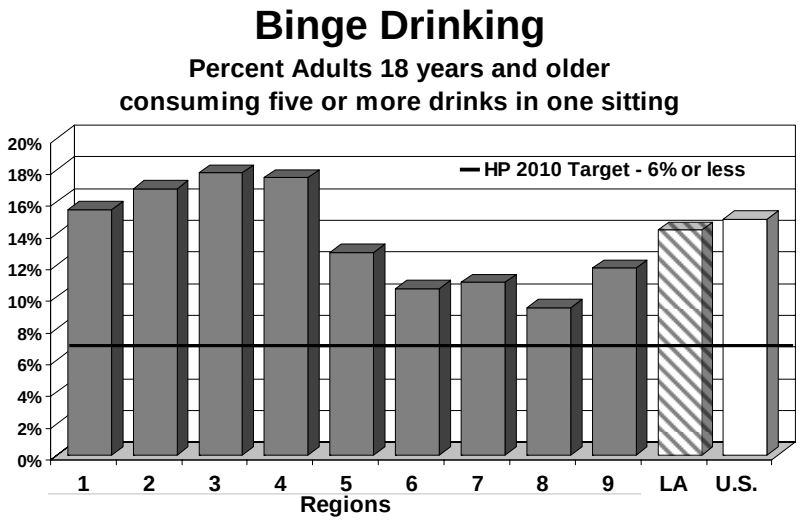
According to the BRFSS in 2003, only 16 percent of adult Louisianians eat the recommended five servings of fruits and vegetables a day. In Louisiana, there is a clear difference between men and women in this area. Twenty (20) percent of adult women eat five fruits and vegetables a day compared to 13 percent of adult men.[27]

Unfortunately, the decision to eat healthier may be affected by the amount of fruits and vegetables available locally. Communities may ask whether local markets and cafeterias in schools, businesses, and hospitals have fruits and vegetables available and whether the food selection is limited or poorly prepared.

Alcohol

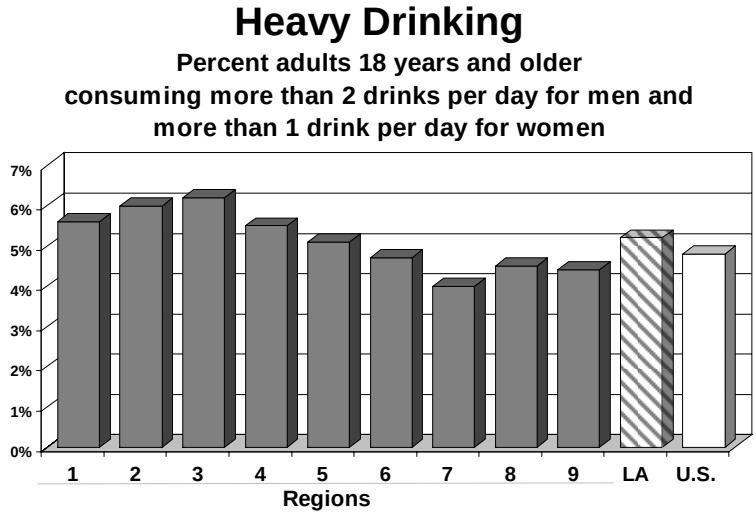
Alcohol consumption leads to injury, poor sexual decision-making, cirrhosis of the liver and some cancers. These include esophageal and liver cancers. In addition, alcohol use is also the leading preventable cause of birth defects.

Alcohol consumption is measured in two ways that reflect its impact on health. The first measurement is "binge-drinking," which is defined as five or more drinks in one sitting. This kind of drinking can lead to poor decision-making and injury. The second way is ongoing, excessive alcohol consumption, which is 60 or more drinks in a month or an average of two drinks a day. This kind of drinking contributes to chronic diseases because of the physical effect of alcohol.[28] Alcohol consumption can lead to lower self-esteem, liver failure, and premature death, as well as damaged relationships with family, friends, and co-workers.



Source: 2004 BRFSS, DHH/OPH Chronic Disease Epidemiology Unit, 2005

According to the 2004 BRFSS, 12.8 percent of Region 5 adults reported that they had consumed five or more drinks in one sitting over the previous month—binge drinking. This compares to the state rate of 14.2 percent, the national rate of 14.9 percent and the HP 2010 objective of no more than 6 percent.[29]



Source: 2004 BRFSS, DHH/OPH Chronic Disease Epidemiology Unit, 2005

In Region 5, 5.1 percent of adults are heavy drinkers—compared to a state rate of 5.2 percent and a national rate of 4.8 percent.[30]

Alcohol consumption also contributes to the occurrence of motor vehicle crashes. **In Cameron for 2002, there were 3 fatal crashes related to alcohol and 11 crashes resulting in injury.**[31] Additional information on alcohol related injuries and fatalities can be found in the Community Safety Chapter.

Get Screened

Adults should take preventive care of themselves, even if they do not feel unhealthy. Adults should be aware of the importance of preventive health screenings, such as pap smears, mammograms, and colorectal screenings. Low rates for recommended screenings indicates the need to increase both the awareness and availability of screenings**.** Communities should then identify opportunities to increase the awareness and availability of health screenings targeted to at-risk populations.

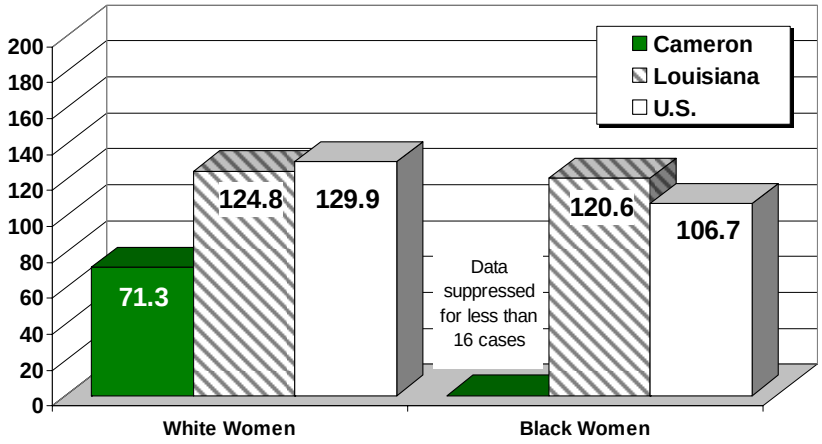
Mammograms

In 2002, 718 women in Louisiana died of breast cancer, accounting for about 16.3 percent of cancer deaths among women.[32] From 1998-2002, breast cancer was the most common type of cancer among females nationwide.[33]

Both the incidence and mortality rates vary by race. The incidence rate of diagnosed breast cancer is higher for white females; yet, proportionately more African American women die because of the late stage at which it is diagnosed.[34] **The incidence rate of breast cancer per 100,000 population in Cameron Parish is 71.3 for white women. Since the number of cases for black women is less than 16 the data is suppressed**.[35]

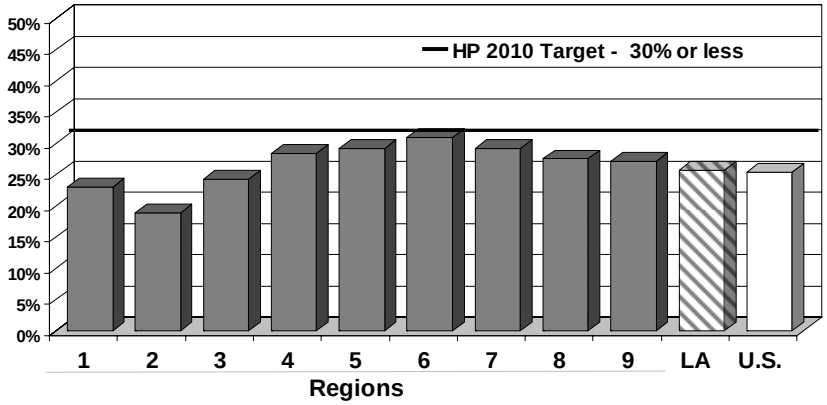
Routine mammograms are the most effective way to detect early changes in the breast. Death from breast cancer can be significantly reduced with early detection. Studies have shown that about 39 percent of all cancer deaths of women from 50 to 74 years of age could be avoided if women got the recommended screening.[36]

Annual Breast Cancer Incidence Rates by Race,1998 - 2002
(rates per 100,000 annual population)



Source: National Cancer Institute <http://www.statecancerprofiles.cancer.gov>

Have NOT Had a Mammogram in the Past 2 Years
Percent of Women 40 Years and older



Source: 2004 BRFSS, DHH/OPH Chronic Disease Epidemiology Unit, 2005

The causes of breast cancer are not known, but risk factors for breast cancer include early menstruation and late onset of menopause, a personal or family history of breast cancer, never having had children or having the first child at a late age, and lifestyle factors such as lack of physical activity and obesity.

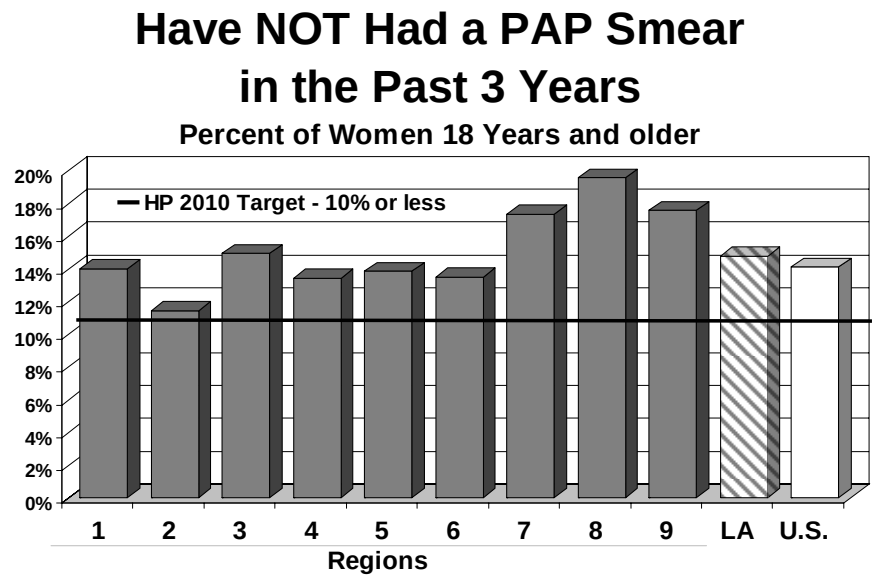
Recommendations for breast cancer screening are for women over age 40 to get a mammogram every one to two years.[37] The Healthy People 2010 goal is for the non-compliance rate to be 30 percent or less. **In Region 5, the rate of women over age 40 who did not have a mammogram in the last two years was 29.2 percent compared to nearly 25 percent statewide.[38]**

Pap Smears

Papanicolaou (Pap) smears can detect at least 70 percent of potential cervical cancers. Pap smears are a screening test performed during routine pelvic exams. Pap smears identify lesions on the cervix that may develop into cancer. Early treatment of cervical cancer reduces the chance of dying from the disease.

Evidence-based clinical recommendations for Paps are that females who are or have ever been sexually active, and have not had a hysterectomy, should be regularly screened for cervical cancer.[39] Screenings should begin within three years of the start of sexual activity or by the age 21, and should be performed at least once every three years.

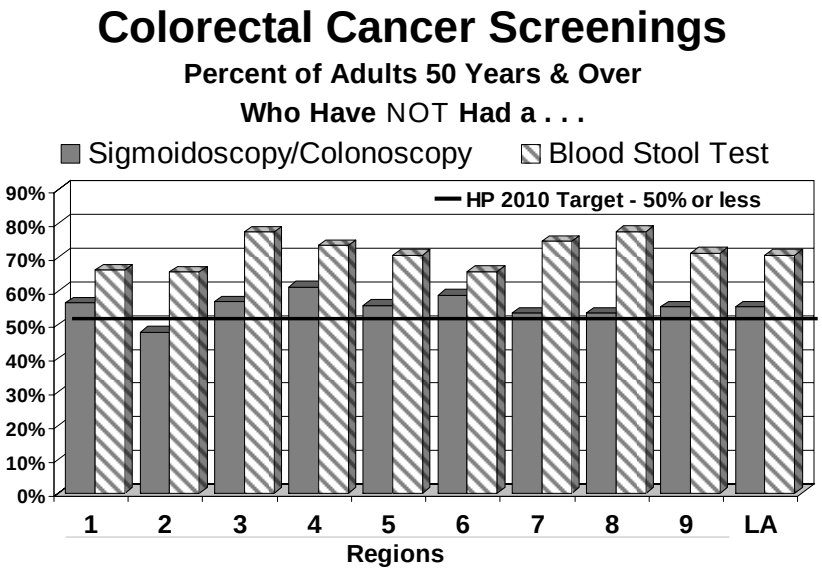
According to the 2004 BRFSS, 13.9 percent of women in Region 5 over the age of 18 had not had a Pap smear in the past three years. Statewide, 15 percent and nationally, 14 percent of women over the age of 18 had not had a Pap smear in the past three years. The Healthy People 2010 goal is for the percentage of women not having had a Pap smear screening within the last three years to be 10 percent or less.



Source: 2004 BRFSS, DHH/OPH Chronic Disease Epidemiology Unit, 2005

Colorectal Cancer Screening

Colorectal cancer is the second most common form of cancer in the U.S. It also has the second highest mortality rate. An estimated 146,940 new cases of Colorectal Cancer have been diagnosed in 2004 with 56,730 deaths nationally. In Louisiana between 1997 and 2001, cancer of the colon and rectum was the most common cancer. **It is the third most common cancer among both white and African American Louisiana men.**[40]



Source: 2004 BRFSS, DHH/OPH Chronic Disease Epidemiology Unit, 2005

In addition to being a very deadly cancer, the treatment and burden of suffering are significant. People who have a high risk of colorectal cancer are those with a family or personal history of colorectal, endometrial, breast, or ovarian cancers. Diets high in fat or low in fiber may also lead to added risk. All people 50 and over should have a periodic fecal occult blood test, as well as testing for early stage cancer.[41]

The Community Can …

Reduce exposure to environmental tobacco smoke[42,43]

- Assess current tobacco-use prevention and cessation activities.
- Advocate for stricter smoking bans and restrictions in policies, regulations, and laws to limit smoking in workplaces and other public areas.
- Legislate to increase excise tax on tobacco products at the state and national levels.
- Encourage merchants to limit the number of tobacco ads in their stores, remove self-service displays, and comply with the law by checking IDs and refusing to sell tobacco products to minors.

Toolkits & Guides

The Guide to Community Preventive Services (Community Guide) provides recommendations on population-based interventions to promote health and to prevent disease, injury, disability, and premature death, appropriate for use by communities and healthcare systems.
www.thecommunityguide.org/tobacco/tobac-int-smoke-bans.pdf

Tobacco Use, Access, and Exposure to Tobacco in Media among Middle and High School Students.
www.cdc.gov/mmwr/preview/mmwrhtml/mm5412a1.htm

Implement strategies that have been proven to combat obesity by increasing physical activity[44,45,46]

- Involve families in health promotion.
- Include sidewalks and parks in urban plans.
- Provide nutrition information in restaurants, particularly in fast food establishments.
- Promote and subsidize farmers' markets.
- Offer on-site education in supermarkets.
- Offer routine clinical counseling about weight control.

Toolkits & Guides

Healthy Weight: Community Outreach Initiative, U. S. Department of Health and Human Services/National Institute of Health, February 2004.
www.nhlbi.nih.gov/health/prof/heart/obesity/hwcoi/hwcoi_text.pdf

The Guide to Community Preventive Services (Community Guide) provides recommendations on population-based interventions to promote health and to prevent disease, injury, disability, and premature death, appropriate for use by communities and healthcare systems.
www.thecommunityguide.org/obese/

Explore the use of disease management in addressing diabetes[4748,49]

- Teach people to manage their diabetes to improve blood sugar control.
- Provide diabetes self-management education in community gathering places such as community centers, faith-based institutions, libraries, or private facilities such as residential cardiovascular risk-reduction centers.

Toolkits & Guides

National Guideline Clearinghouse - Recommendations for healthcare system and self-management education interventions to reduce morbidity and mortality from diabetes. Diabetes Disease Management in a Community-Based Setting.
www.guideline.gov/summary/

Diabetes Disease Management in a Community-based Setting,
www.managedcaremag.com/archives/0206/0206.peer_diabetes.pdf

Improve cardiovascular health[50,51]

- Assess local capacity of human and financial resources within existing health care to introduce preventive strategies for cardiovascular diseases. The assessment should include absolute risk thresholds for intervention as well as resources required to identify high-risk individuals.
- Increase awareness of cardiovascular diseases, their causes, and their prevention among policy-makers, health care workers, and the general community.
- Emphasize the importance of population-wide public policy initiatives, particularly in relation to tobacco control, diet and physical activity.
- Combine population-wide strategies (in particular legislative and fiscal controls on tobacco use) with individualized approaches for cardiovascular disease prevention.

- Encourage the treatment of individuals based on level of absolute risk of developing cardiovascular disease, rather than treating individual risk factors to try and reach arbitrary targets.

Toolkits & Guides

The Guide to Community Preventive Services (Community Guide) provides recommendations on population-based interventions to promote health and to prevent disease, injury, disability, and premature death, appropriate for use by communities and healthcare systems.
www.thecommunityguide.org/obese/

Cardiovascular Website at the Centers for Disease Control and Prevention,
www.cdc.gov/cvh/index.htm

Improve knowledge, attitudes, and behaviors of young people[52,53]

- Provide information to young people to increase their knowledge and understanding of health issues and to motivate them to practice healthy behaviors:
  - Organize peer educators in a wide range of formal and informal settings such as schools and workplaces, to provide role models for other youth, to convey information on health, and to refer peers to health services.
  - Use TV, radio and other community-wide media campaigns, including popular theater and other culturally-appropriate means that appeal to youth.

Toolkits & Guides

Reproductive Health Outreach Programs for Young Adults
www.pathfind.org/guides-tools.htm

Adolescent Health at a Glance
wbln0018.worldbank.org/HDNet/hddocs.nsf/0/97b4ae3e6a7ad27985256d1a006bae7b?OpenDocument

Reduce infant and child morbidity and mortality

- Improve family and community practices by counseling on child feeding including early and exclusive breast feeding up to six months; breast feeding with appropriate complementary feeding between six and 24 months.
- Complete full course of immunization for children before their first birthday (BCG, DPT, OPV, and measles).

Toolkits & Guides

Preventing Infant Mortality - Department of Health and Human Services, www.hhs.gov/news,
www.doh.gov.ph/CHD-12-new/familyhealth.htm

Increase opportunities for individuals to engage in daily, moderate physical activity that follows current recommendations[54]

- Encourage use of alternative modes of transportation (e.g., bicycling, light rail, bus).
- Implement walking programs in malls, faith-based organizations, senior centers, and neighborhoods.
- Advocate for low-cost physical activity programs in community recreation or health centers, YMCAs, and senior centers.

- Promote low-cost, weight management/maintenance resources or programs that emphasize healthful eating and physical activity.
- Increase awareness of low or no cost access resources for physical activity, such as pools and community trail systems.
- Provide mini-grants to communities to promote health and fitness activities or programs.
- Facilitate partnerships between school and senior groups that encourage opportunities for physical activity, such as a Walking School Bus program.
- Provide transportation to and from physical activity locations for individuals who do not have access to other modes of transportation.

Toolkits & Guides

Physical Activity Evaluation Handbook – Centers for Disease Control and Prevention, www.cdc.gov/nccdphp/dnpa, www.cdc.gov/nccdphp/dnpa/physical/handbook/pdf/handbook_508.pdf

References

1. Mokdad AH, Marks JS, Stroup DF, Gerberding JL. "Actual causes of death in the United States, 2000." *JAMA*. 2004;291:1238-1245.
2. Louisiana Department of Health and Hospitals, Office of Public Health (DHH/OPH), *2004 Louisiana Health Report Card*. Louisiana Center for Health Statistics, 2005.
3. Mokdad AH, et al. *JAMA*. 2004.
4. Mokdad AH, et al. *JAMA*. 2004.
5. DHH/OPH *2004 Louisiana Health Report Card*. Louisiana Center for Health Statistics, 2005.
6. (Chronic Disease Epidemiology Unit, 2005)
7. DHH/OPH *2004 Louisiana Health Report Card*. Louisiana Center for Health Statistics, 2005.
8. DHH/OPH *2004 Louisiana Health Report Card*. Louisiana Center for Health Statistics, 2005.
9. Louisiana Department of Health and Hospitals, Office of Public Health (DHH/OPH), Chronic Disease Epidemiology Unit, Behavior Risk Factor Surveillance Survey (BRFSS), 2004.
10. DHH/OPH Center for Health Statistics, 2005.
11. DHH/OPH BRFSS, 2004.
12. DHH/OPH, Louisiana Center for Health Statistics, 2002 Vital Statistics Data – Tables 26 A & B. <http://www.oph.dhh.louisiana.gov>.
13. DHH/OPH, Louisiana Center for Health Statistics, 2002 Vital Statistics Data – Table28. <http://www.oph.dhh.louisiana.gov>.
14. DHH/OPH, EMS/Injury Research & Prevention Program, 2005.
15. Mokdad AH, etal. *JAMA*. 2004.
16. DHH/OPH Chronic Disease Epidemiology Unit, 2005.
17. DHH/OPH BRFSS, 2004.
18. DHH/OPH, Chronic Disease Control Program, 2004.
19. Louisiana Department of Health and Hospitals, Office of Addictive Disorders. Louisiana Communities that Care Survey 2002. <http://www.dhh.louisiana.gov/reports.asp>keyword: addictive disorders.
20. DHH/OPH, Chronic Disease Control Program, 2004.
21. DHH/OPH, Nutrition Services, 2004.
22. DHH/OPH BRFSS, 2004.

23. DHH/OPH, Nutrition Services, 1998.
24. HP 2010.
25. DHH/OPH BRFSS, 2004.
26. DHH/OPH, Chronic Disease Control Program, 2004.
27. DHH/OPH, Chronic Disease Epidemiology Unit, Behavior Risk Factor Surveillance Survey (BRFSS), 2003.
28. DHH/OPH, Chronic Disease Control Program, 2004.
29. DHH/OPH BRFSS, 2004.
30. DHH/OPH BRFSS, 2004.
31. Louisiana Highway Safety Commission, *Targets of Opportunity: State Demonstration Program for Reducing Impaired Driving. Final Report*, pg 3, 30 June 2002, 24 Mar 2005, <http://lhsc.lsu.edu/SpecializedReports/TOOP_Final_Report.pdf>.
32. National Cancer Institute, Centers for Disease Control and Prevention.
33. DHH/OPH *2004 Louisiana Health Report Card*. Louisiana Center for Health Statistics, 2005.
34. Louisiana Cancer Control Partnership – Parish Profiles: 2005 <http://www.lcltfb.org/laccp/ParishProfiles/>.
35. DHH/OPH *2004 Louisiana Health Report Card*. Louisiana Center for Health Statistics, 2005.
36. U. S. Department of Health & Human Services, Agency for Healthcare Research and Quality (AHRQ). U.S. Preventive Services Task Force. 1998. <http://www.ahrq.gov/clinic/uspstfix.htm>.
37. AHRQ, Preventive Services Task Force. 2002.
38. DHH/OPH BRFSS, 2004.
39. AHRQ, U.S. Preventive Services Task Force, 2003.
40. DHH/OPH *2004 Louisiana Health Report Card*. Louisiana Center for Health Statistics, 2005.
41. AHRQ, U.S. Preventive Services Taskforce, 2002.
42. "Effectiveness of smoking bans and restrictions to reduce exposure to environmental tobacco smoke (ETS). Guide to Community Preventive Services: Systematic Reviews and Evidence-Based Recommendations, 3 January 2003. <http://www.communityguide.com>.
43. Centers for Disease Control and Prevention (2003). Healthy youth: An investment in our nation's future 2003. [WWW document] <http://www.cdc.gov/nccdphp/aag/aag_dash.htm>.
44. Morosco Ph.D., M.P.H ,Gregory J.et. al., "Healthy Weight Community Outreach Initiative." U. S. Department of Health and Human Services. National Institutes of Health. National Heart, Lung, and Blood Institute. Obesity Education Initiative. February 2004. <http://www.nhlbi.nih.gov>.
45. Grost, G. (2003, June 12). Obesity epidemic sweeping U.S., Harvard forum told. *Reuters Health* . [WWW document] <http://www.nlm.nih.gov/medlineplus/news/fullstory_13028.html>.
46. Center for Science in the Public Interest (CSPI) (2003). Policy options: Public policy can make it easier for people to eat well and be active. <http://cspinet.org/nutritionpolicy/policy_options.html>.
47. Susan L. Norris, Phyllis J Nichols, Carl J. Caspersen, et al. Increasing Diabetes Self-Management Education in Community Settings: A Systematic Review. Am J Prev Med. 2002 May;22(4 Suppl): 15-66.
48. Berg, Gregory D. et. al., "Recommendations for healthcare system and self-management education interventions to reduce morbidity and mortality from diabetes. Diabetes Disease Management in a Community-Based Setting.
49. Centers for Disease Control and Prevention (CDC). National Diabetes Fact Sheet. 1998. <http://www.cdc.gov/diabetes/pubs/pdf/bw_eng.pdf>.
50. Cardiovascular Health at a Glance. < http://www.ichealth.org/FactSheet.pdf>.
51. Task Force on Community Preventive Services (2003). Guide to Community Preventive Services: Nutrition. [WWW document] <http://www.thecommunityguide.org/nutrition/>.
52. Guidelines for School Health Programs to Prevent Tobacco Use and Addiction [pdf 235K]. *Morbidity & Mortality Weekly Report* February 25, 1994;43(RR-2):1-18. <http://www.cdc.gov/HealthyYouth/tobacco/pdf/help.pdf >.

53. Centers for Disease Control and Prevention (2003). Healthy youth: An investment in our nation's future 2003. [WWW document] <http://www.cdc.gov/nccdphp/aag/aag_dash.htm >.

54. Best Practices: Physical Activity and Fitness for Children and Youth. Adapted from the Colorado Physical Activity and Nutrition State Plan 2010: Recommended Strategies for Communities, March 2003. <http://www.cdphe.state.co.us/pp/COPAN/COPANCoalition.html>.

Infectious Disease

"The most important things that can be done to prevent infectious diseases are . . . immunization, hand washing, and sound food handling!"

LaDHH/OPH Infectious Disease Epidemiology Section, 2004

Infectious diseases are the leading cause of death worldwide. They are also among the leading causes of illness and death in the U.S. In addition to the human suffering involved, infectious diseases have a high economic cost to individuals, families, and communities. Infectious diseases are generally spread through direct physical contact, shared air, water, food, and animals, or from insects such as mosquitoes. They are controlled through prevention of transmission from infectious people or animals and effective management of environmental sources of infectious agents. These measures include appropriate treatment of wastewater and drinking water, promotion of sound food handling practices, vector control and personal protection such as vaccinations, hygiene, and disease management.

In many instances there has been an increased occurrence of infectious diseases once thought to be controlled. In addition new diseases have emerged. Some approaches to disease control in medicine and industry have led to misuse and overuse of antibiotics, which have lessened the success of treating infectious diseases. Overuse or misuse of antibiotics has resulted in an increase in antibiotic-resistant bacteria.

The Department of Health and Hospitals, Office of Public Health (DHH/OPH), Infectious Disease Epidemiology Section collects information about infectious disease cases. Recording diseases and cases in a population over time can show trends in infection rate. These rates show how many cases occur and which populations are most affected. The rates can also indicate who might be at risk for exposure. Data can then be used for the following purposes:

- Health planning
- Research
- Provision of preventive therapy
- Outbreak control
- Policy development
- Ensuring appropriate medical treatment
- Identification of outbreaks

The following indicators are presented in this chapter.

- People Living with HIV/AIDS
- New Cases HIV/AIDS
- Hepatitis B & C Incidence Rates
- Sexually Transmitted Diseases Incidence Rates: chlamydia, gonorrhea, and syphilis
- Selected Gastrointestinal and Foodborne Diseases Incidence Rates
- Tuberculosis Incidence Rates
- West Nile Encephalitis Incidence Rates

Bloodborne Diseases

Bloodborne diseases are passed through blood. People can get diseases through sharing a needle or having unprotected sex. They can also be exposed to disease through contact with blood samples or blood transfusion. It is also possible for a pregnant woman to transmit infections to her baby during childbirth. These diseases include syphilis, hepatitis B, hepatitis C, and HIV/AIDS. Complications of these infections can include chronic infections, cirrhosis, and liver cancer.

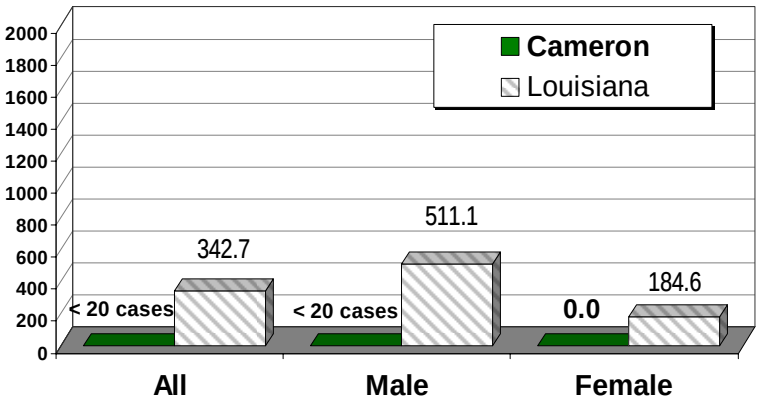
DID YOU KNOW?

AZT, Azidothymidine, is regularly prescribed to HIV-positive pregnant women because it can reduce HIV transmission to their infants by 70 to 80%.[1]

HIV and AIDS

Acquired Immune Deficiency Syndrome (AIDS) is caused by the *human immunodeficiency virus*, (HIV). HIV causes many health problems, including extreme weight loss, severe pneumonia, cancer, and damage to the nervous system. These illnesses signal the onset of AIDS. The time at which symptoms first begin to appear varies from person to person. In some people, these illnesses may develop within a year or two, while others may not have symptoms for 10 years or more. HIV infection can be transmitted through contact with the following bodily fluids: blood, semen, vaginal secretions, and breast milk. HIV does not survive very long outside of living cells. HIV cannot be transmitted through casual contact. The three most common routes of HIV transmission are sexual transmission, contact with infected blood, and mother-to-child transmission.

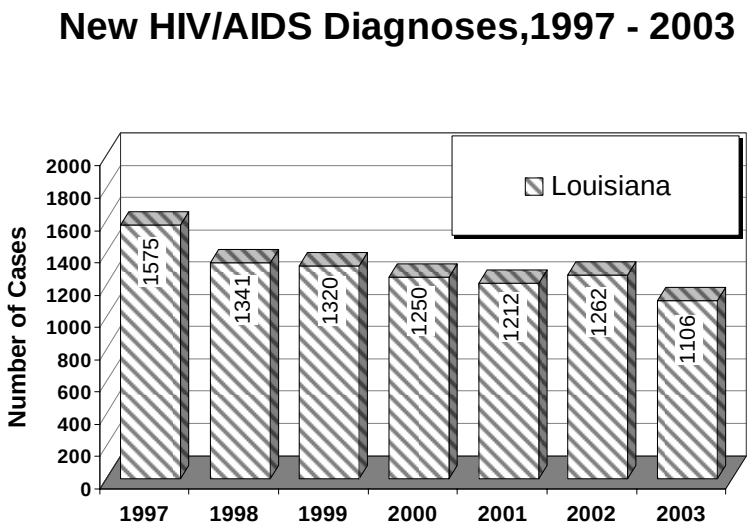
Persons Living with HIV/AIDS as of December 31, 2003
(cases per 100,000 population)



Source: DHH/OPH HIV/AIDS Program, 2004 Rates not calculated for less than

There has been much progress in treating HIV, and a variety of medications and therapies are now available. However, they cannot remove the virus from the body. The recent advances in treatment have significantly slowed the progression from HIV to AIDS and from AIDS to death. There is still no cure for the disease and every year the number of people affected by this virus continues to grow.

Currently in Louisiana, one in every 200 people aged 15 to 44 is known to be infected with HIV. Overall, there are over 15,000 people living with HIV/AIDS in Louisiana.[2] **In Cameron Parish at the end of 2003, there were 4 persons living with HIV/AIDS for a prevalence rate of 40 per 100,000. The rate was lower in Cameron Parish compared to the state as a whole and was higher in males compared to females.**[3]



Source: DHH/OPH HIV/AIDS Program, 2005

Between 1997 and 2003, there has been a slight decline in the number of new HIV infections diagnosed among persons living in Louisiana. In 2003, 1,106 new HIV cases were diagnosed in Louisiana, and less than 5 were diagnosed in Cameron Parish.[4]

The HIV/AIDS epidemic continues to greatly impact public health in Louisiana and will make growing demands on health and social service systems for many decades to come. The lifetime medical cost of caring for a person with an HIV infection is estimated at $154,402.[5] Most of these expenses are paid by tax dollars. To date, the most effective way to curb the HIV/AIDS epidemic is through the provision of HIV prevention interventions and improved access to treatment and other services for HIV-infected people.[6]

Hepatitis B

In 2002, Louisiana had a rate of 2.9 cases of acute hepatitis B per 100,000 population. This is a decrease from 3.4 per 100,000 in 2000.[9] Hepatitis B is an infection of the liver caused by a virus. Symptoms include loss of appetite and stomach discomfort. Nausea, vomiting, and jaundice are other symptoms. The illness is more severe in adults. Infants and children, however, are more likely to develop a chronic infection. Hepatitis B is spread by exposure to blood or internal body fluids and by sexual contact. In addition, it can be passed from a mother to a child in childbirth. Complications of these infections can include chronic infections due to weakened immunity, cirrhosis of the liver, cancer, and death.

DID YOU KNOW?

- *2 to 10% of the people with hepatitis B will develop chronic hepatitis.*[7]
- *80% of liver cancers in the U.S. are caused by hepatitis B.*[8]
- *Since the blood supply is screened, infected people find out they have hepatitis B when they try to donate blood.*

The DHH/OPH tracks the number of reported cases of newly acquired symptomatic hepatitis B infections. Many factors can influence the number of cases reported. These include the way doctors record and report infections, the number of people using intravenous drugs, and the number of people receiving hepatitis B immunizations. The number of hepatitis B carriers, changes in sexual risk behavior, and people receiving treatment for infection can also influence the number of cases reported.

Hepatitis C

Hepatitis C is also an infection of the liver caused by a different virus from the one that causes hepatitis B. While the symptoms are similar to those seen in hepatitis B, many more people are likely to develop chronic infections with hepatitis C. In 2002, Louisiana had a rate of 2.9 cases of acute hepatitis C per 100,000 population. Although this is a decrease from 10.2 per 100,000 in 2000, there is still much under-reporting of this disease.[10]

Chronic infections can result in long-term serious complications such as cancer or cirrhosis of the liver. It too is spread by way of exposure to blood and/or body fluids containing blood. Current information shows that while there is some risk from sexual contacts and to infants born to hepatitis-C positive mothers, this appears to be much less of a problem with hepatitis C than with hepatitis B.

DID YOU KNOW?

There are an estimated 3.9 million people infected with hepatitis C in the US – 2.7 million are chronically infected and up to 80% have no symptoms.[11]

Prior to July 1992, tests were not routinely available for identifying hepatitis C infections. As a result, there are some people who may have been exposed to this virus through blood transfusions. These individuals may want to check with their physicians to determine if additional blood tests or other actions should be taken. Recent changes in the treatment of chronic infections of hepatitis C have proven much more successful and lasting than previously available treatments. While there is no vaccine available at this time, new medications have been approved for treatment. Ways of preventing hepatitis C include avoiding the use of IV drugs, not sharing needles, practicing safe sex, and screening individuals who are at risk.

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) have been around for many centuries. Syphilis and gonorrhea are only two of the sexually transmitted diseases in Louisiana which must be reported to DHH/OPH when diagnosed. HIV is considered a sexually transmitted virus, with AIDS being the resulting disease. The bimonthly *Louisiana Morbidity Report* and the *Epidemiology Annual Report* published by the DHH/OPH, Infectious Disease Epidemiology Section presents information and statistics describing the status of reportable diseases in the state. In Louisiana, 286,767 laboratory screening tests for STDs were administered in 2004.[12]

In Louisiana, 286,767 laboratory screening tests for STDs were administered in 2004.

STDs, in addition to causing their own health problems, are red flags for a person's risk of HIV infection. The time from exposure to symptoms is short for most STDs and very long for HIV. The behaviors that transmit an STD are the same for most cases of HIV; therefore, STD trends give a hint of where new HIV infections will appear in the future. Some people do not have a reason to suspect they are infected, because they have no symptoms. They may then, unknowingly, continue to transmit the disease(s). Screening, treatment and elimination

of risky behaviors are all key components for preventing the spread of STDs. To prevent the spread of STDS, including most HIV infections, people can:

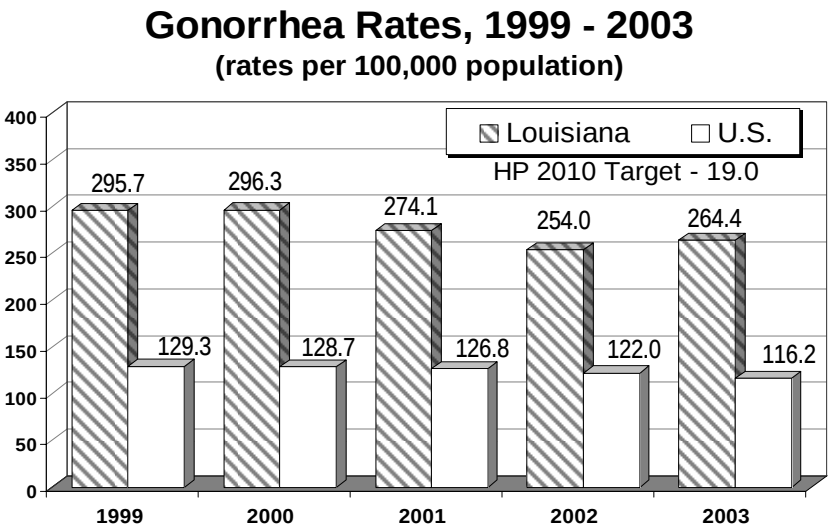
- Promote abstinence among youth;
- Promote safe sex among sexually active people;
- Make available drug treatment for people with drug problems;
- Screen for STDs in clinical and non-clinical settings; and
- Make available clinical services to treat people with STDs.

DID YOU KNOW?

- *Worldwide, an estimated 333 millions curable STDs occur annually.*
- *Each year an estimated 15 million Americans are infected with an STD, including 3 million teenagers*[13].

Chlamydia

Chlamydia, a very common sexually transmitted disease, is also the most frequently reported communicable disease in the United States. **In Cameron Parish there were 11 cases of chlamydia in 2003, no parish rate was calculated.**[14] In the U.S., there are four million new infections each year.[15] In Louisiana, the incidence rate for chlamydia was second in the nation in 2003, increasing from 273 per 100,000 in 1997 to 467.8 per 100,000 in 2003. Chlamydia cases in Louisiana are concentrated in the 15 to 24 age group and are almost equally distributed between men and women.[16] Chlamydia counts are on the increase because testing for chlamydia is more common. There is often no symptom of disease, but it can result in pelvic inflammatory disease (PID), infertility and other reproductive health problems. Unfortunately, since it is often asymptomatic and testing is not always done, the reported case rate is still an underestimate of the actual case rate. The increase in 2003 is primarily due to an increase in testing and reporting from private medical providers.[17]

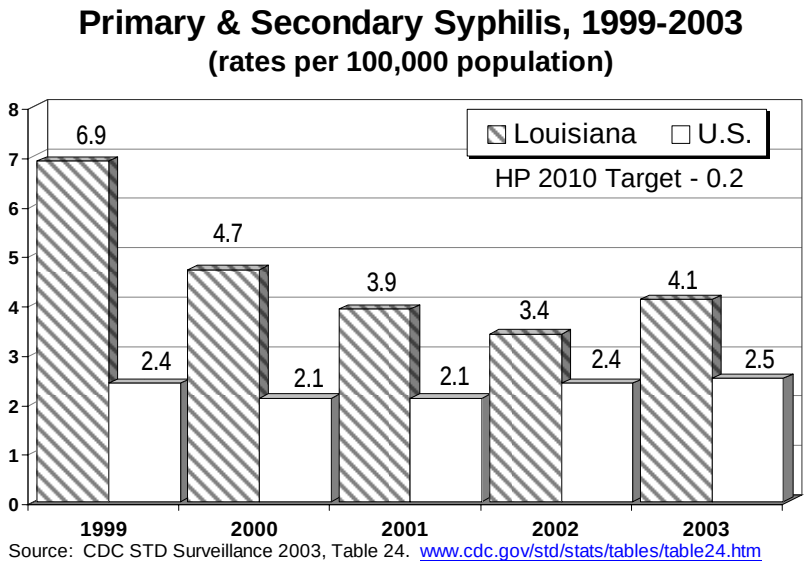


Source: CDC STD Surveillance 2003, Table 13. www.cdc.gov/std/stats/tables/table13.htm

Gonorrhea

Louisiana's incidence rate for gonorrhea was first in the nation in 2003, increasing from 255 per 100,000 in 1997 to 264.4 cases per 100,000 in 2003. There were 11,870 cases in Louisiana in 2003.[18] **In Cameron Parish, there were 2 cases of gonorrhea in 2003, no parish rate was calculated.**[19] The incidence rate in the United States for 2003 was 116.2 per 100,000 population; highest for the 20-24 year-old age group, and highest among African-Americans.[20] The rate is almost equal between men and women; If left untreated, it can develop into other serious health threats for women, such as pelvic inflammatory disease and related complications for pregnancy and birth.[21]

Primary and Secondary Syphilis



Source: CDC STD Surveillance 2003, Table 24. www.cdc.gov/std/stats/tables/table24.htm

Syphilis is curable if it is caught in its early stages. Left untreated, it can result in damage to the brain or other organs. Studies show that efforts to reduce syphilis also reduce the transmission of HIV. One of the methods used in some parts of the U.S. is partner notification. Finding the partners of infected people and treating them can reduce the danger that they too will catch or spread the disease. The incidence rates of primary and secondary syphilis have decreased in the U.S. since 1990. Louisiana's incidence rate for primary and secondary syphilis was third in the nation for 2003, declining from 9 per 100,000 in 1997 to 4.1 cases per 100,000 in 2003.[22] Parish data is reported as early syphilis which includes primary, secondary, and early latent syphilis. **In Cameron Parish, there were no cases of early syphilis in 2003** The state rate was 8.5 cases per 100,000**.**[23]

Gastrointestinal and Foodborne Disease

Foodborne diseases are diarrheal illnesses caused by eating contaminated food. Food items may be contaminated with chemicals, bacteria or viruses. Parasites or toxins associated with seafood can also contaminate food. In Louisiana, rates of intestinal (enteric) diseases are much higher in infants and children than in adults. The main reason is that it is more frequent for infants and children to receive medical care than adults, and consequently reporting is better in the younger age groups. More than 2,000 food-related complaints are reported every year statewide.[24]

Louisiana Incidence Rates, 2002 (per 100,000 population)

	Campylobacter	Salmonella	Shigella
Infants 0-1	27.0	110.2	151.6
Children 1-4	1.5	43.4	46.5
Overall	2.6	17.8	11.5

Louisiana Department of Health and Hospitals. Office of Public Health, Infectious Disease Epidemiology Section. 2004

Campylobacteriosis

Campylobacteriosis is an illness caused by bacteria most often found in cattle and poultry that results in symptoms of diarrhea, stomach cramps, tiredness, fever, nausea and vomiting. People can catch this disease by eating or drinking contaminated food or water (or un-pasteurized milk). Thorough cooking of all food items, drinking only pasteurized milk, using good personal hygiene, and proper food handling practices will reduce the chances of someone getting sick. Many cases are mild and are not reported to DHH/OPH making it is difficult to know the real number of cases. Campylobacteriosis and salmonellosis are the most frequently reported foodborne illnesses in the U.S.[25]

Salmonella, Shigella, and Vibrio

Salmonellosis is an illness caused by the salmonella bacteria that is spread through food from infected animals. Food can also be contaminated by the feces of an infected animal or person. Symptoms of salmonellosis include cramping, nausea, diarrhea, and vomiting. Salmonellosis can be prevented by using proper food handling procedures.

Shigellosis is an enteric illness caused by the shigella bacteria, which are spread mainly by direct person-to-person contact. Infection can occur after the ingestion of only a few of the bacteria. The number of cases reported each year is affected by how well physicians report cases and whether people feel sick enough to go to a doctor. Daycare attendance, employment and/or personal hygiene practices can impact the number of new cases.

DID YOU KNOW?

In the United States, transmission of vibrio infection is primarily through the consumption of raw or undercooked shellfish or exposure of wounds to warm seawater.[26]

Vibrios are gram-negative, curved, rod-shaped bacteria that are natural inhabitants of the marine environment. The most common clinical presentation of vibrio infection is self-limited gastroenteritis, but wound infections and primary septicemia also may occur. Patients with underlying conditions such as liver disease, diabetes, or cancer are at a particularly high risk for significant morbidity and mortality associated with these infections. Early detection and initiation of treatment of these infections is very important, particularly for cholera and invasive vibrio infections, because these infections may rapidly progress to death.

Hepatitis A

Community members can help prevent hepatitis A by encouraging hepatitis A immunizations for food handlers, international travelers, child care center employees, and children in their communities. For Louisiana in 2002, the incidence rate of hepatitis A was 2.0 per 100,000 population.[27] Hepatitis A is an infection of the liver caused by a virus. It is spread person-to-person from hands contaminated with the feces of an infected person or through contaminated food and water. Symptoms include fever, fatigue, weight loss, nausea, stomach discomfort, and jaundice. Those who are most at-risk are children enrolled in childcare centers and household contacts of people with hepatitis A. Also at greater risk are people who travel to parts of the world that have many hepatitis A cases, and those who use drugs and/or engage in homosexual activity. About 25 percent of Louisiana's population, if tested, would show some exposure to hepatitis A.[28]

Preventing Gastrointestinal and Foodborne Diseases

Prepare Food Correctly

Thorough cooking and cleaning of food items can prevent transmission of disease. Simple steps, including hand washing and not preparing foods when sick with a diarrheal illness will help. Keeping food preparation and eating areas clean and cooking/storing food at correct temperatures will also prevent illnesses.

Outbreaks of foodborne disease can occur within a few hours to a few weeks of exposure. Single cases of foodborne diseases are difficult to identify. Foodborne diseases may be one of the most common causes of acute illness. Many cases and outbreaks, however, are unrecognized and go unreported.

Practice Personal Hygiene

Regular hand washing before preparing or eating food, after using the bathroom and whenever hands get dirty is the most effective protection from infectious diseases. People should keep unwashed hands away from their eyes, nose and mouth. If family members are sick, everyone should take extra precautions in hygiene.

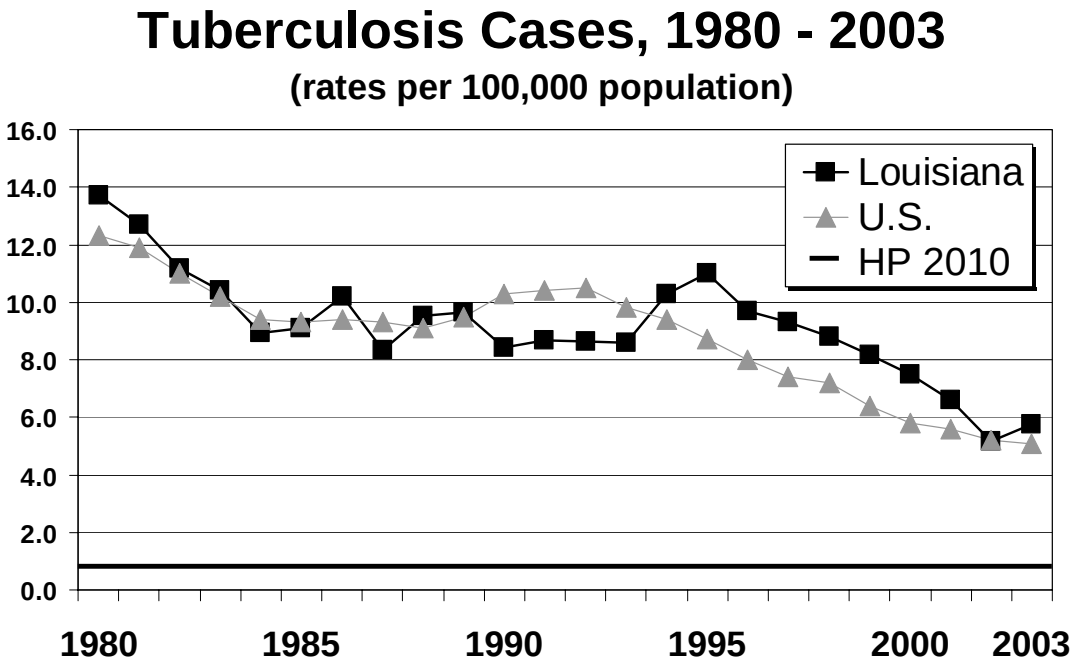
Taking Care – Taking Control
Prevention Pointers

- ✓ Keep your kitchen clean. The place in your kitchen that has the most bacteria is the handle of your refrigerator.
- ✓ Wash your cutting board with warm water and soap after cutting any raw food - including raw vegetables.
- ✓ Don't let hot foods "cool" at room temperature. Put hot foods in the refrigerator immediately after cooking for storage.
- ✓ Good hand washing is the single most important thing you can do to prevent the spread of infectious diseases to others.
- ✓ Obtain all appropriate immunizations. If you don't know where to go, call your local city or parish public health unit for information.

Respiratory Diseases

Respiratory diseases are among the leading types of infectious diseases. They are caused by a large number of viruses, including the common cold, as well as by some types of bacteria. The potential for illness and death from these diseases is especially high in children. Even for adults, acute respiratory diseases are a major health problem worldwide.

Even though most respiratory diseases are not diagnosed, they still account for the largest number of deaths of any infectious disease. Many of these diseases, however, could be prevented through immunization. For example, about 40 percent of elderly people over 65 years of age have received influenza vaccine, but 80 percent of all influenza deaths could be prevented with a flu shot. Diphtheria, *Haemophilus influenza* infection, legionellosis, measles, mumps, *Neisseria meningitis* infection, rubella, *Streptococcus pneumoniae*, tuberculosis and varicella are all respiratory diseases that are monitored at state and local levels.

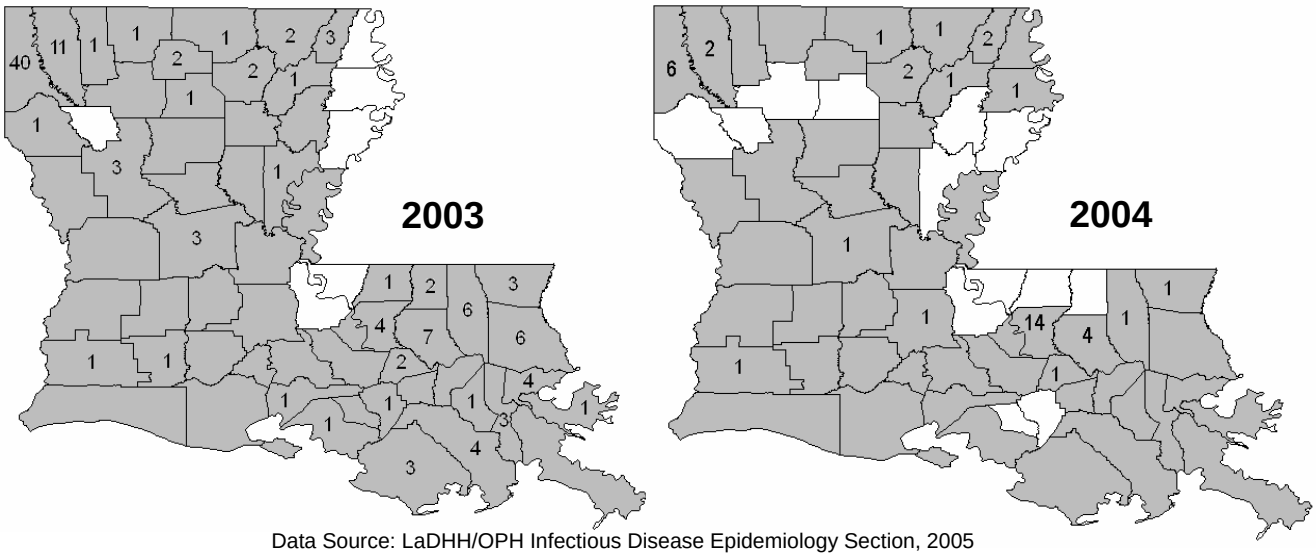


Source: CDCNCHS, National Vital Statistics Report

Vector Borne and Zoonosis

This section will discuss diseases, such as West Nile encephalitis, that are caused by viruses transmitted to humans from an insect – "vector borne" and diseases, such as rabies, which are communicable from animals to humans under natural conditions – "zoonosis."

Human Cases of West Nile Encephalitis and/or West Nile Fever Reported 2003 – 2004
(gray shading indicates bird/animal activity)



Data Source: LaDHH/OPH Infectious Disease Epidemiology Section, 2005

West Nile: Arbo-viral Encephalitis

Human and equine encephalitis caused by arthropod-borne viruses has occurred sporadically in Louisiana for many years, with occasional outbreaks. The viruses which have been identified in these cases are:

- St. Louis Encephalitis (SLE), a Flavivirus
- West Nile Virus (WNV), a Flavivirus
- Eastern Equine Encephalitis (EEE), an Alphavirus
- LaCrosse Encephalitis (LAC), a California-group Bunyavirus

All of these viruses are transmitted to humans and animals by mosquito vectors from reservoir hosts and also by mosquito between reservoir hosts. The reservoir hosts for the first three are wild birds; small wild mammals are the reservoir hosts for LaCrosse. As transmission between humans and horses is not known to occur, horses are considered dead-end hosts.

Susceptibility to clinical disease is usually highest in the elderly for the flavi/viruses and in infants for Lacrosse virus; unapparent or undiagnosed infection is more common at other ages. Susceptibility also varies with each virus; for example, LaCrosse encephalitis is usually seen in children, while the severity of St. Louis encephalitis increases with age.

In 2002, there were 211 total human cases of West Nile Encephalitis and/or West Nile Fever reported for Louisiana. In 2003, 125 human cases were reported statewide. In 2004, total reported cases dropped to 40 statewide.[29] **For Cameron Parish, there were no human cases of West Nile Encephalitis and/or West Nile Fever reported in 2002, no cases in 2003, and no cases in 2004.**[30]

Surveillance activities include: laboratory testing of blood from horses and humans showing symptoms of central nervous system infection; maintenance of sentinel chicken flocks and periodic testing of the flocks for acquired infection; collection and laboratory testing of mosquitoes for the presence of arboviruses; investigation of die-offs of wild birds, including laboratory testing for the presence of West Nile virus. Unlike most of the other arboviruses, West Nile Virus is fatal to some bird species, notably crows, blue jays and hawks.

All health care providers are required to immediately report suspected cases of arboviral encephalitis to DHH/OPH. When a suspect case is reported, an epidemiologist evaluates the case and attempts to obtain confirmation. Once confirmed, information about the distribution of new cases is compiled without any identifiers. This information is then widely disseminated to parishes, regional public health staff, hospitals and private practitioners, local health government, and mosquito control programs. This information is the most useful guide for preventive measures against arboviral encephalitis.

Rabies

Rabies virus, a rhabdovirus, causes acute encephalitis in all warm-blooded hosts, including humans. The case fatality rate is generally considered to be 100 percent. All species of mammals are susceptible to rabies, but only a few species are considered important reservoirs, such as bats, skunks, raccoons, foxes and coyotes. Most of these reservoirs harbor specific variants of the virus in distinct geographic locations. 1 or 2 cases of human rabies are reported annually in the United States. And less than 10 percent of reported cases occur in domestic animals.

Louisiana is endemic for the skunk and bat variants of the virus. The cases reported in Louisiana seem to reflect these predominant virus variants (skunk and bat) known to exist in the state. No active surveillance for wildlife rabies is consistently conducted in Louisiana; therefore the number of cases reported does not reflect the actual picture of the virus in the state.

Emerging Pathogens

Emerging and drug-resistant infections are diseases that have become more common over the past two decades. They threaten to increase in the near future. Some of these diseases have become resistant to many of the medications normally used for treatment purposes. These diseases are important, evolving, and complex public health problems. For example:

- *Streptococcus pneumoniae* is the most frequent cause of commonly acquired pneumonia and middle ear infections.
- Methicillin Resistant *Staphylococcus aureus* infections are increasing in frequency.

DID YOU KNOW?

60% of hospital infections due to staphylococcus in Louisiana during 2004, were resistant to at least one antibiotic.[31]

Unfortunately, the overuse of antibiotics and antibacterial products in medicine, industry and around the home, has actually contributed to the development of these new diseases. On a day-to-day basis, it is best to limit the use of these products and use antibiotics only when absolutely necessary. Patients should take all the medication they are prescribed, even if they feel better before the medicine is gone.

Future Trends

It is likely that there will be an increase in the number of food-related infections, including diarrheal diseases. The importation of food into the United States has contributed to this increase. Infectious organisms will continue to adapt and become resistant to the current supply of antibiotics. However, these issues can be lessened by consumers becoming informed and improving personal hygiene and food handling practices. Progress can also be made by improved food handling and storage for food products produced inside and outside the U.S.

DID YOU KNOW?

More than half of the 900 physicians surveyed by the American Academy of Pediatrics believed that parental pressure contributed to most antibiotic use. Seventy-8% of the pediatricians felt that parental education would be the "single most important program for reducing inappropriate antibiotic use."[32]

Prevention of diseases that are transmitted through high-risk behaviors, such as sexual contact or IV drug use, is going to become more and more important. Prevention efforts have been complicated by controversy in the past. However, the ability to provide appropriate and timely prevention messages to individuals is increasing. This is an area where community support and response are very necessary. Many messages need to be supported and shared by communities to be effective. As communities learn about these diseases and spread the word about prevention, the future of the fight against infectious diseases will brighten.

Finally, infectious disease rates may change according to funding for their prevention. For example, after a decrease in tuberculosis program funding, there was a rise in TB rates in Louisiana. Similar developments may happen with other infectious diseases. It is important to provide the funds necessary to implement programs that address infectious diseases.

The Community Can …

Use client reminder/recall systems to increase community demand for vaccinations[33,34]

- Alert members of a target population that vaccinations are due (remind) or late (recall).
- Use telephone calls, letters, or postcards as delivery techniques to reach target population; messages may be specific or general.
- Target outreach efforts to various levels, such as individual medical practices and entire communities.
- Improve vaccination coverage among children and adults in several settings and populations.

Toolkits & Guides:

Guide to Preventive and Community Health Services
www.thecommunityguide.org

Prevention and Control of Influenza - Recommendations of the Advisory Committee on Immunization Practices (ACIP) – Centers for Disease Control and Prevention,
www.cdc.gov/mmwr/preview/mmwrhtml/rr5408a1.htm

Recommend the provision of vaccination services in non-clinical settings, such as WIC settings, senior citizen centers, nutrition sites, or public housing projects[35, 36, 37]

- Educate the public to encourage the vaccination of low-income clients and other at-risk populations.
- Increase vaccination coverage in children utilizing non-traditional settings.
- Educate the public about the provision of vaccinations, and use incentives to accept vaccinations, such as, more frequent WIC visits for children who are not up-to-date with their vaccinations; free vaccinations).

Toolkits & Guides:

Centers for Disease Control and Prevention – National Immunization Program,
www.cdc.gov/nip/default.htm

Attend public hearings

- Explore opportunities to provide input and maximize resources at the federal, state, and local levels.
- Join forces with federal, state, and local organizations to ensure that effective policies and health prevention interventions are being targeted to individuals and communities at high-risk.

Toolkits & Guides:

The *Federal Register* informs citizens of their rights and obligations and provides access to a wide range of Federal benefits and opportunities for funding.
www.archives.gov/federal-register/the-federal-register/about.html

Louisiana State Legislature, www.legis.state.la.us

Health agencies can explore opportunities to maximize resources in communities

- Cross-train staff, including community-based organizations, in STD and HIV prevention.
- Coordinate prevention interventions and message development to address common risk factors.
- Integrate STD and HIV screening opportunities in HIV testing sites, HIV care settings, and other non-clinical settings serving at-risk populations.
- Coordinate efforts to maximize the richness of data that are collected, as well as the use of such data in designing and evaluating prevention activities.
- Continue to integrate STD prevention into HIV community planning efforts.

Toolkits & Guides:

National Alliance of State and Territorial AIDS Directors (NASTAD) - STD / HIV Prevention Integration
www.nastad.org/pdf/2004_04_NASTAD_HIV/STDH.pdf

Best Practices: HIV and STD Prevention for Children and Youth,
www.cdphe.state.co.us/ps/bestpractices/topicsubpages/hiv.html

Finding the Invisible Man: A Best Practices Model for HIV/AIDS-STD Prevention & Services for … Community Collaboration
www.cdc.gov/std/2004STDConf/A-OralSympWorkAbstracts.htm#A08

Reduce the transmission of mosquito-borne infections such as encephalitis and West Nile Virus

- Institute a public information program emphasizing personal responsibility, ways in which people can prevent mosquito breeding, and how they can reduce the risk of being bitten by observing personal protection measures.
- Encourage reporting of unusual events, such as dead birds or sick domestic animals, to local health agencies.
- Institute community cleanup programs to eliminate larval habitats from back yards, commercial sites, and abandoned premises.
- Encourage citizen participation (reporting suspected mosquito larval habitats, reporting dead birds, or other unusual events) which is essential for efficient data gathering.
- Educate and inform the local media.

Toolkits & Guides:

Centers for Disease Control and Prevention – Division of Vector-borne Diseases,
www.cdc.gov/ncidod/dvbid/westnile/

Environmental Protection Agency: Pesticide Environmental Stewardship Program,
www.epa.gov/oppbppd1/PESP/strategies/2005/amca05.htm

Association of State, Territorial and Health Officials Mosquito Control
www.astho.org/pubs/MosquitoControlInterim7804.pdf

References

1. Louisiana Department of Health and Hospitals. Office of Public Health (LaDHH/OPH), Section of Infectious Disease Epidemiology 1998.
2. LaDHH/OPH, HIV/AIDS Program. 2004.
3. LaDHH/OPH, Infectious Disease Epidemiology Section. 2004
4. LaDHH/OPH, Infectious Disease Epidemiology Section. 2004.
5. Wasserman, N. 1999. National Conference of State Legislators. HIV/AIDS Facts to Consider: 1999. National Conference of State Legislators. Washington D.C., p. 41-42.
6. Wasserman, N. 1999. p. 37.
7. Centers for Disease Control and Prevention. 1997. Epidemiology and Prevention of Vaccine-Preventable Disease, The Pink Book, 4th Edition, Centers for Disease and Control, Atlanta.
8. The New York Times, 1999. Liver Cancer Rises Sharply; Control of Hepatitis is Seen as Vital to Lower Rates. 1999. March 11. p.A-18.
9. LaDHH/OPH, Infectious Disease Epidemiology Section. 2004.
10. LaDHH/OPH, Infectious Disease Epidemiology Section. 2004. 2004.
11. "Hepatitis C: Fact Sheet | CDC Viral Hepatitis", Centers for Disease Control and Prevention. Department of Health and Human Services. 1 May 2005 <http://www.cdc.gov/ncidod/diseases/hepatitis/c/fact.htm>.
12. LaDHH/OPH, HIV/AIDS Program. 2004.
13. U.S. Department of Health and Human Services. 1998. Office of Public Health and Science, Healthy People 2010 Objectives: Draft for Public Comment, p.25-12.
14. LaDHH/OPH, Infectious Disease Epidemiology Section, 2004.
15. Centers for Disease Control and Prevention, *STD Surveillance 2003 National Profile Chlamydia.*
16. LaDHH/OPH, HIV/AIDS Program. 2004.
17. LaDHH/OPH, HIV/AIDS Program. 2004.
18. LaDHH/OPH, HIV/AIDS Program. 2004.
19. LaDHH/OPH, Infectious Disease Epidemiology Section. 2004. 2004.
20. Centers for Disease Control and Prevention, *STD Surveillance 2003 National Profile Gonorrhea.*
21. U.S. Department of Health and Human Services. 1998. p.25-14.
22. LaDHH/OPH, HIV/AIDS Program. 2004.
23. LaDHH/OPH, Infectious Disease Epidemiology Section. 2004. 2004.
24. LaDHH/OPH, Infectious Disease Epidemiology Section. 2004. 2004.
25. U.S. Department of Health and Human Services. 1998. p.6-6.
26. Daniels, Nicholas et al. "Emergence of New Vibrio Parahaemolyticus Serotype in Raw Oysters". JAMA. 2000; 284: 1541-1545.
27. LaDHH/OPH, Infectious Disease Epidemiology Section. 2004 2004.
28. LaDHH/OPH, Infectious Disease Epidemiology Section. 2004 2004.
29. LaDHH/OPH, Infectious Disease Epidemiology Section. 2004 Surveillance Data 2002-2003.
30. LaDHH/OPH, Infectious Disease Epidemiology Section. 2004. Surveillance Data 2002-2003.
31. Palmer D, et al. 1997. Parents' and Physicians' Views on Antibiotics. Pediatrics. June 99(6). p.E6.
32. Palmer D, et al. 1997.
33. Guide to Community Preventive Health Services: Systematic Review and Evidence Based Recommendations. 26 December 2002. keyword: physical education. <http://www.thecommunityguide.org/pa/pa-int-school-pe.pdf >.

34. "Vaccine-Preventable Diseases: Improving Vaccination Coverage in Children, Adolescents, and Adults." Morbidity and Mortality Weekly Report. Vol 48 no RR-8. 18 June 1999. Centers for Disease Control and Prevention. <http://www.cdc.gov>.

35. Adult Immunization Programs in Nontraditional Settings: Quality Standards and Guidance for Program Evaluation. Morbidity and Mortality Weekly Review, 49(RR01); 1-13. 24 March 2000 <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4901a1.htm>.

36. Guide to Community Preventive Health Services: Systematic Review and Evidence Based Recommendations. 26 December 2002. keyword: physical education. <http://www.thecommunityguide.org/pa/pa-int-school-pe.pdf>.

37. "Vaccine-Preventable Diseases: Improving Vaccination Coverage in Children, Adolescents, and Adults." Morbidity and Mortality Weekly Report 18 June 1999 vol. 48 No. RR-8. Centers for Disease Control and Prevention. <http://www.cdc.gov/mmwr/>.

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.

Environmental Health

"Our communities are only as healthy as the air our children breathe, the water they drink, the earth they will inherit . . . We have always found a way to clean the environment and grow the economy at the same time. And we'll do it again."

President William Jefferson Clinton, 1998

The environment is the air, water, land, and structures around us that make up communities. A healthy environment can add to the quality of life for individuals and communities. When the environment is safe, people are more likely to be free from diseases. Protecting Louisiana citizens against disease-causing contaminants in food, water, air, and soil requires collaboration among numerous entities. Government agencies, private businesses, environmental organizations, and private citizens all work to maintain a clean and safe environment. Private and public organizations inform the public about the potentially dangerous effects of some chemicals on people's health. Regulations govern how much of which chemicals can be released and disposed. Having safe food and water and maintaining healthy homes and businesses positively impact health and quality of life.

The Center for Environmental Health Services (CEHS), within the Office of Public Health (OPH) protects the public's health by enforcing the Louisiana State Sanitary Code. The activities of CEHS sanitarians and engineers reduce the likelihood of disease transmission. Water systems are monitored to assure that water is safe to drink. Restaurants, molluscan shellfish growing areas, food and drug manufacturers, and the milk and dairy industry are monitored to assure that Louisiana products are safe for the public. In addition, the CEHS Section of Environmental Epidemiology and Toxicology (SEET) monitors possible human exposures to, and health risks from, events related to chemical agents in the environment. The Louisiana Department of Environmental Quality (LDEQ) monitors air and water quality, chemical spills, toxic releases and efforts to reuse contaminated soil or recycled products.

DID YOU KNOW?

In fiscal year 2003-2004, the CEHS conducted 10,589 inspections of public accommodations and private premises in response to citizen complaints of unsanitary conditions.[1] For information on the State Sanitary Code, contact

Office of Public Health

Sanitarian Services at 225-763-5553.

Louisiana has made great strides in reducing its toxic chemical releases. According to the U.S. Environmental Protection Agency (EPA) Toxic Release Inventory (TRI), in 1999 Louisiana ranked 12th in the nation for total releases by state, original and new industries.[2] This represents a substantial improvement over the traditional 1st or 2nd ranking of previous years. However, communities are still faced with many concerns about the environment. Regardless of this progress, people living in Louisiana have expressed fears that, over time, pollution will harm their health.[3]

To address these concerns and to better educate the community, this chapter covers:

- Pesticides
- Fish/shellfish consumption advisories
- Swimming advisories
- Coastal beach advisories
- Protecting shellfish consumers
- Safe drinking water
- Hazardous waste
- Toxic releases
- Indoor air quality
- Ozone non-attainment
- Recycling programs
- Future Environmental Surveillance Trends

Can Chemicals Make People Sick?

It is difficult to tie a chemical exposure to specific diseases. For a chemical to make someone sick, it must actually enter a person's body and be present in large enough amounts to cause ill effects.[4] Chemicals can be in the air, water, land, homes, and workplaces. Some chemicals are eaten with food or swallowed in water. Others are simply absorbed through the skin or inhaled. The populations most at risk for ill effects from chemical exposure are children, the elderly, and the chronically ill or immune impaired.

Chemical Exposure and Illness

Linking an illness to a chemical exposure requires extensive tests on both people and the environment. Some of the illnesses that people believe are due to chemical exposures are actually more likely to result from other causes.[5] For example, high rates of lung cancer are more likely to be due to cigarette smoking than a one-time chemical exposure. The effects of personal behaviors and possible chemical exposure are difficult to separate. In addition, the illnesses thought to result from chemical exposure can take years and even decades to be diagnosed. Cancer, for example, is a disease that can take a long time to develop. In the case of some cancers 30 years may elapse between the time of exposure and the onset of illness. Within that time, the person may move, be exposed to other chemicals, or adopt behaviors that could lead to illness.[6]

Much more information is needed to connect chemical release amounts to possible health effects. Some of the factors that determine how chemicals affect people include the toxicological properties of the chemical, the condition or state of the chemical once it reaches the community, the extent of exposure, and other sources of environmental exposures. In addition, individual characteristics such as genetics, age, gender, nutritional status, family traits, lifestyle, and health status are also factors that play a role in determining how chemicals affect our health.[7] Illnesses that occur right after a chemical exposure are called acute illnesses and are easier to explain. For example, if someone gets stomach cramps or vomits after accidentally swallowing a chemical, it was probably due to the chemical.[8]

Use Pesticides Wisely

Pesticides are chemicals developed to repel, control, or kill pests such as insects, weeds, fungi, or rodents. Pesticides are widely used on agricultural crops, in the home, yard, and public places. The types of pesticides commonly used are also called insecticides, herbicides, fungicides, and rodenticides. In addition to harming pests, many pesticides can also harm pets and people. The harmful effect of a pesticide depends on the strength or toxicity of the chemical ingredients, the amount and the length of time of pesticide exposure, and the way it enters the body.

DID YOU KNOW – *there are laws governing the use and application of pesticides in Louisiana*? *The Federal Insecticide, Fungicide and Rodenticide Act (FIFRA) regulates the manufacture, sale, and application of pesticides. FIFRA establishes minimum standards for pesticide regulation nationwide. In Louisiana, the Department of Agriculture and Forestry (LDAF) regulates pesticide use through FIFRA and the Louisiana Pesticide Law. Pesticide misapplication, such as drift of a pesticide away from its intended target, is illegal and LDAF has the authority to fine offenders.*

To file a complaint or to report a pesticide misuse, Contact LDAF's 24-hour pesticide hotline: (225) 925-3763

Pesticide Exposure

There are three major ways for pesticides to enter the body. If a pesticide is in the air, it can be inhaled and may pass into the bloodstream. If it is in food or water, or if it is accidentally swallowed, it can enter through the stomach. Certain pesticides may pass through the skin. Some pesticides may irritate the skin, eyes, nose and throat if you come into direct contact with them.

Common circumstances of pesticide exposure in Louisiana include:

- Drift of an agricultural pesticide occurring when pesticide drifts as spray from an airplane or tractor moves away from its intended target onto people living, working, or going to school near agricultural fields or other application sites.
- Misuse in storing or applying household pesticides (e.g., insect repellents, foggers, rodent poisons, weed killers, flea and tick control products, and disinfectants).
- Occupational exposure occurring when individuals who work with pesticides, such as farm workers and pesticide applicators, touch or inhale large amounts of pesticides.

Pesticide Surveillance

The Louisiana Department of Health and Hospitals (LDHH) conducts surveillance of health-related pesticide exposures. The statewide surveillance program obtains acute pesticide exposure data from two sources: the Louisiana Department of Agriculture and Forestry (LDAF) and the Louisiana Poison Control Center (PCC). All LDAF-referred complaints and some PCC complaints, depending on location and circumstance of exposure and severity of health effects, are investigated by LDAF and LDHH. Joint investigation of these complaints involves complainant interview and collection of environmental and health data. LDAF determines if a misapplication has occurred, and LDHH evaluates the health effects.

Pesticide surveillance data are used to estimate the extent of pesticide-related illness, identify populations at-risk and emerging pesticide problems, and to target intervention activities to prevent inadvertent exposure to pesticides. During the 5-year period 1999 through 2003 there were 943 pesticide exposures reported to LDHH. **In Cameron Parish, there was more than one, but less than 5 reported exposures during the 5-year period 1999 through 2003.**[9]

Taking Care – Taking Control: Pesticide Misuse at an Elementary School

In 2002, a pesticide exposure incident at a public elementary school resulted in adverse health effects for twenty-one school employees. The incident involved an application of an organophosphate insecticide, chlorphyrifos, to the doorways and foundations of temporary buildings in order to control swarming termites and ants.

Immediately following the application, 21 people working in and around the temporary buildings noticed an odor and began to experience symptoms. All twenty-one individuals were sent off site for the remainder of the day. At the time of the application, children were not present and student appointments were cancelled for the remainder of the week. Upon returning to school the following day, several people complained that their symptoms had returned and they were again sent away from school for the remainder of the day. The most commonly reported complaints were headache, sore throat, and allergy-like symptoms. Five days after the incident, symptoms had resolved and everyone returned to work.

Thirty-one states, including Louisiana, have adopted rules or regulations that specifically speak to the application of pesticides on or near school property. Louisiana's Pesticide Law stipulates that schools must: 1.Maintain a record of pesticide use, 2. Apply pesticides at least eight hours preceding presence of students, 3. Employ a certified commercial applicator for all pesticide applications, 4. Submit annually an integrated pest management plan to the LDAF, and 5. Maintain a hypersensitive student registry. Schools are also encouraged to use the least toxic method of pest control. (Louisiana Revised Statute 3:3388)

Enjoying Louisiana Waters

Louisiana is called a "Sportsman's Paradise!" People of all ages like to swim, ski, tube, and fish in Louisiana's waterways. While such activities are generally safe, people should be aware of potential hazards associated with some waterways. Fish may become contaminated with chemicals and these chemicals may be harmful to people who eat the fish. At times, the water itself may also contain chemicals or bacteria that may be harmful to a person's health if they swim or play in the water. To ensure that the public is informed and to safeguard and protect public health, the state issues and maintains fishing and swimming advisories. The state Departments of Health and Hospitals, Environmental Quality, Wildlife and Fisheries, and Agriculture and Forestry jointly decide which water bodies in the state need health advisories due to contamination.

Fish/Shellfish Consumption Advisories

The Louisiana Department of Environmental Quality (LDEQ) tests fish caught from local water bodies for chemicals. Most of the time fish are a healthy and safe food to eat. They are a good, low-fat source of protein. However, sometimes fish or shellfish from a certain water body are found to contain pollutants such as organic contamination and mercury that could be harmful to human health. When this happens, the Office of Public Health (OPH) may recommend that an advisory be issued. These health advisories inform people that certain types of fish or shellfish from that water body may not be safe to eat or should only be eaten in limited quantities.[10]

While there are a number of fish consumption advisories for organic chemicals, the majority of Louisiana's fish consumption advisories result from mercury contamination. Mercury in fish is not a new problem, or even one that is unique to Louisiana. It is a global issue resulting from natural and man-made releases of mercury. Over time the mercury that is deposited in our lakes, rivers, and oceans build up in the fish that inhabit them. When we eat a lot of fish that contain high levels of mercury, we can accumulate mercury too. That's when health problems may occur. Mercury affects the brain and nerves, therefore unborn babies and young children have the greatest risk of harm because their nervous systems are still forming. It is for this reason that women of childbearing age should pay close attention to fish consumption advisories.[11]

For a list of fish consumption advisories contact SEET at 504-568-8537, toll-free 1-888-293-7020, or online at www.oph.dhh.louisiana.gov/reports.htm.

Swimming Advisories

Because there are inherent health risks found in all lakes, rivers, streams, bayous, and other natural waters, each spring the Department of Health and Hospitals reminds residents to take simple precautions while swimming, boating, tubing, or simply wading in the water. In addition to the natural risk and the need for safety, people should be aware that some bodies of water are not safe to swim or recreate in due to contaminants or pollution.

Swimming advisories for specific bodies of water are generally established due to fecal coliform contamination. However, a limited number of swimming advisories have been based on chemical contamination of water or sediments. Fecal coliform contamination of a water body can be caused by a number of possible sources including absent or inadequate sewage systems, poorly maintained septic tanks, direct sewage discharges from camps, and pasture and animal holding area runoff.

Microorganisms can enter the body through the mouth, nose and ears, as well as through cuts and wounds. Microscopic germs such as E. coli, salmonella, vibrio vulnificus, rotavirus and others can be found in most natural waterways. Some microorganisms occur naturally. Others come from human and animal waste. These enter the water from sewage overflows, polluted storm water runoff, sewage treatment plant malfunctions, urban and rural runoff after it rains, boating wastes, malfunctioning individual sewage treatment systems, and agricultural runoff. Therefore, swallowing the water or immersing one's head in it increases the risk of illness. Possible water-related illnesses include diarrhea, sore throat, stomach cramps and/or vomiting.

The DHH news release "Swim at Your Own Risk" reminds people of these risks and discusses some precautions people should take to reduce their risk of illness. In summary the advisory lists the following precautions:

- Do not swim in areas with warnings against swimming.
- Do not swim near a drainage pipe or in a ditch, or near runoff or littered areas.
- Avoid swimming after heavy rains.
- Avoid ingesting or swallowing the water.
- Minimize immersing your head when swimming.
- Avoid swimming with an open cut or wound.
- Shower after swimming.

A complete listing of current Fish & Swimming Advisories is available from LDEQ at 225-219-3590, or online at www.deq.louisiana.gov/surveillance/mercury/fishadvi.htm

Coastal Beach Advisories

Swimmers, boaters, and other recreational water users such as fishermen and crabbers can suffer gastrointestinal and other illnesses by accidentally ingesting, immersing or wounding themselves in water that contains enteric pathogens (bacteria and viruses). Health risks to recreational users can change dramatically from day-to-day, depending on factors such as rainfall and sewage discharge treatment levels. Louisiana, through its Beach Monitoring Program, monitors levels of indicator bacteria (i.e., fecal coliforms and enterococci) at selected coastal marine beaches each week during the summer months. The Office of Public Health posts an advisory at a beach when there is a heightened risk to swimmers. The advisory remains in effect until bacteria levels at the sampling locations meet bacteriological water quality criteria.[12]

Protecting Shellfish Consumers: Restricting or Closing Oyster Harvesting Areas

Louisiana classifies 8 million acres of wetlands, marsh, and open coastal waters for the harvest of Molluscan shellfish (oysters) in accordance with the National Shellfish Sanitation Program (NSSP). Consumers of raw or undercooked Molluscan shellfish can be exposed to bacteria and viruses that shellfish have accumulated from the water in which they grow. Louisiana's Office of Public Health, Molluscan Shellfish Program surveys the shoreline of shellfish waters to identify actual and potential sources of pollution that can affect water quality. Louisiana also collects water quality samples to better determine the effect of pollution sources and to help understand how water quality varies in response to currents, tides, and storm events. This information is used to set the management classification for the area, including the monitoring plan. The Molluscan Shellfish Program monitors over 700 sample sites monthly for the indicator bacterial (fecal coliforms) content.

The State Health Officer may close areas to harvesting when monitoring data or experience predicts a heightened risk to consumers. Under the NSSP, some shellfish areas are permanently closed due to the elevated risk posed by point sources of human contamination or chemical pollution or when the long-term presence of contamination exceeding standards is documented. Some shellfish areas may be temporarily closed when short-term events known to increase contamination occur, such as a tropical storm or hurricane or the failure of a sewage treatment system. These temporarily closed areas are re-opened to harvest when monitoring shows the short-term contamination has abated and the water quality again meets standards.

Federal, state and local governments are increasing efforts to coordinate beach advisories and shellfish harvest area restrictions, but there will always be some differences. Because predicting heightened risk differs, waters can be open for recreational use while the same or adjacent waters are restricted or closed for shellfish harvesting and vice versa, without exposing the public to a heightened risk of illness.[13]

For a list of coastal beach advisories and shellfish reclassification maps, refer to the Web site at www.oph.dhh.louisiana.gov.

Water Bodies Supporting Their Designated Uses

Another way to measure the quality of surface water is to look at how well lakes, reservoirs, and streams meet their designated use categories. Categories of use include primary and secondary contact recreation, and fish/wildlife breeding. Drinking water supply, agriculture, and outstanding natural resource uses, as determined by LDEQ, are also included. There are many possible reasons why water bodies do not support their use. Likewise, there are many strategies to improve water bodies. Runoff from land areas is a major problem that contributes to poor water quality. Some water bodies have shown marked improvement after aggressive state and local interventions.

Safe Drinking Water

Groundwater can be exposed to runoff and contamination from chemicals above ground. Many people get their water from wells and other sources that groundwater can seep into. Contamination is easier to prevent than it is to clean.

The Well Head Protection Program is designed to protect the quality of the drinking water supply obtained from community wells. Protecting the quality of drinking water in this case is done by protecting the surface and subsurface area around a water well.[15] Currently, 20% of groundwater community water systems in Louisiana participate in the Well Head Protection Program. This means that of all the people who are served by community water systems that get their drinking water from groundwater, over 70% are part of the well head protection program.[16]

DID YOU KNOW – Approximately 94.8% of Louisiana citizens are served by public water systems? *Over 50,000 water samples are gathered and tested annually to assure chemical, bacteriological and radiological quality of water as prescribed by the U.S. Environmental Protection Agency.*[14]

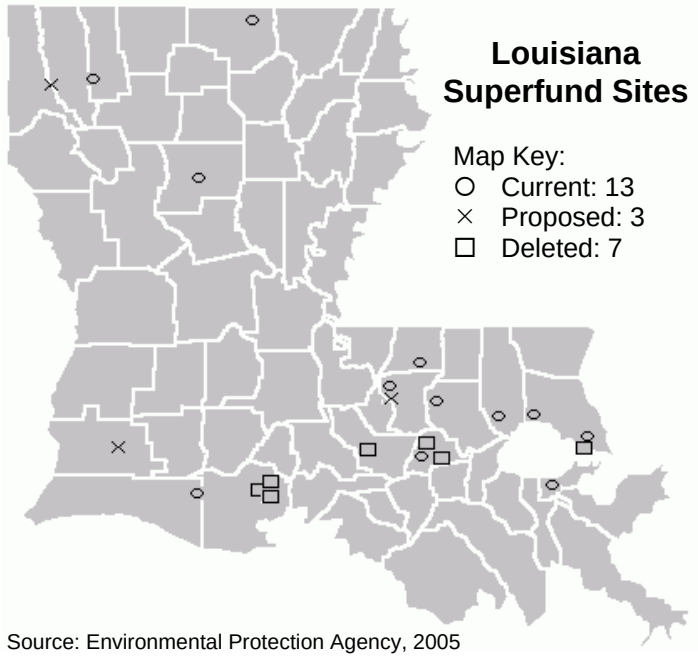
Drinking water is often taken for granted. Yet some systems are in disrepair and in need of improvement. As a result of state and federal legislation, the Louisiana Drinking Water Revolving Loan Fund (DWRLF) was created to assist public water systems in financing needed drinking water infrastructure improvements. Since 1999, the Office of Public Health's DWRLF Program has received a total of approximately $78 million in capitalization grants from the U.S. Environmental Protection Agency and has awarded 19 loans totaling in excess of $58.5 million to 15 water systems in Louisiana**.** The DWRLF Program staff continually promotes the loan program and works with several additional water systems annually in completing the application process to obtain low interest loans.[17]

Hazardous Waste

Hazardous wastes are toxic substances or dangerous chemicals that are being misused or have not been disposed of properly. These wastes can pollute the environment and may cause harm to people's health. A hazardous waste site is a field, landfill, or any place where hazardous wastes have been left or thrown away. The Section of Environmental Epidemiology and Toxicology (SEET) has worked on over 50 hazardous waste sites in Louisiana. There are close to 700 sites in the state.[18]

Superfund Sites

Sites can be placed on the National Priorities List (NPL) by the EPA. This list includes Superfund sites, proposed Superfund sites, and occasionally other sites which are of public interest. Superfund sites qualify for federal cleanup money. As of May 2005, there are 13 current Superfund sites in Louisiana and three proposed sites. Once the EPA judges a site to be no longer a threat, it is deleted from the NPL. Seven sites in Louisiana have been deleted to date.[19]



Source: Environmental Protection Agency, 2005
www.epa.gov/superfund/sites/npl/la.htm

Brownfields

There is also an effort to reuse contaminated land called Brownfields. These fields are former industrial sites whose use is limited because of contamination. Those who reclaim them for business and commerce may be able to receive funding from federal sources in direct monies or tax relief. New regulations regarding Brownfields and their beneficial uses were begun in 1999. Since then there are several Brownfield projects occurring throughout the state of Louisiana.[20]

If you find dumped waste, call for help before touching or moving the waste. For assistance contact the Louisiana Department of Environmental Quality at (225) 219-3640.

Proper Disposal of Household Mercury

Mercury is the only common metal that is liquid at room temperature. Follow these safe practices for handling and disposing of small amounts (less than 1 teaspoon):

Always evacuate children and pregnant women from the area.

Always handle the mercury carefully.

Always wear rubber gloves.

Never use a vacuum cleaner to clean up a mercury spill.

Always scoop the mercury onto a sheet of paper or suction it with an eyedropper and place it in a medicine vial or similar airtight container.

Always use fans for a minimum of one hour to speed the ventilation.

Never throw the mercury away; seek professional guidance on proper disposal.

Always keep any objects containing mercury out of the reach of children. (Children found to be playing with liquid mercury or broken fluorescent lamps should be referred to a physician or poison control center immediately.)

Remember…. Larger amounts require professional assistance. Do not hesitate to call for assistance in handling liquid mercury spills. Large spills of mercury compounds can be life-threatening and should be handled by professionals.

For additional information, contact the Louisiana Department of Environmental Quality at (225) 219-3266 or (800) 305-6621.

Toxic Releases

The Toxic Release Inventory (TRI) provides information on the amount of toxic chemicals released and transferred to the environment. Certain manufacturing facilities are required to submit this information under the Emergency Planning and Community Right to Know Act, which is available to the public on the internet and in a printed annual report. Because toxic chemicals do not recognize borders, Toxic Release Inventory data alone can not determine health risk to a community or an individual. **According to the Louisiana Department of Environmental Quality (LDEQ) 2002 Louisiana Environmental Inventory Report, the state released just over 121 million pounds in total release of toxic chemicals; Cameron Parish reported 61,948 pounds of toxic releases.** For the state, this represents a steady decline of 578 million pounds (83%) since 1987 and a decline of two million pounds (2%) from 2001-2002.[21]

Environmental Protection Agency (EPA) trend data for toxic releases in Louisiana indicates an overall decrease in the amount of pounds released from 2000 to 2002. EPA's year-to-year trend data analysis is based on a consistent set of reporting requirements to ensure that changes in the data are not reflective of TRI's chemical and industry changes or modifications in those reporting requirements. Comparisons in the table below were made only for chemicals that were reportable with the same definition in the years from 2000 to 2003[22]

Toxic Releases in Pounds — Trend Data 2000 to 2003

Year	Cameron				Louisiana			
	Release Locale				Release Locale			
	Air	Water	Under-ground	Land	Air	Water	Under-ground	Land
2000	55,158	.	0	0	70,562,307	12,982,782	51,748,710	14,294,651
2001	29,956	.	0	0	58,147,976	11,745,602	37,217,860	15,143,955
2002	50,554	.	0	0	58,271,685	11,493,423	32,430,596	17,252,024
2003	32,792	.	0	0	54,911,708	11,265,133	35,904,030	17,870,783

Source: U.S. Environmental Protection Agency, Release Year 2003, comparisons based on 2000-2003 core chemicals. Data set frozen on 12/28/2004 and released to the public May 11, 2005. URL: http://www.epa.gov/triexplorer/trends.htm

"0" Indicates that either a "0" or a "NA" was reported.

"." Indicates that the total annual amount reported was less than 500 pounds, and facility does not manufacture, process, or otherwise use more than 1 million pounds. May also indicate element was not required to be reported for that year.

Hazardous Substances Emergency Events Surveillance Project

In August of 2000, the Section of Environmental Epidemiology and Toxicology (SEET) was awarded funds to participate in the Hazardous Substances Emergency Events Surveillance (HSEES) project. The HSEES system's ultimate purpose is to provide data that can be used to reduce the injuries and deaths resulting from hazardous substances emergency releases. In collecting health-specific data, SEET hopes to target its efforts to prevent further adverse health consequences from emergency hazardous releases/spills in Louisiana. By focusing on human health outcomes of hazardous substances emergency events, SEET seeks to provide descriptions of the health consequences to employers, employees, first responders, and the general public. Through identifying risk factors associated with injuries and deaths which result from the releases of hazardous substances, strategies can be developed to reduce such consequences.

From January 1, 2001 through December 31, 2003, SEET screened over 25,000 events; of those, a total of 5,372 were initially entered into the HSEES database system. Out of the 5,372 events, 2,241 (41.7%) met the criteria for inclusion in the Louisiana HSEES database.[23]

Hazardous Substances Emergency Events Surveillance: 2001-2003

Location	Events	Substances Released	Deaths	Victims	Events with victims	
					#	%
Cameron	0	0	0	0	0	0.0%
All Parishes	2,241	3,481	4	135	48	2.1%

Source: DHH/OPH, Section of Environmental Epidemiology and Toxicology, 2004

Breathing Free

The air is full of dust and chemicals that cannot always be seen or smelled. Indoor air is affected by outdoor air. Indoor air quality (IAQ) has a greater effect on people's health than outdoor air because they are most likely to be exposed to it. Research indicates that people spend approximately 90% of their time indoors. Thus for many people, the risks to health may be greater from pollutants indoors than outdoors.

DO YOU KNOW – the common sources of toxins in indoor air?

Tobacco smoke
Carbon monoxide
Bacteria
Molds and mildew
Viruses
Dust mites
Cockroaches
Pollen
Pet dander
Paint
Cleansers
Disinfectants
Nitrogen dioxide
Formaldehyde
Pesticides
Lead
Asbestos
Radon

–SEET, 2004

Indoor Air Quality (IAQ)

According to the EPA, the air within homes and other buildings can have higher levels of pollutants than the outdoor air; therefore people are exposed to potentially toxic chemicals more often indoors than outdoors. Chemicals can become trapped indoors and result in elevated levels inside buildings.[24]

Experiencing health from indoor air pollutants may occur soon after exposure (acute effects) or years later (chronic effects). Immediate effects may include irritation of eyes, nose and throat. Headaches, dizziness and fatigue are other symptoms. Such sudden effects are usually short term and treatable. These symptoms may show up after exposure to indoor air pollutants.[25]

Some health effects may show up years after exposure has occurred or after long and repeated periods of exposure. These effects include some respiratory diseases, heart disease, and cancer, causing severe symptoms or even death. It is important to improve the quality of air inside homes and buildings even if symptoms are not noticeable.[26] Additional information and data on asthma in children can be found in the Maternal, Child, and Adolescent Health chapter of these profiles.

"A Few Words on Mold "

Molds are types of fungi which are found just about everywhere —in the air we breathe, in the soil, on plants, and in buildings. Most molds are not harmful to healthy people but inhaling or touching mold spores may cause an allergic response in some people and can worsen breathing problems such as asthma.

To Prevent/Reduce Indoor Mold Growth:

- Respond quickly to moisture problems.
- Regularly inspect for leaks, mold growth, and musty odors.
- Maintain indoor relative humidity below 60%. Use air conditioners and/or de-humidifiers, use exhaust fans or open windows in bathrooms and kitchens, and vent clothes dryers to the outside.

Tips for Removing Mold:

- Locate the source of moisture and eliminate it.
- Remove the mold by scrubbing it with a detergent and water solution.
- Throw out heavily molded materials.
- Protect yourself during cleaning by wearing gloves, an N-95 disposable respirator, long pants and sleeves, and eye protection.
- The EPA recommends that you consider hiring a professional to clean areas of mold growth larger than 10 square feet.

In Louisiana, professional mold remediators are required to have a mold remediators license, as stated in Louisiana RS 37:2181—37:2192.

The Section of Environmental Epidemiology and Toxicology (SEEET) provides telephone consultations and mails printed information to the public. SEET also conducts presentations for groups/associations needing guidance on indoor air quality (IAQ) and associated health effects. ***For questions and concerns about Indoor Air Quality*** **call SEET staff toll free at 1-888-293-7020.**

Outdoor Air Quality

In Louisiana, the air meets all the National Ambient Air Quality Standards, except for ozone. Ozone is a serious air pollutant linked to industrial and transportation sources. Ozone is the main ingredient in urban smog and leads to shortness of breath, wheezing, coughing, headaches, nausea, and eye and throat irritation. Ozone information is collected by the LDEQ from 45 monitoring stations statewide. While a few monitoring stations are scattered in the northern parishes, the majority are located in the industrial regions of Calcasieu Parish and along the Mississippi River from Pointe Coupee through St. Bernard Parishes.

A non-attainment area is one in which levels of ozone exceed acceptable limits—classification ranges from marginal, moderate, serious, severe to extreme. According to LDEQ, the number of parishes rated as an ozone non-attainment area has gone down from eight in 1996 to five in 2003. During that period Calcasieu (12/02/96), Lafourche (6/2/97), and Pointe Coupee (2/25/02) parishes were re-designated and removed from the list.[27]

Despite increased efforts to reduce ozone, five parishes centered around and including Baton Rouge are currently designated as severe non-attainment areas for ozone—Ascension, East Baton Rouge, Iberville, Livingston, and West Baton Rouge. Failure to achieve attainment could result in the EPA enforcing tighter emission control requirements on all area sources.[28]

Recycle

Recycling reduces the bulk of garbage going to landfills and conserves energy. It's impressive to know that there are many recycling programs in the state. But there's always room for improvement. Many parishes are responsive and diligent in their reporting of waste and recycling numbers. They have established a mechanism to capture recycling information, not only from governmental recycling program, but non-governmental programs as well. This simply mirrors the wide range of local government waste and recycling programs available in Louisiana.

The most common materials associated with recycling are glass, aluminum, newspaper, plastic and cardboard. Other communities have special recycling pick-ups for Christmas trees and telephone books. Other communities have special recycling days and drop-off points for hazardous materials such as paint and pesticides. Many local governments have advanced, state-of-the-art public service programs that provide a wide range of services including: curbside garbage and recycling pickup, white goods (appliances) wood waste and brush, and furniture pickup. They also have expanded services including electronics collection, recyclable buy-back centers and household collection services. **For 2003, Cameron Parish recorded recycling 244.3 tons of materials.**[29]

Future Environmental Surveillance Trends

An essential aspect of public health surveillance is providing communities and other stakeholders with timely analysis and interpretation of surveillance data. Environmental scientists can use information from environmental health surveillance systems to track potential environmental risk factors for diseases and other health outcomes. Public health professionals can use tracking data to communicate environmental public health information and program findings to the public. Furthermore, information gathered from tracking can be used to design public health intervention strategies**,** enforce environmental health standards, and to build a scientific foundation on which to base policy decisions.

Geographical Information System (GIS)

GIS is a computer application for mapping and analyzing geographic data to better understand data relationships and trends. SEET has created a GIS program to maintain public health relevant spatial databases used in the generation of maps for SEET projects. Maps generated by the program can be used by emergency responders when dealing with accidental chemical releases and/or terrorism, by agency personnel during local and statewide drills and as a resource for all GIS projects within the Center for Environmental Health Services. As an example, SEET will use GIS to map disease cluster investigations allowing SEET to address community concerns about the occurrence of cancer at area levels smaller than the parish. This mapping will allow information to be more specific to an area within the parish such as at the zip code level. During the calendar year 2003, SEET was notified of or responded to approximately 21 reports of disease clusters throughout the state.

Louisiana Environmental and Health Effects Tracking Program (LEHET)

In 2002 the Louisiana House of Representatives passed Act 666 which requires the Louisiana Department of Health and Hospitals (LDHH) and the Louisiana Department of Environmental Quality (LDEQ) to create a working group of environmental and public health professionals and technical experts to develop an environmental health surveillance system. In September 2003, the Section of Environmental Epidemiology and Toxicology (SEET), in collaboration with LDEQ, received funding from the Centers of Disease Control and Prevention (CDC), National Environmental Health Tracking Program (EPHT), to create the Louisiana Environmental and Health Effects Tracking Program (LEHET) to study environmental and social factors, and diseases affecting Louisiana residents to determine if disease trends exist.

LEHET Pilot Project: Wood Preservation and Treatment Site Monitoring Program

The project will collect groundwater data from abandoned wood preservation sites to:

- describe trends in groundwater contamination and cancer incidences,
- look at the methodological issues in developing indicators for environmental health surveillance and,
- develop useful and realistic technical standards for data collection and management.

The project will use data from the OPH Safe Drinking Water Program and LDEQ groundwater data from 22 abandoned or inactive wood preserving sites to detect the presence of chemicals used during the wood preservation processes. Methods and information collected from this pilot project will be used to develop a model to determine if other environmental contaminants can be linked to cancer and other chronic diseases in Louisiana. Ultimately, the results will demonstrate methods and benefits of linking environmental and health data, and help to reduce the risk of preventable exposure to environmental contaminant.

Occupational Health Surveillance

SEET plans to develop an occupational health program within LDHH to describe the type and frequency of work-related diseases and injuries occurring in Louisiana. Several programs within LDHH have access to data containing information about occupationally related injuries and illnesses. Using those pre-existing DHH data sources, SEET will begin to evaluate the data allowing SEET to set priorities for occupational health surveillance and to target interventions.

Fish Testing

As more water bodies within the state are tested for mercury and other chemicals, the volume of fish tissue data continues to increase. SEET plans to complete a comprehensive analysis of the available fish tissue data for the state of Louisiana. Some of the goals of the analysis include identifying data trends, pinpointing any data gaps, and making recommendations to improve the advisory process.

Population-Based Blood Mercury Services

In recent years, SEET has conducted blood mercury screens for targeted groups including commercial fishers and their families, women of childbearing age, and people who regularly eat fish from local water bodies. Preliminary results and anecdotal data indicate there may be a segment of the population in Louisiana which has elevated blood-mercury levels resulting from the consumption of locally caught fish. The Section of Environmental Epidemiology and Toxicology (SEET) plans to continue to work to identify these groups and offer them free blood mercury testing and educational outreach.

Assessing Hazardous Waste Sites

SEET will conduct heath consultations on specific exposure questions evaluating site conditions at hazardous waste sites. These brief, written health consultations will take less time yet be more responsive to specific concerns.

Faster Response to Chemical Spills

SEET plans on working with physicians and other health professionals across the state of Louisiana to develop a rapid response system for emergency events involving chemical releases. This will allow them to respond more quickly and correctly to individuals who are exposed to chemicals in their environments.

The Community Can . . .

It is important for residents to be involved in researching and advocating for policy changes to improve the environment. Surveillance and informational data from both private and public organizations combined with a community's own records can help people prioritize their concerns. Communities can record the number of health complaints that may be related to the problem as well as their own observations of the wildlife, land, air and water around them. Using these bits of information, communities may select one or two environmental issues to address. Some ways that communities positively impact the environment are by recycling, protecting land from development and changing policies on chemical disposal in their areas.

Understand how environmental regulations are made

- Environmental regulations are made through a legal and legislative process. Communities can investigate the regulations, assist in enforcing them and advocate for change if they need or want to.
- Put environmental improvements high on the political agenda.

Educate your community members on the safe use of pesticides

- Use non-chemical methods of pest control when possible. Around the home, such measures include removing sources of food and water (such as leaky pipes) and destroying pest shelters and breeding sites (such as litter and plant debris). Contact your parish extension agent for effective non-chemical methods of control.
- Always read the label before using a pesticide. Follow the directions including all precautions and restrictions.
- Open, mix, and dilute pesticides outdoors or in a well-ventilated area.
- If there are children in the household, store pesticides and other household chemicals out of their reach and/or in a locked cabinet.
- Before applying a pesticide, remove children, their toys, and pets from the area and keep them away until the pesticide has dried or as recommended by the label.
- For more chemical, health, and environmental information about pesticides, call the National Pesticide Information Center (NPIC) at 800-858-7378, or visit their Web site at www.npic.orst.edu.
- In case of a pesticide emergency, seek medical attention or call the Poison Control Center toll-free at 1-800-256-9822.

Monitor fishing and swimming advisories

- Increase awareness in your community of water bodies that may have advisories on activities. These advisories may be for fishing, swimming, boating, or wading.
- For more information about the fish you purchase in a restaurant or grocery store, contact the United States Food and Drug Administration (FDA) at (800)-Safefood or log on to their Web site at www.cfsan.fda.gov/seafood1.html.

Protect yourself and the community from hazardous waste

- Stay out of restricted areas.
- Do not allow children to play on or near a site which contains hazardous waste.
- Become informed. Learn more about the health effects of certain chemicals. For more information on health and hazardous waste sites, call SEET toll-free at 1-888-293-7020.
- Have your soil or water tested if you have serious reason to think it may be contaminated.
- If you think you have a health effect from a chemical exposure see your doctor.
- Educate people in your community about factors that contribute to cancer. If you notice an unusually high amount of a particular type of cancer clustered in a very small geographic area over a short period of time, you may contact SEET toll free at 1-888-293-7020.

Protect yourself and the community from chemical spills

- Call the Louisiana State Police Hazardous Materials HOT LINE at (225)925-6595 or toll free at 1-877-925-6595 to report the event. Make sure you receive any necessary medical attention.
- Listen to your TV or radio for up-to-the-minute instructions. LDEQ will handle the spill clean-up. SEET will provide information on potential health effects from the spilled or released chemical(s).

Improve your water quality

- If you get your water from a community public water system, review your annual Consumer Confidence Report (often titled “The Water We Drink”), which each system is required to publish annually by July 1st. This document contains information about the quality of the drinking water for your system and also advises if your system had any violations of the Safe Drinking Water Act during the previous year.
- You may also request to view a copy of your system’s Source Water Assessment Plan, which lists and ranks any contamination hazards for your system.
- If you are interested in determining if your water system is secure against any actions to contaminate the water supply, see if your community water system is one of the more than 280 systems to have enrolled in a grassroots water watch program called the Water Awareness Response Network (WARN). If your system is not enrolled, encourage the system participants to enroll with the Safe Drinking Water Program within the Office of Public Health. For more information call (225) 765-5038.
- If you have a private water well, be aware that you are responsible for your own water quality. If you wish to test your water for contaminants, you may purchase a bacteriological test kit from your Parish Health Unit. The Office of Public Health lab will perform the analysis of a homeowner’s drinking water for a fee. You may also contract with private companies to test your water for chemicals. A list of companies licensed by the State can be obtained by calling (504) 568-5359.

Breathe free

- A main contributor to indoor air contamination is environmental tobacco smoke (ETS). Ask smokers to smoke outside, instead of in your home or workplace.
- Join vanpools, carpools or use public transportation to support reducing ozone production. Ride a bike to work more often. Walk to the store. Be careful outside and do not overstrain yourself on Ozone alert days. This includes when you exercise or participate in other activities.

Leave the environment the way you found it

- If you change the oil in your car yourself, dispose of it appropriately. Large oil change stations often recycle the oil. Don't leave car batteries lying around.
- Make a compost heap. Recycle your leaves, grass clippings, and organic food leftovers into fertilizer for your garden. Contact your local garden center for information.

Initiate a recycling program or report your current program statistics to LDEQ.

- Initiate special recycling projects such as Christmas trees and telephone books.
- If curb-side recycling pick-up is not available, place recycling containers in specific locations in the parish.
- Encourage churches, schools, etc. to recycle newspaper as a fund-raising project.

References

1. Louisiana Department of Health and Hospitals, Office of Public Health, Center for Environmental Health Services Sanitarian Services Section (LaDHH/OPH).2004. Program information.
2. United States Environmental Protection Agency, Toxic Release Inventory Program. Toxics Release Inventory 1999, Executive Summary 2 Feb 2005. <http://www.epa.gov/tri/tridata/tri99/pdr/execsummary.pdf>.
3. Louisiana Department of Health and Hospitals, Office of Public Health, Section of Environmental Epidemiology and Toxicology (LaDHH/OPH SEET), 2004. Program information.
4. LaDHH/OPH SEET, 2004. Program information.
5. LaDHH/OPH SEET, 2004. Program information.
6. LaDHH/OPH SEET, 2004. Program information.
7. Louisiana Department of Environmental Quality. 1998. Program information.
8. LaDHH/OPH SEET, 2004. Program information.
9. LaDHH/OPH SEET, 2004. Program information.
10. LaDHH/OPH SEET, 2004. Program information.
11. LaDHH/OPH SEET, 2004. Program information.
12. Louisiana Department of Health and Hospitals, Office of Public Health, Beach Monitoring Program, 2004. Program information.
13. Louisiana Department of Health and Hospitals, Office of Public Health,. Molluscan Shellfish Program, 2004. Program information.
14. Louisiana Department of Health and Hospitals, Office of Public Health, Engineering Services Section, 2004.
15. Wellhead Protection Program, Louisiana Department of Environmental Quality, Apr. 2005 <http://www.deq.louisiana.gov/evaluation/aeps/gwwhpbr.htm>.
16. Louisiana Department of Environmental Quality, 2004.

17. Louisiana Department of Health and Hospitals, Office of Public Health, Drinking Water Revolving Loan Fund Program, 2004.
18. LaDHH/OPH SEET, 2004. Program information.
19. National Priorities List for Sites in Louisiana, U.S. Environmental Protection Agency, 8 Oct 2004, 22 Feb 2005 <http://www.epa.gov/superfund/sites/npl/la.htm>.
20. Voluntary Cleanup Program, Louisiana Department of Environmental Quality, Apr. 2005 <http://www.deq.louisiana.gov/remediation/ias/vcp.htm>.
21. Louisiana Department of Environmental Quality, 2002 Louisiana Environmental Inventory Report, April 2004.
22. U. S. Environmental Protection Agency, TRI Explorer, Releases Trend Report, 1 April 2004, 22 Feb 2005, <http://www.epa.gov/triexplorer/>.
23. Hazardous Substance Emergency Events Surveillance (HSEES). 2005. Louisiana Department of Health and Hospitals, Office of Public Health, Section of Environmental Epidemiology and Toxicology (SEET).
24. Basic Information About Indoor Air Quality, U.S. Environmental Protection Agency (EPA). 18 Nov 2004. 13 April 2005. <http://www.epa.gov/iaq/ia-intro.html>.
25. Basic Information About Indoor Air Quality, EPA <http://www.epa.gov/iaq/ia-intro.html>.
26. Basic Information About Indoor Air Quality, EPA <http://www.epa.gov/iaq/ia-intro.html>.
27. Nonattainment Status for La. Parishes, Louisiana Department of Environmental Quality (LDEQ), 27 May 2003. 13 April 2005. <http://www.deq.louisiana.gov/evaluation/ozone/statuso3.htm>.
28. Nonattainment Status for La. Parishes, LDEQ. <http://www.deq.louisiana.gov/evaluation/ozone/statuso3.htm>.
29. Louisiana Department of Environmental Quality. 2005. Annual recycling reports submitted for years 2000 – 2003. Provided by John Rogers.

People with Disabilities

"Progress is too slow, and the gaps are still too large. Looking back four years, or ten years . . . we see Americans with disabilities heading in the right direction. But people with disabilities remain pervasively disadvantaged. Our goal of full participation is a dream deferred. I hope that the findings . . .will inspire legislators, public officials, and the American people to rededicate themselves to this goal."

Alan A. Reich, 2004[1]

One in five Americans, 49.7 million people, are living with some type of long-lasting condition or disability.[2] While there is no one, universally accepted definition of "disability," for the purposes of this chapter, the sources cited refer to disability as a "condition," usually sensory, physical or mental, that limits daily living or the independence of the individual. People with disabilities face unique challenges, overcoming environmental, social, and emotional barriers to maintain their health and a healthy lifestyle. They are dependent upon community commitment to identify and change those barriers. In Louisiana, 880,047 people ages 5 and older (28 percent) have some kind of a disability. **In Cameron Parish, it is estimated that 1,765 people ages 5 and older (19 percent) have a disability.**[3]

DID YOU KNOW?

Under the Americans for Disabilities Act (ADA), a person with a disability is someone with a physical or mental impairment which substantially limits one or more activities of daily living (ADL), or someone with a history of such impairment.

Council of Better Business Bureau's Foundation, 1992

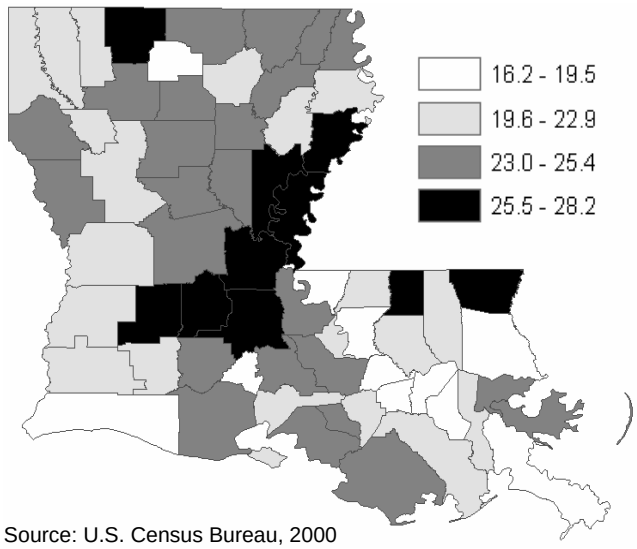
There are many kinds and causes of disabilities. Some are visible, such as spinal cord injuries, while others, such as heart disease, deafness or diabetes are not. Disabilities can be the result of an accident, or can be brought on by chronic disease or simply by becoming frail with age. Interventions, treatment, immunization programs, and safe-behavior practices aimed at individuals, families, and communities can reduce the incidence or impact of disabilities. Medical screenings and treatment can prevent mental retardation caused by rubella, kernicterus, or lead poisoning. Providing substance abuse treatment for a pregnant woman with a history of alcohol abuse is an example of an intervention that can prevent a disability (fetal alcohol syndrome). Accidental injury can be prevented by the use and proper installation of child safety seats, wearing a seat belt, a motorcycle helmet, or practicing and monitoring work-site safety. Preventing disabilities is discussed in the other chapters.

This chapter discusses living with a disability. The first sections of this chapter look at community issues and barriers facing individuals with disabilities. Later sections discuss the scope and magnitude of the populations with disabilities within the parish, the services available, and possible community actions to improve inclusiveness. Included in this chapter is a discussion of the elderly population and related issues. The following indicators are presented:

- Prevalence of disability by race, sex, age and type of disability
- Disparities in employment, earnings, and poverty
- Estimated rate of growth in population 65 and older, percent living in a nursing facility, percent raising their grandchildren

The statewide distribution of the prevalence of disabilities by parish gives community leaders and planners a visual representation of the scope of disability in their area as compared to the rest of the state. Who are these people, what kinds of disabilities do they have, what do they need? The information in this chapter will help community leaders find the answers to these questions.

Percent of Population Reporting a Disability
(Non-institutionalized people 5 years and older)



Source: U.S. Census Bureau, 2000

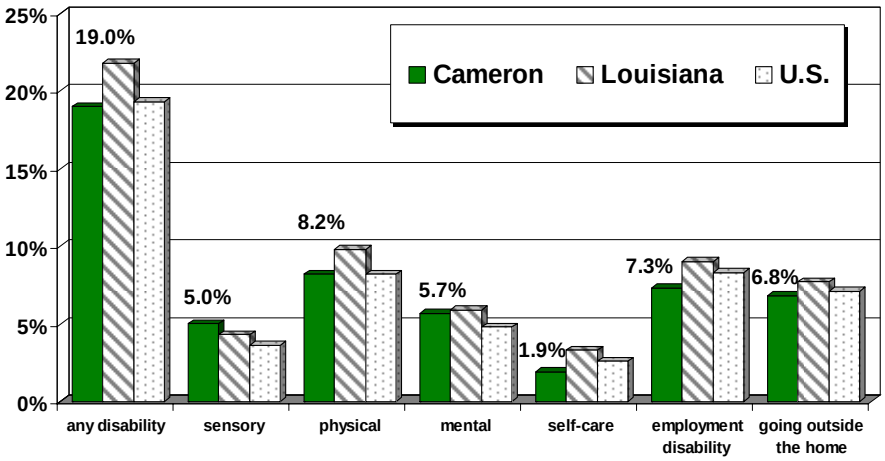
Understanding Census Disability Data—the 2000 Census gathered disability data from the non-institutionalized (those not in facilities such as nursing homes, mental hospitals, etc.) civilian population aged 5 and older from two specific questions with multiple parts on the long form. One question centered on sensory disability and on conditions restricting physical activities while the second question concentrated on a person's difficulty to perform certain activities due to a physical, mental, or emotional condition. The questions on disability were self-reported and were not mutually exclusive, allowing a respondent to report more than one disability and more than one effect.

Prevalence of Disabilities in Your Community

This section will focus on the magnitude, types, and demographics of disabilities in the parish. Census data combined with other data sources will help to define the scope of disability in the community. Community leaders and program providers should use this information as a beginning point to address needs of their citizens with disabilities.

Persons with Disabilities Ages 5 Years and Older	
Cameron Parish	
Total Persons with a Disability	**1,765**
By Disability Type*	
Sensory	466
Physical	763
Mental	530
Self-care	177
Employment disability	678
Difficulty going outside the home	630

Prevalence of Disability Among Persons 5 years and Older by Disability Type*
(as a percent of total population 5 and older)



Source: U.S. Bureau of the Census, Census 2000 **Disability types are not mutually exclusive*

In the United States:

•The two racial groups reporting the highest disability rate of 243.3 per 1,000 population were Black and American Indian/Alaska Native.

•More males than females report a disability. Among people with disabilities in the 5 to 15 year age group, nearly two-thirds were boys. Only in the 65 and older age group are disability rates for women higher than they are for men.

•Disability rates increased with age; people 65 years and older reported a disability over two times the rate for people 16 to 64 years.[4]

Disability Prevalence by Race, Age and Sex
Rate per 1,000 Population

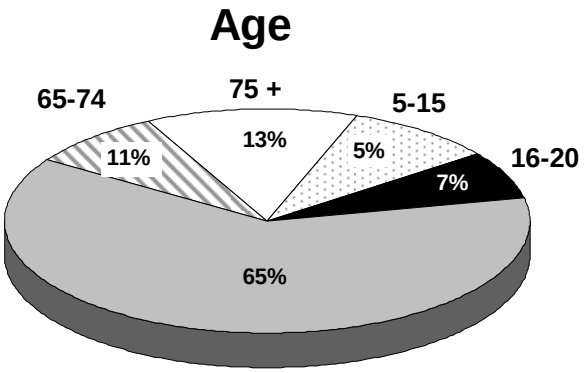
	Cameron	Louisiana	U.S.
All Persons 5 and Older	189.9	217.5	193.4
White	185.7	205.7	185.3
Black	177.2	242.0	243.3
Other	363.2	217.9	195.7
Male	209.4	224.0	196.1
Female	170.9	211.7	190.9
5-15 Years	91.2	69.7	57.9
16-20 Years	165.1	144.2	132.9
21-65 Years	192.8	221.1	192.0
65-74 Years	218.9	387.3	322.7
75 Years and Older	623.3	606.6	535.9

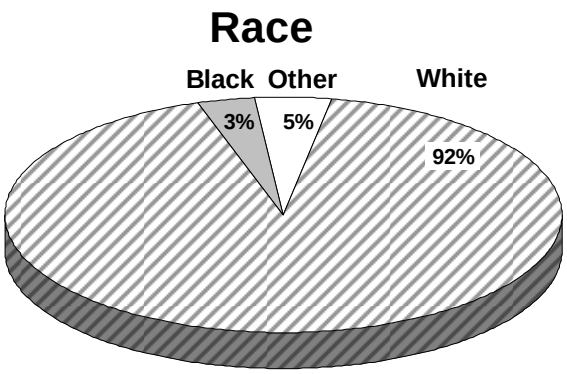
Source: U. S. Census 2000, QT-P21 Summary File 3-Sample Data

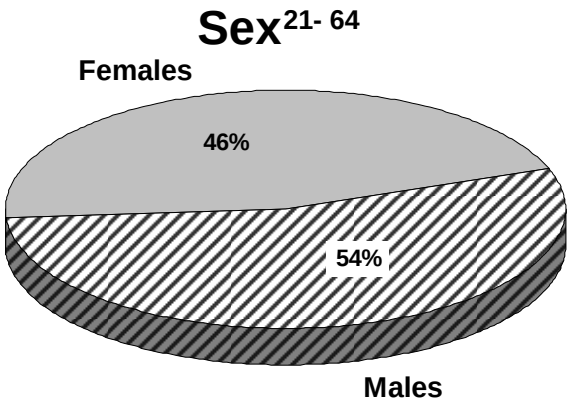
Demographic Composition of People with Disabilities

While people with disabilities represent all racial, ethnic, and social-economic groups, differences exist within gender, races and age groups. By looking at these sub-populations, we can get a better understanding of differences that will help communities target solutions. The U.S. Census Bureau does not recommend comparing Census 2000 with Census 1990, but has used the data to identify trends among specific populations.

Demographic Composition of People with Disabilities
by Age, Race and Sex
Cameron Parish, 2000







Source: U.S. Bureau of the Census, Census 2000

Disability by Age Group

Census 2000 gathered disability data on people ages five and older. Information on birth to four presented in this section comes from the Louisiana Department of Health and Hospitals, Children's Special Health Services programs. Because census data is gathered by age groups and because disability characteristics, services, and supports required change with age, this section will address prevalence data by age groups.

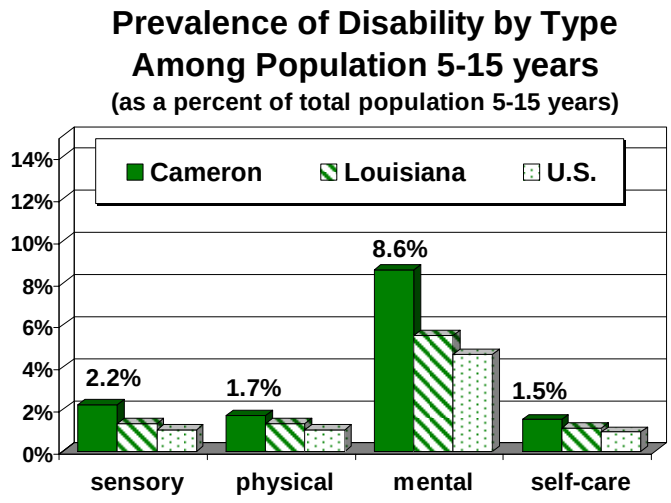
Children and Adolescents: Birth to 20 Years

23.2% of Louisiana households have at least one child with a special health care need.

The 2001 National Survey on Children with Special Health Care Needs provides information about Louisiana children with special health care needs, ages 0-17 years. Accordingly, Louisiana ranks as the second-highest of all the states for children with special health care needs with 16 percent of Louisiana children having special health care needs. Survey data also indicates that 11.4 percent of those are birth to 5 years old, 20.1 percent of these children are uninsured at some point during the year. In addition, 23.2 percent of Louisiana households have at least one child with a special health care need with 85.5 percent of the families indicating that their child received SSI, compared to the national survey response of 70.7 percent.[5] The prevalence of disabilities among children in the state coupled with the high rate of children with special needs who are uninsured indicate a tremendous need for health care services and resources for children with special health care needs.[6]

Infants and Toddlers: Data on disabilities in the general population under 5 years of age is limited. However, program participation data from the EarlySteps Program can be used as a general indicator of the prevalence of disabilities in this age group. EarlySteps, under Children's Special Health Services, Department of Health and Hospitals, Office of Public Health, provides services to infants and toddlers (birth to 3 years) with medical conditions likely to cause disability or developmental delays, or with a physical, cognitive, social and emotional, adaptive, or communication delay. As of July 01, 2004, there were 4,330 children (1.7 percent) in Louisiana receiving EarlySteps services.[7] The Department of Education estimates that approximately 5,850 children (2.3 percent) may be eligible for EarlySteps services in Louisiana.[8]

5-15 Years: For every 1,000 children ages 5-15 in Cameron Parish, it is estimated that 91 have a disability. This contrasts to almost 58 in 1,000 for the United States and nearly 70 in 1,000 for Louisiana.[9] The most noticeable factor of disability in this age group is the high percentage of people reporting a mental disability. This trend is prevalent in both the U. S. and Louisiana, where according to Census 2000, nearly 8 out of 10 children who report a disability report a mental disability (difficulty in learning, remembering or concentrating). This is greater than any of the other reported disabilities in this age group.[10] One study attributes this to two factors, increased birth and survival rates among low birth weight infants and increased diagnosis of Attention Deficit/Hyperactivity and asthma.[11]

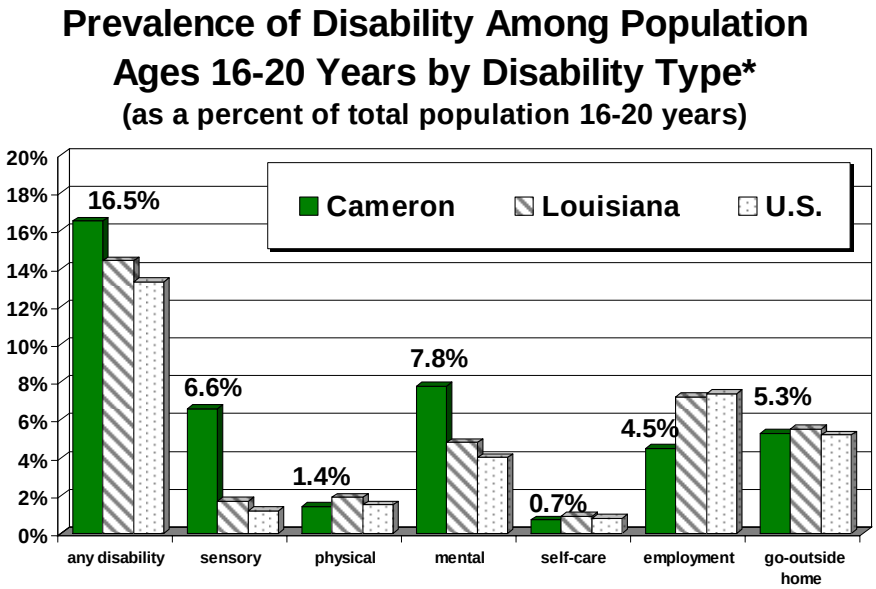


Persons with Disabilities Ages 5-15 Years	
Cameron Parish	
Total Persons with a Disability	164
By Type of Disability*	
Sensory	40
Physical	30
Mental	154
Self-care	27

Source: U.S. Bureau of the Census, Census 2000
**Disability types are not mutually exclusive*

Special Education data from the Louisiana Department of Education (DOE) provides another perspective of the prevalence of children with disabilities in your parish. Included in the school systems' definition for "disability" are specific learning disabilities (ADD for example), speech or language impairments, autism, deaf and hard of hearing, mental disabilities (behavior disorders for example), and developmental delays. According to DOE, for the 2003-2004 school year 13.5 percent of the public school children in Louisiana aged 3-21 were children with disabilities. **Of the 1,851 students in public schools in Cameron Parish, 17.9 percent (332) were children with disabilities**.[12]

16-20 Years: **In Cameron Parish, it is estimated that 165 out of 1,000 people 16 to 20 years of age report a disability.** This compares to almost 133 in 1,000 for the United States and nearly 144 in 1,000 for Louisiana.[13] The prevalence of disability for this age group is over two times the rate for the 5-15 age groups. While mental disability is the largest reported disability, the prevalence in the U.S. has declined from 8 in 10 in the 5-15 population to just less than 3 in 10 in the 16-20 population.[14] It is important to understand that older adolescents with disabilities have the same aspirations and desires as all teens but they have the additional challenges of being different, communication barriers, and independence issues. Getting an education and job training are essential to getting and maintaining independence for this age group.



Persons with Disabilities Ages 16-20 Years	
Cameron Parish	
Total Persons with a Disability	122
By Type of Disability*	
Sensory	49
Physical	10
Mental	58
Self-care	5
Employment disability	33
Difficulty going outside the home	39

Source: U.S. Bureau of the Census, Census 2000
**Disability types are not mutually exclusive*

Census 2000 asked respondents in this age group to report on the effects of having a disability on going-outside-the-home and on employment. **In Cameron Parish of the people 16-20 years of age who report a disability, 39 report a go-outside-the-home disability and 33 report an employment disability.**[15] This information, combined with Louisiana Department of Education (DOE) exit data, gives a clear picture of the need for specialized services for this transitional age group. DOE reported that for the 2003-2004 school year, of Louisiana students ages 14-21 years with disabilities, only one in five (18.9 percent) received a high school diploma, one in four (24 percent) dropped out, and one in twenty (5.3 percent) received some form of skills, activity certificate, or GED.[16] The big challenge for educators, planners, community leaders, and schools is preparing this population for life as an adult with a disability.

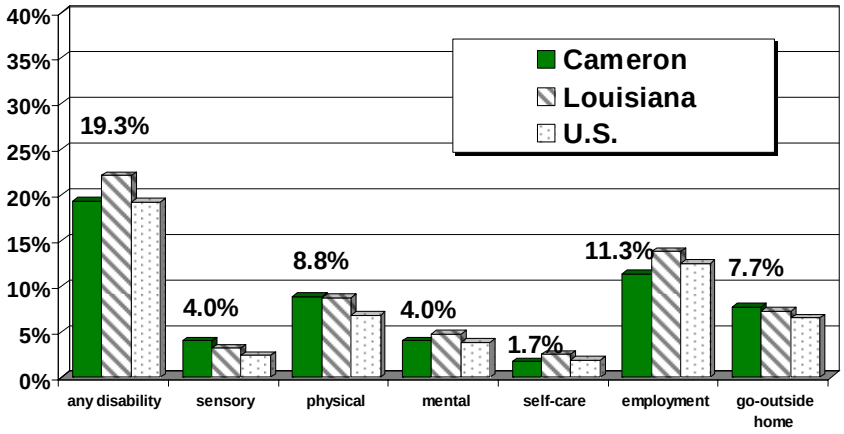
The Working Population: 21-64 Years

For every 1,000 adults ages 21-64 in Cameron Parish, it is estimated that 193 have a disability. This compares to 192 in 1,000 for the United States and 221 in 1,000 for Louisiana.[17] For the 21-64 age groups in both Louisiana and the U.S., the most reported disabilities are physical disability, followed by mental disability.[18] Census 2000 gathered additional employment information on this age group, reporting the percent of the population employed with a disability by disability type. The ability to work affects the economic status of the individual and/or the family and contributes to the overall well-being of people with disabilities. Looking at people who report a disability and who are employed is an indication of job opportunities available for individuals with disabilities.

Persons with Disabilities Ages 21-64 Years	
Cameron Parish	
Total Persons with a Disability	**1,103**
By Type of Disability*	
Sensory	227
Physical	504
Mental	231
Self-care	99
Employment disability	645
Difficulty going outside the home	438

Source: U.S. Bureau of the Census, Census 2000
**Disability types are not mutually exclusive*

Prevalence of Disability Among Population Ages 21-64 Years by Disability Type*
(as a percent of total population 21-64 years)



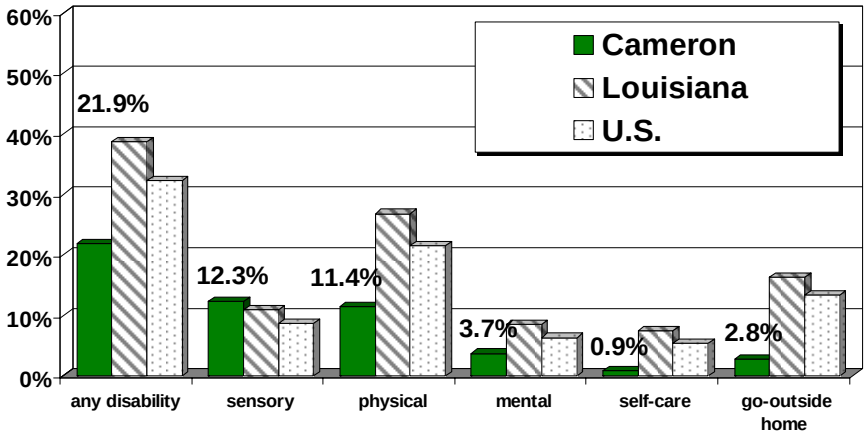
The Elderly: 65 and Older

Aging is another cause of disability; increased frailty causes bones to break easily and chronic disease can limit mobility, sight, hearing or clarity of thought. **In Cameron Parish, for the 65 and older population, 363 people in 1,000 report a disability compared to the state rate of 481 and the United States rate of 420**.[19] Physical disabilities are the leading type of disability in the elderly population. The high rates of physical disability intensify and compound the problem of going outside the home.

Comparing disability rates for the 75 and older population to the 65-74 population shows the effect of aging on disability**. In Cameron Parish, it is estimated that 219 people out of 1,000 ages 65-74 years report a disability, compared with 623 people ages 75 and older.** In the United States the prevalence rate is nearly 323 out of 1,000 for ages 65-74 and nearly 536 for ages 75 and older. In Louisiana, the rate is just over 387 for 65-74 years and nearly 607 for 75 and older.[20]

Prevalence of Disability Among Population Ages 65-74 Years by Disability Type*

(as a percent of total population 65-74 years)



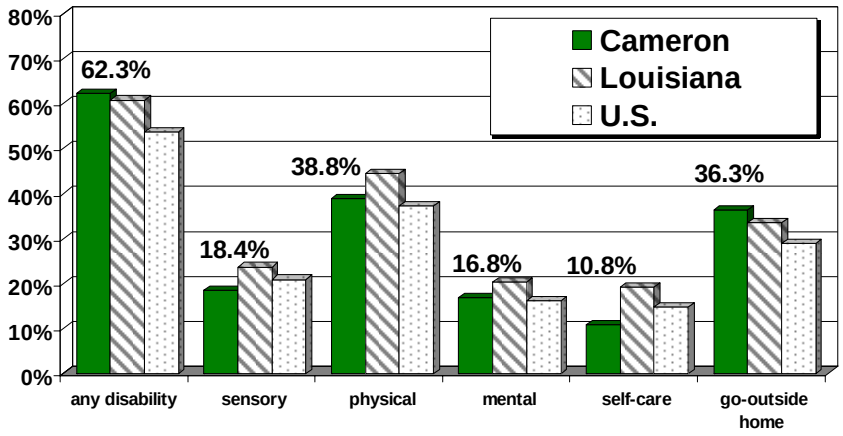
Persons with Disabilities Ages 65-74 Years	
Cameron Parish	
Total Persons with a Disability	**146**
By Type of Disability	
Sensory	82
Physical	76
Mental	25
Self-care	6
Difficulty going outside the home	19

Source: U.S. Bureau of the Census, Census 2000
**Disability types are not mutually exclusive*

In the 75 and older age group, the percentage of people needing self- care assistance increased at both the state and national level. Individuals who report being unable to care for themselves will need access to in-home services and possibly long-term care facilities. Community leaders and program planners should be aware of the increasing burden on families and caregivers as the need for help increases in the elderly population.

Prevalence of Disability Among Population Ages 75 Years and Older by Disability Type*

(as a percent of total population 75 years and older)



Persons with Disabilities Ages 75 Years and Older	
Cameron Parish	
Total Persons with a Disability	**230**
By Type of Disability*	
Sensory	68
Physical	143
Mental	62
Self-care	40
Difficulty going outside the home	134

Source: U.S. Bureau of the Census, Census 2000
**Disability types are not mutually exclusive*

Other Impacts of Aging

Not all of the elderly populations in your community are people with disabilities. However, some of the issues and needs confronting people with disabilities are common to the elderly, e.g., the need for long-term care and independence. These issues combined with the growing elderly population are challenges that the community must be prepared to meet. From 1950 to 2000, the proportion of the United States population 75 years and older increased from 3 percent of the population to 6 percent of the population.[21] It is estimated that by 2010, 13.9 percent of the population of the state will be 65 years and older.[22]

Census 2000 counted 516,929 Louisiana citizens aged 65 and older. They make up 11.6 percent of the state's population. **In Cameron Parish, 1,058 people are 65 and older, making up 10.6 percent of the parish population; 7 percent are 65-74 years old, 2.9 percent are 75-85 years old and 1.1 percent are 85 years and older.**[23] Health, economic and social needs increase with age, and Louisiana's elderly population is growing and the number of those living well into their eighties and nineties is increasing. It will be necessary to increase the services provided to this population.

Living Arrangements: Living conditions of the elderly have a great impact on their quality of life. For both women and men in the 65 and older population, the most prevalent living arrangement is with a spouse, followed by living alone. Women report living alone at more than two times the rate of men.[24] Families, not social service agencies, nursing homes or government programs, are the mainstay of long-term care for older people in the United States. In many cases, both the caregivers and care recipients are aging adults.[25] In Louisiana, it is estimated that in 2003, 5.6 percent of the 65 and older population lived in a total nursing facility, contrasted with the estimate that 5.9 percent of the same population are raising their grandchildren.[26,27]

Being able to do for oneself is an important indicator of well-being, regardless if a person is living alone or living with someone. The number of people age 65 and older who report needing help with personal care has remained steady at just over 6 percent from 1997 to 2003.[28] In the U.S., more than 22.4 million families are serving in a caregiver role for people over the age of 50.[29] Family members and friends provide a supporting and caring atmosphere, transportation to medical services, and social interaction. Difficulties arise when there is not enough time and money to care for a loved one, when caregiver duties interfere with the caregiver's work, and when the caregiver begins to experience stress. Families and even communities must weigh the options of home health care, adult day-care centers, and nursing homes.

Prevention and Services: Access to health care, eating well, staying active, and feeling useful are all important to the elderly. Parish Councils on Aging (COA) programs directly address those issues associated with quality aging, offering a variety of services from volunteer opportunities to meals on wheels. COA centers also provide educational, social, and recreational activities and are a major provider of transportation services. Immunization programs at parish health units and community-based programs provide an easily accessible source of flu and pneumonia shots. Community centers, local health clubs, hospitals and YMCAs offer physical recreation and exercise such as mall-walking and formal exercise classes.

For more information visit the Governor's Office of Elderly Affairs at www.louisiana.gov or Eldercare Locator at 1-800-677-1116 www.eldercare.gov.

Issues Faced by People Living with a Disability

According to The National Organization on Disabilities (NOD) 2004 Harris Survey, significant differences between people with and without disabilities exist in employment, education, community participation, transportation, political participation, health care, religious participation, and use of technology. NOD identifies these differences as "gaps". These gaps span all aspects of a person's life and include such quality-of-life issues as recreation, independence and community participation.[30] Reducing these quality-of-life gaps are the challenges facing community leaders and citizens.

When compared to people without disabilities, people with disabilities:

- spend significantly less time outside the home,
- socialize less,
- feel more isolated,
- participate in fewer community activities, and
- are less likely to be employed.[32]

DID YOU KNOW?

In Louisiana, 48% of survey respondents indicated that they did not have access to needed assistive technology and 70% cited cost as the main reason.[31]

Health Issues Facing People with a Disability

According to Healthy People 2010, (HP2010), health disparities between people with disabilities and without disabilities exist, but are not as documented as are other identified disparities.[33] In response, HP2010 has 13 new objectives designed to improve the health and well-being of people with disabilities and to define gaps and disparities between people with and without disabilities.

Compared to people without disabilities, people with disabilities have:

- less health insurance coverage and use of the health care system,
- higher rates of chronic conditions,
- lower rates of social events,
- fewer community-organized or employee-sponsored health events,
- higher rates of pressure sores in nursing homes,
- higher rates of emergency room visits, and hospitalizations for a primary disabling condition,
- lower rates of formal patient education,
- lower rates of treatment for mental illness,
- more preventable secondary conditions, e.g. fractures, amputation, and
- more early deaths from primary disabling conditions—asthma, diabetes-related cardiovascular disease, or kidney failure.[34]

The CDC is now targeting women with disabilities as an area of emphasis because it recognizes that this population faces additional health issues. Women with disabilities are less likely to get regular screenings such as tests for cervical cancer and mammography screenings, are more frequently affected by many of the conditions that cause disability, and are more prone to secondary conditions, e.g., osteoporosis, obesity and depression.[35]

Working with a Disability

Workplaces and workspaces built for able-bodied people create obstacles for individuals with disabilities. People with disabilities report not only difficulty in finding appropriate work, but also report facing fear, uncertainty, and rejection from people who do not know how to behave around them because they look, move or act differently. Louisiana participants in the DHH 2004 survey of people with disabilities echo these same experiences and concerns: 42 percent of the respondents expressed a level of dissatisfaction when asked about employment opportunities for people with their disabilities, while only 17 percent expressed a level of satisfaction; and 37 percent indicated that their biggest problem in finding work is not enough acceptance of their disabilities.[37]

At the state and national level, the employment rate for people without disabilities is almost two times the rate for people with disabilities. **In Cameron Parish, 46 percent of those who identified themselves as having a disability also indicated that they were employed—significantly lower than the 72 percent employment rate for people without a disability.**[38]

DID YOU KNOW – *there are many no cost or low cost accommodations that employers can make to hire people with disabilities?*

- *Rearrange an office to provide more maneuvering room.*
- *Allow a technician to sit for a part of the work day.*
- *Give a job applicant with a learning disability extra time to take a test.*
- *Provide a reserved parking space to an employee with a mobility impairment.*[36]

Earnings and Poverty

There is a link between disability and poverty. In the U.S., 17.6 percent of the populations 5 and older with disabilities (8.7 million) live in poverty, compared to only 10.6 percent of the same population without disabilities.[39] **In Cameron Parish, 18 percent of people with disabilities live in poverty compared to only 11 percent of the population without disabilities**.[40]

Disability and Poverty

	Cameron	Louisiana	U.S.
% of All Persons Below Poverty	12.4%	19.0%	12.0%
% With a Disability	18.2%	24.9%	17.6%
% With no Disability	11.0%	17.3%	10.6%

Source: U S Census, Census 2000, QT-P21 Summary File 3-Sample Data

People with disabilities who work earn below the median income when compared to people without disabilities. According to Census 2000, in the U.S., people with any of the six specified disabilities who work report a median income of $28,803, which is nearly $4,000 less than people without a disability—in Louisiana they earn nearly $3,000 less when compared to the median income of $28,856 for Louisianans without a disability.[41]

In Louisiana, disabled workers earned nearly $3,000 less

Services and Resources for People with Disabilities

Communities, businesses, and the public sector must recognize that investing in technologies, employment opportunities, and support services for people with disabilities is necessary to increase independence and improve the quality of life for those citizens. These supports provide assistance with such things as housing, transportation, vocational rehabilitation, and in-home personal care attendants (PCA). Many are funded by the federal government and managed by state agencies; others are directed through community and faith-based organizations.

DID YOU KNOW?

In the U.S. in 2002:

- *12.4% of the total population report being limited in their ability to perform daily age appropriate activities due to a physical, mental or emotional problem.*
- *6.1% report needing assistance with personal care, bathing, dressing, and eating.*
- *10.9% report needing assistance with chores such as cooking, housework and managing money, and shopping.*[42]

Identifying and accessing these resources and services is a critical issue for people with a disability, their families and their caretakers. This issue was echoed in results from the DHH survey. The survey identified six problems or issues common to all people with disabilities: Independent living; Personal Care Attendants; Transportation; Waiting for Services; Autonomy; and Difficulty Accessing Information. In the survey, costs and availability were cited as both the main reason for not receiving needed service and as barriers to their ability to live their life as they would like. In brief, the DHH survey results indicated the following:

- **Services available** as often as needed included: inpatient hospital care, emergency care, medications, and specialist doctors.
- **Services not available** as often as needed included: speech therapy, occupational therapy, physical therapy, and personal care attendants.[43]

National Clearinghouse Site for Information

In October of 2002, the federal government launched a one-stop Web site with access to disability information, www.disabilityinfo.gov. This interactive site has information and resources on employment, education, housing, transportation, health, income support, technology, independent living, and civil rights; it also provides links to federal agencies, state services, and community organizations.

Taking Care, Taking Control: Shreveport Church Establishes a Ramp-building Ministry

For the past three years, members of the North Highlands United Methodist Church in Shreveport have traveled to New Orleans, Alexandria, and Monroe to build wheelchair accessible ramps at the homes of persons with disabilities. On the average, the group constructs six to nine ramps a year: Members pay their own travel expenses and provide free labor. If the homeowner cannot afford to pay for the supplies and materials, North Highlands will pay the construction costs.

Backstrom, B., ”Churches put faith into action with ramp-building ministry”, General Board of Global Ministries, The United Methodist Church. 29 Mar 2004.6 Oct 2004. Key words, Churches put faith into action with ramp-building ministry “Global News, Archive 2004, <gbgm-umc.org>.

State Programs and Resources

The state of Louisiana has two Web sites that list services and links to other agencies/groups providing service to Louisiana citizens with disabilities. These are the Louisiana Developmental Disability Council (LDDC) at www.laddc.org and the Louisiana Assistive Technology Access Network (LATAN) at www.latan.org.

The DHH Office for Citizens with Developmental Disabilities (OCDD): OCDD administers the Developmental Disabilities (DD) Services System for people with developmental disabilities. A "developmental disability" is one that is attributable to an intellectual or physical impairment or combination of intellectual and physical impairments; occurs prior to age 22; is likely to continue indefinitely; results in substantial limitations in three or more areas of major life activities, such as self-care, language, learning, mobility, self-direction, and capacity for independent living; and is not attributed to mental illness. The DD Services System includes public and private residential services and other supports and services for people with developmental disabilities. Supports and services are administered through six Region Offices, four Human Service Authorities or Districts, a number of group/community homes, seven Developmental Centers, nine Community Support Teams, and five Resource Centers with defined specialty areas (i.e., psychiatric and behavioral supports; medical and dental supports; nutritional, physical, and nursing supports; inclusion; and aging). OCDD offers a broad range of supports and services including, but not limited to: individual and family supports, such as personal care assistance, respite, and crisis intervention; cash subsidy; extended family living; and supported living services. For more information, visit www.dhh.louisiana.gov, under Offices, "OCDD".

Children's Special Health Services (CSHS): within DHH/OPH, Children's Special Health Services serves as the principal public agency ensuring that children with special health care needs have access to health care services designed to help them live an independent life. CSHS acts as a direct service provider, a case manager or an assistant in managing finances to assure that quality health care services are provided to children with special health care needs. Programs include the Universal Newborn Hearing Screening and Intervention program, the Louisiana Birth Defects Monitoring Network (LBDMN), and EarlySteps—Louisiana's early intervention system for infants and toddlers (birth to 3 years) who have disabilities and developmental delays. This interagency system provides coordinated supports and resources to the families during the initial years of their child's development. CSHS works in partnership with other federal, state and local programs, public and private agencies, institutions, and providers to meet the changing demands of families and children with special health care needs. Additional information is available on-line at www.oph.dhh.louisiana.gov/childrensspecial.

Educational Services for School Age Children with Disabilities: Educational services and supports for school age children, 3-21 years, are delivered through the Louisiana Department of Education, Special Populations Divisions in their Special Education programs mandated by the Individuals with Disabilities Education Act (IDEA) and Section 504. Knowledge of both of these statutes is helpful for parents and caregivers to ensure that their children with disabilities receive an appropriate and barrier- free education. For more information, visit www.doe.state.la.us, Division of Special Populations.

Social Security Disability Benefits: The Louisiana Department of Social Services (DSS) administers benefits to disabled individuals through the Disability Insurance Benefits program and the Supplemental Security Income-SSI. Both programs are funded through the Social Security Administration (SSA) under the Social Security Act. In Louisiana, an individual who qualifies for SSI also qualifies for Medicaid. Often misunderstood is the fact that a person may work and still receive Social Security cash benefits. In Louisiana for 2003, 127,678 people received Social Security disability benefits.[44] Of the total number receiving benefits, nearly 1 in 3 was for a mental disorder, one in four for a muscular/skeletal disorder, and just over 1 in 10 for a circulatory disorder.[45] For more information, visit www.dss.state.la.us/departments/dss/Disability.html.

DID YOU KNOW?

People with disabilities who work may be eligible for the Medicaid Purchase Plan. Under this program, individuals who qualify will get full medical coverage, including prescription drugs, hospital care, doctor services, medical equipment and supplies, and medical transportation. For information call 1-888-544-7996

Louisiana Department of Health and Hospitals

Long-term Care Waiver Programs: Long-term care for people with disabilities is a major concern to the state of Louisiana and is an agenda item of the Governor's Health Care Reform Panel. The essence of the reform is choice for home care or institutional care based on the needs of the individual. One part of a long-term care program is the accessibility to personal care services such as bathing, grooming, household chores, and grocery shopping. Other long-term care programs include adult day health care, group recreational services, and assistance to transition from institutional living to a community living arrangement. For more information, visit the DHH Web site at www.dhh.louisiana.gov, under Offices, "Medicaid" or the DSS web site at www.dss.state.la.us/departments/lrs/Independent_Living.html

DID YOU KNOW?

People with disabilities are an untapped resource of skills and spending power. Work opportunities determine and are determined by the ability to secure affordable, accessible housing, accessible transportation, health care, assistive technology, education, opportunities to socialize, and participate in community and political life.

– N.O.D.

Vocational Rehabilitation: The Louisiana Department of Social Services manages vocational rehabilitation services. Services for the hearing and seeing impaired and services to assist with independent living are all offered through the Louisiana Rehabilitation Services program. Vocational Rehabilitation is a comprehensive career development program offering services ranging from skill development through job placement and career development.[46] Programs serving the hearing and seeing impaired offer a wide range of services designed to help a person with disabilities to maintain his or her independence. Included in these services are access to assistive living devices, an information clearinghouse, and referral services. For more information, visit www.dss.state.la.us/departments/lrs/Vocational_Rehabilitation.html.

Advocacy/Ombudsman: Louisiana has several state offices that provide information and advocacy support to people with disabilities. The Governor's Office of Disability Affairs acts as an advocate and an information repository for people with developmental disabilities. Under DHH, the Developmental Disabilities Council acts as an advocate for people with developmental disabilities while the Office for Citizens with Developmental Disabilities actually runs developmental centers and community services regional offices. Along with state and federal programs, community-based organizations such as Centers for Independent

Living (CIL), The Arc of Louisiana, and LA Citizens for Action Now (LaCAN) are dedicated to keeping people with disabilities independent and to improve their quality-of-life. There are now over 500 centers for independent Living in the United States, with three of these being in Louisiana. **The Louisiana toll free number for information on support and service available to people with disabilities is 1-800-922-DIAL.**

Strategies for Action

National Strategies

The federal government has identified multi-faceted national strategies to address the problems affecting people with disabilities, summarized as follows:

- Improve nutrition and physical activity levels,
- Eliminate physical and attitudinal barriers that hinder full integration into communities,
- Make available long-term care alternatives,
- Provide transportation for the disabled, and
- Develop health screening equipment for people with disabilities.[47]

The National Organization on Disability (NOD) echoes those strategies by suggesting that communities remove barriers of "attitude, architecture and communication."[48] The NOD invites mayors and other community leaders to learn about the disabled people of their community, encourages congregations of all faiths to welcome people with disabilities, informs and educates the disabled on voting rights for citizens with disabilities and challenges emergency managers to address disability concerns. These strategies send a clear message to community leaders: improving the quality of life for people with disabilities requires a multidimensional approach beyond counting parking spaces and buildings with elevators.

Community Strategies

The data presented in this chapter describes the scope and magnitude of disability; however to approach the issues of access and inclusion communities will need to gather information on local resources and services. Community leaders should inventory existing services for people with disabilities, creating an indicator of your community's inclusiveness. Begin by talking to people with disabilities, then include them and their families in community planning. Their experiences will help identify existing service gaps and inclusion barriers. Examples of simple and easy-to-gather indicators are the number and availability of books on tape at the local library or the availability of an interpreter for the hearing impaired at local meetings such as the school board or parish council. Often overlooked indicators are recreational opportunities for people with disabilities. Does your community have wheelchair basketball leagues, or handicapped accessible swimming pools, or lighted and paved walking trails? Another useful indicator is the transportation system. How do people with disabilities get to the doctor or to the store? What public/private disability accessible systems operate in your community?

Examining local business' capacities for hiring the disabled and accessing your communities' volunteer opportunities are also valuable indicators. People with disabilities who volunteer can find opportunities for social inclusion and belonging while fostering friendships and networking possibilities. Another great benefit of volunteerism is the opportunity for

volunteers to develop marketable skills, which in turn can create job opportunities. Communities should identify existing volunteer opportunities and then develop an action plan to link organizations and businesses to this potential volunteer corps. Increasing the "usefulness" of its citizens with disabilities is inherent in creating healthy communities.

The Community Can…

Provide a voice for persons with disabilities [49]

- Develop partnerships between government, people with disabilities, and their advocates.[50]
- Create a commission, board, or position within the local government whose job is to ensure that the needs and interests of persons with disabilities are considered.[51]
- Provide communication aids such as interpreters and assisted hearing devices, at community government meetings.[52]
- Include persons with disabilities in emergency preparedness planning.[53]

Toolkits & Guides:

The Community Tool Box Increasing Access for People with Physical Disabilities, ctb.ku.edu/tools/en/sub_section_main_1223.htm.

Emergency Preparedness initiative, Guide on the Special Needs of People with Disabilities, Community Involvement, Emergency Preparedness, www.nod.org.

Increase options for community–based, consumer choice long-term care[54]

- Support the creation of local family councils and advocacy groups made up of families of persons with disabilities.[55]
- Support education and training for personal care workers to ensure a trained, available work force.[56]
- Facilitate respite programs to provide support for unpaid and family caregivers.[57]

Toolkits & Guides:

Disability Policies and Programs: Lessons Learned, Independent Living and Community Support Services, www11.hrsdc.gc.ca/en/cs/sp/hrsdc/edd/brief/9999-000556/dpp.shtml.

Long-Term Care, www.communitylivingta.info/files/73/3628/Long_Term_Care.pdf.

U.S. Centers for Medicare & Medicaid Services, Promising Practices in Community Services, http://www.cms.hhs.gov/promisingpractices

Increase access to transportation for the elderly and persons with disabilities[58, 59]

- Coordinate transportation services between program–related human service agencies and general public transportation systems.[60]
- Provide disability awareness and sensitivity training for transit operators.[61]
- Create a volunteer driver program utilizing volunteers from faith-based groups, service organizations and the public.[62]
- Encourage and coordinate van pooling, car pooling, and "share-a-ride" initiatives.[63]

Toolkits & Guides:

National Consortium on the Coordination of Human Services Transportation, www.ctaa.org/ntrc/is_coordination.asp.

Easter Seals Project ACTION's Mobility Planning Services, Assessable Community Transportation in our Nation", projectaction.easterseals.com.

United We Ride, Useful Practices, ftawebprod.fta.dot.gov/UsefulPractices.

Senior Transportation: Toolkit and Best Practices, www.ctaa.org/ntrc/senior/senior_toolkit.pdf.

Expand affordable housing opportunities in local communities[64]

- Establish or expand partnerships between the housing system (affordable housing providers and funders) and the disability community
- Educate organizations and individuals about the utilization of programs to support and/or subsidize housing and homeownership, e.g., HUD's Consolidated Plan process and the Section 8 Voucher Program.

Toolkits & Guides:

Going it Alone: The Struggle to Expand Housing Opportunities for People with Disabilities, www.c-c-d.org/going_alone.htm.

Homeownership for People with Disabilities, www.c-c-d.org/od-dec98.htm.

Section 8 Made Simple: Using the Housing Choice Voucher Program to Assist People with Disabilities, www.tacinc.org/cms/admin/cms/_uploads/docs/Sect8.2ndEd.pdf.

Increase employment opportunities for persons with disabilities[65]

- Foster partnerships between employers and community-based, disability focused organizations.[66]
- Offer volunteer opportunities, community service and service learning programs as ways for persons with disabilities to gain marketable job skills.[67]
- Support paid internships for high school students with disabilities to provide valuable work experience and opportunities for job-skill development.[68]

Toolkits & Guides:

Disability Policies and Programs: Lessons Learned- Employment, www11.hrsdc.gc.ca/en/cs/sp/hrsdc/edd/brief/9999-000556/dpp.shtml.

Breaking the Sound Barriers – Employing People Who are Deaf, Deafened and Hard of Hearing, www.chs.ca/info/es/index.html.

Increase social and recreational inclusion opportunities for persons with disabilities [69]

- Develop a community resource directory of local services to the elderly and disabled.[70]
- Provide transportation to community events, and recreational activities.[71]
- Remove barriers to recreational opportunities; ensure recreation and fitness facilities are accessible

Toolkits & Guides:

North Carolina Office on Disability and Health (2001), "Removing Barriers to Health Clubs and Fitness Facilities", Chapel Hill, NC: Frank Porter Graham Child Development Center, www.fpg.unc.edu/~ncodh/FitnessGuide.pdf.

Target interventions to the elderly to minimize the impacts of aging[72]

- Partner with private aging service provider organizations to deliver disease prevention programs.[73]
- Offer physical activity and nutrition programs for the elderly to promote healthy aging.[74]
- Offer fall prevention programs to the elderly.[75]

Toolkits & Guides:

CDC and Merck Institute of Aging and Health, "The State of Aging and Health in America 2004, www.cdc.gov/aging/pdf/State_of_Aging_and_Health_in_America_2004.pdf.

References

1. Reich, A., "2004 N.O.D./Harris Survey Documents," National Organization on Disability - News (Press Releases).24 June 2004. 6 Oct. 2004. <http://www.nod.org>.
2. U.S. Census Bureau, Disability Status: 2000, Census 2000 Brief.
3. U.S. Census Bureau, Disability Status by Sex: 2000, QT-P21. Summary File 3 (SF3)-Sample Data.
4. U.S. Census Bureau, Disability Status: 2000, Census 2000 Brief.
5. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The National Survey of Children with Special Health Care Needs Chartbook 2001. Rockville, Maryland: U.S. Department of Health and Human Services, 2004. <http://mchb.hrsa.gov/chscn/state_data/la.htm>.
6. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The National Survey of Children with Special Health Care Needs Chartbook 2001.
7. Louisiana Department of Health and Hospitals, Office of Public Health (LaDHH/OPH), Children's Special Health Services (CSHS), EarlySteps Program Information.
8. LaDHH/OPH, Children's Special Health Services, EarlySteps 2004 Annual Performance Report.
9. U.S. Census Bureau, Disability Status by Sex: 2000, QT-P21.
10. U.S. Census Bureau, Disability Status by Sex: 2000, QT-P21.
11. Hogan, Dennis P. and Wells, T., 2002, As sourced in "Children with Limitations", Child Trends DataBank. May 2005. <http://www.childtrendsdatabank.org/indicators/44ChildLimitations.cfm.>
12. State Special Education Data Profile, 2004, Table 7 – Number and Percent of Students by Disability Categories, Ages 3-21. Special Education Public Counts from LANSER, Louisiana Department of Education, October 1, 2003 MFP. <http://www.doe.state.la.us/lde/uploads/5783.pdf>.
13. U.S. Census Bureau, Disability Status by Sex: 2000, QT-P21.
14. U.S. Census Bureau, Disability Status by Sex: 2000, QT-P21.
15. U.S. Census Bureau, Disability Status by Sex: 2000, QT-P21.
16. State Special Education Data Profile, 2004, Table 10A – Number and Percent of Students with Disabilities Ages 14 through 21, Exiting Special Education Disability by Exit Reason Statewide, Special Education Public Counts from LANSER, Louisiana Department of Education, October 1, 2003 MFP. <http://www.doe.state.la.us/lde/uploads/5783.pdf>.
17. U.S. Census Bureau, Disability Status by Sex: 2000, QT-P21.
18. U.S. Census Bureau, Disability Status by Sex: 2000, QT-P21.
19. U.S. Census Bureau, Disability Status by Sex: 2000, QT-P21.
20. U.S. Census Bureau, Disability Status by Sex: 2000, QT-P21.
21. National Center for Health Statistics, Health, United States 2004 With Chartbook on Trends in the Health of Americans, Hyattsville, Maryland: 2004, pg 21.
22. Gibson, Gregory, et at, Across the States: Profiles of Long-Term Care: Louisiana, AARP Public Policy Institute. 2002. <http://assets.aarp.org/rgcenter/post-import/d18202_2004_ats_la.pdf>.
23. U.S. Census Bureau, Age Groups and Sex: 2000, QT-P1 Summary File 1 (SF1).

24. Federal Interagency Forum on Aging-Related Statistics, Older Americans 2000: Key Indicators of Well-Being, Federal Interagency Forum on Aging-Related Statistics, Washington, DC: U.S. Government Printing Office. August 2000, Table 5A.
25. U.S .Department of Health and Human Services, Administration on Aging, Snapshot, National Family Caregiver Support Program, 27 Aug 2003, 17 Nov 2004, <http://www.aoa.gov/press/fact/pdf/ss_nfcsp.pdf>.
26. Gibson, Gregory, et al.
27. Gibson, Gregory, et al.
28. Early Release of Selected Estimates Based on Data From the 2002 National Health Interview Survey, Figure 12.1 – Percent of Adults aged 65 years and over who need help with personal care from other persons: United States, 1997-2002, Center for Disease Control,18 June 2003, 15 November 2004. <http://www.cdc.gov/nchs/data/nhis/earlyrelease/earlyrelease200306.pdf>.
29. "National Family Caregiver Support Program", Fact Sheets, Issue Briefs and Snapshots, Press Room, Administration on Aging, U.S. Department of Health and Human Services 27 Aug 2003, 17 Nov 2004,<http://www.aoa.gov/press/fact/pdf/ss_nfcsp.pdf>.
30. "Trends Impacting 54 Million Americans", National Organization on Disabilities, Harris Survey, The National Organization on Disability - News (Press Releases). 24 June 2004.9 September 2004. <http://www.nod.org>.
31. Murray, J., PhD, and Istre, T., Ph D., "Findings from Interviews and Surveys with People Living with Disabilities," Bureau of Health Services Financing, Louisiana Medicaid, Louisiana Department of Health and Hospitals. April, 5 2004.
32. "Trends Impacting 54 Million Americans".
33. U.S. Department of Health and Human Services-Public Health Services, Healthy People 2010: Understanding and Improving Health, Volume 1, Chapter 6 Disability and Secondary Conditions,. <http://www.healthypeople.gov/Document/HTML/Volume1/06Disability.htm>.
34. U.S. Department of Health and Human Services-Public Health Service, "Healthy People 2010, Health People with Disabilities, HP2010 Data on Disparities", National Center on Birth Defects and Developmental Disabilities, CDC, NCBDDD Pub, September 6, 2001.
35. "Women with Disabilities, Health and Wellness Issues for Women", National Center on Birth Defects and Developmental Disabilities, CDC, 1 Oct 2004, <http://www.cdc.gov/ncbddd/women/default.htm>.
36. Network, sponsored by the President's Committee on Employment of People with Disabilities: Tech Connections Audio Conference, July 2001.
37. Murray, J, PhD.
38. U.S. Census Bureau, Disability Status by Sex: 2000, QT-P21.
39. U.S. Census Bureau, Disability Status: 2000, Census 2000 Brief.
40. U.S. Census Bureau, Disability Status by Sex: 2000, QT-P21.
41. U.S. Census Bureau, Employment and Earnings by Disability Status for the Civilian Noninstitutionalized Population 21-64 Years: 2000, PHC-T-32, Summary File 4 (SF 4) Sample Data.
42. CDC, National Center of Health Statistics, Chartbook of Heath, United States, 2004, National, Interview Survey, Family Core Questionnaire, Table 56.
43. Murray, J, PhD.
44. "Annual Statistical Report on the Social Security Disability Insurance Program, 2003", Office of Policy, Social Security Administration, <http://www.socialsecurity.gov/policy/docs/statcomps/di_asr/2003>.
45. "Annual Statistical Report on the Social Security Disability Insurance Program, 2003".
46. "What is Vocational Rehabilitation?", Vocational Rehabilitation, Louisiana Department of Social Services, 18 Oct 2004. <http://www.dss.state.la.us/departments/lrs/Vocational_Rehabilitation.html>.
47. U.S. Department of Health and Human Services-Public Health Service, "Progress Review, Disability and Secondary Conditions," Healthy People 2010, 15 January 2003. 1 October 2004. <http://www.healthypeople.gov/data/2010prog/focus06/default.htm >.
48. "Community Involvement: Religious Participation", National Organization on Disabilities, Oct 2004. <http://www.nod.org/index.cfm?fuseaction=Page.viewPage&pageId=9>.
49. National Organization on Disability, Community Leaders, 6 July 2005, <http://www.nod.org>.

50. Crews, John, "Paper on Caregiving and Personal Assistance Services", CDC, Disability and Secondary Conditions Focus Area 6, Repots and Proceedings, Aug 2003, 13 July 2005, <http://www.cdc.gov/ncbddd/dh/publications/FocusArea6TextforWeb8_03.txt>.
51. National Organization on Disability, Accessible America Award Winner, Phoenix, AR, 2003 Application, 6 July 2005, <http://www.nod.org>.
52. The Community Tool Box Increasing Access for People with Physical Disabilities 15 July 2005, <http://ctb.ku.edu/tools/en/sub_section_main_1223.htm>.
53. National Organization on Disability, "Emergency Preparedness Initiative, Guide on the Special Needs of People with Disabilities", <http://www.nod.org>.
54. Crews, John.
55. U.S. Centers for Medicare & Medicaid Services, Promising Practices in Home and Community Based Services, "Issue: Support, Information and resources for family caregivers", 10 Feb 2005, 13 July 2005, <http://www.cms.hhs.gov>.
56. Crews, John.
57. U.S. Centers for Medicare & Medicaid Services, Promising Practices in Home and Community Based Services, "Issue: Flexible Service Package Focused on Informal Caregivers", 16 May 2003, 13 July 2005, <http://www.cms.hhs.gov>.
58. Bailey, Linda, "Aging Americans: Stranded Without Options", Surface Transportation Policy Project, April 2004.
59. National Council on Disability, "The Current State of Transportation for People with Disabilities in the United States", 13 June 2005, 15 July 2005, <http://www.ncd.gov/newsroom/publications/2005/pdf/current_state.pdf>.
60. . U. S. General Accounting Office, Resources, Community, and Economic Development Division, "Transportation Coordination, Benefits and Barriers Exist, and Planning Efforts Progress Slowly", October 1999. 18 July 2005 <http://www.gao.gov/archive/2000/rc00001.pdf>.
61. Easter Seals, "Project Action, Assessable Community Transportation in our Nation", 15 July 2005, <http://projectaction.easterseals.com>.
62. Hardin, Jane, "Senior Transportation: Toolkit and best Practices, Community Transportation Association of America, May 2003, 13 July 2005, <http://www.ctaa.org/ntrc/senior/senior_toolkit.pdf>.
63. Hardin, Jane.
64. O'Hara, Ann and Miller E. "Going it Alone: The Struggle to Expand Housing Opportunities for People with Disabilities", Technical Assistance Collaborative, Boston, MA: 2000. <http://ww.c-c-d.org/going_alone.htm>.
65. Economic Participation, Financial independence benefits everyone, National Organization on Disability, 19 Oct 2004 <http://www.nod.org/economic>.
66. McInns, Rob, "Best Practices: Partnerships with CBO's, Diversity Network Newsletter, July 2004 218 July 2005<http://www.diversityworld.com/Disability/DN04/DN0407.htm>.
67. Schoultz, Bonnie and Lakin, C., "Impact: Volunteer and Service Opportunities for People with Developmental Disabilities, 19 Oct 2004 <.http://ici.umn.edu/products/impact/142/over2.html>.
68. Start on Success Program, National Organization on Disability, 6 July 2005 <http://www.startonsuccess.org>.
69. Gray, David.
70. National Organization on Disability, News (Press Release), "Highland Chapter Recognized with AARP/N.O.D. Community Betterment Award, 8 Dec 2003, 6 July 2005, <http://www.nod.org>.
71. National Organization on Disability, Accessible America Award, West Hollywood, CA, 2004 application, 6 July 2005, <http://www.nod.org>.
72. CDC and Merck Institute of Aging and Health, "The State of Aging and Health in America 2004, 12 July 2005 <http://www.cdc.gov/aging/pdf/State_of_Aging_and_Health_in_America_2004.pdf>.
73. U.S. Department of Health & Human Service, Administration on Aging, Evidence Based Disease Prevention Grants Program, 13 July 2005 <http://www.aoa.gov/prof/evidence/evidence.asp>.
74. U.S. Department of Health & Human Service, Evidence Based Disease Prevention Grants Program, 13 July 2005, <http://www.aoa.gov/prof/evidence/evidence.asp>.
75. U.S. Centers for Medicare & Medicaid Services, Healthy Aging Initiatives Evidence Reports, "Falls Prevention Interventions in the Medicare Population", 13 July 2005, <http://www.cms.hhs.gov/healthyaging/FallsPI.asp>.

Mental Health

"We envision a future when everyone with a mental illness will recover, a future when mental illness can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness has access to effective treatment and supports – essentials for living, working, learning, and participating fully in the community."

President's New Freedom Commission on Mental Health, 2003

One-third of Americans between the ages of 15 and 54 will develop a mental illness in their lives. According to data from the Substance Abuse and Mental Health Services Administration (SAMHSA), 1 in 5 people experience a diagnosable mental disorder in any given year—for Louisiana this is an estimated 650,000 adults and 245,000 children.[1]

In the chapter on "Using the Parish Profiles," the broad definition of health was introduced. Part of that broad definition of health in a community is the concept of community mental health, which may be reflected in all the aspects of that broad definition. Each community needs to decide how it will define the idea of community mental health status. The positive assets of a community can significantly impact community and individual mental health. These positive qualities include a nurturing, tolerant, stimulating, diverse, safe and pleasant place in which to live. Each community needs to decide what characteristics represent the positive aspects of their community's mental health. It is these positive aspects that are used, and improved on, in any community process to improve quality of life.

However, most of the data that are collected nationally and in Louisiana about mental health are based on a need for individual mental health services, the use of those services and additional community-based support systems that can be developed. Because of limited resources, the individuals most likely to get services are those with the most severe forms of mental illness.

In Louisiana, it is estimated that 650,000 adults and 245,000 children have diagnosable mental illness.

This section discusses the following indicators: Prevalence of mental illness for state and parish; mental illness diagnoses of clients served in state; and per capita mental health expenditure in Louisiana.

Defining the Scope of Mental Illness

The impact of mental illness and the promotion of mental health are major public health concerns, yet mental illness remains widely misunderstood. Mental illness is more common than any other major public health concern. It is more common than cancer, diabetes or heart disease. Psychiatric disorder is the number one reason for hospital admissions nationwide. At any given moment, almost 21 percent of all hospital beds are filled by people with mental illness. Nearly eight million children and teens have serious emotional problems. Mental illness is common in all walks of life. It is a little known fact that many famous and influential people have suffered from severe mental illness, including Abraham Lincoln, Beethoven, Van Gogh and Winston Churchill, to name just a few.[3]

DID YOU KNOW?

- *Approximately 18% of all children in foster care are placed in residential treatment facilities due to their complex mental health care needs each year.*
- *Nearly 40% of youth in secure care have a serious emotional disturbance*
- *20% of inmates entering prison receive mental health services*[2]

Mental disorders fall along a continuum of severity. The most serious and disabling conditions affect five to ten million adults (2.6% to 5.4% of the population) and three to

five million children ages five to seventeen (5% to 9%) in the United States.[4]Serious mental illness is defined as a diagnosable mental, behavioral, or emotional disorder that meets criteria of the Diagnosis and Statistical Manual of Mental Disorders (DSM-IV – American Psychiatric Association, 1994) and results in functional impairment substantially interfering with or limiting one or more major life activities.[5,6] Serious mental illness includes schizophrenia and psychotic disorder, major depression, and bipolar disorder.

Despite its prevalence, only about one-third of those afflicted receive appropriate mental health treatment yearly.[7] Many of those who are treated in hospitals or treatment centers would be better served in less restrictive, more normalized, community-based programs. Other issues affecting those with mental illness are housing, employment, and overcoming the stigma of mental illnesses.

Estimated Population with Severe Mental Illness, 2000

	Cameron	Louisiana
Children	255	109,782
Adults	186	84,479
Total	**441**	**194,261**

Source: Louisiana Department of Health and Hospitals, Based on national prevalence estimates using U.S. Census 2000

Funding for mental health diagnoses, treatment, and prevention comes from Medicare (federal funds), Medicaid (state and federal funds), state funds only, private insurance, and self-pay.[8] Individuals with mental illness can invest great expense over their lifetimes due to the high cost of care. As a result, there recently have been successful efforts to improve the mental health benefits of group health care insurance plans, such as the Mental Health Parity Act of 1996.[9]

Mental Health Reform –The President's New Freedom Commission on Mental Health Report (2003) has outlined a national agenda for reforming the mental health system in the nation making recommendations that enable adults with serious mental illnesses and children with serious emotional disturbances to live, work, learn, and participate fully in their communities.[10] To this end, in June of 2005, the Governor's Health Care Reform Panel issued a report on mental health issues facing the state of Louisiana. The complete report is available on line at www.dhh.louisiana.gov, key words "health care reform".

Mental Disorders

Severe mental illnesses, such as schizophrenia, major depression, and bipolar disorder, are biologically-based brain disorders. These disorders significantly disrupt a person's ability to think, feel, and relate to others. These disorders are long lasting and episodic. This means that they affect the person to some degree most of his or her lifetime. State mental health services address the needs of people with severe mental illness. In Louisiana over 90 percent of all people served through OMH have a severe mental disorder.[11] Many of the remainder of those served are at risk for a severe disorder.

DID YOU KNOW?

Schizophrenia occurs equally in both genders, and is usually diagnosed between 18 and 25 years of age. Men have a slightly earlier onset than Women. Onset of symptoms after the age of 40 is rare.

Office of Mental Health, 2004

Suicide

From 1998 until 2001, the rate for self-inflicted injuries and suicide attempts in Louisiana was 38.2 per 100,000 population (ages 10 years and up).[12] Teen suicide is the 3rd leading cause of death of adolescents in Louisiana.[13] For the same time period, nearly 62 percent of the attempts were by females while just over 38 percent were attempted by males. In looking at differences in age groups, persons in the 20-29 and 30-39 age groups have more attempts while persons in the 60 years and older have the fewest attempts.[14] **In Cameron Parish from 1998-2001, there were less than 30 suicide and self-inflicted injury attempts, therefore no rate was calculated.**[15]

Suicide Attempts and Self-Inflicted Injuries 1998 – 2001

Region 5	Number	Rate per 100,000
Total	**398**	**41.2**
	Number	**% of Total**
By Age Group		
10-19	89	22.4%
20-29	99	24.9%
30-39	92	23.1%
40-49	78	19.6%
50-59	<30	**
60+	<30	**
By Sex		
Male	154	38.7%
Female	244	61.3%

Source: Louisiana Hospital Inpatient Discharge Database.
** Not calculated if number less than 30

Co-Occurrence of Serious Mental illness with Substance Abuse/Dependence

Many people with a serious mental illness also suffer from substance abuse/dependence. In 2003, the rate of adults who were dependent on or abused alcohol or illicit drugs was 21 percent for adults with serious mental illness and only 7.9 percent among those without serious mental illness. An estimated 4.2 million adults met the criteria for both serious mental illness and substance dependence or abuse in the past year. In 2004, the Office of Mental Health and the Office of Addictive Disorders received a federal grant to develop programs of integrated treatment to serve the needs of people with co-occurring serious mental illness and substance abuse.[17]

21% of adults with serious mental illness are dependent on or abuse alcohol or illicit drugs.[16]

Primary Diagnoses of Clients Served by the Louisiana Office of Mental Health, 2003-04

ADULTS		CHILDREN	
Diagnosis	**Percent of total**	**Diagnosis**	**Percent of total**
• Major affective disorder	52.0%	• Attention deficit disorder	23.1%
• Schizophrenia	21.7%	• Major affective disorder	15.7%
• Depressive disorder	6.8%	• Depressive disorder	9.6%
• Anxiety disorder	3.5%	• Oppositional disorder	6.6%
• Mental retardation	1.1%	• Anxiety disorder	4.8%
• Substance abuse disorder	1.2%	• Conduct disorder	4.4%
• Adjustment disorder	1.0%	• Adjustment disorder	3.8%
• Personality disorder	0.1%	• Schizophrenia	.3%
• Other	13.6%	• Other	8.7%

Source: Office of Mental Health, 2004

Addressing the Needs of Severe Mental Illness

Costs

According to the 1999 Surgeon General's Report on Mental Health, it is estimated that the annual economic indirect cost of mental illness to United States is $79 billion.[18] Each year, about one in four Social Security disability payments are for people with severe mental illness. In Louisiana for the 2003/04 fiscal year, 45 percent of the mental heath expenditures were for mental health medications.[19] According to the National Association of State Mental Health Program Directors Research Institute, the total per capita mental health expenditures in Louisiana for 2003 was $51. This compares to $92.81 for the United States. Nationally, Louisiana ranked 27th in per capita mental health expenditures.[20] The Office of Mental Health budget has remained steady at about $50 million despite efforts over the years to increase this level of funding. These requests usually focus on pharmacy, housing, and children's programs. Research evidence shows that improved access can directly reduce the long-term costs of mental health care.[21]

Each year, about one in four Social Security disability payments are for people with severe mental illness.

Treatment

The treatment of mental disorders includes use of medications and a wide range of community-based treatment approaches. Providing support in the person's natural environment (e.g., work/school, home, community) can also help. There has been much success with community-based treatment approaches. When people are treated at home or in a community, they do not require hospitalization as often. Nationally, and in Louisiana, there is an active agenda to reduce the number of people hospitalized and the length of hospital stays. At the same time, OMH hopes to increase the available community-based care.[22]

DID YOU KNOW?

According to the National Institute of Mental Health, individuals with serious mental illness have a 90 % unemployment rate.[23]

Medications have been a crucial factor to help people function better and more independently. In recent years, there have been amazing advances in the development of new antidepressants and antipsychotic medications (e.g., clozapine, risperidone, olanzapine). These now have better results and fewer negative side-effects. Obtaining funding for these newer, more effective medications has been an OMH priority over the past two years.[24]

Access to Mental Health Services

The state mental health system in Louisiana includes 43 community mental health centers and 31 community outreach clinics. It also includes seven regional acute inpatient units, over 300 contract community programs (e.g. crisis, case management and school-based programs), and five state psychiatric hospitals. Service delivery is organized into six regionally integrated systems of care and four human service districts. These systems provide a wide range of treatment and support services as close as possible to the client's home. There are a growing number of state-of-the-art programs. This includes assertive community

treatment and programs of housing. Employment and education are also included. Within the Louisiana Medicaid Mental Health Rehabilitation Program, OMH supports the provision of services in home and community settings outside clinics through a statewide provider network of mental rehabilitation vendors. For online access to mental health support services offered by the Office of Mental Health, visit the DHH Web site at www.dhh.louisiana.gov.

DID YOU KNOW?

Visit the DHH Web site at www.dhh.louisiana.gov for online access to mental health support services offered by the Office of Mental Health. The site features a "clickable" state map with detailed information by region.

School-Based Services

Louisiana school-based health centers (SBHC) provide mental health services to students including, but not limited to, crisis counseling, individual, family and group therapy. School-based mental health services can facilitate access and target early intervention which can prevent school failure or involvement in the juvenile justice system.[25] Each center is staffed with a master's level mental health professional who works closely with the center's medical personnel. Some centers also provide onsite psychiatric services. The emphasis is on prevention, early intervention and risk reduction. In 2003-2004, mental health was the second leading reason for a visit to a school-based health center.[26] Additional information on SBCHs, including a parish list, can be found in the Access to Appropriate Health Care chapter.

Consumer, Family, and Community Services

There is growing consumer (service recipient) and family involvement in mental health systems planning, development, and evaluation. Mental health consumers are becoming partners in decision-making regarding goals, programs and funding priorities. Communities can have direct impact on the availability and quality of services in their areas.[27] In Louisiana, there are active and regionally representative state mental health planning councils, local advisory councils, and consumer/advocacy organizations. There are also organizations for adult family members, such as the National Alliance for Mental Illness, and for parents, and the Federation of Families for Children's Mental Health. Two additional agencies in Louisiana that provide statewide education and advocacy for the mental health community are the Mental Health Association (www.mhal.org/) and Meaningful Minds of Louisiana (www.meaningfulmindsla.org). Both websites provide links to additional mental health information and resources available throughout the state.

Early Childhood Supports and Services (ECSS)—Identifies and mitigates the risks for young children, ages 0-5 years and their families, who are exposed to abuse, neglect, violence, parental mental illness, prenatal substance abuse, poverty, and developmental disabilities. ECSS brings together state agencies and local community organizations, such as Head Start and the March of Dimes, to identify these targeted children and refer them to the appropriate service. Currently the program is operating in nine parishes, including DeSoto, East Baton Rouge, Lafayette, Ouachita, Terrebonne, and St. Tammany. For more information visit the ECSS web site at www.ecssla.org.

Community-Based Supports

Community capacity to support the preference of people with mental illnesses to live independently complements the basic treatment services provided by the Office of Mental Health and other providers. Currently, OMH has programs to help consumers with housing, education, employment and business development. The focus there is not just treatment but readiness for jobs and job skills, and supporting youth in their home and school environments.[28]

Housing

Housing is a critical need for people with serious mental illnesses. OMH assists people with a mental illness with housing and independent living. Supported housing services include assistance with finding and keeping housing, moving expenses, local transportation assistance, initial grocery expenses, baby-sitting and clothing needs. More support, such as an aide or intense support services, may be arranged at the beginning of independent living and tapered off in order to make the transition easier. Over 3,500 people in Louisiana are served through this program each year.[29]

In Louisiana over 3,500 people receive supported housing services each year

Education

Supported education provides individual and group support to students with serious mental illness pursuing post-secondary education. The focus of supported education is to help the students handle academics and adapt to university life. Many students with severe mental illness would ordinarily have difficulty staying in school and performing well. OMH operates two successful programs, one at Louisiana State University (LSU) in Baton Rouge and one at the University of Louisiana (ULL) in Lafayette.[30] Supported education is a national best practice, and Louisiana is proudly one of the few states offering this service.

In 2003-2004, 172 students were served through the LSU program and 151 students were served through the ULL program. OMH hopes to make the program available for replication in other Louisiana post-secondary institutions, including the new community college system in the coming years.[31]

Employment

OMH recognizes that work is a major component in the recovery process and supports consumers in seeking, getting, and keeping a job. Traditionally, because an individual with severe mental illness was considered unable to work, employment was seldom a consideration in treatment planning. If placed, people with a mental illness were often put in low-level, low-paying positions unrelated to their strengths or preferences. This has all changed with the implementation of supported employment services.

The Office of Mental Health works closely with the Louisiana Rehabilitation Services to provide supported employment services. OMH provides supported employment services across the state, training consumers and establishing ties with the Louisiana Rehabilitative Services (Louisiana Department of Social Services) and establishing consumer-run businesses. There are trained consumer employment coordinators in every region of the state. Through these services, consumers are employed in meaningful jobs and better integrated into the communities in which they live. In 2003-2004, OMH provided supported employment to over 1,500 consumers statewide.[32]

A very successful consumer employment initiative has been the development of micro-enterprise, self-employment programs in partnership with the Louisiana Rehabilitation Services (LRS). Micro-enterprises are sole proprietorship, partnerships, or family businesses. Consumers work with employment specialists to learn business skills and to develop and implement business plans.

The Community Can . . .

Educate political, business and civic leaders on community-based mental health services[33]

- Identify gaps in existing service for persons with mental illnesses.[34]
- Support peer-support groups for persons with mental illness.[35,36]
- Support businesses in implementing work place mental health programs.[37]

Toolkits & Guides:

National Mental Health Association, The Village, www.nmha.org/pbeduadult/model/village.cfm.

Peer Support Services, www.nmha.org/pbedu/adult/peerSupport.cfm.

Promoting Mental Health in the Workplace, www.nmha.org/workplace/MH_Workplace.pdf.

Consumer-to-Consumer Outreach, www.nmha.org/pbedu/adult/model/Consumer-to-Consumer.pdf.

Develop and implement community-based support programs[38]

- Increase the options for persons with mental illness to have safe, decent and affordable housing.[39]
- Support employment programs for persons with mental illness, such as LaHIRE.[40]
- Support higher education programs for persons with mental illness.[41]

Toolkits & Guides:

An Advocate's Guide to Expanding Housing Options for People who have Mental Illnesses, www.nmha.org/pbedu/adult/HousingManual.pdf.

A Guide to Implementing Effective Employment Services for People with Psychiatric Disabilities, www.nmha.orgo/pbedu/adult/EmploymentManual.pdf.

On Our Own of Maryland, www.onourwnmd.org.

Fast Track to Employment, www.nmha.org/pbedu/adult/model/fasttrac.cfm

Improve adolescent mental health

- Support and implement school-based programs aimed at suicide prevention.
- Conduct a suicide awareness and prevention week.[42]

Toolkits & Guides:

Yellow Ribbon Suicide Prevention Program, School or Community Based Suicide Prevention Program, www.yellowribbon.org/.

Yellow Ribbon International Suicide Awareness and Prevention Week toolkit, www.yellowribbon.org/Week.html.

References

1. Louisiana Department of Health and Hospitals (LaDHH), "A Report on the State of the Mental Health Delivery System in Louisiana", Governor's Health Care Reform Panel, Jun2 2005.
2. LaDHH, "A Report on the State of the Mental Health Delivery System in Louisiana."
3. National Alliance for the Mentally Ill.
4. National Alliance for the Mentally Ill (NAMI), 2004, <http://www.nami.org>.
5. American Psychiatric Association, 1994, Diagnostic and Statistical Manual of Mental Disorders (4th Revised Edition). Washington, D.C:, American Psychiatric Association.
6. Department of Health and Human Services, U.S. Public Health Service, Office of the Surgeon General 1999, Mental Health: A Report of the Surgeon General. Rockville, MD.
7. Department of Health and Human Services, U.S. Public Health Service, Office of the Surgeon General, 1999, Mental Health: A Report of the Surgeon General.
8. LaDHH, "A Report on the State of the Mental Health Delivery System in Louisiana."
9. Louisiana Department of Health and Hospitals, Office of Mental Health, 2004.
10. New Freedom Commission on Mental Health. Achieving the Promise: Transforming Mental Health Care in America, DHHS Pub. No. SMA-03-3832. Rockville, MD: 2003. <http://www.mentalhealthcommission.gov>.
11. Louisiana Department of Health and Hospitals, Office of Mental Health, 2004.
12. Louisiana Department of Health and Hospitals, Office of Public Health, Louisiana Hospital Inpatient Discharge Database 1998-2001, Prepared by: EMS/Injury Research & Prevention Program, Aug 2004.
13. LaDHH, "A Report on the State of the Mental Health Delivery System in Louisiana."
14. Louisiana Department of Health and Hospitals, Office of Public Health (LaDHH/OPH) , Louisiana Hospital Inpatient Discharge Database 1998-2001, Prepared by: EMS/Injury Research & Prevention Program, Aug 2004
15. LaDHH/OPH, Louisiana Hospital Inpatient Discharge Database 1998-2001
16. Louisiana Department of Health and Hospitals, Office of Mental Health, 2004.
17. Louisiana Department of Health and Hospitals, Office of Mental Health, 2004.
18. LaDHH, "A Report on the State of the Mental Health Delivery System in Louisiana."
19. LaDHH, "A Report on the State of the Mental Health Delivery System in Louisiana."
20. LaDHH, "A Report on the State of the Mental Health Delivery System in Louisiana."
21. Louisiana Department of Health and Hospitals, Office of Mental Health, 2004.
22. Louisiana Department of Health and Hospitals, Office of Mental Health, 2004.
23. LaDHH, "A Report on the State of the Mental Health Delivery System in Louisiana."
24. Louisiana Department of Health and Hospitals, Office of Mental Health, 2004.
25. LaDHH, "A Report on the State of the Mental Health Delivery System in Louisiana."
26. LaDHH, "A Report on the State of the Mental Health Delivery System in Louisiana."

27. Louisiana Department of Health and Hospitals, Office of Mental Health, 2004.

28. Louisiana Department of Health and Hospitals, Office of Mental Health, 2004.

29. Louisiana Department of Health and Hospitals, Office of Mental Health, 2004.

30. Louisiana Department of Health and Hospitals, Office of Mental Health, 2004.

31. Louisiana Department of Health and Hospitals, Office of Mental Health, 2004.

32. Louisiana Department of Health and Hospitals, Office of Mental Health, 2004.

33. National Mental Health Association, Partners in CARE, Community Access to Recovery and Empowerment, 6 July 2005 <http://www.nmha.org/pbedu/adult/index.cfm>.

34. National Mental Health Association, Partners in CARE, Community Access to Recovery and Empowerment.

35. National Mental Health Association, Partners in CARE, Peer Support Services 19 July 2005, <http://www.nmha.org/pbedu/adult/peerSupport.cfm>.

36. National Mental Health Association, Consumer-to-Consumer Outreach, Mental Health Association of Tulsa, 18 July 2005, <http://www.nmha.org/pbedu/adult/model/Consumer-to-Consumer.pdf>.

37. National Mental Health Association, "Promoting Mental Health in the Workplace", 19 July 2005, <http://www.nmha.org/workplace/MH_Workplace.pdf>.

38. National Mental Health Association, An Advocate's Guide to Expanding Housing Options for People who have Mental Illnesses, 19 July 2005, <http://www.nmha.org/pbedu/adult/HousingManual.pdf.>.

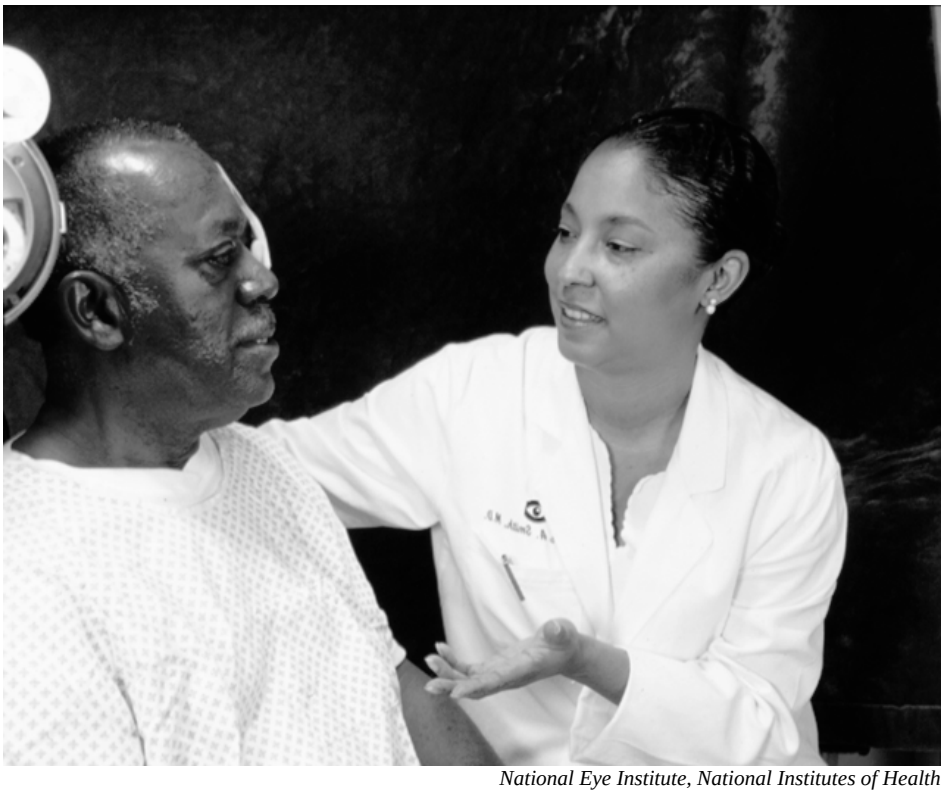
39. National Mental Health Association, An Advocate's Guide to Expanding Housing Options for People who have Mental Illnesses.

40 National Mental Health Association, A Guide to Implementing Effective Employment Services for People with Psychiatric Disabilities,19 July 2005, <http://www.nmha.org/pbedu/adult/EmploymentManual.pdf>.

41. National Mental Health Association, Model Program, Supported Educations Community Action Group at the University of Michigan, 20 July 2005, <http://www.nmha.org/pbedu/adult/model/supported.cfm>.

42. Yellow Ribbon International, Suicide Awareness and Prevention Week, 20 July 2005, <http://www.yellowribbon.org/Week.html>.

Access to Appropriate Health Care



National Eye Institute, National Institutes of Health

*"**Access** is the timely use of personal health services to achieve the best possible health outcomes."*

Institute of Medicine. 1993.

***Equit**y – "the ideal or quality of being just, impartial or fair (in law.)"*

The American Heritage Dictionary. 1979

According to the United Health Foundation, "America's Health: State Health Rankings for 2004," Louisiana was ranked as the least-healthy state in the nation for a combined measure of identified health outcomes and risk factors—a ranking Louisiana has held for 14 of the last 15 years.[1] Improving both the access to health care and the equity of care is vital to improving this ranking. "Access-to-care" can be broadly defined as ". . . the ability to obtain appropriate, comprehensive, and affordable health care in a timely manner. . ." – i.e. having what you need, when you need it.[2] The issue of "equity" in access addresses differences in the availability, quantity, quality, or utilization of health care services among different demographic and socio-economic population groups.[3] Both "access" and "equity" are needed to ensure a healthy community.

There are many barriers that limit access to care and contribute to inequities in care. These barriers can be generally grouped into three categories.

- **Financial**
- **Organizational**
- **Sociocultural**[4]

DID YOU KNOW?

"Access to Healthcare" is identified as one of 10 "leading health indicators" to be tracked as communities seek to improve the health status of their citizens in the first decade of the 21st Century.

– Healthy People 2010

The issues of access and equity are complex and cannot be fully covered in this Profile. This chapter will discuss the common barriers and present data that can be used to identify and assess these barriers, as well as the local capacity to provide care. Actual parish or regional level data is limited, but will be presented where available. State and national data can be used to identify trends over time and across population groups. This data together with parish socio-economic demographics, can then be used to identify and estimate the magnitude of local equity and access barriers.

This chapter closes with a discussion on overcoming barriers and presents potential strategies and resources available to help leaders and citizens in addressing these issues in their community.

The following indicators are included in this chapter:

- The insured by type of coverage – public and private
- The uninsured
- Number of health care providers by type of provider
- Number of hospital facilities and beds by facility type
- Health care professional shortage areas
- Federal Transit Administration funded transportation providers

Financial Barriers

Financial barriers to access and equity are a function of the cost and affordability of health care. Contrary to popular perception, these barriers exist for the employed as well as the unemployed, and the insured as well as the uninsured. Medical insurance, private and public, is a system created to increase the affordability of health care. Insurance and the lack of it is one indicator of affordability. While communities can address financial barriers through efforts to provide a healthy economy, they cannot affect the cost of health care.

Insurance

Insurance Coverage for Adults	Louisiana	Region 5
Uninsured Adults	21.1%	20.4%
Insured by Employer	55.3%	61.5%
Insured by LaChip/Medicaid	4.5%	3.9%
Insured by Military	2.9%	2.2%
Bought Insurance	8.5%	5.8%
Insured by Medicare	4.1%	3.9%
Insured by Former Employer	4.4%	3.0%
Insured by Someone Not Living in Household	1.3%	1.3%

Source: DHH, Louisiana Health Insurance Survey, April 24, 2004

Being "insured" is not equivalent to being "adequately insured" and does not ensure that an individual will receive "adequate health care." All coverage comes with restrictions and limitations and there are large variations in the comprehensiveness of coverage provided by both private and public insurers. Therefore, even for individuals with insurance coverage, cost can be a barrier that causes some to delay or forego appropriate prevention, care, and treatment.

Insurance is divided into two main categories: private and public. Private insurance includes coverage that is paid for by an individual, an employer or other private funding. Publicly funded insurance is insurance funded by a government program, usually federal, state, or a combination of the two. In 2003, 61.3% of Louisianans had private insurance.[5]

Private Insurance

There are many different options for insurance coverage. In Louisiana, the majority of individuals with coverage are covered by an insurance plan offered through their employer.[6] Health maintenance organizations, one type of insurance plan, are both insurers and health care providers. They accept responsibility for a specific set of health care benefits offered to customers and provide those benefits through a network of physicians and hospitals. In Louisiana there are currently 10 licensed HMO's primarily composed of independent physicians practicing alone or in small medical groups operating in the state. In 2002 there were approximately 626,780 Louisiana residents, or 14 percent of the population, who were enrolled in HMO's.[7]

Government-Sponsored Insurance Programs

Government-sponsored insurance programs include Medicaid, LaCHIP and Medicare. Each has a certain set of eligibility requirements and is targeted for a specific segment of the population. However, many services go unused because eligible children, adults and families are not enrolled either because they do not have the ability to find or get to a health care provider, or they are unable to navigate through the system. As a result, problems that might have required low-cost preventive care can become expensive and serious before insurance is accessed. Children are of special concern because of their vulnerability and dependency upon parents or other caregivers.

Medicaid—In Cameron Parish almost 15 percent of the population (an estimated 1,426 people) are eligible for Medicaid.[8] In Louisiana, Medicaid is administered by the Department of Health and Hospitals, Bureau of Health Services Financing. Medicaid is a primary source of preventive health care for medically vulnerable Americans such as, but not limited to, low income families, low-income seniors, and people with a disability. Medicaid covers a wide range of services including physician, hospital, laboratory, X-ray, and nursing home services. Optional programs cover services such as pharmacy and intermediate care facilities for the developmentally delayed.

Medicaid services for children are offered through KIDMED. The program provides preventive health care for Medicaid-covered children under the age of 21. The program covers a broad range of preventive care and all services medically necessary to diagnose and treat conditions for enrolled children. Some low-income families make only slightly more than the amount that qualifies them for government-sponsored health care coverage. They also may have difficulty obtaining private insurance. In recognition of the gap in coverage that exists between being Medicaid-eligible and being able to afford private insurance, the federal government has established and Louisiana has initiated a child health insurance program called LaCHIP, which uses higher income standards than traditional Medicaid.

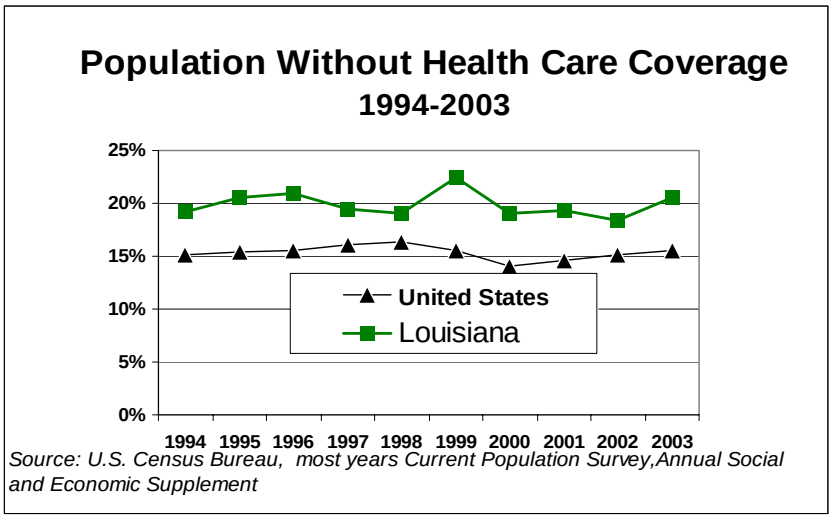
Medicaid and LaCHIP 2003-2004	Cameron	Louisiana
People Eligible for Medicaid	1,426	1,048,048
# of Medicaid Recipients	1,416	1,048,209
Medicaid Recipients as a % of Total Population	14.6%	23.3%
People Eligible for LaCHIP	266	114,559
# of LaCHIP Recipients	265	109,077
LaCHIP Recipients as a % of Eligible Population	99.6%	95.2%

Source: Louisiana Department of Health and Hospitals, Medicaid Annual Report 2003-2004, Data Set, September 2004,

LaCHIP—In 1998, the Louisiana legislature created **LaCHIP**, Louisiana's version of the national Children's Health Insurance Program, designed to give uninsured children to age 19 quality health care. Since the Governor's Health Care Summit in 2004, the enrollment of eligible children in LaCHIP and Medicaid has increased by 36,935; and as of February 2004, the program is providing no-cost health insurance for 106,905 children.[9] However, recent research shows that an estimated 77,000 low-income children remain uninsured in Louisiana. **In the fiscal year 2003-2004, there were 265 LaCHIP recipients in Cameron Parish.**[10]

Medicare—This government-sponsored health insurance program is available for all people 65 years and older and some younger people in special circumstances. It is administered by the Centers for Medicare and Medicaid Services (CMS). **In Cameron Parish, 10.6 percent of the population is 65 and older (1,058 people), making them eligible for Medicare.**[11] Medicare is a traditional fee-for-service system that helps with the cost of health care, but it does not cover all medical expenses or the cost of most long-term care. Traditionally, Medicare has not covered the costs of prescription drugs other than cancer drugs.

The Uninsured



Those who can not afford private insurance and do not qualify for government programs fall in the coverage gap of the "uninsured." Individuals are considered "uninsured" when they are without any kind of health insurance coverage—private or public (government sponsored). Individuals without health insurance have great difficulty accessing the health care system and frequently do not participate in preventive care programs.[12] According to U.S. Census estimates for 2003, 20.6 percent of Louisiana's population was uninsured, compared to 15.6 percent of the U.S. population. This marked the third straight annual increase in the uninsured population to almost 45 million people throughout the United States.[13]

Much of the information on the uninsured in the state used in this section comes from the 2003 Louisiana Health Insurance Survey conducted by the Louisiana Department of Health and Hospitals. The data in this section is representative of the data in the report and can be accessed online at www.dhh.louisiana.gov/reports.asp. The survey provides state and regional data by demographic groupings including income and poverty, employment, race, age, and sex. In addition, parish data is provided for children under 19 years of age.

Estimated Uninsured Louisiana Residents

State and Region	Adults*		Children	
	Percent Uninsured	Number	Percent Uninsured	Number
Louisiana	21.1%	576,500	11.1%	135,400
Region 1	20.9%	131,000	9.6%	27,400
Region 2	19.2%	71,400	10.8%	18,700
Region 3	21.3%	48,300	11.4%	13,500
Region 4	23.1%	73,800	11.0%	18,300
Region 5	20.4%	34,200	15.7%	12,900
Region 6	21.6%	38,100	6.3%	5,500
Region 7	21.6%	65,300	15.2%	22,700
Region 8	27.3%	56,000	11.1%	11,400
Region 9	17.3%	45,300	10.4%	13,600

* Adults—Over 18 and Less than 65

Source: Louisiana Department of Health and Hospitals, *Louisiana Health Insurance Survey*, 10 May 2004

The survey identified the following characteristics of Louisiana's uninsured:[14]

- 21.6% of the total state population is uninsured, but the rate varies by race: white—18.1%, black—29.4%, other—30.4%
- Most of the uninsured were at or below 200 % of the federal poverty level
- Roughly two-thirds are white
- 40% of the uninsured in the state are without a high school education
- The majority of uninsured are employed
- Most cited the high cost of health coverage as the main reason for having no health insurance coverage

Uninsured Children—In Louisiana for 2003, it is estimated that 135,400 (11.1 percent) children under 19 years old are uninsured. **For Region 5, including Cameron Parish, 15.7 percent (12,900) are uninsured. In Cameron Parish, it is estimated that 23.9 percent (711) are uninsured.**[15] The survey credits the LaCHIP program for this relatively low number of uninsured children, however there are still poor and near poor children who are qualified yet not enrolled in a government sponsored program. **The survey estimates that of the 12,900 uninsured children in Region 5, 5,400 are below 200% of the federal poverty level, thus likely to qualify for either Medicaid or LaCHIP.** Access to health care for these children could be increased by identifying them and facilitating their enrollment in the appropriate program.

Uninsured Adults—There are an estimated 576,500 people in Louisiana, ages 19-65 years, who are uninsured; they are too old for LaCHIP, do not qualify for Medicaid or choose not to purchase insurance due to cost or perceived need. **The survey estimates that of the 34,200 uninsured adults in Region 5, 20,700 are below 200% of the federal poverty level and thus are not likely to be able to afford to purchase either employee sponsored or privately purchased insurance.**[16] The Governor's Health Care Reform initiative proposed to implement a Health Insurance Flexibility and Accountability (HIFA) waiver (LaChoice) to securing access to preventive and primary care for this uninsured population.

Organizational Issues

Organizational issues include inadequate capacity, a shortage of primary care providers, medical specialists, or other health care professionals and facilities such as hospitals, assisted living centers, and nursing homes. Transportation is another organizational barrier that is closely tied to income level and poverty status. Even the availability and affordability of child care can be a barrier to some parents who may have to bring their children to medical appointments.[18] State and local governments can begin to address organizational barriers through reducing provider shortages and making preventive services more available.

Taking Care, Taking Control:
Care Caddy's Health Services for Children in Cedar Grove

The Care Caddy, a revamped "Shots for Tots" van, debuted in February and March this year at the Friendship Houses in Allendale and Cedar Grove.

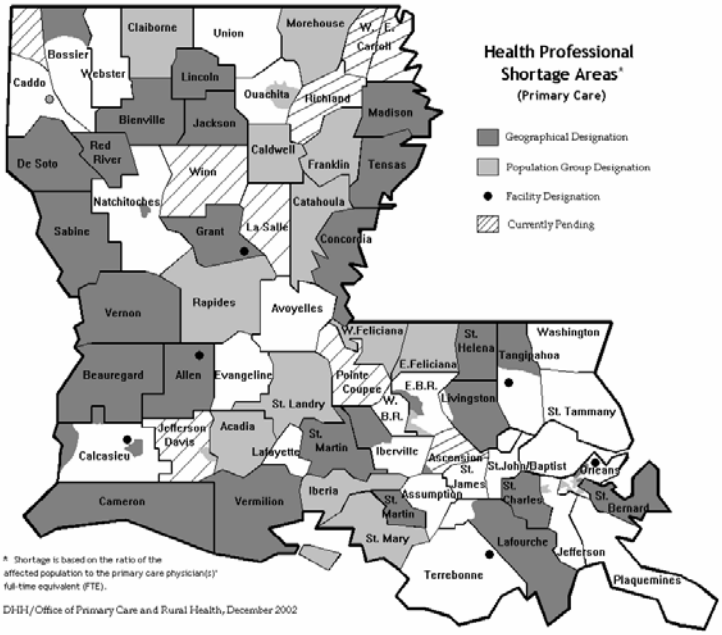
The Care Caddy provides health and wellness information, physical exams, immunizations to children and teens and they even enroll children in the Louisiana Children's Health Insurance Program, (LaCHIP). The program comes from a partnership among Christus Schumpert Health System, LSU Hospital in Shreveport, the Hal Sutton Foundation and Shreveport-Bossier Community Renewal.

The brightly painted van is designed to ease children's fears when visiting for treatment and the staff wears colorful scrubs and keeps a supply of small stuffed animals to give the younger patients. The staff and communities are enthusiastic about the success of this initiative, such as providing immunizations to a 1 year-old who had never had shots before.[17]

Health Professional Shortage

While Louisiana has made several attempts to address issues associated with the health professional shortage, the state still continues to have an unequal distribution of primary care physicians. According to the Federal Bureau of Primary Health Care, one in four Louisiana residents lives in an area that has been federally designated as a primary care shortage area.

There is only one physician for every 4,187 of Louisiana's rural residents



It is estimated that there is one primary care physician for every 1,937 people in the state.[19] Normally, this number would be adequate to meet the primary health care needs of Louisiana's residents if these providers were evenly distributed throughout the state and accepted all patients regardless of ability to pay.

However, this is not the case. As of May 2004, the Federal Bureau of Primary Health Care estimates that 81 percent of the primary care physicians who are practicing in the state are located in one of 11 urban parishes. There is one primary care physician for every 1,408 urban residents, which would be adequate to meet their health care needs if they are not underinsured or uninsured.[20]

Health Care Providers
Cameron Parish, 2004

Type of Provider	Number
Primary Care Physicians	**3**
Family Practice	1
General Practice	0
Infectious Disease	0
Internal Medicine	2
Obstetrics & Gynecology	0
Pediatrics	0
Mental Health Providers	**0**
Psychiatrists	0
Social Workers	0

Source: DHH/OPH, *2004 Louisiana Health Report Card*

Unfortunately for the 41 percent of Louisiana's residents who live in rural areas, this means that there is only one physician for every 4,187 of them. This constitutes a severe shortage in rural areas across the state.[23] Even within parishes, some areas are more underserved than others.

DID YOU KNOW?
63 whole or partial parishes in Louisiana are classified as "medically underserved." [21]

57 whole or partial parishes are either pending designation or designated as primary care health professional shortage areas.[22]

The Bureau of Primary Care and Rural Health—this division of the Louisiana Department of Health and Hospitals works to build community health systems' capacity to provide integrated, efficient and effective health care services. The Bureau has set the following priorities to

fulfill this mission: integrating local health care services, developing strong community partnerships, building local health care resources, supporting effective clinical practices and health care organizations, reducing health disparities, recruiting and retaining primary health care providers, promoting relevant state and national health policy, and serving as a repository of valuable health-related data and information.

The Bureau currently offers a wide range of technical support services to communities and health care providers within the Bureau's service area. These services include, but are not limited to, grant funding for health care service expansion projects, a web-based grants clearinghouse, demographics and health statistics, educational opportunities, health professional shortage area (HPSA) designation recommendations, policy information, and primary care provider recruitment and retention services.

In 2004, the Bureau implemented the Health Systems Development (HSD) Program to strengthen and expand local access to primary and preventive health care services within medically underserved areas. Health systems development services available through the program include: community development services such as small and large group facilitation; data -driven and community-based needs assessments; strategic planning and development; health sector economic impact studies; enhanced demographic scans; mapping services and health service market analyses; feasibility studies; practice management services; grant proposal development consultation; and resource development support. The Bureau of Primary Care and Rural Health often coordinates its resources with partnering statewide organizations to provide technical assistance, recruit underserved areas to participate in state-level planning processes, and/or respond to requests from underserved communities.

Medical Facilities

The state has a number of different types of medical facilities including hospitals, charity hospitals, parish health units, rural health clinics, Federally Qualified Health Centers (FQHCs), developmental centers, mental health clinics, mental health and rehabilitation hospitals, school-based health centers, and substance abuse prevention clinics. The number and types of medical facilities vary greatly by parish.

DID YOU KNOW?

In Cameron Parish there are 0 nursing home facilities with a total of 0 licensed beds.[24]

Hospital Facilities – Region 5														
Parish	Acute Care		Children's		Critical Access		Long term		Psychiatric		Rehabilitation		Other	
	# Fac.	# Beds	# Fac.	# Beds	# Fac.	# Beds	# Fac.	# Beds	# Fac.	# Beds	# Fac.	# Beds	# Fac.	# Beds
Allen	2	109	0	0	0	0	0	0	0	0	0	0	0	0
Beauregard	1	60	0	0	0	0	0	0	0	0	1	33	0	0
Calcasieu	5	74	0	0	1	19	3	83	0	0	0	0	0	0
Cameron	1	49	0	0	0	0	0	0	0	0	0	0	0	0
Jefferson Davis	1	60	0	0	0	0	0	0	0	0	0	0	0	0

Source: Department of Health and Hospitals Health Standards, March 2005, Licensed Beds

Charity Hospital System – The state's charity hospital system includes 10 hospitals located in 10 different parishes, at least one in each region, with a total of 2,197 acute care beds. The system is currently operated by the Louisiana State University Health Science Center (LSUHSC). Most of the hospitals are teaching hospitals. **In Region 5, the W. O. Moss Regional Medical Center is located in Lake Charles.**[25]

Rural Health Clinics (RHCs) – There are 72 Rural Health Clinics are located in non-urbanized Health Professional Shortage Areas or medically underserved areas.[26] These facilities are staffed by at least one physician and at least one mid-level practitioner, such as a physician assistant, a nurse practitioner, or a certified nurse midwife at least 50 percent of the time the clinic is open. Rural health clinics provide routine diagnostic services, maintain medical supplies, dispense drugs, and have arrangements with local hospitals and other providers for services not available at the rural health clinics.[27]

Federally Qualified Health Centers (FQHCs) – There are 38 federally funded FQHCs provide primary and preventive health care services in medically underserved areas.[28] Staff may include primary care physicians and mid-level parishioner, as well as dentists, social workers, and other mental-health and substance abuse professionals. The centers provide primary care services, such as comprehensive medical history, assessment and treatment, immunizations, well-baby care, vision, hearing and dental screenings, radiology, laboratory services, health education, health promotion and individual case management to patients regardless of their ability to pay.[29]

Region 5
Rural Health Clinics and
Federally Qualified Health Centers

Parish	Rural Health Clinics	Federally Qualified Health Centers
Allen	Butler Family Medicine Clinic	None
Beauregard	None	None
Calcasieu	Vinton Medical Clinic Iowa Health Center of Lake Charles Memorial Hospital	Southwest Louisiana Center for Health Services
Cameron	South Cameron Memorial Hospital Rural Health Clinic Hackberry Rural Health Clinic	None
Jefferson Davis	Lake Arthur Health Clinic, LLC Shirley Medical Clinic	None
	Elton Rural Health Clinic	

Taking Care, Taking Control: Five Towns Granted New Health Care Centers

Five Louisiana towns are getting a total of $3.35 million to create new Federally Qualified Health Center (FQHC) sites. According to state health officials an estimated 15,000 poor and uninsured people will have access to health care through these facilities. The five grantees and the amount awarded to each, are: Primary Care Providers for a Healthy Feliciana -- $650,000 to open a new core site in Clinton; Innis Community Health Center -- $775,000 to open a satellite site in Livonia; Tensas Parish Community Health Center -- $400,000 to open a new core site in St. Joseph; Catahoula Parish Hospital District No. 2 -- $666,667 to open a satellite site in Ferriday; Primary Health Care Services -- $858,333 to open a satellite site and a homeless clinic, both in Monroe.

Source: The Advocate, Baton Rouge, La 19 April 2005

Parish Health Units –The Louisiana Department of Health and Hospitals, Office of Public Heath currently operates 77 parish health units that provide services in the areas of immunization, family planning, prenatal care, newborn screening for genetic disorders, well-baby care, nutrition therapy, individual nutrition education and counseling, genetic evaluation and counseling, early intervention services for individuals infected with HIV, health education, testing and monitoring of infectious diseases (e.g., tuberculosis, sexually transmitted diseases/HIV/AIDS), environmental health services, and vital records services.[30]

School-Based Health Centers – Louisiana youth, aged 10 to 19, are the most underserved population in health education and health services.[31] School-based health centers (SBHCs) under the Adolescent School Health Initiative, provide access to comprehensive primary and preventive physical and mental health services for school-age children primarily in low-income, rural, and or medically underserved urban areas.[32] In addition to providing services, the SBHC program brings knowledge about wellness, and preventive and primary health services to teenagers to encourage lifetime healthy behavior.

DID YOU KNOW?

In the 2003-2004 school year, the top three reasons for visiting Louisiana School Based Health Centers were

1. *Health supervision such as routine physical exams and vision/hearing screenings*
2. *Mental health issues*
3. *Specific symptoms such as headaches, abdominal pain, and sore throat.*

There are a total of 56 SBHCs throughout the state. There are 48 full-time operating sites and six part-time sites funded by DHH/OPH. In addition, there is one federally funded SBHC and one Rapides Foundation funded site. **In Cameron Parish there is one SBHCs located at South Cameron High**[33]

Transportation

The lack of accessible and affordable transportation is a major barrier to health care. It is an issue of availability as well as affordability. Of particular vulnerability are the elderly and disabled, who may not be able to drive, and the poor, who may not be able to afford to drive. A recent National Household Transportation Survey indicates that 21 percent of Americans 65 and older do not drive.[34] Census 2000 reports that in Louisiana, just over 24 percent of renter-occupied households and 6 percent of owner-occupied households have no vehicle available. **In Cameron Parish, nearly 15 percent of renter-occupied households and nearly 5 percent of owner-occupied households are without vehicles.**[35]

Taking Care, Taking Control:
Lafayette Buses Increase Access for the Elderly and Disabled.

The Lafayette Transit System has four new buses equipped with a low floor, ramps, and hydraulic shocks, allowing the rider to get onto the bus without having to walk up steps, and an automated announcement system to let riders with visual impairment know if they are at their stop. The buses cost $1.1 million and were purchased with a Federal Transit Administration (FTA) grant, 80% federal funds, 20% matching funds.

For more information on buses contact LTS at (337) 291-7041 or online at http://www.lafayettelinc.net/lts/.
For more information on the FTA grant program in Louisiana, contact the Louisiana Department of Transportation and Development, Public Transportation Section at (225) 274-4302 or online at mailto:hwww.PublicTransportation@dotd.louisiana.govttp://.

Source: The Advocate, Acadiana Bureau, 13 Oct 2004.

Adequate transportation improves quality of life, reduces the cost of living, and makes work more accessible. Throughout the state, transportation services are provided by a variety of public, private, nonprofit, and social service agencies either directly or through contract services. However, services are often fragmented and uncoordinated, resulting in large gaps in services—geographically, for certain demographic groups, and for certain trip purposes.

Those individuals who do not have or cannot utilize a means of personal transportation need access to other methods of transportation. These can be categorized in two major categories: services available to the general public—e.g. taxis, local bus service; and services available to select program recipients for program specific services—e.g. Medicaid, HeadStart, Veterans Administration, Councils on Aging, etc. General public transportation is transportation that has no qualifying eligibility and is either offered at a fee or subsidized fare. City transit systems, taxis, and some nonprofits and governmental agencies are forms of public transportation.

Social service transportation includes services provided by Medicaid and other social service programs usually restricted to their client groups for their approved services. While there are a few parishes that do not have Medicaid transportation providers located in the parish, DHH works with providers to ensure that all Medicaid recipients are transported to medically necessary appointments.

Federal Transit Administration funds are available for communities to provide, expand, and coordinate transportation services within the parish. Funding programs include operating and capital funding for urbanized and rural general public transportation, capital funding (vehicles) for elderly and disabled services, operating and capital funding for job access, and reverse commute services for technical support and training. A description of programs, fund availability, and existing services within a parish can be found at www.dotd.louisiana.gov/intermodal/transit/ or by contacting the Louisiana Department of Transportation and Development, Public Transportation Section at 225-274-4302.

Sociocultural Issues

Sociocultural issues are those which are centered on the issue of "equity"; it is the inequities that can lead to health care disparities. Confusion or ignorance of the health care system, not knowing what to do, or where to go, or when to seek care, are barriers that can lead to untreated medical conditions. Issues or concerns about confidentiality or discrimination are also examples of "sociocultural" barriers.[36] Language barriers between staff and providers lead to miscommunication. These barriers exist because of income disparities along with racial, education, occupation, cultural, or spiritual differences. All of these barriers can lead to less than optimal care which can in turn compromise health outcomes.[37]

Not having a phone, lack of transportation, or moving frequently are also barriers that limit the access and consistency of care. Similarly, having many children in a family, more than two jobs or competing medical needs, e.g. pregnancy or disability, can all put constraints on a person's ability to seek preventive care in a timely fashion.

Disparities

All Americans are impacted by limited access to health care. However, there are identified populations that are disproportionately affected.

- Men are slightly more likely than women to be uninsured.
- One-quarter of 18 – 34 year olds are uninsured.
- African Americans and Asian/Pacific Islanders are 1.5 times more likely to be uninsured as non-Hispanic whites.
- More education is associated with a higher likelihood of having insurance.
- Increased income levels are associated with a higher likelihood of having insurance.[39]

DID YOU KNOW?

- *Workers in large firms are more likely to have insurance than workers in smaller firms*
- *Full-time workers are more likely to have coverage than part-time, part-year or temporary workers*
- *Unionized workers are more likely to have insurance than non-union workers.*[38]

Eliminating Disparities –The American Public Health Association (APHA) believes that federal and state government as well as commitment and leadership from the community is needed to address health literacy, poverty, and racism which it defines as the social determinates of health.[40] Understanding and eliminating disparities remains a high priority for both health research and health planning. The elimination of health disparities is the second goal of the National Healthy People 2010 (HP2010) program.[41]

The U.S. Department of Health and Human Services recommends the following as future directions for eliminating disparities:

- Understanding why disparities in health care exist by continuing to incorporate research on disparities in health care into other research efforts,
- Uncovering the reasons for differences. Identifying and implementing effective strategies to eliminate/overcome disparities,
- Continuing to boost data collection,
- Working more closely with communities to make sure the research is relevant to the populations in them and implemented quickly, and
- Evaluating the importance of cultural competence in eliminating health care disparities.[42]

The Community Can . . .

Increase the number of eligible adults and children enrolled in Medicaid and LaCHIP

- Foster collaborative relationships between state health care services and hospitals, health care parishioners and businesses to coordinate enrollment activities.[43]
- Foster cooperation between schools, churches, libraries, businesses, and state health care services to distribute information about these programs.[44]
- Facilitate the use of schools as a central point to disseminate information about Medicaid and LaCHIP.[45]
    - Link program enrollment with school enrollment.[46]

- Provide information on these programs at back-to-school nights, PTA meetings, etc.[47]
- Enlist school staff, parent volunteers and other community-based organizations to share information and answer basic questions about these programs.[48]

Toolkits & Guides:

Center for Medicare and Medicaid Services, "CHIP and Medicaid Outreach in Schools", www.cms.hhs.gov/schip/sho-letters/ch101899.asp.

Increase access to non-emergency medical transportation[49]

- Coordinate transportation services between program–related human service agencies and general public transportation systems.[50]
- Develop a transportation system for rural areas.[51]
- Create a volunteer driver program utilizing volunteers from faith-based groups, service organizations and the public.[52]
- Encourage and coordinate van pooling, car pooling, and "share-a-ride" initiatives.[53]

Toolkits & Guides:

Medical Transportation, Toolkit and Best Practices, www.ctaa.org/data/medtoolkit.pdf.

National Consortium on the Coordination of Human Services Transportation, www.ctaa.org/ntrc/hrt.asp#pp.

Framework for Action, Building the Fully Coordinated Transportation System, Self Assessment Tools for Communities and States, projectaction.easterseals.com/site/DocServer/04FFA.pdf?docID=4983.

Handbook for Rural Flexroute Implementation, projectaction.easterseals.com/site/DocServer/00FLEX.pdf?docID=3437.

Easter Seals Project ACTION's Mobility Planning Services, Assessable Community Transportation in our Nation", projectaction.easterseals.com.

Senior Transportation: Toolkit and Best Practices, www.ctaa.org/ntrc/senior/senior_toolkit.pdf.

Increase access to health care in rural areas

- Support the development and/or the expansion of the medical capacity of your community through community-based and rural health Program Grants.[54]
- Improve access to primary and preventive care services in underserved areas.
  - Apply for community-based and rural health Program Grants.[55]
  - Actively participate in physician recruitment efforts.[56]
- Support programs and initiatives that focus on the improvement of both personal and population health.[57]
- Support the training of individuals to work as behavioral health clinicians in primary care settings.[58]

Toolkits & Guides:

Yellow Ribbon International Suicide Awareness and Prevention Week toolkit, www.yellowribbon.org/Week.html.

Reduce the social and cultural barriers to health care equity

- Identify the demographic make-up, the health care status and the most prevalent chronic diseases of the community.[59,60]
- Promote a culturally competent workforce.[61,62]
- Support the recruitment of health care personnel from the community.[63]
- Support health education programs and strategies aimed at the target community.[64]
- Promote community capacity building for advocacy and program development.[65]

Toolkits & Guides:

Health Disparities Projects and Interventions database,

www.apha.org/NPHW/solutions/

Addressing Health Disparities in Community Settings,

www.rwjf.org/files/research/UrgentMatters-disparitiesfin.pdf.

National Center for Cultural Competence, "Getting Started…and Moving On…", gucchd.georgetown.edu/nccc/documents/Getting_Started_SAMHSA.pdf.

North Carolina Office of Minority Health Disparities, DHHS, Disparities Call to Action 2003 www.ncminorityhealth.org/omhhd/OMH_Documents/Implementation%20Plan/Office%20of%20Minority%20Health%20and%20Health%20Disparity.pdf.

Diversity in Action Framework for CDC/ASTDR, www.cdc.gov/omh/reports/DiversityInAction.htm.

Diversity Rx, Multicultural Health Best Practices Overview, Overview of Models and Strategies for Overcoming Linguistic and Cultural Barriers to Health Care www.diversityrx.org/BEST/3_1.htm.

Take A Loved One for a Checkup Day, www.omhrc.gov/healthgap/2005drday.htm.

References

1. United Health Foundation, America's Health: State Health Rankings-2004 Edition, <http://www.unitedhealthfoundation.org>.
2. Friedrich, M. J. "Medically Underserved Children Need More Than Insurance Card." JAMA.2000; 283: 3056-3057.
3. McDonough, John E. 1999. Healthcare Policy The Basics. The Access Project: Robert Wood Johnson Foundation, 18 April 2005. <http://www.accessproject.org/downloads/the-basics.pdf>.
4. McDonough, John E.
5. U.S. Census Bureau, Census 2000, Summary File 3 (SF 3) Sample Data.
6. LaDHH, Louisiana Health Insurance Survey.
7. Louisiana Department of Health and Hospitals, Office of Public Health (LaDHH/OPH) Louisiana State Center for Health Statistics, 2003 Louisiana Health Report Card.
8. Louisiana Department of Health and Hospitals, Louisiana Medicaid Annual Report, Year in Review, SF Y2003-2004.
9. LaDHH, Louisiana Medicaid Annual Report, Year in Review, SF Y2003-2004.
10. LaDHH, Louisiana Medicaid Annual Report, Year in Review, SF Y2003-2004.
11. U.S. Census Bureau, Census 2000 Summary File 3.
12. United Health Foundation, America's Health: State Health Rankings.
13. U.S. Census Bureau, Most years Current Population Survey, Annual Social and Economic Supplement.

14. Louisiana Department of Health and Hospitals (LaDHH), Louisiana Health Insurance Survey, 10 May 2004, 15 June 2005. <http://www.dhh.louisiana.gov/reports.asp?ID=119&Detail=29&SearchFor=health%20insurance%20survey>.
15. LaDHH, Louisiana Health Insurance Survey.
16. LaDHH, Louisiana Health Insurance Survey.
17. The Sunday Advocate, Baton Rouge, La 2 May 2004.
18. McDonough, John E.
19. Louisiana Department of Health and Hospitals, Bureau of Primary Care and Rural Health, <http://www.dhh.louisiana.gov/pcrh>.
20. LaDHH, Bureau of Primary Care and Rural Health.
21. LaDHH, Bureau of Primary Care and Rural Health.
22. LaDHH, Bureau of Primary Care and Rural Health.
23. LaDHH, Bureau of Primary Care and Rural Health.
24. Louisiana Department of Health and Hospitals Health Standards, March 2005, Licensed Beds.
25. Louisiana Department of Health and Hospitals Health Standards, March 2005, Licensed Beds.
26. LaDHH, Bureau of Primary Care and Rural Health, <http://www.dhh.louisiana.gov/offices/miscdocs/docs-88/Katrina/rhc0705_fqhc.xls>.
27. LaDHH/OPH) Louisiana State Center for Health Statistics, 2004 Louisiana Health Report Card.
28. LaDHH, Bureau of Primary Care and Rural Health, <http://www.dhh.louisiana.gov/offices/miscdocs/docs-88/Katrina/rhc0705_fqhc.xls>.
29. LaDHH/OPH) Louisiana State Center for Health Statistics, 2004 Louisiana Health Report Card.
30. LaDHH/OPH) Louisiana State Center for Health Statistics, 2004 Louisiana Health Report Card.
31. Department of Health and Hospitals, Office of Public Health (DHH/OPH), Adolescent School Based Health Care (SBHC) Program.
32. LaDHH/OPH) Louisiana State Center for Health Statistics, 2004 Louisiana Health Report Card.
33. DHH/OPH, SBHC Program.
34. Bailey, Linda, "Aging Americans Stranded Without Options", Surface Transportation Policy Project, April 2004.
35. U.S. Census Bureau, Census 2000 Summary File 4.
36. U. S. Department of Health and Human Services, *Healthy People 2010*: 2nd. ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vol. Washington, DC: U.S. Government Printing Office, November 2000.
37. McDonough, John E.
38. McDonough, John E.
39. McDonough, John E.
40. Benjamin, Georges, United Health Foundation, "Eliminating Health Disparities", America's Health: State Health Rankings-2004 Edition, key words, "Commentary". <http://www.unitedhealthfoundation.org>.
41. McDonough, John E.
42. LaDHH, Bureau of Primary Care and Rural Health.
43. Silow-Carroll, Sharon, Anthony, S., Sacks, H. and Meyer, J>, "Reaching Out: Successful Efforts to Provide Children and Families with Health Care", June 2000, 19 July 2005, 1 June 2002, <http://www.communityvoices.org/Uploads/sun12l55fuz2hs3u0xi5ntza_20020731104349.pdf>.
44. Silow-Carroll, Sharon.
45. Center of Medicare and Medicaid Services, "CHIP and Medicaid Outreach in Schools", 18 Oct 1999, 14 July 2005, <http://www.cms.hhs.gov/schip/sho-letters/ch101899.asp>.
46. Center of Medicare and Medicaid Services, "CHIP and Medicaid Outreach in Schools".
47. Center of Medicare and Medicaid Services, "CHIP and Medicaid Outreach in Schools".
48. Center of Medicare and Medicaid Services, "CHIP and Medicaid Outreach in Schools".

49. Community Transportation Association of America, "Medical Transportation, Toolkit and Best Practices", 2001, 18 July 2005 <http://www.ctaa.org/data/medtoolkit.pdf>.

50. U. S. General Accounting Office, Resources, Community and Economic Development Division, "Transportation Coordination, October 1999. 18 July 2005 <http://www.gao.gov/archive/2000/rc00001.pdf>.

51. Crain &Associates, Inc., "Handbook for Rural Flexroute Implementation, The Santee Wateree Regional Transportation Authority Experience", for Easter Seals Project ACTION, Doc. NO.20-0200, 18 July 2005, <http://projectaction.easterseals.com/site/DocServer/00FLEX.pdf?docID=3437>.

52. Hardin, Jane, "Senior Transportation: Toolkit and best Practices, Community Transportation Association of America, May 2003, 13 July 2005, <http://www.ctaa.org/ntrc/senior/senior_toolkit.pdf>.

53. Hardin, Jane.

54. Louisiana Department of Health and Hospitals, Bureau of Primary Care and Rural Health Program, 2004, 22 July 2005, <http://www.dhh.state.la.us/offices/page.asp?id=88&detail=3820#>.

55. Louisiana Department of Health and Hospitals, Bureau of Primary Care and Rural Health Program, 2004.

56. Pathman, Donald E., et al, "Retention of Primary Care Physicians in Rural Health Professional Shortage Areas". *American Journal of Public Health*, October 2004, Vol. 94, No. 10. Accessed through DHH, La. Task Force on the Future of Family Medicine, Reports, 22 July 2005, <http://www.dhh.state.la.us/offices/miscdocs/docs-88/Taskforce/Rentention%20of%20primary%20care%20docs%20in%20rural.pdf>.

57. National Academy of Sciences, Quality Through Collaboration: The future of Rural Health Care, Executive Summary. Accessed through DHH, La. Task Force on the Future of Family Medicine, Reports, 22 July 2005, <http://www.dhh.state.la.us/offices/miscdocs/docs-88/Taskforce/The%20Future%20of%20Rural%20Health%20Care.pdf>.

58. Louisiana Department of Health and Hospitals, Bureau of Primary Care and Rural Health Behavioral Health and Primary Care Service Integration Initiative, 22 July 2005, <http://www.dhh.state.la.us/offices/miscdocs/docs-88/Service%20Integration/State%20Report.pdf>.

59. Siegel, Bruce, et al, "Addressing Health Disparities in Community Settings, Final Report to the Robert Wood Johnson Foundation, Revised and updated October 2003, 22 July 2005, <http://www.rwjf.org/files/research/UrgentMatters-disparitiesfin.pdf>.

60. Goode, T. and Jackson, V. (2003). "Getting started ...and moving on...Planning, implementing and evaluating culturally & linguistically competent systems of care for children and youth needing mental health services and their families". Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development, 22 July 2005, <http://gucchd.georgetown.edu/nccc/documents/Getting_Started_SAMHSA.pdf>.

61. Siegel, Bruce, et al.

62. North Carolina Office of Minority Health Disparities, DHHS, Disparities Call to Action 2003, 22 July 2005, <http://www.ncminorityhealth.org/omhhd/OMH_Documents/Implementation%20Plan/Office%20of%20Minority%20Health%20and%20Health%20Disparity.pdf>.

63. Siegel, Bruce, et al.

64. Department of Health and Human Services, Closing the Health Gap Campaign, 22 July 2005, <http://www.omhrc.gov/healthgap/2005drday.htm>.

65. Diversity Rx, "Multicultural Health Best Practices Overview, Overview of Models and Strategies for Overcoming Linguistic and Cultural Barriers to Health Care", 22 July 2005, <http://www.diversityrx.org/BEST/3_1.htm >.

Community Safety

Communities are the central institutions for crime prevention, the stage on which all other institutions perform. Families, schools, labor markets, retail establishments, police and corrections must all confront the consequences of community life. …Our nation's ability to prevent serious violent crime may depend heavily on our ability to help reshape community life….

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University of Maryland

There are many components that make up the concept of a "safe community." Certainly the incidence of crime is one of the first indicators that city planners, police, and grant writers alike turn to in determining the "safety" of a community, but the factors and conditions that contribute to overall community safety go well beyond crime statistics. They also include injury and risk prevention, traffic safety, family violence, and perceived risks to name a few. With increased technology and the threat to national security, even the face of crime has changed—adding new words to our vocabulary such as "bio-terrorism" and "cyber crimes." All of these components impact local community safety.

DID YOU KNOW?

In a recent survey, just more than 12 percent of persons statewide indicated that their neighborhood was "somewhat unsafe" or "very unsafe" and almost 5 percent indicated they felt "somewhat unsafe" or "very unsafe" at home.[1]

The factors that create a safe community for its residents are dependent upon the makeup of those living in the community, their values, expectations, and their perception of safety. Each community must assess the issues important to its citizens and recognize that within a community, issues may vary from neighborhood to neighborhood. For some neighborhoods, the lack of street lights and side walks are a safety issue. Others are concerned about the safety issues connected with abandoned or blighted buildings. For communities to actively engage in safety and crime prevention, they must translate the statistics into real people and real actions.

What is the average citizen's perception of the "safety" of his community? What factors help to make a community safe for its residents? The information presented in this chapter will give community leaders a starting point to begin the process of identifying and prioritizing the safety concerns of their community.

Injury Prevention indicators used in the chapter:

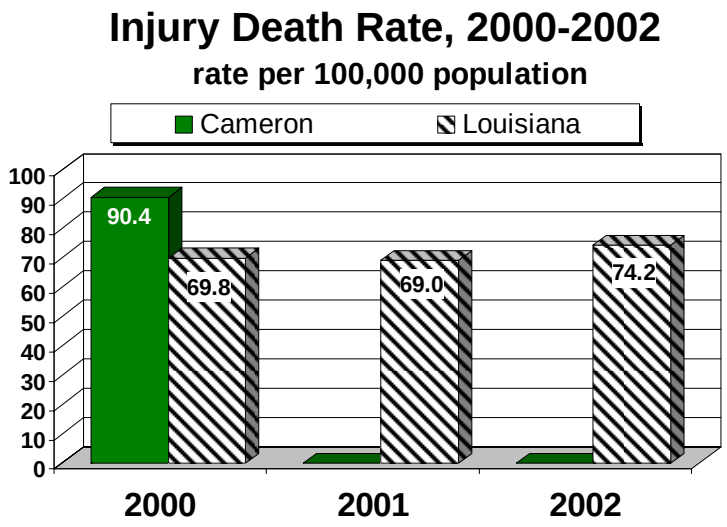
- Deaths related to injury
- Injury and death rates from motor vehicle crashes
- Alcohol related crashes, injuries, and fatalities
- Other preventable injuries

Crime indicators used in the chapter:

- Adult crime by type
- Total Crime Index
- Juvenile Crime by type
- Validated cases of child abuse and neglect

Unintentional Injury

The National Center for Injury Prevention and Control states that because of its impact on health, including premature death, disability, and the burden to the health care system, injury is a serious public heath problem.[2] Injuries leave tens of thousands of people suffering from chronic disabilities and dramatically affect the lives of tens of thousands of others. Most injuries are preventable. To create a safe environment, the community must look at injury risk and prevention factors and address the community's role in identifying and reducing those risks within its control.



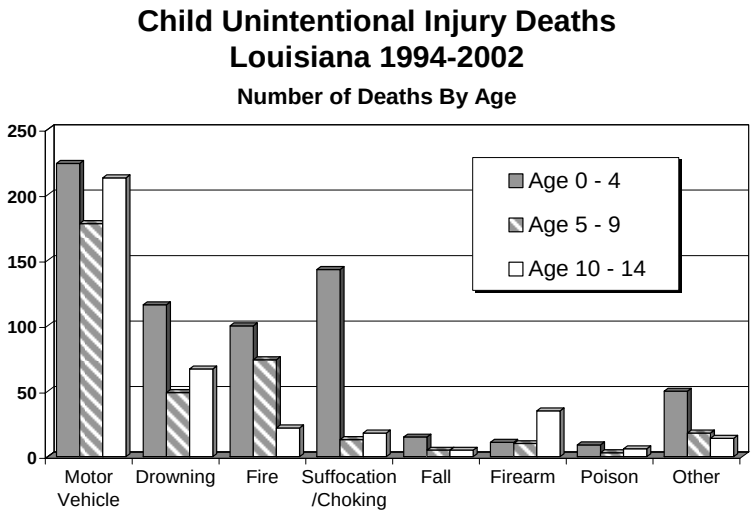
Source: DHH/OPH Injury Research and Prevention

Injury-Related Deaths

In 2002, the rate of deaths from injury for Cameron Parish was deaths per 100,000 population, compared to the state death rate from injury of 74.2 per 100,000 population.[3] Not all injuries result in death; in 2001, there were 29,583 nonfatal injury related hospital discharges statewide.[4]

Injury Deaths Among Children

In Louisiana, as well as the United States, unintentional injuries (e.g., motor vehicle, drowning, falls, poisoning, fire and burns) are the leading cause of death among children 1-14 year of age. Forty-four percent of these deaths are due to motor vehicle crashes. It is estimated that annually 1 in 4 children are seriously injured enough to require medical attention and 1 in 500 children will sustain injuries resulting in a permanent disability. In Louisiana from 1994-2002, 1,398 children died as a result of an unintentional injury.[5]



Data Source: DHH/OPH Injury Research and Prevention

Ensuring the safety of children involves many community resources and covers multiple topics such as car seat safety, water safety, gun safety, and fire safety. Education programs aimed at parents and children are an important strategy for prevention. Additional issues concerning children's health and safety are discussed later in this chapter and in the Maternal, Child, and Adolescent Health chapter.

Traumatic Brain Injury and Spinal Cord Injury

Traumatic brain and spinal cord injuries often result from accidents in which the head strikes an object causing injury and damage to the central nervous system, often interfering with vision, motion, thought processes and even personality. Certain types of injuries may result in short to long term disabilities, affecting the ability to take care of one's self, to work, and to be self-sufficient. Rehabilitation can be lengthy, may be hard to access, is generally expensive, and can severely tax family and community resources. It is estimated that in Louisiana from 1996-1999, fifty-five percent of individuals suffering a TBI made a good to moderate recovery allowing them to resume a normal life; 9 percent achieved some level of self-sufficiency; 3 percent were disabled and dependent for daily life support, while 1 percent were in a persistent vegetative state. Thirty-two percent of individuals with TBIs died as a result of their injury. The incidence rate of TBIs for men was nearly 2.5 times the rate for women.[6] **For the four year time period 1996-1999, the incidence rate for nonfatal head injuries in Cameron Parish, was 85.3 per 100,000 population, compared to the state rate of 59.3.**[7]

Traumatic Brain Injuries: 1996-1999
Incidence Rate per 100,000 Population

	# Fatal TBI	Rate Fatal TBI	# Non-Fatal TBI	Rate Non-Fatal TBI
Cameron	3	8.3	31	85.3
Louisiana	5,078	28.4	10,612	59.3

Source: EMS/Injury Research and Prevention Program
Rates not calculated for less than 30 cases

Traffic and Road Safety

From 1999 — 2001, 48.4 percent of all unintentional injury deaths were motor vehicle traffic-related deaths. Motor vehicle traffic crashes continue to be the leading cause of death for ages 1 to 24 in Louisiana and one of the top five leading causes of death for ages 25 to 54 years.[8] For 2002, the rate of traffic-related deaths in Louisiana declined to 20.5 per 100,000 population from the 1996-1998 average of 21.2.[9,10] According to the United Health Care rankings, for 2004, Louisiana ranked 44th in the nation for motor vehicle deaths per 100 million vehicle miles traveled (VMT).[11, 12] **For Cameron Parish, the rate of deaths per 100 million VMT is 5.1, compared to the state rate of 2.1 and the Healthy People 2010 objective of 0.8**.[13,14]

Motor Vehicle Injury & Death, 2002	Cameron	Louisiana
Total Injuries	77	87,140
Injury rate per 100,000 Population	770.7	1,949.9
Injury rate per VMT	48.7	201.3
Rank in State VMT	60	
Pedestrian Injuries	0	1,235
% of total injuries	0.0	1.4
Total Deaths	8	914
Death rate per 100,000 Population	80.1	20.5
Death rate per VMT	5.1	2.1
Rank in State VMT	3	
Pedestrian Deaths	0	105
% of total deaths	0.0	11.5
Million Vehicle Miles Traveled (VMT)	1.6	432.9

Source: Louisiana Highway Safety Commission Prepared by:
EMS/Injury Research & Prevention Program, Aug 2004

In Cameron Parish, alcohol is involved in 19.3 percent of injury crashes and 50.0 percent of fatal crashes. This compares to the state where alcohol is involved in 11.6 percent of injury crashes and 47.2 percent of fatal crashes.[15.] Drinking and driving is of universal concern for local, parish, and state law enforcement. Increased enforcement, combined with public awareness campaigns, are effective in reducing the rates for drinking and driving in the 15 to 24 age group and with those individuals who are described as "moderate drinkers."[16] In some communities, the local chapter of Mothers Against Drunk Driving (MADD) tracks sentences for repeat DWIs; the resulting information becomes an indicator for community tolerance towards drinking and driving.

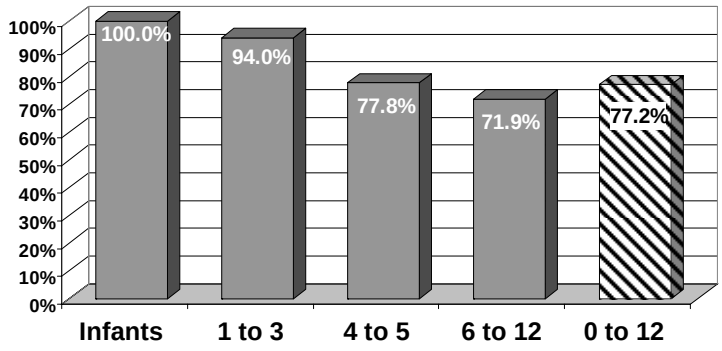
Alcohol Related Crashes, 2002	Cameron	Louisiana
Crashes with Injuries	11	5,391
Rate/100,000 Popultion	110.1	120.6
Crashes with Deaths	3	386
Rate/100,000 Population	30	8.6

Source: Louisiana Highway Safety Commission, prepared by: DHH/OPH Injury Research & Prevention Program, Aug 2004

Child Passenger Safety

In Louisiana from 1994-2002, 615 children ages 0-14 died in motor vehicle crashes; 36 percent were less than 5 years old, 65 percent were 9 years old or younger.[17] The 2004 Child Safety Restraint Observational Survey estimates that just under three-fourths (seventy-two percent) of Louisiana's children 14 years of age and under are restrained while in a motor vehicle.[18] **This compares to a usage rate of 77.2 percent for State Planning District Region 5, which includes Cameron Parish.**[19]

Estimated Child Passenger Restraint Usage
State Planning District Region 5
by age group



Source: Southern Media & Opinion Research for Louisiana Highway Safety Commission

Other sources estimate that approximately 9 out of 10 child safety seats are not used correctly. Studies show that children who are inappropriately restrained are almost three times more likely to be seriously injured in a crash than those who are appropriately restrained.[21] The Office of Public Health, Injury Research and Prevention Program has Injury Prevention Coordinators for each of the nine DHH/OPH regions in the state. Contact your regional coordinator to conduct child passenger safety clinics or to provide other injury prevention programs. A listing of regional coordinators is available at www.oph.dhh.louisiana.gov/injuryprevention/index.html keyword: prevention coordinators.

Taking Care – Taking Control:
Safety Town, A Hands On Learning Adventure for 5 & 6 year olds

This four-day program, conducted by the Safety Council of Baton Rouge, utilizes a setting of a miniature town where children can practice supervised simulated traffic situations. Children also learned about personal safety, electrical safety, poison prevention, and more.[20]

Boost America

Louisiana participated in the national Boost America campaign by distributing more than 2,600 booster seats. Nationally certified Child Passenger Safety Technicians (CPST) volunteered to educate parents on the proper use and installation of car booster seats. *A Decade of LA Safe Kids*

Other Preventable Injury Rates:

- **Drowning**: In Louisiana for 2001, drowning was the 4th leading cause of unintentional injury deaths for the 15-54 age group and ranked in the top five for all age groups (except 65 and older). Men drown at an incidence rate five times greater than the rate for women. **From 2000-2002 in Region 5 including Cameron Parish, there were 30 unintentional deaths due to drowning for a rate of 3.5 per 100,000 population.**[22]
- **Boating Accidents**: For 2002, 121 persons were injured and 36 persons were killed – 24 from drowning. Between 1998 and 2002, the number of boating accidents with alcohol involved increased threefold in Louisiana from 8 to 30.[23]
- **Railroad Crossings:** In 2003, Louisiana had 6,683 public and private railroad crossings and recorded 146 accidents, resulting in 42 injuries and 15 fatalities.[24]
- **Non-Fatal Burns: For Region 5 including Cameron Parish in 2001, there were <30 reported hospital discharges at a rate of 9.2 per 100,000 population**. The state rate was 11.7 burns per 100,000 population.[25]
- **Non-Fatal Unintentional Falls: For Region 5 including Cameron Parish in 2001, there were 499 reported hospital discharges at a rate of 176.5 persons per 100,000 population.** The state rate was 186.3 falls per 100,000 population.[26]
- **Non-Fatal Unintentional Poisoning: For Region 5 including Cameron Parish in 2001, there were 77 reported hospital discharges at a rate of 27.2 per 100,000 population**. The state rate was 26.2 poisonings per 100,000 population.[27]

Injury Prevention Resources for the Community

In February 2002, the State of Louisiana initiated a Community Injury Prevention Program to serve all nine regions in the state. The state and regional coordinators educate the public about unintentional injuries, identify risk groups for specific injuries, and work within the communities to create initiatives targeted at preventing injuries. Injury Prevention Coordinators can supply fact sheets, prevention tips, teaching materials, training events, videos, and other injury prevention information.

Crime and the Community

According to the Centers for Disease Control and Prevention the perception of danger in a neighborhood has a negative impact on residents' ability to get regular physical activity; an important part of overall health.[28] People who live in, or think they live in high crime areas can be affected by the constant stress of trying to be safe. For example, fear of crime can prevent people from going outside the home, thus having a negative effect on their ability to exercise, shop, or even socialize.

Ensuring citizen safety, preventing crime, and breaking the cycle of repeat offenders requires the resources of the justice system, the corrections system, the community and the private sector. Each has strategies to address safety and crime prevention. Within a community there are many "institutional settings" where prevention is focused including families, schools, labor markets, police agencies and other agencies of criminal justice. These settings become

the framework for community leaders and planners to begin to address the issues. Each is dependent upon the others—successful schools depend upon the support of families and successful families depend upon labor markets.[29]

Adult Crime

The FBI records each arrest for selected crime categories to compile a Total Crime Index, a combination of the arrests for violent crime (murder, non-negligent manslaughter, forcible rape, robbery and aggravated assault) and for property crime (burglary, larceny-theft, and motor vehicle theft). Because each arrest is counted individually, this is not an accounting of the number of people arrested and because of the uniformity of reporting, this data may be utilized to compare incidences of crime for the state as compared to the nation over a period of time.

Parish level arrest data for both adults and juveniles that is recorded in the FBI Uniform Crime Report would be useful if consistently reported. For the state and some parishes, the data is not available because of incomplete or inconsistent reporting.

FBI Uniform Crime Reports: Total Crime Index in Louisiana
Arrests Rate per 100,000 Population

	Violent Crime				Property Crime		
Year	Murder	Forcible Rape	Robbery	Aggravated Assault	Burglary	Larceny-Theft	Motor Vehicle Theft
1999	10.7	33.1	173.6	515.2	1,092.7	3,425.2	496.2
2000	12.5	33.5	168.5	466.6	1,035.8	3,229.9	475.9
2001	11.2	31.4	176.1	468.3	1,040.2	3,125.2	485.7
2002	13.2	34.1	158.9	456.1	1,011.7	2,973.7	450.3
2003	13	41	157.2	435.0	998.1	2,909.3	442.2

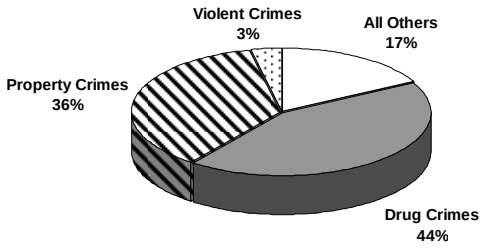
Sources: FBI, Uniform Crime Reports, prepared by the National Archive of Criminal Justice Data

In Cameron Parish, drug abuse violations represent 43.1 percent of all adult admissions into the Louisiana correctional system.

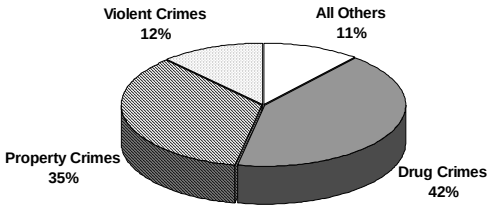
Adult Crime by Category – The Louisiana Department of Corrections (LDOC) "Adult Admission" report is a consistently available source of parish level data**.** This information refers to the parish in which an individual enters the LDOC system following a conviction or a revocation of probation/parole. This data is not the same as the FBI-UCR arrest data, nor does it reflect the number of unreported/unsubstantiated cases. Individuals who go through the drug court system are not counted in "admission data" unless and until they revoke the terms of the court and are subsequently sentenced to the LDOC. However, because it is consistently reported and available for all parishes, it can be used as an indicator of trends in parish crime rates and types.

According to the 2004 LDOC Adult Admission Data, in Cameron Parish 25 persons were admitted for drug abuse violations compared to 21 who were admitted for property crimes.[30] The Office of National Drug Control Policy (ONDCP) reports that for Louisiana in 2002, there were a total of 21,634 arrests for drug abuse violations.[31] ONDCP reports that methamphetamine distribution and abuse have a direct relationship with violent crime, especially domestic violence, child abuse, aggravated assault, and murder. In addition, the report states that crack cocaine is the primary illicit drug in Louisiana; heroin distribution and abuse poses a significant threat in the Greater New Orleans area; methamphetamine use is the fastest growing drug problem in Louisiana.[32]

Adult Admission Data By Crime Type
Cameron Parish, 2004



Adult Admission Data By Crime Type
Louisiana, 2004



Source: Louisiana Department of Corrections

Drug Courts – Louisiana drug courts provide intensive monitoring programs that help people who enter the criminal justice system recover from substance abuse and stabilize their lives. The courts utilize the resources of the community to help offenders stop using drugs and stop committing the crimes they undertake to support their habits. By combining sanctions, drug testing, treatment and other services, drug courts help stop substance abusers from cycling in and out of Louisiana courts and prisons. Instead, they are given a chance to turn their lives around. As of the spring of 2002, Louisiana had 31 drug courts located in both urban and rural communities serving 1,823 adults and 265 juveniles.[33]

Taking Care, Taking Control:
Nuisance Abatement and Fighting Neighborhood Blight

In New Orleans, All Congregations Together (ACT), the Louisiana Interfaith Together (LIFT), and other community organizations joined together to ask the Mayor and the District Attorney to write new state legislation designed to make it easier for communities to close down nuisance businesses. The State Legislature passed legislation that has helped reduce open drug dealing and prostitution in residential neighborhoods.

In a related action, ACT also helped with the passage of a new city ordinance to speed up the process of reclaiming blighted and abandoned property. The ordinance also created incentives for property owners to donate vacant property for reuse.

Community Policing – One strategy to reduce neighborhood crime is the Community Policing Program, which combines the resources of the police, the local government, and the community.[34] Community policing is designed to create an attitude of trust between the police and the public, take into account the specific concerns of the public, and help to develop communities that do not tolerate crime. As of June 1999, 26 Louisiana communities have established a Community Policing Program.[35] Help and assistance for citizens, local government, and law enforcement agencies wishing to establish a community policing program is available from several resources: the Community Policing Consortium at www.communitypolicing.org and from the Gulf States Regional Community Policing Institute at www.gsrcpi.org.

Incarceration and Rehabilitation

The corrections system both incarcerates and rehabilitates. Successful rehabilitation results in reducing the recidivism rate and ultimately results in healthier and safer communities. For more than twenty years, Louisiana's incarceration rate has been among the highest in the nation. In 2001, Louisiana's incarceration rate was 795 per 100,000 populations compared to the national average of 472. In September 2004, there were 36,564 inmates incarcerated in state prison facilities and housed in the Department's (LDOC) custody in local jails.[36] Because most of these individuals will at some point return to their community, the rehabilitation needs of released individuals and of families with members in jail must be addressed by community leaders.

Re-Entry into the Community – Successful institution-based rehabilitation programs provide self-improvement techniques, reduce recidivism, and help prisoners live more productive lives once they are released. Education programs such as job-skills and literacy training help inmates to prepare to earn a living. Social programs such as parenting skills help inmates to envision a different life for themselves and their families. Transitional programs for paroled or released individuals help to ease re-introduction into society.

The Louisiana Department of Corrections program, Corrections Organized for Re-entry (CORe), focuses on basic education; job skills training; substance abuse treatment; and values development. Programs based on these re-entry strategies are designed to help inmates and their families break the cycle of crime and punishment.[37] The community phase CORe focuses on providing the recently released individual with the support needed to make a transition into the community. The success of phase three is dependent upon the partnerships forged between probation and parole office and the community. Examples of partners are businesses, community and non-profit organizations, faith-based groups, other state agencies, and even crime victims groups.

Taking Care, Taking Control:
Making CORe a Reality in New Orleans

- The Freedom of Spirit Ministries in New Orleans will have an on-site program operating during and after office hours so that released offenders can receive support to redirect their lives in a spiritual environment targeting areas such as substance abuse, parenting, building self-esteem and job readiness.
- Sixty-four businesses in the New Orleans area are working with the LDOC parole staff to hire ex-felons.
- Offenders released in the New Orleans area can receive bus tokens to attend job interviews and meetings associated with the CORe program.

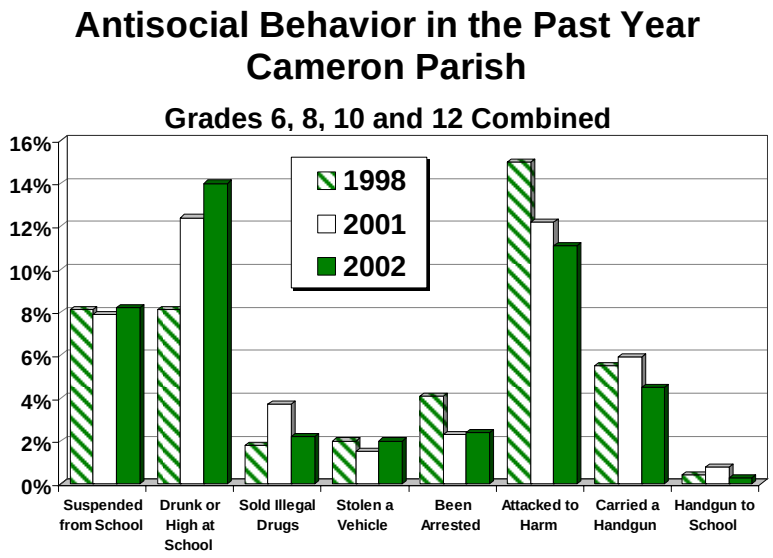
Louisiana Department Public Safety and Corrections

Juvenile Crime

In Louisiana for 2002, there were 35,560 arrests of persons under 18. Significantly this figure represents one-fourth of all arrests made in Louisiana for the year. Twenty-six percent of those arrests were for property crimes such as burglary and motor vehicle theft; 15.3 percent were for violent crimes such as murder, rape and robbery; and 74.3 percent were for other crimes. Other crimes are defined as drug abuse violations, stolen property, vandalism, and weapons, as well as curfew and loitering violations. Traffic arrests are not included in these figures.[38] For Louisiana in 2002, there were 2,072 juvenile arrests for drug abuse violations.[39] Parish level data on juvenile crime was not reported in this publication because of incomplete or inconsistent reporting. Parishes may want to check for their parish online at the "Easy Access to FBI Arrest Statistics 1994-2001", http://ojjdp.ncjrs.org/ojstatbb/ezaucr.

Recent reforms in the Louisiana Juvenile System have resulted in the Office of Youth Development assuming the responsibility for all of the juvenile offender population; juveniles who are either incarnated, or on probation or parole. This is just the first step in revamping all aspects of the juvenile justice system in Louisiana. One of the major components of the new system is the moving away from juvenile "prisons" to community-based programs for juvenile offenders.

The "Communities That Care" (CTC) Survey is one source of local data on adolescent protection and risk factors characteristic of a community. Indicators in the survey will help community leaders and school officials to get a clearer picture of anti-social behavior, substance abuse (drug and alcohol), and the student's perception of "safety," self-reported by the students surveyed. Additional information from the Communities that Care Survey is discussed in the Maternal, Child and Adolescent Health Chapter. To access the complete report online go to *www.dhh.louisiana.gov*, key words "Communities That Care." In 2004, the survey was renamed the "Louisiana Caring Communities Youth Survey."



Source: DHH Communities That Care Survey

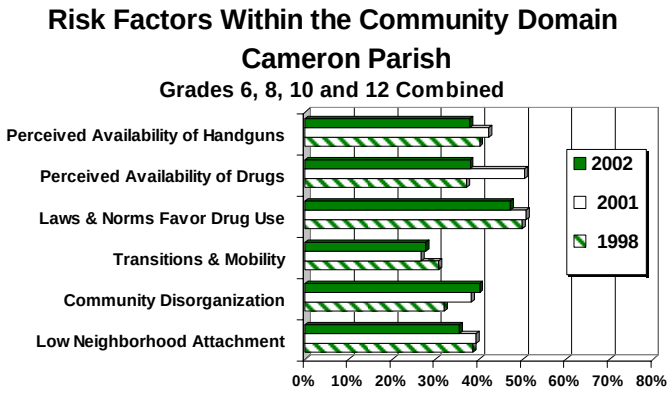
Analyzing the self-reported antisocial behavior of the students in the CTC survey is an indication of current problems both at school and in the community. **In Cameron Parish in 2002, 8 percent of the students had been suspended from school and 11 percent had attacked someone with the intent of doing harm**.[40]

Community Risk and Protective Factors – Researchers have determined that there is an interrelationship between community risk and protective factors and the level of substance abuse, delinquency, dropouts, and violence in young people.[42] Communities must be pro-active in identifying and taking remedial actions before juveniles reach the juvenile justice system. Early intervention with youth to reduce risk through programs such as bullying-prevention, proper storage of guns, and community investment in affordable housing, youth recreation, education, and fair wage jobs can connect young adults to positive community values, fostering the decline of inter-personal violence/homicide.[43]

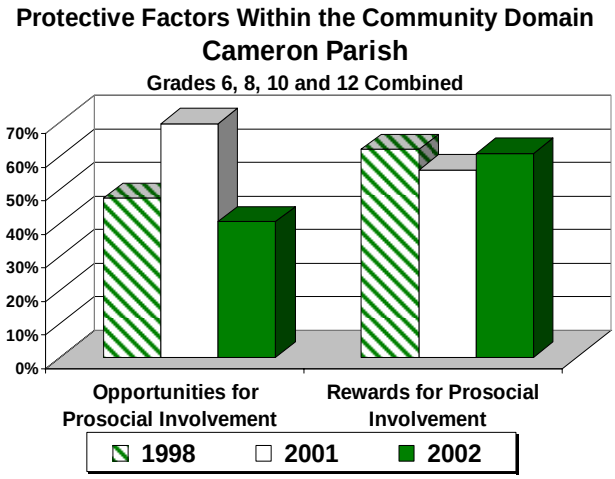
DO YOU KNOW?

An analysis of risk factors for delinquency show that both serious and general delinquency occurs more often in . . .

Families with antisocial parents
Rejecting parents
Parents who are in conflict
Parents imposing inconsistent punishment
Parents who loosely supervise their children.[41]



Data Source: DHH Communities That Care Survey



Source: DHH Communities That Care Survey

Of equal importance to community leaders and planners are the elements that provide protective factors for its children. CTC labels those factors as "prosocial" and uses such things as participating in sports, youth clubs and service clubs as examples of "opportunities for prosocial involvement." Youth who perceive that they have "rewards for prosocial involvement," have identified themselves as having adults in his/her neighborhood who give encouragement, and recognize and reward positive actions and accomplishments. **In Cameron Parish in 2002, 40 percent of the students felt like they had prosocial opportunities and 61 percent felt rewarded for prosocial involvement.**[44]

Family Violence

"Child Abuse" is defined as the non-accidental, physical, or mental injury to a child by the child's caretaker. Abuse may be physical, sexual, and/or emotional. "Neglect" refers to the caretaker's failure to provide for the child's basic physical, medical, and/or emotional needs. Abuse and neglect can cause infants, children, and teens to have more health and emotional problems. It can also be the cause of their death.

Child Abuse and Neglect

In 2003, Cameron Parish recorded 18 cases of valid child abuse and neglect for every 1,000 children.[45] Abuse and neglect rates reflect those cases that have been reported and validated as true by Child Protective Services, meaning that there is evidence to support the claim of abuse or neglect as defined by the state. This hard evidence consists of observed physical injury or severe effects of neglect. Abuse and neglect are often surrounded by a code of silence. Families and children often hide evidence out of fear. Sometimes families protect the abuser, resulting in many unreported incidents of abuse.

Valid Child Abuse and Neglect Allegations
July 1, 2003 - June 30, 2004

	Cameron	Louisiana
Total Cases	**946**	**13,241**
% Neglect	56.0%	69.1%
% Physical	24.0%	20.7%
% Sexual	6.9%	6.2%
% Emotional	12.8%	3.6%
% Death	0.2%	0.3%
Rate/1,000	**18**	**11**

Source: Prevent Child Abuse Louisiana prepared for the Louisiana Department of Social Services, Office of Community Services

DID YOU KNOW?

The recognized risk factors contributing to child abuse and neglect include:

- *Extreme Poverty*
- *Parental Substance Abuse*
- *Parental Mental Retardation*
- *Lack of Parenting Skills and Knowledge*
- *Social Isolation*
- *Life Stress Overloads*
- *Domestic Violence*
- *Childhood Disability*
- *Family History of Abuse.*[46]

There is a definite connection between abuse/neglect in children and depression, alcoholism, drug abuse, and severe obesity.[47] Childhood abuse and neglect may be associated with school failure, suicide, hopelessness, emotional problems, and teenage pregnancy. It can also be related to later substance abuse, violent and criminal behavior, unemployment, homelessness, and prostitution.[48] Abused or neglected children are more likely to require special education in school and are more likely to become juvenile delinquents.[49] There are many reasons for this; severe abuse and neglect can lead to brain damage; injuries to the brain can affect a person's ability to feel empathy and; violence is a learned response or behavior.[50]

In 2000, $205 million was spent on preventing or treating abuse and neglect in Louisiana. That figure includes $86 million in state funding.[51] The estimated total of all direct and indirect costs nationally is more than $94 billion dollars per year.[52]

Strategies for Preventing Child Abuse and Neglect – Community leaders in coordination with hospitals, community organizations, schools, etc. have developed community-based strategies that educate the public on recognizing and reporting child abuse and neglect. Other program strategies are centered on such areas as targeted education programs, child and family screenings, and life skills training and therapy for abuse victims. These programs are designed to begin with the prenatal period and continue with programs and support throughout the school years.[53]

Family/Domestic Violence

Family violence is defined as any assault, battery or other physical, mental or emotional abuse that occurs between family or household members who live together or who previously lived together. In domestic violence situations, when prevention practices fail, families rely on the criminal justice system to stop the crime. It is believed that domestic violence is widespread and underreported.[55]

DID YOU KNOW?

For the year 2000, in Louisiana, 11,158 children were confirmed victims of abuse or neglect: approximately 450 will become violent criminals as adults.[54]

Of particular concern are children exposed to domestic violence. At the least, these children are at an increased risk for neglect. At the most, these children are more likely to engage in self-destructive behaviors such as indiscriminate sexual encounters, have more unplanned pregnancies, experience more sexually transmitted diseases, smoke more, and have an increased use of illicit drugs.

Sexual Violence

Based on a conservative estimate, 225,000 Louisiana women have been raped.[56] Of women who have been raped, nearly 30 percent of them were first raped before the age of eleven, and 60 percent were first raped by the age of 18. This estimate is based on population surveys, not police reports, and is generally thought to be a more robust estimate than numbers from the FBI-UCR. Through following the life stories of female victims of sexual violence, we have learned that for some number of them, the results of the violence can be life-long. Additionally, there may be chronic abdominal or lower-back pains, infertility, suicidal thoughts, major depression, post-traumatic stress disorder, and suicide attempts. Providing resources to meet the needs of children and families for safe housing, adequate food and educational opportunities, plus supporting a well-trained child and adult protection services staff are other important community steps.

Taking Care, Taking Control:
CASA Volunteers Make a Difference

The Court Appointed Special Advocate (CASA) Program was created in 1977 to give abused children a guide and a voice in navigating the Judicial System. While nationally sponsored, CASA programs are locally organized and facilitated by **local volunteers** – ordinary community citizens willing to help.

In Louisiana there are 14 CASA programs (3 regional) serving 45 parishes in 25 judicial districts, including **Orleans**. If you would like more information, to volunteer, or start a CASA program in your area, visit www.louisianacasa.org

Homeland Security and Bioterrorism

The Louisiana Office of Homeland Security and Emergency Preparedness (LHLS/ EP) ensures that the state is prepared to respond to and recover from all natural and man-made emergencies providing leadership and support to reduce the loss of life and property through an all-hazards emergency management program. LHLS/ EP partners with the Governor's Office, Department of Health and Hospitals, Office of Public Health, the Military Department in New Orleans, the Legislature, our Congressional staff, state, parish, and city officials, parish emergency directors, the Federal Emergency Management Agency (FEMA), and the general public to fulfill the agency's mission to protect the citizens of Louisiana.[57] During a public health emergency, the HAN (Health Alert Network) team communicates vital health information through secure, statewide channels to doctors, EMS, hospitals, laboratories, public safety officials, and the general public.

Make a Family Readiness Plan:

- Make a family communication plan
- Have a property protection plan
- Have a shelter at home plan
- Have a family evacuation plan
- Have a community awareness plan.[58]

The Office of Public Health Bioterrorism Preparedness and Emergency Response Unit directs Louisiana's efforts in building an integrated network of health care, and laboratory and emergency response capacities that enables and empowers Louisiana's public health infrastructure to rapidly identify and counter a bioterrorist incident or other emergent health threat.[59] Each of Louisiana's nine public health regions is equipped with plans and materials for an effective "first response" to any disease threat. Each region has designated shelters that can be opened to provide for individuals with special health care needs and their caretakers in an evacuation. The OPH regional administrators, medical directors, and staff are responsible for the planning and coordination of health care provided in these shelters. Annual training for staff and volunteers is provided on topics of logistics, operation and emergency medical care and treatment.

In addition, the Public Health Emergency Preparedness and Response Program is poised to utilize the Strategic National Stockpile (SNS), a federal program which ensures that every state has access to adequate supplies of medicine and medical equipment in the event of an emergency. In 2004 Louisiana achieved "green" status, which is the highest level of readiness for a state to receive and administer the SNS program.

Emergency Medical Services and Emergency Preparedness – All local and state hazards preparedness planning efforts should include EMS. Planning should take into account the differences between rural and urban approaches to maintain effective infrastructure, as well as the needs of special populations, children, farm families, the elderly, culture-based groups and persons with disabilities. Networks should be formed and funded through parish, regional, state and/or federal dollars to provide for services that address economy of scale, improved quality and/or increased tax payer value. For additional information concerning your local communities or to learn more about emergency preparedness, contact the Department of Health and Hospitals at www.dhh.louisiana.gov, Office of Public Health at www.oph.dhh.louisiana.gov, or Emergency Management at www.loep.state.la.us.

The Community Can. . .

Reduce the rate of traffic-related injuries and deaths

- Enforce the use of safety belts.[60]
  - ➢Primary enforcement laws
  - ➢Enhanced enforcement programs
- Increase use of child restraints.[61]
  - ➢Community wide information and enhanced enforcement campaigns
  - ➢Child safety seat distribution and education programs
  - ➢Incentive and education programs
- Reduce the incidences of alcohol-impaired driving.[62]
  - ➢Sobriety checkpoint programs
- Increase safety at intersections for drivers and pedestrians.[63]
- Increase the use of helmets for bicyclists to reduce the risk of head injuries.[64]

Toolkits & Guides:

Pedestrian Safety Road Show
safety.fhwa.dot.gov/ped_bike/ped/roadshow/walk/sponsor/contents.html.

Pedestrian Safety Campaign
safety.fhwa.dot.gov/local_program/pedcampaign/index.htm.

Stop Red Light Running Program
safety.fhwa.dot.gov/intersections/srlr_campaign.htm.

Bicycle Helmet Blitz Program,
www.nhtsa.dot.gov/people/outreach/safedige/Winter1998/n5-41.html.

Safe Communities, www.nhtsa.gov/people/injury/Safe_Communities/default.htm.

Reduce the rate of non-fatal injuries

- Offer community CPR education efforts to reduce choking, aspiration, and suffocation.[65]
- Promote the safe storage of firearms.
- Promote the use of Smoke Detectors.[66]
- Surface playgrounds with safe, impact absorbing surface materials.[67]

Toolkits & Guides:

The LOK-IT-UP campaign –public awareness program encouraging the safe storage of firearms.
depts.washington.edu/lokitup/.

Reduce the rate of family/domestic violence

- Support home visitation programs to targeted, at-risk families.[68 69]
- Conduct prevention education and public information activities.[70]
- Utilize schools and social service organizations to offer skills-based curricula for children, parents, and caregivers.[71]
- Support parent education programs.[72]
- Improve services and advocacy for victims.

Toolkits & Guides:

Toolkit To End Violence Against Women
toolkit.ncjrs.org/vawo_9.html.

Safe Children and Healthy Families are a Shared Responsibility: 2005 Community Resource Packet
nccanch.acf.hhs.gov/topics/prevention/prev_packet_2005.pdf.

Hampton Healthy Families Partnership
www.hampton.va.us/healthyfamilies/info.html.

Emerging Practices In the Prevention of Child Abuse and Neglect",
nccanch.acf.hhs.gov/topics/prevention/emerging/report.pdf.

School Based Child Maltreatment Programs: Synthesis of Lessons Learned
nccanch.acf.hhs.gov/pubs/focus/schoolbased/schoolbased.pdf.

Reduce violence among children and adolescents[73]

- Organize neighborhood clean-up efforts.[74]
- Support parent and family-based interventions, such as parenting classes and home visitation.[75]
- Support school-based interventions.[76]
- Support anti-bullying programs in schools.[77]
- Enforce community policies that limit youth access to substances and weapons.[78]
- Conduct communication campaigns to influence community norms about substance abuse and violence among youth.[79]

Toolkits & Guides:

Strategies to Prevent Youth Violence,
www.cdc.gov/ncipc/dvp/bestpractices/chapter2a.pdf
www.cdc.gov/ncipc/dvp/bestpractices/chapter2b.pdf.

Blueprints for Violence Prevention,
www.colorado.edu/cspv/blueprints.

References

1. Louisiana Department of Health and Hospitals, Office of Public Health, Safety and Violence Survey 1998-2000, EMS/Injury Research Prevention Program.
2. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2004, Homepage, March 2005 <www.cdc.gov/ncipc/about/about.htm>.
3. DHH/OPH, EMS/Injury Research and Prevention Program.
4. DHH/OPH, Louisiana Hospital Inpatient Discharge Data: Non-fatal injury, unpublished preliminary data for 2001, Prepared by EMS/Injury Research Prevention Program.
5. Louisiana Department of Health and Hospitals, Office of Public Health (DHH/OPH), EMS/Injury Research and Prevention Program.
6. DHH/OPH, EMS/Injury Research and Prevention Program Traumatic Brain Injury Surveillance System (1996-1999).
7. DHH/OPH, EMS/Injury Research and Prevention Program,Traumatic Brain Injury Surveillance System (1996-1999).
8. DHH/OPH, EMS/Injury Research and Prevention Program.
9. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, State Injury Profile for Louisiana, 1996-1998, <http://www.cdc.gov/ncipc/StateProfiles/sip_la.pdf>.
10. DHH/OPH, EMS/Injury Research and Prevention Program.
11. United Health Foundation, America's Health: State Health Rankings-2004 Edition, American Public Health Association and Partnership for Prevention, <http://www.unitedhealthfoundation.org>.
12. U. S. Department of Health and Human Services, *Healthy People 2010*: 2nd. Ed., With Understanding and Improving Health and Objectives for Improving Health, 2 vol. Washington, DC: U.S. Government Printing Office, November 2000.
13. DHH/OPH, EMS/Injury Research and Prevention Program.
14. U. S. Department of Health and Human Services, *Healthy People 2010*:
15. DHH/OPH, EMS/Injury Research and Prevention Program.
16. Louisiana Highway Safety Commission, *Targets of Opportunity: State Demonstration Program for Reducing Impaired Driving. Final Report*, pg 3, 30 June 2002, 24 Mar 2005, <http://lhsc.lsu.edu/SpecializedReports/TOOP_Final_Report.pdf>.
17. DHH/OPH, EMS/Injury Research and Prevention Program.
18. Southern Media & Option Research, *Child Safety Restraint Observational Survey*, October 2004 Prepared for Louisiana Highway Safety Commission in cooperation with the National Highway Traffic Safety Administration.
19. Louisiana SAFE KIDS Campaign and Louisiana Department of Health and Hospitals.
20. "Community Services Safety Town", The Safety Council, 17 Mar 2005, <www.safetylca.org/s/Community_SafetyTown.asp?loc=s&tag=s3&pg=Community_SafetyTown.asp>.
21. Louisiana SAFE KIDS Campaign and Louisiana Department of Health and Hospitals, Office of Public Health, Injury Research and Prevention Program, *A Decade of Louisiana SAFE KIDS: Taking a stand against unintentional childhood injury In Louisiana, 119-2004*, May 2004.
22. DHH/OPH, Louisiana Hospital Inpatient Discharge Data: Drowning, Unpublished preliminary data for 2001, Prepared by EMS/Injury Research Prevention Program.
23. DHH/OPH, EMS/Injury Research and Prevention Program U.S. Coast Guard, Boating Accidents 1998 - 2002, Louisiana Navigable Waters Only, Prepared by EMS/Injury Research and Prevention Program, Aug 2004.
24. U.S. Department of Transportation, Federal Railroad Administration, Interim Railroad Safety Statistics Annual Report 2003, Washing, DC: 2004, tables 1-12, 1-14, and 9-12, 19 July 2004, <http://safetydata.fra.dot.gov/officeofsafety>.
25. DHH/OPH, Louisiana Hospital Inpatient Discharge Data: Non-fatal burns, unpublished preliminary data for 2001, Prepared by EMS/Injury Research Prevention Program.

26. Louisiana Department of Health and Hospitals, Office of Public Health, Louisiana Hospital Inpatient Discharge Data: Non-fatal unintentional falls, unpublished preliminary data for 2001, Prepared by EMS/Injury Research Prevention Program.
27. Louisiana Department of Health and Hospitals, Office of Public Health, Louisiana Hospital Inpatient Discharge Data: Non-fatal unintentional poisoning, Unpublished preliminary data for 2001, Prepared by EMS/Injury Research Prevention Program.
28. Centers for Disease Control and Prevention, 1999, Neighborhood Safety and the Prevalence of Physical Inactivity - Selected States, 1996, *Control Morbidity and Mortality Weekly Report* (MMWR). NO. 48(7): 143 - 146.
29. Sherman, L.
30. Louisiana Department of Public Safety and Corrections, unpublished data for 2004, Admissions.
31. State of Louisiana, Profile of Drug Indicators,Office of National Drug Control Policy, Drug Policy Information Clearinghouse, May 2004, pg 5.
32. State of Louisiana, Profile of Drug Indicators,Office of National Drug Control Policy, Drug Policy Information Clearinghouse, May 2004, pg 5.
33. Peck, G., "Drug Courts in Louisiana: A New Beginning", *Court Column, A Newsletter for the Judiciary of the State of Louisiana*, Volume 5. NO. 1, Spring 2002.
34. "About Community Policing", Community Policing Consortium, 3 Mar 2005, <http;//www.communitypolicing.org/about2.html>.
35. Bureau of Justice Statistics - Data Online, Community Policing Activities and Policies, as of June 30, 1999, 8 Mar 2005, <http://www.ojp.usdoj.gov/bjs/>.
36. Louisiana, Department of Public Safety and Corrections, unpublished data for 2004, Incarceration Rates.
37. Louisiana Department of Public Safety and Corrections, 1998, Master Plan: Issues and Initiatives.
38. U.S. Department of Justice, Federal Bureau of Investigation, Crime in the United States, 2002 (Washington, DC: USGPO, 2003), table 4.5, Source book of Criminal Justice Statistics Online <http://www.albany.edu/sourcebook/ >.
39. State of Louisiana, Profile of Drug Indicators, Office of National Drug Control Policy, Drug Policy Information Clearinghouse, May 2004, pg 11.
40. Louisiana Communities That Care Survey Comparison Report, Cameron Parish, 2002, Louisiana Department of Health and Hospitals Office of Addictive Disorders, 30 Mar 2004, Key words. "Communities That Care", <http://www.dhh.louisiana.gov>.
41. Sherman, L., Preventing Crime: What Works, What Doesn't. What's Promising: A Report to the United States Congress, Prepared for the National Institute of Justice, 15 Mar 2005, <http://www.ncjrs.org/works/wholedoc.htm.>.
42. State of Louisiana Communities That Care Survey, 2002 State Report, Louisiana Department of Health and Hospitals Office of Addictive Disorders, 30 Mar 2004, Key words. "Communities That Care", <http://www.dhh.louisiana.gov>.
43. Sherman, L.
44. Louisiana Communities That Care Survey Comparison Report, Cameron Parish, 2002.
45. Louisiana Department of Social Services, Office of Community Services, Valid Child Abuse and Neglect Allegations by Parish, June 1, 2003 through June 30, 2004 (FY 2004), Prepared by Prevent Child Abuse Louisiana.
46. The Need for Prevention, Louisiana Children's Trust Fund. 14 March 2005, <http://www.lctf.org>.
47. Fromm, S., 2001 Total Estimated Cost of Child Abuse and Neglect in the United States. Statistical Evidence, Prevent Child Abuse America.
48. Maternal and Child Health Program, 1998.
49. Fromm, S.
50. New Hope for Preventing Child Abuse and Neglect in Louisiana: Proven solutions to save lives and prevent crime, A Report from Law Enforcement, Brief based on a national report by Fight Crime: Invest in Kids, 2005, <http://www.fightcrime.org/reports/CANstate2pager/CANla.pdf>.
51. New Hope for Preventing Child Abuse and Neglect in Louisiana: Proven solutions to save lives and prevent crime.
52. Fromm, S.
53. "Fact Sheet: An Approach to Preventing Child Abuse", Prevent Child Abuse America.

54. New Hope for Preventing Child Abuse and Neglect in Louisiana: Proven solutions to save lives and prevent crime.
55. Sherman, L.
56. Kilpatrick, D.G.
57. "About the Agency", Louisiana Office of Homeland Security and Emergency Preparedness," 7 April 2005. Mar 2005, <http://www.ohsep.louisiana.gov/agencyrelated/aboutagency.htm>.
58. Louisiana Department of Health and Hospitals, Office of Public Health, Louisiana Office of Public Health Bioterrorism Preparedness and Emergency Response Unit, Family Readiness Guide 2004.
59. Louisiana Department of Health and Hospitals, Office of Public Health, Louisiana Office of Public Health Bioterrorism Preparedness and Emergency Response Unit, Fact Sheet 2004.
60. Evans, Caswell A. Jr. et al, "Motor-Vehicle Occupant Injury: Strategies for Increasing Use of Child Safety Seats, Increasing Use of Safety Belts, and Reducing Alcohol-Impaired Driving". MMWR, May 18, 2001 / 50(RR07);1-13 Centers for Disease Control, <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5007a1.htm>.
61. Evans, Caswell A. Jr. et al.
62. Evans, Caswell A. Jr. et al.
63. U.S. Department of Transportation, Federal Highway Administration, "Intersection Safety Brief", 2002, 22 July 2005, <http://safety.fhwa.dot.gov/intersections/interbriefing/01prob.htm>.
64. Harborview Injury Prevention & Research Center, "Bicycle Injury Interventions, Bicycle Helmet Effectiveness", June 2001, 22 July 2005, <http://depts.washington.edu/hiprc/practices/topic/bicycles/helmeteffect.html>.
65. Harborview Injury Prevention & Research Center, "Choking, Aspiration, and Suffocation Interventions, Education", June 2001, 22 July 2005, <http://depts.washington.edu/hiprc/practices/topic/suffocation/geneduc.html >.
66. Harborview Injury Prevention & Research Center, "Fires and Burns, Interventions to Increase Smoke Detector Use", June 2001, 22 July 2005, <http://depts.washington.edu/hiprc/practices/topic/fireburns/use.html>.
67. Harborview Injury Prevention & Research Center, "Fall Injury Interventions Playgrounds, 22 July 2005, <http://depts.washington.edu/hiprc/practices/topic/falls/playground.html>.
68. Centers for Disease Control and Prevention. First reports evaluating the effectiveness of strategies for preventing violence: early childhood home visitation and firearms laws. Findings from the Task Force on Community Preventive Services. MMWR 2003; 52(No. RR-14):[inclusive page numbers]. 22 July 2005, <http://www.cdc.gov/mmwr/PDF/rr/rr5214.pdf>.
69. Thomas, David, et al.
70. Thomas, David, et al, "Emerging Practices In the Prevention of Child Abuse and Neglect", U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect, 27 July 2005, <http://nccanch.acf.hhs.gov/topics/prevention/emerging/report.pdf>.
71. Thomas, David, et al.
72. Thomas, David, et al.
73. Thornton TN, Craft CA, Dahlberg LL, Lynch BS, Baer K. *Best Practices of Youth Violence Prevention: A Sourcebook for Community Action (Rev.).*Atlanta: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2002.
74. Harborview Injury Prevention & Research Center, "Youth Violence Interventions, Neighborhood "Clean-ups" 22 July 2005, <http://depts.washington.edu/hiprc/practices/topic/violence/neighbor.html>.
75. Thornton TN, et al.
76. Thornton TN, et al.
77. Feinberg, Ted, "Bullying Prevention and Intervention", *Principal Leadership Magazine*, Counseling 101 column, Vol 4, Number 1, September 2003, 22 July 2005, <http://www.naspcenter.org/principals/nassp_bullying.html>.
78. The National Center for Mental Health Promotion and Youth Violence Prevention, Key words "prevention brief, <http://www.promoteprevent.org/index.html>.
79. The National Center for Mental Health Promotion and Youth Violence Prevention Key words "prevention brief, <http://www.promoteprevent.org/index.html>.

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.

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Thank you.

Economics

"The official definitions of progress confuse
'more' with 'better,' 'costs' with 'gains,'
'borrowing' with 'earnings,' and 'means' with 'ends.'
To achieve real progress we must
learn to distinguish these again."

– Sagoff, 1997

Everyone knows that a little extra money in the pocket today does not guarantee long-term prosperity. This concept also applies to a community. For example, one that looks well-off may be doing well for the moment. However, its long-term economic growth may not be as strong. Stable employment and growing incomes support communities for the near future. Investing wisely as well as developing diverse businesses and industries helps to sustain communities for the longer term. Communities need constant investment for their futures with savings, resources, education and improved infrastructure.

DID YOU KNOW?

There has been an increased acceptance of the relationship of social-economic status and health. For instance:

- *"In the past five years, 193 papers addressing the socioeconomic status and health have appeared in scientific journals - twice the number in the previous five-year period."*
- *"The National Institutes of Health, last year, declared research on disparities in health related to social class or minority status one of its highest priorities..."*

-New York Times. 1999.

The relationship between economic status and health is commonly accepted[1]. Numerous studies have documented that lower family income is significantly associated with poorer physical and mental health status, less social support, more behavioral risk factors, higher rates of obesity and uncontrolled blood pressure, and poor medical diagnoses. After accounting for other factors, including baseline health status, family income is a significant predictor of health status[2]. The impact of a family's economics on a variety of health concerns is well described in studies. For instance, studies in asthma,[3] rural women's health,[4] and low birth weights[5] document a relationship to family income. Therefore, one way to improve community health is to work to improve community wealth.

A community needs to know its status in order to make improvements. Understanding a community's economic status is a complex task. One of the many ways to begin is to think of the community as if it were an individual. A person looks at earnings, costs and resources to understand personal finances. A single indicator or piece of data does not contain the breadth of economic activities in a community. It is important to look at a wide collection of indicators, and even the ones that are presented here may not be the best answers to local questions. The way data are collected or reported defines the manner in which the information may be used. A wide variety of indicators can more clearly outline the overall economic health of a community.

Why Poverty Matters

Outcomes	Low-Income Children's Higher Risk
Health	
Death in infancy	1.6 times as likely
Premature birth (under 37 weeks)	1.8 times as likely
Low birthweight	1.9 times as likely
No regular source of health care	2.7 times as likely
Inadequate prenatal care	2.8 times as likely
Family had too little food sometime in the last 4 months	8 times as likely
Education	
Math scores at ages 7 to 8	5 test points lower
Reading scores at ages 7 to 8	4 test points lower
Repeated a grade	2.0 times as likely
Expelled from school	3.4 times as likely
Being a dropout at ages 16 to 24	3.5 times as likely
Finishing a four-year college	Half as likely

"Defining Poverty and Why it Matters for Children," Children's Defense Fund, August 2004

Analyzing indicators can help direct decisions on planning, taxing, investing and prioritizing improvements in a community. For example, an increase in the number of people who are served in homeless shelters may drive the decision to add another shelter. A community might also choose to

develop rent subsidies to keep families with low incomes in housing. Another example of a chosen indicator helping direct community development could be a report of increased investments in a local industry. The community might respond by planning training in local community colleges to prepare workers.

Once residents of a community have identified the indicators they believe measure the appropriate factors in their economy, they can use them to outline the steps that need to be taken to build economic growth. The following topics are discussed in this chapter.

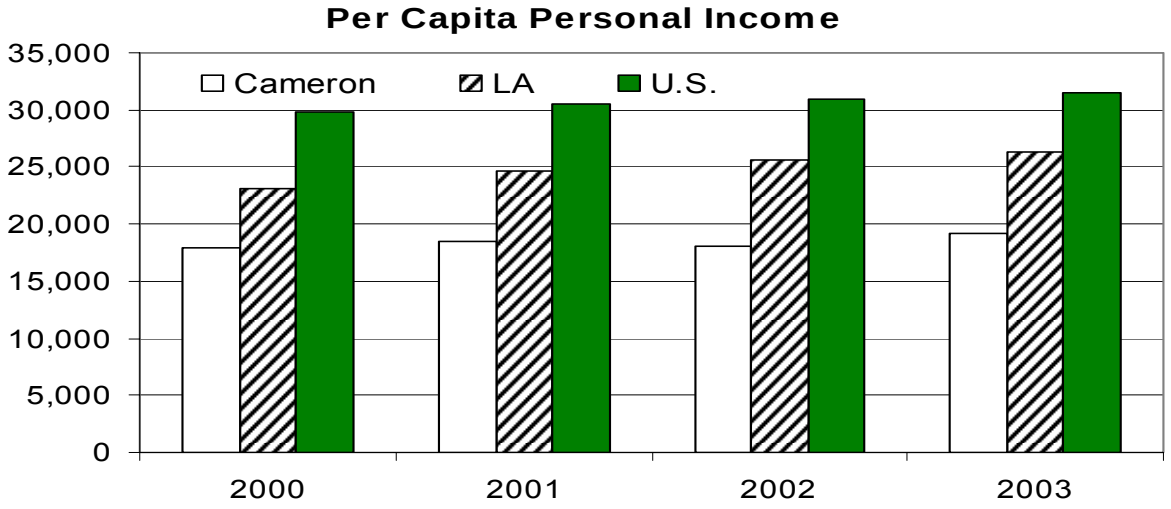
- Per capita personal income (PCPI)
- Poverty
- Median household income
- Migration to or from the parish
- Diversification of employed population
- Unemployment
- Leading industries international investment
- Cost of living
- Housing and utilities
- Homelessness
- Transportation
- Investment in people – social capital

DID YOU KNOW?
Louisiana ranks eighth in the country in gross state product, ranked by percent change.

Bureau of Economic Analysis, 2004

Per Capita Personal Income

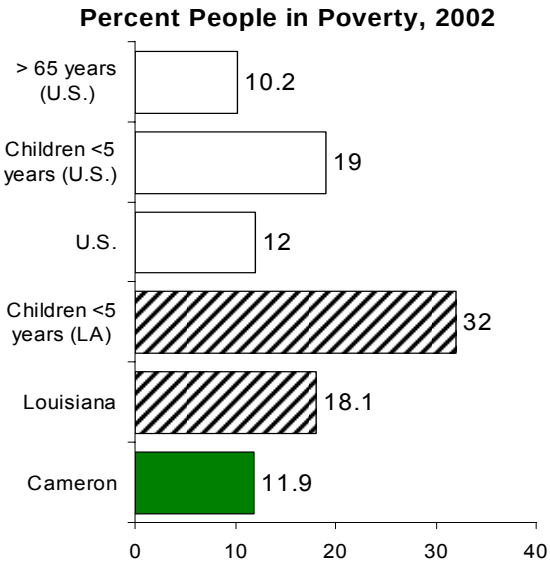
Per capita personal income is the average dollars earned per person in a parish or state. According to data from the Bureau of Economic Analysis, **Cameron parish had a per capita personal income of $19,127; ranking the parish 53rd in the state for 2003.**[6] For the same year, Louisiana's average PCPI was $26,312; ranking the state 43rd in the nation. The average PCPI for the U.S. was $31,472 for 2003.



Source: Bureau of Economic Analysis, 2004 Survey of Current Business

Poverty

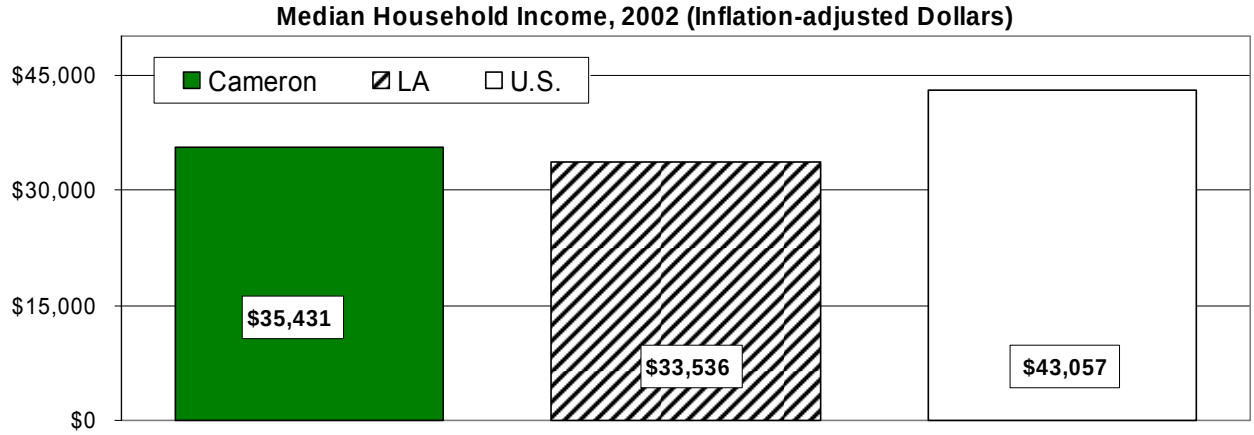
Latest poverty rates for the nation show 35.9 million people lived in poverty in 2002.[7 8] This number reflects an increase from 12.1 percent in 2002 to 12.5 percent in 2003.[9] Data from the Census Bureau's Small Area Income and Poverty Estimates, show that there were 797,255 people living in poverty in Louisiana; 18.1 percent of the state's population.[10] For **Cameron parish in 2002, 11.9 percent of people were in poverty.** Children are the largest subgroup of the population below the poverty line. Census data (2002) show 32.1 percent of all children under the age of 5 in Louisiana lived in poverty. The national estimate for children under 5 was 19 percent (2002).[11] For people over the age of 65, the national poverty rate is 10.2 percent.[12]



Sources: U.S. Bureau of the Census, 2003 ACS Survey; U. S. Census Bureau, Housing and Household Economic Statistics Division, Small Area Estimates Branch, December 2004

Median Household Income

When studied over time, several national trends may help to explain the increased inequity between top and bottom incomes of society. These include the national decline of trade unions that work to narrow the difference between workers' and managers' incomes, a drop in well-paying manufacturing jobs, the growth of the number of college-educated workers, the rising number of single-parent households, the increased competition for unskilled labor with immigrant populations and the decline in the real value of the minimum wage. It is important for social cohesion that as wide of a range as possible of social levels benefit from programs of improvement in a community. An increase in either income or education, or both, increases the likelihood of being in good health. The wealth of a community translates to the health. Income inequality from 2002 to 2003 has remained relatively unchanged nationally.[13]



Sources: Census Bureau, Small Area Income and Poverty Estimates; USDA-Economic Research Service, 9 December 2004

Migration

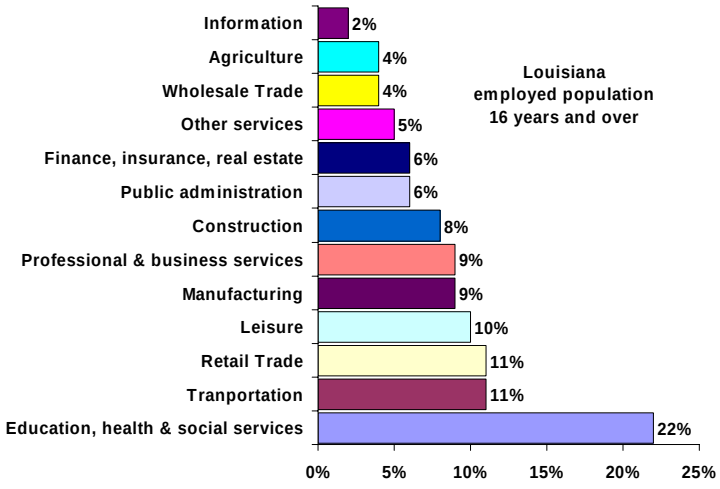
Migration is the movement of people across a specified boundary to establish a new permanent residence. Movement between countries, states or counties is considered migration. Movement within a county or parish is considered "local movement."[14] Movement of residents in and out of a community is one way to measure the ability of a community to support the people who live in it. The effect of migration on a local economy should be considered in combination with other factors. For instance, it may be that new people are not moving into a parish, yet at the same time PCPI can still be increasing for the residents. Conversely, a community can have an influx of new residents but they might be getting low-paying jobs that have little potential for advancement.

Cameron	Population	% Change	Net Domestic Migration
1991	9,325	0.7	-138
1992	9,294	-0.3	-211
1993	9,286	-0.1	-137
1994	9,276	-0.1	-136
1995	9,299	0.2	-122
1996	9,335	0.4	-83
1997	9,665	3.5	186
1998	9,890	2.3	50
1999	9,991	1	-92
2000	9,991	0	*
2001	9,851	-1.4	-205
2002	9,742	-1.1	-142
2003	9,708	-0.3	-65

Sources: Real Estate Center at Texas A&M University, http://recenter.tamu.edu/econ/; U.S. Bureau of the Census, Note: Decade years represent April 1, Census data, not the mid-year estimates; * Data not available for Louisiana parishes in 2000

Diversification[15]

In the rapidly changing economy of today, one of the best assurances to earning a decent wage is having many skills. This is also what Louisiana is doing by diversifying. The main elements of the Louisiana economy are mineral production, petroleum refining, chemical and petrochemical manufacturing, tourism, forestry, pulp, plywood, papermaking, agriculture, food processing, commercial fishing, shipping, international trade, ship building and general manufacturing.



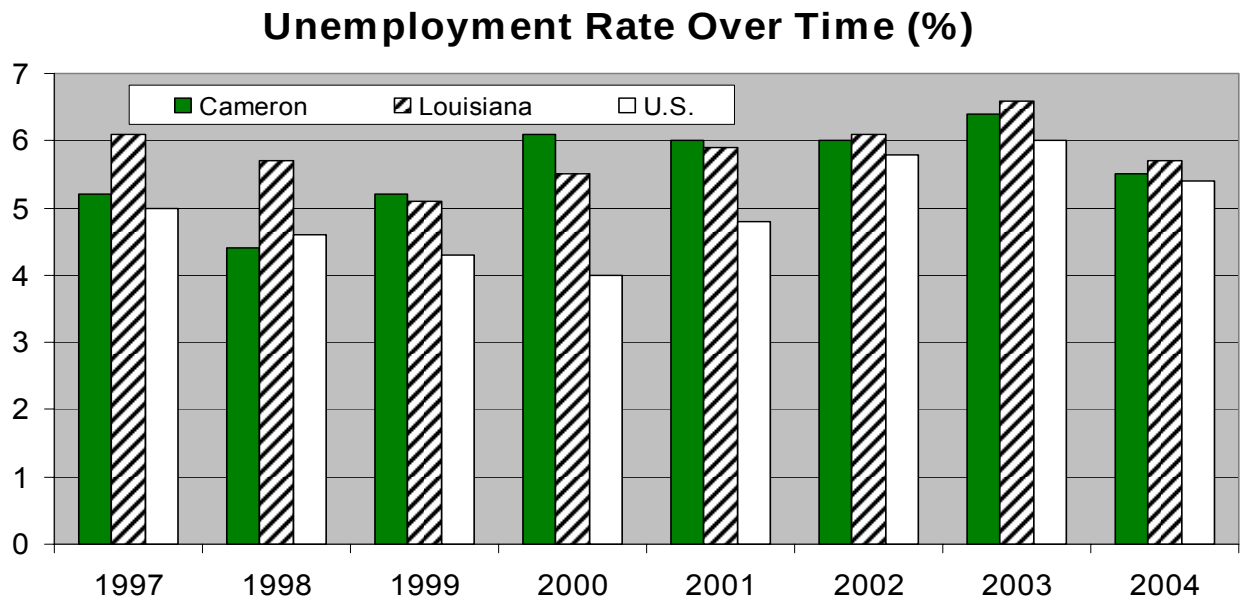
Source: U.S. Bureau of the Census, 2003 ACS Survey

Louisiana's 19 petroleum industries produce 16.9 billion gallons of gasoline a year. This makes the state the 2nd largest refiner of petroleum in the U.S. Annual production by more than 100 petrochemical plants in the state is valued at more than $19.6 billion.[16] The aerospace, aviation and biotechnology industries are also adding to Louisiana's diversification. Louisiana's natural resources include 11 percent of U.S. petroleum reserves and 19 percent of the country's reserves of natural gas. It also is the largest producer of salt in America and a major producer of sulphur, lime and silica sands. In addition, Louisiana has an estimated 310

to 330 million tons of lignite. The total value of all mineral production in the state is the second highest in the U.S.[17] Louisiana has had a long history of economic volatility. Increased diversification of Louisiana's economy will help blunt the impact of the ups and downs of any one sector.

Unemployment Rate[18]

Many people think that industry growth translates into an impact on a state's or parish's work force in terms of the unemployment rate. This is a statistic used to describe the proportion of a population which is not currently employed. The poverty that can result from unemployment is more than just a statistic. It affects people's lives and health. Like all indicators it has some limitations. The unemployment rate is a ratio composed of the number of persons believed to be unemployed divided by the number believed to be in the civilian labor force in a given region. The unemployment rate is included here because many people refer to it as a measure of economic performance. It is not a simple measurement.



Sources: U.S. Bureau of Land Statistics, Local Area Unemployment Statistics (LAUS) data.

When the economy is weak, people may think the unemployment rate should be high, and that a strong economy leads to low unemployment rates. Several factors counter these beliefs:

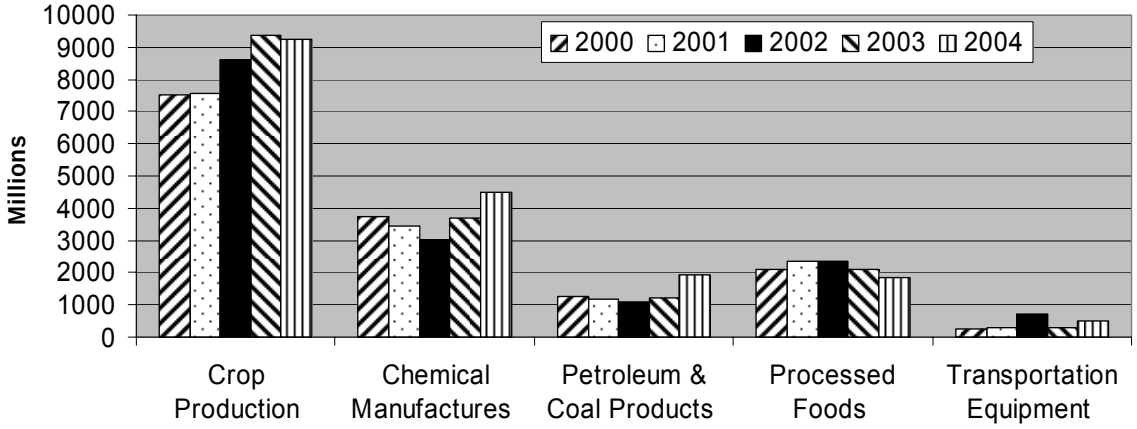
- When the economy is good, more people will come into a region to find work. These new job seekers will be recorded in the unemployed statistics.
- Job seekers who become discouraged and stop looking for work will not be included in the statistics, although they continue to be unemployed. Other people who are not recorded in the statistics are nonworking students, retirees, institutionalized persons and homemakers.
- Other events to consider are: people returning to school in times of poor employment, seasonal fluctuations and the workforce that works for undeclared pay.[19]

The unemployment rate is a good example of the need for the use of caution and multiple indicators when trying to define measures in a community's economic status.[20] Parish unemployment rates can fluctuate widely over time.

International Investment and Export Trade

The Louisiana Department of Economic Development reports that international holdings in Louisiana total nearly $21 billion. This is the ninth largest investment among all the states in the U.S.[21] The U.S. Department of Commerce and Office of Trade and Economic Analysis reported that between 2000 and 2004, Louisiana exported $19.9 billion in products to the world.[22] For the same years percentage increases occurred for crop production, 22.7 percent, chemical manufacturers, 19.8 percent, and petroleum and coal products, 50.0 percent.

Louisiana's Top Five Exports to the World Over Time



Source: U.S. Department of Commerce, Office of Trade and Industry Information, International Trade Administration

Cost of Living

Smart budgeters know where their money is going and try to control spending to fit their earnings. There are key measures that a community can use to collectively approximate costs. The cost of living measured through the Consumer Price Index (CPI) is usually the most common measure of costs. Also, there are the costs of housing, utilities and transportation.

DID YOU KNOW?
Most of the fastest growing states in 2003 are states that have large concentrations of farming and/or mining activity, including Louisiana.

Bureau of Economic Analysis

The American Chamber of Commerce Researchers Association (ACCRA) is used to measure the cost of living in metropolitan statistical areas. Alexandria, Baton Rouge, Houma, Cameron, Lake Charles, Monroe, New Cameron, and Shreveport make up the MSA in Louisiana.[23] Cost of living is calculated by combining the prices of a number of commonly purchased goods and services. It is usually reported quarterly. CPI is the statistic that people are more likely to hear quoted in the news. The CPI is not calculated by state, but by region. Louisiana is one of 16 states in the Southern region. The CPI is more useful for national price trends. All of this adds up to a national and state economy with a stable cost of living, consistent levels of production and low inflation. The average consumer can expect few price increases at the checkout stand as a result.

Housing and Utilities

In general, in the 1990s, construction increased in Louisiana. **As of the 2000 U.S. Census, one of the traditional sources of housing information, there were 5,336 total housing units in Cameron Parish.**[24] Estimates from the U.S. Census Bureau found that the percentage of families who could afford a moderately-priced house in the area where they live was about 58 percent (30 year fixed rate mortgage, five percent down). Most of the families who were renting could not buy due to excessive debt and too little income for a mortgage.[25]

Selected Housing Characteristics
Cameron Parish, 2000

- Total housing units in Cameron.....5,336
- Percent occupied..... 67.3%
- Heated by gas..... 34.2%
- Heated by electricity 46.4%
- Median monthly cost of mortgage $675
- Median monthly cost of rent $412

Source: U.S. Census Bureau, Census 2000 Summary File 3, American FactFinder

Unfortunately, national data[26] show that some populations have carried a greater cost burden for housing over recent years. The technical definition of affordable housing is housing which costs 30 percent or less of a family's income. In 1975, the percent of U.S. households with children that spent 30 percent or more on housing was 28 percent. By 1995, that percentage increased to 42 percent. The percentage of renters during the same span of years paying 30 percent or more for housing increased from 59 to 68 percent.

Homelessness[27]

The rates of homelessness are important for communities to measure because they describe people who are not in stable living situations. Homeless people in particular are also physically and emotionally vulnerable to poor health and quality of life, and are often excluded from community life. Unfortunately, many social services, privileges of citizenship such as voting, and some basic health care are available only when people have a residence. People staying in homeless shelters can receive some of those services.

Homeless Need Assessment Survey, 2004

Louisiana

Grant funding $19,314,526
Number of shelters.....155
Shelters responding to survey.....97%
Number reported homeless in 2004.....45,165
- Adults served (18 years and older) 38,401
- Youth (5 to 17 years).....4,139
- Children (less than 5) 2,625

Combined daily shelter capacity 5,045

Cameron

Grant funding (includes Cameron, Beauregard, Calcasieu, and Jefferson Davis parishes).....$88,650
Number of shelters (2004) 0
Number Responding to Survey.....0
Daily Capacity - Responding Shelters 0
# of served in a 12 month period (unduplicated) 0
- Adults served (18 years and older) .....n/a
- Youth (5 to 17 years.....n/a
- Children (less than 5) .....n/a

Source: Louisiana Interagency Council for the Homeless, 2004

Transportation

Cameron Parish, 2000

Vehicles
- Without vehicle 6.6%
- At least one vehicle..... 35.4%
- At least two vehicles 43.7%

Commuters
- Drove alone 79.9%
- Carpooled 14.2%
- Public Transportation 0.1%
- Mean travel time to work .....26.3 minutes

Telephones
- Number without telephone service 190
- Percent without telephone service..... 5.3%

Source: U.S. Census Bureau, Census 2000 Summary File 3, American FactFinder

Public transportation provides people with mobility and access to employment, community resources, medical care, and recreational opportunities in communities across America. It benefits those who choose to ride, as well as those who have no other choice.[28] More than 90 percent of public assistance recipients do not own a car and must rely on public transportation. Public transit provides a basic mobility service to these persons and to all others without access to a car.[29] In the U.S. according to the 2000 census, 75.7 percent of commuters drove alone. About 12.2 percent of commuters carpooled and 4.7 percent used public transportation. The average commute in the U.S. was 25.5 minutes.[30] The patterns of commuting are similar in Louisiana. In 2000, 78.1 percent of commuters drove alone while 13.6 percent used carpools. About 2.4 percent used public transportation. The average commute in Louisiana was 25.7 minutes.[31] **In Cameron parish 79.9 percent of commuters drove alone. About 14.2 percent carpooled and 0.1 percent used public transportation.**[32]

It is difficult to represent the costs of transportation, since there is no one agency that oversees transportation, nor is there one manner of travel. Reliable transportation improves quality of life, reduces the cost of living, and makes work more accessible. For example, people can reduce their shopping costs by getting to stores with lower prices and more choices of foods. They can get to a clinic and reduce the time they must take off to go to see a doctor. There are many people who can not afford a car.

DID YOU KNOW?

Louisiana is a predominantly urban state. More than two-thirds of all Louisianans live in eight metropolitan areas. These include, in addition to New Cameron, Baton Rouge, the state capital and a center of education, government, petrochemical production and petroleum refining; Shreveport, the commercial, distribution and manufacturing center of northwest Louisiana; Cameron, the oil and gas center and unofficial "capital" of Cameronna; Alexandria, central Louisiana's wood products and distribution center; Monroe, the manufacturing, distribution and commercial center of northeastern Louisiana; Lake Charles, the major petrochemical, agricultural and port city in southwestern Louisiana and Houma/Thibodaux, the oil exploration, seafood and agricultural center of the southern coastal region of the state. **Louisiana Department of Economic**

Investments in People – Social Capital

Investing in people takes many forms in a community. Like a business, these kinds of investments are capital improvements. Some of the obvious investments are those reflected in the titles of the sections of this book: Education, Chronic Disease, and Access and Equity. Some investments form the invisible glue that keeps communities vital, sometimes called

social capital. How community members decide to measure their social capital is only limited by the creativity of their ideas. Social capital can include all the varied efforts that keep a community united. The social capital building activities of churches, recreation, art, charity, music, camps, scenery, equitable justice and income lead to renewed hope, joy, trust and belief in the future.

The standard data collected by government agencies or by formal processes does not reach into the phenomenon of a community's social capital. Social capital can be an important element of the long term resolution of local concerns. One local activist recently told the story of a rural Louisiana community. Each month the community would hold a party attended by the majority of the residents. It was always a potluck tied to a local event, such as a baseball game or school graduation. Those get-togethers built social capital. The effort put into the community potlucks made that small town a place where people enjoyed living despite hardships. Investments in social capital can begin to counterbalance the events and histories that have given rise to difficult situations in communities.

Survey: Economic Confidence Rising, Education Still a Problem

An increasing number of Louisiana residents are expressing confidence in the state's economic future, but most still believe that an overall lousy economy and poorly performing public schools create an image problem nationwide, according to a new Louisiana State University survey. The survey indicated that Louisiana residents think out-of-staters have a negative image of Louisiana's business and political climate, which hurts the state's economy. Some of the findings were encouraging, said members of LSU's Reilly Center for Media & Public Affairs, which conducted the study. For example,

- 52 percent of those polled believe the state is moving in the right direction, up from 48 percent in 2004.
- The survey dealt with personal finances, as well as perceptions of the state and national economies. Some respondents reported that all three categories had improved during the past 12 months.
- Only 27 percent said the state's economy had improved in that time, but that was a substantial improvement over the 16 percent who gave the same answer the year before.
- Unchanged from the previous two surveys was that most residents named education as the state's most pressing problem.
- Jobs and the economy came in second, followed by health care.
- The 34 percent citing education as the most important issue marked an increase from 31 percent in 2004.
- The percentage selecting the jobs and the economy fell from 26.5 percent in 2004 to 18.9 percent in 2005.
- The portion choosing health care increased slightly from 12 percent in 2004 to 14 percent in 2005.
- Questions soliciting opinions about economic development and Louisiana's image were new. About 53 percent reported that they believed the image others had of Louisiana was either negative or very negative and an identical 53 percent said that image hurt when it comes to attracting business to Louisiana.
- Respondents said improvements in public education, health care, and infrastructure all were needed to advance the state. But they stressed that improving public schools is the best thing Louisiana can do to attract business.
- When asked about the quality of Louisiana's work force compared to other states, 43 percent said the work force in Louisiana was less skilled, while 33 percent said it was about the same and 10 percent said it was better.

The 2005 Louisiana Survey was conducted by phone with 964 randomly selected Louisiana residents 18 or older. They were polled between Dec. 6, 2004 and Feb. 21, 2005. The survey included several split-ballot questions in which approximately half of the respondents were asked a particular series of questions, while the other half of respondents were asked a different series of questions. The approximate margin of error for the overall survey was 3.2 percentage points and 4.6 percentage points for the split-ballot questions.

Source: By Michelle Z. Spielman, The Public Policy Research Lab is a partnership of the Manship School of Mass Communication's Reilly Center for Media & Public Affairs and the E. J. Ourso College of Business.

The Community Can …

Arrange for Community Organizers[33,34]

- Engage a broad spectrum of community members of different ages, ethnicities, organizational affiliations, and community sectors (e.g., parents, religious groups) who are affected by and essential to addressing the problem or goal.[35]
- Target political leaders, opinion-makers, the general public, and persons who control resources to improve the political and social climate for collaboration.[36]
- Community organizers can play a critical role in establishing inter-organizational linkages.[37]
- Pay particular attention to taking action and following-up on action plans.[38]

Toolkits & Guides

Community Toolbox - Includes practical guidance for the different tasks necessary to promote community health and development. For instance, there are sections on leadership, strategic planning, community assessment, grant writing, and evaluation to give just a few examples. Each section includes a description of the task, advantages of doing it, step-by-step guidelines, examples, checklists of points to review, and training materials.

ctb.ku.edu/tools/bp/en/tools_bp_sub_section_52.jsp

Introduction and Model for Community Programming and Evaluation

ag.arizona.edu/fcs/cyfernet/nowg/comm_index.html

Guide to Community Preventive Services: Systematic Reviews and Evidence Based Recommendations, www.thecommunityguide.org

Assure Technical Assistance[39]

Community researchers and practitioners have repeatedly expressed the need for timely and accessible technical assistance to support the often complex process of community change and improvement.

- Overcome geographical, economic, and other barriers for addressing needs by working with innovative (e.g., Internet-based) support systems.
- Connect external and internal human resources with particular expertise for addressing needs.
- Enhance participation by providing needed supports and increasing access to essential member resources. This process can build capacity for action by building capacity of members, and also create a shared skills-base or common ground for taking collaborative action.

Toolkits & Guides:

Collaboration Framework – Addressing Community Capacity: Cooperative State Research, Education, and Extension Service (CSREES), USDA, created five National Networks to marshal faculty and program resources to directly respond to the economic, social, and human stresses faced by children, youth and families. crs.uvm.edu/nnco/collab/framework.html

Institute for Community Economics, www.iceclt.org/loanfund/loaninvest.html

A tool for community groups to assess their readiness for economic development. http://text.lsuagcenter.com/en/community/economic_dev/community_planning_tools/

Adopt sustainable development as a strategy for well-being; sustainable projects[40]

- Strengthen your local economy.
- Improve and protect the quality of the environment.
- Enhance the quality of life and the well-being of all of the people in your community.

Toolkits & Guides:

Smart Communities Network: Creating Energy Smart Communities - U.S. Department of Energy's Smart Communities Network, www.sustainable.doe.gov/welcome.shtml, http://www.coscda.org/aboutcoscda.asp

Develop Communities Social Capital on Transportation Matters[41]

- Promote communities' connections with local planning councils, federal and state departments' of transportation, and transportation providers
- Undertake community outreach activities to allow communities that are affected by the transportation changes to have early input into the planning process by holding educational meetings to invite public comments before public hearings are held.
- Encourage continuing dialogue on the issues the proposed transportation projects raise for the community.[42]

Toolkits & Guides:

Center on Budget and Policy Priorities - Frequently-Asked Questions About Public Job Creation (i.e. How job creation programs help communities?), http://www.cbpp.org/pjc-faq.htm

Employment Transportation Toolkit – Designed to help publicly-funded workforce agencies link workers with transportation services to employment and training sites. http://www.ctaa.org/ntrc, keywords, "employment transportation, tool kits".

Strengthen the capability of local people in rural communities to act collectively to achieve commonly held goals[43]

- Create the opportunity for people to participate as the main players in the process of identifying and tackling community problems.
- Provide education and opportunity to overcome the problem where the disadvantaged community members accept that the advantaged have the most power.
- Reorganize the community to break out of ingrained patterns of patronage and exclusion and focus collective efforts on problems common to all local groupings.
- Mobilize resources both within and outside the locality.
- Allow for informed decision making.
- Create action – Initial community action builds the capacity for subsequent community actions as it creates networks, roles, and a pool of shared experience.

References

1. New York Times. 1999. For Good Health, It Helps to be Rich and Important. June 1. D-1.
2. Fiscella, K. 1999. Is Lower Income Associated with Greater Biopsychosocial Morbidity? Implications for Physicians Working with Underserved Patients. Journal Family Practice. May:48(5); 372-7.
3. McConnochie, K., et al. 1999. Socioeconomic Variation in Asthma Hospitalization: Excess Utilization or Greater Need? Pediatrics. June; 103(6): e75.
4. Barnes, N. and Bern-Klug M. 1999. Income Characteristics of Rural Older Women and Implications for Health Status. Journal of Women Aging. 11(1): 27-37.
5. Longo, D., et al. 1999. An Investigation of Social and class Differences in Very-low Birth Weight Outcomes: A Continuing Public Health Concern. Journal of Health Care Finance. Spring; 25(3): 75-89.
6. U.S. Department of Commerce, Bureau of Economic Analysis, Regional Economic Accounts; "Bearfacts 1993-2003;" published 28 March 2005; <http://www.bea.gov/bea/regional/bearfacts> and <http://www.bea.gov/bea/articles/2005/03March/D-Pages/0305DpgH.pdf>.
7. DeNavas-Walt, Carmen et. al., "Income, Poverty, and Health Insurance Coverage in the United States: 2003." Current Population Reports: Consumer Income. U.S. Department of Commerce, Economics and Statistics Administration, U. S. Census Bureau, p. 1, 9., August 2004
8. U.S. Census Bureau, American Community Survey Office, August 27, 2004/
9. DeNavas-Walt, Carmen et. al., "Income, Poverty, and Health Insurance Coverage in the United States: 2003." Current Population Reports: Consumer Income. U.S. Department of Commerce, Economics and Statistics Administration, U. S. Census Bureau, p. 1, 9., August 2004
10. U.S. Census Bureau; "Small Area Income & Poverty Estimates: Estimates for Louisiana Counties, 2002;" published December 2004; <http://www.census.gov/cgi-bin/saipe/saipe.cgi>>
11. U.S. Census Bureau; "Small Area Income & Poverty Estimates: Estimates for Louisiana Counties, 2002.
12. U.S. Census Bureau, Population Survey, 2002 to 2004 Annual Social and Economic Supplements; "Income, Poverty, and Health Insurance Coverage in the United States: 2003; August 2004; <http://www.census.gov/prod/2004pubs/p60-226.pdf>.
13. United States Department of Agriculture, Economic Research Service; "County-level unemployment and median household income for Louisiana;" published 9 December 2004; <http://www.ers.usda.gov/Data/Unemployment>.

    Bureau of Labor Statistics, Local Area Unemployment; Statistics (LAUS) data; Bureau of the Census, Small Area Income & Poverty Estimates Program
14. U.S. Bureau of the Census; "Geographical Mobility: 2002-2003: Population Characteristics;" published March 2004; <http://www.census.gov/population/www/socdemo/migrate.html>; Real Estate Center; "Louisiana Population and Components of Change;" 2004.
15. 2003 American Community Survey Narrative Profile for Cameron Parish
16. Louisiana Department of Economic Development, <http://www.lded.state.la.us/search/default.aspx?q=source>.
17. Louisiana Department of Economic Development, <http://www.lded.state.la.us/search/default.aspx?q=source>.
18. Bureau of Labor Statistics, Local Area Unemployment Statistics (LAUS) data.

Percent	1997	1998	1999	2000	2001	2002	2003	2004
Cameron	5.2	4.4	5.2	6.1	6	6	6.4	5.5
Louisiana	6.1	5.7	5.1	5.5	5.9	6.1	6.6	5.7
U. S.	5	4.6	4.3	4	4.8	5.8	6	5.4

19. Maruggi, V. and Rivas, R. 1996. The Unemployment Rate vs. Employment: The Louisiana Experience, Louisiana Business Survey. Spring: 3-6.
20. Maruggi, V. and Rivas, R. 1996.
21. Louisiana Department of Economic Development. Louisiana Overview, International Investment, <http://www.led.state.la.us/overview/Default.aspx>.

22. U.S. Department of Commerce; Office of Trade and Industry Information (OTII), Manufacturing and Services, International Trade Administration, "TradeStats Express-State Export Data, 2004 Exports from Louisiana to World."
23. U.S. Census Bureau; Population Division; "Metropolitan Statistical Areas and Components, November 2004, With Codes, internet release, March 2005.
24. U.S. Census Bureau, Profile of Selected Housing Characteristics, 2000, Census 2000 Summary File 3.
25. Savage, H. 1997, U.S. Census Bureau, Current Housing Reports. Who Can Afford to Buy a House in 1993? Survey of Income and Program Participation. H121/97-1, July 1997.
26. U.S. Census Bureau, Profile of Selected Housing Characteristics, 2000, Census 2000 Summary File 3.
27. Louisiana Interagency Council for the Homeless, Needs Assessment Survey 2004; "When There's No Place Like Home: Regional *Continuum of Care* Systems To Assist the Homeless in Louisiana 2003 Report;" published February 2004.
28. U.S. Department of Transportation, Federal Highway Administration, "Status of the Nation's Highways, Bridges, and Transit: 2002 Conditions and Performance Report." Chapter 14: The Importance of Public Transportation.
29. U.S. Department of Transportation, Federal Highway Administration, "Status of the Nation's Highways, Bridges, and Transit: 2002 Conditions and Performance Report." Chapter 14: The Importance of Public Transportation.
30. U.S. Census Bureau; DP-4. Profile of Selected Housing Characteristics: 2000; Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data; Geographic Area: Louisiana; <http://factfinder.census.gov/>.
31. U.S. Census Bureau, Census 2000 Summary File 3, American FactFinder.
32. U.S. Census Bureau, Census 2000 Summary File 3, American FactFinder.
33. Best Processes & Practices that Promote Community Change and Improvement: A Framework Arranging for Community Mobilizers. Work Group on Health Promotion & Community Development. University of Kansas. 2005.
34. Arnstein, S. R. (1969). A Ladder of Citizen Participation. AIP Journal. <http://ag.arizona.edu/fcs/cyfernet/nowg/comm_nowg_bibs.html>.
35. Best Processes & Practices that Promote Community Change and Improvement: A Framework Arranging for Community Mobilizers.
36. Evaluating the National Outcomes, Introduction and Model for Community Programming and Evaluation. <http://ag.arizona.edu/fcs/cyfernet/nowg/comm_nowg_bibs.html>.
37. Best Processes & Practices that Promote Community Change and Improvement: A Framework Arranging for Community Mobilizers.
38. Best Processes & Practices that Promote Community Change and Improvement: A Framework Arranging for Community Mobilizers.
39. Best Processes & Practices that Promote Community Change and Improvement: A Framework Arranging for Community Mobilizers. Evidence-Based: Assuring Technical Assistance. Work Group on Health Promotion & Community Development. University of Kansas. 2005.
40. "Smart Communities Network: Creating Energy Smart Communities." U.S. Department of Energy. <http://www.sustainable.doe.gov/welcome.shtml>.
41. "A New Wave of Evidence**:** The Impact of School, Family, and Community Connections on Student Achievement", Southwest Educational Development Laboratory. Annual Synthesis, 2002. <http://www.sedl.org/connections/resources/evidence.pdf>.
42. Strasburg, Gary. A Study in Environmental Justice: The New Cameron Regional Planning Commission developed a process to handle quality of life concerns on road projects, U.S. Department of Transportation, Federal Highway Administration. September/October 2003, Vol.67 No. 2; <http://www.tfhrc.gov/pubrds/03sep/08.htm>.
43. Beaulieu, L. J., & Mulkey, D. (Eds.). (1995). Investing in People. The Human Capital Needs of Rural America. Boulder, CO: Westview Press.

Education

"Louisiana is making great strides in education. Our focus at the Louisiana Department of Education is on improving teaching and learning by aligning the department's five major responsibilities to students, teachers, principals, schools and school districts: setting standards, performing assessments, ensuring accountability, providing assistance and maximizing student achievement through efficient resource management."

Superintendent of Education Cecil Picard

Louisiana Department of Education, 2004

Education and Earnings

Experts from parents to grandparents stress how important it is to get a good education. It can improve your mind and increase the chances of having a job. An education can also increase the amount you earn each week. Trends do show that the higher a person's education level, salaries are higher and unemployment lower. The Bureau of Labor Statistics reports that persons with more education have higher salaries and are more likely to be employed.[1] On average, a person with a college degree earns 35 percent more per year than someone without a degree. Census numbers indicate that a full-time worker over 25 years old, without a college degree earns about $26,000 a year while a person with a degree makes about $40,000.[2]

Median weekly earnings of full-time wage and salary workers by selected characteristics	Men	Women
White	732	584
Black	569	505
Hispanic or Latino	480	419

Source: U.S. Bureau of Labor Statistics, Division of Labor Force Statistics, ftp://ftp.bls.gov/pub/special.requests/lf/aat37.txt

Completing an education at any level is important. High school completion is a fundamental educational process that holds important implications both for individuals and for educational systems. For the student, obtaining a high school diploma offers an individual a variety of advantages, including the expectation of more stable employment prospects, higher lifetime earnings, and the opportunity to continue one's education at the postsecondary level.[3] Employers may view the ability to earn a degree as an indicator of assets—such as organizational skills and aptitude—that a worker will bring to the job.[4]

Mid-point Weekly Earnings by Education Level/Unemployment
Full-time workers, 25 years and older
National Earnings Weekly: $662 and Unemployment Rate: 4.8%

Earnings Weekly ($)	Education Level	Unemployment Rate (%)
396	Less than HS diploma	8.8
554	HS diploma including GED	5.5
622	Some college, no degree	5.2
672	Associate degree	4.0
900	Bachelor's degree	3.3
1,064	Master's degree	2.9
1,307	Professional degree	1.7
1,349	Doctorate	2.1

Source: Current Population Statistics, 2003; HS-high school

Education has been shown to be a strong indicator of health outcomes. Higher levels of education are linked to better health. Those more likely to lack health insurance continue to include people who have lower levels of education.[5] Youth who have a low commitment to school, or drop out, are more likely to engage in risky behaviors. This can lead to substance abuse, teen pregnancy, sexually transmitted diseases and violence. Adults who have low educational attainment are less likely to have health insurance coverage or see a provider routinely.[6]

The Louisiana Department of Education (LDOE) collects information about the state's school system. This information includes budget and staffing, as well as the numbers on participation and abilities of students. By watching positive and negative changes in these numbers the LDOE, parish school boards and parents can make decisions about what the schools, staff and students need from year to year. Parents, school boards, and principals are among those who use the department's information to make decisions about short and long

term education needs. This chapter includes information about student participation, class size, cost per student, the graduation exit exam and local literacy programs. Student attendance and high school drop-out rates relate to the ability of students to receive their education. Class size and expense per student can be considered measures of investment in individual students. Test scores help people make parish-to-parish, state-level and national comparisons to assess the quality of education. Among the many tests given in school, the graduation exit exam has been selected for discussion, because it represents Louisiana's requirements for graduation.

DID YOU KNOW?
Currently, 90.79 percent of Louisiana teachers met state standards and were certified … up from a 10-year low of 84.39 percent two years ago during the 2001-02 school year.

Louisiana Department of Education, 2004

This chapter discusses the following indicators.

- School attendance
- High school drop-outs
- Class sizes
- Expenditure per student
- Performance test results

Basic Facts About City/Parish Public Elementary/Secondary Schools, 2002-03	Cameron Parish[2]	Louisiana[1]
Number of City/Parish School Districts	--	66
Number of Public Schools	6	1,505
Number of Public School Principals	6	1,477
Number of Public School Graduates	123	37,213
Public Schools Average Daily Attendance	1,730	668,187
Number of Full-time Public School Teachers	152	49,371
Number of Students (End of Session Membership) in Public Schools*	1,832	702,004
Public Schools Average Daily Membership	1,841	714,774

[1]Source: District-reported data submitted to the Louisiana Department of Education via the Student Information System (SIS) end-of-year (EOY) report and Profile of Educational Personnel (PEP) System. Note: Data in this table are for the 66 City/Parish School Districts for grades pre-kindergarten (PK) through 12 and non-graded (NG) only. * Number of Students (End of Session Membership) in Public Schools is the total of pre-kindergarten (PK), K through 12 and non-graded (NG) students reported in membership on the last day of class by the 66 public school districts. [2]Louisiana Department of Education, 2002-2003 Annual Financial and Statistical Report, 145th edition, June 2004; National Center for Education Statistics, Common Core of Data for 2002-2003 public school districts; Louisiana Department of Education, Summary of Reported Personnel, 2002-2003

In order to complete the picture of education in a parish, people may want to look at the education levels of their community, teacher certification, the number of places to get an education after high school, zoning for schools and youth satisfaction with their schooling. One or two pieces of information alone will not be enough for community planners and residents to prioritize what they want to do to improve education. Combining the information collected by agencies such as the Department of Education with information community members collect can lead to a more accurate picture of a community's education status. Taking action on these indicators is challenging. The needs of youth are well-studied. Community members often find that their decisions require much information. Changing one thing, such as high school attendance, may mean change on a variety of levels in the community. Throughout this section, and in the publications of the Department of Education, factors that contribute to these indicators are emphasized and discussed.

Keep Kids in School

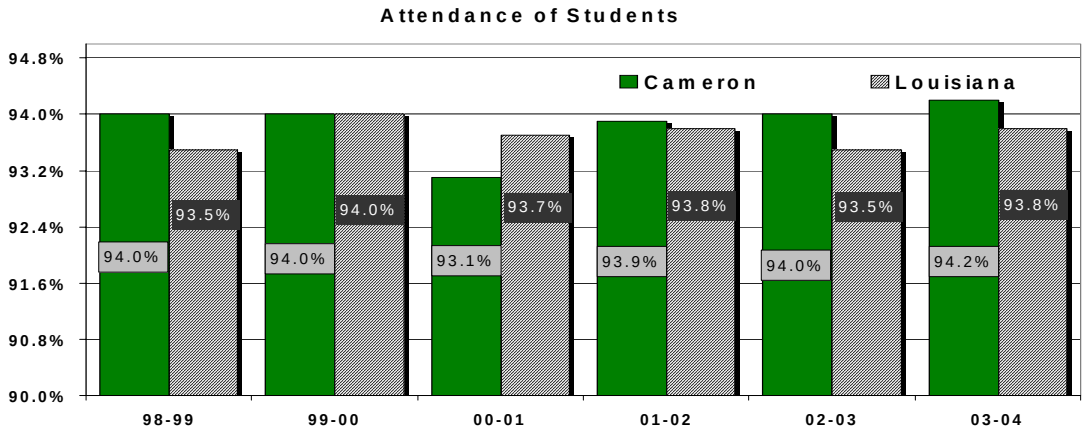
Educational Attainment (2000)	Cameron	Louisiana	U.S.
Population 25 years and over	6,257	2,775,468	182,211,639
Less than 9th grade	810	257,710	13,755,477
High school graduate or higher	2,677	899,354	52,168,981
Some college, no degree	963	561,486	38,351,595
Bachelor's degree or higher	338	339,711	28,317,792
Source: U.S. Census Bureau, Census 2000 Summary File 3, Matrices P18, P19, P21, P22, P24, P36, P37, P39, P42, PCT8, PCT16, PCT17, and PCT19			

In the United States people are getting more education. There are still differences, however in levels of achievement. Nationally, of all the racial groups, Hispanics have the lowest percentage with a bachelor's degree. African-Americans have the second lowest percentage of persons with a bachelor's degree or more. **In Cameron parish, 7.9 percent of people had a bachelor's degree or higher. About 68.1 percent of people age 25 years had at least a high school diploma.**[7]

U. S. Educational Attainment of Population age 25 years and older	Caucasian	African-American	Total Population	Asian	Hispanic
High school graduate or more	89.6	80.3	87.5	91.8	73.5
Some college or more*	56.4	44.4	54.2	72.7	40.4
Bachelor's degree or more	29.7	16.3	27.2	48.3	13.5
*Some college includes those who have completed some college, but have no degree and those who have completed an associate's degree; U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2003					

Attendance of Students

Students need to be present in order to take advantage of what schools have to offer. Subjects such as math, science and history depend on progressive learning. Therefore, attendance throughout the school year is important. Attendance can be a measure of how well a school keeps students motivated. Attendance is also the best predictor of student performance available to the Department of Education. It is even better than standardized tests.[8] **During the 1999-00 school year, 94.0 percent of Cameron parish students attended class. The average daily attendance in Cameron parish in 2003-04 was 1,703 students for an average daily attendance rate of 94.2 percent.**[9]



Dropping Out of High School

Percent Public High School Drop-outs[10]	Cameron	State	U. S.*
1998-1999	5	6.6	--
1999-2000	2.3	7.8	11.2
2000-2001	2.6	8.6	10.9
2001-2002	2.0	9.4	10.7
2002-2003	2.1	7	--

LA Department of Education, 2002-2003 District Composite Report, published April 2004 ; Source: *U.S. Department of Education, National Center for Education Statistics, Digest of Education Statistics, 2002

A high school diploma is a basic academic credential. Students with this degree can offer evidence of a certain level of educational attainment for admission to higher education or for employment. Dropping out of school signals a reluctance to persist and/or an inability to meet education requirements generally seen as necessary for entry into and success in the workforce.[11] Completion of high school means that a person has achieved at least a minimum level of literacy. Typically, efforts are made to reduce the number of students who might leave school. They also work on changing behaviors which lead to expulsion.[12] Expulsions and suspensions are predictive of overall school performance. For example, students in schools with high rates of suspension, usually do worse on standardized tests than others.[13] However, suspension and expulsion rates cannot be compared among districts. The incomparability is because of the ways in which policies differ. Each school district has different reasons for expulsion or suspension. Accordingly, focusing on high school drop-outs is a better indicator since it can be compared across parishes.

Cameron	Faculty	Louisiana
$38,179	Average salary of full-time teachers	$37,166

Louisiana Department of Education, 2002-03 Annual Financial and Statistical Report

There are many ways to complete high school. These include special education and home-based schooling, as well as school-sponsored programs leading to a General Equivalency Diploma (GED), excluding adult GED programs.[14] Because a high school diploma is key to an individual's future, it is important to know what proportion of a class completes high school. Communities also need to know what is happening to the people who do not finish. Dropping out can result from pregnancy, disinterest in school, or going to jail. It can also result from an unstable home or a priority on full-time work. The drop-out rate cannot be reduced without attention to other local, root causes as well. Some of these include the physical state of the school, quality of teaching, poverty, and family unity.

Smaller Class Sizes

	Class Size[15] (2003-04)	Percent
Cameron	1 - 20	83.3
	21 - 26	14.8
	27 – 33	2
State	1 - 20	48.7
	21 - 26	34.3
	27 – 33	17.0

The State Board of Elementary and Secondary Education (BESE) has the constitutional and statutory authority to make policy decisions that govern the public education system of the state. BESE has recommended class sizes for each education level. Kindergarten through third grade should have no more than 26 students, and grades four through 12 should have no more than 33 students in a classroom.[16] Class size does not represent the student-to-teacher ratio. Resource teachers and others who lend support are included in the student-to-teacher ratio. But they are not

included in class size. Of course, the quality of teaching can not be forgotten. Some teachers may be able to challenge and inspire larger groups of students more than others. In areas where the chance of reducing class size is slim, it would pay to help teachers do their jobs better.[17]

Improve Student Expenditures

Educational quality really can not be quantified with one number. However, cost per student can indicate something about the quality of education. This is why access to an itemized budget is important. In this way, community members can understand what services this expense provides. **Cameron parish spent $8,594 per student over the 2002-03 school year.** It is possible that even where the cost per student may be lower than the state average, students will still perform well. This may be because their classes are small or because their attendance is high. Nationally, schools are estimated to have spent an average of $7,875 per student in 2002-03.[18] Louisiana spent $6,906 per student within the public school system over the 2002-03 school year.[19]

Parents can help children develop confidence in their math abilities by helping them to understand the following concepts:

- **Problems can be solved in different ways.** Learning math is more than finding the correct answer; it's also a process of solving problems and applying what you've learned to new problems.
- **Wrong answers can sometimes be useful.** Ask your child to explain how she solved a math problem. Her explanation might help you to discover if she needs help with addition, subtraction, multiplication and division, or with the concepts involved in solving the problem.
- **Don't be afraid to take risks.** Give your child time to explore different approaches to solving a difficult problem. As he works, encourage him to talk about what he is thinking. This will help him to strengthen math skills and to become an independent thinker and problem solver.
- **Being able to do mental math is important.** Doing math "in your head" (mental math) is a valuable skill that comes in handy as we make quick calculations of costs in stores, restaurants or gas stations. Let your child know that by using mental math, her math skills will become stronger.
- **It's sometimes OK to use a calculator to solve mathematics problems.** Let your child know that to use calculators correctly and efficiently, she will need a strong grounding in math operations; otherwise, how will she know whether the answer she sees displayed is reasonable?

Source: U.S. Department of Education, The Achiever, *[December 15, 2004].*

Monitor the Quality of Education

The Louisiana Department of Education assigns performance labels to schools based on a yearly school performance score. This score takes into account the Louisiana Educational Assessment Program for the 21st Century or LEAP 21, the graduate exit exam, the Iowa tests, attendance and dropout rates. Louisiana's standard is for schools to have at least four stars or an SPS of 120 or more.[20] The department also gives statewide assessment that parishes use within its school systems to determine student progress. The LEAP 21st Century is the state criterion-referenced test based on the new content standards. The test is given to all fourth and eighth graders to measure how well students have mastered English, mathematics, science and social studies ability.

For the norm-referenced testing program, Louisiana has adopted the Iowa Tests at grades three, five, six, seven and nine. Norm-referenced tests measure how well students perform against a national comparison group. The major subtests are reading, language and mathematics. High school students participate in the Graduation Exit Examination (GEE). Students must pass the GEE in order to receive a high school diploma.

Educate Adults

The link between health and educational attainment is clear in adults. People with lower educational levels are less likely to know about preventive health measures, such as screenings. When they are ill, poor reading skills may prevent clear understanding of their treatments.[21] Adults with low educational attainment are less likely to have regular health insurance coverage or see a provider routinely.[22] They are also less likely to report that their health is good.[23] In fact, there may be a link between low educational levels and poor lifetime health. Places with a greater proportion of residents with low educational levels also have high rates of premature death.[24] It is never too late for people to add to their educational status. There are plenty of reasons to invest in further education. The most

Did You Know?
More than 51 million adults or approximately 23 percent of the adult population of the United States, possess limited literacy capability—that is, they have not completed a high school diploma or equivalent. ***Office of Vocational and Adult Education, U.S. Department of Education, April 2004***

Taking Care, Taking Control:
Knowledge is Powerful

After surviving three heart attacks and two strokes, Ronald Steele decided it was time to join the YMCA's Educational Services Literacy Program at St. Mark's Community Center. Throughout most of his life, Ronald has had to make use of what he calls "sneaky intelligence." In high school, Ronald would have one of his classmates read him their homework, and Ronald supplied the answer for both students. He fell behind but was pushed through the system because his teachers felt he was too much older than the rest of the students. Ronald finds these things easier to talk about since joining the program at St. Mark's. "Education is a way of communicating. Students may not be educated, but we are intelligent." At St. Mark's Ronald has found a family of learners who lean on one another. Ronald says, "I want to get just enough education to help others like myself." Not only is Ronald continuing at St. Mark's as a student, he is now a student-tutor. "The program made me realize I know so much more than I thought I knew."

- For further information: Literacy Alliance of Greater New Orleans 504-864-7077

important reason may be children. Just by watching parents go to classes and study, young people can become better students themselves. Ultimately, further education for adults can help the children.

Louisiana: Adult Education Target Population, by Years of Schooling and Age

Level of Educational Attainment	Total	16 to 24	25 to 44	45 to 59	60 & Older
Total	967,573	265,736	253,672	165,541	282,624
0 to 4 Years Completed	73,044	4,407	12,927	12,882	42,828
5 to 8 Years Completed	213,999	22,520	37,626	40,337	113,516
9 to 12 Years Completed:	680,530	238,809	203,119	112,322	126,280
• 9 Years	138,443	48,921	35,304	21,934	32,284
• 10 Years	195,276	77,124	51,902	30,250	36,000
• 11 Years	192,629	76,229	56,489	28,246	31,665
• 12 Years, No Diploma	154,182	36,535	59,424	31,892	26,331

U. S. Bureau of the Census, 2000

The Community Can …

Get Children Ready for School. Communities can contribute to home-school partnerships by:[25]

- Promoting awareness of parent involvement in school and supporting school efforts to reach families, and
- Strengthening linkages between community resources and schools to create continuity across the informal and formal learning environments of children through extracurricular activities.[26]

Toolkits & Guides:

Strengthening Connections Between Schools and After-School Programs
www.ncrel.org/21stcclc/connect/

Louisiana Department of Education www.ldoe.state.la.us.

National Education Association provides many resources for parents and communities
www.nea.org/parents/research-parents.html

Parents can keep kids in school[27,28]

- Actively organize and monitor a child's time.
- Monitor and help with homework.
- Discuss school matters.
- Get involved early in a child's educational process.

Toolkits & Guides:

Resources for Early Learning www.kidsource.com/kidsource/pages/ed.early.html

Tool Kit for Parents: Tips for Understanding What You Read - Web site on learning disabilities for parents, teachers, and other professionals
www.ldonline.org/article.php?max=20&special_grouping=&id=1111&loc=89

Communities can help parents keep kids in school[29]

- For parent involvement to have an impact on achievement, schools must link parent activities to student learning goals and be respectful of the differences among families.
- For schools to succeed in engaging families from very diverse backgrounds they can:
  - Focus on building trusting, collaborative relationships among teachers, families, and community members.
  - Recognize, respect, and address families' needs, as well as their differences.
  - Embrace a philosophy of partnership where power and responsibility are shared.
- "When schools, families, and communities work together to support learning, children tend to do better in school, stay in school longer, and like school more."

Toolkits & Guides:

The What Works Clearinghouse established by the U.S. Department of Education's Institute of Education Sciences to provide educators, policymakers, and the public with a central, independent, and trusted source of scientific evidence of what works in education www.w-w-c.org

Identifying and Implementing Educational Practices Supported by Rigorous Evidence: A User Friendly Guide; U.S. Department of Education Institute of Education Sciences National Center for Education Evaluation and Regional Assistance, December 2003.
www.ed.gov/rschstat/research/pubs/rigorousevid/rigorousevid.pdf

The Promising Practices Network web site highlights programs and practices that credible research indicates are effective in improving outcomes for children, youth, and families.
www.promisingpractices.net

Communities in Schools champions the connection of needed community resources with schools to help young people successfully learn, stay in school, and prepare for life www.cisnet.org/about/

Develop Families' Social Capital[30]

- Promote families' connections with each other, with teachers and other school staff, and with community groups.
- Translate communications with families into their home languages and provide an interpreter at meetings.
- Offer childcare, meals, and transportation for major activities at school.
- Ask families about the best times for them to attend events at school. Ask what kind of events they would like to attend. Ask what they think would make the school better.

Toolkits & Guides:

Connection Collection: School-Family-Community Publications Database
www.sedl.org/connections/resources, 192.231.207.100/planetarium/familyastro/evidence.pdf

Develop Families' Political Knowledge and Skills

- Support families' involvement in decision making by offering training for parent and community members.
- Ask the superintendent, board members, and district staff to meet with families at the school and explain what they do.
- Work with families to develop an agenda for the meetings so they can voice their concerns.
- Give families information about how the education system (and local government) works.
- Make visits to district offices and attend school board meetings.

Toolkits & Guides:

Connection Collection: School-Family-Community Publications Database, www.sedl.org/connections/resources, 192.231.207.100/planetarium/familyastro/evidence.pdf

Educate Adults - Adult Education and Literacy Programs Can Increase Effectiveness at Work, at Home, and in the Community

- Research has emerged on adult education and literacy development programs in workplaces that teach English, reading and mathematics skills integrated with job knowledge. Research further suggests that similar programs may contribute not only to improving an adult's job-related literacy and mathematics skills, but may also improve productivity on the job, increase reading to children at home, increase use of language and literacy skills in the community, and in making the decision to pursue further education.

Toolkits & Guides:

Louisiana Department of Education www.doe.state.la.us

TANF Adult Literacy (Temporary Assistance to Needy Families) - A collaborative effort established between the Department of Education, the Division of Administration and the Department of Social Services. The program provides literacy training to adults 16 years of age and older in need of adult basic education. A total of five LEA agencies and three private providers have collaborated with the Louisiana Community and Technical College System campuses in this collaborative partnership. www.doe.state.la.us/lde/family/524.html -

A Roadmap to Implementing Adult Basic Education Program. State of Florida Adult Basic Education Committee of the Practitioners' Task Force, through an Adult Education State Leadership Grant from the Florida Department of Education, Division of Workforce Development. www.floridatechnet.org/inservice/abe/comp1a.html

References:

1. U.S. Bureau of Labor Statistics; Division of Labor Force Statistics; "Household Data Annual Averages: Median Earnings of Full-time Wage and Salary Workers;" <ftp://ftp.bls.gov/pub/special.requests/lf/aat37.txt>.
2. U.S. Bureau of Labor Statistics; Division of Labor Force Statistics; "Household Data Annual Averages: Median Earnings of Full-time Wage and Salary Workers;" <ftp://ftp.bls.gov/pub/special.requests/lf/aat37.txt>.
3. Swanson, Christopher B. Urban Institute, "High School Graduation, Completion, and Dropout (GCD) Indicators: A Primer and Catalog. 9 December 2004.
4. U.S. Bureau of Labor Statistics; Division of Labor Force Statistics; "Household Data Annual Averages: Median Earnings of Full-time Wage and Salary Workers;" <ftp://ftp.bls.gov/pub/special.requests/lf/aat37.txt>.

5. U.S. Department of Labor; Bureau of Labor Statistics; Occupational Outlook Quarterly; "More Education: Lower Unemployment, Higher Pay;" Fall 2004.
6. Louisiana Department of Health and Hospitals, Office of Public Health, Chronic Disease Program; "Behavioral Risk Factor Surveillance System;" 1997.
7. U.S. Census Bureau, Population Division, Education & Social Stratification Branch; *Information & Research Services Internet Staff (Population Division); internet update 27 March 200,* <http://www.census.gov/population/www/socdemo/educ-attn.html>.
8. Louisiana Department of Education. 1998. Office of Research and Development. 1996-1997 Louisiana Progress Profiles State Report. 148th edition Annual Financial and Statistical Report.
9. Louisiana Department of Education. 2005. Office of Management and Finance, Division of Planning, Analysis and Information Resources. District Composite Report 2003-2004, <www.doe.state.la.us/lde/pair/DCR0304/DCR001.pdf>
10. Louisiana Department of Education. 2005. Office of Management and Finance, Division of Planning, Analysis and Information Resources. District Composite Report 2003-2004, <http://www.doe.state.la.us/lde/pair/DCR0304/DCR001.pdf>.
11. Louisiana Department of Economic Development Council. 2005. Louisiana Vision 2020. March 2005. <http://www.led.state.la.us/vision2020/> and <www.led.state.la.us/vision2020/AP2005Report.pdf>.
12. Louisiana Department of Education. 1998. Office of Research and Development. 1996-1997 Louisiana Progress Profiles State Report. 148th edition Annual Financial and Statistical Report.
13. Louisiana Department of Education. 1998. Office of Research and Development. 1996-1997 Louisiana Progress Profiles State Report. 148th edition Annual Financial and Statistical Report.
14. Louisiana Department of Education. 1998. Office of Research and Development. 1996-1997 Louisiana Progress Profiles State Report. 148th edition Annual Financial and Statistical Report.
15. Louisiana Department of Education. 2004. Office of Management and Finance, Division of Planning, Analysis and Information Resources. "2002-2003 Annual Financial and Statistical Report: 154th Edition" June 2004. <http://www.doe.state.la.us/lde/uploads/5244.pdf>.
16. Louisiana Department of Education. 1998. Office of Research and Development. 1996-1997 Louisiana Progress Profiles State Report. 148th edition Annual Financial and Statistical Report.
17. Louisiana Department of Education. 1998. Office of Research and Development. 1996-1997.
18. Rankings and Estimates: Rankings of the States 2003 and Estimates of School Statistics 2004.
19. Louisiana Department of Education. 1998. Office of Research and Development. 1996-1997.
20. Louisiana Department of Education. 2004. Office of Management and Finance, Division of Planning, Analysis and Information Resources. "2002-2003 Annual Financial and Statistical Report: 154th Edition" June 2004, <http://www.doe.state.la.us/lde/uploads/5244.pdf>.
21. National Institute for Literacy; Literary Fact Sheets Overview; "Literacy and Health;," <http://www.nifl.gov/nifl/facts/health.html>.
22. Louisiana Department of Health and Hospitals, Office of Public Health, Chronic Disease Program; "Behavioral Risk Factor Surveillance System;" 1997.
23. Kawachi, I, et al. 1999. Social Capital and Self-rated Health: A Contextual Analysis. American Journal of Public Health, August. 89(8). 1187-1193, p. 1188.
24. Mansfield, C et al. 1999. Premature Mortality in the United States. The Roles of Geographic Area, Socioeconomic Status, Household Type and Availability of Medical Care, June. American Journal of Public Health. 89(6) p. 893-898.
25. Lin, Qiuyun; Harvard Family Research Project, Research Digest; Parent Involvement and Early Literacy; Mount Aloysius College; October 2003, <http://www.gse.harvard.edu/hfrp/projects/fine/resources/digest/literacy.html#ftn1>.
26. Research findings from the Early Childhood Longitudinal Study, Kindergarten Class of 1998–1999. This is an ongoing national data collection effort by the U.S. Department of Education, National Center for Education Statistics (NCES). Beginning in the fall of 1998, 22,000 kindergartners were sampled to participate in the study and are being followed through spring fifth grade (spring 2005). Guided by an ecological perspective, the study provides detailed information on children's early school experiences, in which the child's physical, cognitive and socio-emotional development is considered across multiple contexts, including the home, classroom, school, and community.

27. Downey, D. B. (2002). Parental and family involvement in education. In A. Molnar (Ed.), School reform proposals: The research evidence. Tempe, AZ: Education Policy Unit (EPRU), College of Education. Arizona State University. <http://www.asu.edu/educ/epsl/EPRU/documents/EPRU%202002-101/Chapter%2006-Downey-Final.pdf >.

28. Epstein, J. L., Simon, B. S., & Salinas, K. C. (1997). Involving parents in homework in the middle grades. *Research Bulletin* No. 18, 4 pages. <http://www.pdkintl.org/edres/resbul18.htm>.

29. Connection Collection: School-Family-Community Publications Database [Database]. (2002). Austin, TX: Southwest Educational Development Laboratory [producer and distributor]. <http://www.sedl.org/connections/resources/>.

30. "A New Wave of Evidence: The Impact of School, Family, and Community Connections on Student Achievement." National Center for Family & Community Connections with Schools/Southwest Educational Development Laboratory, 2002 <http://www.sedl.org/connections/resources/evidence.pdf>.

Recreation and Culture

Leave all the afternoon for exercise and recreation, which are as necessary as reading. I will rather say more necessary because health is worth more than learning.

Thomas Jefferson

Throughout this book, health risks, health care and health outcomes as well as economy, education, crime and safety are discussed as aspects of overall quality of life. These topics are strongly related to the health of communities and individuals. Other factors that contribute to quality of life are opportunities for residents to seek recreation, to visit parks, participate in the arts, cultural, and historical activities, and explore other areas of Louisiana. Often there is a relationship between these activities and improved physical and mental health. For example, a small increase in the percentage of trips that are walked rather than driven could result in significant public health benefits.[1]

A small increase in walking rather than driving could result in significant public health benefits.

These factors also contribute to a healthy economy, generating money that can lead to civic improvements that in turn can lead to a better infrastructure supporting programs and facilities that have a health component such as parks and trails. Numerous national economic development studies indicate that new or relocating businesses take into consideration the overall quality of life—which subsequently includes the presence of cultural institutions, recreation and open spaces.[2]

Many, if not most, recreational and cultural facilities and programs are local, i.e. developed and maintained by the parish or municipality. While it varies from parish to parish, in general the range of services includes parks, trails, sport facilities and programs, boating, fishing, swimming and a wide variety of museums, cultural exhibits and libraries. Some parishes have a parish wide parks and recreation organization; others have special districts, municipal operated systems and/or a combination of the three.

At the state level there are several agencies and programs that support communities in the development and maintenance of these opportunities—the Louisiana Department of Culture, Recreation and Tourism, the Louisiana Governor’s Office of Rural Development, the Louisiana Department of Wildlife and Fisheries, and the Louisiana Department of State to name a few.

The Louisiana Department of Culture, Recreation and Tourism (CRT) helps citizens and visitors enjoy the incredible natural, historical and cultural assets that make up Louisiana’s unique quality of life and are so important to the state’s economic well-being. The department strives to deliver programs and services to residents and visitors that will inform, educate, and entertain while shining the light on Louisiana’s unique and unparalleled assets. CRT is made up of the Office of Tourism, the Office of State Parks, the Office of State Museums, the State Library of Louisiana, and the Office of Cultural Development. All work together to make educational resources available; to conserve and interpret Louisiana history; to promote and support Louisiana’s arts and cultural community; and to develop recreational opportunities.

The goal of the Governor's Office of Rural Development is to assist Louisiana's rural communities with resources to help them grow and benefit the lives of their citizens. One program that the office oversees is the Recreation Trails Program (RTP). This grant-based program funds local government and non-profit groups in the development and maintenance of recreational trails. To date, this program has funded trails in sixty-three of Louisiana’s sixty-four parishes.[3]

The Louisiana Department of Wildlife and Fisheries (LDWF) is the state agency responsible for management of the state's renewable natural resources including all wildlife and aquatic life and enforcement of hunting, fishing, and boating safety laws. In this capacity, LDWF offers numerous activities and services to individuals, families, and communities promoting outdoor life skills, safety, and law enforcement and education programs.

DID YOU KNOW?

Louisiana Department of Wildlife and Fisheries' Project WILD is a national conservation and environmental education program for schools, community groups, and private industry. They currently work with the school systems and 4-H club members in Terrebonne, Bossier and Caddo parishes to offer field instruction in aquatic and wildlife science and management.

The Department of State, under the administration of the Secretary of State (SOS), maintains an extensive depository of records for the state and local areas. The SOS administers several programs supporting the culture and history of our state—including the Louisiana State Archives and several outstanding museums throughout the state. SOS also provides public access to thousands of hours of film and video footage relevant to Louisiana's culture through the *Louisiana Multimedia Archives*, a computer-based archival system located in Baton Rouge at the State Archives. Previews of selected newsreels and oral histories are accessible online at http://sos.louisiana.gov/multimedia

This chapter looks at ways in which communities can use these and other resources to enhance the quality of life for their citizens through recreation, libraries, museums, parks and other aspects of cultural experience related to the health and well-being of individuals and the communities in which they live.

Recreation

An often repeated misconception is that you have to go somewhere to recreate, i.e., a vacation to the mountains or to the beach. In fact we have recreational opportunities in our neighborhood, parish, and state. The state system of parks and wildlife management areas, community recreation departments, and local interest groups all offer facilities, expertise, and opportunities for individuals and families to just get out and recreate. According to health studies, there is a positive relationship between leisure time and positive health outcomes. Spending time with friends and family also provides positive health benefits.[4]

DID YOU KNOW?

Louisiana has more than 50 hiking trails providing recreational opportunities to hikers from the most experienced to the slowest walker. For a book on hiking in Louisiana try 50 Hikes in Louisiana; Walks, Hikes and Backpacks in the Bayou State by Nina Baxley.

Walk to Recreate

Getting regular exercise is a mainstay of the Healthy People 2010 objectives. Walking can be everything and anything from a hike through nature to a stroll in the mall. Of all the ways to recreate, walking is the least expensive way for the community and the individual to become active. Even though walking is a moderate form of exercise, it offers a substantial health benefit.[5] Utilizing the community resources of hospitals, youth groups, service clubs, and faith-based organizations, community leaders and planners can foster the development of walking interest groups in neighborhoods and at worksites.

Grant dollars are available to construct trails, urban and rural, that can be used for all kinds of recreational uses from hiking to horses and skating to four-wheeling. In addition to the previously mentioned federally funded, state managed Recreation Trails Program (RTP), the Rails-to-Trails Conservancy is a non-profit organization dedicated to building trails and supplying technical know-how. The Rails-to-Trails Conservancy supports local efforts to transform the dream of a trail into a tangible community asset. This organization is interested in helping communities develop successful strategies to overcome barriers in building trails of all types for all uses. For more information on trails visit the Web site at www.railtrails.org or www.rurallouisiana.com.

DID YOU KNOW?

The Office of State Parks also provides technical assistance to local governments in the development of outdoor recreation places. In addition, it assists with grant applications for acquiring and developing state parks.

Get a Hobby-Get Active

In addition to walking, the community can utilize its natural resources to foster other recreational activities and hobbies such as canoeing and kayaking, bird watching, bicycling, and mountain biking. Some local activity interest groups may even participate in fund raising events, teaching or sharing their expertise, and area/trail maintenance in exchange for a location in which to participate in their hobby.

Play to Recreate

The Louisiana State Park system is composed of 19 parks, 16 historic sites and one preservation area. The Office of State Parks is responsible for planning, designing, constructing, operating, and maintaining the system. State Parks are chosen for their scenery and recreation potential. Each has a waterfront location, campsites, and picnic areas. Some have cabins or group camps, walking trails, sports fields, and bodies of water for recreation and exercise. Louisiana parks host more than 2 million visitors yearly. According to the Louisiana Department of Culture, Recreation and Tourism, visitors to Louisiana State Parks provide more than $65 million in economic impact to the state. For a complete listing of state park locations, fees, and facilities, visit the Web site at www.lastateparks.com.

Taking Care – Taking Control: Building Trails

The Tammany Trace is Louisiana's first and only rail-to-trail conversion. The trail is a scenic 31 mile recreational corridor for pedestrians, bicyclists, equestrians, rollerbladers and joggers. The trail runs along the north shore of Lake Pontchartrain.

Baton Rouge Mountain Bike Trails – the Baton Rouge Area Mountain Bike Association (BRAMBA) in cooperation with The Baton Rouge Recreation and Park Commission (BREC) built two mountain bike trails on parcels of undeveloped BREC land. BRAMBA supplied the labor, design, trail building, and trail maintenance to create and maintain more 16 miles of mountain bike trail in the middle of the city.

Monroe Walking Trail – The City of Monroe has received a Louisiana Recreation Trails Program Grant to complete a recreational walking trail serving patrons of the Ouachita Council on Aging. It is projected that the walking trail will serve approximately 750 senior citizens who visit the Ouachita COA facility each week.

Louisiana Department of Wildlife and Fisheries (LDWF) manages 51 Wildlife Management Areas and Refuges located throughout the state. Each of the areas is unique, offering different types of terrain for hunting, boating, hiking, bird watching, fishing, and other outdoor activities. LDWF offers a wide array of classes for the novice as well as the seasoned outdoorsman. Educational programs are offered for children as young as three, men and women of all ages, families, school groups, beginning boaters, hunters and fisherman, and experienced individuals wishing to improve or learn a new skill. For locations of Wildlife Management Areas and a list of educational programs, visit the LDWF web site at http://www.wlf.state.la.us.

Increasing Community Recreational Capacity

Smart growth means that a community has considered the quality of life issues such as recreation, as well as all of the traditional issues such as health, safety, and transportation. Community leaders and planners should recognize the relationship between health and recreation and maximize the recreational assets of their community. Citizens are looking to their community leaders to utilize tax dollars in providing culture and recreational opportunities in keeping with today's lifestyles.

What is your community's "recreation assessment"? In this case, an assessment is a recreational inventory, of what you have, what you need, and what recreational opportunities exist in your community. Listed below are several suggestions for community and neighborhood leaders to begin an assessment by identifying the community's recreational assets.

1. Conduct a "walk-ability assessment" of a neighborhood, downtown area or an historical site, listing barriers such as lack of sidewalks, inadequate street lighting, and dangerous pedestrian crossings.

2. Inventory potential areas for walking trails such as green spaces and paths along waterways.

3. List school tracks and gyms that are available to the public when school is not in session.

4. Make a list of organizations/churches/schools offering youth sports programs for boys and girls.

5. Gather a list of special hobby groups such as hiking and biking clubs.

Surveys, such as the recreation assessment, and "town meetings" are ways to determine what the citizens want and/or need. Once this information is gathered, community leaders, planners, grant writers, and other stakeholders can direct their attention and efforts to improving the ways and places for citizens to recreate. After all, we are aware of the need to get active, but there is much to learn and educate about the how and the where we recreate.

Cultural Development

Cultural development includes exposure to visual arts, theatre, music, folk art, and all media of expression available to people. It also includes the preservation and maintenance of archaeological sites and the promotion and protection of historic buildings and education. The importance of art and culture has been dramatically illustrated with youth and child development. Consistent exposure to the arts is correlated with better test scores in school, a reduced likelihood of dropping out, and reduced risk behaviors in youth.[6] These are important factors in the health of a community.

The Office of Cultural Development is responsible for promoting an appreciation for the preservation of Louisiana's rich heritage. Within the office, there are three divisions: Division of the Arts, Division of Historic Preservation, and Division of Archaeology.

DID YOU KNOW?

The Division of the Arts awards more than $4 million in grants per year to organizations in the areas of crafts, dance, design arts, folk life, literature, media, theatre and visual arts.

Each division identifies, protects, and makes accessible the state's cultural resources and traditions. State historical sites are selected for their cultural, historical, or archaeological importance. These areas tell their story through museums, artifacts, outdoor displays, and interpretive programs. Some of the sites offer special living history and educational events.

Communities and individual citizens can get assistance from the Division of Historic Preservation. The division governs a federal tax credit and the Louisiana Main Street Program which helps to encourage restoration of historic properties. In addition, owners who wish to have their properties listed on the National Register of Historic Places can get help from this division. For more information on Cultural Development visit the Web site at www.crt.state.la.us/crt.

Museums

The preservation and shared understanding of local history are strongly linked to a community's capacity to expand educational opportunities, increase an appreciation of the local culture, and provide exposure to the arts for its citizens. In addition to museums located at universities and the state museum system, communities and private organizations have established museums, local attractions and art galleries, taking advantage of local cultural opportunities. In addition, many communities in partnership with individuals and non-profit organizations celebrate their culture through the restoration of period homes and pilgrimage festivals. The furnishings, paintings and insight into the past all highlight the culture of the local community.

The Office of the State Museum is responsible for preserving Louisiana's past through its historic landmarks, artifacts and works of art. The State Museum is composed of nine buildings in the New Orleans French Quarter as well as the Wedell Williams Memorial Aviation Museum in Patterson; the Old Courthouse Museum in Natchitoches; the E.D. White Historic Site in Thibodaux; and the Louisiana State Museum in Baton Rouge (scheduled to open in May 2005). Five of the institution's New Orleans sites, the Cabildo and Arsenal, the Presbytere, the 1850 House, the Old U.S. Mint, and Madame John's Legacy are open to the

public. They feature exhibits that explore the state's history, and they show aspects of its diverse and fascinating cultural legacy. State Museums are among the state's most prominent heritage attractions, and every year they draw hundreds of thousands of citizens and tourists.

Additional State Museums are maintained and operated by The Louisiana Department of State. The State Museum Program currently operates museums located in all geographic parts of the state offering an interesting look at the culture and diversity that make Louisiana such a unique place to live or visit. These sites include: The Delta Music Museum – Ferriday, The Coach Eddie G. Robinson Museum – Grambling, The Garyville Timber Museum – Garyville, The Old Arsenal Museum – Baton Rouge, The North Louisiana Military Museum – Ruston, The Louisiana State Cotton Museum – Lake Providence, The Louisiana State Exhibit Museum – Shreveport, The Louisiana State Oil & Gas Museum – Oil City, Mansfield Women's College – Mansfield, and The Tioga Heritage Museum and Park – Tioga. Additional information on the many museums in Louisiana can be found online at www.crt.state.la.us and www.sos.louisiana.gov.

DID YOU KNOW?

Museums are not just state institutions and big city attractions. Abita Springs, in St. Tammany Parish, is home to one of Louisiana's most eccentric—the UCM Museum ("you-see-em-mu-se-um"). The museum is housed in a group of buildings including the House of Shard, the old Creole cottage, a 1910 gas station, exhibit hall, voodoo shack, and features thousands of found objects, and home made inventions. Open 10-5 everyday ucm@ucmmuseum.com.

The Secretary of State maintains an online listing of museums that are owned/operated by local governments, civic organizations and other private enterprises at www.sos.louisiana.gov/museums/museums/museums-other.htm.

To have your museum's web address listed on the site, contact the SOS Webmaster at www.sos.louisiana.gov/email.htm.

Public Libraries

Libraries are public sources of information on all aspects of living, including information about health conditions and positive health behaviors. Local public libraries have programs that address literacy, personal health, adolescent health, hygiene, parenting, and other health-related topics. This information is available free or for very little cost to the public. Local libraries also serve communities by providing meeting facilities and access to a wide variety of educational and cultural events and exhibits.

Louisiana citizens receive library service through 67 main libraries, 271 branches and 31 bookmobiles.

The State Library supports not only the local libraries, but also provides collection material and reference service directly to state government employees and officials. The library's extensive collection includes information about Louisiana's political, social, and economic status. State library resources can also be accessed by the general public either on-site or though their local library system. The State Library provides more than 20 online databases on a wide variety of subjects. The databases contain full-text information from books, magazines, and other sources (including information about prescription drugs and health care) and are accessible online to every resident with a Louisiana public library card.

Through grants and aid from the State Library, there are now more than 2,300 computers in Louisiana's public libraries that offer free access to the Internet, offering endless sources for research, learning, and self-improvement. While computers are in most schools, there are still many families who rely on the libraries for internet access. In addition, the State Library directly serves Louisiana residents with visual or physical handicaps by providing recorded books and books in large-print and Braille formats by mail free of charge. It also assists state correctional and mental institutions in establishing libraries for staff and residents.

The Louisiana Center for the Book, a program of the State Library, encourages reading by providing a cultural focus on Louisiana's rich literary heritage. The Library's Youth Services Section provides programs that promote reading for children and young adults and encourages use of libraries by children and their families. In 2003, youth services programs reached more than 810,000 children and teens. The State Library's Services for the Blind and Physically Handicapped provide free library services to more than 7,000 residents across the state. The program serves any Louisiana adult or child who is unable to read or use standard print due to temporary or permanent limitations such as blindness, visual impairment, reading disability or physical handicap. For more information on state and local libraries, visit www.state.lib.la.us.

Public Libraries
Cameron Parish

Collection Size	87,831
Circulation	98,547
Library Visits per Year	35,564
Branches	4

Main Office:
Cameron Parish Library
498 Marshall St.
P O Box 1130
Cameron, LA 70631-2016
TEL: 337-775-5421
FAX: 337-775-5346

Source: State Library of Louisiana, 2005

Taking Care – Taking Control: Get Real, Get Fit!

Jefferson Davis Parish and Vermilion Parish Libraries were both selected for participation in Get Real, Get Fit!, a national library-based program promoting physical fitness and healthy eating for teens.

The program enables libraries to bring together teens and their parents for discussions and activities that emphasize the importance and benefits of fitness and healthy eating—offering opportunities to increase physical activity and adopt healthy eating habits. Through library collaboration with community partners, Get Real, Get Fit! also aims to promote awareness and use of public libraries as key resources for health and wellness information.

The program is sponsored by the Americans for Libraries Council and made possible by a grant from MetLife Foundation. For more information, visit www.americansforlibraries.org.

The Community Can …

"Environmental and policy approaches are designed to help people adopt healthier behaviors. The creation of healthful physical and organizational environments is attempted through development of public policy that supports healthy practices, creation of supportive environments, and strengthening of community action. Studies have shown that the availability of exercise equipment in the home and the proximity and number of places for physical activity within neighborhoods are associated with physical activity levels. Other neighborhood and environmental characteristics such as safety lighting, weather, and air pollution also affect physical activity levels, regardless of individual motivation and knowledge."[7,8]

Create or enhance access to places for physical activity combined with informational outreach activities.[9]

- Change the local environment to create opportunities for physical activity.
- Create or enhance access to places for physical activity by building trails or facilities and by reducing barriers (e.g., reducing fees or changing operating hours of facilities).
- Provide training in use of equipment, other health education activities, and incentives such as risk factor screening and counseling.

Toolkits & Guides:

Increasing Physical Activity through Community Design: A Guide for Public Health Practitioners, National Center for Bicycling and Walking. May 2002,
www.bikewalk.org/technicalassistance/resources_information/publications/ipa_guide/IPA_full/index.htm

Increase the amount of time for school-based physical education[10]

- Modify curricula and policies to increase the amount of time students spend in moderate to vigorous activity while in physical education classes.
- Increase the amount of time students are active by increasing the amount of time spent in PE class or increasing the amount of time students are active during already-scheduled PE classes.

Toolkits & Guides:

Guide to Preventive and Community Health Services,
www.thecommunityguide.org/pa/pa-int-school-pe.pdf

Support social interventions in community settings that focus on:[11]

- Changing physical activity behavior through building, strengthening, and maintaining social networks that provide supportive relationships for behavior change, specifically physical activity. This can be done either by creating new social networks or working within pre-existing networks in a social setting outside the family, such as the workplace. Interventions typically involved setting up a "buddy" system, making "contracts" with others to complete specified levels of physical activity, or setting up walking or other groups to provide friendship and support.

Toolkits & Guides:

Running your worksite's physical activity program. Some ideas and resources to help you set up your physical activity objective.
www.tompkins-co.org/wellness/worksite/workwell/paprogram.html

Does the Built Environment Influence Physical Activity? Examining the Evidence - reviews the broad trends affecting the relationships among physical activity, health, transportation, and land use; summarizes what is known about these relationships, including the strength and magnitude of any causal connections; examines implications for policy; and recommends priorities for future research. – Transportation Research Board of the National Academies,
trb.org/news/blurb_detail.asp?id=4536

Individually-adapt health behavior change programs[12]

- Tailor programs to the individual's specific interests, preferences, and readiness for change.
- Teach participants the behavioral skills needed to incorporate moderate-intensity physical activity into daily routines.
- Create planned (e.g., a daily scheduled walk) and unplanned (e.g., using the stairs when the chance arises) behavior opportunities.

Toolkits & Guides:

Increasing Physical Activity: A Report on Recommendations of the Task Force on Community Preventive Services, Centers for Disease Control and Prevention,
www.cdc.gov/mmwr/pdf/rr/rr5018.pdf

The Healthy People 2010 Information Access Project provides pre-formulated PubMed searches for selected objectives for physical activity. Current information and evidence-based strategies related to these objectives are presented. The National Library of Medicine also provides links to available references. www.healthypeople.gov/Document/HTML/Volume2/22Physical.htm

Governor's Council on Physical Fitness and Sports, www.dhh.louisiana.gov/offices

Post "Point-of-Decision" prompts[13]

- Motivational signs placed by elevators and escalators to encourage people to use nearby stairs for health benefits or weight loss.
- Reminders to take the stairs and offer information about a health benefit from using the stairs.
- Increase the number of people using stairs rather than escalators or elevators.

Toolkits & Guides:

Physical Activity and Health Branch/Centers for Disease Control and Prevention
depts.washington.edu/obesity/confdec2001/seattle2.gwh.ppt#386,22

Support community-wide campaigns.[14] They are proven to be effective to:

- Sustain efforts with ongoing high visibility.
- Deliver messages promoting physical activity using television, radio, newspaper columns and inserts, and trailers in movie theaters.
- Use many components and include individually-focused efforts such as support and self-help groups; physical activity counseling; risk factor screening and education at worksites, schools, and community health fairs; and environmental activities such as community events and the creation of walking trails.
- Increase knowledge about exercise and physical activity, and in intentions to be physically active.

Toolkits & Guides:

National Guidelines Clearinghouse: Recommendations to increase physical activity in communities, www.guidelines.gov.

References

1. CDC. "Neighborhood Safety and the Prevalence of Physical Inactivity—Selected States", 1996. *Morbidity & Mortality Weekly Report* 1999; 48(7):143-6.
2. The Trust for Public Land, "1999. Economic Benefits of Open Space", P. 14-15. Feb 2005 <www.tpl.org>.
3. Louisiana Governor's Office of Rural Development, Recreational Trials Program, 2 Mar 2005.<www.rurlalouisiana.com/ourprogrms/recreationaltrails.htm>.
4. Payne, L. 1999. The role of Leisure in the relationship between arthritis severity and perceived health among adults 50-55: Does leisure contribute? Dissertation Abstracts International. 60(1-B):0148.
5. U.S. Department of Health and Human Services, Physical Activity and Health: A Report of the Surgeon General, Atlanta, GA: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1966.
6. Louv R. 1999, "Why Children Need an Arts Education Renaissance", Connect for kids <www.connectforkids.org>. Keywords: features, arts and youth development.
7. Recommendations to increase physical activity in communities. American Journal of Preventive Medicine 2002 May; 22 (4 Suppl): 67-72. [45 references] PubMed; <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11985935>.
8. Fowler, G. "Evidence Practice: Tools and Techniques" www.nceta.flinders.edu.au/pdf/fowler.pdf.
9. Recommendations to increase physical activity in communities. American Journal of Preventive Medicine 2002 May; 22 (4 Suppl): 67-72. [45 references] PubMed; <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11985935 >
10. Guide to Community Preventive Health Services: Systematic Review and Evidence Based Recommendations. 26 December 2002. keyword: physical education. <http://www.thecommunityguide.org/pa/pa-int-school-pe.pdf>.
11. Community Preventive Services-Promoting Physical Activity. American College of Preventive Medicine. <http://www.acpm.org/cpsphysicalactivity.htm>.

12. Community Preventive Services-Promoting Physical Activity. American College of Preventive Medicine. <http://www.acpm.org/cpsphysicalactivity.htm>.

13. Community Preventive Services-Promoting Physical Activity. American College of Preventive Medicine. <http://www.acpm.org/cpsphysicalactivity.htm>.

14. Community Preventive Services-Promoting Physical Activity. American College of Preventive Medicine. <http://www.acpm.org/cpsphysicalactivity.htm>.

Appendix

"When health is absent,
Wisdom cannot reveal itself,
Art cannot manifest,
Strength cannot fight,
Wealth becomes useless, and
Intelligence cannot be applied"

Herophillus, Physician to Alexander the Great, Circa 300 B.C.

Estimated Population, 2003
Louisiana and Cameron Parish

2003 Estimated Population, Louisiana by Race and Sex, Ages 0 - 49

AGE	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49
White Males	91,026	90,280	97,941	101,917	109,224	94,181	96,477	101,200	113,739	112,469
White Females	86,621	86,043	92,541	96,341	105,806	90,762	94,935	100,017	114,377	111,610
Black Males	67,343	63,587	69,852	70,131	64,302	47,638	43,120	45,087	48,276	46,542
Black Females	65,180	62,040	67,117	68,835	67,744	54,580	49,765	53,779	57,534	54,953
Other Males	5,751	5,337	5,327	5,246	5,709	5,195	4,771	4,604	4,339	4,066
Other Females	5,462	5,161	5,074	4,891	5,431	4,757	4,763	4,413	4,581	4,392

2003 Estimated Population, Louisiana by Race and Sex, Ages 50 - 85+

AGE	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	TOTAL
White Males	99,103	83,920	64,926	51,273	43,263	35,269	21,540	12,886	1,420,634
White Females	100,435	86,652	70,385	57,543	54,982	49,793	37,063	32,029	1,467,935
Black Males	39,008	27,814	20,049	15,565	11,783	8,870	5,571	4,258	698,796
Black Females	46,429	33,763	25,865	21,298	17,869	14,920	10,198	10,002	781,871
Other Males	3,441	2,777	1,915	1,372	1,004	645	368	279	62,146
Other Females	3,853	2,987	1,972	1,482	1,210	828	535	491	62,283

2003 Estimated Population, Cameron by Race and Sex, Ages 0 - 49

AGE	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49
White Males	285	328	370	385	369	275	247	348	429	369
White Females	246	297	356	370	358	256	266	341	422	353
Black Males	15	17	17	14	21	18	13	25	24	17
Black Females	14	8	16	19	13	6	4	19	22	15
Other Males	5	1	3	3	2	7	2	5	4	1
Other Females	6	7	4	1	5	-	2	5	4	5

2003 Estimated Population, Cameron by Race and Sex, Ages 50 - 85+

AGE	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	TOTAL
White Males	279	268	184	172	121	102	49	36	4,616
White Females	275	248	223	172	152	105	62	68	4,570
Black Males	9	7	11	7	12	3	1	2	233
Black Females	12	12	8	10	4	7	2	3	194
Other Males	2	5	1	1	3	-	1	-	46
Other Females	1	2	1	2	1	-	-	1	47

Source: U.S. Bureau of the Census, County Characteristic Population Estimates Data
http://www.census.gov/popest/datasets.html

Resources

This section offers an initial list of resources to obtain further information on the topics addressed in this publication. The list has been organized into **national, state**, **local,** and **other** sources. The national sources have been sub-grouped by subject consistent with order of chapters presented in the Profiles.

This list should be used as a place to start gathering more information. In the process, you will discover links to many more resources. You and your community will have begun the journey towards self-improvement and the betterment of all humanity, simply by acquiring more knowledge.

National

Community Organization and Action

American Public Health Association
800 I St., NW
Washington, DC 20001-3710
202-777-2742
http://www.apha.org

Center for Community Change
Organizing for Neighborhood Development handbook.
1536 U Street, NW
Washington, DC 20009
877-777-4536
http://www.communitychange.org

CDC Public Health Practice Program Office
Public health system.
http://www.phppo.cdc.gov/

The Common Wealth Fund
One East 75th St.
New York, NY 10021-2692
212-606-3800
http://www.cmwf.org

Community Policy Consortium
Information on starting a program.
1726 M St., NW, Ste. 801
Washington, DC 20036
800-833-3085
http://www.communitypolicing.org

The Community Tool Box
Promotes community health and development by connecting people, ideas and resources.
785-864-0533
http://ctb.ku.edu

The Foundation Center
Comprehensive grant information
79 Fifth Ave./16th St.
New York, NY 10003-3076
212-620-4230
http://fdncenter.org

The Foundation for the MidSouth
Information on region's challenges.
134 East Amite Street.
Jackson, MS 39201
601-355-8167
http://www.fndmidsouth.org/Main_page.html

Grantsmanship Center
P.O. Box 17220
Los Angeles, CA 90017
213-482-9860
http://www.tgci.com

Healthy Cities Online
http://www.healthycities.org/lookitup.html

HealthFinder
U.S. DHHS. Web site for consumer health and human services information.
http://www.healthfinder.gov

Health Page
Links health information and Healthy People 2010.
P.O. Box 1133
Washington, D.C.20013-113
http://www.health.gov

Healthy People 2010: National Health Promotion and Disease Prevention Objectives.
http://www.healthypeople.gov/

International Healthy Cities Foundation
555 12th St, 10th floor.
Oakland, CA 94607
510-642-1715
http://www.healthycities.org/lookitup.html

National Center on Minority Heath and Health Disparities
6707 Democracy Blvd.
Suite 800, MSC-5465
Bethesda, Maryland 20892-5465
301-402-1366
TTY: 301 451-9532
http://ncmhd.nih.gov

National Civic League
Healthy Communities Programs
1445 Market St., #300
Denver, CO 80202-1728
303-571-4343
http://www.ncl.org/ncl/

The National Network of State Polls
http://www.irss.unc.edu/nnsp/nnspindex.asp

The National Urban League
Social service and civil rights nonprofit community organization.
120 Wall St., 8yh floor
New York, NY 10005
212-558-5300
info@nul.org
http://www.nul.org

The Pew Charitable Trust
Investments to help develop solutions to difficult problems.
2005 Market St., Ste. 1700
Philadelphia, PA 19103-7077
215-575-9050
http://www.pewtrusts.com

Public Health Foundation
1300 L Street, N.W., Suite 800
Washington, DC 20005
202.218.4400
http://www.phf.org/

The Robert Wood Johnson Foundation
Grantee for solutions to our nation's health and health care problems.
P.O. Box 2316
Princeton, NJ 08543-2316
888-631-9989
http://www.rwjf.org/

Rural Information Center Health Service (RICHS)
10301 Baltimore Ave., Rm. 304
Beltsville, MD 20705-2351
800-633-7701
http://www.nal.usda.gov/ric

The Search Institute
Independent research and education institute focusing on the well-being of children.
645 First Ave ME, Ste. 125
Minneapolis, MN 55413
800-888-7828
http://www.search-institute.org

The Urban Institute
2100 M St., NW
Washington, DC 20034
202-833-7200
http://www.urban.org

U.S. Census Bureau
Data on demographics, migration, health, and other important trends.
http://www.census.gov

U.S. Conference of Mayors
1620 Eye Street, MW
Washington, D.C. 20006
202-293-7330
http://www.usmayors.org

Work Group on Health Promotion and Community Development
785-864-0533
http://ctb.ku.edu/contact.jsp

World Health Organization, Europe
Healthy Cities around the world.
WHO Regional Office for Europe
Scherfigsvej 8
2100 Copenhagen Ø, Denmark
45 39 17 13 44
Email: postmaster@euro.who.int
http://www.who.dk

Maternal, Child, and Adolescent Health

Agenda for Children:
The Annie E. Casey Foundation
Publish data about children.
701 St. Paul St.
Baltimore, MD 21202
410-547-6600
http://www.aecf.org

America College of Obstetricians and Gynecologists
Professionals dedicated to providing the highest quality health care to women.
409 12th St., SW
P.O. Box 96920
Washington, DC 20090-6920
http://www.acog.com

American Dental Association Online
The professional association of dentists dedicated to providing quality oral health care for everyone.
211 E. Chicago Ave.
Chicago, IL 60611
312-440-2500
http://www.ada.org

American Dietetic Association
Food and nutrition professionals.
120 S. Riverside Plaza, St 2000
Chicago, IL 60606
1-800-877-1600
http://www.eatright.org

American Society for Reproductive Medicine
Reproductive medicine and biology.
1209 Montgomery Hwy.
Birmingham, AL 35216-2809
202-978-5000
http://www.asrm.com

The Centers for Disease Control and Prevention (CDC)
Promotes health and quality of life by preventing and controlling disease, injury, and disability.
1600 Clifton Rd., NE
Atlanta, GA 30333
404-639-3311 CDC Operator
800-311-3534 CDC Public Inquiries
http://www.cdc.gov

CDC Office of Women's Health
Information on women's health.
404-639-7230
http://www.cdc.gov/od/spotlight/nwhw/contact.htm

The National Immunization Hotline (CDC)
800-232-2522
800-232-0233 español

National Families in Action
http://www.nationalfamilies.org

Office of Population Affairs
Resources and policy advice on population, family planning, reproductive health and adolescent pregnancy issues.
1101 Wootton Parkway, Ste.7000
Rockville, MD 20852
240-453-2800
http://opa.osophs.dhhs.gov

Planned Parenthood Federation of America
Information and services related to sexuality, reproduction, methods of contraception, fertility control and parenthood.
800-230-7526
http://www.plannedparenthood.org

State Tobacco Information Center
http://www.stic.neu.edu

Substance Abuse Treatment and Prevention
http://www.samhsa.gov

Leading Causes of Death and Chronic Disease

American Cancer Society (ACS)
Dedicated to research, patient services, prevention, detection, treatment and advocacy.
901 N. University Ave.
P.O. Box 3822
Little Rock, LA 72203
501-664-3480
http://www.cancer.org

The American College of Sports Medicine
Dedicated to sports medicine and exercise science.
P.O. Box 1440
Indianapolis, IN 46206-1440
317-637-9200, ext 138
http://www.acsm.org

American Dietetic Association
The society for food and nutrition professionals has a national referral service to help consumers locate a registered dietician and other nutrition resources.
216 West Jackson Blvd.
Chicago, IL 60606
1-800-877-1600
http://www.eatright.org

The American Heart Association
Education and information heart disease and stroke.
7272 Greenville Avenue
Dallas, TX 7523105
800-AHA-USA-1 • 800-242-8721
http://www.amhrt.org

American Lung Association
Promotes lung health and prevent lung disease by focusing on asthma, tobacco control, and environmental health.
800-LUNGUSA
http://www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=22542

American Stroke Association National Center
7272 Greenville Avenue
Dallas TX 75231
888-4-STROKE • 888-478-7653
http://www.amhrt.org

CDC National Center for Chronic Disease Prevention and Health Promotion
Works to prevent death and disability from chronic diseases by promoting healthy behaviors.
http://www.cdc.gov/nccdphp

Center for the Advancement of Health
2000 Florida Ave., NW, Ste. 210
Washington, DC 20009-1231
202-387-2829
http://www.cfah.org

Huntington's Disease Society of America
Links about this disease.
800-345-46-372
http://hdsa.org

Mammography
Listing of the facilities providing mammography that are certified by the Food and Drug Administration.
http://www.fda.gov/cdrh/mammography/index.html

CDC Tobacco Control.
http://www.cdc.gov/tobacco

MEDLine
Collection of published medical information. There are several ways to reach MEDLine – this site is the National Library of Medicine with other links and information.
http://www.nlm.nih.gov

The Mended Hearts, Inc.
Help and support to heart disease patients and their families.
7272 Greenville Ave.
Dallas, TX, 75231-4596
800-AHA-USA1 • 214-706-1442
http://mendedhearts.org

The National Agricultural Safety Database (NASD)
A database of materials devoted to increased safety, health and injury prevention in agriculture.
http://www.cdc.gov/nasd

National Association of State Alcohol and Drug Abuse Directors
Foster and support the development of effective alcohol and other drug abuse prevention and treatment programs throughout every state.
808 17th St. NW, Ste. 410
Washington, DC 20006-1512
202-293-0090 • 202-293-1250
http://www.nasadad.org

The National Cancer Institute
The Federal Government's principal agency for cancer research and training.
800-422-6237
TTY 800-332-8615
Email: cancergovstaff@mail.nih.gov
http://www.nci.nih.gov

National Center for Health Statistics
301-436-8500
http://www.cdc.gov/nchswww

The National Clearinghouse for Alcohol and Drug Information
Resource for current information and materials concerning substance abuse.
1-800-729-6686 (helpline)
TDD 800-487-4889
http://www.health.org

National Heart, Lung and Blood Institute (NHLBI)
Leadership for diseases of the heart, blood vessels, lung, and blood; blood resources; and sleep disorders.
301-592-8573
TTY 240-629-3255
http://www.nhlbi.nih.gov

National Institute of Child Health and Human Development
Conducts and supports laboratory, clinical and epidemiological research on the reproductive, neurobiological, developmental, and behavioral processes that determine and maintain the health of children, adults, families and populations.
http://www.nichd.nih.gov

National Institute of Diabetes and Digestive and Kidney Diseases
Conducts and supports research on many of the most serious diseases affecting public health.
National Institutes of Health (NIH)
Bethesda, MD 20892
http://www.niddk.nih.gov

National Institutes of Health (NIH)
Single access point for consumer health news and resources.
National Institutes of Health (NIH)
9000 Rockville Pike
Bethesda, MD 20892
http://www.nih.gov

New Wellness Web site
In-depth information on hundreds of diseases and wellness issues.
http://www.netwellness.org

Occupational Safety and Health Administration
Protects the health of America's workers.
U.S. Department of Labor
Public Affairs Office, Rm. 3647
200 Constitution Ave.
Washington, DC 20210
800-321-6742
http://www.osha.gov

Office of Disease Prevention and Health Promotion
National strategies among federal, state and local agencies and major private and voluntary organizations.
240-453-8280
http://www.odphp.osophs.dhhs.gov

The Office on Smoking and Health - Tobacco Information and Prevention Source Page
CDC—information on tobacco use and its effects.
http://www.cdc.gov/tobacco

The President's Council on Physical Fitness and Sports
202-690-9000
http://www.fitness.gov

State Tobacco Information Center
Keeps attorneys general and the public abreast of important legal actions against the tobacco industry for violation of state laws.
http://www.stic.neu.edu

Infectious Disease

American Social Health Association
Dedicated to stopping sexually transmitted diseases and their harmful consequence.
P.O. Box 13827
Research Triangle, NC 27709
919-361-8492
http://www.ashastd.org

CDC National Center for Infectious Diseases
Works to prevent illness, disability, and death caused by infectious diseases in the U.S. and the world.
http://www.cdc.gov/ncidod/

Delta Region AIDS Education and Training Center (Delta-ETC)
Training and resources for health professionals on HIV/AIDS medical, emotional and spiritual care. Publishes an annual directory of HIV/AIDS service providers.
LSU-MC, Delta-ETC
136 S. Roman St.
New Orleans, LA 70112
504-903-0788
http://www.deltaartc.org

Hepatitis C Network
Provides answers to your personal questions about hepatitis C.
http://hcv.shn.net/hepatitis_c_1.html

Hepatitis Foundation Int.
Increase awareness of viral hepatitis
504 Blick Dr.
Silver Springs, MC 20904
301-622-4200 • 800-891-0707
http://www.hepfi.org

HIV/AIDS: Facts to Consider,
Resource of easy-to-understand facts about the national and global impact of health.
National Conference of State Legislators
17700 East First Place
Denver, CO 80230
303-364-7700
http://www.ncsl.org/programs/health/aidsfacts.htm

Mother's Voices: United to End AIDS
Mothers as educators and advocates for improved HIV prevention, expanded research, better medical treatment and ultimately, a cure for AIDS.
305-347-5467
http://www.mothersvoices.org

The CDC National Prevention Information Network Home Page
800-458-5321
info@cdcnpin.org
http://www.cdcnpin.org

The National Herpes Hotline
919-361-8488

The National STD Hotline (CDC)
800-227-8922

Environmental Health

The American Industrial Hygiene Association
Source for information on occupational, environmental health and safety issues.
2700 Prosperity Ave., Ste. 250
Fairfax, VA 22031
703-849-8888
http://www.aiha.org

CDC National Center for Environmental Health
Promotes health and quality of life affected by interactions between people and their environment.
http://www.cdc.gov/nceh/

Consumer Product Safety Commission
Reduces the risk of injury or death from consumer products.
U.S. consumer Product Safety Com
800-638-2772
E-mail: info@cpsc.gov
http://www.cpsc.gov/

The Department of Energy
Supports our nation's energy security, national security and environmental quality.
U.S. Department of Energy
800-dial-DOE
http://www.energy.gov

Energy Information Administration
Independent statistical and analytical agency within the U.S. Department of Energy.
202-586-8800
http://www.eia.doe.gov

The Environmental Protection Agency
Safeguards the natural environment, air, water, and land.
200-272-0167
http://www.epa.gov

The Food and Drug Administration
Ensures that the food we eat and cosmetics, medicines and products we use are safe and effective.
888-INFO-FDA (888-463-6332)
http://www.fda.gov

The National Environmental Health Association
Works to improve the environment in cities, towns and rural areas.
720 S. Colorado Blvd.
South Tower, Ste. 970
Denver, CO 80246-1925
303-756-9090
http://www.neha.org

NIH National Institute of Environmental Health Sciences
Works to reduce the burden of human illness and dysfunction from environmental causes
919-541-3345
TTY 919-541-0731
http://www.niehs.nih.gov

U.S. Department of Agriculture
14th & Independence Ave., SW,
Washington, DC 20250
202-720-2791
http://www.usda.gov

Disability

Alzheimer's Disease Education & Referral Center
800-438-4380
http://www.alzheimers.org/

American Stroke Association National Center
888-4-STROKE •888-478-7653
http://www.amhrt.org

The ARC
Committed to the welfare of all children and adults with mental retardation and their families.
1010 Wayne Avenue, Suite 650
Silver Spring, MD 20910
(301) 565-3842
http://www.thearc.org

The Centers for Medicare & Medicaid Services (CMS)
877-267-2323
TTY 866-226-1819
http://www.cms.gov

Coordinating Council on Access and Mobility
Resource to coordination of human service transportation
http://www.unitedweride.gov
Email unitedweride@fta.dot.gov

The Disability Information Access Line
504-342-7700

Families Helping Families of Louisiana
460 11th Street N.E
Springhill, Louisiana 71075
318-539-3388
Email fhfcoord@centurytel.net
http://www.fhfla.org/

National Council on Aging
Promotes the dignity, self-determination, well-being and continuing contributions of older persons.
202-479-1200
TDD 202-479-6674
E-mail: info@ncoa.org
http://www.ncoa.org

National Council on Disability (NCD)
An independent federal agency making recommendations to the President and Congress to enhance the quality of life for all Americans with disabilities and their families.
1331 F Street, NW,
Suite 850
Washington, DC 20004
202-272-2004
TTY: 202-272-2074

NIA The National Institute of Aging
Promotes healthy aging by conducting and supporting biomedical, social and behavioral research and public education.
Bldg. 31, Rm. 5C27
31 Center Dr., MSC 2292
Bethesda, MD 20892-2292
http://www.nih.gov/nia/

National Organization on Disabilities
Raises disability awareness through programs and information.
Sixteenth St, N,W., Suite 600,
Washington, D.C. 20006
202 293-5960
TTY:202 293-5968
Email: ability@nod.org
www.nod.org

National Senior Citizens Law Center
Promotes the independence and well-being of low-income elderly individuals and persons with disabilities.
1101 14th St., NW, Ste. 400
Washington, DC 20005
202-289-6976
http://www.nsclc.org

United We Ride
Information resource on all federal programs funding human service transportation
http://www.unitedweride.gov/

Mental Health

The American Academy of Child and Adolescent Psychiatry
3615 Wisconsin Ave., NW
Washington, DC 20016
202-966-7300
http://www.aacap.org/

American Foundation for Suicide Prevention
120 Wall Street, 22nd Floor
New York, New York 10005
212 363-3500 • 888-333-AFSP
Email: inquiry@afsp.org
www.afsp.org

The American Psychological Association
Scientific and professional organization representing psychology.
750 First St., NE
Washington, DC 20002
202-336-5500
http://www.apa.org

The Center for Effective Collaboration and Practice
American Institutes for Research
Improving services to children and youth with emotional and behavioral problems.
1000 Thomas Jefferson St., NW
Ste. 400
Washington, DC 20007
http://www.air.org/cecp

Knowledge Exchange Network
Provides information about mental health via toll-free telephone services, an electronic bulletin board, and publications.
P.O. Box 42490
Washington, DC 20015
800-789-CMHS (2647)
http://www.mentalhealth.org

The National Alliance for the Mentally Ill
Dedicated to the eradication of mental illnesses and to the improvement of the quality of life of those whose lives are affected.
200 North Glebe Rd., Ste. 1015
Arlington, VA 22203-3754
800-950-NAMI (6264) helpline
703-524-7600
http://www.nami.org

National Mental Health Association (NMHA)
Dedicated to improving the mental health of all individuals.
1021 Prince St.
Alexandria, VA 22314-2971
703-684-7722
http://www.nmha.org/index.cfm

Suicide Prevention Resource Center,
877-GET-SPRC (438-7772)
TTY: 617-964-5448
Email: info@sprc.org
www.sprc.org

The Stanley Foundation Bipolar Network
University of Pittsburgh Medical Center, Department of Psychiatry
3811 O'Hara St.
Pittsburgh, PA 15213
412-624-2100
http://www.wpic.pitt.edu

Substance Abuse and Mental Health Services Administration
Works to improve the quality and availability of prevention, treatment, and rehabilitation services.
P.O. Box 42557
Washington, DC 20015
800-789-2647
TDD:866-889-2647
240-747-5475 (International)
http://mentalhealth.samhsa.gov

Access to Appropriate Health Care

The Agency for Health Care Research & Quality
Provides data to help consumers make informed health care decisions about treatment issues.
Executive Office Center, Ste. 600
2101 E. Jefferson St.
Rockville, MD 20852
301-594-6662
http://www.ahcpr.gov

The Bureau of Primary Health Care
4350 East-West Hwy, 7th floor.
Bethesda, MD 20814
310-594-4309
http://bphc.hrsa.gov

Coordinating Council on Access and Mobility.
202-366-2473
Email unitedweride@fta.dot.gov

Families, USA Foundation
Dedicated to the achievement of high-quality, affordable health and long-term care for all Americans.
1334 G St., NW
Washington, DC 20005
202-628-3030 • 202-347-2417
www.movingideas.org

Health Policy Tracking Service National Conference of State Legislators
444 N. Capitol St., NW, Ste. 515
Washington DC 20001
202-624-3567
http://hpts.org

Healthfinder®
U.S. Department of Health and Human Services Web site for consumer health and human services information.
http://www.healthfinder.gov

Indian Health Service
Responsible for providing federal health services to American Indians and Alaska Natives.
711 Stewarts Ferry Pike
Nashville, TN 37214-2634
615-736-2400
http://www.ihs.gov

Office of Minority Health Resource Center
Provides leadership for activities that addresses the special health needs of racial/ethnic minorities to eliminate disparities, while improving health status.
30l-443-2964
http://www.omhrc.gov

United We Ride
Information resource on all federal programs funding human service transportation
http://www.unitedweride.gov/

Community Safety

At-Risk Resources
Catalog of materials that focuses on violence prevention.
135 Dupont St.
P.O. Box 760
Plainview, NY 11803-0760
800-999-6884
http://www.at-risk.com

CDC National Center for Injury Prevention and Control
Dedicated to reducing injury, disability, death, and costs associated with injuries outside the workplace.
http://www.cdc.gov/ncipc/ncipchm.htm

CDC National Institute for Occupational Safety and Health
Focuses on the safety and health of people at work.
www.cdc.gov/niosh/homepage.html

Center for the Prevention of School Violence
The Center has a clearinghouse for information about school violence.
20 Enterprise St., Ste. 2
Raleigh, NC 27607-7375
800-299-6054
919-515-9397
http://www.ncdjjdp.org/cpsv

The Center for the Study and Prevention of Violence
Committed to understanding and preventing violence, particularly adolescent violence.
University of Colorado at Boulder
Institute of Behavioral Sciences
Campus Box 442
Boulder, CO 80309-0442
303-492-1032
http://www.Colorado.EDU/cspv

Community Policing Consortium
Strives to reduce neighborhood crime by combining the efforts and resources of the police, local government and community members.
1726 M St., NW, Ste. 801
Washington, DC 20036
800-833-3085 • 202-833-9295
http://www.communitypolicing.org

Blueprints for Violence Prevention
Center for the Study and Prevention of Violence
Institute of Behavioral Science
University of Colorado at Boulder
900 28th Street, Suite 107
439 UCB
Boulder, CO 80309-0439
303 492-1032
Email: Blueprints@colorado.edu
http://www.colorado.edu/cspv/blueprints/

The Federal Judiciary
A clearinghouse for information from and about the Judicial Branch of the U.S. Government.
The Administrative Office of the U.S. Courts
1 Columbus Circle, NE
Washington, DC 20544
http://www.uscourts.gov

Internet Law Library
Links to legal resources relating to American (federal and state) and foreign laws
http://www.lawguru.com/ilawlib/

Join Together OnLine
A national resource for communities fighting substance abuse and gun violence.
441 Stuart St., 7th Floor
Boston, MA 02116
617-437-1500
http://www.jointogether.org

Justice Information Center
Source of information on criminal and juvenile justice in the U.S. and the world.
National Criminal Justice Reference Service (NCJRS)
P.O. Box 6000
Rockville, MD 20849-6000
800-851-3420
http://www.ncjrs.org

Mothers Against Drunk Driving (MADD)
Works to stop drunk driving and to support the victims of crime.
P.O. Box 541688
Dallas, TX 75354-1688
http://www.madd.org

The National Committee for the Prevention of Child Abuse
Works to prevent child abuse in all its forms.
200 S. Michigan Ave., 17th floor
Chicago, IL 60604-4357
312-663-3520
http://www.childabuse.org

National Crime Prevention Council
Works to prevent crime and build safer, stronger communities.
1700 K St., NW, 2nd Floor
Washington, DC 20006-3817
202-466-6272
http://www.ncpc.org

The National Domestic Violence Hotline
800-799-SAFE
TDD: 800-787-3224

National School Safety Center
Works with school districts to develop safe school programs.
4165 Thousand Oaks Blvd., Ste. 290
Westlake Village, CA 91362-3815
805-373-9977
http://nssc1.org

National SAFE Kids Campaign
Dedicated solely to the prevention of unintentional childhood injury.
1301 Pennsylvania Ave., NW, #1000
Washington, DC 20004
http://www.safekids.org/

National Safety Council (NSC)
Works to educate and influence society to adopt safety, health and environmental policies that prevent suffering and loss from preventable causes.
1121 Spring Lake Dr.
Itasca, IL 60143
http://www.nsc.org

NICHSR Related Health Services Research Web Sites - Alphabetical Listing
http://www.nlm.nih.gov/nichsr/alphahsr.html

Office of Justice Programs
Develops funds and evaluates a wide range of criminal and juvenile justice programs.
810 7th St., NW
Washington, DC 20531
202-307-0703
http://www.ojp.usdoj.gov

Office of Victims of Crime
http://www.ojp.usdoj.gov/ovc

PAVNET Online
The Partnerships Against Violence Network is a "virtual library" of information about violence and youth-at-risk, representing data from seven different Federal agencies.
301-504-5462
http://www.pavnet.org

Police Jury Association of Louisiana
707 N. 7th St.
Baton Rouge, LA 70802-5327
504-343-2835
http://www.lpgov.org

Prevent Child Abuse Louisiana
State chapter of Prevent Child Abuse America
733 East Airport
Suite 101
Baton Rouge, LA 70806
225-925-9520 • 225-926-1319
Email: info@pcla.org
www.pcal.org

Preventing Crime: What Works, What Doesn't, What's Promising,
www.ncjrs.org/works/wholedoc.htm

Rape, Abuse & Incest National Network (RAINN)
National 24-hour hotline that directly connects victims of rape or abuse to a local rape crisis center in their area for free services and counseling.
635-B Pennsylvania Ave., SE
Washington, DC 20003
202-544-1034 business office
1-800-656-HOPE (4673)
http://www.rainn.org

Safe Communities ~ Safe Schools (SCSS) Model
Email: safe@colorado.edu
www.colorado.edu/cspv/safeschools

Substance Abuse Treatment and Prevention
http://www.samhsa.gov

U.S. Fire Administration
Guides the Nation's fire prevention and control, fire training and education, and emergency medical services activities.
16825 S. Seton Ave.
Emmitsburg, MD 21727
301-447-1000
http://www.usfa.fema.gov

U.S. Department of Justice
Investigates and prosecutes Federal crimes, represents the United States of America in court and manage the Federal prisons.
950 Pennsylvania Ave., NW
Washington, DC 20530-0001
http://www.usdoj.gov

Weed and Seed, Executive Office
A multi-agency strategy to "weed" out crime and "seed" in restoration of neighborhoods.
U.S. Department of Justice, Office of Justice Program
810 7th St., NW, 6th Floor
Washington, DC 20531
206-616-1152
http://www.ojp.usdoj.gov/ccdo

Economics

ACCRA
Promotes excellence in research for community and economic development.
4232 King St.
Alexandria, VA 22302
703-998-0072
http://www.accra.org

The Department of Labor
Administrators and endorsees workplace rules and regulations.
Office of Public Affairs
525 Griffin St., Rm. 724
Dallas, TX 75202
214-767-4777
http://www.dol.gov

Entergy: Team City
Economic development tool for communities.
Economic Development Office
5353 Essen Ln., Ste. 120
Baton Rouge, LA 70809
1-800-542-2668
http://www.entergy-louisiana.com/LA/ed/teamcity_program.asp

National Association of State Information Systems (NASIS)
Forum for improving the business of government through the application of information technology.
167 West Main St., Ste. 600
Lexington, KY 40507-1324
606-231-1971
http://www.nascio.org/aboutNascio/index.cfm

National Institute of Standards and Technology (NIST)
Works with industry to develop and apply technology, measurements, and standards.
100 Bureau Dr.
Gaithersburg, MD 20899-0001
http://www.nist.gov

National Technical Information Service
The federal government's central source for the sale of scientific, technical, engineering and related business information produced by or for the U.S. government and complementary material from international sources.
Technology Administration
U.S. Department of Commerce
Springfield, VA 22161
703-605-6000
http://www.ntis.gov/

Small Business Administration
Assistance to help Americans start, run and grow their businesses.
One Canal Place
365 Canal St., Ste. 2250
New Orleans, LA
504-589-2705
http://www.sba.gov
Disaster updates:
http://www.sbaonline.sba.gov/gopher/Disnews

U.S. Department of Commerce
National Technical Information Service
Technology Administration
U.S. Department of Commerce
Springfield, VA 22161
703-605-6000
http://www.ntis.gov

Education

American Association of Community Colleges
http://www.aacc.nche.edu

Louisiana Department of Education
P.O. Box 94064
Baton Rouge, LA 70804-9064
225-342-4411
http://www.doe.state.la.us

National Institute for Literacy
Links to literacy programs on the Web.
800 Connecticut Ave., NW, Ste. 200
Washington, DC 20006
202-632-1500
www.nifl.gov

U.S. Department of Education
400 Maryland Ave., SW
Washington, DC 20202-0498
800-USA-LEARN
http://www.ed.gov/

Recreation and Culture

The American Alliance for Health, Physical Education, Recreation and Dance
1900 Association Dr.
Reston, VA 20191
703-476-3400
800-213-7193
http://www.aahperd.org

American Chamber of Commerce Executives
National association serving individuals involved in the management of chambers of all sizes.
703-998-0072
Email: membership@acce.org
http://www.acce.org

U.S. Department of Commerce
National Technical Information Service Technology Administration
U.S. Department of Commerce
Springfield, VA 22161
703-605-6000
703-605-6900 fax
http://www.ntis.gov/

STATE RESOURCES

Info - Louisiana
Entry to state government information
http://www.state.la.us

The Louisiana State Legislature
http://www.legis.state.la.us

Louisiana Department of Agriculture and Forestry
P.O. Box 631
Baton Rouge, LA 70821-0631
225-922-1234
225-922-1253 fax
Email info@ldaf.state.la.us
http://www.ldaf.state.la.us

Louisiana Department of Culture, Recreation & Tourism
P.O. Box 94361
Baton Rouge, LA 70804-9361
225-342-8115
225-342-3207 fax
http://www.crt.state.la.us/

Louisiana Department of Economic Development
P.O. Box 94185
Baton Rouge, LA 70804-9185
225-342-3000
http://www.lded.state.la.us/

Louisiana Department of Education
626 North 4th St.
P.O. 94064
Baton Rouge, LA 70804-4411
225-342-4411
http://www.doe.state.la.us/lde/index.html

Louisiana Department of Environmental Quality
7290 Bluebonnet Blvd.
Baton Rouge, LA 70810
24-hr Notification Hotline & Citizen's Complaints Customer Information
888-763-5424
http://www.deq.state.la.us/

Louisiana Department of Health and Hospitals
1201 Capitol Access Rd.
P.O. Box 629
Baton Rouge, LA 70821-0629
225-342-9500
http://www.dhh.louisiana.gov

Bureau of Health Services Financing (Medicaid)
1201 Capitol Access Rd.
P.O. Box 91030
Baton Rouge, LA 70821-9030
225-342-5774
http://www.medicaid.dhh.louisiana.gov

Office for Addictive Disorders
1201 Capitol Access Rd.
P.O. Box 2790, Bin 18
Baton Rouge, LA 70821-2790
225-342-6717
http://www.aod.dhh.louisiana.gov

Office of Citizens with Developmental Disabilities
1201 Capitol Access Rd.
P.O. Box 3117
Baton Rouge, LA 70821-3117
225-342-0095
http://www.ocdd.dhh.louisiana.gov

Office of Mental Health
P.O. Box 4049, Bin #12
Baton Rouge, LA 70821
225-342-2540
http://www.dhh.louisiana.gov/offices/?ID=62

Office of Public Health
31201 Capitol Access Road
Baton Rouge, LA 70821
225-342-8093 Baton Rouge
504-568-5050 New Orleans
http://www.oph.dhh.louisiana.gov

Louisiana Department of Insurance
950 N. Fifth St.
Baton Rouge, LA 70804-9214
800-259-5300
225-342-5900
http://www.ldi.state.la.us/

Louisiana Department of Labor
P.O. Box 94094
1001 North 23rd St.
Baton Rouge, LA 70802
225-342-3111
225-342-3743
http://www.ldol.state.la.us

Louisiana Department of Social Services
755 Third St.
Baton Rouge, LA 70802 or
P. O. Box 3776
Baton Rouge, LA 70821
225-342-0286
225-342-8636 fax
http://www.dss.louisiana.gov

Louisiana Rehabilitation Services
8225 Florida Blvd.
Baton Rouge, LA 70806
225-925-4131
http://www.dss.louisiana.gov/departments/lrs/Vocational_Rehabilitation.html

The Louisiana Economic Development Council (LAEDC)
Department of Economic Development
One Maritime Place, Rm. 312
101 France St.
Baton Rouge, LA 70804
225-342-0215
http://www.lded.louisiana.gov

Louisiana Department of Natural Resources
625 North 4th St.
P.O. Box 94396
Baton Rouge, LA 70804-9396
225-342-4503
http://www.dnr.louisiana.gov

Louisiana Department of Public Safety
http://www.dps.louisiana.gov

Louisiana Department of Wildlife and Fisheries
2000 Quail Dr.
Baton Rouge, LA 70821
225-765-2800
http://www.wlf.louisiana.gov

Office of Youth Development
P. O. Box 66458
Audubon Station
Baton Rouge, La. 70896
Phone: (225)287-7900
www.oyd.louisiana.gov

Other State Resources

The Advocacy Center for the Elderly and Disabled
210 O'Keefe Ave., Ste. 700
New Orleans, LA 70112
504-522-2337 • 800-960-7705
http://www.advocacyla.org

Agenda for Children
P.O. Box 51837
New Orleans, LA 70151
504-586-8509
http://www.agendaforchildren.org

Area Health Education Centers in Louisiana (AHEC)
National Newsletter
http://www.selahec.org/centers.html

Catholic Charities, New Orleans
100 Howard Ave., Ste. 1200
New Orleans, LA 70113
504-523-3755
http://www.catholiccharities-no.org

The Community Foundation of Shreveport-Bossier
Acts as a convener and catalyst to address emerging community needs.
401 Edwards, Suite 105
Shreveport, LA 71101
318.221.0582
http://www.comfoundsb.org/

Council for a Better Louisiana (CABL)
Louisiana Leadership Institute
P.O. Box 4308
Baton Rouge, LA
504-344-2225
http://www.cabl.org

The Greater New Orleans Foundation
2515 Canal St., Ste. 401
New Orleans, LA 70119
504-822-4906
http://www.gnof.org

Habitat for Humanity
P. O. Box 15052
New Orleans, LA 70175-5052
504-861-2077
http://www.habitat-nola.org

The Louisiana Alliance for the Mentally Ill (NAMI)
Dedicated to providing practical and emotional support and education to families of persons with severe brain disorders.
225-343-6828
http://la.nami.org

The Louisiana Campaign for Tobacco-Free Living
1600 Canal Street, Suite 1028
New Orleans, LA 70112
504-301-9800
Toll-Free 1-866-I-AM-4-TFL
http://www.tobaccofreeliving.org/

Louisiana Commissioner of Elections
State and parish voting patterns.
Department of Elections and Registration
P.O. Box 14179
Baton Rouge, LA 70898-4179

Louisiana Consumer Protection and Information Center
Louisiana Trial Lawyers Association
P.O. Box 4289
Baton Rouge, LA 70821
888-324-5297

Louisiana Foundation DataBook
On line listing of foundations n Louisiana
http://www.foundationdatabook.com/Pages/la/lalinks.html

Louisiana Office of Alcohol and Drug Abuse Facilities
2025 Canal St., Ste. 300
New Orleans, LA 70112
504-568-7943

Louisiana Public Health Institute
1600 Canal Street, Suite 1028
New Orleans, LA 70112
504-301-9800
http://www.lphi.org

Police Jury Association of Louisiana
707 N. Seventh St.
Baton Rouge, LA 70802-5327
225-343-2835
http://www.lpgov.org/

The Rapides Foundation
Works to improve community health through building local capacity as a resource for opportunities.
1101 4th Street, Suite 300
Alexandria, Louisiana 71301
318-443-3394 • 800-994-3394
info@rapidesfoundation.org
http://www.rapidesfoundation.org

Southwest Louisiana AHEC
Provides health, information, and educational services in 13 parishes of Southwest Louisiana.
103 Independence. Blvd.
Lafayette, LA 70506
504-345-1119
http://www.swlahec.com

State Library of Louisiana
P.O. Box 131
Baton Rouge, LA 70821-0131
225-342-4913
http://www.state.lib.la.us

Regional and Local Organizations

Office of Public Health Region 5 : Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis

Regional Administrator
Regional Medical Director
Bertrand J. Foch, M.D.
Southwest Regional Office
707 A. East Prien Lake Rd.
Lake Charles, LA 70601
337-475-3200

Regional Medical Social Worker
Southwest Regional Office
707 A. East Prien Lake Rd.
Lake Charles, LA 70601
337-475-3200

Regional Nutritionist/Specialist
Southwest Regional Office
707 A. East Prien Lake Rd.
Lake Charles, LA 70601
337-475-3200

Regional Nurse Manager
Southwest Regional Office
707 A. East Prien Lake Rd.
Lake Charles, LA 70601
337-475-3200

Regional Sanitarian Director
Southwest Regional Office
707 A. East Prien Lake Rd.
Lake Charles, LA 70601
337-475-3200

Children's Special Health Services Southwest Region
Southwest Regional Office
707 A. East Prien Lake Rd.
Lake Charles, LA 70601
337-480-2561

Lake Charles Regional TB Clinic
721 Prien Lake Rd.
P.O. Box 3170
Lake Charles, 70602
337-480-2591

Parish Health Units

Allen
107 S. 12th St.
P.O. Drawer 1121
Oakdale, LA 71463
318-335-1147

105 N. Fifth St., Courthouse Bldg.
P.O. Drawer 160
Oberlin, LA 70655
337-639-4390

Beauregard
216 Evangeline St.
P.O. Box 327
DeRidder, LA 70634
337-463-4486

Calcasieu
721 E. Prien Lake Rd.
P.O. Box 3170
Lake Charles, LA 70602
337-478-6020

201 Edgar St.
Sulphur, LA 70663
(*Direct mail to Lake Charles*)
337-527-6361

618 E. Center St.D
Dequincy, LA 70633
(*Wed. Only*)
337-786-2992

Cameron
107 Recreation Center Lane
P.O. Box 1430
Cameron, LA 70631
337-775-5368

1020 Main St.
Hackberry, LA 70645
(*3rd Tues*)

108 Recreation Lane
Grand Lake, LA 70643
(*1st Wed. every other month*)
337-598-3333

Jefferson Davis
403 Baker St.
P.O. Box 317
Jennings, LA 70546
337-824-2193

School-Based Health Centers

Calcasieu

Washington-Marion Magnet School Health Center
2802 Pineview St.
Lake Charles, LA 70601
337-497-0233

Ray D. Molo Middle School
2802 Pineview St.
Lake Charles, LA 70601
337-437-3977

Jessie D. Clifton Elementary
2802 Pineview St.
Lake Charles, LA 70601
337-439-0880

Other Region 5 Resources

Governor's Health Care Reform Region 5 Consortium
Dr. Fayez Shamieh, Chair
707 S. Ryan Street
Lake Charles, LA 70601
Email: fayez@xspedius.net

Louisiana Office of Citizens with Developmental Disabilities
Community Service Offices
3501 Fifth St., Ste. C-2
Lake Charles, LA 70605
337-475-8045

Louisiana Office of Mental Health Facilities
4105 Kirkman St.
Lake Charles, LA 70605
337-475-8022

OTHER RESOURCES

Adams, Bruce. ***Building Healthy Communities***. Report commissioned by the Pew Partnership for Civic Change. Suzanne W. Morse, publisher. Charlottesville, VA.
804-971-2073
http://www.cpn.org/tools/manuals/Community/healthy.html

Adolescent School Health Initiative Annual Report,
504-568-6068
http://www.oph.dhh.louisiana.gov/schoolbased/reports.html

The Annie E. Casey Foundation. ***Kids Count Data Book: State profiles of child well-being,***
410-547-6600
http://www.aecf.org

The Arc of Greater New Orleans
5700 Loyola Avenue
New Orleans, LA 70115
504 897-0134
info@arcgno.org
http://www.arcgno.org/

Ayre D. et al. ***Facilitating Community Change***. Community Health Assessment: A Process for Positive Change.
VHA, Inc.
P.O. Box 140909
Irving, TX 75014
800-468-6842 • 800-842-7587
http://www.vha.com

Best Practices in Collaboration to Improve Health: Creating Community Jazz.
The Healthcare Forum
830 Market St.
San Francisco, CA 94105

Centers for Disease Control. ***A Guide to the Selection and Utilization of Selected Health Assessment and Planning Models To Improve Community Healt***
DHHS, 1991. Washington, DC.

Centers for Disease Control and Prevention. ***Planned Approach to Community Health: Guide for the Local Coordinator.*** DHHS,1995. Atlanta, GA.

Creating Healthier Communities Fellowship.
The Healthcare Forum
830 Market St.
San Francisco, CA 94105

Dever, Alan G.E. ***Community Health Analysis.*** Global Awareness at the Local Level. Aspen Publishers, 1991.

Orchard Ridge, MD.
Duhl, Leonard J. ***The Social Entrepreneurship of Change.*** Pace University Press, 1995.

Healthier Communities Action Kits (Modules 1 and 2), 1994.
The Healthcare Forum
830 Market St.
San Francisco, CA 94105

Health in the United States, (annual)
National Center for Health Statistics
6525 Belcrest Rd., Rm. 1064
Hyattsville, MD 20782-2003
301-436-8500
http://www.cdc.gov

Institute for Alternative Futures and the National Civic League. ***Creating Community Health Visions: A Guide for Local Leaders.*** IAF, 1995. Alexandria, VA.

Kretzman J., McKnight J. 1993. ***Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assests.***
ACTA Publications
4848 N. Clark St.
Chicago, IL 60640
800-397-2282
http://www.northwestern.edu/ipr/publications/community/buildingblurb.html

Larson, James S. ***The Measurement of Health: Concepts and Indicators.***
Greenwood Press, 1991.
Westport, CT.
http://doi.contentdirections.com/mr/greenwood.jsp?doi=10.1336/0313273391

The Louisiana Health Report Card. (annual), **LA State Center for Health Statistics**.
Department of Health and Hospitals, Office of Public Health, 2005.
http://www.oph.dhh.louisiana.gov/data_and_stats.html

Morgan Quitno Press
State and City Ranking Publications
800-457-0742
http://www.morganquitno.com

Murray C, Michaud C, McKenna M, and Marks J. ***U.S. Patterns of Mortality by County and Race:***
Centers for Disease Control and the Harvard School of Public Health, 1998. 770-488-5131

National Center for Health Statistics'
Web site source of information and statistics about America's health.
Email nchsquery@cdc.gov
http://www.cdc.gov/nchs/about.htm

The National Civic Review: Making Civil Democracy Work: A Primer on Healthy Communities. (serial) Josey-Bass, Spring 1997.
San Francisco.
350 Sansome St.
San Francisco, CA 94104-1342
888-378-2537

Norris, Tyler, et al. ***The Community Indicators Handbook.***
Tyler Norris Associates, Inc.
2119 Mapleton Ave.
Boulder, CO 80304
303-444-3366
tnorris@ncl.org

O'Leary Morgan K., Morgan S. ***LA Health Care in Perspective, 1998: Health Care in the "Pelican State."*** Morgan Quitno Press, 1998.
Lawrence KS.
785-841-3534 • 800-457-0742
http://www.morganquitno.com

The Pink Book, Epidemiology and Prevention of Vaccine-Preventable Disease, CDC
http://www.cdc.gov/nip/publications/pink/

Senge P. ***The Fifth Discipline Fieldbook: Strategies and Tools for Building a Learning Organization.***
Doubleday, 1999. New York.
http://www.randomhouse.com

Signs of Progress, Signs of Caution, 1996. How to prepare a healthy, sustainable community progress report card.
Ontario Healthy Communities Coalition Central Office
1202-415 Yonge St.
Toronto, ON M5B2E7 Canada
416-408-4841 • 800-766-3418
http://www.healthycommunities.on.ca/publications/

Weaver, Julia. Healthy Communities, ***The National Civic League's Model for Collaborating to Improve Community Health.***
Health Progress, May-June 1996, Catholic Health Association.
The National Civic League
1445 Market St., Ste. 300
Denver, CO 80302-1728
303-571-4343
http://www.ncl.org
keywords: list of publications

Louisiana DHH/Office of Public Health Program Offices

Adolescent School Health
504-568-5330

- Operates 54 school-based health centers around the state of Louisiana. These centers help to meet the physical and emotional health needs of students and their families in an affordable and accessible manner. The Office of Public Health also assists in the coordination of Comprehensive School Health Education.
- Provides current and comprehensive data, information and resources to facilitate collaborative and community-based adolescent health activities.

Beach Monitoring Program
225-763-3549

- The Louisiana Beach Monitoring Program monitors water quality on a weekly basis from May 1 to October 31.

Buildings and Premises Inspection
225-763-5555

- Through inspections and technical assistance, assures a safe and healthy environment in buildings where the public visits or congregates (schools and child care centers, and in facilities where persons are confined such as hospitals, nursing homes, group homes and prisons).

Center for Health Statistics
504-568-2417

- Provides state health status indicators and analyses for use in health program planning and evaluation, monitoring health problems that may occur in Louisiana, supporting health research data projects in conjunction with universities, private and other public agencies; Officially called the Louisiana State Center for Health Statistics.

Childhood Lead Poisoning Prevention Program (LACLPPP)
504-568-5070

- The Louisiana Childhood Lead Poisoning Prevention Program (LACLPPP) identifies high-risk areas and target efforts and resources to reduce the number of children with elevated blood lead levels in Louisiana.

Children's Special Health Services
504-568-5055

- Plans, coordinates, improves and administers specialized medical care programs for eligible children with severe/chronic medical illnesses or disabilities.

Community Health Promotion & Chronic Disease
504-568-7210

- Promotes adherence to a risk-reducing life-style, thereby decreasing the prevalence of chronic conditions in the population. Includes Asthma, Chronic Disease Epidemiology, Diabetes Control, Heart Disease and Stroke Prevention, Obesity, and Tobacco Control Programs.

Commercial Seafood Sanitation
225-763-5553

- Prevents seafood-borne disease outbreaks and insures that all distributed shellfish and commercially processed seafood are in compliance with the State Food, Drug, and Cosmetic Law, State Sanitary Code and the National Shellfish Sanitation Program.

Commodity Supplemental Food Program
504-568-5065

- Provides a monthly nutritious food package to low income seniors aged sixty and older, pregnant and postpartum women and infants and children up to the age of six.

Community Sewerage Program
225-765-5061

- Monitors and regulates sewerage treatment and sanitary sewage disposal by community systems to protect the public from wastewater-borne disease outbreaks, from sewerage treatment systems, whether privately or publicly owned, serving two or more individuals.

Disease Vector Control Program
225-763-5555

- Prevents and controls the transmission of insect- or rodent-borne diseases such as yellow fever, malaria, dengue fever, encephalitis (all carried by mosquitoes) and plague and typhus (carried by fleas).

Drinking Water Revolving Loan Fund
225-765-5075

- Provides assistance, in the form of low-interest loans and technical assistance, to public water systems in Louisiana to assist them in complying with state and federal drinking water regulations ensuring that their customers are provided with safe drinking water thereby protecting the public health.
- Ensures, through assessment and assistance, (Capacity Development Program) that public water systems have the technical, managerial, and financial capacity to properly operate and provide safe drinking water to the public.

EarlySteps
504-599-1072

- EarlySteps is Louisiana's Early Intervention System for children with disabilities and developmental delays ages birth to three and their families.

Emergency Medical Services
225-763-5700

- Provides Emergency Medical Technician training programs that meet the requirements of the National Registry of EMTs and provides the National Registry of EMTs written and practical examinations.

Environmental Epidemiology & Toxicology
504-568-8537

- Identifies and evaluates the effects that toxic chemicals have on the public's health. Makes recommendations to prevent or reduce illnesses that may be caused by exposure to those chemicals and promote a better public understanding of the health effects of chemicals in the environment.

Family Planning
504-568-5330

- Provides health education to women and health care to child-bearing-age women in order to reduce female and infant morbidity and mortality and in order to allow individuals and families to plan family size and spacing of pregnancies.

Food and Drug Control
225-763-5485

- Protects the health and welfare of consumers by assuring that foods, drugs, cosmetics and prophylactic devices manufactured, processed, packed or sold in Louisiana are pure, safe, wholesome and perform as they are labeled or advertised.

Genetic Diseases
504-568-5070

- Provides screening, diagnosis, counseling and educational services to individuals with genetic disorders, their families and the general public.

HIV/AIDS
504-568-7524

- Provides for surveillance of HIV infection and AIDS cases, with bimonthly and annual reports.
- Prevents the spread of HIV through various services in high risk areas, including targeted HIV/STD prevention education, HIV counseling and testing in parish health units, peer youth and prison programs and one-on-one street outreach in communities with high rates of sexually transmitted diseases.
- Provides HIV infected clients with home health and hospice, medications, transportation, emergency assistance funds and housing.

Immunization
504-483-1900

- Provides leadership, vaccines and supplies to give a full range of immunizations to at least 95 percent of the state's children by the time they enter kindergarten and to give the full range of immunizations to 90 percent of the state's children by the age of two.

Infectious Disease Epidemiology
504-568-5005

- Offers a computerized surveillance system to document cases of communicable diseases and to identify disease trends and risk groups. The program also conducts investigations of disease outbreaks, conducts rabies surveillance and evaluates transmission potential; provides consultation and technical assistance to private and public health care professionals; provides educational in-service programs to a variety of health professionals; and publishes timely information to physicians on communicable diseases.

Infectious Waste Control
225-765-5555

- Protects health by regulating the packaging, transportation and treatment of potentially infectious biomedical waste by health care facilities, commercial transport, storage and treatment facilities and private citizens.

Injury Research and Prevention
504-568-2509

- Serves as an information and technical assistance resource for injury prevention efforts in Louisiana and conducts surveillance of targeted injuries.

Laboratory Services
504-568-5375

- Laboratory analyses combine screening, prevention, diagnosis and treatment for patients in programs where health services are delivered directly to the client and for monitoring and data collection where epidemiology is the focus. Laboratory analyses also combine inspection and correction of conditions that may cause disease or disorder to Louisiana citizens or to those who buy goods produced in the state.

Maternal and Child Health
504-568-5073

- Provides education, counseling, screening, treatment and follow-up to ensure the physical and dental health of infants, children and pregnant women in this state.
- MCH epidemiological studies in the state.
- provides objective data for policy-building process and other specific projects.
- analyzes data from different data sources such as vital records, the Pregnancy Risk Assessment Monitoring System (PRAMS), and other program data.

Milk and Dairy Control
225-765-5599

- Assures safe, wholesome milk and milk products for public consumption and works to maintain a zero level of milk-borne disease in the state. Certifies all dairy farms and processing plants supplying milk for government contracts and interstate commerce.

Molluscan Shellfish Program
225-763-3571

- Prevents infectious disease by providing health certification that shellfish-growing waters do not contain contamination or pollution hazardous to public health.

Nutrition Services
504-568-5065

- Provides community nutrition outreach programs and health fairs.
- Provides technical support and training for healthcare professionals.
- Provides training and professional guidance for public health interns and students in graduate, port-graduate and medical programs.
- Provides nutrition screening, assessment and counseling.
- Certified Child Care Consultants

Nursing Services
504-568-5142

- Assesses, evaluates, counsels, and educates clients on chronic disease reduction (heart disease, diabetes, strokes, and chronic respiratory conditions).
- Provides child health services including physical assessments, developmental evaluations, health risk assessments, immunizations, and nutritional guidance.
- Provides early screening and detection of cervical and breast cancer.

Onsite Wastewater Program
225-763-5550

- Monitors, regulates and issues permits for individual sewerage systems to protect the public from wastewater-borne disease, from sewerage treatment systems served by a single dwelling, office building or institution, exclusive of industrial wastes.

Operator Certification Program for Water and Wastewater Operators
225-765-5058

- Provides licenses for Water and Wastewater Operators of systems that serve populations over 500 and coordinates training programs with other training organizations

Pharmacy Services
504-568-5022

- Provides the medication requirements for the Family Planning Program, including contraceptive devices and medications for the STD, Tuberculosis, Children's Special Health Services and Hemophilia Programs.

Public Health Emergency & Response
225-763-3581

- The Office of Public Health works with other state agencies to deal with natural and man-made disasters located within or near the borders of Louisiana. Offers updated information as received by the Emergency Operating Center (EOC) and provides and receives technical advice.

Public Health Social Services
504-568-2951

- Provides psychosocial services for children, families and adults, directly or via referral within the community service network. Services are routinely available in the Children's Special Health Services Program and by referrals in other programs of the OPH.

Retail Food Inspection
225-763-3590

- Prevents or minimizes the occurrence of food-borne disease outbreaks through comprehensive programs of consulting.

Safe Drinking Water
225-765-5038

- Assures the proper design, construction, operation and quality of public water supplies and provides technical assistance to persons with individual water systems.

Sexually Transmitted Diseases
504-568-5275

- Provides surveillance and control of sexually transmitted diseases by identifying infected individuals and providing treatment.

Tuberculosis Control
504-568-5015

- Provides surveillance for active tuberculosis cases; tracking, testing and medical evaluation of contacts to active cases; outbreak evaluations and control, and provides professional community education.

Vital Records
504-568-5152

- Responds to statutory mandates related to the collection, maintenance, certification, sale and preservation of birth, death, marriage and other vital records.

WIC Services (Supplemental Program for Women, Infants and Children)
504-568-5065

- When medically necessary, WIC provides a nutritious food package and nutrition counseling to low income infants and children up to the age of five, as well as pregnant, postpartum and breastfeeding women at nutritional risk.

WIC also provides:

- Breastfeeding guidance;
- Breast pump loan program;
- Nutrition activities and group classes;
- Cooking demonstrations and recipes; and
- Nutrition screening, assessment and counseling.

Parish Health Profile Glossary

ATOD: Term used in the Communities That Care Survey to mean "alcohol, tobacco and other drugs".

Access: Freedom or ability to obtain or make use of as in the case of health care.

Accident: An unintentional injury.

Acquired Immune Deficiency Syndrome (AIDS): An infection that greatly diminishes the cell-mediated immune system, usually caused by the human immunodeficiency virus, (HIV).

Actual causes of death: The behavior that contributes to the leading causes of death.

Adequate Prenatal care: As measured by The Modified Kessner Index, meaning that the first prenatal visit was in the first three months of the pregnancy and that the number of prenatal visits was appropriate to the gestational age of the baby at birth.

Advocacy: The promotion of policies, regulations and programs to improve health by mobilizing public sentiment to pressure systems.

Age-adjusted death rate: A rate calculated to adjust for differences in the distribution of ages in separate populations. The distribution of ages in a population can increase or decrease the likelihood of death in that population. When comparing mortality data from different populations, rates adjusted for differences in age distribution are used because age is the most significant characteristic related to disease and death.

Anemia: A condition in which the blood is deficient in red blood cells, in hemoglobin, or in total volume**.** Iron deficiency is the most common known form of nutritional deficiency.

Assistive technology: Technology that is used to increase the communication or mobility of persons with disabilities.

At risk for overweight children: Children who are in the 85th to 94th percentile of the gender-specific Body Mass Index BMI for age-growth charts.

Body Mass Index (BMI): A measure of the relative weight of an individual using a mathematical formula that takes into account both a person's height and weight.

Baseline: The starting point for a comparison, usually taken before an intervention.

Behavioral Risk Factor Social Survey (BRFSS): An anonymous national survey conducted by telephone interview that asks about behaviors and behavioral determinants.

Benchmark: The measurement against which you will compare all others.

Bipolar: formerly known as manic-depression, is a disorder of the brain resulting in episodes of mania and depression.

Birth defect: An abnormality in structure, function or body metabolism that is present at birth.

Birth rate (crude birth rate): A measure of the number of live births in a population during a given period of time.

Birthweight: The first weight of a newborn obtained after birth. Low birthweight is defined as less than 2,500 grams (5 pounds 8 ounces or 5.5 lbs.). Very low birthrate is defined as less than 1,500 grams (3 pounds 5 ounces or 3.3 lbs.). The percent of low and very low birthweight is the number of these births in a population during a given time interval, divided by the total number of live births reported in that population during the same time interval. Very low birthweight infants are at greater risk of mortality and long-term disability than higher weight infants.

Bio-terrorism: Destruction, or the threat of destruction, through the use of biological agents by states, groups, or individuals in order to intimidate or to coerce governments or civilians.

Blood borne diseases: Disease that are passed through blood, including syphilis, hepatitis B, hepatitis C and HIV/AIDS.

Brownfields: Abandoned, idle, or underused industrial or commercial sites where expansion or redevelopment is complicated by real or potential environmental contamination perceived by the community.

Cancer: A term for diseases in which abnormal cells divide without control. Cancer cells can invade nearby tissue and can spread though the bloodstream and lymphatic system to other parts of the body.

Case: In medical terms, it is a person with an illness or related health event, i.e., injury. In studies, cases are the subjects, persons or things, from which data are collected. A case is the smallest unit of analysis.

Carcinogen: A substance or agent that is known to cause cancer.

Cerebrovascular disease: A disease of or involving the cerebrum (brain) and the blood vessels supplying it.

Child Abuse: The non-accidental, physical or mental injury to a child by the child's caretaker.

Coastal beach advisories: Recommendations for specific coastal marine beaches based on levels of indicator bacteria (i.e. fecal coliforms and enterococci). Advisories remain in effect until bacteria levels at the sampling locations meet bacteriological water quality criteria.

Colorectal Cancer: Cancer of the colon and rectum.

Community: A specific group of people, often living in a defined geographical area, who share a common culture, values, and norms and are arranged in a social structure according to relationships developed over a period of time.

Community capacity: Characteristics of communities that affect their ability to identify, mobilize, and address social and public health problems.

Community policing: Policing which combines the resources of the police, the local government and the community for community-based problem solving.

Communities That Care (CTC) Survey: Survey of youth in grades 6, 8, 10 and 12 conducted every other year by The Louisiana Department of Health and Hospitals, Office of Addictive Disorders and the Department of Education.

Contraception (birth control): the means of pregnancy prevention. Contraceptive methods include permanent methods (i.e. male and female sterilization) and temporary methods (i.e. barrier, hormonal and behavioral).

Cyber crimes: Specific crimes dealing with computers and networks (such as hacking) and the facilitation of traditional crime through the use of computers (child pornography, hate crimes, telemarketing /Internet fraud).

Data: Actual numbers, rankings, sequences and values that describe something specific, most often considered to be numerical or quantitative although transcripts and videotapes are also considered data in qualitative research.

Data base: Data organized for rapid retrieval and analysis, a consolidation of many records of single datum.

Data point: A single piece of data.

Depression: A cognitive and emotional disorder causing thoughts of deprivation, frustration, rejection, humiliation or punishment.

Developmental disability: A disability that occurs prior to age 22; is likely to continue indefinitely; and results in substantial limitations in three or more areas of major life activities, such as self-care, language, learning, mobility, self-direction, and capacity for independent living.

Disability: A "condition" usually sensory, physical or mental that limits daily living or the independence of the individual.

Disparities: Refers to markedly distinct differences in quality or character**,** in this context, of health care.

Domestic/Family Violence: Any assault, battery or other physical, mental or emotional abuse that occurs between family or household members who live together or who previously lived together.

Drug Courts: A component of the judicial system wherein judges take an active and supervisory role in overseeing treatment, providing educational services, awarding incentives and imposing sanctions on individuals with drug and alcohol addictions in lieu of incarceration.

Early Prenatal Care: Care received in the first trimester of pregnancy.

Emerging pathogen: An illness-causing microorganism previously unknown to be a human pathogen; a foodborne pathogen not expected to occur in particular foods; or a pathogen that is dramatically increasing in prevalence.

Environment: The surroundings, the setting, the location in which an individual lives, works and/or plays.

Environmental factor: Factor in the air, water, soil or social context that is preventable and that has an affect on a health event.

Epidemiology: The study of distribution and determinants of health-related status or events and the application of this study to control of health problems.

Essential public health services: The public health services described in the Public Health in America (a collaborative statement defining public health vision, mission and essential services) statement: monitoring health status; diagnosing and investigating health problems; informing; educating and empowering people; mobilizing community partnerships; developing policies and plans; enforcing laws and regulations; linking people to needed services; conducting evaluations; and conducting research.

Equity: Freedom from bias or favoritism as in the case of obtaining health care.

Fish advisories: Recommendations to limit consumption of certain species of fish taken from waters where chemical contaminants are present.

Five-A-Day program: Daily intake of five servings from plant sources. The five servings and vegetables should be three vegetables and two fruits daily.

Food-borne illness and food-borne disease: Broad terms that encompass infection and intoxication caused by microbial or chemical contaminants in foods. Some food-borne illnesses are from a one-time intake of a sufficient number of microorganisms or toxin to cause illness. Other food-borne illnesses are the result of the intake of compounds over long periods of time.

Food-borne disease outbreak: The occurrence of two or more cases of a similar illness resulting from the ingestion of a common food.

Fluoridated Water: Water systems that have either adjusted fluoride levels to the optimal level or where fluoridation has occurred naturally.

Genetic disorders: The group of health conditions that result from genes passed to the embryo from the parents.

Geographical Information System (GIS): A computer application for mapping and analyzing geographic data to better understand data relationships and trends.

HIV: Human immunodeficiency virus that causes AIDS.

Hazardous wastes: Solid, liquid, or gas wastes that can cause death, illness, or injury to people or destruction of the environment if improperly treated, stored, transported, or discarded.

Healthy community: A community that is continuously creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential.

Health improvement plan: A series of timely and meaningful action steps that define and direct the distribution of the essential public health services in a specific state or community according to the gaps identified in the needs assessment.

Healthy People 2010: A comprehensive set of disease prevention and health promotion objectives for the nation to achieve over the first decade of the new century. Created by scientists both inside and outside of government, it identifies a wide range of public health priorities and specific, measurable objectives.

Hygiene: Any of a number of actions, conditions, or practices (as of cleanliness) conducive to health and sanitation.

ICD-9 Codes: A classification of diseases that categorizes morbidity and mortality based on information obtained from medical reports and vital statistics documents.

Immunization: The vehicle for vaccines to inoculate populations.

Incarcerate: To put in jail or imprison.

Incidence: Number of NEW cases of a disease occurring in the population during a specified period of time. The rate describes the extent that people within a population who do not have a disease develop the disease during a specific time period.

Index: A group of measurements that collectively represent a phenomenon or issue.

Indicator: A numerical, ordinal, or data representation of information that measures the status of a thing or process over time.

Indoor Air Quality (IAQ): A term that refers to air within homes and other buildings. Chemicals can become trapped indoors and result in elevated levels inside buildings affecting the IAQ.

Injury: Intentional or unintentional damage to the body. Injuries are understandable, predictable and preventable.

Intended pregnancy: A general term that includes pregnancies that the woman says was wanted at the time of conception, irrespective of contraception use.

Key indicator: An indicator that has particular significance in a population or for a particular subject, sometimes called the leading indicator.

Keywords: Specific words used in web based research/searches to help the researcher locate the exact sites, data and/or information.

Leading causes of death: A statistical representation of the most common causes of death reported on death certificates.

Mammogram: An x-ray of the breast which screens for unusual growths.

Mean: A measure of central tendency, the arithmetic average, calculated by adding up all the observed values and dividing them by the sample size of the group.

Mode: A measure of central tendency, the value that is most often reported in a sample.

Median: A measure of central tendency, the 50th percentile value or the value at which 50 percent of all values fall above or below.

Medicaid: Jointly (state and federally) funded primary source of preventive health care for medically vulnerable populations such as, low income families, low-income seniors, and disabled people covering a wide range of services including physician, hospital, laboratory, x-ray, and nursing home services. Optional programs cover services such as pharmacy and intermediate care facilities for the mentally retarded.

Medicare: Federally funded health insurance program for all people 65 years and older and some younger people in special circumstances. Medicare is a traditional fee-for-service system that covers health care needs. **Medicare Part A** is inpatient hospital insurance, skilled nursing facility services, home health services, and hospice care. **Medicare Part B** is supplementary medical insurance. Medicare pays the balance of health care costs after clients pay premiums and deductibles.

Microbial: Bacteria, viruses or other microbes.

Morbidity: The relative incidence of disease.

Mortality: The quality or state of being dead.

NCHS list of 72 leading causes of death: Extrapolated from the coding system of diseases, ICD-9 codes. On a national level, it is the 72 most common causes of death.

Needs assessment: A formal process used to identify problems and assess the capacity to address health and social service needs. The needs assessment will identify which populations, if any, are underserved by the providers in that community and it will provide information about resource distribution.

Neglect (in reference to child abuse and neglect): Refers to the caretaker's failure to provide for the child's basic physical, medical, and/or emotional needs.

Newborn Screenings: Tests of newborn children for genetic and metabolic disorders.

Obesity: An excess of body fat defined by an individuals BMI.

Oral Health: The health of teeth and gums. Good oral health habits include good diets, tooth brushing, flossing, and regular check-ups.

Overweight children: Children who are at or above the 95th percentile of the gender-specific Body Mass Index (BMI) for age-growth charts.

Ozone: Air pollutant linked to industrial and transportation sources. Ozone is the main ingredient in urban smog and leads to shortness of breath, wheezing, coughing, headaches, nausea, and eye and throat irritation.

Pap test (or smear): Microscopic examination of cells collected from the cervix, used to detect changes that may be cancer, inflammation, or infection.

Pathogen: A microorganism that causes illness.

Per capita: Per person.

Pesticides: Chemicals developed to repel, control, or kill pests such as insects, weeds, fungi, or rodents.

Physical Activity: Moderate activity occurring in segments at least ten minutes long, and add up to at least 30 minutes a day, five or more days per week.

Population at risk: The total number of persons who are at risk for the disease or people who are cases and people who could become cases.

Poverty Level: A set of money income thresholds that vary by family size and composition. Incomes below the appropriate thresholds are considered below the poverty level. Thresholds are updated annually by the U.S. Census Bureau.

Premature birth: A live birth that occurs prior to 37 weeks pregnancy.

Prenatal care: Health care, counseling and related services provided during pregnancy to assure the best possible health for both mother and child. Care should start in the first trimester and continue throughout pregnancy. One major focus of such care is screening/monitoring to identify conditions that might threaten the mother or the child. A second major focus is counseling and guidance relative to diet, alcohol, tobacco and other health concerns. Other services, for those who qualify, are social and financial counseling, WIC, and Medicaid.

Prevalence: The number of people in a population who have a certain disease, disorder or condition at any given time.

Preventable injury: Unintentional or intentional damage to the body that could have been prevented, including homicide and suicide.

Primary data: Data that are collected for the specific purpose of the research at hand.

Primary prevention: Halting the occurrence of a disease before it happens.

Proportion: Ratio in which the numerator is a subset for the denominator.

Protective Factors: Term used in the CTC Survey to define attitudes and influences that have been shown to help youth resiliency to youth behavior problems.

Quality of Life (QOL): A representation of the qualitative level of a person's life. There are many QOL indexes.

Rate: A measure of some event, disease, or condition in relation to a unit of population, along with some specification of time. Rates allow comparisons between different populations or one population at two different times.

Ratio: One number divided by another.

Risk factor: Something that increases a person's chance of developing a condition. An underlying factor that is preventable and which leads to, or increases, the risk of an adverse health event. It is a characteristic that has been demonstrated statistically to be associated with a particular injury. Term used in the CTC Survey to define attitudes and influences that have been shown to be detrimental to youth resiliency to youth behavior problems.

Schizophrenia: A biologically-based brain disorder characterized by loss of connection to reality and associated with affective, behavioral, and intellectual disturbances.

Screening: Checking for a disease when there are no symptoms.

Sealant: A plastic coating applied to the chewing surface of the teeth, primarily to protect the surface molars from collecting food, bacteria or debris that would promote dental decay development.

Secondary data: Data that are collected by others or already exists that is used by a researcher.

Secondary prevention: Screenings and tests to identify the pathogenic states of people in order to prevent disease progression.

Serious mental illness: A diagnosable mental, behavioral, or emotional disorder that meets criteria of the Diagnosis and Statistical Manual of Mental Disorders (DSM-IV – American Psychiatric Association, 1994) and results in functional impairment substantially interfering with or limiting one or more major life activities, including schizophrenia and psychotic disorder, major depression, and bipolar disorder.

Sexually transmitted diseases (STDs): Diseases that are transmitted through sexual contact; Chlamydia, syphilis, and gonorrhea for example.

Stakeholder: A person or organization that has a reason to be interested in the results of planning.

Superfund sites: Environmental contamination sites that qualify for federal cleanup money.

Swimming advisories: Recommendations for specific bodies of water that are not safe to swim or recreate in due to contaminants or pollution, usually coliform contamination or in some incidences, chemical contamination of water or sediments.

Target population: The groups of persons (usually those at high risk) who program intervention are designed to reach.

Total Crime Index: FBI data base, combination of the arrests for violent crime and for property crime.

Trend: The value of a measured indicator over time.

Underlying cause of death: The disease or injury that initiated the sequence of events leading to death. An example of an underlying cause of death due to lung cancer is smoking tobacco.

Underweight Children: Children who are below the 5th percentile of the gender-specific Body Mass Index BMI for-age growth charts.

Unintended pregnancy: A general term that includes pregnancies that a woman states were mistimed or unwanted at the time of conception (not at the time of birth), irrespective of contraception use.

Unintentional injury: A type of injury that occurs without purposeful intent.

Vaccines: Biological substances that interact with the immune system and usually produce an immune response that is identical to that produced by the natural infection (not subjecting a person to full-blown disease or complications).

Validity: The ability of an indicator or a variable to measure what one intended to measure. The example of a valid indicator is cigarette sales as a measure of tobacco consumption. When people buy cigarettes they are likely to use them. An indicator that is not valid would be reporting tobacco usage when interviewing young teens while their parents were present.

Vector: Living, nonhuman hosts to a disease-causing pathogen including insects, like a fly or mosquito, or a small animal like a mouse or rat that transport, carry or serve the process of the disease.

Work-related injury: Any injury incurred by a worker while on or off employer premises but engaged in work-related activities.

Youth Risk Behavioral Survey (YRBS): a national survey conducted by phone interview that asks about behaviors and behavioral determinants.

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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.

This public document is one volume of a set of 64 (one for each parish). Thirty-nine copies of this volume were printed at a total cost of $141.18. Thirty-nine copies of the entire 64 volume set (2,496 total copies) were published at a total cost of $9,035.52 ($3.62 per copy). This document was printed for the Department of Health and Hospitals, Office of Public Health by Key Office Equipment Inc., 2875 Millerville Road, Baton Rouge, LA 70816, in accordance with standards for printing by state agencies pursuant to R.S. 43:31.

Parish Health Profile Evaluation **Today's date: ____/____/_____**

Your input is important. Please complete both sides of this evaluation and return to:
DHH/OPH P.O. Box 3214, Bin #4, Baton Rouge, LA 70821
For questions call 225-342-8093 or email polweb@dhh.la.gov

1. Demographics:

Parish you live in: _____

For which parish(es) do you have Profiles ?

_____

_____

_____ ☐ all 64 parishes

Are you using the profiles for work? ☐Yes ☐No

Job Title: _____

Parish(es) you work in: _____

_____

What do you do? _____

_____

2. Which format of the Parish Health Profile did you use? (check all that apply)

☐ Published Book ☐ Printed Copy ☐ Compact Disk ☐ Website

3. How did you get your Profile(s)?

☐ I requested it.
☐ It was given to me as part of a group or committee in which I participate.
☐ It was sent or given to me unsolicited.
☐ I searched and found it myself.
☐ I don't remember.

4. From whom did you get your copy ?

☐ DHH/Office of Public Health – State Office
☐ DHH/Office of Public Health – Regional Office
☐ Other Agency _____
☐ Community Based or Not-for-Profit Organization
☐ Public Access (library, school, internet)
☐ Other _____

5. How are you going to use the Profiles? (Rank using 1 as the most important, 2 second most important, etc.)

_____ Write grants
_____ Get ideas for community/parish planning
_____ Set local/parish priorities
_____ Educate or inform others about the parish
_____ Regional Planning
_____ State Planning
_____ Class Project
_____ Other _____

_____

6. Using the data and information from the Profiles, what actions do you intend to take?

☐ In the next 3 months:

_____

☐ In the next 6 months:

_____

☐ In the next year:

_____

☐ No actions planned.
☐ I'm going to do something, but I don't know what or when.

7. Which chapters were MOST useful to you?

1. _____
2. _____
3. _____

8. Which chapters were the LEAST useful?

1. _____
2. _____
3. _____

9. Considering the Parish Health Profile overall, please rate the following characteristics by circling the number that reflects your level of agreement with each of following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
Topics/subject areas were easy to find	1	2	3	4	5
Data was clear and easy to understand	1	2	3	4	5
Data was useful	1	2	3	4	5
Information was clear and easy to understand	1	2	3	4	5
Information was useful	1	2	3	4	5
Sources & references provided were useful	1	2	3	4	5
Resources listed were useful	1	2	3	4	5

Office of Public Health
Policy, Planning and Evaluation
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Baton Rouge, LA 70821

Tape Here

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Baton Rouge, LA 70821

fold here

10. How much did the PHP contribute to your understanding of the Parish? (circle the number)

1	2	3	4	5
Added greatly to my understanding	Added a little to my understanding	Confirmed my understanding	Confused me	No opinion

11. What additional topic would you MOST like to see added to the next Parish Health Profile?

_____

12. We are always in the process of redesigning the Parish Health Profiles to make them as effective as possible. Please list any changes you would like to see made in the next edition.

fold here

13. We would like to call a random selection of the people who answered this questionnaire to ask a few more questions about the Parish Health Profiles. May we call you to ask your opinion of the profiles and how you used them? ☐ Yes ☐ No, **If yes, please provide us with a way to contact you:**

Name: _____

Address: _____

_____

_____

Telephone: _____ Best time to call: _____

Email: _____