



Behavioral Risk Factor Surveillance System
Louisiana Report
2012

LSU
Public Policy Research Lab

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Introduction

The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely and accurate data on health-related behaviors.

BRFSS was established in 1984 by the U.S. Centers for Disease Control and Prevention (CDC); currently data is collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. More than 350,000 adults are interviewed each year, making the BRFSS the largest telephone health survey in the world. States use BRFSS data to identify emerging health problems, establish and track health objectives, develop and evaluate public health policies and programs. Many states also use BRFSS data to support health-related legislative efforts.

METHODOLOGY

In this report, we present the findings from the 2012 BRFSS survey for the state of Louisiana. The findings are based on 9,068 telephone interviews including both landline and cell phones samples. As has been widely noted, the cell phone only population has grown remarkably over the last several years. In 2012, the best available estimates placed the cell only population at over 30% and rapidly growing. Importantly, the cell-only population is also comprised of many hard to reach demographic groups – younger residents, minority residents, and those living in households with unrelated adults. Incorporating cell phones into the BRFSS methodology assures that the cell only population is part of the sampling frame and minimizes the potential for coverage bias.

Also of note is a change to the BRFSS data weighting procedures which began with 2011 survey. Weighting is a statistical tool that adjusts the sample to reflect probabilities of selection and participation as well as to ensure the demographic makeup of the sample reflects known distributions among the population. Before 2011, CDC incorporated post-stratification weighting methods but beginning in 2011 and continuing in 2012 the BRFSS uses an iterative “raking” procedure. This shift in data weighting procedures should help to reduce nonresponse error as well as the error in individual estimates. Because of this shift in weighting, data from 2011 and later BRFSS surveys are not directly comparable to data from earlier surveys. In fact, the CDC recommends that the 2011 estimates should constitute the beginning of a new trend line. Therefore, in this report 2012 data are not compared to any years prior to 2011.

The content of the 2012 BRFSS questionnaire was the result of extensive collaborations between experts from federal, state and independent organizations. It consists of four major components: core questions, rotating core questions, optional questions and state-added questions. Core, rotating core and optional questions are standardized and are comparable across states. These questions can also be merged to provide national estimates. Core questions form the basis of the BRFSS and are generally used by each state. The rotating core questions are also asked in each state but are only

used on a biennial basis. The optional module section consists of groups of questions supported by the CDC that each state may include in the questionnaire. State-added questions are optional and added based on priority data needs.

All of the content is developed with the goal of providing federal and state officials with viable estimates of prevalence rates for chronic diseases and associated risk factors. Because the BRFSS encompasses many different topics and questions, the validity may vary for some sections or modules within the survey. In reporting the findings, some categories may be excluded from the analysis if the sample size is relatively small and estimates cannot be computed with a reasonable degree of confidence.

Executive Summary

When it comes to the majority of public health studies, Louisiana is overwhelmingly categorized as an at-risk state defined by persistent poverty, an under-educated population, and poor health outcomes. Yet, health outcomes are rarely uniform across populations, even within states, or static over time. Indeed, the value of the Behavioral Risk Factor Surveillance System (BRFSS) survey is its ability to compare health-related outcomes and behaviors across groups within the population, to place them in the context of other U.S. states and territories, and track them over time. The BRFSS provides a systematic analysis of common risk factors leading to a host of problematic health outcomes. By isolating predictive risk factors, public health officials can target preventative strategies to demographic groups. In addition, by identifying current health trends, we are better able to identify areas in which the general health of Louisiana residents is improving and monitor problematic developments.

While the 2012 BRFSS demonstrates that Louisiana residents in general continue to struggle with a variety of negative health issues and engage in high health risks, it also highlights those areas of public health where the state compares favorably to the rest of the nation. The 2012 study also clearly demonstrates that there are significant health disparities related to educational attainment and household income predictors. Across a range of indicators, lower income and less educated adult residents of Louisiana tend to suffer from poorer physical and mental health. This summary highlights the major health challenges facing Louisiana and identifies populations most at-risk for poor health outcomes.

- Louisiana residents are less likely to have health insurance and more likely to have difficulty affording medical care than Americans as a whole. However, they are just as likely to have access to a primary care provider.
- Overall, Louisiana residents are less healthy in general than Americans as a whole.
- A variety of chronic health conditions, diseases, and their consequences are more frequent in Louisiana than in the U.S. as whole. These include:
 - Diabetes
 - Stroke
 - Obesity
 - Arthritis
 - Vision impairment
 - Respiratory conditions such as chronic obstructive pulmonary disease, emphysema, and chronic bronchitis

- Yet, other chronic conditions or diseases are no more likely (and in some cases less likely) to occur among Louisiana’s adult population than among the national population. These include:
 - Coronary heart disease
 - Heart attacks
 - Depression
 - Cancer
 - Kidney disease
 - Asthma

- Louisiana’s adult population compares favorably to the nation on alcohol consumption and vaccination against flu and pneumonia, yet compares poorly on exercise and tobacco use.

- Many of Louisiana’s starkest public health challenges – such as access to care, overall quality of health, diabetes, cardiovascular conditions, obesity, disability, lack of exercise, and tobacco use – are most severe among the socio-economic disadvantaged.

Table 1. Demographic Characteristics of 2012 BRFSS Respondents

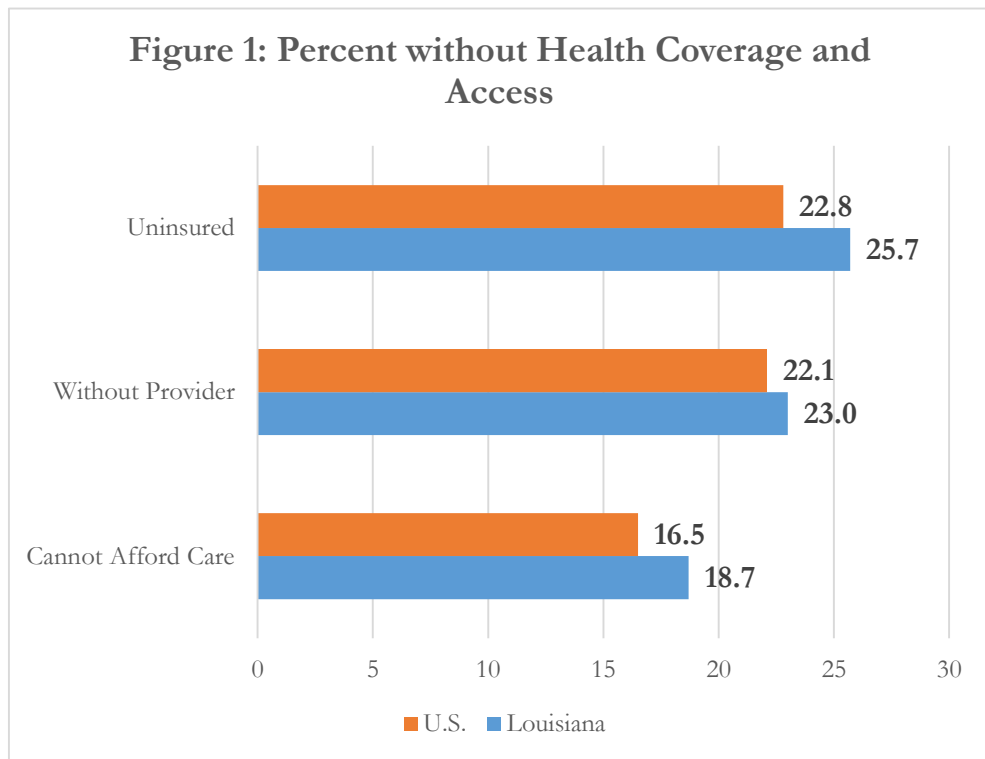
Demographic Characteristics	Population Estimate	%	95% CI
AGE (IN YEARS)			
18-24	477530	13.7	12.3-15.3
25-34	638635	18.4	16.9-20.0
35-44	561565	16.2	14.9-17.5
45-54	627371	18.1	16.9-19.3
55-64	559069	16.1	15.1-17.1
65 and over	610676	17.6	16.7-18.5
GENDER			
Male	1686747	48.3	46.6-50.0
Female	1806336	51.7	50.0-53.4
RACE-ETHNICITY^A			
White	2141627	61.7	60.0-63.4
Black	1087457	31.3	29.7-33.0
Hispanic	122553	3.5	2.8-4.4
Other	83207	2.4	1.9-3.0
Multiracial	33993	1	0.7-1.4
EDUCATION			
Did not graduate high school	655276	18.8	17.3-20.4
Graduated from high school	1191337	34.2	32.6-35.8
Attended college	972586	27.9	26.4-29.5
Graduated college	665818	19.1	18.1-20.2
ANNUAL HOUSEHOLD INCOME			
<15,000	495919	16.7	15.4-18.2
15,000-24,999	619387	20.9	19.4-22.4
25,000-34,999	338502	11.4	10.3-12.6
35,000-49,999	369953	12.5	11.3-13.7
50,000 +	1142297	38.5	36.8-40.3

Health Care Access and Coverage

Routine preventive care plays an essential role in good health. People are more likely to have routine checkups if they have health insurance and access to a primary care doctor. Health insurance coverage also increases the odds that individuals will not delay treatment or prescriptions because of affordability when they are faced with illness, injury, or other poor health conditions. Approximately one in four (25.7%) Louisiana residents under the age of 65 do not have health insurance. A similar share of Louisiana residents (23.0%) have no primary care physician. Overall, 18.7% of Louisiana residents report a time in the previous 12 months when the costs of medical care prevented them from seeking care.

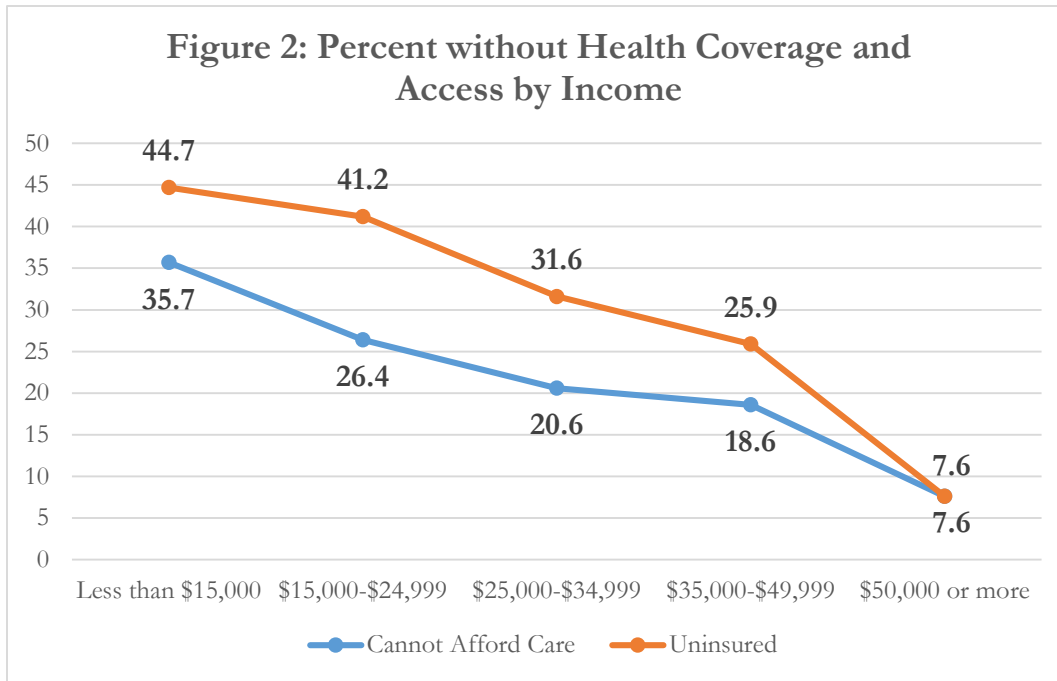
HEALTH CARE COVERAGE: THE UNINSURED POPULATION

Individuals with health insurance are more likely to seek out both preventive care and treatment for poor health because their insurance plans help defray the cost of medical care. Medicare provides nearly universal coverage to the nation's elderly population, so a state's rate of coverage among the non-elderly is a key metric for evaluating



access to care. Among Louisiana's non-elderly population 25.7% do not have health insurance, or about 731,827 residents of the state. The share of uninsured non-elderly adults is slightly higher than the national average of 22.2% (see figure 1).

Socio-economic status, as measured by educational attainment and household income, and race are strong predictors of health insurance coverage in 2012. Health insurance is less common among those with less schooling and lower household incomes. Fewer than one in ten college graduates (8.6%) lack health insurance, while those without a high school diploma are four and a half times more likely to be uninsured (39.8%). A similar pattern holds for household earnings (see Figure 2). Those with household incomes below \$50,000 (a threshold about \$10,000 greater than the state's median household income in 2012) are much less likely to have health insurance than those with



higher earnings. Even among these lower-income households, there is a large jump in the ranks of the uninsured among those with household incomes below \$25,000. Perhaps reflecting the uneven

distribution of educational and income across racial and ethnic groups, African Americans and Hispanics are more likely to be without insurance (34.9% and 31.3% respectively) than whites (19.6%).

Age is another important demographic for health insurance coverage. The risk of ill health tends to increase with age. Therefore, it is important for the young, who are relatively more healthy, to have health insurance in order to pool the financial risk of paying for the health care of older, relatively less healthy people. However, because younger adults often have lower earnings and because they see fewer health risks of their own, they often forgo health insurance. Louisiana is no exception. Nearly one in three Louisiana residents between the ages of 18 and 34 do not have health insurance. Above the age of 35, this rate drops to about one in five.

HEALTH CARE ACCESS: PRIMARY CARE PROVIDERS

Primary care providers are physicians, physician assistants, or nurse practitioners who serve as coordinators of patient health and as trustees of patient wellness. They are a crucial component of maintaining individual health because they focus on preventive care rather than illness management. Research suggests that individuals who regularly visit a primary care provider have better health outcomes and are better able to manage their health care.

In 2012, 23.0% of Louisiana residents indicated they did not have a primary care provider, which translates to 802,753 residents without access to routine care. However, there is little if any difference between Louisiana and the rest of the United States. Across the nation 22.1% indicated they had no primary care provider.

Socio-economic status, race, ethnicity, and age strongly predict access to a primary care provider. More than one in four adults with household incomes below \$25,000 do not have a primary care provider, as compared to 17.5% of those with household incomes of \$50,000 or more. Similarly,

those without a high school diploma are twice as likely to lack a primary care provider as are college graduates. One in five whites have no primary care provider, while among African Americans and Hispanics the rate jumps to 27.9% and 41.0% respectively.

There is also a difference across genders. Men are nearly twice as likely as women to go without a primary care provider. Among women 16.8% have no provider, and among men 29.7% have no provider.

HEALTH CARE ACCESS: PROHIBITIVE COSTS

About nineteen percent of Louisiana adults reported there was a time in the past 12 months when they could not see a doctor when they needed to due to cost. This represents 650,864 adult Louisiana residents. Neglecting health care due to cost is slightly more frequent in Louisiana than in the United States as whole (see figure 1). Nationally, 16.5% reported having forgone medical care because of their inability to pay.

Again, socio-economic status, race, and gender appear to play important roles in capacity to afford health care. Approximately thirty-six percent of individuals with household income less than \$15,000 reported being unable to see a doctor because of costs compared to 7.6% of individuals with household incomes of \$50,000 or more. Blacks are nearly twice as likely to forgo care due to costs as are whites, 26.0% versus 14.7%. Interestingly, given their relatively greater access to primary care providers, women are more likely to report they are unable to see a doctor because of costs than men. Though the difference across genders is smaller than for access to a primary care provider, it runs in the opposite direction – 15.3% for men and 21.8% for women.

Table 2. Health Care Access & Coverage

Demographic characteristics	Uninsured (Among Non- Elderly)*			No Primary Care Provider**			Unable to See Doctor Due to Cost***		
	Est. Pop.	%	95% CI	Est. Pop.	%	95% CI	Est. Pop.	%	95% CI
Total	731827	25.7	23.9-27.5	802753	23	21.5-24.7	650864	18.7	17.4-20.1
AGE									
18-24	141070	30	24.6-35.9	167491	35.2	29.5-41.3	89318	18.8	14.4-24.1
25-34	193718	30.5	26.0-35.4	243152	38.1	33.3-43.2	143599	22.5	18.7-26.9
35-44	120793	21.5	18.2-25.3	132388	23.6	19.9-27.6	121473	21.7	18.4-25.3
45-54	163155	26	22.8-29.5	136588	21.8	18.8-25.2	147508	23.6	20.6-26.8
55-64	113090	20.2	17.8-23.0	82639	14.8	12.5-17.4	103550	18.5	16.2-21.1
65 and over	-	-	-	37399	6.1	4.9-7.7	41257	6.8	5.5-8.3
GENDER									
Male	372521	26.4	23.6-29.4	498821	29.7	27.1-32.4	257821	15.3	13.4-17.5
Female	359306	25	22.9-27.2	303932	16.8	15.2-18.6	393043	21.8	20.1-23.7
RACE-ETHNICITY									
White	329993	19.6	17.6-21.8	407111	19	17.3-20.9	313677	14.7	13.2-16.3
African-American	330493	34.9	31.5-38.5	303407	27.9	24.9-31.1	281823	26	23.2-28.9
Hispanic	34192	31.3	20.9-44.0	50194	41	29.7-53.2	24715	20.3	12.5-31.4
Other	20060	28.7	17.8-42.8	27566	33.7	22.9-46.6	20543	24.8	15.9-36.6
Multiracial	13628	45.5	27.0-65.2	10285	30.4	15.5-50.9	4943	14.5	6.7-28.6
EDUCATION									
Did not graduate HS	192290	39.8	34.1-45.7	194609	29.7	25.3-34.6	182546	28	24.0-32.3
Graduated from HS	308324	31.2	28.1-34.4	308312	25.9	23.2-28.8	236650	19.9	17.7-22.3
Attended college	181351	22.4	19.4-25.7	197395	20.4	17.6-23.5	171413	17.7	15.3-20.4
Graduated college	48782	8.6	6.9-10.7	99717	15	12.9-17.4	58936	8.9	7.4-10.6
HOUSEHOLD INCOME									
<15,000	179392	44.7	39.3-50.3	140449	28.3	24.1-33.0	175875	35.7	31.5-40.2
15,000-24,999	198183	41.2	36.4-46.3	176283	28.5	24.6-32.8	163244	26.4	22.8-30.2
25,000-34,999	80589	31.6	25.7-38.2	86365	25.5	20.7-31.0	69490	20.6	16.6-25.2
35,000-49,999	78603	25.9	20.7-31.9	84230	22.8	18.2-28.1	68805	18.6	14.7-23.2
50,000 +	78787	7.6	5.9-9.7	199071	17.5	15.0-20.2	86882	7.6	6.1-9.4
* Adults age 18-64 reporting no health coverage, including insurance, pre-paid plans such as HMOs, government plans, or Medicare.									
** Adults reporting not having anyone whom they consider their personal doctor or health care provider.									
*** Adults reporting a time in the previous 12 months when they could not see a doctor when they needed to because of cost.									

General Health Status

Each year, BRFSS participants rate their own general health as excellent, very good, good, fair, or poor. While a subjective measure of personal health, self-reported health status provides useful insight into how residents feel about their own wellness. Such indicators also serve as important predictors of health-related outcomes and constitute a key component of health surveillance.

When asked to evaluate their own health, 22.5% of Louisiana residents rated their general health status as fair or poor while 77.5% rated their health as good or better. These estimates amount to approximately 784,769 and 2,703,094 adult residents respectively. Overall, Louisiana residents report poorer health than the national average. Across the United States, 18.1% of respondents report fair or poor health while the remaining 81.9% rate their health as good, very good, or excellent.

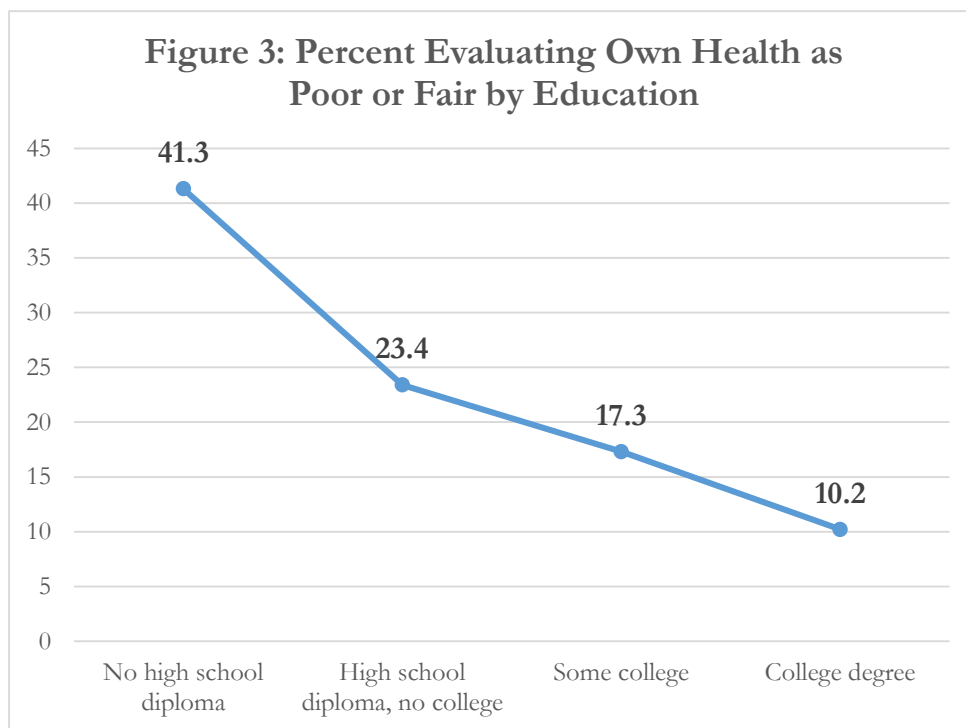
Education and income are closely related to people's perceptions of their own general health. Over 40% of those who did not graduate high school rate their health as fair or poor (see figure 3). This frequency falls by about half to 23.4% among high school graduates without any college, and falls by about half again to 10.2% among college graduates. Given the close association between educational attainment and earnings, it is no surprise that the same pattern is reflected across household income.

Fewer than one in ten individuals (9.2%) in the highest earning households report fair or poor health, but more than two in five (43.9%) in the lowest earning households do.

Because younger adults tend to experience fewer health problems than older adults, it is no surprise to see large differences across age in evaluations of

health. Indeed, the gap between the youngest and oldest adults is comparable to the gap between the most and least educated. Only about one in ten adults younger than 35 report fair or poor health. At the other end, 33.8% of those age 55-64 and 36.0% of those age 65 or older rate their own health as poorly.

Race and gender also correspond to differences in self-evaluations of general health. Whites report better health than African Americans. About four in five (79.1%) of whites rate their health as good



or better, a rate about five and a half percentage points higher than among African Americans. A similarly sized gap of about four percentage points exists between men and women, with women reporting poorer health.

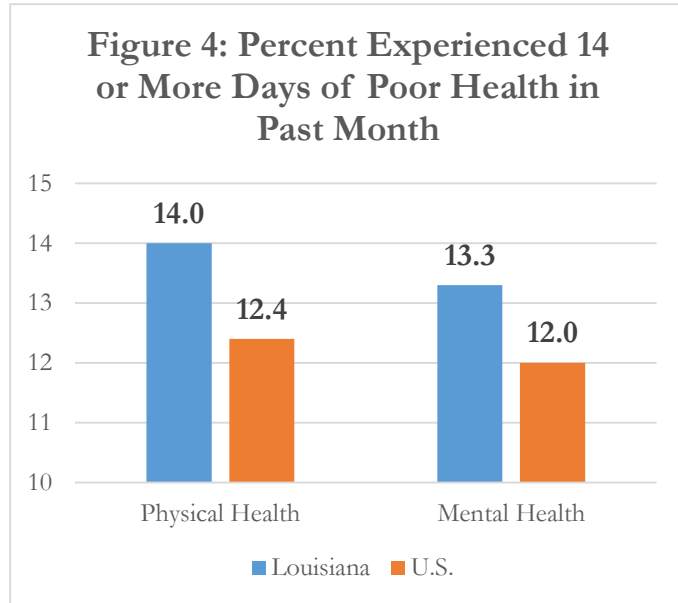
Table 3. General Health Status

Demographic characteristics	Adults in Fair/Poor Health*			Adults in Good or Better Health**		
	Est. Pop.	%	95% CI	Est. Pop.	%	95% CI
Total	784769	22.5	21.2-23.8	2703094	77.5	76.2-78.8
AGE						
18-24	46895	9.8	6.7-14.1	430635	90.2	85.9-93.3
25-34	75286	11.8	8.9-15.5	563349	88.2	84.5-91.1
35-44	91198	16.3	13.4-19.7	468646	83.7	80.3-86.6
45-54	157543	25.2	22.2-28.5	467927	74.8	71.5-77.8
55-64	188611	33.8	30.8-36.9	369961	66.2	63.1-69.2
65 and over	219613	36	33.5-38.6	389983	64	61.4-66.5
GENDER						
Male	345851	20.5	18.5-22.7	1339092	79.5	77.3-81.5
Female	438843	24.3	22.7-26.0	1364002	75.7	74.0-77.3
RACE-ETHNICITY						
White	447258	20.9	19.4-22.5	1690360	79.1	77.5-80.6
African-American	288101	26.5	23.9-29.3	798070	73.5	70.7-76.1
Hispanic	19804	16.2	10.0-25.0	102748	83.8	75.0-90.0
Other	15072	18.1	11.7-26.9	68135	81.9	73.1-88.3
Multiracial	8277	24.3	13.2-40.6	25716	75.7	59.4-86.8
EDUCATION						
Did not graduate HS	269739	41.3	37.0-45.8	383274	58.7	54.2-63.0
Graduated from HS	277915	23.4	21.2-25.6	911862	76.6	74.4-78.8
Attended college	167887	17.3	15.2-19.6	803263	82.7	80.4-84.8
Graduated college	68149	10.2	8.7-11.9	597633	89.8	88.1-91.3
HOUSEHOLD INCOME						
<15,000	217096	43.9	39.4-48.4	277536	56.1	51.6-60.6
15,000-24,999	182965	29.6	26.2-33.2	435641	70.4	66.8-73.8
25,000-34,999	75499	22.4	18.6-26.6	261795	77.6	73.4-81.4
35,000-49,999	67181	18.2	14.9-22.0	302446	81.8	78.0-85.1
50,000 +	104627	9.2	7.6-10.9	1037001	90.8	89.1-92.4
* Adults reporting “fair” or “poor” general health.						
** Adults reporting “excellent”, “very good” or “good” general health.						

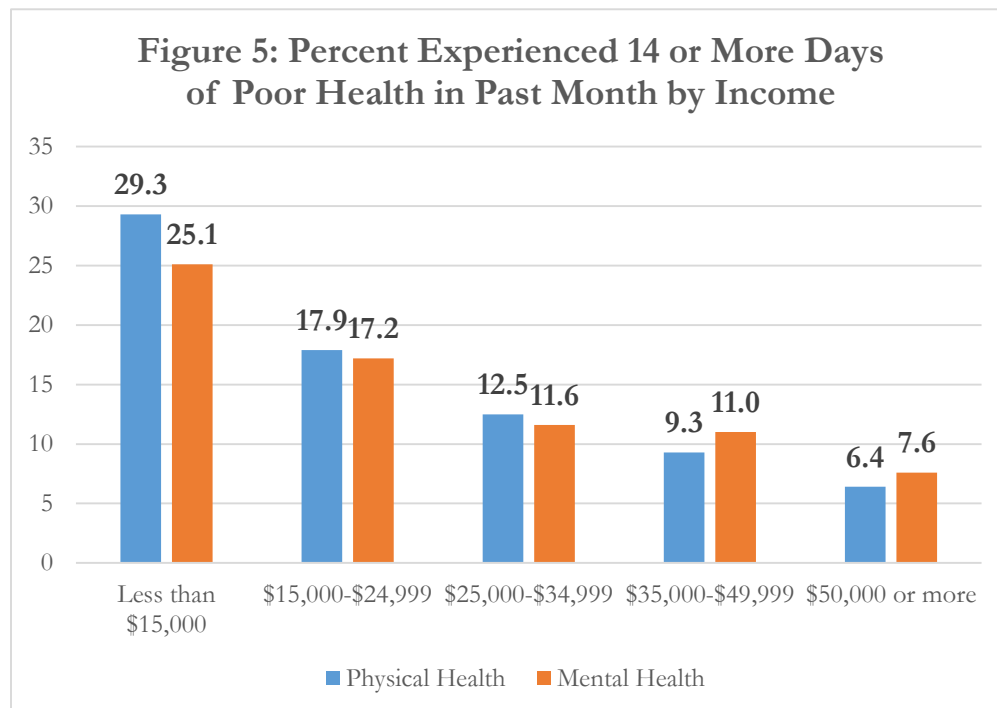
Frequency of Experiencing Poor Health

The BRFSS includes questions about the number of days over the previous month that respondents felt their physical and mental health was ‘not good’. The frequencies of these experiences are often used as measures of trends in overall public health and indicators of general health disparities across subgroups. Consistent with CDC guidelines, we consider the percent of respondents reporting their physical or mental health as ‘not good’ for 14 or more of the previous 30 days.

Figure 4 displays the share of respondents reporting 14 or more physical and mental unhealthy days for Louisiana and the United States.



Although the differences are relatively small (roughly about one and half percentage points in each case), Louisiana residents are more likely to report frequent experiences of poor physical and mental health than residents of the United States overall. These estimates indicate that about 479,308 Louisiana residents experience poor physical health at least 14 out of 30 days and about 458,928 experience poor mental health in that timeframe.



In both the cases of physical health and mental health educational attainment, income, and gender play important roles. Among Louisiana residents without a high school diploma, 23.3% report their physical health as ‘not good’ for 14 or more days in the previous month and 19.3% do so regarding their mental

health. At the other end of the spectrum of educational attainment, 7.7% of college graduates report a similar frequency of poor physical health and 8.0% report a similar frequency for mental health.

The same pattern of course holds when relying on household income rather than educational attainment as a measure of socio-economic status. Individuals in households with the lowest incomes are nearly five times more likely to report experiencing poor physical health during 14 of the previous 30 days than individuals with household income of \$50,000 or more, 29.3% versus 6.4% (see figure 5). The income gap for mental health is slightly smaller, 25.2% versus 7.6%.

Although smaller in magnitude than differences by socio-economic status, there is also a gender gap in frequency of unhealthy days. Women are more likely than men to report having 14 or more days out of the previous 30 days when their health was 'not good'. For physical health, 15.4% of women and 12.5% of men fall into this category. For mental health, 15.8% of women and 10.6% of men fall into this category.

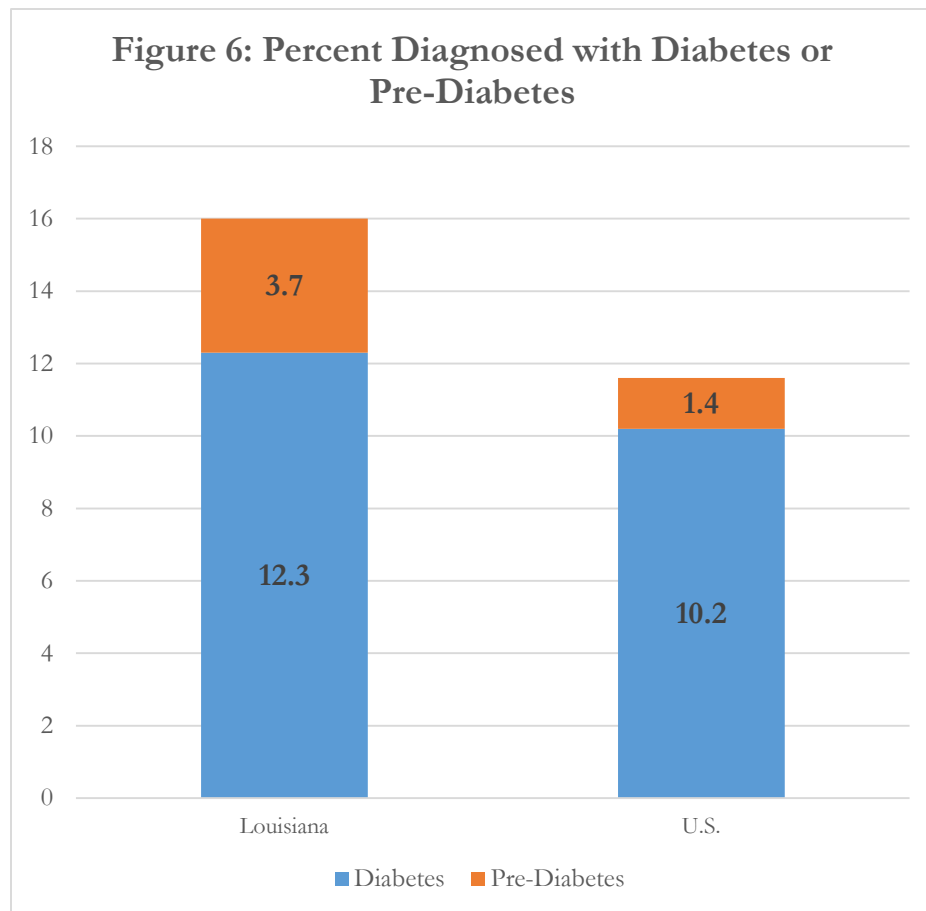
Age plays a role in frequency of days when physical health is 'not good'. Younger individuals are far less likely to experience frequent poor physical health. Only about one in 20 adults under the age of 35 report 14 or more days of poor physical health, whereas roughly one in five adults over the age 55 do.

Table 4. Experiences of Poor Health

Demographic characteristics	14+ Physically Unhealthy Days Last Month*			14+ Mentally Unhealthy Days Last Month**		
	Est. Pop.	%	95% CI	Est. Pop.	%	95% CI
Total	479308	14	12.9-15.1	458928	13.3	12.2-14.6
AGE						
18-24	23732	5.1	3.0-8.4	57611	12.2	8.8-16.8
25-34	35435	5.6	3.9-8.1	101767	16.1	12.7-20.2
35-44	63686	11.5	9.0-14.5	85945	15.4	12.5-18.8
45-54	113202	18.3	15.5-21.4	89104	14.4	12.0-17.2
55-64	122239	22.4	19.7-25.3	74431	13.5	11.4-15.8
65 and over	118810	20.1	18.1-22.3	49213	8.2	6.9-9.7
GENDER						
Male	206338	12.5	10.9-14.2	177259	10.6	9.0-12.5
Female	272970	15.4	14.1-16.8	281669	15.8	14.3-17.5
RACE-ETHNICITY						
White	298059	14.1	12.9-15.5	263142	12.5	11.1-14.0
African-American	149162	14.1	12.1-16.2	162771	15.1	12.9-17.7
Hispanic	14568	12.1	7.4-19.0	13306	11.1	6.2-19.1
Other	9274	11.2	6.5-18.7	14376	17.4	9.3-30.0
Multiracial	4459	13.2	6.2-25.7	2268	6.7	2.3-17.7
EDUCATION						
Did not graduate HS	145145	23.3	19.9-27.1	122307	19.3	15.7-23.4
Graduated from HS	173459	14.8	13.0-16.7	159516	13.5	11.7-15.6
Attended college	109319	11.3	9.7-13.3	122984	12.7	10.8-15.0
Graduated college	50536	7.7	6.4-9.2	53126	8	6.5-9.9
HOUSEHOLD INCOME						
<15,000	140932	29.3	25.4-33.6	123170	25.1	21.1-29.5
15,000-24,999	110100	17.9	15.4-20.8	105670	17.2	14.3-20.6
25,000-34,999	41641	12.5	9.5-16.2	38633	11.6	8.5-15.7
35,000-49,999	33620	9.3	7.2-11.9	40193	11	8.2-14.5
50,000 +	72847	6.4	5.3-7.8	86595	7.6	6.2-9.3
*Adults whose physical health is “not good” 14 or more days out of a 30 day period.						
**Adults whose mental health is “not good” 14 or more days out of a 30 day period.						

Diabetes and Pre-diabetes

Diabetes represents a significant and growing health risk. Marked by high levels of sugar in the blood, individuals with diabetes are at greater risk for cardiovascular disease, chronic renal failure, high blood pressure, and a range of health-related problems.



Louisiana residents exhibit higher rates of diabetes than Americans generally (see figure 6). In Louisiana, 12.3% of adults are diabetic – which translates to approximately 427,655 adult residents – while nationally 10.2% of adults are diabetic. Another 3.7% of Louisiana adult residents are pre-diabetic, meaning they are at high risk for developing type two diabetes. The share of pre-diabetic adults in Louisiana more than doubled since 2011, and now number about 127,632. Louisiana adults are now twice as likely to be pre-diabetic as other Americans.

Diabetes is most prevalent in residents aged 65 or older, about one in four of whom have been diagnosed as diabetic. In contrast, there are very few cases of diabetes among adults younger than 35. African-Americans are more likely to have diabetes than whites, with 14.8% of African-American respondents being diagnosed as compared to 11.2% of whites.

Education and income are also strong predictors of and diabetes. About one in five individuals (19.2%) who did not graduate from high school reported having diabetes, but fewer than one in ten (8.6%) of college graduates report having diabetes. Louisiana residents with the lowest household incomes are particularly likely to have diabetes, even when compared to other Americans with similar socio-economic status (see figure 7). In Louisiana 19.3% of those at the bottom of the income ladder have diabetes, a rate about four percentage points higher than among low-income households nationally. The gap between Louisiana and the nation shrinks with higher household

incomes. Indeed, among those in households with income of \$50,000 or more the rate of diabetes is essentially the same in the state as the nation at about 7.0%.

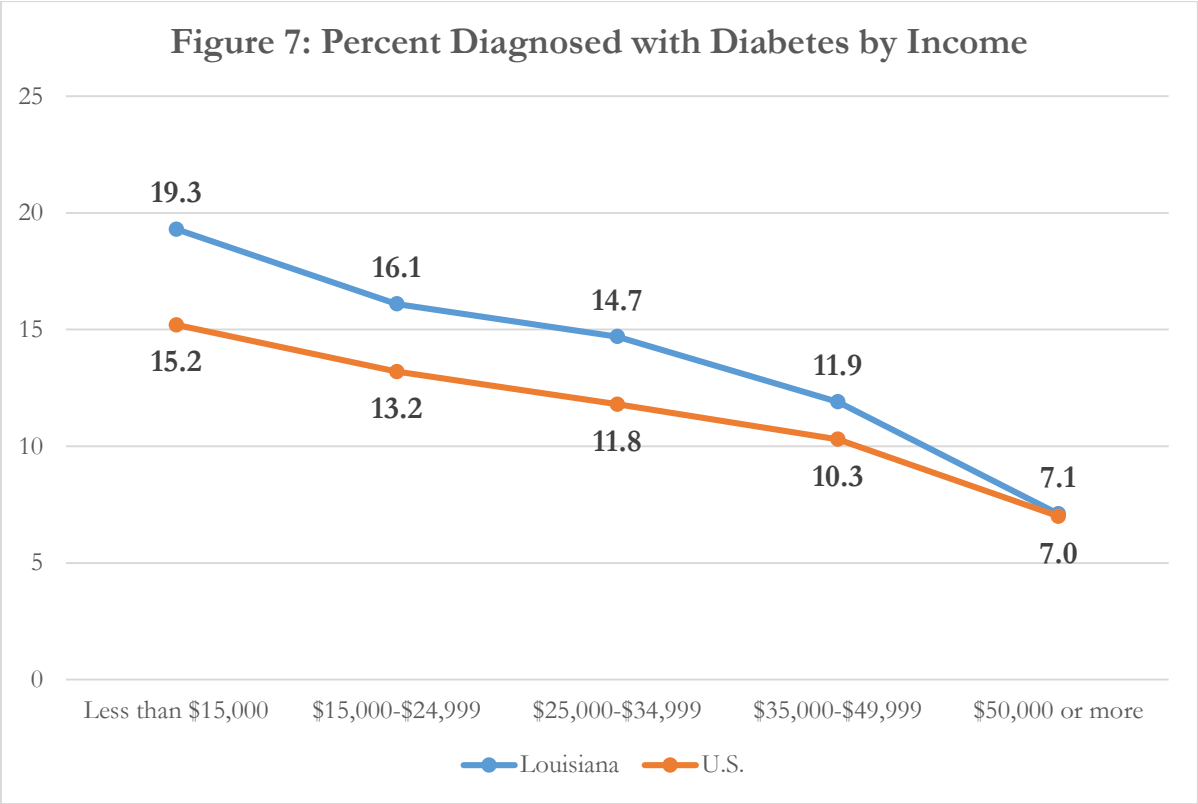


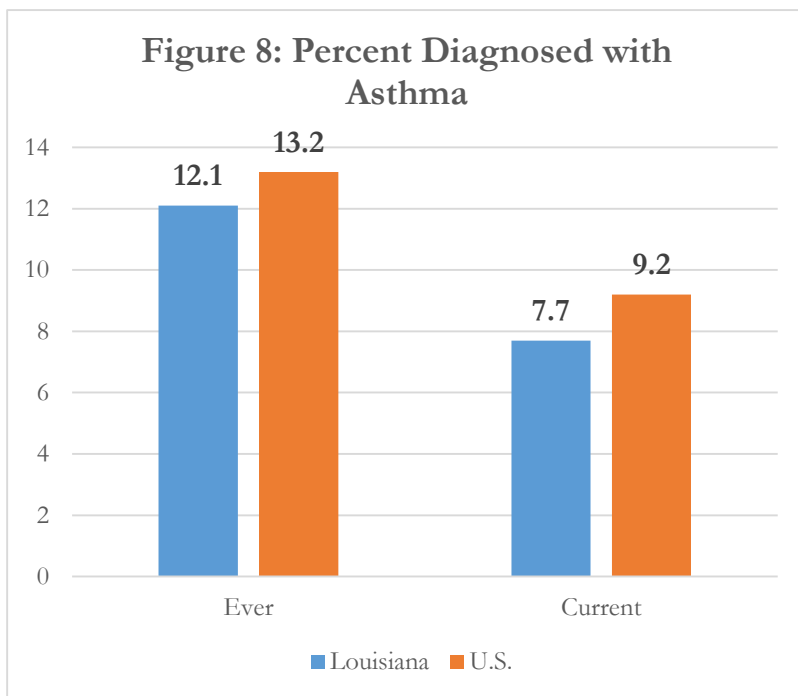
Table 5. Diabetes & Pre-diabetes

Demographic characteristics	Diagnosed with Diabetes*			Diagnosed with Pre-Diabetes but not Diabetes**		
	Est. Pop.	%	95% CI	Est. Pop.	%	95% CI
Total	427655	12.3	11.3-13.3	127632	3.7	3.0-4.4
AGE						
18-24	7677	1.6	0.7-3.6	27173	5.7	3.6-9.0
25-34	13578	2.1	1.1-3.9	26426	4.1	2.4-7.1
35-44	43838	7.9	5.9-10.5	17851	3.2	2.0-5.2
45-54	87761	14	11.5-16.9	22181	3.5	2.4-5.1
55-64	121286	21.7	19.1-24.5	18342	3.3	2.3-4.6
65 and over	150043	24.6	22.3-27.1	15611	2.6	1.9-3.4
GENDER						
Male	198031	11.8	10.3-13.4	59696	3.5	2.6-4.8
Female	229624	12.7	11.6-14.0	67936	3.8	3.0-4.7
RACE-ETHNICITY						
White	239021	11.2	10.1-12.4	68710	3.2	2.5-4.0
African-American	159960	14.8	13.0-16.8	52810	4.9	3.5-6.7
Hispanic	10478	8.6	4.8-15.0	1969	1.6	0.6-4.5
Other	7990	9.6	5.4-16.6	1026	1.2	0.2-6.3
Multiracial	4148	12.2	4.2-30.6	55	0.2	0.0-1.2
EDUCATION						
Did not graduate HS	125101	19.2	16.1-22.6	17856	2.7	1.6-4.7
Graduated from HS	142259	12	10.5-13.6	45333	3.8	2.8-5.1
Attended college	102304	10.5	9.1-12.2	43558	4.5	3.1-6.4
Graduated college	57334	8.6	7.3-10.2	20885	3.1	2.3-4.3
HOUSEHOLD INCOME						
<15,000	95455	19.3	16.1-22.8	16116	3.3	2.0-5.4
15,000-24,999	99431	16.1	13.5-19.0	30777	5	3.2-7.5
25,000-34,999	49411	14.7	11.7-18.3	14127	4.2	2.3-7.7
35,000-49,999	44082	11.9	9.4-15.1	17559	4.7	3.0-7.3
50,000 +	81483	7.1	6.0-8.5	40888	3.6	2.6-5.0
* Not including diagnosis of diabetes only during pregnancy						
** Adults reporting ever being told by a healthcare professional that they are pre-diabetic.						

Asthma

Asthma is defined as a chronic inflammation of the airways resulting in coughing, wheezing and tightening in the chest, along with shortness of breath. Asthmatic attacks can be triggered by allergies or illness and, in worse case scenarios, can be fatal. The incidence of asthma has been increasing throughout the world with higher rates in more developed, western nations.

The percentage of Louisiana adults currently diagnosed with asthma (7.7%) falls below the national share of current asthma diagnoses (9.2%). The percent of Louisianans who report ever being diagnosed with asthma (12.1%) is closer to the national average for this metric (13.2%). These percentages amount to an estimated 269,361 Louisiana adults who currently have asthma and 422,645 who have ever had asthma.



Asthma disproportionately affects individuals with less education and in lower income households. Among those without a high school diploma, 11.8% are currently diagnosed with asthma and 15.8% have been diagnosed with asthma at some point in their lives. Among those with college degrees, however, these shares are 5.7% and 10.2%. Similarly, among those in households with annual income less than \$15,000, 14.1% are currently diagnosed with asthma and 18.8% have been diagnosed with asthma at some point in their lives. Among Louisiana residents in households with annual income of \$50,000 or more, the shares are 4.1% and 8.2%.

Women are more likely to be currently diagnosed with asthma (9.4%) than men (5.9%). However, this does not translate into a statistically identifiable difference in rates of lifetime asthma diagnoses, which is 12.9% for women and 11.3% for men.

Table 6. Asthma

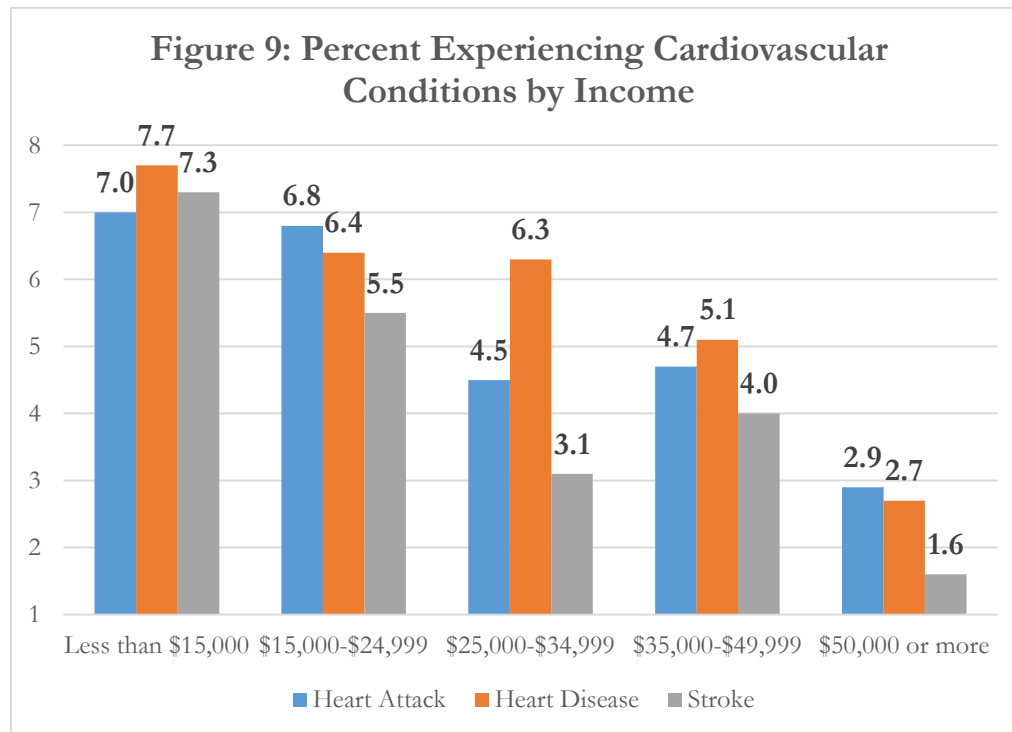
Demographic characteristics	Currently Has Asthma*			Asthma Ever in Life**		
	Est. Pop.	%	95% CI	Est. Pop.	%	95% CI
Total	269361	7.7	6.9-8.6	422645	12.1	11.0-13.3
AGE						
18-24	44746	9.4	6.6-13.2	76303	16	12.2-20.7
25-34	38539	6	4.0-9.0	76664	12	9.1-15.7
35-44	39557	7	5.1-9.6	63870	11.4	8.9-14.4
45-54	42234	6.7	5.2-8.7	64820	10.3	8.4-12.7
55-64	59769	10.7	8.8-12.9	80356	14.4	12.2-16.8
65 and over	40659	6.7	5.5-8.1	55331	9.1	7.7-10.7
GENDER						
Male	99733	5.9	4.7-7.4	190540	11.3	9.6-13.2
Female	169628	9.4	8.3-10.7	232105	12.9	11.5-14.3
RACE-ETHNICITY						
White	150196	7	6.1-8.1	238713	11.2	10.0-12.5
African-American	97058	8.9	7.3-10.9	150288	13.8	11.7-16.3
Hispanic	10144	8.3	3.8-17.0	12158	9.9	5.1-18.4
Other	8913	10.7	4.4-23.9	15691	18.9	10.4-31.7
Multiracial	1332	3.9	1.2-11.9	3967	11.9	4.3-29.0
EDUCATION						
Did not graduate HS	77633	11.8	9.2-15.1	103061	15.8	12.7-19.4
Graduated from HS	86414	7.3	6.0-8.8	134607	11.3	9.6-13.3
Attended college	66628	6.9	5.5-8.5	116277	12	10.0-14.3
Graduated college	38222	5.7	4.6-7.2	68177	10.2	8.6-12.2
HOUSEHOLD INCOME						
<15,000	70034	14.1	11.3-17.5	93344	18.8	15.5-22.8
15,000-24,999	58875	9.5	7.2-12.4	85756	13.9	11.1-17.3
25,000-34,999	28095	8.3	5.6-12.0	50047	14.8	11.1-19.5
35,000-49,999	24989	6.8	4.8-9.5	38835	10.5	7.9-13.8
50,000 +	47283	4.1	3.2-5.3	93551	8.2	6.8-9.8
* Adults reporting current diagnosis of asthma.						
** Adults reporting ever diagnosed with asthma.						

Cardiovascular Disease

Cardiovascular disease refers to strokes and diseases of the heart, such as coronary heart disease. Coronary heart disease (manifested by heart attacks) and strokes are the most common causes of death in the United States. Cardiovascular disease is also the leading cause of death in Louisiana, accounting for almost 40% of the total number of deaths in the state. Indeed, Louisiana has the fourth highest cardiovascular death rate in the nation. Additionally, the state has the ninth highest rate of adults reporting ever having a heart attack or myocardial infarction and the sixth highest rate of adults with coronary heart disease.

Overall, 4.8% of Louisiana adults report that they have had a heart attack or myocardial infarction, which amounts to about 167,873 individuals in the state. A similar share, 4.9%, report that they suffer from angina or coronary heart disease, representing about 170,482 individuals. Finally, 4.0% report that they have had a stroke, representing about 138,491 individuals in the state. Similar shares of adults across the nation report heart attacks (4.4%) and coronary heart disease (4.5%). Fewer Americans report having had strokes (2.9%) than adults in Louisiana.

As age increases, so does the risk of cardiovascular disease. Among Louisiana adults age 65 years or older, 13.1% report having had a heart attack, 14.6% report coronary heart disease, and 9% report having had a stroke. In contrast, these incidents are extremely rare among those under the age of 35.



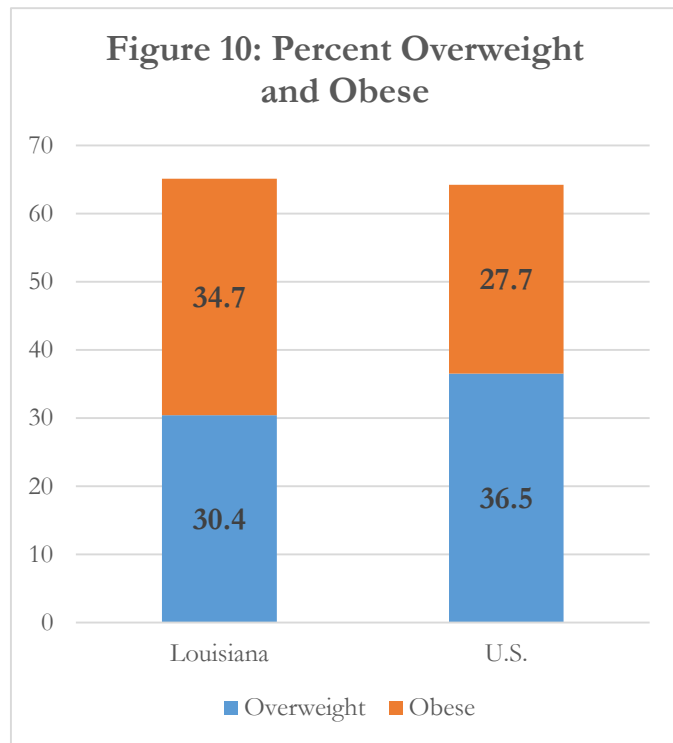
Income is also an important predictor of cardiovascular disease (see figure 9). In each case, those in the lowest earning households are more than twice as likely to experience a cardiovascular condition as those in households with incomes of \$50,000 or more.

Table 7. Cardiovascular Disease

Demographic characteristics	Ever Diagnosed as having a heart Attack			Ever Diagnosed with Coronary Heart Disease			Ever Diagnosed as Having a Stroke		
	Est. Pop.	%	95% CI	Est. Pop.	%	95% CI	Est. Pop.	%	95% CI
Total	167873	4.8	4.3-5.4	170482	4.9	4.4-5.5	138491	4	3.4-4.6
AGE									
18-24	377	0.1	0.0-0.2	354	0.1	0.0-0.3	202	0	0.0-0.2
25-34	2396	0.4	0.1-1.2	2137	0.3	0.1-1.5	2726	0.4	0.1-1.3
35-44	12840	2.3	1.3-3.9	13634	2.4	1.3-4.5	18281	3.3	1.8-5.8
45-54	24602	3.9	2.8-5.5	18963	3	2.2-4.2	20664	3.3	2.3-4.7
55-64	47594	8.6	6.9-10.6	47342	8.5	6.9-10.5	41724	7.5	5.7-9.7
65 and over	79805	13.1	11.4-15.0	87969	14.6	12.9-16.6	54670	9	7.6-10.6
GENDER									
Male	92139	5.5	4.6-6.5	87741	5.2	4.4-6.2	64911	3.9	3.1-4.8
Female	75734	4.2	3.6-4.9	82741	4.6	4.0-5.3	73580	4.1	3.4-4.9
RACE-ETHNICITY									
Caucasian	117916	5.5	4.8-6.3	113636	5.3	4.7-6.1	82951	3.9	3.2-4.7
African-American	39098	3.6	2.8-4.6	48165	4.5	3.5-5.7	47060	4.3	3.4-5.5
Hispanic	3371	2.8	1.3-5.8	2373	1.9	0.8-4.5	2822	2.3	1.0-5.1
Other	3644	4.4	2.4-7.8	3638	4.4	2.4-8.0	3488	4.2	2.1-8.2
Mixed	998	3	0.6-13.1	560	1.7	0.5-5.0	1852	5.4	1.1-22.8
EDUCATION									
Did not graduate HS	47010	7.3	5.7-9.2	43633	6.7	5.2-8.6	54110	8.3	6.3-10.8
Graduated from HS	67420	5.7	4.7-6.8	54211	4.6	3.8-5.6	42496	3.6	2.8-4.5
Attended college	34130	3.5	2.8-4.4	44713	4.6	3.7-5.7	29107	3	2.3-3.9
Graduated college	19276	2.9	2.3-3.7	27888	4.2	3.2-5.4	12778	1.9	1.4-2.5
HOUSEHOLD INCOME									
<15,000	34161	7	5.4-8.9	38079	7.7	6.0-9.9	36110	7.3	5.5-9.5
15,000-24,999	42097	6.8	5.4-8.6	39123	6.4	5.1-8.0	34084	5.5	4.1-7.4
25,000-34,999	15392	4.5	3.2-6.5	21306	6.3	4.5-8.8	10368	3.1	2.0-4.7
35,000-49,999	17259	4.7	3.2-6.8	18656	5.1	3.6-7.1	14803	4	2.6-6.1
50,000 +	32753	2.9	2.2-3.7	31023	2.7	2.1-3.5	17976	1.6	1.1-2.3

Overweight and Obesity

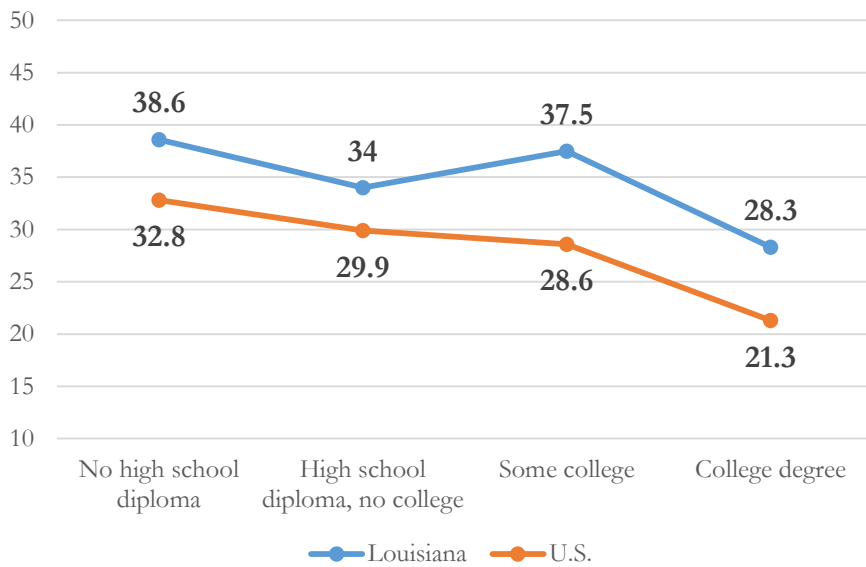
Overweight and obesity are both labels for ranges of weight that are greater than what is generally considered healthy for a given height. The terms also identify ranges of weight that have been shown to increase the likelihood of certain diseases and other health problems. For adults, overweight and obesity ranges are determined by using weight and height to calculate a number called the “body mass index” (BMI). An adult who has a BMI between 25 and 29.9 is considered overweight, while an adult who has a BMI of 30 or higher is considered obese. Obesity is associated with a range of health problems including coronary heart disease, Type 2 diabetes, cancer, stroke, sleep apnea, and infertility. Understanding the trends in adults who are overweight or obese is an important part of understanding other health issues including adverse health outcomes.



Although the combined share of overweight and obese individuals do not differ between Louisiana and the United States as a whole, the distributions across these categories differ markedly (see figure 10). On one hand, Louisiana adults are less likely than Americans generally to be overweight, that is to have a BMI greater than 25 but less than 30. On the other hand, Louisiana adults are far more likely to be obese, that is have a BMI of 30 or more. In Louisiana, 30.4% of adults are classified as overweight and 34.7% are classified as obese. These percentages represent an estimated 1,019,079 and 1,162,521 adults respectively.

Race, education, and income are important factors in predicting the likelihood a Louisiana resident is overweight or obese. Whites are more likely than African-Americans to be overweight but not obese (34.2% to 21.4%) and less likely to be obese (30.0% to 45.4%). Therefore, although there are similar combined rates of being overweight and being obese for whites and African Americans, the latter group is much more likely to be in the more health risky category of obesity.

Figure 11: Percent Obese by Education



There are few differences in rates of being overweight but not obese across levels of educational attainment, but there are significant differences in rates of obesity (see figure 11). College graduates are ten percentage points less likely to be obese than individuals who did not complete high school. A similar pattern holds across the lowest and highest levels of household income. Those in the lowest earning households are 12 percentage points more likely to be obese than those in households with earnings of \$50,000 or more.

Table 8. Overweight and Obesity

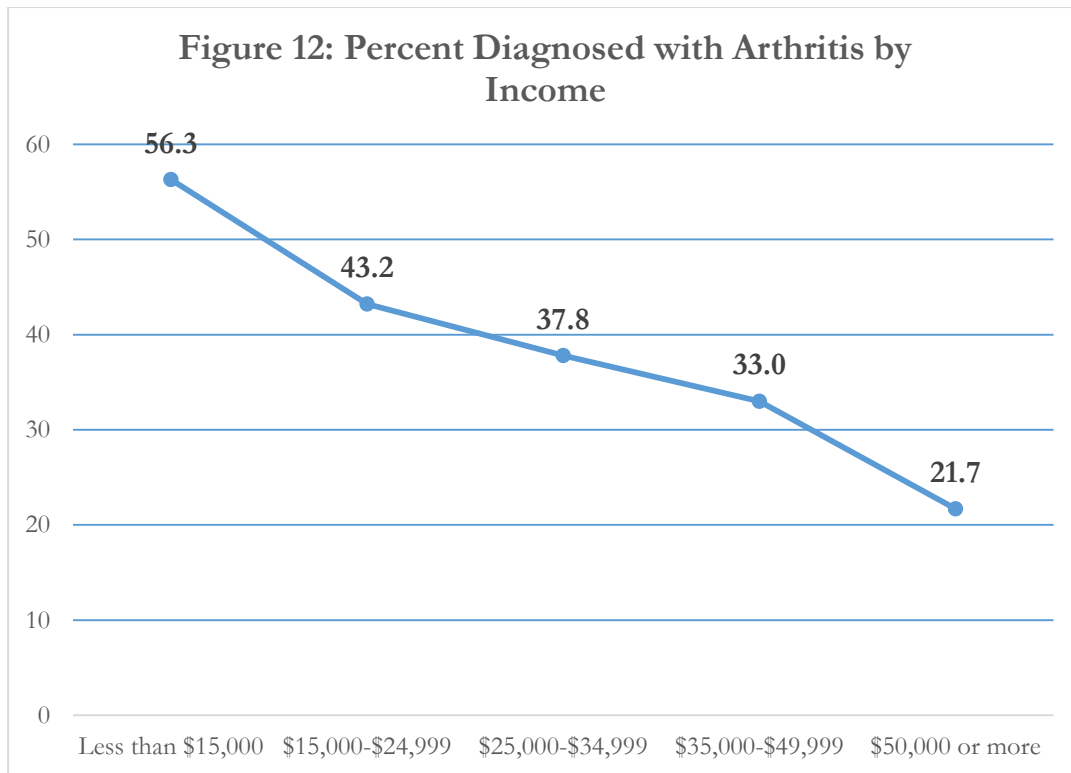
Demographic characteristics	Overweight but not Obese*			Obese**		
	Est. Pop.	%	95% CI	Est. Pop.	%	95% CI
Total	1019079	30.4	28.8-32.1	1162521	34.7	33.1-36.4
AGE						
18-24	226974	50.2	43.9-56.5	88512	19.6	15.2-24.9
25-34	198724	32.5	28.0-37.2	211572	34.6	29.9-39.6
35-44	135895	25.1	21.6-29.0	221927	41	36.7-45.3
45-54	151988	25.3	22.3-28.6	242198	40.4	36.8-44.1
55-64	122851	22.6	20.0-25.4	214965	39.6	36.5-42.7
65 and over	178623	30.4	28.0-32.8	178954	30.4	28.0-32.9
GENDER						
Male	451846	27.2	24.7-29.7	556603	33.5	30.9-36.1
Female	567232	33.7	31.6-35.7	605918	35.9	33.9-38.0
RACE-ETHNICITY						
White	705317	34.2	32.2-36.2	618997	30	28.1-31.9
African-American	220980	21.4	18.7-24.3	469287	45.4	42.1-48.8
Hispanic	33470	28.1	19.1-39.3	41838	35.1	24.9-46.9
Other	40563	51.3	39.6-62.8	15717	19.9	12.9-29.3
Multiracial	13490	40.2	23.6-59.4	10390	30.9	17.5-48.6
EDUCATION						
Did not graduate HS	177079	28.6	24.4-33.1	239343	38.6	34.1-43.3
Graduated from HS	329560	29	26.3-31.8	386576	34	31.3-36.8
Attended college	289700	30.7	27.6-34.0	353713	37.5	34.3-40.7
Graduated college	221947	34.4	31.7-37.3	182309	28.3	25.8-31.0
HOUSEHOLD INCOME						
<15,000	120743	25.4	21.6-29.7	211293	44.5	39.9-49.2
15,000-24,999	179738	30.5	26.6-34.7	225032	38.2	34.2-42.4
25,000-34,999	95489	29.3	24.6-34.4	104498	32	27.2-37.3
35,000-49,999	96831	27.1	22.7-32.0	132641	37.1	32.3-42.3
50,000 +	332752	29.6	27.0-32.3	364370	32.4	29.7-35.2
* BMI between 25 and 30.						
** BMI greater than 30.						

Arthritis

The term arthritis describes more than 100 rheumatic diseases and conditions that affect joints, the tissues which surround joints and other connective tissue. The pattern, severity, and location of symptoms can vary depending on the specific form of the disease. Typically, rheumatic conditions are characterized by pain and stiffness in and around one or more joints. The symptoms can develop gradually or suddenly. Certain rheumatic conditions can also involve the immune system and various internal organs of the body.

More than one-fourth (28.0%) of Louisiana adults have been diagnosed with arthritis. This percentage is slightly higher than the national average (25.6%). Estimating from the 2012 Behavioral Risk Factor Surveillance System, approximately 975,354 Louisiana adults have been diagnosed with some form of arthritis.

Arthritis is more frequent among older people and women. About half (48.2%) of Louisiana adults between the ages of 55 and 64 have been diagnosed with arthritis; more than half (56.1%) of those who are 65 years of age or older have the diagnosis. Women (32.4%) are nine percentage points more likely than men (23.2%) to be diagnosed with arthritis.



Like other health risk factors, arthritis disproportionately affects those with less education and those in lower earning households. College graduates (20.1%) are half as likely to be diagnosed with arthritis as those who did not complete high school (40.3%). Similarly, 18.7% of those in households with incomes of \$50,000 or more have been diagnosed with arthritis, while 40.2% of those in households with less than \$15,000 in annual income have this diagnosis (see figure 12).

Table 9. Arthritis

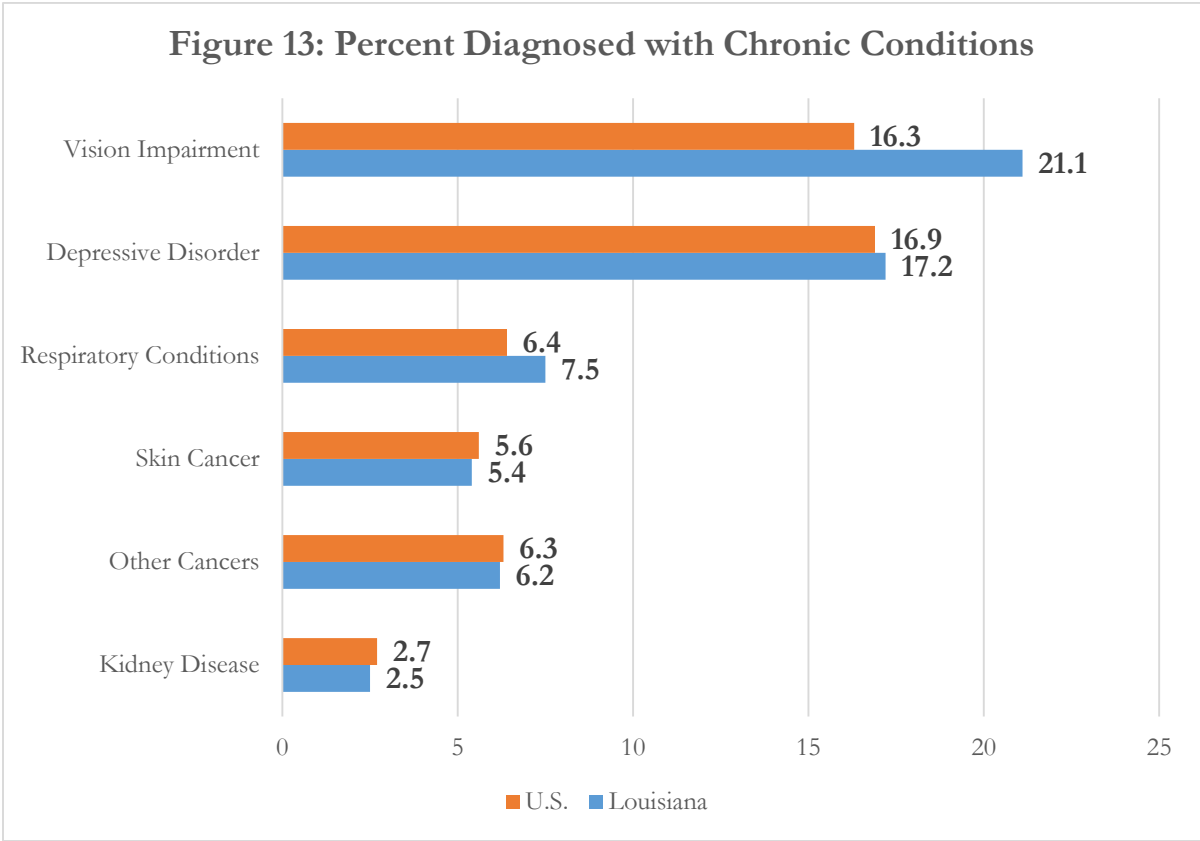
Demographic characteristics	Diagnosed with Arthritis*		
	Est. Pop.	%	95% CI
Total	975354	28	26.7-29.4
AGE			
18-24	20180	4.2	2.4-7.4
25-34	48897	7.7	5.5-10.6
35-44	94074	16.8	13.9-20.2
45-54	196038	31.3	28.0-34.9
55-64	269277	48.2	45.1-51.4
65 and over	341999	56.1	53.5-58.7
GENDER			
Male	390059	23.2	21.2-25.3
Female	585295	32.4	30.7-34.3
RACE-ETHNICITY			
White	634828	29.7	28.0-31.4
African-American	282880	26.1	23.6-28.7
Hispanic	22631	18.5	12.0-27.3
Other	16449	19.8	13.7-27.7
Multiracial	9798	28.8	16.2-46.0
EDUCATION			
Did not graduate HS	263381	40.3	36.0-44.7
Graduated from HS	326937	27.5	25.4-29.8
Attended college	250364	25.8	23.4-28.3
Graduated college	133640	20.1	18.2-22.1
HOUSEHOLD INCOME			
<15,000	199133	40.2	36.0-44.6
15,000-24,999	216903	35	31.4-38.8
25,000-34,999	102399	30.5	26.2-35.2
35,000-49,999	94162	25.5	21.8-29.6
50,000 +	213542	18.7	16.8-20.8

* Adults diagnosed with arthritis.

Chronic Health Conditions

Chronic diseases and conditions are persistent health conditions with long-lasting effects. Typically, these conditions may be controlled but not cured. These unique conditions require more frequent doctor visits, more extensive care from physicians, and in often more lengthy hospital stays. These diseases and conditions affect not only the health of individual patients but also states’ health care systems. According to the Center for Disease Control, chronic diseases are a leading cause of death and disability in the United States and soak up a majority of health care spending in the country.

In addition to the chronic diseases and conditions that are the focus of various sections of this report – diabetes, asthma, cardiovascular disease, arthritis, and obesity – the Behavioral Risk Factor Surveillance System also tracks the prevalence of additional conditions and diseases: Vision impairment; depressive disorders; chronic obstructive pulmonary disease, emphysema, and chronic bronchitis (respiratory conditions); skin cancer; other cancers; and kidney disease. The prevalence of these conditions in Louisiana and the United States appears in figure 13.



VISION IMPAIRMENT

About one in five (21.1%) of Louisiana adults have trouble seeing even when wearing corrective lenses. This figure represents about 737,798 Louisiana adults with impaired vision. Vision impairment is significantly higher in Louisiana as compared to the nation as a whole (16.5%).

Vision impairment is related to demographic and socio-economic characteristics. Adults age 45 or older are about twice as likely to suffer from impaired vision as adults younger than 45 years. Midlife appears to be the critical point of transition as there are no further significant differences across age within these two broad groups. Women are also more likely to suffer vision impairment (23.1% versus 19.1% among men) as are African-Americans (24.0% versus 19.5% among whites). College graduates are half as likely (14.6%) to suffer from impaired vision as those without a high school diploma (30.5%). Similarly, individuals with household earning of \$50,000 or more (15.1%) are far less likely to suffer from this condition than those in households with income below \$15,000 (34.6%).

DEPRESSIVE DISORDER

Louisiana adults are diagnosed with depression at a comparable rate as the national population (17.2% and 16.8% respectively). In Louisiana this estimate represents about 599,071 adults diagnosed with depression – nearly one in five.

As with other chronic conditions, depression is related to demographic and socio-economic characteristics. Women are far more likely to be diagnosed with depression (21.4% versus 12.1% among men). It should be noted, however, that these data cannot reveal whether this difference (or other differences across subgroups for that matter) results from gaps in the likelihood of suffering from depression or gaps in the propensity across groups to seek out a diagnosis and treatment. Whites are more likely to be diagnosed with depression than African-Americans (18.8% versus 14.6%). Individuals with household earning of \$50,000 or more are less than half as likely to be diagnosed with depression (11.8%) as those in households with income below \$15,000 (27.7%). College graduates are also less likely to be diagnosed with depression (13.4%) as those without a high school diploma (23.2%).

RESPIRATORY CONDITIONS

Louisiana adults are slightly more likely to suffer from respiratory conditions such as chronic obstructive pulmonary disease, emphysema, or chronic bronchitis than their peers nationally (7.5% versus 6.4%). This figure represents about 260,144 Louisiana residents.

Respiratory conditions are related to age, education, and income. Risk of respiratory conditions increases markedly late in life. About 13% of adults 55 years of age or older suffer from a respiratory condition, while fewer than 5% of adults under the age of 45 are similarly afflicted. College graduates are roughly one fourth as likely to suffer from respiratory conditions (3.2%) compared to those without a high school diploma (13.9%). Relatedly, individuals with household earning of \$50,000 or more are significantly less likely to have respiratory conditions (3.4%) than those in households with income below \$15,000 (13.1%).

SKIN CANCER

Louisianans suffer from skin cancer at a comparable rate as the national population (5.4% and 5.5% respectively). This figure represents about 186,788 Louisiana residents.

Risk of skin cancer is related to age, gender, and race. There are very few diagnoses of skin cancer among those under the age of 45. From this point forward, however, the risk of skin cancer rises

steadily. Adults 65 years of age or older suffer skin cancer at a rate of 16.1%. Women are less likely than men to have skin cancer (4.5% versus 6.2%). Among whites, 8.1% have skin cancer but the disease rarely appears among other racial or ethnic groups.

OTHER CANCERS

As with skin cancer, Louisianans suffer from other cancers at a comparable rate as the national population (6.2% and 6.3% respectively). This figure represents about 214,838 Louisiana residents.

Risk of cancer is related to age, gender, and race. There are very few diagnoses of any cancer among those under the age of 45. As with skin cancer, the risk of rises steadily after that age. Adults 65 years of age or older are diagnosed with other cancers at a rate of 16.4%. Whites (7.5%) are more likely than African-Americans (4.1%) to have been diagnosed with other cancers, but the gap is only about half as large as for skin cancer. Unlike in the case of skin cancer, women are more likely than men to have been diagnosed with other cancers (7.5% for women versus 4.7% for men).

KIDNEY DISEASE

Kidney disease is a relatively rare diagnosis both in Louisiana and in the United States as a whole (2.5% and 2.7% respectively). In Louisiana, this figure represents about 85,690 adults with kidney disease.

Kidney disease is related to age, education, and income. There are very few cases of kidney disease among those under the age of 35. The risk then approximately doubles with each decade of life thereafter, culminating at a rate of 5.6% among those 65 years of age or older. College graduates are less likely to suffer from respiratory conditions (1.9%) compared to those without a high school diploma (3.8%). Individuals with household earning of \$50,000 or more are less likely to have respiratory conditions (1.4%) than those in households with income below \$15,000 (3.9%).

Table 10a. Other Chronic Health Conditions

Demographic characteristics	Skin cancer*			Other form of cancer**			Respiratory condition***		
	Est. Pop.	%	95% CI	Est. Pop.	%	95% CI	Est. Pop.	%	95% CI
Total	186788	5.4	4.8-6.0	214838	6.2	5.6-6.8	260144	7.5	6.7-8.4
AGE									
18-24	5473	1.1	0.4-3.6	7883	1.7	0.6-4.3	10707	2.3	1.0-5.0
25-34	2020	0.3	0.1-0.9	10587	1.7	0.9-3.1	20150	3.2	1.7-5.8
35-44	9753	1.7	0.9-3.2	16048	2.9	1.8-4.5	27019	4.8	3.3-7.0
45-54	26973	4.3	3.1-6.0	33922	5.4	4.0-7.3	50156	8.1	6.3-10.3
55-64	44038	7.9	6.4-9.7	46125	8.3	6.9-9.9	70022	12.6	10.4-15.1
65 and over	98085	16.1	14.3-18.1	100070	16.4	14.6-18.4	79271	13	11.4-14.9
GENDER									
Male	105361	6.2	5.3-7.3	79720	4.7	3.9-5.7	114040	6.8	5.6-8.3
Female	81428	4.5	3.9-5.2	135118	7.5	6.6-8.5	146103	8.1	7.2-9.2
RACE-ETHNICITY									
White	173888	8.1	7.3-9.1	161264	7.5	6.7-8.5	173668	8.2	7.2-9.2
African-American	5744	0.5	0.2-1.2	44402	4.1	3.2-5.2	71872	6.7	5.3-8.4
Hispanic	1962	1.6	0.6-4.4	958	0.8	0.3-2.3	6928	5.7	2.2-13.8
Other	3111	3.7	1.5-9.1	5834	7	3.4-14.1	3593	4.3	1.9-9.6
Multiracial	1689	5	1.6-14.1	1599	4.7	1.3-15.8	1472	4.3	1.3-13.8
EDUCATION									
Did not graduate HS	31447	4.8	3.5-6.5	50873	7.8	5.9-10.1	89395	13.9	11.2-17.0
Graduated from HS	53163	4.5	3.7-5.4	67230	5.7	4.7-6.8	89730	7.6	6.4-9.0
Attended college	54284	5.6	4.5-6.9	59198	6.1	5.1-7.3	59199	6.1	4.9-7.6
Graduated college	47857	7.2	6.0-8.5	37537	5.6	4.7-6.8	21420	3.2	2.5-4.2
HOUSEHOLD INCOME									
<15,000	17905	3.6	2.5-5.1	41732	8.4	6.4-11.1	64373	13.1	10.6-16.1
15,000-24,999	27641	4.5	3.3-5.9	37723	6.1	4.9-7.6	77757	12.6	10.3-15.4
25,000-34,999	26750	7.9	5.8-10.6	24012	7.1	5.2-9.7	21663	6.4	4.5-9.2
35,000-49,999	20711	5.6	4.0-7.7	20384	5.5	4.1-7.4	21292	5.8	4.0-8.2
50,000 +	65046	5.7	4.7-6.8	53655	4.7	3.9-5.7	38243	3.4	2.5-4.5

* Adults reporting ever being told by a healthcare professional that they have skin cancer.

** Adults reporting ever being told by a healthcare professional that they have another form of cancer.

*** Adults reporting ever being told by a healthcare professional that they have chronic obstructive pulmonary disease, emphysema, or chronic bronchitis.

Table 10b. Other Chronic Health Conditions

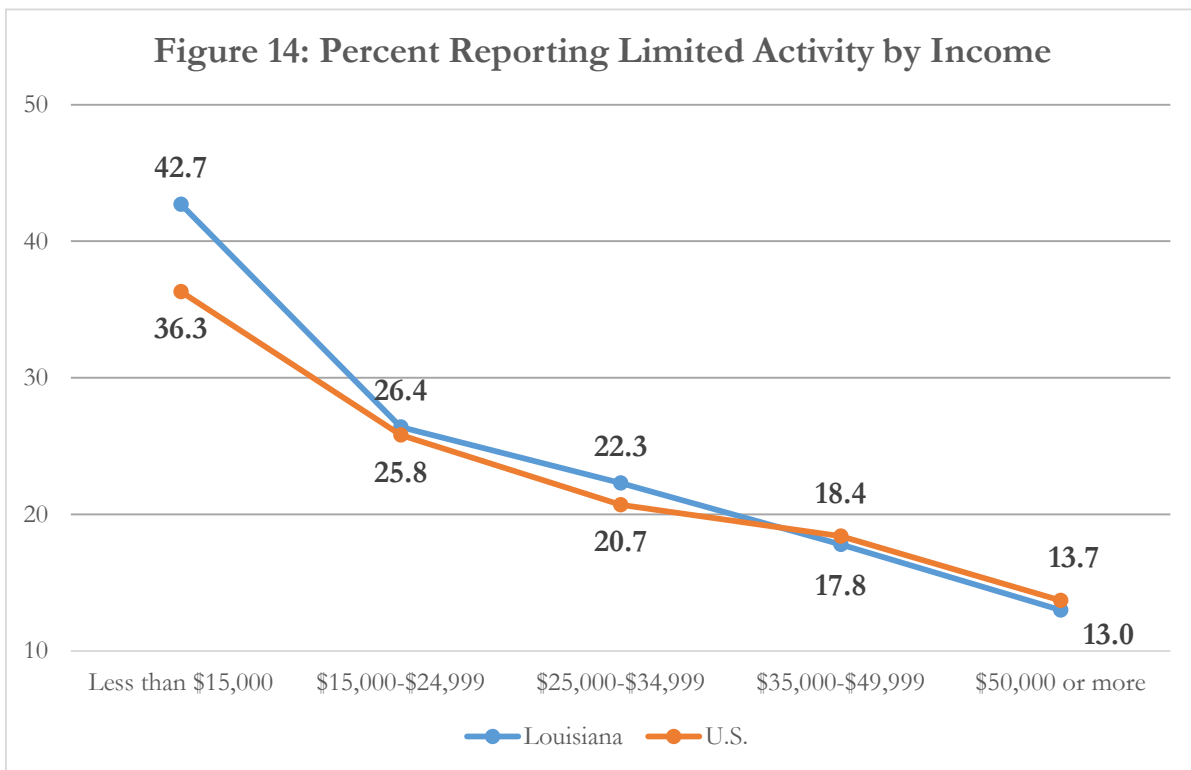
Demographic characteristics	Diagnosed with Kidney Disease*			Vision Impairment			Diagnosed with a Depressive Disorder		
	Est. Pop.	%	95% CI	Est. Pop.	%	95% CI	Est. Pop.	%	95% CI
Total	85690	2.5	2.1-2.9	737798	21.1	19.9-22.5	599071	7.5	6.7-8.4
AGE									
18-24	253	0.1	0.0-0.2	70651	14.8	11.0-19.6	63027	13.2	9.6-17.9
25-34	4036	0.6	0.1-3.0	81669	12.8	9.7-16.7	109799	17.2	13.9-21.0
35-44	7056	1.3	0.6-2.8	89696	16	13.2-19.3	103178	18.4	15.3-22.1
45-54	16277	2.6	1.7-4.0	174536	27.9	24.7-31.3	124515	19.9	17.2-22.8
55-64	23771	4.3	3.1-5.8	154366	27.6	24.9-30.6	102086	18.3	16.1-20.8
65 and over	34298	5.6	4.6-6.9	165141	27.1	24.9-29.4	93491	15.3	13.5-17.3
GENDER									
Male	43754	2.6	2.0-3.4	322053	19.1	17.1-21.3	213176	12.7	11.0-14.5
Female	41936	2.3	1.9-2.9	415745	23.1	21.5-24.7	385895	21.4	19.7-23.2
RACE-ETHNICITY									
White	48345	2.3	1.8-2.8	417230	19.5	18.0-21.1	401339	18.8	17.2-20.4
African-American	34971	3.2	2.3-4.4	260807	24	21.5-26.8	158240	14.6	12.4-17.0
Hispanic	753	0.6	0.2-1.8	25991	21.2	14.1-30.7	14537	11.9	7.3-18.7
Other	396	0.5	0.2-1.4	23787	28.6	18.8-40.9	13904	17.1	10.3-27.0
Multiracial	1127	3.3	0.7-14.0	5301	15.6	7.7-29.0	4577	13.5	5.6-29.0
EDUCATION									
Did not graduate HS	25175	3.8	2.7-5.4	199988	30.5	26.6-34.8	152046	23.2	19.7-27.3
Graduated from HS	27601	2.3	1.6-3.3	240549	20.2	18.1-22.5	198210	16.6	14.7-18.8
Attended college	20009	2.1	1.5-2.9	199658	20.5	18.2-23.1	158013	16.3	14.2-18.7
Graduated college	12905	1.9	1.4-2.7	96904	14.6	12.8-16.6	89388	13.4	11.6-15.5
HOUSEHOLD INCOME									
<15,000	19200	3.9	2.6-5.8	171396	34.6	30.4-39.0	136694	27.7	23.9-31.8
15,000-24,999	22938	3.7	2.7-5.0	146523	23.7	20.6-27.2	132618	21.4	18.2-25.1
25,000-34,999	7885	2.3	1.4-3.8	62730	18.6	14.9-22.9	43003	12.7	9.8-16.3
35,000-49,999	7207	1.9	1.1-3.5	67189	18.2	14.9-22.0	53881	14.6	11.5-18.4
50,000 +	16288	1.4	0.9-2.3	172872	15.1	13.3-17.1	134992	11.8	10.2-13.7
* Not counting kidney stones.									

Disability

Disabilities represent a significant health concern and are associated with poor health outcomes, including cardiovascular disease and diabetes, and lower self-reported health status. Maintaining health insurance coverage and access to quality care can be particularly challenging to individuals with disabilities. Disability, as defined by the Behavioral Risk Factor Surveillance System Survey is a physical, mental, or emotional problem that limits activity.

In Louisiana, 23.1% of adults report limited activity due to physical, mental, or emotional problems and 9.2% report health problems that require the use of special equipment such as a cane, a wheelchair, a special bed or a special telephone. These estimates indicate that about 798,153 Louisiana adults have a disability and 320,540 require the use of special equipment. In both instances, Louisiana rates are higher than the national average. Nationally, 20.4% of adults report a disability and 8.1% require special equipment.

Age, education, and income are strongly related both to reporting disability and to requiring special equipment. Older Louisianans reported a much higher rate of disability than younger Louisianans – 33.5% reported limited activity, and 20.7% reported using special equipment.



As education and income increase, the rate of reported disability decreases. Individuals with less education reported a much higher rate of being limited in their activity and needing special equipment. Thirty-four percent of respondents without a high school diploma experience limited activity, compared to 22.3% of high school graduates, 21.5% of college attendees, and 15.8% of college graduates. More than forty percent of individuals with household income less than \$15,000 report limited activity, compared to 13.0% of individuals with household incomes of \$50,000 or

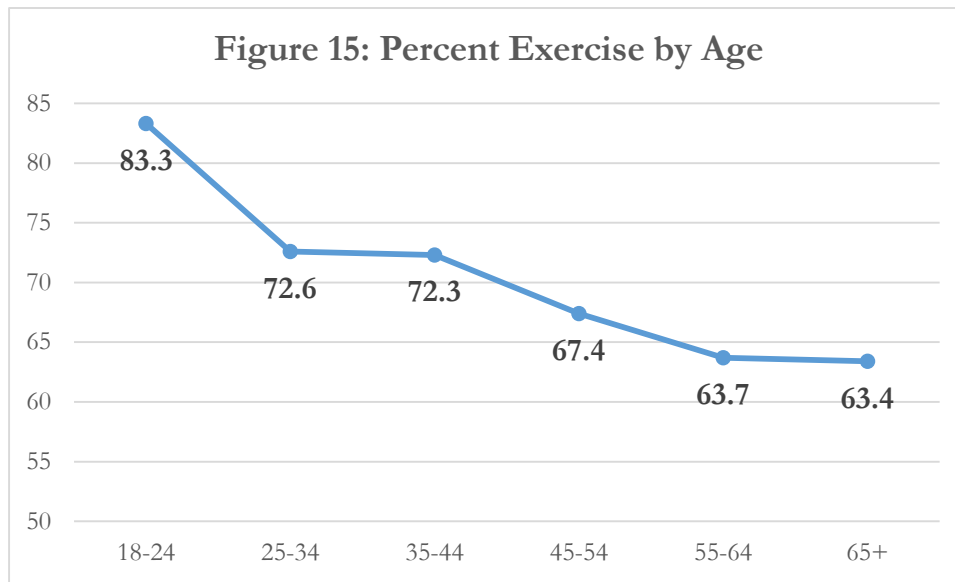
more. Low-income households are particularly likely to report disability in Louisiana as compared to the nation (see figure 14). While there is no difference between Louisiana and the United States in reports of limited activity among the top income group, low-income households in Louisiana are far more likely to report disability than their peers across the nation in similar economic circumstances.

Table 11. Disability

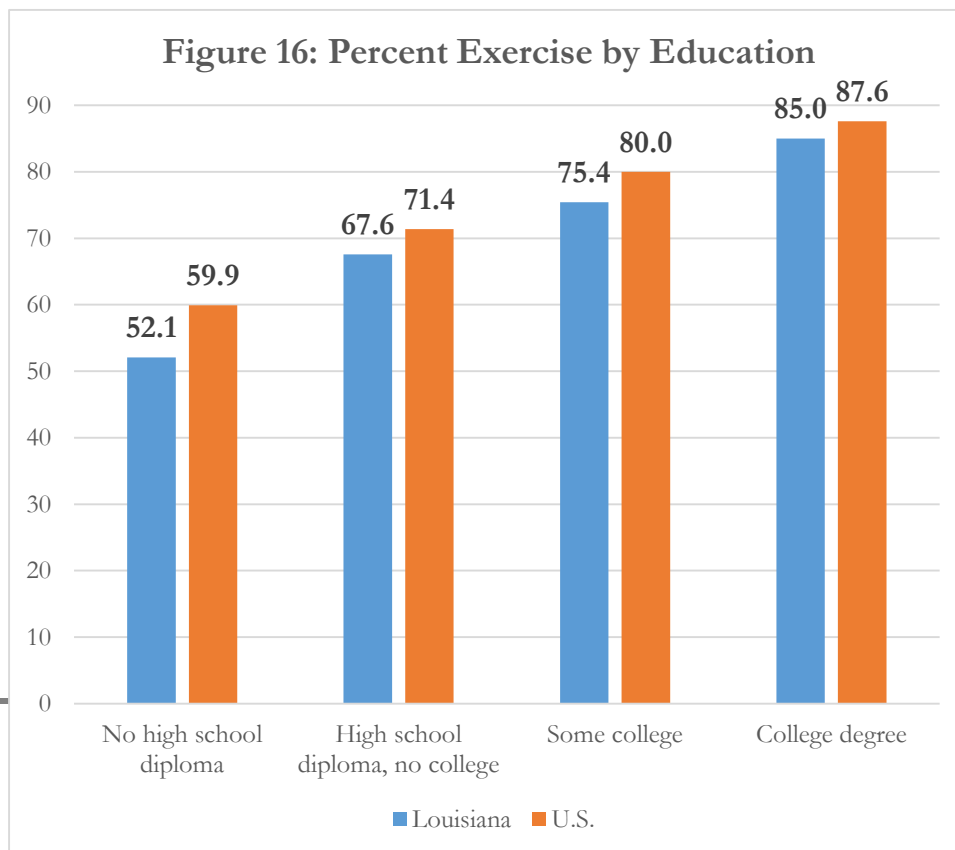
Demographic characteristics	Has a Disability*			Disability/Limitation Requiring Special Equipment**		
	Est. Pop.	%	95% CI	Est. Pop.	%	95% CI
Total	798153	23.1	21.8-24.4	320540	9.2	8.4-10.1
AGE						
18-24	43424	9.2	6.3-13.2	11505	2.4	1.1-5.1
25-34	81934	12.9	10.0-16.5	9837	1.5	0.8-3.1
35-44	105099	18.9	15.7-22.6	26102	4.7	3.1-6.9
45-54	168489	27.2	24.0-30.6	66328	10.6	8.5-13.2
55-64	193088	34.9	31.9-38.0	77179	13.9	11.8-16.3
65 and over	203549	33.5	31.1-36.0	126269	20.7	18.8-22.8
GENDER						
Male	355177	21.3	19.3-23.4	146033	8.7	7.5-10.1
Female	442976	24.7	23.1-26.4	174506	9.7	8.8-10.7
RACE-ETHNICITY						
White	501637	23.6	22.0-25.2	177188	8.3	7.4-9.3
African-American	250799	23.4	20.8-26.1	118814	11	9.4-12.8
Hispanic	12525	10.3	6.3-16.5	5833	4.8	2.8-8.1
Other	19755	23.8	16.3-33.3	7456	9	5.0-15.6
Multiracial	4914	14.5	7.1-27.3	3881	11.4	4.4-26.3
EDUCATION						
Did not graduate HS	221439	34.3	30.2-38.7	108186	16.6	13.9-19.7
Graduated from HS	262315	22.3	20.1-24.5	104757	8.9	7.7-10.2
Attended college	207683	21.5	19.2-23.9	69834	7.2	6.0-8.6
Graduated college	104684	15.8	13.9-17.9	37230	5.6	4.5-7.0
HOUSEHOLD INCOME						
<15,000	207781	42.7	38.2-47.3	94457	19.2	16.3-22.5
15,000-24,999	162608	26.4	23.2-30.0	72794	11.8	9.9-14.2
25,000-34,999	74852	22.3	18.5-26.7	26691	7.9	5.8-10.7
35,000-49,999	65522	17.8	14.7-21.3	24180	6.5	4.7-8.9
50,000 +	148092	13	11.4-14.8	40507	3.6	2.7-4.7
* A disability is defined as a health problem that limits a person's activities.						
**Special equipment such as a cane or wheelchair or special glasses.						

Exercise

Exercise contributes to a range of positive health outcomes. It decreases the risk of cardiovascular disease and high blood pressure and improves perceptions of general health. The percent of Louisiana adults who report any physical activity within the past 30 days increased rose by about four percentage points from 66.2% in 2011 to 70.1% in 2012. Yet, Louisiana continues to lag behind the nation as whole, which saw a three percentage point increase from 73.6% to 76.5%. The share in Louisiana adults who report non-job related physical activity represent about 2,447,091 total residents in the state.



Exercise is more popular among younger adults. Indeed, adults age 18-24 are 20 percentage points more likely to report exercising (83.3%) than adults age 65 or older (63.4%). The rate drops quickly by late twenties and early thirties and then continues a slower fading from early forties to early sixties (see figure 15).



As income and education increase so does an individual's propensity for physical activity. Barely more than half (55.9%) of individuals in households with incomes below \$15,000 engage in physical activity, but four in five (80.8%) of individuals in households with incomes of \$50,000 or more do. Among individuals who did not graduate high

school, 52.1% report engaging in physical activity while 85% of adults with a college degree report engaging in physical activity (see figure X). National percentages are notably higher than those for Louisiana residents across all education levels, which suggests something other than differences between Louisiana and other states in the distribution of socio-economics underlies the activity gap.

Women are significantly less likely to report exercise than men—66.3% compared to 74.2%. Whites are slightly more likely to report physical activity (71.6%) than African-Americans (67.1%).

Table 12. Exercise

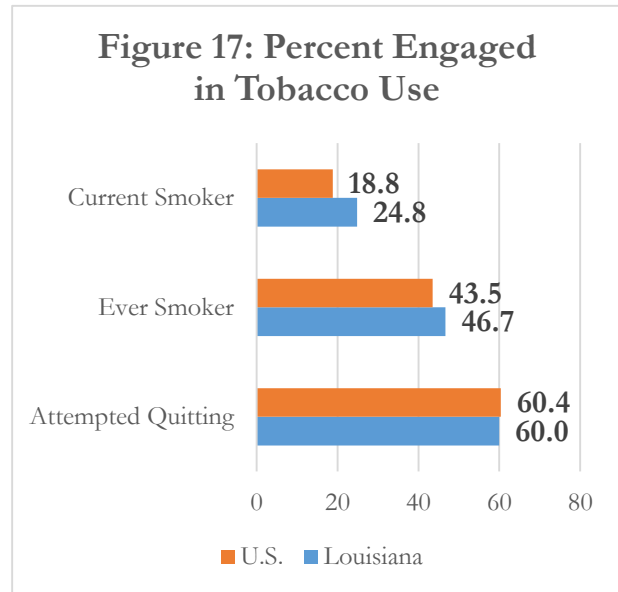
Demographic characteristics	Engages in Physical Activities Outside of Work		
	Est. Pop.	%	95% CI
Total	2447091	70.1	68.6-71.6
AGE			
18-24	397648	83.3	78.1-87.4
25-34	462560	72.6	67.8-76.9
35-44	405789	72.3	68.2-76.1
45-54	422879	67.4	63.9-70.7
55-64	355736	63.7	60.6-66.6
65 and over	386633	63.4	60.8-65.8
GENDER			
Male	1249036	74.2	71.7-76.5
Female	1198055	66.3	64.4-68.3
RACE-ETHNICITY			
White	1532328	71.6	69.7-73.4
African-American	728803	67.1	64.0-70.0
Hispanic	84350	68.8	57.3-78.4
Other	60685	73.1	61.0-82.4
Multiracial	24643	72.5	55.7-84.7
EDUCATION			
Did not graduate HS	341035	52.1	47.4-56.7
Graduated from HS	805045	67.6	65.0-70.1
Attended college	731816	75.4	72.6-77.9
Graduated college	565684	85	83.1-86.8
HOUSEHOLD INCOME			
<15,000	277440	55.9	51.3-60.5
15,000-24,999	405722	65.5	61.6-69.2
25,000-34,999	232253	68.9	63.9-73.5
35,000-49,999	258096	69.8	64.8-74.4
50,000 +	922621	80.8	78.4-83.0
* Adults reporting any physical activity or exercise other than regular job activities in past month.			

Tobacco Use

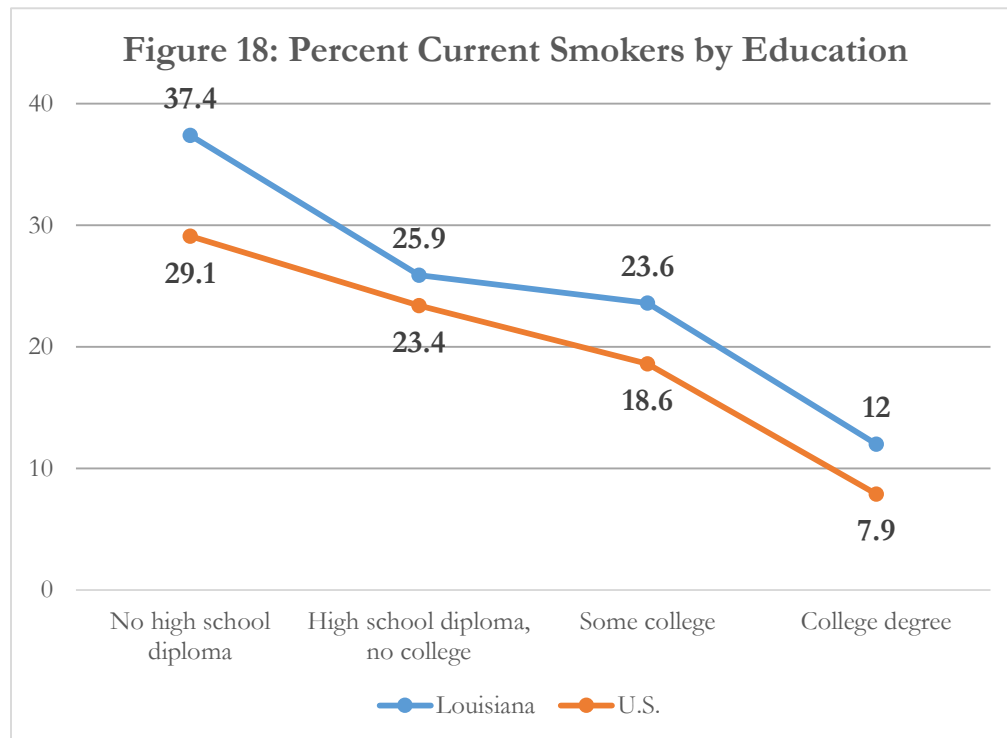
Tobacco use is associated with a variety of negative health outcomes, including coronary heart disease, lung cancer, and cancer of the larynx and mouth. According to the CDC, the percent of Americans who smoke has steadily decreased over the past decade. Nevertheless, tobacco use among Louisianans remains significantly higher than Americans generally.

CURRENT SMOKERS

About one in four (24.8%) Louisiana adults report they are current smokers. This amounts to nearly one million (857,668) adults in the state. The rate of current smoking in the country as a whole is 18.8% – leaving a six percentage point gap between state and nation (see figure 17).



Socio-economic status, captured by income and educational attainment, is strongly associated to smoking. Approximately one-third of individuals (32.7%) in households at the lowest rung of the income ladder currently smoke. This rate drops to fewer than one in five (18.0%) among those whose household income is \$50,000 or more. The rate of current smoking is three times as high



among those who did not complete high school as among those who graduated from college (see figure 18). Interestingly, Louisiana residents are more likely than their peers nationally to be current smokers at every level of educational attainment – though the gap is a bit smaller among the college educated

(about four percentage points) than those without a high school diploma (about seven percentage points). This suggests Louisiana's affinity for tobacco stems from something more than a disproportionately high share of lower income and less educated residents relative to other states.

Gender also predicts current smoking. Women are significantly less likely to be current smokers than men, 21.1% versus 28.6%.

EVER SMOKED

There is a much smaller difference between the United States and Louisiana in the proportion of adults who have ever smoked (as measured by smoking at least 100 cigarettes, the equivalent of five packs, over the course of the respondent's life). Nearly half of all Louisiana adults (46.7%) say they smoked 100 cigarettes in their life, but nationally it is only slightly less (43.5%). The Louisiana percentage translates into roughly 1,617,332 adults in the state who have smoked 100 or more cigarettes in their lives. Unsurprisingly, the factors that predict current smoking also predict any smoking over the course of a respondent's life: Gender, income, and education. Race also predicts smoking 100 cigarettes. African-Americans are significantly less likely to have smoked during their life than whites, 36.9% versus 52.0%. However, given that African-Americans and whites have comparable rates of current smoking, this suggests that a smaller share of African-Americans have quit smoking than whites.

SMOKING CESSATION

The BRFSS survey asks current smokers whether or not they have attempted to quit smoking in the past year. The rates of cessation attempt among Louisiana smokers and smokers in the United States as a whole are strikingly similar. In both cases, three in five current smokers report that they have attempted to quit in the past year.

Table 13. Tobacco Use

Demographic characteristics	Current Smoker			Ever Smoker			Attempted Quitting in Past Year		
	Est. Pop.	%	95% CI	Est. Pop.	%	95% CI	Est. Pop.	%	95% CI
Total	857668	24.8	23.2-26.3	1617332	46.7	45.0-48.4	511497	60	60.0-60.0
AGE									
18-24	100647	21.2	16.6-26.7	127340	26.9	21.8-32.6	77808	77.3	77.3-77.3
25-34	206105	32.4	27.9-37.4	297764	46.9	42.0-51.8	125981	62.2	62.2-62.2
35-44	172438	30.9	27.0-35.2	260882	46.8	42.6-51.1	86267	50.3	50.3-50.3
45-54	171655	27.6	24.3-31.2	313544	50.3	46.7-53.9	101465	59.1	59.1-59.1
55-64	133637	24.2	21.4-27.2	295582	53.5	50.3-56.6	79378	59.5	59.5-59.5
65 and over	72884	12	10.2-14.1	317826	52.4	49.8-55.0	40347	56.2	56.2-56.2
GENDER									
Male	479310	28.6	26.1-31.3	907595	54.2	51.5-56.9	279706	58.7	58.7-58.7
Female	378357	21.1	19.4-23.0	709736	39.6	37.6-41.6	231790	61.8	61.8-61.8
RACE-ETHNICITY									
White	544036	25.6	23.7-27.5	1107612	52	50.0-54.1	304686	56.5	56.5-56.5
African-American	247487	23	20.2-26.0	397074	36.9	33.8-40.1	165171	66.8	66.8-66.8
Hispanic	36205	29.6	20.2-41.2	50970	41.7	31.2-53.1	17449	49.4	49.4-49.4
Other	18516	22.7	13.7-35.0	31320	38.3	27.7-50.2	14350	77.5	77.5-77.5
Multiracial	9341	27.5	13.1-48.7	22679	66.7	50.3-79.9	8453	90.5	90.5-90.5
EDUCATION									
Did not graduate HS	242547	37.4	32.9-42.1	396610	61.2	56.5-65.6	147978	61.2	61.2-61.2
Graduated from HS	305957	25.9	23.4-28.6	556907	47.2	44.3-50.1	176935	57.9	57.9-57.9
Attended college	229184	23.6	20.9-26.7	440896	45.5	42.3-48.7	134793	59.3	59.3-59.3
Graduated college	79247	12	10.2-14.1	220831	33.4	30.8-36.2	51541	67.3	67.3-67.3
HOUSEHOLD INCOME									
<15,000	160247	32.7	28.4-37.4	250962	51.1	46.5-55.8	99046	62	62.0-62.0
15,000-24,999	197104	32.1	28.3-36.2	307191	50	45.9-54.2	131293	67.2	67.2-67.2
25,000-34,999	89905	26.7	22.0-32.0	174613	51.9	46.5-57.3	50154	55.8	55.8-55.8
35,000-49,999	88260	23.9	19.5-28.8	174172	47.1	42.0-52.2	48620	55.7	55.7-55.7
50,000 +	204612	18	15.7-20.6	488483	42.9	40.1-45.8	108152	53.5	53.5-53.5
* Adults reporting smoke currently.									
** Adults who smoked at least 100 cigarettes during their life.									
*** Asked of current smokers only.									

Alcohol Consumption

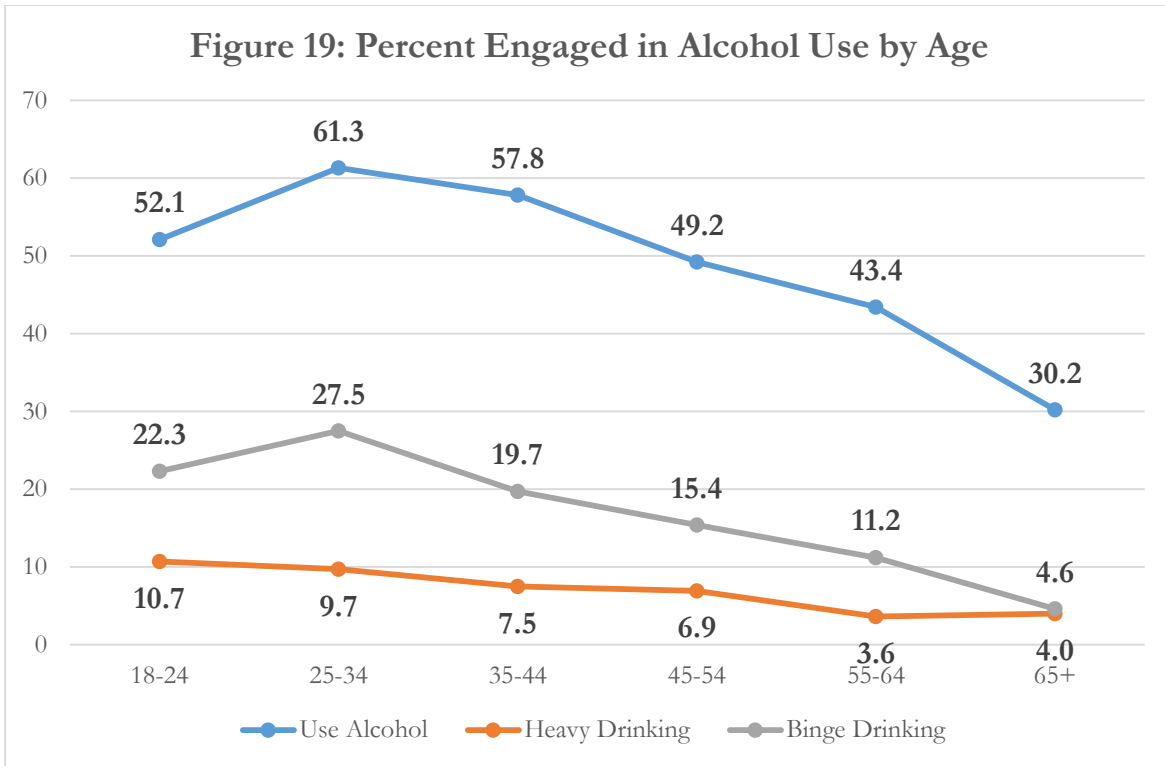
While moderate alcohol use, such as one alcoholic drink per day, may have health benefits, excessive alcohol use is also associated with a number of negative health outcomes, including liver disease, increased risks for certain types of cancer, heart disease, obesity, and kidney disease. To monitor alcohol use, the BRFSS asks individuals were asked about their amount of alcohol consumption within the last 30 days. They are also asked about the average number of alcoholic drinks consumed on those days when they did drink alcohol. Consuming two or more drinks a day on average is classified as heavy drinking. Finally, respondents are asked about the number of days in the past month on which they consumed five or more alcoholic drinks (for men) or four or more alcoholic drinks (for women) in a single occasion. Consuming more than this number of drinks in a single occasion is classified as binge drinking.

ALCOHOL USE

About half of Louisiana adults report having at least one drink in the last 30 days. This amounts to about 1,667,461 adult alcohol users in the state. This is slightly less than the share of all Americans who had at least one drink in the previous 30 days (53.0%).

Alcohol consumption among Louisiana adults is far more common among men at 57.6% than women at 40.8%. It is also significantly more common among residents with higher levels of education and higher household incomes. Among college graduates, 63.4% consume alcohol. Among those without a high school diploma, only 36.4% do. Individuals in households making more than \$50,000 a year reported a higher rate of drinking at 63.9% than individuals in households with incomes less than \$15,000 (37.0%) and those with household incomes between \$15,000 and \$24,999 (41.8%).

Age also predicts alcohol use, but the pattern is non-linear. Adults 18-24 years of age are less likely to report drinking alcohol than those who are 25-34 or 35-44, likely because many in the youngest category are not yet old enough to purchase alcoholic beverages. Alcohol consumption then declines beginning in the late forties, with those 65 years or older being the least likely age group to report drinking an alcoholic beverage in the past 30 days.



HEAVY DRINKING AND BINGE DRINKING

The share of Louisiana adults who engage in heavy drinking, consuming more than two drinks per day on average is 6.9%. The rate binge drinking, drinking five or more drinks (for men) or four or more drinks (for women) on one occasion, in Louisiana is 16.5%. The rate of heavy drinking in Louisiana is slightly higher than the national rate (5.9%), but there is no difference between Louisiana and the rest of the nation in the share of adults who engage in binge drinking (16.8% for the United States).

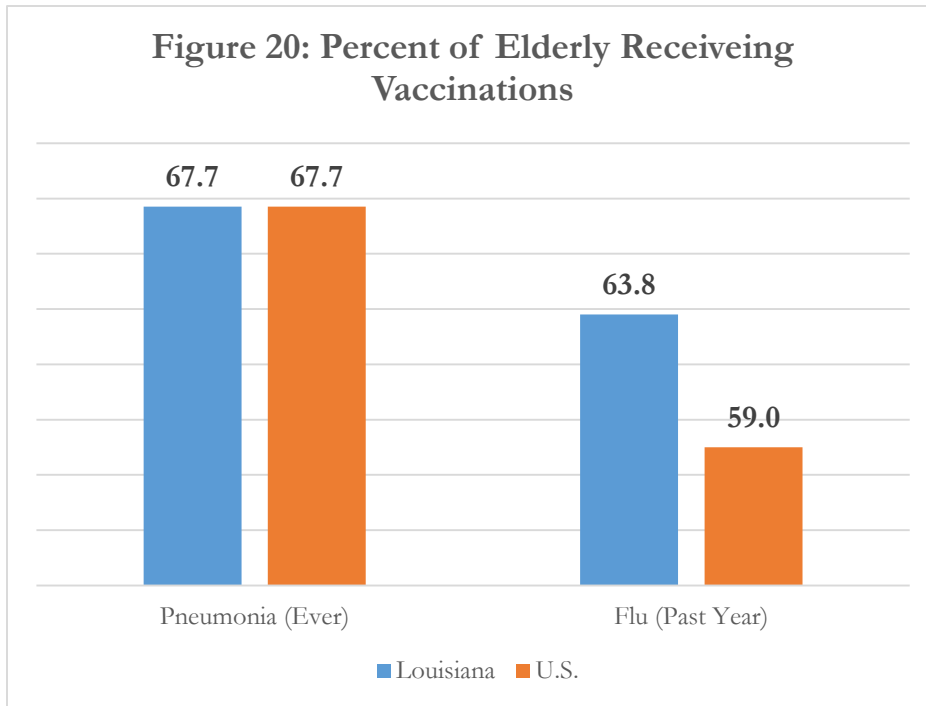
Both of these behaviors are more common among younger populations (see figure 19). Despite being slightly less likely to report having consumed an alcoholic beverage in the past 30 day, adults age 18-24 are just as likely as their slightly older peers to engage in heavy and binge drinking. The likelihood of both behaviors begins to drop precipitously beginning around the late thirties. Socio-economic status also predicts these behaviors, with the college educated and those in higher earning households more likely to engage in heavy or bring drinking than those with less education or lower household income.

Table 14. Alcohol Consumption

Demographic characteristics	Alcohol Use*			Heavy Drinker**			Binge Drinker***		
	Est. Pop.	%	95% CI	Est. Pop.	%	95% CI	Est. Pop.	%	95% CI
Total	1667461	48.9	47.2-50.6	232159	6.9	6.0-8.0	552820	16.5	15.2-18.0
AGE									
18-24	243788	52.1	45.9-58.2	48759	10.7	7.2-15.5	101802	22.3	17.5-28.0
25-34	384070	61.3	56.4-65.9	58824	9.7	6.9-13.5	165911	27.5	23.1-32.3
35-44	317393	57.8	53.6-62.0	40216	7.5	5.3-10.4	106100	19.7	16.5-23.5
45-54	299433	49.2	45.6-52.8	41078	6.9	5.2-9.1	91139	15.4	12.7-18.5
55-64	236487	43.4	40.3-46.6	19543	3.6	2.7-4.8	60070	11.2	9.2-13.4
65 and over	181148	30.2	27.8-32.7	23561	4	3.0-5.2	27491	4.6	3.4-6.2
GENDER									
Male	946085	57.6	54.9-60.3	143274	8.9	7.3-10.8	382879	24.1	21.7-26.6
Female	721375	40.8	38.7-42.9	88885	5.1	4.1-6.3	169941	9.7	8.4-11.2
RACE-ETHNICITY									
White	1062150	50.5	48.5-52.6	148641	7.2	6.0-8.5	372077	17.9	16.2-19.8
African-American	485102	46	42.7-49.4	59507	5.8	4.3-7.9	131946	13	10.7-15.7
Hispanic	63153	52.4	41.0-63.5	18249	15.5	7.7-28.8	29418	24.8	15.3-37.6
Other	32023	38.5	28.0-50.2	3393	4.3	1.4-12.3	12773	15.4	7.9-27.6
Multiracial	15414	48.8	31.3-66.6	2165	6.9	1.8-22.4	4984	16.5	6.4-36.4
EDUCATION									
Did not graduate HS	232500	36.4	31.8-41.3	47353	7.6	5.0-11.4	94975	15.6	11.9-20.2
Graduated from HS	527724	45.5	42.6-48.5	78127	6.9	5.3-8.8	179268	15.9	13.6-18.4
Attended college	487778	51.3	48.0-54.6	62809	6.7	5.1-8.7	161428	17.1	14.6-20.0
Graduated college	416441	63.4	60.6-66.0	43870	6.8	5.4-8.5	117149	17.9	15.6-20.5
HOUSEHOLD INCOME									
<15,000	177537	37	32.3-41.9	22350	4.7	2.8-7.9	65105	13.9	10.4-18.3
15,000-24,999	254783	41.8	37.7-46.0	33138	5.6	3.9-7.9	82707	13.8	10.9-17.3
25,000-34,999	155454	46.8	41.4-52.4	26950	8.2	5.3-12.5	61474	18.9	14.3-24.4
35,000-49,999	185516	50.9	45.8-56.0	29199	8.2	5.4-12.2	69830	19.5	15.2-24.6
50,000 +	716896	63.9	61.1-66.5	92741	8.4	6.7-10.4	227865	20.6	18.2-23.2
* Consumed at least one alcoholic drink in past 30 days.									
* Averages more than two drinks per day over past 30 days.									
** At least one occasion during the last 30 days when consumed more than five drinks (for men) or more than four drinks (for women).									

Immunization

Influenza (the flu) is a contagious respiratory illness caused by influenza viruses. Each year, an estimated 10-20 percent of the population contracts the influenza virus, causing mild to severe illness. While most individuals who contract the flu recover completely, certain individuals (i.e., the elderly) are at-risk for very serious flu complications like pneumonia. The best protection is vaccination. While the Center for Disease Control recommends that everyone aged 6 months or older get an annual flu vaccine, it is especially important for those individuals 65 and older.



Louisiana's elderly are more likely to have received a flu vaccination in the previous year than their peers nationally (see figure 20). The elderly population in Louisiana received flu vaccinations at a rate of 63.8%, but nationally the elderly did so at a rate of 59.0%. In contrast, pneumonia vaccination is as common in Louisiana as across the United States both among all adults and among the elderly.

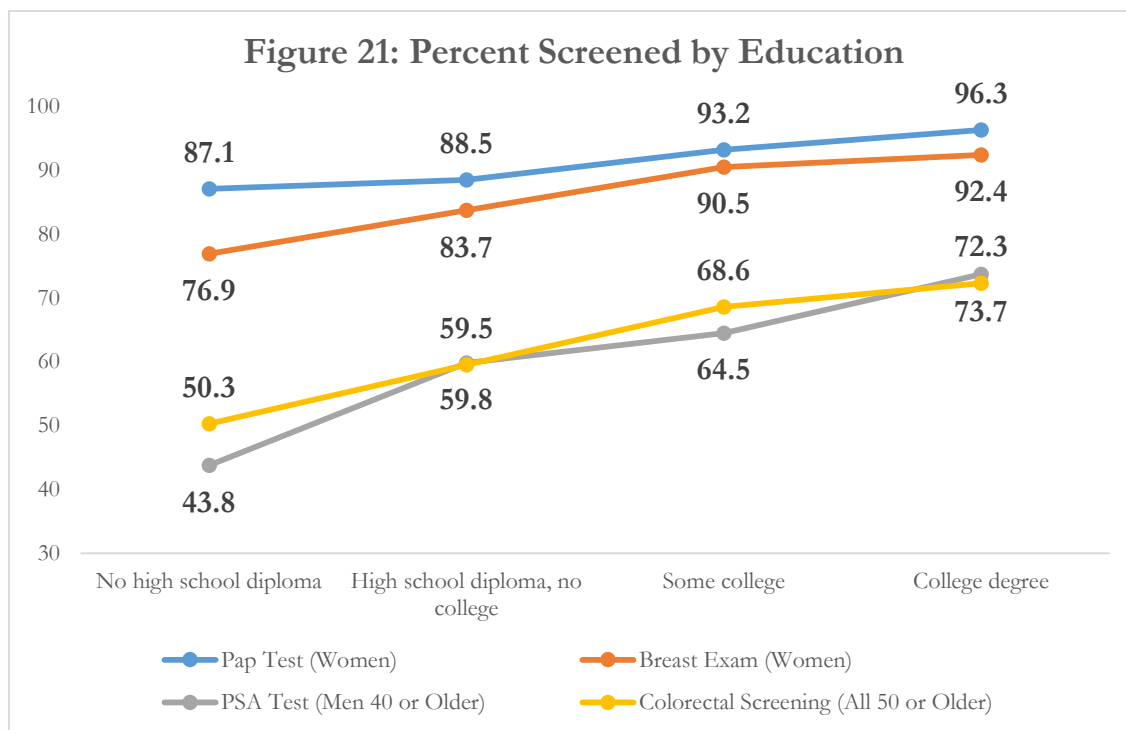
Although large majorities among Louisiana's elderly population receive these vaccinations, important differences persist. Among the elderly, there are important racial differences in receipt of both flu and pneumonia vaccines. Among whites, 67.4% receive a flu vaccine and 70.2% receive a pneumonia vaccine. In contrast, 51.2% of African-Americans and 60.1% receive a pneumonia vaccine. There is also a gender gap in pneumonia vaccination among the elderly with women (71.1%) significantly likely to receive a vaccine than men (63.1%).

Table 15. Immunizations for the Elderly

Demographic characteristics	Over 65 and Received a Flu Vaccine*			Over 65 and Ever Received Pneumonia Vaccine**		
	Est. Pop.	%	95% CI	Est. Pop.	%	95% CI
Total	383937	63.8	61.2-66.3	399752	67.7	65.1-70.1
GENDER						
Male	158280	61.4	56.7-65.9	158779	63.1	58.3-67.6
Female	225657	65.5	62.6-68.3	240973	71.1	68.4-73.7
RACE-ETHNICITY						
White	296643	67.4	64.5-70.3	303986	70.2	67.3-73.0
African-American	66323	51.2	45.4-57.0	76242	60.1	54.2-65.8
Hispanic	7865	61.3	39.9-79.1	8395	66.3	45.0-82.5
Other	6744	61.6	42.0-78.1	5121	51.3	32.5-69.7
Multiracial	3205	79.8	41.1-95.7	3547	88.3	55.2-97.9
EDUCATION						
Did not graduate HS	97353	58.6	52.5-64.5	104922	64.5	58.3-70.3
Graduated from HS	125007	66.6	62.4-70.7	131931	71.5	67.5-75.2
Attended college	96029	63.3	58.2-68.2	99802	67	61.9-71.7
Graduated college	65512	67.7	63.1-72.1	63060	66.9	62.1-71.3
HOUSEHOLD INCOME						
<15,000	53232	57.8	57.8-57.8	55277	61.6	61.6-61.6
15,000-24,999	84203	64.5	64.5-64.5	91744	70.3	70.3-70.3
25,000-34,999	49907	61.1	61.1-61.1	58878	73.1	73.1-73.1
35,000-49,999	39386	62.1	62.1-62.1	40994	66.4	66.4-66.4
50,000 +	68265	66.3	66.3-66.3	67641	66.5	66.5-66.5
* Adults age 65 or older reporting received flu vaccination during past year either by injection or spray.						
**Adults age 65 or older reporting ever received pneumonia vaccination.						

Cancer Screening

Several forms of cancer have a much higher survival rate when diagnosed early via screening. The Behavioral Risk Factors Surveillance System tracks a variety of cancer screenings that are recommended regularly for specific gender and age groups.



WOMEN'S HEALTH

Women face unique and important health risks, including cervical and breast cancer. Cervical cancer used to be the leading cause of cancer death for women in the United States. However, in the past 40 years, the number of cases of cervical cancer and the number of deaths from cervical cancer have decreased significantly. This decline is the result of many women getting Pap tests, which can identify cervical pre-cancer before it turns into cancer. Cervical cancer is the easiest female-specific cancer to prevent, with regular Pap tests and follow-up. It is also highly curable when found and treated early. Similarly, screening for breast cancer, via clinical breast exams and mammograms, provides the best tool for prevention of breast cancer and for providing early treatment that enhances survival rates.

Age is an important predictor for breast cancer screening but matters to a smaller degree for Pap tests. In each case, women between the ages of 18 and 24 are least likely to have had screening – 69.3% for clinical breast to screen for breast cancer and 75.8% for Pap tests to screen for cervical cancer. The differences across age groups over 25 years are relatively minor for these two screenings; in both cases, about 90% or more of women report having had these screenings.

The share of women who have had a mammogram follows a somewhat different pattern. Reports of mammograms rise more steadily with age than reports of breast exams, not reaching 90% until

the age of 45. This is unsurprising in the case of mammograms which are not recommended as regular preventative care until the age of 40 or 50.

Socio-economic status, as measured by educational attainment and income, predicts having a Pap test and a clinical breast exam. Among college graduates, 96.3% of women report having a Pap test and 92.4% report having a clinical breast exam. The rates among women without a high school diploma are 87.1% and 76.9% respectively. Among women with household incomes of \$50,000 or more, 96.2% report having a Pap test and 93.8% report having a clinical breast exam. The rates for women with household income less than \$15,000 are 86.4% and 78.1%. In contrast, the likelihood of mammogram remains relatively constant across levels of education and income.

Finally, white women (88.8%) are more likely than African-American women (81.9%) to have had a clinical breast exam. There are no similar racial gaps in the likelihood of having had a Pap test or mammogram.

MEN'S HEALTH

In order to detect and diagnose prostate cancer, the Center for Disease Control recommends that men ages 40 and older have a prostate-specific antigen (PSA) test. In Louisiana, 60.3% of men 40 years of age or older having had a PSA test. As with cancer screening for women, there are important differences in PSA testing for men across education and income. Among college graduates, 73.7% of men 40 years old or older report having a PSA test. The rate of similarly aged men without a high school diploma is 43.8%. Among men 40 years or more in age with household incomes of \$50,000 or more, 66.4% report having had a PSA test. The rate for men this age with household income less than \$15,000 is 44.0%. Additionally, white men 40 years or older in age (64.2%) are more likely than African-American men of the same age group (50.4%) to have had a PSA test.

COLORECTAL HEALTH

Colorectal cancer mainly develops from precancerous polyps in the colon or rectum. Screening tests can find these polyps so that they can be removed before they turn into cancer. Screening tests also allow the cancer to be caught early, when treatment works best. The Center for Disease Control recommends that individuals receive colorectal screening once they are 50 years old. Colorectal screening, using procedures such as sigmoidoscopy or colonoscopy, has increased throughout the United States in recent decades, steadily taking the place of blood stool tests. The Behavioral Risk Factor Surveillance System asks about both colorectal screening and blood stool testing.

Among Louisiana's adult population 50 years or older, 34.9% report having had a blood stool test and 62.0% report having colorectal screening. The difference comes as no surprise given the steady shift from the former to the latter as a mode for screening. There are few differences across Louisianans 50 years of age or older that predict blood stool testing. However, there are several important differences in colorectal screening by education, income, and race. Among college graduates, 72.3% of individuals age 50 or older report having colorectal screening. The rate among individuals age 50 or older without a high school diploma is 50.3%. Among individuals age 50 or older with household incomes of \$50,000 or more, 68.1% report having had colorectal screening. The rate for individuals age 50 or older with household income less than \$15,000 is 52.9%.

Additionally, white individuals age 50 or older (65.6%) are more likely than African-American men of the same age group (54.9%) to have had colorectal screening.

Table 16a. Cancer Screening

Demographic characteristics	Mammogram*			Clinical Breast Exam*			Pap Test*		
	Est. Pop.	%	95% CI	Est. Pop.	%	95% CI	Est. Pop.	%	95% CI
Total	1180183	66.5	64.3-68.6	1523574	86.1	84.4-87.7	1607204	91.2	89.6-92.5
AGE									
18-24	52372	22.6	16.4-30.4	160293	69.3	60.9-76.6	175321	75.8	67.5-82.5
25-34	75420	24.1	19.1-29.9	275912	88.1	83.1-91.7	292719	94.5	90.7-96.8
35-44	167837	59.7	54.1-65.0	253031	90	85.7-93.1	268666	96.2	92.7-98.1
45-54	283120	89.7	86.6-92.2	285475	91	88.1-93.2	293472	93.8	91.1-95.7
55-64	265455	95.9	94.2-97.1	247361	89.6	86.9-91.8	264860	95.9	94.3-97.1
65 and over	325005	94.3	92.8-95.6	291300	85.6	83.4-87.5	301673	88.5	86.2-90.4
RACE-ETHNICITY									
White	739001	68.1	65.4-70.6	961556	88.8	86.9-90.5	993640	92	90.2-93.5
African-American	378627	64.4	60.1-68.4	479363	81.9	78.2-85.0	525043	90.2	87.3-92.5
Hispanic	26197	49.4	35.0-63.8	43173	81.4	66.5-90.6	43229	81.5	63.0-91.9
Other	20115	74.6	57.8-86.3	23126	85.8	69.0-94.2	25872	95.9	89.1-98.6
Multiracial	7398	62.4	37.9-81.8	9806	85.8	62.0-95.7	10816	91.2	66.6-98.2
EDUCATION									
Did not graduate HS	226393	69.6	63.1-75.4	248787	76.9	71.2-81.8	280378	87.1	82.2-90.8
Graduated from HS	392381	66.1	62.2-69.8	494519	83.7	80.6-86.4	520582	88.5	85.7-90.9
Attended college	331322	65.4	61.1-69.5	456832	90.5	87.6-92.8	470303	93.2	90.2-95.4
Graduated college	227964	65.6	61.9-69.2	321254	92.4	90.1-94.2	333758	96.3	94.6-97.4
HOUSEHOLD INCOME									
<15,000	199192	63.6	57.7-69.0	243286	78.1	73.0-82.5	270231	86.4	82.1-89.8
15,000-24,999	219297	63.1	57.6-68.3	280020	80.9	76.2-84.9	312849	91.8	88.7-94.1
25,000-34,999	110029	66.4	59.1-73.1	145681	88	82.1-92.1	153751	93.1	88.0-96.1
35,000-49,999	116508	63	56.4-69.2	168413	91.2	86.1-94.6	170889	93	87.5-96.1
50,000 +	325040	68.5	64.5-72.2	444941	93.8	91.3-95.6	456234	96.2	93.3-97.9

* Reporting ever having had test (women only).

Table 16b. Cancer Screening

Demographic characteristics	PSA Test**			Blood Stool Test***			Colorectal Cancer Screening***		
	Est. Pop.	%	95% CI	Est. Pop.	%	95% CI	Est. Pop.	%	95% CI
Total	543084	60.3	60.3-60.3	513742	34.9	33.1-36.7	912611	62	60.1-63.8
AGE									
18-24	-	-	-	-	-	-	-	-	-
25-34	-	-	-	-	-	-	-	-	-
35-44	31798	25	25.0-25.0	-	-	-	-	-	-
45-54	142076	50.5	50.5-50.5	63123	19.6	16.1-23.7	134699	42.1	37.5-46.9
55-64	179342	71.4	71.4-71.4	183668	33.8	30.9-36.7	329571	60.7	57.6-63.9
65 and over	188174	79	79.0-79.0	260349	44	41.4-46.7	437681	73.6	71.1-75.9
GENDER									
Male	543084	60.3	60.3-60.3	230305	34.2	31.2-37.3	403434	60.4	57.1-63.6
Female	-	-	-	283437	35.5	33.5-37.5	509177	63.3	61.1-65.5
RACE-ETHNICITY									
White	386219	64.2	64.2-64.2	360033	36.4	34.4-38.6	650331	65.6	63.3-67.8
African-American	117281	50.4	50.4-50.4	124750	31.9	28.4-35.5	213771	54.9	50.9-58.8
Hispanic	12016	51.4	51.4-51.4	8924	30.2	17.5-46.8	16473	57	41.4-71.4
Other	13862	61.4	61.4-61.4	6481	18.9	11.4-29.7	14732	43.5	31.4-56.5
Multiracial	9824	66.5	66.5-66.5	8213	48.1	26.6-70.2	10833	65.6	41.7-83.6
EDUCATION									
Did not graduate HS	84955	43.8	43.8-43.8	102720	30.5	26.3-35.0	167907	50.3	45.3-55.2
Graduated from HS	174576	59.8	59.8-59.8	176830	36.1	33.1-39.2	292393	59.5	56.3-62.6
Attended college	150436	64.5	64.5-64.5	139195	36.2	32.9-39.7	263602	68.6	65.1-71.8
Graduated college	133117	73.7	73.7-73.7	93965	36.4	33.2-39.8	187634	72.3	69.1-75.3
HOUSEHOLD INCOME									
<15,000	39824	44	44.0-44.0	67956	30.5	26.3-35.0	117203	52.9	47.9-57.8
15,000-24,999	83372	53.3	53.3-53.3	108136	37	32.7-41.4	166938	56.6	52.0-61.2
25,000-34,999	57514	62.9	62.9-62.9	54781	34.9	29.8-40.4	94776	60.5	54.5-66.3
35,000-49,999	61815	67.9	67.9-67.9	56232	36.7	31.2-42.5	103479	67.2	61.0-72.9
50,000 +	242247	66.4	66.4-66.4	135877	33.9	30.7-37.2	272624	68.1	64.6-71.3

** Report ever having had test (men aged 40 and older only).

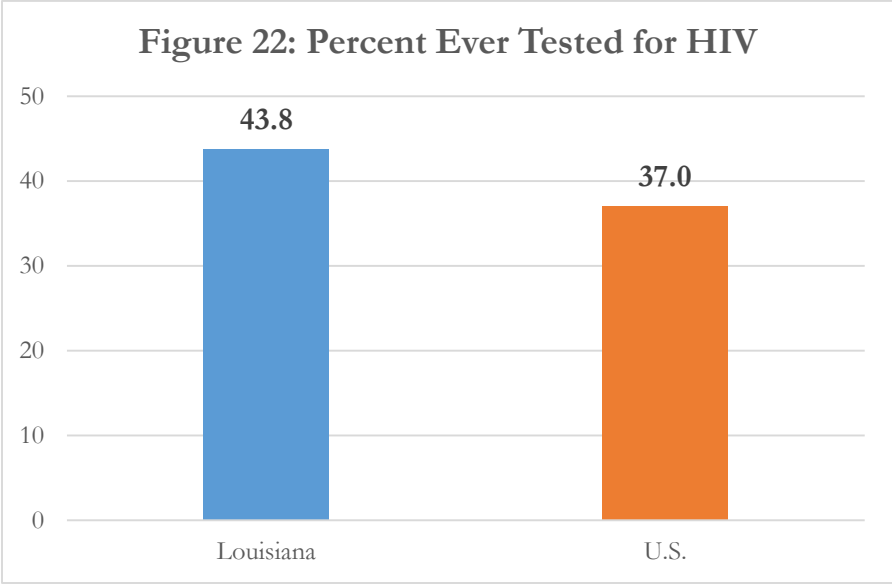
*** Report ever having had test (age 50 and older only).

HIV Testing and Risk

According to recent Center for Disease Control estimates, Baton Rouge and New Orleans rank among the cities that top the national list for frequency of new AIDS cases each year. One of the most effective ways to prevent and treat HIV/AIDS is to receive regularly testing.

Louisiana’s adults are more likely than the national adult population to have been tested for HIV (see figure 22). The share in Louisiana is 43.8%, which translates into about 1,439,887 total adults in the state. Nationally, the share is 37.0%. Louisiana adults and adults nationally are similar in their propensity to report situations or behaviors that are associated with higher risks of HIV infection, such as intravenous drug use, venereal disease, prostitution, and unprotected anal sex. Nationally, 3.8% of adults report experiencing these situations and behaviors while 4.5% do so in Louisiana (an estimated 104,757 total adults).

HIV testing and risk is associated with age and race. Adults between the ages of 25 and 44 are the most likely to have been tested, with more than six in ten saying they have been tested. A lower share of 18-24 year olds have been tested for HIV (42.3%), but the least likely age groups to have been tested are age 55 to 64 (32.9%) and age 65 or older (14.1%). Respondents under the age of 35 are the most likely (6.4%) to report situations and behaviors associated with higher risk of HIV.



Barely more than a third of whites (36.6%) have been tested for HIV, but more than half of African-Americans (58.4%) have been tested. The shares are similarly small for both races in likelihood to report situations and behaviors associated with greater risk of HIV (2.8% for whites and 3.7% for African-Americans).

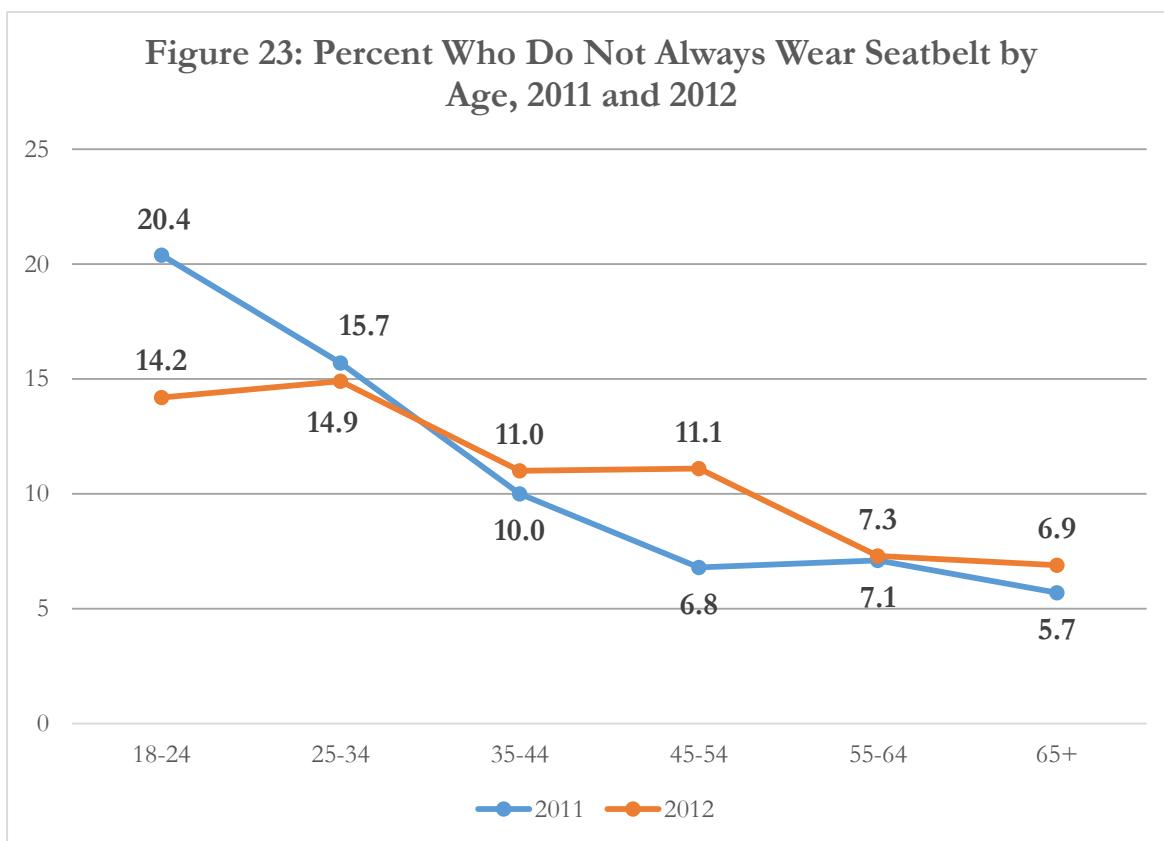
Table 17. HIV/AIDS

Demographic characteristics	HIV Test			High Risk*		
	Est. Pop.	%	95% CI	Est. Pop.	%	95% CI
Total	1439887	43.8	42.1-45.5	104757	3.1	2.4-3.9
AGE						
18-24	197287	42.3	36.4-48.5	30056	6.4	4.0-10.1
25-34	384322	63.5	58.5-68.3	39255	6.4	4.2-9.8
35-44	323378	61	56.7-65.1	12427	2.3	1.1-4.6
45-54	280607	47.2	43.5-51.0	6952	1.1	0.7-2.0
55-64	170480	32.9	29.9-36.1	10694	2	1.3-3.1
65 and over	78897	14.1	12.3-16.1	5373	0.9	0.5-1.6
GENDER						
Male	675323	42.8	40.0-45.6	48994	3	2.1-4.3
Female	764564	44.8	42.6-46.9	55763	3.2	2.3-4.3
RACE-ETHNICITY						
White	735180	36.6	34.6-38.7	58170	2.8	2.0-3.8
African-American	603574	58.4	55.1-61.5	38475	3.7	2.5-5.5
Hispanic	44423	38.1	28.0-49.3	3901	3.3	0.8-12.7
Other	30478	38.9	28.3-50.6	3063	3.8	1.5-9.1
Multiracial	17060	52.8	34.9-70.0	1149	3.5	0.7-15.2
EDUCATION						
Did not graduate HS	239556	39.7	35.0-44.5	33009	5.3	3.3-8.5
Graduated from HS	493809	43.8	40.8-46.8	38533	3.3	2.3-4.8
Attended college	419271	45.5	42.1-48.9	23760	2.5	1.6-4.0
Graduated college	286850	45.6	42.7-48.6	9455	1.4	0.9-2.4
HOUSEHOLD INCOME						
<15,000	211184	46.5	41.7-51.4	31519	6.7	4.3-10.3
15,000-24,999	310639	52.6	48.4-56.8	19309	3.2	1.8-5.6
25,000-34,999	128727	40.1	34.6-45.8	4906	1.5	0.6-3.9
35,000-49,999	154335	43.5	38.3-48.7	10697	2.9	1.6-5.4
50,000 +	461045	42.9	40.0-45.8	23142	2.1	1.3-3.3
* Reporting engaged in any of the following situations or behaviors that are associated with higher risk of HIV infection: Intravenous drug use, treatment for venereal disease, prostitution, or anal sex without a condom.						

Risky Behaviors

According to the CDC, motor vehicle crashes are the leading cause of death in the United States among individuals between 5 and 34 years old. Seat belts have been shown to be the most effective method for reducing injuries among adults in the event of a crash. The 2012 Behavioral Risk Factor Surveillance System asked Louisiana residents whether they always wore a seatbelt when they drove or rode in a car. A smaller share of Louisiana adults (10.8%) say that they do not always wear a seatbelt compared to the nation as a whole (14.0%).

Age remains a predictor of regular seatbelt use, but its importance may be declining (see figure 23). The share of 18 to 24 year old adults who say they do not always wear a seatbelt dropped nearly in half, perhaps the result of recent highly-publicized law enforcement crackdown on seatbelt use. There are also differences among several other demographic characteristics. Women reported a lower percentage of not wearing their seatbelt at 7.5% than men at 14.3%. Seat belt also increases with educational attainment. Those who attended or graduated from college (7.7% and 8.8% respectively) are less likely to report not always wearing a seatbelt than those who did not complete high school (12.4%) or completed high school but did not attend college (13.6%).



There are similar demographic differences in self-reported drinking and driving. The Behavioral Risk Factor Surveillance System asks respondents how many times in the past 30 days they have driven after having “perhaps too much to drink.” Overall, 5.1% of Louisiana adults reported drinking and driving. The rate is highest among 18-24 year olds (8.1%) and lowest among the

elderly (just half a percent). Additionally, women (2.9%) are less than half as likely than men to drive after drinking too much (6.8%).

Table 18. Risky Behavior¹

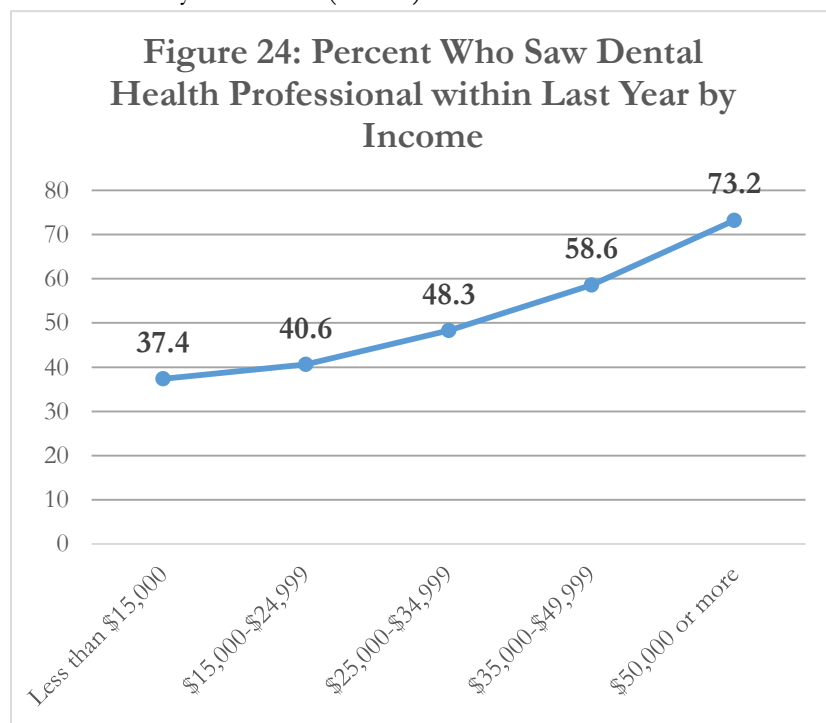
Demographic characteristics	Without Seatbelt*			Drinking and Driving**		
	Est. Pop.	%	95% CI	Est. Pop.	%	95% CI
Total	370528	10.8	9.7-12.0	86188	5.1	3.9-6.6
AGE						
18-24	66732	14.2	10.6-18.8	20004	8.1	4.3-14.8
25-34	92078	14.9	11.5-19.1	26025	6.9	4.1-11.4
35-44	60930	11	8.4-14.2	18295	5.7	3.6-9.0
45-54	68274	11.1	8.8-13.8	13841	4.5	2.5-8.3
55-64	40097	7.3	5.7-9.2	6780	2.8	1.6-4.9
65 and over	41746	6.9	5.7-8.4	1031	0.5	0.1-2.5
GENDER						
Male	236279	14.3	12.4-16.5	64827	6.8	5.0-9.3
Female	134249	7.5	6.4-8.8	21362	2.9	1.9-4.4
RACE-ETHNICITY						
Caucasian	206862	9.8	8.6-11.2	57119	5.3	3.8-7.3
African-American	133080	12.5	10.4-15.0	27265	5.5	3.5-8.7
Hispanic	18285	15.3	7.8-27.7	1494	2.4	0.6-8.9
Other	1331	1.6	0.6-4.5	0	0	-
Mixed	4993	15.1	6.1-32.8	95	0.5	0.1-4.0
EDUCATION						
Did not graduate HS	78849	12.4	9.3-16.4	17648	7.7	3.5-15.9
Graduated from HS	158081	13.6	11.5-15.9	22125	4.1	2.6-6.6
Attended college	74608	7.7	6.2-9.7	21103	4.2	2.5-7.0
Graduated college	58076	8.8	7.3-10.7	25098	6	4.2-8.7
HOUSEHOLD INCOME						
<15,000	43340	9.1	6.6-12.4	6426	3.6	1.7-7.7
15,000-24,999	74082	12.2	9.4-15.7	16499	6.5	3.6-11.6
25,000-34,999	33305	10	7.2-13.8	2756	1.7	0.6-4.7
35,000-49,999	45964	12.5	9.2-16.8	5940	3.1	1.4-6.6
50,000 +	120707	10.7	9.0-12.8	40597	5.6	3.9-8.0
¹ From a partial sample. This question was only asked to individuals called via their land line.						
* Reporting does not always wear seatbelt when riding in motor vehicle.						
** Reporting at least one occasion in past year when drove after having too much to drink.						

Oral Health

Oral health is an important indicator of a community's overall wellness. Over the past 12 years, the national percent of adults missing all of their natural teeth has declined dramatically. Even so, approximately one-third of American adults have at least one untreated decayed tooth.

There are multiple threats to oral health over a person's lifespan, but the single best tool to prevent these threats is regular visits to a dentist, dental hygienist, or a dental clinic on an annual basis. Nationally, more than two-thirds of American adults report visiting a dentist or dental clinic in the previous year. In Louisiana, however, just 56.1% of adults have regular dental care.

Age, gender, race, and socio-economic status predict oral care access. The youngest adults are by far the most likely to have visited a dentist or dental clinic in the previous year (68.6%). Among older age groups, the percent visiting a dentist or dental clinic ranges 51.0% and 58.1%. Women (58.8%) are more likely than men (53.3%) to visit a dentist or dental clinic. Whites (60.6%) are more than



ten percentage points more likely to do so than African-Americans (48.7%).

Dental care rises with education and household income. Among college graduates, 75.4% report visiting a dentist or dental clinic in the past year. Among individuals without a high school diploma, this share plummets by more than half to 34.4%. Among individuals with household incomes of \$50,000 or more, 73.2% report visiting a dentist or dental clinic in the past year (see figure 24). Among individuals with household income less than \$15,000 only 37.4% do so.

Table 19. Oral Health¹

Demographic characteristics	Has Seen a Dental Health Professional within Past Year		
	Est. Pop.	%	95% CI
Total	1924689	56.1	54.4-57.8
AGE			
18-24	324109	68.6	62.7-73.9
25-34	320764	51.1	46.2-56.0
35-44	320635	58.1	53.7-62.3
45-54	340045	55.3	51.6-58.9
55-64	308573	56	52.8-59.2
65 and over	303582	51	48.4-53.6
GENDER			
Male	881166	53.3	50.5-56.0
Female	1043523	58.8	56.8-60.9
RACE-ETHNICITY			
White	1276386	60.6	58.6-62.6
African-American	518341	48.7	45.4-51.9
Hispanic	65164	53.8	42.3-64.9
Other	35870	44.9	33.7-56.7
Multiracial	15461	45.6	29.2-63.0
EDUCATION			
Did not graduate HS	215890	34.4	29.9-39.2
Graduated from HS	607024	51.8	48.9-54.7
Attended college	601248	62.5	59.3-65.5
Graduated college	499741	75.4	72.8-77.9
HOUSEHOLD INCOME			
<15,000	181027	37.4	32.9-42.2
15,000-24,999	249319	40.6	36.6-44.7
25,000-34,999	159987	48.3	42.9-53.7
35,000-49,999	215731	58.6	53.4-63.5
50,000 +	830852	73.2	70.5-75.8

¹ From a partial sample. This question was only asked to individuals called via their land line.

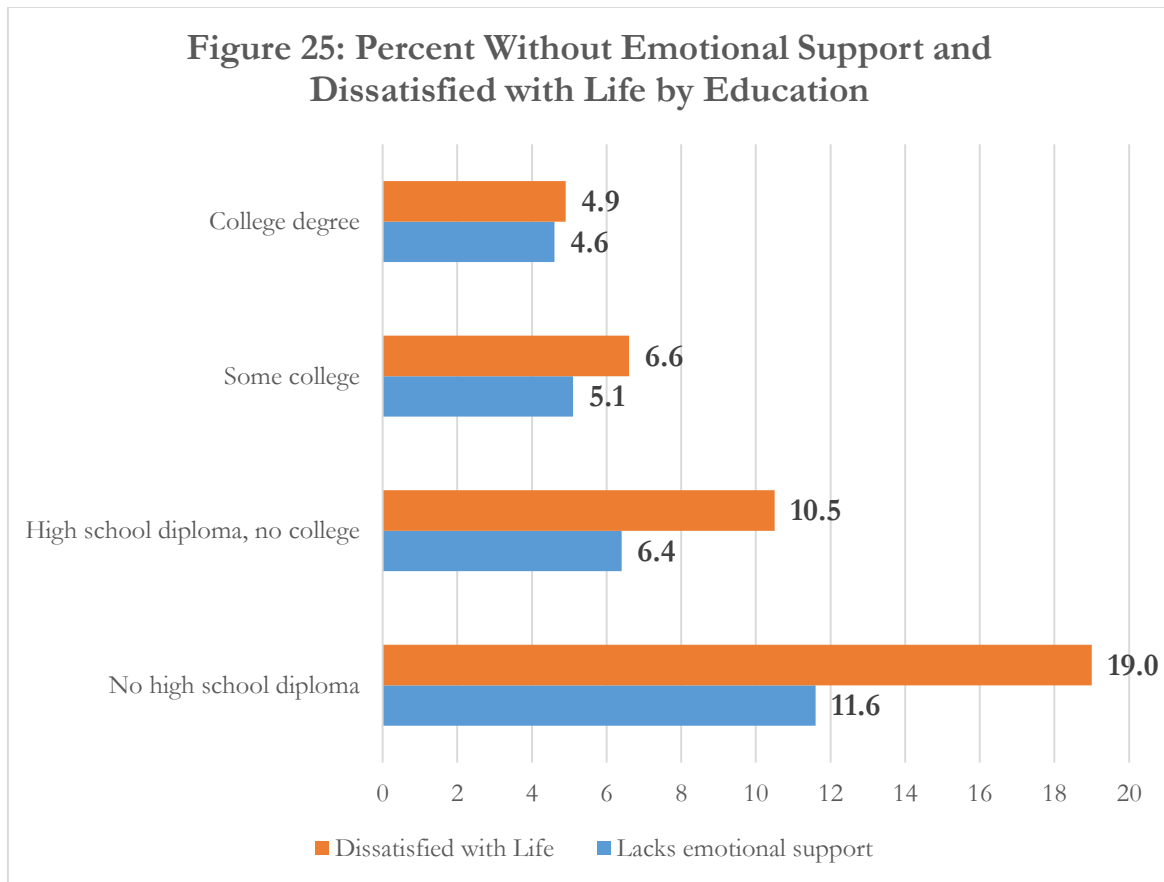
Emotional Support and Life Satisfaction

People who are happy and more satisfied with their lives enjoy better physical and mental health. Research suggests that happiness and life satisfaction predict later health outcomes. In addition, emotional support is similarly related to both physical and mental well-being and is especially significant for individuals suffering chronic medical conditions or diseases.

EMOTIONAL SUPPORT

When asked about the emotional support they receive, 6.5% of Louisiana adults indicate they rarely or never receive needed emotional support. Although a relatively small percentage, this nevertheless amounts to 132,604 adults in Louisiana.

There are modest differences in emotional support by age and race. The elderly are the least likely to say they lack emotional support at 4.4%. African-Americans (8.4%) are more likely to report lack of support than whites (5.5%). However, socio-economic status is related to the largest gaps in support. Support rises with education and household income. Among college graduates, 4.6% report a lack of emotional support (see figure 25), but among individuals without a high school diploma, this share more than doubles to 11.6%. Among individuals with household incomes of \$50,000 or more, only 2.2% report a lack of emotional support. Among individuals with household income less than \$15,000 the share is nearly eight times larger at 17.2%.



LIFE SATISFACTION

About one in ten Louisiana adults report they are “dissatisfied” or “very dissatisfied” with life. Age, gender, race, education, and household income all predict differences in life satisfaction. Well under one in ten adults between the ages of 18 and 44 say they are dissatisfied with their lives, but the share jumps to over ten percent beginning with age 45. Men (11.4%) are less satisfied with life than women (8.3%). African-Americans (14.0%) are about twice as likely as whites to say they are dissatisfied with life (7.2%).

Dissatisfaction occurs more frequently among the less educated and those with lower household incomes. Among college graduates, about one in twenty say they are dissatisfied with life (4.9%). In contrast, among individuals without a high school diploma, nearly one in five express dissatisfaction (19.0%). Among individuals with household incomes of \$50,000 or more, 5.5% report dissatisfaction with life. Among individuals with household income less than \$15,000 20.6% do so.

Table 16. Emotional Support and Life Satisfaction¹

Demographic characteristics	Lack Emotional Support *			Dissatisfied with Life **		
	Est. Pop.	%	95% CI	Est. Pop.	%	95% CI
Total	132604	6.5	5.6-7.6	195410	9.6	8.6-10.8
AGE						
18-24	9889	7.1	3.5-14.0	5219	3.7	1.5-8.9
25-34	17148	7.1	4.1-12.0	21229	8.6	5.6-12.9
35-44	16959	5.1	3.1-8.2	19332	5.8	3.9-8.5
45-54	37230	9.6	7.1-12.7	48141	12.3	9.3-16.1
55-64	28164	6.9	5.4-8.9	39941	9.9	8.1-12.0
65 and over	22777	4.4	3.4-5.7	60926	12	10.3-14.0
GENDER						
Male	56061	6.5	4.9-8.5	97892	11.4	9.5-13.6
Female	76543	6.5	5.5-7.7	97518	8.3	7.2-9.5
RACE-ETHNICITY						
White	74511	5.5	4.6-6.6	97206	7.2	6.2-8.3
African-American	48557	8.4	6.4-10.9	80442	14	11.5-17.0
Hispanic	3263	7	1.1-33.3	4498	9.3	4.5-18.0
Other	3600	9.7	4.1-21.4	6955	19	10.6-31.6
Multiracial	2449	17.5	5.2-45.2	2939	20.2	7.0-45.9
EDUCATION						
Did not graduate HS	39545	11.6	8.5-15.6	64027	19	15.2-23.4
Graduated from HS	42666	6.4	5.0-8.1	70563	10.5	8.8-12.5
Attended college	29149	5.1	3.6-7.2	37729	6.6	5.0-8.5
Graduated college	20448	4.6	3.3-6.3	22096	4.9	3.8-6.5
HOUSEHOLD INCOME						
<15,000	41942	17.2	13.3-22.0	50577	20.6	16.3-25.5
15,000-24,999	28701	9	6.5-12.4	45916	14.5	11.5-18.1
25,000-34,999	15680	7.6	4.6-12.3	18645	9	6.5-12.3
35,000-49,999	10916	5	2.9-8.6	11207	5.1	3.3-7.7
50,000 +	16101	2.2	1.5-3.2	40442	5.5	4.1-7.3
¹ From a partial sample. This question was only asked to individuals called via their land line.						
*Reporting rarely or never receiving the emotional support they need						
**Reported being either being dissatisfied with life or being very dissatisfied with life.						