Alan Levine SECRETARY

State of Louisiana

Department of Health and Hospitals Office of the Secretary

June 11, 2010

The Honorable Joel T. Chaisson, II, President Louisiana State Senate P.O. Box 94183, Capitol Station Baton Rouge, LA 70804-9183

The Honorable Kay Katz, Chairwoman House Health and Welfare Committee Louisiana State House of Representatives P.O. Box 44486, Capitol Station Baton Rouge, LA 70804-4486 The Honorable Jim Tucker, Speaker Louisiana State House of Representatives P.O. Box 94062, Capitol Station Baton Rouge, LA 70804-9062

The Honorable Willie L. Mount, Chairwoman Senate Health and Welfare Committee Louisiana State Senate P.O. Box 94183, Capitol Station Baton Rouge, LA 70804-9183

Dear President Chaisson, Speaker Tucker, and Honorable Chairs:

In response to House Concurrent Resolution No. 188 (HCR 188) of the 2009 Regular Session, the Louisiana Department of Health and Hospitals (DHH) submits the enclosed report. HCR No. 188 urges and requests DHH to study the effects on human health and the environment by the operations of the Lafarge Cement Factory in Gert Town, New Orleans and to report findings and recommendations to the House and Senate Health and Welfare Committees. R.S. 24:772 also requires that the report be submitted to the President of the Senate and the Speaker of the House.

The office of public health within DHH is available to discuss the enclosed report with you at your convenience. Please contact Mr. Clayton Williams, assistant secretary of the office of public health, at (225) 342-6188 or Ms. Kathleen Aubin, with the office of public health's section of environmental epidemiology and toxicology, at (504) 219-4575 with any questions or comments you may have.

Sincerely,

Alan Levine Secretary

Enclosures

Cc: The Honorable Members of the House Health and Welfare Committee
The Honorable Members of the Senate Health and Welfare Committee
David R. Poynter Legislative Research Library

LAFARGE CEMENT FACTORY/GERT TOWN NEW ORLEANS, LOUISIANA

REPORT PREPARED IN RESPONSE TO HCR 188 OF THE 2009 REGULAR SESSION

MAY 2010

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EXECUTIVE SUMMARY

As requested by House Concurrent Resolution 188 of the 2009 Regular Session, the Louisiana Department of Health and Hospitals' Section of Environmental Epidemiology and Toxicology (DHH/SEET) conducted a study of the health effects associated with the operation of the Lafarge Cement Factory in the Gert Town neighborhood in New Orleans, LA.

The Lafarge Earhart Cement Factory is a concrete loading facility located at 7123 Forshey Street, New Orleans, Louisiana, 70125. In early 2005, Lafarge North America purchased the plant from Dixie Building Materials Company, Inc. The facility, which manufactures ready-mix concrete, has been in operation since 1963. A review of the records from the Louisiana Department of Natural Resources (DNR) from the years 1963 through 1983 do not show any complaints against the facility, and the plant was found to be in compliance with the Air Quality Regulations (1). Between 1983 and 2005, three complaints were lodged against Dixie Building Materials Company, Inc (2). According to the Louisiana Department of Environmental Quality's (DEQ), Lafarge Earhart Plant Complaint Investigation report, Lafarge operated the facility from May 2005 through August 2005.

The facility sustained major damage due to Hurricane Katrina, and regular operations did not resume until May 2008 (2). In the time since Lafarge took ownership of the site in May 2005, one complaint has been lodged against the Lafarge Earhart plant. This complaint, referred to DEQ on March 24, 2009, alleged that air dust emissions from concrete operations were being emitted from the facility. Since reopening, the Lafarge Earhart Plant is operating below capacity. Due to the small amount of yearly emissions, the Lafarge Earhart facility has met the requirements for permit exemption (2). Therefore, DEQ has not collected air samples at the Lafarge Earhart site.

Particulate matter is a mixture of solid particles and liquid droplets found in the air such as dust, dirt, soot, or smoke (3). Estimations of particulate matter 10 (PM₁₀) emissions, particulate matter up to 10 micrometers in size, were calculated by DEQ in March 2009 based on cubic yards of cement sample data which are provided in DEQ's Lafarge Earhart Plant Complaint Investigation report (2). These PM10 emission data are estimations and do not represent exposure data that can be used in health evaluations. The Agency for Toxic Substances and Disease Registry's (ATSDR) air monitoring experts, LSU Health Sciences faculty and DEQ representatives reviewed this data and all agree that the data provided in the aforementioned report is not sufficient to evaluate health conditions due to particulate matter exposure.

This study is being conducted to assess potential health effects by comparing the mortality and hospitalization rates in zip code area 70125 where the Gert Town neighborhood and the Lafarge Cement Factory are located with a control population. This type of review can show differences in rates between the study and comparison area, but cannot link any health outcome to an environmental factor. Detailed health effects data from zip code area 70125 were compared to two demographically similar zip code areas, 70114 and 70116. Mortality and hospitalization data (1999-2007) from the Louisiana Mortality Data and the Louisiana Hospital Inpatient Discharge Data (1999-2007) were examined. Population data used to calculate the mortality and hospitalization rates are from the United States Census Bureau 2000 (1999 - 2005) and the Greater New Orleans Community Data Center (2006-2007).

The study examined the following parameters: the crude death rates per 1000; crude hospitalization rates per 1000; mortality rate ratios; hospitalization rate ratios and 95 percent confidence intervals for the zip code area 70125 (study area); and the combined zip code areas 70114 and 70116 (comparison area) for

1999 – 2007. The results show that the primary causes of death are similar for both the study area and the comparison area, and are not statistically significant. For deaths related to respiratory diseases, the rates for both areas are comparable. Deaths related to circulatory diseases, myocardial infarction and acute cerebrovascular disease are slightly statistically significantly elevated in the study area, while coronary atherosclerosis and other heart disease are lower in the study area. Although the primary causes of death classified as myocardial infarction and acute cerebrovascular disease are slightly higher in the study area than in the comparison area for the years 1999-2007, these health outcomes cannot be definitively linked to particulate matter exposure to the Lafarge Cement Factory since many risk factors can contribute to these diseases. The causes of the above mentioned diseases cannot be determined or definitively linked to particulate matter exposure even though they are slightly statistically significantly higher in the study area than in the comparison area.

In reviewing hospitalizations, the crude hospitalization rates of the study and comparison areas are very similar for the years between 1999 and 2007; the study area was lower for the years 2000, 2001, 2002, 2005, 2006 and 2007. The leading causes of hospitalizations are similar in both areas; the study area has lower rates for circulatory system diseases, diseases of the musculoskeletal system and connective tissue, mental illness, certain conditions originating in the perinatal period, complications of pregnancy, childbirth and the puerperium, and diseases of the blood and blood-forming organs. For hospitalizations due to respiratory diseases, the study area had higher rates for asthma and aspiration pneumonia/food vomitus; and lower hospitalization rates for chronic obstructive pulmonary disease and bronchiectasis, and pleurisy, pneumothorax, and pulmonary collapse. Hypertension with complications and secondary hypertension are the only circulatory system related hospitalizations with slightly higher rates in the study area than in the comparison area. Although hypertension with complications and secondary hypertension circulatory system related hospitalizations are slightly higher in the study area than in the comparison area for the years 1999-2007, these health outcomes cannot be definitively linked to particulate matter exposure to the Lafarge Cement Factory since many risk factors can contribute to these diseases. The causes of the above mentioned diseases cannot be determined or definitively linked to particulate matter exposure ev en though they are slightly statistically significantly higher in the study area than in the comparison area.

The mortality rates for neoplasms were further evaluated. All crude death rates due to cancers such as prostate, colon, lung, and malignant neoplasms without specific sites were similar for all evaluated areas. Cancers of unknown primary site are slightly higher in the study area than in the comparison area.

Some past scientific studies have shown that long-term exposure to particulate matter is associated with infant mortality. Infant death rates, calculated for zip code area 70125 and the combined zip code areas 70114 and 70116, indicated there were no increased infant deaths in either the study area or the comparison area.

The mortality data and the hospitalization data for residents of the zip code area 70125, the zip code area where the LaFarge Cement Factory is located, did not show any consistent pattern of higher rates than the comparison zip code areas, 70114 and 70116 for the time span 1999 – 2007.

REPORT TO THE LEGISLATURE HCR188 OF THE 2009 REGULAR SESSION

INTRODUCTION

This study's main goal "to study the effects on human health and the environment by the operations of the Lafarge Cement Factory in Gert Town, New Orleans, Louisiana" as requested by House Concurrent Resolution 188 of the 2009 Regular Session.

This review sought to study whether there exists a higher mortality and hospitalization rate in zip code area 70125, where Gert Town and the Lafarge cement factory are located, than in two demographically similar zip code areas located within five miles of the area (zip code areas 70114 and 70116) for the years 1999 through 2007, and to present the conclusions of such study in a written report to the House Committee on Health and Welfare and the Senate Committee on Health and Welfare prior to the 2010 Regular Session of the Louisiana Legislature.

BACKGROUND

The Lafarge Earhart plant is a concrete loading facility located at 7123 Forshey Street, New Orleans, Louisiana, 70125. In early 2005, Lafarge North America purchased the plant from Dixie Building Materials Company, Inc. Dixie Building Materials Company, Inc. manufactured ready-mix concrete and had been in operation since 1963. There were no records of any complaints against the facility from the years 1963 through 1983 when the Louisiana Department of Natural Resources (LDNR) monitored air, and the plant was in compliance with the Air Quality Regulations (1). According to the Louisiana Department of Environmental Quality's (DEQ) Lafarge Earhart Complaint Investigation Report, from 1983 through 2005, Dixie Building Materials Company, Inc. had a total of three complaints lodged against the facility (2).

The Lafarge facility operated from May 2005 through August 2005, when the facility sustained major damage due to Hurricane Katrina. Regular operations resumed in May 2008, and detailed records on its operations have been maintained since May 2008. One complaint lodged against the Lafarge Earhart plant on March 24, 2009 had been referred to DEQ since Lafarge had taken ownership of the site. This complaint alleged that air dust emissions from concrete operations were being emitted from the facility. Regular operations at the Lafarge Earhart Cement Factory are similar to the operations at Dixie Building Materials Company, Inc. They include: trucks arrive at the facility, where they are filled with cement and aggregate before mixed concrete is transported to a job site. Presently, the Lafarge Earhart cement factory operates only once or twice a week unless the plant has a large order. According to DEQ's Lafarge Earhart Plant Complaint Investigation report, the Lafarge plant has produced 19,000 cubic yards of concrete since its operations resumed in May 2008. The maximum throughput for this facility is 30,000 cubic yards per year. Currently, due to the small amount of yearly emissions, the Lafarge Earhart facility has met the requirements for permit exemption (2). Therefore, DEQ has not collected air samples at the Lafarge Earhart site.

Since air monitoring data is not available, estimations of particulate matter 10 (PM₁₀) emissions were calculated by DEQ in March 2009 based on cubic yards of cement sample data as shown in DEQ's Lafarge Earhart Plant Complaint Investigation report (2). These PM₁₀ emission data are only estimations and do not represent exposure data that can be used in health evaluations. ATSDR's air monitoring experts, LSU Health Sciences faculty, and DEQ representatives reviewed this data and all agree that the data provided in the aforementioned report is not sufficient to evaluate health conditions due to PM₁₀ exposure.

The evaluation of mortality and hospitalization data from the years 1999-2007 include years when both Dixie Building Materials, Inc. (1999 through 2005) and the Lafarge Earhart Facility (May 2005 through August 2005 and after May 2008) were in operation. The plant was closed following Hurricane Katrina and regular operations did not resume until May 2008.

PARTICULATE MATTER

Particle pollution, also called particulate matter or PM, is a mixture of solid particles and liquid droplets found in the air. Dust, dirt, soot, and smoke are examples of particulate matter that are large enough to be seen with the naked eye; however, other particles included in this category are so small they can only be detected with an electron microscope. The size of the particle is linked to its potential for causing health problems. The greatest health problems are due to particles that are less than 10 micrometers in diameter because they can get deep into the lungs, and even have the potential to enter the bloodstream.

Numerous scientific studies have linked particle pollution exposure to increased respiratory symptoms, such as airway irritation, coughing or difficulty breathing. Other health effects link particulate matter exposure to decreased lung function, aggravated asthma, development of chronic bronchitis, irregular heartbeat, nonfatal heart attacks, and premature death in people with heart or lung disease (3). Short-term studies have shown consistent associations of daily exposure to particulate matter with mortality and morbidity on the same day or subsequent days (4).

Those patients who are especially affected are those with pre-existing conditions such as asthma, chronic obstructive pulmonary disease (COPD), pneumonia and other respiratory diseases, as well as patients with cardio-vascular diseases and diabetes. Long-term exposure to particulate matter is associated with increased infant mortality and cardiovascular cases, such as myocardial infarctions (4). Previous studies have shown that when air concentrations of suspended particulate matter are increased, the rate of deaths due to myocardial infarctions increases (5). With respect to morbidity, respiratory symptoms, lung growth, and immune system functions are affected (4). According to a systemic data assessment completed in 2004 by the World Health Organization European Center for Environment and Health, particulate matter exposure has been associated with increased lung cancer cases and subsequent increased death rates (6).

A review of mortality and hospitalization data was conducted in an attempt to identify any possible health effects that may be associated with the area surrounding the Lafarge Cement Factory. This review of health outcomes will characterize the causes of death and hospitalization in the two areas and differences in health effects known to be related to particulates were determined; however, this review is limited in that it cannot directly link any of the health outcomes to environmental factors.

POPULATIONS FOR COMPARISON

Zip code areas have to be used because of population size. Because the study area focuses on the Gert Town neighborhood, the zip code 70125 is used for the study area. The comparison area was selected based on similar population size, racial composition, poverty levels, gender distributions and age distributions (See Appendix A). Zip Code areas 70114 and 70116 met these criteria, so their combined data was used for comparison.

Population data for the years 2000-2005 was obtained from the US Census Bureau. In 2005, Hurricane Katrina dramatically changed Orleans Parish's population. Since data from the US Census Bureau does not measure such rapid changes in population, the population data for the years 2006 and 2007 were

estimated using 2005, 2006 and 2007 data that was obtained from the Greater New Orleans Community Data Center (GNOCDC) database. The population numbers in the GNODC database are estimates and reflect households actively receiving mail. In order to determine an estimate of population numbers in each of the zip code areas for the years 2006 and 2007, we calculated population numbers based upon the number of households receiving mail in 2005, 2006 and 2007. For example, in zip code area 70125, for the year 2006, there were 3,362 households receiving mail, and in the year 2005, prior to Hurricane Katrina, there were 9,119 households receiving mail. From these household numbers, the percentage of households receiving mail in 2006 was calculated. Thirty-seven percent of the 2000 US Census population for zip code area 70125 was calculated, which yielded an estimated population of 8,807 in 2006.

STUDY AREA: ZIP CODE 70125:

In 2000, United States Census Bureau recorded 23,887 people, 8,977 households, 10,327 housing units, and 5,350 families residing in the zip code 70125, where Gert Town is located. The area's racial makeup was 25.6 percent White, 71.3 percent African American, 1.2 percent Asian, and 1.1 percent from two or more races. Hispanic or Latino of any race made up 2.6 percent of the population. The median age was 29.8 years. There were 43.4 percent males and 56.6 percent females. The median income for a household in 1999 was \$20,089, and the median income for a family was \$22,677. The per capita income in 1999 was \$14,377. About 37.3 percent of families and 39.5 percent of individuals were below the poverty line (7). For the year 2005, GNOCDC estimates there were 9,119 households receiving mail in this area. According to the GNOCDC, 3,362 households received mail in 2006 and 4855 households received mail in 2007 (8). The population in this area decreased considerably after 2005 as a result of Hurricane Katrina.

COMPARISON AREA: ZIP CODE 70114:

In 2000, the United States Census Bureau recorded 28,385 people, 10,384 households, 12,351 housing units and 6,800 families residing in the zip code area 70114. The racial makeup of the area was 21.8 percent White, 73.6 percent African American, 1.2 percent Asian and 1.4 percent from two or more races. Hispanic or Latino of any race made up 4.3 percent of the population. The median age was 29.6 years. There were 45.9 percent male and 54.1 percent female. The median income for a household in 1999 for this area was \$23,379, and the median income for a family was \$25,673. The per capita income in 1999 for this area was \$12,288. About 30.3 percent of families and 35.3 percent of the population were below the poverty line (7). GNOCDC estimates that 11,897 households received mail in zip code area 70114 in 2005, 11,936 households received mail in zip code area 70114 in 2006 and 11,304 households received mail in zip code area 70114 in 2007(8).

COMPARISON AREA: ZIP CODE 70116:

In 2000, the United States Census Bureau recorded 16,688 people, 8,010 households, 10,467 housing units and 3,326 families residing in the zip code area 70116. The racial makeup of the area was 29.2 percent White, 68.1 percent African American, 0.5 percent Asian, and 1.2 percent from two or more races. Hispanic or Latino of any race made up 2.6 percent of the population. The median age was 37.3 years. There were 50.9 percent males and 49.1 percent females. The median income for a household was \$21,150 in 1999, and the median income for a family was \$21,711. The per capita income for the zip code area in 1999 was \$17,794. About 33.7 percent of the families and 35.3 percent of the population were below the poverty line (7). GNOCDC estimates that 7,917 households received mail in zip code area 70116 in 2005, 5,733 households received mail in zip code area 70116 in 2006 and 6,706 households received mail in zip code area 70116 in 2007 (8). The population in this area decreased considerably after 2005 as a result of Hurricane Katrina.

VITAL STATISTICS MORTALITY DATA

Mortality information presented in this report is gathered from data recorded on the Certificate of Death for deaths that occurred among Louisiana residents. All original death certificates flow to the Office of Public Health\Vital Records Registry. Data are recorded on death certificates by funeral directors who solicit demographic information from available next of kin, and by physicians or coroners who record information on time, place and cause of death. Louisiana law requires that funeral directors send death certificates to the Vital Records Registry within five days of the occurrence of a death, and that the identities of persons included in the death registry be kept confidential. Death statistics are compiled in accordance with World Health Organization (WHO) regulations, which require member nations to classify causes of death according to the revision of the International Statistical Classification of Diseases, Injuries, and Causes of Death in effect at the time of death. Deaths that occurred from 1999 to present are coded in accordance with the tenth revision (ICD-10). All of the causes of death described in this report are underlying causes of death, defined as the disease or injury that initiated the sequence of events leading to death. Secondary causes of death are not considered. Death registration in Louisiana is considered to be 100 percent complete, since a death certificate must be filed before a burial permit may be obtained.

MORTALITY DATA EVALUATED FOR ZIP CODE AREAS 70125 AND 70114/70116 COMBINED (1999-2007)

Methods:

Mortality Rate: A mortality rate (or crude death rate) is a statistical measure of the frequency of death within a population group at a specified point in time or time period. Crude death rates are computed for an entire population and disregard differences that may exist by gender, race, age or other variables.

Crude death rate = (Total number of deaths in zip code area/(Census 2000 total population for years 1999 - 2005 or Greater New Orleans Community Data Center (GNOCDC) total population for years 2006 or 2007 in the zip code area)* 1000

Example of GNOCDC total population calculated for year 2006 =

(GNOCDC estimated total number of households receiving mail in 2006/GNOCDC estimated total number of households receiving mail in 2005) * Census 2000 Total Population for zip code areas

Comparison of Crude Death Rate: A rate ratio is a comparison of two groups in terms of incidence rates, person-time rates, or mortality rates. The mortality rate ratios in this report were calculated as follows:

Rate Ratio = Crude death rate per 1000 for zip code area 70125

Crude death rate per 1000 for combined zip code areas 70114 and 70116

A rate ratio of 1 means that the crude death rates for both comparison groups, zip code area 70125 and zip code areas combined 70114 and 70116, are identical. If the ratio is greater than 1, the death rate in the study area is greater than the comparison area.

Confidence Intervals:

To further evaluate rate ratios, 95percentconfidence intervals were calculated. Confidence Interval (C.I.) is defined as a range of values within which a true value is expected to fall 95 percent of the time. LDHH-SEET used the Winpepi version 9.7 statistical packages to estimate the 95 percent C.I.s and the statistical method used to calculate 95 percent C.I. was Fischer's test. A 95 percent C.I. indicates that if the survey were repeated many times, the true value would be expected to fall within the range 95 percent of the time (9). A confidence interval is a statistical method used to determine what ranges a true risk, such as cause of death or cause of hospitalization, is likely to be. C.I.s surrounding the risk estimates are statistically significant when they do not include 1.0 within the interval. If the interval includes 1.0, the difference in the hospitalization or death rates is not statistically significant.

RESULTS:

The following table shows the crude death rates per 1000 individuals for zip code area 70125, the study area, and zip code areas 70114/70116 combined, the comparison area, for the years 1999 through 2007.

According to the rate ratio calculations in table 1, it appears that the crude death rates of both the study zip code area and the comparison zip code area have been very similar for the years 1999 through 2007. The rate ratio range for the years 1999 through 2007 is 0.95 - 1.35. The calculated rate ratio is slightly higher (statistically significantly) for the year 2006 indicating that there was a higher death rate in the study area than the comparison area during 2006.

The increased death rate for the year 2006 may be the result of the decrease in population from Hurricane Katrina which occurred in August 2005. In addition, the overall calculated rate ratio for the nine-year period (1999 - 2007) is slightly higher (statistically significantly) indicating that within that nine-year period span, there was a slightly higher death rate in the study area than in the comparison area.

Table 1: Crude Death Rates per 1000 for zip code area 70125 and combined zip code areas 70114 and 70116 (1999 – 2007)

Total Deaths		70125		70	114 & 70116			!
Year	Number deaths	Population	Crude Death Rate per 1000	Number deaths	Population	Crude Death Rate per 1000	Rate Ratio	95% Confidence Intervals
1999	299	23887	12.52	541	45073	12.00	1.04	0.90 - 1.20
2000	273	23887	11.43	495	45073	10.98	1.04	0.89 - 1.21
2001	262	23887	10.97	500	45073	11.09	0.99	0.85 - 1.15
2002	272	23887	11.39	500	45073	11.09	1.03	0.88 - 1.19
2003	296	23887	12.39	480	45073	10.65	1.16	1.00 - 1.35
2004	239	23887	10.01	474	45073	10.52	0.95	0.81 - 1.11
2005	261	23887	10.93	433	45073	9.61	1.14	0.97 - 1.33
2006*	98	8807***	11.13	333	40470**	8.23	1.35	1.07 - 1.70
2007*	113	12717**	8.89	354	41106***	8.61	1.03	0.83 - 1.28
Total Deaths	2113	188733	11.20	4110	397087	10.35	1.08	1.03 - 1.14

^{*}Years Lafarge was not in operation due to Hurricane Katrina

** Population Estimates due to Hurricane Katrina

COMPARISON OF LEADING CAUSES OF DEATH:

In order to determine the leading causes of death for the zip code areas 70125 and 70114/70116, the mortality data was evaluated. Cardiovascular diseases and cancer are the two leading causes of death in both the United States and the state of Louisiana (10). As seen in table 2 below, diseases of the circulatory system and neoplasms are the primary causes of death for both the study area and the comparison area. When comparing rates for the study area with calculated rates for the comparison area, the causes of death are very similar. The rate ratios ranged from 0.53 to 1.24. All of the rate ratios greater than 1 had confidence intervals that included 1, indicating that they were not statistically significant.

Table 2: All Deaths (ICD-10 Categories) for zip code area 70125 and 70114/70116 combined (1999 - 2007)

		70125			70114 &	k 70116		95%
	Number	Population	Rate per	Number	Population	Rate per		Confidence
Underlying Cause of Death	deaths	1999-2007	1000	deaths	1999-2007	1000	Rate Ratio	Intervals
Other*	52	188733	0.28	88	397087	0.22	1.24	0.87-1.77
Infectious & Parasitic	136	188733	0.72	231	397087	0.58	1.24	1.00-1.54
Mental & behavioral	64	188733	0.34	117	397087	0.29	1.15	0.84-1.57
Genitourinary	74	188733	0.39	136	397087	0.34	1.14	0.85-1.53
Respiratory	127	188733	0.67	237	397087	0.60	1.13	0.90-1.40
External Causes (primarily assaults)	209	188733	1.11	399	397087	1.00	1.10	0.92-1.30
Circulatory	688	188733	3.65	1317	397087	3.32	1.10	1.00-1.21
Nervous System	77	188733	0.41	148	397087	0.37	1.09	0.82-1.45
Neoplasms	443	188733	2.35	857	397087	2.16	1.09	0.97-1.22
Digestive	76	188733	0.40	163	397087	0.41	0.98	0.74-1.30
Blood, blood-forming organs, immune	8	188733	0.04	18	397087	0.05	0.94	0.35-2.26
mechanism	0	100733	0.04	10	377007	0.03		
Musculoskeletal system & connective tissue	16	188733	0.08	36	397087	0.09	0.94	0.48-1.73
Certain conditions in perinatal period	11	188733	0.06	25	397087	0.06	0.93	().41-1.95
Endocrine, nutritutional, metabolic disease	124	188733	0.66	307	397087	0.77	0.85	0.68-1.05
Congenital malformations, deformations,	****							
chromosomal abnormalities	4	188733	0.02	14	397087	0.04	0.60	0.14-1.91
Skin & subcutaneous tissue	4	188733	0.02	16	397087	0.04	0.53	0.13-1.63
Pregnancy, childbirth, puerperium	0	188733	0.00	1	397087	0.00	0.00	-

^{*}This category primarily includes other ill-defined and unspecified causes of mortality.

COMPARISON OF CAUSES OF DEATH DUE TO RESPIRATORY DISEASES:

Since numerous scientific studies have linked particle pollution exposure to increased respiratory symptoms, the department further evaluated respiratory-related deaths. As shown in table 3 below, the calculated crude respiratory-related death rates range from 0.01 to 0.32 for the study zip code area, and 0.01 to 0.27 for the comparison zip code area. The calculated rate ratio range is 0.35 - 1.46, and none are statistically significant.

Table 3: Respiratory System: Causes of Death for zip code area 70125 and 70114/70116 combined (1999-2007)

		70125			70114 8	95%		
Respiratory Death	Number deaths	Population 1999-2007	Rate per 1000	Number deaths	Population 1999-2007	Rate per 1000	Rate Ratio	Confidence Intervals
Asthma	9	188733	0.05	13	397087	0.03	1.46	0.55-3.68
Aspiration pneumonitis, food/vomitus	7	188733	0.04	12	397087	0.03	1.23	0.41-3.38
Chronic obstructive pulmonary disease	61	188733	0.32	109	397087	0.27	1.18	0.85-1.63
Pneumonia (except caused by TB or STDs)	32	188733	0.17	61	397087	0.15	1.10	0.70-1.72
Respiratory failure, insufficiency, arrest	5	188733	0.03	10	397087	0.03	1.05	0.28-3.38
Other lower respiratory disease	11	188733	0.06	23	397087	0.06	1.01	0.44-2.15
Pleurisy, pneumothorax, pulmonary collapse	1	188733	0.01	3	397087	0.01	0.70	0.01-8.73
Other*	1	188733	0.01	6	397087	0.02	0.35	0.01-2.89

^{*}Includes categories with fewer than three deaths: Upper respiratory infections and diseases; Lung disease due to external agents; and acute bronchitis.

COMPARISON OF CAUSES OF DEATH DUE TO CIRCULATORY DISEASES:

The circulatory related deaths were further evaluated since scientific studies have shown that some of the health effects linked to particulate matter exposure includes irregular heartbeat, nonfatal heart attacks, and premature death in people with heart or lung disease. As shown in table 4 below, the crude circulatory-related death rates range is 0.02 - 0.71 for the study area and the crude circulatory-related death rate range for the comparison area is 0.01 - 0.57. All causes of death which are circulatory related such as heart valve disorders, acute myocardial infarction, and heart diseases, are similar for both the study zip code area and the comparison zip code area. The calculated rate ratio range is 0.54-2.10. Acute myocardial infarction and acute cerebrovascular disease are the only calculated rate ratios that are slightly higher (statistically significant) indicating that slightly more deaths from myocardial infarctions and acute cerebrovascular disease occurred in the study area than in the comparison area.

Table 4: Circulatory System: Causes of Death for Zip code areas 70125 and 70114/70116 combined (1999-2007)

		70125			70114 8	k 70116		
	Number	Population		Number	Population	Rate per		95%
Circulatory	deaths	1999-2007	Rate per 1000	deaths	1999-2007	1000	Rate Ratio	Confidence
Other*	3	188733	0.02	3	397087	0.01	2.10	0.28-15.71
Heart valve disorders	18	188733	0.10	23	397087	0.06	1.65	0.84-3.19
Late effects of cerebrovascular disease	7	188733	0.04	9	397087	0.02	1.64	0.52-4.94
Cardiac dysrhythmias	15	188733	0.08	20	397087	0.05	1.58	0.75-3.24
Acute myocardial infarction	130	188733	0.69	183	397087	0.46	1.49	1.18-1.88
Acute cerebrovascular disease	134	188733	0.71	201	397087	0.51	1.40	1.12-1.75
Pulmonary heart disease	15	188733	0.08	27	397087	0.07	1.17	0.58-2.28
Congestive heart failure; nonhypertensive	50	188733	0.26	101	397087	0.25	1.04	0.73-1.48
Other & ill-defined heart disease	68	188733	0.36	139	397087	0.35	1.03	0.76-1.39
Hypertension with complications and							ł	
secondary hypertension	81	188733	0.43	167	397087	0.42	1.02	0.77-1.34
Other & ill-defined cerebrovascular	14	188733	0.07	29	397087	0.07	1.02	0.50-1.99
Other circulatory disease	7	188733	0.04	16	397087	0.04	0.92	0.32-2.37
Cardiac arrest and ventricular fibrillation	9	188733	0.05	22	397087	0.06	0.86	0.35-1.95
Peripheral & visceral atheroscleros	10	188733	0.05	26	397087	0.07	0.81	0.35-1.73
Coronary atherosclerosis and other heart								
disease	86	188733	0.46	227	397087	0.57	0.80	0.62-1.03
Peri-; endo-; and myocarditis;								
cardiomyopathy	26	188733	0.14	69	397087	0.17	0.79	0.49-1.26
Aortic; peripheral; and visceral artery								0.22.1.47
aneurysms	7	188733	0.04	24	397087	0.06	0.61	0.22-1.47
Essential hypertension	8	188733	0.04	31	397087	0.08	0.54	0.22-1.21

^{*}Includes categories with less than 3 deaths: phlebitis, thrombophlebitis & thrombosis; other disease of veins & lymphatics; conduction disorders; and aortic and peripheral arterial embolism

DETAILED REVIEW OF CANCER CAUSES OF DEATH:

Cancer is the second highest cause of death in the United States and the state of Louisiana. Rates for neoplasms in the study zip code area and the comparison zip code area were further evaluated. As shown in table 5 below, the calculated crude death rate range for neoplasm-related deaths is 0.01 - 2.26 for the study zip code area, and the calculated crude death rate range for the comparison zip code area is 0.01 - 2.12. All crude death rates for all primary causes of death due to cancers such as prostate, colon, breast, lung, and malignant neoplasms without specific sites, are similar for both the study zip code area and the comparison zip code area. The calculated rate ratio range is 0.91 to 2.43. Cancer of unknown primary site is the only category which has a calculated rate ratio that is slightly higher (statistically significant), which indicates there were slightly more deaths due to cancer of unknown primary site in the study area than in the comparison area.

Table 5: Neoplasms Causes of Death for zip code area 70125 and 70114/70116 combined (1999-2007)

		70125			70114 8	c 70116			
	Number	Population		Number	Population	Rate per		95%	
Neoplasms	deaths	1999-2007	Rate per 1000	deaths	1999-2007	1000	Rate Ratio	Confidence	
Malignant	426	188733	2.26	840	397087	2.12	1.07	0.95-1.20	
Cancer of pancreas	25	188733	0.13	35	397087	0.09	1.50	0.86-2.58	
Cancer of colon	52	188733	0.28	81	397087	0.20	1.35	0.94-1.94	
Cancer of prostate	34	188733	0.18	53	397087	0.13	1.35	0.85-2.12	
Malignant neoplasm without specific site	31	188733	0.16	54	397087	0.14	1.21	0.75-1.91	
Cancer of breast	41	188733	0.22	80	397087	0.20	1.08	0.72-1.59	
Other cancers	138	188733	0.73	295	397087	0.74	0.98	0.80-1.21	
Cancer of bronchus, lung	105	188733	0.56	242	397087	0.61	0.91	0.72-1.15	
Benign	2	188733	0.01	4	397087	0.01	1.05	0.10-7.34	
Cancer of Unknown Primary Site	15	188733	0.08	13	397087	0.03	2.43	1.08-5.54	

INFANT DEATHS:

Past scientific studies have shown that long-term exposure to particulate matter is associated with infant mortality (4). As shown in table 6 below, the infant crude death rates are similar for the zip code area 70125 and the combined zip code areas 70114/70116, 0.10 and 0.14, respectively. The calculated rate ratio is 0.71 and not statistically significant.

Table 6: Infant Deaths for zip code area 70125 and 70114/70116

Table of Intant Deaths 101 E.		70125				95%		
	Number	Population		Number	Population	Rate per		Confidence
Infant Deaths	Deaths	1999-2007	Rate per 1000	Deaths	1999-2007	1000	Rate Ratio	Intervals
	19	188733	0.10	56	397087	0.14	0.71	0.40-1.22

LOUISIANA HOSPITAL INPATIENT DISCHARGE DATA (LaHIDD)

Louisiana hospitals are required by law to submit data on all admitted patients to the Louisiana Department of Health and Hospitals/ Office of Public Health (LDHH/OPH). Annual LaHIDD datasets contain patient address, age; sex; race; admit and discharge date; and diagnosis and treatment information on all hospital admissions. The primary diagnosis and up to eight secondary diagnoses are listed. These diagnoses are coded according to ICD-9 (International Classification of Disease, version 9).

Datasets are available for 1999 through 2007 for inpatients only. Data is available through 2007 since it takes years to review the data for quality assurance and completeness. LaHIDD does not contain data on emergency room visits. Address including zip codes is a variable available in LaHIDD thus allowing calculation of hospitalization rate by zip code of residence.

Methods:

Hospitalization Rate: A hospitalization rate (or crude hospitalization rate) is a statistical measure of the frequency of hospitalizations within a population group at a specified point in time or time period. Crude hospitalization rates are computed for an entire population and disregard differences that may exist by gender, race, age, or other variables.

Comparison of Crude Hospitalization Rates:

Crude hospitalization rate = (Total number of hospitalizations in zip code area/(Census 2000 total population in the zip code area or GNOCDC total population for years 2006 and 2007 in the zip code area) * 1000

Example of GNOCDC total population calculated for year 2006 =

(GNOCDC estimated total number of households receiving mail in 2006/GNOCDC estimated total number of households receiving mail in 2005) * Census 2000 Total Population for zip code area

A rate ratio is a comparison of two groups in terms of incidence rates, person-time rates, or mortality rates. The hospitalization rate ratios in this report were calculated as follows:

Rate Ratio = Crude hospitalization rate per 1000 for zip code area 70125

Combined crude hospitalization rate per 1000 for areas 70114 and 70116

A rate ratio of 1 means that the crude hospitalization rates for both comparison groups, zip code area 70125 and zip code areas combined 70114 and 70116, are identical. If the ratio is greater than 1, the hospitalization rate in the study area is greater than the comparison area.

To further evaluate rate ratios, 95 percent confidence intervals (C.I.s) were calculated. Confidence Interval (C.I.) is defined as a range of values within which a true value is expected to fall 95 percent of the time. LDHH-SEET used the Winpepi version 9.7 statistical package to estimate the 95 percent C.I.s. A 95percentconfidence interval indicates that if the survey were repeated many times, the true value would be expected to fall within the range 95percentof the time. If the interval includes 1, the observed value has been seen by chance.

The following table shows the crude hospitalization rates per 1000 individuals for zip code area 70125 and zip code area 70114/70116 combined for the years 1999 through 2007. According to the rate ratio calculations in table 7, it appears that the crude hospitalization rates of both zip code areas are very similar for the years 1999 through 2007 and there has not been much change over time. According to table 7, the calculated rate ratio range is 0.88-0.99. The calculated rate ratios for the years 2000, 2001, 2002, 2005, 2006, 2007 and total hospitalizations for the time period 1999 through 2007 are statistically significantly lower in the study population than the comparison population.

Table 7: Crude Hospitalization Rates per 1000 for zip code area 70125 and combined zip code areas 70114 and 70116 (1999-2007)

_	(-	 	 _	_	
Γ	Total					
l	Hospitalizations					
Г		Г				

Total								
Hospitalizations		70125		70114	& 70116			
			Crude			Crude		95%
	#		Rate per	#		Rate per	Rate	Confidence
Year	Hospitalizations	Population	1000	Hospitalizations	Population	1000	ratio	Intervals
1999	2954	23887	123.67	6109	45073	135.54	0.91	0.91 - 1.00
2000	2816	23887	117.89	5934	45073	131.65	0.90	0.87 - 0.97
2001	2938	23887	123.00	6278	45073	139.29	0.88	0.86 - 0.95
2002	2934	23887	122.83	6169	45073	136.87	0.90	0.87 0.96
2003	3304	23887	138.32	6397	45073	141.93	0.97	0.93 - 1.02
2004	3164	23887	132.46	6008	45073	133.29	0.99	0.98 - 1.08
2005	2334	23887	97.71	4947	45073	109.76	0.89	0.85 0.94
2006*	810	8807**	91.97	4091	40470**	101.09	0.91	0.84 - 0.98
2007*	1181	12717**	92.87	4337	41106**	105.51	0.88	0.83 - 0.94
Grand Total	22435	188733	118.87	50270	397087	126.60	0.94	0.92 - 0.96

^{*}Years Lafarge was not in operation due to Hurricane Katrina

COMPARISON OF PRIMARY DIAGNOSIS OF HOSPITALIZATION:

The top 3 primary diagnoses for hospitalizations in the state of Louisiana (2005) and in the United States (2002) were: circulatory system diseases, complications/conditions of pregnancy, and respiratory system diseases (10, 11). As seen in table 8 below, the leading primary diagnosis (ICD-9 category) for hospitalizations from the study area and the comparison area (hospitalization rates greater than 10.0) are respiratory system diseases, circulatory system diseases, mental illness, and conditions/complications of pregnancy. The calculated crude hospitalization rate range is 0.19 - 20.19 for the study zip code area and the calculated crude hospitalization rate range for the comparison zip code area is 0.16 - 22.40. When comparing the calculated rate ratio for the study area with calculated rate ratio for the comparison area, it appears that the primary causes of hospitalization were very similar for both areas evaluated. The calculated rate ratio range is 0.73 to 1.19. Calculated rate ratios for hospitalizations identified with the following primary diagnosis are statistically significantly lower: circulatory system diseases; diseases of the musculoskeletal system and connective tissue; mental illness; certain conditions originating in the perinatal period; complications of pregnancy, childbirth and the puerperium; and diseases of the blood and bloodforming organs.

^{**} Population Estimates due to Hurricane Katrina

Table 8: All Hospitalizations (ICD- 9 Categories) for zip code area 70125 and 70114/70116 combined (1999-

2007)

•		70125			70114 & 70116	5		95%
All Hospitalizations (Primary diagnosis)		Population	Rate per		Population	Rate per	Rate	Confidence
` ' '	#	1999-2007	1000	#	1999-2007	1000	Ratio	Intervals
Residual or unclassified codes	57	188733	0.30	101	397087	0.25	1.19	0.84 - 1.66
Congenital anomalies	35	188733	0.19	64	397087	0.16	1.15	0.74 - 1.76
Diseases of the nervous system and sense organs	462	188733	2.45	882	397087	2.22	1.10	0.98 - 1.24
Endocrine; nutritional; and metabolic diseases								
and immunity disorders	878	188733	4.65	1744	397087	4.39	1.06	0.98 - 1.15
Injury and poisoning	1722	188733	9.12	3456	397087	8.70	1.05	0.99 - 1.11
Diseases of the respiratory system	2060	188733	10.91	4158	397087	10.47	1.04	0.99 - 1.10
Diseases of the skin and subcutaneous tissue	587	188733	3.11	1190	397087	3.00	1.04	0.94 - 1.15
Symptoms; signs; and ill-defined conditions and								
factors influencing health status	787	188733	4.17	1599	397087	4.03	1.04	0.95 - 1.13
Neoplasms	966	188733	5.12	1987	397087	5.00	1.02	0.95 - 1.11
Infectious and parasitic diseases	700	188733	3.71	1452	397087	3.66	1.01	0.93- 1.11
Missing	330	188733	1.75	686	397087	1.73	1.01	0.89 - 1.16
Diseases of the digestive system	1683	188733	8.92	3535	397087	8.90	1.00	0.95 - 1.06
Diseases of the genitourinary system	992	188733	5.26	2124	397087	5.35	0.98	0.91 - 1.06
Diseases of the circulatory system	3811	188733	20.19	8896	397087	22.40	0.90	0.87 - 0.94
Diseases of the musculoskeletal system and								
connective tissue	557	188733	2.95	1319	397087	3.32	0.89	0.80 - 0.98
Complications of pregnancy, childbirth, and the				ŀ				
puerperium	3035	188733	16.08	7292	397087	18.36	0.88	0.84 - 0.91
Mental Illness	1549	188733	8.21	3974	397087	10.01	0.82	0.77 - 0.87
Certain conditions originating in the perinatal				1		1		
period	1947	188733	10.32	5009	397087	12.61	0.82	0.78 - 0.86
Diseases of the blood and blood-forming						Ì		
organs	277	188733	1.47	802	397087	2.02	0.73	0.63 - 0.83

COMPARISON OF CAUSES OF HOSPITALIZATIONS DUE TO RESPIRATORY DISEASES:

Since numerous scientific sources have linked particle pollution exposure to increased respiratory symptoms such as irritation of the airways, coughing, or difficulty breathing, we further evaluated the hospitalizations with a respiratory-related diagnosis. As seen in table 9 below, respiratory infections are the 1st leading primary cause of hospitalization and asthma is the 2nd leading primary cause of hospitalization for respiratory system related hospitalizations for both the comparison zip code area and study area. The calculated crude hospitalization rate range is 0.02 - 4.82 for the study zip code area and the calculated crude hospitalization rate range for the comparison zip code area is 0.05 - 4.85. When comparing the calculated rate ratio for the study area with the comparison area, the primary causes of hospitalization were very similar for both areas evaluated. The calculated rate ratio range is 0.30 to 1.59. Calculated rate ratios for hospitalizations for chronic obstructive pulmonary disease and bronchiectasis; and pleurisy, pneumothorax, and pulmonary collapse are lower (statistically significant). Asthma and aspiration pneumonitis/food vomitus hospitalizations are slightly higher (statistically significant) in the study area than the comparison area. Aspiration pneumonitis/food vomitus is defined as chemical injury caused by the inhalation and breathing of sterile gastric contents (usually food or vomit) from the mouth into the lungs (12).

Table 9: Respiratory System Related Hospitalizations for Zip code areas 70125 and 70114/70116 combined

(1999-2007)

		70125			70114 & 70110	5		95%
Respiratory		Population	Rate per		Population	Rate per	Rate	Confidence
• •	#	1999-2007	1000	#	1999-2007	1000	Ratio	Intervals
Aspiration pneumonitis; food/vomitus	93	188733	0.49	123	397087	0.31	1.59	1.20 - 2.10
Other upper respiratory disease	35	188733	0.19	55	397087	0.14	1.34	0.85 - 2.08
Asthma	490	188733	2.60	815	397087	2.05	1.26	1.13 - 1.42
Respiratory failure; insufficiency; arrest (adult)	121	188733	0.64	223	397087	0.56	1.14	0.91 - 1.43
Other lower respiratory disease	91	188733	0.48	174	397087	0.44	1.10	0.84 - 1.43
Respiratory infections	909	188733	4.82	1926	397087	4.85	0.99	0.94 - 1.07
Chronic obstructive pulmonary disease and								[
bronchiectasis	276	188733	1.46	688	397087	1.73	0.84	0.73 - 0.97
Pleurisy; pneumothorax; pulmonary collapse	42	188733	0.22	133	397087	0.33	0.66	0.46 - 0.95
Lung disease due to external agents	3	188733	0.02	21	397087	0.05	0.30	0.06 - 1.01

COMPARISON OF CAUSES OF HOSPITALIZATION DUE TO CIRCULATORY DISEASES:

Since scientific sources have shown that some of the health effects that are linked to particulate matter exposure include irregular heartbeat, nonfatal heart attacks, and premature death in people with heart or lung disease, hospitalizations due to circulatory conditions were further evaluated. Hospitalization rates for circulatory conditions range from 0.01 to 4.55 for the study zip code area and 0.01 to 5.73 for the comparison area. As shown in table 10, rates of hospitalization for circulatory related conditions are similar for both the study zip code area and the comparison zip code area. Calculated rate ratios for nonspecific chest pain; congestive heart failure; acute myocardial infarction; coronary atherosclerosis and other heart disease; and other diseases of veins and lymphatics are lower (statistically significant) in the study area. Hypertension with complications and secondary hypertension are the only circulatory system related hospitalizations with a calculated rate ratio that are slightly higher (statistically significant).

Table 10: Circulatory System Related Hospitalizations for Zip code areas 70125 and 70114/70116 combined (1999-2007)

		70125			70114 & 70116			95%
Circulatory System		Population	Rate per		Population	Rate per	Rate	Confidence
Oncuratory bystem	#	1999-2007	1000	#	1999-2007	1000	Ratio	Intervals
Cerebrovascular disease	630	188733	3.34	1306	397087	3.29	1.01	0.92 - 1.12
Acute cerebrovascular disease	422	188733	2.24	864	397087	2.18	1.03	0.91 - 1.16
Late effects of cerebrovascular disease	30	188733	0.16	40	397087	0.10	1.58	0.95 - 2.60
Occlusion or stenosis of precerebral arteries	60	188733	0.32	149	397087	0.38	0.85	0.62 - 1.15
Other and ill-defined cerebrovascular disease	12	188733	0.06	23	397087	0.06	1.10	0.50 - 2.30
Transient cerebral ischemia	106	188733	0.56	230	397087	0.58	0.97	0.76 - 1.23
Diseases of arteries; arterioles; and								
capillaries	238	188733	1.26	537	397087	1.35	0.93	0.80 - 1.09
Aortic and peripheral arterial embolism or								
thrombosis	25	188733	0.13	59	397087	0.15	0.89	0.54 - 1.45
Aortic; peripheral; and visceral artery								
aneurysms	26	188733	0.14	59	397087	0.15	0.93	0.56 - 1.49
Other circulatory disease	71	188733	0.38	135	397087	0.34	1.11	0.82 - 1.49
Peripheral and visceral atherosclerosis	116	188733	0.61	284	397087	0.72	0.86	0.69 - 1.07
Diseases of the heart	2320	188733	12.29	5909	397087	14.88	0.83	0.79 - 0.87
Acute myocardial infarction	225	188733	1.19	596	397087	1.50	0.79	0.68 - 0.93
Cardiac arrest and ventricular fibrillation	7	188733	0.04	20	397087	0.05	0.74	0.26 - 1.81
Cardiac dysrhythmias	295	188733	1.56	606	397087	1.53	1.02	0.89 - 1.18
Conduction disorders	29	188733	0.15	58	397087	0.15	1.05	0.65 - 1.67
Congestive heart failure; nonhypertensive	858	188733	4.55	2277	397087	5.73	0.79	0.73 - 0.86
Coronary atherosclerosis and other heart								
disease	401	188733	2.12	1141	397087	2.87	0.74	0.66 - 0.83
Heart valve disorders	38	188733	0.20	66	397087	0.17	1.21	0.79 - 1.83
Nonspecific chest pain	347	188733	1.84	899	397087	2.26	0.81	0.72 - 0.92
Other and ill-defined heart disease	2	188733	0.01	4	397087	0.01	1.05	0.10 - 7.34
Peri-; endo-; and myocarditis;								
cardiomyopathy (except that caused by TB or								
SID)	54	188733	0.29	100	397087	0.25	1.14	0.80 - 1.60
Pulmonary heart disease	64	188733	0.34	142	397087	0.36	0.95	0.70 - 1.28
Diseases of veins and lymphatics	117	188733	0.62	302	397087	0.76	0.82	0.65 - 1.01
Hemorrhoids	13	188733	0.07	46	397087	0.12	0.59	0.30 - 1.12
Other diseases of veins and lymphatics	15	188733	0.08	57	397087	0.14	0.55	0.29 - 0.99
Phlebitis; thrombophlebitis and								
thromboembolism	82	188733	0.43	190	397087	0.48	0.91	0.69 - 1.18
Varicose veins of lower extremity	7	188733	0.04	9	397087	0.02	1.64	0.52 - 4.94
Hypertension	506	188733	2.68	842	397087	2.12	1.26	1.13 - 1.41
Essential hypertension	83	188733	0.44	155	397087	0.39	1.13	0.85 - 1.48
Hypertension with complications and								
secondary hypertension	423	188733	2.24	687	397087	1.73	1.30	1.15 - 1.46

CONCLUSION

The mortality data and the hospitalization data for residents of the zip code area 70125, the zip code area where the LaFarge Cement Factory is located, did not show any consistent pattern of higher rates than the comparison zip de areas, 70114 and 70116 for the time span 1999 – 2007.

Past scientific studies have shown an association between daily exposures to particulate matter and increased respiratory symptoms; however, the hospitalization data evaluated from the Louisiana Hospital Inpatient Discharge Data from 1999 through 2007 did not find any consistent pattern of higher rates in the study area than the comparison area. There was a very slightly higher rate of hospitalizations identified for asthma and aspiration pneumonia/food vomitus in the study zip code area. The mortality data evaluated from the Louisiana Mortality Data from 1999 through 2007 showed no increased higher death rate due to respiratory causes in the zip code area 70125.

Long-term exposure to particulate matter is associated with increased cardiovascular cases such as myocardial infarctions. The mortality data from 1999 through 2007 indicated that acute myocardial infarction and acute cerebrovascular disease in the zip code area 70125 were only slightly higher (statistically significant) than in the comparison area. Evaluation of the circulatory system related hospitalizations indicated that hypertension complications and secondary hypertension were the only circulatory system related hospitalizations that were slightly significantly higher in the study zip code area than in the comparison zip code areas.

In this study, we cannot make associations of health effects and particulate matter exposure because of several factors including: many risk factors contribute to these diseases; there may not be a sufficient amount of pollution to produce a health effect; the severity of health effects may not be severe enough to cause hospitalization or death; and the small population in each of the groups may not be sufficient to show an increase in hospitalizations or deaths above the normal rates.

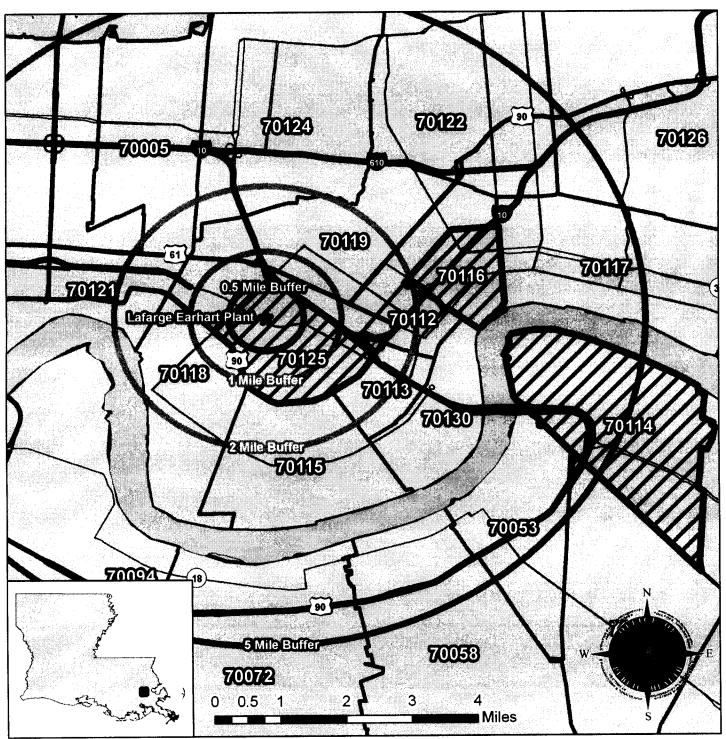
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APPENDICES

Appendix A: Lafarge Earhart Plant Map: Zip code 70125 and Similar Zip Codes 70114/70116 Appendix B: House Concurrent Resolution 188



Lafarge Earhart Plant: Zip Code 70125 and Similar Zip Codes*

	Total Population (% Difference)**		Individuals Selow Poverty tavel CN of Total Population)***	Gender Distribution (Maio/Perrole)**	Age Distribution: 18-64 (% Olfference)***	65+
70125	23,887	74.3%	8,721 (39.5%)	10,366 (43.4%) / 13,521 (56.6%)	17,442	2,925
70114	28,385 (+18.8%)	78.2%	9,837 (35.3%)	13,025 (45.9%) / 15,360 (54.1%)	19,204 (+10.1%)	2,839 (-3.0%)
70116	16,688 (-30.1%)	70.8%	5,581 (35.3%)	8,489 (50.9%) / 8,199 (49.1%)	12,822 (-26.5%)	2,259 (-22.8%)

Map produced September, 2009 by the Louisiana Department of Health and Hospitals (LDHH) / Office of Public Health (OPH) / Section of Environmental Epidemiology and Toxicology (SEET) using 2000 US Census data.

Disclaimer: SEET cannot guarantee the accuracy of the information contained on these maps and expressly disclaims liability for errors and omissions in their contents.

*For a zip code to be considered similar, it needed to have a total population between 15,000 and 30,000, of which at least 20% were white and 30%-40% were African Americans living below poverty and the population between 18 and 64 had to be within 30% of 70125.

^{**} Data comes from US. Census Bureau, American Fact Finder (http://factfinder.census.gov/home/saff/main.html)

Regular Session, 2009

HOUSE CONCURRENT RESOLUTION NO. 188

BY REPRESENTATIVE HINES AND SENATOR GRAY EVANS

A CONCURRENT RESOLUTION

To urge and request the Department of Health and Hospitals to study the effects on human health and the environment by the operations of the Lafarge Cement Factory in Gert Town, New Orleans, Louisiana, and to report findings and recommendations to the House Committee on Health and Welfare and the Senate Committee on Health and Welfare prior to the 2010 Regular Session of the Legislature.

WHEREAS, the Louisiana Constitution requires that the state's natural resources and the healthful, scenic, historic, and esthetic quality of the environment be protected, conserved, and replenished insofar as possible and consistent with the health, safety, and welfare of the people; and

WHEREAS, the legislature previously declared that the purity of the air in the environment is a matter of vital concern to the welfare of the people of the state and to promote an environment free from pollution that jeopardizes the health and welfare of the citizens of the state, consistent with sound policies for employment and industrial development; and

WHEREAS, the Lafarge Cement Factory operates in Gert Town, New Orleans, Louisiana, which results in particulate matter emanating in the surrounding residential areas that has been reported as far as five miles from the facility; and

WHEREAS, numerous Gert Town residents have experienced respiratory difficulties and illnesses.

THEREFORE, BE IT RESOLVED that the Legislature of Louisiana does hereby urge and request the Department of Health and Hospitals to study the effects on human health and the environment by the operations of the Lafarge Cement Factory in Gert Town, New Orleans, Louisiana, and to report findings and recommendations to the House

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Committee on Health and Welfare and the Senate Committee on Health and Welfare prior to the 2010 Regular Session of the Legislature.

BE IT FURTHER RESOLVED that a copy of this Resolution be transmitted to the secretary of the Department of Health and Hospitals.

SPEAKER OF THE HOUSE OF REPRESENTATIVES

PRESIDENT OF THE SENATE