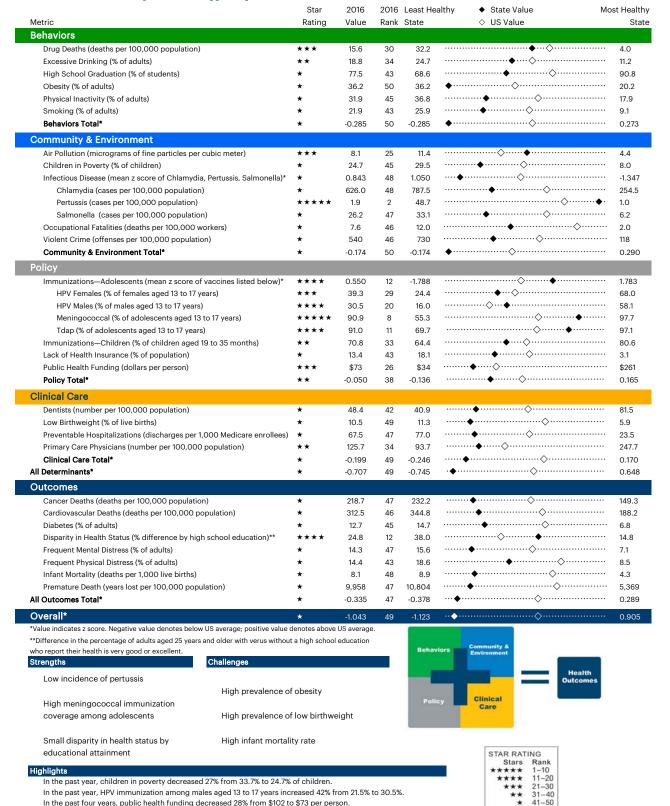


In the past four years, public health funding decreased 28% from \$102 to \$73 per person.

In the past year, diabetes increased 12% from 11.3% to 12.7% of adults.

In the past eight years, preventable hospitalizations decreased 40% from 111.9 to 67.5 discharges per 1,000 Medicare enrollees

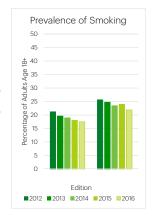
Louisiana

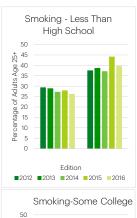


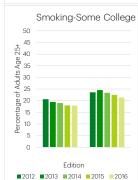
Smoking is regarded as a public health success story in the last 50 years. However, success varies by state and education level.

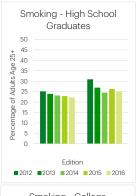
These graphs show the prevalence of smoking over the past four years for the US and for your state. The graph to the right represents your state comparison and the four graphs below show the variation by education level. Overall, smoking prevalence among US adults aged 18 years and older is decreasing each year.

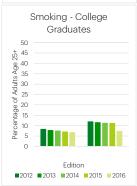
However, success in reducing smoking prevalence varies by group. In some states smoking prevalence is increasing among adults with less education.







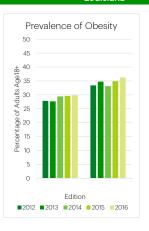


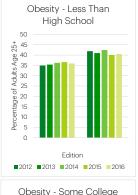


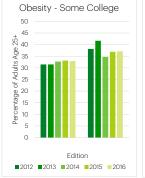
Obesity is a public health challenge nationwide.

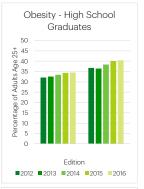
These graphs show the prevalence of obesity over the past four years for the US and for your state. The graph to the right represents your state comparison and the four graphs below show the variation by education level. Overall, obesity prevalence among US adults aged 18 years and older is increasing at an average annual rate of 0.6% per year.

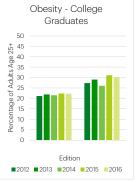
However, the prevalence of obesity is not increasing at the same rate in each group —in several states obesity prevalence is decreasing among adults in some education levels.











Preval	lence of	Smoking ((% of ac	lults)
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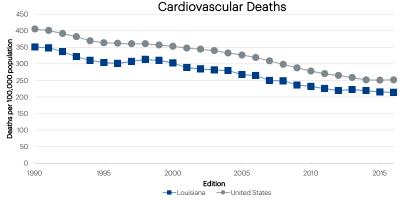
Confidence Interval
20.2% - 23.6%
17.9% - 24.6%
13.3% - 33.9%
20.2% - 24.4%
29.1% - 36.5%
18.3% - 26.5%
18.2% - 30.0%
9.9% - 15.5%
34.1% - 45.4%
21.9% - 28.2%
18.1% - 24.4%
5.7% - 9.2%
17.3% - 21.3%
21.9% - 27.5%

	Prevalence of Obesity (% of adults)		
	Prevalence	Confidence Interval	
Overall	36.2%	34.3% - 38.1%	(% aged 18+)
Black*	43.4%	39.4% - 47.4%	(% aged 18+)
Hispanic	30.2%	19.4% - 40.9%	(% aged 18+)
White*	34.3%	32.0% - 36.6%	(% aged 18+)
Less Than \$25,000	41.4%	37.6% - 45.2%	(% aged 25+)
\$25,000 to \$49,999	39.5%	35.0% - 44.0%	(% aged 25+)
\$50,000 to \$74,999	34.6%	29.0% - 40.2%	(% aged 25+)
\$75,000 or More	34.4%	30.5% - 38.2%	(% aged 25+)
Less Than High School	40.4%	34.8% - 46.0%	(% aged 25+)
High School Graduate	40.4%	36.9% - 43.8%	(% aged 25+)
Some College	37.1%	33.4% - 40.8%	(% aged 25+)
College Graduate	30.2%	26.9% - 33.4%	(% aged 25+)
Female	36.5%	34.0% - 38.9%	(% aged 18+)
Male	35.9%	33.0% - 38.8%	(% aged 18+)

^{*}non-Hispanic only NA is Not Available

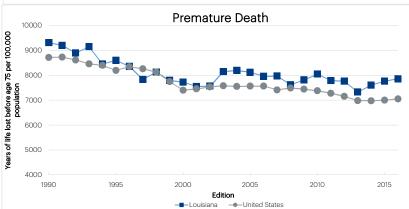






Cardiovascular disease (CVD) is a leading cause of death in the United States. While CVD affects adults of all races, ages, and income levels, disparities exist. Non-Hispanic blacks have nearly twice the rate of avoidable deaths from heart disease, stroke, and hypertensive disease as non-Hispanic whites.

For the first time in America's Health Rankings' 27 year history, the rate of death from CVD in the United States overall has increased. The graph to the left compares the US CVD death rate to your state's rate for editions 1990 to 2016.

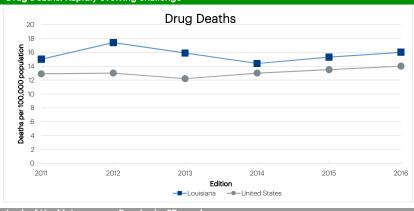


Premature death captures the years of potential life lost before age 75 (YPLL-75). Deaths occurring in youth cause the measure's value to increase more than a death in someone closer to age 75. Deaths among youth are more likely to be preventable than deaths in seniors and often indicate health care system failures and/or lifestyle factors. Cancer, unintentional injuries, heart disease, suicide, and perinatal deaths are the US's top five causes of premature death. Nearly half of US premature deaths are due to behavioral factors such as tobacco use, lack of physical activity, and poor diet.

The graph to the left compares the US premature death rate to your state's rate for editions 1990 to 2016.

Drug Deaths: Rapidly evolving challenge

Louisiana

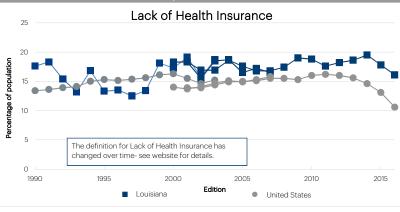


Drug overdoses are the leading cause of injury deaths in the United States with a record high of 47,055 deaths in 2014. More than six out of 10 drug deaths involve an opioid, primarily prescription pain relievers (morphine, oxycodone, hydrocodone) or heroin. Opioid-related overdose deaths increased 200% between 2000 and 2014 and since 1999 prescription for opiod pain relievers have quadrupled. The total cost of illicit drug use on the US economy—including its impact on crime, health, and productivity—is an estimated \$193 billion per year.

The graph to the left compares the US rate of drug deaths to your state's rate for editions 2011 to 2016.

Lack of Health Insurance: Reached a 27 year low

Louisiana



Individuals without health insurance have more difficulty accessing the health care system, are often unable to participate in preventive care programs, and tend to have more unmet health needs than those with health insurance. Unmet health needs may develop into more serious conditions requiring more costly treatments. Lack of health insurance often leads to emergency department visits that can be 10 times more costly than treatment in a clinic. Since the passage of the Affordable Care Act in 2010, the percentage of uninsured Americans is the lowest it has been in over 50 years.

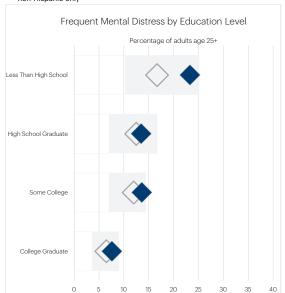
The graph to the left compares the US value of lack of health insurance to your state's value for editions 1990 to 2016.

Frequent mental distress captures the segment of the population experiencing persistent and likely severe mental health issues. The measure is the percentage of adults who report their mental health was not good 14 or more days in the past 30 days. The 14-day period is often the marker used for clinical diagnosis of depression and anxiety disorders, and a longer duration of symptoms is associated with greater limitation of activity.

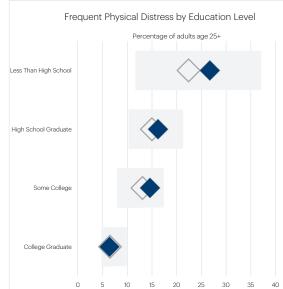
The frequent physical distress measure captures the population experiencing persistent and likely severe physical health problems. It is the percentage of adults who report their physical health was not good 14 or more days in the past 30 days.











^{**} Graphs without a state value (blue diamond) indicate that there is insufficient data to estimate the prevalence.