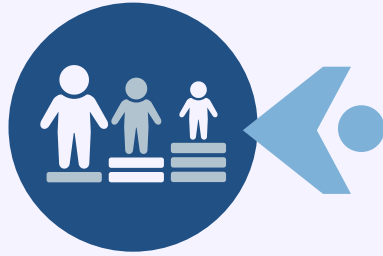
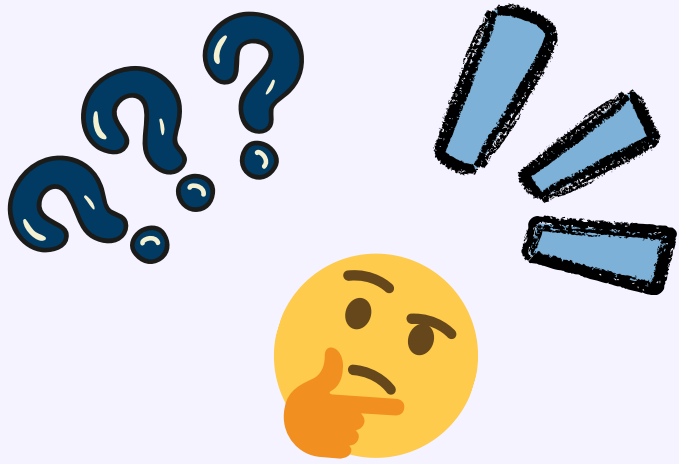




2024 HEALTH DISPARITY REPORT

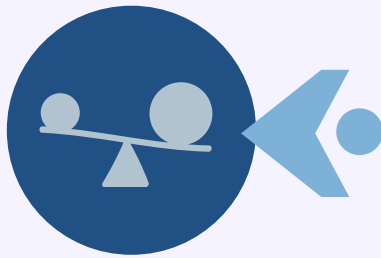
EQUITY

WHAT IS HEALTH EQUITY? WHY DOES IT MATTER?



HEALTH EQUITY

The state in which everyone has a fair and just opportunity to attain their highest level of health.



HEALTH DISPARITY

A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.



WHY IS HEALTH EQUITY IMPORTANT?

A healthier community reduces economic strain and promotes a stable and flourishing community for us all!

This report highlights the latest health disparities in Orleans Parish, focusing on key areas like life expectancy, chronic disease, behavioral health, environmental health, income inequality, and access to care. It is well-known in public health that where people live significantly impacts their health. Therefore, the report will present data by neighborhood or zip code, along with the racial demographics of each area.

TAKE A CLOSER
LOOK



A Cracked Foundation



Health disparities have been part of New Orleans' story since its founding. For instance, did you know that local healthcare professionals once published claims that enslaved people had a higher tolerance for field labor? Or that segregated medical districts existed in the city? In the 1930s, Black mortality rates were twice those of White residents. These historical facts have left a lasting impact on the healthcare system we see today. This report will include relevant historical insights to help explain current health disparities.

Location	Age (Years)	Census Tract
National	78.7	
LA	76	
70112	78.8	134
70113	69.5-78	143, 84
70114	70.3-78.4	6.05, 1
70115	71.7-83.7	102, 109
70116	64.8-80.1	29, 26
70117	62.6- 72.9	13.02, 19
70118	77.2-86.8	130, 120
70119	66.4-80.1	44.1, 41
70122	69.9-80.4	138, 133.02
70124	79.2-88.1	56.04, 56.02
70125	62.3-80.5	94, 122
70126	66-78.4	137, 17.01
70127	71.7-78.1	17.44, 17.23
70128	69.5-82.4	17.46, 17.47
70129	72-78.4	17.41, 17.49
70130	75.5-81.2	88, 139
70131	73.7-82.2	6.17, 6.18
70174	73.2	6.04
70177	72.1	11
70179	78.8	54
70185	71.7	72

Life Expectancy

Where we live plays a crucial role in our health and life expectancy. Our neighborhoods influence the toxins and stressors we face, our access to healthy food, and how easily we can reach a doctor or dentist. They also affect whether we feel safe going outside for a walk or other activities. Life expectancy is the average number of years a person can expect to live at birth.

The national average life expectancy is 78.7 years, while the state average in Louisiana is 76 years. In New Orleans, the average life expectancy is slightly higher at 76.6 years. The table on the left provides life expectancy data for each ZIP code in the area. To better illustrate variations within ZIP codes, each ZIP code has been subdivided into census tracts, and the range of life expectancies for these tracts is listed.

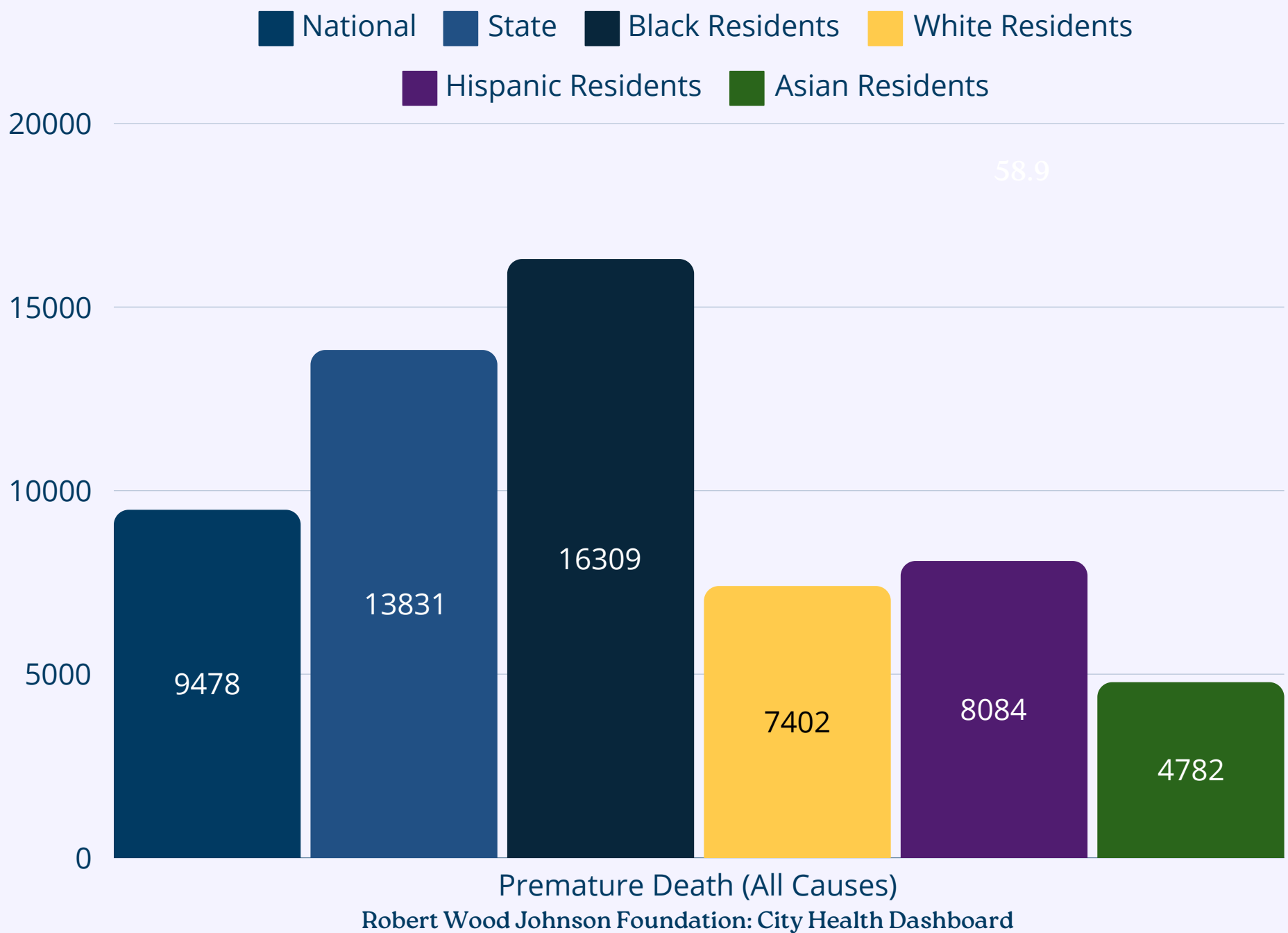
Census tracts are small, relatively stable geographic units within parishes (or county equivalents), established by local data committees. To highlight disparities, the census tract with the lowest life expectancy is marked in red, and the tract with the highest life expectancy is marked in green.

Life expectancy disparities in New Orleans reveal significant inequities across neighborhoods. The highest life expectancy, 88 years, is recorded in Lakeview (Census Tract (CT) 56.02), while the lowest, 62 years, is found in Central City (CT 94)—a striking 26-year difference. The four neighborhoods with the highest life expectancy (Lakeview, Lakeshore/Lake Vista, Navarre, and Audubon) are over 60% white. However, there are majority-Black neighborhoods (Tall Timbers (CT 6.18), English Turn (CT 6.12), Read/Bullard (CT 17.47)) with life expectancies exceeding 80 years, surpassing the national average.

A comparison of neighborhoods with life expectancies in the 80s versus those in the 60s highlights a key protective factor: a poverty rate below 25%. This finding underscores the critical role of socioeconomic conditions in shaping health outcomes across communities.

The New Orleans Health Department (NOHD) offers several programs aimed at supporting vulnerable populations living in poverty. These include Health Care for the Homeless, Healthy Start, Family Connects, and the Women, Infants, and Children (WIC) program.

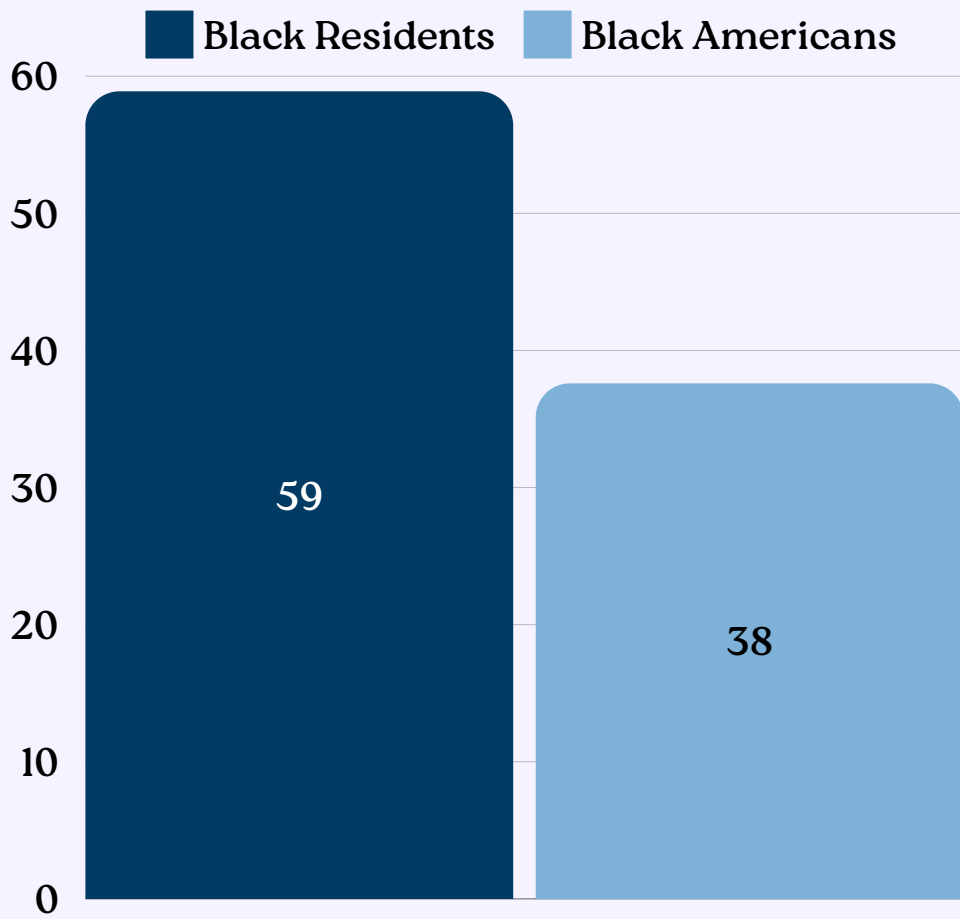
Premature Death



Premature death, measured as years of potential life lost before age 75 per 100,000 people, highlights significant health disparities in New Orleans. Black residents lose an average of 16,309 years of life. These rates are higher than those seen in comparable cities, with Black residents experiencing particularly disproportionate rates of premature death. This disparity stems from systemic inequities and has persisted in the city's 306-year existence. Economic instability, housing insecurity, and environmental hazards all contribute to a higher prevalence of chronic conditions and poor health outcomes.

In contrast, White, Hispanic, and Asian residents in New Orleans have lower premature death rates, falling below both state and national averages. Addressing health inequities requires targeted initiatives to improve outcomes for Black residents in New Orleans. Key strategies include expanding access to preventive care, strengthening place-based infrastructure, and partnering with local organizations to address social determinants of health such as poverty and food insecurity. The New Orleans Health Department (NOHD) is making progress through collaborative efforts and impactful programs aimed at dismantling these disparities. While strides have been made, significant work remains to ensure equitable health outcomes and reduce premature deaths citywide.

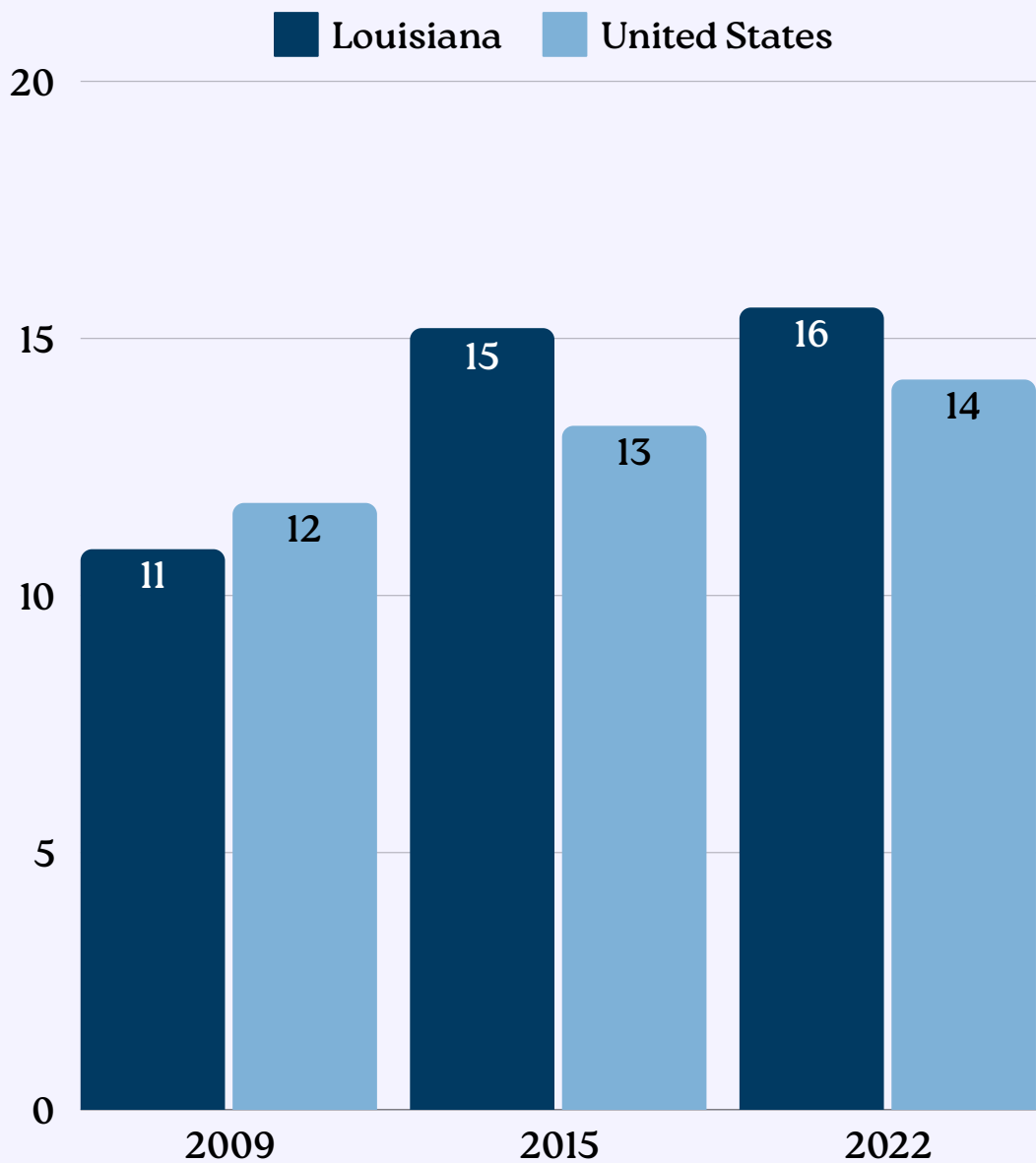
Firearm Homicides



Robert Wood Johnson Foundation: City Health Dashboard

Violence is a public health issue driven by a complex interplay of environmental, systemic, and social stressors. Gun violence, particularly homicides, is a pressing concern in New Orleans. The rate of firearm homicides is measured per 100,000 people, and it is particularly alarming that Black residents are disproportionately affected. In New Orleans, the homicide rate for Black residents is 58.9, which is notably higher than the rate of 37.6 in comparable cities. To address this crisis, the New Orleans Health Department's Office of Violence Prevention is taking proactive steps, including offering firearm safe storage, deploying peace ambassadors, employing violence interrupters, and providing supportive services for both children and adults impacted by gun violence. These efforts aim to reduce violence and support those most affected by it.

Suicide Rates



Center for Disease Control and Prevention

Suicide rates in Louisiana have risen steadily over the past 20 years, increasing by 39.3%. In 2009 Louisiana's suicide rates were below the national average, but since then, they have consistently risen and are now above the national average. In 2022 Louisiana recorded 15.6 suicides per 100,000 people making suicide the third leading cause of death for individuals aged 10-24. Moreover, for every suicide death, there are over 25 suicide attempts, with the ratio for 15-24-year-olds estimated at 100-200 attempts for each death, and for the elderly, it is 4 attempts per death. Although 90% of individuals who attempt suicide survive, prior attempts are a significant risk factor for future suicides. Louisiana also faces a severe shortage of mental health resources, particularly for children, making it challenging to address the growing mental health crisis. Several factors contribute to the deterioration of mental health, underscoring the need for mental health professionals to support residents as they navigate a rapidly changing world. The New Orleans Health Department's efforts to address mental health issues can be found in the behavioral health section.

Chronic Disease

Location	Diabetes	Hypertension	Obesity
National	9.3%	32.4%	33.6%
LA	11.6%	29.3%	32.8%
70112	10.1%	19.1%	18.3%
70113	16.0%	29.7%	29.3%
70114	15.5%	27.7%	32.3%
70115	8.3%	28.2%	22.3%
70116	15.3%	36.1%	26.4%
70117	15.8%	32.2%	29.2%
70118	10.5%	30.4%	24.4%
70119	12%	29.5%	25.6%
70122	11.6%	36%	33.2%
70124	5.2%	28.7%	20.8%
70125	12.4%	29.5%	27.8%
70126	17.3%	35.1%	36%
70127	19.6%	38.7%	37.1%
70128	18.4%	39.9%	37.3%
70129	15.6%	31.9%	27.4%
70130	9.5%	29.4%	22.2%
70131	13.9%	32.5%	35.5%

Chronic diseases are long-term health conditions that last for a year or more and often require ongoing medical care or limit daily activities. Conditions like heart disease, cancer, and diabetes are leading causes of death and disability across the United States. In New Orleans, we face a significant burden from chronic diseases, particularly hypertension and diabetes. The accompanying table highlights the zip codes with the highest percentage of adults affected by these conditions, along with obesity, which is closely linked to chronic disease.

New Orleans exhibits an average diabetes prevalence of 13.4% among adults, which is notably higher than the average of 9% observed nationally and 11.6% in Louisiana. Within New Orleans, several zip codes report diabetes rates in the high teens, with the highest recorded at 19.6%. The two most affected zip codes, located in New Orleans East, have demographics comprising over 80% of Black residents.

The average prevalence of hypertension nationally is 32.4% and is 29.3% across the state. In the Read/Bullard neighborhood, the rate reaches as high as 39.9%, while the Central Business District prevalence is lower than the national and state average.

Access to healthy food and safe spaces for physical activity are essential for improving health outcomes. New Orleans East has limited grocery stores and green space. We must also acknowledge the cultural significance of food in New Orleans. Food plays a central role in our traditions and celebrations, and any efforts to address these disparities must respect and incorporate our unique cultural practices. By considering these factors, we can work towards healthier communities while honoring our heritage.

Behavioral Health

Behavioral health includes mental health, substance use disorders, life stressors, and the physical symptoms that can come from stress. Unfortunately, New Orleans has a higher percentage of smokers and people engaging in binge drinking compared to many other cities. Our vibrant celebrations often include alcohol as a central part of the festivities, and while the national average for binge drinking among adults is 16%, here in New Orleans, it rises to 22%.

Research indicates that stress is a significant risk factor for smoking. Areas such as Treme, 7th Ward, and Central City, which have been identified as having lower life expectancy and elevated rates of chronic diseases, also exhibit a considerable percentage of smokers. In contrast, Lakeview has a smoking prevalence of only 9.4%. Smoking is well-documented to exacerbate conditions such as hypertension and diabetes, leading to poorer health outcomes.

Additionally, mental health is a significant concern in our city. About 19% of adults report experiencing frequent mental distress. This issue is particularly pronounced in predominantly Black neighborhoods like B.W. Cooper and Gert Town, where an average of 30% of adults report mental distress—almost triple the rate of just 11% in Lakeview.

The New Orleans Health Department provides a range of behavioral health services aimed at addressing mental health disparities in the city, particularly among underserved communities. One of the key initiatives is the Mobile Crisis Intervention Unit (MCIU), which provides on-site, immediate response to mental health crises. This service is designed to divert individuals in distress from the criminal justice system and emergency rooms, offering them support in the community rather than institutional settings. MCIU teams, consisting of mental health professionals and paramedics, work to assess and stabilize individuals in crisis, connecting them to the appropriate mental health resources. These efforts help reduce barriers to care, particularly for vulnerable populations who may face difficulties accessing traditional mental health services. Through these initiatives, the NOHD is actively working to reduce mental health disparities, providing timely and culturally competent care that aligns with the unique needs of New Orleans residents.

Zip Code	Smoking	Mental Distress
National	11.6%	23.1%
LA	11.7%	20.1%
70112	19.1%	25.4%
70113	19.5%	25.7%
70114	17.8%	26.1%
70115	13.1%	18.3%
70116	20.5%	22%
70117	19.8%	24.4%
70118	14.2%	27.9%
70119	17.4%	26%
70122	14.4%	22%
70124	9.4%	15.9%
70125	14.7%	30%
70126	15.6%	26.9%
70127	15.6%	25.5%
70128	13.4%	21.9%
70129	13.9%	19.4%
70130	15.4%	24.6%
70131	11.7%	22.3%

Environmental Health

Soil Contamination: Lead & Arsenic

Lead exposure poses a serious health risk, with no known safe level. It can cause lasting damage to the health, learning, and behavior of young children, while also contributing to high blood pressure, kidney damage, and fertility problems in adults. Like many older cities, New Orleans has some lead pipes in its water system—on both the utility-owned and customer-owned sides. However, lead exposure is not limited to water pipes. In areas like St. Roch and Central City, soil samples have exceeded the U.S. Environmental Protection Agency's (USEPA) regulatory limit of 400 mg/kg for lead in residential soil. These neighborhoods, which are over 50% Black, face additional risks from contaminated soil. Moreover, elevated levels of arsenic have been detected in Mid-City, Central City, Milneburg, and St. Roch, exacerbating the environmental health risks in these communities.

Another critical area of concern is Gordon Plaza, a neighborhood near St. Roch. Built in the late 1970s on the former Agriculture Street Landfill, Gordon Plaza sits atop a toxic legacy. Federal, state, and independent studies have found high levels of hazardous substances, including lead, arsenic, mercury, chromium, dioxins, PCBs, and more than 140 other toxins—49 known carcinogens—in the soil and water. The pesticide DDT, once widely used to combat insects, was also detected in the area. As a result, residents have suffered from respiratory diseases, cancer, and other health issues, with several cases leading to death.

Despite decades of awareness, these neighborhoods remain hotspots of environmental contamination, disproportionately affecting communities of color. Addressing these health disparities is essential to improving the quality of life for all New Orleans residents.

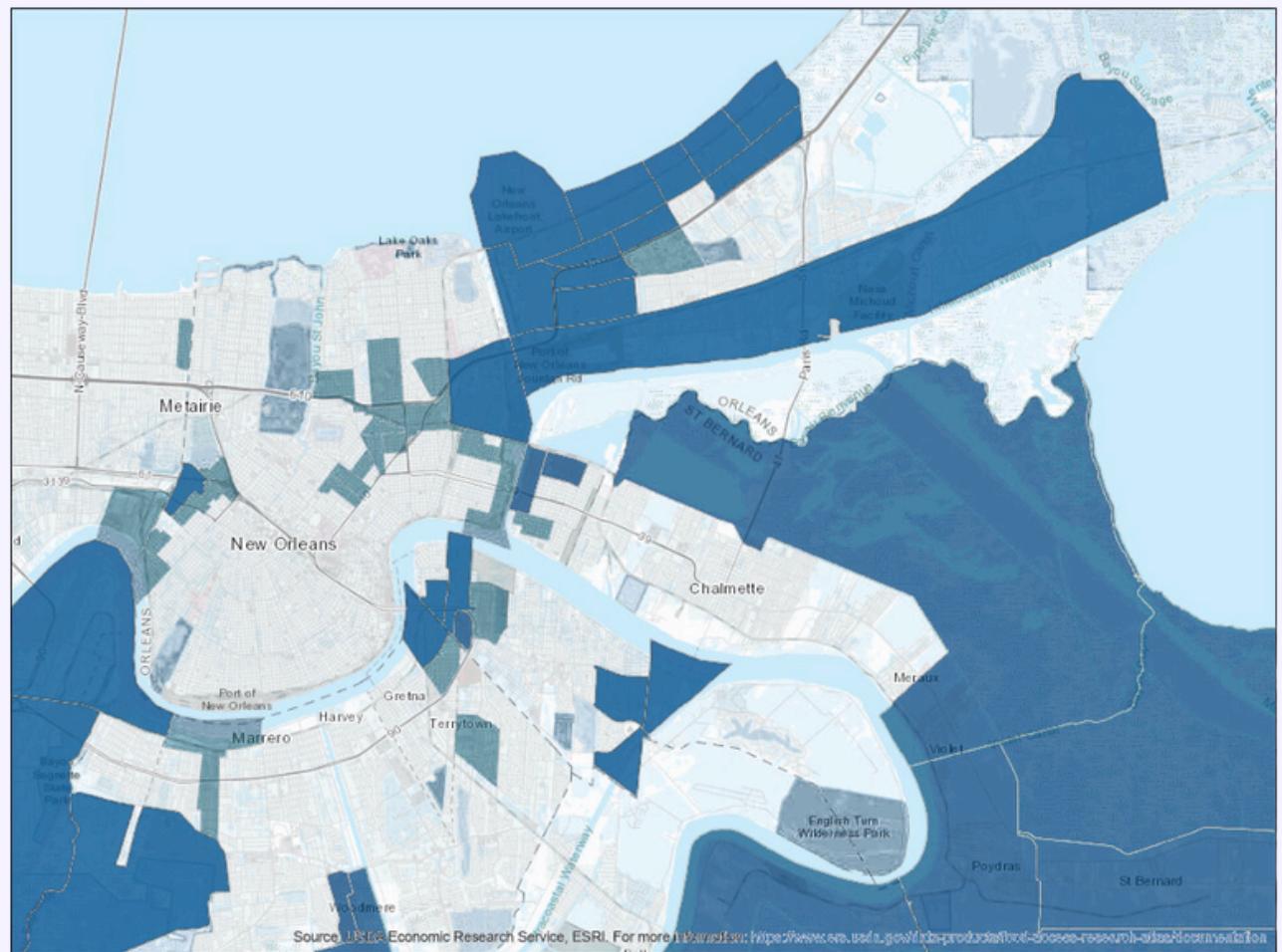
Heat Islands

Heat stress is the leading cause of weather-related deaths and can worsen existing health conditions such as heart disease, diabetes, mental health disorders, and asthma, and even increase the risk of accidents and the spread of certain infectious diseases. Urban "heat islands" are areas that experience higher temperatures compared to surrounding regions due to factors like the density of trees, the amount of pavement, and the height and spacing of buildings. These factors can cause some neighborhoods in New Orleans to be as much as 18 degrees hotter than others.

New Orleans lost a third of its tree canopy after Hurricane Katrina, which has exacerbated the heat island effect. While neighborhoods like Filmore, Audubon, and Lakeview have between 14% and 20% tree coverage, others such as Iberville and Central City have less than 5%. Communities with less greenery are at a greater risk of extreme heat exposure. Particularly vulnerable "heat hotspots" in New Orleans include Hollygrove, Tulane Avenue, Dwyer Canal, Central City, the area around Xavier University, Arabi, and Algiers near the West Bank Expressway. These areas experience significantly higher temperatures, compounding existing health disparities

Climate Central Heat Mapping, 2024

Food Swamps & Deserts



Food Swamps and Food Deserts: A Growing Health Disparity in New Orleans

A food swamp refers to an urban area where residents have limited access to grocery stores but are surrounded by non-nutritious options like corner stores and fast-food outlets. In contrast, a food desert is a neighborhood with limited access to affordable, nutritious, and plentiful food. Both conditions contribute to significant health disparities in our communities.

In New Orleans, several low-income areas face these challenges. Highlighted in blue on the map are neighborhoods where at least 500 people, or 33% of the population, live more than one mile (in urban areas) or more than 10 miles (in rural areas) from a supermarket, supercenter, or large grocery store. Highlighted in grey are low-income tracts where more than 100 households lack a vehicle and are more than half a mile from the nearest supermarket, or where a significant portion of residents live more than 20 miles from a grocery store.

Neighborhoods like New Orleans East, Algiers, and the Lower 9th Ward continue to struggle with a lack of grocery stores and access to healthy food options. Additionally, parts of the 7th Ward and Tremé have high percentages of residents without transportation, making it difficult to reach grocery stores that are too far to walk. These barriers increase the risk of poor nutrition and chronic health conditions in some of the city's most vulnerable communities.

USDA Food Access Maps

Income & Access to Care

Income Inequality

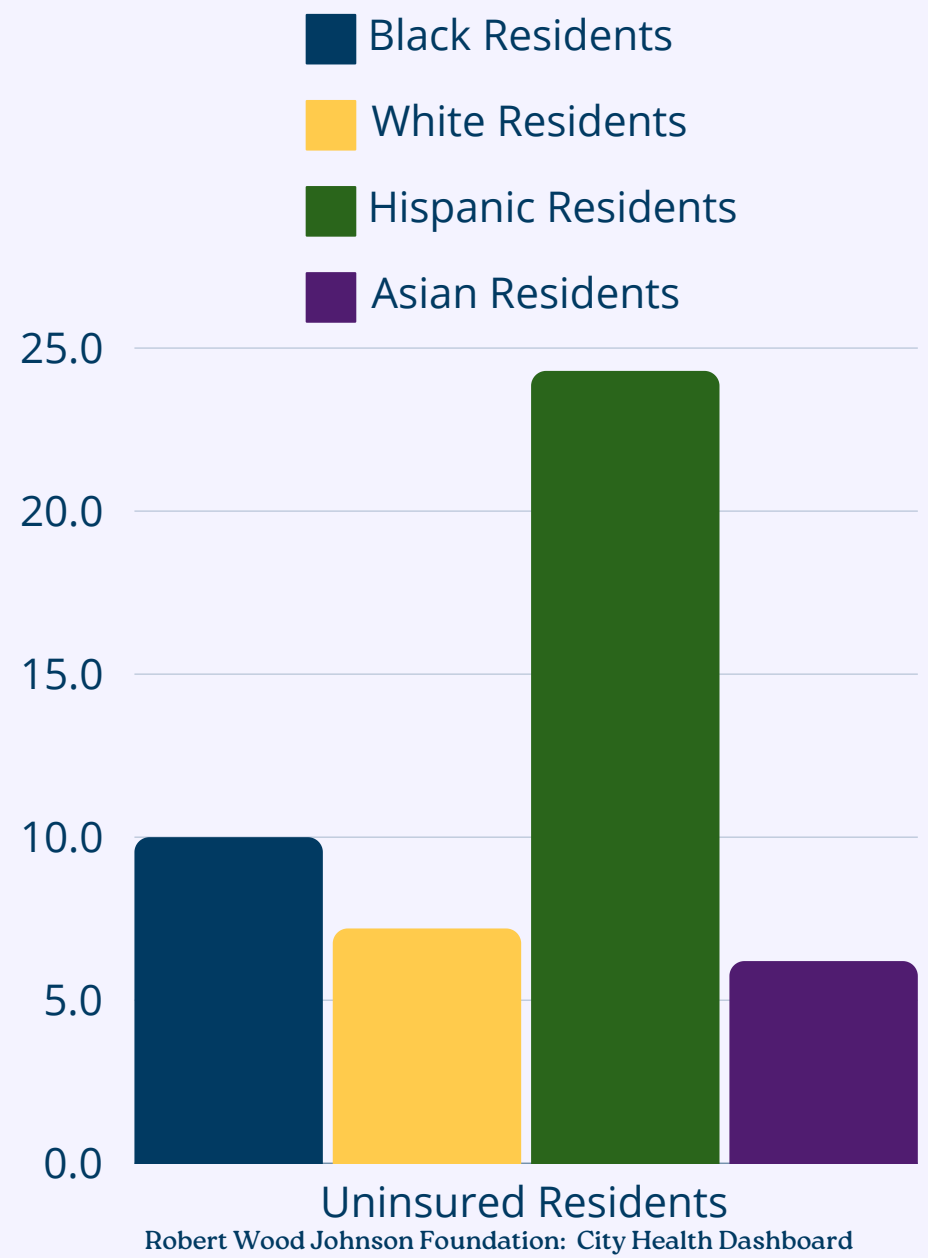
Zip Code	Score
70112	-73.1
70113	-75.5
70114	-70.9
70117	-100
70118	-57.1
70119	-70
70125	-54.6
70124	49.9

New Orleans faces some of the most severe income inequalities in the country, which have a profound impact on health outcomes. In 2022, the city had an income inequality score of -20 (on a scale of +/-100), significantly worse than the average score of 3.3 across other cities. A lower score indicates greater income inequality within neighborhoods.

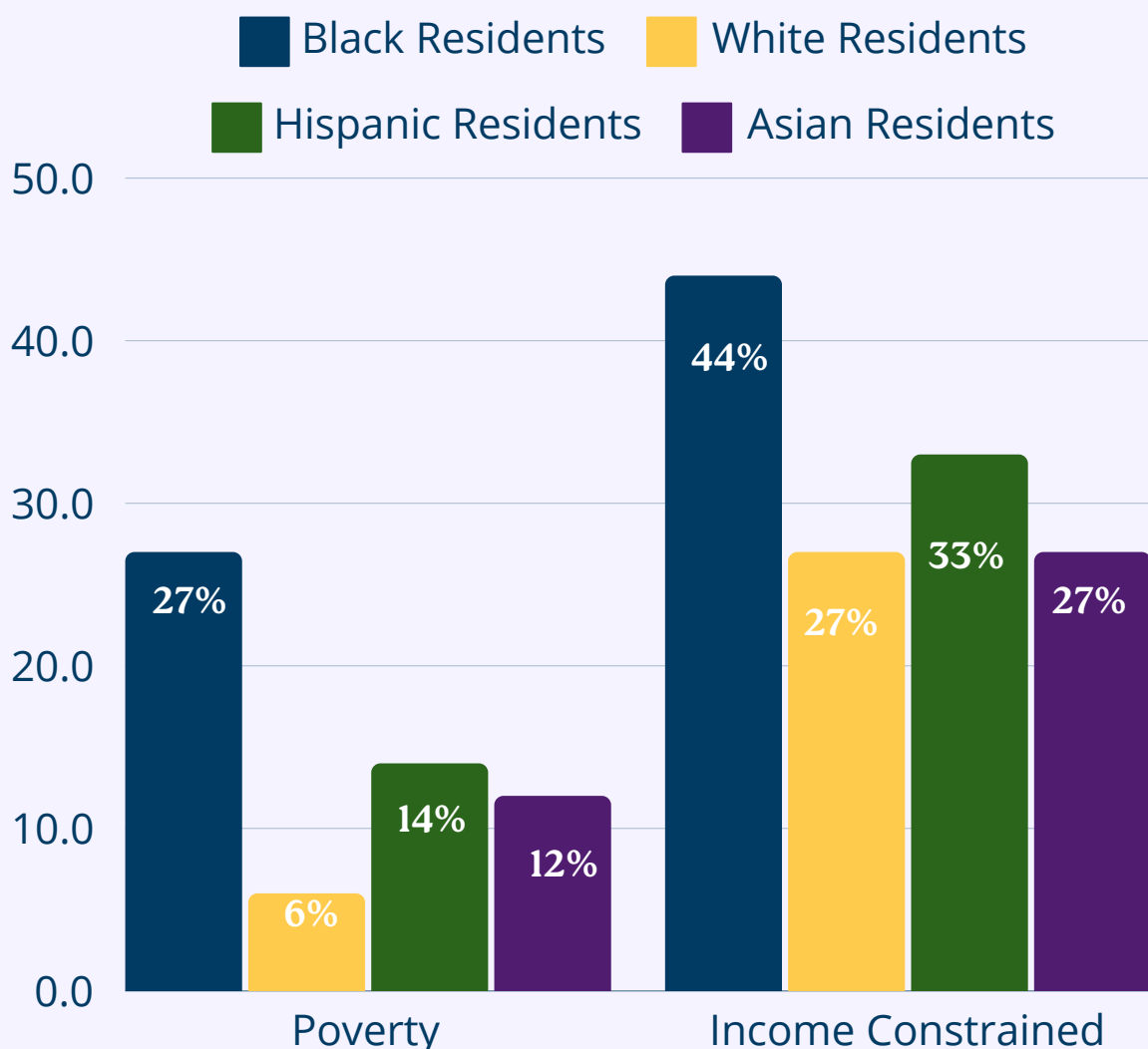
This report highlights the zip codes with the most extreme income disparities, many of which are already identified as areas of concern. In comparison, Lakeview demonstrates a score of 49.9, indicating that equitable wealth distribution contributes to the overall health of communities. Financial strain in these communities affects access to healthcare, housing quality, nutrition, and stress levels, all of which contribute to notable health disparities. To effectively address these issues, it is crucial to accurately measure the wealth gap and understand its root causes, enabling the city to create more equitable health outcomes for all residents.

Robert Wood Johnson Foundation: City Health Dashboard

Percentage of Uninsured Residents



Through Medicaid expansion, New Orleans has made significant progress in increasing access to health insurance for the majority of its population. However, disparities in coverage remain, particularly among Hispanic residents. Currently, 24% of Hispanic residents are uninsured, a rate nearly four times higher than that of Asian and white residents.



Poverty statistics alone don't capture the full picture of financial hardship. Many families in New Orleans earn above the Federal Poverty Level (FPL) but still struggle to afford the basic cost of living. These income-constrained households often don't qualify for public assistance, and because they fall outside the FPL definition, they are frequently overlooked in resource allocation.

When families are unable to cover basic necessities, they may be forced to cut back on important health-related expenses like preventive healthcare appointments, exercise, and other wellness resources. In New Orleans, while 27% of Black households live below the poverty line, an additional 44% are employed but income-constrained, highlighting the widespread financial strain that can negatively impact health outcomes across the city.

NOHD's Commitment to You

The New Orleans Health Department (NOHD) remains steadfast in its commitment to advancing health equity and dismantling the systemic disparities that impact the well-being of the city's most vulnerable residents. Through its programs and initiatives, NOHD prioritizes equitable access to care, addresses social determinants of health, and fosters collaboration with community partners to create meaningful and sustainable change. To continue this critical work, the department recognizes the importance of disaggregated data to uncover and address inequities at a granular level, place-based infrastructure that meets residents where they are, and care models grounded in cultural humility to ensure services are inclusive and respectful of diverse needs and experiences. By embracing these principles, NOHD aims to build a healthier, more just New Orleans for all its residents.

Programs & Offices

Office of Behavioral Health (Mobile Crisis Intervention Unit (MCIU))

Equitable Resources & Services

The New Orleans Health Department (NOHD), with support from the Vera Institute of Justice, has launched a Community Advisory Board (CAB) for the Mobile Crisis Intervention Unit (MCIU) to ensure community needs are central to the initiative, prioritizing voices of those with lived experience. Using Opioid Settlement Funds, NOHD contracted Tulane's School of Public Health to develop a strategic plan to reduce overdose deaths, incorporating input from people actively using drugs through focus groups. Additionally, NOHD partnered with the Orleans Parish District Attorney's Office to establish an Overdose Fatality Review (OFR) to identify risk factors and system gaps through case reviews, involving multidisciplinary teams and stakeholders, including those in recovery and active drug use. These initiatives reflect NOHD's commitment to addressing behavioral health and substance use disparities with community-centered and evidence-based approaches.

Chronic Disease

The Chronic Disease Program promotes health equity for all New Orleanians by bringing together local organizations from across sectors to consider the social factors that lead to chronic illness, developing initiatives that aim to prevent and reduce the prevalence of these illnesses, and by providing programmatic support and management for public health interventions that address high rates of conditions such as diabetes, obesity and food insecurity as well as focusing our efforts on communities most impacted by the social determinants of health. Our team achieves this by working in close partnership with community organizations and by promoting public health policies that secure better health outcomes for all.

Domestic Violence & Sexual Assault Program

Our program's domestic violence and sexual assault response efforts focus on ensuring equitable access to care and support for survivors from all communities. We recognize that our systems of response have a disparate impact on our community that contribute to disparities in health outcomes, and we work to address these disparities through system-wide coordination, training and technical assistance, and the development of survivor-centered policy recommendations.

Family Connects

Family Connects New Orleans (FCNO) uplifts families across Orleans Parish with free, universal postpartum nurse home visits, providing access to personalized care and vital resources. By celebrating each family's unique journey, FCNO fosters healthier beginnings and more equitable communities for all.

Programs & Offices

Equitable Resources & Services

Food Security

The New Orleans Health Department (NOHD) is partnering with four food-based community organizations to lead programs that directly address the issue of food security in our city. To learn more about these efforts visit <https://nola.gov/health-department/food-security-nutrition/>.

Health Care for the Homeless

New Orleans HCH is a Federally Qualified Health Center (FQHC) committed to ensuring that everyone—regardless of ability to pay—has access to quality health care services. As part of our mission, we guarantee that our patients receive equitable care by offering a sliding fee discount payment plan based on household income and family size. We provide low-cost comprehensive health care to anyone, including vulnerable populations which may be experiencing homelessness, transience, or are uninsured or underinsured.

Healthy Start

Provides community-based interventions focusing on reducing infant mortality rates and improving perinatal outcomes in areas with high disparities. The program provides direct services like case management, health education, and linkage to clinical care. We also focus on addressing social determinants of health like access to food, housing, and transportation.

Women, Infant, and Children (WIC)

Aims to safeguard the health of low-income pregnant, postpartum, and breastfeeding women, infant, and children up to age 5. The program provides nutritious foods to supplement diets, offer information on healthy eating, including promotion and support, and healthcare referrals.

Public Health Emergencies (PHE) Team

guides medical and public health preparedness for, public health response to, and aspects of recovery from disasters and public health emergencies in Orleans Parish. The PHE Team collaborates with City departments, state government, healthcare providers, community coalitions, and other regional and federal partners to improve readiness and response capabilities.

Violence Prevention

Our commitment is to foster a collaborative ecosystem where public health approaches drive innovative solutions to reduce violence, support victims, and create a resilient city where every individual can thrive without fear. Our program emphasizes cultural competence in their cultural competence in their service delivery, ensuring that all individuals receive support that is respectful of their backgrounds and values.

Ryan White HIV/AIDS Program

The Ryan White HIV/AIDS Program (RWHAP) is a federal grant program awarded to the City of New Orleans to provide primary medical care and essential support services for people living with HIV who are uninsured or underinsured.

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