



2021 COMMUNITY HEALTH NEEDS ASSESSMENT

Rapides Foundation Service Area, Central Louisiana

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PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment – a follow-up to similar studies conducted in 2002, 2005, 2010, 2013, and 2018 – is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the service area of The Rapides Foundation. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.
- To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of The Rapides Foundation by PRC, a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

PRC Community Health Survey

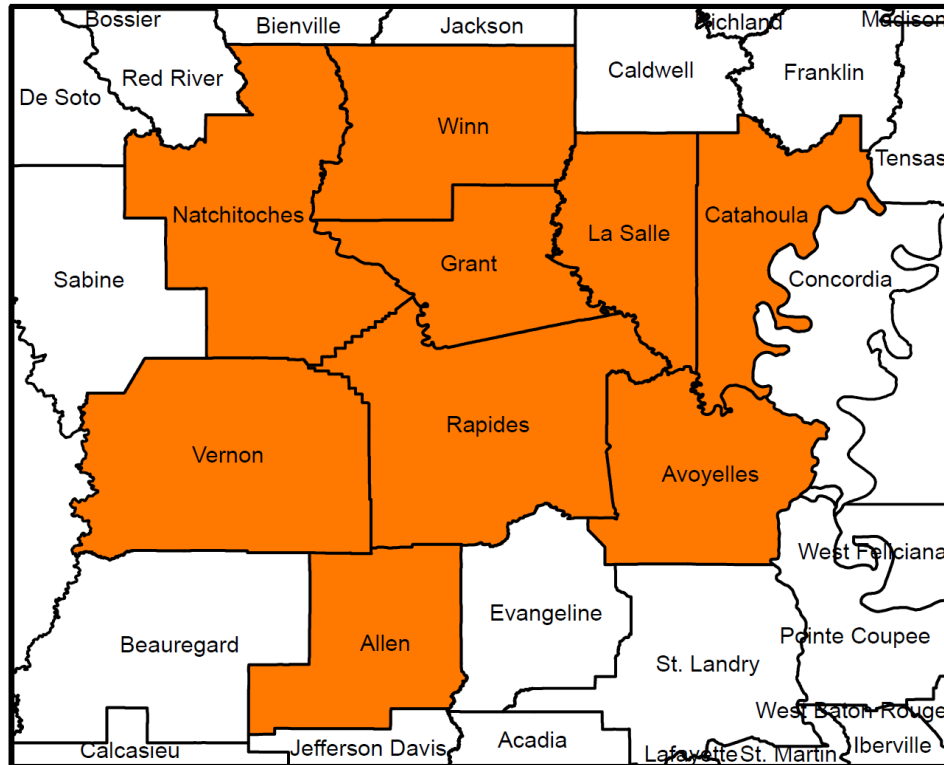
Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by The Rapides Foundation and PRC and is similar to the previous surveys used in the region, allowing for data trending.



Community Defined for This Assessment

The study area for the survey effort is defined as the nine-parish Rapides Foundation Service Area (RFSA) in Central Louisiana, including Allen, Avoyelles, Catahoula, Grant, LaSalle, Natchitoches, Rapides, Vernon, and Winn parishes. A geographical description of the study area is illustrated in the following map.



Sample Approach & Design

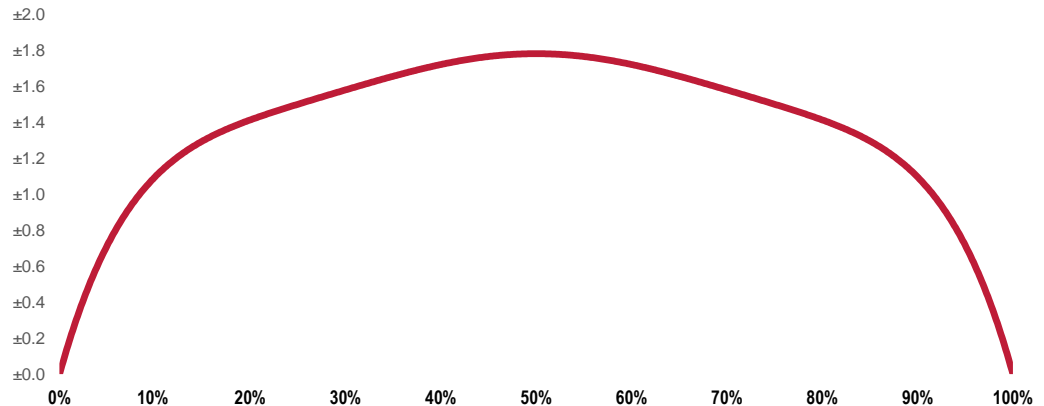
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The sample design used for this effort consisted of a stratified random sample of 3,060 individuals age 18 and older in the Rapides Foundation Service Area, with varying targets in each of the remaining parishes – the final numbers of interviews achieved are as follows: Allen Parish (235); Avoyelles Parish (399); Catahoula Parish (110); Grant Parish (352); LaSalle Parish (207); Natchitoches Parish (402); Rapides Parish (751); Vernon Parish (400); and Winn Parish (204). Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Rapides Foundation Service Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 3,060 respondents is $\pm 1.8\%$ at the 95 percent confidence level.



Expected Error Ranges for a Sample of 3,060 Respondents at the 95 Percent Level of Confidence



- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 3,060 respondents answered a certain question with a "yes," it can be asserted that between 8.9% and 11.1% ($10\% \pm 1.1\%$) of the total population would offer this response.
 - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 48.2% and 51.8% ($50\% \pm 1.8\%$) of the total population would respond "yes" if asked this question.

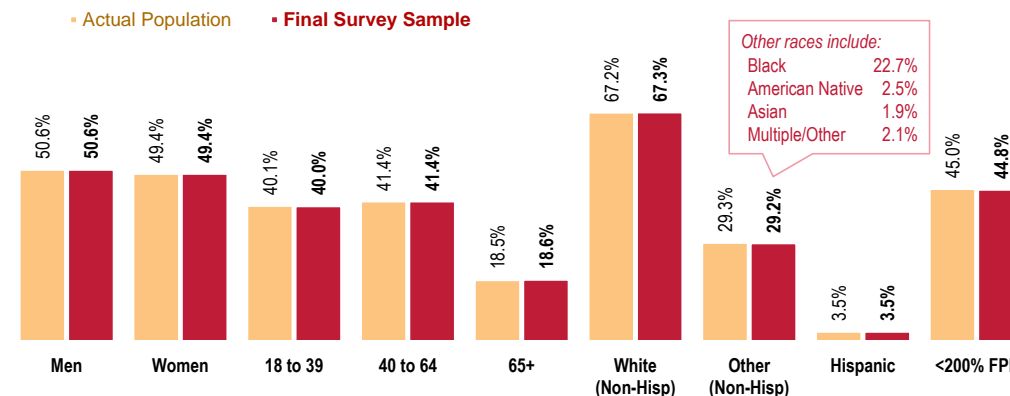
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Rapides Foundation Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's health care needs, and these children are not represented demographically in this chart.]



Population & Survey Sample Characteristics (Rapides Foundation Service Area, 2021)



Sources: • US Census Bureau, 2011-2015 American Community Survey.
 • 2021 PRC Community Health Survey, PRC, Inc.
 Notes: • FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

INCOME & RACE/ETHNICITY

INCOME ► Poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2021 guidelines place the poverty threshold for a family of four at \$26,500 annual household income or lower). In sample segmentation: “very low income” refers to community members living in a household with defined poverty status; “low income” refers to households with incomes just above the poverty level and earning up to twice (100%-199% of) the poverty threshold; and “mid/high income” refers to those households living on incomes which are twice or more ($\geq 200\%$ of) the federal poverty level.

RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any other race group. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by The Rapides Foundation; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 119 community stakeholders took part in the Online Key Informant Survey, as outlined below:



ONLINE KEY INFORMANT SURVEY PARTICIPATION

KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	3
Other Health Providers	19
Public Health Representatives	7
Other Health Professionals	2
Social Services Providers	55
Other Community Leaders	33

Final participation included representatives of the organizations outlined below.

- Access Health Louisiana
- Alexandria Museum of Art
- Allen Parish Hospital
- Allen Parish School Board
- Allen Parish Ward 5 Economic Development Board
- Arts Council of Central Louisiana
- Avoyelles Parish Police Jury
- Bank of Winnfield
- Ben D. Johnson Educational Center
- Bunkie General Hospital
- Catahoula Parish School Board
- Cenla Medication Access Program
- Central Louisiana Arts & Healthcare
- Central Louisiana Community Foundation
- Central Louisiana Economic Development Alliance
- Central Louisiana Human Services District
- Central Louisiana Technical Community College
- CHRISTUS St. Frances Cabrini Hospital
- City of Alexandria
- City of Natchitoches
- CLASS
- Cleco Corporation
- Clifford Williams Memorial Foundation
- Community Health Worx
- Congregation Gemiluth Chassodim
- Evergreen Life Services
- Families Helping Families
- First United Methodist Church Pineville
- Food Bank of Central Louisiana
- Fostering Community
- Friendship House Adult Day Services
- Front Porch Communities and Services
- Gilchrist Construction
- Global Impact Ministries
- Goodwill Industries of North Louisiana
- Hardtner Medical Center
- Harrisonburg
- Haven: The Creative Connection
- Higher Heights Outreach Ministries
- Hope House of Central Louisiana
- Iberia Comprehensive Community Health Center
- Inner City Revitalization Corporation
- I-Walked-In Outreach Program
- Keller Williams Realty
- Kisatchie Bicycle Club



- Kisatchie-Delta Regional Planning & Development District
- Kiwanis Club of Alexandria
- LaSalle Baptist Association
- LaSalle General Hospital
- LaSalle Parish School Board
- LEDD
- LHC Group, Inc. - Bunkie Home Care
- Longleaf Hospital
- Louisiana Baptist Collegiate Ministries
- Louisiana College
- Louisiana Dept. of Health-Region 6
- Louisiana Extended Care Hospital of Natchitoches
- Louisiana Physical Therapy Association
- Louisiana State University - Alexandria
- LSU Ag Center- Winn, Natchitoches, Sabine
- Med Express Ambulance Service
- Montessori Educational Center
- Mt. Olive Baptist Church
- Mt. Zion Development Corporation
- Natchitoches Council on Aging
- Natchitoches Parish Library
- Natchitoches Parish School Board
- Northwestern State University Nursing
- Office of Public Health-Region VI
- Outpatient Medical Center
- Pineville Junior High
- Rapides High School
- Rapides Parish Library
- Rapides Regional Medical Center
- Rapides Station Community Ministries
- Rapides Symphony Orchestra
- Region 6 Office of Aging and Adult Services
- Renaissance Home for Youth
- Retired State Employees Association
- Salem Baptist Church
- Salvation Army
- Sickie Cell Anemia Foundation
- Southern Forest Heritage Museum
- St. James Episcopal Day School
- St. Mary A.M.E. Church
- St. Mary's Residential Training School
- SWLA Center for Health Services
- T.R.E.E. House
- The ARC Rapides, Inc.
- The Extra Mile
- The Food Bank of Central LA
- The Louisiana Campaign for Tobacco Free Living
- The Orchard Foundation
- Tioga Historical Society, Inc.
- Town of Ball
- Town of Rosepine
- Town of Woodworth
- United Way of Central Louisiana
- Vernon Parish School Board
- Veterans Place Organization
- Village of Georgetown
- Village of McNary
- Williams Grimbble Spiritual Enrichment Foundation
- Winn Community Health Center
- Winn Parish Medical Center
- Workforce Investment Board
- Workforce Operations Department
- YWCA



Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the Rapides Foundation Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics



Benchmark Data

NOTE: The benchmark data described below represent data collected prior to the coronavirus disease (COVID-19) pandemic that began in March 2020. It is important to keep this in mind when referencing comparisons to these data; some current indicators for the region (especially those with a shorter look-back period [e.g., in the past year]) might be impacted by pandemic-related factors not represented in the benchmark data.

Trending

Similar surveys were administered in the Rapides Foundation Service Area in 2002, 2005, 2010, 2013, and 2018 by PRC on behalf of The Rapides Foundation. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Louisiana Comparisons

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Comparisons

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2020 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

US Peer Comparisons

To provide a benchmark that is perhaps more comparable, this assessment also includes comparisons of RFSA data to US Peer counties. These US Peer counties reflect an urban-rural mix that is very similar to that of the Rapides Foundation Service Area, as determined by the 2013 Urban-Rural Classification Scheme of the National Center for Health Statistics. To accomplish this, data from the *2020 PRC National Health Survey* are extracted for those US counties with similar classifications as the nine parishes. Similarly, mortality data are likewise limited to these US counties for comparison as a US Peer group.

Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.



Healthy People 2030's overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.



The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the U.S. Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/ transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.



SUMMARY OF FINDINGS

Key Findings

This summary presents key findings from the data collected in The Rapides Foundation service area in Central Louisiana (Allen, Avoyelles, Catahoula, Grant, LaSalle, Natchitoches, Rapides, Vernon, and Winn parishes) for the 2022 Community Health Needs Assessment sponsored by The Rapides Foundation. These include data collected through a (phone and internet-based) random sample population survey, an internet-based survey of key informants, and a review of existing public health data.

Highlighted are differences found when comparing to national data, as well as changes that have occurred since a similar survey was first implemented in Central Louisiana in 2002.

Health Status

Overall Health Status

21.2% of adults characterize their overall health as “fair” or “poor” — this is significantly higher than reported nationally (12.6%) but similar to that first recorded in Central Louisiana in 2002 (20.0%).

Activity Limitations

30.4% of Central Louisiana adults are limited in some way in some activities because of a health-related issue. This is significantly above what is found nationally (24.0%) and much higher than first found in 2002 (20.0%).

Mental Health

41.4% of Central Louisiana residents have experienced bouts of depression lasting two or more years during their lives, higher than found nationwide (30.3%) and an increase from the 30.0% first reported in 2002. A total of 29.1% have been diagnosed with a depressive disorder by a healthcare professional (compared to 20.6% nationwide). Overall, 23.5% of the population are currently being treated for a mental health condition (compared to 16.8% nationally), and 8.2% report a time in the past year when they needed such services but were unable to get them.

Death & Chronic Disease

Causes of Death

Cardiovascular disease (heart disease and stroke) and cancers are leading causes of death in Central Louisiana. Compared to US rates, age-adjusted death rates for most leading causes of death are higher in Central Louisiana than nationwide (including heart disease, cancer, COVID-19, lung disease, Alzheimer’s disease, stroke, pneumonia/influenza, septicemia, kidney disease, and HIV/AIDS).

Heart Disease & Stroke

8.4% of Central Louisiana adults report having heart disease, and 5.1% have ever suffered from a stroke.

Cancer

8.0% of adults have ever been diagnosed with cancer.

Diabetes

16.1% of Central Louisiana adults have been diagnosed with diabetes. This has increased considerably from the 9.9% reported in 2002.



Lung Disease

10.5% of Central Louisiana residents have been diagnosed with chronic obstructive pulmonary disease (which includes chronic bronchitis and emphysema), a prevalence that is significantly above what is found nationally (6.4%).

Overweight & Obesity

Based on reported heights and weights, a clear majority of Central Louisiana adults (74.3%) are overweight, including 42.8% who are obese. The prevalence of obesity in Central Louisiana is higher than found nationally (31.3%) and has increased significantly since 2002 (29.2%).

Infant Health & Family Planning

Birth Outcomes & Risks

Of all births in Central Louisiana, 10.4% are low-weight (under 2500g), which is a high proportion when compared to the 8.2% nationally. Additionally, the region experiences an infant mortality rate of 6.4 deaths for every 1,000 live births (deaths of infants before their first birthday).

Teen Births

The teen birth rate in Central Louisiana is high, with 41.9 births to girls age 15-19 for every 1,000 girls in this age group (compared to 20.9 nationally).

Injury & Violence

Unintentional Injury

Death rates due to unintentional injuries (including motor vehicle-related deaths) are much higher than reported nationally (a rate of 68.1, versus 51.6 nationally).

Violence

Rates of violent crime are considerably higher in Central Louisiana than they are nationwide (rate of 633.1 versus 416.0 nationally); additionally, 3.8% of Central Louisiana adults report experiencing violent crime in the area in the past five years, and 5.0% report experiencing domestic violence in the past 5 years.

Modifiable Health Risks

Nutrition

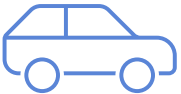
Only 23.3% of Central Louisiana adults get the recommended 5 or more servings of fruits and vegetables per day, similar to what was first measured with this survey in 2002 (23.6%). It is important to recognize that 33.8% of regional adults do not live within ½ mile of a grocery store or supermarket (compared to 22.2% nationally).

Physical Activity

Currently, only 18.5% of Central Louisiana adults meet physical activity guidelines. Further, 31.9% of regional adults report not engaging in any type of physical activity outside of work in the month before the survey interview.

Blood Pressure & Cholesterol

In comparison to the nation, Central Louisiana exhibits a significantly high proportion of adults reporting high blood pressure (45.6% versus 36.9% across the US). A total of 33.7% of Central Louisiana adults report having high blood cholesterol. Each of these is significantly above what was first reported in 2002.



Tobacco Use

22.6% of Central Louisiana adults currently smoke cigarettes, much higher than found nationally (17.4%). Another 10.3% use electronic cigarettes or vaping devices, and 8.3% use smokeless tobacco.

Cardiovascular Risk

A very high percentage of Central Louisiana adults (91.0%) present one or more risk factors or behaviors for heart disease and stroke (including smoking, not getting physical activity, being overweight, or having high blood pressure or cholesterol), which is higher than the 84.6% found nationally.

Substance Abuse

Regarding alcohol use, 19.6% of Central Louisiana adults are considered to be “excessive drinkers,” having had a high number of drinks on a single occasion or a high average number of drinks per day during the past month (better than the 27.2% found nationally). Another 3.1% of adults report illicit drug use in the past month (use of illegal drugs or improper use of prescription drugs), a significant increase over time. A total of 20.2% have used prescription opiates (either legally or illegally) in the past year, much higher than the 12.9% reported nationwide.

Prevention

Routine Medical Care

Most regional adults (75.2%) have been to a doctor or clinic for a routine checkup in the past year, better than reported in 2002 (69.6%).

Cancer Screenings

Cancer screening levels in Central Louisiana are fairly good, including for: *female breast cancer* (78.2% of women age 50-74 have had a mammogram in the past 2 years, compared to 76.1% nationally); *cervical cancer* (79.0% of women age 21-65 have had a Pap smear in the past 3 years, compared to 73.8% nationally); and *colorectal cancer* (75.1% of all adults age 50-75 have had appropriate screening, compared to 77.4% nationally). Note, however, that cervical cancer screening has declined since 2002 (86.1%).

Dental Care

A relatively low proportion of adults in Central Louisiana (52.4%) has received dental care in the past year (compared to 62.0% nationally). This is also much lower than reported in Central Louisiana in 2002 (59.1%).

Vision Care

A total of 55.8% of Central Louisiana adults have had a comprehensive eye exam in the past two years, below the US prevalence (61.0%).

Access

Health Insurance Coverage

A total of 8.9% of Central Louisiana adults between the ages of 18 and 64 are without any type of insurance coverage for health care, either through private or public sources. This is similar to the national prevalence (8.7%) and a dramatic improvement from what was recorded in 2002 (25.7%). Still, cost remains a barrier, preventing residents from getting medical care (12.9% said they did not get needed medical care in the past year because of the cost).

Difficulties/Delays in Accessing Health Care

A total of 44.0% of Central Louisiana adults have experienced some type of difficulty or delay in receiving health care in the past year, compared to 35.0% of adults nationwide. Appointment availability, difficulty finding physicians, and inconvenient office hours are the barriers impacting the greatest shares of adults in Central Louisiana.



Cost of Prescriptions

A total of 14.4% of Central Louisiana adults have gone without a needed prescription in the past year because they could not afford it.

Emergency Room Utilization

The proportion of Central Louisiana adults who have used a local emergency room more than once in the past year (13.7%) is significantly higher than found nationwide (10.1%) and similar to 2002 findings (13.8%).

Perceptions of Key Informants

In an online survey of key informants in the area (e.g., a public health professional, physicians, other health providers, social services representatives, community leaders), the following health issues were most often characterized as “major problems” for Central Louisiana:

- Substance Abuse (65.8% said this is a “major problem” in Central Louisiana)
- Mental Health (60.2% “major problem”)
- Diabetes (59.1% “major problem”)
- Nutrition, Physical Activity & Weight (53.4% “major problem”)




Significant Trends in the RFSA



The following tables highlight both positive and negative trends observed among the health indicators assessed in this project in comparison with baseline data.

SURVEY DATA INDICATORS ► Trends for survey-derived indicators represent significant changes since 2002 (or earliest available data).

OTHER (SECONDARY) DATA INDICATORS ► Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).

	 FAVORABLE TRENDS	 UNFAVORABLE TRENDS
ACCESS TO HEALTHCARE SERVICES	<ul style="list-style-type: none"> • Lack of Healthcare Coverage • Barrier to Care: Cost (Doctor Visit) • Barrier to Care: Cost (Prescriptions) • Access to Primary Care Doctors • Specific Source of Ongoing Medical Care • Routine Checkups (Adults) 	<ul style="list-style-type: none"> • Barrier to Care: Appointment Availability • Barrier to Care: Finding a Doctor • Barrier to Care: Transportation • Rate Local Health Care as "Fair/Poor" • Internet is Main Source of Healthcare Info
CANCER	<ul style="list-style-type: none"> • Colorectal Cancer Screenings 	<ul style="list-style-type: none"> • Cervical Cancer Screenings
DIABETES	<ul style="list-style-type: none"> • Diabetes Deaths 	<ul style="list-style-type: none"> • Prevalence of Diabetes • Prevalence of Pre-Diabetes • Blood Sugar Testing (Non-Diabetics)
HEART DISEASE & STROKE	<ul style="list-style-type: none"> • Taking Action to Control High Blood Cholesterol 	<ul style="list-style-type: none"> • Prevalence of Stroke • Hypertension Screenings • Hypertension Prevalence • High Blood Cholesterol Prevalence
HOUSING & EMPLOYMENT	<ul style="list-style-type: none"> • Unemployment Rate 	<ul style="list-style-type: none"> • Availability of Affordable Housing • Housing Displacement • Condition of Neighborhood Homes
INFANT HEALTH & FAMILY PLANNING	<ul style="list-style-type: none"> • Infant Deaths 	
INJURY & VIOLENCE	<ul style="list-style-type: none"> • Seat Belt Usage (Adults & Children) 	<ul style="list-style-type: none"> • Unintentional Injury Deaths • Homicide Deaths • Victim of Violent Crime • Intimate Partner Violence
KIDNEY DISEASE	<ul style="list-style-type: none"> • Kidney Disease Deaths 	
MENTAL HEALTH	<ul style="list-style-type: none"> • Have Sought Professional Help 	<ul style="list-style-type: none"> • "Fair/Poor" Mental Health • Symptoms of Chronic Depression • Suicide Deaths • Receiving Treatment for Mental Health • 3+ Days of Poor Mental Health
NUTRITION, OVERWEIGHT & PHYSICAL ACTIVITY	<ul style="list-style-type: none"> • Fruit & Vegetable Consumption (Children) • Overweight/Obesity (Children) • Medical Advice on Weight, Exercise • Trying to Lose Weight with Diet/Exercise (Overweights) 	<ul style="list-style-type: none"> • Overweight/Obesity (Adults) • Frequency of Seeing Residents Be Active • Availability of Physical Activity Opportunities • Access to Recreation/Fitness Facilities



	 FAVORABLE TRENDS (continued)	 UNFAVORABLE TRENDS (continued)
ORAL HEALTH		<ul style="list-style-type: none"> • Routine Dental Visits (Adults & Children)
POTENTIALLY DISABLING CONDITIONS		<ul style="list-style-type: none"> • Alzheimer's Disease Deaths • Activity Limitations • 4+ Days Health Prevented Usual Activities
RESPIRATORY DISEASE	<ul style="list-style-type: none"> • Pneumonia/Influenza Deaths • Pneumonia Vaccinations (Age 65+) 	<ul style="list-style-type: none"> • Flu Vaccinations (Age 65+)
SEXUAL HEALTH		<ul style="list-style-type: none"> • Chlamydia Incidence Rate • Gonorrhea Incidence Rate
SUBSTANCE ABUSE	<ul style="list-style-type: none"> • Excessive Drinking • Prescription Opioid Use • Have Sought Professional Help 	<ul style="list-style-type: none"> • Unintentional Drug-Related Deaths • Cirrhosis/Liver Disease Deaths • Illicit Drug Use • Drinking and Driving • Riding with Drunk Drivers
TOBACCO USE	<ul style="list-style-type: none"> • Smoking in the Home (Including Homes w/Children) 	<ul style="list-style-type: none"> • Use of Vaping Products
QUALITY OF LIFE	<ul style="list-style-type: none"> • Know 10+ People Benefiting from Local Charities 	<ul style="list-style-type: none"> • "Fair/Poor" Quality of Life in Central Louisiana • Parish Life: On Wrong Track and Getting Worse • Have Received Local Charitable Assistance • Volunteerism • Child Has Discussed School's Health Ed Efforts



Summary Tables:

Regional Comparisons With Benchmark Data



















Reading the Summary Tables

- In the following tables, Rapides Foundation Service Area results are shown in the larger, gray column.
- The columns to the right of the Rapides Foundation Service Area column provide trending, as well as comparisons between local data and any available state, national, and peer findings, as well as Healthy People 2030 objectives. Symbols indicate whether the Rapides Foundation Service Area compares favorably (☀️), unfavorably (☹️), or comparably (🤝) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.



SOCIAL DETERMINANTS	RFSA	RFSA vs. BENCHMARKS				TREND
		vs. Peers	vs. LA	vs. US	vs. HP2030	
Linguistically Isolated Population (Percent)	0.7		 1.7	 4.3		
Population in Poverty (Percent)	21.0		 19.2	 13.4	 8.0	
Population Below 200% FPL (Percent)	43.0		 39.0	 30.9		
Unemployment Rate, Percent (Jan 2022)	3.5		 4.3	 4.4		 9.6
Children Below 200% Poverty (Percent)	50.8		 48.6	 40.1	 8.0	
No High School Diploma (Age 25+, Percent)	16.6		 14.8	 12.0		
% "Fair/Poor" Condition of Neighborhood Homes	27.1					 16.3
% "Fair/Poor" Availability of Affordable Housing	53.4					 42.4
% Displaced From Housing in Past 2 Years	16.0					 11.7








better



similar



worse

OVERALL HEALTH	RFSA	RFSA vs. BENCHMARKS				TREND
		vs. Peers	vs. LA	vs. US	vs. HP2030	
% "Fair/Poor" Overall Health	21.2	 14.1	 22.8	 12.6		 20.0
% 3+ Days Poor Physical Health in Past Month	31.1					 29.7








better



similar



worse

ACCESS TO HEALTH CARE	RFSA	RFSA vs. BENCHMARKS				TREND
		vs. Peers	vs. LA	vs. US	vs. HP2030	
% [Age 18-64] Lack Health Insurance	8.9	 12.1	 14.4	 8.7	 7.9	 25.7





















































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




















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ACCESS TO HEALTH CARE (continued)	RFSA	RFSA vs. BENCHMARKS				TREND
		vs. Peers	vs. LA	vs. US	vs. HP2030	
% Difficulty Accessing Health Care in Past Year (Composite)	44.0	 37.6		 35.0		 42.3
% Cost Prevented Physician Visit in Past Year	12.9	 15.1	 14.8	 12.9		 18.2
% Cost Prevented Getting Prescription in Past Year	14.4	 16.7		 12.8		 22.8
% Difficulty Getting Appointment in Past Year	21.1	 21.4		 14.5		 16.8
% Inconvenient Hrs Prevented Dr Visit in Past Year	14.8	 10.0		 12.5		 14.0
% Difficulty Finding Physician in Past Year	15.2	 7.9		 9.4		 12.1
% Transportation Hindered Dr Visit in Past Year	11.6	 10.8		 8.9		 10.1
% Difficulty Getting Child's Health Care in Past Year	5.4	 6.4		 8.0		 4.7
Primary Care Doctors per 100,000	72.1		 79.2	 101.3		 59.9
% Have a Specific Source of Ongoing Care	76.0	 68.6		 74.2	 84.0	 72.2
% Have Had Routine Checkup in Past Year	75.2	 69.8	 80.1	 70.5		 69.6
% Child Has Had Checkup in Past Year	83.2	 78.4		 77.4		 83.9
% Two or More ER Visits in Past Year	13.7	 14.0		 10.1		 13.8
% Eye Exam in Past 2 Years	55.8	 49.3		 61.0	 61.1	 55.9
% Rate Local Health Care "Fair/Poor"	21.1	 9.9		 8.0		 19.1
% Internet is the Primary Source for Healthcare Information	20.8					 5.9

















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






















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CANCER	RFSA	RFSA vs. BENCHMARKS				TREND
		vs. Peers	vs. LA	vs. US	vs. HP2030	
Cancer (Age-Adjusted Death Rate)	178.4	 160.8	 165.7	 146.5	 122.7	 200.6
Lung Cancer (Age-Adjusted Death Rate)	47.7	 40.2	 42.0	 33.4	 25.1	
Prostate Cancer (Age-Adjusted Death Rate)	18.3	 18.9	 19.5	 18.5	 16.9	
Female Breast Cancer (Age-Adjusted Death Rate)	22.3	 19.8	 22.1	 19.4	 15.3	
Colorectal Cancer (Age-Adjusted Death Rate)	19.7	 14.7	 15.5	 13.1	 8.9	
Cancer Incidence Rate (All Sites)	477.8		 482.4	 448.6		
Female Breast Cancer Incidence Rate	109.8		 127.4	 126.8		
Prostate Cancer Incidence Rate	130.8		 134.7	 106.2		
Lung Cancer Incidence Rate	68.6		 64.6	 57.3		
Colorectal Cancer Incidence Rate	52.5		 44.9	 38.0		
% Cancer	8.0	 8.8	 12.3	 10.0		 9.3
% [Women 50-74] Mammogram in Past 2 Years	78.2	 67.2	 82.7	 76.1	 77.1	 79.9
% [Women 21-65] Cervical Cancer Screening	79.0	 71.0	 85.1	 73.8	 84.3	 86.1
% [Age 50-75] Colorectal Cancer Screening	75.1	 78.2	 69.8	 77.4	 74.4	 67.7

 better
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DIABETES	RFSA	RFSA vs. BENCHMARKS				
		vs. Peers	vs. LA	vs. US	vs. HP2030	TREND
Diabetes (Age-Adjusted Death Rate)	20.0	 26.6	 28.8	 22.6		 25.7
% Diabetes/High Blood Sugar	16.1	 12.3	 12.6	 13.8		 9.9
% Borderline/Pre-Diabetes	9.1	 11.5		 9.7		 7.3
% [Diabetics] Taking Action to Control Diabetes	95.0					 94.4
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	46.5	 44.5		 43.3		 53.9

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HEART DISEASE & STROKE	RFSA	RFSA vs. BENCHMARKS				
		vs. Peers	vs. LA	vs. US	vs. HP2030	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	274.2	 185.3	 213.8	 164.4	 127.4	 251.4
% Heart Disease (Heart Attack, Angina, Coronary Disease)	8.4	 4.3	 7.3	 6.1		 7.7
Stroke (Age-Adjusted Death Rate)	50.8	 39.3	 45.8	 37.6	 33.4	 47.8
% Stroke	5.1	 1.5	 4.5	 4.3		 2.7
% Blood Pressure Checked in Past 2 Years	92.2	 87.5		 85.0		 96.0
% Told Have High Blood Pressure	45.6	 42.5	 39.7	 36.9	 27.7	 34.5
% [HBP] Taking Action to Control High Blood Pressure	87.7	 83.8		 84.2		 86.3
% Cholesterol Checked in Past 5 Years	82.4	 80.3		 80.7		 80.7
% Told Have High Cholesterol	33.7	 36.4		 32.7		 24.6
% [HBC] Taking Action to Control High Blood Cholesterol	85.3	 75.5		 83.2		 70.4

HEART DISEASE & STROKE (continued)	RFSA	RFSA vs. BENCHMARKS				
		vs. Peers	vs. LA	vs. US	vs. HP2030	TREND
% 1+ Cardiovascular Risk Factor	91.0	 90.5		 84.6		 90.0













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INFANT HEALTH & FAMILY PLANNING	RFSA	RFSA vs. BENCHMARKS				
		vs. Peers	vs. LA	vs. US	vs. HP2030	TREND
Low Birthweight Births (Percent)	10.4		 10.7	 8.2		
Infant Death Rate	6.4	 6.2	 7.7	 5.5	 5.0	 8.1
Births to Adolescents Age 15 to 19 (Rate per 1,000)	41.9		 32.1	 20.9	 31.4	



















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worse

INJURY & VIOLENCE	RFSA	RFSA vs. BENCHMARKS				
		vs. Peers	vs. LA	vs. US	vs. HP2030	TREND
Unintentional Injury (Age-Adjusted Death Rate)	68.1	 59.7	 66.8	 51.6	 43.2	 53.0
Motor Vehicle Crashes (Age-Adjusted Death Rate)	21.4	 16.9	 16.7	 11.4	 10.1	
% "Always" Wear Seat Belt	80.0					 68.2
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	88.8			 90.2		 81.4
[65+] Falls (Age-Adjusted Death Rate)	33.0	 68.9	 41.1	 67.1	 63.4	
Firearm-Related Deaths (Age-Adjusted Death Rate)	20.7	 15.2	 23.3	 12.5	 10.7	
Homicide (Age-Adjusted Death Rate)	12.2	 6.0	 16.0	 6.1	 5.5	 7.4
Violent Crime Rate	633.1		 562.3	 416.0		

INJURY & VIOLENCE (continued)	RFSA	RFSA vs. BENCHMARKS				
		vs. Peers	vs. LA	vs. US	vs. HP2030	TREND
% Victim of Violent Crime in Past 5 Years	3.8	 2.9		 6.2		 2.7
% Victim of Intimate Partner Violence (Ever)	21.0	 16.7		 13.7		 11.1
% Victim of Intimate Partner Violence in Past 5 Years	5.0					 5.6











better



similar



worse

KIDNEY DISEASE	RFSA	RFSA vs. BENCHMARKS				
		vs. Peers	vs. LA	vs. US	vs. HP2030	TREND
Kidney Disease (Age-Adjusted Death Rate)	19.7	 14.5	 19.9	 12.8		 23.1
% Kidney Disease	5.0	 3.0	 3.9	 5.0		 4.1
























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MENTAL HEALTH	RFSA	RFSA vs. BENCHMARKS				
		vs. Peers	vs. LA	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	21.5	 20.6		 13.4		 13.8
% 3+ Days Poor Mental Health in Past Month	39.7					 24.0
% Diagnosed Depression	29.1	 23.9	 23.9	 20.6		 27.9
% Symptoms of Chronic Depression (2+ Years)	41.4	 35.9		 30.3		 30.0
Suicide (Age-Adjusted Death Rate)	18.0	 18.4	 14.6	 13.9	 12.8	 14.7
Mental Health Providers per 100,000	141.8		 134.9	 119.9		
% Have Ever Sought Help for Mental Health	38.2	 32.0		 30.0		 22.6

MENTAL HEALTH (continued)	RFSA	RFSA vs. BENCHMARKS				
		vs. Peers	vs. LA	vs. US	vs. HP2030	TREND
% Taking Rx/Receiving Mental Health Trtmt	23.5	 15.4		 16.8		 15.0
% Unable to Get Mental Health Svcs in Past Yr	8.2	 5.4		 7.8		 7.3































better























similar



worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	RFSA	RFSA vs. BENCHMARKS				
		vs. Peers	vs. LA	vs. US	vs. HP2030	TREND
Population With Low Food Access (Percent)	33.8		 26.4	 22.2		
% 5+ Servings of Fruits/Vegetables per Day	23.3	 33.6		 32.7		 23.6
% Child [Age 2-17] 5+ Servings of Fruits/Vegetables per Day	56.8			 36.9		 51.5
% Medical Advice on Diet/Nutrition in Past Year	36.8					 36.2
% No Leisure-Time Physical Activity	31.9	 35.5	 31.9	 31.3	 21.2	 30.1
% Meeting Physical Activity Guidelines	18.5	 19.8	 19.7	 21.4	 28.4	 19.9
% Child [Age 2-17] Physically Active 1+ Hours per Day	48.3	 34.4		 33.0		 52.1
Recreation/Fitness Facilities per 100,000	3.7		 10.6	 12.2		 4.8
% Walk Regularly (5+ Times Per Week for >10 Minutes)	41.2					 42.2
% Medical Advice on Exercise in Past Year	40.1					 37.2
% [Child Age 2-17] 3+ Hours per Day of Screen Time	40.4					
% "Often" See Others in Community Being Physically Active	40.5					 46.4
% "Fair/Poor" Local Physical Activity Opportunities	38.5					 34.8

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	RFSA	RFSA vs. BENCHMARKS				
		vs. Peers	vs. LA	vs. US	vs. HP2030	TREND
% Overweight (BMI 25+)	74.3	 67.4	 70.9	 61.0		 67.0
% Obese (BMI 30+)	42.8	 41.4	 35.9	 31.3	 36.0	 29.2
% Medical Advice on Weight in Past Year	25.4	 22.6				 21.9
% [Overweights] Trying to Lose Weight Both Diet/Exercise	34.2					 29.7
% Have Been Told That Child [<18] is Overweight	6.0					 5.8
% Children [Age 5-17] Overweight (85th Percentile)	38.7	 34.7		 32.3		 48.0
% Children [Age 5-17] Obese (95th Percentile)	25.3	 17.8		 16.0	 15.5	 30.6















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worse

ORAL HEALTH	RFSA	RFSA vs. BENCHMARKS				
		vs. Peers	vs. LA	vs. US	vs. HP2030	TREND
% Have Dental Insurance	67.2	 53.4		 68.7	 59.8	
% [Age 18+] Dental Visit in Past Year	52.4	 62.8	 58.1	 62.0	 45.0	 59.1
% Child [Age 2-17] Dental Visit in Past Year	76.4	 74.2		 72.1	 45.0	 86.4





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POTENTIALLY DISABLING CONDITIONS	RFSA	RFSA vs. BENCHMARKS				
		vs. Peers	vs. LA	vs. US	vs. HP2030	TREND
% 3+ Chronic Conditions	33.6	 39.7		 32.5		

POTENTIALLY DISABLING CONDITIONS (continued)	RFSA	RFSA vs. BENCHMARKS				TREND
		vs. Peers	vs. LA	vs. US	vs. HP2030	
% 4+ Days Health Prevented Usual Activities	24.8					 16.4
% Activity Limitations	30.4	 25.5		 24.0		 20.0
% Arthritis	29.3	 27.3		 20.6		 30.6
Alzheimer's Disease (Age-Adjusted Death Rate)	55.2	 33.9	 43.1	 30.9		 44.7
% Caregiver to a Friend/Family Member	30.4	 26.3		 22.6		



























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RESPIRATORY DISEASE	RFSA	RFSA vs. BENCHMARKS				TREND
		vs. Peers	vs. LA	vs. US	vs. HP2030	
CLRD (Age-Adjusted Death Rate)	63.0	 49.9	 41.1	 38.1		 56.8
Pneumonia/Influenza (Age-Adjusted Death Rate)	23.7	 15.3	 14.0	 13.4		 27.4
COVID-19 (Age-Adjusted Death Rate)	137.5	 84.5	 118.0	 85.0		
COVID-19 Fully Vaccinated, Percent (March 2022)	57.3		 61.9	 72.8		
% [Age 65+] Flu Vaccine in Past Year	64.4	 74.6	 60.8	 71.0		 69.4
% [Age 65+] Pneumonia Vaccine Ever	74.3	 66.1		 71.6		 67.4
% COPD (Lung Disease)	10.5	 6.8	 8.6	 6.4		 10.8







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SEPTICEMIA	RFSA	RFSA vs. BENCHMARKS				
		vs. Peers	vs. LA	vs. US	vs. HP2030	TREND
Septicemia (Age-Adjusted Death Rate)	20.4	 11.3	 20.2	 9.8		 17.8














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SEXUAL HEALTH	RFSA	RFSA vs. BENCHMARKS				
		vs. Peers	vs. LA	vs. US	vs. HP2030	TREND
HIV/AIDS (Age-Adjusted Death Rate)	3.1	 1.2	 3.9	 1.9		
HIV Prevalence Rate	418.2		 541.0	 372.8		
Chlamydia Incidence Rate	724.3		 774.8	 539.9		 367.9
Gonorrhea Incidence Rate	270.4		 257.1	 179.1		 158.0


























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SUBSTANCE ABUSE	RFSA	RFSA vs. BENCHMARKS				
		vs. Peers	vs. LA	vs. US	vs. HP2030	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	11.7	 14.5	 9.8	 11.9	 10.9	 9.6
% Excessive Drinker	19.6	 19.3	 20.8	 27.2		 23.6
% Drinking & Driving in Past Month	4.6	 0.0				 3.4
% Rode w/ Drunk Driver in Past Month	6.4					 4.8
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)	24.7	 19.3	 29.2	 21.0		 8.9
% Illicit Drug Use in Past Month	3.1	 0.0		 2.0	 12.0	 1.9
% Used a Prescription Opioid in Past Year	20.2	 10.6		 12.9		 25.0

SUBSTANCE ABUSE (continued)	RFSA	RFSA vs. BENCHMARKS				TREND
		vs. Peers	vs. LA	vs. US	vs. HP2030	
% Ever Sought Help for Alcohol or Drug Problem	5.1	 3.4		 5.4		 2.8




























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worse

TOBACCO USE	RFSA	RFSA vs. BENCHMARKS				TREND
		vs. Peers	vs. LA	vs. US	vs. HP2030	
% Current Smoker	22.6	 19.3	 21.9	 17.4	 5.0	 23.5
% Someone Smokes at Home	15.6	 15.7		 14.6		 21.1
% [Household With Children] Someone Smokes in the Home	18.2	 13.7		 17.4		 25.8
% [Smokers] Have Quit Smoking 1+ Days in Past Year	52.3	 40.5	 61.6	 42.8	 65.7	 50.7
% [Smokers] Received Advice to Quit Smoking	62.2	 54.0		 59.6	 66.6	 61.0
% Use Smokeless Tobacco	8.3					 7.3
% Currently Use Vaping Products	10.3	 9.7	 4.5	 8.9		 5.6
% Aware of Smoking/Vaping Cessation Services/Programs	28.4					
% Community Believes Adults Should Not Vape	34.0					









better



similar



worse

QUALITY OF LIFE	RFSA	RFSA vs. BENCHMARKS				TREND
		vs. Peers	vs. LA	vs. US	vs. HP2030	
% Child [Age 5-17] Has Discussed School's Health Ed Activities	44.8					 54.1
% "Fair/Poor" Overall Quality of Life in Central Louisiana	35.6					 28.2
% Parish Life: Wrong Track and Getting Worse	23.8					 17.0
% "Frequently/Sometimes" Volunteer	38.0					 40.9
% Have Received Charitable Assistance in Past Year	8.9					 6.1
% Know 10+ People Benefiting from Charities	35.0					 40.0



better



similar



worse

Summary Tables: Comparisons Among RFSA Parishes


















































































■ The following provides comparisons among the nine parishes, identifying differences for each as “better than” (☀), “worse than” (☹), or “similar to” (☁) the combined opposing parishes.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.





















DISPARITY AMONG PARISHES

SOCIAL DETERMINANTS	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Linguistically Isolated Population (Percent)	 0.3	 0.6	 0.0	 0.0	 0.1	 0.1	 1.1	 0.8	 0.3
Population in Poverty (Percent)	 14.5	 24.4	 22.1	 18.8	 20.0	 32.3	 19.6	 17.3	 18.7
Population Below 200% FPL (Percent)	 38.0	 48.7	 39.7	 40.8	 42.7	 54.1	 39.9	 42.2	 41.3
Unemployment Rate, Percent (Jan 2022)	 4.4	 4.1	 4.1	 3.3	 2.6	 3.7	 3.1	 3.6	 4.0
Children Below 200% Poverty (Percent)	 41.7	 58.4	 42.6	 45.5	 46.3	 62.3	 48.9	 52.5	 39.3
No High School Diploma (Age 25+, Percent)	 20.3	 23.2	 25.7	 17.5	 22.4	 11.6	 14.5	 13.2	 18.2
% "Fair/Poor" Condition of Neighborhood Homes	 34.4	 25.8	 28.5	 32.0	 28.8	 27.8	 24.8	 26.0	 30.4
% "Fair/Poor" Availability of Affordable Housing	 58.6	 62.5	 63.3	 56.8	 56.3	 56.0	 46.2	 53.9	 54.6
% Displaced From Housing in Past 2 Years	 23.1	 12.5	 23.7	 17.5	 15.5	 15.0	 14.4	 16.7	 20.8




















































































































Note: In the section above, each parish is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.





































DISPARITY AMONG PARISHES

OVERALL HEALTH	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% "Fair/Poor" Overall Health	 18.3	 23.7	 26.8	 27.3	 27.0	 16.7	 20.5	 19.4	 21.9
% 3+ Days Poor Physical Health in Past Month	 26.3	 28.9	 28.4	 32.7	 31.3	 29.2	 31.2	 32.6	 44.5
















































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DISPARITY AMONG PARISHES


























ACCESS TO HEALTH CARE	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% [Age 18-64] Lack Health Insurance	 11.4	 7.6	 16.0	 13.5	 5.3	 12.0	 7.8	 8.0	 3.5
% Difficulty Accessing Health Care in Past Year (Composite)	 40.7	 43.5	 45.8	 43.2	 44.2	 45.0	 43.3	 44.8	 51.3
% Cost Prevented Physician Visit in Past Year	 11.0	 13.3	 18.0	 13.4	 9.5	 13.9	 12.5	 13.5	 14.1
% Cost Prevented Getting Prescription in Past Year	 11.2	 13.5	 11.9	 14.4	 14.3	 17.3	 14.7	 13.5	 17.3
% Difficulty Getting Appointment in Past Year	 20.2	 22.0	 21.4	 19.2	 24.1	 22.0	 19.4	 22.7	 26.6
% Inconvenient Hrs Prevented Dr Visit in Past Year	 16.4	 17.0	 12.1	 14.3	 18.9	 15.7	 12.1	 16.0	 20.9
% Difficulty Finding Physician in Past Year	 9.0	 17.1	 19.6	 12.8	 17.5	 18.5	 13.7	 15.9	 20.6
% Transportation Hindered Dr Visit in Past Year	 12.6	 9.8	 4.6	 11.5	 13.3	 11.7	 11.4	 12.6	 16.0
% Difficulty Getting Child's Health Care in Past Year	 4.3	 5.7		 2.6	 15.1	 10.3	 1.4	 7.3	 8.1
Primary Care Doctors per 100,000	 44.0	 42.8	 22.5	 13.5	 54.1	 61.3	 104.6	 80.0	 43.6
% Have a Specific Source of Ongoing Care	 73.8	 75.9	 72.8	 78.5	 81.2	 77.5	 74.6	 76.4	 80.5
% Have Had Routine Checkup in Past Year	 71.5	 75.0	 77.9	 75.8	 81.7	 72.8	 79.5	 67.4	 68.5
% Child Has Had Checkup in Past Year	 86.9	 90.1		 90.5	 74.5	 83.5	 78.2	 86.2	 79.7

DISPARITY AMONG PARISHES									
ACCESS TO HEALTH CARE (continued)	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Two or More ER Visits in Past Year	 9.2	 13.1	 14.3	 15.3	 13.1	 15.3	 13.0	 14.3	 20.0
% Eye Exam in Past 2 Years	 46.5	 55.1	 62.4	 51.4	 56.3	 54.7	 59.1	 53.6	 57.4
% Rate Local Health Care "Fair/Poor"	 18.9	 23.0	 32.7	 20.5	 19.4	 27.1	 17.3	 21.3	 29.9
% Internet is the Primary Source for Healthcare Information	 17.7	 23.2	 21.5	 27.2	 16.7	 18.6	 20.1	 21.2	 23.5

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
























DISPARITY AMONG PARISHES									
CANCER	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Cancer (Age-Adjusted Death Rate)	 169.0	 186.6	 179.1	 173.9	 152.9	 188.4	 162.0	 221.9	 215.5
Cancer Incidence Rate (All Sites)	 488.2	 459.1	 494.5	 456.7	 453.1	 494.9	 475.8	 508.3	 456.5
Female Breast Cancer Incidence Rate	 81.7	 90.7	 105.4	 108.6	 96.5	 145.3	 113.9	 107.3	 106.9
Prostate Cancer Incidence Rate	 141.7	 138.4	 134.5	 109.0	 90.4	 126.6	 148.4	 97.2	 108.3
Lung Cancer Incidence Rate	 64.9	 74.7	 74.6	 75.4	 84.0	 61.1	 61.9	 84.8	 64.6
Colorectal Cancer Incidence Rate	 52.4	 54.3	 56.1	 46.6	 63.8	 58.6	 48.9	 53.9	 54.6
% Cancer	 5.7	 7.5	 6.2	 8.6	 9.4	 8.3	 9.2	 6.0	 7.8

DISPARITY AMONG PARISHES

CANCER (continued)	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% [Women 50-74] Mammogram in Past 2 Years	 69.2	 74.6		 77.0	 78.3	 75.8	 83.0	 67.2	 82.3
% [Women 21-65] Cervical Cancer Screening	 83.2	 81.1		 82.2	 78.3	 80.7	 75.0	 79.5	 90.2
% [Age 50-75] Colorectal Cancer Screening	 67.5	 72.9	 86.4	 75.3	 77.1	 73.8	 77.7	 75.7	 66.5



































































































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DISPARITY AMONG PARISHES

DIABETES	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Diabetes (Age-Adjusted Death Rate)	 36.6	 26.6		 28.5		 26.7	 9.9	 29.0	
% Diabetes/High Blood Sugar	 19.3	 14.9	 20.3	 14.0	 23.7	 16.9	 15.1	 13.9	 19.5
% Borderline/Pre-Diabetes	 7.6	 9.9	 11.5	 8.8	 7.0	 9.9	 8.9	 9.4	 8.4
% [Diabetics] Taking Action to Control Diabetes	 97.9	 87.5		 88.0		 89.5	 99.7	 94.5	
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	 46.4	 46.3	 56.3	 50.8	 49.0	 47.6	 43.9	 45.6	 53.4



















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DISPARITY AMONG PARISHES

HEART DISEASE & STROKE	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Diseases of the Heart (Age-Adjusted Death Rate)	 227.1	 286.5	 349.9	 203.7	 207.3	 216.6	 300.0	 305.8	 289.9
% Heart Disease (Heart Attack, Angina, Coronary Disease)	 7.5	 10.0	 8.1	 10.5	 11.9	 5.5	 7.7	 8.1	 13.9
Stroke (Age-Adjusted Death Rate)	 44.6	 59.5		 63.1	 47.6	 58.3	 49.9	 38.1	 51.4
% Stroke	 3.7	 5.3	 5.2	 3.4	 4.6	 5.3	 5.3	 5.8	 6.1
% Blood Pressure Checked in Past 2 Years	 90.6	 92.6	 100.0	 91.8	 95.7	 92.4	 91.6	 90.7	 94.9
% Told Have High Blood Pressure	 40.8	 47.9	 43.9	 42.3	 50.1	 43.3	 47.2	 40.7	 57.8
% [HBP] Taking Action to Control High Blood Pressure	 86.5	 91.0	 88.6	 86.5	 95.4	 91.6	 86.3	 84.0	 86.4
% Cholesterol Checked in Past 5 Years	 79.6	 81.9	 86.5	 82.9	 87.7	 79.6	 84.3	 78.9	 83.7
% Told Have High Cholesterol	 36.3	 32.1	 37.3	 37.8	 41.9	 32.2	 31.7	 32.7	 41.2
% [HBC] Taking Action to Control High Blood Cholesterol	 97.1	 87.9	 92.2	 85.9	 83.8	 86.2	 80.4	 83.9	 92.2
% 1+ Cardiovascular Risk Factor	 95.8	 92.3	 83.6	 92.2	 91.1	 92.0	 90.1	 89.0	 94.6






























































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DISPARITY AMONG PARISHES

INFANT HEALTH & FAMILY PLANNING	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Low Birthweight Births (Percent)	 9.3	 11.8	 12.1	 9.8	 9.0	 12.0	 11.4	 7.4	 11.2
Births to Adolescents Age 15 to 19 (Rate per 1,000)	 50.3	 55.6	 49.9	 48.6	 40.6	 25.4	 38.5	 55.2	 40.6










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DISPARITY AMONG PARISHES

INJURY & VIOLENCE	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Unintentional Injury (Age-Adjusted Death Rate)	 65.5	 68.9		 59.2	 68.5	 68.6	 80.2	 47.7	 59.6
% "Always" Wear Seat Belt	 73.2	 75.9	 73.8	 81.4	 73.7	 77.5	 83.4	 85.2	 72.0
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	 87.7	 90.4		 93.4	 87.3	 83.4	 86.0	 94.3	 95.0
Violent Crime Rate	 174.2	 652.8	 501.3	 155.4	 308.4	 694.9	 972.3	 309.2	 452.0
% Victim of Violent Crime in Past 5 Years	 1.3	 2.0	 2.4	 4.1	 7.4	 4.7	 4.0	 4.0	 4.4
% Victim of Intimate Partner Violence (Ever)	 17.9	 20.5	 15.3	 20.2	 23.9	 21.4	 21.0	 23.9	 18.5
% Victim of Intimate Partner Violence in Past 5 Years	 2.6	 5.5	 5.0	 3.8	 5.2	 3.4	 5.0	 6.7	 7.6








































































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DISPARITY AMONG PARISHES

KIDNEY DISEASE	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Kidney Disease	 3.4	 7.7	 6.2	 4.0	 7.4	 2.6	 5.0	 4.5	 7.0






































































































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DISPARITY AMONG PARISHES
























































MENTAL HEALTH	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% "Fair/Poor" Mental Health	 21.2	 25.2	 23.2	 25.9	 29.0	 21.7	 17.8	 24.4	 16.6
% 3+ Days Poor Mental Health in Past Month	 33.6	 42.7	 34.5	 40.5	 40.4	 40.8	 36.8	 47.6	 40.8
% Diagnosed Depression	 27.2	 28.8	 25.9	 33.1	 35.0	 33.1	 24.6	 35.8	 28.7
% Symptoms of Chronic Depression (2+ Years)	 34.7	 41.1	 37.3	 46.0	 44.3	 45.5	 39.6	 46.5	 35.4
Mental Health Providers per 100,000	 52.8	 60.5		 18.0	 33.8	 258.6	 219.2	 80.0	 7.3
% Have Ever Sought Help for Mental Health	 28.3	 37.8	 31.2	 41.0	 41.3	 41.4	 35.9	 46.3	 37.5
% Taking Rx/Receiving Mental Health Trtmt	 14.4	 22.8	 23.5	 26.3	 33.2	 19.7	 23.3	 29.5	 19.8
% Unable to Get Mental Health Svcs in Past Yr	 5.4	 9.4	 17.2	 5.7	 5.8	 10.1	 7.8	 9.5	 4.8

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DISPARITY AMONG PARISHES



























NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Population With Low Food Access (Percent)	 28.1	 20.6	 35.3	 19.5	 22.6	 27.9	 40.6	 49.3	 15.5
% 5+ Servings of Fruits/Vegetables per Day	 25.4	 16.1	 19.7	 20.4	 19.1	 21.6	 26.7	 26.6	 14.4
% Child [Age 2-17] 5+ Servings of Fruits/Vegetables per Day	 51.8	 52.9		 47.9		 60.5	 55.2	 60.0	
% Medical Advice on Diet/Nutrition in Past Year	 27.9	 35.9	 46.4	 41.9	 43.1	 40.1	 34.9	 37.3	 40.7
% No Leisure-Time Physical Activity	 35.8	 29.2	 26.3	 32.7	 33.2	 34.6	 34.2	 25.2	 28.8
% Meeting Physical Activity Guidelines	 13.8	 15.2	 19.4	 17.8	 16.8	 21.1	 17.7	 24.0	 20.5
% Child [Age 2-17] Physically Active 1+ Hours per Day	 50.1	 59.5		 53.9	 61.1	 39.0	 44.3	 43.4	 65.0
% Walk Regularly (5+ Times Per Week for >10 Minutes)	 41.1	 43.8	 44.4	 45.2	 45.3	 43.5	 35.3	 48.9	 43.0
% Medical Advice on Exercise in Past Year	 30.3	 36.0	 40.2	 41.0	 50.5	 45.8	 40.8	 36.6	 46.1
% [Child Age 2-17] 3+ Hours per Day of Screen Time	 45.1	 40.1		 40.9		 39.9	 38.7	 43.9	
% "Often" See Others in Community Being Physically Active	 37.7	 32.5	 36.4	 29.9	 37.8	 43.1	 47.1	 38.5	 33.4
% "Fair/Poor" Local Physical Activity Opportunities	 41.4	 52.5	 58.6	 55.2	 27.3	 37.7	 30.9	 34.8	 46.7

DISPARITY AMONG PARISHES

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Overweight (BMI 25+)	 76.9	 74.8	 70.5	 76.9	 81.4	 72.8	 72.3	 74.3	 78.4
% Obese (BMI 30+)	 41.7	 43.1	 39.6	 49.0	 55.2	 41.2	 42.3	 37.3	 49.8
% Medical Advice on Weight in Past Year	 19.4	 21.9	 20.1	 24.5	 29.8	 31.7	 24.6	 27.2	 30.6
% [Overweights] Trying to Lose Weight Both Diet/Exercise	 29.7	 35.2	 32.6	 32.9	 20.6	 41.0	 36.0	 30.1	 38.5
% Have Been Told That Child [<18] is Overweight	 8.3	 6.4	 	 2.2	 14.4	 15.2	 4.4	 1.6	 2.2
% Children [Age 5-17] Overweight (85th Percentile)		 47.3		 39.6		 41.2	 37.7	 32.4	
% Children [Age 5-17] Obese (95th Percentile)		 26.5		 21.2		 28.1	 25.7	 17.3	























































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DISPARITY AMONG PARISHES

ORAL HEALTH	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Have Dental Insurance	 66.8	 65.1	 70.5	 68.7	 69.1	 70.5	 63.0	 72.6	 76.1
% [Age 18+] Dental Visit in Past Year	 44.2	 51.4	 54.9	 53.0	 60.9	 48.8	 55.4	 47.5	 57.7
% Child [Age 2-17] Dental Visit in Past Year	 74.8	 85.2		 84.5	 82.1	 72.1	 74.5	 72.2	 76.7



































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DISPARITY AMONG PARISHES

POTENTIALLY DISABLING CONDITIONS	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% 3+ Chronic Conditions	 28.1	 33.9	 33.2	 35.2	 46.3	 28.7	 33.9	 32.3	 41.8
% 4+ Days Health Prevented Usual Activities	 18.7	 25.3	 23.3	 25.4	 30.3	 23.2	 24.3	 26.7	 30.0
% Activity Limitations	 23.6	 30.6	 34.2	 28.9	 38.7	 24.8	 30.1	 32.0	 44.1
% Arthritis	 24.4	 33.6	 22.2	 27.2	 39.6	 29.6	 28.6	 27.6	 34.5
Alzheimer's Disease (Age-Adjusted Death Rate)	 40.5	 58.5	 60.3	 55.9	 71.2	 46.7	 62.9	 33.5	 52.3
% Caregiver to a Friend/Family Member	 30.5	 30.7	 38.9	 31.6	 29.8	 31.4	 31.2	 25.1	 30.0




























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DISPARITY AMONG PARISHES




























RESPIRATORY DISEASE	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
CLRD (Age-Adjusted Death Rate)	 42.2	 76.8		 112.2	 78.3	 63.1	 54.4	 69.6	 49.0
COVID-19 (Age-Adjusted Death Rate)	 176.7	 142.7	 182.3	 153.1	 133.0	 106.9	 131.2	 137.9	 154.4
COVID-19 Fully Vaccinated, Percent (March 2022)	 44.3	 56.5	 48.6	 51.4	 55.7	 52.3	 60.7	 70.1	 57.0
% [Age 65+] Flu Vaccine in Past Year	 51.6	 68.7		 63.5	 50.9	 65.7	 67.2	 61.4	 75.3

DISPARITY AMONG PARISHES									
RESPIRATORY DISEASE (continued)	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% [Age 65+] Pneumonia Vaccine Ever	 80.4	 68.2		 74.7	 72.1	 70.6	 79.0	 70.0	 70.1
% COPD (Lung Disease)	 8.4	 12.2	 13.1	 10.4	 9.9	 8.5	 11.6	 7.8	 12.7




























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DISPARITY AMONG PARISHES									
SEXUAL HEALTH	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
HIV Prevalence Rate	 830.9	 453.5	 369.2	 257.4	 456.8	 379.7	 488.3	 146.5	 199.9
Chlamydia Incidence Rate	 308.3	 927.3	 617.7	 577.5	 408.5	 881.6	 805.9	 607.2	 754.7
Gonorrhea Incidence Rate	 128.8	 366.0	 121.5	 210.4	 73.7	 205.0	 382.1	 141.9	 258.5

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DISPARITY AMONG PARISHES									
SUBSTANCE ABUSE	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Excessive Drinker	 26.7	 24.5	 11.9	 21.1	 17.1	 15.8	 18.1	 21.0	 18.8
% Drinking & Driving in Past Month	 6.1	 5.8	 0.0	 2.4	 1.6	 4.5	 5.9	 2.6	 3.1
% Rode w/ Drunk Driver in Past Month	 3.2	 8.9	 5.7	 3.6	 2.1	 5.0	 7.8	 4.8	 11.6

DISPARITY AMONG PARISHES



















SUBSTANCE ABUSE (continued)	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Illicit Drug Use in Past Month	 2.2	 2.7	 14.1	 4.1	 6.9	 1.9	 2.5	 0.9	 6.7
% Used a Prescription Opioid in Past Year	 16.8	 15.8	 23.5	 19.0	 23.6	 22.2	 19.6	 22.3	 25.9
% Ever Sought Help for Alcohol or Drug Problem	 3.4	 5.4	 3.5	 5.5	 4.9	 7.0	 5.0	 4.8	 3.7

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DISPARITY AMONG PARISHES




















































TOBACCO USE	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Current Smoker	 28.9	 31.3	 22.2	 26.2	 26.0	 22.7	 17.0	 21.8	 28.7
% Someone Smokes at Home	 22.5	 15.2	 16.0	 11.4	 19.7	 15.8	 13.7	 15.6	 23.1
% [Household With Children] Someone Smokes in the Home	 23.2	 17.9		 6.5	 32.5	 21.6	 17.8	 13.9	 20.8
% [Smokers] Have Quit Smoking 1+ Days in Past Year		 58.1		 54.0			 49.7	 40.5	
% [Smokers] Received Advice to Quit Smoking	 53.1	 57.4		 58.9		 46.6	 72.7	 55.6	
% Use Smokeless Tobacco	 11.2	 8.4	 4.1	 7.2	 11.6	 9.6	 5.7	 12.4	 9.7
% Currently Use Vaping Products	 14.5	 11.3	 6.9	 7.7	 10.1	 9.6	 9.0	 12.9	 10.2

DISPARITY AMONG PARISHES

TOBACCO USE (continued)	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Aware of Smoking/Vaping Cessation Services/Programs	 20.8	 21.9	 18.0	 27.3	 25.8	 22.1	 34.1	 33.3	 22.0
% Community Believes Adults Should Not Vape	 33.1	 32.2	 38.0	 30.6	 42.2	 31.3	 41.5	 19.0	 28.7

Note: In the section above, each parish is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

DISPARITY AMONG PARISHES

QUALITY OF LIFE	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Child [Age 5-17] Has Discussed School's Health Ed Activities	 44.0	 47.0		 48.6		 37.4	 47.6	 39.3	
% "Fair/Poor" Overall Quality of Life in Central Louisiana	 30.7	 34.3	 37.1	 42.3	 29.8	 41.4	 32.6	 38.7	 41.2
% Parish Life: Wrong Track and Getting Worse	 17.5	 32.5	 28.5	 20.0	 11.1	 22.8	 26.6	 16.1	 28.8
% "Frequently/Sometimes" Volunteer	 39.3	 34.1	 40.5	 34.3	 37.7	 42.8	 38.8	 33.1	 47.3
% Have Received Charitable Assistance in Past Year	 8.9	 6.9	 8.5	 6.0	 15.7	 13.3	 7.5	 8.7	 14.7
% Know 10+ People Benefiting from Charities	 42.3	 34.9	 37.8	 36.2	 40.8	 38.5	 29.0	 39.4	 41.0

Note: In the section above, each parish is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.



COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

The nine-parish service area of The Rapides Foundation, the focus of this Community Health Needs Assessment, encompasses 8,420.21 square miles and houses a total population of 347,027 residents, according to latest census estimates.

Total Population
(Estimated Population, 2015-2019)

	Total Population	Total Land Area (square miles)	Population Density (per square mile)
Allen Parish	25,618	761.81	33.63
Avoyelles Parish	40,699	832.38	48.88
Catahoula Parish	9,766	708.03	13.79
Grant Parish	22,340	643.03	34.74
LaSalle Parish	14,936	624.68	23.91
Natchitoches Parish	38,769	1,252.27	30.96
Rapides Parish	130,970	1,320.34	99.19
Vernon Parish	49,646	1,327.92	37.39
Winn Parish	14,313	950.09	15.06
Rapides Foundation Service Area	347,027	8,420.21	41.21
Louisiana	4,664,362	43,206.73	107.95
United States	324,697,795	3,532,068.58	91.93

Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Population Change 2010-2020

A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

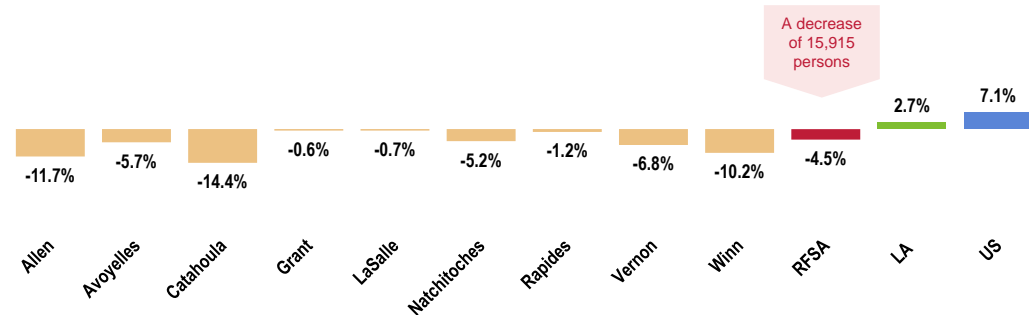
Between the 2010 and 2020 US Censuses, the population of the Rapides Foundation Service Area decreased by 15,915 persons, or 4.5%.

BENCHMARK ► In contrast with the increases reported statewide and nationally.

DISPARITY ► The greatest proportional decreases were reported in Catahoula, Allen, and Winn parishes.



Change in Total Population (Percentage Change Between 2010 and 2020; by Parish)



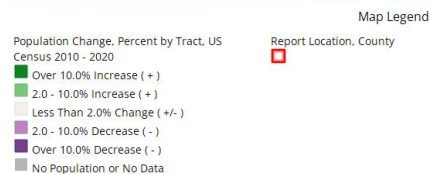
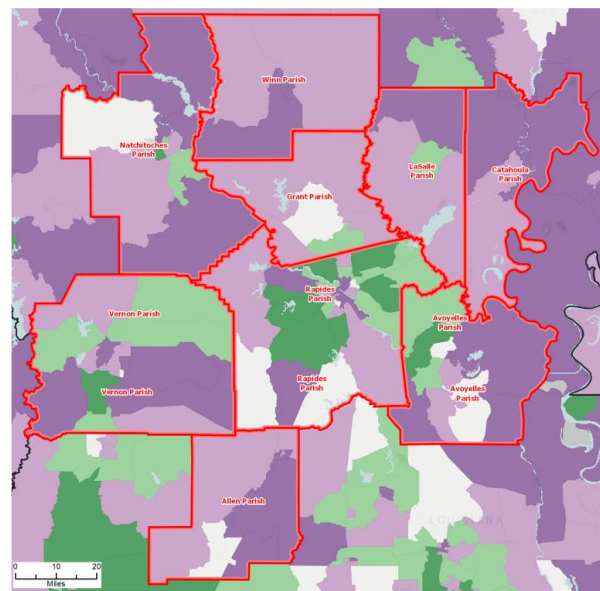
Sources:

- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Notes:

- A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

This map shows the areas of greatest increase or decrease in population between 2010 and 2020.



SparkMap

Urban/Rural Population

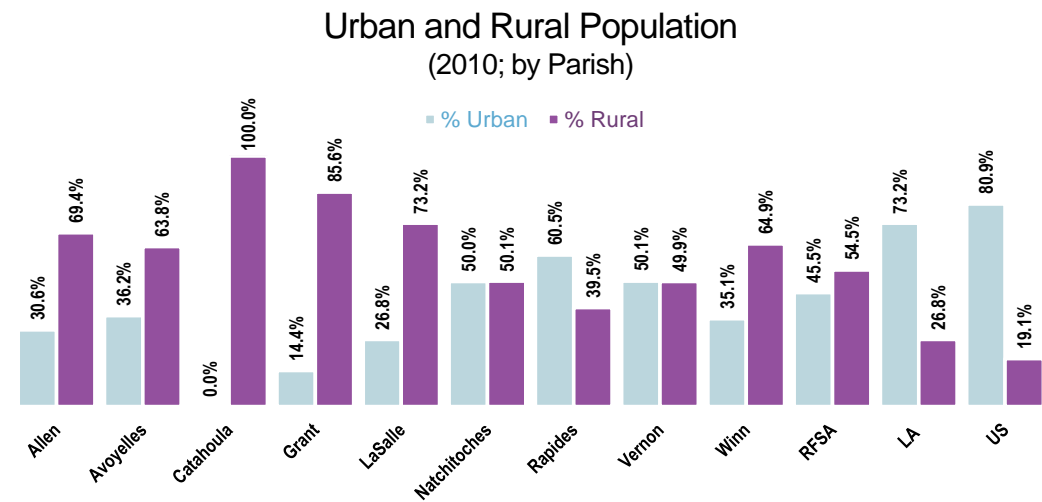
Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

While 45.5% of the Rapides Foundation Service Area is urban, over half of the service area population (54.5%) live in areas designated as rural.



BENCHMARK ► In contrast, Louisiana and the US have predominantly urban populations.

DISPARITY ► Parishes with the greatest proportion of rural residents include Catahoula Parish (100% rural), Grant Parish, and LaSalle Parish.



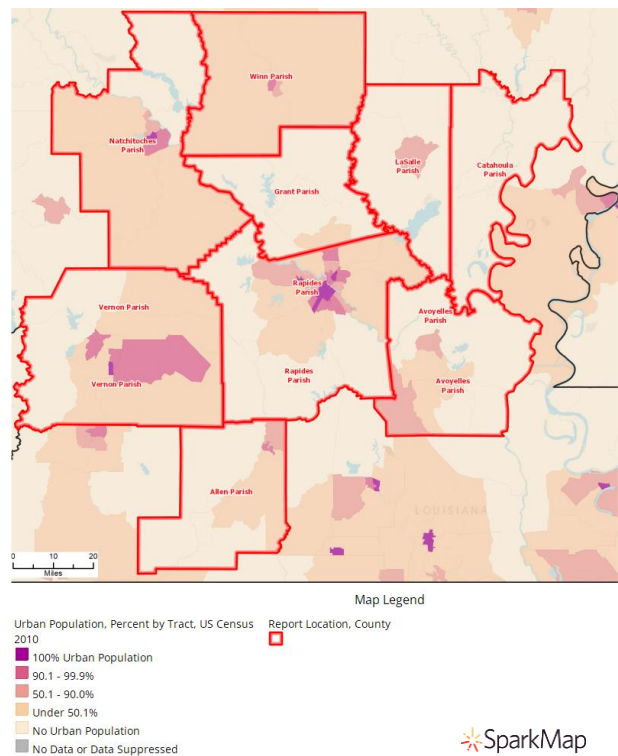
Sources:

- US Census Bureau Decennial Census.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Notes:

- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Note the following map, outlining the urban population in the Rapides Foundation Service Area.



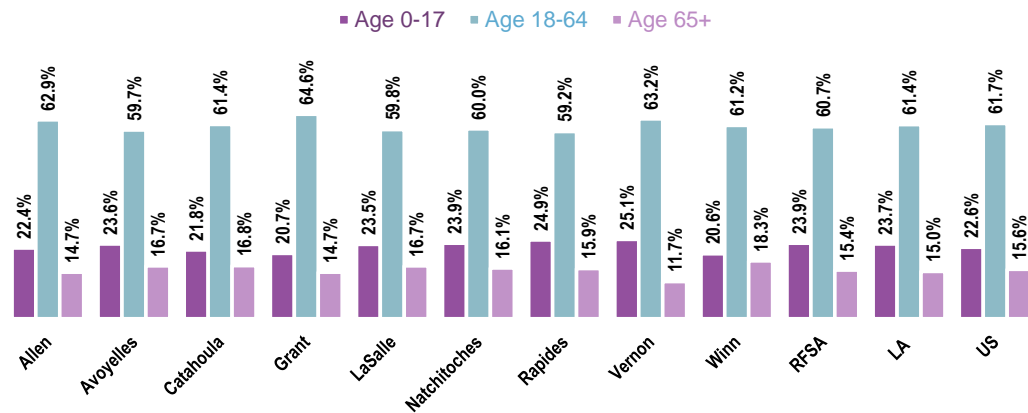
Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In the Rapides Foundation Service Area, 23.9% of the population are children age 0-17; another 60.7% are age 18 to 64, while 15.4% are age 65 and older.

DISPARITY ► These parishes house the largest proportions of seniors (age 65+) in the service area: Avoyelles, Catahoula, LaSalle, and Winn parishes.

Total Population by Age Groups
(2015-2019; by Parish)



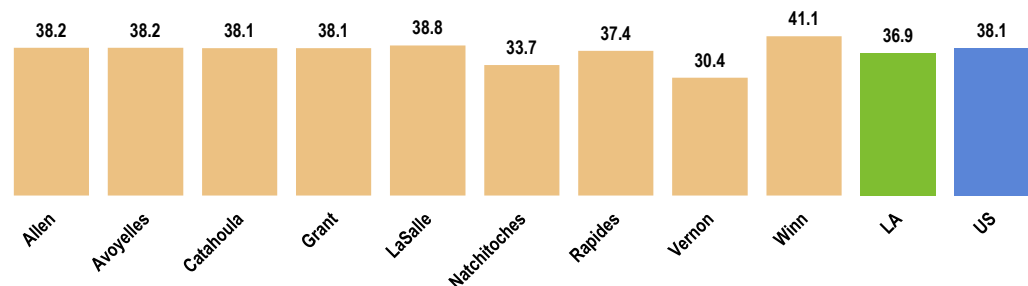
Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Median Age

The median age of residents in the Rapides Foundation Service Area varies by parish, ranging from 30.4 in Vernon Parish to 41.1 in Winn Parish.

Median Age
(2015-2019; by Parish)

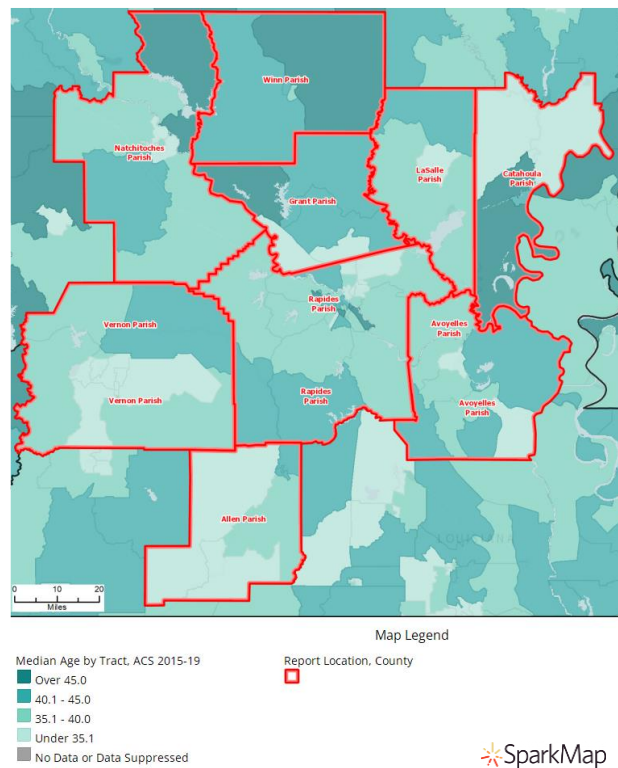


Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).



The following map provides an illustration of the median age in the Rapides Foundation Service Area.



Race & Ethnicity

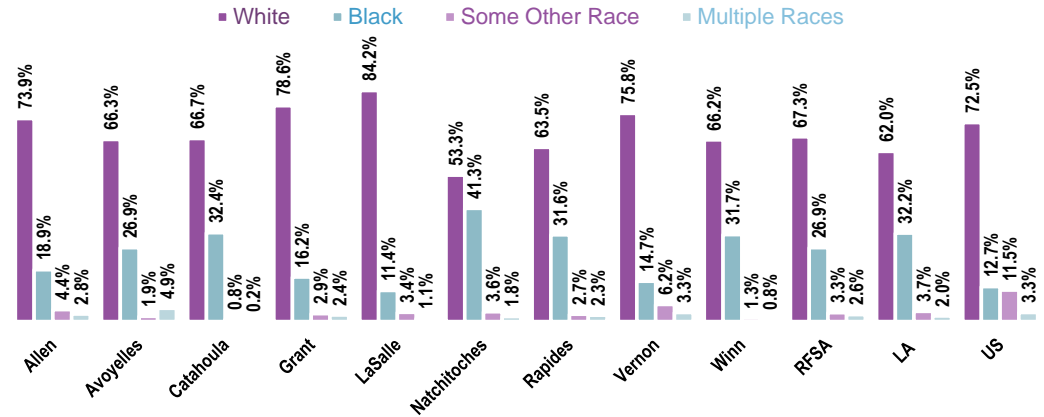
Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 67.3% of residents of the Rapides Foundation Service Area are White and 26.9% are Black.

BENCHMARK ► When compared to the US, the RFSA population has a higher proportion of Black residents and a lower proportion of residents who are White or “Other” races. Meanwhile, the RFSA area population is more reflective of the statewide population makeup.



Total Population by Race Alone (2015-2019; by Parish)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

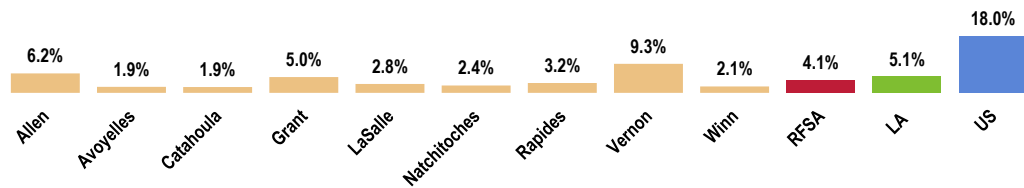
Ethnicity

A total of 4.1% of Rapides Foundation Service Area residents are Hispanic or Latino.

BENCHMARK ► A much lower proportion of Hispanic residents than found nationally.

DISPARITY ► The Hispanic population is proportionally highest in Allen, Grant, and Vernon parishes.

Hispanic Population (2010-2020; by Parish)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Notes:

- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

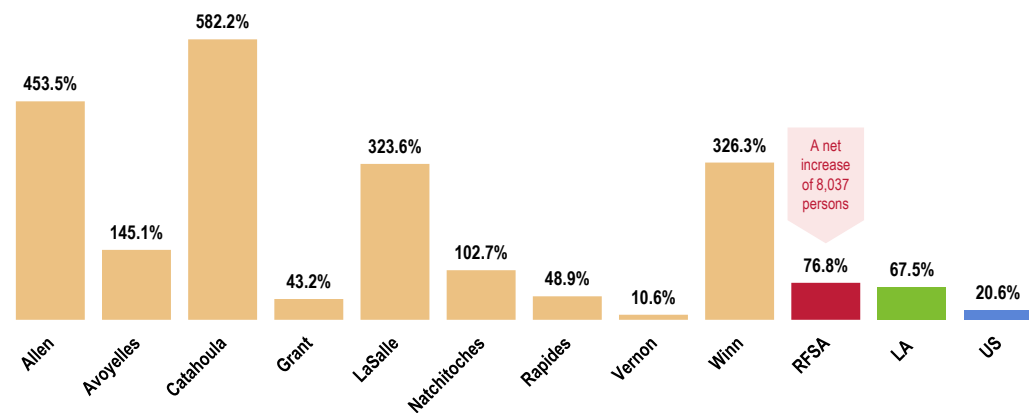


Between 2010 and 2020, the Hispanic population in the Rapides Foundation Service Area increased by 8,037 residents, or 76.8%.

BENCHMARK ► A larger proportional increase than reported across Louisiana and especially the US.

DISPARITY ► The most dramatic increases are seen in Allen, Catahoula, LaSalle, and Winn parishes.

Hispanic Population Change
(Percentage Change in Hispanic Population Between 2010 and 2020; by Parish)



Sources: • US Census Bureau American Community Survey 5-year estimates.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
Notes: • Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Linguistic Isolation

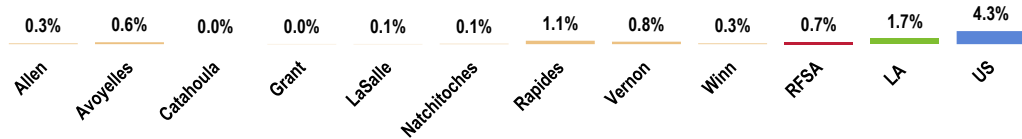
A total of 0.7% of the Rapides Foundation Service Area population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English “very well”).

BENCHMARK ► Below the Louisiana percentage and especially the US percentage.

DISPARITY ► Found to be less favorable in Avoyelles, Rapides, and Vernon parishes.



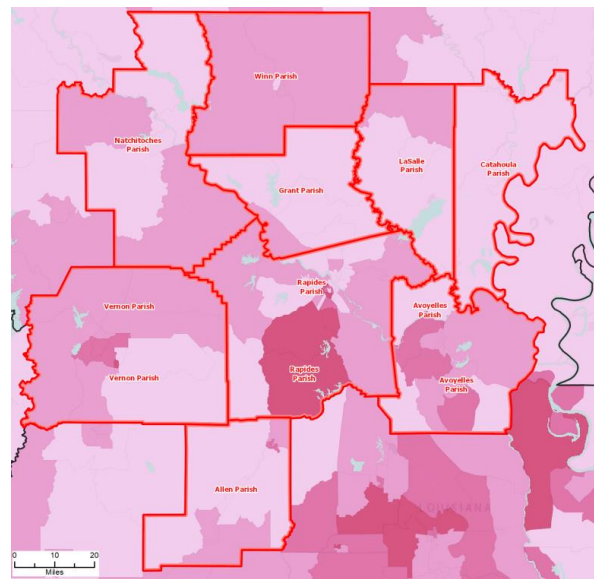
Linguistically Isolated Population (2015-2019; by Parish)



Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Notes: • This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."

Note the following map illustrating linguistic isolation throughout the Rapides Foundation Service Area.



Map Legend

Population in Linguistically Isolated Households, Percent by Tract, ACS 2015-19

- Over 3.0%
- 1.1 - 3.0%
- 0.1 - 1.1%
- No Population in Linguistically Isolated Households
- No Data or Data Suppressed

Report Location, County

SparkMap



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

- Healthy People 2030 (<https://health.gov/healthypeople>)

Poverty

The latest census estimate shows 21.0% of the Rapides Foundation Service Area total population living below the federal poverty level.

In all, 43.0% of area residents (an estimated 139,108 individuals) live below 200% of the federal poverty level.

BENCHMARK ► Worse than the national findings. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Higher in Avoyelles and Natchitoches parishes.

Among just children (ages 0 to 17), this percentage in the Rapides Foundation Service Area is 50.8% (representing an estimated 41,277 children).

BENCHMARK ► Notably worse than the US percentage. Fails to satisfy the Healthy People 2030 objective.

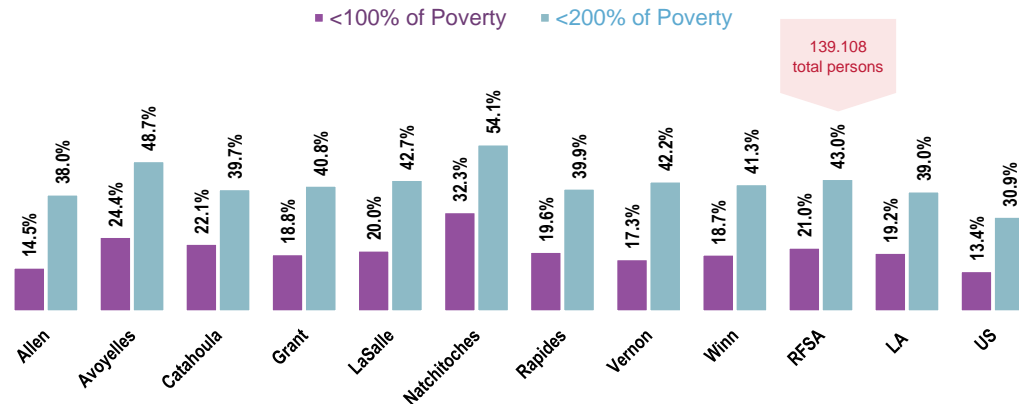
DISPARITY ► Particularly high in Avoyelles and Natchitoches parishes.



Population in Poverty

(Populations Living Below 100% and 200% of the Poverty Level; 2015-2019)

Healthy People 2030 = 8.0% or Lower



Sources:

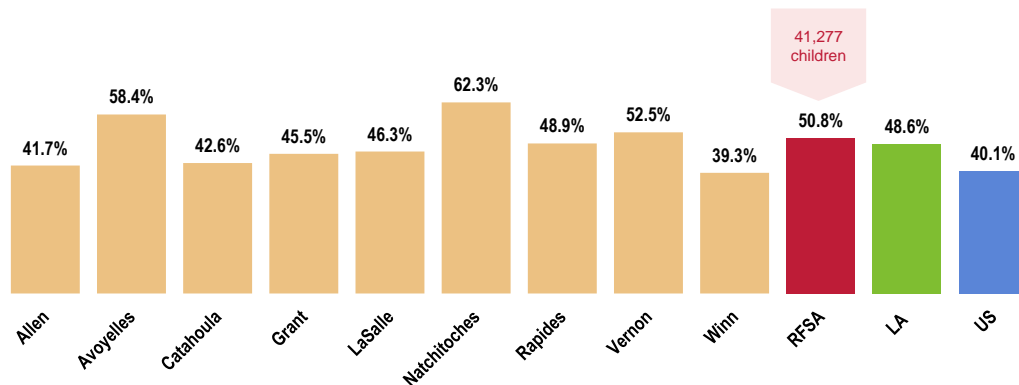
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Percent of Children in Low-Income Households

(Children 0-17 Living Below 200% of the Poverty Level, 2015-2019; by Parish)



Sources:

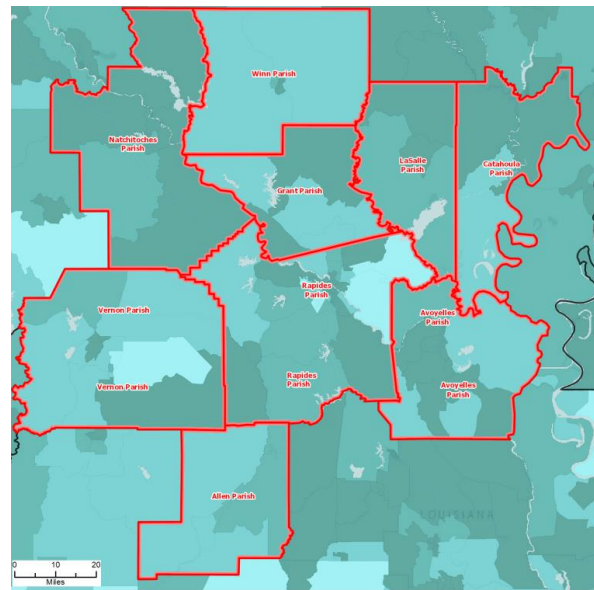
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

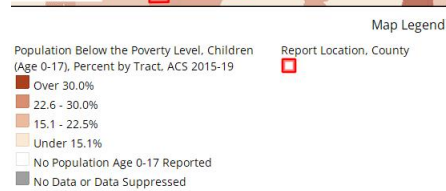
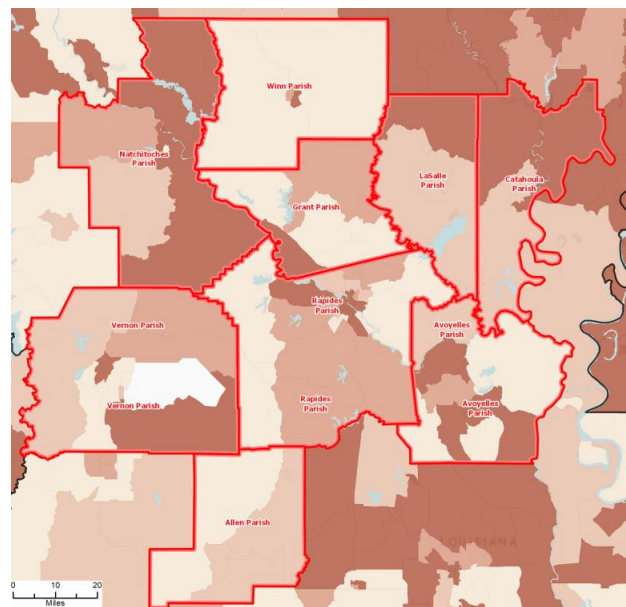
- This indicator reports the percentage of children age 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.



The following maps highlight concentrations of persons living below the federal poverty level.



SparkMap



SparkMap



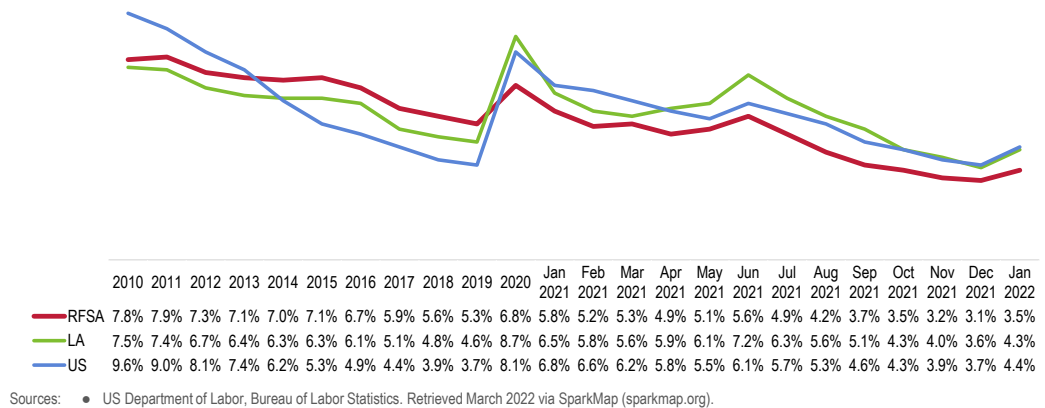
Employment

As of January 2022, the unemployment rate throughout the Rapides Foundation Service Area was 3.5%.

BENCHMARK ► Lower than the state and national rates.

TREND ► The latest rate is nearly half what it was during the peak of the pandemic in 2020.

Unemployment Rate



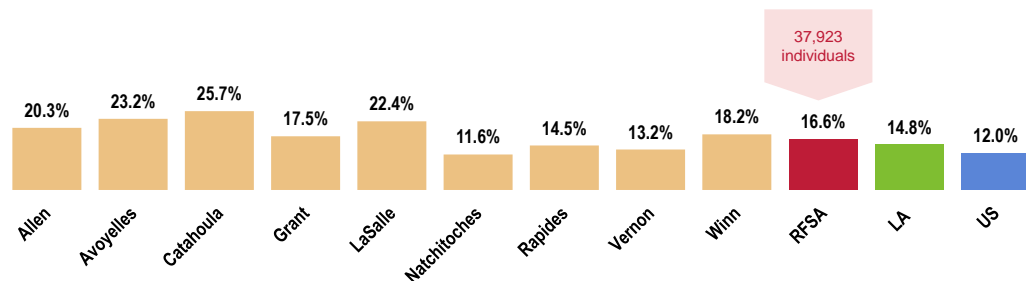
Education

Among the Rapides Foundation Service Area population age 25 and older, an estimated 16.6% (nearly 38,000 people) do not have a high school education.

BENCHMARK ► Less favorable than found across the US.

DISPARITY ► Highest in Avoyelles, Catahoula, and LaSalle parishes.

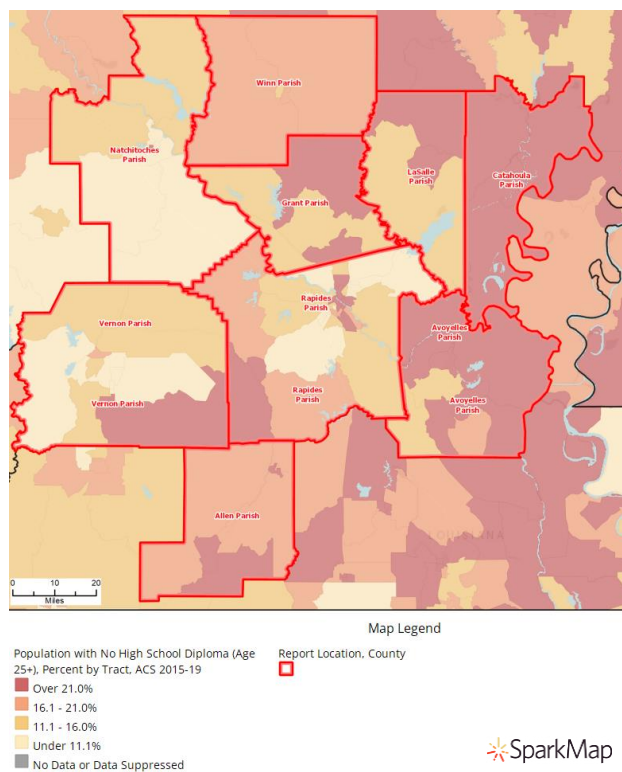
Population With No High School Diploma (Population Age 25+ Without a High School Diploma or Equivalent, 2015-2019)



Sources: • US Census Bureau American Community Survey 5-year estimates.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Notes: • This indicator is relevant because educational attainment is linked to positive health outcomes.





Food Access

Low Food Access

US Department of Agriculture data show that 33.8% of the Rapides Foundation Service Area population (representing over 119,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

BENCHMARK ► Worse than was found across the state and US.

DISPARITY ► Higher in Catahoula, Rapides, and Vernon parishes.

Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store.

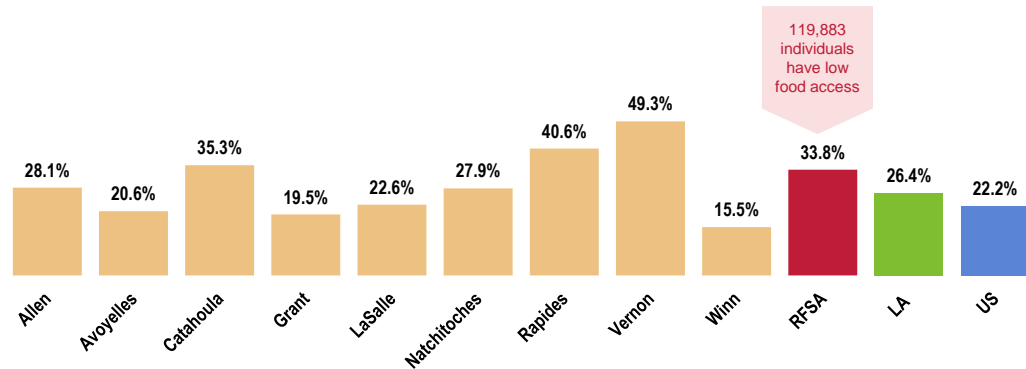
RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* in the **Modifiable Health Risks** section of this report.



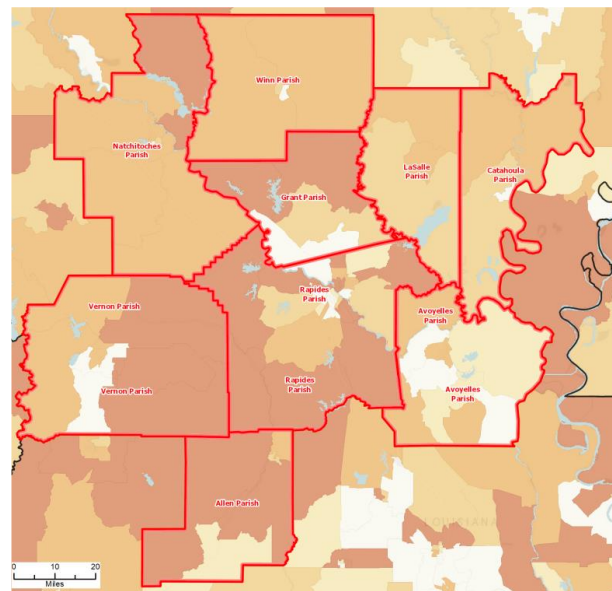
NOTE: For indicators derived from the population-based survey administered as part of this project, text describes significant differences determined through statistical testing. The reader can assume that differences (against or among local findings) that are not mentioned are ones that are not statistically significant.

Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2019)



- Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.



SparkMap

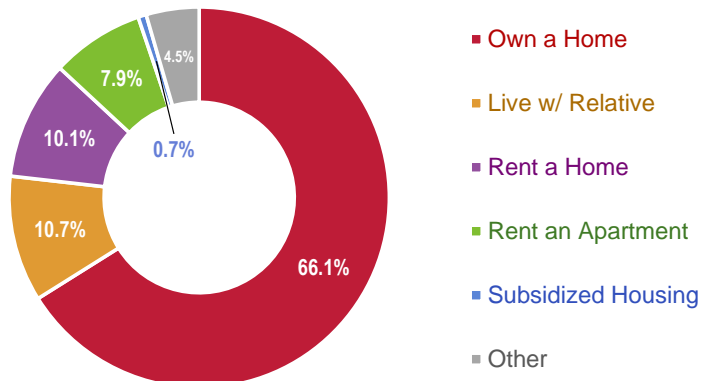


Housing

Type of Dwelling

A majority of RFSA residents (66.1%) owns their own home, while 20.8% rent a house or apartment.

Type of Dwelling
(Rapides Foundation Service Area, 2021)

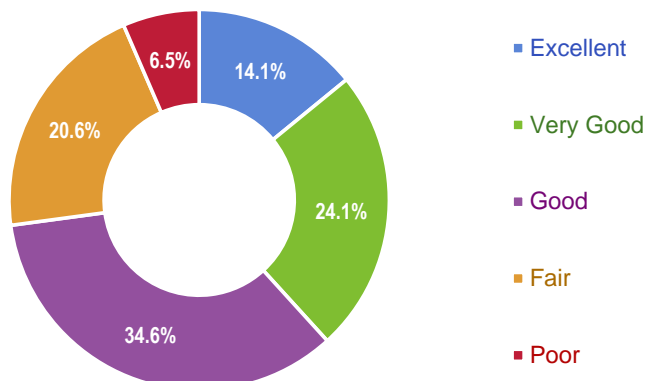


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 64]
Notes: • Asked of all respondents.

Condition of Neighborhood Homes

More than one-third of surveyed adults (38.2%) consider the condition of homes in their neighborhood to be “excellent” or “very good.”

Rating of the Condition of Neighborhood Homes
(Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 337]
Notes: • Asked of all respondents.

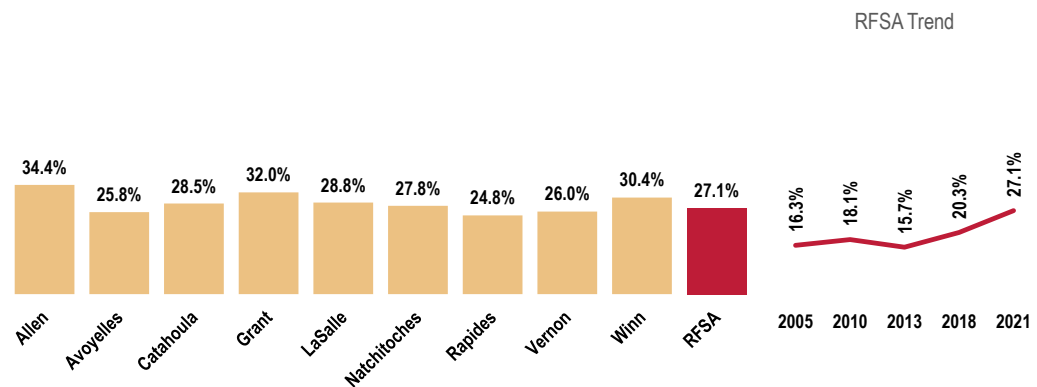


However, 27.1% of RFSA residents consider the condition of homes in their neighborhood to be only “fair” or “poor.”

TREND ► “Fair” and “poor” ratings are trending higher with time.

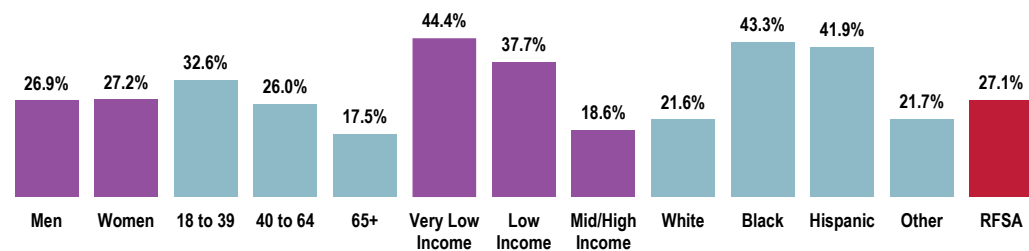
DISPARITY ► Highest in Allen and Grant parishes. Adults younger than 65, lower-income adults, Black residents, and Hispanic residents are more likely to rate the condition of neighborhood homes as “fair” or “poor.”

Perceive the Condition of Neighborhood Homes to be “Fair” or “Poor”



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 337]
 Notes: • Asked of all respondents.

Perceive the Condition of Neighborhood Homes to be “Fair” or “Poor” (Rapides Foundation Service Area, 2021)



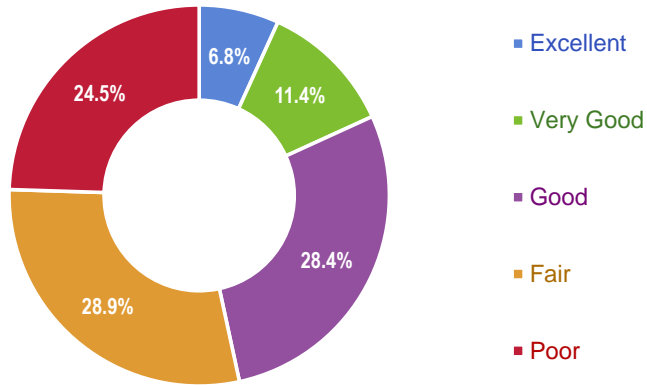
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 337]
 Notes: • Asked of all respondents.



Availability of Affordable Housing

When asked to rate the availability of affordable housing in their community, 18.2% of survey respondents gave “excellent” or “very good” ratings.

Rating of the Availability of Affordable Local Housing
(Rapides Foundation Service Area, 2021)



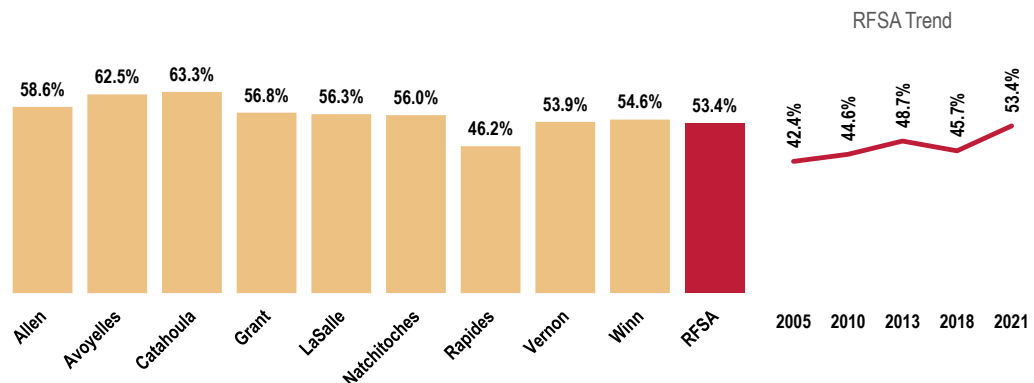
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 336]
Notes: • Asked of all respondents.

However, 53.4% of survey respondents consider the availability of affordable housing in their areas to be “fair” or “poor.”

TREND ► Significantly higher than previous survey findings.

DISPARITY ► Highest in Avoyelles and Catahoula parishes. Women, adults younger than 65, and those at lower incomes are more likely to rate the availability as “fair” or “poor.”

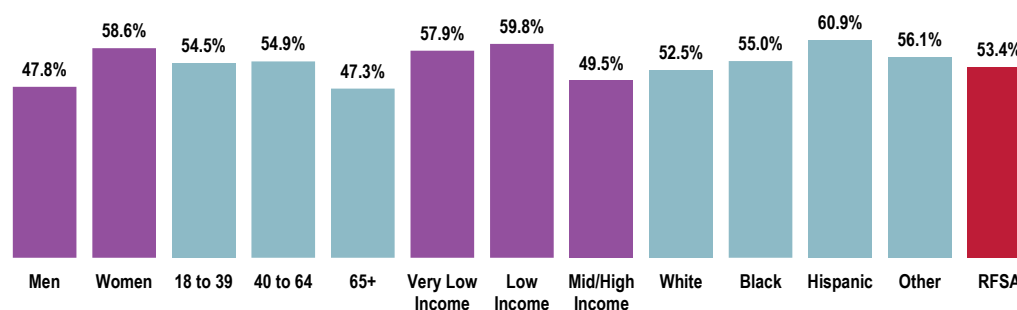
Perceive the Availability of
Affordable Local Housing to be “Fair” or “Poor”



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 336]
Notes: • Asked of all respondents.



Perceive the Availability of Affordable Local Housing to be “Fair” or “Poor” (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 336]
Notes: • Asked of all respondents.

Housing Displacement

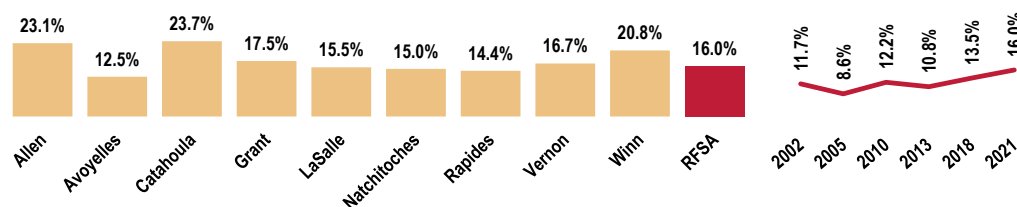
A total of 16.0% of survey respondents report that they have had to go live with a friend or relative at some point in the past two years, even if only temporarily, because of an emergency.

TREND ► Significantly higher than was found in previous years.

DISPARITY ► Least favorable in Allen parish. Adults younger than 65, lower-income residents, Black respondents, and Hispanic respondents are more likely to report being displaced due to a housing emergency.

Had to Live With a Friend/Relative in the Past Two Years Due to an Emergency (Even if Only Temporarily)

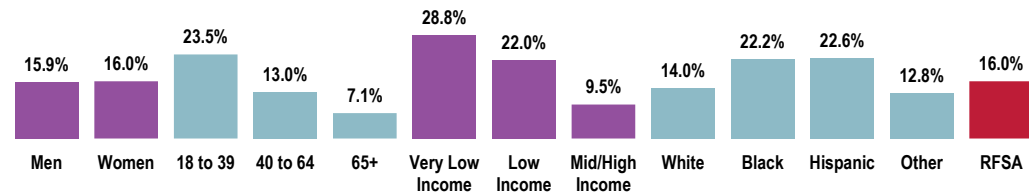
RFSA Trend



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 321]
Notes: • Asked of all respondents.



Had to Live With a Friend/Relative in the Past Two Years Due to an Emergency (Even if Only Temporarily) (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 321]
Notes: • Asked of all respondents.

Key Informant Input: Social Determinants

Key informant comments relating to social determinants include the following:

Social Determinants

Social determinants of health are fundamental to all of our health issues. – Public Health Representative (Rapides Parish)

Social determinants of health needs further studying. Poor health is in some families' DNA. – Other Health Provider (Vernon Parish)

Poverty and Low Educational Attainment

Poverty and low educational attainment. – Public Health Representative (Rapides Parish)





HEALTH STATUS

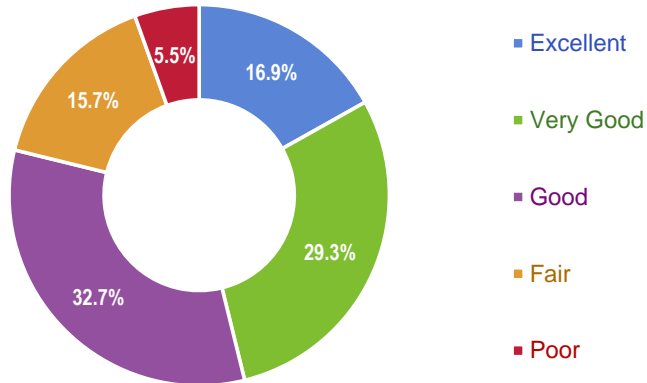
OVERALL HEALTH STATUS

Self-Reported Health Status

Most Rapides Foundation Service Area residents rate their overall health favorably (responding “excellent,” “very good,” or “good”).

The initial inquiry of the PRC Community Health Survey asked: “Would you say that in general your health is: Excellent, Very Good, Good, Fair, or Poor?”

Self-Reported Health Status
(Rapides Foundation Service Area, 2021)



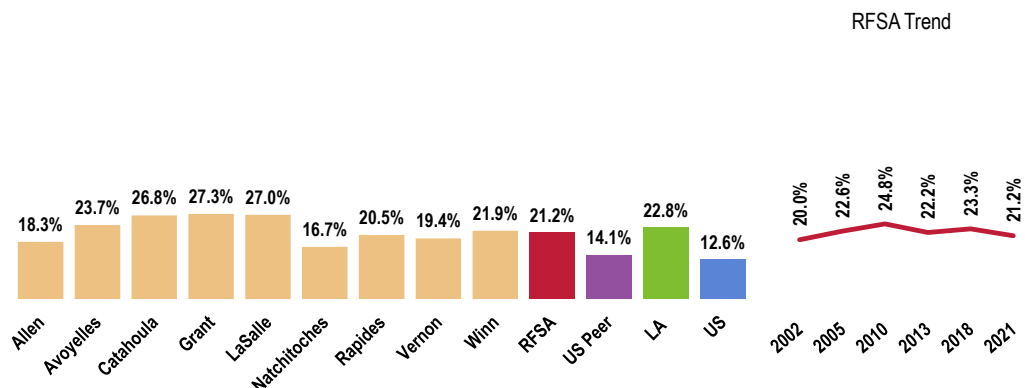
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 21.2% of Rapides Foundation Service Area adults believe that their overall health is “fair” or “poor.”

BENCHMARK ► Higher than the US Peer and national percentages.

DISPARITY ► Less favorable in Grant Parish. Women, Black adults, and adults of “Other” races are more likely to report “fair” or “poor” health. Also note the correlations with age and income.

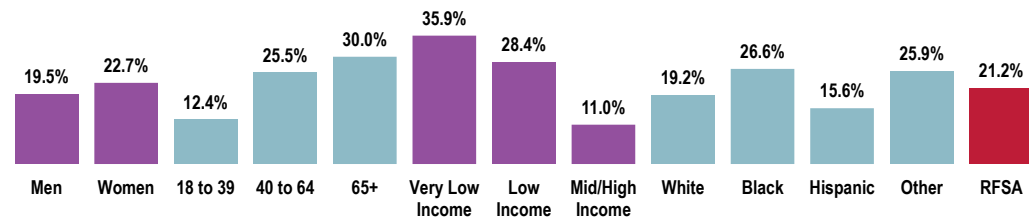
Experience “Fair” or “Poor” Overall Health



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• “US Peer” represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.



Experience “Fair” or “Poor” Overall Health (Rapides Foundation Service Area, 2021)



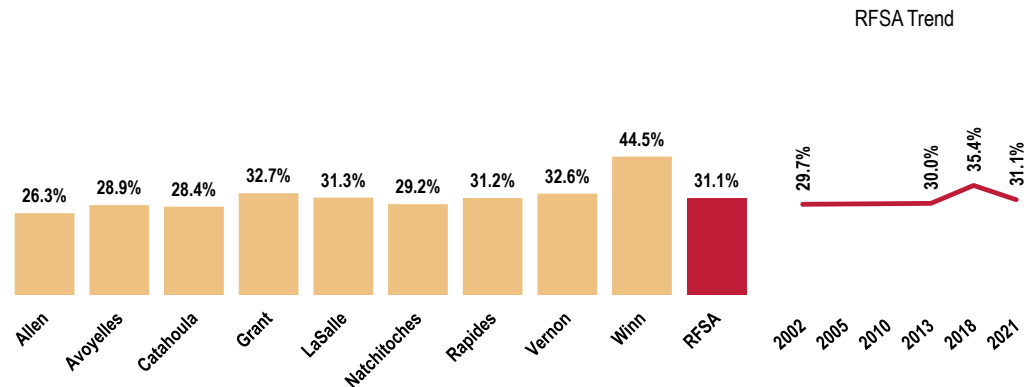
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

Days of Poor Physical Health

Among survey respondents, 31.1% report experiencing three or more days of poor physical health in the past month.

DISPARITY ► Higher in Winn Parish. More often reported among women, adults age 40+, those with lower incomes, and Black residents.

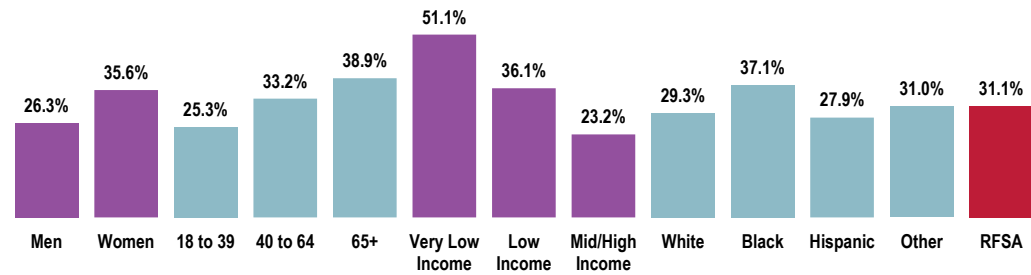
3+ Days of Poor Physical Health In the Past Month



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 154]
Notes: • Asked of all respondents.



3+ Days of Poor Physical Health In the Past Month (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 154]
 Notes: • Asked of all respondents.



MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. ...Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

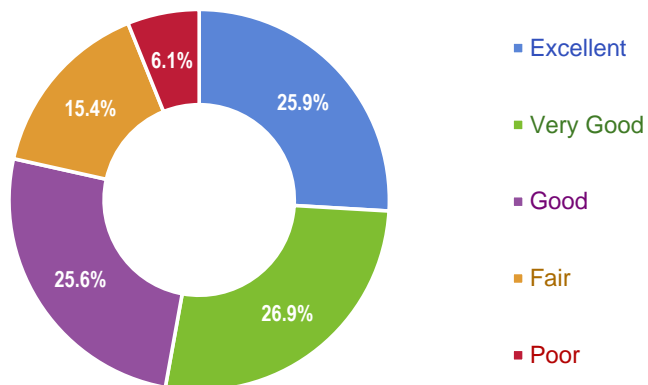
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Mental Health Status

Most Rapides Foundation Service Area adults rate their overall mental health favorably (“excellent,” “very good,” or “good”).

Self-Reported Mental Health Status
(Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 90]
Notes: • Asked of all respondents.

“Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is: Excellent, Very Good, Good, Fair, or Poor?”



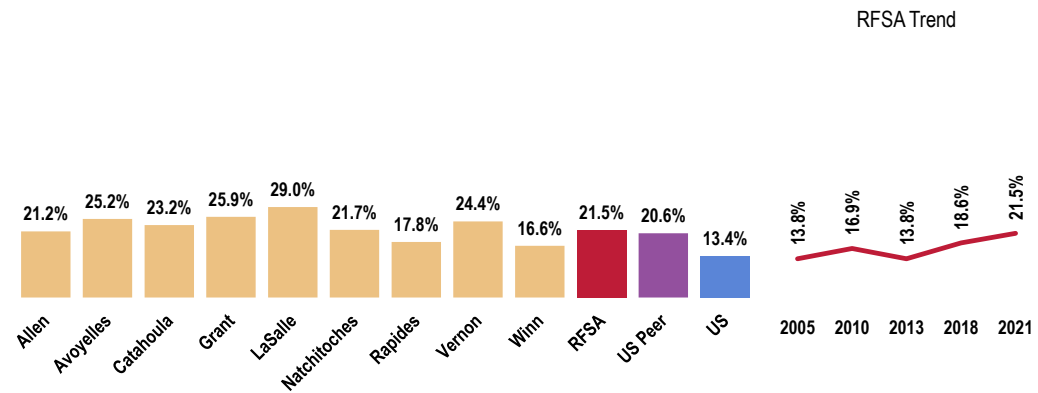
However, 21.5% believe that their overall mental health is “fair” or “poor.”

BENCHMARK ► Worse than the national percentage.

TREND ► Trending significantly higher in recent years within the service area.

DISPARITY ► Less favorable in LaSalle Parish. More often reported among women, adults younger than 65, and lower-income respondents.

Experience “Fair” or “Poor” Mental Health



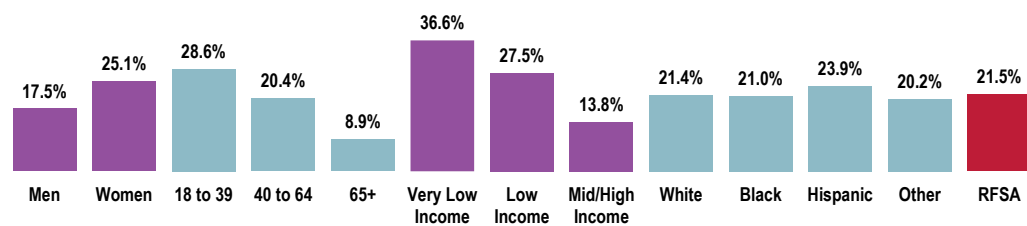
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 90]

• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

• “US Peer” represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Experience “Fair” or “Poor” Mental Health (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 90]

Notes: • Asked of all respondents.



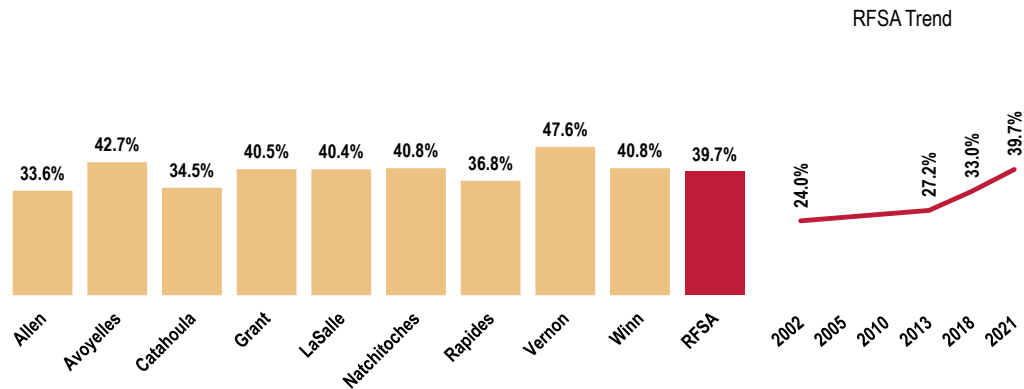
Days of Poor Mental Health

Four in 10 surveyed adults (39.7%) report experiencing three or more days of poor mental health in the past month.

TREND ► Increasing over time.

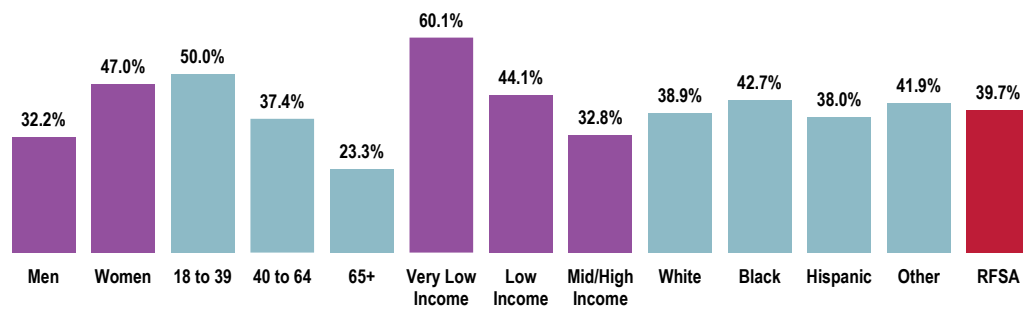
DISPARITY ► Higher in Vernon Parish. Higher among women, adults younger than 65, and those with lower incomes.

3+ Days of Poor Mental Health In the Past Month



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 155]
Notes: • Asked of all respondents.

3+ Days of Poor Mental Health In the Past Month (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 155]
Notes: • Asked of all respondents.



Depression

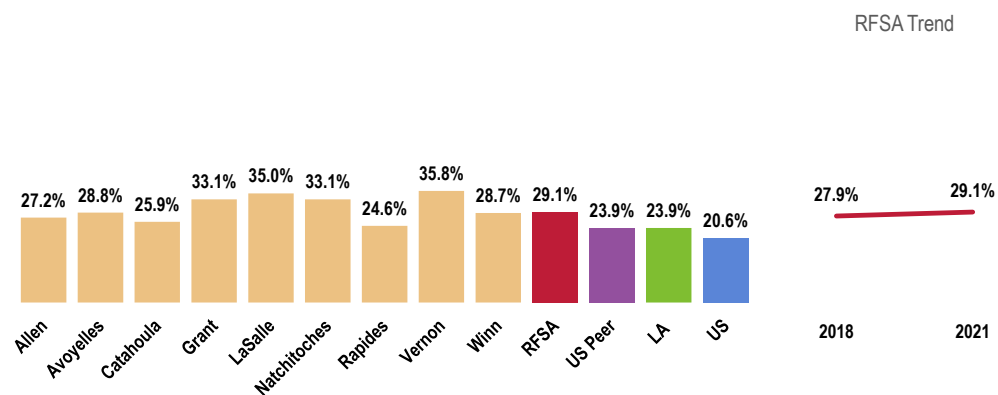
Diagnosed Depression

A total of 29.1% of Rapides Foundation Service Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ► Less favorable than the statewide and nationwide prevalence.

DISPARITY ► Higher in Vernon Parish.

Have Been Diagnosed With a Depressive Disorder



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 93]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Louisiana data.
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
• Depressive disorders include depression, major depression, dysthymia, or minor depression.
• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Symptoms of Chronic Depression

A total of 41.4% of Rapides Foundation Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

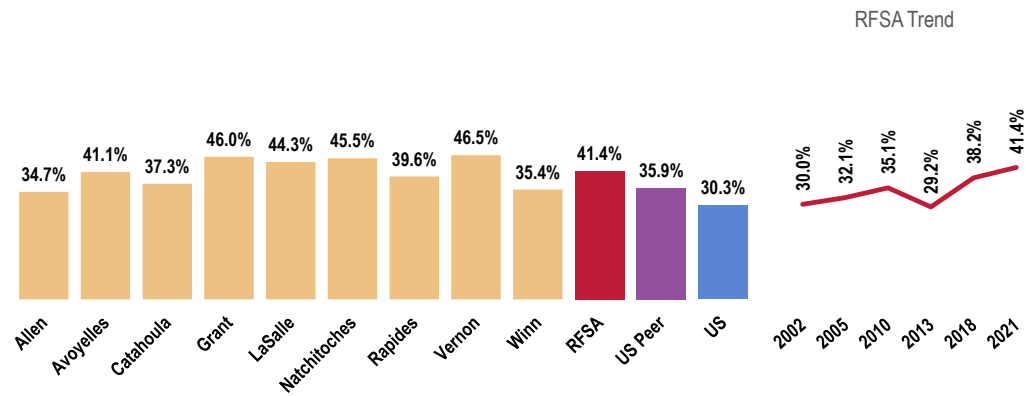
BENCHMARK ► Less favorable than the US percentage.

TREND ► Continuing an upward trend within the service area.

DISPARITY ► Less favorable in Vernon Parish. More often reported among women, Black respondents, Hispanic respondents, and respondents of "Other" races. Note the correlations with age and especially income.



Have Experienced Symptoms of Chronic Depression

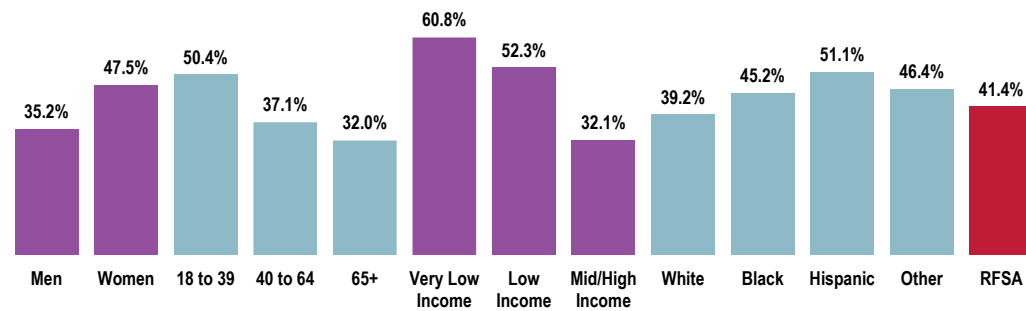


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 91]
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes
- "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Have Experienced Symptoms of Chronic Depression (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 91]

Notes: • Asked of all respondents.

- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.



Suicide

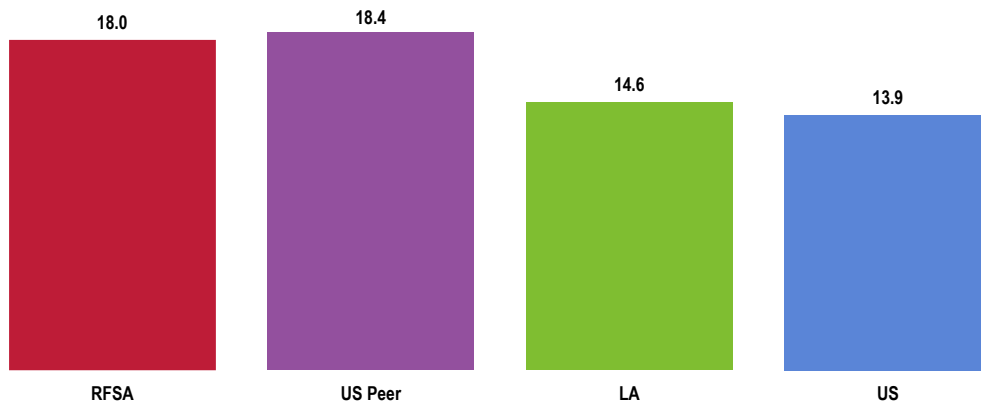
In the Rapides Foundation Service Area, there were 18.0 suicides per 100,000 population (2018-2020 annual average age-adjusted rate).

BENCHMARK ► Higher than was found across Louisiana and the US. Fails to satisfy the Healthy People 2030 objective.

TREND ► Overall trending higher in recent years.

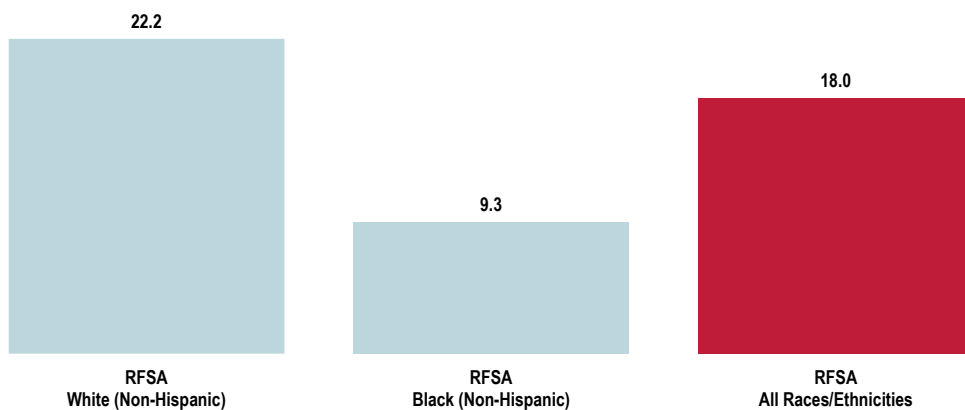
DISPARITY ► The suicide rate among RFSA Whites is more than double the rate among Blacks.

Suicide: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

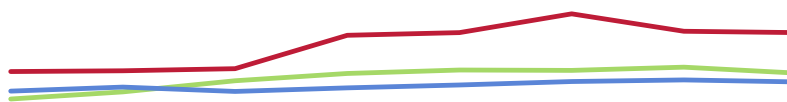
Suicide: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Suicide: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2030 = 12.8 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
RFSA	14.7	14.8	15.0	17.8	18.0	19.6	18.1	18.0
LA	12.4	13.0	14.0	14.6	14.9	14.8	15.1	14.6
US	13.1	13.4	13.1	13.4	13.6	13.9	14.0	13.9

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Mental Health Treatment

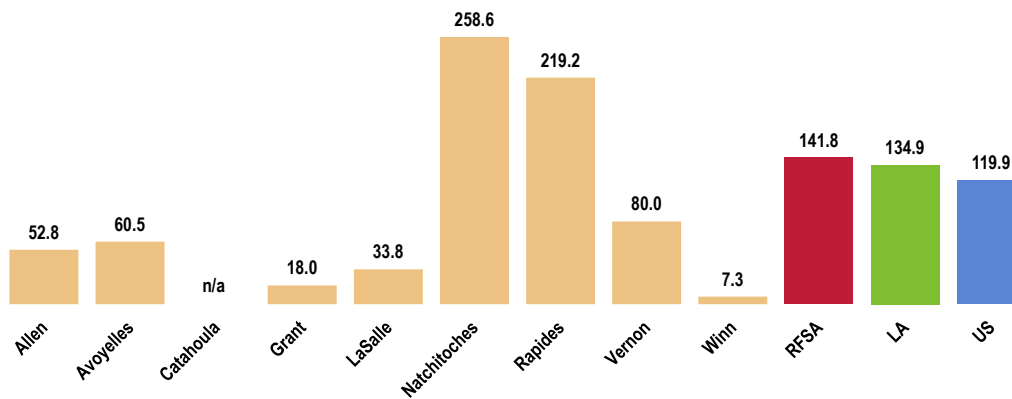
Mental Health Providers

In the Rapides Foundation Service Area in 2021, there were 141.8 mental health providers for every 100,000 population.

BENCHMARK ► Better than was found across the US.

DISPARITY ► Less favorable in Grant, LaSalle, and Winn parishes.

Access to Mental Health Providers (Number of Mental Health Providers per 100,000 Population, 2021)



Sources:

- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Notes:

- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.



Mental Health Treatment

A total of 38.2% of Rapides Foundation Service Area adults acknowledge ever having sought professional help for a mental or emotional problem.

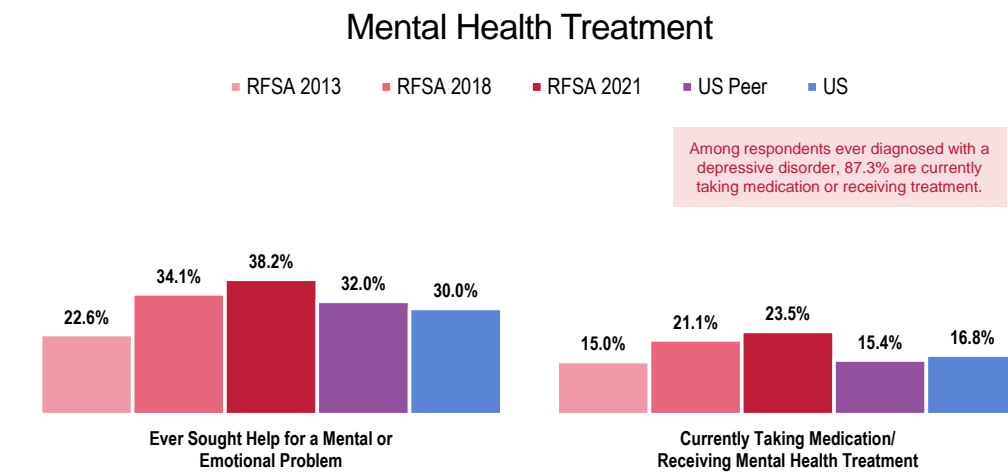
BENCHMARK ► More favorable than the US Peer and overall national percentages.

TREND ► Trending higher over time.

A total of 23.5% are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

BENCHMARK ► Higher than the US Peer and US percentages.

TREND ► Trending higher over time.



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 94, 113, 331]

• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Reflects the total sample of respondents.

• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

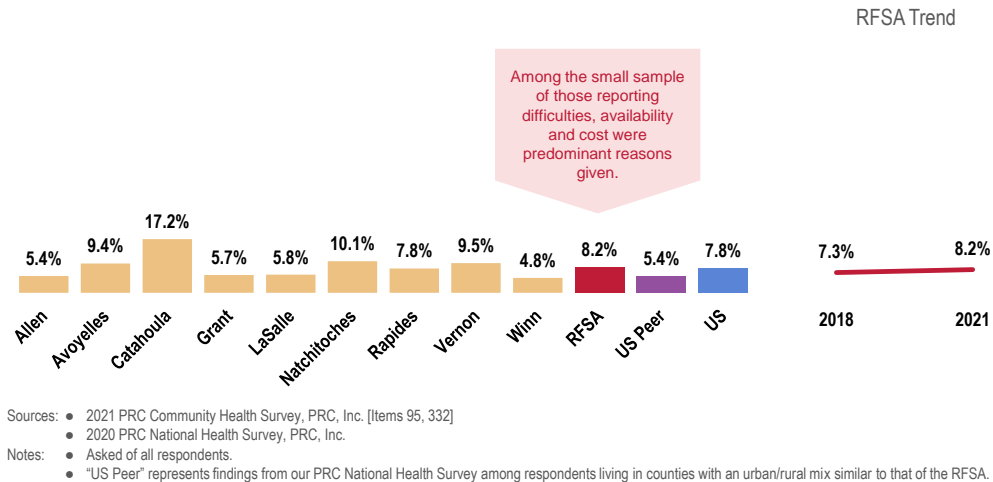


Difficulty Accessing Mental Health Services

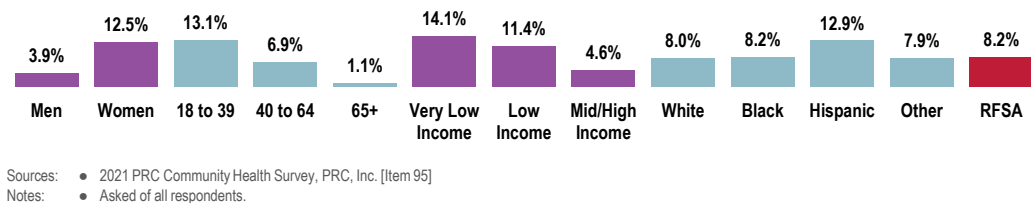
A total of 8.2% of Rapides Foundation Service Area adults report a time in the past year when they needed mental health services but were not able to get them.

DISPARITY ► Less favorable in Catahoula Parish. More often reported among women, adults younger than 65, and lower-income respondents.

Unable to Get Mental Health Services When Needed in the Past Year

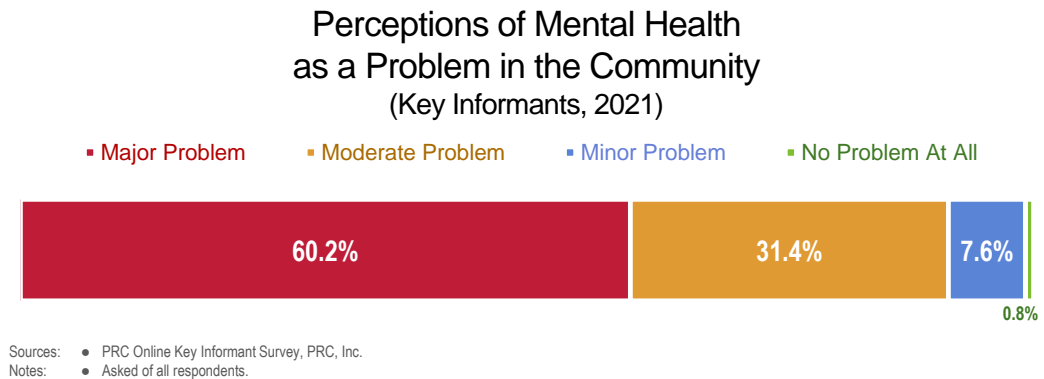


Unable to Get Mental Health Services When Needed in the Past Year (Rapides Foundation Service Area, 2021)



Key Informant Input: Mental Health

The greatest share of key informants taking part in an online survey characterized *Mental Health* as a “major problem” in the community.



Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

Lack of services, self-medicating with illegal drugs, homelessness. – Social Services Provider (Rapides Parish)

Not enough facilities and services for their needs, too many mentally ill folks being treated as criminals and in jails, homelessness. – Social Services Provider (Rapides Parish)

There are many but the biggest challenge is: The lack of beds available for treatment. The lack of long-term programs and residency programs. The lack of training by law enforcement to handle these issues. Loved ones have difficulty getting someone help because of HIPPA issues. It is often difficult for people who suffer with mental disabilities to stay on an ongoing medication regimen. – Social Services Provider (Rapides Parish)

Very few resources and usually arrests or left on streets. – Social Services Provider (Rapides Parish)

Economy. Access to care. Collapse of society. Technology. Lack of work ethic. – Social Services Provider (Rapides Parish)

Lack of resources, homeless population and those with dual diagnosis. – Other Health Professional (Rapides Parish)

Poor access to outpatient psychiatric services. Social stigma. Drug use. – Physician (Rapides Parish)

Lack of understanding and acceptance of mental health issues as disease process and not willful behavioral dysfunction. Lack of access to affordable, high-quality, consistent, long term care-to include housing and food. Lack of school/job opportunities for those with mild dysfunction. – Public Health Representative (Rapides Parish)

The stigma of having mental health issues and lack of insurance coverage for treatment. – Community Leader (Rapides Parish)

Mental illness is still seen as a weakness and underreported in many cases. People have a hard time understanding how something in your head just can't be overcome. Very few affordable resources in our area to assist. – Community Leader (Rapides Parish)

The lack of mental health services, especially for low-income people is appalling. The limited amount of beds leaves law enforcement often with no choice but to house people that need treatment for mental health who have historically not been criminals, with criminals. This is one of the biggest issues facing our society and links directly with the crime rate and violence. – Social Services Provider (Rapides Parish)

Affordable counseling; mental health treatments. Places to live, places to work, easily available drugs. – Community Leader (Rapides Parish)

Affordability of treatment, access to care for those who are homeless. – Social Services Provider (Rapides Parish)

There is a lack of mental healthcare providers in this area that accept Medicaid. There is our CLHSD that provides mental health counseling through its behavioral health clinic Caring Choices, but for many individuals transportation to and from the clinic is an issue. There are a few other agencies providing mental health support and case management, but most of them are overworked and understaffed creating a difficulty in providing quality care to those suffering with mental health issues. Additionally, drug use is a widespread issue in our area, especially among those that suffer with mental health issues, and it can become difficult to get those individuals to regularly access the care that they need. – Social Services Provider (Rapides Parish)



This is a tough one. Lack of medication compliance. Homelessness. No personal support system. Ties into crime, drug abuse, homelessness. – Community Leader (Rapides Parish)

Lack of housing and jobs after discharge. – Other Health Provider (Allen Parish)

Poverty, lack of mental health services. – Community Leader (Rapides Parish)

Limited number of mental health providers for middle class. ERs have limited beds to psych facilities for transfers. Lack of knowledge by health providers on mental health issues for referrals. And lack of follow up. Legislation protects the rights of adults who are mentally ill, even when they are unstable. Families can eat for assistance but uses someone is an immediate threat to themselves or others, nothing can be done. Families' hands are tied. Mentally ill patients who are noncompliant with meds rarely make their healthcare or counseling visits. Those incarcerated are given limited access to mental health care unless they are sent elsewhere to a psych hospital. Beds are limited. Many just admit for the payment and ship back when their payment has been exhausted. – Social Services Provider (Avoyelles Parish)

Getting help for their illnesses or willingness to get help. No affordable community based inpatient facilities available for treatment. – Public Health Representative (Rapides Parish)

Suicide among our young people has been a big issue. I feel like people don't view some issues as mental health that are mental health issues, such as anxiety in teens. This leads to a bigger picture if not dealt with appropriately. I feel like not enough people reach out for counseling. – Social Services Provider (Winn Parish)

Access to provider (transportation). Lack of proper providers, especially doctors. Good means of educating the people. – Social Services Provider (Rapides Parish)

Access to Care/Services

Lack of access to high quality therapy and psychotherapy services and treatment. It's completely unaffordable. – Community Leader (Rapides Parish)

So many of our young people have needs that cannot be met by schools or outpatient services. Their mental health needs are acute and complex, and they need significantly more attention than they are currently receiving. – Community Leader (Natchitoches Parish)

Lack of access to treatment due to closure of, or lack of funding, for facilities that treat mental health disorders. – Other Health Provider (Rapides Parish)

There are no resources for mentally ill people and the burden falls on hospitals to treat or find help. – Other Health Provider (Rapides Parish)

Having access to counseling and treatment specific to mental health issues is greatly limited in this rural community. – Public Health Representative (Allen Parish)

Lack of treatment facilities and the closure of the state hospitals designed to treat mental illness. – Social Services Provider (Rapides Parish)

Not enough facilities. – Social Services Provider (Catahoula Parish)

Access to mental health providers. – Other Health Provider (Rapides Parish)

Resources to address those with mental health issues. – Community Leader (Rapides Parish)

Access and price, availability of mental health providers. – Other Health Provider (Vernon Parish)

Anyone in Central Louisiana that has a mental disorder has only two clinics to stay for only a few days to get medicated, then they are turned out onto the streets or sent back into the same situation. – Social Services Provider (Rapides Parish)

It appears as though there are a lack of services. More mentally ill and homeless mentally ill are on the street. – Social Services Provider (Rapides Parish)

Awareness/Education

First, educating the local community on what is available. Second, ensuring proper follow up care to those seen in Urgent Cares and ED. We need an Urgent Care for mental health needs that has the ability to assess and render care immediately, then follow up care. – Other Health Provider (Rapides Parish)

What I see happening is they are unsure where to go and find counseling help or they are unable to secure the medications needed to correct their behavior. – Community Leader (Rapides Parish)

Lack of understanding and options to assistance/recovery. Many try to label/ treat mental health issues in large groups rather than understanding the disability of each individual. – Community Leader (Rapides Parish)

Vulnerable Populations

Teenage help beyond school classrooms. – Social Services Provider (Rapides Parish)

Care for PTSD in veterans, although that may be covered under mental health. – Community Leader (Rapides Parish)



Healthy Coping Skills

Stress - if we don't learn to deal with our challenges, stressors, problems, etc., we will continue to turn to substances whether that be food or drugs or isolation and non-activity which also leads to mental health problems, which are unhealthy coping behaviors. Without other coping solutions, people see their cigarettes, drugs, alcohol, sex, eating junk food, etc. as their own way to feel good. – Community Leader (Rapides Parish)

Denial/Stigma

Self-denial or recognition. – Other Health Provider (Avoyelles Parish)

Realizing that they need help. Central Louisiana State Hospital is an excellent resource. – Social Services Provider (Rapides Parish)

COVID-19

Mental health illness increasingly high during pandemic. Dual diagnosis of individual as well. – Social Services Provider (Rapides Parish)

Follow-Up/Support

Lack of support system and inadequate treatment and necessary follow up to ensure sustained wellbeing and success. – Social Services Provider (Rapides Parish)

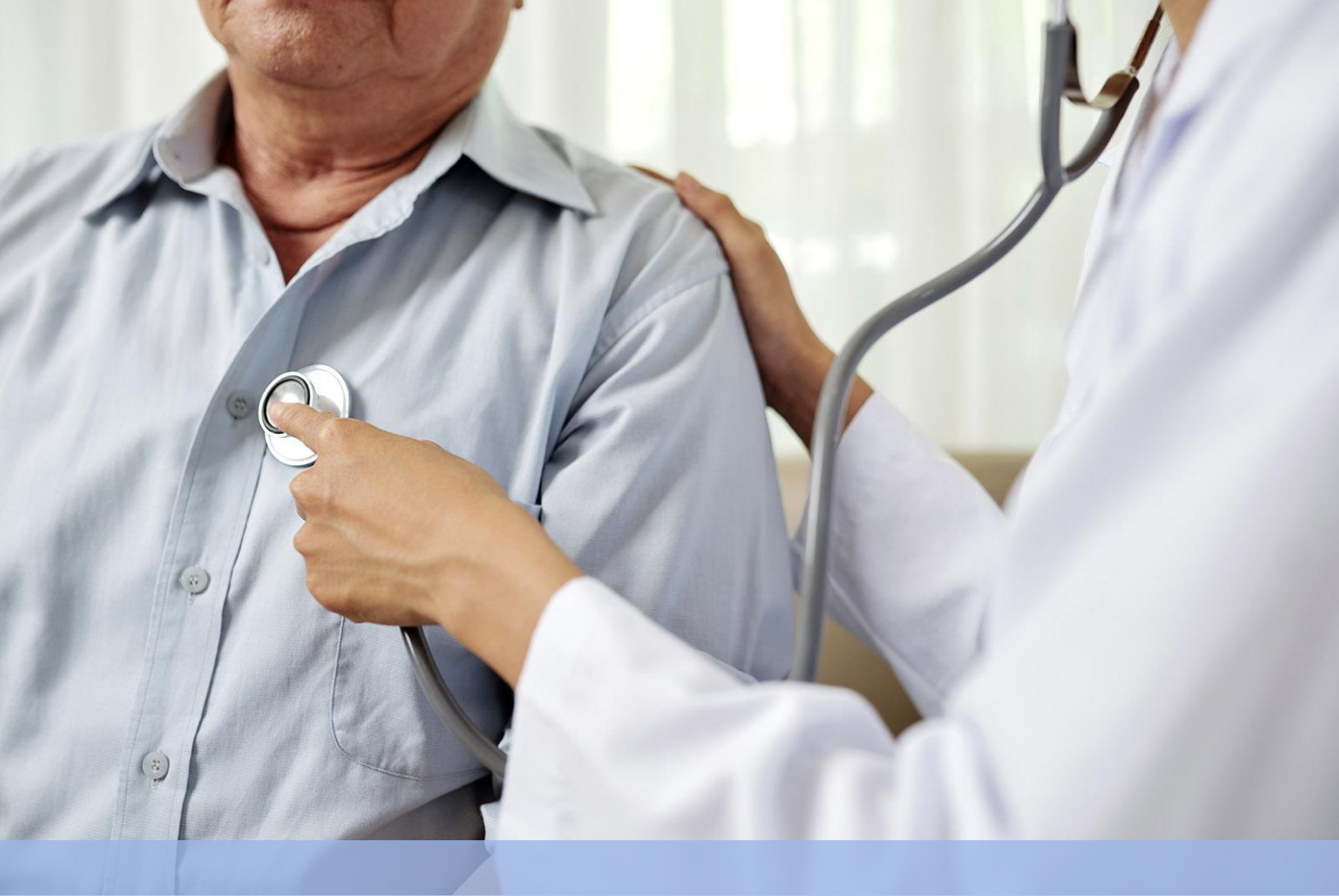
Incidence/Prevalence

Mental health affects 1/5 people in the US and Central Louisiana is no exception. – Public Health Representative (Rapides Parish)

Alcohol/Drug Use

Drugs. – Social Services Provider (Rapides Parish)





DEATH, DISEASE & CHRONIC CONDITIONS

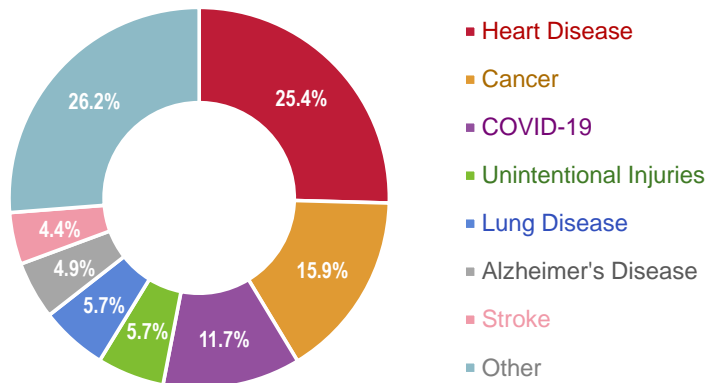
LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for more than 40% of all deaths in the Rapides Foundation Service Area in 2020.

COVID-19 (which emerged in 2020) became the 3rd leading cause of death.

Leading Causes of Death
(Rapides Foundation Service Area, 2020)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
Notes: • Lung disease is CLRD, or chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

AGE-ADJUSTED DEATH RATES

In order to compare mortality in the region with other localities (in this case, Louisiana and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2030 objectives.

Note that deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.



The following chart outlines 2018-2020 annual average age-adjusted death rates per 100,000 population for selected causes of death in the Rapides Foundation Service Area.

Each of these is discussed in greater detail in subsequent sections of this report.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Age-Adjusted Death Rates for Selected Causes (2018-2020 Deaths per 100,000 Population)

	RFSA	US Peer	LA	US	HP2030
Diseases of the Heart	274.2	185.3	213.8	164.4	127.4*
Malignant Neoplasms (Cancers)	178.4	160.8	165.7	146.5	122.7
Coronavirus Disease/COVID-19 (2020)	137.5	84.5	118.0	85.0	—
Unintentional Injuries	68.1	59.7	66.8	51.6	43.2
Chronic Lower Respiratory Disease (CLRD)	63.0	49.9	41.1	38.1	—
Alzheimer's Disease	55.2	33.9	43.1	30.9	—
Cerebrovascular Disease (Stroke)	50.8	39.3	45.8	37.6	33.4
Falls [Age 65+]	33.0	68.9	41.1	67.1	63.4
Unintentional Drug-Related Deaths	24.7	19.3	29.2	21.0	—
Pneumonia/Influenza	23.7	15.3	14.0	13.4	—
Motor Vehicle Deaths	21.4	16.9	16.7	11.4	10.1
Firearm-Related	20.7	15.2	23.3	12.5	10.7
Septicemia	20.4	11.3	20.2	9.8	—
Diabetes	20.0	26.6	28.8	22.6	—
Kidney Disease	19.7	14.5	19.9	12.8	—
Intentional Self-Harm (Suicide)	18.0	18.4	14.6	13.9	12.8
Homicide/Legal Intervention	12.2	6.0	16.0	6.1	5.5
Cirrhosis/Liver Disease	11.7	14.5	9.8	11.9	10.9
HIV/AIDS (2011-2020)	3.1	1.2	3.9	1.9	—

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>.

Note: • *The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.



CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. ...Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Heart Disease & Stroke Deaths

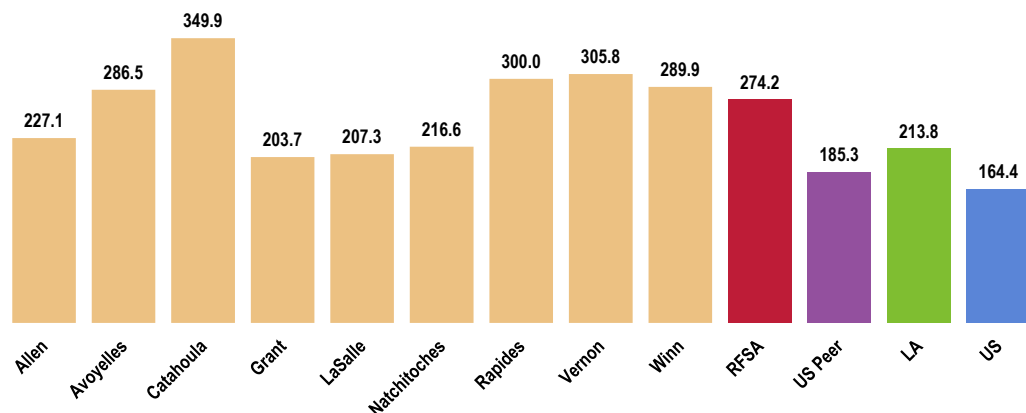
Heart Disease Deaths

Between 2018 and 2020, there was an annual average age-adjusted heart disease mortality rate of 274.2 deaths per 100,000 population in the Rapides Foundation Service Area.

BENCHMARK ► Worse than US Peer, state, and national percentages. Far from satisfying the Healthy People 2030 objective.

DISPARITY ► Higher in Catahoula Parish. More prevalent among Black residents.

Heart Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 127.4 or Lower (Adjusted)



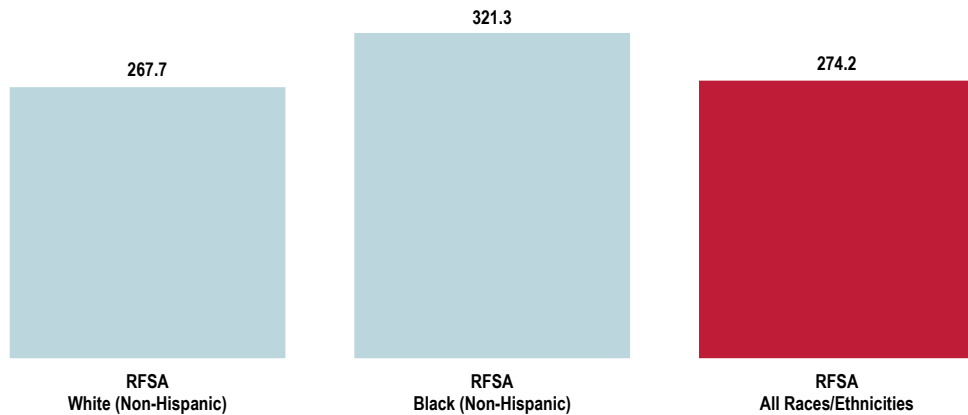
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.



Heart Disease: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 127.4 or Lower (Adjusted)



Sources:

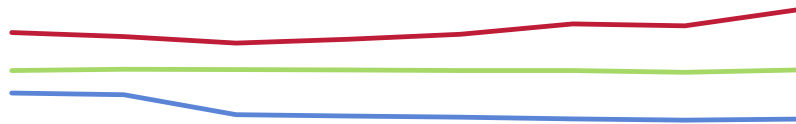
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

Heart Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 127.4 or Lower (Adjusted)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
RFSA	251.4	247.4	240.8	244.6	249.7	260.1	258.1	274.2
LA	213.2	214.5	214.2	213.8	213.2	213.2	211.5	213.8
US	190.6	188.9	168.9	167.5	166.3	164.7	163.4	164.4

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

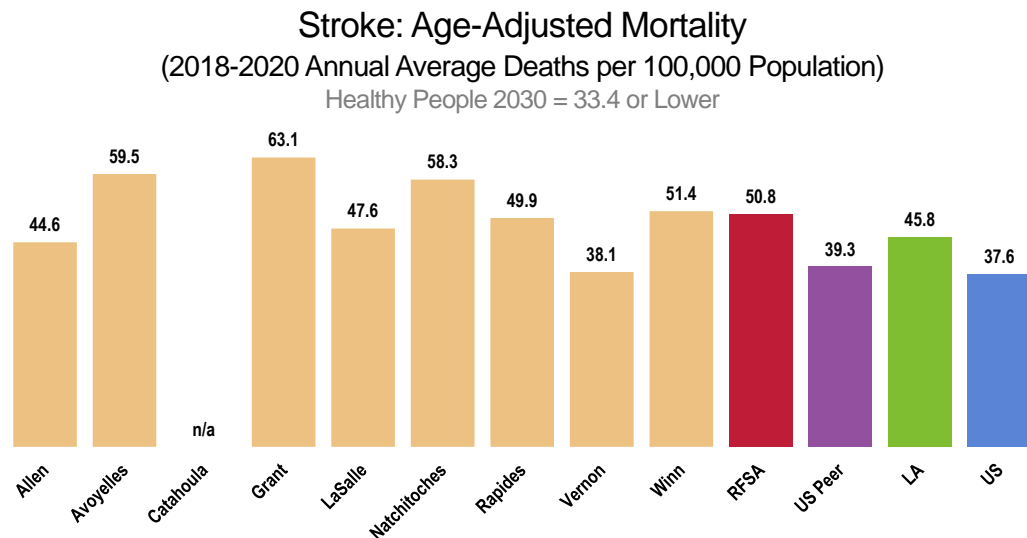


Stroke Deaths

Between 2018 and 2020, there was an annual average age-adjusted stroke mortality rate of 50.8 deaths per 100,000 population in the Rapides Foundation Service Area.

BENCHMARK ► Less favorable than the US Peer and national findings. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Higher among Black RFSA adults.

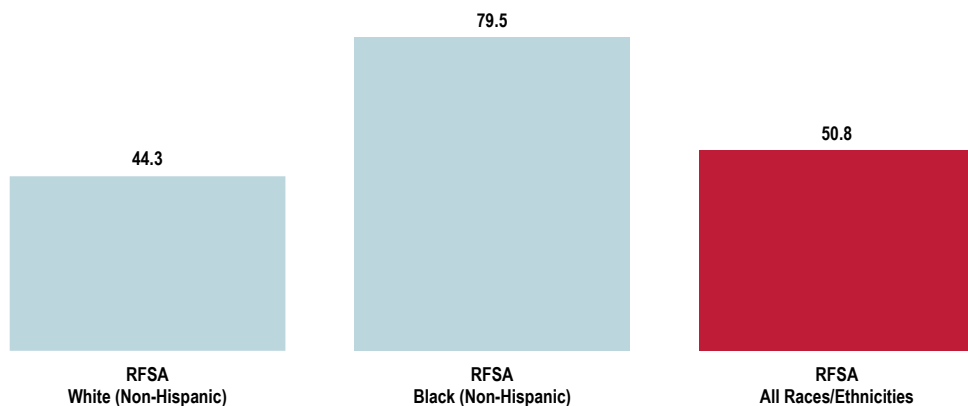


Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Stroke: Age-Adjusted Mortality by Race

(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 33.4 or Lower



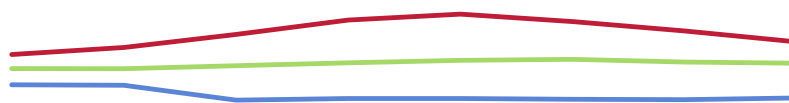
Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Stroke: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
RFSA	47.8	49.5	52.5	55.9	57.3	55.6	53.4	50.8
LA	44.5	44.5	45.2	45.9	46.5	46.7	46.1	45.8
US	40.7	40.6	37.1	37.5	37.5	37.3	37.2	37.6

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Prevalence of Heart Disease & Stroke

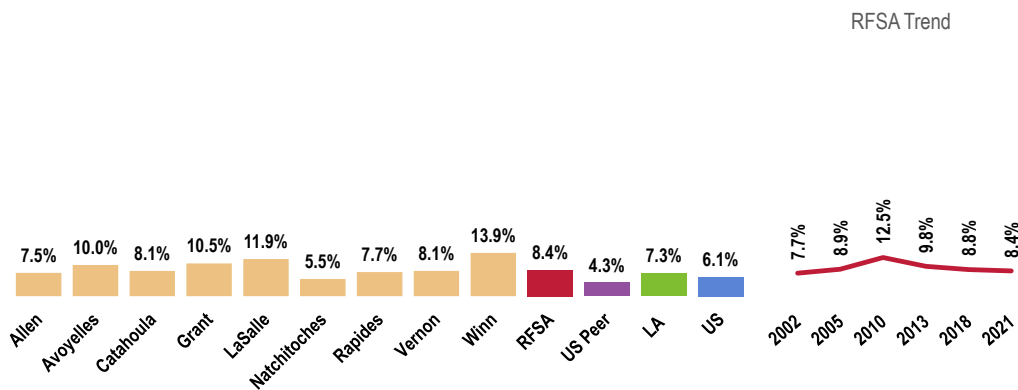
Prevalence of Heart Disease

A total of 8.4% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

BENCHMARK ► Worse than US Peer and national percentages.

DISPARITY ► Less favorable in Winn Parish. More often reported among adults age 40+ (particularly those age 65+) and lower-income respondents.

Prevalence of Heart Disease

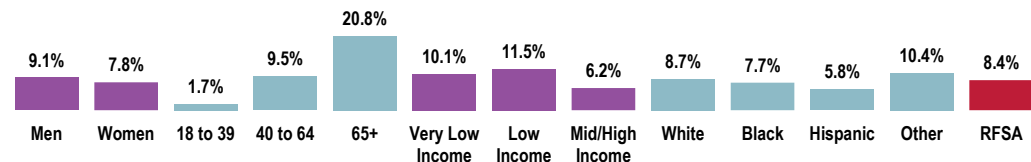


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 114]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
• Includes diagnoses of heart attack, angina, or coronary heart disease.
• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.



Prevalence of Heart Disease (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 114]

Notes: • Reflects all respondents.

• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Prevalence of Stroke

A total of 5.1% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

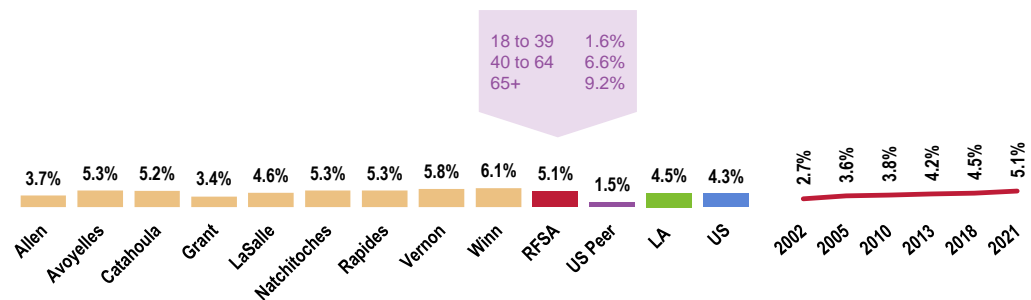
BENCHMARK ► Higher than the US Peer percentage.

TREND ► Increasing over time.

DISPARITY ► Correlates with age.

Prevalence of Stroke

RFSA Trend



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 29]

• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.

• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.



Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 45.6% of Rapides Foundation Service Area adults have been told by a health professional at some point that their **blood pressure** was high.

BENCHMARK ► Higher than was found across Louisiana and the nation. Fails to satisfy the Healthy People 2030 objective.

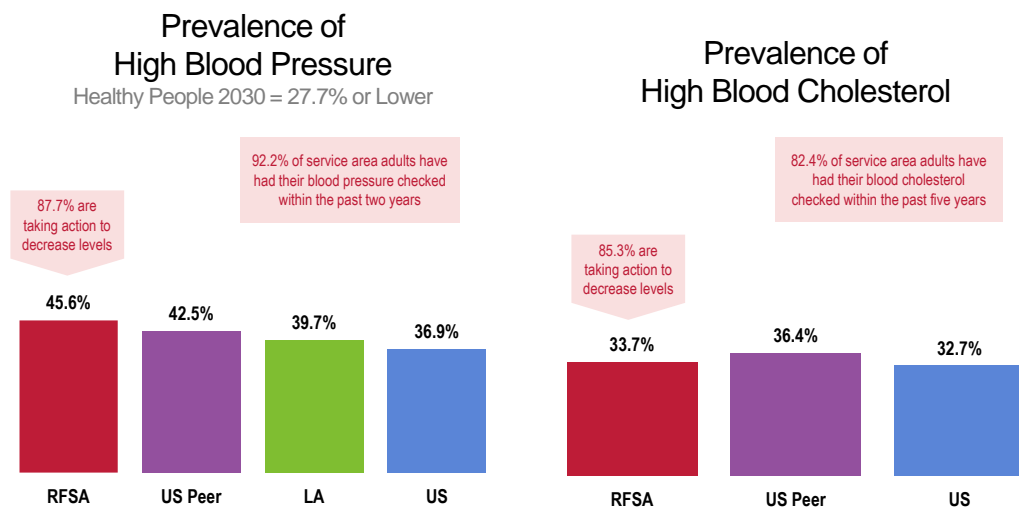
TREND ► Trending higher over time within the service area.

DISPARITY ► Less favorable in Winn Parish (not shown).

A total of 33.7% of adults have been told by a health professional that their **cholesterol level** was high.

TREND ► Trending higher over time within the service area.

DISPARITY ► Less favorable in LaSalle and Winn parishes (not shown).

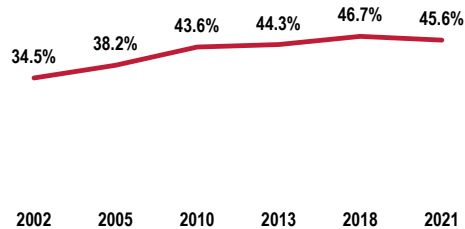


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 35-36, 309-312]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
• 2020 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

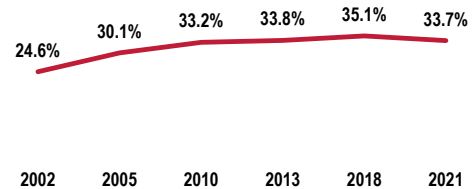
Notes: • Asked of all respondents.
• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.



Prevalence of High Blood Pressure (Rapides Foundation Service Area) Healthy People 2030 = 27.4% or Lower



Prevalence of High Blood Cholesterol (Rapides Foundation Service Area)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 35-36]
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
Notes: • Asked of all respondents.

Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

A total of 91.0% of Rapides Foundation Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

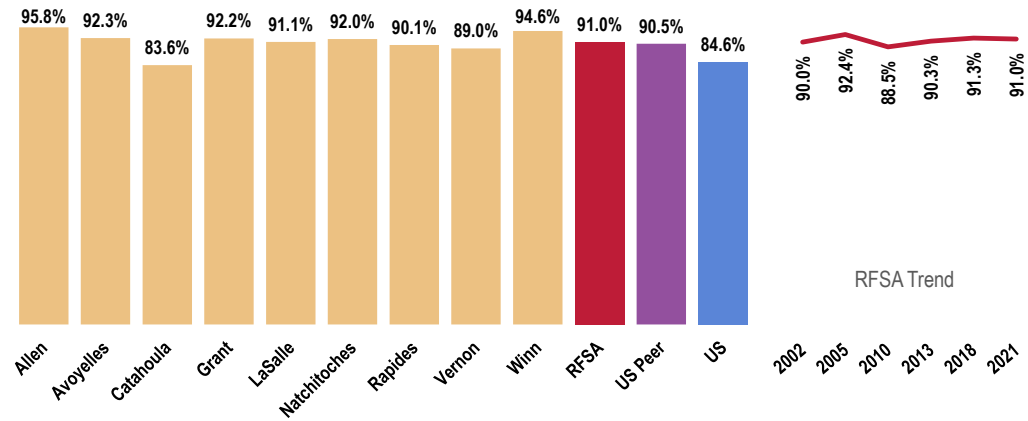
BENCHMARK ► Worse than the national finding.

DISPARITY ► Higher in Allen and Winn parishes. More often reported among adults age 40+.

RELATED ISSUE
See also *Nutrition, Physical Activity & Weight and Tobacco Use* in the **Modifiable Health Risks** section of this report.



Present One or More Cardiovascular Risks or Behaviors

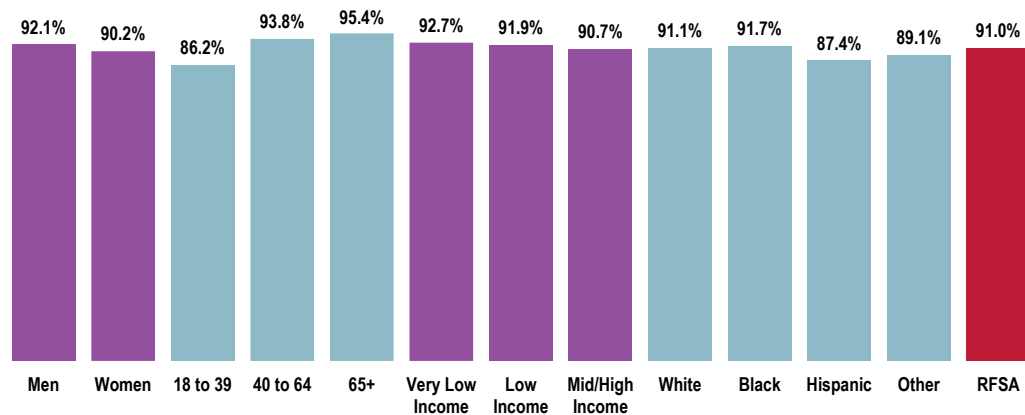


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 115]
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Reflects all respondents.

- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.
- "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Present One or More Cardiovascular Risks or Behaviors (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 115]

Notes: • Reflects all respondents.

- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.



Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a “major problem” in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2021)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

The number of people that I know personally with heart disease is a high percentage. I believe that poor eating habits and lack of medical care as children and young adults has contributed greatly to the percentage of heart disease and stroke in the Winn Parish area. – Social Services Provider (Winn Parish)

Poor diet and exercise. Poverty. Lack of education. – Community Leader (Rapides Parish)

Unhealthy diet, high rate of smoking. Limited access to good health care and affordable medication. – Social Services Provider (Rapides Parish)

Fast food and stress from daily struggles and COVID. – Community Leader (Rapides Parish)

Very poor diet, alcohol consumption, morbid obesity and lack of understanding of connection between eating, exercise and ability to change risk for heart disease and stroke. – Physician (Rapides Parish)

Poor diet, stress, continuum care, other diseases. – Public Health Representative (Rapides Parish)

Poor diets/lack of adequate exercise. – Social Services Provider (Rapides Parish)

The number of people overweight and smoking, as well as not having a workout facility with aerobics classes in the early morning presents a problem. – Other Health Provider (Rapides Parish)

Obesity and smoking. – Social Services Provider (Natchitoches Parish)

There are a few reasons why people have heart disease and strokes. 1. Genetics. 2. They may be smokers. 3. They do not/cannot exercise. 4. They do not have access to doctors and proper medication. – Social Services Provider (Rapides Parish)

Incidence/Prevalence

Heart disease and strokes have plagued our community for many years. – Social Services Provider (Rapides Parish)

Admissions to hospital with stroke and heart disease increased. – Other Health Provider (Rapides Parish)

It is one of the leading diagnoses we see in our health center. – Other Health Provider (Winn Parish)

Large number of people who get the disease. – Social Services Provider (Rapides Parish)

Research from local resources (hospitals, The Rapides Foundation, etc.). – Social Services Provider (Rapides Parish)

Statistics show that these are prevalent in Vernon Parish. – Other Health Provider (Vernon Parish)

Heart disease is one of the highest risk health factors in Winn Parish. – Social Services Provider (Winn Parish)

Access to Care/Services

We have to be transferred to large cities for heart disease and stroke. – Community Leader (LaSalle Parish)

In central Louisiana, between the two hospitals, there are only four heart specialists and stroke specialists. – Social Services Provider (Rapides Parish)



Access to quality health care providers. Our region has lost several quality practitioners. – Community Leader (Rapides Parish)

Nutrition

Eating habits in the community are poor. – Social Services Provider (Rapides Parish)

Eating habits that lead to the development/enhancement of risk factors (high blood pressure, high cholesterol levels, diabetes, etc.) that may lead to heart disease or strokes. – Other Health Provider (Rapides Parish)

Income/Poverty

Many individuals in lower income communities suffer from both diseases. – Social Services Provider (Rapides Parish)

It's a major issue in the US, the South, Louisiana, and even more so in a town/parish with so much poverty. – Community Leader (Natchitoches Parish)

Lifestyle

Lifestyle choices: smoking, fast food/other poor nutrition, lack of movement/exercise, sedentary, not addressing sleep or stress. – Community Leader (Rapides Parish)

So many individual habits contributing to these two diseases. – Community Leader (Rapides Parish)

Access to Affordable Healthy Food

Again, the heart healthy foods are so expensive no one can afford them. – Social Services Provider (Rapides Parish)

Aging Population

There is an aged population where heart disease becomes prominent. – Public Health Representative (Allen Parish)

Co-Occurrences

We have huge levels of hypertension and diabetes that result in heart disease and stroke. – Public Health Representative (Rapides Parish)

Disease Management

Patient not understanding medications and lack of compliance with meds, diet, and lack of exercise. – Other Health Provider (Avoyelles Parish)

Comorbidities

Stress, smoking, HTN, obesity, etc. Prevalence of risk factors is high. – Social Services Provider (Avoyelles Parish)

Affordable Care/Services

Limited access to affordable healthcare and medication. – Social Services Provider (Rapides Parish)

Prevention/Screenings

Lack of proper primary and preventative care. – Other Health Provider (LaSalle Parish)

Obesity

Due to obesity and lack of physical exercise. – Community Leader (Rapides Parish)



CANCER

ABOUT CANCER

Cancer is the second leading cause of death in the United States. ...The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Cancer Deaths

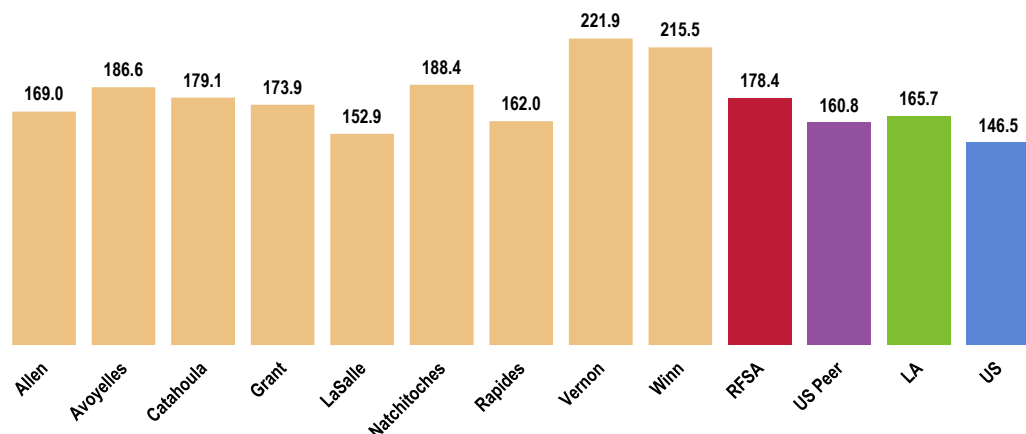
All Cancer Deaths

Between 2018 and 2020, there was an annual average age-adjusted cancer mortality rate of 178.4 deaths per 100,000 population in the Rapides Foundation Service Area.

BENCHMARK ► Worse than the national rate. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Less favorable in Vernon and Winn parishes. More prevalent among Black residents.

Cancer: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower

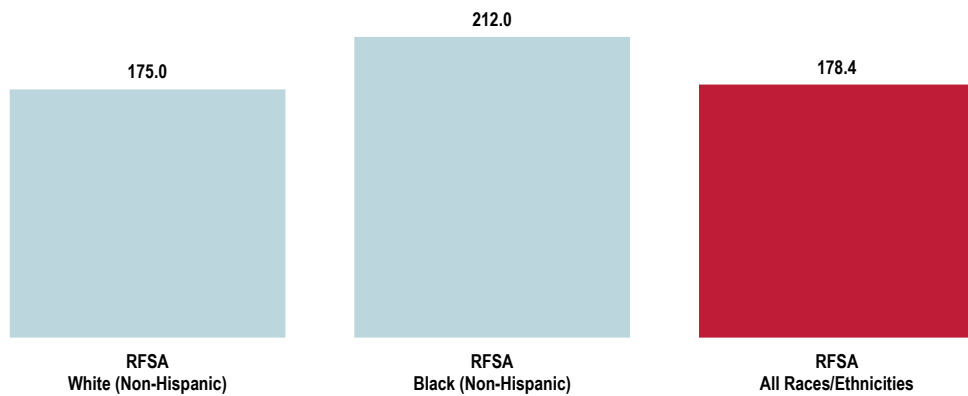


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Cancer: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 122.7 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Cancer: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 122.7 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
RFSA	200.6	201.8	194.4	184.5	183.8	183.6	183.5	178.4
LA	191.0	188.4	184.9	179.4	175.7	171.9	170.7	165.7
US	171.5	168.0	160.1	157.6	155.6	152.5	149.3	146.5

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in the Rapides Foundation Service Area.

Other leading sites include female breast cancer, colorectal cancer (both sexes), and prostate cancer.

BENCHMARK

Lung Cancer ► Particularly high in comparison with the US Peer and national rates. Fails to satisfy the Healthy People 2030 objective.

Female Breast Cancer ► Fails to satisfy the Healthy People 2030 objective.

Colorectal Cancer ► Higher than the US Peer, state, and national rates. Fails to satisfy the Healthy People 2030 objective.

Age-Adjusted Cancer Death Rates by Site
(2018-2020 Annual Average Deaths per 100,000 Population)

	RFSA	US Peer	LA	US	HP2030
ALL CANCERS	178.4	160.8	165.7	146.5	122.7
Lung Cancer	47.7	40.2	42.0	33.4	25.1
Female Breast Cancer	22.3	19.8	22.1	19.4	15.3
Colorectal Cancer	19.7	14.7	15.5	13.1	8.9
Prostate Cancer	18.3	18.9	19.5	18.5	16.9

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Cancer Incidence

“Incidence rate” or “case rate” is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

The highest cancer incidence rates are for prostate cancer and female breast cancer.

BENCHMARK

Prostate Cancer ► Higher than the national rate.

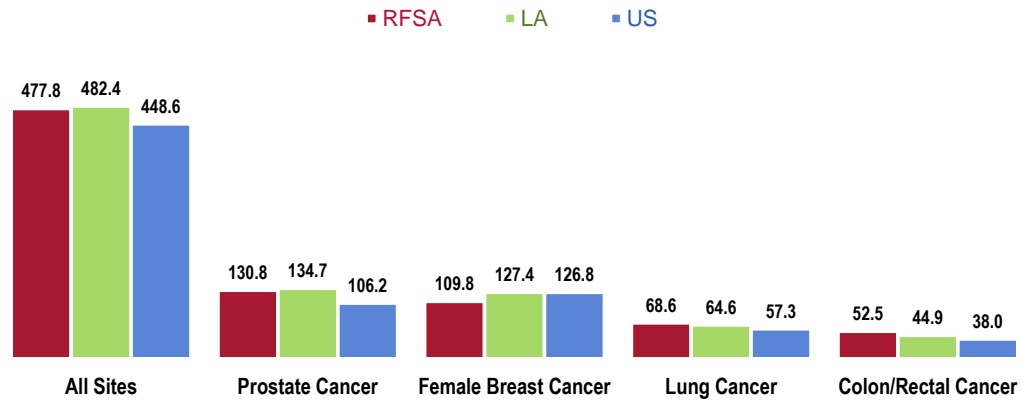
Female Breast Cancer ► Lower than both state and national rates.

Lung Cancer ► Higher than the national rate.

Colorectal Cancer ► Higher than the national rate.



Cancer Incidence Rates by Site (Annual Average Age-Adjusted Incidence per 100,000 Population, 2014-2018)



Sources: • State Cancer Profiles.

• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

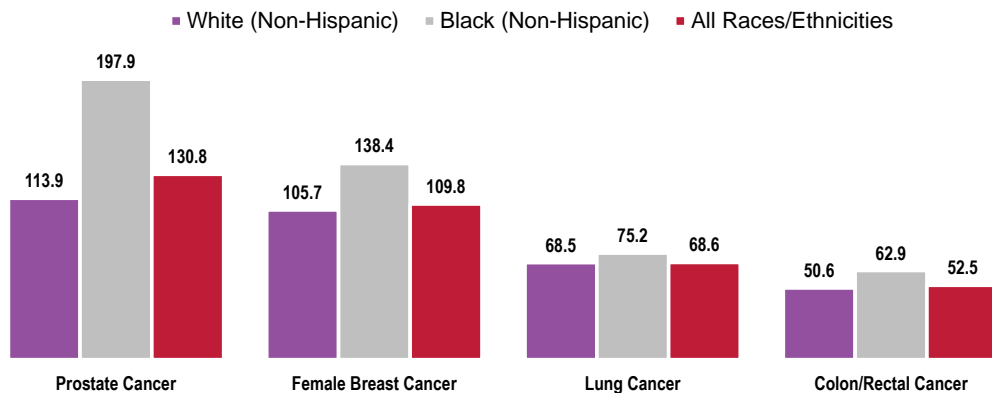
Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

DISPARITY

Prostate Cancer ► Notably higher among RFSA Blacks.

Female Breast Cancer ► Notably higher among RFSA Blacks.

Cancer Incidence Rates by Site and Race/Ethnicity (Annual Average Age-Adjusted Incidence per 100,000 Population, RFSA 2014-2018)



Sources: • State Cancer Profiles.

• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.



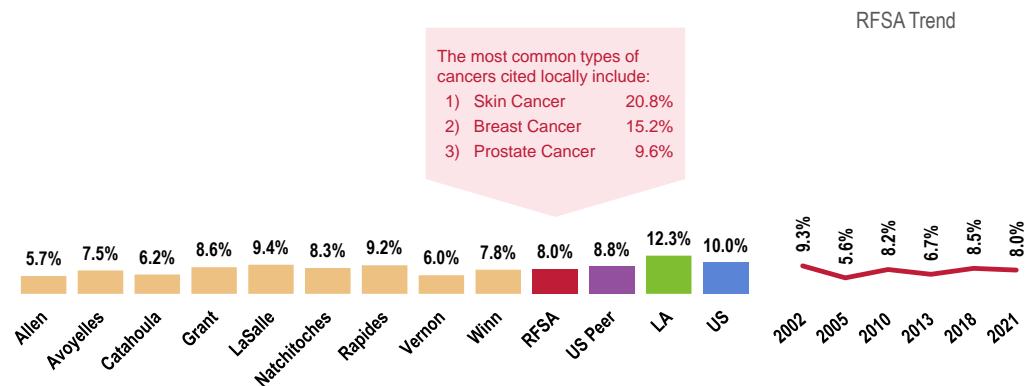
Prevalence of Cancer

A total of 8.0% of surveyed Rapides Foundation Service Area adults report having ever been diagnosed with cancer. The most common types include skin cancer, breast cancer, and prostate cancer.

BENCHMARK ► Lower than the statewide finding.

DISPARITY ► More often reported among women, adults age 40+ (especially those age 65+), and those with very low incomes.

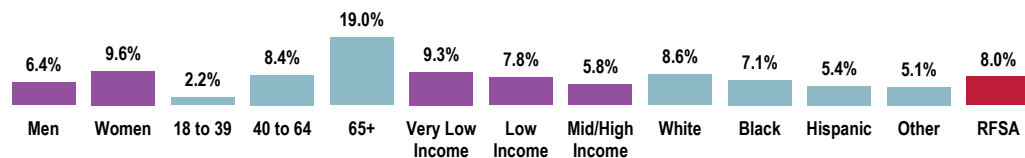
Prevalence of Cancer



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 25-26]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Reflects all respondents.
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Prevalence of Cancer (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 25]
 Notes: • Reflects all respondents.



RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

ABOUT CANCER RISK

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
 - According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear/HPV testing); and colorectal cancer (colonoscopy/sigmoidoscopy and fecal occult blood testing).

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.



Among women age 50-74, 78.2% have had a mammogram within the past 2 years.

BENCHMARK ► Lower than the statewide percentage.

DISPARITY ► Less favorable in Vernon Parish (not shown).

Among Rapides Foundation Service Area women age 21 to 65, 79.0% have had appropriate cervical cancer screening.

BENCHMARK ► Lower than the statewide percentage. Fails to satisfy the Healthy People 2030 objective.

TREND ► Trending lower over time.

DISPARITY ► More favorable in Winn Parish (not shown).

Among all adults age 50-75, 75.1% have had appropriate colorectal cancer screening.

BENCHMARK ► More favorable than the statewide percentage.

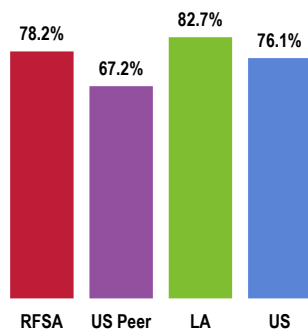
TREND ► Trending higher over time.

DISPARITY ► Less favorable in Winn Parish (not shown).

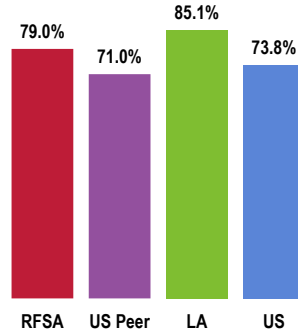
“Appropriate cervical cancer screening” includes Pap smear testing (cervical cytology) every three years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65. Women 21 to 65 with hysterectomy are excluded.

“Appropriate colorectal cancer screening” includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

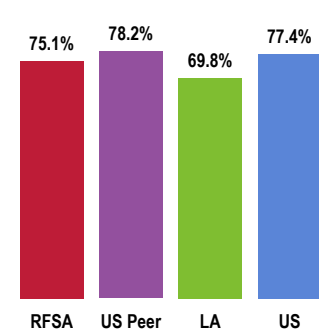
Breast Cancer Screening
(Women Age 50-74)
Healthy People 2030 = 77.1% or Higher



Cervical Cancer Screening
(Women Age 21-65)
Healthy People 2030 = 84.3% or Higher



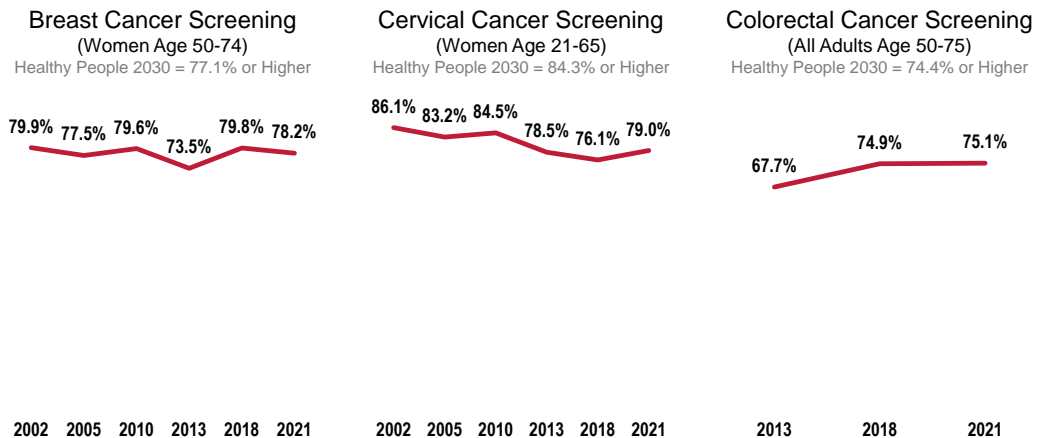
Colorectal Cancer Screening
(All Adults Age 50-75)
Healthy People 2030 = 74.4% or Higher



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 116-118]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
• 2020 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Each indicator is shown among the gender and/or age group specified.
• “US Peer” represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

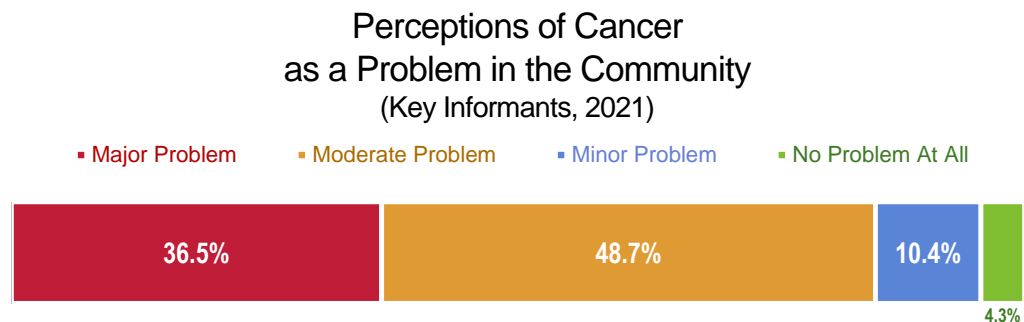




Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 116-118]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Each indicator is shown among the gender and/or age group specified.

Key Informant Input: Cancer

The greatest share of key informants taking part in an online survey characterized **Cancer** as a “moderate problem” in the community.



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

Many individuals are diagnosed as having cancer of various types annually. In many instances the cancer is at an advanced stage when diagnosed due to delayed/late access to diagnosis and treatment. – Other Health Provider (Rapides Parish)

The high number of persons diagnosed with the disease and the number of patients seeking out of town or state medical professionals and facilities for treatment. – Social Services Provider (Rapides Parish)

Cancer of all types is prevalent in the Rapides community. Treatment is available with early detection, but the underlining cause is a major factor. – Community Leader (Rapides Parish)

Even though the numbers are better now than they were, there are still many people in our area who use tobacco and tobacco products. In addition, access to low cost or free health screenings may contribute to the high rates of cancer in our area. – Social Services Provider (Rapides Parish)

I think cancer is a problem because of major risk factors that residents engage in; smoking, vaping, poor diet and lack of exercise. – Community Leader (Rapides Parish)

Large amount of smokers attributes to lung cancer. Colon screening or lack of results in colon cancer. – Other Health Provider (Avoyelles Parish)



Too many lose their lives to something that should be treatable or at least discovered sooner to have chance for adequate treatment. Education on causes of cancer. – Social Services Provider (Rapides Parish)

Environmental issues, diet, and lack of exercise. – Social Services Provider (Avoyelles Parish)

Several people have acknowledged a battle with cancer in some form. Unhealthy environmental practices in residential areas affect the health of community residents. – Social Services Provider (Rapides Parish)

Many in our parish contract cancer. It's constant. Exposure to chemicals and unhealthy eating habits is a lifestyle here. – Social Services Provider (LaSalle Parish)

Poor surveillance measures for underinsured. Mammography/colonoscopy. – Physician (Rapides Parish)

Risk factors for cancer are rampant in our community. Obesity due to lack of affordability for healthy meals and lack of education to prepare these meals. Tobacco use is high in our parish. Education in home relative to preventive care for patients and transportation to get to cancer screenings. – Social Services Provider (Avoyelles Parish)

Incidence/Prevalence

A large segment or what appears to be an unusually high percentage of our population have been diagnosed with, are currently receiving treatment for, or have succumbed to some form of cancer. – Community Leader (LaSalle Parish)

It seems there are so many forms of cancer affecting so many in our community. – Social Services Provider (Rapides Parish)

Cancer rates seem to be increasing. – Social Services Provider (Rapides Parish)

Large number of people who get the disease. – Social Services Provider (Rapides Parish)

You cannot think of a family that has not been touched with cancer in some form. – Other Health Provider (LaSalle Parish)

We have an extremely high cancer rate in Winn Parish, some resulting in death. – Social Services Provider (Winn Parish)

The incidence of cancer among patients we see in our health centers experience is high. – Other Health Provider (Winn Parish)

Seems Louisiana has a high cancer rate. This is worrisome to some. – Social Services Provider (Rapides Parish)

The incidence of people diagnosed seems to be increasing. – Social Services Provider (Rapides Parish)

It just seems like we have a lot of cancer issues in our area. – Social Services Provider (Rapides Parish)

Diagnosis/Treatment

Many patients have been wrongly diagnosed and have to seek medical care elsewhere. – Social Services Provider (Rapides Parish)

Lack of access to early detection. – Physician (Natchitoches Parish)

Access to Care/Services

Treatment for cancer is not local. Patients have to travel long distances for consultations and/or treatments. – Social Services Provider (Catahoula Parish)

People seem to always go out of town for treatment. – Community Leader (Rapides Parish)

Lack of Providers

There are no doctors to treat cancer in this area (medically, we do have surgeons). – Other Health Provider (Rapides Parish)

We need more specialists to deal with skin cancers, whereas there is more than one opinion. – Social Services Provider (Rapides Parish)

Prevention/Screenings

Lack of early detection. – Social Services Provider (Rapides Parish)

A form of cancer seems to be present, in some capacity, within every family. Being in a rural area, we do not have access to proactive screening methods that would catch this earlier and lessen the impact. – Community Leader (Rapides Parish)

Affordable Care/Services

It affects every family. Locally, treatment options are limited for low-income individuals who do not have the ability to go to specialized cancer treatment centers. – Other Health Provider (Vernon Parish)



Aging Population

Most of the elderly in this Parish are having it in one form or the other. – Social Services Provider (Vernon Parish)

Alcohol/Drug Use

Cancer is the secondary problems, but drug overdose is the primary problem. – Social Services Provider (Grant Parish)

Denial/Stigma

Denial, failure to get annual/preventive screenings. – Social Services Provider (Rapides Parish)

Tobacco Use

Cigarette addiction. – Community Leader (Avoyelles Parish)



RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. ...More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

Interventions tailored to at-risk groups can also help prevent and treat other respiratory diseases — for example, pneumonia in older adults and pneumoconiosis in coal miners. And increasing lung cancer screening rates can help reduce deaths from lung cancer through early detection and treatment.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

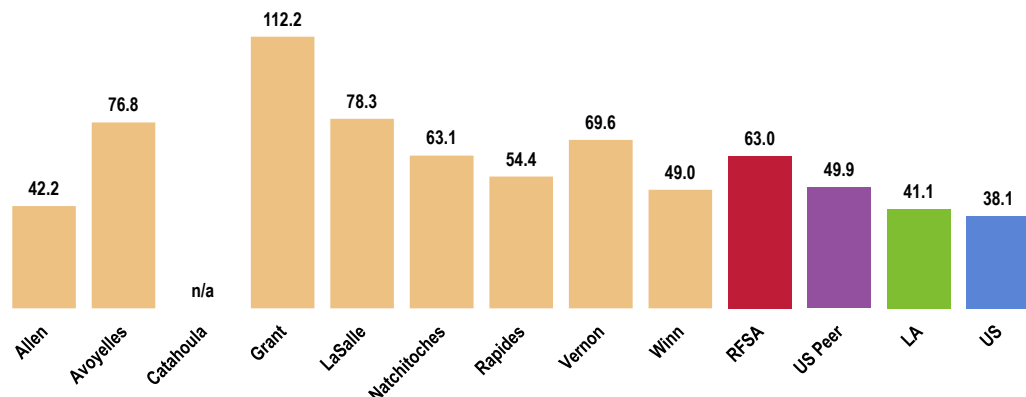
Between 2018 and 2020, there was an annual average age-adjusted CLRD mortality rate of 63.0 deaths per 100,000 population in the Rapides Foundation Service Area.

BENCHMARK ► Worse than US Peer, state, and national rates.

DISPARITY ► Less favorable in Grant and LaSalle parishes. Higher among Whites.

Note: Chronic lower respiratory disease (CLRD) includes lung diseases such as emphysema, chronic bronchitis, and asthma.

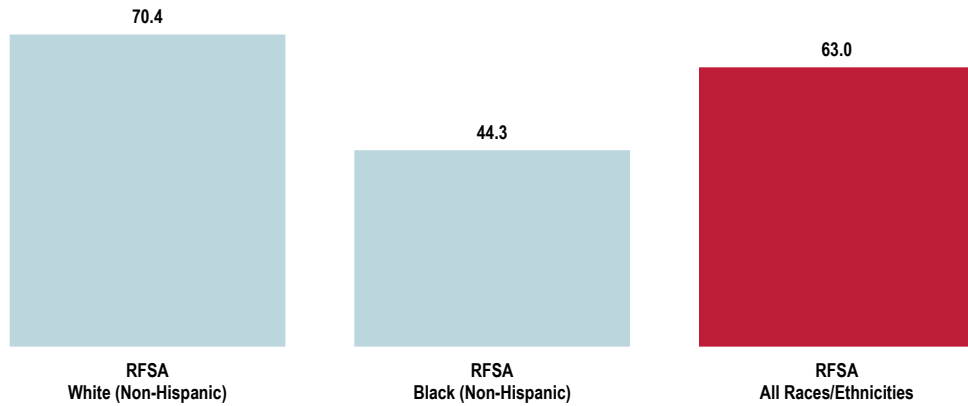
CLRD: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
Notes: • CLRD is chronic lower respiratory disease.



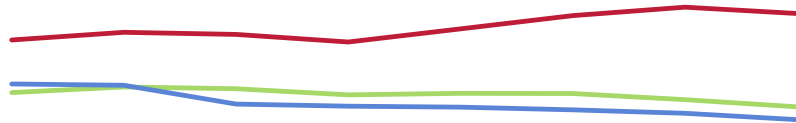
CLRD: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Notes: • CLRD is chronic lower respiratory disease.

CLRD: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Notes: • CLRD is chronic lower respiratory disease.



Pneumonia/Influenza Deaths

ABOUT INFLUENZA & PNEUMONIA

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, young children, and people with certain health conditions, are at high risk of serious flu complications. There are two main types of influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year. The best way to prevent flu is by getting vaccinated each year.

Pneumonia is an infection of the lungs that can cause mild to severe illness in people of all ages. Depending on the cause, doctors often treat pneumonia with medicine. In addition, vaccines can prevent some types of pneumonia. However, it is still the leading infectious cause of death in children younger than 5 years old worldwide. Common signs of pneumonia include cough, fever, and difficulty breathing. You can help prevent pneumonia and other respiratory infections by following good hygiene practices. These practices include washing your hands regularly and disinfecting frequently touched surfaces. Making healthy choices, like quitting smoking and managing ongoing medical conditions, can also help prevent pneumonia.

Vaccines help prevent pneumococcal disease, which is any type of illness caused by *Streptococcus pneumoniae* bacteria.

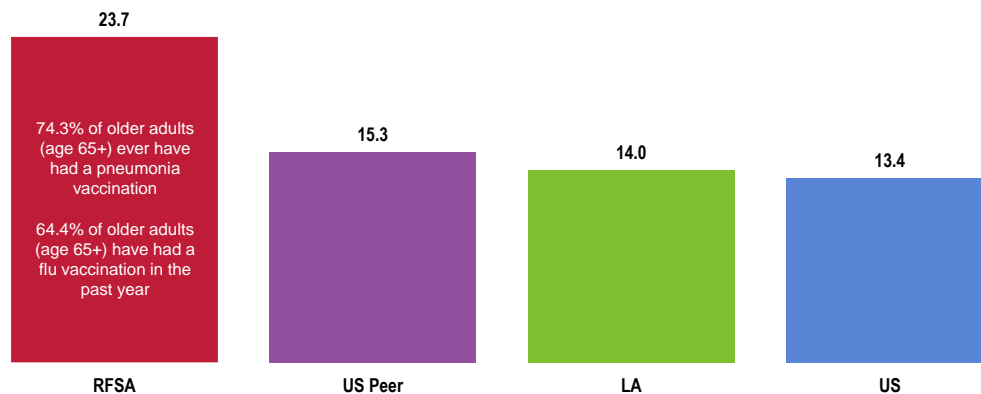
– Centers for Disease Control and Prevention (CDC – www.cdc.gov)

Between 2018 and 2020, the Rapides Foundation Service Area reported an annual average age-adjusted pneumonia influenza mortality rate of 23.7 deaths per 100,000 population.

BENCHMARK ► Worse than US Peer, state, and national rates.

TREND ► Decreasing over time within the service area.

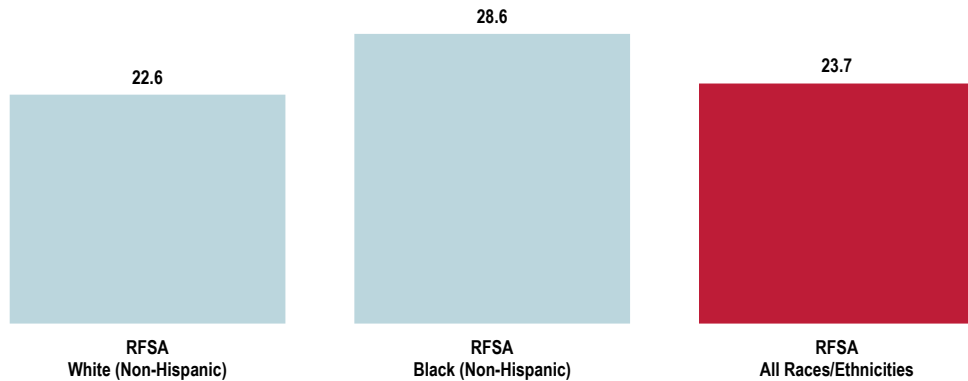
Pneumonia/Influenza: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 124, 165]
• CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

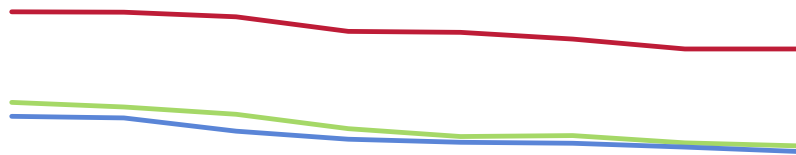


Pneumonia/Influenza: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Pneumonia/Influenza: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
RFSA	27.4	27.4	26.9	25.5	25.4	24.7	23.7	23.7
LA	18.3	17.9	17.1	15.7	14.9	15.0	14.3	14.0
US	16.9	16.8	15.4	14.6	14.3	14.2	13.8	13.4

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.



Influenza & Pneumonia Vaccination

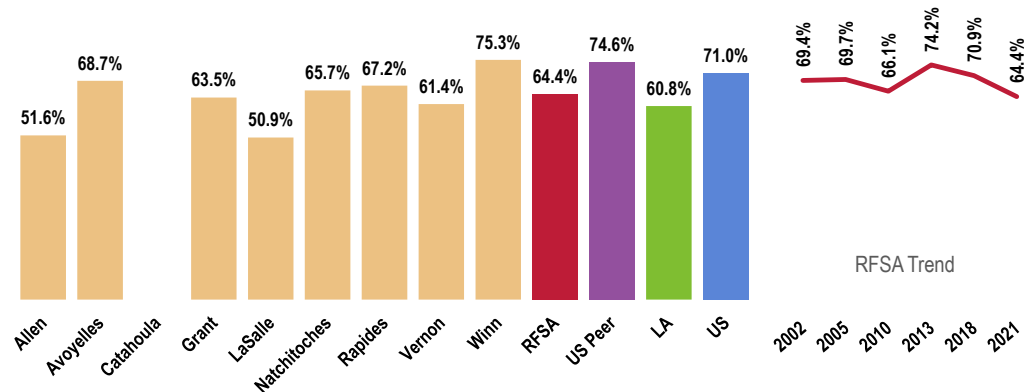
Among RFSA adults age 65 and older, 64.4% received a flu vaccine in the past year.

BENCHMARK ► Significantly below the national prevalence of flu vaccination.

TREND ► Lower than found in previous assessments.

DISPARITY ► Lowest in Allen and LaSalle Parishes; highest in Winn Parish. (Data for Catahoula Parish not available.)

Older Adults: Have Received a Flu Vaccine in the Past Year
(Among Adults Age 65+)



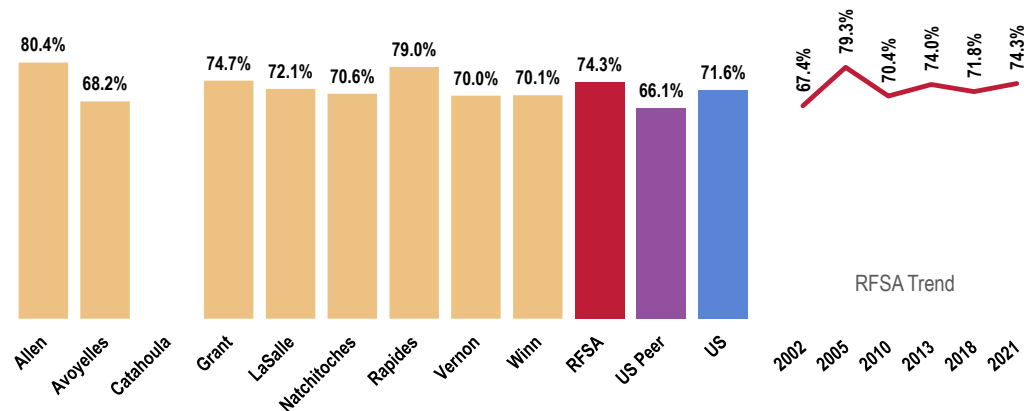
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 124]
Notes: • Asked of all respondents.

Among RFSA adults age 65 and older, 74.3% have ever received a pneumonia vaccine.

TREND ► Higher than found in the baseline 2002 study, but similar to more recent findings.

DISPARITY ► Highest in Allen and Rapides Parishes. (Data for Catahoula Parish not available.)

Older Adults: Have Ever Had a Pneumonia Vaccine
(Among Adults Age 65+)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 165]
Notes: • Asked of all respondents.



Prevalence of Respiratory Disease

Chronic Obstructive Pulmonary Disease (COPD)

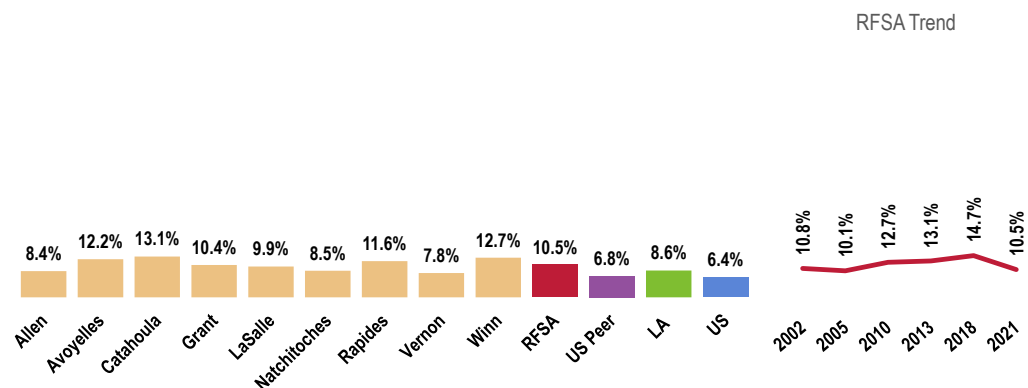
A total of 10.5% of Rapides Foundation Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

BENCHMARK ► Worse than US Peer, state, and national percentages.

DISPARITY ► More favorable in Vernon Parish.

Note: COPD includes lung diseases such as emphysema and chronic bronchitis.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



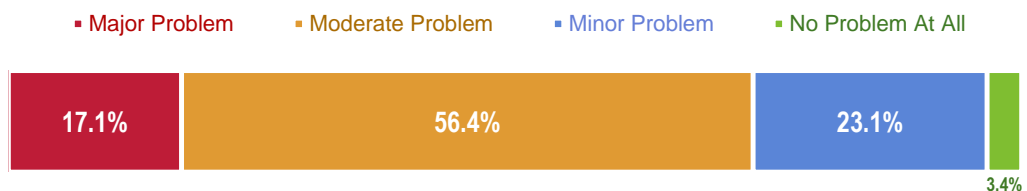
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 23]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a "moderate problem" in the community.

Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2021)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.



Among those rating this issue as a “major problem,” reasons related to the following:

Tobacco Use

- Asthma and COPD are problems and may be attributed to our high rate of smokers. – Social Services Provider (Rapides Parish)
- Smoking and vaping is still prevalent. – Community Leader (Rapides Parish)
- Smoking. – Social Services Provider (Rapides Parish)
- Smoking. Obesity. – Social Services Provider (Rapides Parish)

Incidence/Prevalence

- Statistics verify that this is a problem and with the addition of COVID, it keeps growing. – Other Health Provider (Vernon Parish)
- I see many folks with oxygen tanks or with COPD. Again, I think it's a culmination of the fact that many times one physical issue can lead to others. – Community Leader (Rapides Parish)
- Due to the number of patients on respiratory medications. – Public Health Representative (Rapides Parish)

Lack of Providers

- We do not have any full-time specialists here. – Community Leader (LaSalle Parish)
- We do not have any pulmonologists in our community. – Other Health Provider (Rapides Parish)

Affordable Medications/Supplies

- COPD has many causes and varieties of treatment, most are high-cost medication. – Social Services Provider (Rapides Parish)

Environmental Contributors

- Heat, humidity, allergies. – Social Services Provider (Natchitoches Parish)

Tobacco Use

- Asthma and COPD are problems and may be attributed to our high rate of smokers. – Social Services Provider (Rapides Parish)
- Smoking and vaping is still prevalent. – Community Leader (Rapides Parish)
- Smoking. – Social Services Provider (Rapides Parish)
- Smoking. Obesity. – Social Services Provider (Rapides Parish)

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- We do not have any pulmonologists in our community. – Other Health Provider (Rapides Parish)

Affordable Medications/Supplies

- COPD has many causes and varieties of treatment, most are high-cost medication. – Social Services Provider (Rapides Parish)

Environmental Contributors

- Heat, humidity, allergies. – Social Services Provider (Natchitoches Parish)



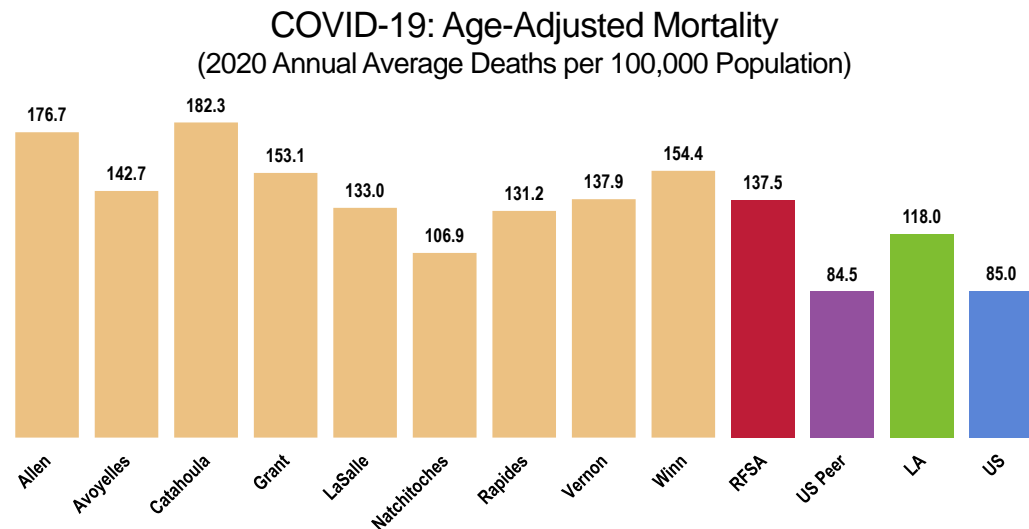
CORONAVIRUS DISEASE (COVID-19)

COVID-19 Deaths

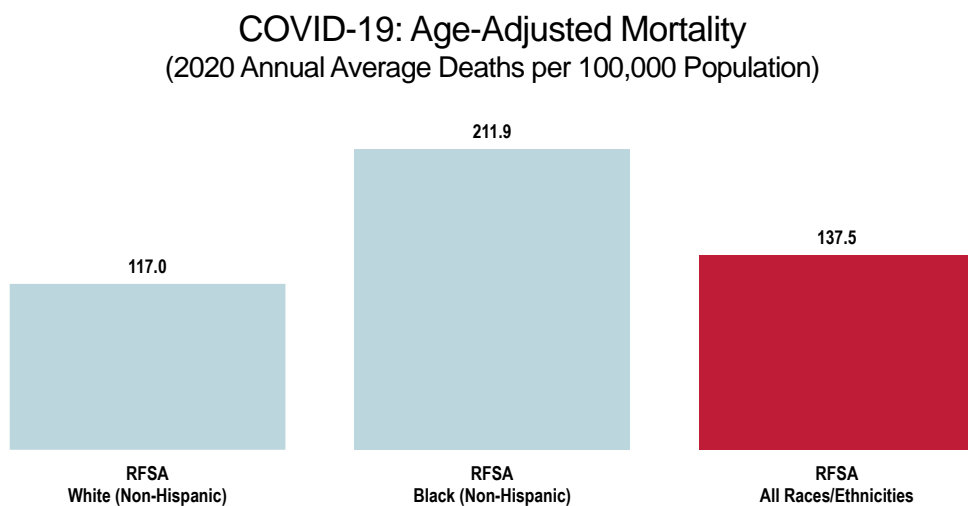
In 2020, the Rapides Foundation Service Area reported an age-adjusted COVID-19 mortality rate of 137.5 deaths per 100,000 population.

BENCHMARK ► Worse than US Peer and national rates.

DISPARITY ► Less favorable in Allen and Catahoula parishes. The mortality rate among RFSA Blacks is almost double the rate among Whites.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.



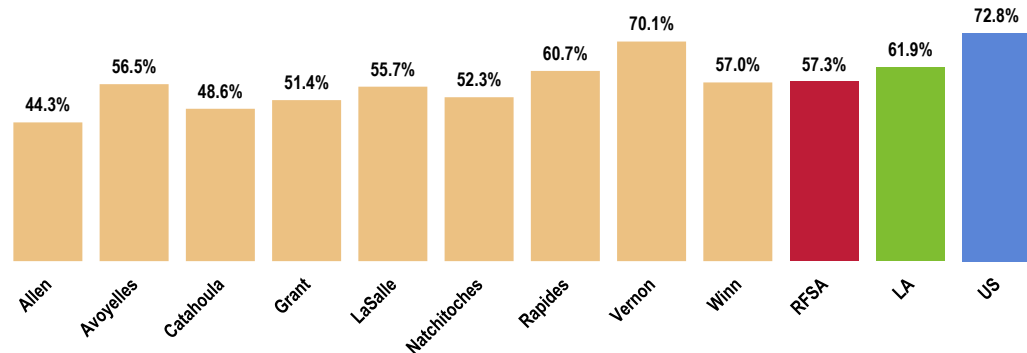
COVID-19 Vaccination

As of March 2022, 57.3% of RFSA adults had been fully vaccinated for COVID-19.

BENCHMARK ► Similar to the state, but well below the vaccination level nationwide.

DISPARITY ► Lowest in Allen Parish.

COVID-19 Vaccination
(Percentage of Adults Who Are Fully Vaccinated; by Parish)

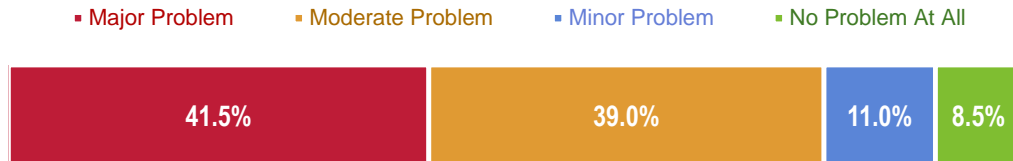


Sources: • Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC – GRASP (Data as of 3/21/2021). Retrieved March 2022 via SparkMap (sparkmap.org).

Key Informant Input: Coronavirus Disease/COVID-19

The greatest share of key informants taking part in an online survey characterized *Coronavirus Disease/COVID-19* as a “major problem” in the community.

Perceptions of Coronavirus Disease/COVID-19
as a Problem in the Community
(Key Informants, 2021)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Not Enough People are Getting Vaccinated

Infection rate and resistance to vaccine. – Social Services Provider (Rapides Parish)

We have some of the lowest rates of vaccination in the nation, especially among the young, and there is a high degree of resistance to vaccination. – Community Leader (Rapides Parish)

Because people are not getting vaccinated and the hospital statistics for non-vaccinated individuals. – Public Health Representative (Rapides Parish)



The age group that is currently the highest percentage of unvaccinated individuals are millennials that doubt the severity of the virus. – Social Services Provider (Rapides Parish)

Reluctance to get the vaccine. – Community Leader (Allen Parish)

Most people in the community have not received their first shot and death rate is increasing. – Social Services Provider (Grant Parish)

Low vaccination rates and a general resistance to preventive care in general. – Public Health Representative (Rapides Parish)

Low number of people receiving the vaccination and people not taking the pandemic seriously. – Social Services Provider (Rapides Parish)

Because the rate of vaccinations in this community is still rather low. – Social Services Provider (Rapides Parish)

We have the lowest vaccination rate in the parish. – Social Services Provider (Vernon Parish)

Due to people choosing to be unvaccinated. – Other Health Provider (LaSalle Parish)

Refusal to take the vaccine. Less than 50% parish-wide. – Community Leader (Rapides Parish)

Lack of Adherence to Testing/Vaccinations/Masks

Louisiana and Vernon Parish have some of the lowest vaccination rates. Masks are not worn by the majority of the residents. – Other Health Provider (Vernon Parish)

Low vaccine numbers and lack of compliance with masking mandates. – Other Health Provider (Rapides Parish)

The community is close-knit, making mask wearing and social distancing difficult. – Public Health Representative (Allen Parish)

Lack of adherence to prevention, e.g. vaccination, mask-wearing and social distancing. – Public Health Representative (Rapides Parish)

Coronavirus disease is a major problem due to some refusing to be tested, get vaccinated or wear masks in public spaces. – Social Services Provider (Rapides Parish)

CDC guidelines not properly followed. – Social Services Provider (Rapides Parish)

Avoyelles has some of the highest numbers of transmission because businesses and public do not adhere to mask and social distance policies. There are no resources for health specialists in our area for post-COVID health problems in patients. Pulmonology, cardiology, neurology, etc. ... COVID testing is limited during after-hours. Urgent care is only open till 8pm. Health unit is only testing 8-2. Primary care offices close at 5. Those who work or have alternate schedules have no way to test after typical working hours except ERs. – Social Services Provider (Avoyelles Parish)

People refuse to mask up and take precautions or even be vaccinated to help curb the spread of the virus. – Social Services Provider (Rapides Parish)

Not enough people are wearing a mask, social distancing, nor getting vaccinated. – Social Services Provider (Rapides Parish)

No one wears a mask and people are afraid to vaccinate. – Community Leader (Rapides Parish)

Awareness/Education

Misinformation. – Social Services Provider (Rapides Parish)

There are still many unknowns in COVID prevention and mitigation. – Community Leader (Rapides Parish)

Very poor healthcare literacy and political climate that fights government regulation or recommendations for masking or vaccination. – Physician (Rapides Parish)

Misinformation regarding the effectiveness of the COVID vaccine, resulting in a large number of individuals not vaccinated. – Other Health Provider (Rapides Parish)

Skepticism/distrust of science. – Social Services Provider (Rapides Parish)

Many in our community do not believe the science in regards to COVID-19. This includes, but is not limited to, masking, vaccines, quarantining, etc. – Community Leader (Natchitoches Parish)

Incidence/Prevalence

Winn Parish has lost several citizens to COVID-19. – Social Services Provider (Winn Parish)

The number of people hospitalized reduces the number of available Intensive Care Unit beds for patient transfer. It also drives the nursing costs up for the region because the hospital requires more staff. – Other Health Provider (Rapides Parish)

The incidence of coronavirus that occurred in our Winn Community. The number of patients we treated and the number of patients we tested was high. – Other Health Provider (Winn Parish)

The numbers tell the tale. – Social Services Provider (Rapides Parish)

Large number of people who get the disease. – Social Services Provider (Rapides Parish)



Cultural/Personal Beliefs

For some in our community I believe it is due to a cultural fear of hospitals, doctors, vaccines, and medication. For others, I believe that in some way the Coronavirus became a part of the political agenda for some so the facts regarding the benefits of vaccinations to communities somehow got lost in the crossfire between candidates. This has led to a polarization of communities. Some people get vaccinated while others are vehemently against it. – Social Services Provider (Rapides Parish)

Impact on Quality of Life

The positivity rates have gone down recently. But far too many people have been impacted by COVID-19. Too many deaths. Hesitancy toward getting the vaccine. – Social Services Provider (Rapides Parish)
This disease has shut the small school and churches down on several occasions. – Community Leader (Catahoula Parish)

Contributing Factors

Lack of vaccines. Education. Politically motivated. – Social Services Provider (Rapides Parish)
Lack of people getting vaccinated and the amount of people that believe "fake news" over science. – Other Health Professional (Rapides Parish)

Lifestyle

Everyone is acting like it's not an issue. Employers are not protecting their employees. Most of the region seems to have abdicated their obligations to take personal responsibility. – Community Leader (Rapides Parish)

Lack of Trust

Distrust among poor and underserved. – Physician (Natchitoches Parish)

Nutrition

Poor eating and lifestyle habits, prevalent smoking. – Community Leader (Rapides Parish)



INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. ...Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. ...Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2018 and 2020, there was an annual average age-adjusted unintentional injury mortality rate of 68.1 deaths per 100,000 population in the Rapides Foundation Service Area.

BENCHMARK ► Worse than the national rate. Fails to satisfy the Healthy People 2030 objective.

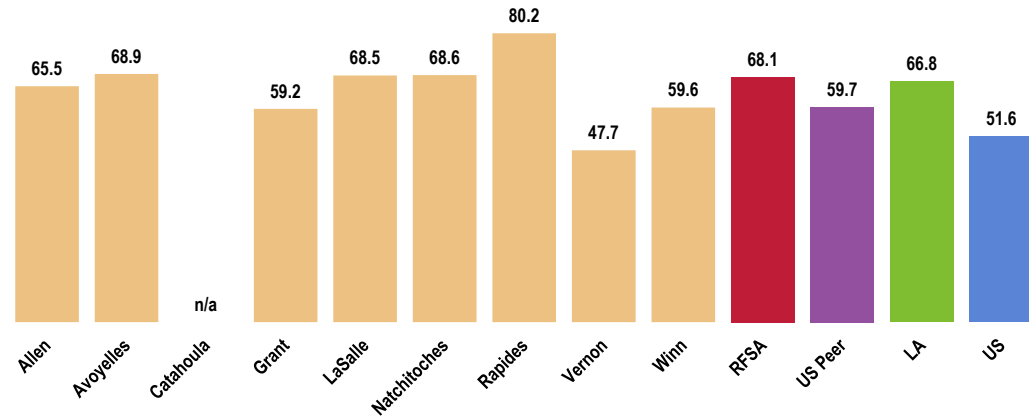
TREND ► Trending higher over time within the service area.

DISPARITY ► Higher in Rapides Parish.



Unintentional Injuries: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 43.2 or Lower

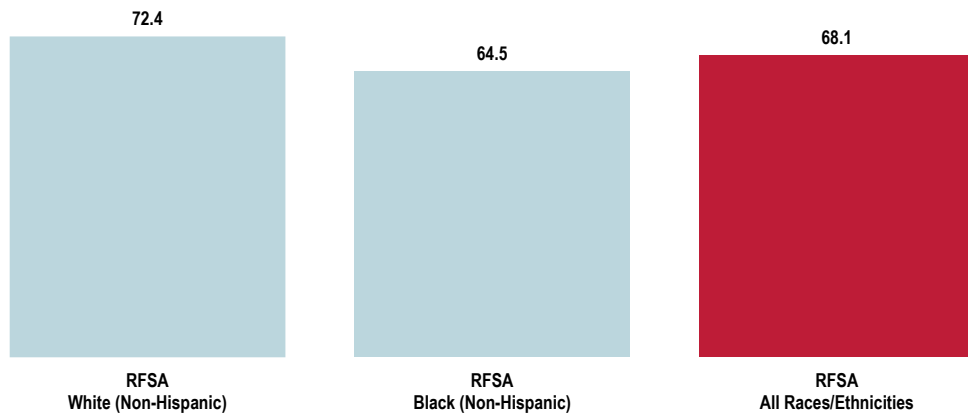


Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Unintentional Injuries: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 43.2 or Lower

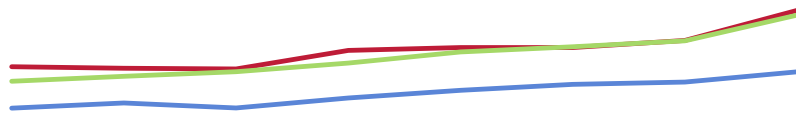


Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Unintentional Injuries: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2030 = 43.2 or Lower



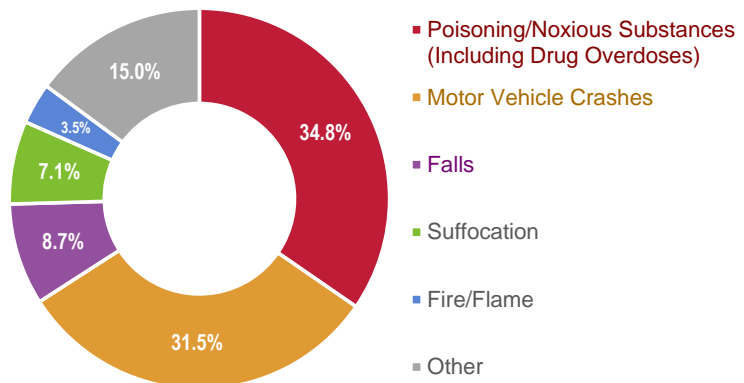
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
RFSA	53.0	52.6	52.4	57.4	58.2	58.2	60.0	68.1
LA	49.1	50.4	51.7	54.0	57.0	58.3	60.0	66.8
US	41.9	43.3	41.9	44.6	46.7	48.3	48.9	51.6

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Leading Causes of Unintentional Injury Deaths

Poisoning (including unintentional drug overdose), motor vehicle crashes, falls, suffocation, and fire/flame accounted for most unintentional injury deaths in the Rapides Foundation Service Area between 2018 and 2020.

Leading Causes of Unintentional Injury Deaths (Rapides Foundation Service Area, 2018-2020)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

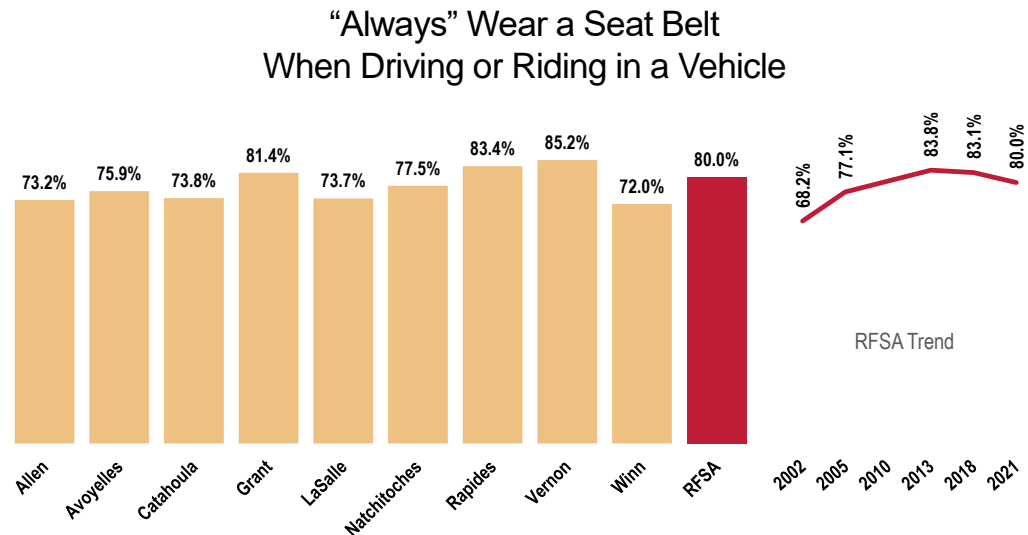


Seat Belt Usage

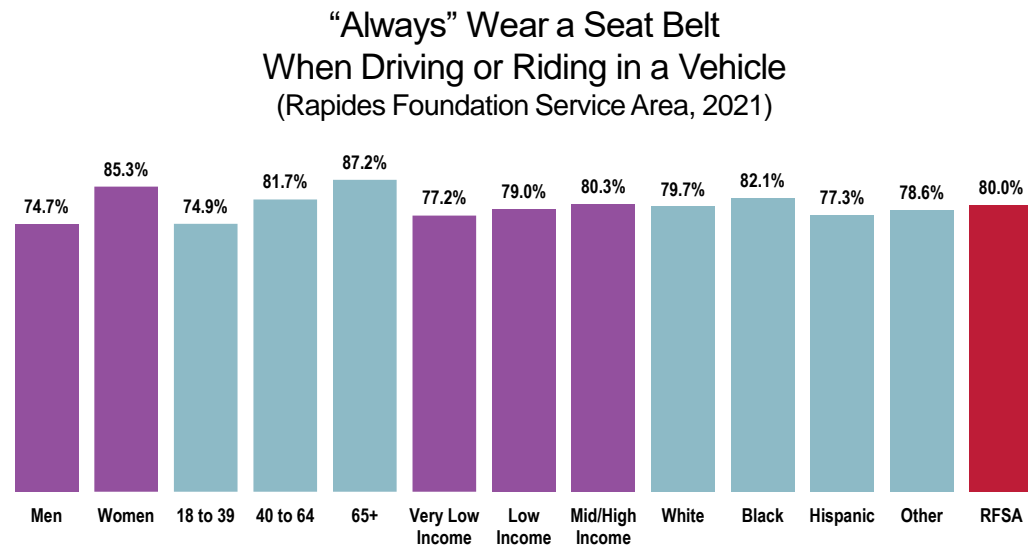
Most RFSA adults (80.0%) report “always” wearing a seat belt when driving or riding in a vehicle.

TREND ► Higher than the 2002 benchmark.

DISPARITY ► Less favorable in Allen, Avoyelles, LaSalle, and Winn parishes. Male respondents and adults younger than 65 are less likely to “always” wear a seat belt.



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 313]
Notes: • Asked of all respondents.



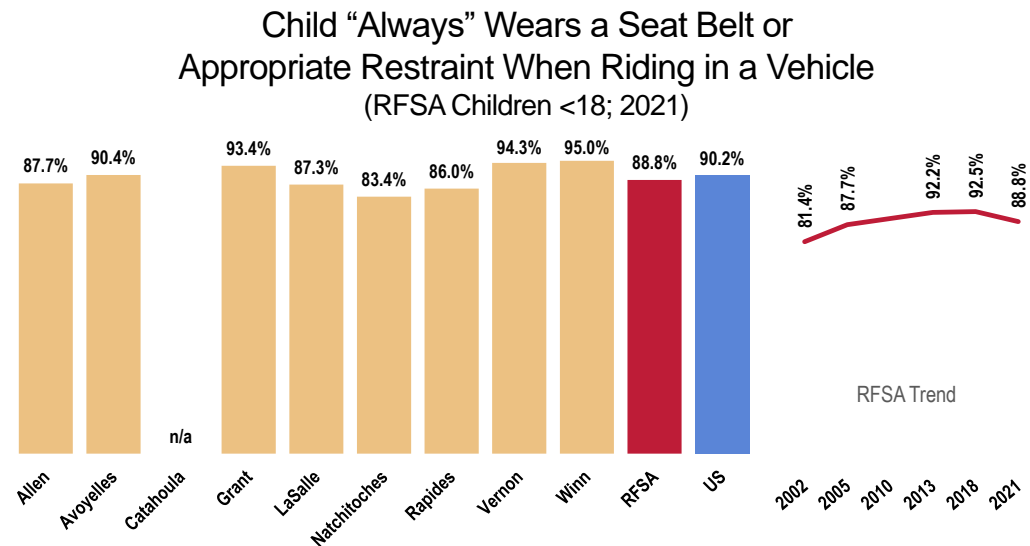
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 313]
Notes: • Reflects all respondents.



A total of 88.8% of RFSA parents report that their child (age 0 to 17) “always” wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

TREND ► Higher than the 2002 benchmark.

DISPARITY ► More favorable in Vernon Parish.



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 350]
 • 2020 PRC National Children's Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children under 18 at home.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

In the Rapides Foundation Service Area, there were 12.2 homicides per 100,000 population (2018-2020 annual average age-adjusted rate).

BENCHMARK ► Higher than the US Peer and national rates. Fails to satisfy the Healthy People 2030 objective.

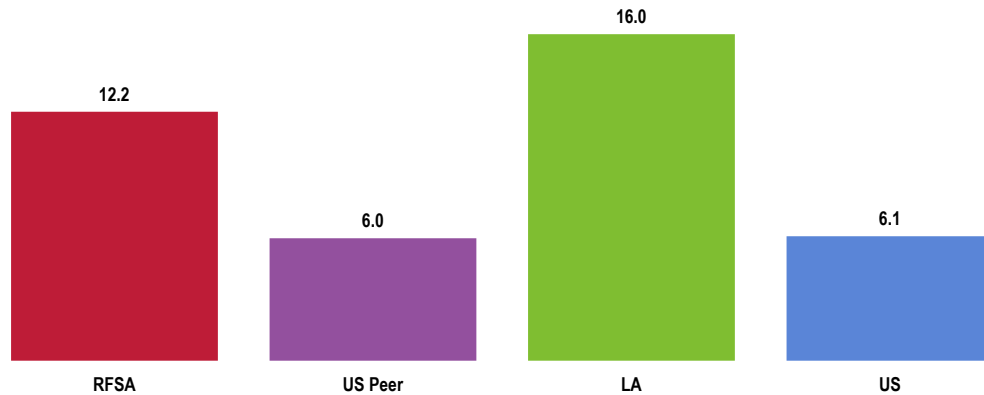
TREND ► Trending higher over time within the service area.

DISPARITY ► Considerably higher among Blacks.

RELATED ISSUE
See also *Mental Health (Suicide)* in the **General Health Status** section of this report.



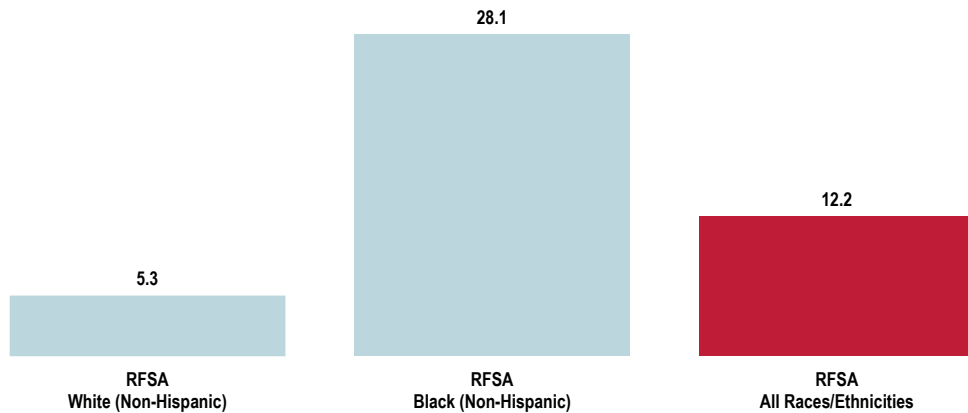
Homicide: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 5.5 or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Homicide: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 5.5 or Lower

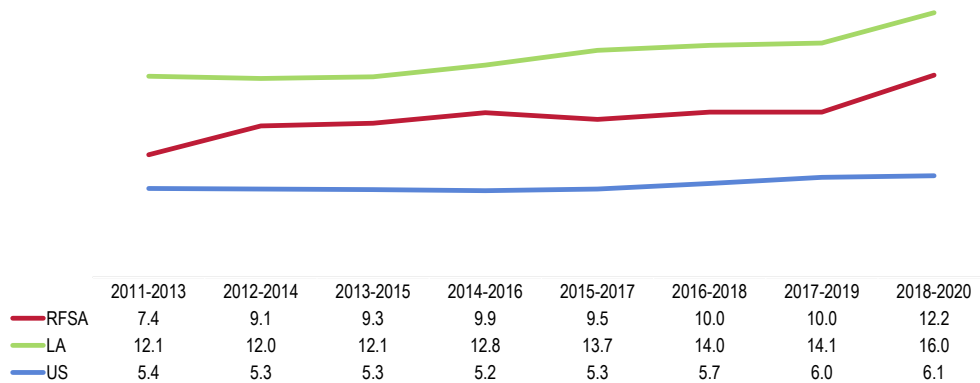


Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Homicide: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2030 = 5.5 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Violent Crime

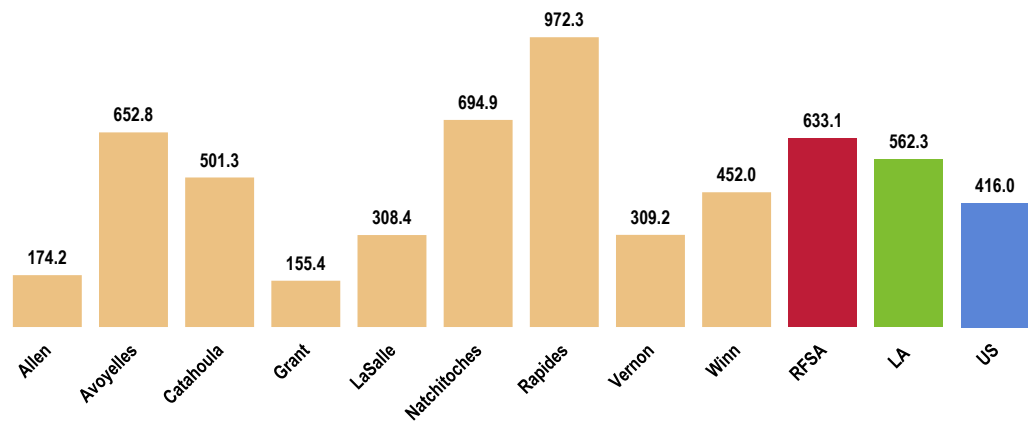
Violent Crime Rates

From 2014 to 2016, the RFSA reported 633.1 violent crimes per 100,000 population.

BENCHMARK ► Worse than the US rate.

DISPARITY ► Higher in Avoyelles, Natchitoches, and Rapides parishes.

Violent Crime (Rate per 100,000 Population, 2014-2016)



Sources: • Federal Bureau of Investigation, FBI Uniform Crime Reports.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
Notes: • This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
• Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.



Community Violence

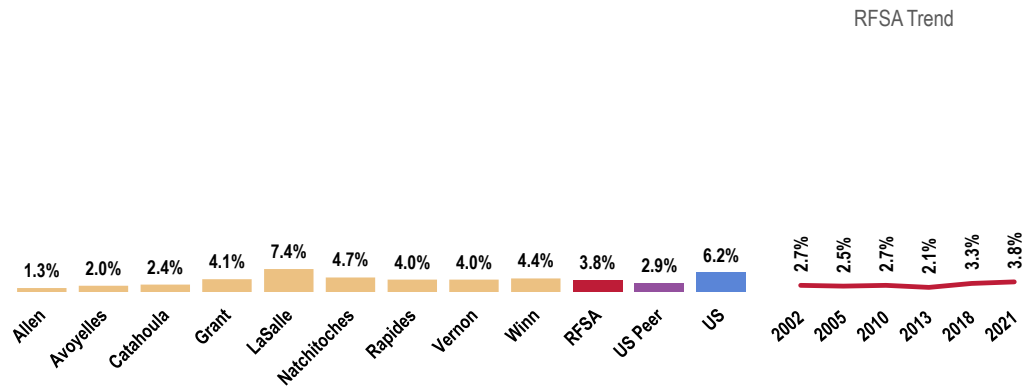
A total of 3.8% of surveyed Rapides Foundation Service Area adults acknowledge being the victim of a violent crime in the area in the past five years.

BENCHMARK ► Lower than the national finding.

TREND ► Higher than the 2002 benchmark.

DISPARITY ► Higher in LaSalle Parish. More often reported among adults younger than 65 (especially those age 18-39), those with very low incomes, Hispanic respondents, and residents of "Other" races.

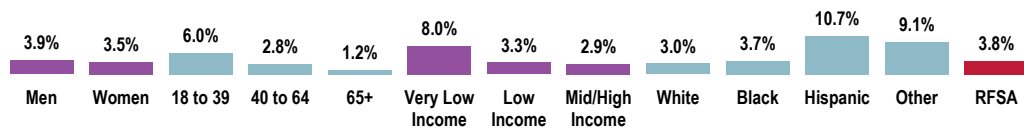
Victim of a Violent Crime in the Past Five Years



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 38]
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Victim of a Violent Crime in the Past Five Years (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 38]
Notes: • Asked of all respondents.



Family Violence

A total of 21.0% of Rapides Foundation Service Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

BENCHMARK ► Worse than the national percentage.

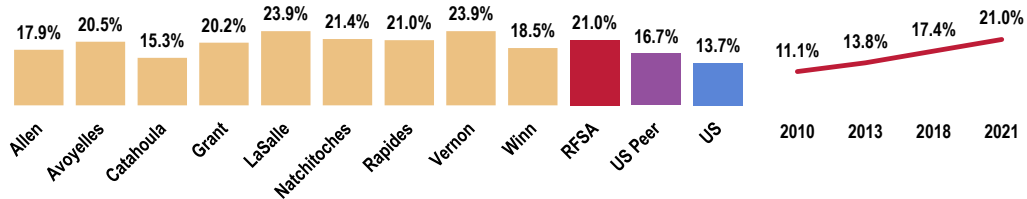
TREND ► Trending higher over time within the service area.

DISPARITY ► More often reported among women, adults younger than 65, and lower-income adults.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

5.0% of survey respondents have experienced intimate partner violence in the past five years.

RFSA Trend

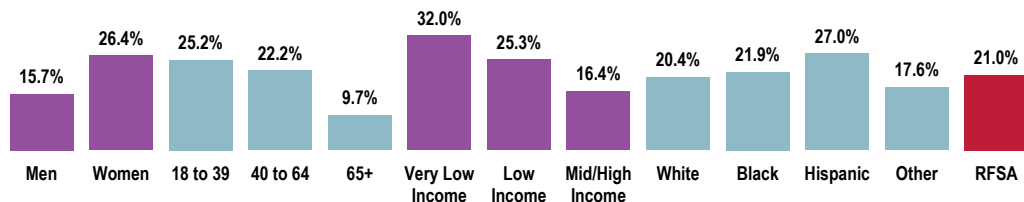


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 39, 314]
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 39]

Notes: • Asked of all respondents.



Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a “major problem” in the community.

Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2021)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

Violent crime is up. – Social Services Provider (Rapides Parish)

The rate of violent crime in the U.S. has gone up over 29% in the last year. The rate of violent crime in Alexandria, LA has gone up dramatically more than that over the last year. Crime, particularly violent crime, is one of the largest issues in our community. This is constantly echoed by the residents of Alexandria and is covered on an almost nightly basis by our local new station (KALB). To date (9/28/21) there have been significantly more murders in 2021 than occurred in all of 2020. – Social Services Provider (Rapides Parish)

Because violent crime is on the rise. – Social Services Provider (Rapides Parish)

The growing crime rate/Emergency Room visits for related. – Social Services Provider (Rapides Parish)

Based on statistics released for Rapides Parish, specifically Alexandria. Murders or shootings every day in addition to robberies. – Public Health Representative (Rapides Parish)

The increase in the number of homicides and other forms of violence that have occurred in the region over the past year. – Other Health Provider (Rapides Parish)

Based on what is in the news and what I hear from employees of the Emergency Rooms and local law enforcement here, weapon violence in the poorer communities is a problem. – Community Leader (Rapides Parish)

Very high crime rate. – Social Services Provider (Rapides Parish)

Crime continues to be an issue within Central Louisiana. – Community Leader (Rapides Parish)

Crime rates are high and the violence continues to rise. Alexandria rates as one of the most dangerous cities. – Social Services Provider (Rapides Parish)

High number of violent crimes occurring in Alexandria and the surrounding communities. – Social Services Provider (Rapides Parish)

Too many cases of injury and violence in the news. – Community Leader (Rapides Parish)

It is a concern in all cities and states throughout our nation. If you read the paper or listen to the news it is front page. – Other Health Provider (Vernon Parish)

The increase in violent crimes in our area. – Other Health Professional (Rapides Parish)

Every day there is something on the news about someone being murdered or some violent act occurring in our neighborhoods. – Social Services Provider (Rapides Parish)

There seems to be a killing or robbery every day in central LA. – Social Services Provider (Rapides Parish)

Alexandria, Louisiana has a very high crime rate. Weekly shootings for almost a year now. – Social Services Provider (Rapides Parish)

Contributing Factors

Incidents of violence has increased significantly in recent years. Perhaps training programs to prepare for employment may help. – Social Services Provider (Rapides Parish)

Police Force is depleted, discord between mayor/some council members, personal agendas, etc. Drug use. Overcrowded jail. Criminals working the system. – Community Leader (Rapides Parish)



Lack of police. Lack of discipline in the home. Complacency of the public. Out of touch public officials. – Social Services Provider (Rapides Parish)

Substance abuse (meth, opioids, etc.) and poverty. – Public Health Representative (Rapides Parish)

Strong prevalence of drug use. Strong prevalence of unstable homes in certain areas. Increase in numbers of murders and suicides in communities. – Social Services Provider (Avoyelles Parish)

Crime rates, injury and death are escalating in our area. I believe that much of it can be contributed to street drug sales and use. This affects everyone in a community either directly or indirectly. – Social Services Provider (Rapides Parish)

Unemployment and lack of education. – Community Leader (Rapides Parish)

Poverty and control issues in relationships. Lack of understanding of what a healthy relationship and boundaries are. – Community Leader (Rapides Parish)

There are no recreational buildings or activity due to fear of violence. Drugs play a vital part, because of no police involvement until trouble. – Social Services Provider (Rapides Parish)

Gun Violence

Number of guns shot and stabbing victims in the area. – Other Health Provider (Rapides Parish)

There are shootings virtually every day. – Other Health Provider (Rapides Parish)

News reports of many more shootings recently. I have also heard, anecdotally, about assaults throughout the community. – Social Services Provider (Rapides Parish)

Too many guns and poor people who shoot each other for \$100. – Community Leader (Rapides Parish)

Crime rate per capita is one of the highest in the nation. I hear gunshots in my garden district neighborhood on a regular basis. Reports on home invasions continually on the rise. Reaction to the climate created by Trump administration. – Social Services Provider (Rapides Parish)

Teens

We have major issues with violent crime, especially in our 12-18 demographic. – Community Leader (Natchitoches Parish) Incidence/Prevalence

Shortage of officers and not enough programs for our teenagers to be involved. – Social Services Provider (Rapides Parish)

Nothing for teenager to do or go to stay out of trouble. – Social Services Provider (Natchitoches Parish)

Safety

Not enough police patrols around the community. – Social Services Provider (Rapides Parish)

Too much crime! Not enough police. Too many drug problems. Unsafe intersections and roundabouts. Speeding drivers with minimal oversight. – Physician (Rapides Parish)

COVID-19

Violent crimes statistics are much higher during pandemic and in recent years. – Social Services Provider (Rapides Parish)



DIABETES

ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. ...Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

— Healthy People 2030 (<https://health.gov/healthypeople>)

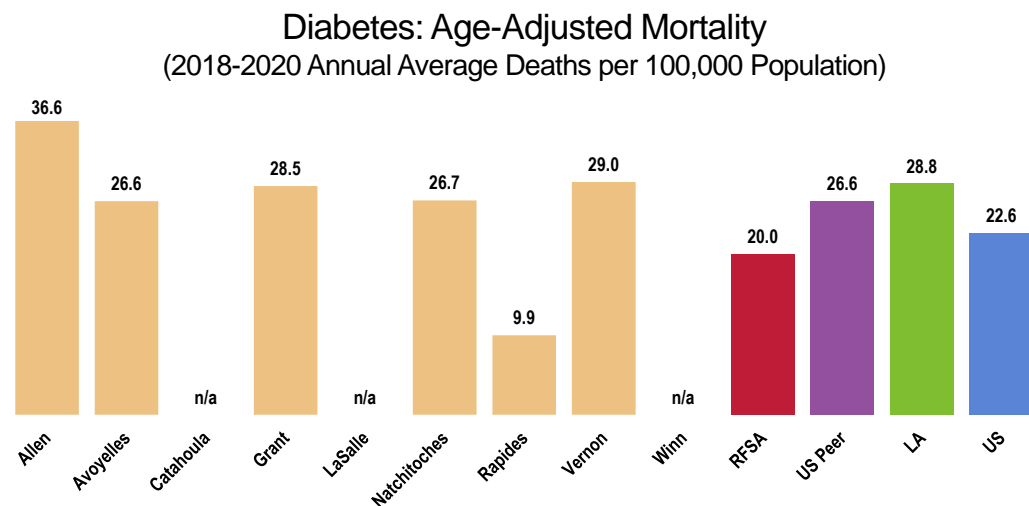
Age-Adjusted Diabetes Deaths

Between 2018 and 2020, there was an annual average age-adjusted diabetes mortality rate of 20.0 deaths per 100,000 population in the Rapides Foundation Service Area.

BENCHMARK ► More favorable than the US Peer and Louisiana rates.

TREND ► Trending downward over time within the service area.

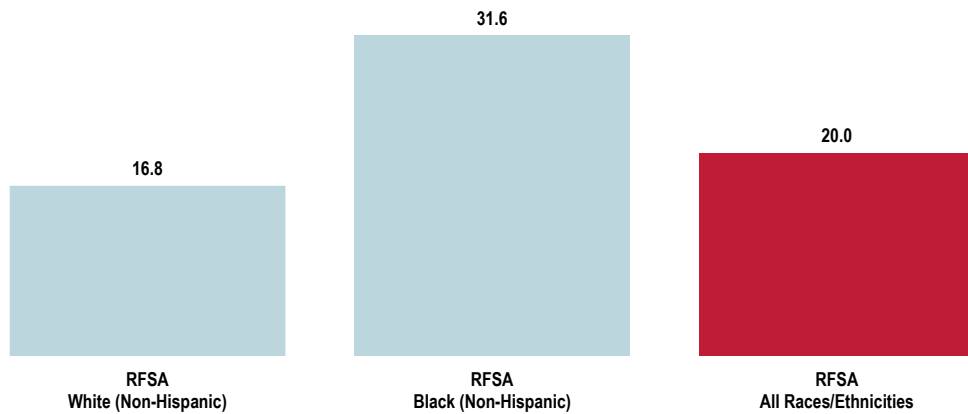
DISPARITY ► The rate among RFSA Blacks is nearly double the rate among Whites.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.



Diabetes: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Diabetes: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
RFSA	25.7	25.2	26.4	23.3	22.2	21.3	20.5	20.0
LA	27.0	26.2	25.1	24.6	24.3	25.4	25.8	28.8
US	22.4	22.3	21.3	21.2	21.3	21.3	21.5	22.6

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Prevalence of Diabetes

A total of 16.1% of Rapides Foundation Service Area adults report having been diagnosed with diabetes.

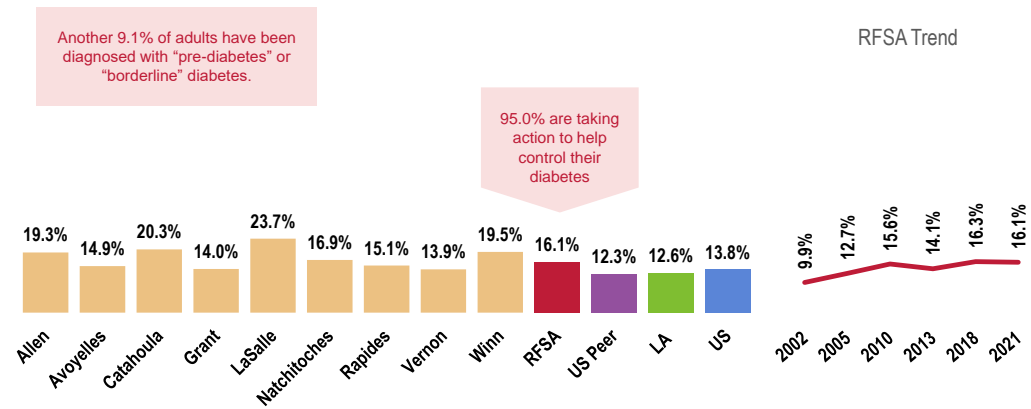
BENCHMARK ► Higher than the statewide percentage.

TREND ► Higher than the 2002 benchmark.

DISPARITY ► Highest in LaSalle Parish. More often reported among adults age 40+, lower-income respondents, and Black respondents.



Prevalence of Diabetes



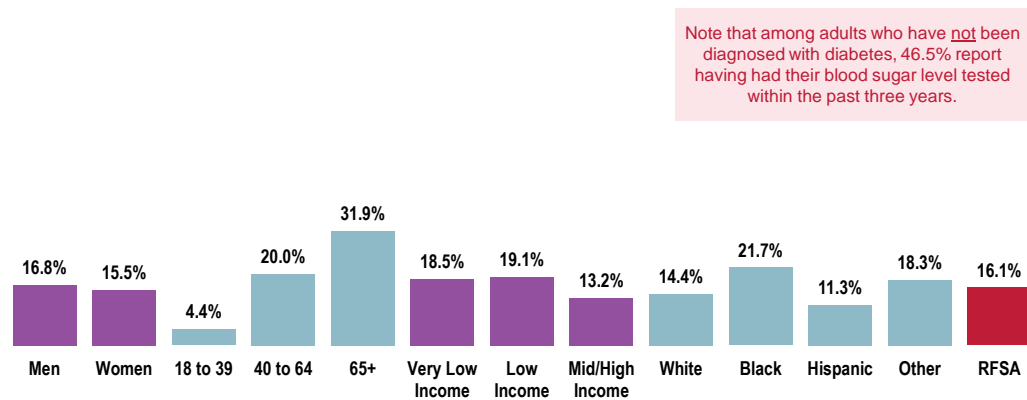
Sources:

- 2021 PRC Community Health Survey, PRC, Inc. [Items 121, 308]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:

- Asked of all respondents; excludes gestational diabetes.
- "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Prevalence of Diabetes (Rapides Foundation Service Area, 2021)



Sources:

- 2021 PRC Community Health Survey, PRC, Inc. [Items 33, 121]

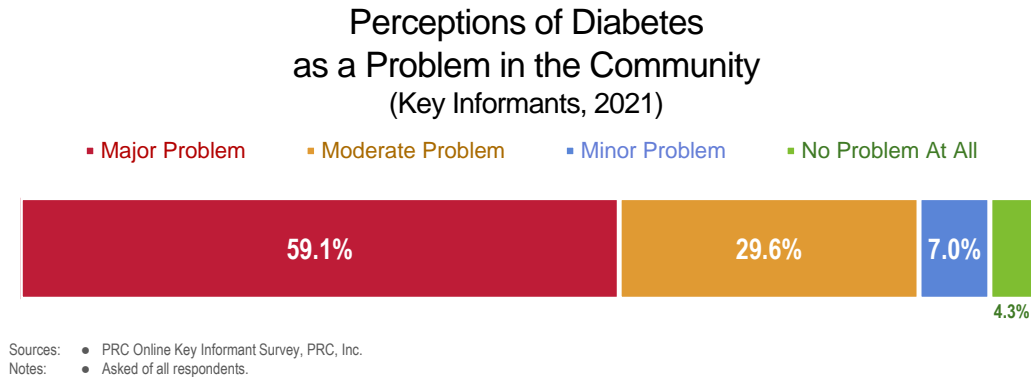
Notes:

- Asked of all respondents; excludes gestational diabetes.



Key Informant Input: Diabetes

A high percentage of key informants taking part in an online survey characterized *Diabetes* as a “major problem” in the community.



Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

Diet and lack of exercise. Preventative care and education. – Community Leader (Rapides Parish)

The biggest challenge that I see is the access to good nutrition and exercise. Many people do not have adequate transportation to get to grocery stores. Exercise is not a priority or people have no one to encourage them to do so. – Social Services Provider (Rapides Parish)

Diet, eating habits, and laziness. – Social Services Provider (Rapides Parish)

Nutrition. Knowing what foods should and should not be eaten, but also the cost and availability of nutritious foods. – Social Services Provider (Rapides Parish)

Diet and exercise. – Social Services Provider (Rapides Parish)

Healthy eating habits and exercises. – Social Services Provider (Natchitoches Parish)

Proper nutrition and exercise. – Other Health Provider (Rapides Parish)

Poor diets/lack of adequate exercise. – Social Services Provider (Rapides Parish)

Education regarding the importance of diet and medication regimen. Access to and affordability of proper foods; affordability of medications. – Social Services Provider (Rapides Parish)

Lack of education and resources to provide healthy food options. – Social Services Provider (Rapides Parish)

Lack of education on how to control disease, testing supplies are expensive, and peoples' desire to keep disease under control not where it should be and then consequences lead to bigger health issues. – Other Health Professional (Rapides Parish)

Dietary food is too expensive; therefore, it is hard to manage diabetes when junk/fat foods are cheaper than healthy. That is why there are so many obese people in the community and doctors want to do nothing but load people up on medications. – Social Services Provider (Rapides Parish)

Obesity, nutrition, education. – Social Services Provider (Avoyelles Parish)

Obesity. Noncompliance. Expensive medications. General indifference to preventive care. – Public Health Representative (Rapides Parish)

Access to low-cost medications, obesity and diet. – Other Health Provider (Vernon Parish)

Lack of local endocrinologist or diabetic teaching. Health care literacy around diabetes. Access to medications for diabetes. – Physician (Rapides Parish)

No specialists are available and lack of education. – Other Health Provider (Allen Parish)

To be able to afford healthy lifestyle and afford proper nutrition and exercise. The ability to afford medication to treat the diabetes. Lifestyle, nutrition, medication. – Public Health Representative (Rapides Parish)

Diabetes impacts many people. In turn, many who have been diagnosed with the disease do not take it seriously. This leads to many more complications and deaths. – Social Services Provider (Rapides Parish)



Awareness/Education

Just in my workplace, I see many folks with Type 2 diabetes. I think our health system is quick to prescribe drugs and not educate them that Type 2 diabetes in many cases can be eliminated with proper diet and exercise, stressing less. – Community Leader (Rapides Parish)

Learning to eat healthy. – Social Services Provider (Rapides Parish)

Education levels of Avoyelles Parish doesn't allow for patients to understand diets, how to exercise, and medication. – Other Health Provider (Avoyelles Parish)

Education about dining, care, meds, and exercise options. – Community Leader (Rapides Parish)

Community outreach is working for the adult population. However, a greater need exists for educating children on eating and exercise habits. – Community Leader (Rapides Parish)

Self care and education. – Social Services Provider (Rapides Parish)

Proper health and nutrition, start early with education. – Community Leader (Rapides Parish)

Nutrition

Eating unhealthy foods. – Social Services Provider (Rapides Parish)

People eat out and restaurants/fast food provide unhealthy choices/inexpensive foods that don't include fruits and veggie choices. Most diabetes issues can be addressed here. – Social Services Provider (LaSalle Parish)

Healthy diets and compliance. – Other Health Provider (LaSalle Parish)

Following dietary restrictions. – Community Leader (Rapides Parish)

Access to Care/Services

Alexandria nor Pineville Louisiana have an endocrinologist to properly treat diabetic patients. The diabetic patients have to rely on their General Care doctors or travel hours away for treatment. – Social Services Provider (Rapides Parish)

Delayed treatment. – Other Health Provider (Rapides Parish)

Access to treatments and expense of medicine/insulin. – Social Services Provider (Catahoula Parish)

We need more places for people to have to go and be treated for diabetes. – Social Services Provider (Vernon Parish)

Lifestyle

Too many younger individuals are diagnosed with a very treatable disease because of unhealthy habits. – Social Services Provider (Rapides Parish)

Breaking old habits. – Social Services Provider (Rapides Parish)

Motivation to change behavioral triggers. – Community Leader (Rapides Parish)

People who don't care for themselves and don't get themselves tested and the meds are so expensive. – Community Leader (Rapides Parish)

Access to Affordable Healthy Food

Patient's inability to afford healthy foods to enable better control of their diabetic condition. – Other Health Provider (Winn Parish)

I believe the biggest problem is access to affordable and desirable dietary options for those facing diabetes. – Community Leader (Natchitoches Parish)

Cultural/Personal Beliefs

Cultural eating habits. – Social Services Provider (Rapides Parish)

The culture has a high carbohydrate cuisine, it is difficult to change to a more plant-based, lower carb diet due to generations of eating culturally. – Public Health Representative (Allen Parish)

Access to Care for Uninsured/Underinsured

Some people do not have insurance or visit a doctor regularly. Others that know of a diagnosis of diabetes do not have adequate resources to pay for their medication. – Social Services Provider (Rapides Parish)

Obesity

High obesity rates, lack of movement and exercise, poor dietary choices. – Community Leader (Rapides Parish)

Affordable Medications/Supplies

Access to affordable medication and insulin. – Social Services Provider (Rapides Parish)



Diagnosis/Treatment

- Consistent comprehensive care. – Social Services Provider (Rapides Parish)

Disease Management

- Understanding how to manage diabetes and the severity of it. – Social Services Provider (Rapides Parish)



KIDNEY DISEASE

ABOUT KIDNEY DISEASE

More than 1 in 7 adults in the United States may have chronic kidney disease (CKD), with higher rates in low-income and racial/ethnic minority groups. And most people with CKD don't know they have it. ...People with CKD are more likely to have heart disease and stroke — and to die early. Managing risk factors like diabetes and high blood pressure can help prevent or delay CKD. Strategies to make sure more people with CKD are diagnosed early can help people get the treatment they need.

Recommended tests can help identify people with CKD to make sure they get treatments and education that may help prevent or delay kidney failure and end-stage kidney disease (ESKD). In addition, strategies to make sure more people with ESKD get kidney transplants can increase survival rates and improve quality of life.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Kidney Disease Deaths

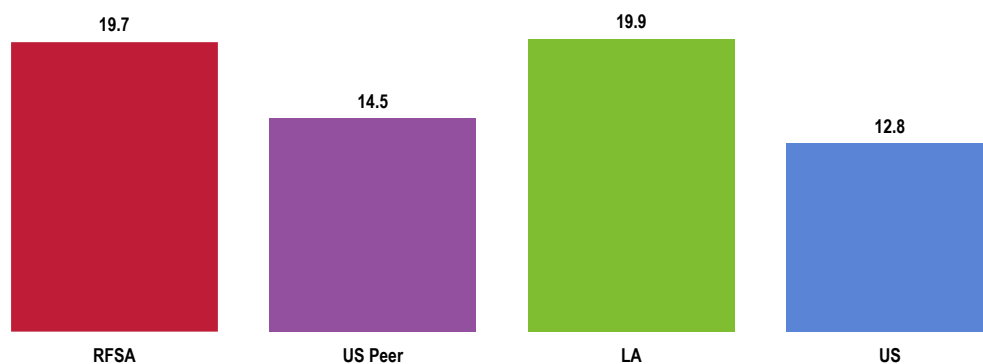
Between 2018 and 2020, there was an annual average age-adjusted kidney disease mortality rate of 19.7 deaths per 100,000 population in the Rapides Foundation Service Area.

BENCHMARK ► Less favorable than the US Peer and national rates.

TREND ► Trending downward over time within the service area.

DISPARITY ► The rate among Blacks is more than double the rate among Whites.

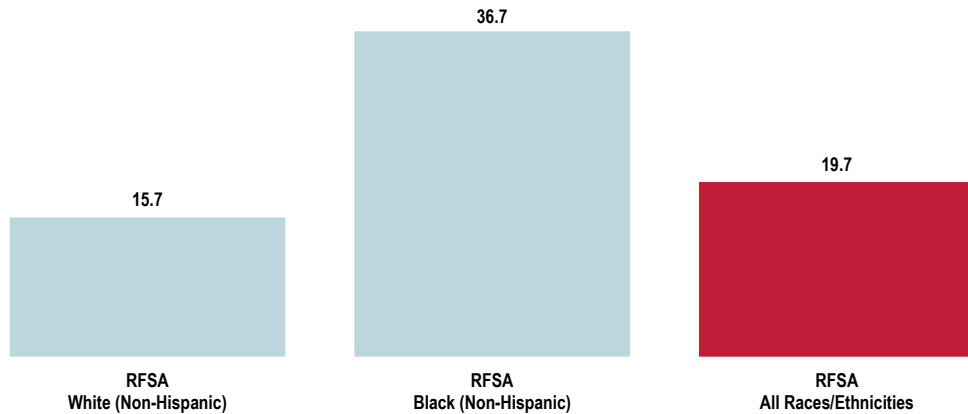
Kidney Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

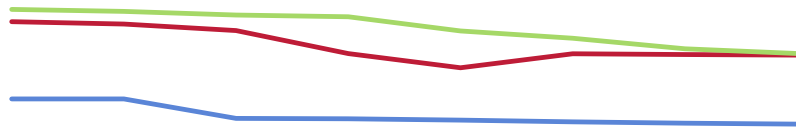


Kidney Disease: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Kidney Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.



Prevalence of Kidney Disease

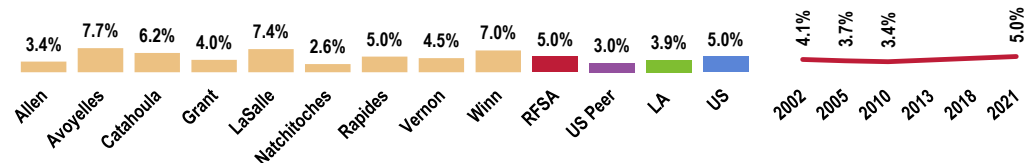
A total of 5.0% of Rapides Foundation Service Area adults report having been diagnosed with kidney disease.

BENCHMARK ► Higher than the statewide finding.

DISPARITY ► Higher in Avoyelles Parish. More often reported among adults age 40+ (especially those age 65+) and among those with very low incomes.

Prevalence of Kidney Disease

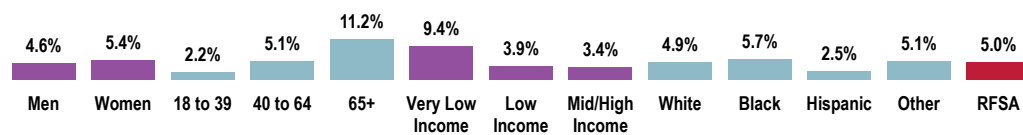
RFSA Trend



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 24]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Prevalence of Kidney Disease (Rapides Foundation Service Area, 2021)

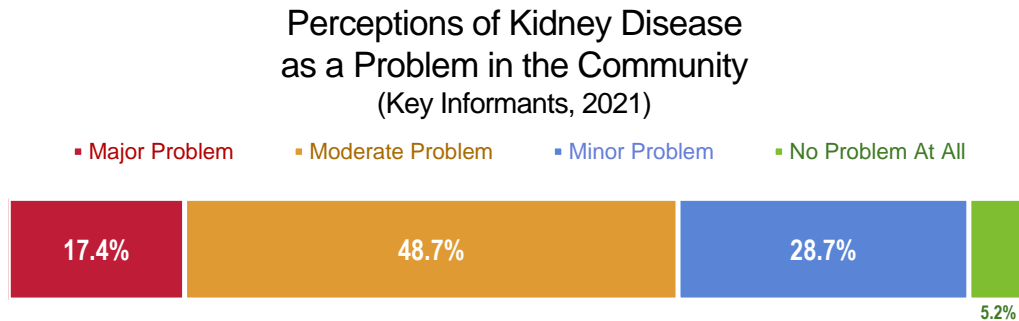


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 24]
 Notes: • Asked of all respondents.



Key Informant Input: Kidney Disease

Key informants taking part in an online survey generally characterized *Kidney Disease* as a “moderate problem” in the community.



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Co-Occurrences

- Related to poor diabetic control. – Physician (Rapides Parish)
- Because of the number of people who are diabetics. – Public Health Representative (Rapides Parish)
- This also depends on the level of hypertension in the community. – Public Health Representative (Rapides Parish)
- Due to high levels of diabetes and consuming too many energy drinks. – Community Leader (Rapides Parish)

Contributing Factors

- Poor diet, lack of information, diabetes, and access to medical assistance. – Community Leader (Rapides Parish)
- Shakes hands with diet. Obesity and high blood pressure. – Social Services Provider (Rapides Parish)

Access to Care/Services

- We have one of the best kidney doctors, but for surgeries/transplants one has to travel out of town. – Social Services Provider (Rapides Parish)

Incidence/Prevalence

- I see dialysis locations popping up and I hear more folks having kidney issues. – Community Leader (Rapides Parish)

Disease Management

- High volume of non-compliant diabetics. – Other Health Provider (Avoyelles Parish)

Alcohol/Drug Use

- Alcohol and drugs. – Community Leader (Rapides Parish)



SEPTICEMIA

ABOUT SEPSIS

Sepsis is the body's extreme response to an infection. It is a life-threatening medical emergency. Sepsis happens when an infection you already have—in your skin, lungs, urinary tract, or somewhere else—triggers a chain reaction throughout your body. Without timely treatment, sepsis can rapidly lead to tissue damage, organ failure, and death.

When germs get into a person's body, they can cause an infection. If that infection isn't stopped, it can cause sepsis. Anyone can get an infection and almost any infection can lead to sepsis. Certain people are at higher risk:

- Adults 65 or older
 - People with chronic medical conditions, such as diabetes, lung disease, cancer, and kidney disease
 - People with weakened immune systems
 - Children younger than one
- Centers for Disease Control (<https://www.cdc.gov/sepsis/what-is-sepsis.html>)

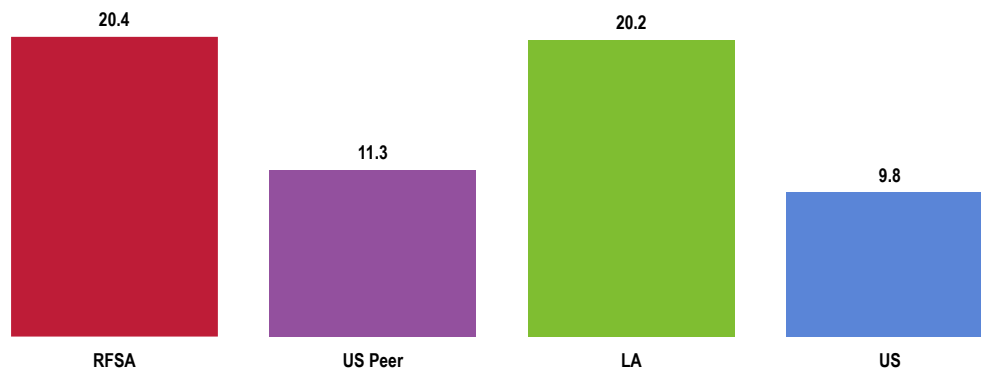
Age-Adjusted Septicemia Deaths

Between 2018 and 2020, the Rapides Foundation Service Area reported an annual average age-adjusted septicemia mortality rate of 20.4 deaths per 100,000 population.

BENCHMARK ► Worse than the US Peer and national rates.

DISPARITY ► Notably higher among Blacks.

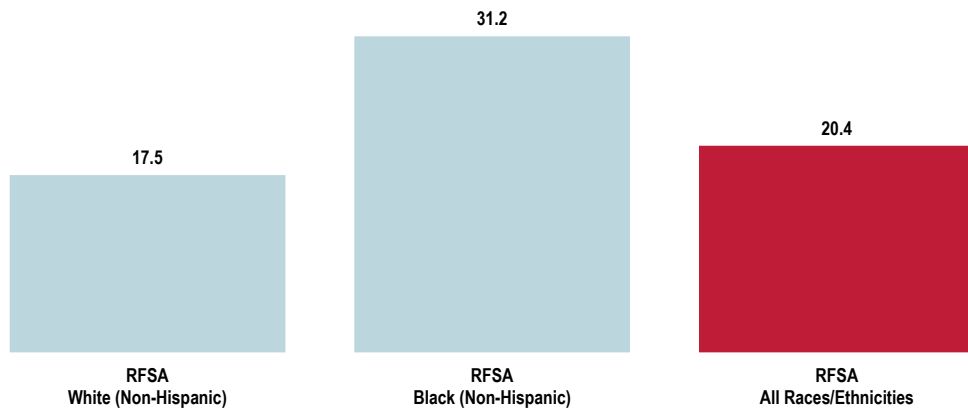
Septicemia: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

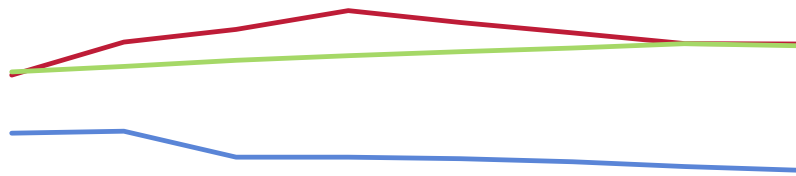


Septicemia: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Septicemia: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.



POTENTIALLY DISABLING CONDITIONS

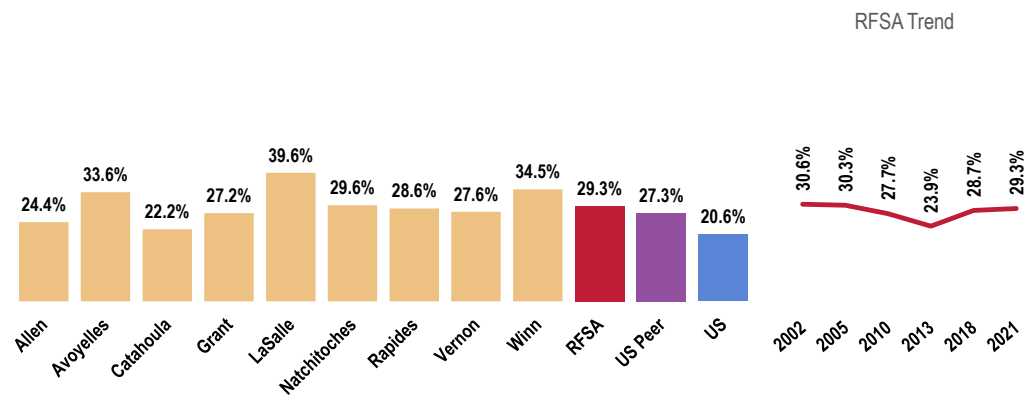
Arthritis/Rheumatism

A total of 29.3% of service area adults report suffering from arthritis or rheumatism.

BENCHMARK ► Higher than the US percentage.

DISPARITY ► Higher in LaSalle Parish.

Prevalence of Arthritis/Rheumatism



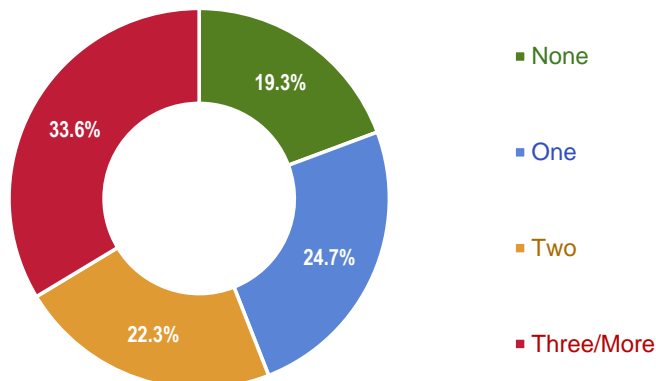
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 307]
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Multiple Chronic Conditions

Among Rapides Foundation Service Area survey respondents, most report currently having at least one chronic health condition.

Number of Current Chronic Conditions (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 123]

Notes: • Asked of all respondents.
• In this case, chronic conditions include lung disease, arthritis, cancer, kidney disease, heart attack/angina, stroke, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

For the purposes of this assessment, chronic conditions include:

- Arthritis
- Cancer
- Diabetes
- Diagnosed depression
- Heart attack/angina
- High blood cholesterol
- High blood pressure
- Kidney disease
- Lung disease
- Obesity
- Stroke

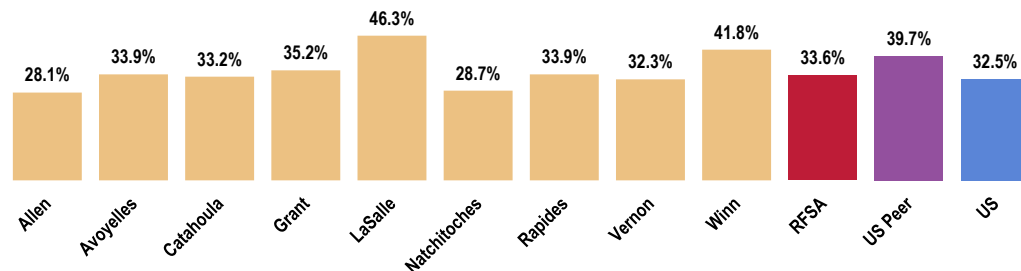
Multiple chronic conditions are concurrent conditions.



In fact, 33.6% of Rapides Foundation Service Area adults report having three or more chronic conditions.

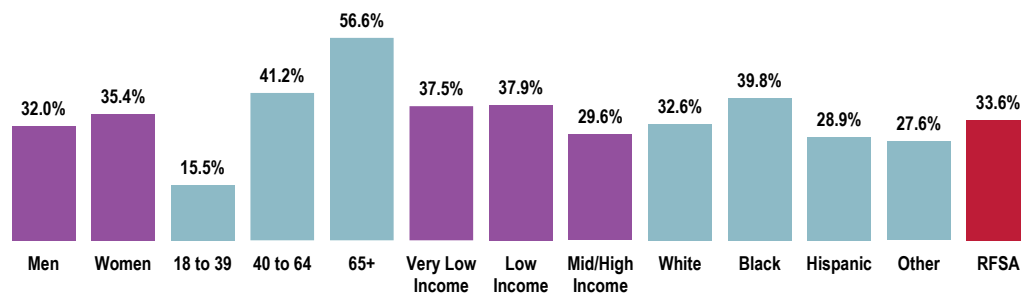
DISPARITY ► Higher in LaSalle and Winn parishes. More often reported among adults age 40+, lower-income respondents, and Black residents.

Currently Have Three or More Chronic Conditions



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 123]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.
 • In this case, chronic conditions include lung disease, arthritis, cancer, kidney disease, heart attack/angina, stroke, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Currently Have Three or More Chronic Conditions (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 123]
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include lung disease, arthritis, cancer, kidney disease, heart attack/angina, stroke, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.



Activity Limitations

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (<https://health.gov/healthypeople>)

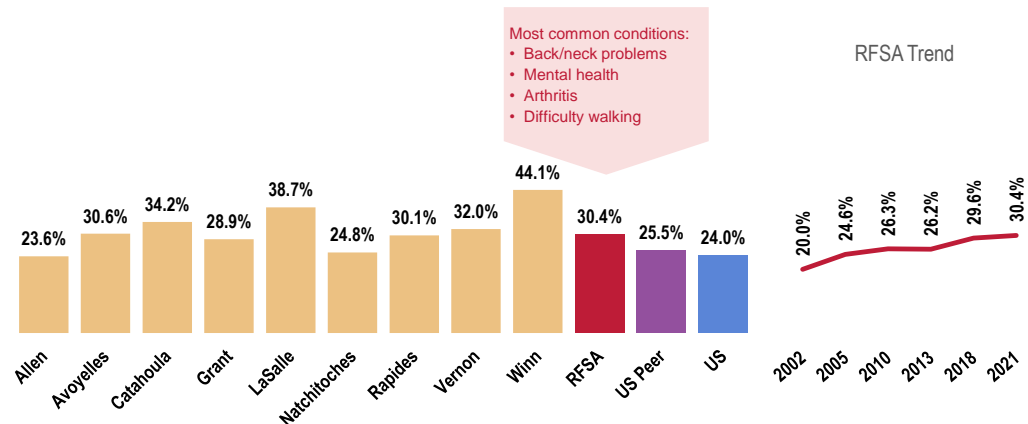
A total of 30.4% of Rapides Foundation Service Area adults are limited in some way in some activities due to a physical, mental, or emotional problem.

BENCHMARK ► Worse than the US percentage.

TREND ► Trending higher over time within the service area.

DISPARITY ► Higher in LaSalle and Winn parishes. More often reported among women, White residents, Hispanic residents, and residents of “Other” races. Also note the correlations with age and income.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 96-97]

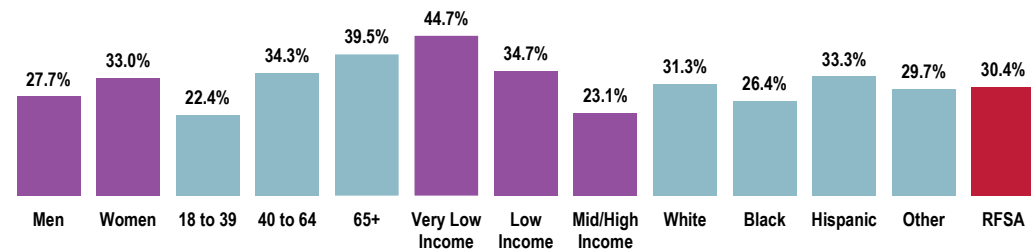
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

• “US Peer” represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.



Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 96]
Notes: • Asked of all respondents.

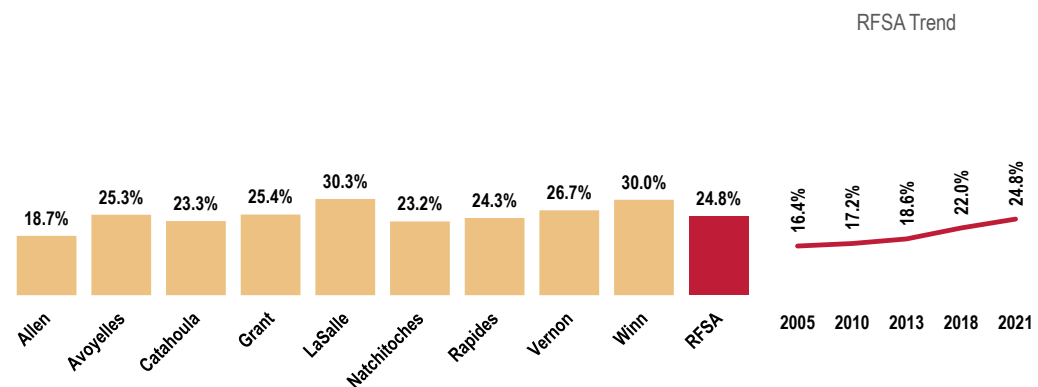
Days of Limited Activity

While most RFSA adults report no days in the past month when poor physical or mental health prevented their usual activities, 24.8% report experiencing four or more such days.

TREND ► Trending higher over time within the service area.

DISPARITY ► More favorable in Allen Parish. More often reported among women, adults age 40 to 64, and those with lower incomes.

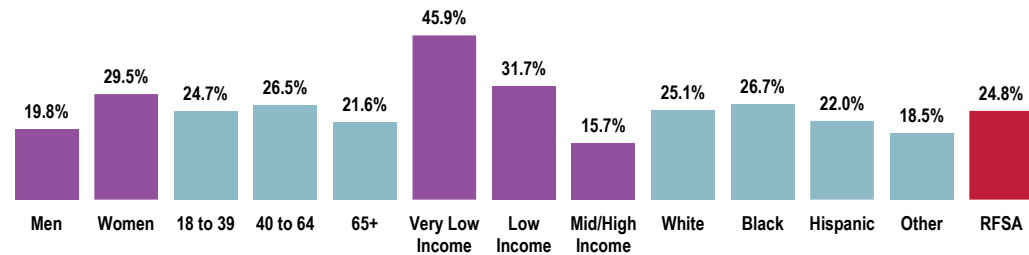
Experienced 4+ Days in the Past Month on Which Physical or Mental Health Prevented Usual Activities



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 156]
Notes: • Asked of all respondents.



Experienced 4+ Days in the Past Month on Which Physical or Mental Health Prevented Usual Activities (Rapides Foundation Service Area, 2021)

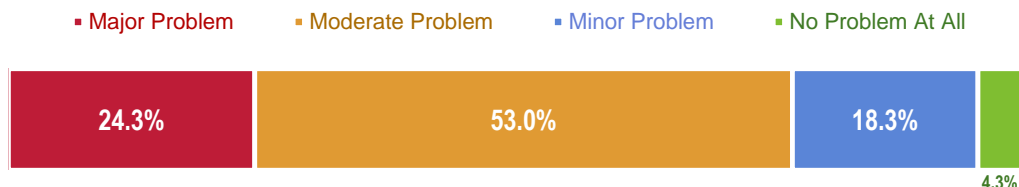


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 156]
Notes: • Asked of all respondents.

Key Informant Input: Disability & Chronic Pain

Key informants taking part in an online survey most often characterized *Disability & Chronic Pain* as a “moderate problem” in the community.

Perceptions of Disability & Chronic Pain as a Problem in the Community (Key Informants, 2021)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

Everyone looking for a pill to cure pain. – Other Health Provider (Vernon Parish)

Many people complain of these symptoms. – Social Services Provider (Natchitoches Parish)

The state in general has a high per capita of persons on SSDI for issues related to chronic pain and/or addiction to meds used to treat chronic pain. – Social Services Provider (Rapides Parish)

High level of people on disability and those on medications for chronic pain, causes of addiction. – Public Health Representative (Rapides Parish)

Access to Care/Services

Without access to high quality health care, people don't treat minor issues until they become urgent/chronic issues. This leads to impaired workforce within the community and misery for the individual. – Community Leader (Rapides Parish)

Alexandria and Pineville Louisiana only have two or three doctors who specialize in chronic pain disorders. A patient has to wait months until they can see a doctor. – Social Services Provider (Rapides Parish)



Chronic pain and illness may be a result of not having proper healthcare and access to proper nutrition. – Social Services Provider (Rapides Parish)

Contributing Factors

Obesity and lack of exercise. – Social Services Provider (Rapides Parish)

There are a huge number of debilitated adults. A history of obesity and poor exercise habits lead to osteoarthritis. Plus, there is a lot of abuse of pain killers. – Public Health Representative (Rapides Parish)

Many in our parish work in physically demanding jobs. Generally, people here don't exercise either. Some jobs are dangerous in the oil field. – Social Services Provider (LaSalle Parish)

Work Related

Most of the individuals here are military or retired. – Social Services Provider (Vernon Parish)

Many of the community members are laborers, resulting in musculoskeletal disorders. – Public Health Representative (Allen Parish)

Unsafe working practices. – Social Services Provider (Rapides Parish)

Obesity

Due to the high rates of obesity, there are high rates of disability and chronic pain. This can lead to additional issues with prescription pain medications. – Social Services Provider (Rapides Parish)

Obesity causes stress to joints and thereby creates pain. – Community Leader (Rapides Parish)

Awareness/Education

Pain meds are prescribed too easily for chronic pain patients. Educating about healthier ways to treat are needed. – Social Services Provider (Rapides Parish)

Access to Care for Uninsured/Underinsured

Knees and back problems not being serviced due to inadequate insurance coverage. – Social Services Provider (Rapides Parish)

Alcohol/Drug Use

Many individuals use opiates to assist with pain. – Social Services Provider (Rapides Parish)

Children's Learning Disabilities

Dyslexia and learning disabilities for children. – Community Leader (Rapides Parish)



Alzheimer's Disease

ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia and the sixth leading cause of death in U.S. adults.¹ Nearly 6 million people in the United States have Alzheimer's, and that number will increase as the population ages.

Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Alzheimer's Disease Deaths

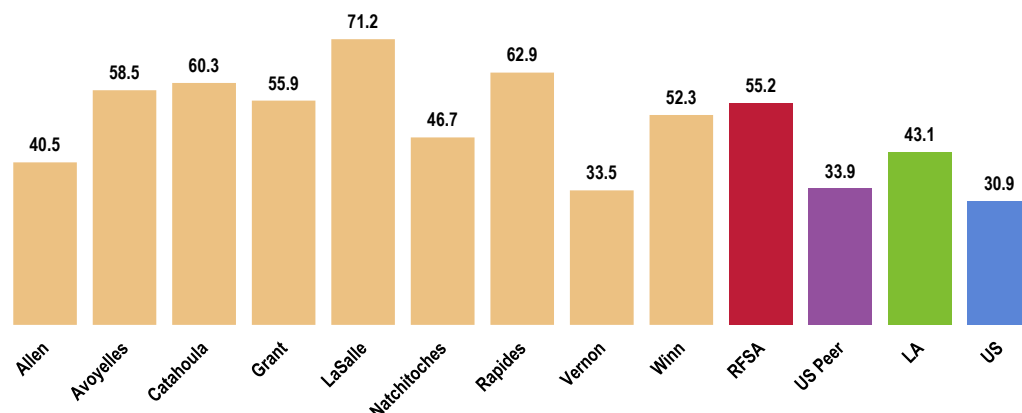
Between 2018 and 2020, there was an annual average age-adjusted Alzheimer's disease mortality rate of 55.2 deaths per 100,000 population in the Rapides Foundation Service Area.

BENCHMARK ► Worse than US Peer, statewide, and national rates.

TREND ► Leveling off after a significant rise within the service area.

DISPARITY ► Higher in LaSalle Parish.

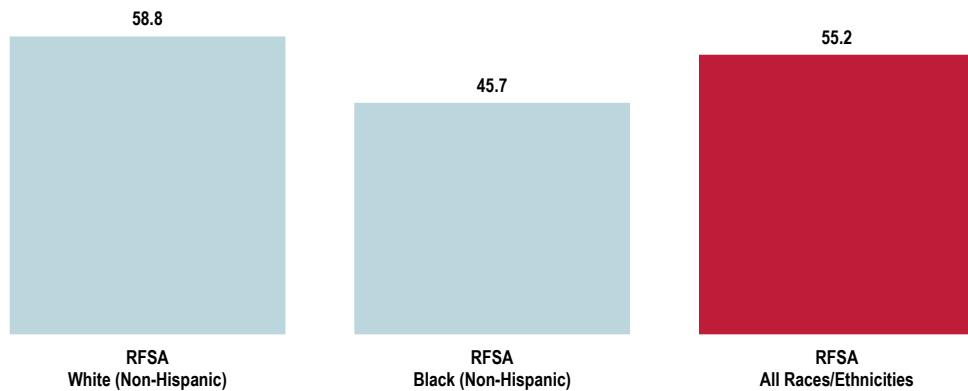
Alzheimer's Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

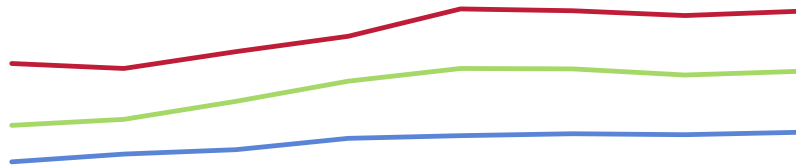


Alzheimer's Disease: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Alzheimer's Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
RFSA	44.7	43.7	47.1	50.2	55.7	55.3	54.4	55.2
LA	32.3	33.5	37.1	41.2	43.7	43.6	42.4	43.1
US	25.0	26.5	27.4	29.7	30.2	30.6	30.4	30.9

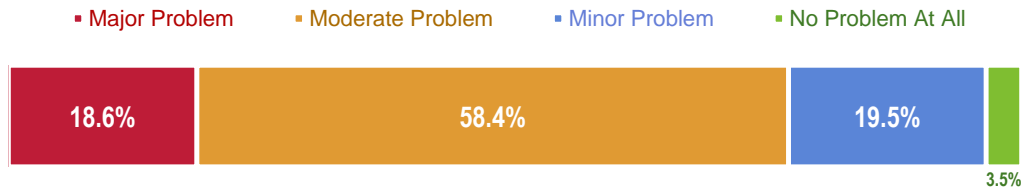
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.



Key Informant Input: Dementia/Alzheimer's Disease

Key informants taking part in an online survey are most likely to consider *Dementia/Alzheimer's Disease* as a “moderate problem” in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community (Key Informants, 2021)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

- Disease is rampant and so hard on family. – Social Services Provider (Rapides Parish)
- The prevalence of the disease and the lack of adequate diagnosis and treatment locally. – Social Services Provider (Rapides Parish)
- Aging population and lack of resources to address need. – Other Health Professional (Rapides Parish)
- This is another area that continues to impact seniors and their families. Resources seem to be limited. – Social Services Provider (Rapides Parish)

Incidence/Prevalence

- It is an existing problem with many community members. – Community Leader (Catahoula Parish)
- Because Alzheimer's is increasing at an alarming rate. – Social Services Provider (Vernon Parish)
- I know many senior adults struggling with dementia. – Community Leader (Rapides Parish)

Access to Care/Services

- Many doctors here do not know about this disease and patients have to go elsewhere for diagnosis and or treatment. – Social Services Provider (Rapides Parish)
- There are no facilities to offer treatment locally. – Social Services Provider (Catahoula Parish)

Family Support

- I have noticed over the years that children take less responsibility for the well-being of their parents. In addition, have no local facilities to care for those who are dealing with this issue. I would love to see an investment into a local facility that would provide care and would have a provision for the family to take part in the day-to-day care. – Community Leader (Rapides Parish)

Affordable Care/Services

- We don't have any free elder care services for in home, day/night drop off, or related supportive services that support families and caregivers, not nearly enough respite care either. – Community Leader (Rapides Parish)

Affordable Insurance

- Lack of affordable insurance programs result in many not getting enough treatment soon enough. – Social Services Provider (Rapides Parish)

Diagnosis/Treatment

- No cure. – Social Services Provider (Rapides Parish)



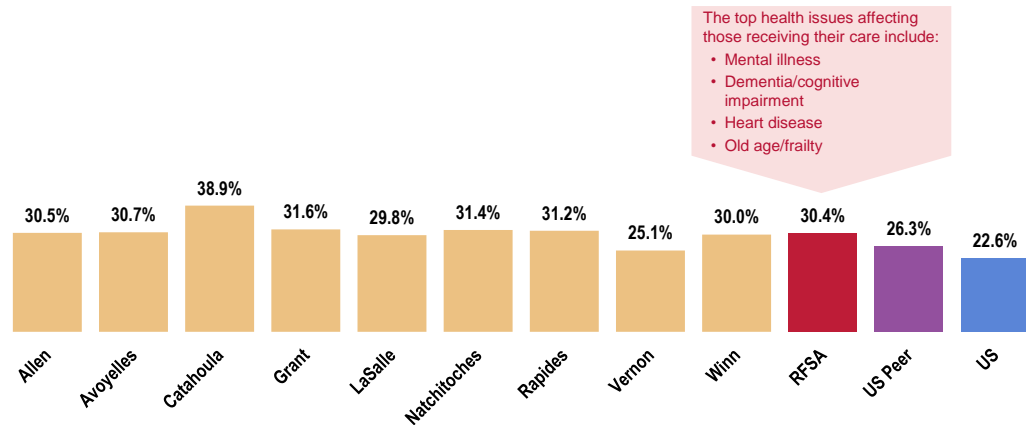
Caregiving

A total of **30.4%** of Rapides Foundation Service Area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

BENCHMARK ► Higher than the national percentage.

DISPARITY ► Lower in Vernon Parish.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 98-99]
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.





BIRTHS

BIRTH OUTCOMES & RISKS

Low-Weight Births

A total of 10.4% of 2013-2019 Rapides Foundation Service Area births were low-weight.

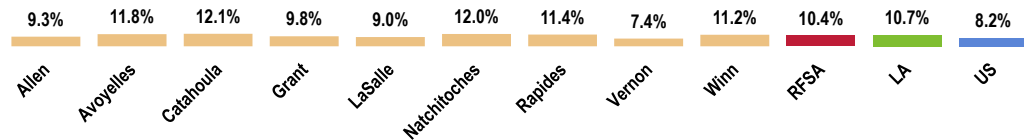
BENCHMARK ► Higher than the US percentage.

DISPARITY ► Lower in Allen, LaSalle, and Vernon parishes. Higher in the Black community.

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Low-Weight Births
(Percent of Live Births, 2013-2019)



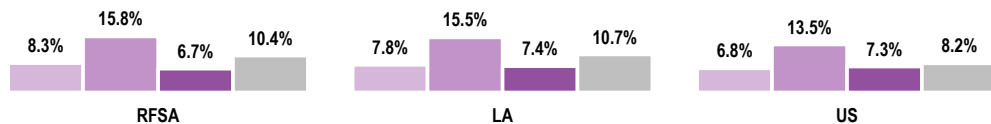
Sources: • Centers for Disease Control and Prevention, National Vital Statistics System.

• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Low-Weight Births
(Percent of Live Births; RFSA Trend by Race/Ethnicity, 2013-2019)

■ White (Non-Hispanic) ■ Black (Non-Hispanic) ■ Hispanic/Latina ■ All Races/Ethnicities



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System.

• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.



Infant Mortality

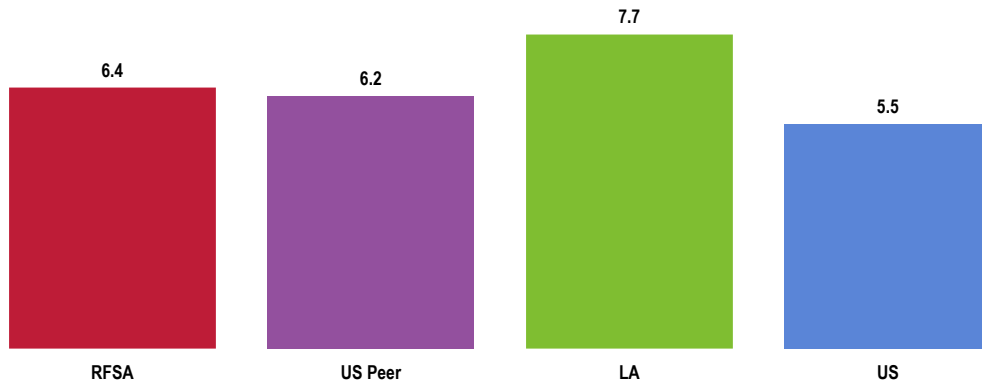
Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2018 and 2020, there was an annual average of 6.4 infant deaths per 1,000 live births.

BENCHMARK ► Better than the statewide rate. Fails to satisfy the Healthy People 2030 objective.

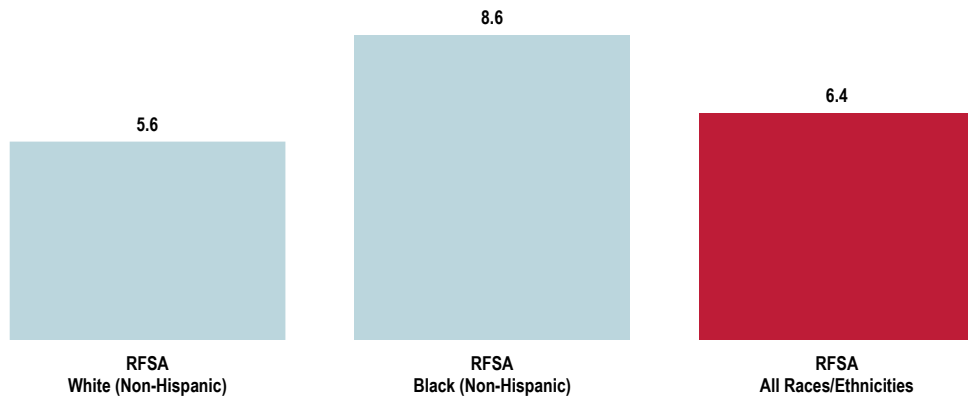
TREND ► Trending lower over time within the service area.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)
Healthy People 2030 = 5.0 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted January 2022.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Infant deaths include deaths of children under 1 year old.
 - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Infant Mortality Rate by Race/Ethnicity
(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)
Healthy People 2030 = 5.0 or Lower



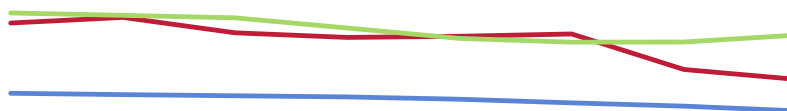
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted January 2022.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Infant deaths include deaths of children under 1 year old.
 - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.



Infant Mortality Trends

(Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2030 = 5.0 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
RFSA	8.1	8.3	7.8	7.7	7.7	7.8	6.7	6.4
LA	8.4	8.3	8.3	7.9	7.6	7.5	7.5	7.7
US	6.0	5.9	5.9	5.9	5.8	5.7	5.6	5.5

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted January 2022.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.



FAMILY PLANNING

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. ...Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

– Healthy People 2030 (<https://health.gov/healthypeople>)

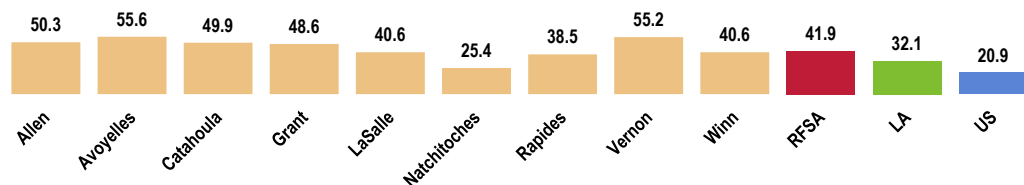
Births to Adolescent Mothers

Between 2013 and 2019, there were 41.9 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in the Rapides Foundation Service Area.

BENCHMARK ► Higher than state and national rates. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Rates among White and Black adolescents within the RFSA are higher than the corresponding demographic rates recorded across Louisiana and the US.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2013-2019)
Healthy People 2030 = 31.4 or Lower



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

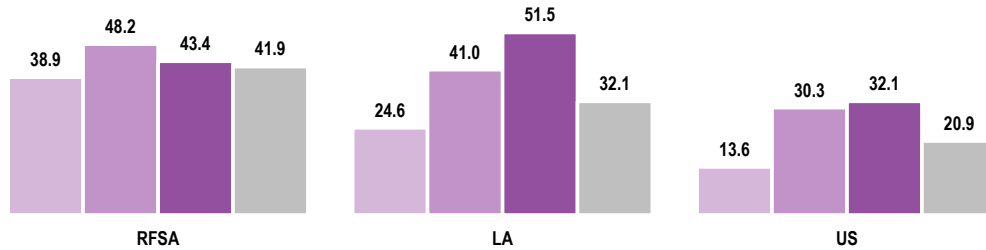
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.



Teen Birth Rate

(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19;
RFSA Trend by Race/Ethnicity, 2013-2019)
Healthy People 2030 = 31.4 or Lower

■ White (Non-Hispanic) ■ Black (Non-Hispanic) ■ Hispanic/Latina ■ All Races/Ethnicities



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

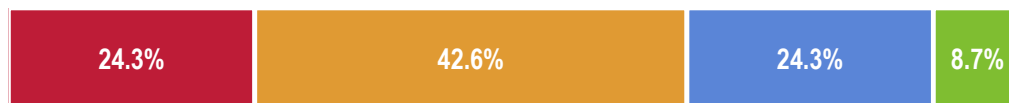
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Infant Health & Family Planning

Key informants taking part in an online survey largely characterized *Infant Health & Family Planning* as a “moderate problem” in the community.

Perceptions of Infant Health and Family Planning as a Problem in the Community (Key Informants, 2021)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources:

- PRC Online Key Informant Survey, PRC, Inc.

Notes:

- Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

Our community has extremely limited access to family planning agencies. This lack of access to services is further compounded by the religious culture of our community and creates a situation that is difficult to deal with. It leads to lack of access to accurate and useful information for those that need it the most. Many of our young people are not educated about the options that exist for proper family planning and don't have the adequate support to properly handle an unexpected or unplanned pregnancy. Additionally, our community often doesn't seek appropriate prenatal care during the early parts of pregnancy leading to less than ideal health outcomes for children in our region. — Social Services Provider (Rapides Parish)



I don't know about infant death but there is a major lack of family planning. It is my opinion that the drug problem in this area leads to many unplanned pregnancies and children born with drugs in their systems. I used to work with the court system and with CASA and I have seen so many children born to mothers with drug issues. It is my personal opinion that there is also a segment of the population that continue to have children so that they will receive additional government benefits for these children. Therefore, there is no incentive to prevent pregnancy. – Social Services Provider (Winn Parish)

I believe that for many it is a cultural norm to have several children and often at an early age. There is also a lack of education regarding birth control as well as access to birth control. Many children do not receive proper health care at an early age. This is critical for healthy development. – Social Services Provider (Rapides Parish)

Access to Care/Services

No access to prenatal care, access is slim to other alternatives. – Social Services Provider (Rapides Parish)

There are few women's services available. – Other Health Provider (Allen Parish)

Poverty

Poverty, poverty, poverty. – Community Leader (Natchitoches Parish)

With the rate of poverty, low income jobs, the need for infant health and family planning is critical. – Social Services Provider (Rapides Parish)

Too Many C-Sections Instead of Natural Births

Too many C-sections instead of doctors and medical staff being patient for natural births. – Social Services Provider (Rapides Parish)

Awareness/Education

Lack of education and understanding of the long-term responsibility of having a child. – Community Leader (Rapides Parish)

Incidence/Prevalence

The number of children entering CASA and the foster home system. – Social Services Provider (Rapides Parish)

Nutrition

Nutrition for infants and toddlers are critical during formative years. – Community Leader (Rapides Parish)

Teen Pregnancy

High rate of teen pregnancy. – Social Services Provider (Rapides Parish)

Unplanned Pregnancy

Too many unwanted children. – Community Leader (Rapides Parish)





MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. ...People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Daily Recommendation of Fruits/Vegetables

A total of 23.3% of Rapides Foundation Service Area adults report eating five or more servings of fruits and/or vegetables per day.

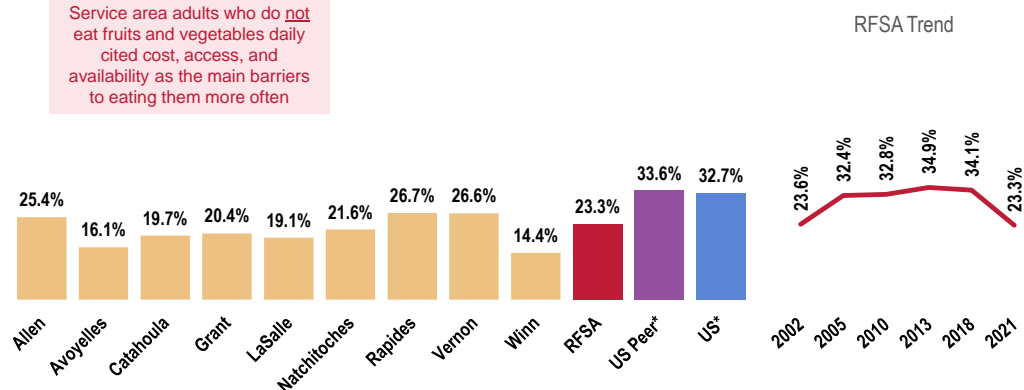
BENCHMARK ► Less favorable than the US Peer and national findings.

DISPARITY ► Lower in Avoyelles and Winn parishes. Men and higher-income respondents are less likely to report eating five or more servings daily.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

Consume Five or More Servings of Fruits/Vegetables Per Day

Service area adults who do not eat fruits and vegetables daily cited cost, access, and availability as the main barriers to eating them more often

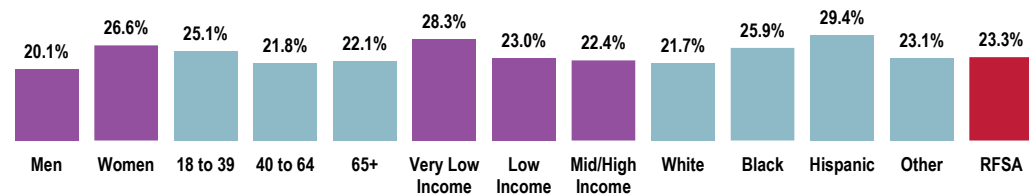


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 125, 323]
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
• For this issue, respondents were asked to recall their food intake on the previous day.
• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.



Consume Five or More Servings of Fruits/Vegetables Per Day (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 125]

Notes: • Asked of all respondents.

• For this issue, respondents were asked to recall their food intake on the previous day.

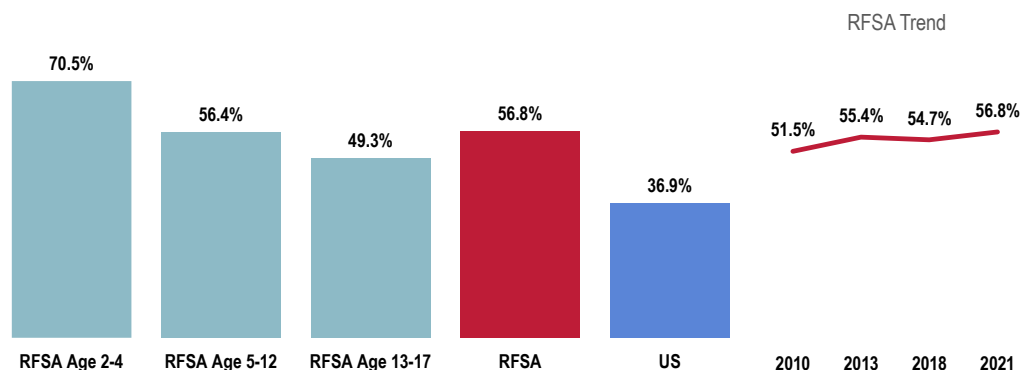
More than one-half (56.8%) of RFSA parents of children age 2-17 report that their child has five or more servings of fruits/vegetables per day.

BENCHMARK ► Better than the US percentage.

TREND ► Higher than the 2010 benchmark.

DISPARITY ► Note the negative correlation with age.

Child Consumes Five or More Servings of Fruits/Vegetables Per Day (Parents of Children Age 2-17)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 163]

• 2020 PRC National Children's Health Survey, PRC, Inc.

Notes: • Asked of all respondents with children age 2-17 at home.

• For this issue, respondents were asked to recall their child's food intake on the previous day.

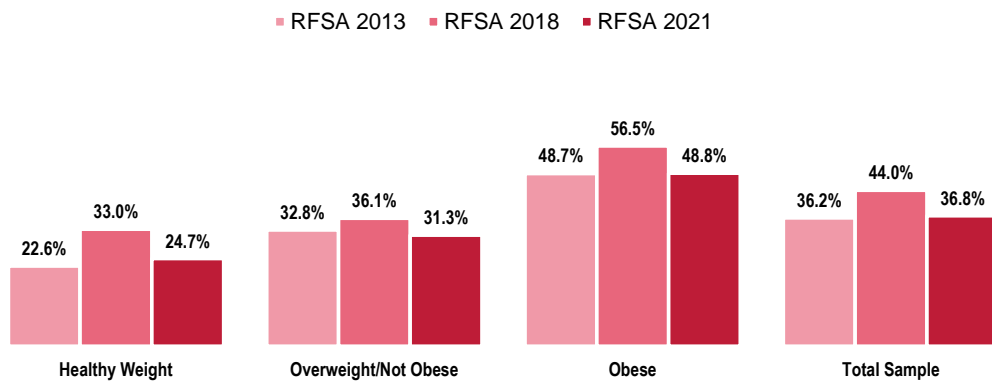


Medical Advice on Nutrition

A total of 36.8% of surveyed adults report that a health professional counseled them about diet and nutrition in the past year.

DISPARITY ► Among obese respondents, 48.8% received diet/nutrition advice in the past year (meaning more than one-half did not).

Have Received Advice About Diet/Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 304]
Notes: • Asked of all respondents.



PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

- Healthy People 2030 (<https://health.gov/healthypeople>)

Leisure-Time Physical Activity

A total of 31.9% of Rapides Foundation Service Area adults report no leisure-time physical activity in the past month.

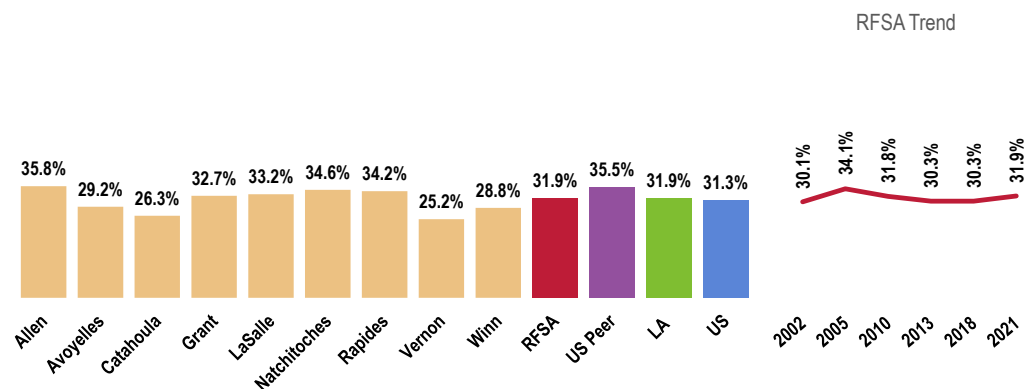
BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► More favorable in Vernon Parish. More often reported among women, lower-income adults, and Black residents.

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.2% or Lower

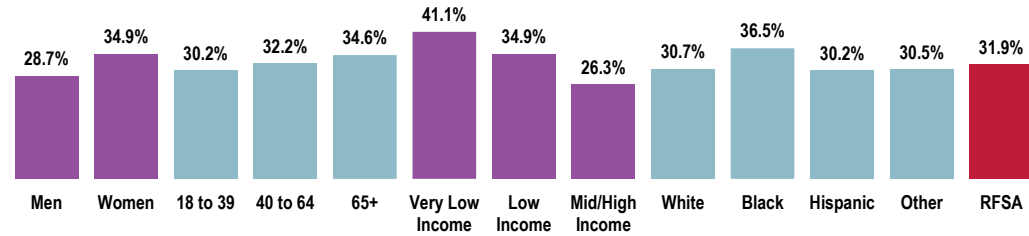


- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 82]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.
 - "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.



No Leisure-Time Physical Activity in the Past Month (Rapides Foundation Service Area, 2021)

Healthy People 2030 = 21.2% or Higher



Sources:

- 2021 PRC Community Health Survey, PRC, Inc. [Item 82]
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Asked of all respondents.



Activity Levels

Adults

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

“Meeting physical activity recommendations” includes adequate levels of both aerobic and strengthening activities:

Aerobic activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

A total of 18.5% of Rapides Foundation Service Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

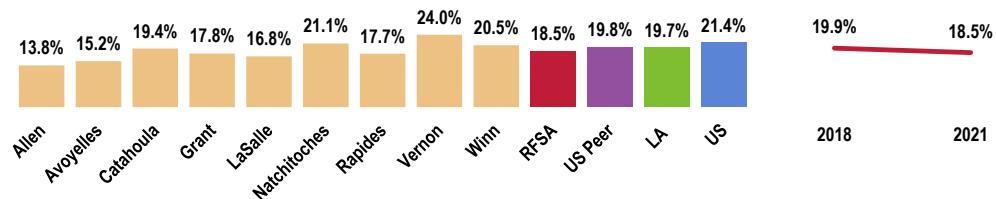
BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Lower in Allen Parish. Those less likely to meet the recommendations include women, adults age 40+, and those with very low incomes.

Meets Physical Activity Recommendations

Healthy People 2030 = 28.4% or Higher

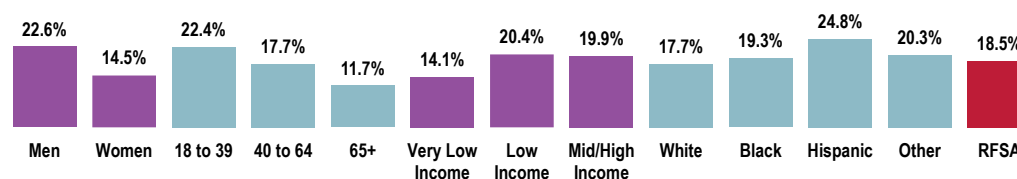
RFSA Trend



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 126]
 - Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Louisiana data.
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.
 - Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.
 - "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.



Meets Physical Activity Recommendations (Rapides Foundation Service Area, 2021) Healthy People 2030 = 28.4% or Higher



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 126]
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

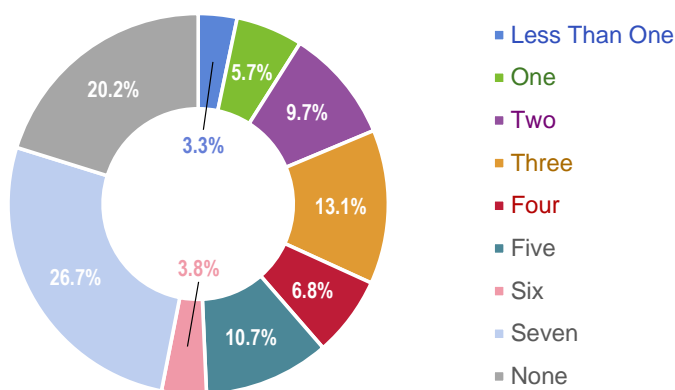
Notes: • Asked of all respondents.
• Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

Walking

A total of 41.2% of RFSA adults typically walk regularly (at least five times per week for more than 10 minutes at a time).

DISPARITY ► Lower in Rapides Parish.

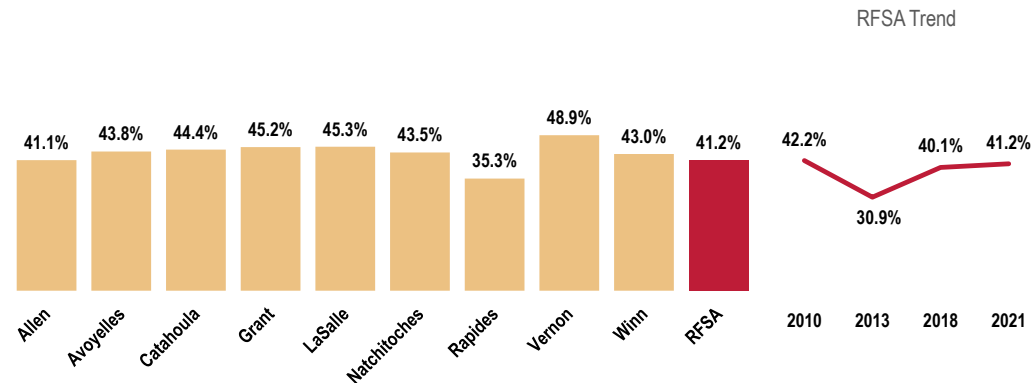
Average Number of Days Per Week on Which Respondent Walks for More Than 10 Minutes at a Time (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 324]
Notes: • Asked of all respondents.



Walk for More Than 10 Minutes at a Time at Least Five Times per Week



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 324]
Notes: • Asked of all respondents.

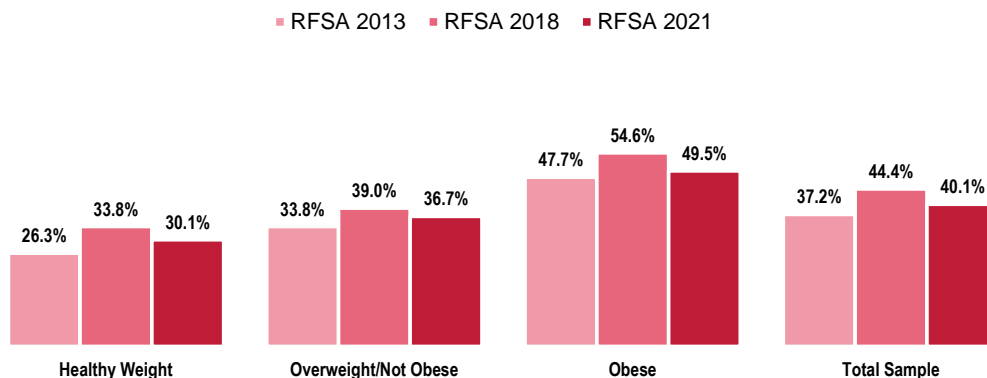
Medical Advice on Physical Activity

A total of 40.1% of RFSa adults report that a physician, nurse, or other health care professional has asked about or given advice to them regarding physical activity or exercise in the past year.

TREND ► More favorable than the 2013 baseline but less favorable than 2018 results.

DISPARITY ► Lower in Allen Parish (not shown). Among obese adults, 49.5% received advice about exercise in the past year (meaning about half did not).

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 305]
Notes: • Asked of all respondents.



Children

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

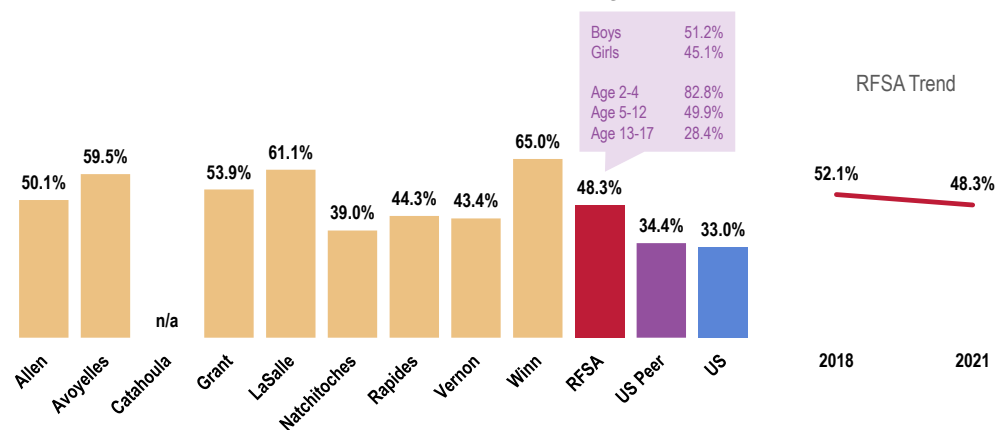
- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services.
www.cdc.gov/physicalactivity

Among Rapides Foundation Service Area children age 2 to 17, 48.3% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

BENCHMARK ► Better than the US Peer and national findings.

DISPARITY ► More favorable in Avoyelles and Winn parishes. Note the negative correlation with age.

Child Is Physically Active for One or More Hours per Day (Parents of Children Age 2-17)



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 109]
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents with children age 2-17 at home.
 - Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.
 - "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSa.

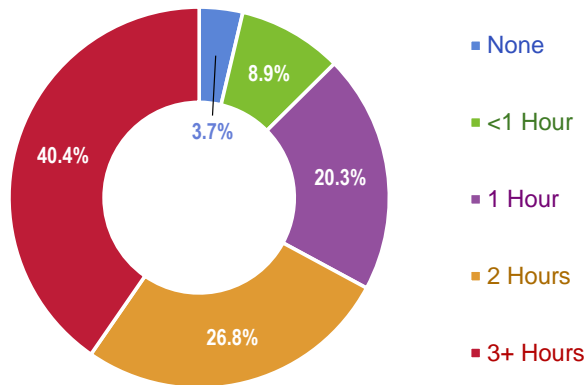


Screen Time

Among RFSA children age 5-17, 40.4% are reported to watch screens for entertainment (television as well as other screens, including phones) for three or more hours on an average weekday.

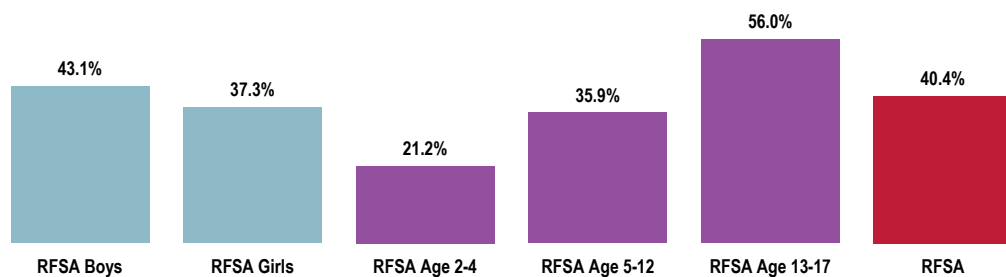
DISPARITY ► Note the positive correlation with age.

Children: Time Spent Watching Screens
for Entertainment on an Average Weekday
(RFSA Children Age 2-17; 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 349]
Notes: • Asked of all respondents with children age 2-17 at home.
• In this case, the term "screens" includes TV programming, video games, cell phones, and other electronic devices.

Children: 3+ Hours Watching Screens for Entertainment on Weekdays
(RFSA Children Age 2-17; 2021)



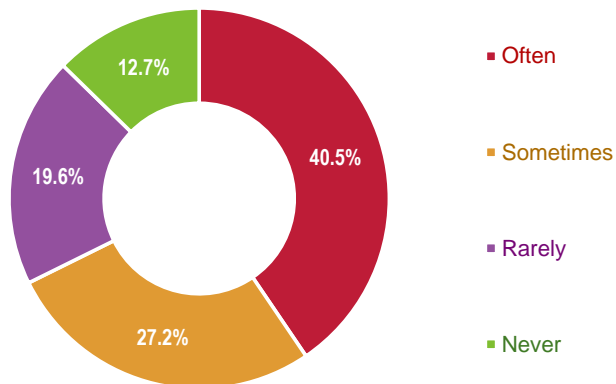
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 349]
Notes: • Asked of all respondents with children age 2-17 at home.
• In this case, the term "screens" includes TV programming, video games, cell phones, and other electronic devices.



Community Participation in Physical Activity

Nearly one-third (32.3%) of RFSA adults report that they “rarely” or “never” see others in their community being physically active, such as walking, jogging, or biking.

Frequency of Seeing Others
in the Community Being Physically Active
(Rapides Foundation Service Area, 2021)



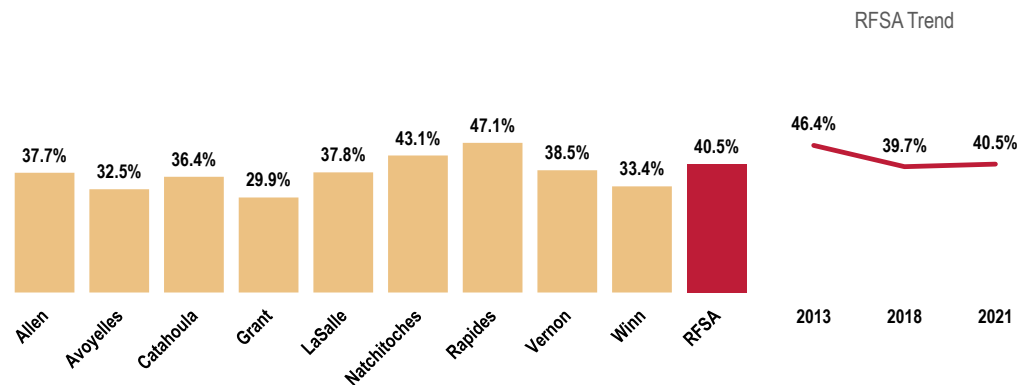
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 325]
Notes: • Asked of all respondents.

However, 40.5% report that they “often” see others being active.

TREND ► Lower than the 2013 baseline.

DISPARITY ► Lower in Avoyelles, Grant, and Winn parishes.

“Often” See Others in the Community Being Physically Active



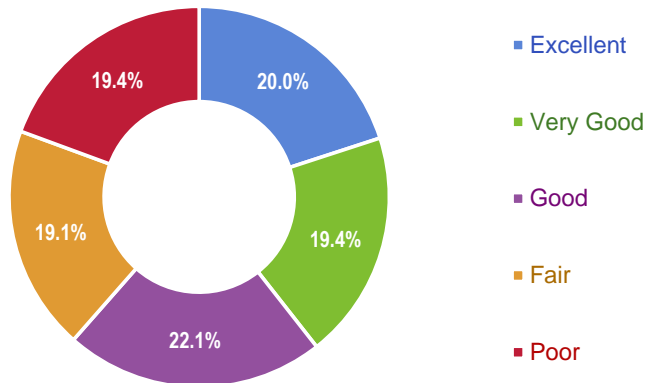
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 325]
Notes: • Asked of all respondents.



Rating of Opportunities for Activity

A total of 39.4% of survey respondents gave “excellent” or “very good” ratings of the availability of opportunities for physical activity in their community.

Rating of Availability of Opportunities to Participate in Physical Activity in the Community
(Rapides Foundation Service Area, 2021)



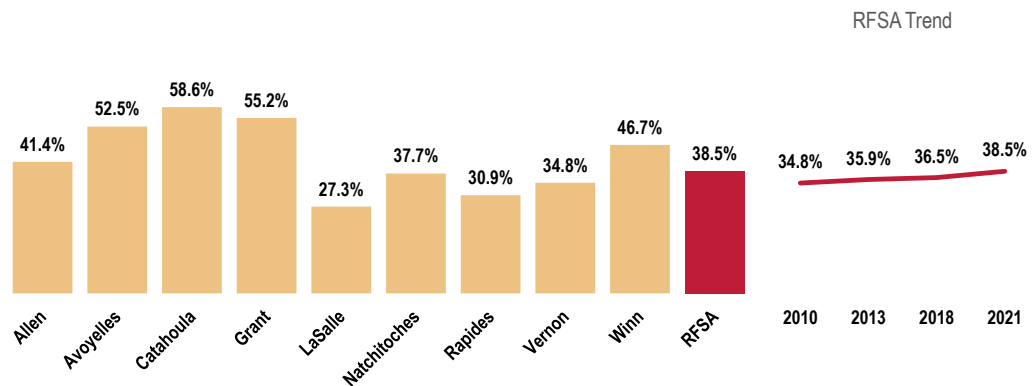
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 326]
Notes: • Asked of all respondents.

In contrast, 38.5% of RFSA adults gave “fair” or “poor” ratings of the availability of opportunities for physical activity within the community.

TREND ► Trending higher over time.

DISPARITY ► Less favorable in Avoyelles, Catahoula, Grant, and Winn parishes. More often reported among women, adults age 40 to 64, and lower-income adults.

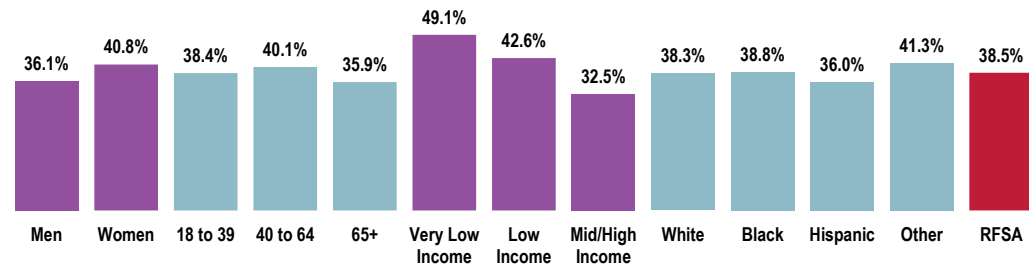
“Fair” or “Poor” Evaluations of the Availability of Opportunities to Participate in Physical Activity in the Community



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 326]
Notes: • Asked of all respondents.



“Fair” or “Poor” Evaluations of the Availability of Opportunities to Participate in Physical Activity in the Community (Rapides Foundation Service Area, 2021)



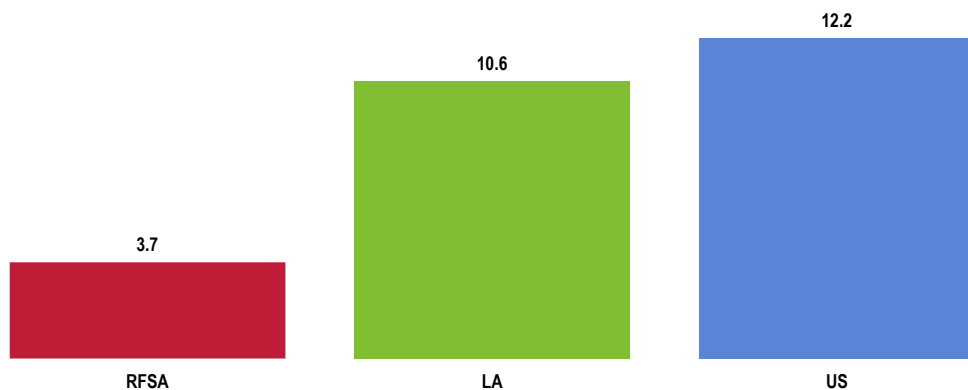
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 326]
Notes: • Asked of all respondents.

Access to Physical Activity

In 2019, there were 3.7 recreation/fitness facilities for every 100,000 population in the Rapides Foundation Service Area.

BENCHMARK ► Less favorable than state and national figures.

Population With Recreation & Fitness Facility Access (Number of Recreation & Fitness Facilities per 100,000 Population, 2019)



Sources: • US Census Bureau, County Business Patterns. Additional data analysis by CARES.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
Notes: • Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities." Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.



WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

- Healthy People 2030 (<https://health.gov/healthypeople>)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI $\geq 30 kg/m^2$. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2 . The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI $\geq 30 kg/m^2$, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2 .

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥ 30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.



Overweight Status

Here, "overweight" includes those respondents with a BMI value ≥ 25 .

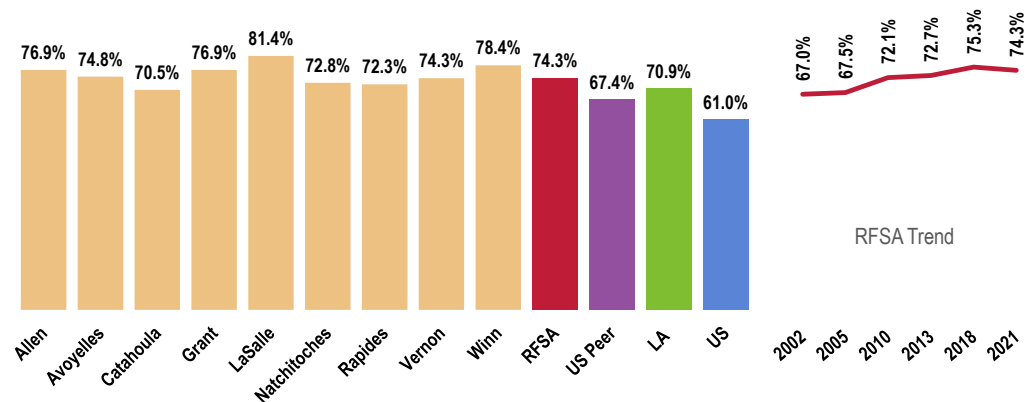
A total of 7 in 10 Rapides Foundation Service Area adults (74.3%) are **overweight.**

BENCHMARK ► Higher than the US Peer, state, and national prevalence.

TREND ► Higher than the 2002 baseline.

DISPARITY ► Higher in LaSalle Parish.

Prevalence of Total Overweight (Overweight and Obese)



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 128]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Louisiana data.
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender.
 - The definition for obesity is a BMI greater than or equal to 30.0.
 - "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥ 30 .

The overweight prevalence above includes 42.8% of Rapides Foundation Service Area adults who are **obese.**

BENCHMARK ► Less favorable than the state and US percentages. Fails to satisfy the Healthy People 2030 objective.

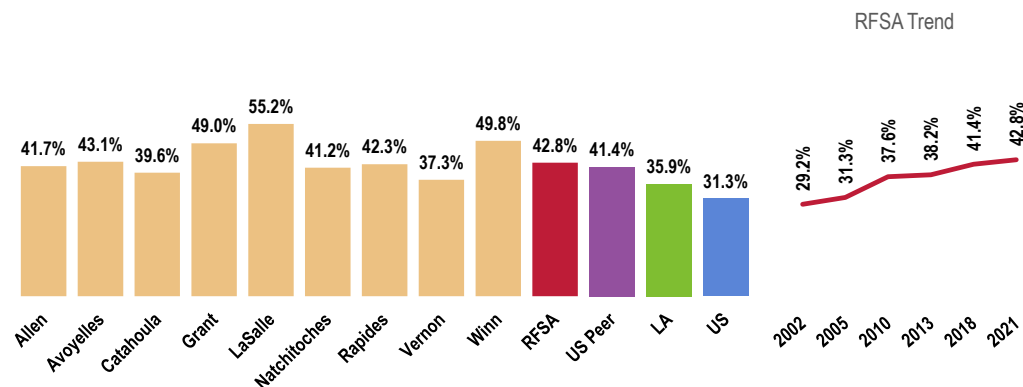
TREND ► Trending higher over time.

DISPARITY ► Higher in Grant, LaSalle, and Winn parishes. More often reported among adults age 40 to 64 and Black respondents.



Prevalence of Obesity

Healthy People 2030 = 36.0% or Lower



Sources:

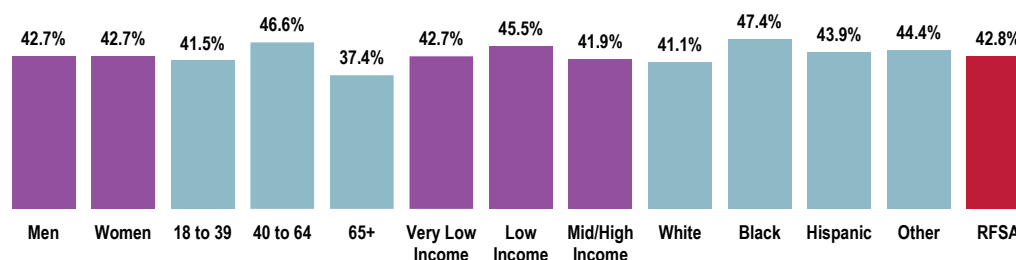
- 2021 PRC Community Health Survey, PRC, Inc. [Items 128, 304]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
- "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Prevalence of Obesity (Rapides Foundation Service Area, 2021)

Healthy People 2030 = 36.0% or Lower



Sources:

- 2021 PRC Community Health Survey, PRC, Inc. [Item 128]
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Health Advice

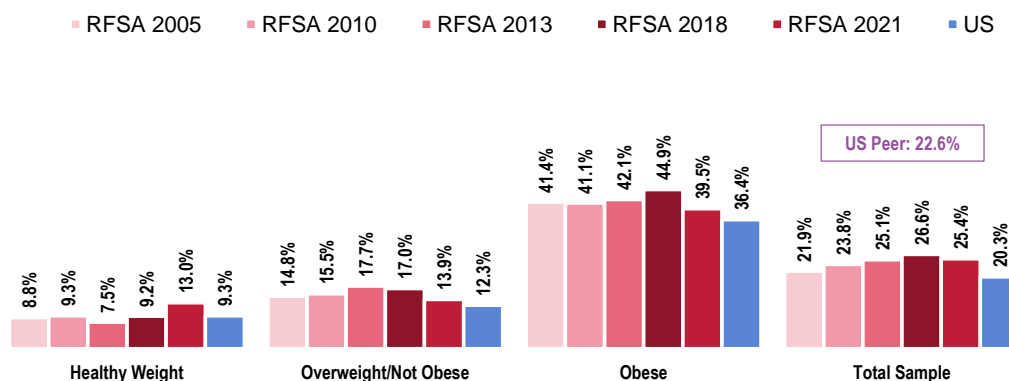
A total of 25.4% of adults have been given advice about their weight by a doctor, nurse, or other health professional in the past year.

TREND ► Higher than the 2005 benchmark.

DISPARITY ► Less favorable in Allen Parish (not shown).



Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 330]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

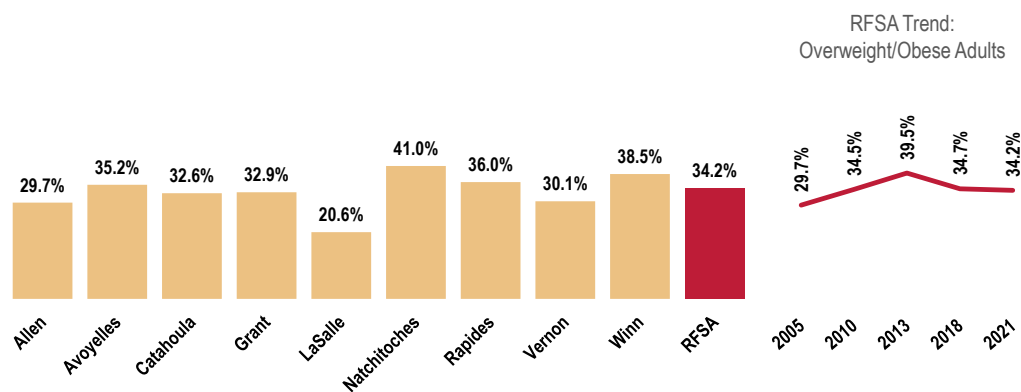
Weight-Loss Attempts

A total of 34.2% of RFSA adults who are overweight or obese say that they are both modifying their diet and increasing their physical activity to try to lose weight.

TREND ► Better than the 2005 baseline.

DISPARITY ► Less favorable in LaSalle Parish.

Overweight/Obese Adults Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity (RFSA Overweight/Obese Adults, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 160]
 Notes: • Based on reported heights and weights, asked of all respondents.

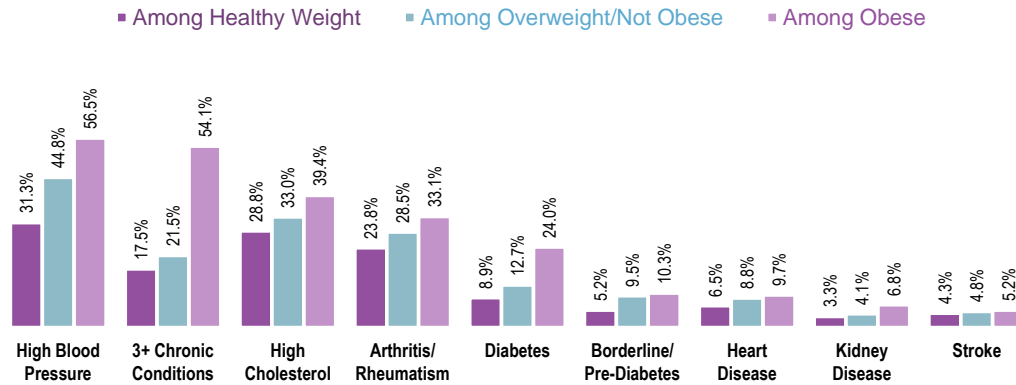


Relationship of Overweight With Other Health Issues

The correlation between overweight and various health issues cannot be disputed.

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

Relationship of Overweight With Other Health Issues (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 128]
Notes: • Based on reported heights and weights, asked of all respondents.

Children's Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

— Centers for Disease Control and Prevention

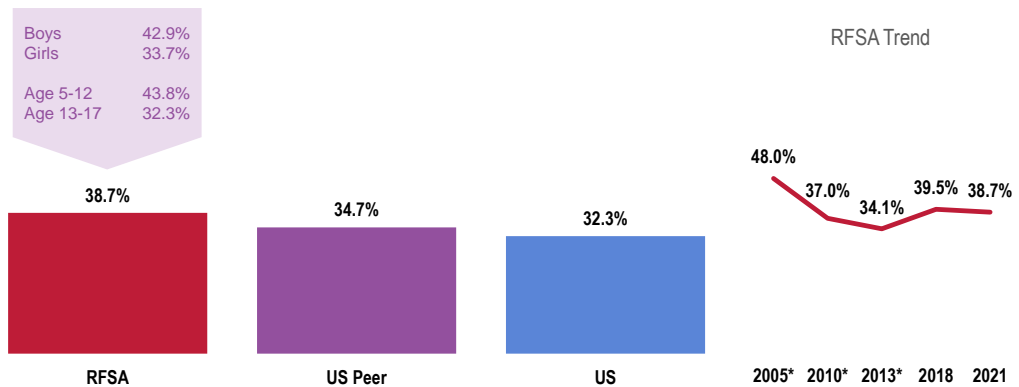
Based on the heights/weights reported by surveyed parents, 38.7% of Rapides Foundation Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

TREND ► Lower than the 2005 baseline.

DISPARITY ► Higher among boys and children age 5 to 12.



Prevalence of Overweight in Children (Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 131]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children age 5-17 at home;
 * Percentages prior to 2018 reflect children age 6-17.
 • Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

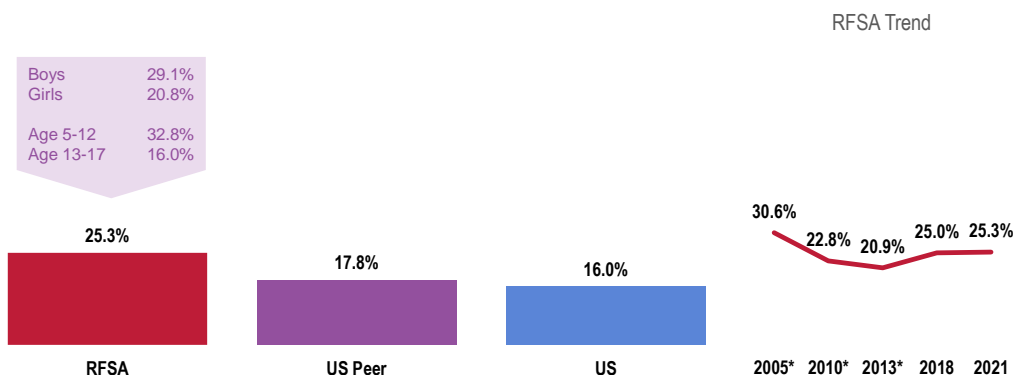
The childhood overweight prevalence above includes 25.3% of area children age 5 to 17 who are obese (≥95th percentile).

BENCHMARK ► Higher than the national prevalence. Fails to satisfy the Healthy People 2030 objective.

TREND ► Lower than the 2005 baseline, but similar to more recent findings.

DISPARITY ► Higher among boys and children age 5 to 12.

Prevalence of Obesity in Children (Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher) Healthy People 2030 = 15.5% or Lower



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 131]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents with children age 5-17 at home; *percentages prior to 2018 reflect children age 6-17.
 • Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

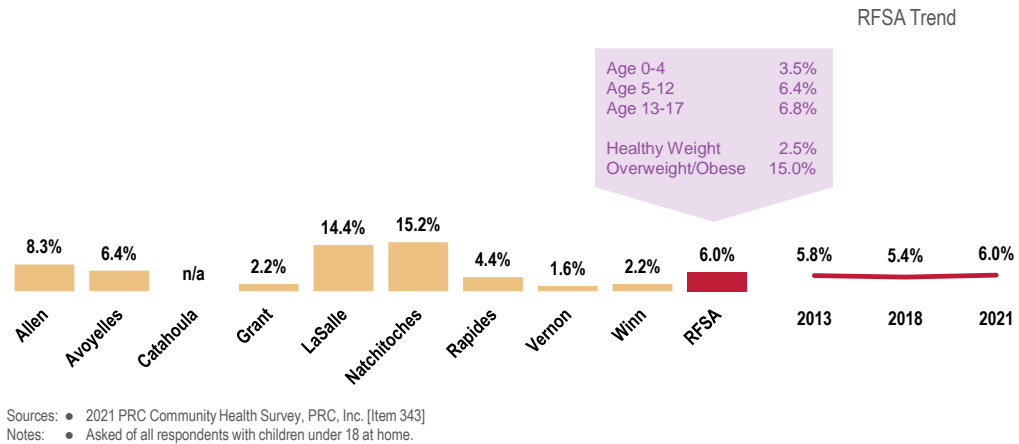


Notification of Child's Weight Status

A total of 6.0% of RFSA parents report that, within the past year, a health professional or someone at the child's school told them that their child is overweight.

DISPARITY ► Higher among overweight/obese children.

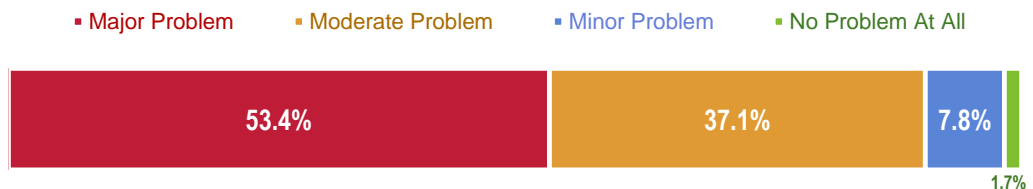
Have Been Told by a Health Professional or Someone at Child's School in the Past Year That Child is Overweight (RFSA Children <18; 2021)



Key Informant Input: Nutrition, Physical Activity & Weight

Key informants taking part in an online survey most often characterized *Nutrition, Physical Activity & Weight* as a “major problem” in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community (Key Informants, 2021)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.



Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

Lack of personal concern about nutrition, physical activity and weight, lack of resources to purchase healthy food, family history and experience. – Social Services Provider (Rapides Parish)

Fast foods, lack of education, lack of recreation. – Community Leader (Rapides Parish)

Fast food is everywhere and easy to access but is not good for you. Good nutrition often requires transportation to stores that may be out of “walking” area. Good nutrition often takes a little more work like in meal planning and cooking. Exercise for many is not a high priority. Many don’t know what to do and often even walking outside is a challenge for some and may not be a safe thing to do. – Social Services Provider (Rapides Parish)

Ease of fast and prefabricated foods and people leading such sedentary lifestyles in front of computer and television screens. So many children are no longer participating in sports because they do not want to take time away from their electronic devices and parents allow this behavior because when the kids are in front of the computer screen they are not underfoot. – Social Services Provider (Winn Parish)

Prepared healthy food options easily available, limited recreation and exercise offerings for adults, work life balance. – Social Services Provider (Rapides Parish)

Affordable healthy foods, personal motivation, lack of exercise. – Public Health Representative (Rapides Parish)

There are a lack of healthy choices for food when eating out. Physical activity is limited, but parks and recreation facilities are being slowly updated. – Social Services Provider (Winn Parish)

Cost of nutritious meals. Low income using food stamps for junk food because it’s cheap. Food boxes full of canned (high sodium) and low-nutrition foods (high in sugars and carbs). Low education related to nutritious meals. – Social Services Provider (Avoyelles Parish)

The culture of Louisiana. Foods available. Laziness. Cultural acceptance of obesity. Lack of self-respect. – Social Services Provider (Rapides Parish)

This problem exists for the whole of our community. Our culture exists around food and much of that food isn’t exactly nutritious. This combined with excessive poverty rates and inadequate access to healthy foods leads many of our residents to a life of obesity and other nutrition related health problems (diabetes, heart disease, stroke). There is also a lack of access to outdoor recreational activities in our area. We have a few walking tracks and there are parks with playgrounds, but many people don’t feel particularly safe in those places. There has always been a severe lack of variety and a lack of amenities that I often see in other places when I visit. More outdoor activities should be provided to our youth so that they can create a lifestyle surrounded by physical activity (public rock-climbing wall, bike paths or mountain bike parks, public kayaking or paddling, public swimming areas, and many, many more). – Social Services Provider (Rapides Parish)

Culture and lack of recreational activities that require or encourage movement. – Social Services Provider (Rapides Parish)

Lack of education, unemployment, poverty, poor diet. – Community Leader (Rapides Parish)

Lack of motivation and access to nutritious food. The cost of nutritious food vs foods high in sodium. Eating out convenience vs home cooked meals. – Community Leader (Rapides Parish)

Weather. Community support. Education. – Social Services Provider (Rapides Parish)

The climate makes it very difficult to walk exercise outside for 8 months out of the year. The few parks do not have particular attractions to draw people there - just large, unshaded open spaces. Also, there are many, many fast food restaurants that sell unhealthy foods, but affordable for people that are concerned about budget. – Social Services Provider (Rapides Parish)

Non active population, unhealthy eating habits. – Community Leader (Vernon Parish)

Nutrition

Food deserts and lifestyles that do not include adequate nutrition and or exercise regimes. – Other Health Provider (Rapides Parish)

Nutrition. Too much fast food, not enough fruits/veggies/protein, lack of education/awareness. Physical activity: sedentary lifestyles, too busy/tired, think it has to be overdone to be effective. Weight; high obesity and overweight individuals. – Community Leader (Rapides Parish)

People eat too much and exercise too little. – Social Services Provider (Rapides Parish)

Poor diet and lack of exercise. All you can eat mentality. – Social Services Provider (Rapides Parish)

Due to the cuisine of the area, obesity is a major factor. – Public Health Representative (Allen Parish)

Lack of healthy prepared foods. – Social Services Provider (Natchitoches Parish)

Eating habits and lack of knowledge. – Social Services Provider (Natchitoches Parish)



Built Environment

There are no parks, nor walking trails/recreation areas in the community. We did receive a grant from LWCF this month to allow our community to receive 1/2 of the funds to build Steamboat Park. This park will offer a splash pad, tennis court, basketball court, amphitheater, and playground equipment. The Village of Harrisonburg also have a 10-year plan to build walking trails throughout town, from the school to Steamboat Park, on to the farmers market, passing the Indian mounds, and up to Fort Beauregard Veteran's Memorial Park. – Community Leader (Catahoula Parish)

Catahoula has no places that offer physical activity outside of the school system. However, we are currently in the process of building a walking track in Jonesville. This will be located on the high school campus and will be available to the community after school hours. – Social Services Provider (Catahoula Parish)

Lack of walking and cycling paths, nutritional counselling, and health food choices. No farmers market in Kinder. – Other Health Provider (Allen Parish)

Obesity

A high percentage of people in our area are overweight and lack of interest to control issue until it is too late. – Other Health Professional (Rapides Parish)

Obesity and inactivity. – Other Health Provider (Rapides Parish)

Obesity. – Social Services Provider (Rapides Parish)

Thirty percent overweight, 30% obesity. – Public Health Representative (Rapides Parish)

Obesity statistics and limited access to healthy choices. – Social Services Provider (Rapides Parish)

Obesity. How to reduce/eliminate it. – Community Leader (Allen Parish)

Access to Affordable Healthy Food

Availability of fresh fruits and vegetables. There are no supermarkets in the low-income areas and small towns. Their residents have to result to convenient stores and Dollar General stores. – Social Services Provider (Rapides Parish)

Most of the city doesn't have access to fresh fruits and veggies. – Community Leader (Rapides Parish)

The ability of low-income families to provide nutritious meals. Costs are a factor. – Social Services Provider (Rapides Parish)

Cultural/Personal Beliefs

Cultural. – Physician (Rapides Parish)

Our great Louisiana culture is built around food and alcohol, festivals etc., If you live a sedentary lifestyle this way of life catches up. Healthy unprocessed foods are expensive, so with our median income level people develop poor eating habits at a young age. – Community Leader (Rapides Parish)

Awareness/Education

Lack of education that reaches people regarding healthy eating habits and exercise. Some say the cost of healthy eating is expensive. – Social Services Provider (LaSalle Parish)

Education and will power. – Social Services Provider (Rapides Parish)

Lifestyle

Unhealthy lifestyles. – Social Services Provider (Rapides Parish)

Lack of desire on the part of the person to take responsibility for their own health. – Community Leader (Rapides Parish)



SUBSTANCE ABUSE

ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. ...Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Cirrhosis/Liver Disease Deaths

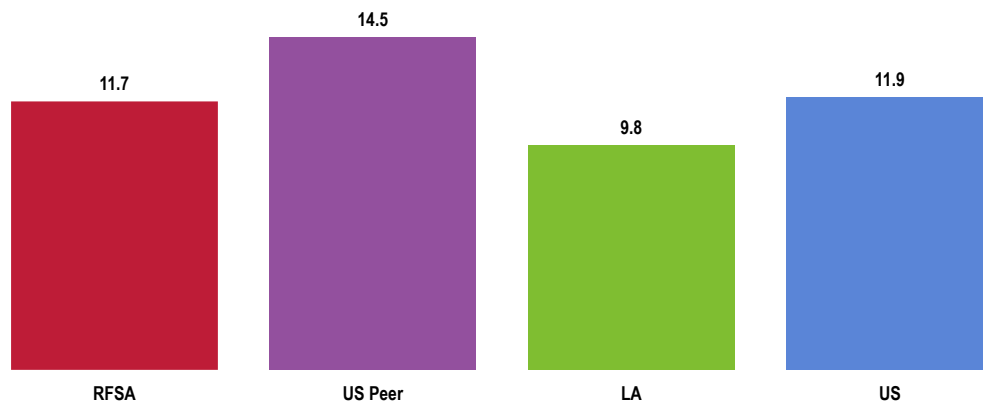
Between 2018 and 2020, the Rapides Foundation Service Area reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 11.7 deaths per 100,000 population.

BENCHMARK ► Lower than the US Peer rate but higher than the statewide rate.

TREND ► The mortality rate has fluctuated, but has increased in the latest reporting periods.

Cirrhosis/Liver Disease: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 10.9 or Lower

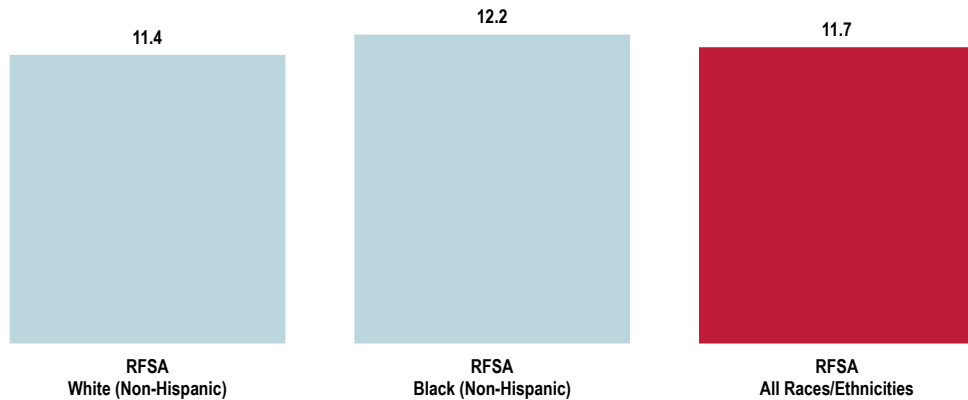


Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 10.9 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2030 = 10.9 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
RFSA	9.6	11.2	11.3	10.2	10.0	10.2	11.2	11.7
LA	8.7	9.4	10.0	10.0	10.1	9.7	9.6	9.8
US	10.0	10.4	10.6	10.8	10.8	10.9	11.1	11.9

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Alcohol Use

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

- **HEAVY DRINKERS** ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **BINGE DRINKERS** ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

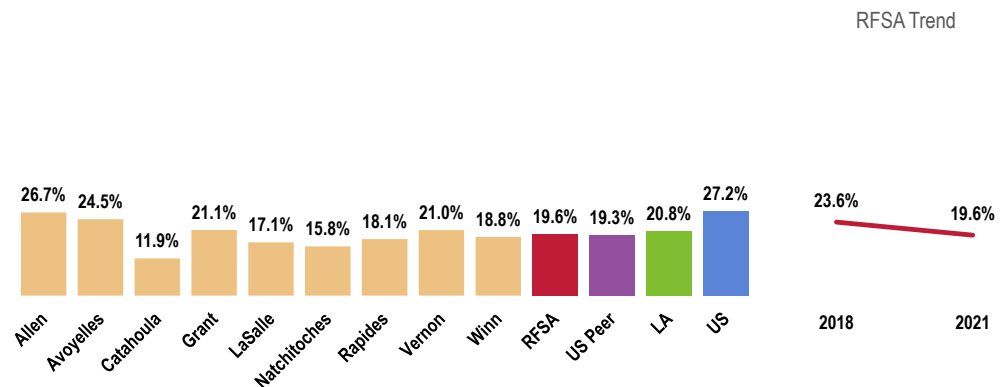
A total of 19.6% of area adults are excessive drinkers (heavy and/or binge drinkers).

BENCHMARK ► Lower than the US percentage.

TREND ► Lower than the 2018 finding.

DISPARITY ► Higher in Allen and Avoyelles parishes. More often reported among men, adults younger than 65, and those with higher incomes.

Excessive Drinkers

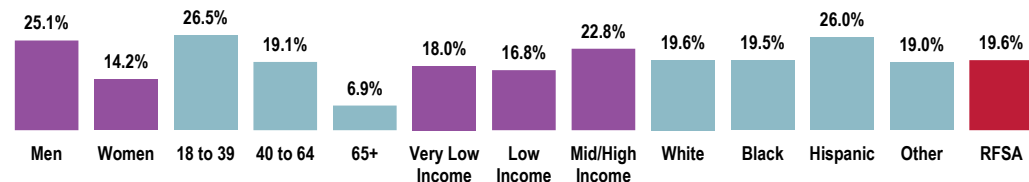


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 136]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
• 2020 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.
• Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.
• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.



Excessive Drinkers (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 136]

Notes: • Asked of all respondents.

• Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Drinking & Driving

A total of 4.6% of Rapides Foundation Service Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

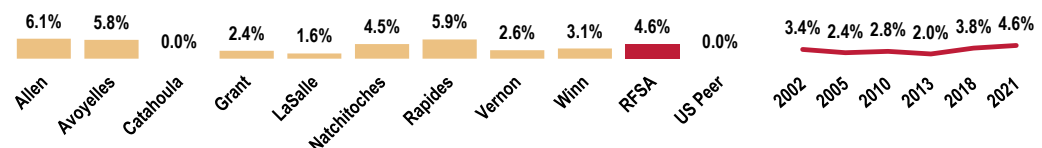
BENCHMARK ► Less favorable than the US Peer percentage.

TREND ► Higher than the 2002 baseline

DISPARITY ► Less favorable in Rapides Parish.

Have Driven in the Past Month After Perhaps Having Too Much to Drink

RFSA Trend



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 318]

Notes: • Asked of all respondents.

• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.



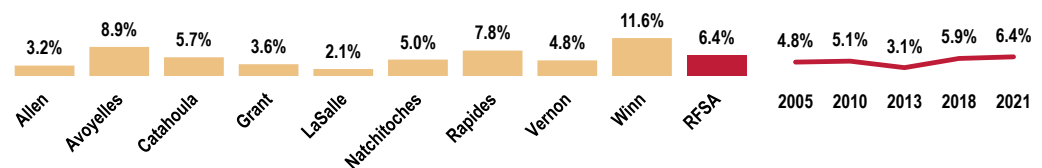
Among survey respondents, 6.4% have ridden with a driver who may have had too much to drink.

TREND ► Higher than the 2005 baseline.

DISPARITY ► Less favorable in Rapides and Winn parishes.

Have Ridden with a Driver in the Past Month Who Had Too Much to Drink (Rapides Foundation Service Area, 2021)

RFSA Trend



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 319]
Notes: • Asked of all respondents.

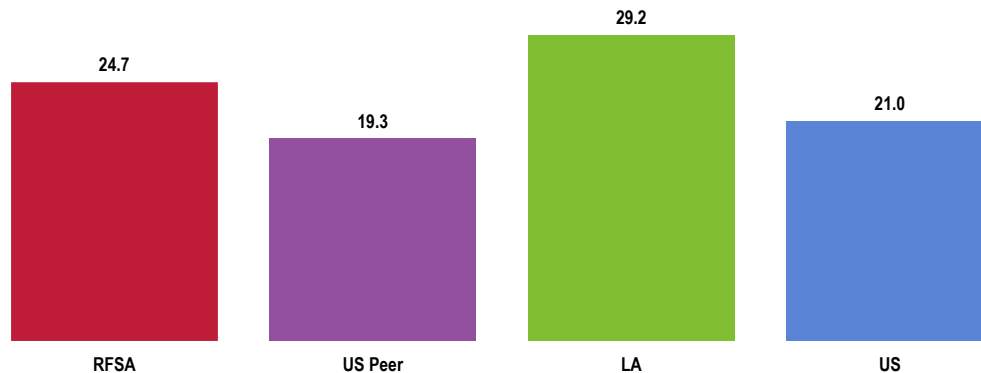
Age-Adjusted Unintentional Drug-Related Deaths

Between 2018 and 2020, there was an annual average age-adjusted unintentional drug-related mortality rate of 24.7 deaths per 100,000 population in the Rapides Foundation Service Area.

BENCHMARK ► Higher than the US Peer rate but lower than the Louisiana rate.

TREND ► Trending higher over time within the service area (particularly since 2015).

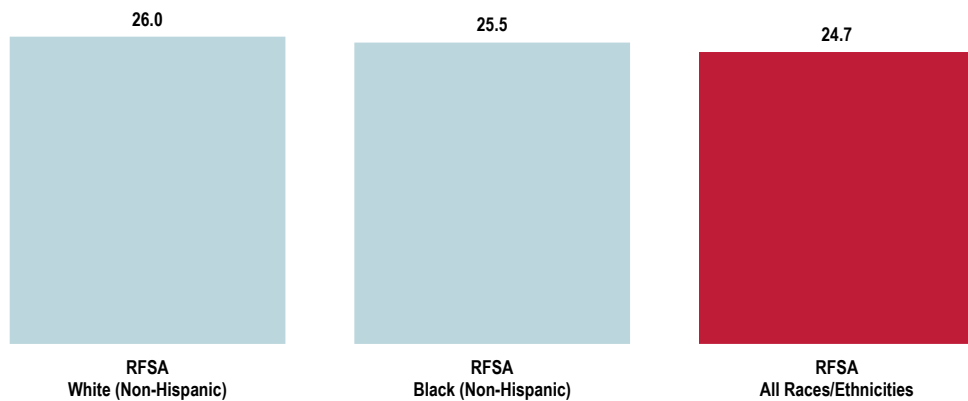
Unintentional Drug-Related Deaths: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

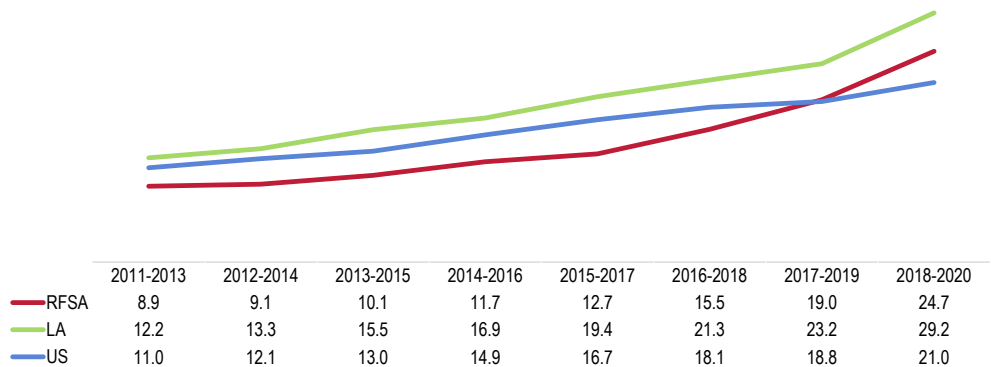


Unintentional Drug-Related Deaths: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.



Illicit Drug Use

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

A total of 3.1% of Rapides Foundation Service Area adults acknowledge using an illicit drug in the past month.

BENCHMARK ► Higher than the US Peer finding. Satisfies the Healthy People 2030 objective.

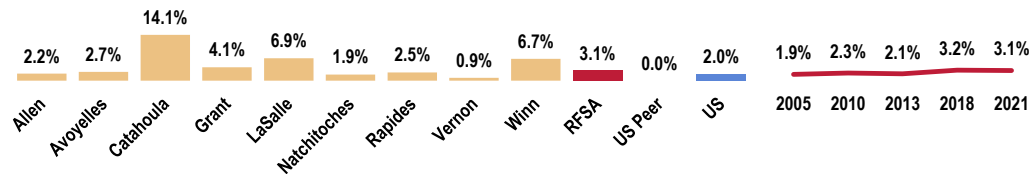
TREND ► Higher than the 2005 baseline.

DISPARITY ► Especially high in Catahoula Parish. More often reported among men, adults younger than 65, those with very low incomes, and Hispanic respondents.

Illicit Drug Use in the Past Month

Healthy People 2030 = 12.0% or Lower

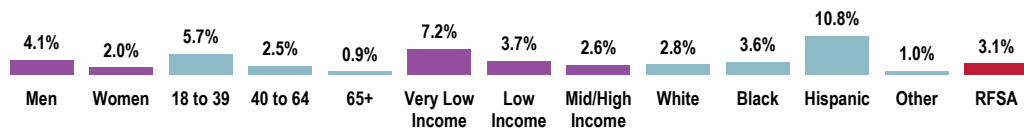
RFSA Trend



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 49]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Illicit Drug Use in the Past Month (Rapides Foundation Service Area, 2021)

Healthy People 2030 = 12.0% or Lower



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 49]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.



Use of Prescription Opioids

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

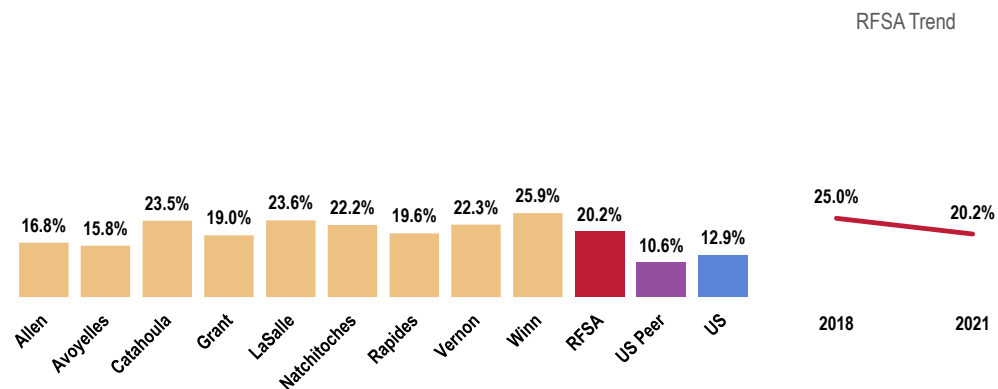
A total of 20.2% of Rapides Foundation Service Area report using a prescription opioid drug in the past year.

BENCHMARK ▶ Higher than the US Peer and national findings.

TREND ▶ Lower than the 2018 finding.

DISPARITY ▶ More favorable in Avoyelles Parish. More often reported among adults age 40+.

Used a Prescription Opioid in the Past Year (Rapides Foundation Service Area, 2021)

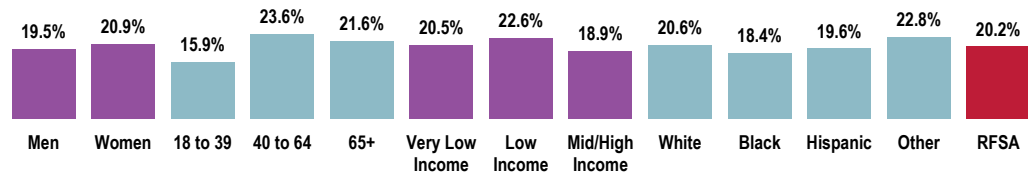


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 50]
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Used a Prescription Opioid in the Past Year (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 50]

Notes: • Asked of all respondents.



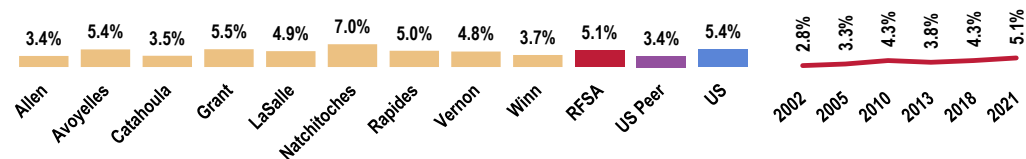
Alcohol & Drug Treatment

A total of 5.1% of Rapides Foundation Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

TREND ► Higher than the 2002 baseline.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

RFSa Trend



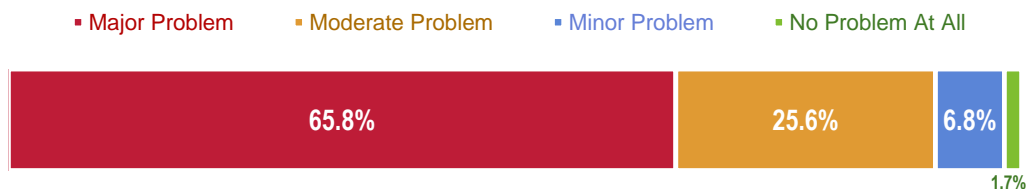
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 51]
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSa.

Key Informant Input: Substance Abuse

The greatest share of key informants taking part in an online survey characterized **Substance Abuse** as a "major problem" in the community.

Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2021)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.



Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

No facilities and easy access to drugs. – Community Leader (Rapides Parish)

Lack of treatment facilities and unwillingness of individuals suffering from substance abuse to seek treatment. In addition, no one seems to be addressing the number of substance abusers now on the streets of Alexandria, especially in downtown Alexandria, the Bolton Avenue area, Jackson Street extension, and the low-income areas of the community. We seem to be content in letting individuals suffering from substance abuse just roam the streets. – Other Health Provider (Rapides Parish)

Lack of resources and peoples' desire to get help. – Other Health Professional (Rapides Parish)

Lack of ease identifying and locating services for those mentally capable of understanding and responding. Training needed for police and other community service workers related to identifying and appropriate response and communication techniques for getting the individual needed services. WAY too easy access to obtaining the drugs. (Unlimited supply, seemingly!) - Public Health Representative (Rapides Parish)

Cost, admitting that there is a problem and actually wanting to get treatment. – Social Services Provider (Rapides Parish)

Cost and inability to change their lifestyle. – Community Leader (Rapides Parish)

Ability to pay, compliance by people to go, District Attorney work rather enroll people in local drug court to collect fees associated with it than send people to legit recovery and addiction centers. Doesn't fix problem. Get released and back in the system again to repeat the cycle. – Social Services Provider (Avoyelles Parish)

Longleaf Hospital is the best resource. They provide MAT treatment inpatient and outpatient. The barrier is getting people to seek treatment. Longleaf had a national patient satisfaction ranking of 91% in 2020, so patients who are treated there tend to find sobriety from alcohol and substances long-term. – Other Health Provider (Rapides Parish)

Stigma toward those who suffer from substance use disorder. Lack of beds at in-patient treatment settings. Lack of support for families of those with the disease. Lack of training with law enforcement when handling issues with people with SUD. Lack of empathy by health care providers. – Social Services Provider (Rapides Parish)

Stigmatism and availability of providers. – Other Health Provider (Vernon Parish)

The availability of drugs makes easy access. Also, people on drugs do not seek treatment. – Social Services Provider (Catahoula Parish)

We have programs at the hospital. The issue is transportation and housing and jobs after treatment and support group post discharge. Also, we have and opioid crisis and there is no payment for inpatient treatment of this substance abuse and withdrawing of an opioid is very difficult and cannot be done as an outpatient. – Other Health Provider (Allen Parish)

Patients' transportation to treatment center and cost of treatment. – Other Health Provider (Avoyelles Parish)

Transportation and knowledge of help available. – Social Services Provider (Rapides Parish)

It seems to be so prevalent that I'm not sure any one program could address it. The normalization of marijuana is a major long-term issue that will have far-reaching impact on people's lives. Aside from illicit drugs, there seems to be a large number of people on prescription pain killers. All of this creates a lack of ambition and productivity, which leads to joblessness, which leads to more despair. This might be the biggest challenge of all. – Social Services Provider (Rapides Parish)

Lack of funds, unemployment, uneducated, poverty. – Community Leader (Rapides Parish)

This issue isn't specific to our area or community. The nationwide success rate for all treatment programs falls somewhere between 5 and 10%. Most of the issues raised in this survey are exacerbated by our heightened levels of poverty found throughout Central Louisiana. There is a stigma surrounding mental health and substance abuse treatment both in our area and nationwide. – Social Services Provider (Rapides Parish)

Awareness/Education

Lack of private facility and lack of education about dangers and consequences of substance abuse. – Social Services Provider (LaSalle Parish)

Mentorship by continuation. – Social Services Provider (Rapides Parish)

Education. Support. Mental illness. – Social Services Provider (Rapides Parish)

We need substance abuse classes in our schools, as well as our colleges. – Social Services Provider (Rapides Parish)

The greatest barrier I feel is the lack of education and that individuals do not view their behavior as harmful and abusive. – Social Services Provider (Catahoula Parish)

I think the main barrier is lack of education on how to seek help, the signs you need help, and again a lower economic community seems to gravitate to drug use. – Community Leader (Rapides Parish)

Lack of awareness, lack of compliance to treatment, lack of desire to get treatment, do not know how to stop drug use. – Community Leader (Rapides Parish)



Access to Care/Services

- Accessibility. – Social Services Provider (Rapides Parish)
- Adequate drug treatment facilities and resources, including education. – Social Services Provider (Rapides Parish)
- There are no treatment centers in this area. – Community Leader (Catahoula Parish)
- Finding a bed in a treatment facility in a timely fashion in order to do intervention. – Social Services Provider (Rapides Parish)
- Lack of resources. – Other Health Provider (Rapides Parish)
- There are not enough places for treatment and very few insurances pay for inpatient treatment. – Other Health Provider (Rapides Parish)

Follow-Up/Support

- I wish I had a good answer. So many factors lead to substance abuse. One area of concern is the attempt to assimilate, or easy them back into society. We have a group that meets each Monday, and the program has grown tremendously and now averages around 75 in attendance. They have approached me about an additional program to house and prepare these individuals for reintroducing them into society. The village of McNary would provide the land and utilities and this group would provide management and leadership if an agency could provide the capital to build such a facility. – Community Leader (Rapides Parish)

Denial/Stigma

- The stigma associated with it and people not really wanting to get help. – Other Health Provider (Rapides Parish)
- Realizing that they have a problem and knowing where to go once they do realize. – Community Leader (Natchitoches Parish)
- Personal responsibility. Stigma/stereotyping. – Social Services Provider (Rapides Parish)
- Unwillingness of the abuser to seek help or treatment. – Social Services Provider (Rapides Parish)

Affordable Care/Services

- Financing, staffing qualified personnel. – Community Leader (Vernon Parish)
- No affordable resources available for addictive disorders. – Public Health Representative (Rapides Parish)
- Cost, availability. – Community Leader (Rapides Parish)

Lifestyle

- Lack of interest in accessing needed substance abuse treatment. – Social Services Provider (Rapides Parish)
- The willingness of the drug users to request assistance. No in-house facility to assist during the detox time of recovery. – Social Services Provider (Winn Parish)
- Lack of interest and not enough revenue to support. – Physician (Rapides Parish)

Easy Access

- Continued access to drugs and alcohol. – Community Leader (Rapides Parish)
- Access. – Other Health Provider (Rapides Parish)

Incidence/Prevalence

- High levels of abuse and overdose deaths. – Public Health Representative (Rapides Parish)
- Alcohol. – Community Leader (Rapides Parish)

Social Norms/Community Attitude

- Substance abuse is more and more acceptable by society, no shame, break down in the traditional family values! – Community Leader (Rapides Parish)

Diagnosis/Treatment

- The quickness to medicate patients, the lack of treatment and inability to recognize substance abuse. – Social Services Provider (Rapides Parish)

Insurance Issues

- Poor health insurance and the cost of treatment. – Social Services Provider (Rapides Parish)



Most Problematic Substances

Key informants (who rated this as a “major problem”) identified **alcohol** as causing the most problems in the community, followed by **heroin/other opioids** and **methamphetamine/other amphetamines**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Abuse as a “Major Problem”)	
ALCOHOL	26.4%
HEROIN OR OTHER OPIOIDS	20.1%
METHAMPHETAMINE OR OTHER AMPHETAMINES	19.5%
COCAINE OR CRACK	12.1%
PRESCRIPTION MEDICATIONS	10.3%
MARIJUANA	4.6%
CLUB DRUGS (e.g. MDMA, GHB, Ecstasy, Molly)	3.4%
HALLUCINOGENS OR DISSOCIATIVE DRUGS (e.g. Ketamine, PCP, LSD, DXM)	1.1%
SYNTHETIC DRUGS (e.g. Bath Salts, K2/Spice)	1.1%
INHALANTS	0.6%
OVER-THE-COUNTER MEDICATIONS	0.6%



TOBACCO USE

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

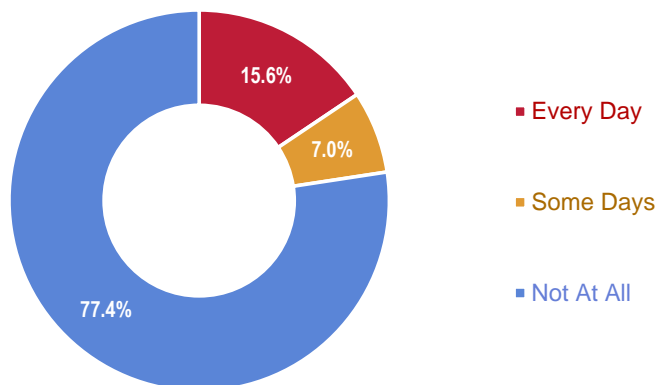
– Healthy People 2030 (<https://health.gov/healthypeople>)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 22.6% of Rapides Foundation Service Area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

Cigarette Smoking Prevalence
(Rapides Foundation Service Area, 2021)



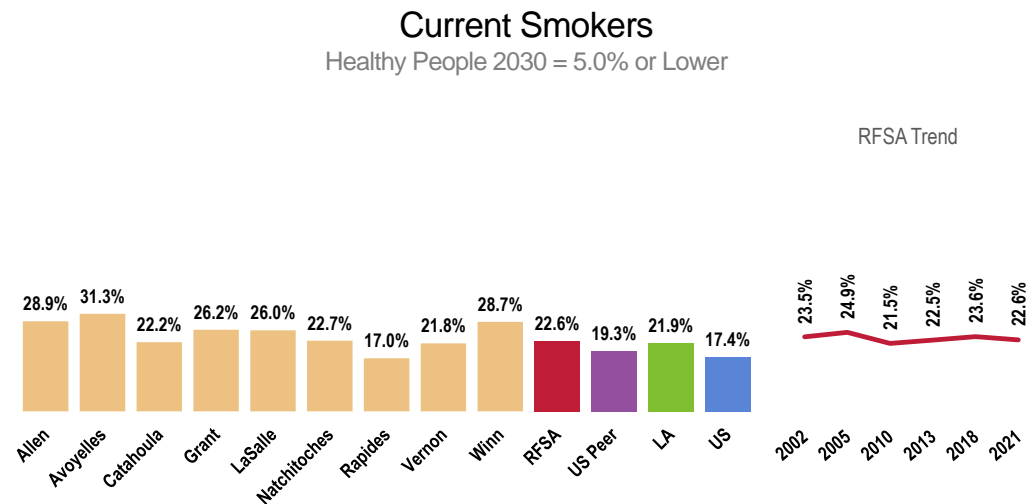
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: • Asked of all respondents.



Note the following findings related to cigarette smoking prevalence in the Rapides Foundation Service Area.

BENCHMARK ► Higher than was found across the nation. Far from satisfying the Healthy People 2030 objective.

DISPARITY ► Higher in Allen, Avoyelles, and Winn parishes. More often reported among adults younger than 65 and those with lower incomes.

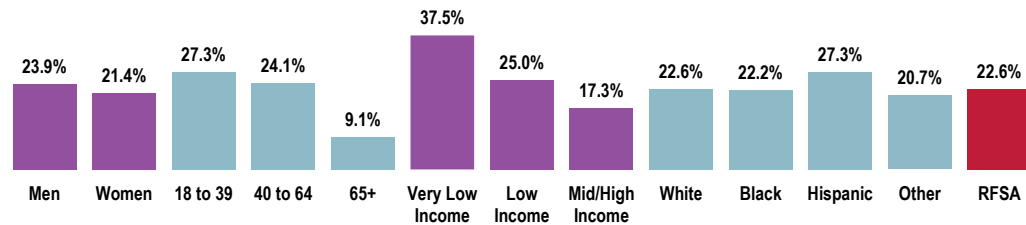


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 40]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.
 • Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Current Smokers (Rapides Foundation Service Area, 2021)

Healthy People 2030 = 5.0% or Lower



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 40]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.
 • Includes regular and occasional smokers (every day and some days).



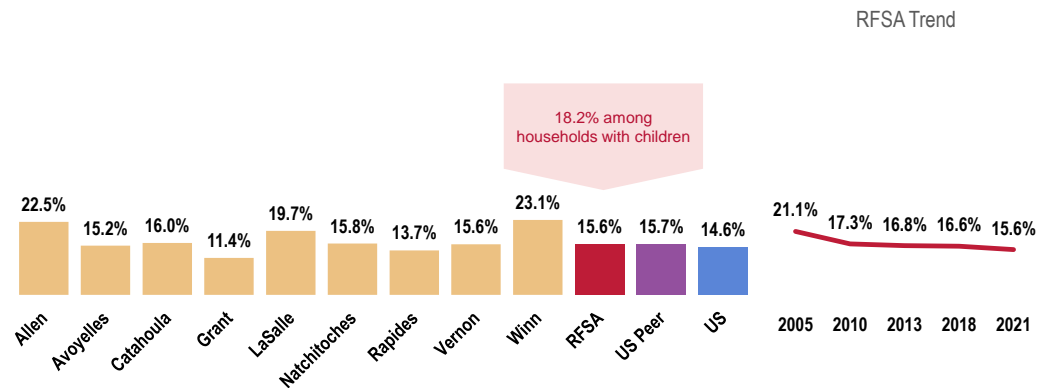
Environmental Tobacco Smoke

Among all surveyed households in the Rapides Foundation Service Area, 15.6% report that someone has smoked cigarettes in their home on an average of four or more times per week over the past month.

TREND ► Lower than the 2005 benchmark.

DISPARITY ► Higher in Allen and Winn parishes. More often reported among adults younger than 65 and lower-income residents.

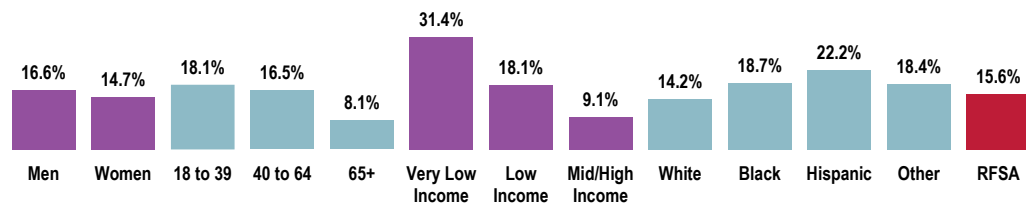
Member of Household Smokes at Home



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 43, 134]
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.
• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Member of Household Smokes at Home (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 43]

Notes: • Asked of all respondents.
• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.



Smoking Cessation

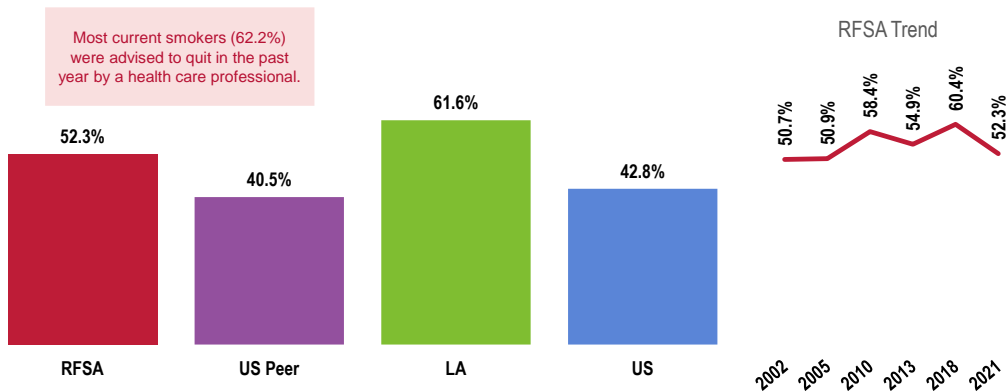
More than one-half of regular smokers (52.3%) went without smoking for one day or longer in the past year because they were trying to quit smoking.

BENCHMARK ► Less favorable than the statewide prevalence. Fails to satisfy the Healthy People 2030 objective.

TREND ► A drop since 2018, but closer to most prior years.

Have Stopped Smoking for One Day or Longer in the Past Year (Everyday Smokers)

Healthy People 2030 = 65.7% or Higher

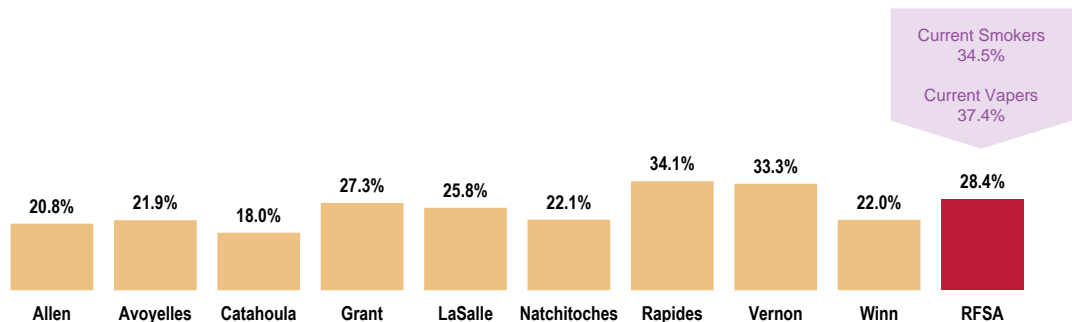


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 41-42]
 • 2020 PRC National Health Survey, PRC, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of respondents who smoke cigarettes every day.
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Among all survey respondents, 28.4% are aware of services, programs, or classes to help people stop using tobacco products (including vaping).

DISPARITY ► Lower in Allen, Avoyelles, Catahoula, Natchitoches, and Winn parishes.

Aware of Services, Programs, or Classes to Help People Quit Using Tobacco Products or Vaping (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 317]
 Notes: • Asked of all respondents.



Other Tobacco Use

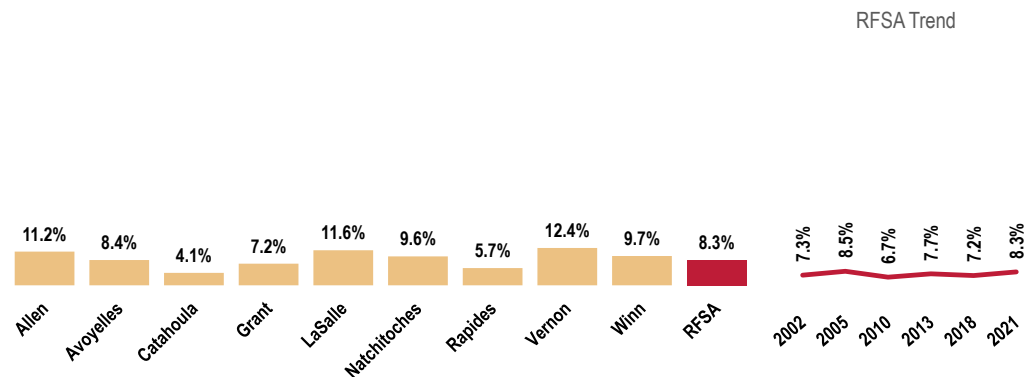
Smokeless Tobacco

A total of 8.3% of RFSA adults use some type of smokeless tobacco every day or on some days.

DISPARITY ► Higher in Vernon Parish.

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

Use of Smokeless Tobacco (Rapides Foundation Service Area, 2021)

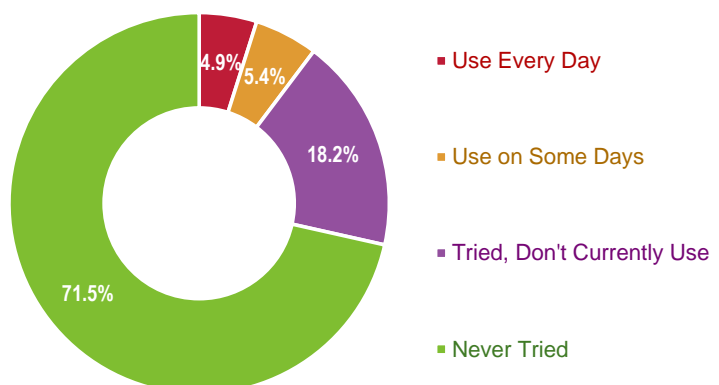


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 315]
 Notes: • Asked of all respondents.
 • Includes use of chewing tobacco, snuff, or snus every day or some days.

Use of Vaping Products

Most Rapides Foundation Service Area adults have never tried electronic cigarettes (e-cigarettes) or other electronic vaping products.

Use of Vaping Products (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 135]
 Notes: • Asked of all respondents.



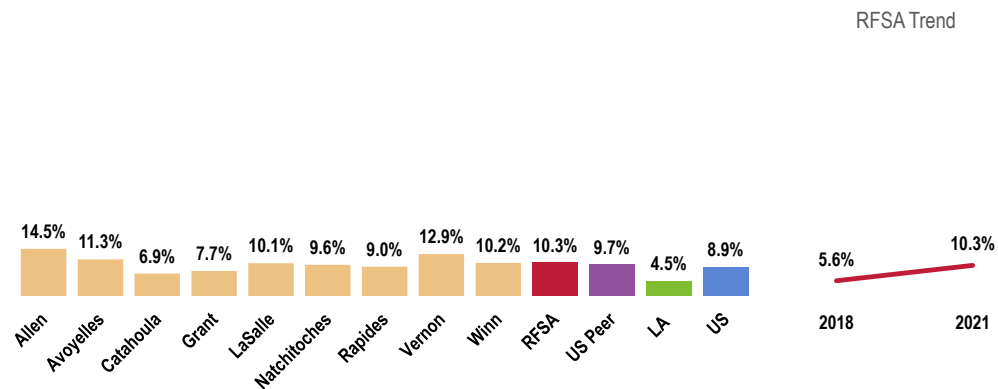
However, 10.3% currently use vaping products either regularly (every day) or occasionally (on some days).

BENCHMARK ► Higher than the Louisiana percentage.

TREND ► A significant increase since 2018.

DISPARITY ► Higher among adults younger than 65 (especially those age 18 to 39) and lower-income adults. Considerably lower among Black residents.

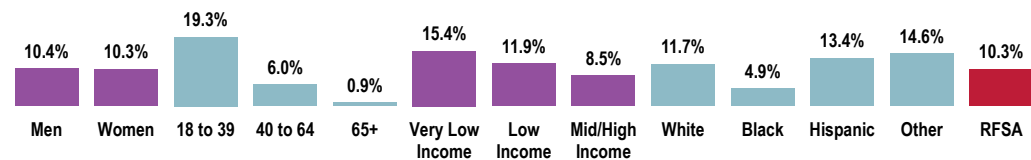
Currently Use Vaping Products (Every Day or on Some Days)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 135]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.
• Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Currently Use Vaping Products (Rapides Foundation Service Area, 2021)



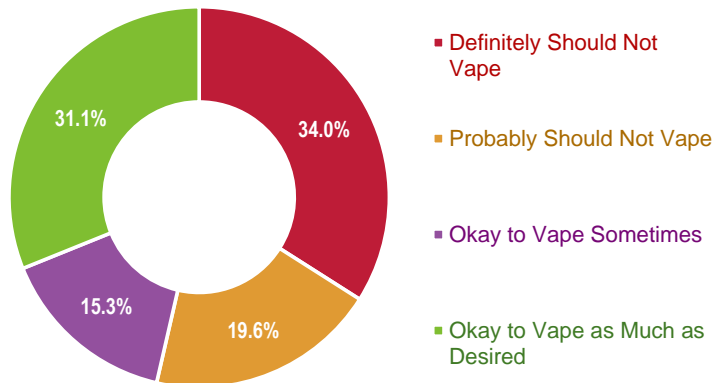
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 135]
Notes: • Asked of all respondents.
• Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).



Public Perception of Vaping

A majority of survey respondents believe that most people are against vaping, indicating that the public feels a person “*definitely should not vape*” (34.0%) or “*probably should not vape*” (19.6%).

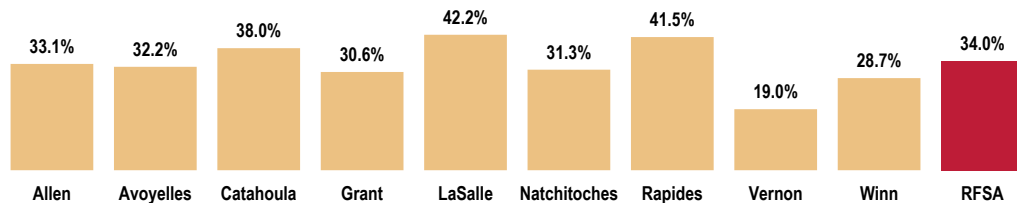
Perception of How the Community Feels About Adults Vaping
(Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 316]
Notes: • Asked of all respondents.

DISPARITY ► “*Definitely should not vape*” responses are lowest in Vernon Parish. Respondents less likely to think that the public feels people should **not** vape include men, adults younger than 65, White respondents, Hispanic respondents, and respondents of “Other” races.

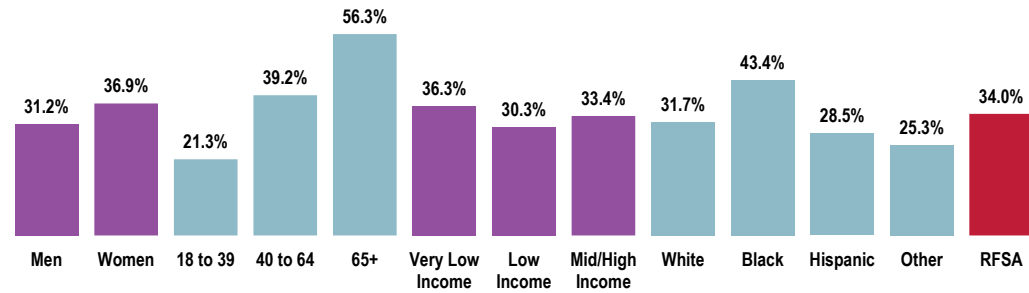
“Most People in the Community Believe That
Adults Definitely Should Not Vape”
(Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 316]
Notes: • Asked of all respondents.



“Most People in the Community Believe That Adults Definitely Should Not Vape” (Rapides Foundation Service Area, 2021)

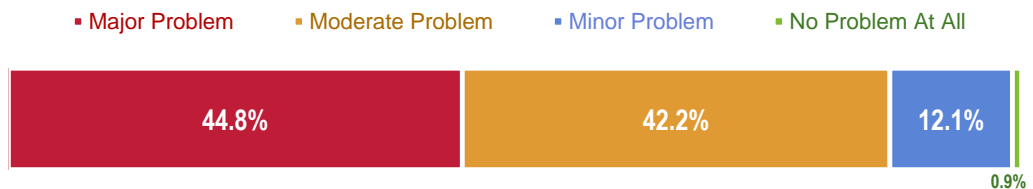


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 316]
Notes: • Asked of all respondents.

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a “major problem” in the community.

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2021)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

- High percentage of smokers. – Social Services Provider (Rapides Parish)
- Too many smokers. – Community Leader (Rapides Parish)
- High rates of tobacco use. – Public Health Representative (Rapides Parish)
- The staggering number of smokers in our parish, surveys given. – Social Services Provider (Catahoula Parish)
- It is a popular habit in lots of age groups. – Social Services Provider (Natchitoches Parish)
- Because most adults in our facility smoke to cope. – Social Services Provider (Rapides Parish)
- I still see a lot of people smoking everywhere. – Social Services Provider (Rapides Parish)
- See way too many people smoking, vaping or using chewing tobacco. – Social Services Provider (Rapides Parish)



Contributing Factors

Prevalence of use. Lack of free smoking cessation programs for working people. Most programs are income based and only provide patches and gum to low income. – Social Services Provider (Avoyelles Parish)

It is a major problem everywhere and a major contributor to the cost of health insurance coverage. – Social Services Provider (Rapides Parish)

Low education status, low income levels, lack of family structures. – Community Leader (Rapides Parish)

Lack of education and parent neglect of healthy rules. – Social Services Provider (LaSalle Parish)

Easy to obtain. Based upon cases of lung disease, heart problems, and respiratory issues. – Public Health Representative (Rapides Parish)

Teen/Young Adult Usage

I see many people smoking when out and about the community, especially among young adults. The reason I believe it's a problem is there is a magnitude of information out there about the health detriments to smoking and yet people still smoke. – Community Leader (Rapides Parish)

Too many teens and young adults are using tobacco. – Community Leader (LaSalle Parish)

E-Cigarettes

More students have been vaping as well as cigarette smoking lately. – Social Services Provider (Rapides Parish)

Vaping is very popular. Many people don't associate vaping with tobacco use. Advertisements are very appealing to the youth. – Other Health Provider (Vernon Parish)

Awareness/Education

Education. – Social Services Provider (Rapides Parish)

Lack of education. – Other Health Provider (Allen Parish)

Easy Access

Easily available. – Social Services Provider (Rapides Parish)

Too easily available. – Community Leader (Rapides Parish)

Impact on Quality of Life

It appears to be a carcinogen and does not promote individual health. – Community Leader (Rapides Parish)

People continue to smoke in spite of the risks. – Physician (Rapides Parish)

Alcohol/Drug Use

High drug use promotes high smoker rate. – Other Health Provider (Rapides Parish)

Cultural/Personal Beliefs

Louisiana has a culture of accepted tobacco use. – Other Health Provider (Rapides Parish)

Lifestyle

People smoke and or use tobacco products and don't want to quit until too late. – Other Health Professional (Rapides Parish)



SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

— Healthy People 2030 (<https://health.gov/healthypeople>)

HIV

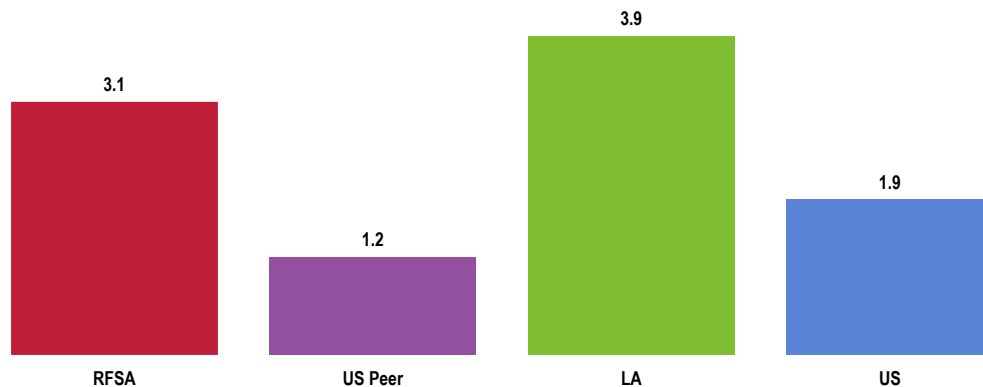
Age-Adjusted HIV/AIDS Deaths

Between 2011 and 2020, there was an annual average age-adjusted HIV/AIDS mortality rate of 3.1 deaths per 100,000 population in the Rapides Foundation Service Area.

BENCHMARK ► Less favorable than US Peer and national rates but more favorable than the Louisiana rate.

DISPARITY ► Considerably higher among RFSA Blacks.

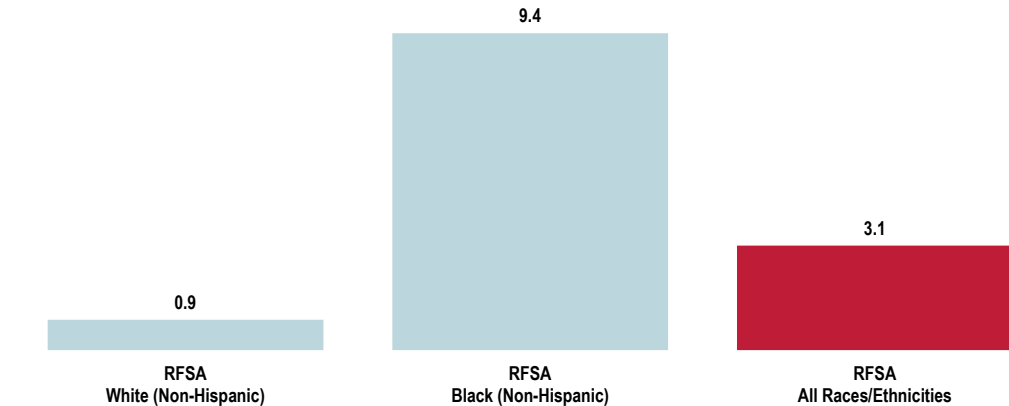
HIV/AIDS: Age-Adjusted Mortality
(2011-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.



HIV/AIDS: Age-Adjusted Mortality by Race (2011-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

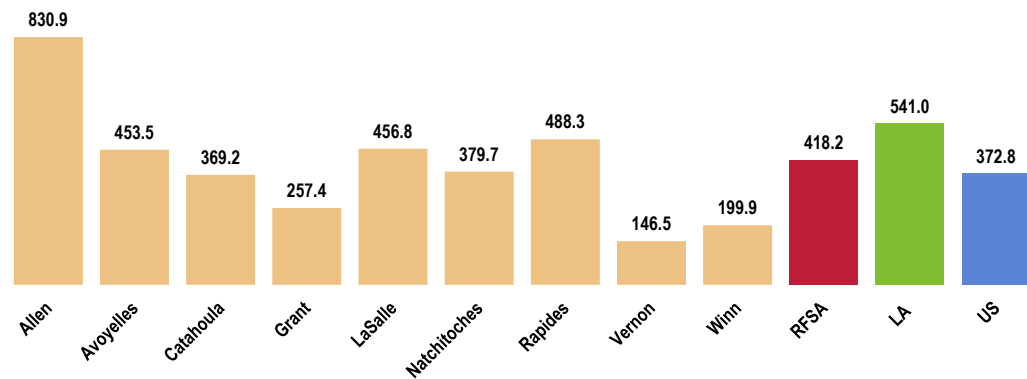
HIV Prevalence

In 2018, there was a prevalence of 418.2 HIV cases per 100,000 population in the Rapides Foundation Service Area.

BENCHMARK ► Lower than the statewide rate.

DISPARITY ► Higher in Allen, Avoyelles, LaSalle, and Rapides parishes.

HIV Prevalence (Prevalence Rate of HIV per 100,000 Population, 2018)



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
Notes: • This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

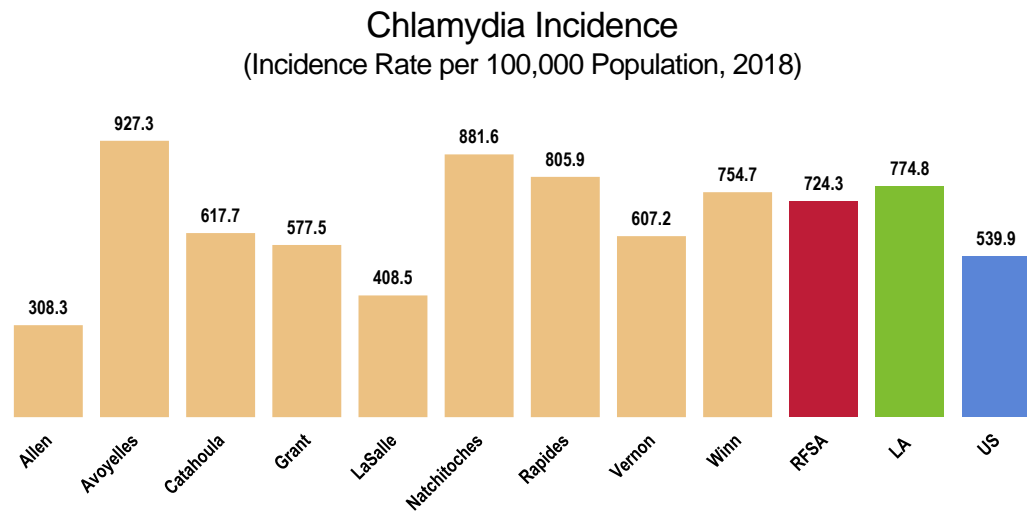


Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

In 2018, the chlamydia incidence rate in the Rapides Foundation Service Area was 724.3 cases per 100,000 population.

DISPARITY ► Higher in Avoyelles, Natchitoches, Rapides, and Winn parishes.



Sources:

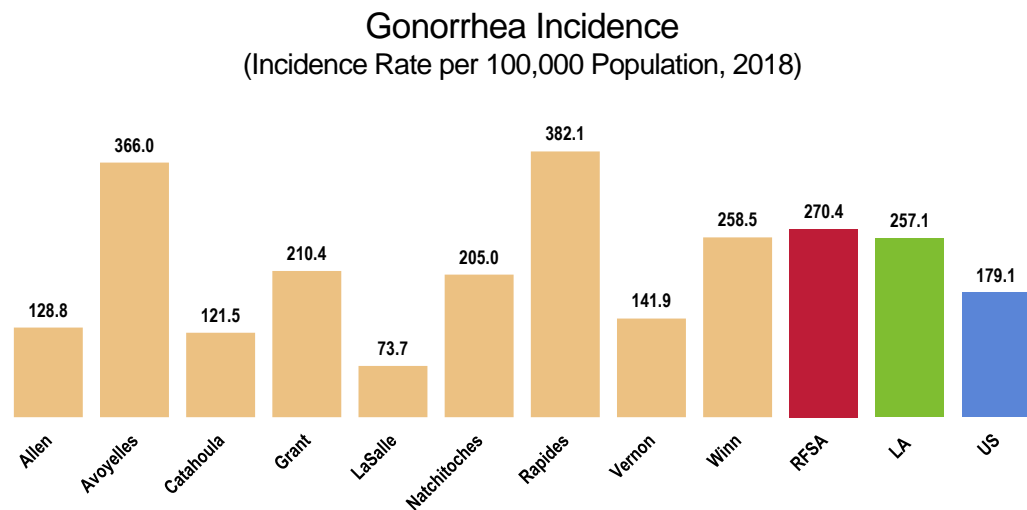
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Notes:

- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

The RFSA reported a gonorrhea incidence rate of 270.4 cases per 100,000 population in 2018.

DISPARITY ► Higher in Avoyelles, Rapides, and Winn parishes.



Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

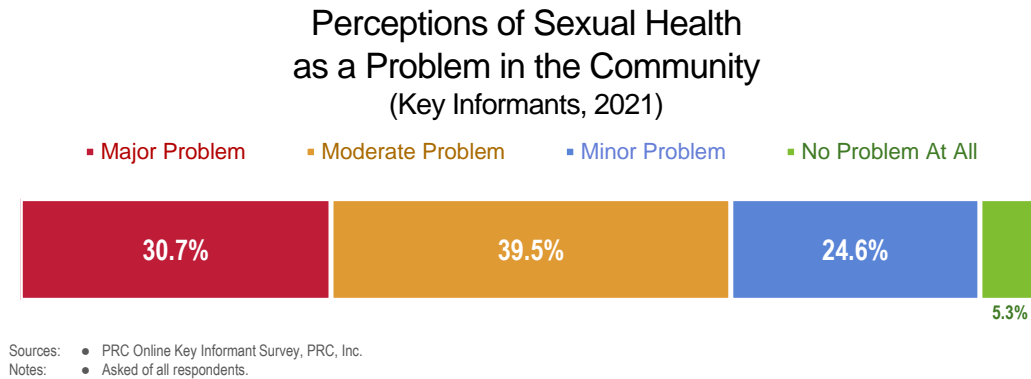
Notes:

- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.



Key Informant Input: Sexual Health

A plurality of key informants taking part in an online survey characterized *Sexual Health* as a “moderate problem” in the community.



Among those rating this issue as a “major problem,” reasons related to the following:

Awareness/Education

Not enough education for after school age adults that do not attend college, they are left alone. – Social Services Provider (Rapides Parish)

There are resources in the community attempting to alleviate some of the sexual health issues in our community, but these issues start long before they are receiving these services. There is a lack of access to adequate sexual education in schools, many people don't receive the appropriate information at home, and due to the religious nature of our area many people aren't comfortable seeking out this information. Additionally, because of the close-knit culture of this region, people fear that their family will discover their sexual health issues if they seek care or treatment for them. This has long been an issue for our area, and it's one that will take a long time to remedy. – Social Services Provider (Rapides Parish)

Lack of education at young age. – Social Services Provider (Rapides Parish)

Major problem in all communities. More education needed in the schools as well as at home. – Other Health Provider (Vernon Parish)

STDs are rampant, people are not informed or choose to not be informed about sexual health and how to stay safe. – Social Services Provider (Rapides Parish)

Not a lot of sex/health education happening and increase in STDs. – Other Health Professional (Rapides Parish)

No education and availability of counselling. – Other Health Provider (Allen Parish)

Incidence/Prevalence

Stats from LDH Region six indicate that this is a tremendous issue for Rapides parish with specific corridors along Main Street in Pineville and then in Wardville having some of the highest rates. – Social Services Provider (Rapides Parish)

Because we have very high rates of sexually transmitted diseases. – Social Services Provider (Rapides Parish)

Prevalence of STDs. – Social Services Provider (Avoyelles Parish)

High levels of syphilis, chlamydia, HIV. – Public Health Representative (Rapides Parish)

Based on statistics from Louisiana Office of Public Health. – Public Health Representative (Rapides Parish)

Central Louisiana ranks very high nationally for STDs. – Community Leader (Rapides Parish)

Highest rate of syphilis in the state. – Community Leader (Rapides Parish)

High rate of STDs. – Social Services Provider (Rapides Parish)

Diagnosis/Treatment

Our area has a high rate of STDs, including Hep C and HIV. Many people do not realize that they have the disease until they show symptoms. – Social Services Provider (Rapides Parish)



Access to Care/Services

STDs are very high in our community with very limited access for treatment other than the health unit. – Other Health Provider (Rapides Parish)

LGBTQ Population

Important due to LGTBQ population and being sequestered during the pandemic. – Social Services Provider (Rapides Parish)

Contributing Factors

Tied to drugs and illiteracy. – Other Health Provider (Avoyelles Parish)

Cultural/Personal Beliefs

Lack of morality. Influence of popular culture, i.e. hip hop. – Social Services Provider (Rapides Parish)

Lack of Providers

No specialist here. – Community Leader (LaSalle Parish)





ACCESS TO HEALTH CARE

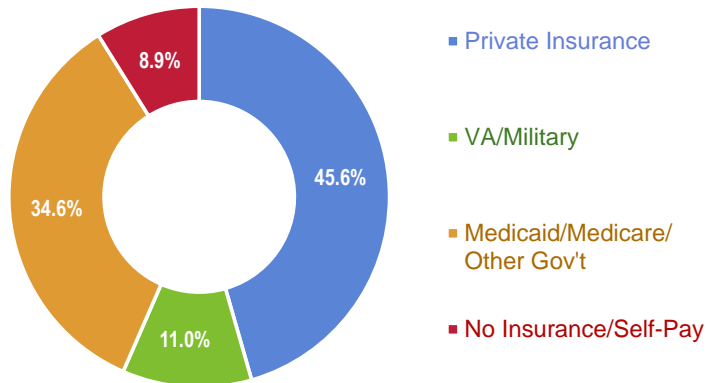
HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

A total of 45.6% of Rapides Foundation Service Area adults age 18 to 64 report having health care coverage through private insurance. Another 45.6% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage
(Adults Age 18-64; Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 137]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 8.9% report having no insurance coverage for health care expenses.

BENCHMARK ► More favorable than the statewide finding.

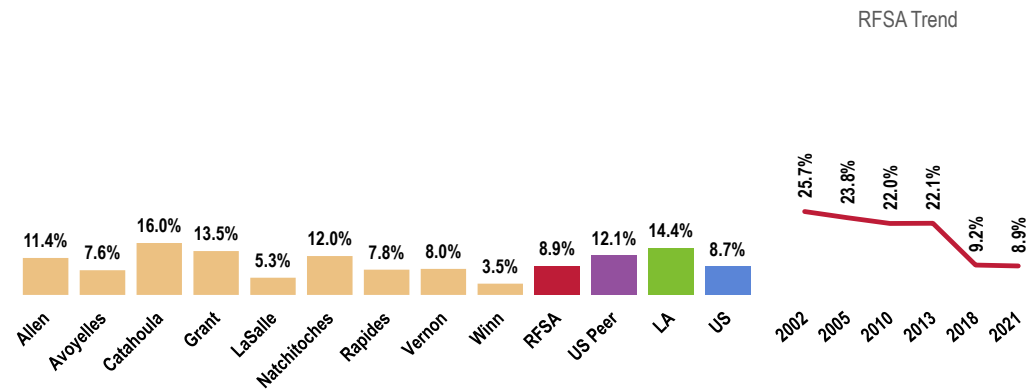
TREND ► Similar to 2018 findings, but considerably below findings in prior years.

DISPARITY ► Less favorable in Grant Parish. Those less likely to have coverage include: male respondents, young adults, lower-income residents, Black respondents, Hispanic respondents, and those of “Other” races.



Lack of Health Care Insurance Coverage (Adults Age 18-64)

Healthy People 2030 = 7.9% or Lower



Sources:

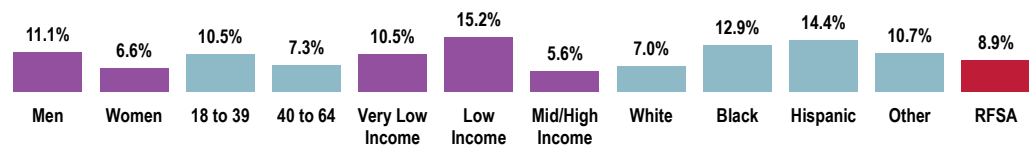
- 2021 PRC Community Health Survey, PRC, Inc. [Item 137]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Asked of all respondents under the age of 65.
- "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Lack of Health Care Insurance Coverage (Adults Age 18-64; Rapides Foundation Service Area, 2021)

Healthy People 2030 = 7.9% or Lower



Sources:

- 2021 PRC Community Health Survey, PRC, Inc. [Item 137]
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Asked of all respondents under the age of 65.



DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

— Healthy People 2030 (<https://health.gov/healthypeople>)

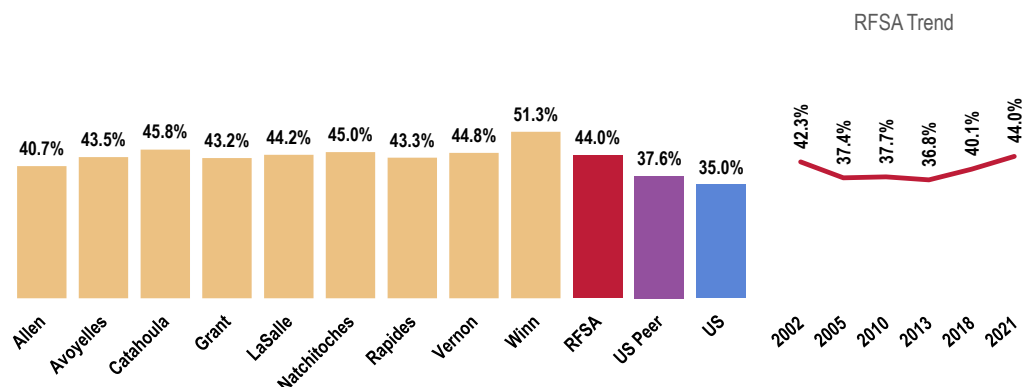
Difficulties Accessing Services

A total of 44.0% of Rapides Foundation Service Area adults report some type of difficulty or delay in obtaining health care services in the past year.

BENCHMARK ► Higher than the US Peer and national findings.

DISPARITY ► Higher in Winn Parish. Those more likely to report having difficulty include: women, younger adults, lower-income adults, Black residents, Hispanic residents, and those of "Other" races.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year

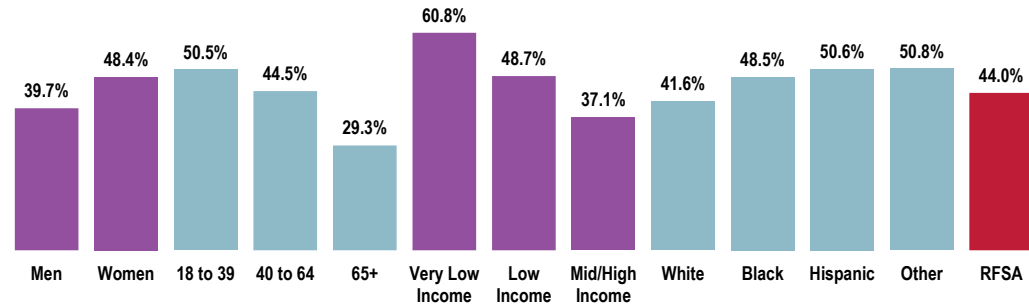


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 140]
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
• Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.
• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.



Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 140]
Notes: • Asked of all respondents.
• Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Barriers to Health Care Access

Of the tested barriers, appointment availability impacted the greatest share of Rapides Foundation Service Area adults.

BENCHMARK ► **Finding a physician** is considerably more difficult in the RFSAs than among US Peers and nationally. Also in the RFSAs, **inconvenient office hours** are more of a barrier than among US Peers, while **appointment availability** and lack of **transportation** are more of a barrier than was found across the country.

TREND ► Since the 2002 survey, these barriers have worsened considerably: **appointment availability**, **finding a physician**, and **lack of transportation**. Meanwhile, cost-related barriers have improved significantly, including **cost of prescriptions** and **cost of a doctor visit**.

DISPARITY ► The barrier of **inconvenient office hours** is considerably higher in Winn Parish (not shown).

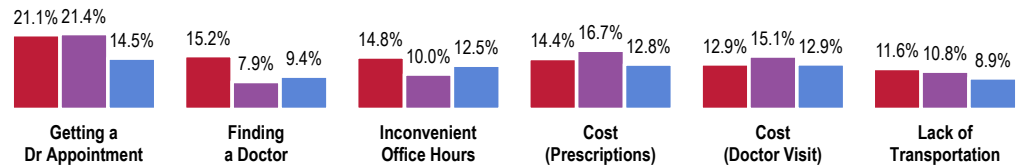
To better understand health care access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.



Barriers to Access Have Prevented Medical Care in the Past Year

■ RFSA ■ US Peer Counties ■ US

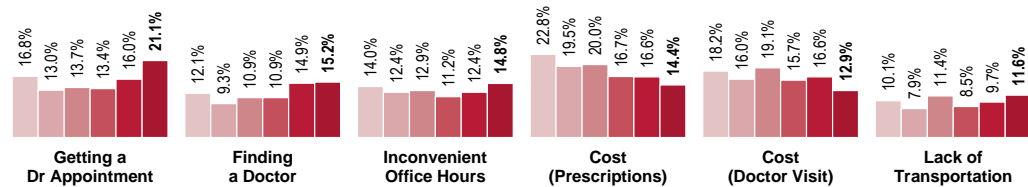


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 7-11, 13]
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Trend in Access Barriers (Rapides Foundation Service Area)

■ 2002 ■ 2005 ■ 2010 ■ 2013 ■ 2018 ■ 2021



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-11, 13]

Notes: • Asked of all respondents.



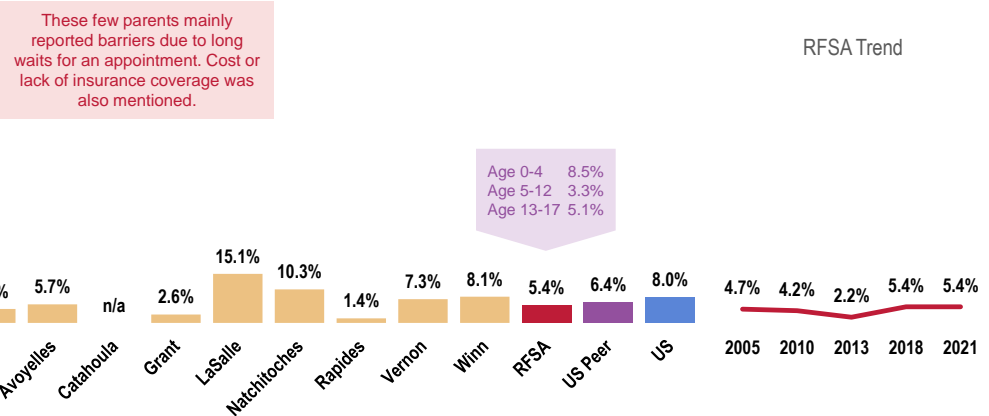
Accessing Health Care for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

A total of 5.4% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

DISPARITY ► Higher in LaSalle Parish. Less favorable among children age 0-4 than among those age 5-12.

Had Trouble Obtaining Medical Care for Child in the Past Year (Parents of Children 0-17)



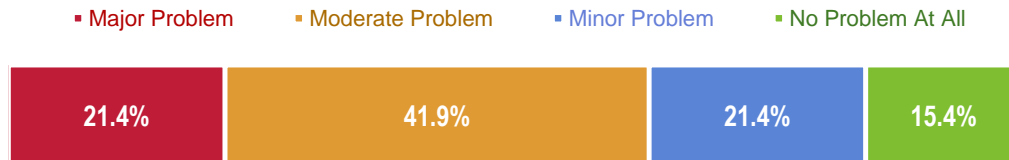
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 104, 342]
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents with children 0 to 17 in the household.
• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Key Informant Input: Access to Health Care Services

Key informants taking part in an online survey most often characterized *Access to Health Care Services* as a "moderate problem" in the community.

Perceptions of Access to Health Care Services as a Problem in the Community (Key Informants, 2021)



Sources: • PRC Online Key Informant Survey, PRC, Inc.

Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Contributing Factors

No rural medical facilities outside of Rapides Parish. Transportation to the facilities. Cost for both, as underinsured drain the system and insured are unable to meet high deductibles. – Community Leader (Rapides Parish)



Accessibility and cohesion. For example, Natchitoches has the highest poverty rate of all Louisiana cities. While there are some services, they are remotely located and scattered throughout the area which has no public transportation. One centralized location for a "one stop shopping" concept would go a long way to improving access to health services and healthier population. Unhealthy people don't reliably work and that impact the economy and perpetuates a cycle of poverty and dependence. – Physician (Natchitoches Parish)

The nearest hospital is about 30 miles or more in every direction. No or low income and no insurance is also a major problem. – Community Leader (Catahoula Parish)

I believe that the lack of low-cost medical, dental, vision as well as mental health providers is a challenge. Transportation to health care providers is also an issue. For those who do not receive state funded medical insurance, deductibles and out of pocket costs are often costly. – Social Services Provider (Rapides Parish)

Transportation is an issue, particularly with the elderly. Prescription drug prices are astronomical and places a great burden on low income and marginalized people. – Social Services Provider (Rapides Parish)

Awareness of available services. Preventive care. Health insurance options. – Community Leader (Rapides Parish)

Mental health and substance abuse. – Community Leader (Avoyelles Parish)

Preventive health and reliable transportation. – Social Services Provider (Rapides Parish)

There aren't enough doctors here and the price for insurance is so expensive. – Community Leader (Rapides Parish)

Access to Care/Services

Access to health care. Mental health and substance problems not available, children with mental health problems, after school problems, no health activities. – Social Services Provider (Grant Parish)

Quality health care providers and professional staffing within the providers' offices, clinics, hospital setting. – Other Health Provider (Natchitoches Parish)

Lack of facilities in area, there are empty buildings that could be torn down and an Urgent Care facility put there. – Social Services Provider (Rapides Parish)

Limited access to specialty care, such as ENT, oral Surgeons, neurologist, gastrointestinal and especially mental health services. – Social Services Provider (Natchitoches Parish)

Most people that do not have health care at all. – Social Services Provider (Vernon Parish)

This is a rural community with limited medical resources. – Public Health Representative (Allen Parish)

Affordable Care/Services

Health care is expensive and there are no affordable or even free services for people who cannot afford insurance to utilize. – Social Services Provider (Rapides Parish)

Access to health care, especially for low-income people is a huge problem. The number of providers that accept Medicaid limits access even further. – Social Services Provider (Rapides Parish)

Difficulty in getting patients to specialty physicians. Economically challenged community with patients with limited resources. Significant pathology within Parish. – Physician (Winn Parish)

Transportation

Transportation to and from primary care offices. Medicaid does not cover transportation for doctor visits unless patient is completely bed bound. As a home health provider, we see many patients who don't have a car, a friend to ride with, or a way to pay for private transport. – Social Services Provider (Avoyelles Parish)

Lack of transportation contributes to health issues. – Other Health Provider (Avoyelles Parish)

Insurance Issues

Local health providers not being members of many of the health insurance provider groups, making it hard for local patients to not have to pay larger out of pocket expenses when using local doctors, surgery centers, pharmacies, etc. – Social Services Provider (Rapides Parish)

Lack of Gastrointestinal Care in Our Region

Gastrointestinal care in our region. Insufficient number of practitioners, resulting in insufficient access to diagnosis and treatment. – Community Leader (Rapides Parish)

Alcohol/Drug Use

Alcohol, substance, and tobacco use and abuse. – Social Services Provider (Catahoula Parish)



PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

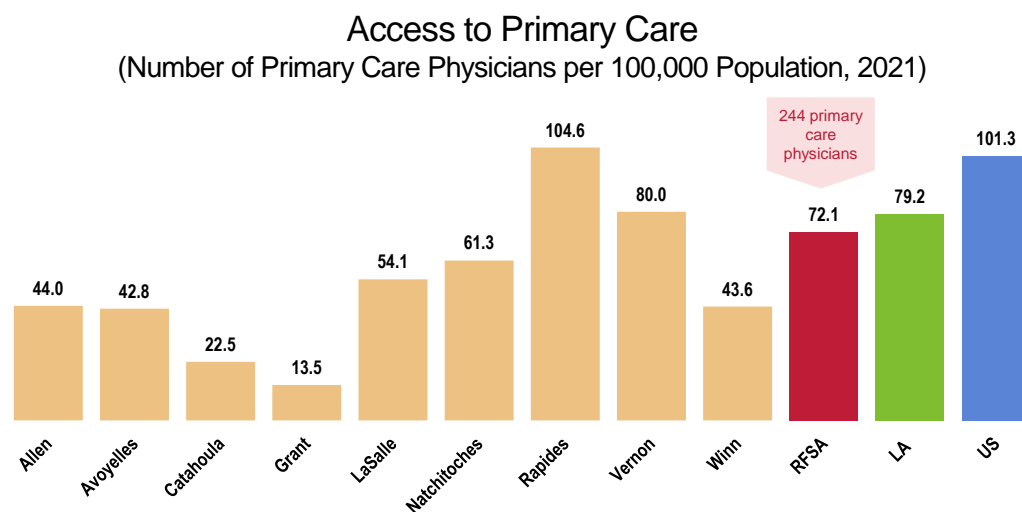
— Healthy People 2030 (<https://health.gov/healthypeople>)

Access to Primary Care

In 2021, there were 244 primary care physicians in the Rapides Foundation Service Area, translating to a rate of 72.1 primary care physicians per 100,000 population.

BENCHMARK ► Less favorable than the national prevalence.

DISPARITY ► Lower in Catahoula and Grant parishes.



Sources:

- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Notes:

- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.



Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

A total of 76.0% of Rapides Foundation Service Area adults were determined to have a specific source of ongoing medical care.

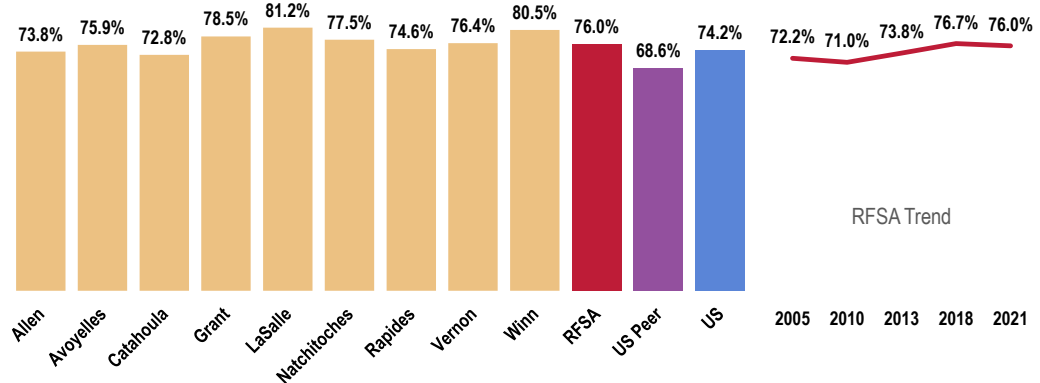
BENCHMARK ► More favorable than the US Peer finding. Fails to satisfy the Healthy People 2030 objective.

TREND ► Trending higher over time within the service area.

DISPARITY ► Those less likely to have a specific source of care include: male respondents, adults ages 18 to 39, lower-income residents, Black respondents, and Hispanic respondents.

Have a Specific Source of Ongoing Medical Care

Healthy People 2030 = 84.0% or Higher

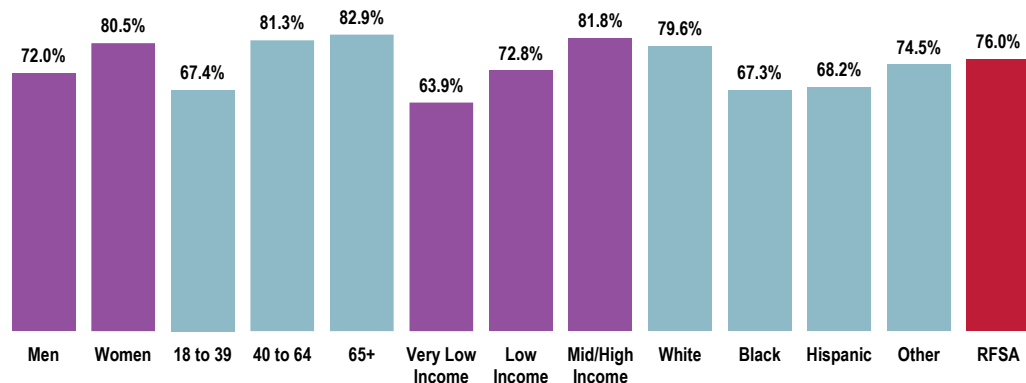


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 139]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Have a Specific Source of Ongoing Medical Care

(Rapides Foundation Service Area, 2021)

Healthy People 2030 = 84.0% or Higher



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 139]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.



Utilization of Primary Care Services

Adults

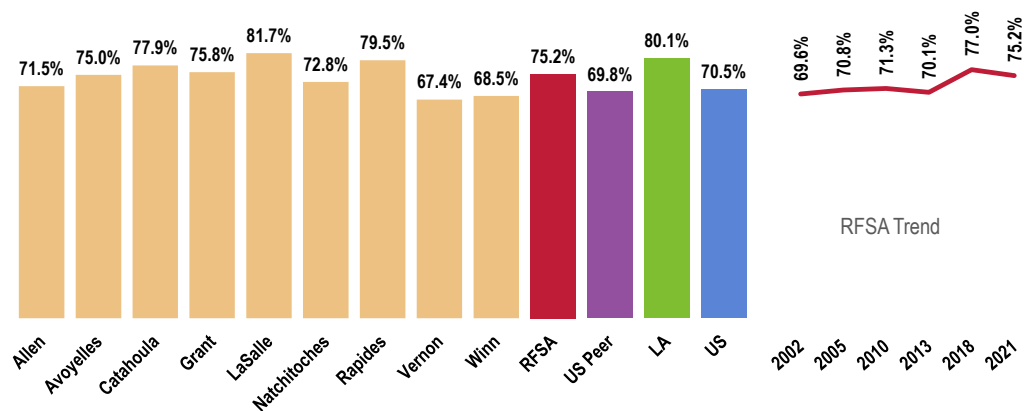
Three-fourths of adults (75.2%) visited a physician for a routine checkup in the past year.

BENCHMARK ► Lower than the statewide percentage but higher than the national percentage.

TREND ► Higher than the 2002 baseline.

DISPARITY ► Lower in Vernon and Winn parishes. Those less likely to have had a checkup include: adults younger than 65 (especially those age 18 to 39), respondents with lower incomes, White residents, Hispanic residents, and those of "Other" races.

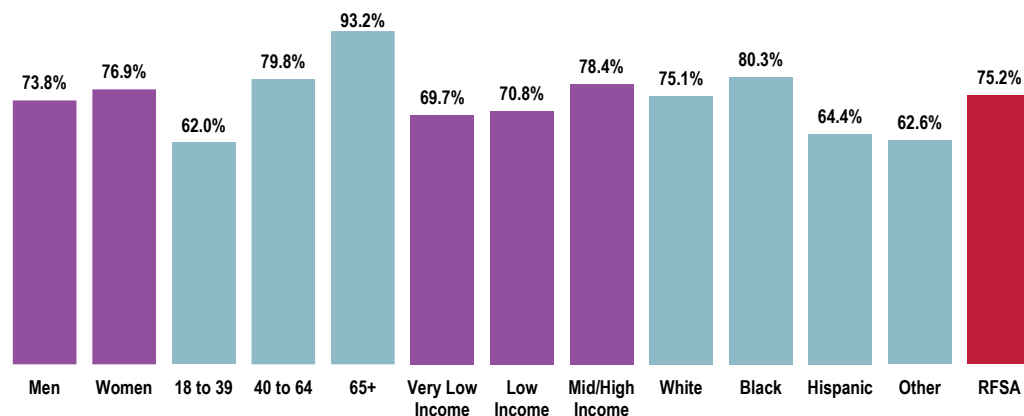
Have Visited a Physician for a Checkup in the Past Year



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 18]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Have Visited a Physician for a Checkup in the Past Year (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 18]
 Notes: • Asked of all respondents.

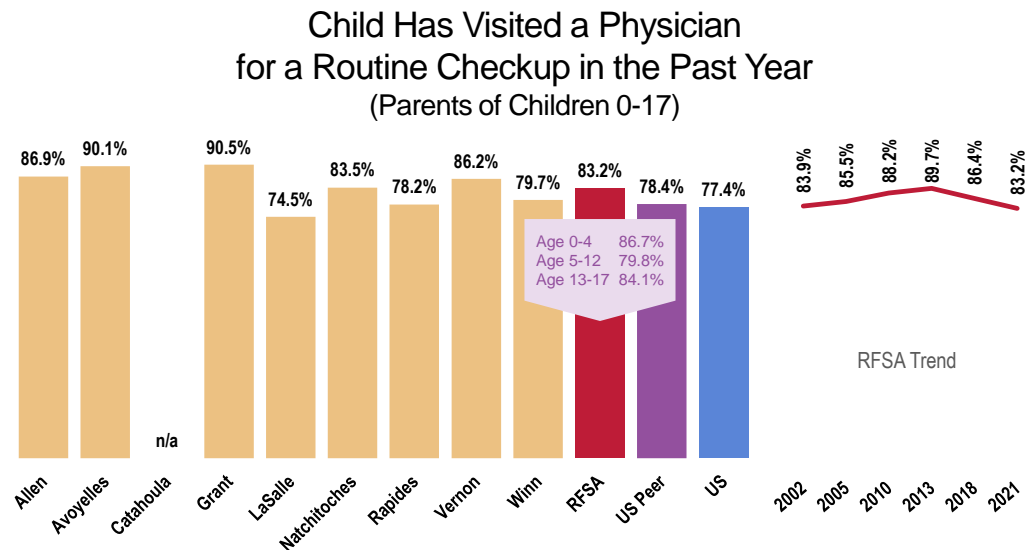


Children

Among surveyed parents, 83.2% report that their child has had a routine checkup in the past year.

BENCHMARK ► Better than the US percentage.

DISPARITY ► Less favorable in Rapides Parish. Lower among children age 5-12 than among those age 0-4.



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 105]

• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents with children 0 to 17 in the household.

• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.



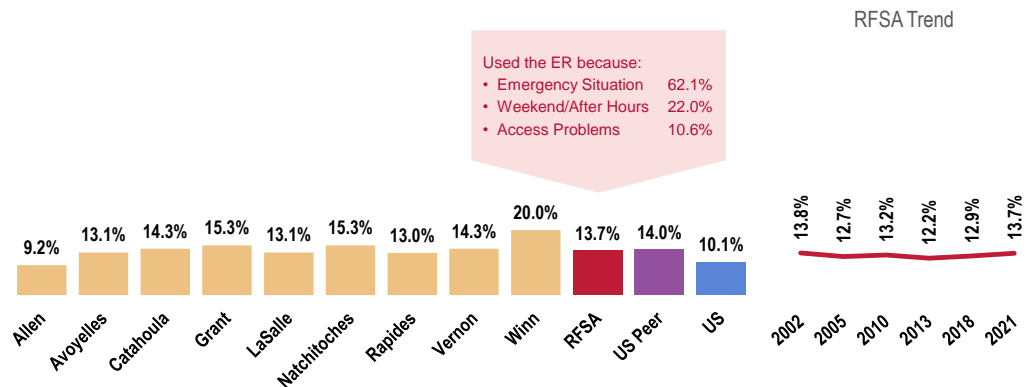
EMERGENCY ROOM UTILIZATION

A total of 13.7% of Rapides Foundation Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

BENCHMARK ► Higher than the national finding.

DISPARITY ► Higher in Winn Parish. More often reported among lower-income respondents and Black residents.

Have Used a Hospital Emergency Room More Than Once in the Past Year

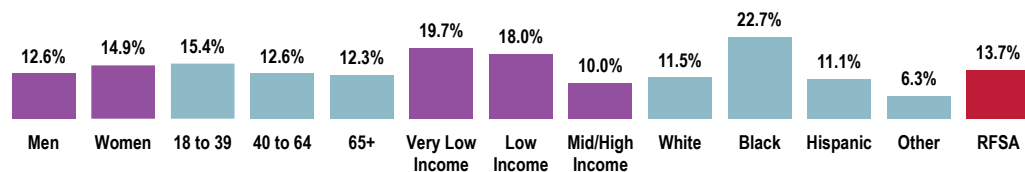


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 22, 306]
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 22]

Notes: • Asked of all respondents.



ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. ...Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

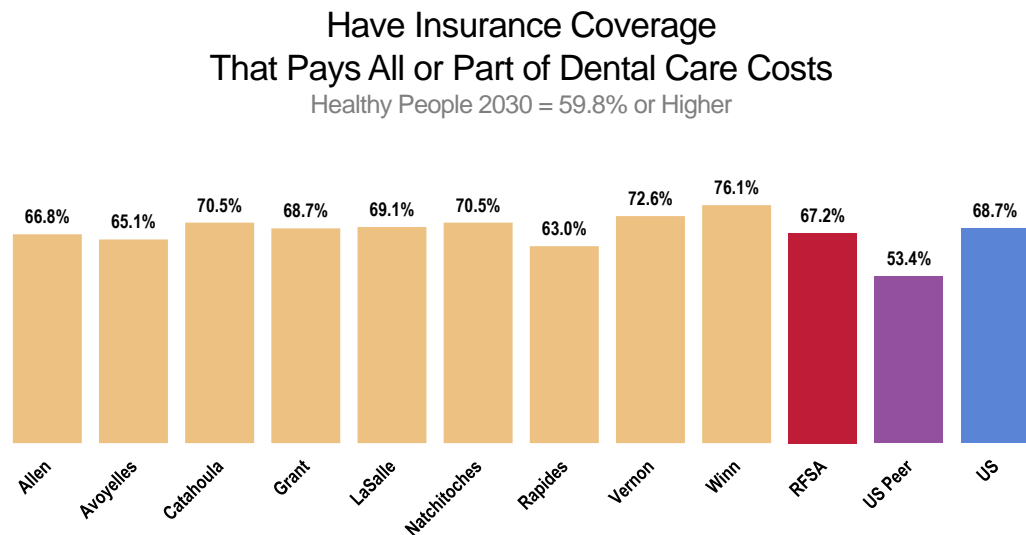
– Healthy People 2030 (<https://health.gov/healthypeople>)

Dental Insurance

Over two-thirds of Rapides Foundation Service Area adults (67.2%) have dental insurance that covers all or part of their dental care costs.

BENCHMARK ► Better than the US Peer finding. Satisfies the Healthy People 2030 objective.

DISPARITY ► Lower in Rapides Parish.



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 21]
• 2020 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.
• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.



Dental Care

Adults

A total of 52.4% of Rapides Foundation Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

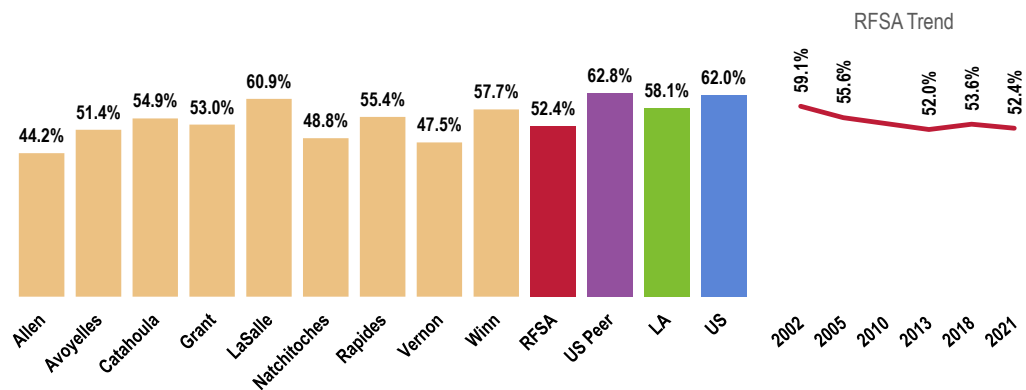
BENCHMARK ► Lower than US Peer, Louisiana, and US findings. Satisfies the Healthy People 2030 objective.

TREND ► Trending lower over time.

DISPARITY ► Less favorable in Allen and Vernon parishes. Those less likely to have received dental care include: young adults, Black respondents, respondents of "Other" races, those without dental insurance, and especially lower-income residents.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher

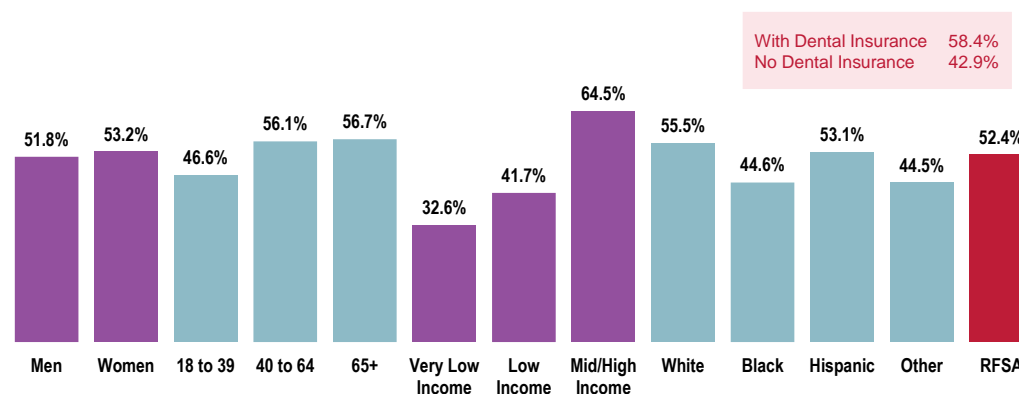


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 20]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
• 2020 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.
• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.



Have Visited a Dentist or Dental Clinic Within the Past Year (Rapides Foundation Service Area, 2021) Healthy People 2030 = 45.0% or Higher



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 20]
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
Notes: • Asked of all respondents.

Children

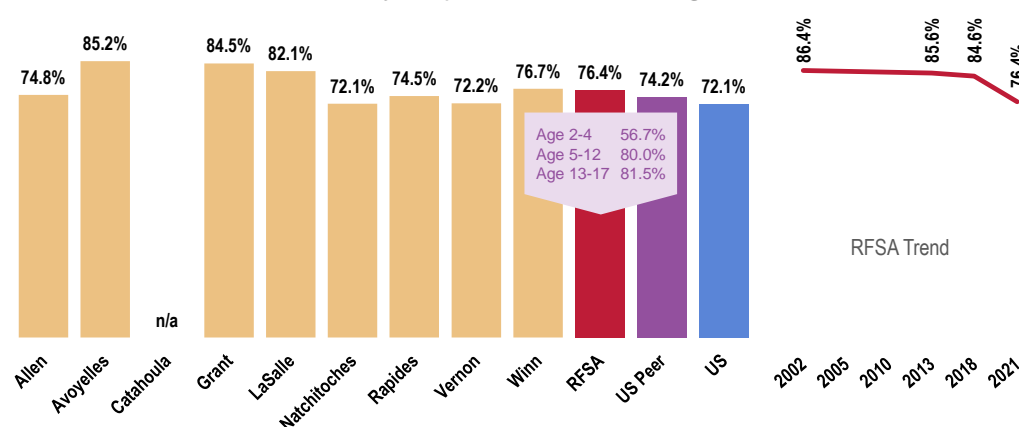
A total of 76.4% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

BENCHMARK ► Satisfies the Healthy People 2030 objective.

TREND ► Declining over time, with a significant drop since 2018.

DISPARITY ► More favorable in Avoyelles and Grant parishes and among children age 5 and older.

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Parents of Children Age 2-17) Healthy People 2030 = 45.0% or Higher

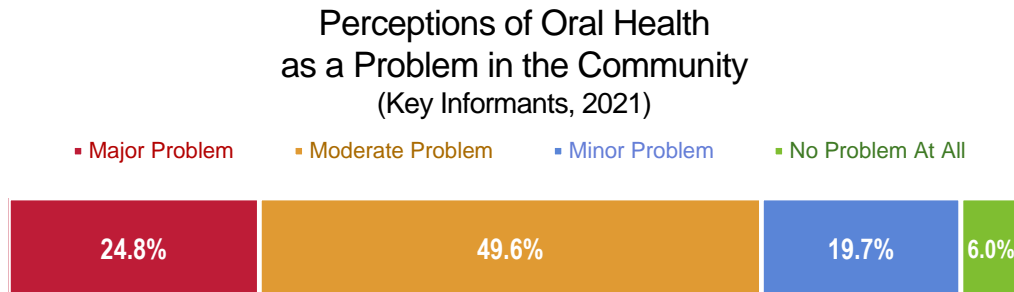


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 108]
• 2020 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
Notes: • Asked of all respondents with children age 2 through 17.
• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.



Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a “moderate problem” in the community.



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

Low income, no insurance and health issues. – Community Leader (Catahoula Parish)

Money. Education. – Social Services Provider (Rapides Parish)

This is part of a larger issue with overall health. There are a number of factors that contribute to this, most of which can be attributed to poverty. Many people in our area don't understand the connection between oral health and overall health. – Social Services Provider (Rapides Parish)

There are no dentists present in Catahoula parish. People have to travel to a dentist. The cost of dental care is so expensive. – Social Services Provider (Catahoula Parish)

Many people, even those with health insurance cannot afford dental insurance and it is often expensive with limited advantages. It is often difficult to find a dentist locally who will just pull a tooth. Patients are often referred to a specialist for this service. Elementary school teachers often report that many of their students suffer from poor oral health. – Social Services Provider (Rapides Parish)

Parents that do not take care of their oral hygiene also do not make their children's oral health a high priority. Therefore, the children begin life with oral health issues. Also, the drug usage in this area is an issue with a great number of the population's oral health. – Social Services Provider (Winn Parish)

Access for Medicare/Medicaid Patients

Medicaid and the Veterans Administration does not pay for the majority of dental work needed. People cannot afford the high cost of dental care. Due to unaffordability, people delay getting dental care until they have a major problem. – Public Health Representative (Rapides Parish)

Oral health care is a problem. The people on Medicaid do not have dentists in the area that accept this insurance. You have to travel some distance and wait long periods for the initial exam. – Community Leader (Vernon Parish)

One dentist in the area and no one takes Medicaid. – Other Health Provider (Allen Parish)

Medicaid doesn't cover preventive maintenance on health plans. No cleanings, x-rays or cavities fillings are covered. Only an exam for adult dentures is covered. – Social Services Provider (Rapides Parish)

Access to Care for Uninsured/Underinsured

People don't have dental insurance and even those that do, don't routinely use. – Other Health Professional (Rapides Parish)

Most low-income adults don't have dental insurance; therefore, they are treated at clinics on an emergency basis, which often end in tooth extraction and not annual screenings and cleanings. – Social Services Provider (Rapides Parish)

Awareness/Education

Lack of education or understanding of the importance of oral health beginning at a young age. – Social Services Provider (Rapides Parish)



Access to Care/Services

- Due to the rural location, access to dental and oral care is limited. – Public Health Representative (Allen Parish)
- Poor access. – Physician (Rapides Parish)

Affordable Insurance

- Lack of low-cost health insurance. – Social Services Provider (Rapides Parish)

Prevention/Screenings

- Poor oral health hygiene, lack of dental maintenance. – Community Leader (Vernon Parish)

Lack of Providers

- Shortage of dentists. High HPSA score for Vernon Parish. – Other Health Provider (Vernon Parish)

Affordable Care/Services

- Dental care is too expensive, so people go without fixing their teeth. – Community Leader (Rapides Parish)



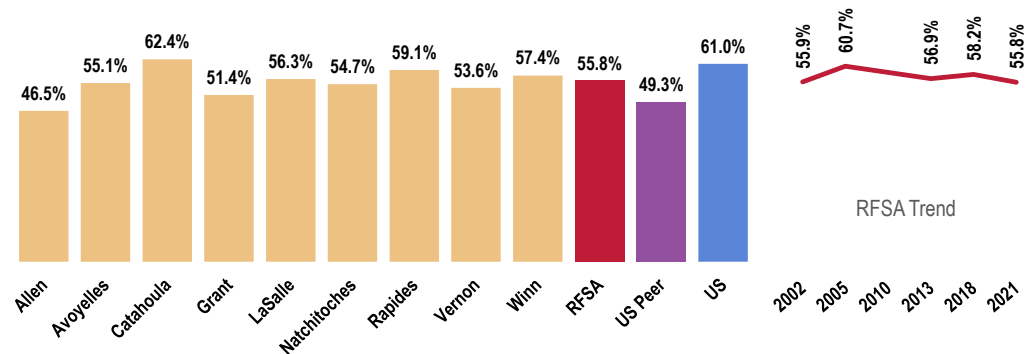
VISION CARE

A total of 55.8% of Rapides Foundation Service Area residents had an eye exam in the past two years during which their pupils were dilated.

BENCHMARK ► Lower than the national percentage. Fails to satisfy the Healthy People 2030 objective.

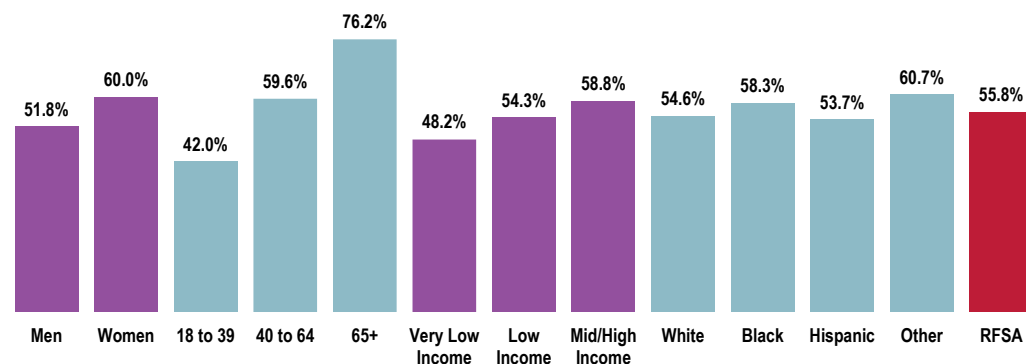
DISPARITY ► Lower in Allen Parish. Those less likely to have received vision care include men, adults younger than 65, and respondents with very low incomes.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated
Healthy People 2030 = 61.1% or Higher



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 19]
• 2020 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
Notes: • Asked of all respondents.
• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated
(Rapides Foundation Service Area, 2021)
Healthy People 2030 = 61.1% or Higher



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 19]
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
Notes: • Asked of all respondents.



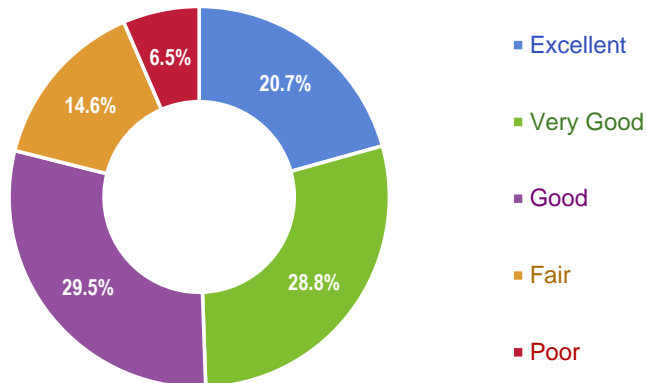


LOCAL RESOURCES

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

Nearly one-half of Rapides Foundation Service Area adults rate the overall health care services available in their community as “excellent” or “very good.”

Rating of Overall Health Care
Services Available in the Community
(Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 21.1% of residents characterize local health care services as “fair” or “poor.”

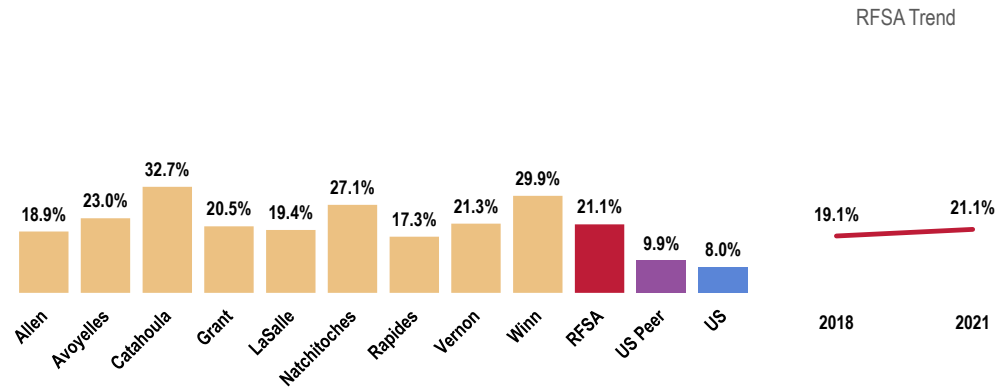
BENCHMARK ► Considerably less favorable than the US Peer and national percentages.

TREND ► Represents a significant increase since 2018.

DISPARITY ► Higher in Catahoula, Natchitoches, and Winn parishes. More often reported among adults younger than 65, lower-income residents, Hispanic respondents, respondents of “Other” races, and those with difficulty accessing services.

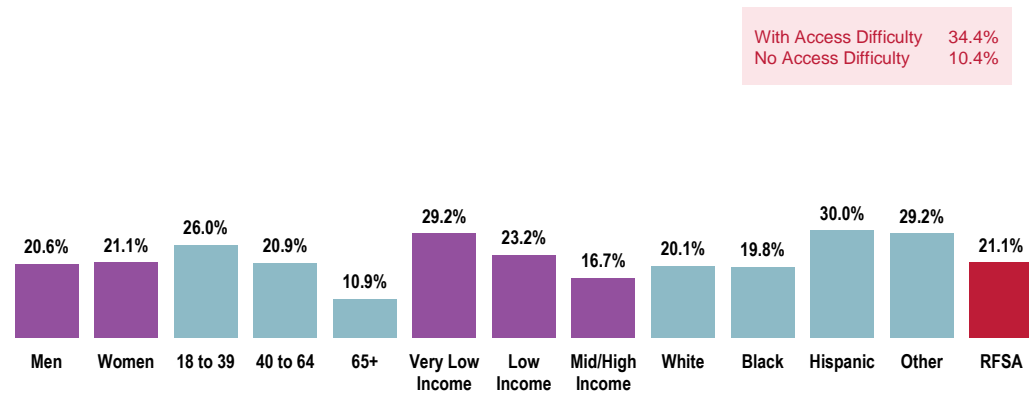


Perceive Local Health Care Services as “Fair/Poor”



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 6]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • “US Peer” represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Perceive Local Health Care Services as “Fair/Poor” (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 6]
 Notes: • Asked of all respondents.

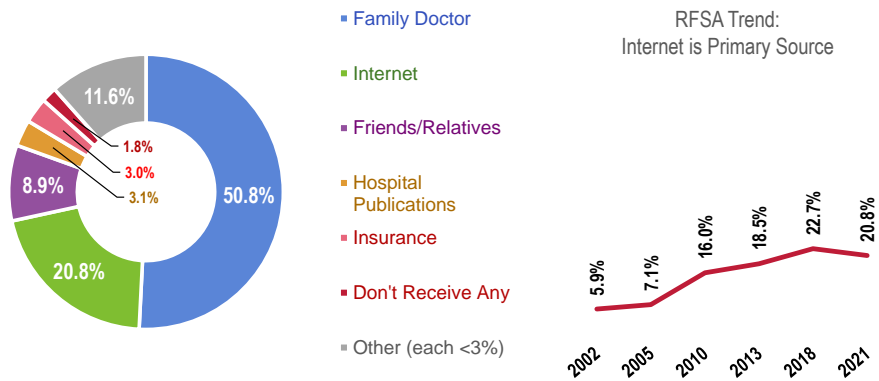


HEALTH CARE INFORMATION

Asked where they receive most of their healthcare information, half of survey respondents (50.8%) mentioned their family physician, followed by references to the internet (mentioned by 20.8%).

TREND ▶ Since 2002, the percentage of respondents indicating that their healthcare information comes primarily from the internet has increased significantly.

Primary Source of Healthcare Information
(Rapides Foundation Service Area, 2021)

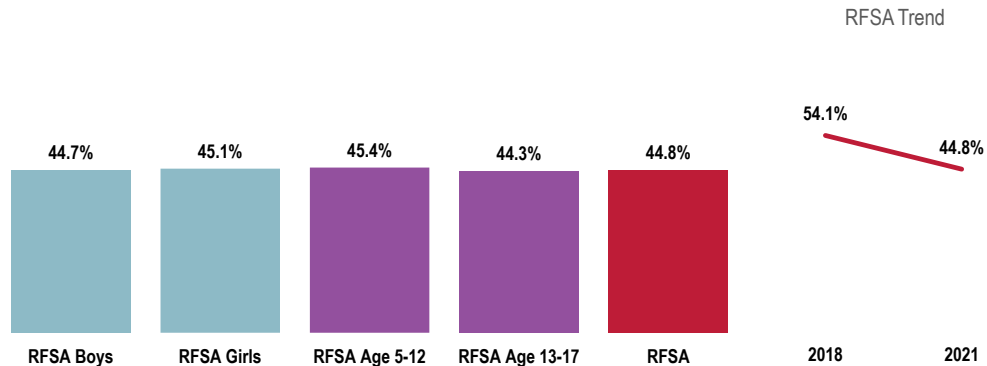


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 333]
Notes: • Asked of all respondents.

Among surveyed parents of school-age children, 44.3% indicate that their child has mentioned receiving school-based health education activities during the past year (such as nutrition, physical education, tobacco control, or substance abuse education).

TREND ▶ Denotes a significant decline since 2018.

Child Has Talked About Health Education Activities in School
During the Past Year [Such as Nutrition, Physical Education,
Tobacco Control, or Substance Abuse Education]
(RFSA Children 5-17; 2021)



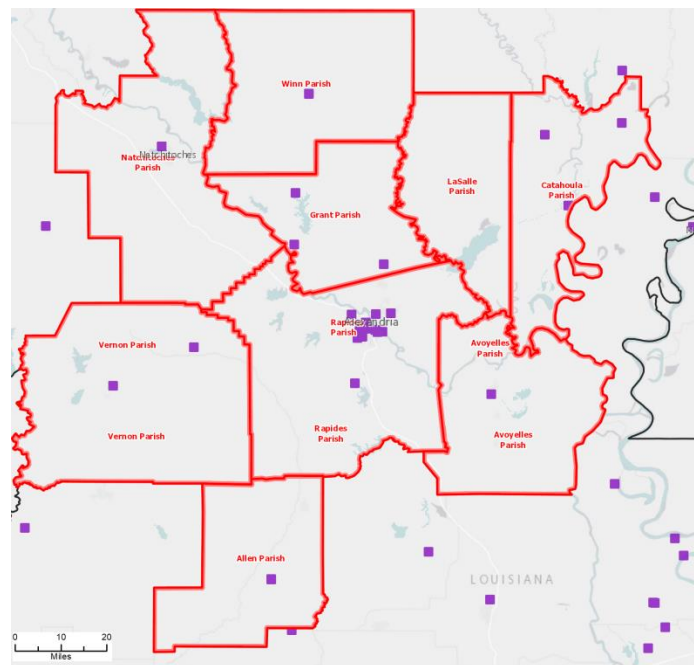
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 344]
Notes: • Asked of all respondents with children age 5-17 at home.



HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within the Rapides Foundation Service Area as of September 2020.



Map Legend

Federally Qualified Health Centers, POS
September 2020

Report Location, County

SparkMap



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

AA/NA
Avoyelles Council on Aging
Avoyelles Health Unit
Behavioral Health Services
CHRISTUS Health
CHRISTUS St. Frances Cabrini Hospital
Church Education Ministry
CLASS
Community Health Family Center
Community HealthWorx
Community Involvement
Doctor's Offices
Family/Friends
Federally Qualified Health Centers
Freedman Clinic
Health Department
Health Unit
Higher Heights Outreach
Hospitals
Huey P. Long Clinic
Incarnate Word
John's Medi Thrift Drug Store
Longleaf Behavioral Hospital
Louisiana Healthcare Connections
LSU Ag Center
Natchitoches Regional Medical Center
Natchitoches Women's Care
New Territory Crisis Center
Office of Public Health
Outpatient Medical Center
Pregnancy Center
Public Transit System
Rapides Primary Health Care
Rapides Regional Medical Center
Re-Entry Solutions
Religious Organizations
Rural Health Clinic
School System
SWLA Center for Health Services
Urgent Care Center
VA Hospital
Veterans Place

Winn Parish Medical Center
Winterhaven Behavioral Health
Women's Resource Center

Cancer

American Cancer Society
Avoyelles Hospital
Bunkie General Hospital
Cabrini Cancer Center
Cancer Agency
Cancer Center
CHRISTUS St. Frances Cabrini Hospital
Doctor's Offices
Federally Qualified Health Centers
Health Department
Hospitals
Huey P. Long Clinic
LaSalle Family Medicine
LaSalle General Hospital
LSU Feist-Weiller
Rapides Breast Center
Rapides Foundation
Rapides Foundation Healthy Lifestyles Program
Rapides Parish Health Unit
Rapides Cancer Center
Rapides Regional Medical Center
Religious Organizations
School System
St. Francis Hospital - Monroe
Susan B. Komen Breast Cancer Foundation
The Louisiana Campaign for Tobacco Free Living
Willis Knighton - Shreveport
Winn Community Health Center
Winn Parish Medical Center

Chronic Kidney Disease

CHRISTUS Health
Community Clinics
Community HealthWorx
Dialysis Center



- Doctor's Offices
- Federally Qualified Health Centers
- Fresenius
- Hospitals
- Incarnate Word
- Rapides Regional Medical Center

Coronavirus

- American Heart Association
- Avoyelles Parish School Board
- Behavioral Health Services
- Bird Hospital
- Central Louisiana Human Services District
- CHRISTUS Health
- CHRISTUS St. Frances Cabrini Hospital
- Churches
- Community Clinics
- Community Health Center
- Community HealthWorx
- Community Leaders
- CVS
- Department of Health and Hospitals
- Doctor's Offices
- Education and Awareness
- Federally Qualified Health Centers
- GOSEP/FEMA
- Health Department
- Health Unit
- Hospitals
- Huey P. Long Clinic
- Louisiana Department of Health
- LSU Strike Team
- Masks are Sold Everywhere
- Media
- Natchitoches Regional Medical Center
- National Guard
- Newspaper
- NPSB
- Office of Public Health
- Ochsner Medical Complex
- Parish Health Facilities
- Parks and Recreation
- Pharmacies
- Physical Therapy
- Rapides Foundation
- Rapides Parish Health Unit
- Rapides Primary Health Care Center
- Rapides Regional Medical Center
- Religious Organizations
- Resources for Individuals and Families
- Rotary Clubs
- School System

- Sleeve's Up Avoyelles
- State Vaccine Equity Project
- SWLA Center for Health Services
- Testing Sites
- The Power Coalition
- TREE House
- United Way of Central Louisiana
- Urgent Care Center
- VA Hospital
- Vaccinations
- Vernon Parish CHC
- Veterans Place
- Walgreens
- Winn Community Health Center
- Winn Parish Hospital

Dementia/Alzheimer's Disease

- Alzheimer's Association
- Alzheimer's Care Facilities
- Churches
- Day Programs
- Doctor's Offices
- Internet
- Library
- NARFE Alzheimer's Research Program
- Nursing Homes
- Rapides Regional Medical Center

Diabetes

- Allen Parish Hospital
- American Diabetes Association
- Bunkie General Hospital
- CHRISTUS Health
- CHRISTUS St. Frances Cabrini Hospital
- Cenla Medication Access Program (CMAP)
- Community Clinics
- Community Health Center
- Community HealthWorx
- Community Support
- Diabetes Association
- Diabetes Center
- Diabetes Related Pharmaceutical Reps
- Doctor's Offices
- Federally Qualified Health Centers
- Fitness Centers/Gyms
- Food Bank
- Freedman Clinic
- Good Food Project
- Health Department
- Health Unit
- Healthy Lifestyle



Home Health Agencies
 Hospitals
 Huey P. Long Clinic
 Incarnate Word
 Internet
 LaSalle Family Medicine
 LDH Well-Ahead Well-Spots Program
 Legacy Clinic
 Library
 Longleaf Behavioral Hospital
 LSU Ag Center
 MLK Healthcare Clinic
 Natchitoches Council on Aging
 Natchitoches Regional Medical Center
 OMC
 Parks and Recreation
 Rapides Foundation
 Rapides Foundation Healthy Lifestyles Program
 Rapides Parish Health Unit
 Rapides Primary Health Care Center
 Rapides Regional Medical Center
 Red Cross
 Religious Organizations
 Rural Health Clinic
 SWLA Center for Health Services
 Urgent Care Center
 VA Hospital
 Vernon Parish Community Health Center
 Walmart
 Winn Community Health Center
 Winn Parish Health Department
 Winn Parish Hospital
 YWCA

Disabilities

Behavioral Health Services
 Caring Choices
 Central Louisiana Human Services District
 Community Clinics
 Community HealthWorx
 Doctor's Offices
 Federally Qualified Health Centers
 Hospitals
 LaSalle Family Medicine
 Medicaid
 Natchitoches Regional Medical Center
 Opioid Coordinator
 Pain Management Clinic
 Physical Therapy
 Rehab Centers
 Spas/Massage Salons
 SWLA Center for Health Services

VA Hospital
 Veterans Place
 YWCA

Heart Disease

American Heart Association
 American Heart Society
 Avoyelles Council on Aging
 Bunkie General Hospital
 Calcium Scoring and Preventative Screenings
 CHRISTUS Health
 CHRISTUS St. Frances Cabrini Hospital
 Community Clinics
 Community HealthWorx
 Doctor's Offices
 Education and Awareness
 Farmer's Market
 Federally Qualified Health Centers
 Fitness Centers/Gyms
 Freedman Clinic
 Health Department
 Healthy Community Coalitions
 Healthy Lifestyle
 Home Health Agencies
 Hospitals
 Incarnate Word
 LaSalle General Hospital
 MLK Healthcare Clinic
 Move Bunkie Forward Grant
 Natchitoches Regional Medical Center
 Parish Health Initiatives
 Parks and Recreation
 Physical Therapy
 Rapides Foundation
 Rapides Foundation Healthy Lifestyles Program
 Rapides Regional Medical Center
 SWLA Center for Health Services
 Wellness Centers

Infant Health and Family Planning

Allen Parish Rural Health Clinic
 Bureau of Family Health
 CASA
 Central Louisiana Aids Support Services
 Central Louisiana Pregnancy Center
 Community HealthWorx
 Doctor's Offices
 Education and Awareness
 Family Court
 Family Justice Center
 FEMIR - Health Department



- Fostering Families
- Health Department
- Health Unit
- Rapides Parish Health Unit
- Welfare and Housing Programs
- WIC
- Winn Community Health Center

- School System
- Stop the Violence
- Substance Abuse Services
- The Last Adam Initiative
- Trauma Center
- Urgent Care Center
- Volunteers of America
- Youth Centers
- YWCA

Injury and Violence

- 911
- AA/NA
- Alexandria Emergency Hospital
- Alexandria Police Department
- Alpha Phi Alpha Fraternity, Inc
- At-Risk Youth Organizations
- Avoyelles Parish School Board
- Caring Choices
- Central Louisiana Advocacy Network
- Central Louisiana Human Services District
- CHRISTUS Health
- CHRISTUS St. Frances Cabrini Hospital
- Churches
- Community Health Center
- Community Meetings
- Community Outreach Programs
- Council Meetings
- Drug Court
- Education and Awareness
- Hospitals
- Huey P. Long Clinic
- Judicial Courts
- Law Enforcement
- Mayors and City Councils
- Mental Health Services
- Mentor Program
- Methadone Clinics
- Neighborhood Associations
- Neighborhood Groups
- Neighborhood Watch Programs
- Police Department
- Private Security
- Psychiatric Hospitals
- Rapides Foundation
- Rapides Parish Domestic Violence Office
- Rapides Parish School System
- Rapides Parish Sheriff's Office
- Rapides Regional Medical Center
- Rapides Urgent Care
- Re-Entry Program
- Re-Entry Solutions
- Salvation Army
- SaveCenla

Mental Health

- Allen Parish Hospital
- Allen Parish Rural Health Clinic
- Avoyelles Community Health Center
- Behavioral Health Court
- Bunkie General Hospital
- Cabrini House
- Caring Choices
- Central Louisiana Counseling Service
- Central Louisiana Human Services District
- Central Louisiana State Hospital
- Choices of Louisiana
- CHRISTUS St. Frances Cabrini Hospital
- Churches
- Compass Hospital
- Counselors
- Crossroads
- Doctor's Offices
- Federally Qualified Health Centers
- Health Department
- Homeless Coalition Resource Center
- Hope House
- Hospitals
- Internet
- Longleaf Behavioral Hospital
- Louisiana Spirit Crisis Counseling
- Manna House
- Medicaid Counseling Service - Bunkie
- Mental Health Services
- Merakey
- Natchitoches Regional Medical Center
- Oasis
- Oceans Behavioral Health
- Ochsner Medical Complex
- Outpatient Medical Center
- PACES
- Psychiatric Hospital - Bunkie
- Psychiatric Hospitals
- Rapides Primary Health Care Center
- Red River Treatment Center
- Religious Organizations
- Rural Health Clinic



- Salvation Army
- School System
- State Run Programs
- SWLA Center for Health Services
- The Extra Mile
- The Wellspring
- University Counselors
- VA Hospital
- Vernon Parish Community Health Center
- We Care Behavioral Health
- Winterhaven Behavioral Health

- Parks and Recreation
- Physical Therapy
- Rapides Foundation
- Rapides Foundation Healthy Lifestyles Program
- Rapides Regional Medical Center
- School System
- SWLA Center for Health Services
- Sycamore Farms
- Warehouse Fitness
- Wellness Centers
- Winn Community Health Center
- YWCA

Nutrition, Physical Activity, and Weight

- Advertisements
- All Hours Fitness
- Alexandria Museum of Art
- Basic Health and Fitness
- Casino
- CHRISTUS Health
- City Council
- City of Alexandria Recreation Department
- Community Sports Programs
- Courtyard Health Club
- Crossroads Soccer Association
- Dixie Youth Basketball
- Doctor's Offices
- Farmers
- Farmer's Market
- Federally Qualified Health Centers
- Fitness Centers/Gyms
- Food Bank
- Foundation
- Good Food Project
- Grocery Stores
- Healthy Lifestyle
- Home Health Agencies
- Hospitals
- Incarnate Word
- La SNAP
- LaSalle Family Medicine
- LaSalle Wellness Center
- Louisiana Athletic Club
- LSU Ag Center
- Media
- MLK Healthcare Clinic
- Move Bunkie Forward Grant
- Natchitoches Council on Aging
- Natchitoches Regional Medical Center
- Newspaper
- Northwestern University
- NSU Fitness Center
- Nutrition Services

Oral Health

- Affordable Dentures
- AG Family Dentistry, LLC
- Alexandria Dental
- Bear Family Dentistry
- Community HealthWorx
- Dentist's Offices
- Doctor's Offices
- Federally Sponsored Dental Clinic
- Health Department
- Mental Health Services
- Ochsner Medical Complex
- Outreach Center
- Rapides Primary Health Care Center
- Red River Dental
- SWLA Center for Health Services
- Vernon Parish CHC

Respiratory Diseases

- Community Clinics
- Community HealthWorx
- Doctor's Offices
- Health Department
- Healthy Lifestyle
- Home Health Agencies
- Hospitals
- LaSalle Family Medicine
- LaSalle General Hospital
- Natchitoches Regional Medical Center
- Outreach Programs
- Physical Therapy
- Public Health Facilities
- The Louisiana Campaign for Tobacco Free Living



Sexual Health

Acadiana Cares
Avoyelles Pregnancy Center
Caring Choices
Churches
CLASS
Community Clinics
Community HealthWorx
Doctor's Offices
Family/Friends
Federally Qualified Health Centers
Health Department
Health Unit
Hospitals
Huey P. Long Clinic
Internet
LaSalle Family Medicine
Office of Public Health
Pregnancy Center
Rapides Parish Health Department
Rapides Parish Health Unit
Rapides Primary Health Care Center
Rural Health Clinic
School System
Tulane Medical Group

Substance Abuse

180 Group
AA/NA
Allen Parish Hospital
Beacon Behavioral Health
Council on Alcoholism and Drug Abuse
Caring Choices
Celebrate Recovery
Central Louisiana Human Services District
Central Louisiana State Hospital
Churches
CLASS
Compass Hospital
DARE Program
Detox Centers
Doctor's Offices
Drug Court
Edgefield Recovery Center
Federally Qualified Health Centers
Health Department
Homeless Coalition Resource Center
Hope House
Hospitals
Law Enforcement
Longleaf Behavioral Hospital
Louisiana Spirit Crisis Counseling

Mental Health Services
Methadone Clinics
Narcan
Natchitoches Regional Medical Center
No Limit for Recovery Clubhouse
Office of Public Health
Police Department
Private Programs
Rapides Drug Court Treatment
Rapides Primary Health Care Center
Recovery Mission
Red River Treatment Center
Religious Organizations
Rural Health Clinic
Salvation Army
School System
State-Run Programs
Substance Abuse Services
Teen Challenge
The Extra Mile
The Wellspring

Tobacco Use

American Cancer Society
Anti-Tobacco Campaigns
Central Louisiana Human Services District
CHRISTUS St. Frances Cabrini Hospital
Cenla Medication Access Program (CMAP)
DARE Program
Doctor's Offices
Federally Qualified Health Centers
Healthy Lifestyle
Hospitals
Insurance Companies
LaSalle Family Medicine
Legislation, Smoke-Free Ordinances
Medicaid
Natchitoches Regional Medical Center
Nicotine Patches/Gum
Rapides Foundation
Rapides Regional Medical Center
School System
Smoke-Free Facilities
St. Francis Hospital - Monroe
The Louisiana Campaign for Tobacco Free Living



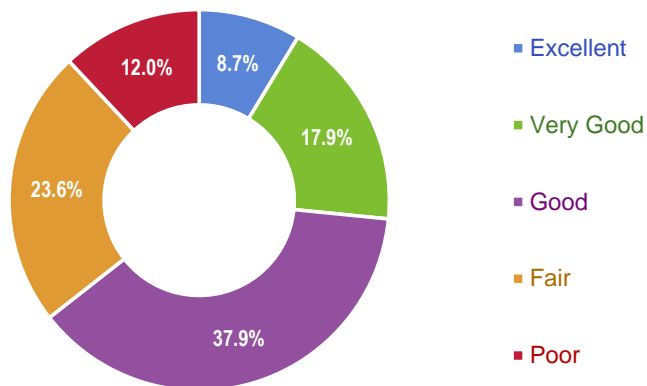


QUALITY OF LIFE

QUALITY OF LIFE IN CENTRAL LOUISIANA

Just over one-fourth of survey respondents (26.6%) rate the overall quality of life in central Louisiana as “excellent” or “very good.”

Rating of Quality of Life in Central Louisiana
(Rapides Foundation Service Area, 2021)



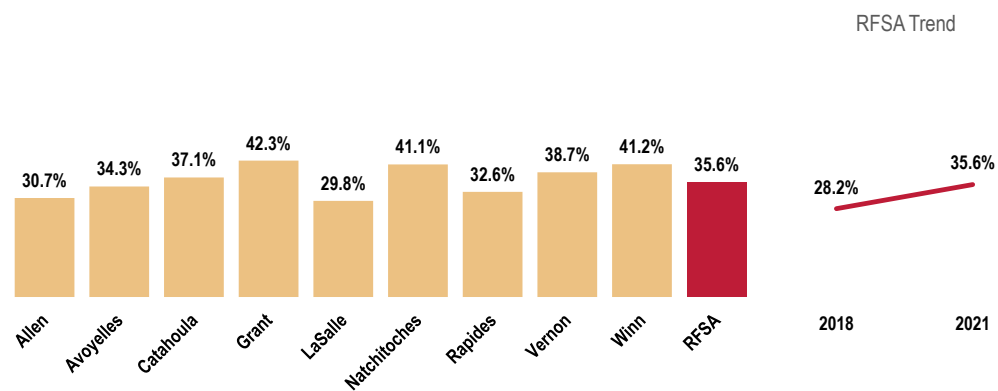
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 334]
Notes: • Asked of all respondents.

However, 35.6% of residents characterize the quality of life in central Louisiana to be “fair” or “poor.”

TREND ► Represents a significant increase since 2018.

DISPARITY ► Less favorable in Grant and Natchitoches parishes. More often reported among adults younger than 65, those at lower incomes, Black residents, and Hispanic residents.

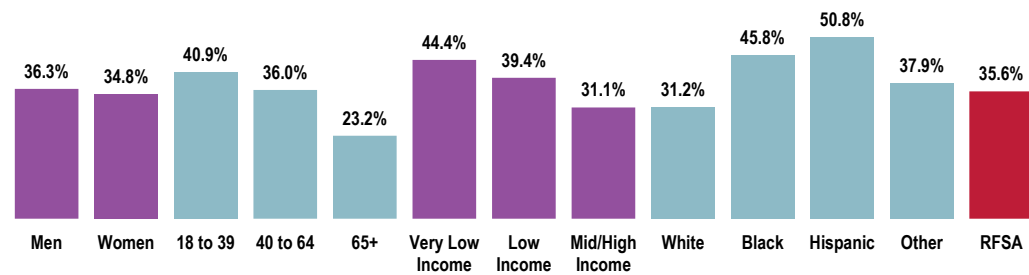
Quality of Life in Central Louisiana is “Fair/Poor”



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 334]
Notes: • Asked of all respondents.



Quality of Life in Central Louisiana is “Fair/Poor” (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 334]
Notes: • Asked of all respondents.



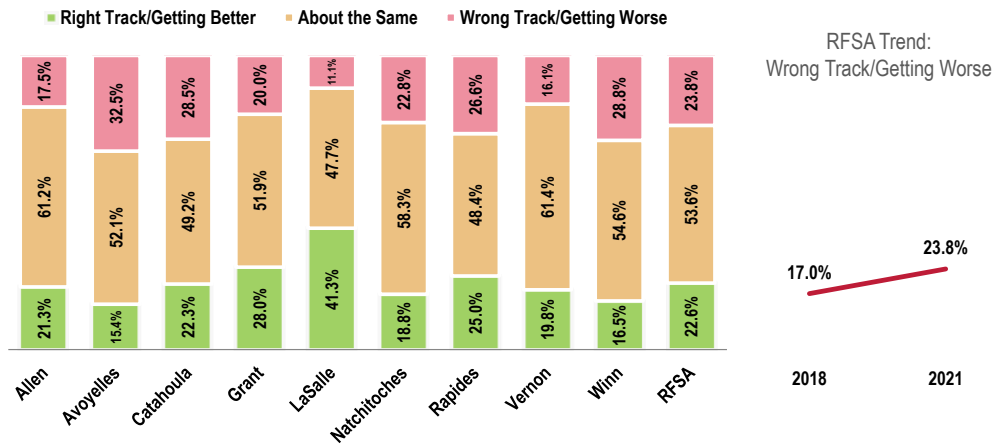
QUALITY OF LIFE IN THE PARISH

Asked about the quality of life in their respective parishes, 22.6% of survey respondents report that it is on the right track and getting better, while 53.6% feel it is staying about the same and 23.8% consider the quality of parish life to be on the wrong track and getting worse.

TREND ► “Wrong track and getting worse” responses have increased significantly since 2018.

DISPARITY ► “Wrong track and getting worse” ratings are more often reported among Avoyelles and Rapides residents.

Quality of Life in Respondent’s Parish of Residence



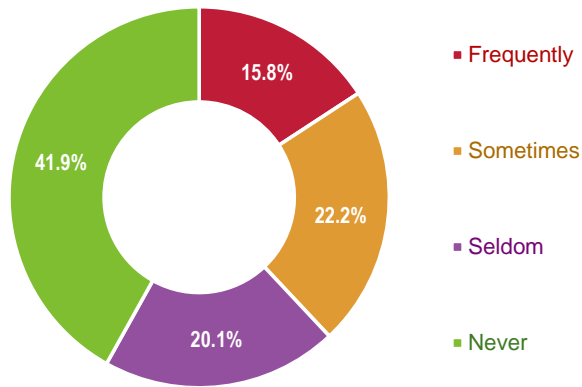
Sources: • 2021 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 335]
Notes: • Asked of all respondents.



VOLUNTEERING

While 41.9% of survey respondents “never” volunteer and 20.1% “seldom” volunteer, a total of 22.2% of RFSA adults “sometimes” volunteer and 15.8% do so “frequently.”

Frequency of Volunteering for
Charitable Organizations or Community Groups
(Rapides Foundation Service Area, 2021)

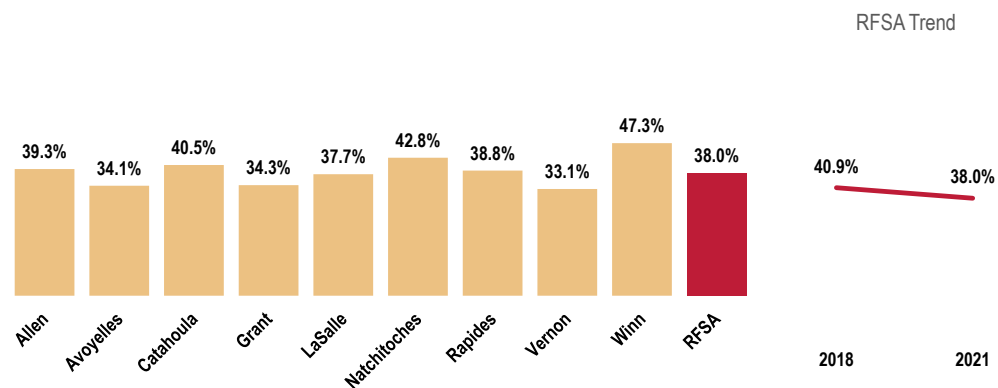


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 338]
Notes: • Asked of all respondents.

TREND ► The prevalence of survey respondents who “frequently” or “sometimes” volunteer has declined since 2018.

DISPARITY ► Reported more often in Winn Parish and among those with higher incomes.

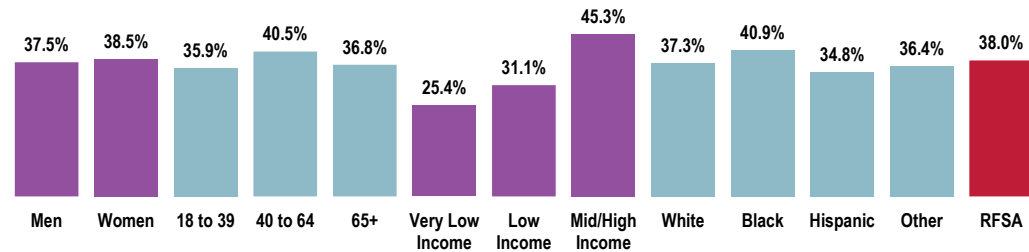
“Frequently/Sometimes” Volunteer



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 338]
Notes: • Asked of all respondents.



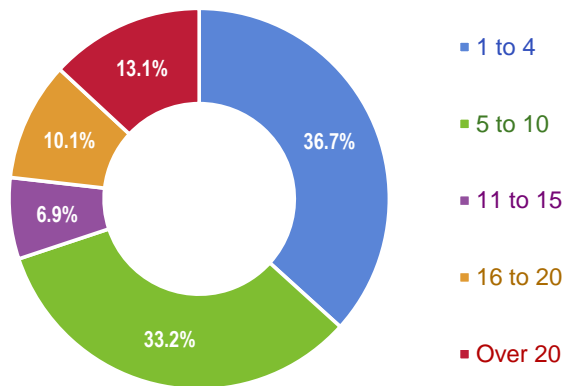
“Frequently/Sometimes” Volunteer (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 338]
Notes: • Asked of all respondents.

Among survey respondents who volunteer, 36.7% spend between one and four hours per month on volunteering, and 33.2% spend between five and 10 hours.

Number of Hours Spent Volunteering in a Typical Month (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 339]
Notes: • Asked of all respondents.



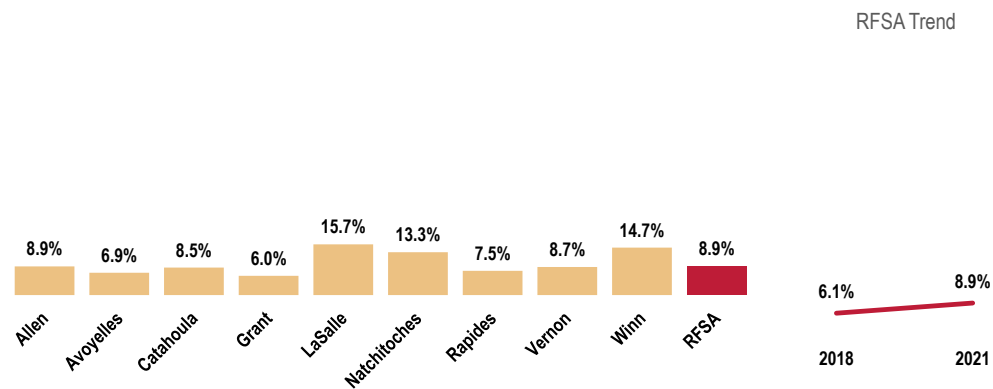
LOCAL ASSISTANCE

Among adults in the Rapides Foundation Service Area, 8.9% have received assistance from a local program, church, or charitable organization in the past month.

TREND ► The prevalence of RFSA residents who have received assistance has increased significantly since 2018.

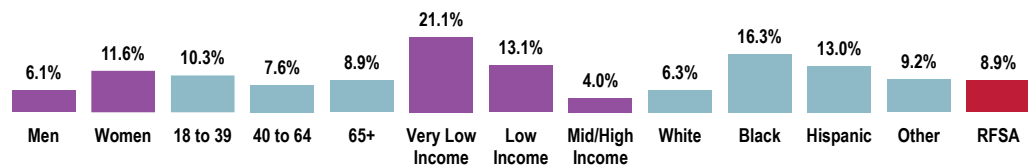
DISPARITY ► Higher in LaSalle, Natchitoches, and Winn parishes. Those more likely to have received assistance include women, lower-income residents, Black respondents, and Hispanic respondents.

Received Assistance from a Local Program, Church, or Charitable Organization in the Past Month



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 340]
Notes: • Asked of all respondents.

Received Assistance from a Local Program, Church, or Charitable Organization in the Past Month (Rapides Foundation Service Area, 2021)

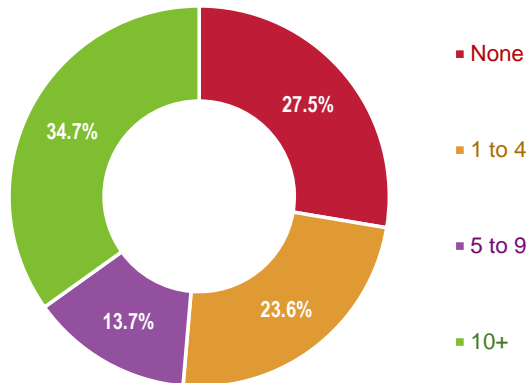


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 340]
Notes: • Asked of all respondents.



Asked to estimate the number of acquaintances who have benefited from charitable organizations or community groups, a total of 34.7% of respondents said 10 or more.

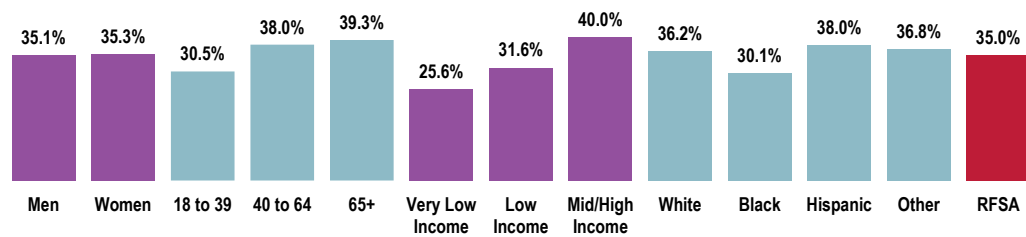
Approximate Number of Acquaintances Who Have Benefited from Charitable Organizations or Community Groups (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 341]
Notes: • Asked of all respondents.

DISPARITY ► Higher in Allen Parish (not shown). Reported more often among adults age 40+ and those with higher incomes.

Know At Least 10 People Benefiting from Charities (Rapides Foundation Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 161]
Notes: • Asked of all respondents.

