



2024 COMMUNITY HEALTH NEEDS ASSESSMENT

Natchitoches Parish, Louisiana

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INTRODUCTION

PROJECT OVERVIEW

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, a follow-up to similar studies conducted in 2002, 2005, 2010, 2013, 2018, and 2021, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Natchitoches Parish as part of a larger study conducted by The Rapides Foundation. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

This assessment was conducted on behalf of The Rapides Foundation by Professional Research Consultants, Inc. (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.

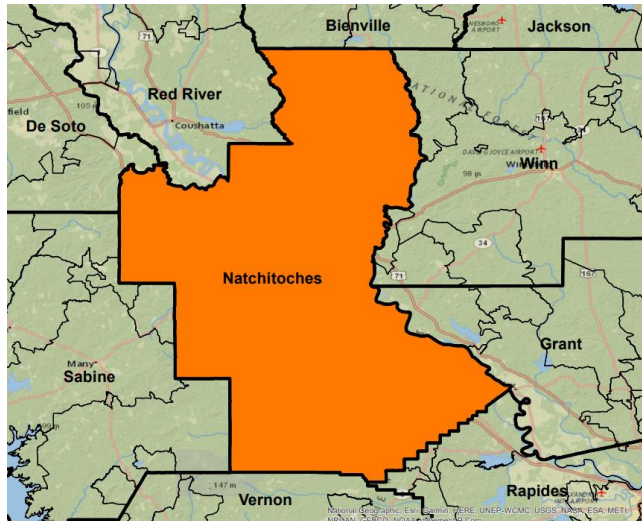
PRC Community Health Survey

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 focus of the data presented in this report is Natchitoches Parish, Louisiana.



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. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a stratified random sample of 396 individuals age 18 and older in Natchitoches Parish. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Natchitoches Parish as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

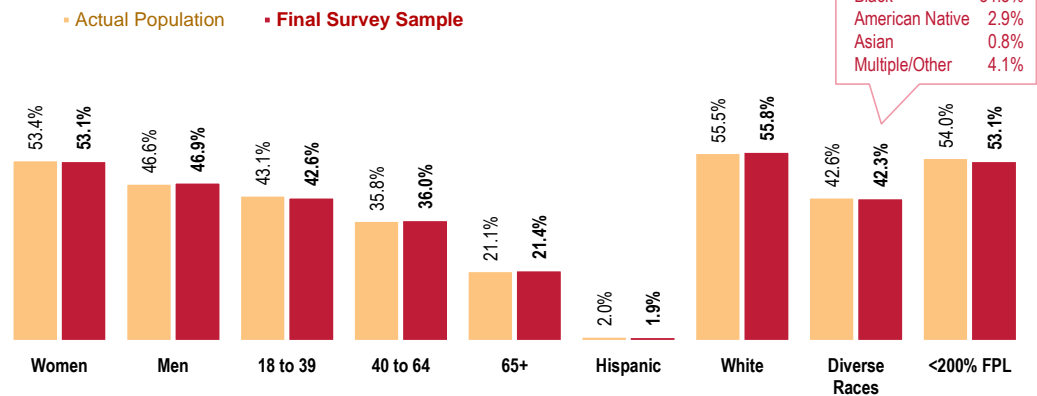
For statistical purposes, the maximum rate of error associated with a sample size of 396 respondents is $\pm 5.2\%$ at the 95 percent confidence level.

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.

The following chart outlines the characteristics of the Natchitoches Parish 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
(Natchitoches Parish, 2024)



Sources:

- US Census Bureau, 2016-2020 American Community Survey.
- 2024 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.

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 was also implemented in Natchitoches Parish 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, 10 Natchitoches Parish community representatives took part in the Online Key Informant Survey. Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the organizations outlined below.

- Ben D. Johnson Educational Center
- Campiti Community Development Center
- Cane River Children's Services
- Louisiana Extended Care Hospital of Natchitoches
- Mt. Carmel Baptist Church
- Natchitoches Parish Police Jury
- Natchitoches Parish School Board
- Natchitoches Regional Medical Center

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.

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 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, National Center for Health Statistics
- National Cancer Institute, State Cancer Profiles
- 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

Trending

Similar surveys were administered in Natchitoches Parish in 2002, 2005, 2010, 2013, 2018, and 2021 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.

Regional Data

Regional risk factor data are provided from the broader nine-parish assessment for The Rapides Foundation Service Area (RFSA), of which this assessment is a part. The regional RSFA findings reflect data for Allen, Avoyelles, Catahoula, Grant, LaSalle, Natchitoches, Rapides, Vernon, and Winn parishes in Central Louisiana.

Louisiana Data

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. For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2023 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 findings (from various existing resources) are also provided for comparison of secondary data indicators.

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.



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 US 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, LGBTQ+ residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, 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 2024 FINDINGS FOR NATCHITOCHE PARISH	FAVORABLE TRENDS	UNFAVORABLE TRENDS
	<ul style="list-style-type: none"> ACCESS TO HEALTH CARE SERVICES 7.2% of adults age 18 to 64 have no insurance coverage, either through private or public sources (US = 8.1%). 43.5% of all adults have experienced some kind of difficulty accessing health care in the past year (US = 52.5%). 8.2% of parents in the parish had trouble getting health care for their child in the past year (US = 11.1%). 71.5% of adults have had a routine checkup in the past year (US = 65.3%). 18.4% have used an emergency room more than once in the past year for their own health (US = 15.6%). 	<ul style="list-style-type: none"> Lack of Health Insurance Cost of Physician Visits Cost of Prescriptions 	<ul style="list-style-type: none"> Lack of Transportation Emergency Room Utilization Internet is the Primary Source for Health Information
	<ul style="list-style-type: none"> CANCER Cancer is a leading cause of death. 74.6% of parish women age 50-74 have had a mammogram in the past two years (US = 64.0%). 69.5% of parish women age 21-65 have had a Pap smear test in the past three years (US = 75.4%). 69.5% of all parish adults age 45-75 have had appropriate colorectal cancer screening (US = 71.5%). 		<ul style="list-style-type: none"> Cancer Prevalence Female Breast Cancer Screening Cervical Cancer Screening
	<ul style="list-style-type: none"> DIABETES 18.0% of parish adults have been diagnosed with diabetes by a health care professional (US = 12.8%). 8.9% have prediabetes or borderline diabetes (US = 15.0%). 	<ul style="list-style-type: none"> Kidney Disease Deaths 	<ul style="list-style-type: none"> Diabetes Deaths Diabetes Prevalence
	<ul style="list-style-type: none"> DISABLING CONDITIONS 34.5% of adults in the parish experience activity limitations due to a physical, mental, or emotional health issue (US = 27.5%). 22.9% experience high-impact chronic pain that has limited their activities every day or on most days during the past six months (US = 19.6%). 28.8% are caregivers for a friend or family member who has a long-term health condition (US = 22.8%). 		<ul style="list-style-type: none"> Multiple Chronic Conditions Activity Limitations
	<ul style="list-style-type: none"> HEART DISEASE & STROKE Heart disease is a leading cause of death. 45.4% of adults have been told by a health professional that they have high blood pressure (US = 40.4%). 34.9% of adults have been told by a health professional that they have high blood cholesterol (US = 32.4%). 91.0% exhibit at least one cardiovascular risk factor: high blood pressure or cholesterol, being overweight, not getting enough physical activity, and/or smoking cigarettes (US = 87.8%). 		<ul style="list-style-type: none"> Heart Disease Prevalence Stroke Deaths High Blood Pressure Prevalence High Blood Cholesterol Prevalence
	<ul style="list-style-type: none"> HOUSING 26.7% of adults rate the condition of neighborhood homes as "fair" or "poor" (US = n/a). 54.0% gave "fair/poor" ratings for the availability of affordable local housing (US = n/a). 		<ul style="list-style-type: none"> "Fair/Poor" Condition of Neighborhood Homes "Fair/Poor" Availability of Affordable Housing
	<ul style="list-style-type: none"> INFANT HEALTH & FAMILY PLANNING The parish teen birth rate is 24.4 births to females age 15-19 for every 1,000 females in that age group (US = 16.6). 12.0% of live births were low birth-weight (US = 8.3%). 	<ul style="list-style-type: none"> Infant Deaths 	

	KEY 2024 FINDINGS FOR NATCHITOCHEs PARISH	FAVORABLE TRENDS	UNFAVORABLE TRENDS
	<ul style="list-style-type: none"> • INJURY & VIOLENCE • 5.0% of parish adults were victims of a violent crime in the past 5 years (US = 7.0%). • 18.2% of residents have ever experienced intimate partner violence (US = 20.3%). 	<ul style="list-style-type: none"> • Child “Always” Uses Seat Belt/Car Seat 	<ul style="list-style-type: none"> • Unintentional Injury Deaths • Intimate Partner Violence
	<ul style="list-style-type: none"> • MENTAL HEALTH • 20.6% of survey respondents rate their own mental health as “fair” or “poor” (US = 24.4%). • 31.2% of adults have been diagnosed with depression by a health care professional (US = 30.8%). • 23.3% of residents are currently receiving mental health treatment (US = 21.9%). • 8.9% of adults have been unable to get the mental health services they needed in the past year (US = 13.2%). 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • “Fair/Poor” Mental Health • 3+ Days of Poor Mental Health • Symptoms of Chronic Depression • Receiving Treatment for Mental Health
	<ul style="list-style-type: none"> • NUTRITION, OVERWEIGHT & PHYSICAL ACTIVITY • 40.3% of respondents report difficulty buying fresh produce (US = 30.0%). • 20.0% of parish <u>adults</u> currently meet physical activity guidelines (US = 30.3%). • 53.6% of parish <u>children</u> age 2-17 are physically active for at least one hour per day (US = 27.4%). • 72.6% of parish adults are overweight, including 42.2% who are obese (US = 63.3% and 33.9%, respectively). 	<ul style="list-style-type: none"> • Weight Loss Attempts • Overweight/Obesity (Children) 	<ul style="list-style-type: none"> • Difficulty Accessing Fresh Produce • “Often” Seeing Active Community Residents • Overweight/Obesity (Adults)
	<ul style="list-style-type: none"> • ORAL HEALTH • 56.2% of <u>adults</u> in the parish had a dental visit in the past year (US = 56.5%). • 80.3% of <u>children</u> age 2-17 had a dental visit in the past year (US = 77.8%). 		<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • RESPIRATORY DISEASE • 68.0% of parish adults age 65+ have had a flu vaccine in the past year (US = 70.9%). • 11.8% of parish adults have been diagnosed with chronic obstructive pulmonary disease or COPD (US = 11.0%). 	<ul style="list-style-type: none"> • Pneumonia/Influenza Deaths 	<ul style="list-style-type: none"> • Lung Disease Deaths
	<ul style="list-style-type: none"> • SEXUAL HEALTH • The parish reports an HIV prevalence rate of 430.4 cases per 100,000 population (US = 386.6). • The parish reports a chlamydia incidence rate of 1,172.8 cases per 100,000 population (US = 495.0) and a gonorrhea incidence rate of 442.9 cases per 100,000 population (US = 194.4). 		<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • SUBSTANCE USE • 19.2% of local adults report excessive drinking, including binge drinking or an high average number of drinks per day (US = 34.3%). • 5.6% report using an illicit drug in the past month (US = 8.4%). • 18.3% of parish adults have used a prescription opioid in the past year (US = 15.1%). • 4.3% of all respondents have ever sought help for an alcohol or drug-related issue (US = 6.8%). 	<ul style="list-style-type: none"> • Use of Prescription Opioids 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • TOBACCO USE • 22.6% of parish adults currently smoke cigarettes (US = 23.9%). • 13.3% currently use vaping products (US = 18.5%). • 9.6% currently use smokeless tobacco (US = n/a). 		<ul style="list-style-type: none"> • Use of Vaping Products • Professional Cessation Advice

Summary Tables

Comparisons With Benchmark Data

The following tables provide an overview of indicators in Natchitoches Parish. These data are grouped by health topic.


























Reading the Summary Tables

- In the following tables, Natchitoches Parish results are shown in the larger, gray column.
- ■ The columns to the right of the parish column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether the parish 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	Natchitoches Parish	NATCHITOCHES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
Linguistically Isolated Population (Percent)	0.2	 0.7	 1.6	 3.9		
Population in Poverty (Percent)	25.9	 20.2	 18.7	 12.5	 8.0	
Children in Poverty (Percent)	27.9	 26.5	 25.8	 16.7	 8.0	
No High School Diploma (Age 25+, Percent)	12.5	 15.3	 13.3	 10.9		
Unemployment Rate (Age 16+, Percent)	5.3	 4.8	 4.5	 4.3		 8.0
Population With Low Food Access (Percent)	27.9	 33.8	 26.4	 22.2		
% "Fair/Poor" Condition of Neighborhood Homes	26.7	 25.5				 17.6
% "Fair/Poor" Availability of Affordable Housing	54.0	 51.6				 38.9

 better
  similar
  worse



















































OVERALL HEALTH	Natchitoches Parish	NATCHITOCHES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
% "Fair/Poor" Overall Health	22.4	 20.9	 21.7	 15.7		 20.4
% 3+ Days Poor Physical Health in Past Month	35.8	 34.8				 30.2

 better
  similar
  worse



















ACCESS TO HEALTH CARE	Natchitoches Parish	NATCHITOCHEES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
% [Age 18-64] Lack Health Insurance	7.2	8.6	8.7	8.1	7.6	26.0
% Difficulty Accessing Health Care in Past Year (Composite)	43.5	45.6		52.5		43.5
% Cost Prevented Physician Visit in Past Year	14.4	16.4		21.6		21.9
% Cost Prevented Getting Prescription in Past Year	17.0	16.4		20.2		24.1
% Difficulty Getting Appointment in Past Year	17.6	20.5		33.4		20.0
% Inconvenient Hrs Prevented Dr Visit in Past Year	17.2	15.4		22.9		13.5
% Difficulty Finding Physician in Past Year	15.0	16.0		22.0		14.2
% Transportation Hindered Dr Visit in Past Year	17.2	14.3		18.3		8.2
% Difficulty Getting Child's Health Care in Past Year	8.2	7.8		11.1		7.7
Primary Care Doctors per 100,000	58.6	73.6	86.1	110.3		
% Have a Specific Source of Ongoing Care	77.2	70.5		69.9	84.0	76.2
% Internet is the Primary Source for Healthcare Information	24.0	23.0				8.2
% Routine Checkup in Past Year	71.5	72.6	80.6	65.3		69.8
% [Child 0-17] Routine Checkup in Past Year	89.7	85.2		77.5		87.4
% Two or More ER Visits in Past Year	18.4	16.2		15.6		11.3
% Rate Local Health Care "Fair/Poor"	21.6	22.4		11.5		27.5




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NATCHITOCHEES PARISH vs. BENCHMARKS




CANCER	Natchitoches Parish	NATCHITOCHEES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
Cancer Deaths per 100,000 (Age-Adjusted)	188.4	 178.4	 165.7	 146.5	 122.7	 182.2
Lung Cancer Deaths per 100,000 (Age-Adjusted)	47.0		 48.4	 38.9	 25.1	
Female Breast Cancer Deaths per 100,000 (Age-Adjusted)	23.6		 23.1	 20.2	 15.3	
Prostate Cancer Deaths per 100,000 (Age-Adjusted)	22.6		 20.5	 19.0	 16.9	
Colorectal Cancer Deaths per 100,000 (Age-Adjusted)	22.5		 16.8	 14.0	 8.9	
Cancer Incidence per 100,000 (Age-Adjusted)	501.9	 476.4	 478.3	 442.3		
Lung Cancer Incidence per 100,000 (Age-Adjusted)	59.6	 65.5	 61.5	 54.0		
Female Breast Cancer Incidence per 100,000 (Age-Adjusted)	149.1	 112.1	 127.5	 127.0		
Prostate Cancer Incidence per 100,000 (Age-Adjusted)	130.6	 121.9	 138.1	 110.5		
Colorectal Cancer Incidence per 100,000 (Age-Adjusted)	59.2	 53.0	 44.3	 36.5		
% Cancer	10.5	 8.6	 10.4	 7.4		 5.3
% [Women 50-74] Breast Cancer Screening	74.6	 74.3	 82.1	 64.0	 80.5	 88.3
% [Women 21-65] Cervical Cancer Screening	69.5	 70.2		 75.4	 84.3	 82.8
% [Age 45-75] Colorectal Cancer Screening	69.5	 70.0	 73.2	 71.5	 74.4	 65.8






























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  worse

DIABETES	Natchitoches Parish	NATCHITOCHES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
Diabetes Deaths per 100,000 (Age-Adjusted)	26.7	 20.0	 28.8	 22.6		 20.2
% Diabetes/High Blood Sugar	18.0	 15.8	 14.7	 12.8		 8.0
% Borderline/Pre-Diabetes	8.9	 10.3		 15.0		 11.7
Kidney Disease Deaths per 100,000 (Age-Adjusted)	10.2		 20.5	 12.9		 27.4
% Kidney Disease	6.7	 5.7	 4.5	 4.1		 5.5











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  worse

DISABLING CONDITIONS	Natchitoches Parish	NATCHITOCHES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
% 3+ Chronic Conditions	47.3	 44.5		 38.0		 28.7
% Activity Limitations	34.5	 30.9		 27.5		 16.6
% High-Impact Chronic Pain	22.9	 22.7		 19.6	 6.4	
% Arthritis	26.1	 27.0				 28.4
Alzheimer's Disease Deaths per 100,000 (Age-Adjusted)	46.7	 55.2	 43.1	 30.9		 50.8
% Caregiver to a Friend/Family Member	28.8	 28.8		 22.8		 31.4





























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HEART DISEASE & STROKE	Natchitoches Parish	NATCHITOCHES PARISH vs. BENCHMARKS				
		vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
Heart Disease Deaths per 100,000 (Age-Adjusted)	216.6	 274.2	 213.8	 164.4	 127.4	 217.0
% Heart Disease	11.6	 12.0	 8.0	 10.3		 6.5
Stroke Deaths per 100,000 (Age-Adjusted)	58.3	 50.8	 45.8	 37.6	 33.4	 33.9
% Stroke	3.0	 4.6	 4.9	 5.4		 3.1
% High Blood Pressure	45.4	 46.6	 40.2	 40.4	 42.6	 36.9
% High Cholesterol	34.9	 35.1		 32.4		 21.3
% 1+ Cardiovascular Risk Factor	91.0	 92.0		 87.8		 92.7

















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  similar
  worse












INFANT HEALTH & FAMILY PLANNING	Natchitoches Parish	NATCHITOCHES PARISH vs. BENCHMARKS				
		vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
Teen Births per 1,000 Females 15-19	24.4	 36.4	 27.0	 16.6		
Low Birthweight (Percent of Births)	12.0	 10.6	 10.9	 8.3		
Infant Deaths per 1,000 Births	11.2		 7.6	 5.6	 5.0	 13.5

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  similar
  worse























INJURY & VIOLENCE	Natchitoches Parish	NATCHITOCHES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
Unintentional Injury Deaths per 100,000 (Age-Adjusted)	68.6	 68.1	 66.8	 51.6	 43.2	 52.9
Motor Vehicle Crash Deaths per 100,000 (Age-Adjusted)	22.8	 21.4	 16.7	 11.4	 10.1	
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	87.8	 85.8				 71.5
[65+] Fall-Related Deaths per 100,000 (Age-Adjusted)	43.4	 34.2	 38.6	 61.6	 63.4	
Homicide Deaths per 100,000 (Age-Adjusted)	13.5	 9.7	 13.7	 5.9	 5.5	
Violent Crimes per 100,000	694.9	 633.1	 562.3	 416.0		
% Victim of Violent Crime in Past 5 Years	5.0	 5.2		 7.0		 2.8
% Victim of Intimate Partner Violence	18.2	 20.7		 20.3		 10.1

























 better
  similar
  worse

MENTAL HEALTH	Natchitoches Parish	NATCHITOCHES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
% "Fair/Poor" Mental Health	20.6	 24.9		 24.4		 11.7
% 3+ Days Poor Mental Health in Past Month	40.6	 42.2				 33.0
% Diagnosed Depression	31.2	 30.2	 26.4	 30.8		 29.5
% Symptoms of Chronic Depression	44.9	 44.0		 46.7		 30.7
Suicide Deaths per 100,000 (Age-Adjusted)	12.9	 16.7	 14.0	 13.3	 12.8	










MENTAL HEALTH (continued)	Natchitoches Parish	NATCHITOCHES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
Mental Health Providers per 100,000	274.6	 177.6	 183.2	 182.5		
% Have Ever Sought Help for Mental Health	34.2	 33.2				 34.5
% Receiving Mental Health Treatment	23.3	 23.5		 21.9		 11.4
% Unable to Get Mental Health Services in Past Year	8.9	 8.7		 13.2		 12.7

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

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Natchitoches Parish	NATCHITOCHES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
% "Very/Somewhat" Difficult to Buy Fresh Produce	40.3	 37.5		 30.0		 19.5
% Consume 2+ Servings of Fruit per Day	38.4	 40.6				
% Consume 3+ Servings of Vegetables per Day	9.3	 10.0				
% [Age 2-17] Child Consumes 2+ Servings of Fruit per Day	65.3	 63.2				
% [Age 2-17] Child Consumes 3+ Servings of Vegetables per Day	10.2	 14.8				
% No Leisure-Time Physical Activity	32.5	 31.5	 28.3	 30.2	 21.8	 29.1
% Meet Physical Activity Guidelines	20.0	 21.9	 19.7	 30.3	 29.7	 23.8
% [Child 2-17] Physically Active 1+ Hours per Day	53.6	 46.7		 27.4		 49.3
% [Child Age 2-17] 3+ Hours per Day of Screen Time	51.6	 45.7				 39.9

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	Natchitoches Parish	NATCHITOCHES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
% "Often" See Others in Community Being Physically Active	37.0	 34.9				 49.8
% "Fair/Poor" Local Physical Activity Opportunities	34.5	 38.3				 31.8
% Overweight (BMI 25+)	72.6	 72.7	 71.7	 63.3		 65.3
% Obese (BMI 30+)	42.2	 40.4	 40.1	 33.9	 36.0	 29.8
% Medical Advice on Weight in Past Year	25.6	 22.5				 25.3
% [Overweights] Trying to Lose Weight	39.2	 35.0				 30.3
% [Child 5-17] Overweight (85th Percentile)	31.5	 39.2		 31.8		 47.1
% [Child 5-17] Obese (95th Percentile)	16.4	 24.7		 19.5	 15.5	 30.0










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ORAL HEALTH	Natchitoches Parish	NATCHITOCHES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
% Dental Visit in Past Year	56.2	 50.5	 60.4	 56.5	 45.0	 58.7
% [Child 2-17] Dental Visit in Past Year	80.3	 76.3		 77.8	 45.0	 84.1






















 better
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RESPIRATORY DISEASE	Natchitoches Parish	NATCHITOCHES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
Lung Disease Deaths per 100,000 (Age-Adjusted)	63.1	 63.0	 41.1	 38.1		 41.5
Pneumonia/Influenza Deaths per 100,000 (Age-Adjusted)	14.2		 14.2	 13.4		 20.5
% Received a COVID Vaccine or Booster in the Past 12 Months	21.6	 19.6				
% [Age 65+] Flu Vaccine in Past Year	68.0	 65.6	 64.3	 70.9		 72.0
% [Age 65+] Pneumonia Vaccine Ever	69.1	 71.1				 75.6
% COPD (Lung Disease)	11.8	 8.9	 9.3	 11.0		 10.8























 better
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SEXUAL HEALTH	Natchitoches Parish	NATCHITOCHES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
HIV Prevalence per 100,000	430.4	 467.6	 568.3	 386.6		
Chlamydia Incidence per 100,000	1172.8	 826.5	 788.6	 495.0		
Gonorrhea Incidence per 100,000	442.9	 371.7	 327.1	 194.4		

 better
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SUBSTANCE USE	Natchitoches Parish	NATCHITOCHEES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
Alcohol-Induced Deaths per 100,000 (Age-Adjusted)	11.3	 6.4	 6.3	 9.5		
% Excessive Drinking	19.2	 19.4	 18.8	 34.3		 24.5
% Rode w/ Drunk Driver in Past Month	8.3	 6.0				 8.8
Unintentional Drug-Induced Deaths per 100,000 (Age-Adjusted)	8.2	 14.9	 19.7	 15.8		
% Used an Illicit Drug in Past Month	5.6	 6.5		 8.4		 3.1
% Used a Prescription Opioid in Past Year	18.3	 19.7		 15.1		 28.0
% Ever Sought Help for Alcohol or Drug Problem	4.3	 6.7		 6.8		 1.9

 better
  similar
  worse

TOBACCO USE	Natchitoches Parish	NATCHITOCHEES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
% Smoke Cigarettes	22.6	 26.7	 16.7	 23.9	 6.1	 19.8
% Someone Smokes at Home	20.3	 20.2		 17.7		 16.7
% Use Vaping Products	13.3	 16.2	 10.4	 18.5		 6.9
% [Smokers] Received Advice to Quit Smoking	42.3	 48.8		 57.8	 58.1	 62.0
% [Smokers] Have Quit Smoking 1+ Days in Past Year	34.1	 41.5	 57.1	 53.1	 65.7	
% Use Smokeless Tobacco	9.6	 8.2				 8.7

 better
  similar
  worse



DATA CHARTS & KEY INFORMANT INPUT

The following sections present data from multiple sources, including the population-based PRC Community Health Survey, public health and other existing data sets (secondary data), as well as qualitative input from the Online Key Informant Survey.

Data indicators from these sources are intermingled and organized by health topic. To better understand the source data for specific indicators, please refer to the footnotes accompanying each chart.

COMMUNITY CHARACTERISTICS

Population Characteristics

Land Area, Population Size & Density

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density.

Total Population
(2020)

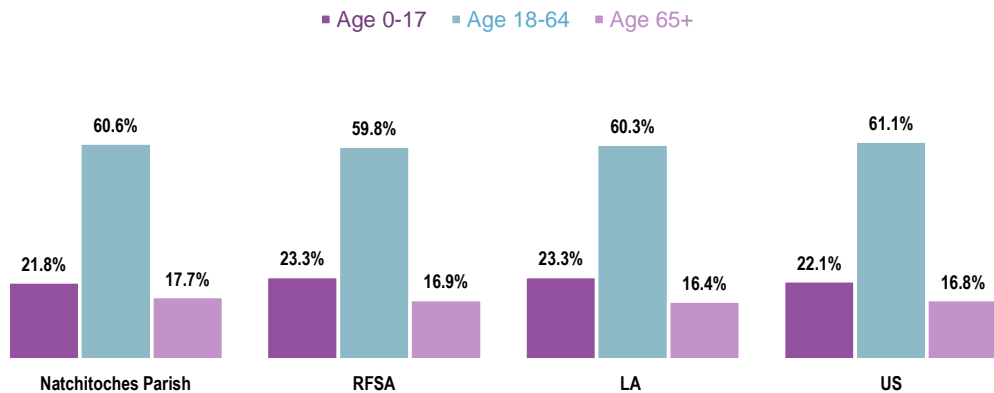
	Total Population	Total Land Area (square miles)	Population Density (per square mile)
Natchitoches Parish	37,515	1,253.32	30
Rapides Foundation Service Area	338,352	8,420.51	40
Louisiana	4,657,757	43,209.99	108
United States	331,449,281	3,533,018.38	94

Sources:
 • US Census Bureau American Community Survey, Decennial Census 2020.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

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.

Total Population by Age Groups
(2020)



Sources:
 • US Census Bureau American Community Survey 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

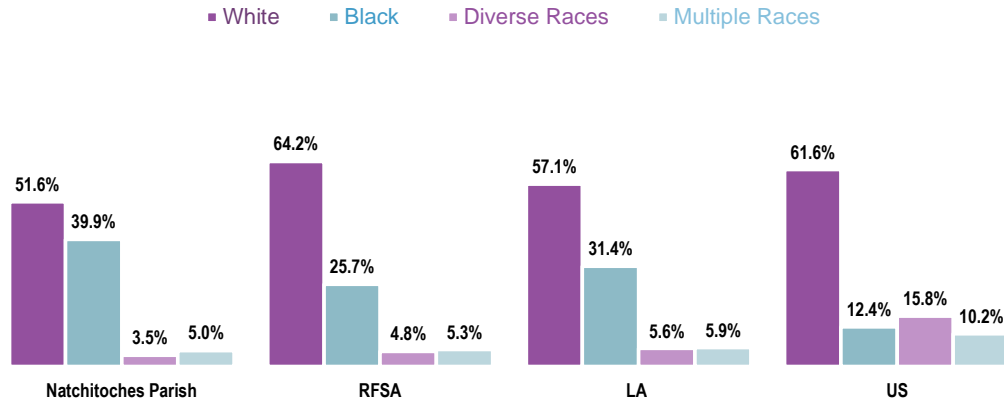


Race & Ethnicity

The following charts illustrate the racial and ethnic makeup of our community.

Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Total Population by Race Alone (2020)



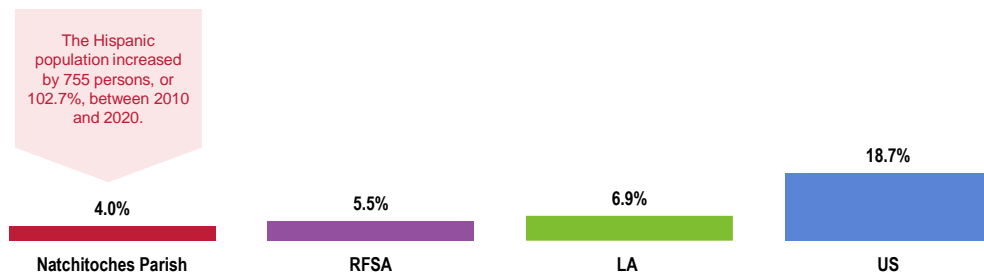
Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via Spark Map (sparkmap.org).

Notes:

- "Diverse Races" includes those who identify as American Indian or Alaska Native, Asian, or Native Hawaiian/Pacific Islander, without Hispanic origin.

Hispanic Population (2020)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via Spark Map (sparkmap.org).

Notes:

- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.



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>)

Income & Poverty

Poverty

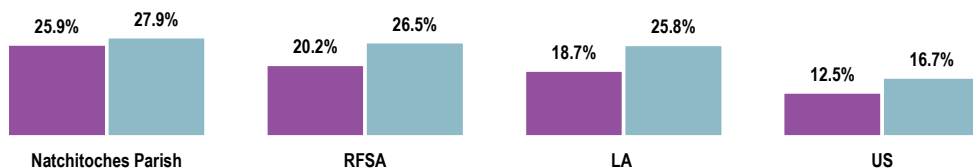
The following chart outlines the proportion of our population below the federal poverty threshold in comparison to state and national proportions.

Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to health status.

Percent of Population in Poverty (2018-2022)

Healthy People 2030 = 8.0% or Lower

■ Total Population ■ Children

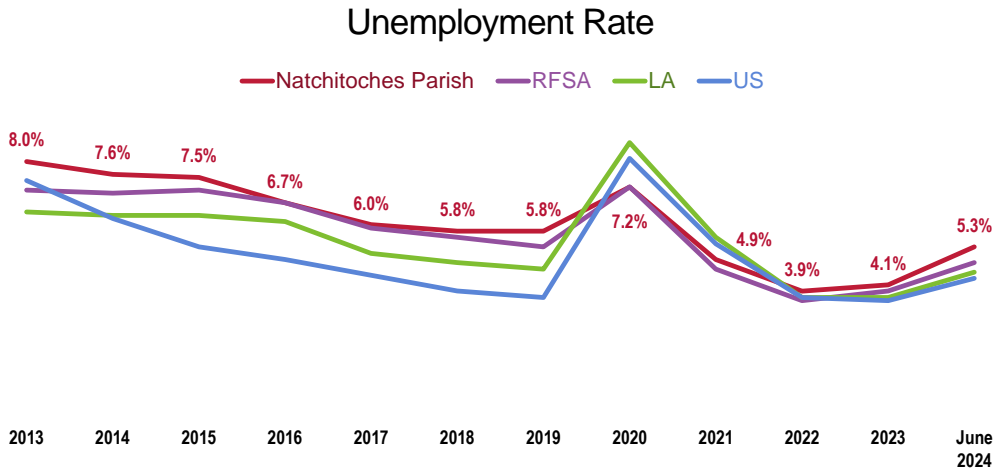


Sources: ● US Census Bureau American Community Survey, 5-year estimates.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).
● US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



Employment

Note the following trends in unemployment data derived from the US Department of Labor.



Sources:

- US Department of Labor, Bureau of Labor Statistics.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via Spark Map (sparkmap.org).

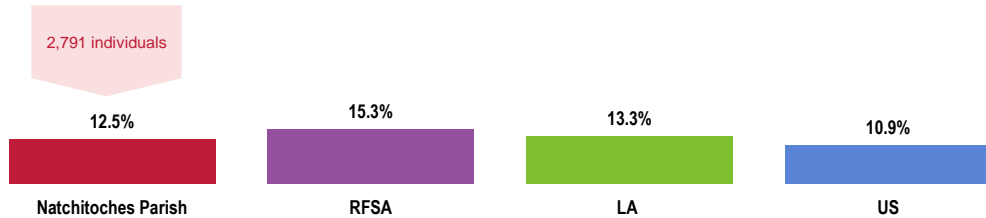
Notes:

- Percent of non-institutionalized population age 16+ who are unemployed (not seasonally adjusted).

Education

Education levels are reflected in the proportion of our population without a high school diploma. This indicator is relevant because educational attainment is linked to positive health outcomes.

Population With No High School Diploma (Adults Age 25 and Older; 2018-2022)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via Spark Map (sparkmap.org).

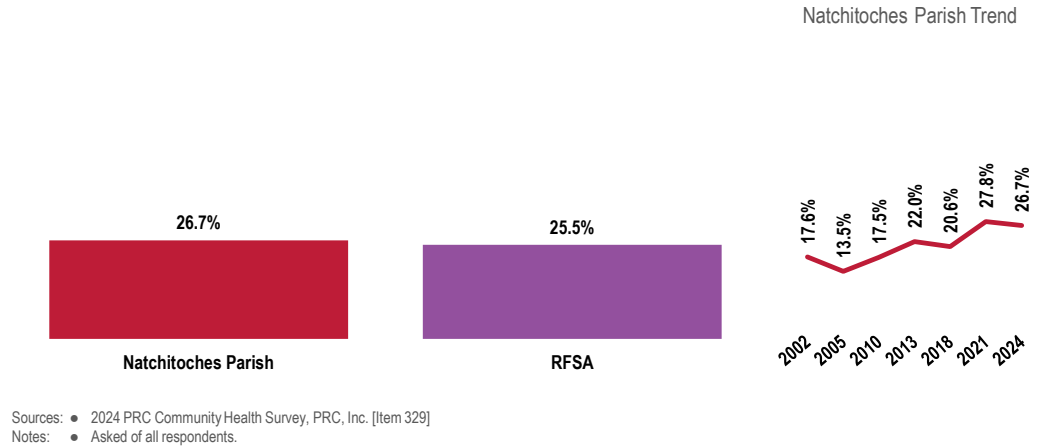


Housing

Housing Conditions

PRC SURVEY ▶ “How would you describe the condition of the homes in your neighborhood? Would you say excellent, very good, good, fair, or poor?”

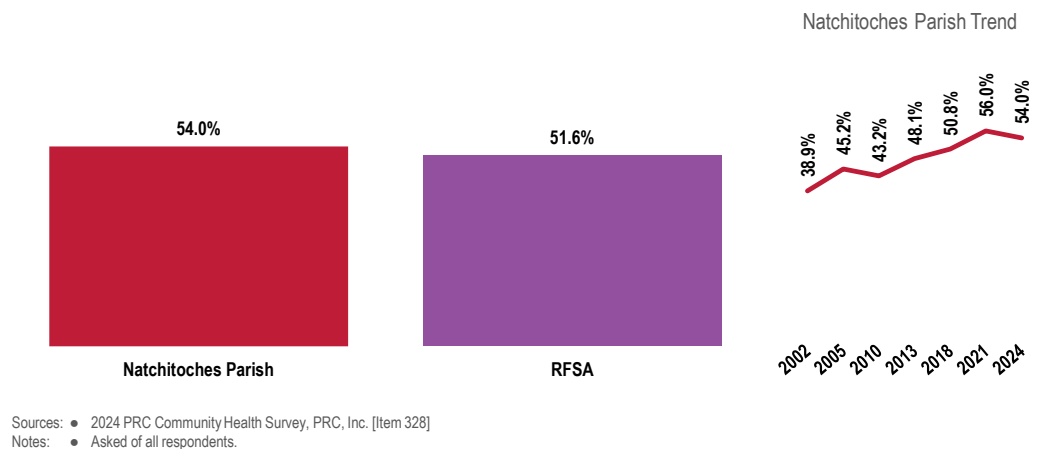
Perceive the Condition of Neighborhood Homes to be “Fair” or “Poor”



Availability of Affordable Housing

PRC SURVEY ▶ “Overall, how would you rate the availability of affordable housing in your community? Would you say excellent, very good, good, fair, or poor?”

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



Low Food Access

Low food access is defined as living more than one mile from the nearest supermarket, supercenter, or large grocery store in urban areas (10 miles in rural areas). This related chart is based on US Department of Agriculture data.

Population With Low Food Access (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 August 2024 via SparkMap (sparkmap.org).

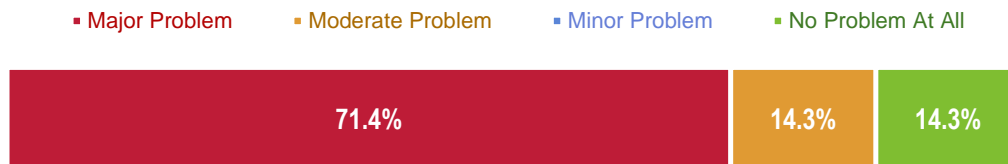
 Notes:

- Low food access is defined as living more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket, supercenter, or large grocery store.

Key Informant Input: Social Determinants of Health

The following chart outlines key informants' perceptions of the severity of *Social Determinants of Health* as a problem in the community:

Perceptions of Social Determinants of Health as a Problem in the Community (Natchitoches Parish Key Informants, 2024)



Sources:

- 2024 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:

Income/Poverty

Natchitoches is one of the poorest parishes in the state. The overall health IQ and education is not where it should be. – Physician

We are a community with a very high percentage of poverty. – Community Leader

Access to Care/Services

Lack of access and education in this impoverished community. – Social Services Provider

Lack of programs in our schools, day care and after-hour programs – Community Leader

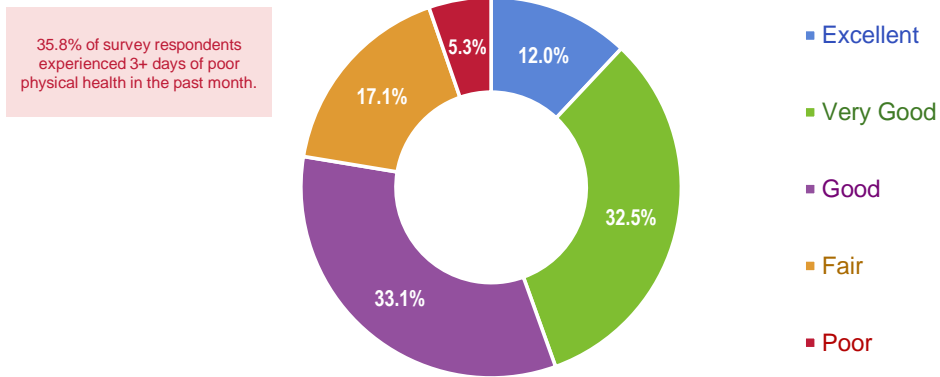


HEALTH STATUS

Overall Health

PRC SURVEY ▶ “Would you say that in general your health is: excellent, very good, good, fair, or poor?”

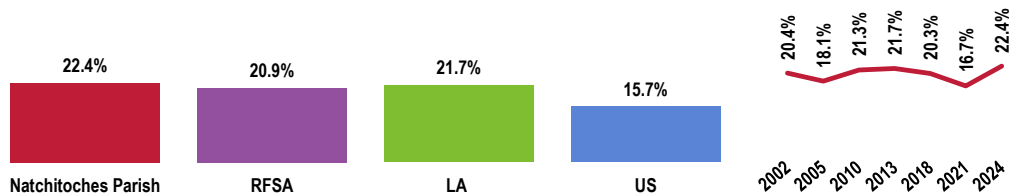
Self-Reported Health Status
(Natchitoches Parish, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 4, 302]
Notes: • Asked of all respondents.

Experience “Fair” or “Poor” Overall Health

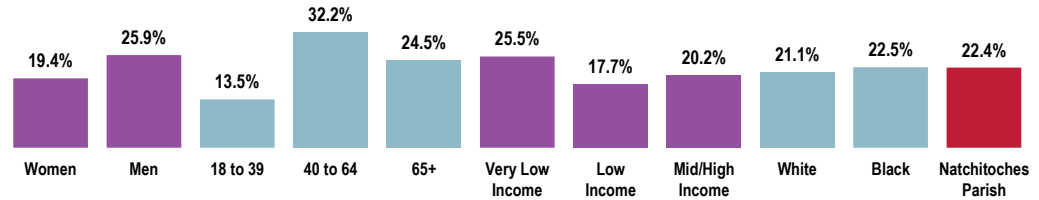
Natchitoches Parish Trend



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Experience “Fair” or “Poor” Overall Health (Natchitoches Parish, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

INCOME & RACE/ETHNICITY

INCOME ► Income categories used to segment survey data 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 2023 guidelines place the poverty threshold for a family of four at \$30,000 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. “White” reflects those who identify as White alone, without Hispanic origin. “Black” reflects those who identify as Black or African American alone, without Hispanic origin.



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.

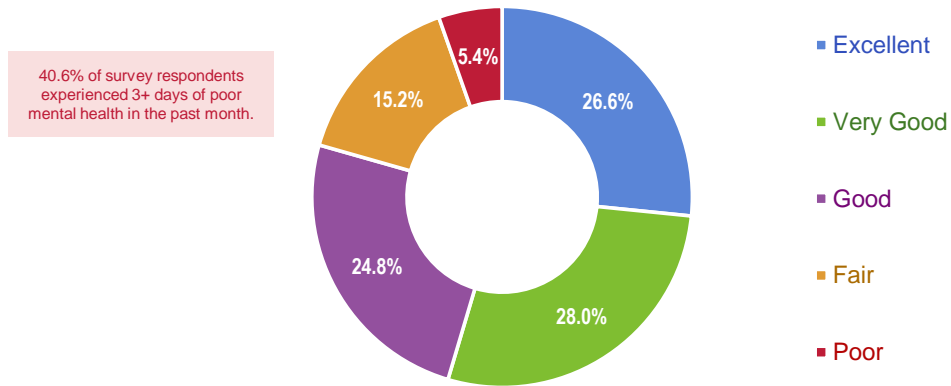
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening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

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

Mental Health Status

PRC SURVEY ▶ “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?”

Self-Reported Mental Health Status
(Natchitoches Parish, 2024)

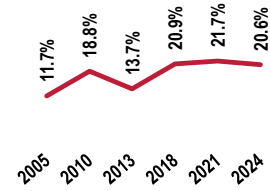
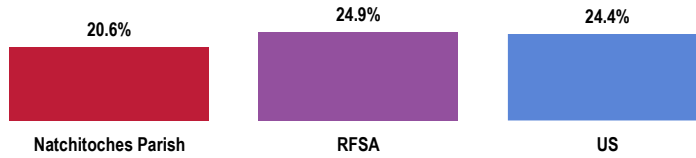


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 77, 303]
Notes: • Asked of all respondents.



Experience “Fair” or “Poor” Mental Health

Natchitoches Parish Trend



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 77]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

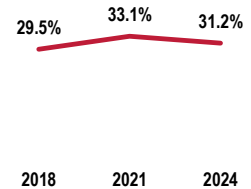
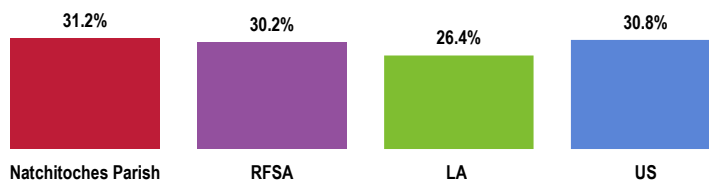
Depression

Diagnosed Depression

PRC SURVEY ▶ “Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?”

Have Been Diagnosed With a Depressive Disorder

Natchitoches Parish Trend



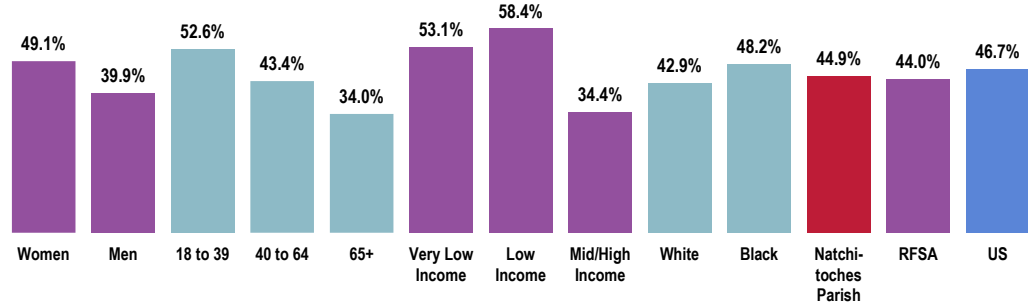
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 80]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.



Symptoms of Chronic Depression

PRC SURVEY ▶ “Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?”

Have Experienced Symptoms of Chronic Depression (Natchitoches Parish, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 78]

• 2023 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.

Suicide

The following chart outlines the most current age-adjusted mortality rates attributed to suicide in our population.

Suicide: Age-Adjusted Mortality (2011-2020 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 August 2024.

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



Mental Health Treatment

Note that this indicator only reflects providers practicing within the study area and residents within the study area; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

The following chart outlines access to mental health providers, expressed as the number of providers (psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care) per 100,000 residents.

Access to Mental Health Providers
(Number of Mental Health Providers per 100,000 Population; July 2024)



Sources:

- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 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.

PRC SURVEY ▶ “Have you ever sought help from a professional for a mental or emotional problem?”

PRC SURVEY ▶ “Are you now taking medication or receiving treatment from a doctor, nurse, or other health professional for any type of mental health condition or emotional problem?”

Mental Health Treatment

■ Natchitoches Parish ■ RFSA ■ US



Sources:

- 2024 PRC Community Health Survey, PRC, Inc. [Items 81, 325]
- 2023 PRC National Health Survey, PRC, Inc.

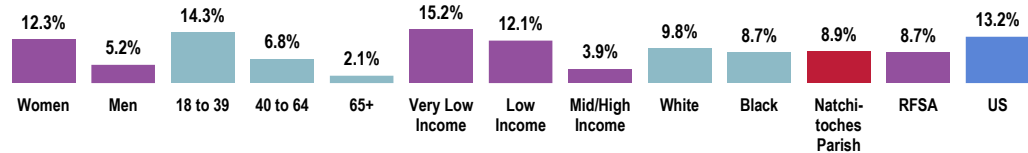
Notes:

- Reflects the total sample of respondents.



PRC SURVEY ▶ “Was there a time in the past 12 months when you needed mental health services but were not able to get them?”

Unable to Get Mental Health Services When Needed in the Past Year (Natchitoches Parish, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 82]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Key Informant Input: Mental Health

The following chart outlines key informants’ perceptions of the severity of *Mental Health* as a problem in the community:

Perceptions of Mental Health as a Problem in the Community (Natchitoches Parish Key Informants, 2024)

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



Sources: • 2024 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:

Access to Care/Services

- Dementia and Alzheimer’s – they have to go out of Natchitoches to receive neurology treatment. – Social Services Provider
- Finding consistent access to providers. – Community Leader
- Lack of mental health services. – Health Provider
- Limited access to timely and regular mental health services, long waiting lists, and limited providers. – Social Services Provider

Diagnosis/Treatment

- Many mental health cases are not being treated. – Social Services Provider

Lack of Providers

- Paucity of providers. – Physician

Lack of Community Involvement

- The lack of community involvement. – Community Leader



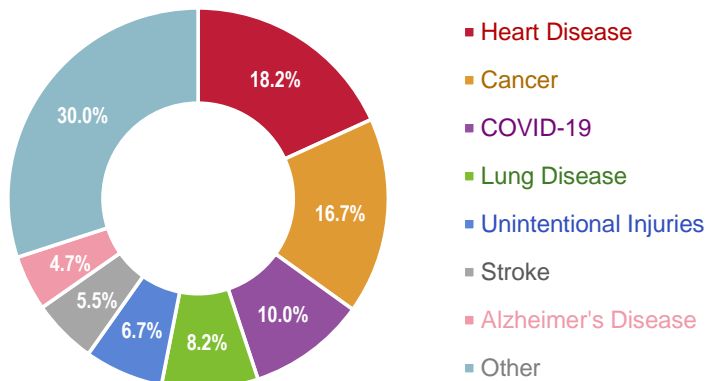
DEATH, DISEASE & CHRONIC CONDITIONS

Leading Causes of Death

Distribution of Deaths by Cause

The following outlines leading causes of death in the community.

Leading Causes of Death
(Natchitoches Parish, 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 August 2024.
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.



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

The following chart outlines annual average age-adjusted death rates per 100,000 population for selected causes of death.

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

	Natchitoches Parish	RFSA	LA	US	HP2030
Diseases of the Heart	216.6	274.2	213.8	164.4	127.4*
Malignant Neoplasms (Cancers)	188.4	178.4	165.7	146.5	122.7
Coronavirus Disease/COVID-19 (2020)	106.9	137.5	118.0	85.0	—
Unintentional Injuries	68.6	68.1	66.8	51.6	43.2
Chronic Lower Respiratory Disease (CLRD)	63.1	63.0	41.1	38.1	—
Cerebrovascular Disease (Stroke)	58.3	50.8	45.8	37.6	33.4
Alzheimer's Disease	46.7	55.2	43.1	30.9	—
Falls [Age 65+] (2011-2020)	43.4	34.2	38.6	61.6	63.4
Diabetes	26.7	20.0	28.8	22.6	—
Motor Vehicle Deaths	22.8	21.4	16.7	11.4	10.1
Pneumonia/Influenza (2016-2020)	14.2	—	14.2	13.6	—
Septicemia (2016-2020)	14.2	—	18.6	10.6	—
Homicide/Legal Intervention (2011-2020)	13.5	9.7	13.7	5.9	5.5
Intentional Self-Harm/Suicide (2011-2020)	12.9	16.7	14.0	13.3	12.8
Alcohol-Induced Deaths (2011-2020)	11.3	6.4	6.3	9.5	—
Kidney Disease (2016-2020)	10.2	—	20.5	12.9	—
Unintentional Drug-Related Deaths (2011-2020)	8.2	14.9	19.7	15.8	—

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
 ● 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

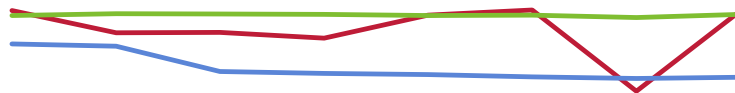
The following charts outline age-adjusted mortality rates for heart disease and for stroke in our community.

The greatest share of cardiovascular deaths is attributed to heart disease.

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
— Natchitoches Parish	217.0	199.3	199.7	195.1	213.4	217.4	153.3	216.6
— 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 August 2024.

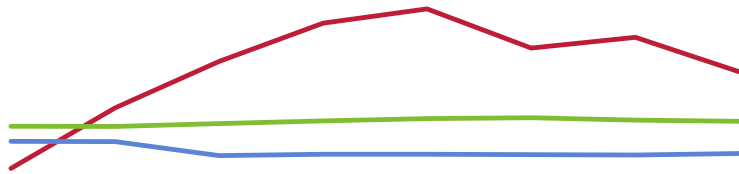
● US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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



Stroke: 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
— Natchitoches Parish	33.9	49.2	60.9	70.6	74.2	64.3	67.1	58.3
— 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

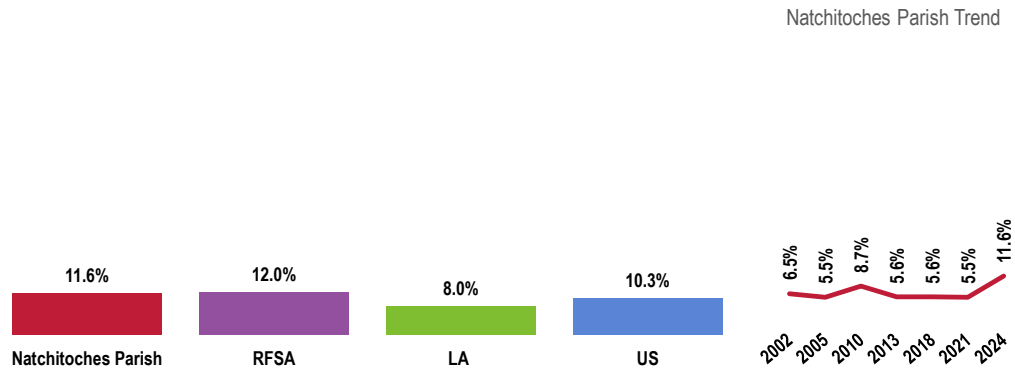
Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Prevalence of Heart Disease & Stroke

PRC SURVEY ▶ “Have you ever suffered from or been diagnosed with heart disease, including heart attack or myocardial infarction, angina, or coronary heart disease?”

Prevalence of Heart Disease



Sources:

- 2024 PRC Community Health Survey, PRC, Inc. [Item 22]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2022 Louisiana data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:

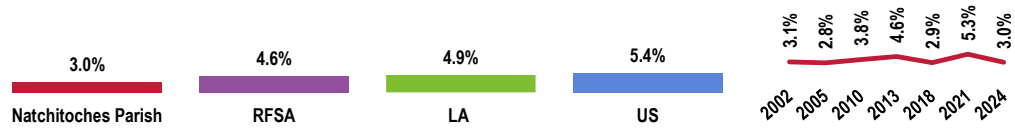
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.



PRC SURVEY ▶ “Have you ever suffered from or been diagnosed with a stroke?”

Prevalence of Stroke

Natchitoches Parish Trend



Sources: • 2024 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): 2022 Louisiana data.
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Cardiovascular Risk Factors

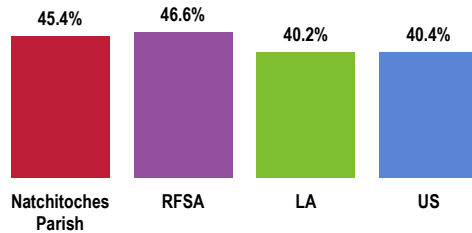
Blood Pressure & Cholesterol

PRC SURVEY ▶ “Have you ever been told by a doctor, nurse, or other health care professional that you had high blood pressure?”

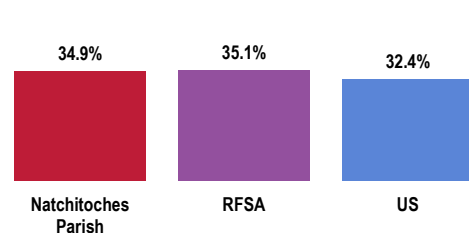
PRC SURVEY ▶ “Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health care professional that your blood cholesterol is high?”

Prevalence of High Blood Pressure

Healthy People 2030 = 42.6% or Lower



Prevalence of High Blood Cholesterol



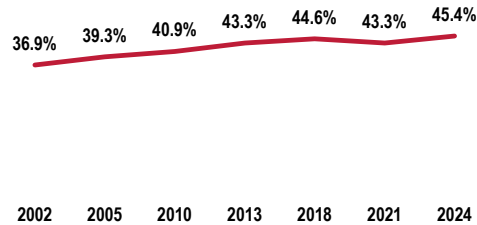
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 29-30]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.

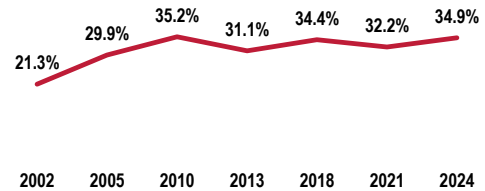


Prevalence of High Blood Pressure (Natchitoches Parish)

Healthy People 2030 = 42.6% or Lower



Prevalence of High Blood Cholesterol (Natchitoches Parish)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 29-30]
 • 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

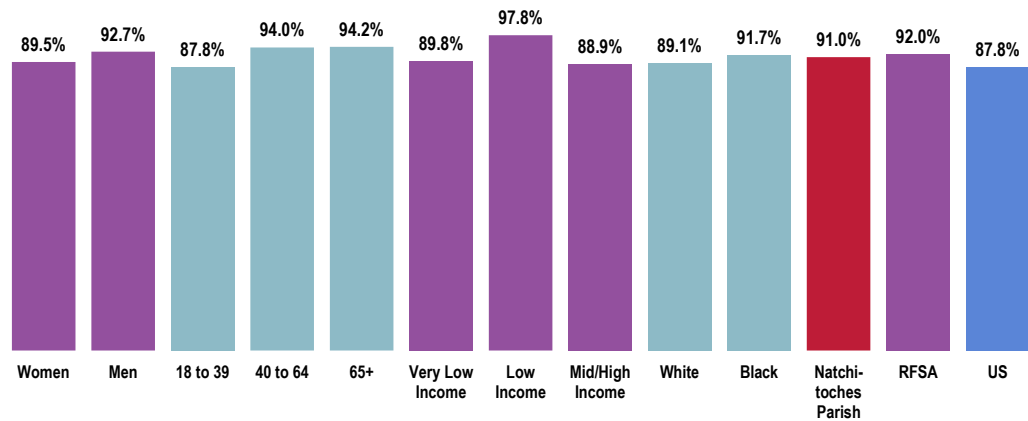
Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

The following chart reflects the percentage of adults in Natchitoches Parish who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or cholesterol.

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 (Natchitoches Parish, 2024)

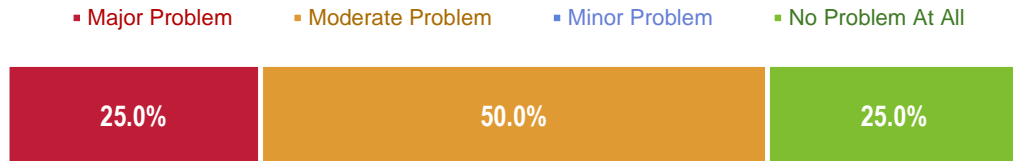


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 100]
 Notes: • Reflects all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

The following chart outlines key informants' perceptions of the severity of *Heart Disease & Stroke* as a problem in the community:

Perceptions of Heart Disease & Stroke as a Problem in the Community (Natchitoches Parish Key Informants, 2024)



Sources: • 2024 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

It's a major problem in the South, and even more specifically, Louisiana. – Community Leader

Access to Care/Services

Access to care. High African American population. Hypertension and AFib, leading to stroke. – Health Provider

Hypertension

Hypertension. – Community Leader



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

The following chart illustrates age-adjusted cancer mortality (all types).

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
— Natchitoches Parish	182.2	185.7	188.8	186.7	197.8	202.2	202.2	188.4
— 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 August 2024.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Lung cancer is by far the leading cause of cancer deaths.

Age-Adjusted Cancer Death Rates by Site (2011-2020 Annual Average Deaths per 100,000 Population)

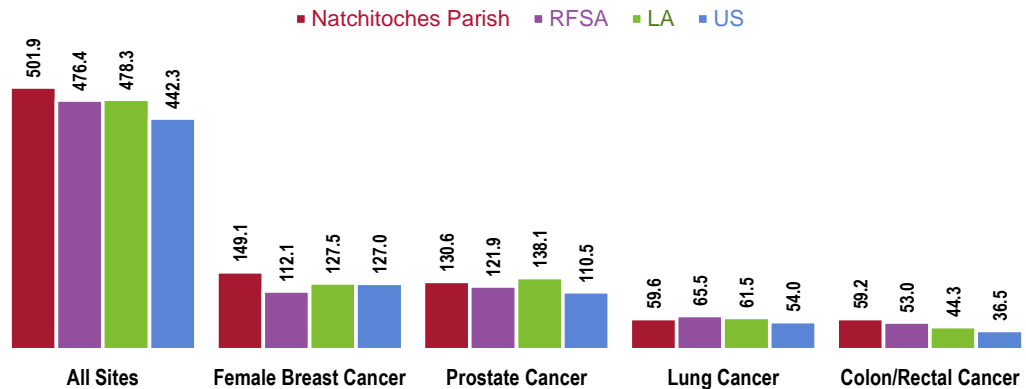
	Natchitoches Parish	LA	US	HP2030
ALL CANCERS*	188.4	165.7	146.5	122.7
Lung Cancer	47.0	48.4	38.9	25.1
Female Breast Cancer	23.6	23.1	20.2	15.3
Prostate Cancer	22.6	20.5	19.0	16.9
Colorectal Cancer	22.5	16.8	14.0	8.9

Sources:
 • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 • *Rates for All Cancers are 2018-2020.

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.

Cancer Incidence Rates by Site (2016-2020)



Sources:
 • State Cancer Profiles.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 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.

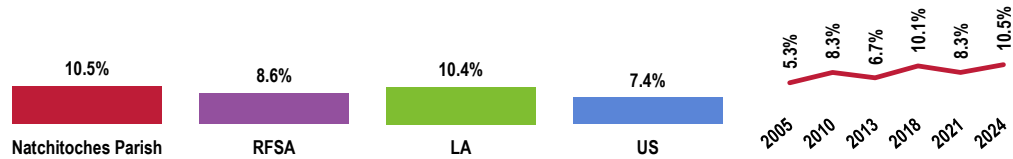


Prevalence of Cancer

PRC SURVEY ▶ “Have you ever suffered from or been diagnosed with cancer?”

Prevalence of Cancer

Natchitoches Parish Trend



Sources: • 2024 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): 2022 Louisiana data.
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Reflects all respondents.

Cancer Screenings

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 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 age 21 to 29 years. For women age 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 45 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.



Screening levels in the community were measured in the PRC Community Health Survey relative to the following cancer sites:

Breast Cancer Screening

PRC SURVEY ▶ “A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?”

Breast cancer screening is calculated here among women age 50 to 74 who indicate mammography within the past 2 years.

Cervical Cancer Screening

PRC SURVEY ▶ “A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?”

[If Pap test in the past five years] “HPV, or the human papillomavirus, is a common infection that can cause several types of cancer. When you received your last Pap test, were you screened for HPV?”

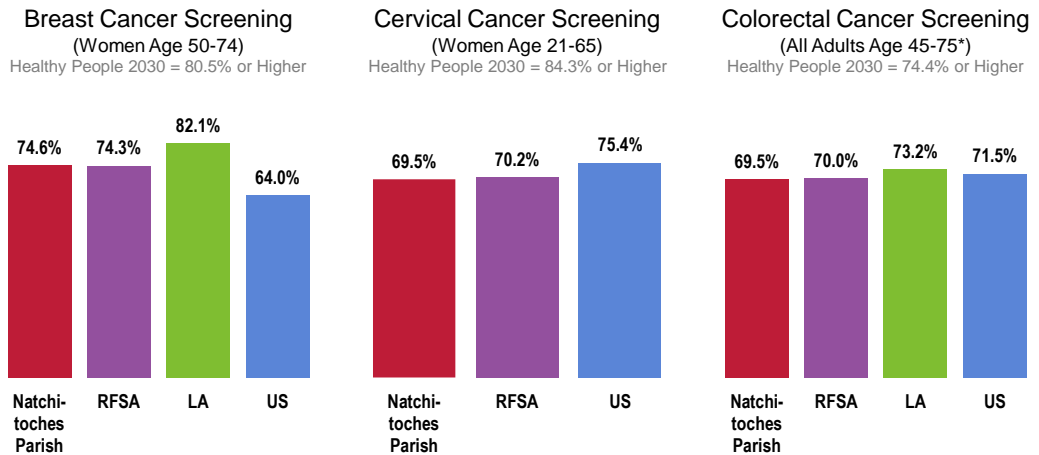
“Appropriate cervical cancer screening” includes Pap smear testing (cervical cytology) every three years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65.

Colorectal Cancer Screening

PRC SURVEY ▶ “Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since your last sigmoidoscopy or colonoscopy?”

PRC SURVEY ▶ “A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had your last blood stool test?”

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

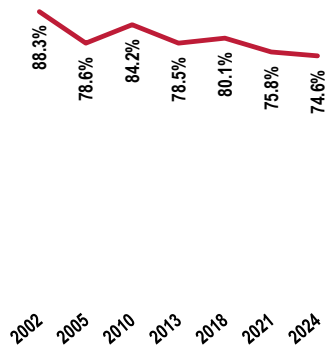


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 101-103]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

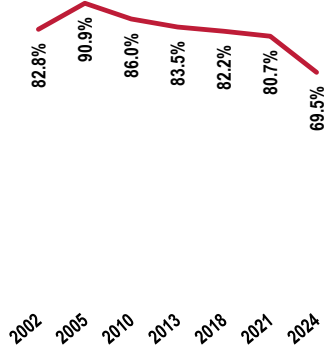
Notes: • Each indicator is shown among the gender and/or age group specified.
 • *Note that state and national data for colorectal cancer screening reflect the age group (50 to 75) of the previous recommendation.



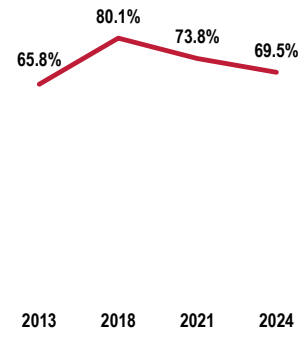
Breast Cancer Screening
(Women Age 50-74)
Healthy People 2030 = 80.5% or Higher



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



Colorectal Cancer Screening
(All Adults Age 45-75*)
Healthy People 2030 = 74.4% or Higher

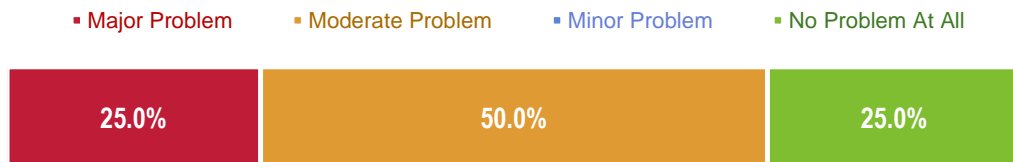


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 101-103]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Each indicator is shown among the gender and/or age group specified.
 • *Note that past data for colorectal cancer screening reflect the age group (50 to 75) of the previous recommendation.

Key Informant Input: Cancer

The following chart outlines key informants' perceptions of the severity of *Cancer* as a problem in the community:

Perceptions of Cancer as a Problem in the Community (Natchitoches Parish Key Informants, 2024)



Sources: • 2024 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

Based on the studies I've read; it seems to be a problem in most of Louisiana. – Community Leader



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.

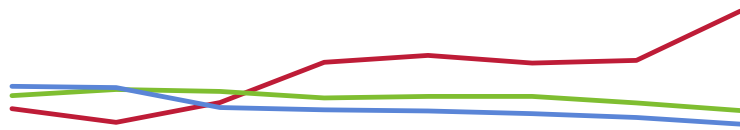
– Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Respiratory Disease Deaths

Lung Disease

Chronic lower respiratory diseases (CLRD) are diseases affecting the lungs; the most deadly of these is chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Mortality for lung disease is illustrated in the charts that follow.

CLRD: 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
Natchitoches Parish	41.5	38.5	42.9	51.8	53.3	51.6	52.2	63.1
LA	44.4	45.8	45.3	43.9	44.3	44.2	42.8	41.1
US	46.5	46.2	41.8	41.3	41.0	40.4	39.6	38.1

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

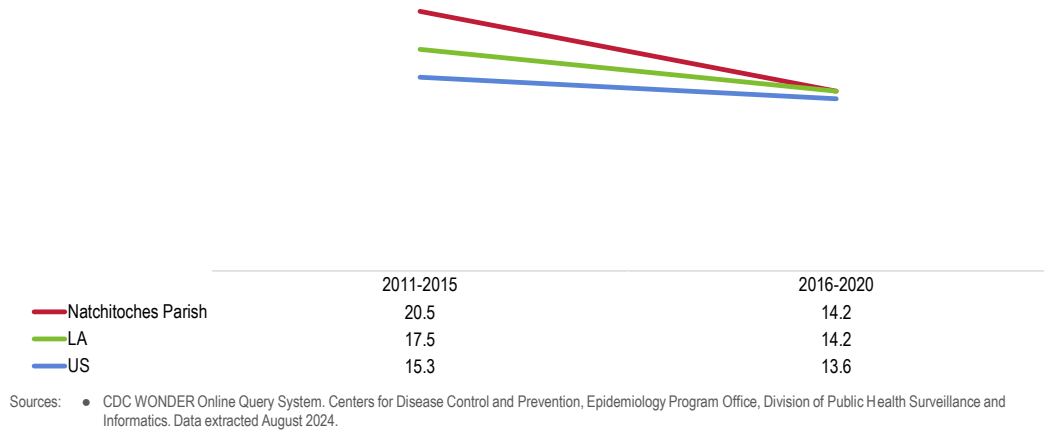
Notes: • CLRD is chronic lower respiratory disease.



Pneumonia/Influenza

Pneumonia and influenza mortality is illustrated here.

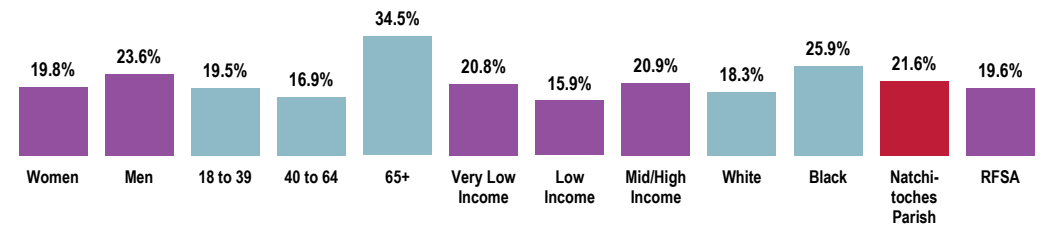
Pneumonia/Influenza: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



COVID-19 Vaccinations

PRC SURVEY ▶ “In the past 12 months, have you received a COVID-19 vaccine or booster?”

Received a COVID-19 Vaccination or Booster in the Past 12 Months (Natchitoches Parish, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 315]
Notes: • Reflects all respondents.

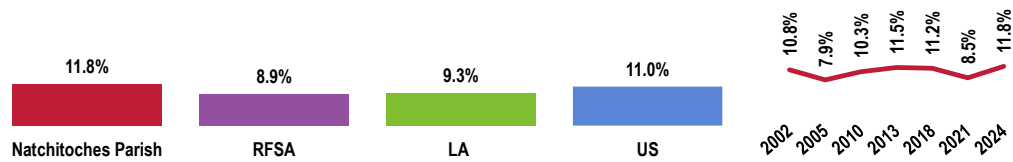


Chronic Obstructive Pulmonary Disease (COPD)

PRC SURVEY ▶ “Would you please tell me if you have ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema?”

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

Natchitoches Parish Trend



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 21]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 • 2023 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.

Key Informant Input: Respiratory Disease

The following chart outlines key informants’ perceptions of the severity of *Respiratory Disease* as a problem in the community:

Perceptions of Respiratory Disease as a Problem in the Community (Natchitoches Parish Key Informants, 2024)

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



Sources: • 2024 PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.



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>)

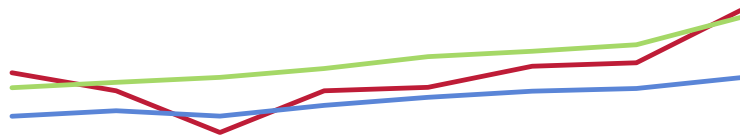
Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

The following chart outlines age-adjusted mortality rates for unintentional injury in the area.

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
Natchitoches Parish	52.9	48.3	37.8	48.3	49.2	54.5	55.4	68.6
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 August 2024.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

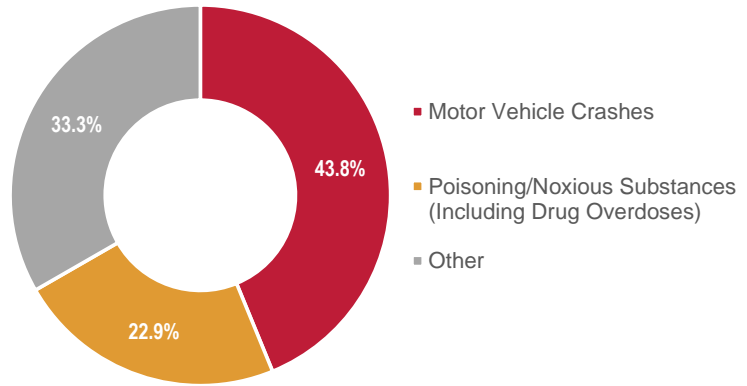


Leading Causes of Unintentional Injury Deaths

The following outlines leading causes of accidental death in the area.

RELATED ISSUE
For more information about unintentional drug-induced deaths, see also *Substance Use* in the **Modifiable Health Risks** section of this report.

Leading Causes of Unintentional Injury Deaths (Natchitoches Parish, 2018-2020)

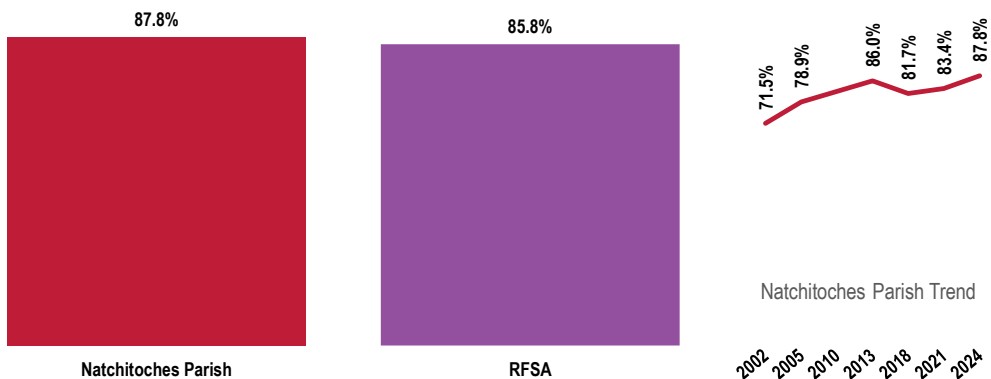


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Children’s Use of Seat Belts

PRC SURVEY ▶ “How often does this child wear a child restraint or seat belt when riding in a car?”

Child “Always” Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle (Natchitoches Parish Children <18; 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 336]
Notes: • Asked of all respondents with children under 18 at home.



Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

Age-adjusted mortality attributed to homicide is shown in the following chart.

Homicide: Age-Adjusted Mortality
(2011-2020 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 August 2024.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Violent Crime

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Violent Crime
(Reported Offenses per 100,000 Population, 2015-2017)



Sources:

- Federal Bureau of Investigation, FBI Uniform Crime Reports (UCR).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 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, forcible rape, robbery, and aggravated assault.
- 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.

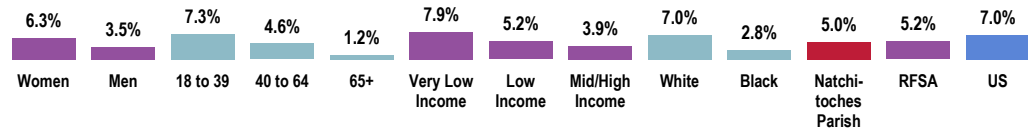
RELATED ISSUE
See also *Mental Health (Suicide)* in the **General Health Status** section of this report.



Violent Crime Experience

PRC SURVEY ▶ “Thinking about your own personal safety, have you been the victim of a violent crime in your area in the past 5 years?”

Victim of a Violent Crime in the Past Five Years (Natchitoches Parish, 2024)



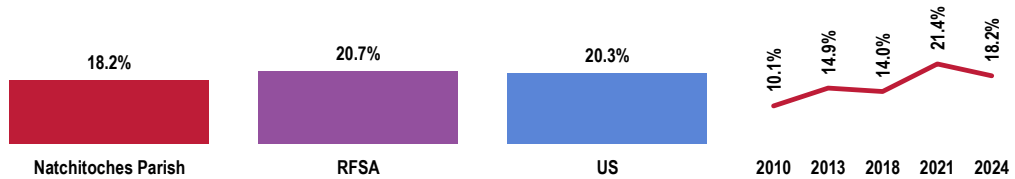
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 32]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Intimate Partner Violence

PRC SURVEY ▶ “The next question is about violence in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with, would also be considered an intimate partner. Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?”

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

Natchitoches Parish Trend



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 33]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Key Informant Input: Injury & Violence

The following chart outlines key informants' perceptions of the severity of *Injury & Violence* as a problem in the community:

Perceptions of Injury & Violence as a Problem in the Community (Natchitoches Parish Key Informants, 2024)

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



Sources: • 2024 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 has increased significantly since the pandemic, according to local law enforcement data. There are frequent shootings, deaths, and reported episodes of domestic violence. – Social Services Provider
Violent crime is prevalent and on the rise. – Physician

Gun Violence

We have shootings constantly and deaths resulting. – Community Leader
Too much gun violence. – Community Leader

Alcohol/Drug Use

Due the high rates in drugs, gun violence, and crime in this area, which are all driven by the high levels of poverty. – Social Services Provider

Income/Poverty

High poverty level and crime. – Health Provider

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.

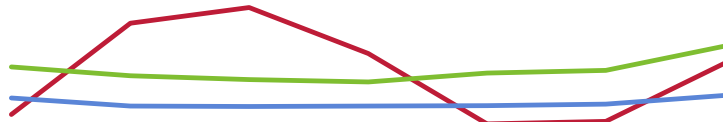
– Healthy People 2030 (<https://health.gov/healthypeople>)



Age-Adjusted Diabetes Deaths

Age-adjusted diabetes mortality for the area is shown in the following chart.

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



	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Natchitoches Parish	20.2	31.7	33.7	27.9	19.0	19.3	26.7
LA	26.2	25.1	24.6	24.3	25.4	25.8	28.8
US	22.3	21.3	21.2	21.3	21.3	21.5	22.6

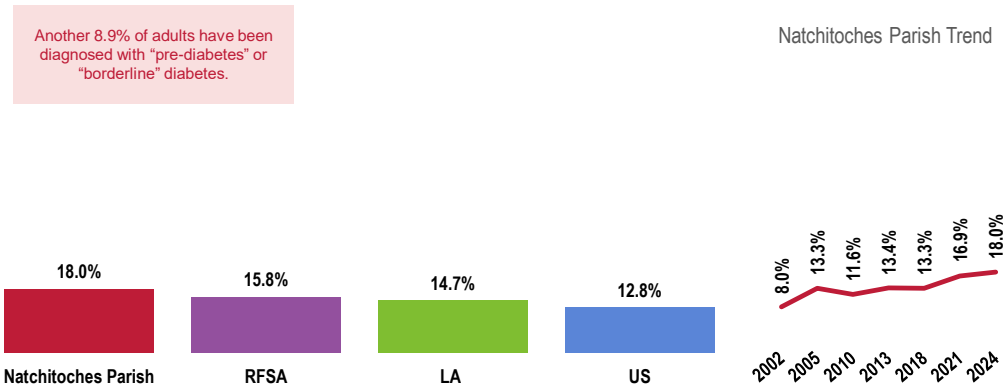
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Prevalence of Diabetes

PRC SURVEY ▶ “Have you ever been told by a doctor, nurse, or other health professional that you have diabetes, not counting diabetes only occurring during pregnancy?”

PRC SURVEY ▶ “Other than during pregnancy, have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes?”

Prevalence of Diabetes

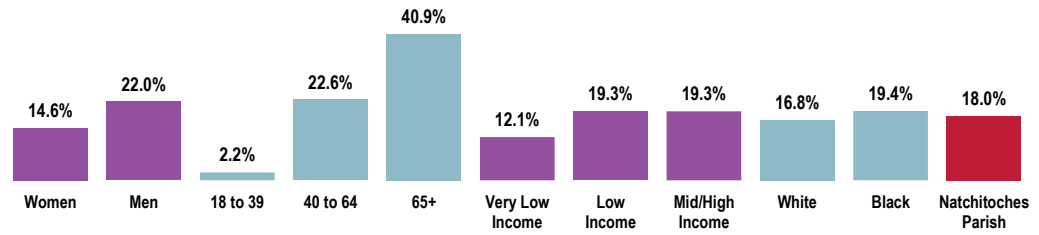


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 106]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents; excludes gestational diabetes.



Prevalence of Diabetes (Natchitoches Parish, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 106]
Notes: • Asked of all respondents; excludes gestational diabetes.



Age-Adjusted Kidney Disease Deaths

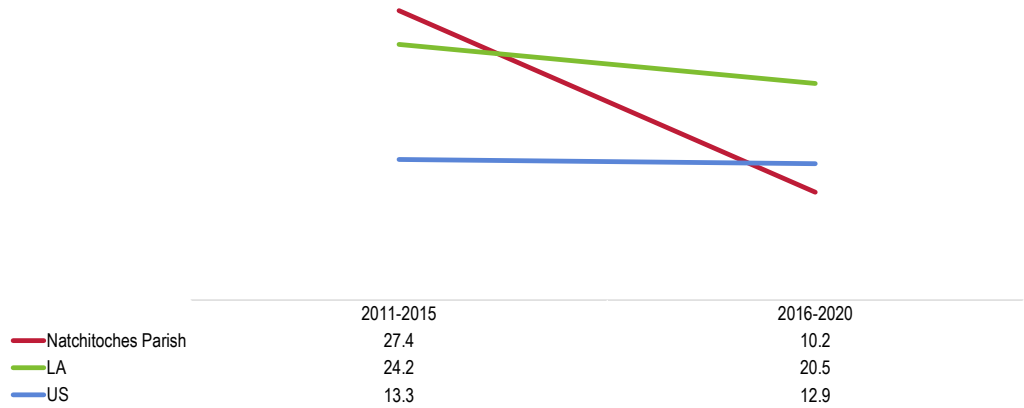
Age-adjusted diabetes mortality for the area is shown in the following chart.

ABOUT KIDNEY DISEASE & DIABETES

Chronic kidney disease (CKD) is common in people with diabetes. Approximately one in three adults with diabetes has CKD. Both type 1 and type 2 diabetes can cause kidney disease. CKD often develops slowly and with few symptoms. Many people don't realize they have CKD until it's advanced and they need dialysis (a treatment that filters the blood) or a kidney transplant to survive.

- Centers for Disease Control and Prevention (CDC)
<https://www.cdc.gov/diabetes/managing/diabetes-kidney-disease.html>

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



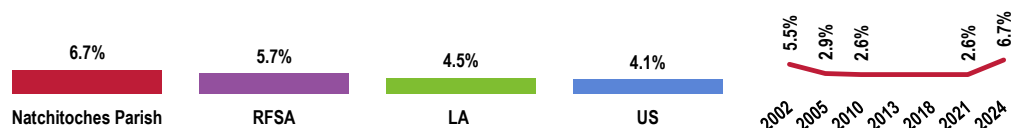
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Prevalence of Kidney Disease

PRC SURVEY ► “Have you ever suffered from or been diagnosed with kidney disease?”

Prevalence of Kidney Disease

Natchitoches Parish Trend



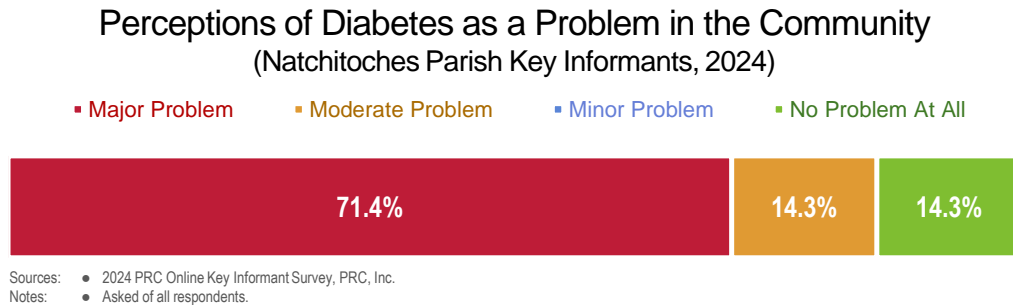
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 307]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2022 Louisiana data.
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.



Key Informant Input: Diabetes

The following chart outlines key informants' perceptions of the severity of *Diabetes* as a problem in the community:



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

Awareness/Education

- Family systems teach and repeat unhealthy eating habits with emphasis on the use of culturally based fried foods, easily prepared processed and canned foods for busy working households, and limited access to fresh healthy foods for poorer communities. Education and food habits need to be taught and reformed early, with familiarity and exposure to fresh foods or gardening activities at school. More advanced concepts of teaching and understanding nutrition and its impact on our health should be required teaching in middle and high school. The generational cycle is challenging to change. – Social Services Provider
- Education, access to health care and medications. – Social Services Provider

Affordable Medications/Supplies

- Cost of medications. Lack of access to a certified diabetic educator or dietician. – Physician

Nutrition

- Keeping a balanced diet with the restaurants and grocery stores we have. – Community Leader

Access to Care/Services

- Access to care, meal planning, and affordable food options. – Health Provider



Disabling Conditions

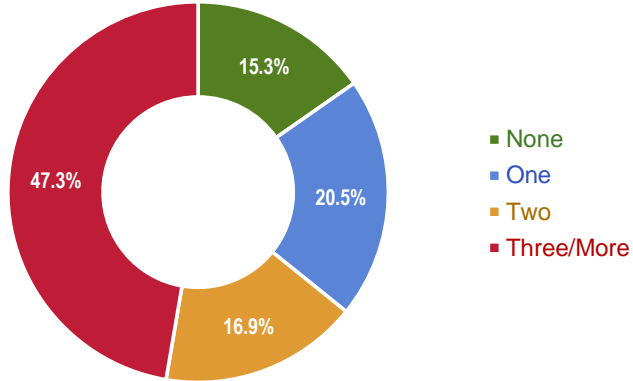
Multiple Chronic Conditions

The following charts outline the prevalence of multiple chronic conditions among surveyed adults, taking into account all of the various conditions measured in the survey.

For the purposes of this assessment, chronic conditions include:

- Asthma
- Arthritis
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart disease
- High blood cholesterol
- High blood pressure
- Kidney disease
- Lung disease
- Obesity
- Stroke

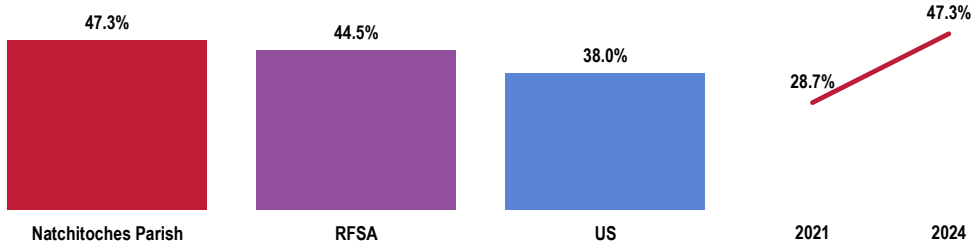
Number of Current Chronic Conditions
(Natchitoches Parish, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 107]
 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.

Currently Have Three or More Chronic Conditions

Natchitoches Parish Trend



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 107]
 • 2023 PRC National Health Survey, PRC, Inc.
 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

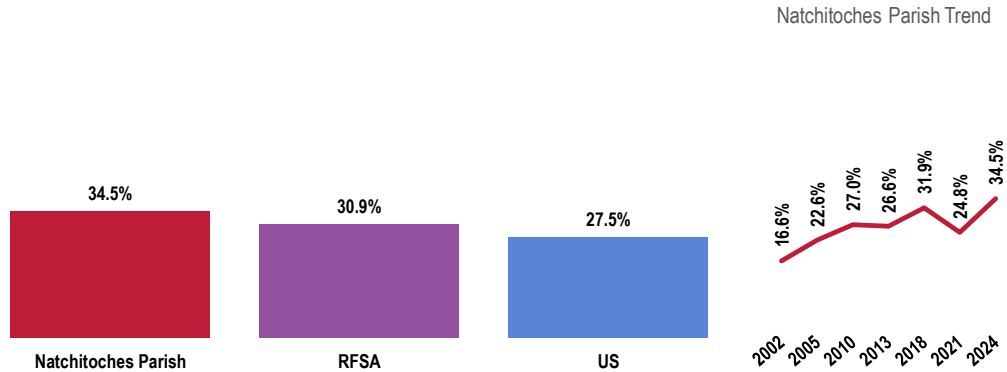
Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

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>)

PRC SURVEY ▶ “Are you limited in any way in any activities because of physical, mental, or emotional problems?”

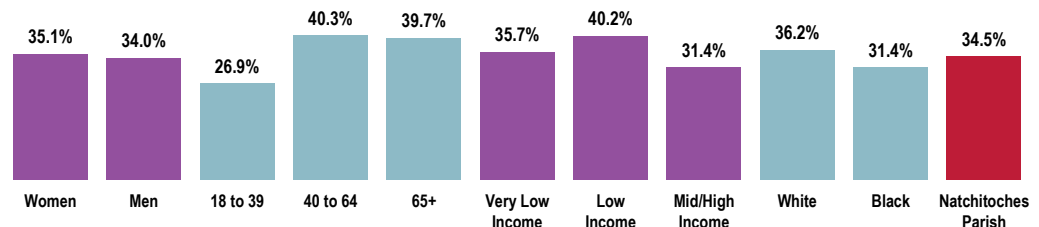
Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 83]
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Natchitoches Parish, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 83]
 Notes: • Asked of all respondents.

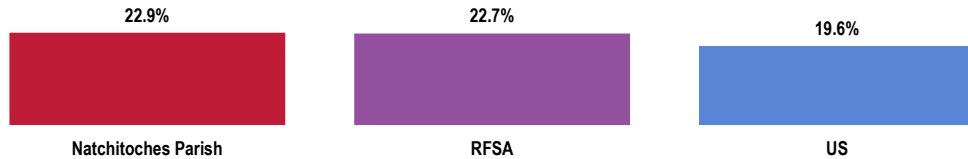


High-Impact Chronic Pain

PRC SURVEY ▶ “Over the past six months, how often did physical pain limit your life or work activities? Would you say: never, some days, most days, or every day?” (Reported here among those responding “most days” or “every day.”)

Experience High-Impact Chronic Pain

Healthy People 2030 = 6.4% or Lower

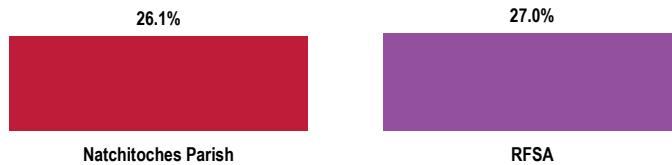


- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 31]
 - 2023 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Asked of all respondents.
 - High-impact chronic pain includes physical pain that limits life or work activities on “most days” or “every day” of the past six months.

Arthritis

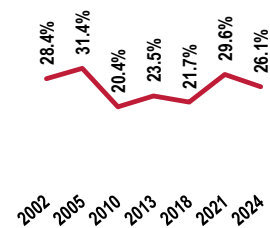
PRC SURVEY ▶ “Have you ever suffered from or been diagnosed with arthritis or rheumatism?”

Prevalence of Arthritis/Rheumatism



- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 306]
- Notes:
- Asked of all respondents.

Natchitoches Parish Trend



Alzheimer's Disease

ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia... . 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.

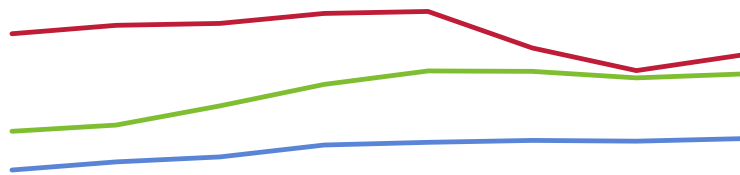
While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address 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

Age-adjusted Alzheimer's disease mortality is outlined in the following chart.

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
— Natchitoches Parish	50.8	52.4	52.7	54.6	55.0	48.1	43.8	46.7
— 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 August 2024.

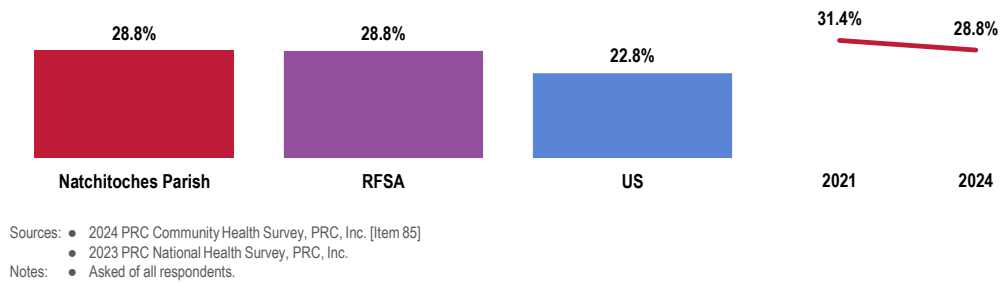


Caregiving

PRC SURVEY ▶ “People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past 30 days, did you provide any such care or assistance to a friend or family member?”

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability

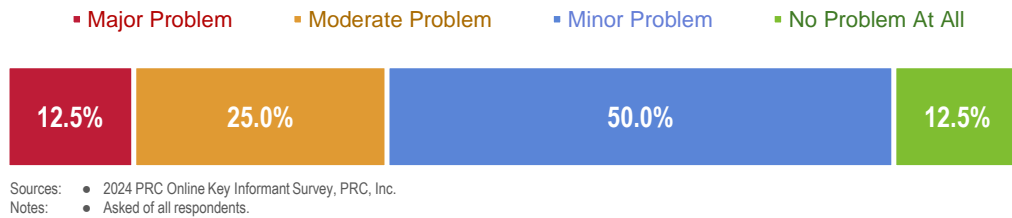
Natchitoches Parish Trend



Key Informant Input: Disabling Conditions

The following chart outlines key informants’ perceptions of the severity of *Disabling Conditions* as a problem in the community:

Perceptions of Disabling Conditions as a Problem in the Community (Natchitoches Parish Key Informants, 2024)



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

Lack of Providers

Simply because in most of your small towns such as Natchitoches, they are limited on specialty doctors, and most are primary doctors. If you have special needs in any health area, you have to visit Alexandria, Shreveport, or some other distant area for medical needs to be taken care of or schedule an appointment with a physician who comes here once a week or every other week. Although Natchitoches does have a hospital, most times individuals have to be transported to other areas for individual medical and emergency care. – Social Services Provider



BIRTHS

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women’s health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants’ health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

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

Birth Outcomes & Risks

Low-Weight Births

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, 2016-2022)



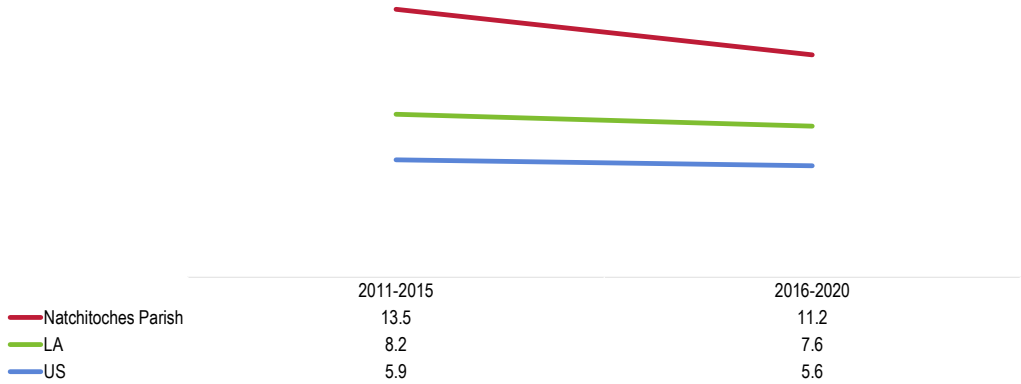
Sources: • Centers for Disease Control and Prevention, National Vital Statistics System.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).
Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g).



Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births. High infant mortality can highlight broader issues relating to health care access and maternal/child health.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births)
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 August 2024.
- 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.



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

The following chart outlines local teen births, compared to the state and nation. In many cases, teen parents have unique health and social needs. High rates of teen pregnancy might also indicate a prevalence of unsafe sexual behavior.

Here, teen births include births to women age 15 to 19 years old, expressed as a rate per 1,000 female population in this age cohort.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2016-2022)



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

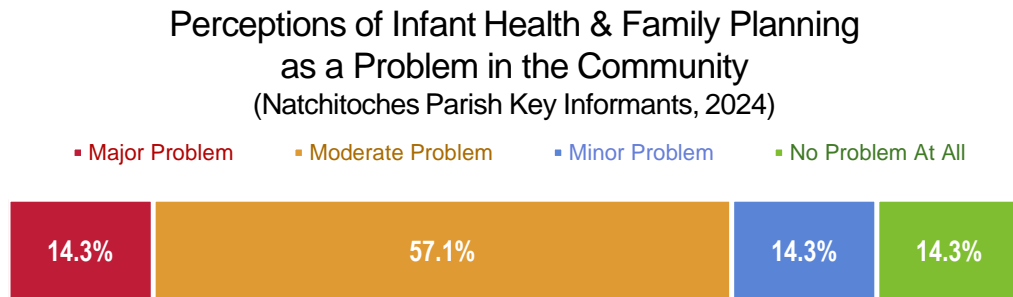
Notes:

- This indicator reports the rate of total births to women under the age of 15-19 per 1,000 female population age 15-19.



Key Informant Input: Infant Health & Family Planning

The following chart outlines key informants' perceptions of the severity of *Infant Health & Family Planning* as a problem in the community:



Sources: • 2024 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:

Teen Pregnancy

Teen pregnancy, which leads to inexperienced women giving birth who lack the education and wisdom required to provide necessary care for infants. Mothers who have mental health issues that are not treated or perhaps diagnosed. Drug use/addiction, which present the same problems as above, as well as infants born with addiction. – Social Services Provider



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>)

Fruit and Vegetable Intake

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.

PRC SURVEY ▶ “Now I would like you to think about the foods you ate or drank yesterday. Include all the foods you ate, both at home and away from home. How many servings of fruit or 100% fruit juices did you have yesterday?”

PRC SURVEY ▶ “How many servings of dark green or orange vegetables, such as carrots, broccoli, or sweet potatoes, did you have yesterday?”

Daily Fruit/Vegetable Consumption

■ 2+ Servings of Fruit ■ 3+ Servings of Dark Green/Orange Vegetables



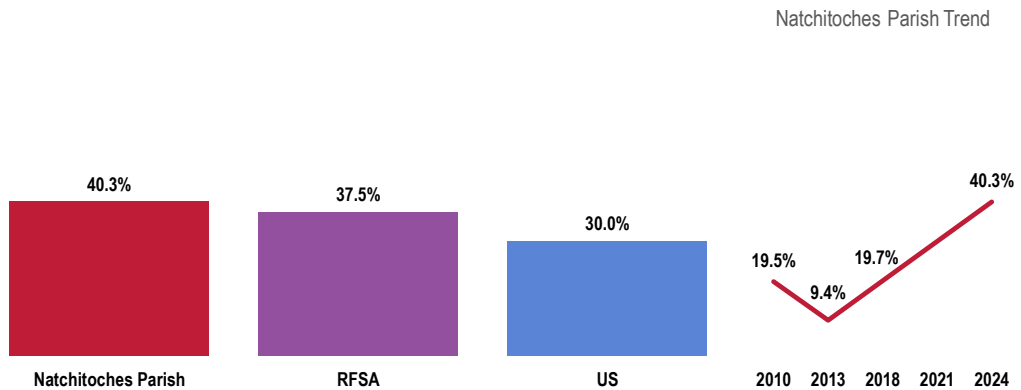
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Items 337-338]
Notes: ● Asked of all respondents.
● For this issue, respondents were asked to recall their food intake on the previous day.



Access to Fresh Produce

PRC SURVEY ▶ “How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford — would you say: very difficult, somewhat difficult, not too difficult, or not at all difficult?”

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
• 2023 PRC National Health Survey, PRC, Inc.
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

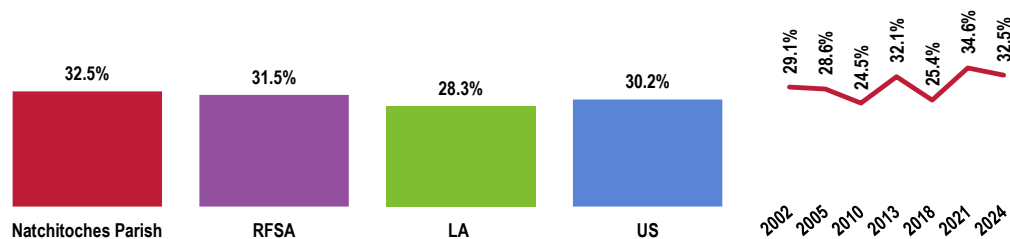
PRC SURVEY ▶ “During the past month, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?”



No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.8% or Lower

Natchitoches Parish Trend



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 69]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 • 2023 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 Physical Activity Recommendations

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

“Meeting physical activity recommendations” includes adequate levels of both aerobic and strengthening activity:

- **Aerobic activity** is at least 150 minutes per week of light-to-moderate activity, 75 minutes per week of vigorous physical activity, or an equivalent combination of both;
- **Strengthening activity** is at least 2 sessions per week of exercise designed to strengthen muscles.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

To measure physical activity frequency, duration and intensity, respondents were asked:

PRC SURVEY ▶ “During the past month, what type of physical activity or exercise did you spend the most time doing?”

PRC SURVEY ▶ “And during the past month, how many times per week or per month did you take part in this activity?”

PRC SURVEY ▶ “And when you took part in this activity, for how many minutes or hours did you usually keep at it?”

Respondents could answer the above series for up to two types of physical activity. The specific activities identified (e.g., jogging, basketball, treadmill, etc.) determined the intensity values assigned to that respondent when calculating total aerobic physical activity hours/minutes.

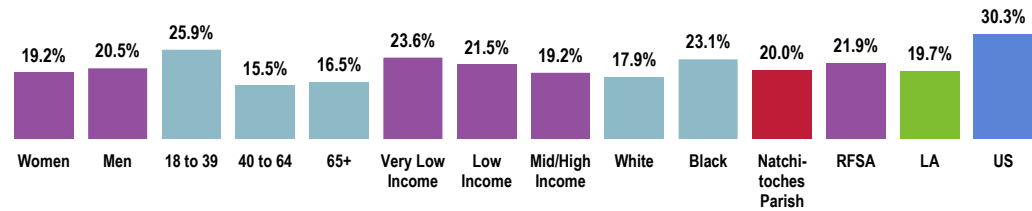
Respondents were also asked about strengthening exercises:

PRC SURVEY ▶ “During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? Do not count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups, or push-ups, and those using weight machines, free weights, or elastic bands.”



Meets Physical Activity Recommendations (Natchitoches Parish, 2024)

Healthy People 2030 = 29.7% or Higher



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 110]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2022 Louisiana data.
 • 2023 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.

Children’s Physical Activity

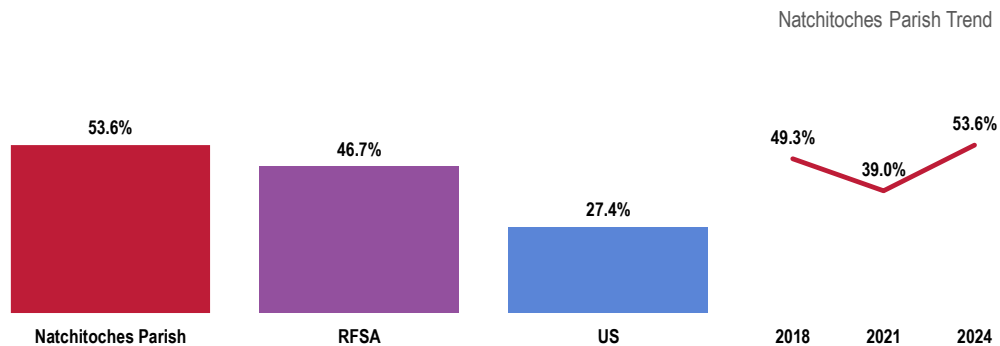
CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

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

PRC SURVEY ▶ “During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day?”

Child Is Physically Active for One or More Hours per Day (Children Age 2-17)



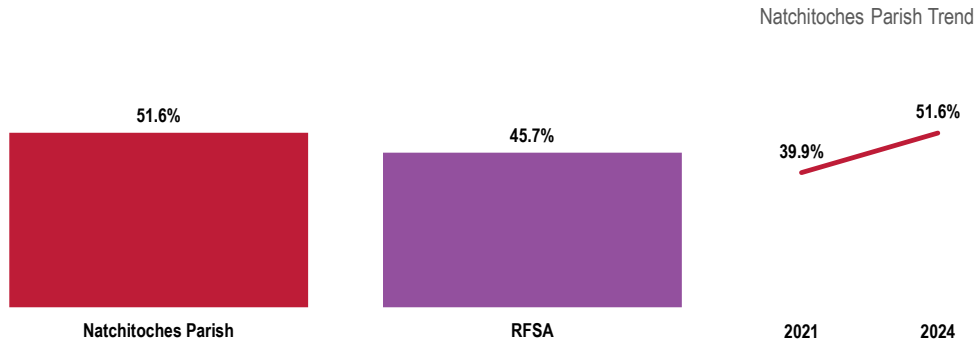
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 94]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children age 2-17 at home.
 • Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.



Children’s Screen Time

PRC SURVEY ▶ “On an average week day, about how many hours or minutes does this child usually spend watching screens for entertainment, including TV programming, video games, cellphones, and other electronic devices?”

Children: 3+ Hours Watching Screens for Entertainment on Weekdays (Children Age 2-17)

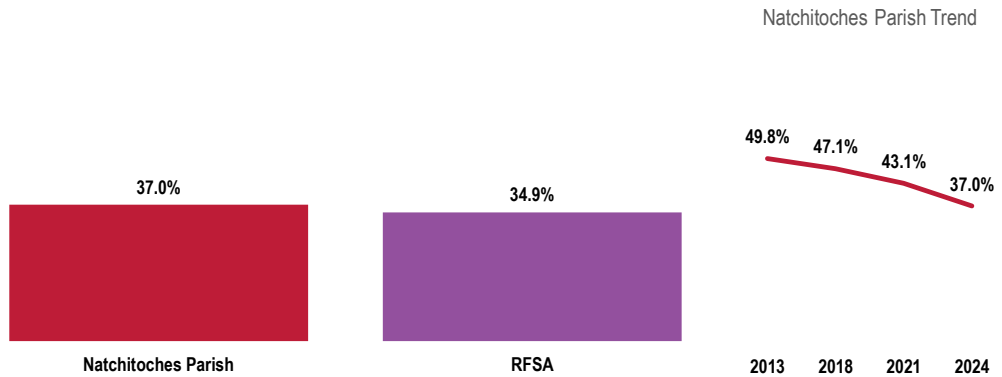


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 341]
 Notes: • Asked of all respondents with children age 2-17 at home.
 • In this case, the term “screens” includes TV programming, video games, cell phones, and other electronic devices.

Community Participation in Physical Activity

PRC SURVEY ▶ “How often do you see others in your community being physically active, such as walking, jogging, or biking?”

“Often” See Others in the Community Being Physically Active

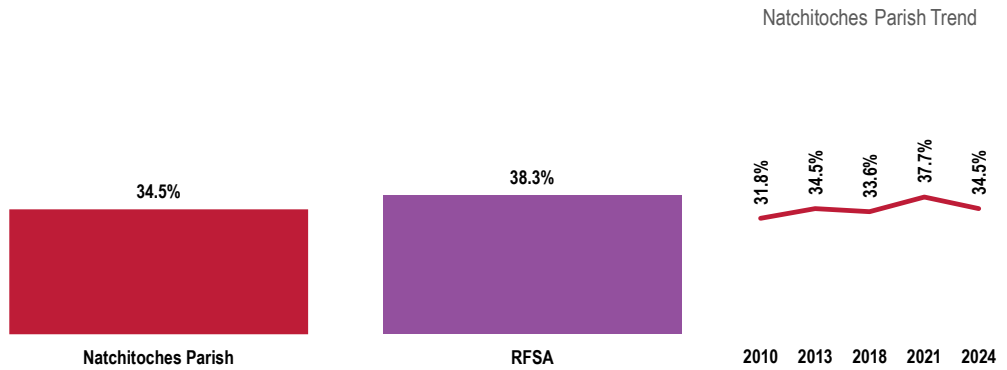


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 320]
 Notes: • Asked of all respondents.



PRC SURVEY ▶ “How would you rate the availability of opportunities to participate in physical activity in your community?”

“Fair” or “Poor” Evaluations of the Availability of Opportunities to Participate in Physical Activity in the Community



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 321]
Notes: • Asked of all respondents.



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 (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI ≥30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI ≥30 kg/m², 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/m².

- 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
Healthy Weight	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.

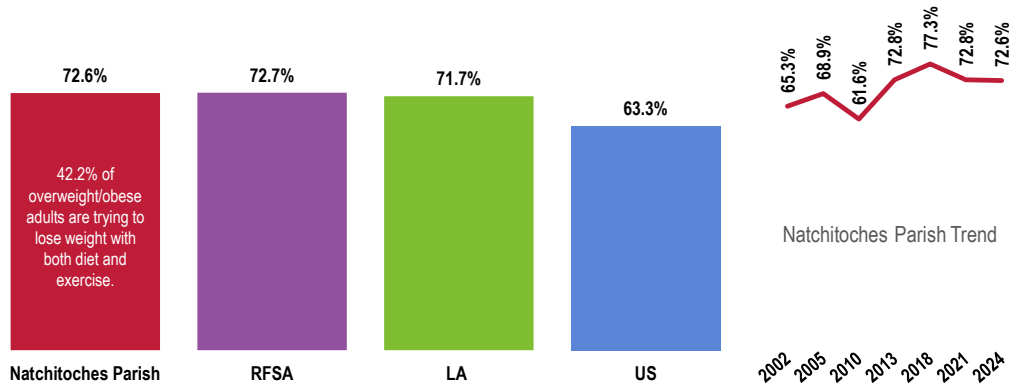
PRC SURVEY ▶ “About how much do you weigh without shoes?”

PRC SURVEY ▶ “About how tall are you without shoes?”

Reported height and weight were used to calculate a Body Mass Index or BMI value (described above) for each respondent. This calculation allows us to examine the proportion of the population who is at a healthy weight, or who is overweight or obese (see table above).



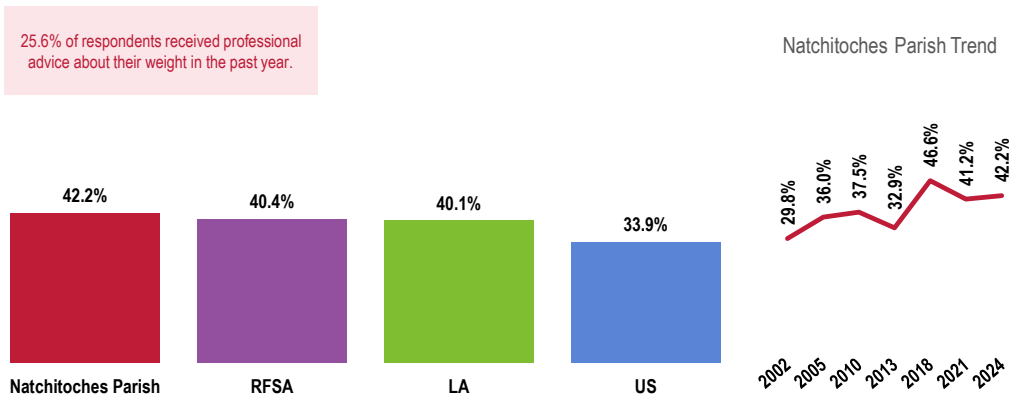
Prevalence of Total Overweight (Overweight and Obese)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 112, 343]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 • 2023 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.

Prevalence of Obesity Healthy People 2030 = 36.0% or Lower



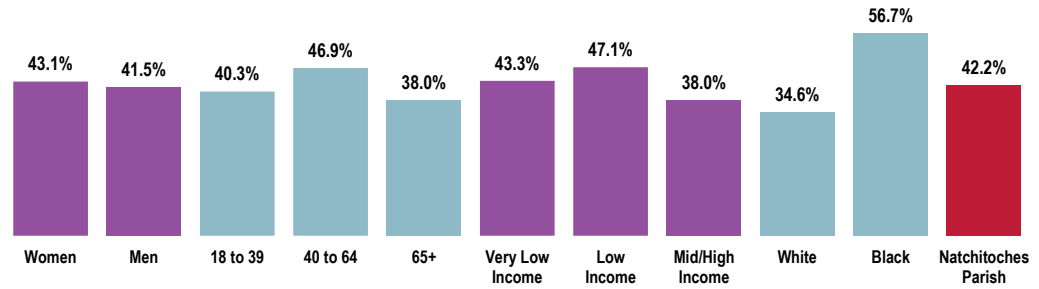
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 112, 324]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 • 2023 PRC National Health 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.



Prevalence of Obesity (Natchitoches Parish, 2024)

Healthy People 2030 = 36.0% or Lower



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
 • 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.

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

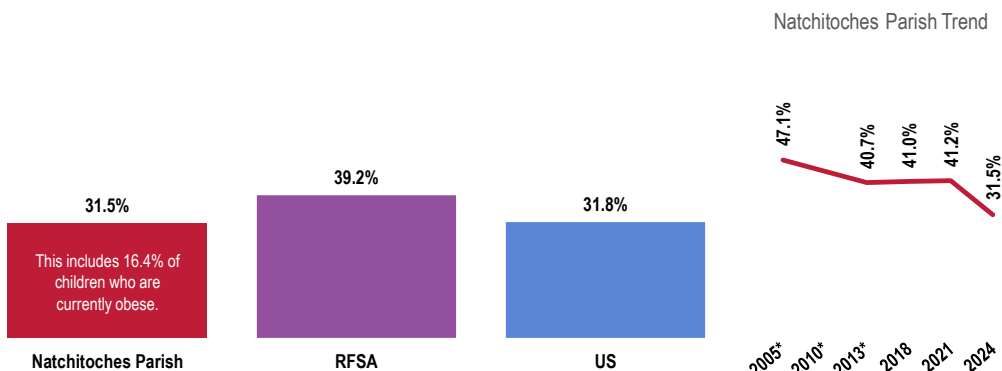
The following questions were used to calculate a BMI value (and weight classification as noted above) for each child represented in the survey:

PRC SURVEY ▶ “How much does this child weigh without shoes?”

PRC SURVEY ▶ “About how tall is this child?”



Prevalence of Overweight in Children (Children 5-17)



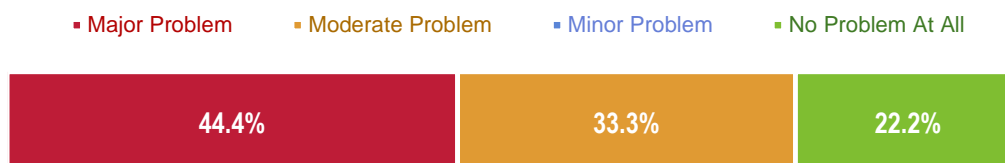
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 113]
 • 2023 PRC National Health Survey, PRC, Inc.

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.

Key Informant Input: Nutrition, Physical Activity & Weight

The following chart outlines key informants' perceptions of the severity of *Nutrition, Physical Activity & Weight* as a problem in the community:

Perceptions of Nutrition, Physical Activity & Weight as a Problem in the Community (Natchitoches Parish Key Informants, 2024)



Sources: • 2024 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:

Obesity

Obesity is a national epidemic. The Louisiana lifestyle perpetuates this problem. – Physician



Substance Use

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>)

Alcohol

Age-Adjusted Alcohol-Induced Deaths

The following chart outlines age-adjusted, alcohol-induced mortality in the area.

Alcohol-Induced Deaths: 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 August 2024.



Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

- **HEAVY DRINKING** ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **BINGE DRINKING** ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

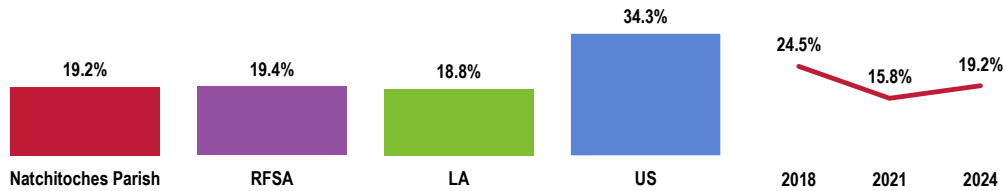
PRC SURVEY ► “During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?”

PRC SURVEY ► “On the day(s) when you drank, about how many drinks did you have on average?”

PRC SURVEY ► “Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 (if male)/4 (if female) or more drinks on an occasion?”

Excessive Drinkers

Natchitoches Parish Trend



- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 116]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 - 2023 PRC National Health Survey, PRC, Inc.
- 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.

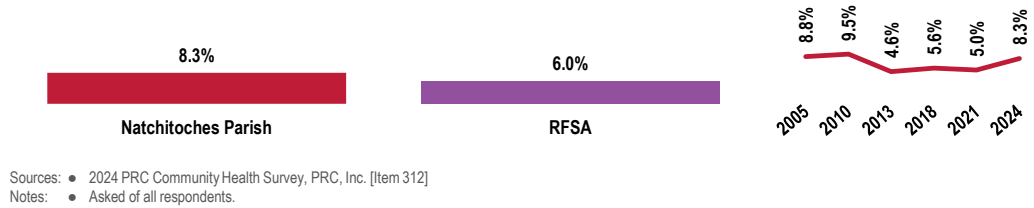


Drinking & Driving

PRC SURVEY ▶ “During the past 30 days, how many times have you ridden with a driver who had perhaps too much to drink?”

Have Ridden with a Driver in the Past Month Who Had Too Much to Drink

Natchitoches Parish Trend

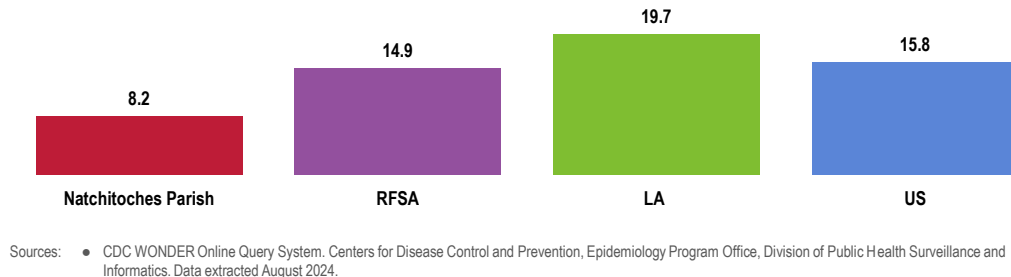


Drugs

Age-Adjusted Unintentional Drug-Induced Deaths

Unintentional drug-induced deaths include all deaths, other than suicide, for which drugs are an underlying cause. A “drug” includes illicit or street drugs (e.g., heroin and cocaine), as well as legal prescription and over-the-counter drugs; alcohol is not included. The following chart outlines local age-adjusted mortality for unintentional drug-induced deaths.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality (2011-2020 Annual Average Deaths per 100,000 Population)



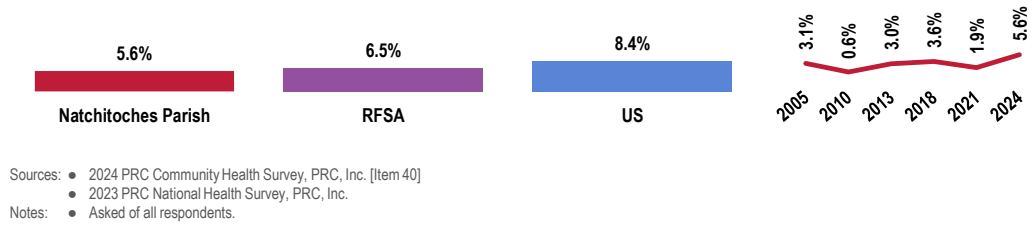
Illicit Drug Use

PRC SURVEY ▶ “During the past 30 days, have you used an illegal drug or taken a prescription drug that was not prescribed to you?”

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.

Illicit Drug Use in the Past Month

Natchitoches Parish Trend

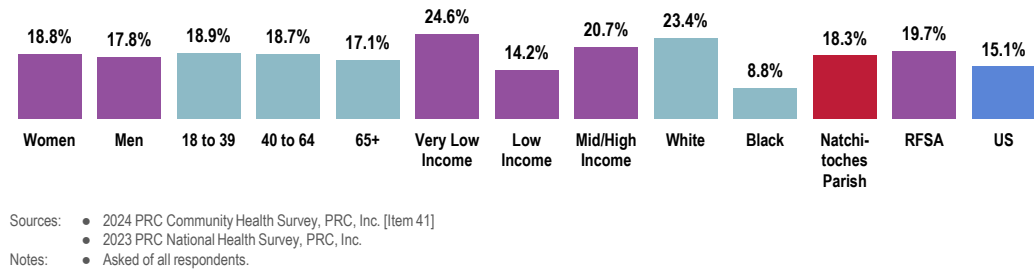


Use of Prescription Opioids

PRC SURVEY ▶ “Opiates or opioids are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. In the past year, have you used any of these prescription opiates?”

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.

Used a Prescription Opioid in the Past Year (Natchitoches Parish, 2024)

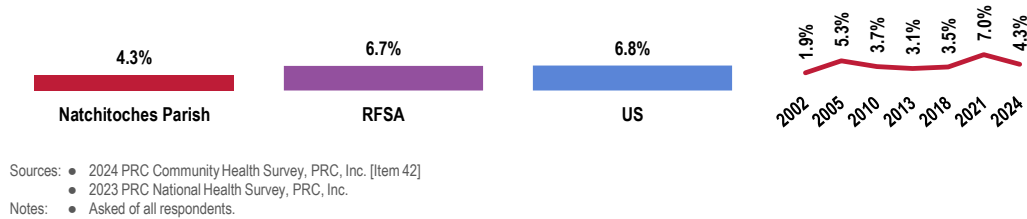


Substance Use Treatment

PRC SURVEY ▶ “Have you ever sought professional help for an alcohol or drug-related problem?”

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

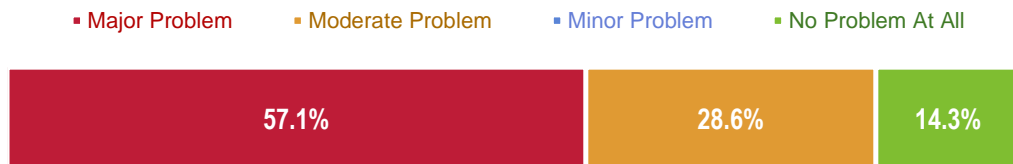
Natchitoches Parish Trend



Key Informant Input: Substance Use

The following chart outlines key informants’ perceptions of the severity of *Substance Use* as a problem in the community:

Perceptions of Substance Use as a Problem in the Community (Natchitoches Parish Key Informants, 2024)



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

Access to Care/Services

- The individuals behind the scenes. – Community Leader
- Most in-house programs are located a minimum of an hour away. – Social Services Provider

Incidence/Prevalence

- High need from people in the community with growing drug habits. Recent increase in Fentanyl-related deaths after drug source unknowingly laced with deadly drug. Lack of real knowledge about the impact of Fentanyl and that it can happen to any individual involved in high-risk choices. – Social Services Provider



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.

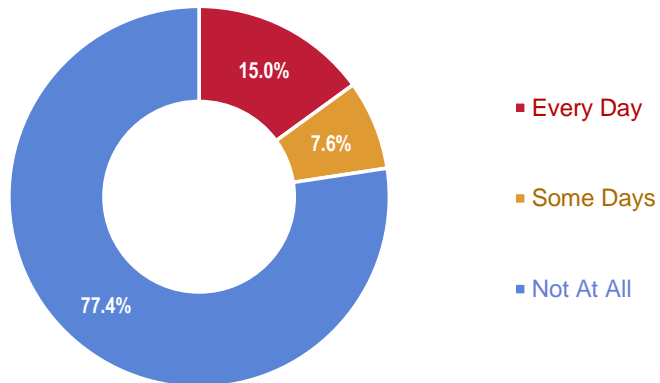
Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

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

Cigarette Smoking

PRC SURVEY ▶ “Do you currently smoke cigarettes every day, some days, or not at all?” (“Currently Smoke Cigarettes” includes those smoking “every day” or on “some days.”)

Prevalence of Cigarette Smoking
(Natchitoches Parish, 2024)



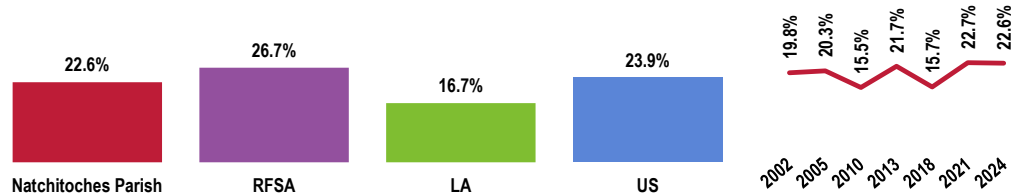
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
Notes: • Asked of all respondents.



Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower

Natchitoches Parish Trend



- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 - 2023 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).

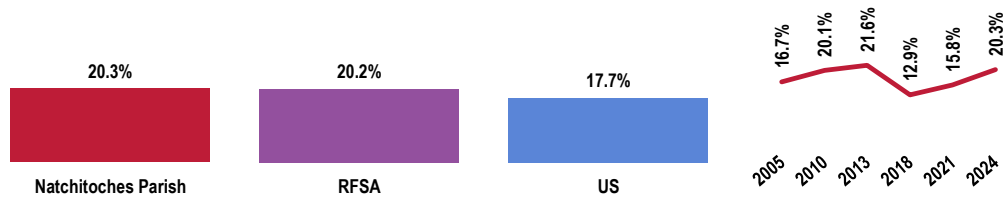
Environmental Tobacco Smoke

PRC SURVEY ▶ “In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere in your home on an average of four or more days per week?”

The following chart details these responses among the total sample of respondents.

Member of Household Smokes at Home

Natchitoches Parish Trend



- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 35]
 - 2023 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.



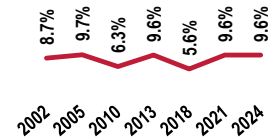
Use of Smokeless Tobacco

PRC SURVEY ▶ “Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?”

(“Use of Smokeless Tobacco” includes use “every day” or on “some days.”)

Use of Smokeless Tobacco (Natchitoches Parish, 2024)

Natchitoches Parish Trend



- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 310]
- Notes:
- Asked of all respondents.
 - Includes use of chewing tobacco, snuff, or snus every day or some days.

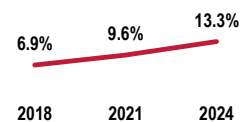
Use of Vaping Products

PRC SURVEY ▶ “Electronic vaping products, such as electronic cigarettes, are battery-operated devices that simulate traditional cigarette smoking but do not involve the burning of tobacco. Do you currently use electronic vaping products, such as electronic cigarettes, every day, some days, or not at all?”

(“Currently Use Vaping Products” includes use “every day” or on “some days.”)

Currently Use Vaping Products (Every Day or on Some Days)

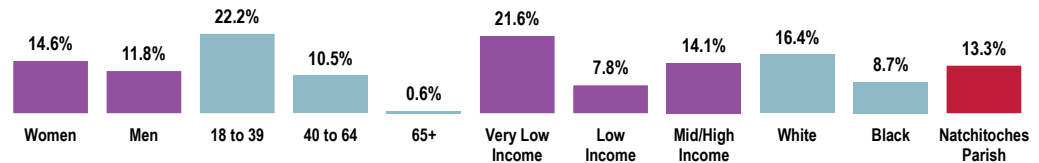
Natchitoches Parish Trend



- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 36]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).



Currently Use Vaping Products (Natchitoches Parish, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 36]
 Notes: • Asked of all respondents.
 • Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Key Informant Input: Tobacco Use

The following chart outlines key informants' perceptions of the severity of *Tobacco Use* as a problem in the community:

Perceptions of Tobacco Use as a Problem in the Community (Natchitoches Parish Key Informants, 2024)

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



Sources: • 2024 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

Tobacco is a worldwide problem. It is a major problem for many reasons, with the greatest being its health effects. – Social Services Provider

Teen/Young Adult Usage

The percentage of students in our program who smoke and start at such a young age. – Social Services Provider



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).

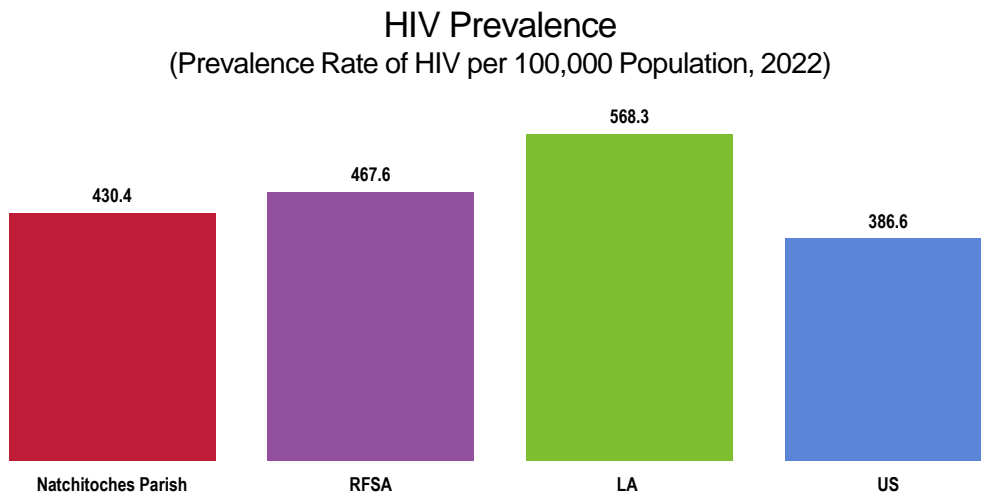
Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

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

The following chart outlines prevalence (current cases, regardless of when they were diagnosed) of HIV per 100,000 population in the area.



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 August 2024 via SparkMap (sparkmap.org).



Sexually Transmitted Infections (STIs)

Chlamydia

Chlamydia is the most commonly reported STI in the United States; most people who have chlamydia are unaware, since the disease often has no symptoms.

Gonorrhea

Anyone who is sexually active can get gonorrhea. Gonorrhea can be cured with the right medication; left untreated, however, gonorrhea can cause serious health problems in both women and men.

The following charts outline local incidence for these STIs.

Chlamydia Incidence
(Incidence Rate per 100,000 Population, 2022)



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 August 2024 via SparkMap (sparkmap.org).

Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2022)



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 August 2024 via SparkMap (sparkmap.org).



Key Informant Input: Sexual Health

The following chart outlines key informants' perceptions of the severity of *Sexual Health* as a problem in the community:

Perceptions of Sexual Health as a Problem in the Community (Natchitoches Parish Key Informants, 2024)

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



Sources: • 2024 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:

Sexually Active Youth

This is due to the high levels of active and uninhibited sexual activity among teenagers. – Social Services Provider



ACCESS TO 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>)

Lack of Health Insurance 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.

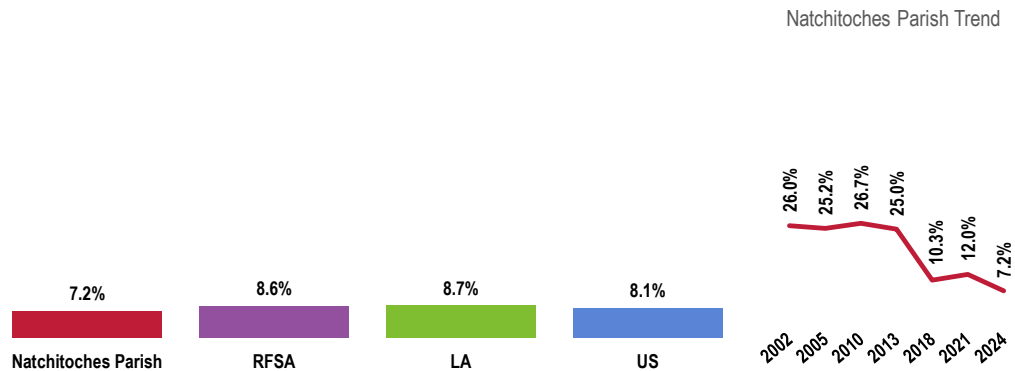
PRC SURVEY ▶ “Do you have any government-assisted health care coverage, such as Medicare, Medicaid, or VA/military benefits?”

PRC SURVEY ▶ “Do you currently have: health insurance you get through your own or someone else’s employer or union; health insurance you purchase yourself or get through a health insurance exchange website; or, you do not have health insurance and pay entirely on your own?”

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.

Lack of Health Care Insurance Coverage (Adults Age 18-64)

Healthy People 2030 = 7.6% or Lower

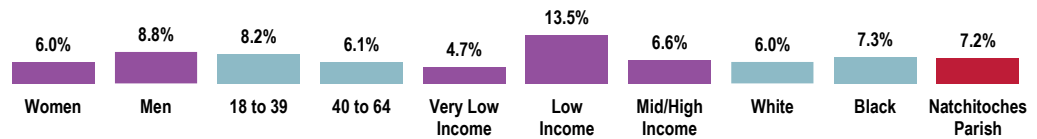


Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 ● 2023 PRC National Health Survey, 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.



Lack of Health Care Insurance Coverage (Adults Age 18-64; Natchitoches Parish, 2024) Healthy People 2030 = 7.6% or Lower



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
 • 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

Barriers to Health Care Access

To better understand health care access barriers, survey participants were asked whether any of the following barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

PRC SURVEY ▶ “Was there a time in the past 12 months when you needed medical care but had **difficulty finding a doctor?**”

PRC SURVEY ▶ “Was there a time in the past 12 months when you had **difficulty getting an appointment to see a doctor?**”

PRC SURVEY ▶ “Was there a time in the past 12 months when you **needed to see a doctor but could not because of the cost?**”

PRC SURVEY ▶ “Was there a time in the past 12 months when a **lack of transportation** made it difficult or prevented you from seeing a doctor or making a medical appointment?”

PRC SURVEY ▶ “Was there a time in the past 12 months when you were not able to see a doctor because the **office hours were not convenient?**”

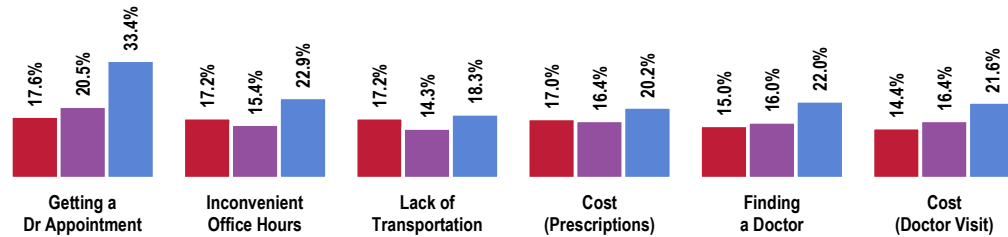
PRC SURVEY ▶ “Was there a time in the past 12 months when you **needed a prescription medicine but did not get it because you could not afford it?**”

The percentages shown in the following chart reflect the total population, regardless of whether medical care was needed or sought.



Barriers to Access Have Prevented Medical Care in the Past Year

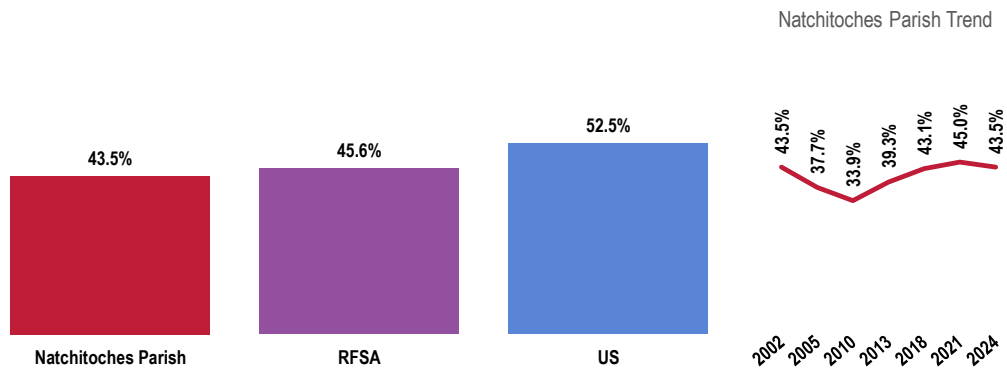
■ Natchitoches Parish ■ RFSA ■ US



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Items 6-10, 12]
 ● 2023 PRC National Health Survey, PRC, Inc.
 Notes: ● Asked of all respondents.

The following charts reflect the composite percentage of the total population experiencing problems accessing health care in the past year (indicating one or more of the aforementioned barriers or any other problem not specifically asked), again regardless of whether they needed or sought care.

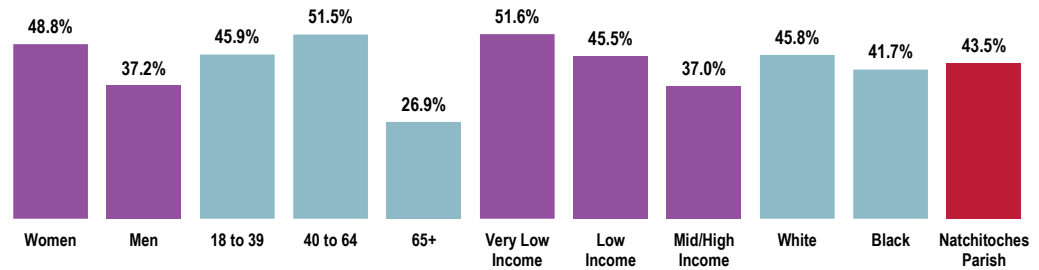
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 119]
 ● 2023 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.



Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year (Natchitoches Parish, 2024)



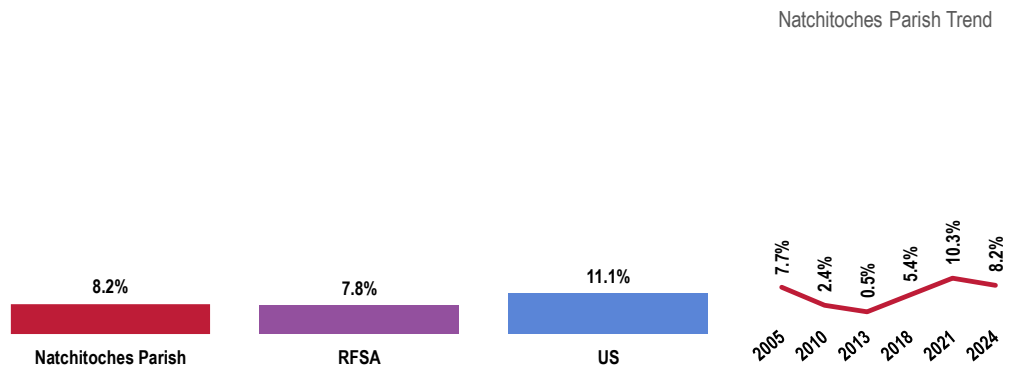
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 119]
 Notes: • Asked of all respondents.
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

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.

PRC SURVEY ▶ “Was there a time in the past 12 months when you needed medical care for this child but could not get it?”

Had Trouble Obtaining Medical Care for Child in the Past Year (Parents of Children 0-17)

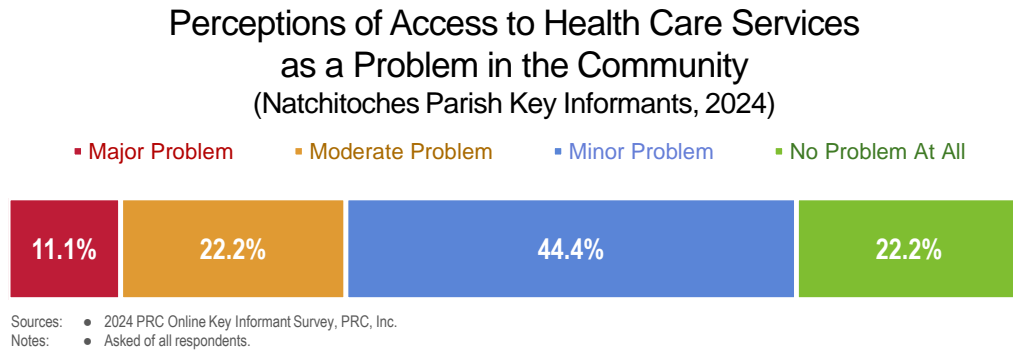


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 90]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.



Key Informant Input: Access to Health Care Services

The following chart outlines key informants' perceptions of the severity of *Access to Health Care Services* as a problem in the community:



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

Lack of Specialty Care

- Lack of specialty providers. Increasing insurance barriers to accessing care. – Physician



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.

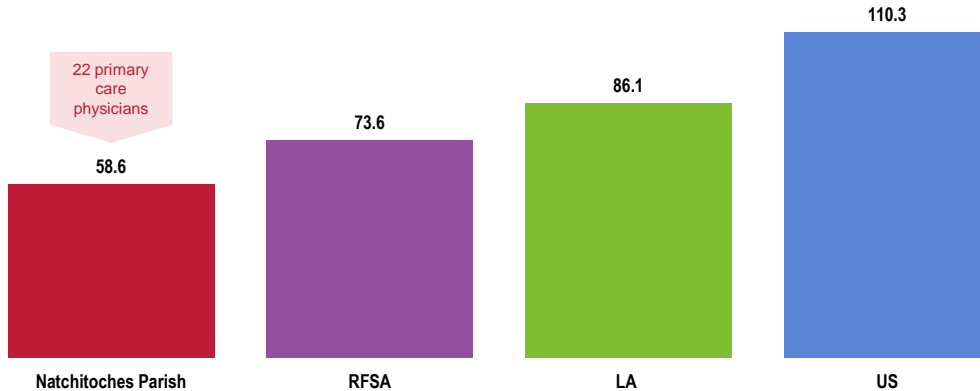
– Healthy People 2030 (<https://health.gov/healthypeople>)

Access to Primary Care

The following chart shows the number of active primary care physicians per 100,000 population. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Note that this indicator takes into account *only* primary care physicians. It does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population; July 2024)



Sources:

- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

Notes:

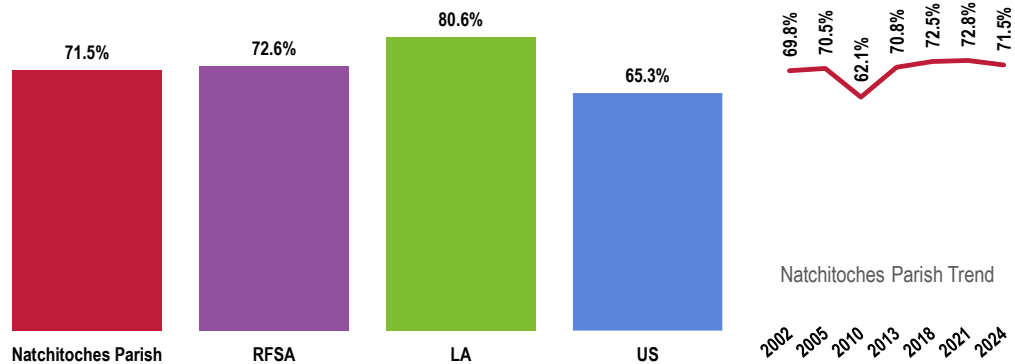
- Doctors classified as "primary care physicians" by the AMA include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.



Utilization of Primary Care Services

PRC SURVEY ▶ “A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup?”

Have Visited a Physician for a Checkup in the Past Year

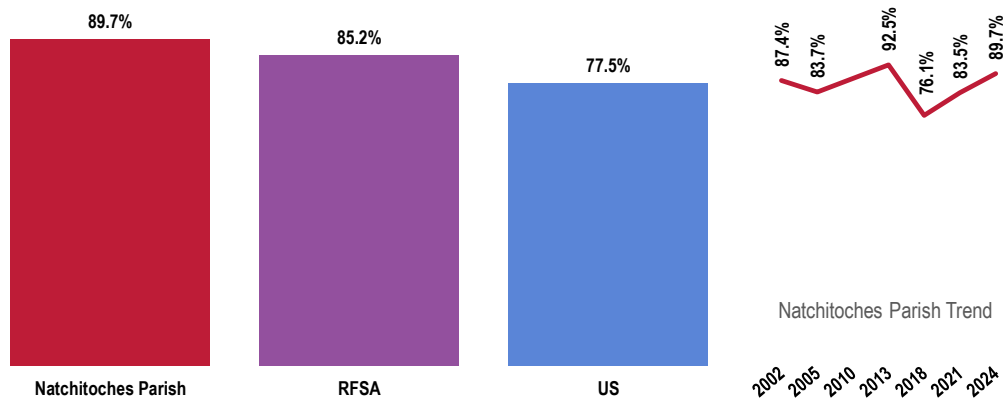


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 16]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

PRC SURVEY ▶ “About how long has it been since this child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?”

Child Has Visited a Physician for a Routine Checkup in the Past Year (Parents of Children 0-17)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 91]
 • 2023 PRC National Health Survey, PRC, Inc.

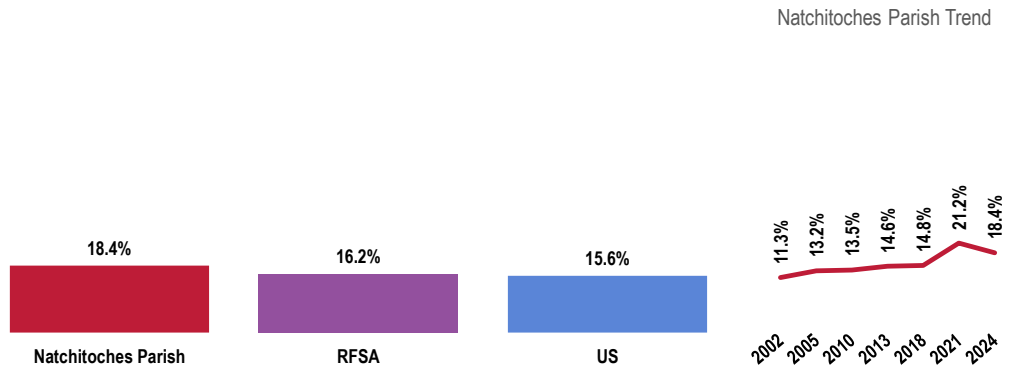
Notes: • Asked of all respondents with children 0 to 17 in the household.



Utilization of Emergency Services

PRC SURVEY ▶ “In the past 12 months, how many times have you gone to a hospital emergency room about your own health? This also includes ER visits that resulted in a hospital admission.”

Have Used a Hospital Emergency Room More Than Once in the Past Year



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 19]
• 2023 PRC National Health Survey, PRC, Inc.
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>)

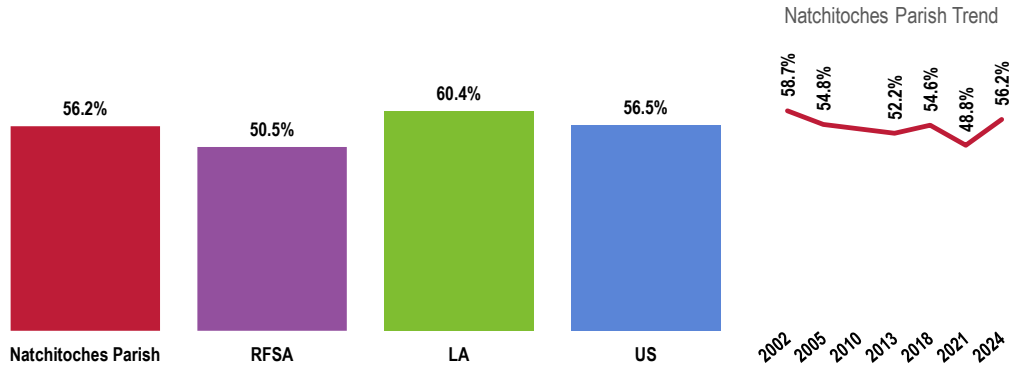


Dental Care

PRC SURVEY ▶ “About how long has it been since you last visited a dentist or a dental clinic for any reason?”

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 17]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2022 Louisiana data.
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

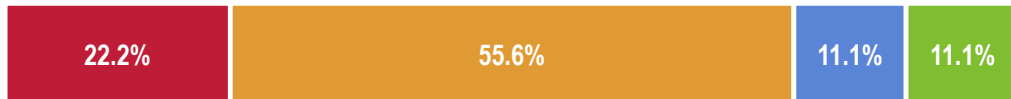
Notes: • Asked of all respondents.

Key Informant Input: Oral Health

The following chart outlines key informants’ perceptions of the severity of *Oral Health* as a problem in the community:

Perceptions of Oral Health as a Problem in the Community (Natchitoches Parish Key Informants, 2024)

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



Sources: • 2024 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:

Lack of Providers

Not enough dentists in the area. None, if any, that accept Medicaid. – Physician

Access for Medicare/Medicaid Patients

Simply because a large number of individuals in this community are either Medicare or Medicaid recipients. Doctors who are really skilled in this field refuse to take either of those health insurances; therefore, those individuals are forced to go to those who are still learning, and they are used as guinea pigs, resulting in short-term dental work. In other words, the work they receive is temporary and only guaranteed to last a couple of weeks or months. – Social Services Provider

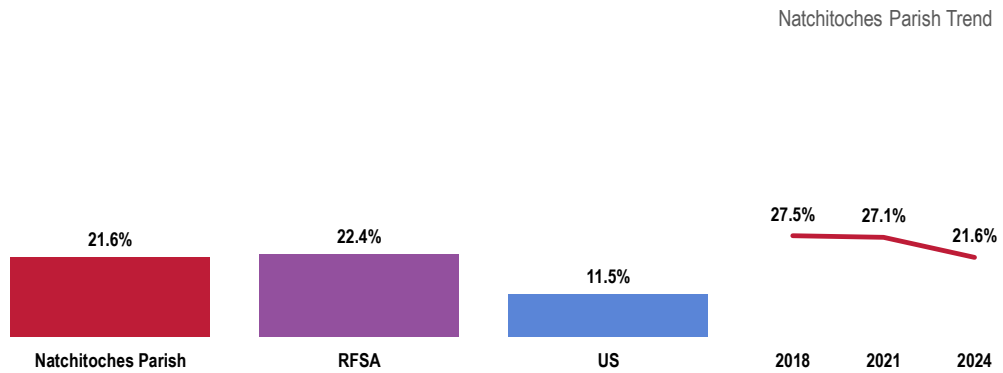


LOCAL RESOURCES

Perceptions of Local Health Care Services

PRC SURVEY ▶ “How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair, or poor?”

Perceive Local Health Care Services as “Fair/Poor”



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Resources Available to Address Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by Natchitoches Parish 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

- Natchitoches Regional Medical Center
- Outpatient Medical Center

Cancer

- Health Department
- Hospitals
- Natchitoches Regional Medical Center
- Office of Community Services

Diabetes

- American Diabetes Association
- Diabetes Foundation
- Doctors' Offices
- Food Bank
- Louisiana Department of Health
- Motivation Groups
- Natchitoches Parish Council on Aging
- Natchitoches Regional Medical Center
- Parks and Recreation
- School Systems

Heart Disease & Stroke

- Doctors' Offices
- Natchitoches Regional Medical Center
- Regional Cardiology

Infant Health & Family Planning

- Cane River Children's Services
- Department of Children and Family Services
- Natchitoches Parish Early Childhood Network
- Natchitoches Regional Medical Center
- Women's Resource Center

Injury & Violence

- AA/NA

- Ben D. Johnson Educational Center
- Boys & Girls Club
- Cane River Children's Services
- Churches
- City of Natchitoches Youth Program
- Crime Victim Relief Program
- Drug Abuse Resistance Education
- Judicial Drug Court
- Law Enforcement
- Mentors
- Multijurisdictional Task Force District Attorney Office
- Natchitoches DA
- Natchitoches Parish Office of Community Services
- Natchitoches Regional Medical Center

Mental Health

- Community Counseling Center
- Coroner's Office
- Mended Mental Health
- Metropolitan Circles
- Natchitoches Behavioral Health Clinic
- Natchitoches Mental Health Clinic
- Natchitoches Regional Medical Center
- Northwest Louisiana Human Services District
- OMC Counseling
- Rehabilitation Services of Central Louisiana
- Winterhaven

Sexual Health

- Department of Health and Human Services
- Women's Resource Center

Social Determinants of Health

- 211
- Churches
- Department of Children & Family Services
- Housing Authority of the City of Natchitoches
- Supplemental Nutrition Assistance Program



Substance Use

AA/NA
Drug Abuse Resistance Education
Judicial Drug Court
Mental Health Services

Natchitoches Behavioral Health Clinic
Natchitoches Regional Medical Center
Natchitoches Substance Abuse Clinic

