

2024 COMMUNITY HEALTH NEEDS ASSESSMENT

Winn 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 Winn 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 Winn 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 152 individuals age 18 and older in Winn Parish. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Winn Parish as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

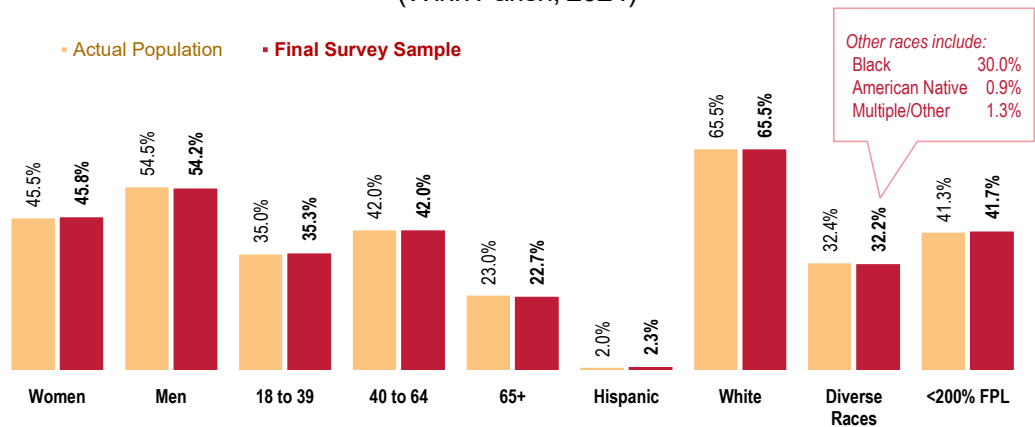
For statistical purposes, the maximum rate of error associated with a sample size of 152 respondents is $\pm 6.9\%$ at the 95 percent confidence level.

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 Winn 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
(Winn 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 Winn 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, five Winn 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.

- Village of Dodson
- Winn Parish Medical Center
- Winn Community Health Center
- Winn Parish School Board

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 Winn 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 WINN PARISH | | FAVORABLE TRENDS | UNFAVORABLE TRENDS |
|--|--|---|--------------------|
|  <h3>ACCESS TO HEALTH CARE SERVICES</h3> <ul style="list-style-type: none"> 6.8% of adults age 18 to 64 have no insurance coverage, either through private or public sources (US = 8.1%). 34.3% of all adults have experienced some kind of difficulty accessing health care in the past year (US = 52.5%). 2.9% of parents in the parish had trouble getting health care for their child in the past year (US = 11.1%). 76.6% of adults have had a routine checkup in the past year (US = 65.3%). 14.4% 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 Lack of Transportation Routine Medical Care (Adults) Ratings of Local Health Care | | |
|  <h3>CANCER</h3> <ul style="list-style-type: none"> Cancer is a leading cause of death. 83.0% of parish women age 21-65 have had a Pap smear test in the past three years (US = 75.4%). 65.9% of all parish adults age 45-75 have had appropriate colorectal cancer screening (US = 71.5%). | | | |
|  <h3>DIABETES</h3> <ul style="list-style-type: none"> 19.8% of parish adults have been diagnosed with diabetes by a health care professional (US = 12.8%). 6.2% have prediabetes or borderline diabetes (US = 15.0%). | | | |
|  <h3>DISABLING CONDITIONS</h3> <ul style="list-style-type: none"> 25.9% of adults in the parish experience activity limitations due to a physical, mental, or emotional health issue (US = 27.5%). 23.0% experience high-impact chronic pain that has limited their activities every day or on most days during the past six months (US = 19.6%). 35.2% are caregivers for a friend or family member who has a long-term health condition (US = 22.8%). | <ul style="list-style-type: none"> Prevalence of Arthritis | <ul style="list-style-type: none"> Alzheimer's Disease Deaths | |
|  <h3>HEART DISEASE & STROKE</h3> <ul style="list-style-type: none"> Heart disease is a leading cause of death. 50.8% of adults have been told by a health professional that they have high blood pressure (US = 40.4%). 35.0% of adults have been told by a health professional that they have high blood cholesterol (US = 32.4%). 96.5% 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"> Stroke Deaths Stroke Prevalence High Blood Pressure Prevalence High Blood Cholesterol Prevalence | |
|  <h3>HOUSING</h3> <ul style="list-style-type: none"> 27.2% of adults rate the condition of neighborhood homes as "fair" or "poor" (US = n/a). 57.1% gave "fair/poor" ratings for the availability of affordable local housing (US = n/a). | | <ul style="list-style-type: none"> "Fair/Poor" Availability of Affordable Housing | |
|  <h3>INFANT HEALTH & FAMILY PLANNING</h3> <ul style="list-style-type: none"> The parish teen birth rate is 34.9 births to females age 15-19 for every 1,000 females in that age group (US = 16.6). 11.0% of live births were low birth-weight (US = 8.3%). | | | |

| KEY 2024 FINDINGS FOR WINN PARISH | | FAVORABLE TRENDS | UNFAVORABLE TRENDS |
|---|--|---|---|
|  | INJURY & VIOLENCE <ul style="list-style-type: none"> 2.6% of parish adults were victims of a violent crime in the past 5 years (US = 7.0%). 17.8% of residents have ever experienced intimate partner violence (US = 20.3%). | <ul style="list-style-type: none"> Children’s Use of Seat Belts | <ul style="list-style-type: none"> Unintentional Injury Deaths Intimate Partner Violence |
|  | MENTAL HEALTH <ul style="list-style-type: none"> 16.5% of survey respondents rate their own mental health as “fair” or “poor” (US = 24.4%). 24.4% of adults have been diagnosed with depression by a health care professional (US = 30.8%). 21.3% of residents are currently receiving mental health treatment (US = 21.9%). 3.9% 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"> Seeking Help for Mental Health Difficulty Obtaining Mental Health Services | <ul style="list-style-type: none"> Receiving Treatment for Mental Health |
|  | NUTRITION, OVERWEIGHT & PHYSICAL ACTIVITY <ul style="list-style-type: none"> 33.4% of respondents report difficulty buying fresh produce (US = 30.0%). 22.1% of parish adults currently meet physical activity guidelines (US = 30.3%). 80.6% of parish adults are overweight, including 45.9% who are obese (US = 63.3% and 33.9%, respectively). | | <ul style="list-style-type: none"> Difficulty Accessing Fresh Produce “Often” See Others Being Physically Active Overweight & Obesity (Adults) |
|  | ORAL HEALTH <ul style="list-style-type: none"> 56.8% of adults in the parish had a dental visit in the past year (US = 56.5%). | | |
|  | RESPIRATORY DISEASE <ul style="list-style-type: none"> 5.0% of parish adults have been diagnosed with chronic obstructive pulmonary disease or COPD (US = 11.0%). | <ul style="list-style-type: none"> Lung Disease Deaths Pneumonia/Influenza Deaths | |
|  | SEXUAL HEALTH <ul style="list-style-type: none"> The parish reports an HIV prevalence rate of 281.6 cases per 100,000 population (US = 386.6). The parish reports a chlamydia incidence rate of 878.5 cases per 100,000 population (US = 495.0) and a gonorrhea incidence rate of 355.9 cases per 100,000 population (US = 194.4). | | |
|  | SUBSTANCE USE <ul style="list-style-type: none"> 11.5% of local adults report excessive drinking, including binge drinking or an high average number of drinks per day (US = 34.3%). 4.2% report using an illicit drug in the past month (US = 8.4%). 16.3% of parish adults have used a prescription opioid in the past year (US = 15.1%). 6.6% 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 Sought Help for Alcohol/Drug Issues | |
|  | TOBACCO USE <ul style="list-style-type: none"> 20.0% of parish adults currently smoke cigarettes (US = 23.9%). 13.5% currently use vaping products (US = 18.5%). 14.1% currently use smokeless tobacco (US = n/a). | <ul style="list-style-type: none"> Cigarette Smoking in the Home | |

Summary Tables

Comparisons With Benchmark Data

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


























Reading the Summary Tables

- In the following tables, Winn 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 | Winn Parish | WINN vs. BENCHMARKS | | | | TREND |
|--|-------------|--|---|---|--|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2030 | |
| Linguistically Isolated Population (Percent) | 0.1 |  0.7 |  1.6 |  3.9 | | |
| Population in Poverty (Percent) | 19.6 |  20.2 |  18.7 |  12.5 |  8.0 | |
| Children in Poverty (Percent) | 28.2 |  26.5 |  25.8 |  16.7 |  8.0 | |
| No High School Diploma (Age 25+, Percent) | 16.1 |  15.3 |  13.3 |  10.9 | | |
| Unemployment Rate (Age 16+, Percent) | 5.8 |  4.8 |  4.5 |  4.3 | |  7.9 |
| Population With Low Food Access (Percent) | 15.5 |  33.8 |  26.4 |  22.2 | | |
| % "Fair/Poor" Condition of Neighborhood Homes | 27.2 |  25.5 | | | |  20.7 |
| % "Fair/Poor" Availability of Affordable Housing | 57.1 |  51.6 | | | |  42.9 |














































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| OVERALL HEALTH | Winn Parish | WINN vs. BENCHMARKS | | | | TREND |
|--|-------------|--|---|---|------------|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2030 | |
| % "Fair/Poor" Overall Health | 17.8 |  20.9 |  21.7 |  15.7 | |  20.7 |
| % 3+ Days Poor Physical Health in Past Month | 28.8 |  34.8 | | | |  43.1 |


















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| ACCESS TO HEALTH CARE | Winn Parish | WINN vs. BENCHMARKS | | | | TREND |
|---|-------------|---------------------|--------|--------|------------|-------|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2030 | |
| % [Age 18-64] Lack Health Insurance | 6.8 | 8.6 | 8.7 | 8.1 | 7.6 | 34.4 |
| % Difficulty Accessing Health Care in Past Year (Composite) | 34.3 | 45.6 | | 52.5 | | 47.8 |
| % Cost Prevented Physician Visit in Past Year | 9.2 | 16.4 | | 21.6 | | 21.5 |
| % Cost Prevented Getting Prescription in Past Year | 11.0 | 16.4 | | 20.2 | | 25.8 |
| % Difficulty Getting Appointment in Past Year | 18.7 | 20.5 | | 33.4 | | 20.4 |
| % Inconvenient Hrs Prevented Dr Visit in Past Year | 12.1 | 15.4 | | 22.9 | | 16.6 |
| % Difficulty Finding Physician in Past Year | 14.1 | 16.0 | | 22.0 | | 14.0 |
| % Transportation Hindered Dr Visit in Past Year | 6.0 | 14.3 | | 18.3 | | 13.1 |
| % Difficulty Getting Child's Health Care in Past Year | 2.9 | 7.8 | | 11.1 | | 9.0 |
| Primary Care Doctors per 100,000 | 36.4 | 73.6 | 86.1 | 110.3 | | |
| % Have a Specific Source of Ongoing Care | 75.6 | 70.5 | | 69.9 | 84.0 | 68.5 |
| % Internet is the Primary Source for Healthcare Information | 13.6 | 23.0 | | | | |
| % Routine Checkup in Past Year | 76.6 | 72.6 | 80.6 | 65.3 | | 67.7 |
| % [Child 0-17] Routine Checkup in Past Year | 89.3 | 85.2 | | 77.5 | | 88.9 |
| % Two or More ER Visits in Past Year | 14.4 | 16.2 | | 15.6 | | 13.9 |
| % Rate Local Health Care "Fair/Poor" | 26.1 | 22.4 | | 11.5 | | 34.8 |


















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| CANCER | Winn Parish | WINN vs. BENCHMARKS | | | | TREND |
|---|--------------|---|--|--|---|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2030 | |
| Cancer Deaths per 100,000 (Age-Adjusted) | 215.5 |  178.4 |  165.7 |  146.5 |  122.7 |  231.9 |
| Lung Cancer Deaths per 100,000 (Age-Adjusted) | 58.5 | |  48.4 |  38.9 |  25.1 | |
| Female Breast Cancer Deaths per 100,000 (Age-Adjusted) | 23.7 | |  23.1 |  20.2 |  15.3 | |
| Prostate Cancer Deaths per 100,000 (Age-Adjusted) | 25.6 | |  20.5 |  19.0 |  16.9 | |
| Colorectal Cancer Deaths per 100,000 (Age-Adjusted) | 20.9 | |  16.8 |  14.0 |  8.9 | |
| Cancer Incidence per 100,000 (Age-Adjusted) | 455.3 |  476.4 |  478.3 |  442.3 | | |
| Lung Cancer Incidence per 100,000 (Age-Adjusted) | 71.3 |  65.5 |  61.5 |  54.0 | | |
| Female Breast Cancer Incidence per 100,000 (Age-Adjusted) | 86.4 |  112.1 |  127.5 |  127.0 | | |
| Prostate Cancer Incidence per 100,000 (Age-Adjusted) | 94.8 |  121.9 |  138.1 |  110.5 | | |
| Colorectal Cancer Incidence per 100,000 (Age-Adjusted) | 58.3 |  53.0 |  44.3 |  36.5 | | |
| % Cancer | 8.2 |  8.6 |  10.4 |  7.4 | |  5.8 |
| % [Women 21-65] Cervical Cancer Screening | 83.0 |  70.2 | |  75.4 |  84.3 |  79.9 |
| % [Age 45-75] Colorectal Cancer Screening | 65.9 |  68.7 |  73.2 |  71.5 |  74.4 |  67.3 |

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| DIABETES | Winn Parish | WINN vs. BENCHMARKS | | | | TREND |
|--|-------------|--|---|---|------------|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2030 | |
| Diabetes Deaths per 100,000 (Age-Adjusted) | 18.6 |  22.7 |  26.5 |  21.7 | | |
| % Diabetes/High Blood Sugar | 19.8 |  15.8 |  14.7 |  12.8 | |  13.5 |
| % Borderline/Pre-Diabetes | 6.2 |  10.3 | |  15.0 | |  4.6 |
| Kidney Disease Deaths per 100,000 (Age-Adjusted) | 20.8 |  20.4 |  22.2 |  13.1 | | |
| % Kidney Disease | 4.7 |  5.7 |  4.5 |  4.1 | |  3.4 |

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| DISABLING CONDITIONS | Winn Parish | WINN vs. BENCHMARKS | | | | TREND |
|---|-------------|--|---|---|--|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2030 | |
| % 3+ Chronic Conditions | 47.7 |  44.5 | |  38.0 | |  41.8 |
| % Activity Limitations | 25.9 |  30.9 | |  27.5 | |  19.2 |
| % High-Impact Chronic Pain | 23.0 |  22.7 | |  19.6 |  6.4 | |
| % Arthritis | 26.0 |  27.0 | | | |  36.9 |
| Alzheimer's Disease Deaths per 100,000 (Age-Adjusted) | 43.2 | |  43.6 |  30.8 | |  27.5 |
| % Caregiver to a Friend/Family Member | 35.2 |  28.8 | |  22.8 | |  30.0 |











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WINN vs. BENCHMARKS





















| HEART DISEASE & STROKE | Winn Parish | vs. RFSA | vs. LA | vs. US | vs. HP2030 | TREND |
|---|-------------|---|--|--|--|--|
| Heart Disease Deaths per 100,000 (Age-Adjusted) | 289.9 |  274.2 |  213.8 |  164.4 |  127.4 |  255.8 |
| % Heart Disease | 11.6 |  12.0 |  8.0 |  10.3 | |  8.4 |
| Stroke Deaths per 100,000 (Age-Adjusted) | 51.4 |  50.8 |  45.8 |  37.6 |  33.4 |  40.3 |
| % Stroke | 8.7 |  4.6 |  4.9 |  5.4 | |  3.5 |
| % High Blood Pressure | 50.8 |  46.6 |  40.2 |  40.4 |  42.6 |  41.1 |
| % High Cholesterol | 35.0 |  35.1 | |  32.4 | |  25.4 |
| % 1+ Cardiovascular Risk Factor | 96.5 |  92.0 | |  87.8 | |  96.5 |

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WINN vs. BENCHMARKS






| INFANT HEALTH & FAMILY PLANNING | Winn Parish | vs. RFSA | vs. LA | vs. US | vs. HP2030 | TREND |
|-------------------------------------|-------------|--|---|---|--|-------|
| Teen Births per 1,000 Females 15-19 | 34.9 |  36.4 |  27.0 |  16.6 | | |
| Low Birthweight (Percent of Births) | 11.0 |  10.6 |  10.9 |  8.3 | | |
| Infant Deaths per 1,000 Births | 9.0 |  7.5 |  7.9 |  5.8 |  5.0 | |













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| INJURY & VIOLENCE | Winn Parish | WINN vs. BENCHMARKS | | | | TREND |
|--|-------------|---|--|--|---|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2030 | |
| Unintentional Injury Deaths per 100,000 (Age-Adjusted) | 59.6 |  68.1 |  66.8 |  51.6 |  43.2 |  44.0 |
| Motor Vehicle Crash Deaths per 100,000 (Age-Adjusted) | 27.1 |  21.6 |  16.9 |  11.5 |  10.1 | |
| % Child [Age 0-17] "Always" Uses Seat Belt/Car Seat | 94.9 |  85.8 | | | |  73.6 |
| Violent Crimes per 100,000 | 452.0 |  633.1 |  562.3 |  416.0 | | |
| % Victim of Violent Crime in Past 5 Years | 2.6 |  5.2 | |  7.0 | |  1.2 |
| % Victim of Intimate Partner Violence | 17.8 |  20.7 | |  20.3 | |  8.2 |

















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| MENTAL HEALTH | Winn Parish | WINN vs. BENCHMARKS | | | | TREND |
|--|-------------|---|--|--|------------|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2030 | |
| % "Fair/Poor" Mental Health | 16.5 |  24.9 | |  24.4 | |  12.2 |
| % 3+ Days Poor Mental Health in Past Month | 38.4 |  42.2 | | | |  39.8 |
| % Diagnosed Depression | 24.4 |  30.2 |  26.4 |  30.8 | |  31.9 |
| % Symptoms of Chronic Depression | 35.1 |  44.0 | |  46.7 | |  34.4 |
| Mental Health Providers per 100,000 | 43.6 |  177.6 |  183.2 |  182.5 | | |
| % Have Ever Sought Help for Mental Health | 30.9 |  33.2 | | | |  21.3 |
| % Receiving Mental Health Treatment | 21.3 |  23.5 | |  21.9 | |  13.8 |
















| | | WINN vs. BENCHMARKS | | | | |
|---|-------------|---|---|---|------------|---|
| MENTAL HEALTH (continued) | Winn Parish | vs. RFSA | vs. LA | vs. US | vs. HP2030 | TREND |
| % Unable to Get Mental Health Services in Past Year | 3.9 |  8.7 | |  13.2 | |  12.9 |
| | |  |  |  | | |
| | | better | similar | worse | | |

| | | WINN vs. BENCHMARKS | | | | |
|---|-------------|--|---|---|---|---|
| NUTRITION, PHYSICAL ACTIVITY & WEIGHT | Winn Parish | vs. RFSA | vs. LA | vs. US | vs. HP2030 | TREND |
| % "Very/Somewhat" Difficult to Buy Fresh Produce | 33.4 |  37.5 | |  30.0 | |  11.4 |
| % Consume 2+ Servings of Fruit per Day | 34.6 |  | | | | |
| % Consume 3+ Servings of Vegetables per Day | 7.1 |  | | | | |
| % No Leisure-Time Physical Activity | 35.3 |  31.5 |  28.3 |  30.2 |  21.8 |  38.3 |
| % Meet Physical Activity Guidelines | 22.1 |  21.9 |  19.7 |  30.3 |  29.7 |  18.9 |
| % "Often" See Others in Community Being Physically Active | 31.5 |  34.9 | | | |  41.0 |
| % "Fair/Poor" Local Physical Activity Opportunities | 40.8 |  38.3 | | | |  35.9 |
| % Overweight (BMI 25+) | 80.6 |  72.7 |  71.7 |  63.3 | |  71.2 |
| % Obese (BMI 30+) | 45.9 |  40.4 |  40.1 |  33.9 |  36.0 |  33.4 |
| % Medical Advice on Weight in Past Year | 18.5 |  22.5 | | | |  18.7 |
| % [Overweights] Trying to Lose Weight | 27.2 |  35.0 | | | | |
| | |  |  |  | | |
| | | better | similar | worse | | |















| | | WINN vs. BENCHMARKS | | | | |
|-----------------------------|-------------|--|---|---|---|---|
| ORAL HEALTH | Winn Parish | vs. RFSA | vs. LA | vs. US | vs. HP2030 | TREND |
| % Dental Visit in Past Year | 56.8 |  50.5 |  60.4 |  56.5 |  45.0 |  51.0 |
| | |  |  |  |  | |
| | | better | similar | | worse | |

| | | WINN vs. BENCHMARKS | | | | |
|---|-------------|--|---|--|---|---|
| RESPIRATORY DISEASE | Winn Parish | vs. RFSA | vs. LA | vs. US | vs. HP2030 | TREND |
| Lung Disease Deaths per 100,000 (Age-Adjusted) | 49.0 |  63.0 |  41.1 |  38.1 | |  61.7 |
| Pneumonia/Influenza Deaths per 100,000 (Age-Adjusted) | 20.8 | |  14.2 |  13.6 | |  31.2 |
| % Received a COVID Vaccine or Booster in the Past 12 Months | 20.5 |  19.6 | | | | |
| % COPD (Lung Disease) | 5.0 |  8.9 |  9.3 |  11.0 | |  7.0 |
| | |  |  |  |  | |
| | | better | similar | | worse | |

| | | WINN vs. BENCHMARKS | | | | |
|---------------------------------|-------------|---|--|--|---|-------|
| SEXUAL HEALTH | Winn Parish | vs. RFSA | vs. LA | vs. US | vs. HP2030 | TREND |
| HIV Prevalence per 100,000 | 281.6 |  467.6 |  568.3 |  386.6 | | |
| Chlamydia Incidence per 100,000 | 878.5 |  826.5 |  788.6 |  495.0 | | |
| Gonorrhea Incidence per 100,000 | 355.9 |  371.7 |  327.1 |  194.4 | | |
| | |  |  |  |  | |
| | | better | similar | | worse | |

| SUBSTANCE USE | Winn Parish | WINN vs. BENCHMARKS | | | | TREND |
|--|-------------|--|---|---|------------|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2030 | |
| % Excessive Drinking | 11.5 |  19.4 |  18.8 |  34.3 | |  15.3 |
| % Rode w/ Drunk Driver in Past Month | 2.0 |  6.0 | | | |  3.8 |
| % Used an Illicit Drug in Past Month | 4.2 |  6.5 | |  8.4 | |  5.1 |
| % Used a Prescription Opioid in Past Year | 16.3 |  19.7 | |  15.1 | |  28.6 |
| % Ever Sought Help for Alcohol or Drug Problem | 6.6 |  6.7 | |  6.8 | |  1.6 |

 better
  similar
  worse

| TOBACCO USE | Winn Parish | WINN vs. BENCHMARKS | | | | TREND |
|--------------------------|-------------|--|---|---|--|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2030 | |
| % Smoke Cigarettes | 20.0 |  26.7 |  16.7 |  23.9 |  6.1 |  22.7 |
| % Someone Smokes at Home | 12.1 |  20.2 | |  17.7 | |  20.3 |
| % Use Vaping Products | 13.5 |  16.2 |  10.4 |  18.5 | |  7.8 |
| % Use Smokeless Tobacco | 14.1 |  8.2 | | | |  11.5 |

 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) |
|--|------------------|-----------------------------------|---|
| Winn Parish | 13,755 | 950.00 | 14 |
| 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 |

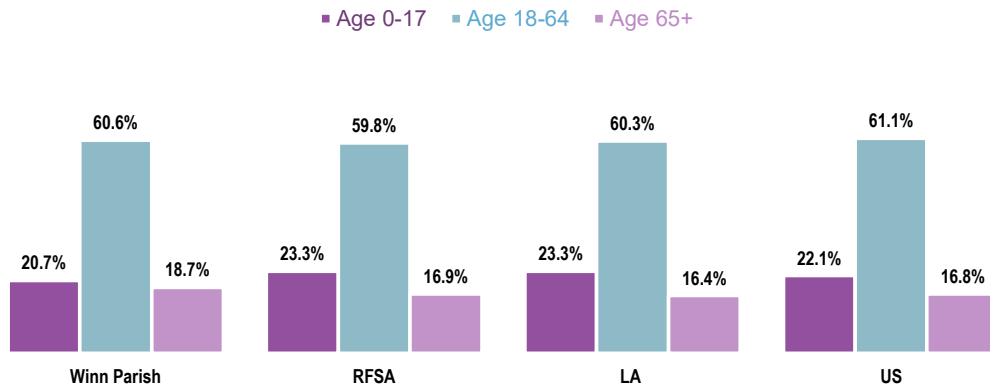
Sources:

- US Census Bureau American Community Survey, 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).

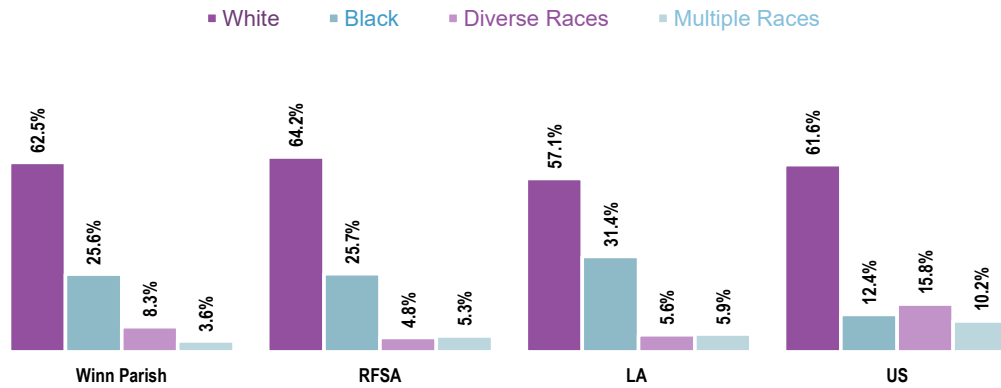


Race & Ethnicity

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)



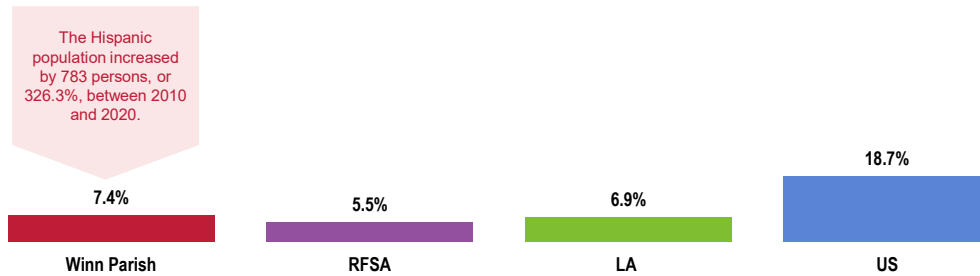
Sources:

- 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 SparkMap (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 SparkMap (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

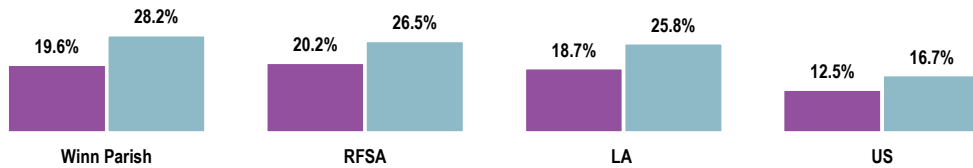
The following chart outlines the proportion of our population below the federal poverty threshold in comparison to state and national proportions.

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

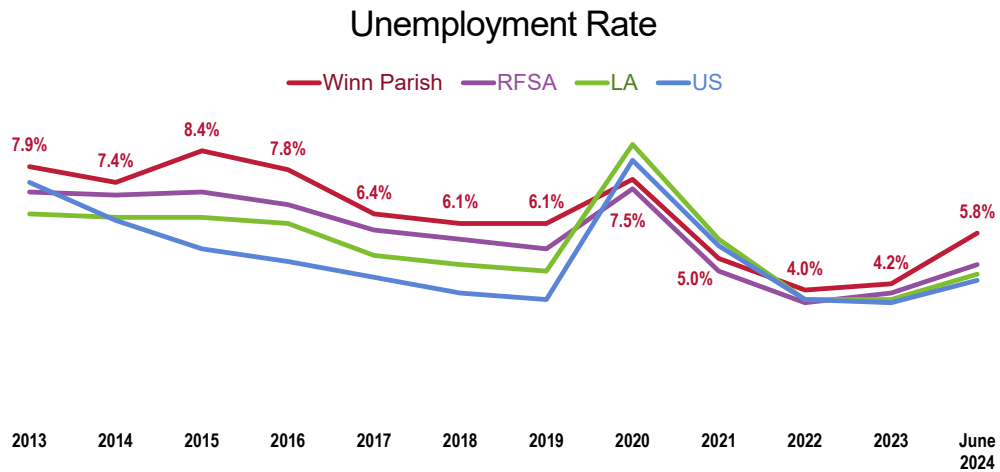


Sources: ● US Census Bureau American Community Survey, 5-year estimates.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).
● US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



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).

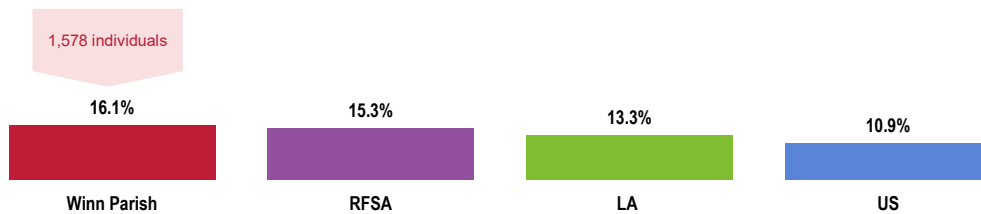
Notes:

- 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).

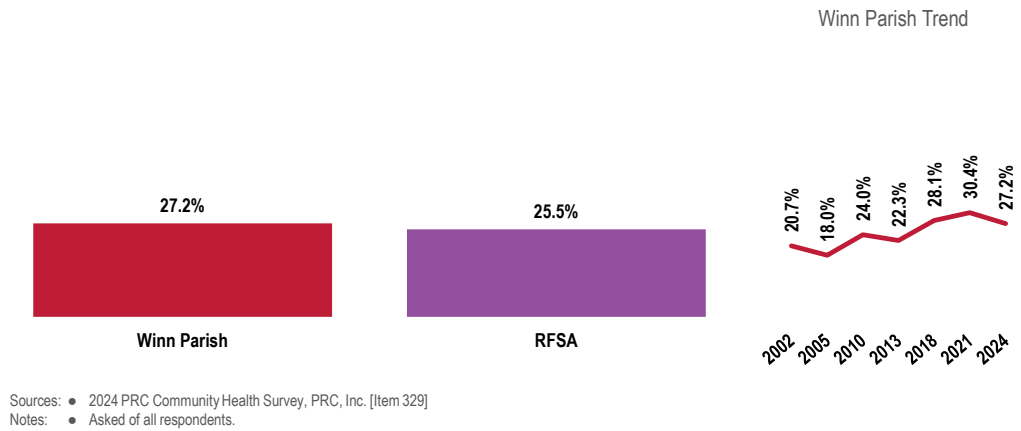


Housing

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?”

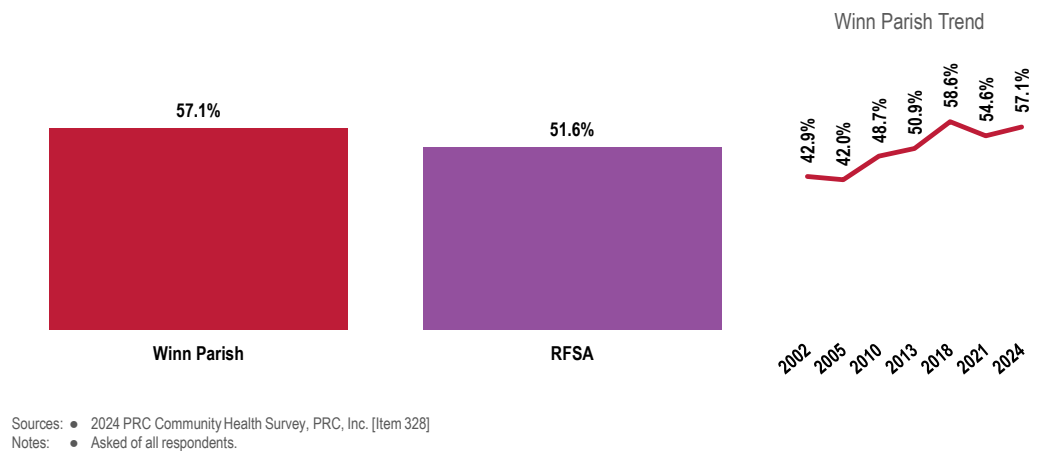
Perceive the Condition of Neighborhood Homes to be “Fair” or “Poor”



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).

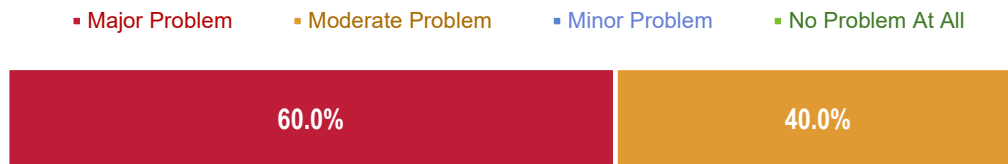
Notes:

- 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 (Winn 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:

Access to Care/Services

Many local resources are not available to meet the many of social determinants of health inclusive of income, housing, and discrimination – Health Provider

Income plays a major part in a person's ability to afford healthcare. Most people in this community have small incomes. – Community Leader

Income/Poverty

High poverty, rural area. – Community Leader

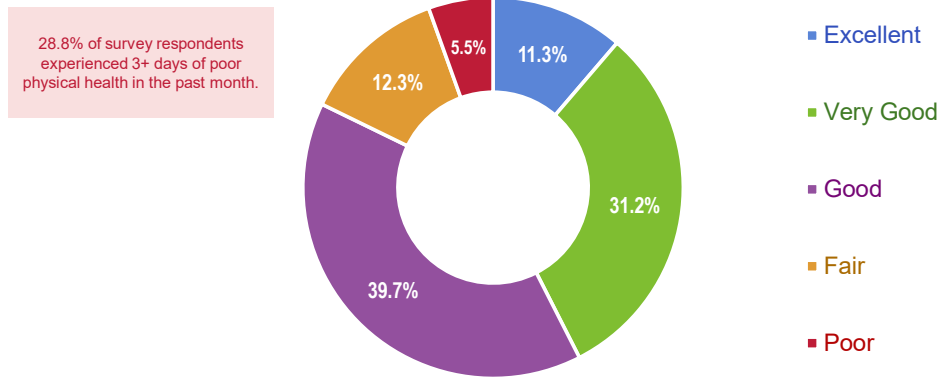


HEALTH STATUS

Overall Health

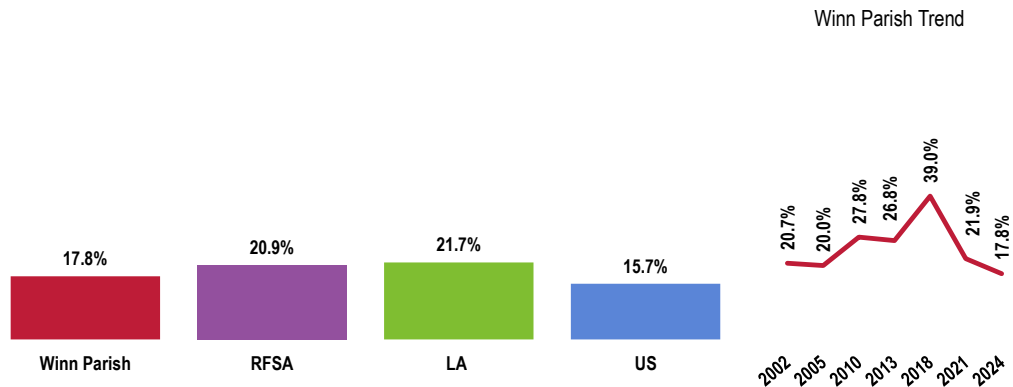
PRC SURVEY ▶ “Would you say that in general your health is: excellent, very good, good, fair, or poor?”

Self-Reported Health Status
(Winn Parish, 2024)



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

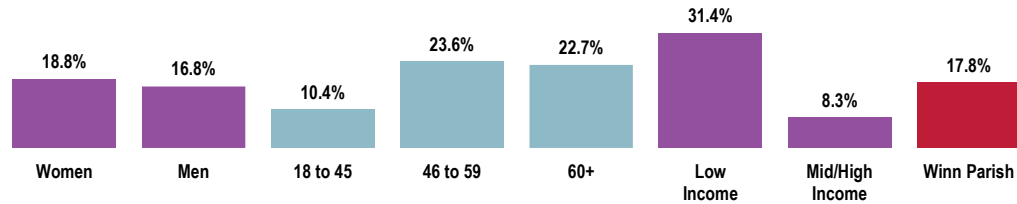
Experience “Fair” or “Poor” Overall Health



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 (Winn 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: “low income” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more ($\geq 200\%$ of) the federal poverty level.

RACE & ETHNICITY ► While the survey data are representative of the full racial and ethnic makeup of the population, samples were not of sufficient size for independent analysis by race and/or ethnicity.



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.

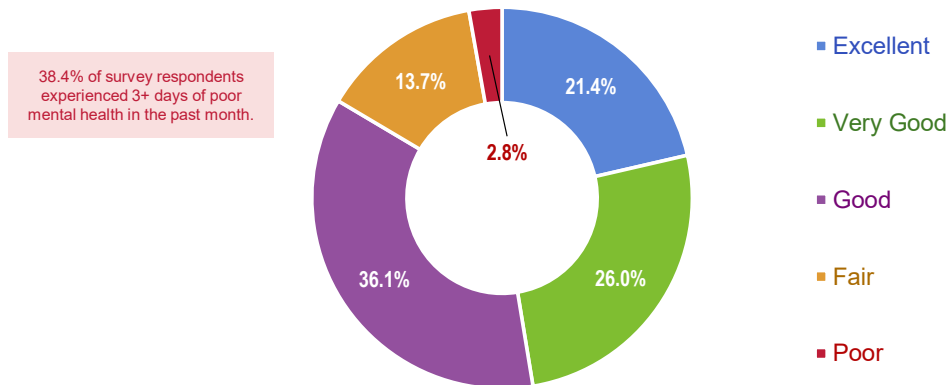
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening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

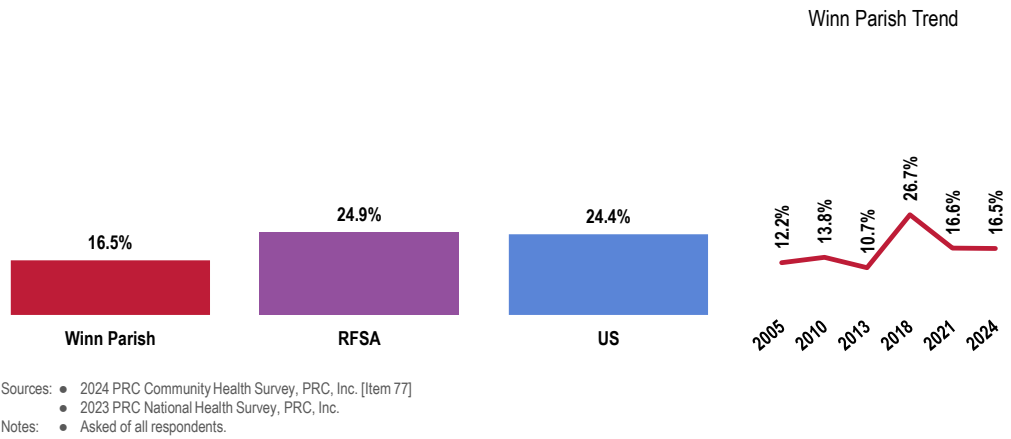
Self-Reported Mental Health Status
(Winn Parish, 2024)



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



Experience “Fair” or “Poor” Mental Health

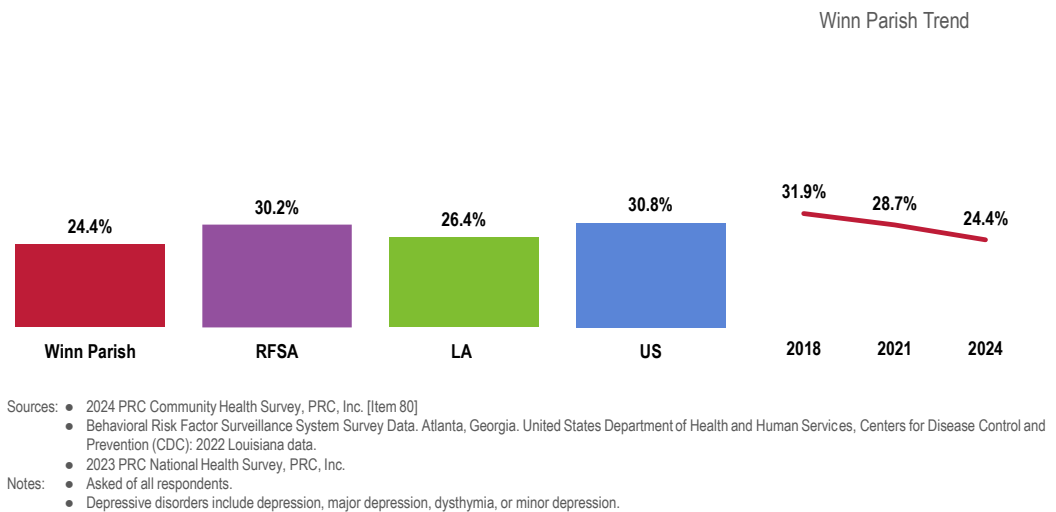


Depression

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?”

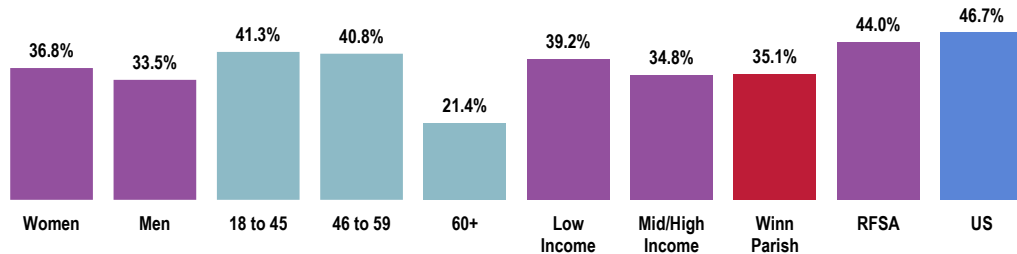
Have Been Diagnosed With a Depressive Disorder



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 (Winn Parish, 2024)



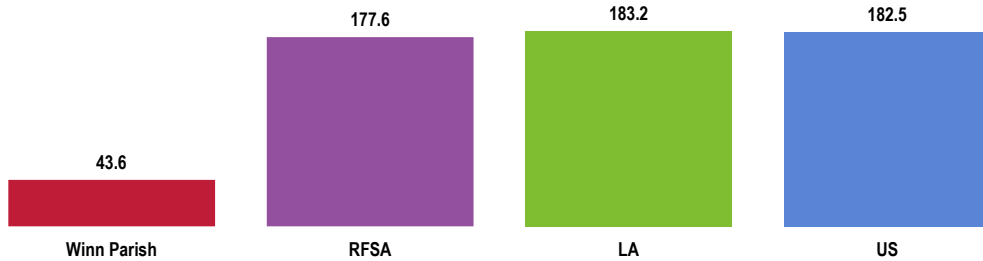
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 78]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

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

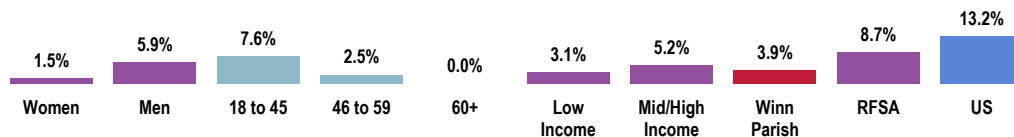
■ Winn Parish ■ RFSA ■ US



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 (Winn 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 (Winn 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

Access to psychiatry is limited. Substance abuse problems and appropriate follow up after rehab. Limited understanding of the use of PEC and CEC by the public and some officials. – Physician
Lack of easily accessible mental health services. Lack of local counselors. – Community Leader

Lack of Providers

The biggest challenge for people with mental health issues in our community is the lack of mental health professionals to meet this significant need. – Health Provider



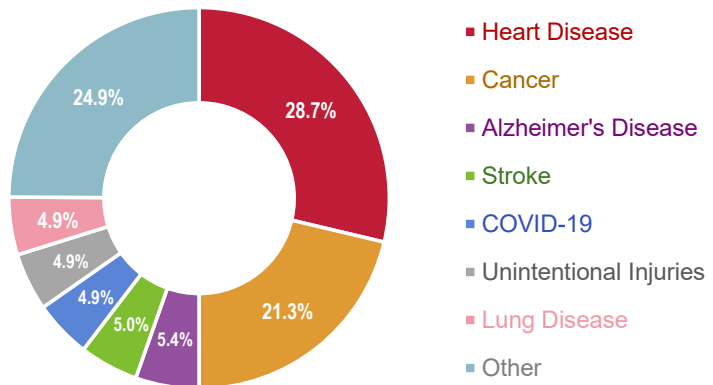
DEATH, DISEASE & CHRONIC CONDITIONS

Leading Causes of Death

Distribution of Deaths by Cause

The following outlines leading causes of death in the community.

Leading Causes of Death
(Winn 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)

| | Winn Parish | RFSA | LA | US | HP2030 |
|---|-------------|-------|-------|-------|--------|
| Diseases of the Heart | 289.9 | 274.2 | 213.8 | 164.4 | 127.4* |
| Malignant Neoplasms (Cancers) | 215.5 | 178.4 | 165.7 | 146.5 | 122.7 |
| Coronavirus Disease/COVID-19 (2020) | 154.4 | 137.5 | 118.0 | 85.0 | — |
| Unintentional Injuries | 59.6 | 68.1 | 66.8 | 51.6 | 43.2 |
| Cerebrovascular Disease (Stroke) | 51.4 | 50.8 | 45.8 | 37.6 | 33.4 |
| Chronic Lower Respiratory Disease (CLRD) | 49.0 | 63.0 | 41.1 | 38.1 | — |
| Alzheimer's Disease (2016-2020) | 43.2 | | 43.6 | 30.8 | — |
| Motor Vehicle Deaths (2016-2020) | 27.1 | 21.6 | 16.9 | 11.5 | 10.1 |
| Kidney Disease (2011-2020) | 20.8 | 20.4 | 22.2 | 13.1 | — |
| Pneumonia/Influenza | 20.8 | | 14.2 | 13.6 | — |
| Diabetes (2011-2020) | 18.6 | 22.7 | 26.5 | 21.7 | — |
| Septicemia (2011-2020) | 18.6 | 20.5 | 19.4 | 10.4 | — |

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>.

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

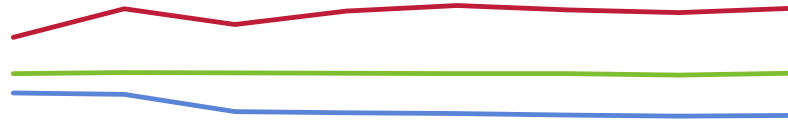
The following charts outline age-adjusted mortality rates for heart disease and for stroke in our community.

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 |
|---------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| — Winn Parish | 255.8 | 289.4 | 270.8 | 286.5 | 293.1 | 288.1 | 284.7 | 289.9 |
| — 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.

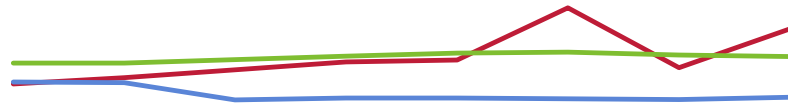
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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



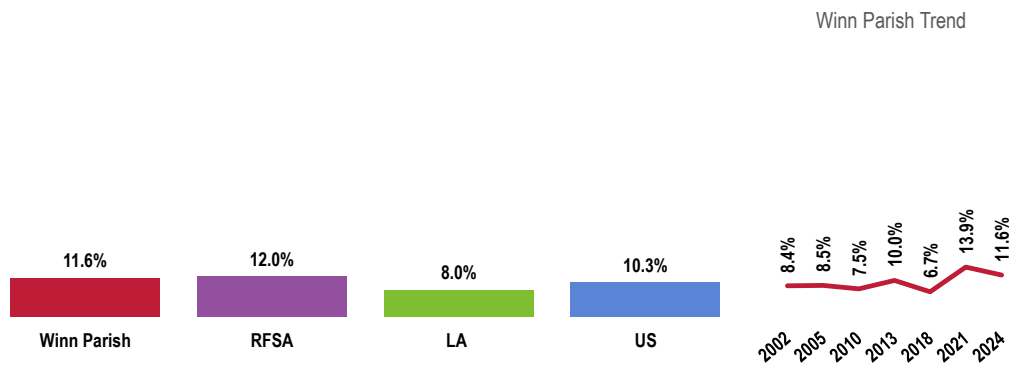
| | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 | 2015-2017 | 2016-2018 | 2017-2019 | 2018-2020 |
|---------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| — Winn Parish | 40.3 | 41.6 | 45.2 | 44.7 | 45.1 | 55.6 | 43.6 | 51.4 |
| — LA | 44.5 | 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.

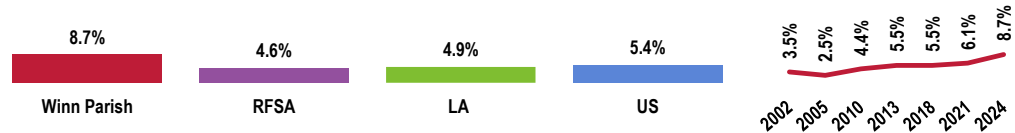
Notes: • Asked of all respondents.
• Includes diagnoses of heart attack, angina, or coronary heart disease.



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

Prevalence of Stroke

Winn 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

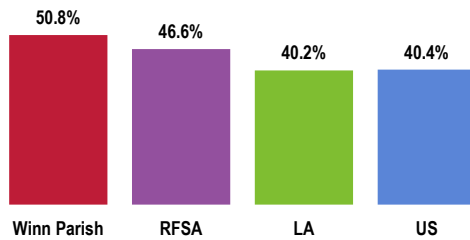
Blood Pressure & Cholesterol

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

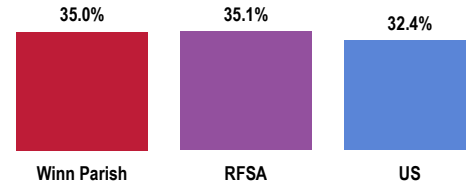
PRC SURVEY ▶ “Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health care professional that your blood cholesterol is high?”

Prevalence of High Blood Pressure

Healthy People 2030 = 42.6% or Lower



Prevalence of High Blood Cholesterol



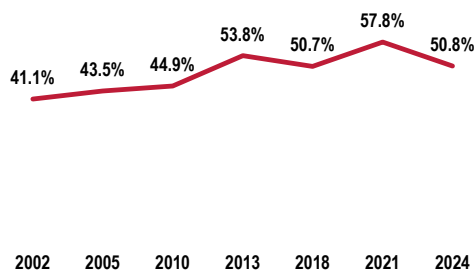
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 29-30]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 • 2023 PRC National Health Survey,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

Notes: • Asked of all respondents.

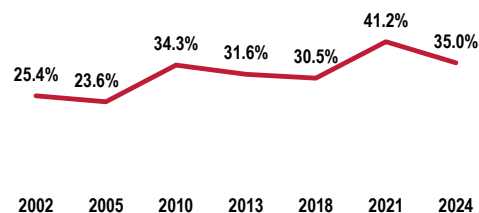


Prevalence of High Blood Pressure (Winn Parish)

Healthy People 2030 = 42.6% or Lower



Prevalence of High Blood Cholesterol (Winn 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

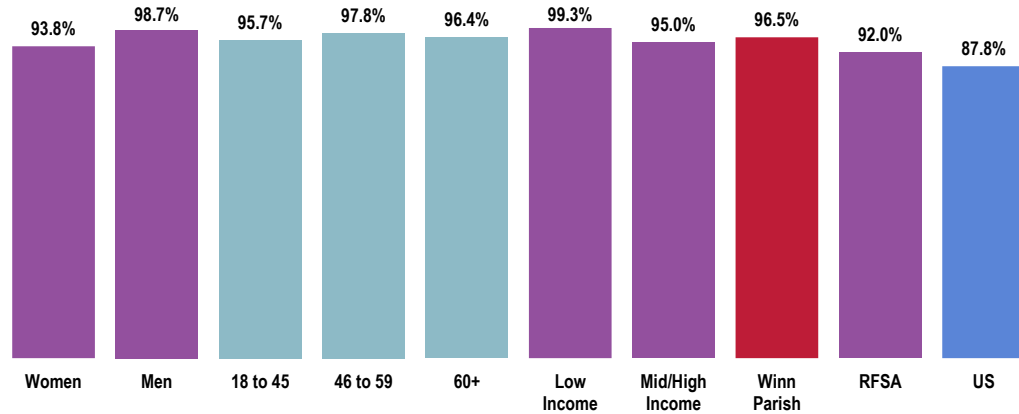
Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

The following chart reflects the percentage of adults in Winn 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 (Winn Parish, 2024)

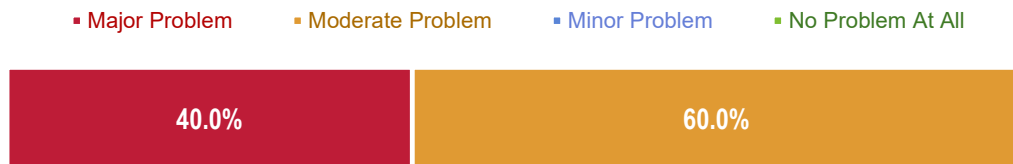


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 100]
 Notes: • Reflects all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol;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

With the hypertension rating as one of the top diagnoses in the population we serve, and the reluctance of patients to appropriately treat this condition, there is a higher incidence of heart disease and strokes. – Health Provider

Aging Population

Because our community has an older population, and they are more likely to have these issues. – 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.

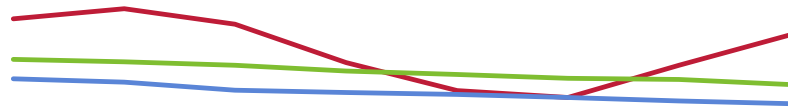
Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote 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 |
|---------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| — Winn Parish | 231.9 | 241.9 | 226.5 | 187.7 | 159.8 | 152.7 | 184.9 | 215.5 |
| — 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)

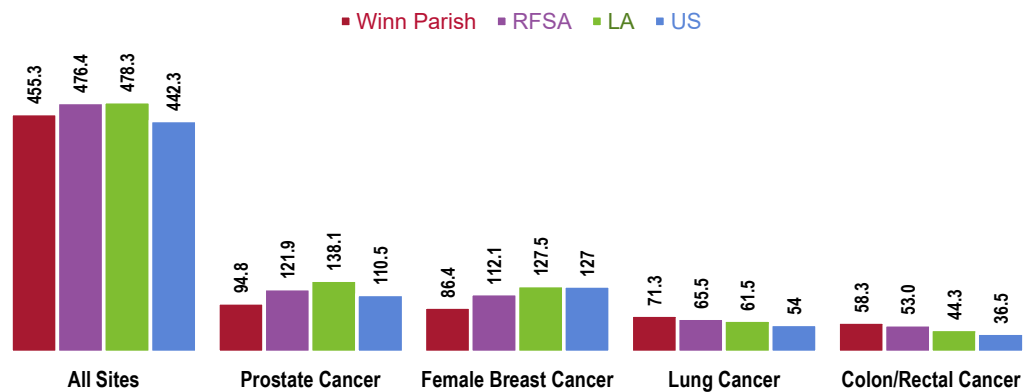
| | Winn Parish | RFSA | LA | US | HP2030 |
|-----------------------------|-------------|-------|-------|-------|--------|
| ALL CANCERS* | 215.5 | 178.4 | 165.7 | 146.5 | 122.7 |
| Lung Cancer | 58.5 | — | 48.4 | 38.9 | 25.1 |
| Prostate Cancer | 25.6 | — | 20.5 | 19.0 | 16.9 |
| Female Breast Cancer | 23.7 | — | 23.1 | 20.2 | 15.3 |
| Colorectal Cancer | 20.9 | — | 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>
 Note: • *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.

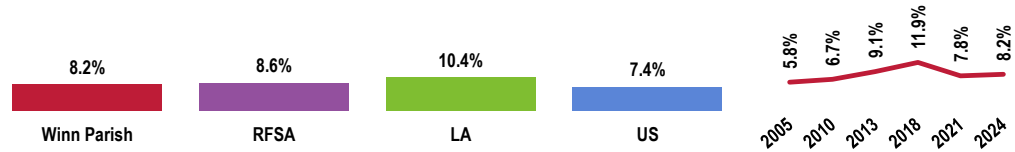


Prevalence of Cancer

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

Prevalence of Cancer

Winn 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

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.

1. 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:



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?”

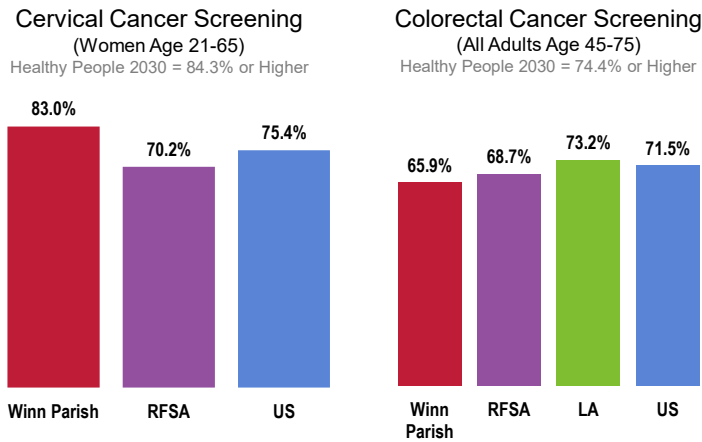
“Appropriate cervical cancer screening” includes Pap smear testing (cervical cytology) every three years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65.

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?”

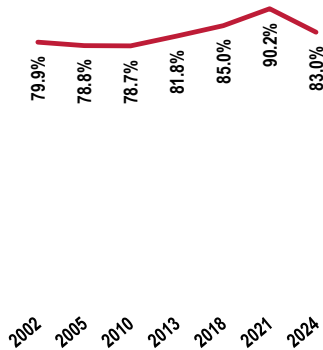
“Appropriate colorectal cancer screening” includes a fecal occult blood test within the past year and/or lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.



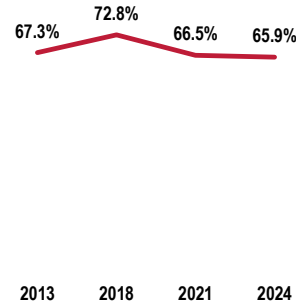
- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 102-103]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2022 Louisiana data.
 - 2023 PRC National Health 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.



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 102-103]
 • 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.

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 (Winn 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

I know of so many individuals in the community that have, or have had, and have even died from cancer. – Social Services Provider

There seems to be a higher-than-normal rate of cancer diagnoses in our community. – Community Leader

There is a high incidence of cancer throughout the state of Louisiana based on health indicators. Both the lack of understanding as it relates to the importance of screening, the denial from patients that cancer could occur, the fear of facing a diagnosis of cancer and not understanding the earlier such a disease is identified, the better chance of survival, and the lack of funds to address the treatment of cancer once it is identified. – Health Provider



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.

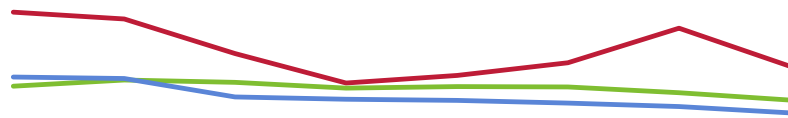
– Healthy People 2030 (<https://health.gov/healthypeople>)

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 |
|-------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Winn Parish | 61.7 | 60.1 | 52.0 | 45.1 | 46.9 | 49.8 | 57.9 | 49.0 |
| 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 |

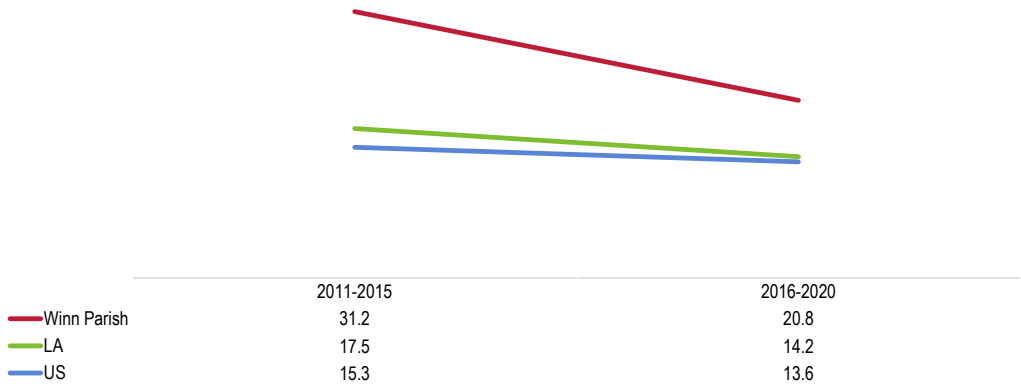
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
Notes: • CLRD is chronic lower respiratory disease.



Pneumonia/Influenza

Pneumonia and influenza mortality is illustrated here.

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

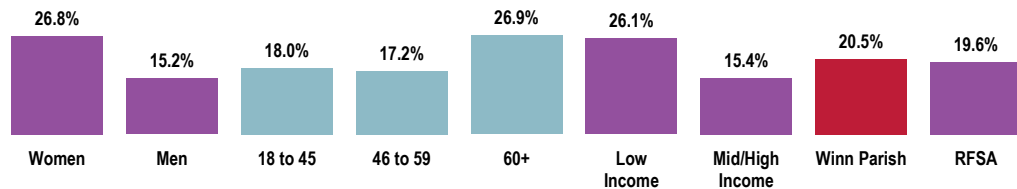


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

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 (Winn Parish, 2024)



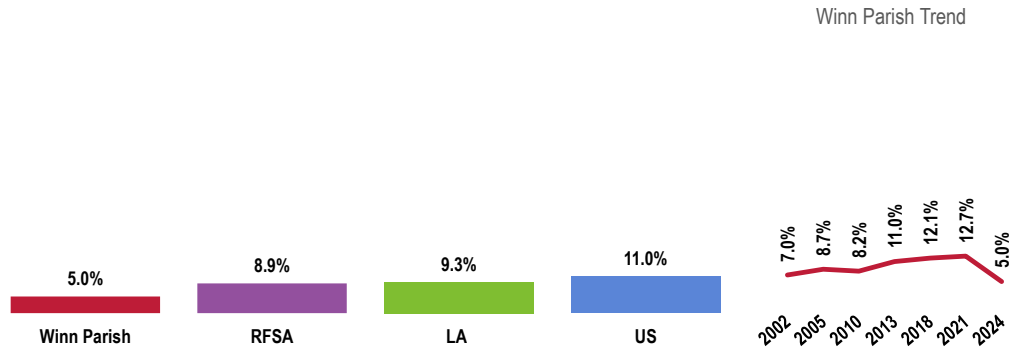
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 315]
Notes: • Reflects all respondents.



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)



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 (Winn 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.

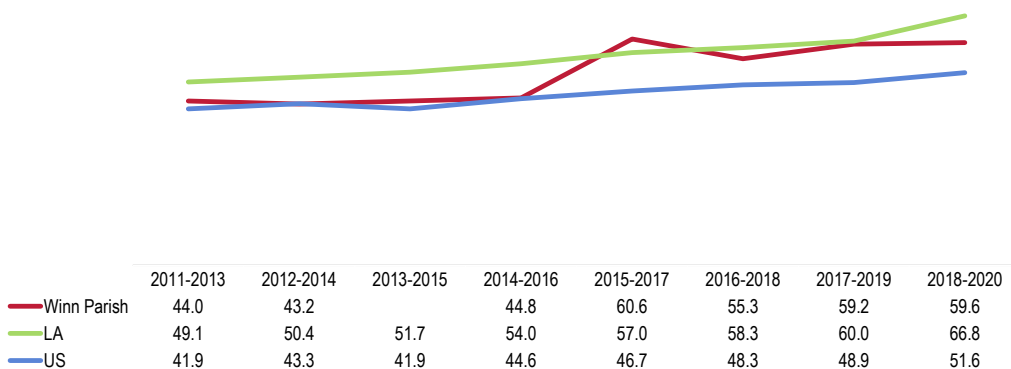
– Healthy People 2030 (<https://health.gov/healthypeople>)

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



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>

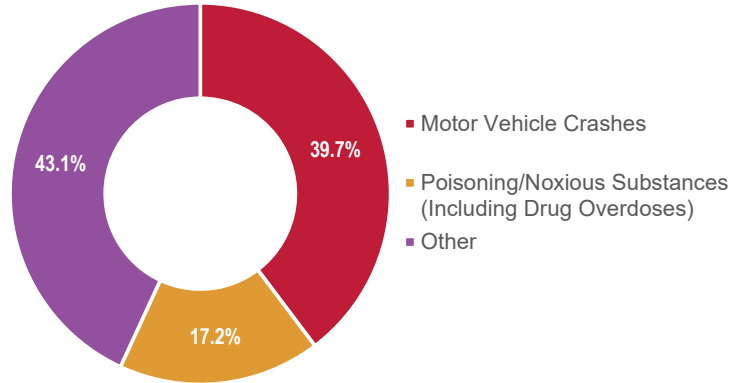


Leading Causes of Unintentional Injury Deaths

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 (Winn Parish, 2018-2020)

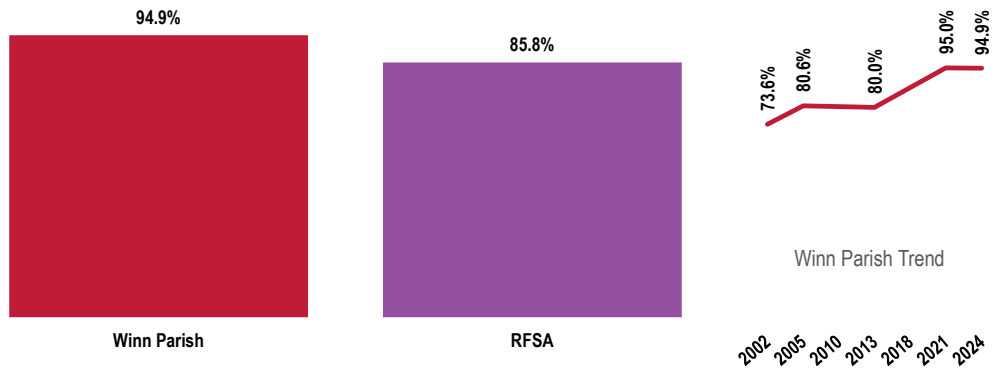


Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

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 (Winn 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.



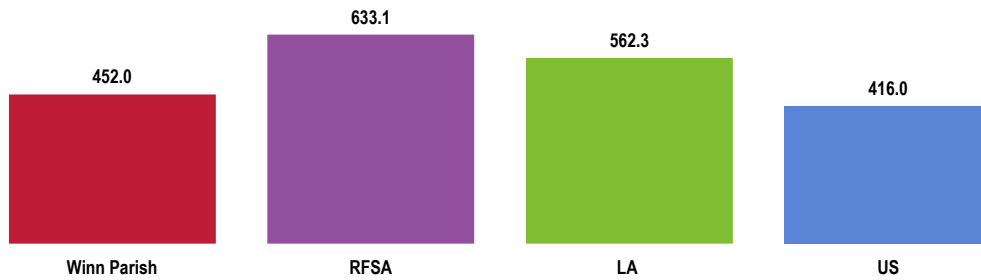
Intentional Injury (Violence)

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).

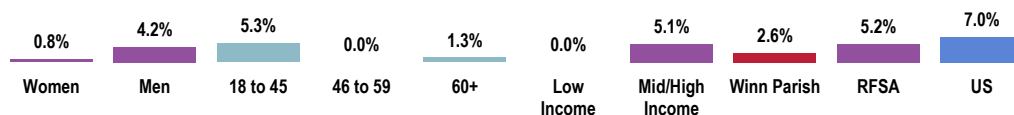
Notes:

- 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.

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
(Winn Parish, 2024)



Sources:

- 2024 PRC Community Health Survey, PRC, Inc. [Item 32]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:

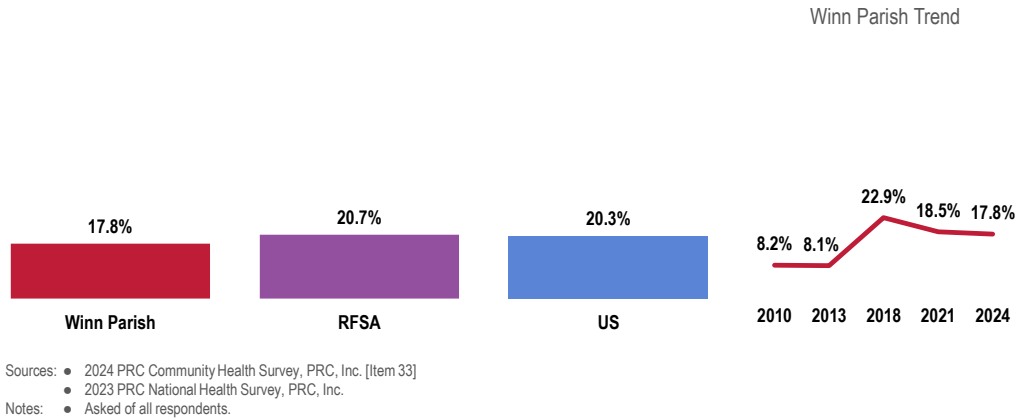
- Asked of all respondents.



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?”

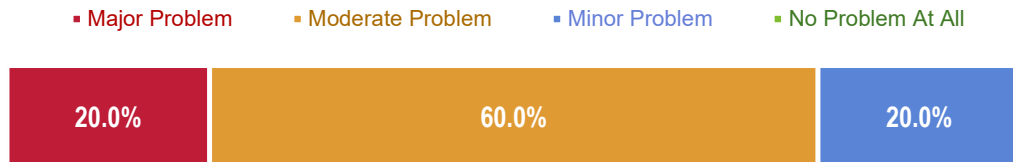
Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner



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 (Winn 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:

Alcohol/Drug Use

There is a lot of violence and drug use in the area. Most of the violence is related to drug use. – Social Services 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.

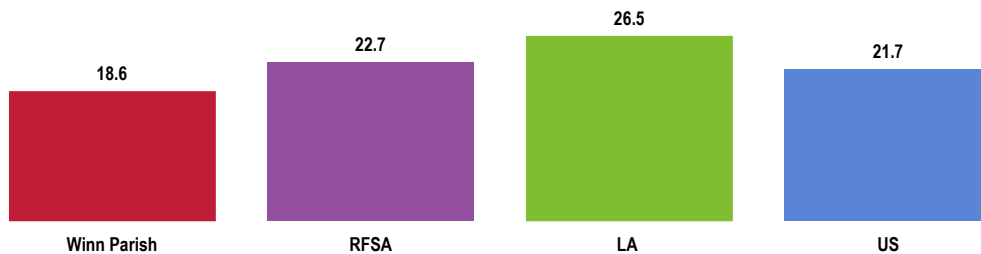
Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, 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
(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.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

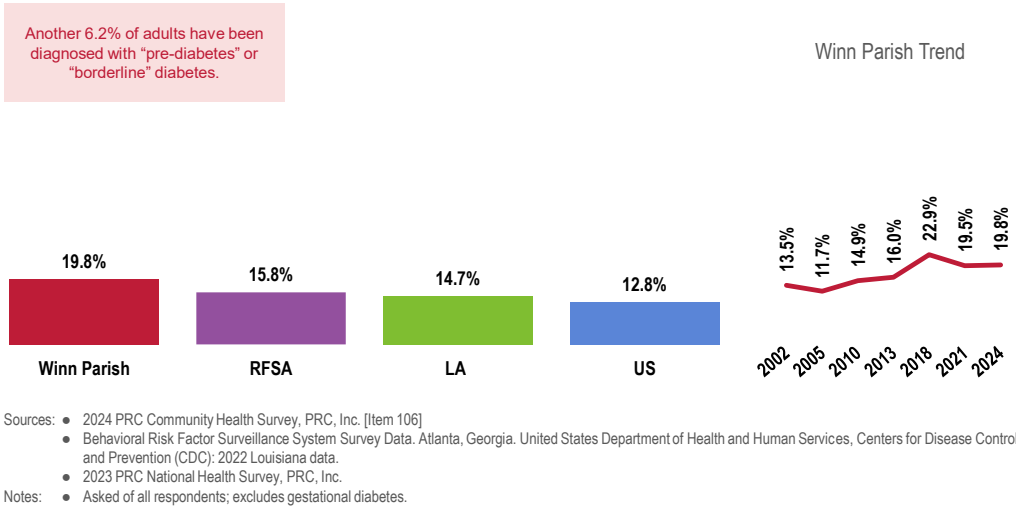


Prevalence of Diabetes

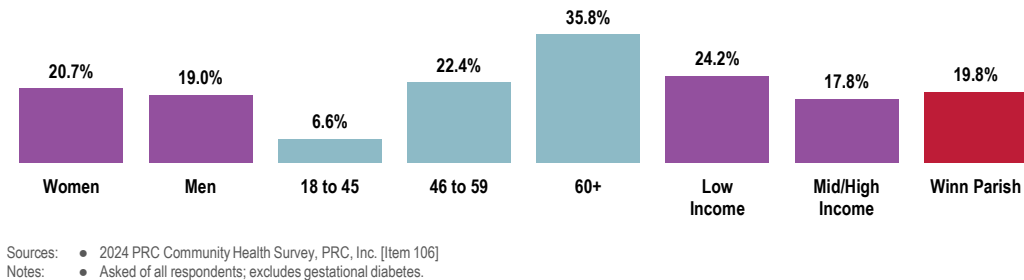
PRC SURVEY ▶ “Have you ever been told by a doctor, nurse, or other health professional that you have diabetes, not counting diabetes only occurring during pregnancy?”

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



Prevalence of Diabetes (Winn Parish, 2024)



Age-Adjusted Kidney Disease Deaths

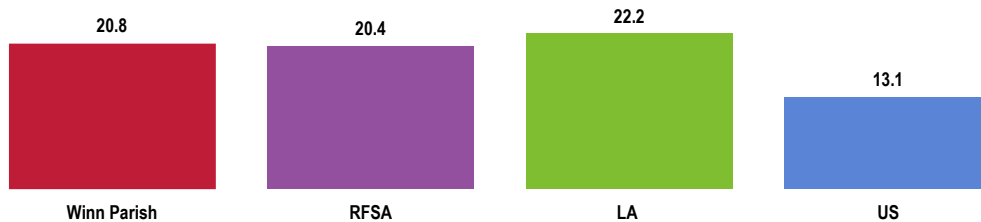
ABOUT KIDNEY DISEASE & DIABETES

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.

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

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

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

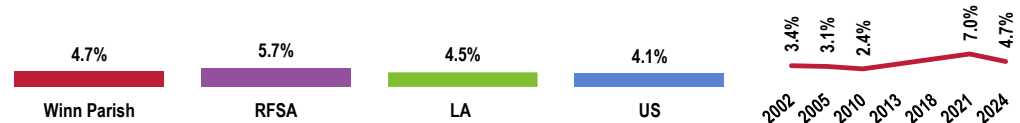
Prevalence of Kidney Disease

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



Prevalence of Kidney Disease

Winn 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:

Perceptions of Diabetes as a Problem in the Community (Winn 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:

Nutrition

■ Diet. – Social Services Provider

Disease Management

■ The biggest challenge for people with diabetes is patient compliance to diet, medication, and appropriate monitoring. – Health Provider

Affordable Care/Services

■ Expense. – Community Leader



Disabling Conditions

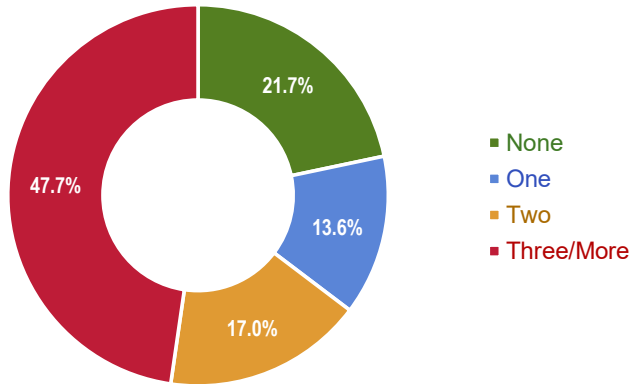
Multiple Chronic Conditions

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:

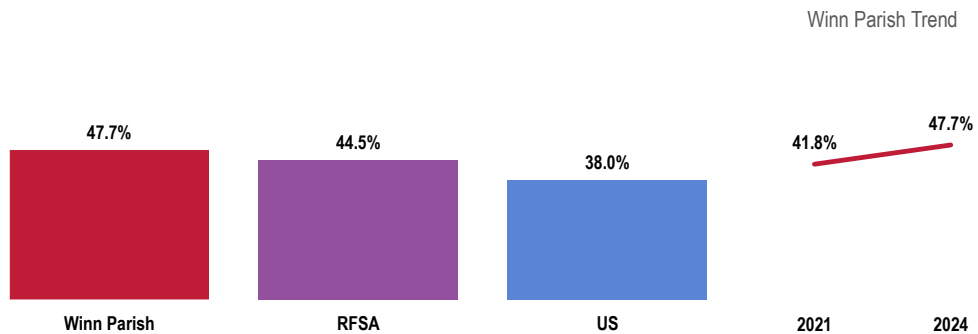
- Asthma
- Arthritis
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart disease
- High blood cholesterol
- High blood pressure
- Kidney disease
- Lung disease
- Obesity
- Stroke

Number of Current Chronic Conditions
(Winn 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



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

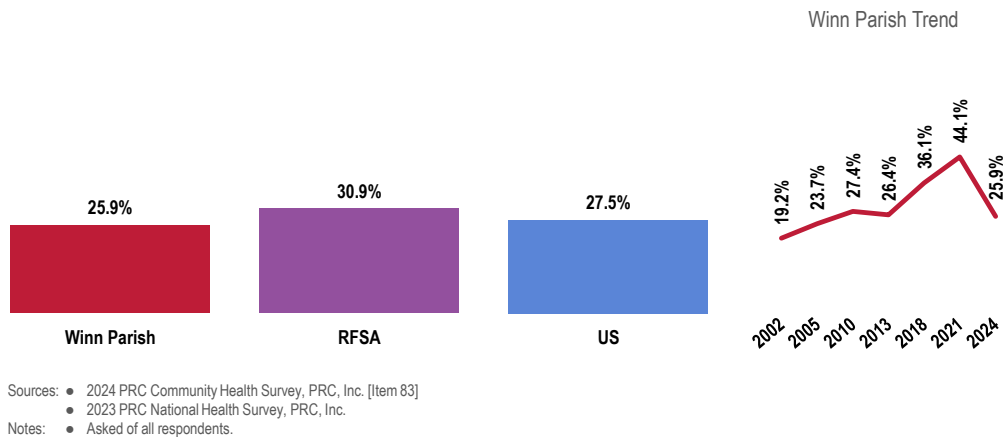
Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

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.

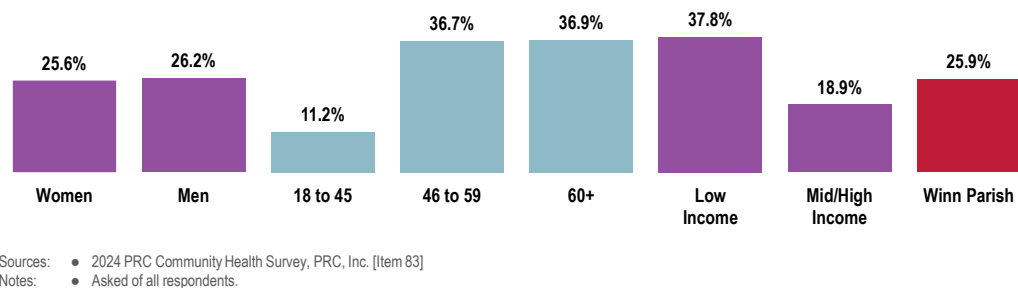
– Healthy People 2030 (<https://health.gov/healthypeople>)

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



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

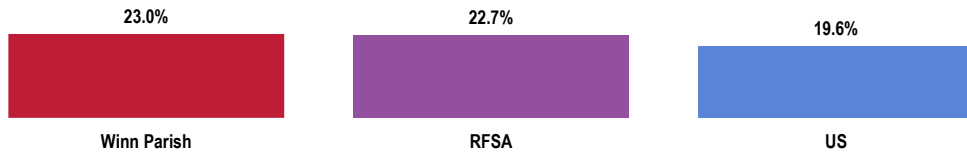


High-Impact Chronic Pain

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.

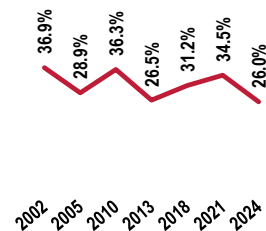
Arthritis

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

Prevalence of Arthritis/Rheumatism



Winn Parish Trend



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



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.

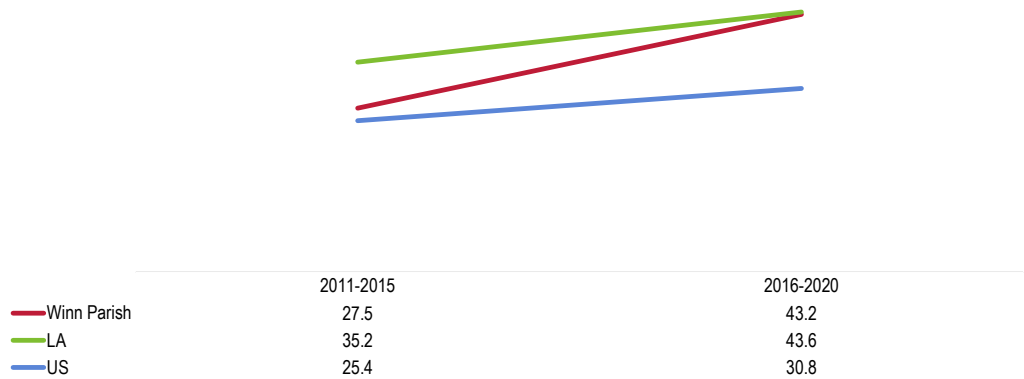
While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address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



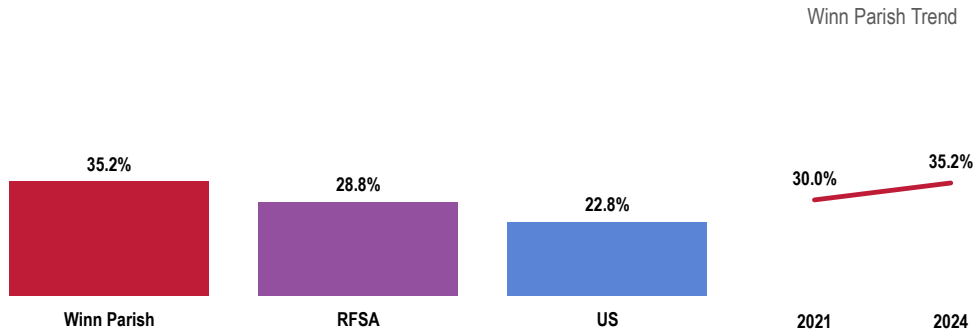
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.



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

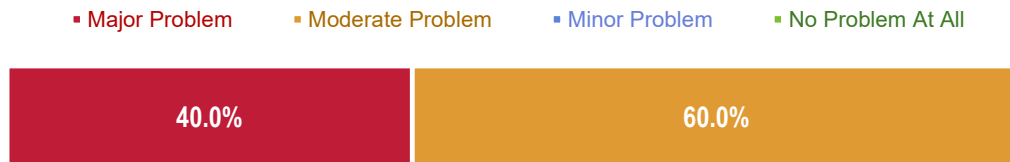


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 85]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

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 (Winn 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

Because it affects many people. – Community Leader

Built Environment

There is very little handicapped access to anything in town, to include Winnfield City Hall. In my background in home health and hospice, there was much care given to patients with dementia, loss of vision and hearing, etc. in this community. – 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:

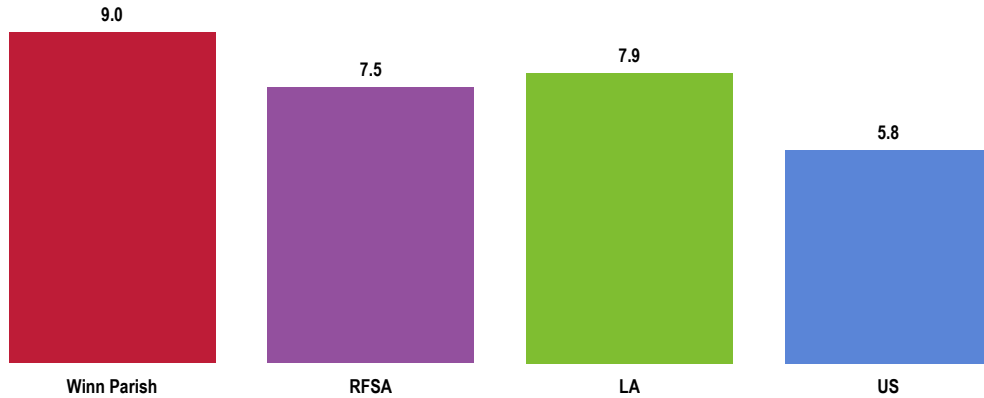
- This indicator reports the percentage of total births that are low birth weight (Under 2500g).



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, 2011-2020)
Healthy People 2030 = 5.0 or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted 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).

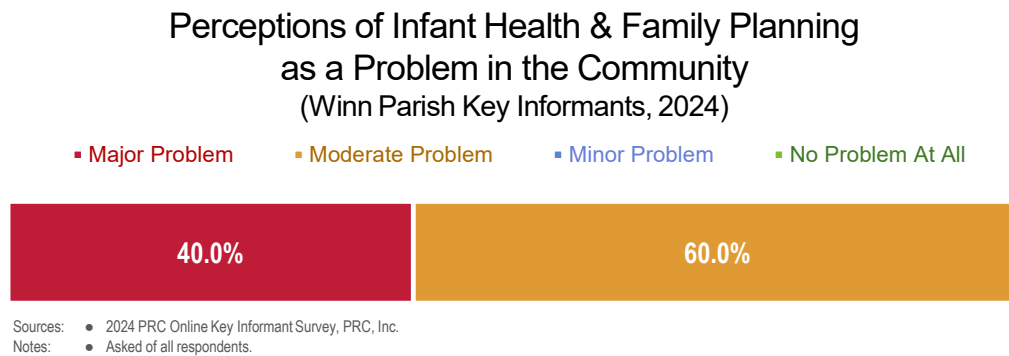
Notes:

- 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:



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

Access to Care/Services

- There are no resources available and no pediatrician. – Social Services Provider
- There are limited pediatrics services in our community. – Community Leader



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?”

Consume Two or More Servings of Fruits/Vegetables Per Day

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



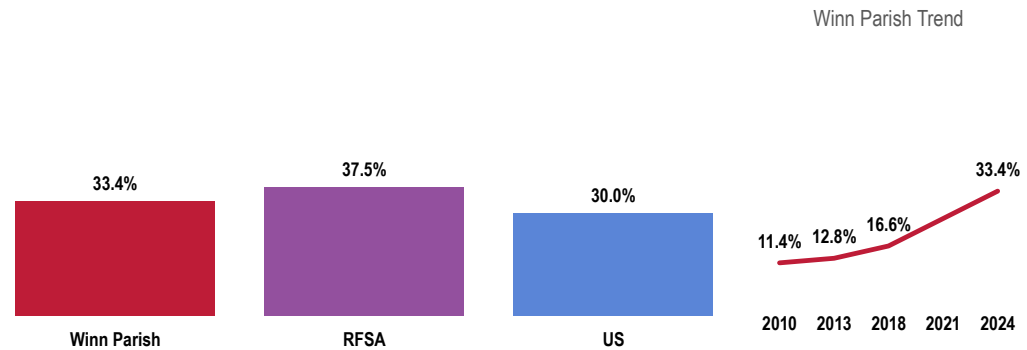
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 337-338]
Notes: • Asked of all respondents.
• For this issue, respondents were asked to recall their food intake on the previous day.



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>)

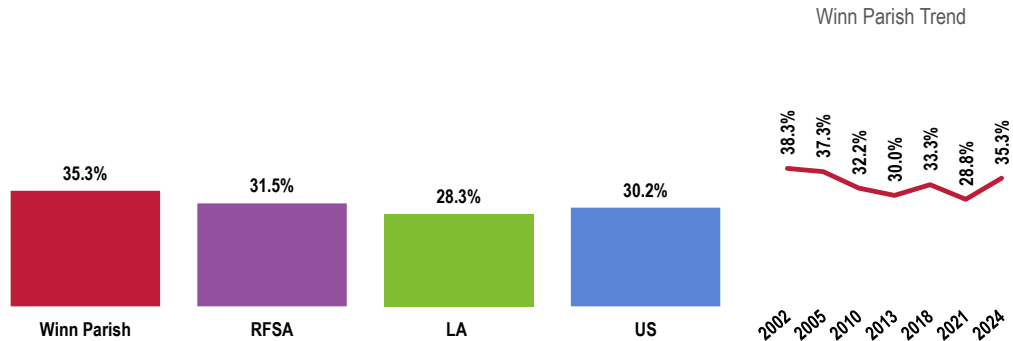


Leisure-Time Physical Activity

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



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.

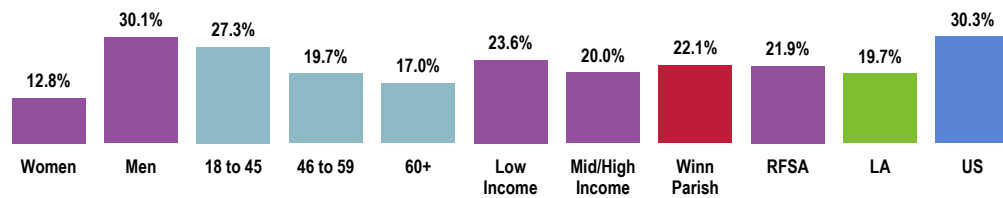
Respondents were also asked about strengthening exercises:



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 (Winn Parish, 2024)

Healthy People 2030 = 29.7% or Higher

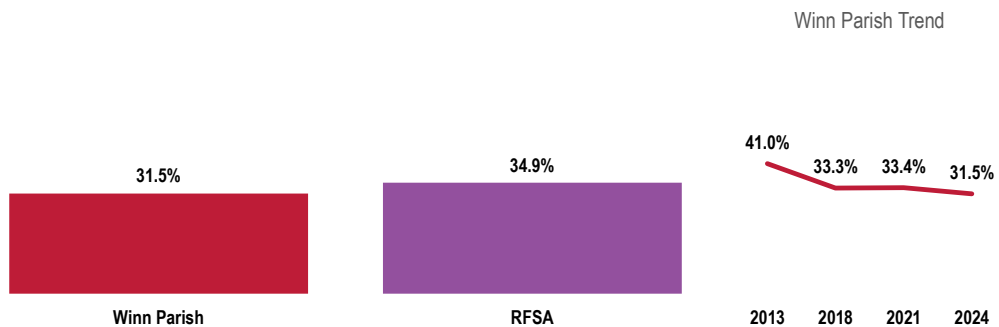


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 110]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2022 Louisiana data.
 • 2023 PRC National Health Survey,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

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

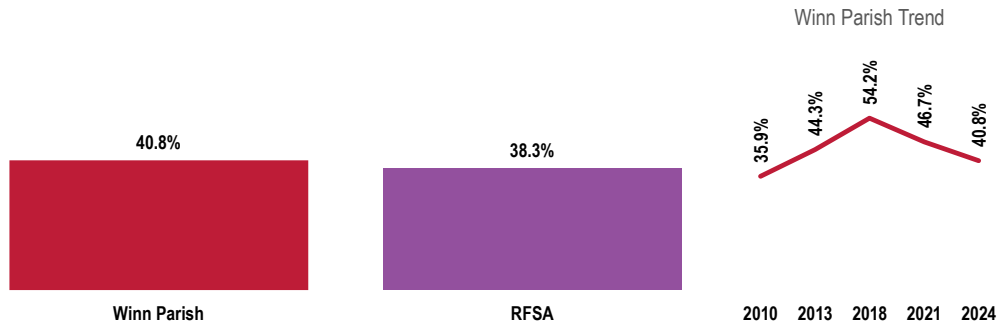


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 320]
 Notes: • Asked of all respondents.



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.

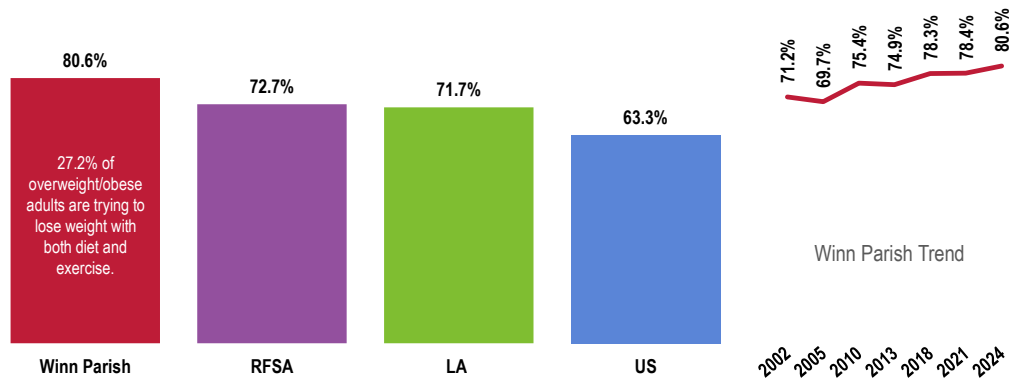
PRC SURVEY ▶ “About how much do you weigh without shoes?”

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)

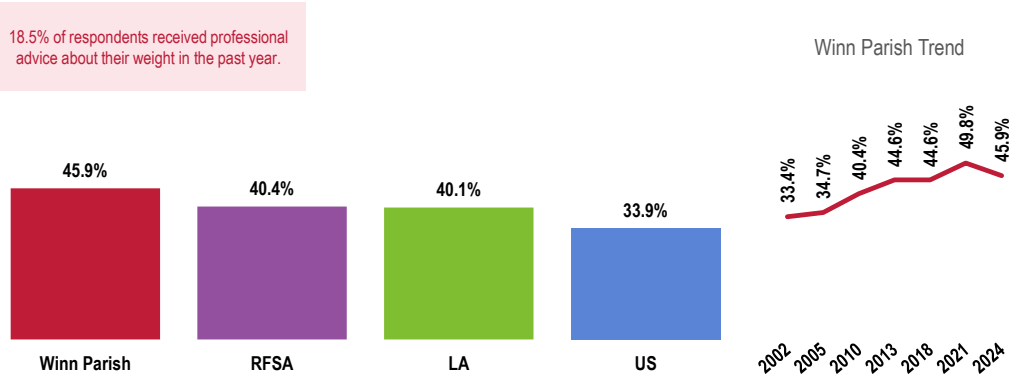


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 112, 343]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 • 2023 PRC National Health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



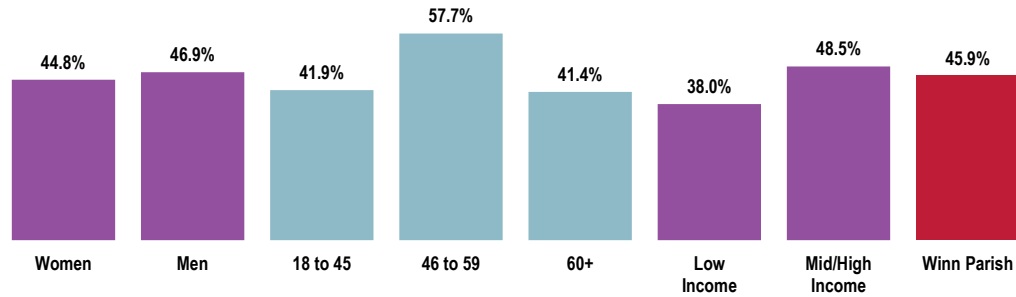
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 112, 324]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 • 2023 PRC National Health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

Healthy People 2030 = 36.0% or Lower



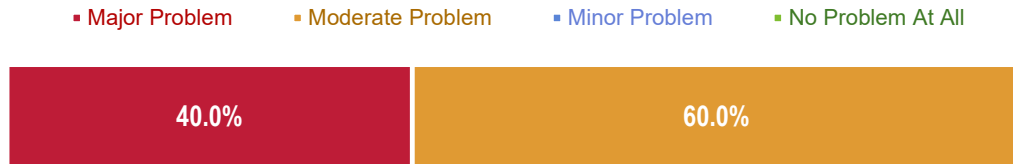
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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.

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 (Winn 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:

Access to Care/Services

There are no local gyms, no public walking, or bicycling trails. Because of this being a community where a good many citizens are elderly and have limited incomes, they make decisions about food based on affordability and not nutrition. – Community Leader

Lack of Providers

The biggest challenges related to nutrition, physical activity, and weight for people in our community, is the lack of professional staff to educate patients regarding the importance of these three items as it relates to controlling chronic conditions such as diabetes and hypertension – Health Provider



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

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.

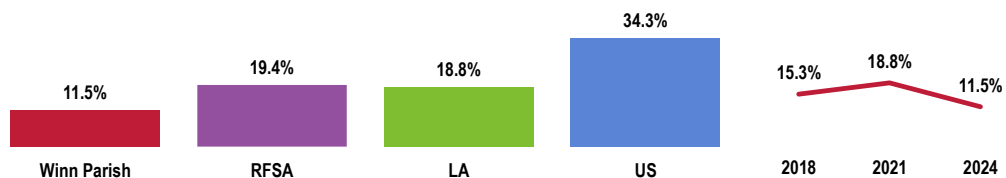
PRC SURVEY ▶ “During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?”

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

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

Notes: • Asked of all respondents.
• Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

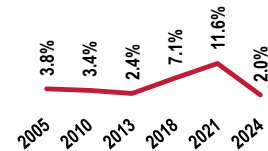


Drinking & Driving

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

Winn Parish Trend



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 312]
 Notes: ● Asked of all respondents.

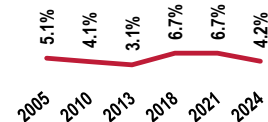
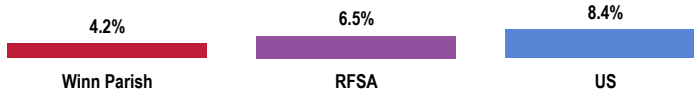
Drugs

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?”

Illicit Drug Use in the Past Month

Winn Parish Trend



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 40]
 ● 2023 PRC National Health Survey, PRC, Inc.
 Notes: ● Asked of all respondents.

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.

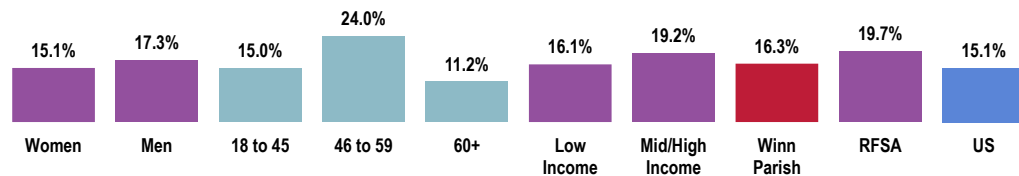


Use of Prescription Opioids

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

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?”

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



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 41]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

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

Winn Parish Trend



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 42]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



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 (Winn 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

- We have no resources in this area. – Social Services Provider
- No drug courts. Limited programs to help patients out of rehab. – Physician

Denial/Stigma

- The greatest barrier is a willingness to get help. The next greatest barrier is the ability to get help with no insurance. – Community Leader

Lack of Providers

- The lack of professionals in the community to address addictive disease disorders. – Health 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.

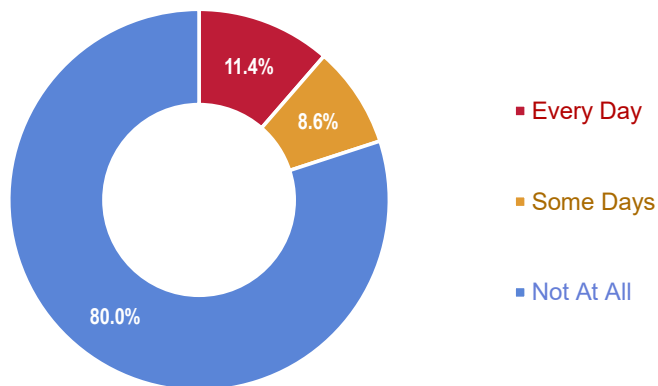
Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– 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
(Winn Parish, 2024)

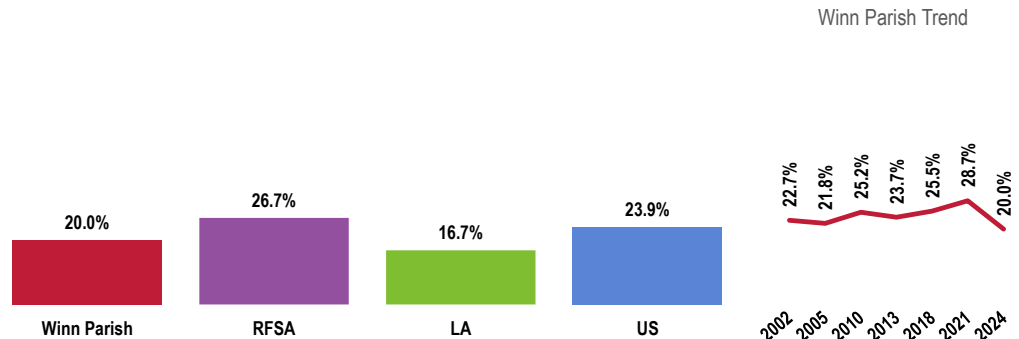


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
Notes: • Asked of all respondents.



Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower



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>

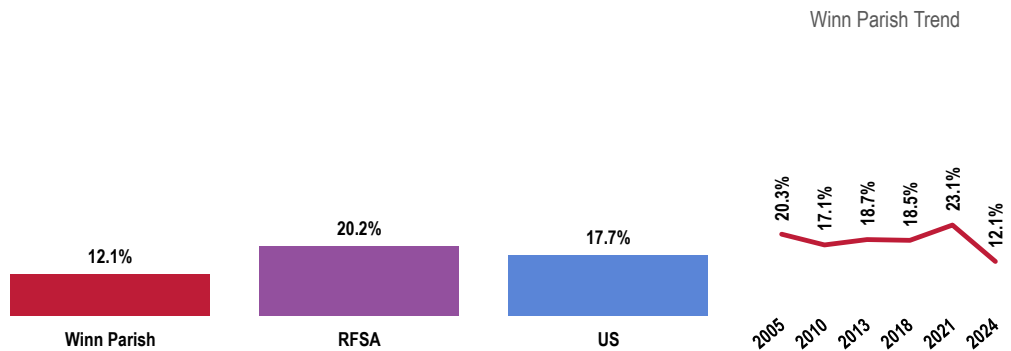
Notes: • Asked of all respondents.
 • Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

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



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.

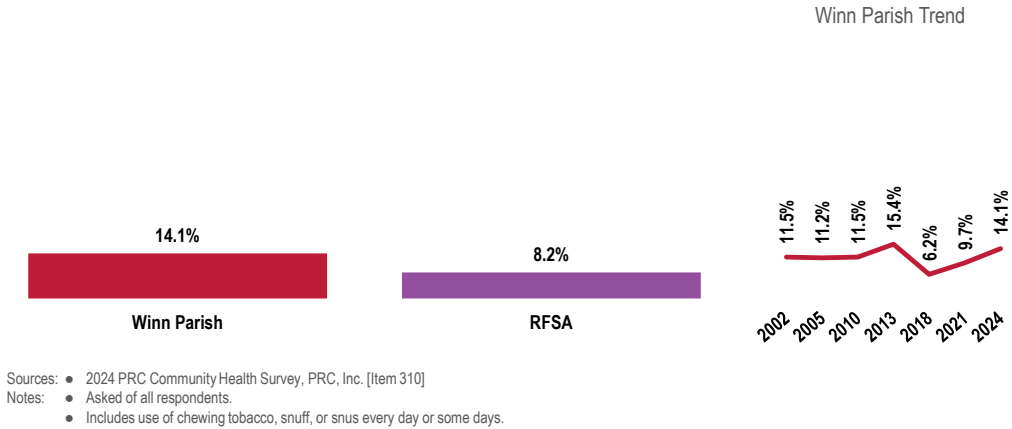


Use of Smokeless Tobacco

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 (Winn Parish, 2024)

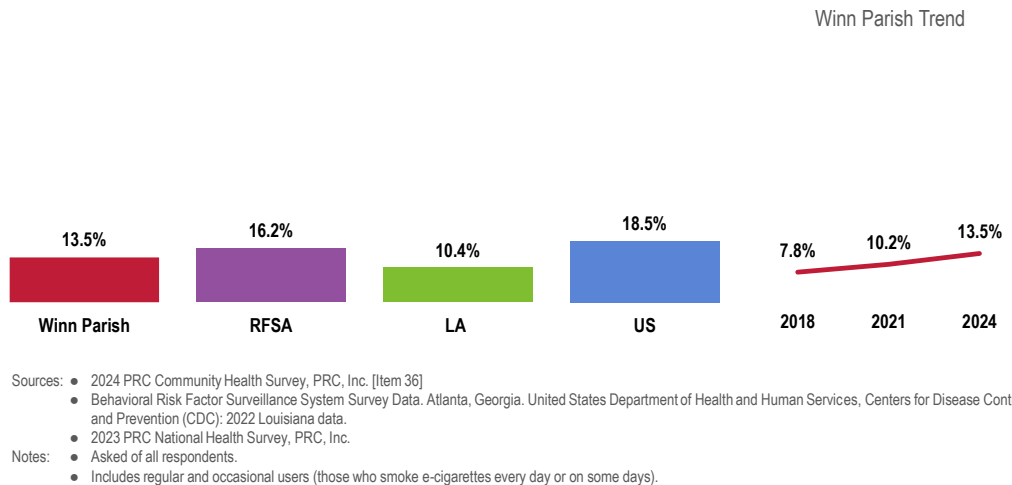


Use of Vaping Products

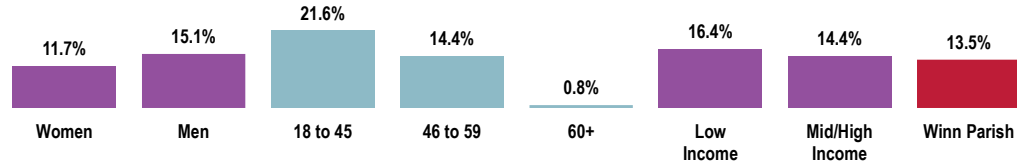
PRC SURVEY ▶ “Electronic vaping products, such as electronic cigarettes, are battery-operated devices that simulate traditional cigarette smoking but do not involve the burning of tobacco. Do you currently use electronic vaping products, such as electronic cigarettes, every day, some days, or not at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

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

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



Currently Use Vaping Products (Winn 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 (Winn 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:

Impact on Quality of Life

There are a large number of tobacco users, and the use of these products leads to other health issues. – Community Leader

With my background in home health and hospice, I have dealt with a great deal of tobacco related illnesses, such as cancers, COPD, and heart disease. – 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).

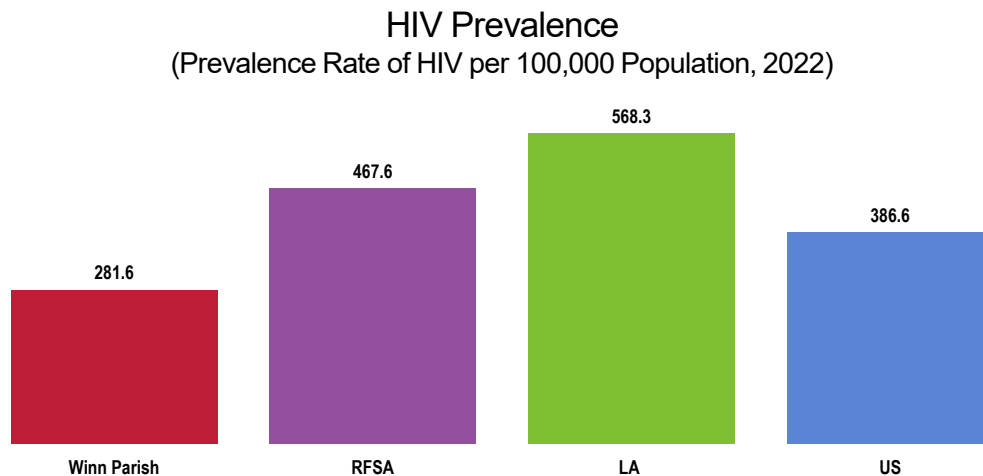
Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

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.

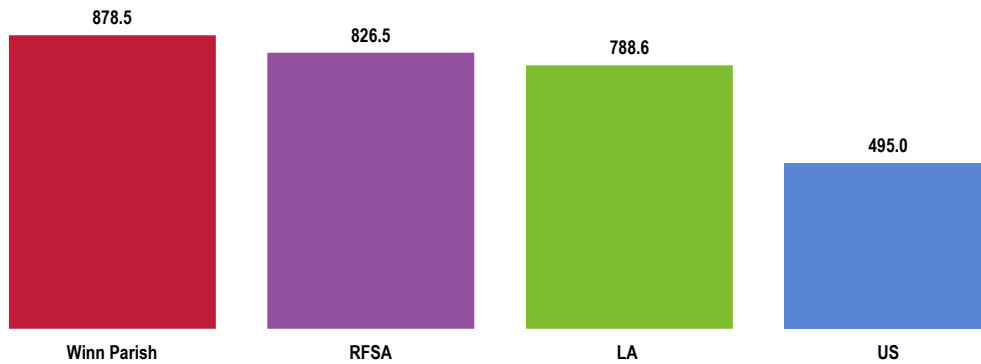
Gonorrhea

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.



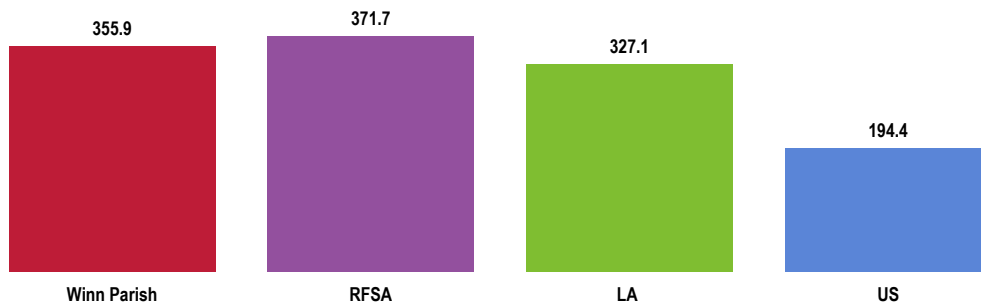
Chlamydia Incidence (Incidence Rate per 100,000 Population, 2022)



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 (Winn 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:

With STD rates in Winn Parish being one of the highest in the state, the lack of sexual health is a major problem, as many patients are not screened appropriately, and prevention is not a priority. – Health 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.

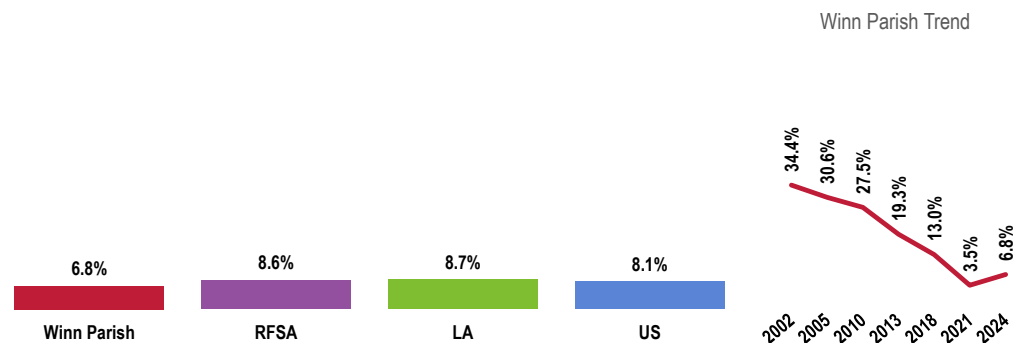
PRC SURVEY ▶ “Do you have any government-assisted health care coverage, such as Medicare, Medicaid, or VA/military benefits?”

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.



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?**”

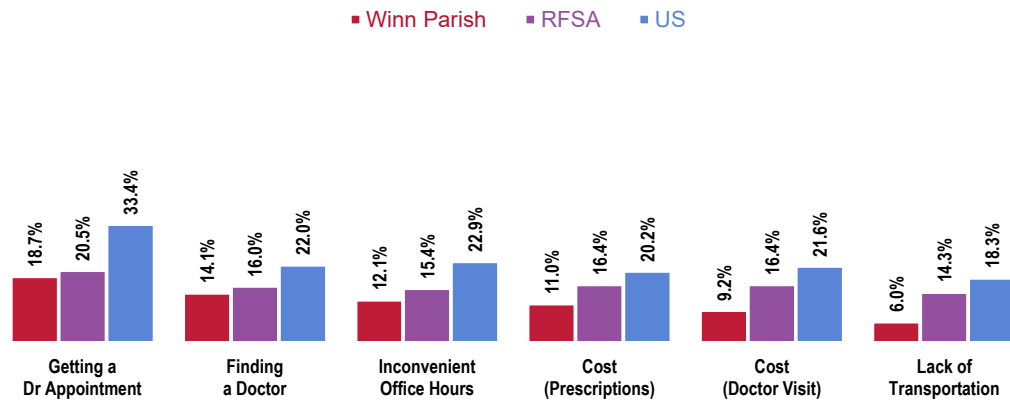
PRC SURVEY ▶ “Was there a time in the past 12 months when a **lack of transportation** made it difficult or prevented you from seeing a doctor or making a medical appointment?”

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

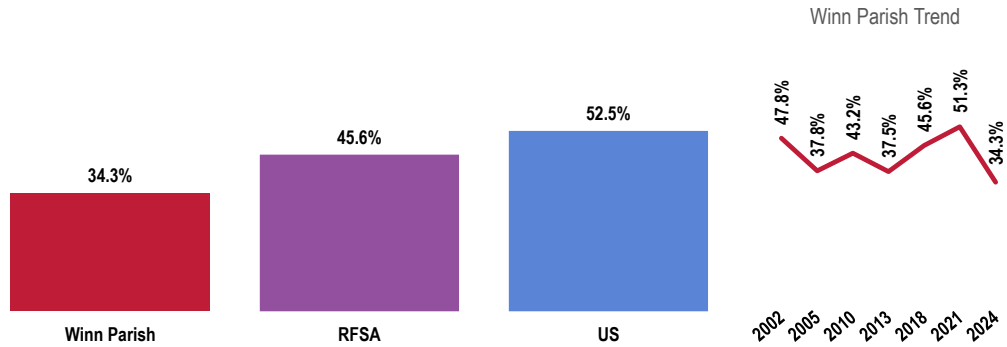


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 6-10, 12]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



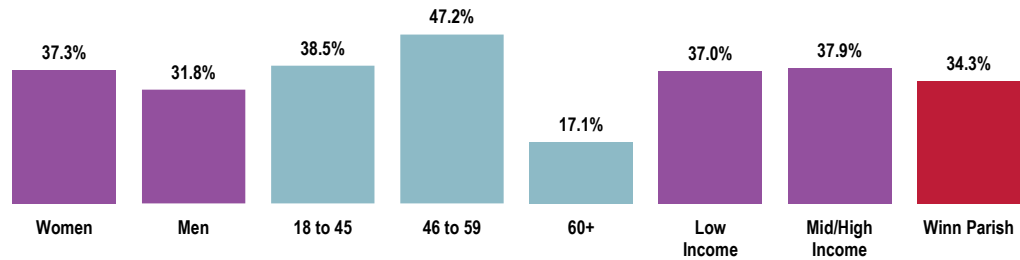
The following charts reflect the composite percentage of the total population experiencing problems accessing health care in the past year (indicating one or more of the aforementioned barriers or any other problem not specifically asked), again regardless of whether they needed or sought care.

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 (Winn 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.

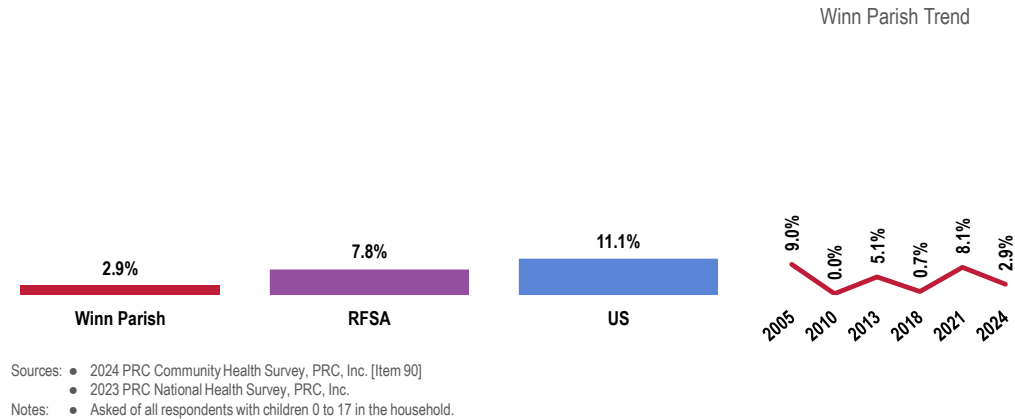


Accessing Health Care for Children

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?”

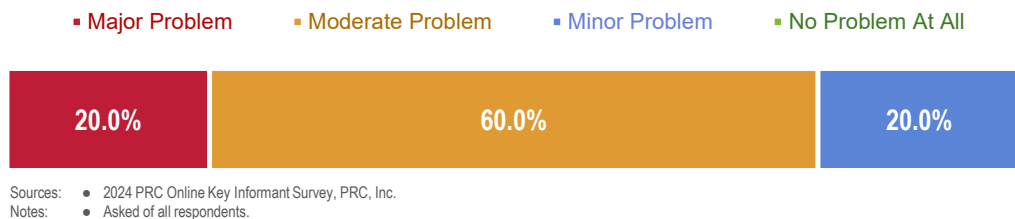
Had Trouble Obtaining Medical Care for Child in the Past Year (Parents of Children 0-17)



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:

Perceptions of Access to Health Care Services as a Problem in the Community (Winn Parish Key Informants, 2024)



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

Lack of Providers

There is not a doctor in our small community, so everyone has to go to another town. People are not able to afford health care or insurance. – Community Leader



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)



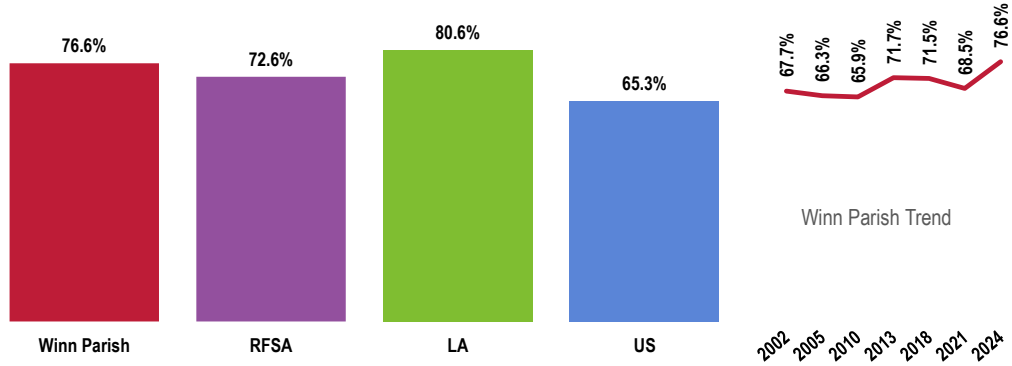
Sources: ● Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPES).
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).
Notes: ● Doctors classified as "primary care 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

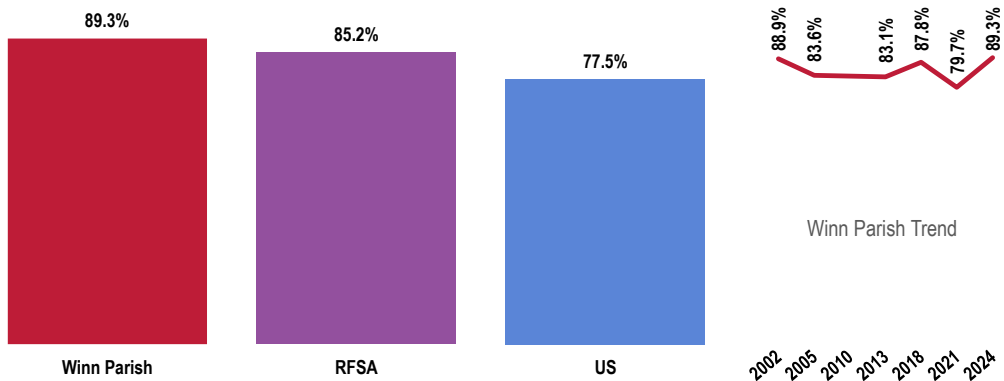


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 16]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 • 2023 PRC National Health Survey,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

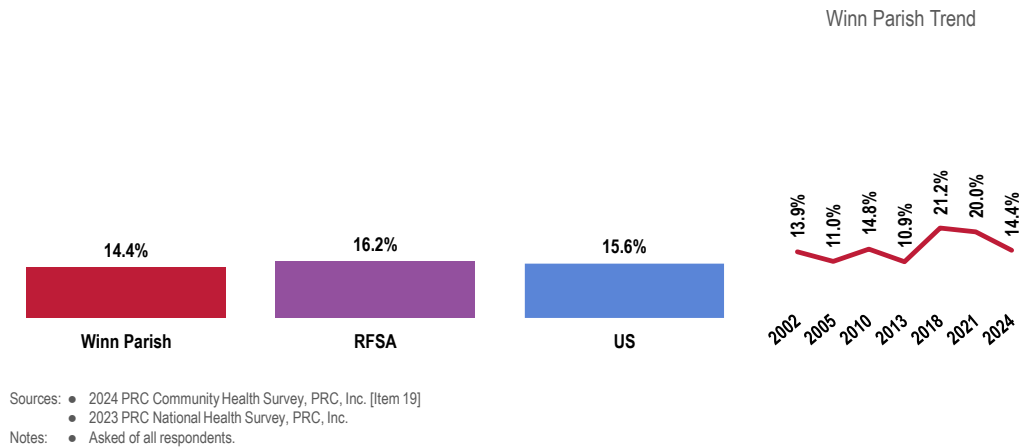
Notes: • Asked of all respondents with children 0 to 17 in the household.



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



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>)

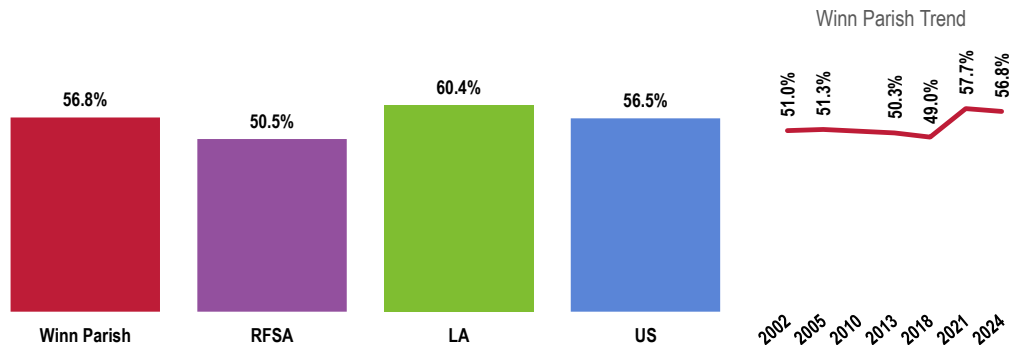
Dental Care

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 (Winn 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:

Affordable Care/Services

Because people cannot afford the care. – Community Leader

Government/Policy

The reason oral health remains a major problem is the lack of attention given by the LA. Department of Health relative to oral health benefits for the adult population, that leads patients seeking treatment when the only choice is extraction instead of restoration – Health Provider

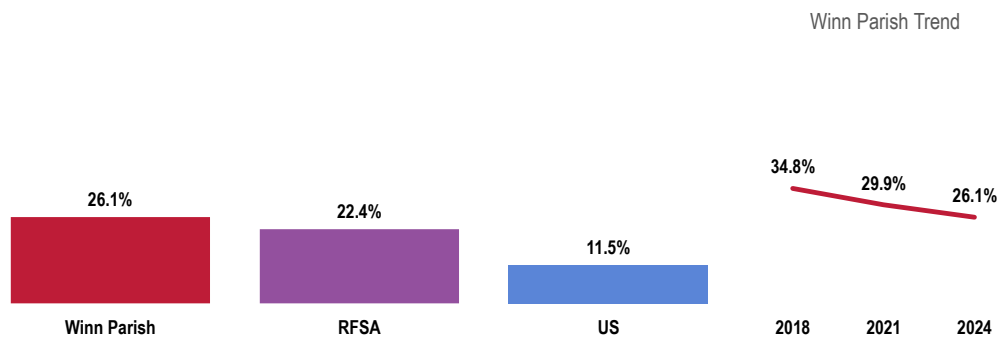


LOCAL RESOURCES

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 Winn 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.

Cancer

- Winn Community Health Center

Diabetes

- Doctors' Offices
- Winn Community Health Center
- Winnfield Hospital

Disabling Conditions

- Nursing Homes
- Winnfield Physical Therapy

Heart Disease & Stroke

- Winn Community Health Center
- Winnfield Hospital

Infant Health & Family Planning

- Winn Community Health Center
- Winn Parish Medical Center Clinic

Injury & Violence

- Law Enforcement

Mental Health

- Behavioral Health Agency
- Coroner's Office
- Psychologists
- Winn Community Health Center

Nutrition, Physical Activity & Weight

- Winn Community Health Center
- Winnfield Hospital

Oral Health

- Winn Community Health Center

Sexual Health

- Winn Community Health Center

Social Determinants of Health

- Winn Community Health Center

Substance Use

- AA/NA
- Coroner's Office
- Law Enforcement

Tobacco Use

- Doctors' Offices
- Winn Parish Medical Center Clinic

