



2024 COMMUNITY HEALTH NEEDS ASSESSMENT

Rapides Foundation Service Area, Central Louisiana

Sponsored by



TABLE OF CONTENTS

INTRODUCTION	5
PROJECT OVERVIEW	6
Project Goals	6
Methodology	6
SUMMARY OF FINDINGS	14
Key Findings	14
Perceptions of Key Informants	18
Significant Trends in the RFSA	19
Summary Tables: Regional Comparisons With Benchmark Data	21
Summary Tables: Comparisons Among RFSA Parishes	32
COMMUNITY DESCRIPTION	45
POPULATION CHARACTERISTICS	46
Total Population	46
Urban/Rural Population	48
Age	48
Race & Ethnicity	50
Linguistic Isolation	51
SOCIAL DETERMINANTS OF HEALTH	53
Poverty	53
Education	55
Employment	56
Housing	57
Food Access	61
Key Informant Input: Social Determinants of Health	62
HEALTH STATUS	65
OVERALL HEALTH STATUS	66
Self-Reported Health Status	66
Days of Poor Physical Health	67
MENTAL HEALTH	69
Mental Health Status	69
Depression	71
Suicide	73
Mental Health Treatment	74
Key Informant Input: Mental Health	77
DEATH, DISEASE & CHRONIC CONDITIONS	80
LEADING CAUSES OF DEATH	81
Distribution of Deaths by Cause	81
Age-Adjusted Death Rates for Selected Causes	81
CARDIOVASCULAR DISEASE	83
Age-Adjusted Heart Disease & Stroke Deaths	83
Prevalence of Heart Disease & Stroke	86
Cardiovascular Risk Factors	87
Key Informant Input: Heart Disease & Stroke	90



CANCER	93
Age-Adjusted Cancer Deaths	93
Cancer Incidence	95
Prevalence of Cancer	96
Cancer Screenings	98
Key Informant Input: Cancer	100
RESPIRATORY DISEASE	103
Age-Adjusted Respiratory Disease Deaths	103
Pneumonia & Influenza Vaccination	106
COVID-19	107
Prevalence of Respiratory Disease	108
Key Informant Input: Respiratory Disease	109
INJURY & VIOLENCE	110
Unintentional Injury	110
Intentional Injury (Violence)	113
Key Informant Input: Injury & Violence	117
DIABETES	120
Age-Adjusted Diabetes Deaths	120
Prevalence of Diabetes	122
Age-Adjusted Kidney Disease Deaths	123
Prevalence of Kidney Disease	125
Key Informant Input: Diabetes	126
DISABLING CONDITIONS	129
Multiple Chronic Conditions	129
Activity Limitations	130
Chronic Pain	132
Alzheimer's Disease	133
Caregiving	135
Key Informant Input: Disabling Conditions	136
BIRTHS	138
PRENATAL CARE	139
BIRTH OUTCOMES & RISKS	141
Low-Weight Births	141
Infant Mortality	142
FAMILY PLANNING	144
Births to Adolescent Mothers	144
Key Informant Input: Infant Health & Family Planning	145
MODIFIABLE HEALTH RISKS	147
NUTRITION	148
Difficulty Accessing Fresh Produce	148
Daily Intake of Fruits/Vegetables	150
PHYSICAL ACTIVITY	151
Leisure-Time Physical Activity	151
Activity Levels	152
Community Participation in Physical Activity	155
Access to Physical Activity Facilities	158



WEIGHT STATUS	159
Adult Weight Status	159
Children's Weight Status	163
Key Informant Input: Nutrition, Physical Activity & Weight	165
SUBSTANCE USE	168
Alcohol Use	168
Drug Use	172
Alcohol & Drug Treatment	175
Key Informant Input: Substance Use	176
TOBACCO USE	180
Cigarette Smoking	180
Other Tobacco Use	184
Key Informant Input: Tobacco Use	186
SEXUAL HEALTH	188
HIV	188
Sexually Transmitted Infections (STIs)	189
Key Informant Input: Sexual Health	190
ACCESS TO HEALTH CARE	192
HEALTH INSURANCE COVERAGE	193
Type of Health Care Coverage	193
Lack of Health Insurance Coverage	194
DIFFICULTIES ACCESSING HEALTH CARE	195
Difficulties Accessing Services	195
Barriers to Health Care Access	196
Accessing Health Care for Children	197
Key Informant Input: Access to Health Care Services	198
PRIMARY CARE SERVICES	200
Access to Primary Care	200
Specific Source of Ongoing Care	201
Utilization of Primary Care Services	201
EMERGENCY ROOM UTILIZATION	204
ORAL HEALTH	206
Dental Care	206
Key Informant Input: Oral Health	207
LOCAL RESOURCES	210
PERCEPTIONS OF LOCAL HEALTH CARE SERVICES	211
HEALTH CARE INFORMATION	213
HEALTH CARE RESOURCES & FACILITIES	214
Federally Qualified Health Centers (FQHCs)	214
Resources Available to Address Significant Health Needs	215





INTRODUCTION

PROJECT OVERVIEW

Project Goals

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 the service area of The Rapides Foundation. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

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

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

This assessment was conducted on behalf of The Rapides Foundation by 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

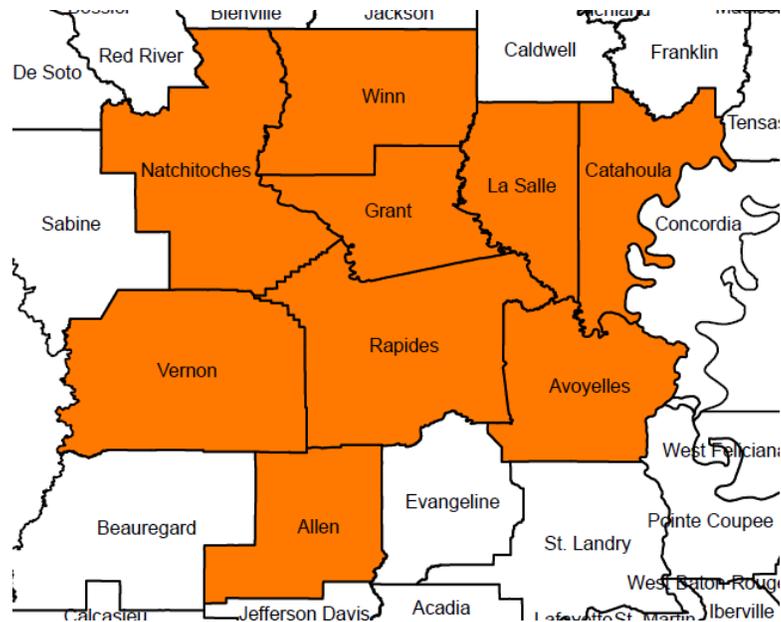
Survey Instrument

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



Sample Approach & Design

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

The sample design used for this effort consisted of a stratified random sample of 3,404 individuals age 18 and older in the Rapides Foundation Service Area, with varying targets in each of the parishes. The final numbers of interviews achieved are as follows:

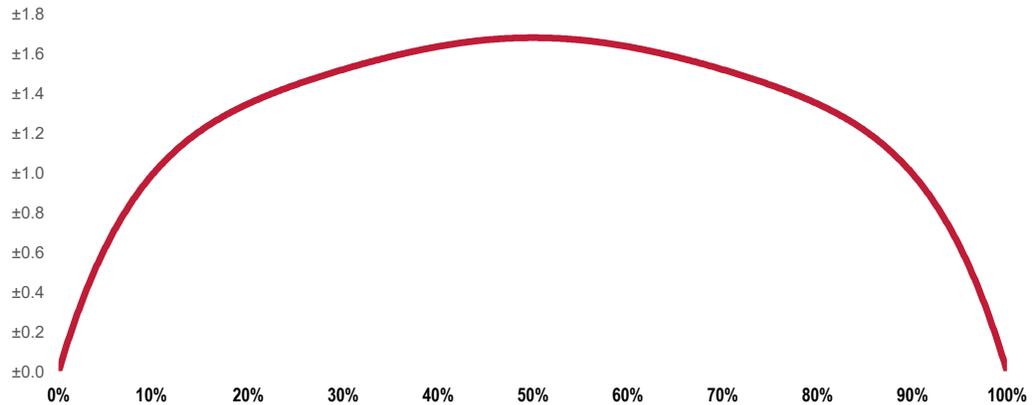
- Allen Parish (237 surveys)
- Avoyelles Parish (415 surveys)
- Catahoula Parish (114 surveys)
- Grant Parish (246 surveys)
- LaSalle Parish (174 surveys)
- Natchitoches Parish (396 surveys)
- Rapides Parish (1,136 surveys)
- Vernon Parish (534 surveys)
- Winn Parish (152 surveys)

Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Rapides Foundation Service Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.



For statistical purposes, the maximum rate of error associated with a sample size of 3,404 respondents is $\pm 1.7\%$ at the 95 percent confidence level.

Expected Error Ranges for a Sample of 3,404 Respondents at the 95 Percent Level of Confidence



- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 3,404 respondents answered a certain question with a "yes," it can be asserted that between 9.0% and 11.0% ($10\% \pm 1.0\%$) of the total population would offer this response.
 - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 48.3% and 51.7% ($50\% \pm 1.7\%$) of the total population would respond "yes" if asked this question.

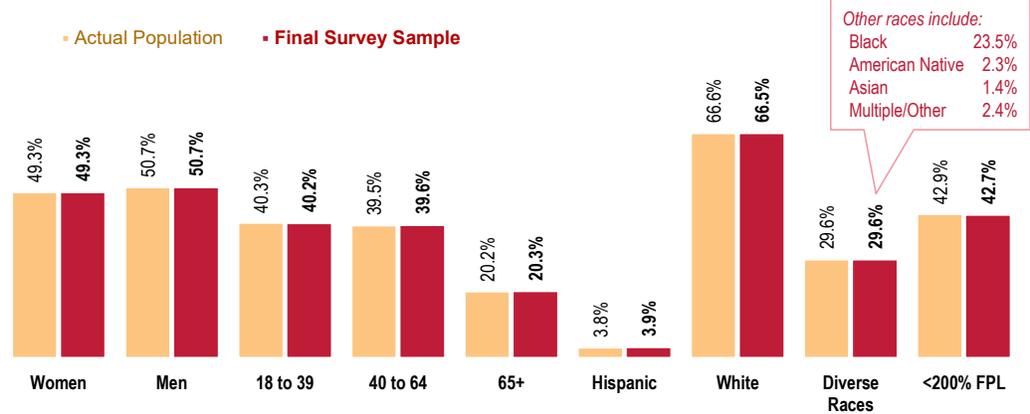
Sample Characteristics

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

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



Population & Survey Sample Characteristics (Rapides Foundation Service Area, 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 also was implemented as part of this process. A list of recommended participants was provided by The Rapides Foundation; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 137 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	15
Public Health Representatives	5
Other Health Providers	13
Social Services Providers	51
Other Community Leaders	53



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.

- 9th Judicial District Court
- Aglius Health
- Alexandria Museum of Art
- Allegiance Health Management
- Allen Parish Hospital
- Arna Bontemps African American Museum
- Arts Council of Central Louisiana
- Avoyelles Hospital Marksville Family Care Center
- Avoyelles Parish School Board
- Avoyelles Society for the Developmentally Disabled
- Ben D. Johnson Educational Center
- Bunkie General Hospital
- Campti Community Development Center, Inc.
- Cane River Children Services Incorporated
- Capital One
- CASA of West Cenla, Inc.
- Catahoula Parish Hospital Service District #2
- Catahoula Parish School Board
- Cenla CAC
- Central LA Supports & Services Center
- Central Louisiana AIDS Support Services
- Central Louisiana Area Health Education Center
- Central Louisiana Arts & Healthcare
- Central Louisiana Chamber of Commerce
- Central Louisiana Technical Community College
- Christian Worship Center
- City of Alexandria
- City of Marksville
- Clifford Williams Memorial Foundation
- Colfax Community Development Corp.
- Community Family Medical Clinic
- Community Health WoRx
- Cottonport Mayor's Commission
- Department of Health & Hospitals
- Diocese of Alexandria
- Dry Prong Historical Society
- Early Childhood Development & Family Center of Avoyelles
- Elizabeth Family Health Clinic
- Family Medicine Clinic
- Family Playhouse
- Fifth Ward Community Center
- First United Methodist Church Pineville
- Food Bank of Central Louisiana
- Friendship House Adult Day Services
- GACT Group Inc
- George Washington Carver Community Center
- Glass Act Recycling
- Goodwill Industries of North Louisiana
- Grant Parish Domestic Abuse Resistance Team
- Grant Parish School Board
- Guardian Hospice Care
- Gulf Coast Social Services
- Gulf Coast Teaching Family Services
- Hardtner Medical Center
- Haven: The Creative Connection
- Health Enrichment Network
- Heinen Medical Clinic
- Hope's Children & Family Care Clinic



- Inner City Revitalization Corporation
- I-Walked-In Outreach Program
- Jena Band of Choctaw
- Keller Williams Realty
- LaSalle Economic Development District
- LaSalle Parish Recreation District No. 10
- LaSalle Parish School Board
- LaSalle Parish Sheriff's Department
- Leesville City Wide Singing Convention
- Louisiana Central
- Louisiana Christian University
- Louisiana Department of Health – Region 6 Office of Public Health
- Louisiana District Pilot International
- Louisiana Extended Care Hospital of Natchitoches
- Louisiana Physical Therapy Association
- Louisiana State University – Alexandria
- LSUA Foundation
- McCann Medical
- Montessori Educational Center
- Move Bunkie Forward
- Mpowered Business
- Mt. Carmel Baptist Church
- Mt. Zion Development Corporation
- Natchitoches Parish Police Jury
- Natchitoches Parish School Board
- Natchitoches Regional Medical Center
- New Hope Ministries Community Development Center
- Newman Family Clinic
- OnPoint Broadcasting
- Rapides Council on Aging
- Rapides Parish School Board
- Rapides Parish Symphony Orchestra
- Rapides Regional Medical Center
- Rapides Regional Physician Group
- Rapides Station Community Ministries
- Ratcliff Construction Company, LLC
- Red River Chorale
- Re-Entry Solutions
- Region 6 Office of Aging and Adult Services
- Renaissance Home for Youth
- Restoration House
- Rural Health Clinics
- Salvation Army
- Second Christian Baptist Church
- Seeds 4 Trees
- St. Anthony School and Bunkie Little League
- The ARC Rapides, Inc.
- The Clinics
- Tony Tradewell Landscape Architect, LLC
- Town of Ball
- Town of Oberlin
- Town of Olla
- Town of Rosepine
- Tunica–Biloxi Tribe of Louisiana
- Vernon Parish School Board
- Village of Dodson
- Village of Harrisonburg
- Village of Plaquemine
- Village of Simpson
- Winn Community Health Center
- Winn Parish Medical Center
- Winn Parish School Board
- Workforce Investment Board
- YWCA



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 for the Rapides Foundation Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- [Center for Applied Research and Engagement Systems \(CARES\), University of Missouri Extension, SparkMap \(sparkmap.org\)](#)
- [Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#)
- [Centers for Disease Control & Prevention, Office of Public Health Science Services, 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 Comparisons

Trending

Similar surveys were administered in the Rapides Foundation Service Area 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.

Louisiana Data

State-level findings are provided where available as an additional benchmark against which to compare local findings. For survey indicators, these are taken from the most recently published data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS). For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

National survey data, which are also provided in comparison charts, are taken from the *2023 PRC National Health Survey*; these data may be generalized to the US population with a high degree of confidence. National-level findings (from various existing resources) are also provided for comparison of secondary data indicators.



US Peer Comparisons

To provide a benchmark that is perhaps more closely aligned, this assessment also includes comparisons of RFSA data to US Peer counties. These US Peer counties reflect an urban-rural mix that is very similar to that of the Rapides Foundation Service Area, as determined by the 2013 Urban-Rural Classification Scheme of the National Center for Health Statistics. To accomplish this, data from the 2023 PRC National Health Survey are extracted for those US counties with classifications similar to the nine parishes. Similarly, mortality data are likewise limited to these US counties for comparison as a US Peer grouping.

Healthy People 2030 Objectives

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 receiving 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 individually identifiable or might not comprise a large-enough sample for independent analyses.

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



SUMMARY OF FINDINGS

Key Findings

This summary presents key findings from the data collected in The Rapides Foundation service area in Central Louisiana (Allen, Avoyelles, Catahoula, Grant, LaSalle, Natchitoches, Rapides, Vernon, and Winn parishes) for the 2024 Community Health Needs Assessment sponsored by The Rapides Foundation. These include data collected through a (phone and internet-based) random sample population survey, an internet-based survey of key informants, and a review of existing public health data.

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

Health Status

Overall Health Status

20.9% of adults characterize their **overall health as “fair” or “poor”** — this is significantly higher than reported nationally (15.7%) but similar to that first recorded in Central Louisiana in 2002 (20.0%).

More than one in three (34.8%) respondents experienced **three or more days** of poor physical health in the past month, increasing significantly since 2002 (29.7%).

Disabling Conditions

A large share (44.5%) of Central Louisiana adults currently experience **three or more chronic conditions**, well above the US prevalence (38.0%) and increasing significantly since 2021 (33.6%). A total of 30.9% of residents are **limited in some way** in some activities because of a health-related issue, much higher than first found in 2002 (20.0%).

In addition, 22.7% of survey respondents experience **high-impact chronic pain**, above the US figure (19.6%) and failing to satisfy the Healthy People 2030 objective. On the other hand, the prevalence of residents with **arthritis** (27.0%) has decreased since 2002 (from 30.6%).

A total of 28.8% of Central Louisiana adults are currently **caregivers** for a friend or family member, well above the US percentage (22.8%).

Mental Health

The prevalence has worsened significantly over time for Central Louisiana residents for most surveyed mental health indicators, including: **“fair/poor” mental health** (24.9%, up from 13.8% baseline findings); **three or more days** of poor mental health (42.2% vs. 24.0%); diagnosed **depression** (30.2% vs. 27.9%); **symptoms** of chronic depression (44.0% vs. 30.0%); receiving professional **treatment** (23.5% vs. 15.0%); and the **inability to obtain** needed mental health services (8.7% vs. 7.3%, although this is below the US figure of 13.2%).

The percentage of survey respondents who have **sought professional help** for mental health issues (33.2%) is higher than the 2013 prevalence (22.6%).

Housing

The prevalence of survey respondents who feel the **condition** of neighborhood homes is “fair” or “poor” (25.5%) has increased significantly since 2005 (16.3%). Likewise, Central Louisiana residents are more likely to say that the **affordability** of local housing is “fair/poor” (51.6%, up from 42.4% in 2005).



Death & Chronic Disease

Causes of Death



Cardiovascular disease (heart disease and stroke) and cancers are leading causes of death in Central Louisiana. Compared to US rates, age-adjusted death rates for most leading causes of death are higher in Central Louisiana than nationwide (including heart disease, stroke, cancer, suicide, homicide, unintentional injuries, lung disease, Alzheimer's disease, pneumonia/influenza, and kidney disease).

Heart Disease & Stroke

12.0% of Central Louisiana adults report having **heart disease**, and 4.6% have ever suffered from a stroke.

Cancer

8.6% of adults have ever been diagnosed with **cancer**.

Lung Disease

A total of 8.9% of survey respondents have been diagnosed with **COPD**, decreasing significantly since 2002.

Diabetes

15.8% of Central Louisiana adults have been diagnosed with **diabetes** (worse than the US figure of 12.8% and marking a considerable increase from the 9.9% reported in 2002). Another 10.3% are **prediabetic** (increasing from 7.3% but lower than the US figure [15.0%]).

Overweight & Obesity

Based on reported heights and weights, a clear majority of Central Louisiana adults (72.7%) are **overweight**, including 40.4% who are **obese**. The prevalence of obesity in Central Louisiana is higher than found nationally (33.9%) and has increased significantly since 2002 (29.2%).

Among **children** age 5-17 in Central Louisiana, 39.2% are **overweight** (higher than the 31.8% reported nationally), though the percentages of overweight and obesity among area children have *decreased* since 2005.

Infant Health & Family Planning

Birth Outcomes & Risks

Of all births in Central Louisiana, 10.6% are **low-weight births** (under 2500g), which is a high proportion when compared to the 8.3% recorded nationally.

Teen Births

The **teen birth** rate in Central Louisiana is high, with 36.4 births to girls age 15-19 for every 1,000 girls in this age group (compared to 16.6 nationally).

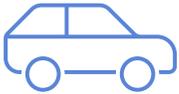
Sexual Health

The **HIV** prevalence per 100,000 population in Central Louisiana (467.6) is much higher than the national prevalence (386.6).

Likewise, the **chlamydia** (826.5) and **gonorrhea** (371.7) incidence rates are well above the corresponding national rates (495.0 and 194.4, respectively).



Injury & Violence



Unintentional Injury

Death rates due to **unintentional injuries** are much higher than reported nationally (an age-adjusted rate of 68.1 per 100,000 population, versus 51.6 nationally). Poisoning (including unintentional drug overdoses), motor vehicle crashes, and falls are the leading causes of unintentional injury deaths in Central Louisiana.

The prevalence of **children using seat belts/car seats** (85.8%) has improved since 2002 (81.4%).

Violence

Rates of **violent crime** are considerably higher in Central Louisiana than they are nationwide (rate of 633.1 violent crimes per 100,000 population vs. 416.0 nationally). The age-adjusted Central Louisiana **homicide** death rate (12.2) is twice the national rate (6.1) and has increased considerably from baseline reports.

Additionally, 5.2% of Central Louisiana adults report experiencing **violent crime** in the area in the past five years (lower than the US figure), and 20.7% report ever experiencing **intimate partner** violence (both percentages denote significant increases over time).

Modifiable Health Risks



Nutrition

A large share (37.5%) of Central Louisiana adults report **difficulty getting fresh produce**, higher than the US figure (30.0%) and increasing significantly since 2010 (15.8%). It is important to recognize that 33.8% of regional adults do not live near a grocery store or supermarket (compared to 22.2% nationally).

Physical Activity

Currently, only 21.9% of Central Louisiana adults **meet physical activity guidelines** (compared to 30.3% nationwide); still, note that this has improved since 2018 (19.9%). For school-age children, the prevalence of those getting at least an hour of **physical activity per day** (46.7%) has decreased significantly since 2018 (52.1%), while the percentage with three or more hours of **entertainment screen time** per day (45.7%) has increased since 2021 (40.4%).

Blood Pressure & Cholesterol

In comparison to the nation, Central Louisiana exhibits a significantly high proportion of adults reporting **high blood pressure** (46.6% versus 40.4% across the US). A total of 35.1% of Central Louisiana adults report having **high blood cholesterol**. Each of these is significantly above what was first reported in 2002.

Tobacco Use

26.7% of Central Louisiana adults currently **smoke cigarettes**, increasing significantly since 2002 (23.5%). Another 16.2% use **vaping products** (compared to 5.6% in 2018). Among smokers, the prevalence of those who have **quit** at least once in the past year (41.5%) is below the US prevalence (53.1%) and has decreased significantly since 2002 (50.7%).

Cardiovascular Risk

A very high percentage of Central Louisiana adults (92.0%) present one or more **cardiovascular risk factors** (including smoking, not getting enough physical activity, being overweight, or having high blood pressure or cholesterol), which is higher than the 87.8% found nationally.

Substance Use

The Central Louisiana prevalence of **excessive drinking** (19.4%) is much lower than found nationally (34.3%) and has decreased significantly since 2018 (23.6%). The percentage of adults who have **sought professional help** for a substance use issue has increased significantly since 2002 (to 6.7% from 2.8%).



Among survey respondents, the percentage of those who **rode with a drunk driver** in the past month (6.0%) has increased since 2005 (4.8%). **Illicit drug use** in the past month has increased as well, from 1.9% in 2005 to 6.5% in 2024 (though still below the national prevalence of 8.4%). A total of 19.7% of Central Louisiana adults have used **prescription opioids** (either legally or illegally) in the past year, higher than the 15.1% reported nationwide but decreasing from 25.0% in 2018.

Prevention

Routine Medical Care



Most regional adults (72.6%) have been to a doctor or clinic for a **routine checkup** in the past year, higher than the US prevalence (65.3%) and better than reported in 2002 (69.6%). Among area **children**, 85.2% had a routine checkup in the past year, well above the 77.5% reported nationally.

Cancer Screenings

While the **female breast cancer screening** level in Central Louisiana (74.3% of women age 50-74 had a mammogram in the past two years) is above the US figure (64.0%), it has decreased from 79.9% in 2002. The **cervical cancer screening** prevalence has decreased as well (from 86.1% to 70.2% of women age 21-65 who had a Pap smear in the past three years) and is lower than the national prevalence (75.4%).

Dental Care

Half of adults in Central Louisiana (50.5%) received **dental care** in the past year (compared to 56.5% nationally), decreasing from the 59.1% reported in Central Louisiana in 2002. The prevalence has decreased among **children** as well (from 86.4% in 2002 to 76.3% in 2024).

Access

Health Insurance Coverage



A total of 8.6% of Central Louisiana adults between the ages of 18 and 64 are **without insurance coverage** for health care, either through private or public sources. This is similar to the national prevalence (8.1%) and a dramatic improvement from what was recorded in 2002 (25.7%).

Difficulties/Delays in Accessing Health Care

A total of 45.6% of Central Louisiana adults have experienced some type of difficulty or delay in receiving health care in the past year, lower than the US figure (52.5%) but increasing since 2002 (42.3%). Note that survey respondents gave more favorable responses for each surveyed barrier when compared with US findings. These barriers have worsened over time in Central Louisiana: difficulty **getting an appointment** (20.5%), difficulty **finding a physician** (16.0%), and lack of **transportation** (14.3%).

Among regional parents, 7.8% had **difficulty getting health care services for a child** in the past year, increasing from 4.7% in 2005.

Emergency Room Utilization

The proportion of Central Louisiana adults who have used a local **emergency room** more than once in the past year (16.2%) has increased significantly since 2002 (13.8%).

Health Care Information

The percentage of local residents who rely on the **internet** as their primary source of health care information (23.0%) is much higher than the 5.9% reported in 2002.

Rating of Local Health Care Services

A total of 22.4% of surveyed adults gave “fair/poor” **ratings of local health care** services, twice the US figure (11.5%) and increasing significantly since 2018 (19.1%).



Perceptions of Key Informants

In an online survey of key informants throughout the region (including public health professionals, physicians, other health providers, social services representatives, and other community leaders), the following health issues were most often characterized as “major problems” for Central Louisiana:



- **Substance Use** (64.6% said this is a “major problem” in Central Louisiana)
- **Mental Health** (64.4% “major problem”)
- **Diabetes** (61.9% “major problem”)
- **Nutrition, Physical Activity & Weight** (58.0% “major problem”)



Significant Trends in the RFSA

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

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

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

	 FAVORABLE TRENDS	 UNFAVORABLE TRENDS
ACCESS TO HEALTHCARE SERVICES	<ul style="list-style-type: none"> • Lack of Healthcare Insurance Coverage • Barrier to Care: Cost (Doctor Visit) • Barrier to Care: Cost (Prescriptions) • Routine Checkups (Adults) 	<ul style="list-style-type: none"> • Composite: Difficulty Accessing Health Care • Barrier to Care: Appointment Availability • Barrier to Care: Finding a Doctor • Barrier to Care: Transportation • Difficulty Getting Child's Health Care • Rate Local Health Care as "Fair/Poor" • Emergency Room Visits • Internet is Main Source of Health Care Info
CANCER		<ul style="list-style-type: none"> • Breast Cancer Screenings • Cervical Cancer Screenings
DIABETES	<ul style="list-style-type: none"> • Diabetes Deaths • Kidney Disease Deaths 	<ul style="list-style-type: none"> • Prevalence of Diabetes • Prevalence of Pre-Diabetes • Prevalence of Kidney Disease
DISABLING CONDITIONS	<ul style="list-style-type: none"> • Prevalence of Arthritis 	<ul style="list-style-type: none"> • 3+ Chronic Conditions • Alzheimer's Disease Deaths • Activity Limitations
HEART DISEASE & STROKE		<ul style="list-style-type: none"> • Prevalence of Heart Disease • Prevalence of Stroke • Hypertension Prevalence • High Blood Cholesterol Prevalence • 1+ Cardiovascular Risk Factor
HOUSING & EMPLOYMENT	<ul style="list-style-type: none"> • Unemployment Rate 	<ul style="list-style-type: none"> • Availability of Affordable Housing • Condition of Neighborhood Homes
INFANT HEALTH & FAMILY PLANNING	<ul style="list-style-type: none"> • Infant Deaths • Lack of Prenatal Care 	
INJURY & VIOLENCE	<ul style="list-style-type: none"> • Children's Seat Belt/Car Seat Usage 	<ul style="list-style-type: none"> • Unintentional Injury Deaths • Homicide Deaths • Victim of Violent Crime • Intimate Partner Violence
MENTAL HEALTH	<ul style="list-style-type: none"> • Have Sought Professional Help 	<ul style="list-style-type: none"> • "Fair/Poor" Mental Health • Diagnosed Depression • Symptoms of Chronic Depression • Suicide Deaths • Receiving Treatment for Mental Health • Unable to Get Mental Health Services • 3+ Days of Poor Mental Health

—continued on the following page—



	 FAVORABLE TRENDS (continued)	 UNFAVORABLE TRENDS (continued)
NUTRITION, OVERWEIGHT & PHYSICAL ACTIVITY	<ul style="list-style-type: none"> • Overweight/Obesity (Children) • (Overweight) Trying to Lose Weight With Diet/Exercise 	<ul style="list-style-type: none"> • Overweight/Obesity (Adults) • Frequency of Seeing Residents Be Active • Availability of Physical Activity Opportunities • Children's Physical Activity • Children's Use of Screens for Entertainment
ORAL HEALTH		<ul style="list-style-type: none"> • Routine Dental Visits (Adults & Children)
RESPIRATORY DISEASE	<ul style="list-style-type: none"> • Pneumonia/Influenza Deaths • Prevalence of COPD 	
SEXUAL HEALTH		<ul style="list-style-type: none"> • HIV Prevalence • Chlamydia Incidence Rate • Gonorrhea Incidence Rate
SUBSTANCE USE	<ul style="list-style-type: none"> • Excessive Drinking • Prescription Opioid Use • Have Sought Professional Help 	<ul style="list-style-type: none"> • Unintentional Drug-Related Deaths • Alcohol-Induced Deaths • Illicit Drug Use • Riding with Drunk Drivers
TOBACCO USE		<ul style="list-style-type: none"> • Smoke Cigarettes • Use of Vaping Products • Smokers Advised to Quit • Smoking Cessation



Summary Tables: Regional Comparisons With Benchmark Data

Reading the Summary Tables

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

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

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



SOCIAL DETERMINANTS	RFSA	RFSA vs. BENCHMARKS				TREND
		vs. Peers	vs. LA	vs. US	vs. HP2030	
Linguistically Isolated Population (Percent)	0.7		 1.6	 3.9		
Population in Poverty (Percent)	20.2		 18.7	 12.5	 8.0	
Children in Poverty (Percent)	26.5		 25.8	 16.7	 8.0	
No High School Diploma (Age 25+, Percent)	15.3		 13.3	 10.9		
Unemployment Rate (Age 16+, Percent)	4.8		 4.5	 4.3		 7.1
Population With Low Food Access (Percent)	33.8		 26.4	 22.2		
% "Fair/Poor" Condition of Neighborhood Homes	25.5					 16.3
% "Fair/Poor" Availability of Affordable Housing	51.6					 42.4

 better
  similar
  worse

OVERALL HEALTH	RFSA	RFSA vs. BENCHMARKS				TREND
		vs. Peers	vs. LA	vs. US	vs. HP2030	
% "Fair/Poor" Overall Health	20.9	 20.1	 21.7	 15.7		 20.0
% 3+ Days Poor Physical Health in Past Month	34.8					 29.7

 better
  similar
  worse

ACCESS TO HEALTH CARE	RFSA	RFSA vs. BENCHMARKS				TREND
		vs. Peers	vs. LA	vs. US	vs. HP2030	
% [Age 18-64] Lack Health Insurance	8.6	 7.1	 8.7	 8.1	 7.6	 25.7
% Difficulty Accessing Health Care in Past Year (Composite)	45.6	 53.7		 52.5		 42.3
% Cost Prevented Physician Visit in Past Year	16.4	 20.0		 21.6		 18.2
% Cost Prevented Getting Prescription in Past Year	16.4	 17.7		 20.2		 22.8
% Difficulty Getting Appointment in Past Year	20.5	 35.9		 33.4		 16.8
% Inconvenient Hrs Prevented Dr Visit in Past Year	15.4	 17.7		 22.9		 14.0
% Difficulty Finding Physician in Past Year	16.0	 23.1		 22.0		 12.1
% Transportation Hindered Dr Visit in Past Year	14.3	 16.2		 18.3		 10.1
% Difficulty Getting Child's Health Care in Past Year	7.8	 12.5		 11.1		 4.7
Primary Care Doctors per 100,000	73.6		 86.1	 110.3		
% Have a Specific Source of Ongoing Care	70.5	 72.4		 69.9	 84.0	 72.2
% Internet is the Primary Source for Healthcare Information	23.0					 5.9
% Routine Checkup in Past Year	72.6	 65.9	 80.6	 65.3		 69.6
% [Child 0-17] Routine Checkup in Past Year	85.2	 72.2		 77.5		 83.9
% Two or More ER Visits in Past Year	16.2	 13.4		 15.6		 13.8
% Rate Local Health Care "Fair/Poor"	22.4	 14.4		 11.5		 19.1

 better
 similar
 worse

CANCER	RFSA	RFSA vs. BENCHMARKS				TREND
		vs. Peers	vs. LA	vs. US	vs. HP2030	
Cancer Deaths per 100,000 (Age-Adjusted)	178.4	 160.8	 165.7	 146.5	 122.7	 200.6
Lung Cancer Deaths per 100,000 (Age-Adjusted)	47.7	 40.2	 42.0	 33.4	 25.1	
Female Breast Cancer Deaths per 100,000 (Age-Adjusted)	22.3	 19.8	 22.1	 19.4	 15.3	
Prostate Cancer Deaths per 100,000 (Age-Adjusted)	18.3	 18.9	 19.5	 18.5	 16.9	
Colorectal Cancer Deaths per 100,000 (Age-Adjusted)	19.7	 14.7	 15.5	 13.1	 8.9	
Cancer Incidence per 100,000 (Age-Adjusted)	476.4		 478.3	 442.3		
Lung Cancer Incidence per 100,000 (Age-Adjusted)	65.5		 61.5	 54.0		
Female Breast Cancer Incidence per 100,000 (Age-Adjusted)	112.1		 127.5	 127.0		
Prostate Cancer Incidence per 100,000 (Age-Adjusted)	121.9		 138.1	 110.5		
Colorectal Cancer Incidence per 100,000 (Age-Adjusted)	53.0		 44.3	 36.5		
% Cancer	8.6	 7.9	 10.4	 7.4		 9.3
% [Women 50-74] Breast Cancer Screening	74.3	 66.9	 82.1	 64.0	 80.5	 79.9
% [Women 21-65] Cervical Cancer Screening	70.2	 74.9		 75.4	 84.3	 86.1
% [Age 45-75] Colorectal Cancer Screening	68.7	 74.1	 73.2	 71.5	 74.4	 67.7

 better
 similar
 worse

DIABETES	RFSA	RFSA vs. BENCHMARKS				TREND
		vs. Peers	vs. LA	vs. US	vs. HP2030	
Diabetes Deaths per 100,000 (Age-Adjusted)	20.0	 26.6	 28.8	 22.6		 25.7
% Diabetes/High Blood Sugar	15.8	 14.9	 14.7	 12.8		 9.9
% Borderline/Pre-Diabetes	10.3	 13.7		 15.0		 7.3
Kidney Disease Deaths per 100,000 (Age-Adjusted)	19.7	 14.5	 19.9	 12.8		 23.1
% Kidney Disease	5.7	 4.1	 4.5	 4.1		 4.1

 better
  similar
  worse

DISABLING CONDITIONS	RFSA	RFSA vs. BENCHMARKS				TREND
		vs. Peers	vs. LA	vs. US	vs. HP2030	
% 3+ Chronic Conditions	44.5	 34.4		 38.0		 33.6
% Activity Limitations	30.9	 27.4		 27.5		 20.0
% High-Impact Chronic Pain	22.7	 20.8		 19.6	 6.4	
% Arthritis	27.0					 30.6
Alzheimer's Disease Deaths per 100,000 (Age-Adjusted)	55.2	 33.9	 43.1	 30.9		 44.7
% Caregiver to a Friend/Family Member	28.8	 23.5		 22.8		 30.4

 better
  similar
  worse

		RFSA vs. BENCHMARKS				
HEART DISEASE & STROKE	RFSA	vs. Peers	vs. LA	vs. US	vs. HP2030	TREND
Heart Disease Deaths per 100,000 (Age-Adjusted)	274.2	 185.3	 213.8	 164.4	 127.4	 251.4
% Heart Disease	12.0	 12.1	 8.0	 10.3		 7.7
Stroke Deaths per 100,000 (Age-Adjusted)	50.8	 39.3	 45.8	 37.6	 33.4	 47.8
% Stroke	4.6	 7.1	 4.9	 5.4		 2.7
% High Blood Pressure	46.6	 36.1	 40.2	 40.4	 42.6	 34.5
% High Cholesterol	35.1	 27.3		 32.4		 24.6
% 1+ Cardiovascular Risk Factor	92.0	 91.4		 87.8		 90.0

 better
  similar
  worse

		RFSA vs. BENCHMARKS				
INFANT HEALTH & FAMILY PLANNING	RFSA	vs. Peers	vs. LA	vs. US	vs. HP2030	TREND
No Prenatal Care in First 6 Months (Percent of Births)	3.0		 6.4	 6.1		 6.1
Teen Births per 1,000 Females 15-19	36.4		 27.0	 16.6		
Low Birthweight (Percent of Births)	10.6		 10.9	 8.3		
Infant Deaths per 1,000 Births	6.4	 6.2	 7.7	 5.5	 5.0	 8.1

 better
  similar
  worse

INJURY & VIOLENCE	RFSA	RFSA vs. BENCHMARKS				
		vs. Peers	vs. LA	vs. US	vs. HP2030	TREND
Unintentional Injury Deaths per 100,000 (Age-Adjusted)	68.1	59.7	66.8	51.6	43.2	53.0
Motor Vehicle Crash Deaths per 100,000 (Age-Adjusted)	21.4	16.9	16.7	11.4	10.1	
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	85.8					81.4
[65+] Fall-Related Deaths per 100,000 (Age-Adjusted)	33.0	68.9	41.1	67.1	63.4	
Homicide Deaths per 100,000 (Age-Adjusted)	12.2	6.0	16.0	6.1	5.5	7.4
Violent Crimes per 100,000	633.1		562.3	416.0		
% Victim of Violent Crime in Past 5 Years	5.2	6.9		7.0		2.7
% Victim of Intimate Partner Violence	20.7	16.9		20.3		11.1

better
 similar
 worse

MENTAL HEALTH	RFSA	RFSA vs. BENCHMARKS				
		vs. Peers	vs. LA	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	24.9	23.8		24.4		13.8
% 3+ Days Poor Mental Health in Past Month	42.2					24.0
% Diagnosed Depression	30.2	31.9	26.4	30.8		27.9
% Symptoms of Chronic Depression	44.0	41.5		46.7		30.0
Suicide Deaths per 100,000 (Age-Adjusted)	18.0	18.4	14.6	13.9	12.8	14.7

MENTAL HEALTH (continued)	RFSA	RFSA vs. BENCHMARKS				TREND
		vs. Peers	vs. LA	vs. US	vs. HP2030	
Mental Health Providers per 100,000	177.6		 183.2	 182.5		
% Have Ever Sought Help for Mental Health	33.2					 22.6
% Receiving Mental Health Treatment	23.5	 25.1		 21.9		 15.0
% Unable to Get Mental Health Services in Past Year	8.7	 14.4		 13.2		 7.3

 better
 similar
 worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	RFSA	RFSA vs. BENCHMARKS				TREND
		vs. Peers	vs. LA	vs. US	vs. HP2030	
% "Very/Somewhat" Difficult to Buy Fresh Produce	37.5	 21.6		 30.0		 15.8
% Consume 2+ Servings of Fruit per Day	40.6					
% Consume 3+ Servings of Vegetables per Day	10.0					
% [Age 2-17] Child Consumes 2+ Servings of Fruit per Day	63.2					
% [Age 2-17] Child Consumes 3+ Servings of Vegetables per Day	14.8					
% No Leisure-Time Physical Activity	31.5	 27.3	 28.3	 30.2	 21.8	 30.1
% Meet Physical Activity Guidelines	21.9	 27.6	 19.7	 30.3	 29.7	 19.9
% [Child 2-17] Physically Active 1+ Hours per Day	46.7	 42.4		 27.4		 52.1
% [Child Age 2-17] 3+ Hours per Day of Screen Time	45.7					 40.4

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	RFSA	RFSA vs. BENCHMARKS				TREND
		vs. Peers	vs. LA	vs. US	vs. HP2030	
% "Often" See Others in Community Being Physically Active	34.9					 46.4
% "Fair/Poor" Local Physical Activity Opportunities	38.3					 34.8
Recreation/Fitness Facilities per 100,000	3.0		 11.0	 14.8		
% Overweight (BMI 25+)	72.7	 66.4	 71.7	 63.3		 67.0
% Obese (BMI 30+)	40.4	 30.0	 40.1	 33.9	 36.0	 29.2
% Medical Advice on Weight in Past Year	22.5					 21.9
% [Overweights] Trying to Lose Weight	35.0					 29.7
% [Child 5-17] Overweight (85th Percentile)	39.2	 31.5		 31.8		 48.0
% [Child 5-17] Obese (95th Percentile)	24.7	 23.0		 19.5	 15.5	 30.6

 better
  similar
  worse

ORAL HEALTH	RFSA	RFSA vs. BENCHMARKS				TREND
		vs. Peers	vs. LA	vs. US	vs. HP2030	
% Dental Visit in Past Year	50.5	 58.2	 60.4	 56.5	 45.0	 59.1
% [Child 2-17] Dental Visit in Past Year	76.3	 81.6		 77.8	 45.0	 86.4

 better
  similar
  worse

RESPIRATORY DISEASE	RFSA	RFSA vs. BENCHMARKS				TREND
		vs. Peers	vs. LA	vs. US	vs. HP2030	
Lung Disease Deaths per 100,000 (Age-Adjusted)	63.0	 49.9	 41.1	 38.1		 56.8
Pneumonia/Influenza Deaths per 100,000 (Age-Adjusted)	23.7	 15.3	 14.0	 13.4		 27.4
% Received a COVID Vaccine or Booster in the Past 12 Months	19.6					
% [Age 65+] Flu Vaccine in Past Year	65.6	 61.0	 64.3	 70.9		 69.4
% [Age 65+] Pneumonia Vaccine Ever	71.1					 67.4
% COPD (Lung Disease)	8.9	 10.0	 9.3	 11.0		 10.8

 better
  similar
  worse

SEXUAL HEALTH	RFSA	RFSA vs. BENCHMARKS				TREND
		vs. Peers	vs. LA	vs. US	vs. HP2030	
HIV Prevalence per 100,000	467.6		 568.3	 386.6		 315.4
Chlamydia Incidence per 100,000	826.5		 788.6	 495.0		 367.9
Gonorrhea Incidence per 100,000	371.7		 327.1	 194.4		 158.0

 better
  similar
  worse

SUBSTANCE USE	RFSA	RFSA vs. BENCHMARKS				TREND
		vs. Peers	vs. LA	vs. US	vs. HP2030	
Alcohol-Induced Deaths per 100,000 (Age-Adjusted)	7.9	 14.5	 9.8	 11.9		 4.5
% Excessive Drinking	19.4	 35.4	 18.8	 34.3		 23.6
% Rode w/ Drunk Driver in Past Month	6.0					 4.8
Unintentional Drug-Induced Deaths per 100,000 (Age-Adjusted)	24.7	 19.3	 29.2	 21.0		 8.9
% Used an Illicit Drug in Past Month	6.5	 5.3		 8.4		 1.9
% Used a Prescription Opioid in Past Year	19.7	 15.0		 15.1		 25.0
% Ever Sought Help for Alcohol or Drug Problem	6.7	 8.9		 6.8		 2.8

 better
 similar
 worse

TOBACCO USE	RFSA	RFSA vs. BENCHMARKS				TREND
		vs. Peers	vs. LA	vs. US	vs. HP2030	
% Smoke Cigarettes	26.7	 24.7	 16.7	 23.9	 6.1	 23.5
% Someone Smokes at Home	20.2	 19.8		 17.7		 21.1
% Use Vaping Products	16.2	 17.2	 10.4	 18.5		 5.6
% [Smokers] Received Advice to Quit Smoking	48.8	 58.7		 57.8	 58.1	 61.0
% [Smokers] Have Quit Smoking 1+ Days in Past Year	41.5	 46.3	 57.1	 53.1	 65.7	 50.7
% Use Smokeless Tobacco	8.2					 7.3

 better
 similar
 worse

Summary Tables: Comparisons Among RFSA Parishes

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

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

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

DISPARITY AMONG PARISHES

SOCIAL DETERMINANTS	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Linguistically Isolated Population (Percent)	0.1	0.8	0.0	0.0	0.9	0.2	1.1	1.1	0.1
Population in Poverty (Percent)	19.6	28.0	24.7	15.0	15.2	25.9	18.3	18.1	19.6
Children in Poverty (Percent)	26.5	38.0	40.2	16.9	24.0	27.9	24.7	23.2	28.2
No High School Diploma (Age 25+, Percent)	20.4	22.0	25.0	19.6	17.1	12.5	12.4	12.2	16.1
Unemployment Rate (Age 16+, Percent)	5.2	5.4	5.7	4.9	3.8	5.3	4.3	5.1	5.8
Population With Low Food Access (Percent)	28.1	20.6	35.3	19.5	22.6	27.9	40.6	49.3	15.5
% "Fair/Poor" Condition of Neighborhood Homes	24.8	22.6	28.4	27.8	21.1	26.7	24.0	30.2	27.2
% "Fair/Poor" Availability of Affordable Housing	40.7	49.9	52.8	52.4	48.1	54.0	53.2	51.1	57.1

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

DISPARITY AMONG PARISHES

OVERALL HEALTH	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% "Fair/Poor" Overall Health	16.7	23.4	23.7	25.3	21.3	22.4	19.5	21.6	17.8
% 3+ Days Poor Physical Health in Past Month	26.7	33.3	31.2	37.1	32.7	35.8	34.8	41.1	28.8

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

DISPARITY AMONG PARISHES

ACCESS TO HEALTH CARE	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% [Age 18-64] Lack Health Insurance	 8.9	 5.1	 5.8	 7.6	 8.4	 7.2	 11.0	 8.0	 6.8
% Difficulty Accessing Health Care in Past Year (Composite)	 42.2	 44.3	 39.1	 44.4	 45.2	 43.5	 48.5	 47.9	 34.3
% Cost Prevented Physician Visit in Past Year	 13.3	 18.0	 18.4	 19.6	 13.9	 14.4	 17.2	 17.1	 9.2
% Cost Prevented Getting Prescription in Past Year	 17.1	 13.9	 12.7	 14.7	 13.7	 17.0	 17.9	 17.3	 11.0
% Difficulty Getting Appointment in Past Year	 14.1	 18.3	 23.5	 20.9	 21.3	 17.6	 22.3	 22.6	 18.7
% Inconvenient Hrs Prevented Dr Visit in Past Year	 15.9	 15.5	 11.9	 13.9	 18.3	 17.2	 14.1	 19.1	 12.1
% Difficulty Finding Physician in Past Year	 9.6	 14.6	 16.3	 16.4	 18.5	 15.0	 16.6	 19.6	 14.1
% Transportation Hindered Dr Visit in Past Year	 14.8	 13.1	 12.3	 12.1	 11.6	 17.2	 15.1	 15.6	 6.0
% Difficulty Getting Child's Health Care in Past Year	 11.7	 5.9	 2.7	 11.8	 8.2	 7.4	 10.7	 2.9	 2.9
Primary Care Doctors per 100,000	 44.0	 45.4	 11.2	 13.5	 40.6	 58.6	 110.8	 82.1	 36.4
% Have a Specific Source of Ongoing Care	 64.6	 69.6	 66.4	 75.5	 69.0	 77.2	 68.7	 71.1	 75.6
% Internet is the Primary Source for Healthcare Information	 27.5	 18.8	 18.6	 17.4	 29.6	 24.0	 24.0	 24.8	 13.6

DISPARITY AMONG PARISHES

ACCESS TO HEALTH CARE (continued)	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Routine Checkup in Past Year	69.2	75.7	77.7	72.4	74.9	71.5	73.0	69.0	76.6
% [Child 0-17] Routine Checkup in Past Year	81.6	88.4		83.1	81.6	89.7	84.0	85.0	89.3
% Two or More ER Visits in Past Year	12.9	13.3	15.4	14.2	13.6	18.4	15.8	22.4	14.4
% Rate Local Health Care "Fair/Poor"	14.9	21.8	23.3	23.0	17.9	21.6	21.9	28.9	26.1

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

DISPARITY AMONG PARISHES

CANCER	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Cancer Deaths per 100,000 (Age-Adjusted)	169.0	186.6	179.1	173.9	152.9	188.4	162.0	221.9	215.5
% Cancer	10.4	9.2	11.4	7.4	6.5	10.5	8.7	6.1	8.2
% [Women 50-74] Breast Cancer Screening	68.4	71.6		71.1	74.5	74.6	76.6	71.4	
% [Women 21-65] Cervical Cancer Screening	68.7	67.4		65.8	78.4	69.5	71.1	69.7	83.0
% [Age 45-75] Colorectal Cancer Screening	72.7	69.3	80.6	76.4	72.8	69.5	65.3	68.1	65.9

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

DISPARITY AMONG PARISHES

DIABETES	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Diabetes Deaths per 100,000 (Age-Adjusted)	 36.6	 26.6		 28.5		 26.7	 9.9	 29.0	
% Diabetes/High Blood Sugar	 14.1	 17.6	 22.9	 17.4	 20.0	 18.0	 14.9	 11.6	 19.8
% Borderline/Pre-Diabetes	 7.0	 8.3	 6.8	 9.5	 9.7	 8.9	 12.2	 12.5	 6.2
% Kidney Disease	 4.9	 6.9	 4.9	 7.2	 5.9	 6.7	 5.2	 5.3	 4.7

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

DISPARITY AMONG PARISHES

DISABLING CONDITIONS	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% 3+ Chronic Conditions	 36.3	 46.0	 46.2	 50.6	 48.0	 47.3	 43.9	 41.5	 47.7
% Activity Limitations	 22.9	 28.4	 32.4	 31.3	 28.3	 34.5	 31.2	 35.3	 25.9
% High-Impact Chronic Pain	 12.1	 25.9	 25.7	 24.7	 24.8	 22.9	 22.5	 23.6	 23.0
% Arthritis	 22.3	 27.2	 32.5	 28.9	 30.5	 26.1	 27.3	 26.1	 26.0

DISPARITY AMONG PARISHES

DISABLING CONDITIONS (continued)	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Alzheimer's Disease Deaths per 100,000 (Age-Adjusted)	40.5	58.5	60.3	55.9	71.2	46.7	62.9	33.5	52.3
% Caregiver to a Friend/Family Member	28.0	26.0	29.8	26.2	33.2	28.8	29.9	26.6	35.2

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

DISPARITY AMONG PARISHES

HEART DISEASE & STROKE	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Heart Disease Deaths per 100,000 (Age-Adjusted)	227.1	286.5	349.9	203.7	207.3	216.6	300.0	305.8	289.9
% Heart Disease	11.5	13.7	14.6	15.3	16.7	11.6	10.8	11.1	11.6
Stroke Deaths per 100,000 (Age-Adjusted)	44.6	59.5		63.1	47.6	58.3	49.9	38.1	51.4
% Stroke	5.0	2.9	1.9	4.6	6.0	3.0	5.0	4.8	8.7
% High Blood Pressure	40.6	44.3	50.3	56.2	41.4	45.4	47.5	45.6	50.8
% High Cholesterol	31.6	33.3	34.9	42.9	40.5	34.9	34.8	34.1	35.0
% 1+ Cardiovascular Risk Factor	93.5	92.5	88.5	94.6	92.1	91.0	91.7	90.8	96.5

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

DISPARITY AMONG PARISHES

INFANT HEALTH & FAMILY PLANNING	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Teen Births per 1,000 Females 15-19	 43.3	 46.4	 47.2	 43.3	 32.8	 24.4	 33.7	 45.5	 34.9
Low Birthweight (Percent of Births)	 8.0	 12.0	 11.0	 11.0	 9.0	 12.0	 12.0	 8.0	 11.0

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

DISPARITY AMONG PARISHES

INJURY & VIOLENCE	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Unintentional Injury Deaths per 100,000 (Age-Adjusted)	 65.5	 68.9		 59.2	 68.5	 68.6	 80.2	 47.7	 59.6
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	 73.5	 86.1		 88.8	 76.3	 87.8	 88.0	 85.9	 94.9
Violent Crimes per 100,000	 174.2	 652.8	 501.3	 155.4	 308.4	 694.9	 972.3	 309.2	 452.0
% Victim of Violent Crime in Past 5 Years	 4.0	 6.0	 3.0	 3.9	 5.2	 5.0	 5.3	 6.7	 2.6
% Victim of Intimate Partner Violence	 15.2	 24.5	 21.4	 18.9	 18.1	 18.2	 21.8	 21.9	 17.8

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

DISPARITY AMONG PARISHES

MENTAL HEALTH	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% "Fair/Poor" Mental Health	 20.8	 28.4	 18.3	 28.1	 23.7	 20.6	 25.2	 29.4	 16.5
% 3+ Days Poor Mental Health in Past Month	 34.1	 43.8	 36.2	 36.3	 32.9	 40.6	 43.5	 50.4	 38.4
% Diagnosed Depression	 26.3	 31.4	 25.5	 29.2	 34.8	 31.2	 31.0	 30.0	 24.4
% Symptoms of Chronic Depression	 42.6	 51.1	 33.8	 45.0	 44.4	 44.9	 44.8	 40.3	 35.1
Mental Health Providers per 100,000	 57.1	 85.7	 11.2	 18.0	 60.9	 274.6	 288.4	 114.9	 43.6
% Have Ever Sought Help for Mental Health	 25.9	 31.9	 22.4	 31.8	 35.6	 34.2	 35.2	 35.2	 30.9
% Receiving Mental Health Treatment	 15.2	 27.3	 18.1	 24.2	 24.2	 23.3	 24.2	 23.9	 21.3
% Unable to Get Mental Health Services in Past Year	 5.5	 6.7	 3.8	 6.6	 10.7	 8.9	 10.4	 9.7	 3.9

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

DISPARITY AMONG PARISHES

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% "Very/Somewhat" Difficult to Buy Fresh Produce	 34.2	 36.8	 41.1	 38.2	 37.2	 40.3	 36.1	 41.0	 33.4
% Consume 2+ Servings of Fruit per Day	 47.1	 47.5	 42.3	 33.9	 36.5	 38.4	 39.9	 40.8	 34.6
% Consume 3+ Servings of Vegetables per Day	 11.6	 9.3	 16.4	 10.0	 9.4	 9.3	 10.2	 9.3	 7.1
% [Age 2-17] Child Consumes 2+ Servings of Fruit per Day	 61.6	 68.8		 64.6		 65.3	 61.5	 70.2	
% [Age 2-17] Child Consumes 3+ Servings of Vegetables per Day	 24.8	 13.5		 18.4		 10.2	 10.4	 24.2	
% No Leisure-Time Physical Activity	 29.4	 35.6	 40.0	 32.1	 40.2	 32.5	 30.3	 26.1	 35.3
% Meet Physical Activity Guidelines	 19.0	 19.2	 8.5	 21.3	 17.1	 20.0	 24.1	 25.8	 22.1
% [Child 2-17] Physically Active 1+ Hours per Day	 30.0	 43.3		 50.4	 34.2	 53.6	 48.6	 46.8	
% [Child Age 2-17] 3+ Hours per Day of Screen Time	 34.1	 44.6		 51.0	 44.9	 51.6	 47.0	 44.5	
% "Often" See Others in Community Being Physically Active	 33.2	 32.3	 19.8	 27.1	 25.8	 37.0	 38.9	 36.2	 31.5
% "Fair/Poor" Local Physical Activity Opportunities	 32.4	 43.2	 54.8	 42.4	 29.1	 34.5	 36.6	 41.2	 40.8
% Overweight (BMI 25+)	 68.2	 69.3	 72.2	 74.4	 72.5	 72.6	 73.6	 72.9	 80.6

DISPARITY AMONG PARISHES

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Obese (BMI 30+)	 37.0	 38.2	 41.5	 44.4	 42.4	 42.2	 40.9	 36.8	 45.9
% Medical Advice on Weight in Past Year	 21.6	 22.9	 25.1	 16.6	 26.1	 25.6	 22.9	 21.3	 18.5
% [Overweights] Trying to Lose Weight	 29.5	 35.2	 25.5	 31.4	 33.9	 39.2	 34.5	 42.2	 27.2
% [Child 5-17] Overweight (85th Percentile)	 42.4	 50.4		 39.9		 31.5	 37.0	 40.1	
% [Child 5-17] Obese (95th Percentile)	 28.6	 32.3		 20.2		 16.4	 25.9	 21.4	

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

DISPARITY AMONG PARISHES

ORAL HEALTH	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Dental Visit in Past Year	 42.4	 46.4	 50.4	 43.8	 51.9	 56.2	 53.4	 46.5	 56.8
% [Child 2-17] Dental Visit in Past Year	 73.6	 74.4		 72.4	 73.3	 80.3	 80.5	 64.9	

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

DISPARITY AMONG PARISHES

RESPIRATORY DISEASE	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Lung Disease Deaths per 100,000 (Age-Adjusted)	 42.2	 76.8		 112.2	 78.3	 63.1	 54.4	 69.6	 49.0
Pneumonia/Influenza Deaths per 100,000 (Age-Adjusted)									
% Received a COVID Vaccine or Booster in the Past 12 Months	 17.3	 22.9	 12.6	 18.9	 16.7	 21.6	 20.0	 17.7	 20.5
% [Age 65+] Flu Vaccine in Past Year	 47.7	 65.9		 48.8		 68.0	 74.0	 58.2	
% [Age 65+] Pneumonia Vaccine Ever	 69.1	 65.8		 68.7		 69.1	 73.0	 74.1	
% COPD (Lung Disease)	 8.6	 8.6	 12.1	 9.5	 14.1	 11.8	 7.6	 8.8	 5.0

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

DISPARITY AMONG PARISHES

SEXUAL HEALTH	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
HIV Prevalence per 100,000	 1142.8	 468.0	 522.3	 266.5	 383.1	 430.4	 527.1	 174.9	 281.6
Chlamydia Incidence per 100,000	 327.1	 776.8	 502.0	 509.1	 325.9	 1172.8	 952.1	 844.5	 878.5
Gonorrhea Incidence per 100,000	 167.5	 382.3	 272.6	 148.4	 128.1	 442.9	 486.6	 118.7	 355.9

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

DISPARITY AMONG PARISHES

SUBSTANCE USE	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Excessive Drinking	 24.4	 26.0	 14.8	 12.7	 18.0	 19.2	 18.8	 20.6	 11.5
% Rode w/ Drunk Driver in Past Month	 8.8	 5.9	 4.3	 7.2	 3.4	 8.3	 5.0	 7.1	 2.0
% Used an Illicit Drug in Past Month	 7.4	 7.0	 2.2	 6.6	 3.7	 5.6	 7.1	 7.3	 4.2
% Used a Prescription Opioid in Past Year	 17.4	 16.0	 18.5	 18.4	 16.6	 18.3	 22.2	 20.7	 16.3
% Ever Sought Help for Alcohol or Drug Problem	 8.9	 5.9	 4.5	 4.0	 5.1	 4.3	 7.0	 9.7	 6.6

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

DISPARITY AMONG PARISHES

TOBACCO USE	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Smoke Cigarettes	 39.5	 33.3	 16.6	 27.2	 28.6	 22.6	 24.5	 27.0	 20.0
% Someone Smokes at Home	 26.0	 20.1	 16.7	 19.5	 19.1	 20.3	 19.6	 22.5	 12.1
% Use Vaping Products	 14.8	 13.5	 8.3	 16.5	 20.0	 13.3	 17.1	 20.2	 13.5

DISPARITY AMONG PARISHES

TOBACCO USE (continued)	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% [Smokers] Received Advice to Quit Smoking	 49.4	 53.5		 37.1		 42.3	 52.5	 45.4	
% [Smokers] Have Quit Smoking 1+ Days in Past Year	 24.7	 42.3				 34.1	 49.3	 39.0	
% Use Smokeless Tobacco	 10.4	 4.4	 7.8	 8.5	 7.4	 9.6	 6.4	 12.6	 14.1

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



COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

The nine-parish service area of The Rapides Foundation, the focus of this Community Health Needs Assessment, encompasses 8,420.51 square miles and houses a total population of 338,352 residents, according to latest census estimates.

Total Population
(Estimated Population, 2020)

	Total Population	Total Land Area (square miles)	Population Density (per square mile)
Allen Parish	22,750	762.08	30
Avoyelles Parish	39,693	831.94	48
Catahoula Parish	8,906	708.02	13
Grant Parish	22,169	643.18	34
LaSalle Parish	14,791	624.85	24
Natchitoches Parish	37,515	1,253.32	30
Rapides Parish	130,023	1,320.41	98
Vernon Parish	48,750	1,326.71	37
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).

Population Change 2010-2020

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

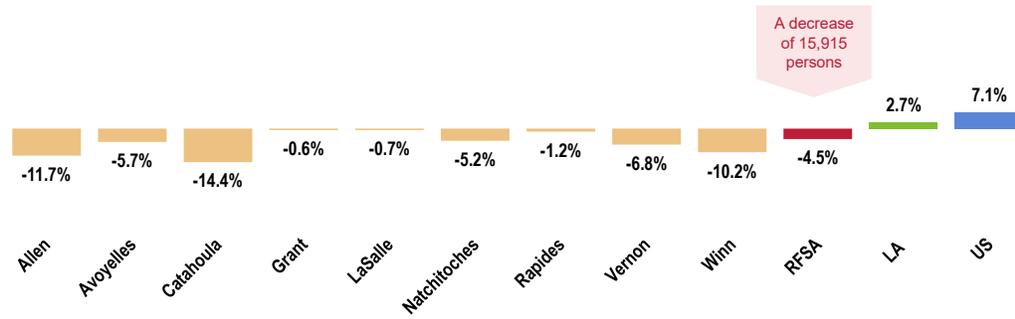
Between the 2010 and 2020 US Censuses, the population of the Rapides Foundation Service Area decreased by 15,915 persons, or -4.5%.

BENCHMARK ► In contrast, the Louisiana and US populations increased during this time.

DISPARITY ► In the service area, the greatest decreases occurred in Allen, Catahoula, and Winn parishes.

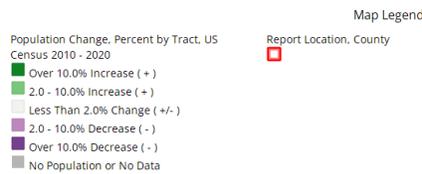
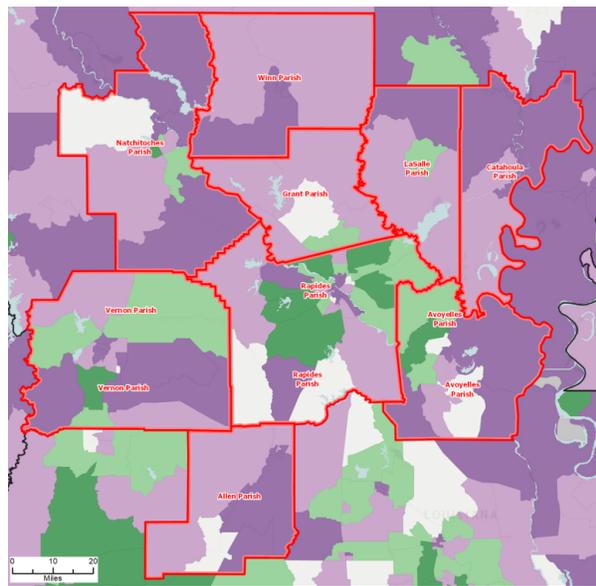


Change in Total Population (Percentage Change Between 2010 and 2020)



Sources:
 • US Census Bureau Decennial Census (2010-2020).
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via Spark Map (sparkmap.org).

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



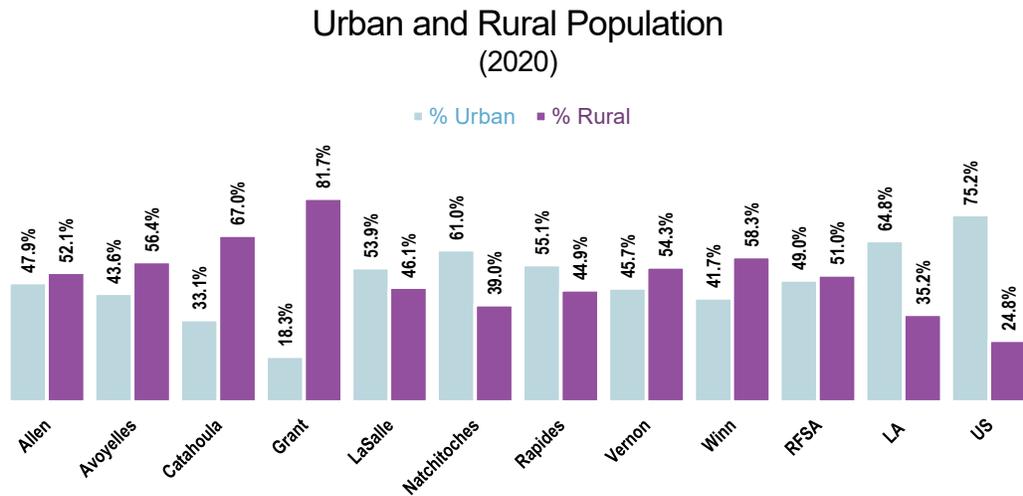
Urban/Rural Population

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

The Rapides Foundation Service Area is split between urban and rural geography, with 51.0% of the population living in areas designated as rural.

BENCHMARK ▶ Louisiana and the US house much larger percentages of urban populations.

DISPARITY ▶ Grant and Catahoula parishes have the largest percentages of rural population.



Sources: • US Census Bureau Decennial Census.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via Spark Map (sparkmap.org).
 Notes: • This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Age

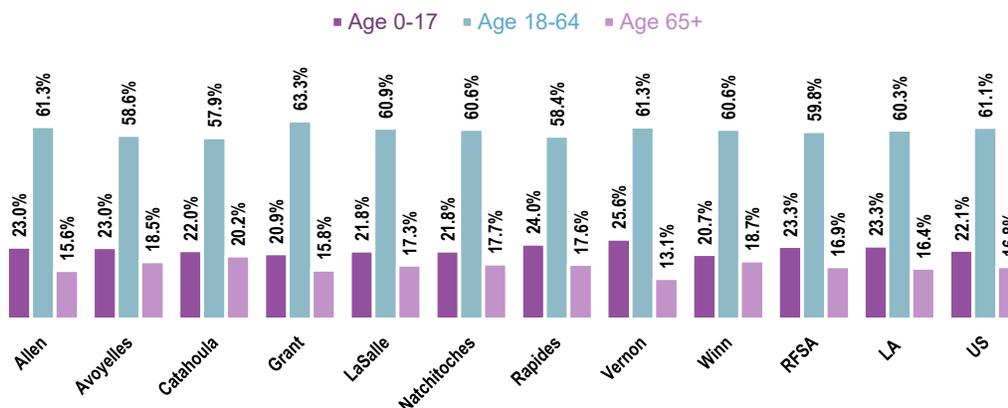
It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In the Rapides Foundation Service Area, 23.3% of the population are children age 0-17; another 59.8% are age 18 to 64, while 16.9% are age 65 and older.

DISPARITY ▶ The largest share of seniors (age 65+) is in Catahoula Parish.



Total Population by Age Groups (2020)



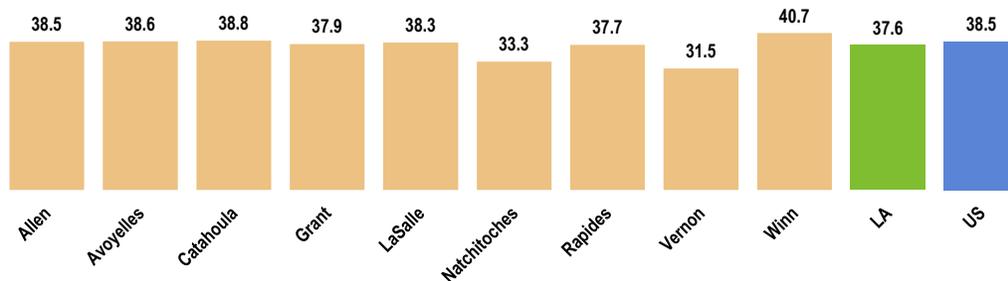
Sources:

- 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 Spark Map (sparkmap.org).

Median Age

Note that Natchitoches and Vernon parishes are “younger” than the other parishes in that their median ages are lower. In contrast, Winn is “older.” (A composite median is not available for the Rapides Foundation Service Area as a whole.)

Median Age (2018-2022)

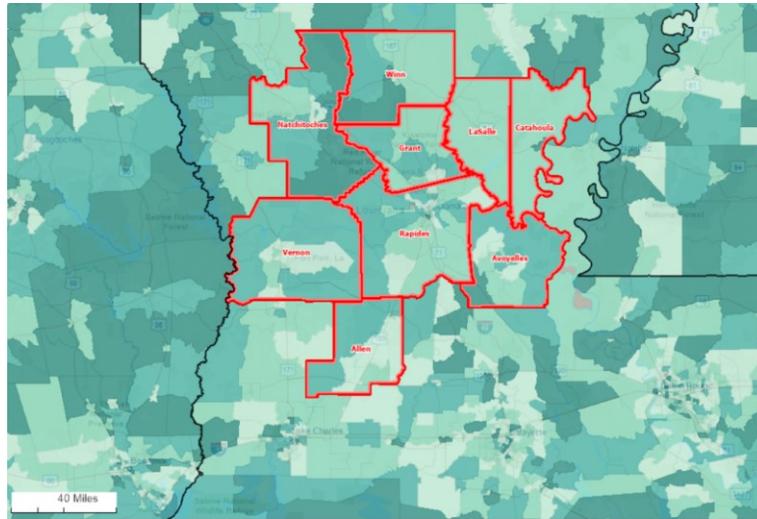


Sources:

- 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).

The following map provides an illustration of the median age by census tract throughout the Rapides Foundation Service Area.





Race & Ethnicity

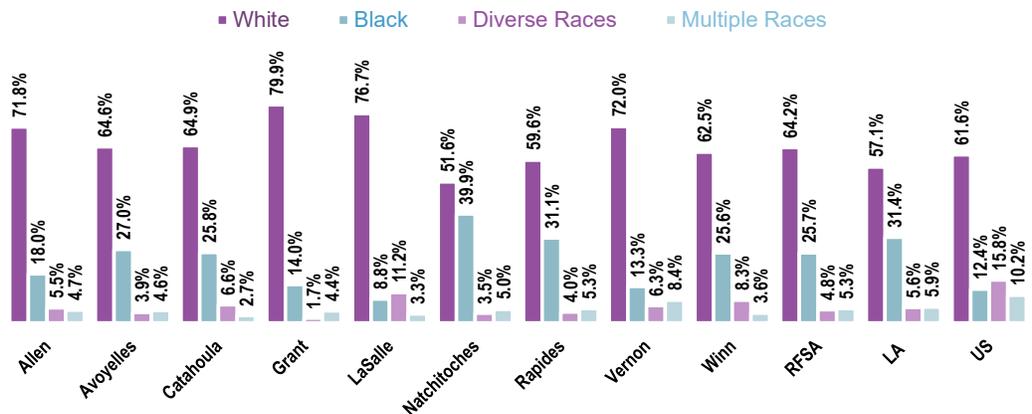
Race

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.

In looking at race independent of ethnicity (Hispanic or Latino origin), 64.2% of RFSA residents are White and 25.7% are Black.

BENCHMARK ▶ A less-diverse population than reported for Louisiana and (especially) the US.

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.



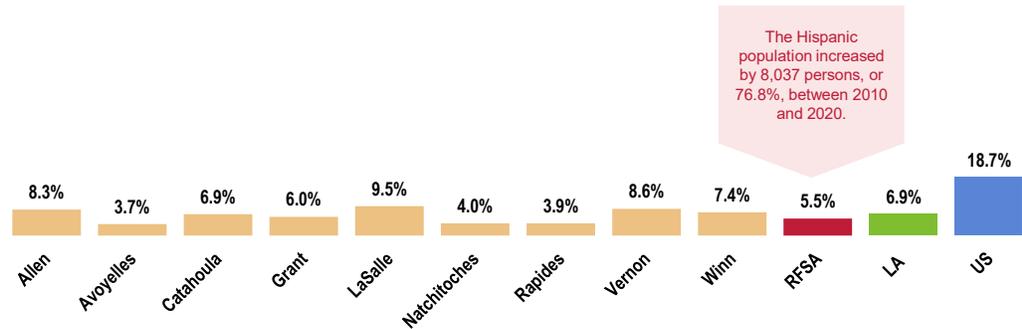
Ethnicity

A total of 5.5% of Rapides Foundation Service Area residents are Hispanic or Latino.

BENCHMARK ▶ Much lower than the national prevalence.

DISPARITY ▶ The proportion is higher in Allen, LaSalle, and Vernon parishes.

Hispanic Population (2020)



Sources: • US Census Bureau American Community Survey 5-year estimates.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via Spark Map (sparkmap.org).
Notes: • People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

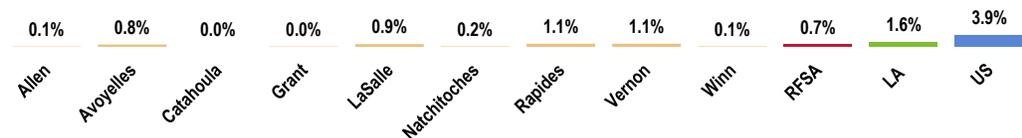
Linguistic Isolation

Just 0.7% of the area population age 5 and older lives in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English “very well”).

BENCHMARK ▶ Well below the state and (especially) national percentages.

DISPARITY ▶ Higher in Avoyelles, LaSalle, Rapides, and Vernon parishes.

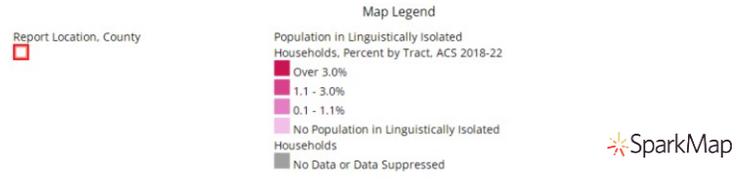
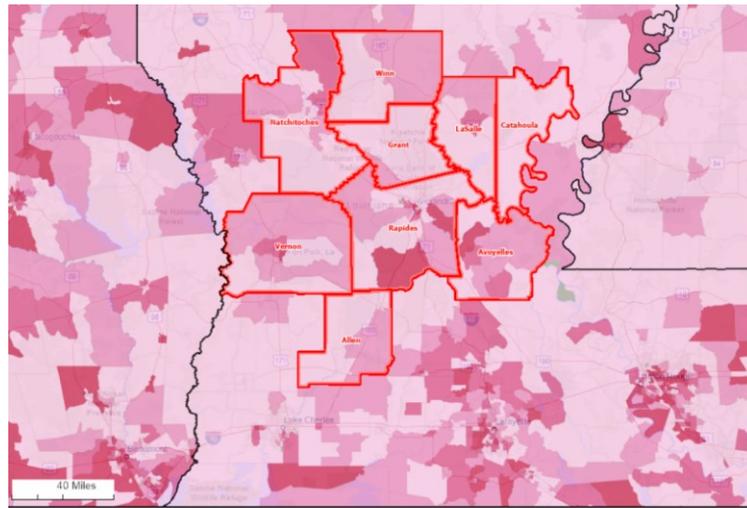
Linguistically Isolated Population (2018-2022)



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



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



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

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

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

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

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

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

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

Poverty

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 overall health.

The latest census estimate shows 20.2% of the Rapides Foundation Service Area total population living below the federal poverty level.

BENCHMARK ▶ Well above the national figure and fails to satisfy the Healthy People 2030 objective.

DISPARITY ▶ Highest in Avoyelles, Catahoula, and Natchitoches parishes.

Among just children (ages 0 to 17), this percentage in the Rapides Foundation Service Area is 26.5% (representing an estimated 20,825 children).

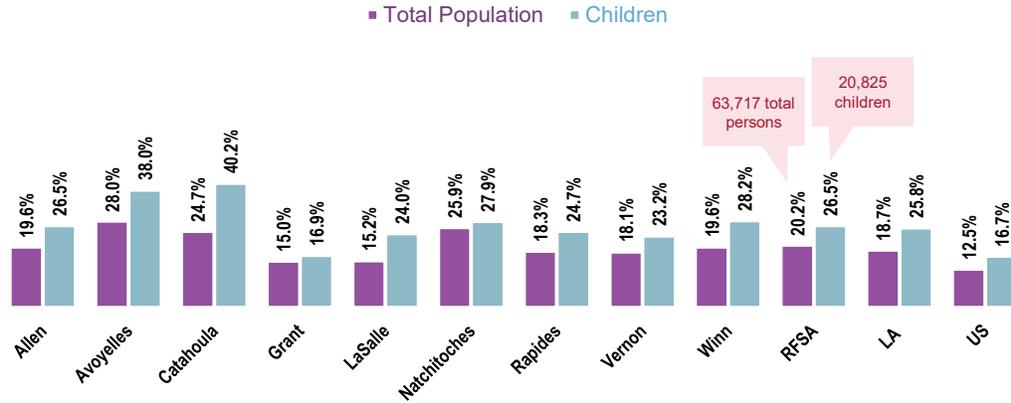
BENCHMARK ▶ Well above the national figure and fails to satisfy the Healthy People 2030 objective.

DISPARITY ▶ Highest among children in Avoyelles and Catahoula parishes.



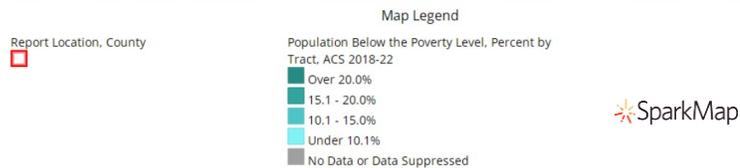
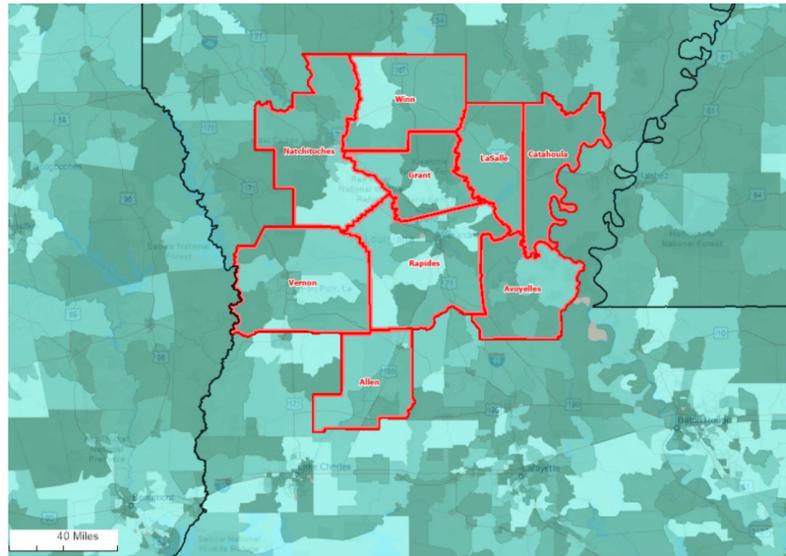
Percent of Population in Poverty (2018-2022)

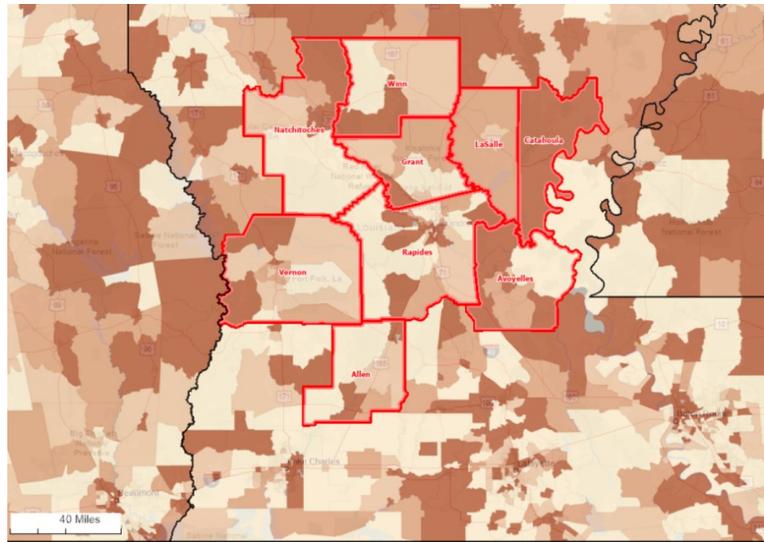
Healthy People 2030 = 8.0% or Lower



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

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





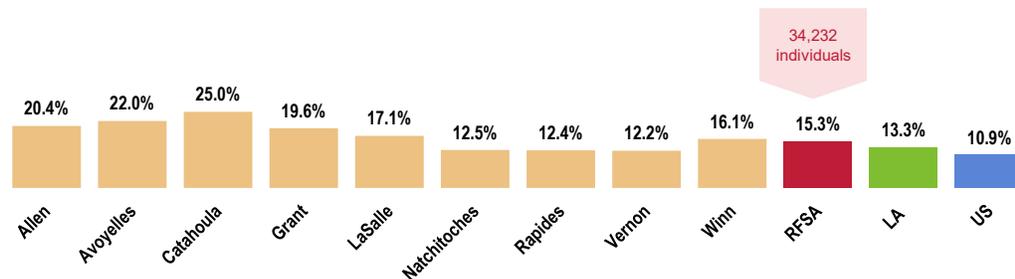
Education

Among the Rapides Foundation Service Area population age 25 and older, an estimated 15.3% (over 34,000 people) do not have a high school education.

BENCHMARK ▶ Higher than the US prevalence.

DISPARITY ▶ Highest in Allen, Avoyelles, and Catahoula parishes.

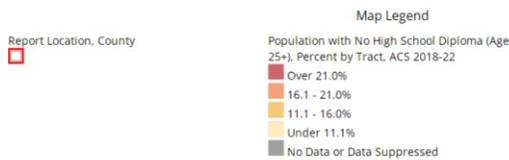
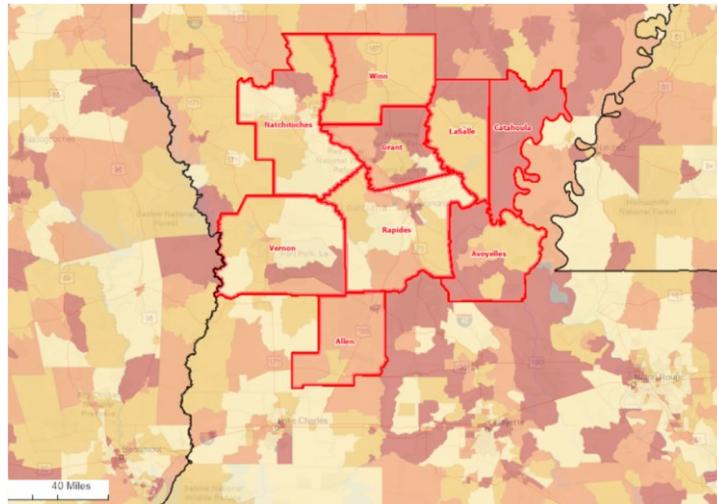
Population With No High School Diploma (Adults Age 25 and Older; 2018-2022)



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 SparkMap (sparkmap.org).

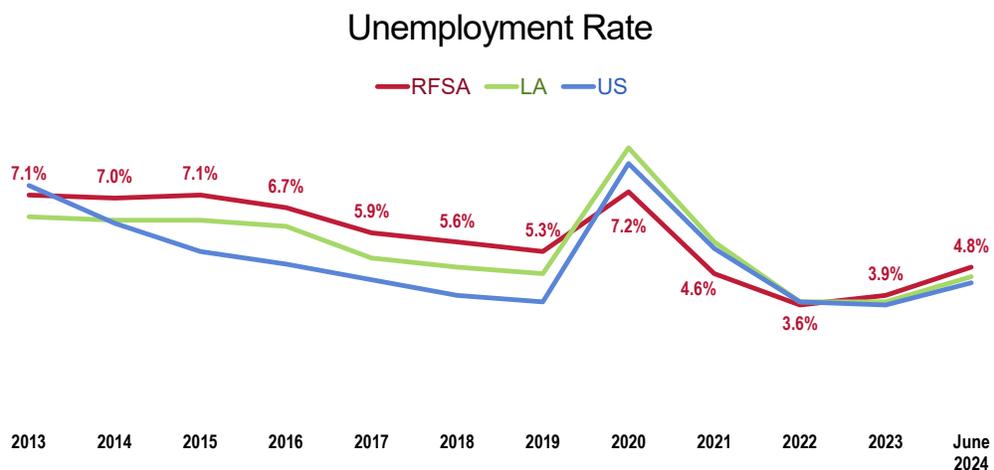




Employment

According to data derived from the US Department of Labor, the unemployment rate in the Rapides Foundation Service Area as of June 2024 was 4.8%.

TREND ► Following significant increases in 2020 (attributed to the COVID-19 pandemic), unemployment has dropped below pre-pandemic levels, though rates have trended upward in recent years.



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 SparkMap (sparkmap.org).

Notes:

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

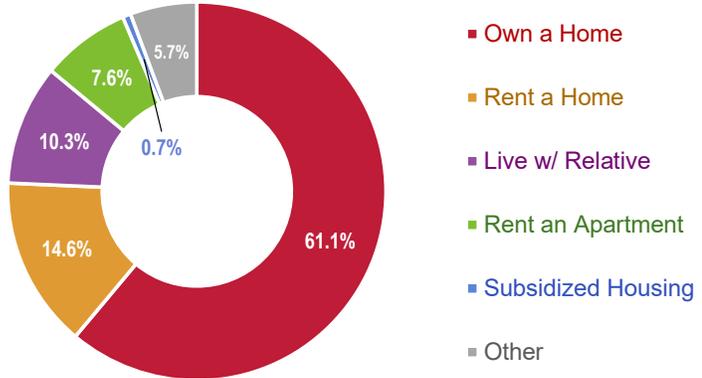


Housing

Type of Dwelling

A majority of RFSA residents (61.1%) owns their own home, while 22.2% rent a house or apartment.

Type of Dwelling
(Rapides Foundation Service Area, 2024)

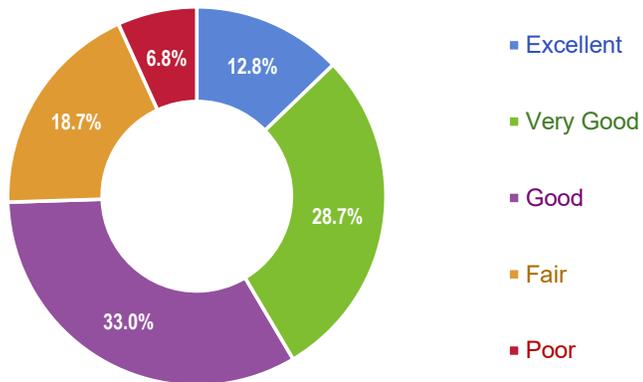


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 54]
Notes: • Asked of all respondents.

Condition of Neighborhood Homes

Just over four in 10 (41.5%) Central Louisiana residents consider the condition of homes in their neighborhood to be “excellent” or “very good.”

Rating of the Condition of Neighborhood Homes
(Rapides Foundation Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 329]
Notes: • Asked of all respondents.



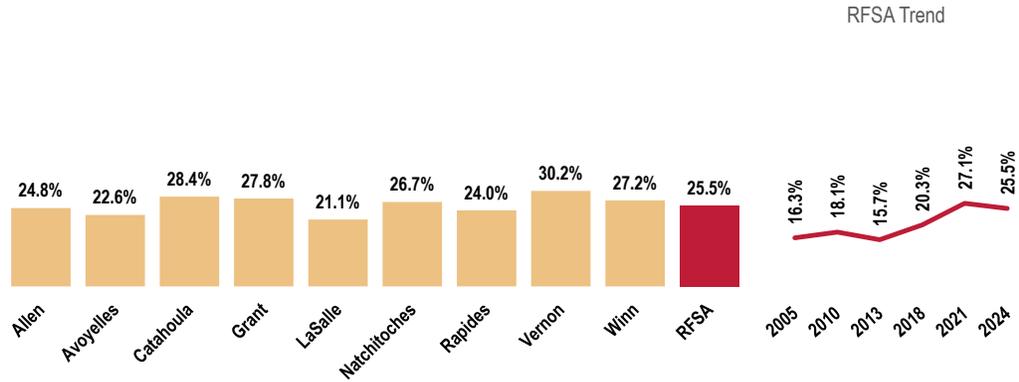
However, 25.5% of RFSA residents consider the condition of neighborhood homes to be only “fair” or “poor.”

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

TREND ► The prevalence has increased significantly since 2005.

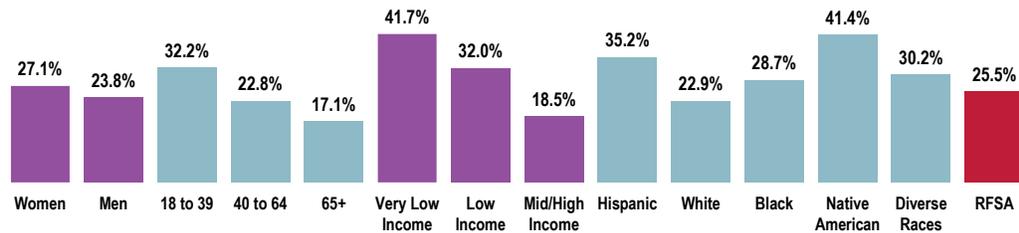
DISPARITY ► Highest among respondents in Vernon Parish. The prevalence is reported more often among women; adults under age 40; those in low-income households; and among Hispanic, Black, and Native American residents.

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



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 329]
 Notes: • Asked of all respondents.

Perceive the Condition of Neighborhood Homes to be “Fair” or “Poor” (Rapides Foundation Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 329]
 Notes: • Asked of all respondents.



INCOME & RACE/ETHNICITY

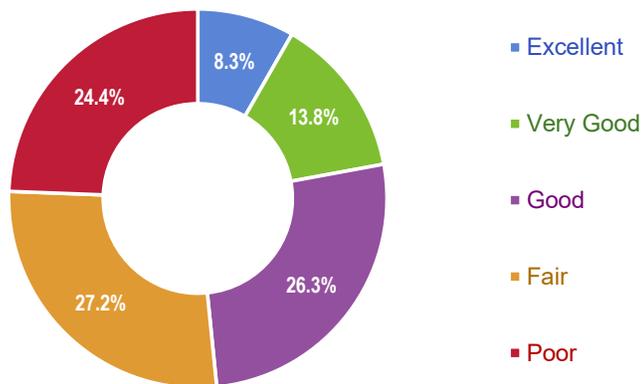
INCOME ► Income categories used to segment survey data in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2023 guidelines place the poverty threshold for a family of four at \$30,000 annual household income or lower). In sample segmentation: “very low income” refers to community members living in a household with defined poverty status; “low income” refers to households with incomes just above the poverty level and earning up to twice (100%–199% of) the poverty threshold; and “mid/high income” refers to those households living on incomes which are twice or more ($\geq 200\%$ of) the federal poverty level.

RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any other race group. Data are also detailed for individuals identifying with a race category, without Hispanic origin. “White” reflects those who identify as White alone, without Hispanic origin. “Diverse Races” includes those who identify as Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

Availability of Affordable Housing

When asked to rate the availability of affordable housing in their community, 22.1% of survey respondents gave “excellent” or “very good” ratings.

Rating of the Availability of Affordable Local Housing
(Rapides Foundation Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 328]
Notes: • Asked of all respondents.

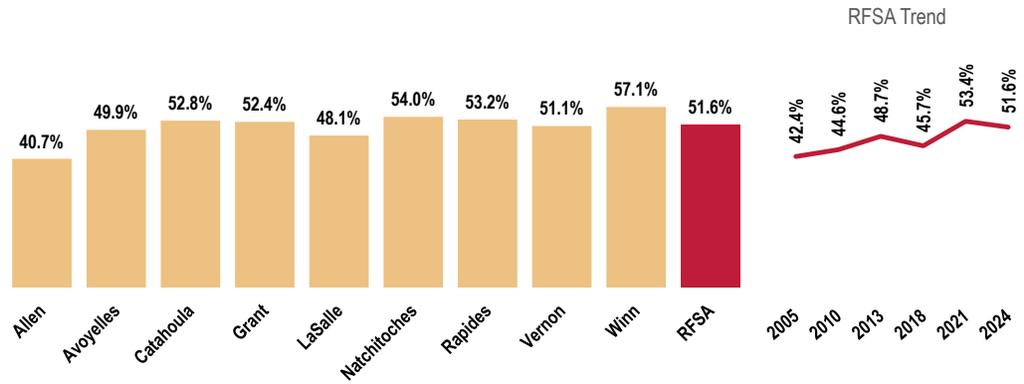
However, over half (51.6%) of Central Louisiana residents consider the availability of affordable housing in their areas to be “fair” or “poor.”

TREND ► Increasing significantly since 2005.

DISPARITY ► Lower (more favorable) in Allen Parish. Reported more often among adults under 65, those living in low-income households, and White respondents.

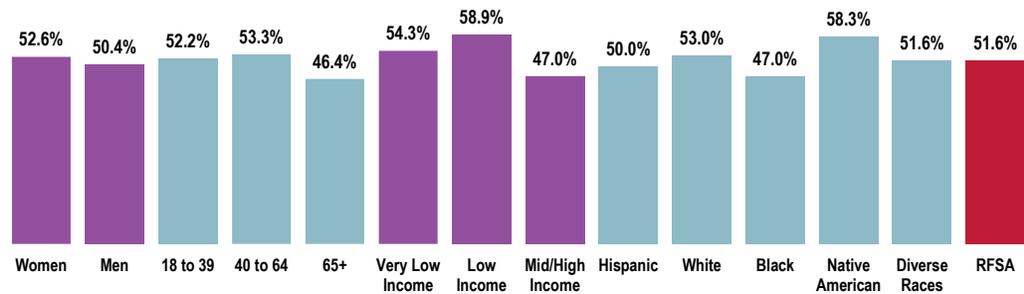


Perceive the Availability of Affordable Local Housing to be “Fair” or “Poor”



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 328]
 Notes: ● Asked of all respondents.

Perceive the Availability of Affordable Local Housing to be “Fair” or “Poor” (Rapides Foundation Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 328]
 Notes: ● Asked of all respondents.



Food Access

Low Food Access

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

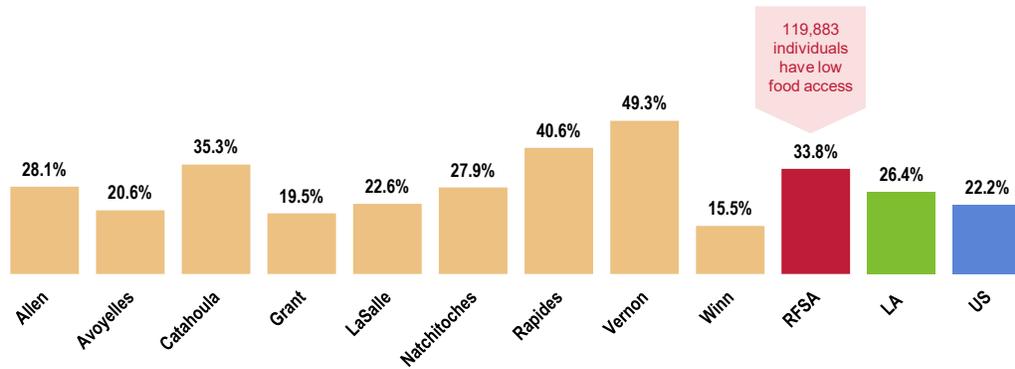
RELATED ISSUE
See also Difficulty Accessing Fresh Produce in the *Nutrition, Physical Activity & Weight* section of this report.

US Department of Agriculture data show that 33.8% of the Rapides Foundation Service Area population (representing nearly 120,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

BENCHMARK ▶ Worse than state and national percentages.

DISPARITY ▶ Highest in Catahoula, Rapides, and Vernon parishes.

Population With Low Food Access (2019)

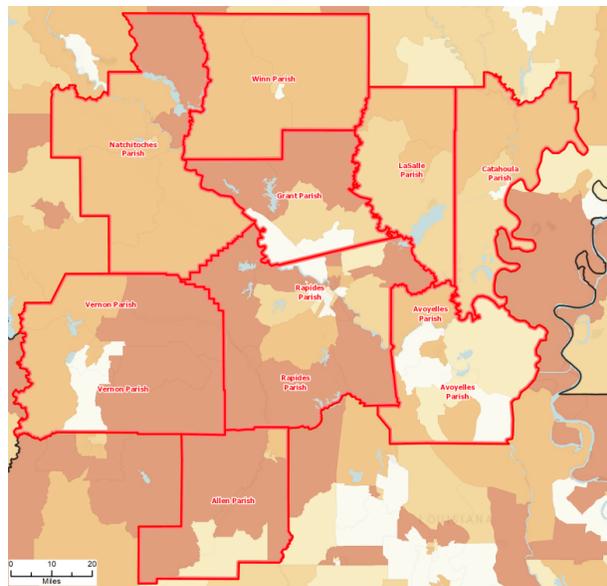


Sources:

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

Perceptions of Social Determinants of Health as a Problem in the Community (Rapides Foundation Service Area 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:

Income/Poverty

Financial challenges, transitional lifestyles and transportation limitations are all determinants to health in the community. Most of our clients struggle financially, which in itself creates challenges within the family and how they live. Living a transitional lifestyle where a family may move two or three times a year prevents the development of healthy routine and disrupts continuous healthcare for medical issues. Many families are forced to move away from the city, which creates additional problems with transportation. Transportation difficulties can disrupt medical care, employment, education, and the ability to access other social services. – Social Services Provider (Rapides Parish)

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

We are a community with a very high percentage of poverty. – Community Leader (Natchitoches Parish)

Socioeconomic status and education level of the community. – Health Provider (Rapides Parish)

Many low-income residents in LaSalle Parish. Many retired on fixed income here. There needs to be more emphasis on health education in the school system throughout the 12 years. Our culture here of many oilfield and timber workers traditionally smoke / vape / dip. – Social Services Provider (LaSalle Parish)

As of 2022, 18.3% of the local population is at the poverty rate ~15k/ year. 33% are ALICE (asset limited, income constrained, employed) ~27k/ year, which is about 3k per year less than I make. Me being fully employed working 40 hours a week, salaried. I cannot afford a house; I can't afford additional schooling. Therapy is a major expense given my income. Having been raised here I can personally say that education here is lacking. And now watching my nieces and nephews go through school, I can only say it has gotten worse. I work directly with educators now as part of my job, and getting anyone to commit to doing anything additional is like pulling teeth because everyone is struggling (mentally, financially). Teachers in the area make more than me, but only barely – Social Services Provider (Rapides Parish)

People in low-income communities with the lack of access to places to help make healthy choices. – Social Services Provider (Rapides Parish)

Poverty, education, access to healthcare, racial and ethnic disparities. – Health Provider (Rapides Parish)

They directly impact every aspect of life for those in poverty!!!! – Social Services Provider (Rapides Parish)

High poverty, rural area. – Community Leader (Winn Parish)

Rural area lower income, lack of housing – Health Provider (Allen Parish)

Families/individuals with very low, low, and moderate income has the higher risk of health issues that eventually turns into chronic illnesses due to the lack of access to decent and affordable housing, live in communities with more prone to violence and often face discrimination when accessing health care, housing and often education in what schools they attend especially those outside their community. – Social Services Provider (Rapides Parish)

Very low socioeconomic level in Catahoula. – Community Leader (Catahoula Parish)



Housing

Limited-income housing is very limited. There is much discrimination against people who have differences, i.e. people who have disabilities, people who have substance abuse issues, people with mental health issues, etc. – Public Health Representative (Rapides Parish)

Limited housing available to those in need; few jobs that pay livable wages; health and wellbeing harmed by companies like Clean Harbor that typically locate in impoverished communities of mostly people of color; systemic racism and how it preys on poor people of color. – Community Leader (Grant Parish)

Housing has become more expensive for low income. Class of jobs available and hourly rate. Lowering standards in education. – Social Services Provider (Rapides Parish)

We are giving housing to people who could afford to buy a home. These programs are full of fraud with very few going to jail. – Social Services Provider (Rapides Parish)

The housing process takes so long to get on the list or to be contacted back. – Social Services Provider (Rapides Parish)

The cost of living is SO high right now. No one can keep up. Families have to make decisions that they should not have to make, just to survive. Affordable housing is a huge issue. There are no rentals in and around Avoyelles parish that feel safe and affordable. Our education system in Avoyelles Parish is horrible in our elementary schools. – Social Services Provider (Avoyelles Parish)

Access to Care/Services

Lack of access and education in this impoverished community. – Social Services Provider (Natchitoches Parish)

Limited resources are available. – Public Health Representative (Rapides Parish)

In Catahoula Parish, there are few providers for healthcare and mental health. If the patient wants to go outside our area travel becomes an issue. Either due to lack of transportation or inability to pay someone to get them where they want to go. There is no community busing or even a taxi. We are also in a very rural area where there are crops and that means pesticides being sprayed all over. If you live here, you are exposed. There is a lack of housing, and schools are mediocre at best. – Public Health Representative (Catahoula Parish)

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

Lack of programs in our schools, day care, and after-hour programs. – Community Leader (Natchitoches Parish)

Awareness/Education

Lack of education and motivation. Families caught in a cycle of poor health. – Community Leader (Catahoula Parish)

Education level and incomes are relatively low. Rental options seem very limited. We are a poor rural area and too many of our people believe we are OK with what we have. Why would we want better for our children? – Community Leader (Avoyelles Parish)

No education on benefits of exercise nutrition etc. are available in the community. – Social Services Provider (Rapides Parish)

Under-educated population translates into poor housing, low wages, massive numbers of poor, minority single mothers and children. – Community Leader (Rapides Parish)

Incidence/Prevalence

Statistics about these issues demonstrate why social determinants of health are a major problem here. – Social Services Provider (Rapides Parish)

Our community health affects everyone. To break the cycle, we should start in our all community schools with children and their support caregivers and families. – Social Services Provider (Rapides Parish)

This community and surrounding areas are more rural; therefore, all of these areas are impacted. – Community Leader (Rapides Parish)

Louisiana ranks at or near the top in every "bad" indicator of the social determinants of health and at or near the bottom of every "good" social determinant of health. This is true of each and every one of the factors you specified above. This is not my opinion; it is a fact. Not only am I able to read, but I also witness this daily in my work and in my personal life as well. The people we serve are among the most marginalized, stigmatized, impoverished health illiterate, sub-standardly housed people in our community. Additionally, one only needs to drive the Pineville Expressway to smell the stench of the creosote operations that impact our health, in addition to the number of environmentally impacted Brownfield properties in our community. EVERY part of Alexandria is negatively environmentally impacted according to the presentation of a study conducted. – Social Services Provider (Rapides Parish)

Because I see the people on the streets and the decay of neighborhoods. – Community Leader (Rapides Parish)



Employment

LaSalle Parish is a rural community that does not offer a lot of jobs. Housing is a definite problem. – Community Leader (LaSalle Parish)

Extremely distressing due to lack of industry to support families to support their families. Fast food places not acceptable for success and brings a gamete of societal issues. – Community Leader (Rapides Parish)

In my community, their job market is small with low wages, and with that housing is hard to get. Low-income housing has a waiting list because there is a lacking. – Social Services Provider (Vernon Parish)

Lack of jobs and level of income. – Community Leader (Allen Parish)

Access to Care for Uninsured/Underinsured

Many underprivileged people lack the resources and education needed to sustain a healthy life. Lack of access to early diagnosis and treatment leads to poor outcomes. – Community Leader (Rapides Parish)

Lack of insurance and what insurance does cover is an issue. Lack of housing, income and education prohibits some from proper care and health needs as simple as health checks and as serious as major diseases. – Community Leader (Rapides Parish)

Cost, rent – deposits, insurance barriers, and transportation. – Community Leader (Rapides Parish)

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

Homelessness

With sufficient resources, many have good access to information about health care. Unfortunately, when one is homeless, poor, poorly educated, or in a hostile environment, access is more limited, and the barriers increase. – Community Leader (Rapides Parish)

Homeless numbers in central LA. – Public Health Representative (Rapides Parish)

Lack of Community Involvement

No unity in our community. – Social Services Provider (Rapides Parish)





HEALTH STATUS

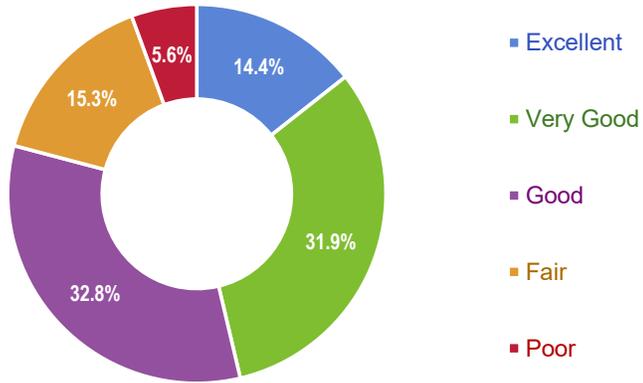
OVERALL HEALTH STATUS

Self-Reported Health Status

The initial inquiry of the PRC Community Health Survey asked: "Would you say that in general your health is excellent, very good, good, fair, or poor?"

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

Self-Reported Health Status
(Rapides Foundation Service Area, 2024)



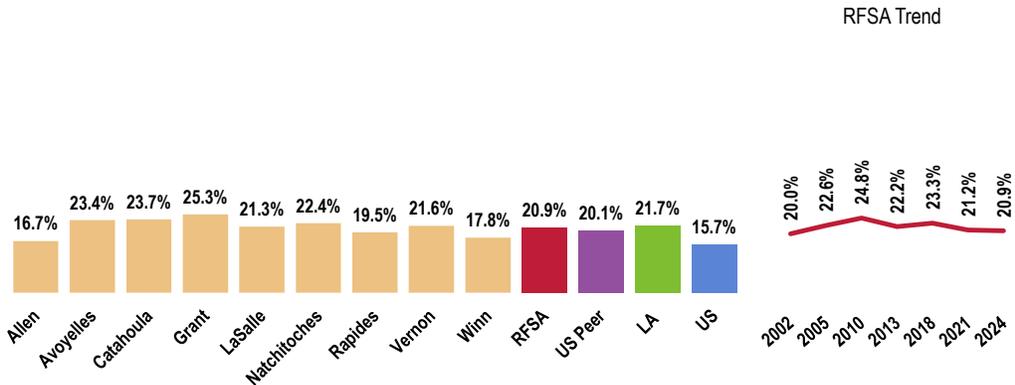
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

However, 20.9% of Rapides Foundation Service Area adults believe that their overall health is "fair" or "poor."

BENCHMARK ► Worse than the national prevalence.

DISPARITY ► The prevalence increases with age and is reported more often among Native American respondents and those residents in low-income households.

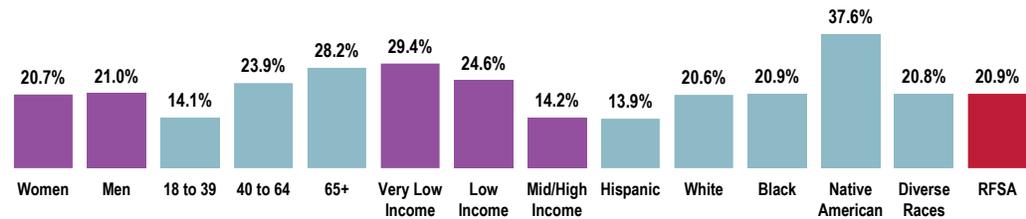
Experience "Fair" or "Poor" Overall Health



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



Experience “Fair” or “Poor” Overall Health (Rapides Foundation Service Area, 2024)



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

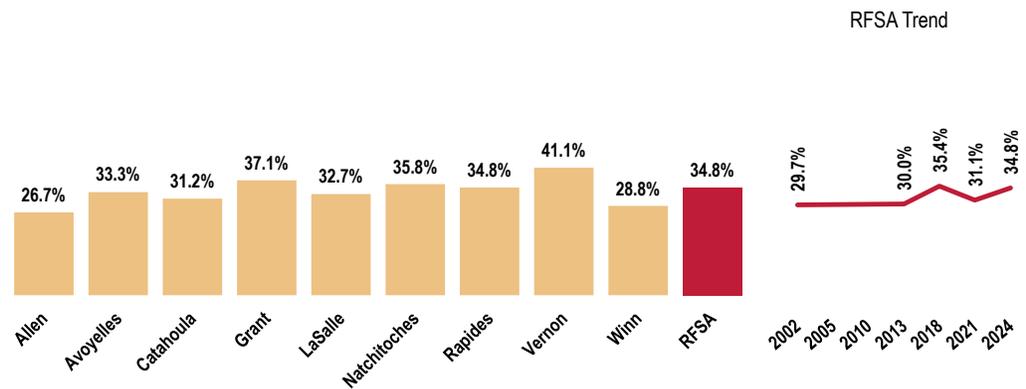
Days of Poor Physical Health

Among surveyed adults, 34.8% report experiencing three or more days of poor physical health in the past month.

TREND ► Increasing significantly since 2002.

DISPARITY ► Highest in Vernon Parish. Reported more often among women, adults age 65+, those in low-income households, and Native American respondents.

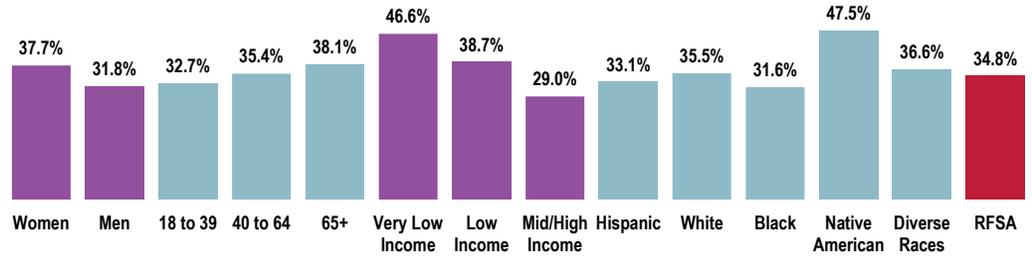
3+ Days of Poor Physical Health In the Past Month



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



3+ Days of Poor Physical Health In the Past Month (Rapides Foundation Service Area, 2024)



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



MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

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

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

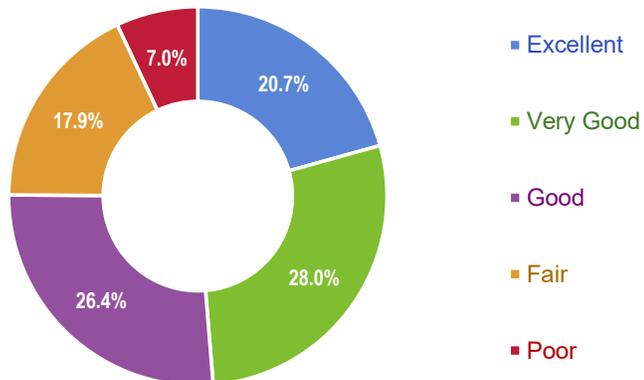
– Healthy People 2030 (<https://health.gov/healthypeople>)

Mental Health Status

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

“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
(Rapides Foundation Service Area, 2024)



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

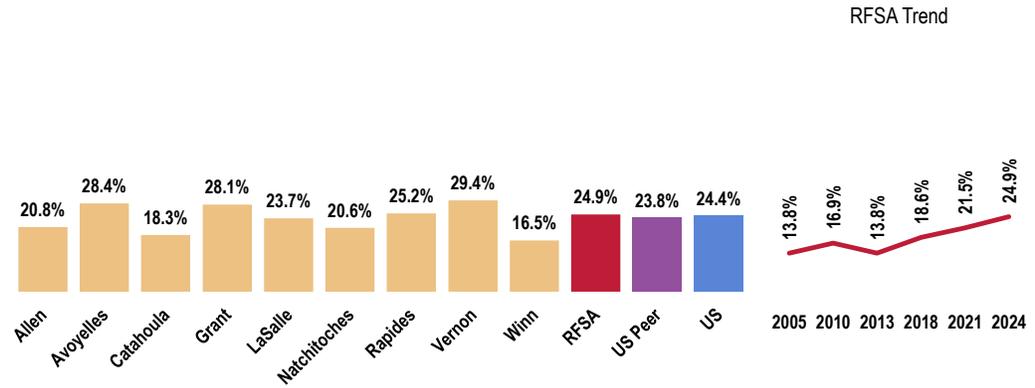
However, one in four (24.9%) believes that their overall mental health is “fair” or “poor.”

TREND ▶ Marks a significant increase since 2005.

DISPARITY ▶ Highest in Vernon Parish.



Experience “Fair” or “Poor” Mental Health



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 77]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • “US Peer” represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

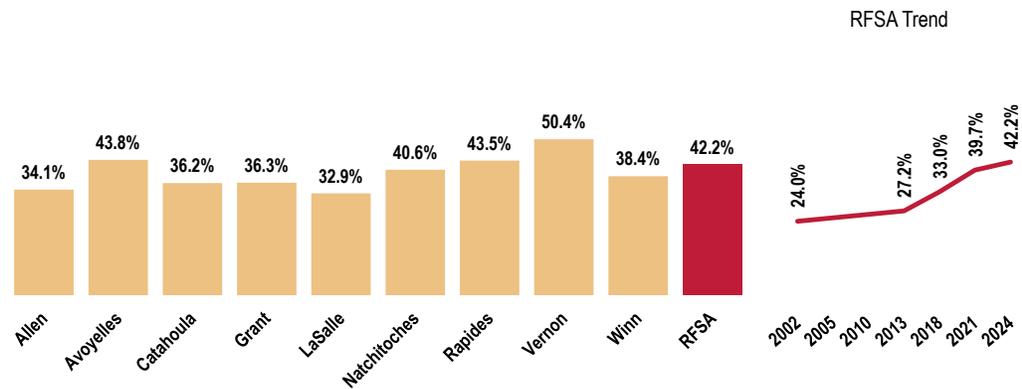
Days of Poor Mental Health

Among surveyed adults, **42.2%** report experiencing three or more days of poor mental health in the past month.

TREND ▶ Increasing significantly since 2002.

DISPARITY ▶ Reported among half of Vernon Parish respondents. Reported more often among women, young adults, those in low-income households, and Hispanic respondents.

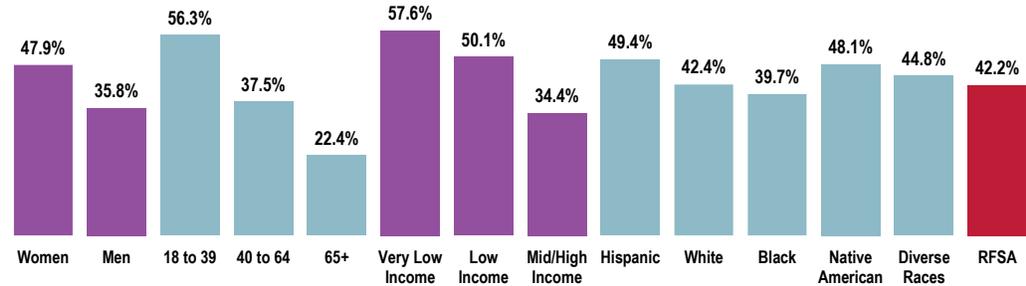
3+ Days of Poor Mental Health In the Past Month



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



3+ Days of Poor Mental Health In the Past Month (Rapides Foundation Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 303]
 Notes: ● Asked of all respondents.

Depression

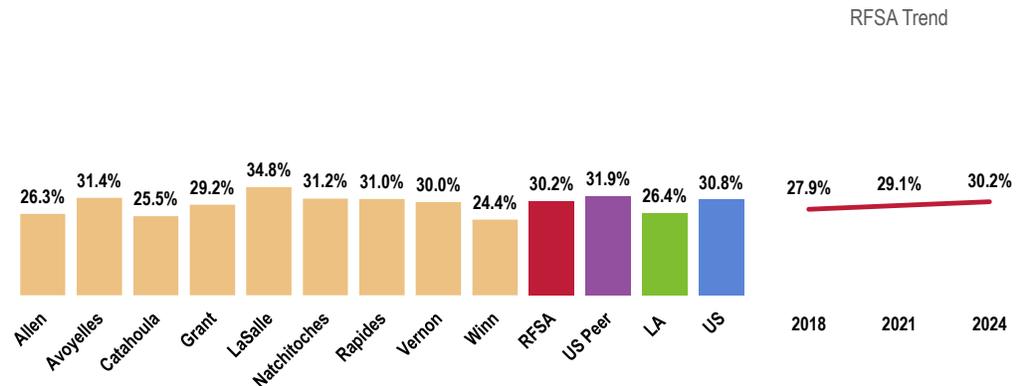
Diagnosed Depression

A total of 30.2% of Rapides Foundation Service Area adults have been diagnosed by a physician or other health professional as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ► Higher than the Louisiana prevalence.

TREND ► Increasing significantly since 2018.

Have Been Diagnosed With a Depressive Disorder



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 80]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 ● 2023 PRC National Health Survey, PRC, Inc.
 Notes: ● Asked of all respondents.
 ● Depressive disorders include depression, major depression, dysthymia, or minor depression.
 ● "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.



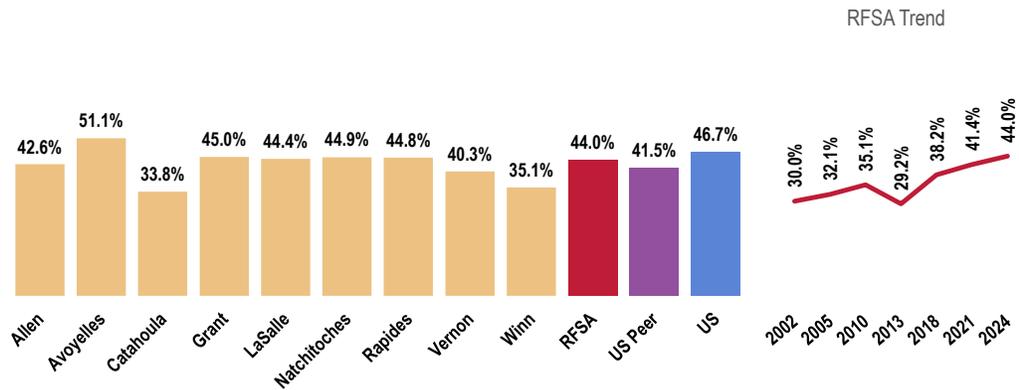
Symptoms of Chronic Depression

A total of 44.0% of Rapides Foundation Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

TREND ▶ Marks a significant increase since 2002.

DISPARITY ▶ Highest in Avoyelles Parish. Reported more often among women, adults under 40, and those in low-income households.

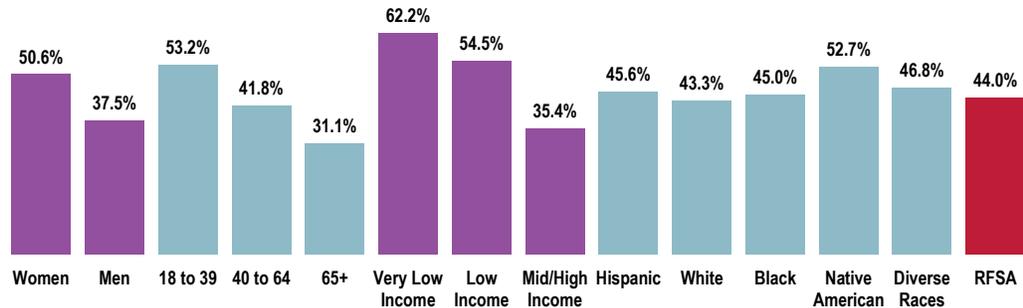
Have Experienced Symptoms of Chronic Depression



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

Have Experienced Symptoms of Chronic Depression (Rapides Foundation Service Area, 2024)



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

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



Suicide

Refer to "Leading Causes of Death" for an explanation of the use of age-adjusting for these rates.

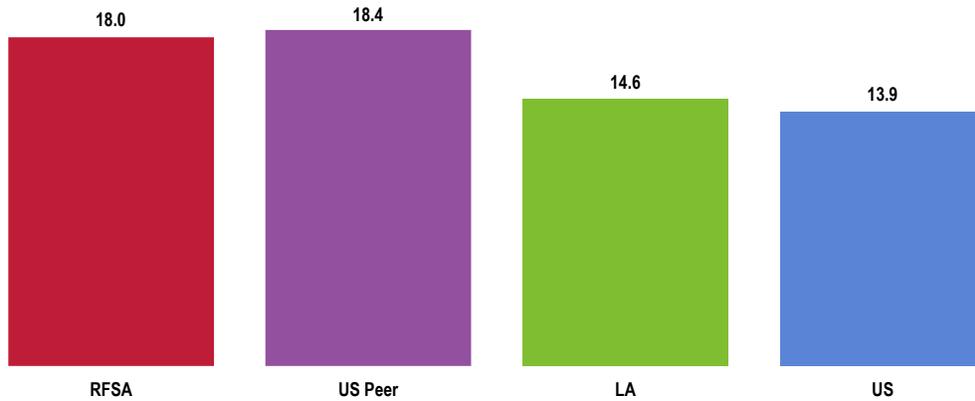
The service area reports 18.0 suicides per 100,000 population (2018-2020 annual average age-adjusted rate).

BENCHMARK ▶ Well above the Louisiana and US suicide rates.

TREND ▶ The suicide rate trended upward in the service area over the past decade.

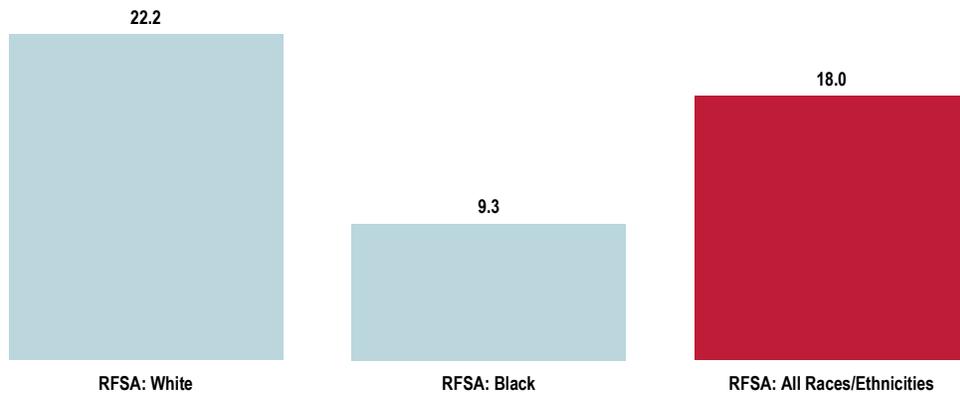
DISPARITY ▶ The rate is much higher among White residents than Black residents.

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



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

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



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
• US Department of Health and Human Services. Healthy People 2030, August 2020. <http://www.healthypeople.gov>
• Race categories reflect individuals without Hispanic origin.



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

Healthy People 2030 = 12.8 or Lower



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

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

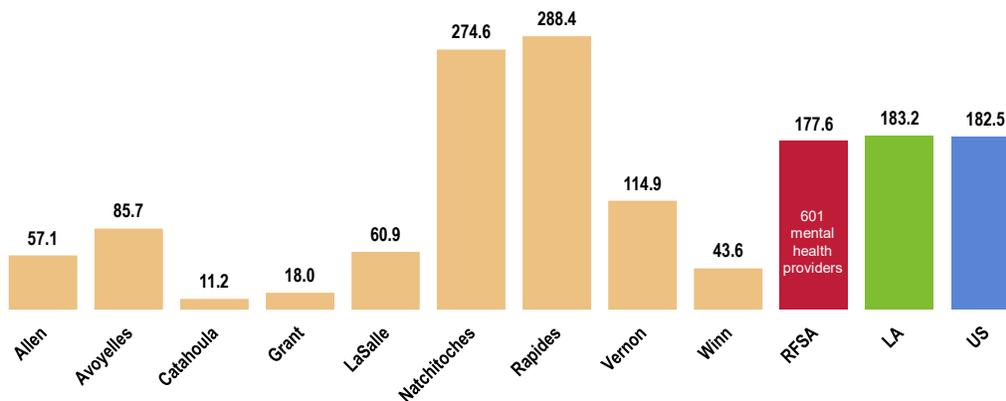
Mental Health Treatment

Mental Health Providers

In the Rapides Foundation Service Area, there are currently 177.6 mental health providers (including psychiatrists, psychologists, clinical social workers, and counselors who specialize in mental health care) for every 100,000 population.

DISPARITY ► The ratio is lowest in Catahoula, Grant, and Winn parishes.

Access to Mental Health Providers (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.

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



Mental Health Treatment

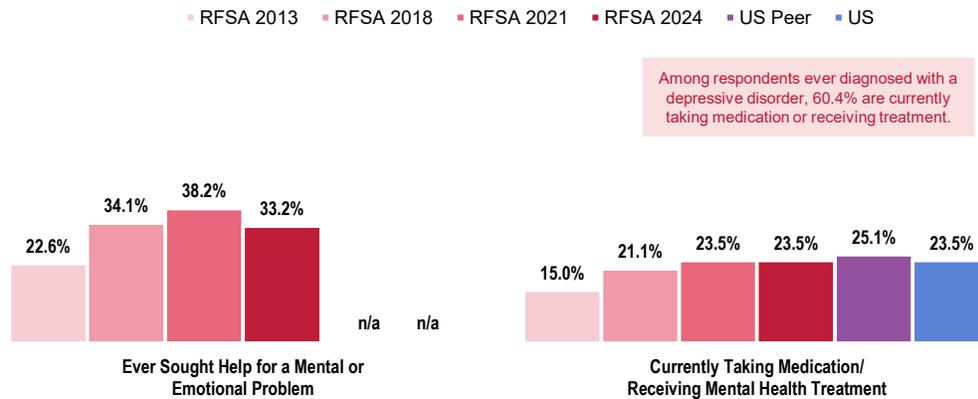
A total of 33.2% of RFSA adults acknowledge ever having sought professional help for a mental or emotional problem.

TREND ► Increasing significantly from 2013 findings.

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

TREND ► Increasing significantly since 2013.

Mental Health Treatment



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.

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

Difficulty Accessing Mental Health Services

A total of 8.7% of Central Louisiana adults report a time in the past year when they needed mental health services but were not able to get them.

BENCHMARK ► Well below the Peer counties and the US findings.

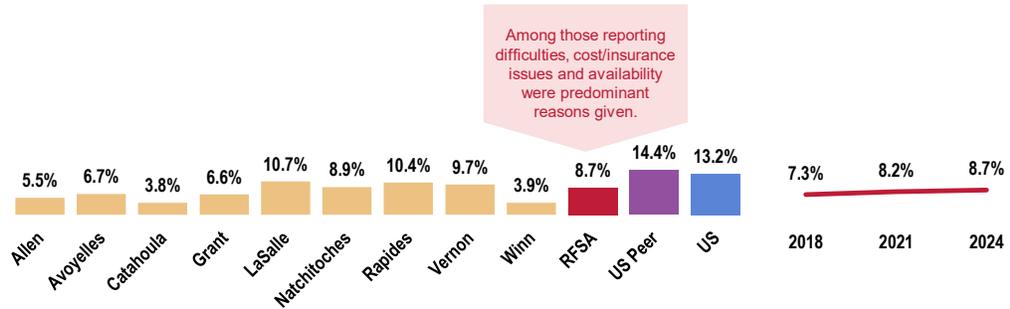
TREND ► Denotes a significant increase since 2018.

DISPARITY ► Statistically high in Rapides Parish and reported more often among women, young adults, and those in low-income households.



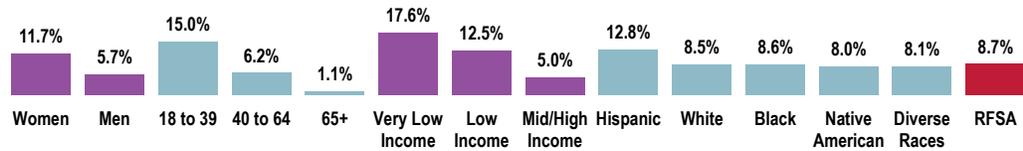
Unable to Get Mental Health Services When Needed in the Past Year

RFSA Trend



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 82, 326]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Unable to Get Mental Health Services When Needed in the Past Year (Rapides Foundation Service Area, 2024)



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



Key Informant Input: Mental Health

Nearly two in three key informants taking part in an online survey characterized *Mental Health* as a “major problem” in the community.

Perceptions of Mental Health as a Problem in the Community (Rapides Foundation Service Area 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 (Winn Parish)
- There are not many programs that focus on mental health for the youth. – Community Leader (LaSalle Parish)
- Dementia and Alzheimer’s, they have to go out of Natchitoches to receive neurology treatment. – Social Services Provider (Natchitoches Parish)
- Access to care and follow up care. There appears to be an increased number of people with mental health issues. – Public Health Representative (Rapides Parish)
- Access to mental health providers and services. – Physician (Rapides Parish)
- Access to competent care. – Physician (Rapides Parish)
- Finding consistent access to providers. – Community Leader (Natchitoches Parish)
- Access, access, access. My mother killed herself and the first appointment available to me after making the call for a therapist wasn’t available for 2 whole months (after calling multiple places). So that was just fantastic. And then after seeing them for a year I was told that they feel they are “incompetent” in my care and recommended a psychologist. So, another long, slow, annoying process to get seen by a professional. The services here are severely lacking. The qualified practitioners move away for better pay and the ones who stay are not qualified to care for the adults struggling in our area. And even with great health insurance and official diagnosis – the appointments are still at least \$100 an hour. – Social Services Provider (Rapides Parish)
- The biggest challenge for people with mental health issues in my community is the lack of access to care. With the downsizing and closure of facilities that offered programs/treatment for mental illness, individuals with mental health issues are now on the streets in our community with no hope for treatment. – Health Provider (Rapides Parish)
- Access to care and homelessness. – Public Health Representative (Rapides Parish)
- Lack of mental health services. – Health Provider (Natchitoches Parish)
- Access to services, no oversight of patient care, no long-term solutions or placement options, what to do if someone needs long-term care and cannot be trusted to self-medicate. – Community Leader (Rapides Parish)
- Access to services and knowing the resources available. – Community Leader (Rapides Parish)
- Lack of resources. Lack of ability to help persons with mental health issues because of legislature that may need to be enacted. Lack of training for officers and first responders for people with mental health issues. – Community Leader (Rapides Parish)
- Access to quality mental health care and their own willingness to seek and continue with treatment. – Community Leader (Rapides Parish)
- Transportation to quality clinics isn’t available. – Community Leader (Rapides Parish)
- Limited access to timely and regular mental health services, long waiting lists, and limited providers. – Social Services Provider (Natchitoches Parish)



Lack of access to mental health services and medication. Too few beds in mental health treatment centers for indigent patients. Many end up in inappropriate settings, even jail. Homelessness among the mentally ill. Lack of desire among some who are mentally ill to follow the rules at treatment centers and lack of desire to stay on mental health medications. The 72 hour hold law is a problem. – Community Leader (Rapides Parish)

Access to care, socioeconomic status, drug issues. – Health Provider (Rapides Parish)

The state has no good programs available. – Social Services Provider (Rapides Parish)

Lack of access to mental health clinics. – Community Leader (Vernon Parish)

No consistent program or treatment in rural communities. – Social Services Provider (Allen Parish)

Lack of easily accessible mental health services. Lack of local counselors. – Community Leader (Winn Parish)

Limited resources and lack of access. Illicit drug and alcohol use. Lack of stable housing for the mentally challenged, homelessness, lack of consistent behavioral health support. – Social Services Provider (Rapides Parish)

Lack of access/services available to individuals/families who suffers from mental illness. The issue of getting a family committed for inpatient services is a significant challenge and information is lacking as to what to do and where to go! Insurance is an issue and for youth suffering mental illness it is difficult on the parents because it's often overlooked and not properly diagnosed. – Social Services Provider (Rapides Parish)

Access to timely counseling and medication evaluation for medication and symptom management. – Social Services Provider (Rapides Parish)

Lack of available services in rural areas. – Community Leader (Avoyelles Parish)

The state shut down most of the mental health facilities. The clinics won't help someone unless they have a payer source. Mental illness is terrible in our society, but it doesn't get the attention that is needed. – Social Services Provider (Rapides Parish)

We do not have enough resources in our community for the vast amount of undiagnosed mental health issues in adults and children in Avoyelles Parish. Someone has to go to Alexandria or Lafayette to receive proper care. The resources in Alexandria and Lafayette have 6 month waiting lists. Insurance usually does not cover these particular services unless someone has an EAP. – Social Services Provider (Avoyelles Parish)

Access to adequate care. People struggling with mental health issues are often "committed" for two weeks at a time at one of the units at a local hospital. They are placed in the same unit as those that are dealing with addiction, criminal issues, etc. Many low-income people do not have access to care and end up as part of the criminal justice system when something happens because the local facilities do not have enough beds. – Social Services Provider (Rapides Parish)

Access to doctors and services to help. We need resources for all ages. – Community Leader (Avoyelles Parish)

Diagnosis/Treatment

Getting a proper diagnosis and care is what I see as a challenge. – Social Services Provider (Vernon Parish)

Getting the help, they need. – Social Services Provider (Allen Parish)

The biggest challenge that I see is the amount of undiagnosed mental illnesses in the community. – Social Services Provider (Vernon Parish)

Many mental health cases are not being treated. – Social Services Provider (Natchitoches Parish)

Patients asking for help. Providers not identifying the need for help. Stigma associated with mental health. – Public Health Representative (Catahoula Parish)

Homelessness

Homelessness is rising and very visible due to lack of housing and affordable accommodations for people. – Community Leader (Rapides Parish)

Homeless, jobless, and access to services. – Community Leader (Rapides Parish)

Homelessness, substance use, nursing facility placement, and Emergency Room visits with quick release, etc. – Public Health Representative (Rapides Parish)

Homelessness, loneliness, purpose. – Social Services Provider (Rapides Parish)

Growing homeless population with mental health issues, plus widespread drug, and alcohol addiction. – Community Leader (Rapides Parish)

Lack of Providers

Increase in a rise in mental illness and not enough mental health providers. – Community Leader (Rapides Parish)

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 (Winn Parish)



There is a lack of qualified mental health professionals in our community, particularly for those who need no or low-cost access to medication management. The number of psychiatrists in private practice in Cenla is tiny and few accept Medicaid. Even for people with private insurance, wait times for appointments are months long. Many of the most seriously mentally ill are unhoused as a result of the Jindal administration and have no safety net...it's extremely difficult to maintain medication adherence in this environment. Mental health issues remain a source of stigma/discrimination often resulting in additional barriers to accessing treatment, even among mental health professionals who are quick to discharge/or call the police for patients who do not or cannot conform to the practitioner's desired standard of conduct. This stigma also causes people to avoid seeking health care for mental health issues, leaving many formally undiagnosed. – Social Services Provider (Rapides Parish)

Paucity of providers. – Physician (Natchitoches Parish)

Denial/Stigma

Shame in admitting to mental health issues. – Social Services Provider (Rapides Parish)

Stigma and discrimination, affordable and culturally competent mental health care, and promoting community inclusion and acceptance. – Health Provider (Rapides Parish)

Culture of not talking about it. – Public Health Representative (Rapides Parish)

Admitting the problem, and jobs. – Social Services Provider (Rapides Parish)

Insurance Issues

Lack of good health insurance to cover mental health services. – Community Leader (Rapides Parish)

Insurance and no social service resources available. – Physician (Avoyelles Parish)

There is a lack of services that take Medicaid in Grant Parish. Transportation is also an issue. – Community Leader (Grant Parish)

Lots of people with mental health issues do not have insurance, making it difficult to seek treatment. – Social Services Provider (Rapides Parish)

Affordable Care/Services

Due to the closure of charity inpatient care for mental health, families with limited funds are left with little to few resources for assistance. Our local and parish prison system is picking up the bulk of these individuals with little to no assistance available. – Social Services Provider (Rapides Parish)

Socioeconomic status. – Health Provider (Rapides Parish)

Nearly no resources are available for treatment. – Community Leader (Allen Parish)

Obtaining medications, transportation to appointments, housing, phones, stigma, paying housing bills, gaining, and maintaining employment. – Community Leader (Rapides Parish)

Awareness/Education

The underserved population needs more education and information regarding mental health and wellness. They need to understand that mental illness doesn't equate to being crazy. There are not enough mental health professionals talking about the problem and how to implement solutions – Social Services Provider (Rapides Parish)

Follow Up/Support

No long-term support and care. Patients are given medications and discharged too quickly. Still so much stigma attached to mental illness. – Community Leader (Grant Parish)

Limited mental health follow-up. – Community Leader (LaSalle Parish)

Incidence/Prevalence

Mental health issues. – Community Leader (LaSalle Parish)

Mental health issues plague our community, especially in our young adult and homeless populations. – Social Services Provider (Rapides Parish)

Funding

Wow! Since funding for mental health has (from what I've heard) been cut back, I've encountered many more people, personally, that have mental issues. I was driving to church one Sunday and came across a person dumping trash all over the ground near a bus stop. I had to call the police years ago about a man that approached me aggressively while I was mowing the grass. I will add that the police seemed like I was bothering them with the problem. – Community Leader (Rapides Parish)

Lack of Community Involvement

The lack of community involvement. – Community Leader (Natchitoches Parish)





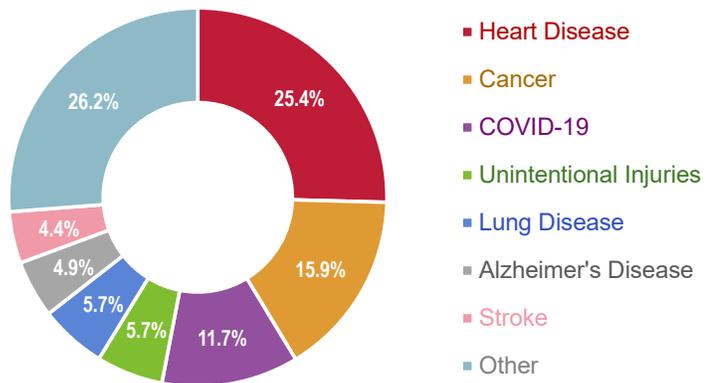
DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Together, heart disease, cancers, and COVID-19 accounted for over half of all deaths in the Rapides Foundation Service Area in 2020.

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



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

The following chart outlines 2018-2020 annual average age-adjusted death rates per 100,000 population for selected causes of death in Central Louisiana.



Leading causes of death are discussed in greater detail in subsequent sections of this report.

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

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

	RFSA	US Peer	LA	US	HP2030
Diseases of the Heart	274.2	185.3	213.8	164.4	127.4*
Malignant Neoplasms (Cancers)	178.4	160.8	165.7	146.5	122.7
Coronavirus Disease/COVID-19 (2020)	137.5	84.5	118.0	85.0	—
Unintentional Injuries	68.1	59.7	66.8	51.6	43.2
Chronic Lower Respiratory Disease (CLRD)	63.0	49.9	41.1	38.1	—
Alzheimer's Disease	55.2	33.9	43.1	30.9	—
Cerebrovascular Disease (Stroke)	50.8	39.3	45.8	37.6	33.4
Falls [Age 65+]	33.0	68.9	41.1	67.1	63.4
Unintentional Drug-Related Deaths	24.7	19.3	29.2	21.0	—
Pneumonia/Influenza	23.7	15.3	14.0	13.4	—
Motor Vehicle Deaths	21.4	16.9	16.7	11.4	10.1
Septicemia	20.4	11.3	20.2	9.8	—
Diabetes	20.0	26.6	28.8	22.6	—
Kidney Disease	19.7	14.5	19.9	12.8	—
Intentional Self-Harm (Suicide)	18.0	18.4	14.6	13.9	12.8
Homicide/Legal Intervention	12.2	6.0	16.0	6.1	5.5
Alcohol-Induced Deaths	7.9	14.5	9.8	11.9	—
HIV/AIDS (2011-2020)	3.1	1.2	3.9	1.9	—

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted 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 and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

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

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

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

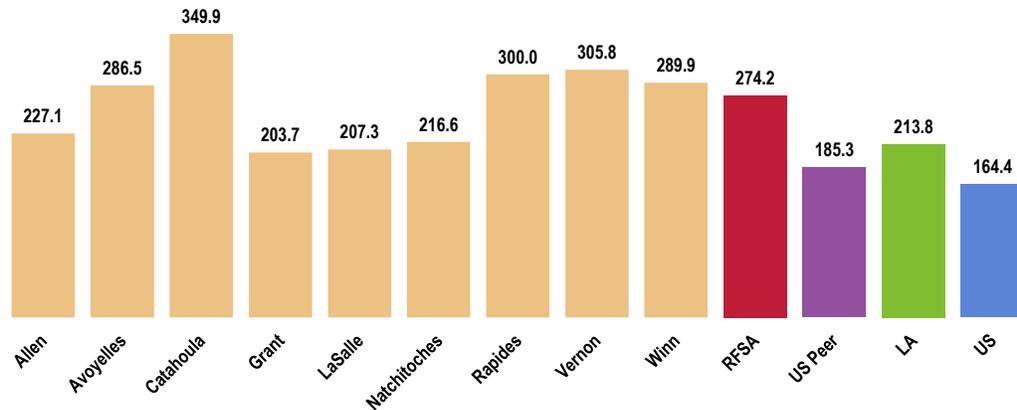
Between 2018 and 2020, the service area reported an annual average age-adjusted heart disease mortality rate of 274.2 deaths per 100,000 population.

BENCHMARK ▶ Well above the peer, state, and national figures.

DISPARITY ▶ Highest in Catahoula Parish. Higher among Black residents than White residents.

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

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

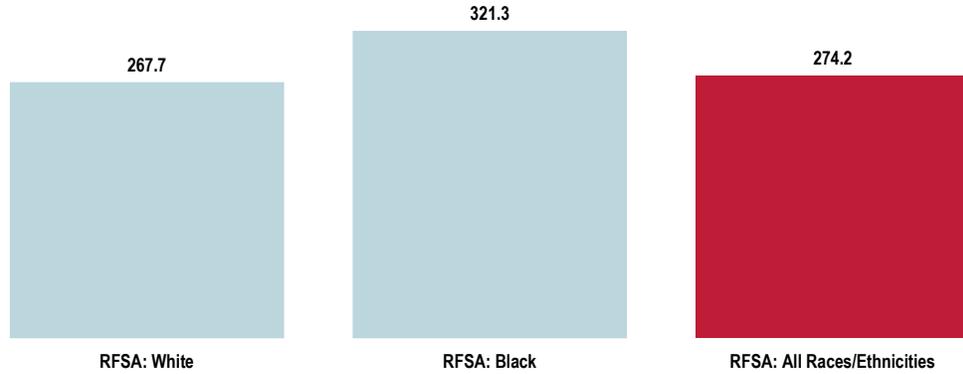


Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
• US Department of Health and Human Services. Healthy People 2030, August 2020. <http://www.healthypeople.gov>
Notes: • The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.



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

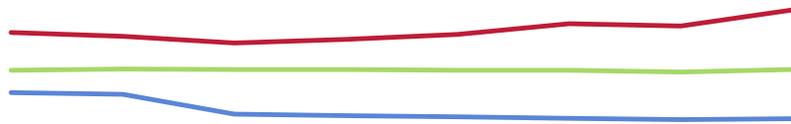
Healthy People 2030 = 127.4 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted 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.
 - Race categories reflect individuals without Hispanic origin.

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
RFSAs	251.4	247.4	240.8	244.6	249.7	260.1	258.1	274.2
LA	213.2	214.5	214.2	213.8	213.2	213.2	211.5	213.8
US	190.6	188.9	168.9	167.5	166.3	164.7	163.4	164.4

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

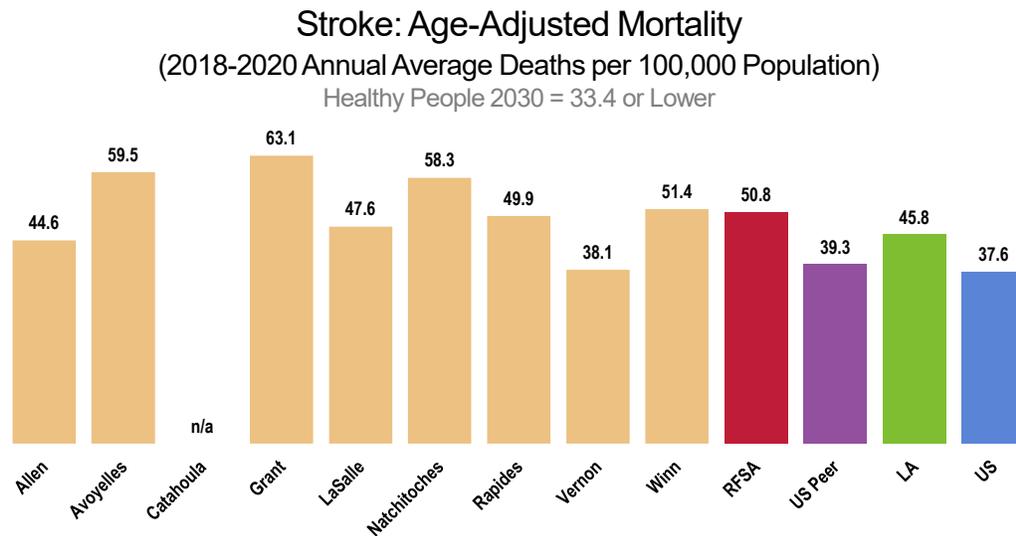


Stroke Deaths

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

BENCHMARK ▶ Well above the Peer counties, the national figure, and the Healthy People 2030 objective.

DISPARITY ▶ Highest in Grant Parish. Much higher among Black residents than White residents.

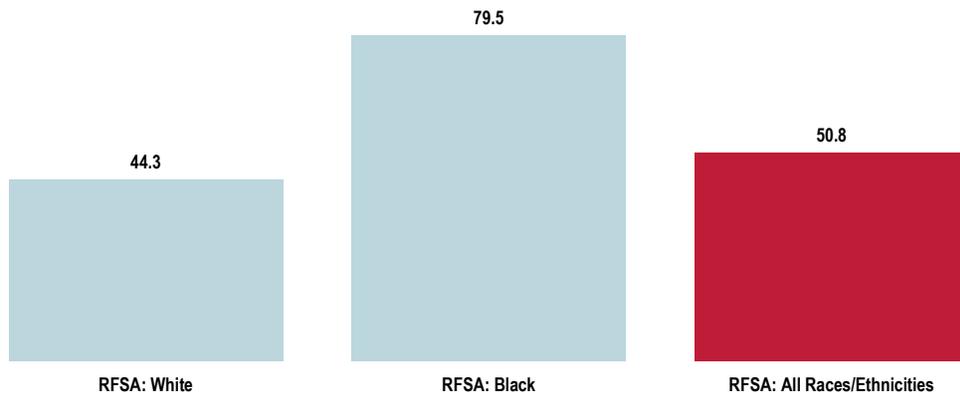


Sources:

- 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>

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

Healthy People 2030 = 33.4 or Lower



Sources:

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

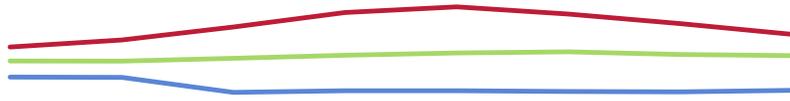
Notes:

- Race categories reflect individuals without Hispanic origin.



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

Healthy People 2030 = 33.4 or Lower



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

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

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

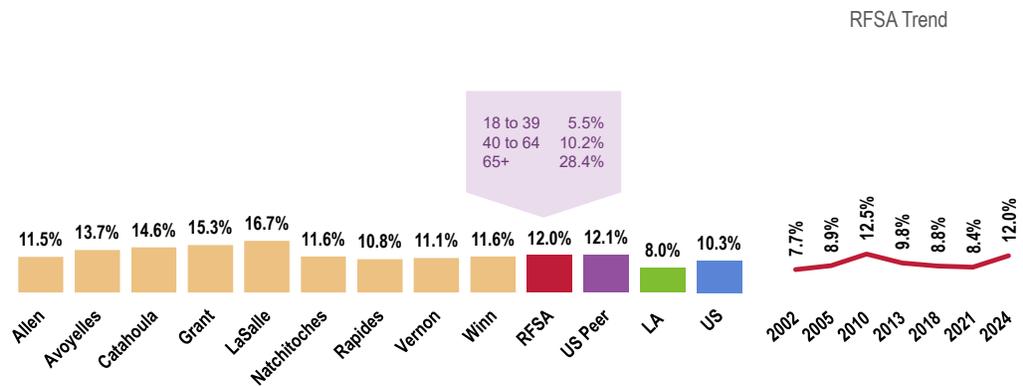
A total of 12.0% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

BENCHMARK ▶ Well above the statewide prevalence.

TREND ▶ Increasing significantly since 2002.

DISPARITY ▶ Note the strong correlation with age.

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



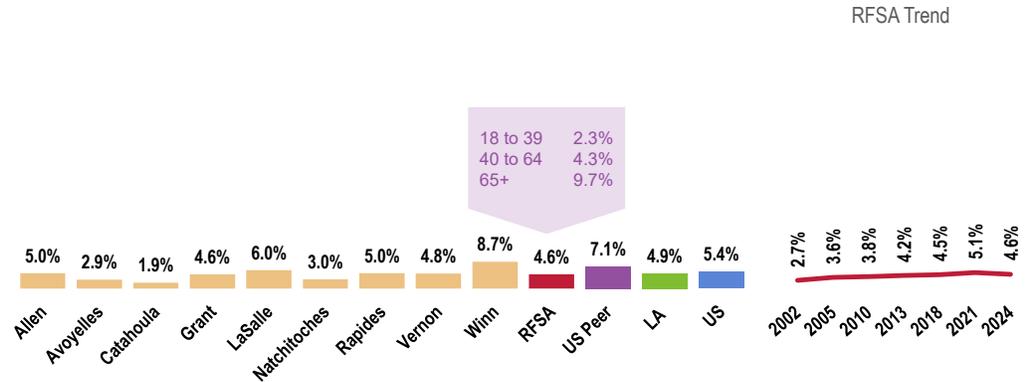
Prevalence of Stroke

A total of 4.6% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

TREND ▶ Marks a statistically significant increase since 2002.

DISPARITY ▶ Lowest in Avoyelles and Catahoula parishes. Note the strong correlation with age.

Prevalence of Stroke



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

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 46.6% of Rapides Foundation Service Area adults have been told by a health professional at some point that their **blood pressure** was high.

BENCHMARK ▶ Higher than the peer, state, and national figures, and fails to satisfy the Healthy People 2030 objective.

TREND ▶ Increasing significantly since 2002.

DISPARITY ▶ Highest in Grant Parish (not shown).

A total of 35.1% of adults have been told by a health professional that their **cholesterol level** was high.

BENCHMARK ▶ Well above the percentage among Peer counties.

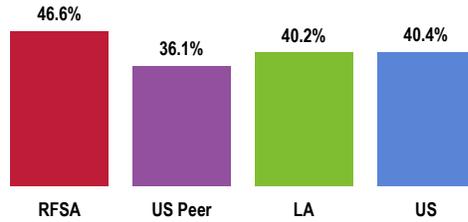
TREND ▶ Increasing significantly from 2002 findings.

DISPARITY ▶ Highest in Grant Parish (not shown).



Prevalence of High Blood Pressure

Healthy People 2030 = 42.6% or Lower



Prevalence of High Blood Cholesterol

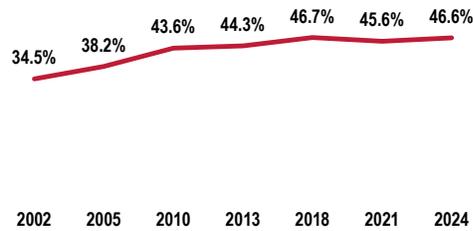


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 29-30]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 • 2023 PRC National Health Survey,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

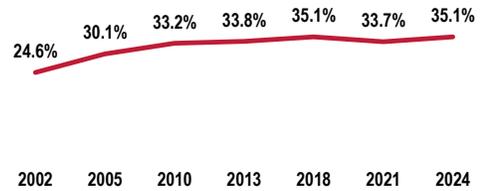
Notes: • Asked of all respondents.
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Prevalence of High Blood Pressure (Rapides Foundation Service Area)

Healthy People 2030 = 42.6% or Lower



Prevalence of High Blood Cholesterol (Rapides Foundation Service Area)



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.

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

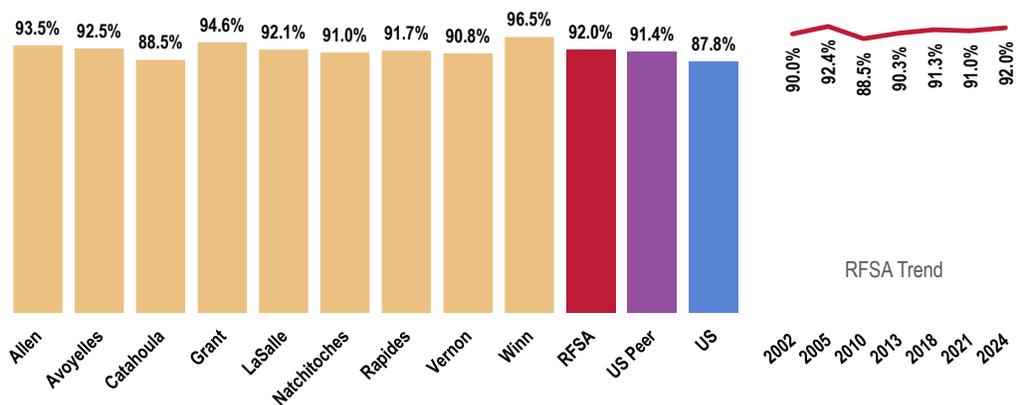
A total of 92.0% of Rapides Foundation Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

BENCHMARK ▶ Higher than the national prevalence.

TREND ▶ Marks a significant increase since 2002.

DISPARITY ▶ Highest in Winn Parish. Reported more often among men, adults age 40 and older, and those in low-income households.

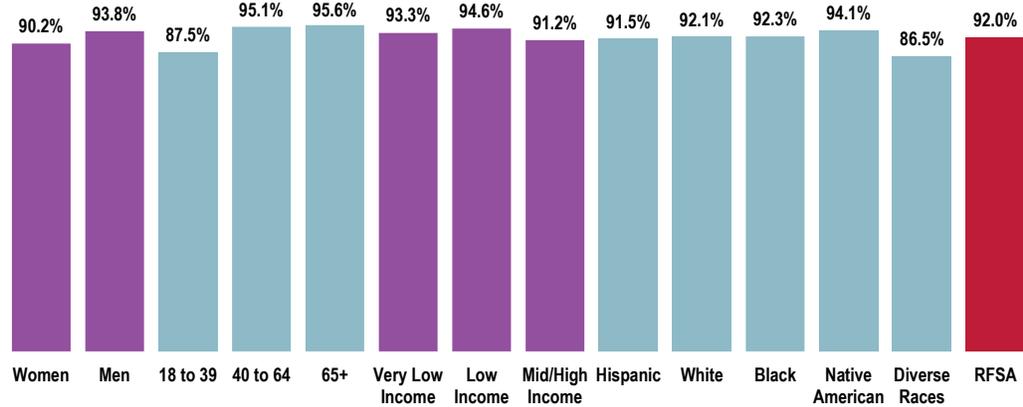
Present One or More Cardiovascular Risks or Behaviors



- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 100]
 - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Reflects all respondents.
 - Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.
 - "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSAs.



Present One or More Cardiovascular Risks or Behaviors (Rapides Foundation Service Area, 2024)

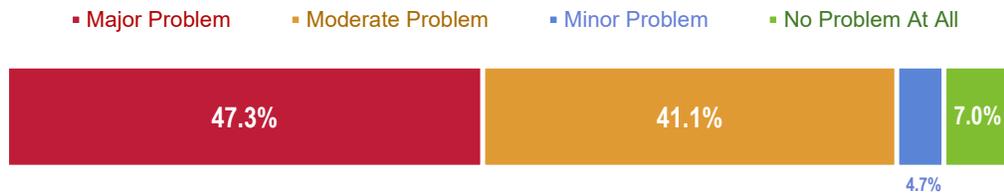


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 100]
 Notes: • Reflects all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol;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

Key Informant Input: Heart Disease & Stroke

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

Perceptions of Heart Disease and Stroke as a Problem in the Community (Rapides Foundation Service Area 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:

Lifestyle

- Lifestyle due to the low socioeconomic status of the area. – Health Provider (Rapides Parish)
- Poor food choices and lack of safe outdoor recreation opportunities. – Community Leader (Rapides Parish)
- Lifestyle patterns exacerbated by culture and poverty contribute to the related disease and illness and lack of providers. – Social Services Provider (Rapides Parish)
- An unhealthy lifestyle, to include a poor diet and little exercise. – Social Services Provider (Vernon Parish)
- Because of our climate, our diet, our inactivity, and often, our family background, we seem more inclined to heart disease and/or strokes. Many people are living with the disease. – Community Leader (Rapides Parish)
- Poor nutrition and smoking. – Public Health Representative (Rapides Parish)
- Diet and environment. – Community Leader (Rapides Parish)
- Poor nutrition. – Social Services Provider (Rapides Parish)
- Poor dietary habits, lack of exercise, lack of good mental health support. Many only go to a doctor when they are very sick; there is no preventative care. – Community Leader (Grant Parish)



Diet, lack of exercise and obesity. – Physician (Avoyelles Parish)
Food choices, lack of exercise, and lack of education. – Social Services Provider (Rapides Parish)
Poor diet and lack of exercise. Lack of specialists that accept Medicaid. Limited transportation to areas where the specialists practice medicine. – Health Provider (Avoyelles Parish)
People in the city eat a lot and don't exercise. – Community Leader (Avoyelles Parish)

Incidence/Prevalence

It's a major problem in the South and even more specifically, Louisiana. – Community Leader (Natchitoches Parish)
We seem to have a high prevalence of high blood pressure, diabetes, poor eating habits and lack of exercise. – Community Leader (Avoyelles Parish)
The volume of patients treated with heart disease, blood pressure issues and stroke risk, or history of stroke. – Public Health Representative (Rapides Parish)
People are sick. – Social Services Provider (Allen Parish)
We see many members entering our doors with reported and obvious physical state. – Social Services Provider (Rapides Parish)
The number of people impacted by heart disease and strokes. – Social Services Provider (Rapides Parish)
Reported incidents. – Community Leader (Rapides Parish)
Many individuals in my community suffer from hypertension. Hypertension is a major contributor to heart disease and stroke. – Health Provider (Rapides Parish)
Heart disease is the leading form of death in Louisiana. There are disparities in access to treatment in rural areas of the state. – Community Leader (Rapides Parish)
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 (Winn Parish)

Access to Care/Services

Because of access to local heart and stroke medical services. – Social Services Provider (Avoyelles Parish)
Limited access to healthcare facilities, healthcare professionals, and preventive care services leads to undiagnosed or poorly managed heart conditions. – Health Provider (Rapides Parish)
Access to care. High African American population. Hypertension and Afib, leading to stroke. – Health Provider (Natchitoches Parish)
Hard to find a local heart specialist. – Social Services Provider (Rapides Parish)

Awareness/Education

Patients need more education from their providers on the consequences of untreated hypertension and hyper cholesterol. More testing needs to be available for genetic screenings of these diseases. – Physician (Rapides Parish)
People seem to not understand how and why heart disease and stroke can affect them. The importance of maintaining a good, healthy diet and exercise. – Public Health Representative (Rapides Parish)
Limited understanding and access to nutrition, physical activity, and healthy lifestyle choices. Nutritious food insecurity in impoverished neighborhoods, financial insecurity in impoverished neighborhoods, chronically stressful lifestyles – all communities food intake consisting of inflammatory and processed foods, limited knowledge/understanding of the personal responsibility in preventative care, limited knowledge, understanding, and access to preventative care, regular screening, and early detection. – Social Services Provider (Rapides Parish)
Heart disease and strokes occur because they are very much silent in nature. Cholesterol does not hurt until it causes a stroke or heart attack. There is not enough information for the underserved to believe that controlling blood pressure, cholesterol, and weight matter. Old mindsets keep certain populations bound in accepting that this is the norm. The community needs more representation of people who look like them in order to bolster trust. – Social Services Provider (Rapides Parish)

Obesity

Obesity, lifestyle choices. – Community Leader (Rapides Parish)
Overweight and lack of exercise. – Community Leader (Vernon Parish)
With local levels of obesity exceeding the already high national average, heart disease and strokes will continue to be major problems. – Community Leader (Rapides Parish)
Obesity, have known several people who have had strokes or heart attacks in the last two years. – Community Leader (Rapides Parish)



Contributing Factors

Because our community has an older population, and they are more likely to have these issues. – Community Leader (Winn Parish)

Rural areas and tobacco issues. Food sources. – Community Leader (Rapides Parish)

Of course, it is linked to Type 2 DM. Residents of Avoyelles Parish do not understand the direct impact that diet and inactivity have on heart disease and stroke. They think all high blood pressure is hereditary. They don't understand that they can make nutritional changes to help this. – Social Services Provider (Avoyelles Parish)

Prevention/Screenings

Prevention services are not readily available. – Community Leader (Rapides Parish)

African Americans are most often victims of this disease and most often due to access to proper preventive care as well as affordability of medicines. Often it takes several visits to the primary care doctor to get the correct medication that works for the particular patient. But often the appointments are 3- to 6-month lapse for a follow-up appointment and the patient often doesn't know or understand the process of getting the correct dosage to ensure blood pressure is correctly treated and doesn't have the at home equipment to monitor their blood pressure. – Social Services Provider (Rapides Parish)

Affordable Care/Services

Lack of access to affordable healthcare. – Social Services Provider (Rapides Parish)

Affordable medical care. – Social Services Provider (Rapides Parish)

Follow Up/Support

Again, the problem is the supportive services for individuals suffering with heart disease. – Social Services Provider (Rapides Parish)



CANCER

ABOUT CANCER

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

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

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

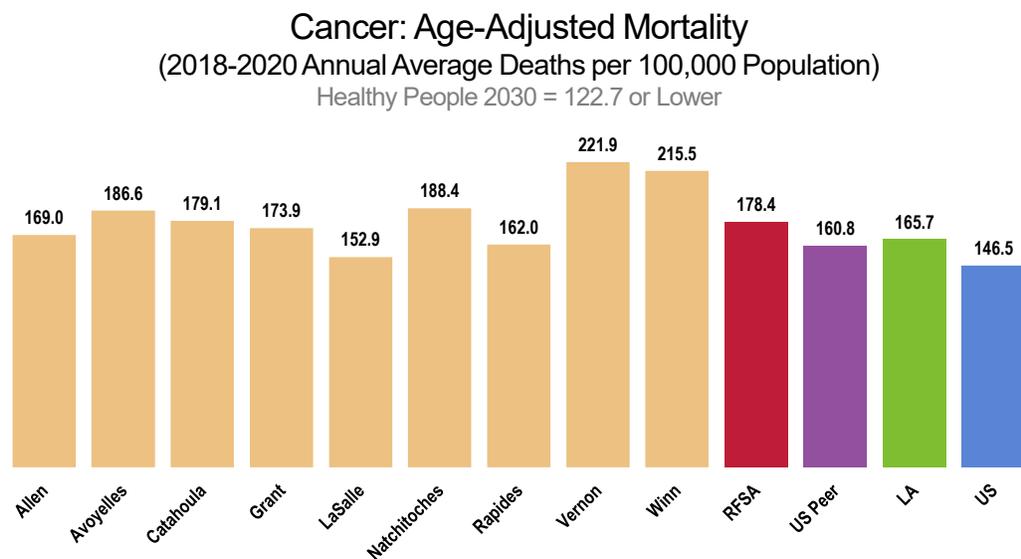
Age-Adjusted Cancer Deaths

All Cancer Deaths

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

BENCHMARK ▶ Much higher than the national rate and fails to meet the Healthy People 2030 objective.

DISPARITY ▶ Highest in Vernon and Winn parishes. Higher among Black adults than White adults.

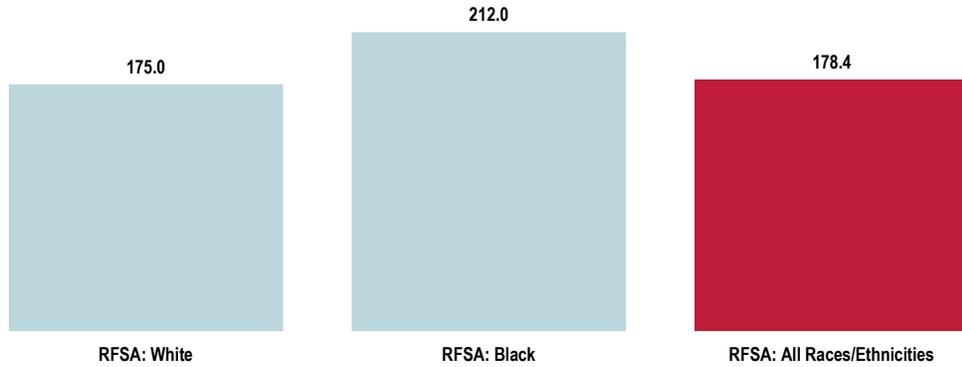


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
• US Department of Health and Human Services. Healthy People 2030, August 2020. <http://www.healthypeople.gov>



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

Healthy People 2030 = 122.7 or Lower



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

Notes: • Race categories reflect individuals without Hispanic origin.

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

Healthy People 2030 = 122.7 or Lower



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

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



Cancer Deaths by Site

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

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

BENCHMARK

Lung Cancer ▶ Higher than both Peer and US rates. Fails to satisfy the Healthy People 2030 objective.

Colorectal Cancer ▶ Higher than Peer, Louisiana, and US rates. Fails to satisfy the Healthy People 2030 objective.

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

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

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

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

Cancer Incidence

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

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

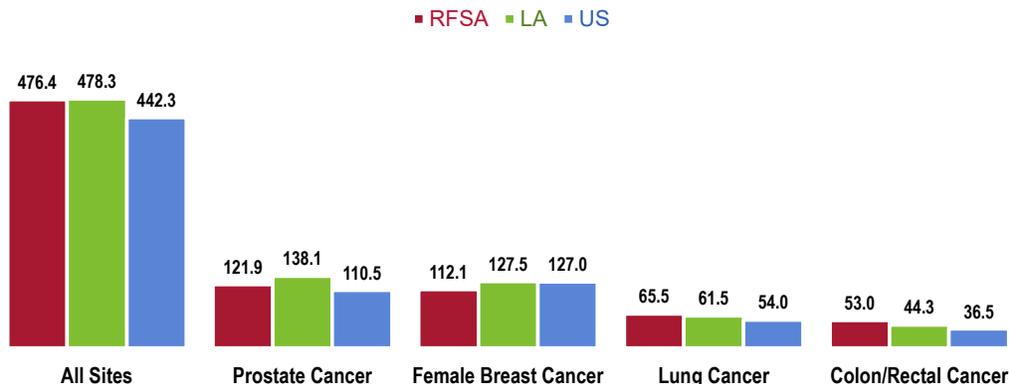
BENCHMARK

Lung Cancer ▶ Higher than the national rate.

Colorectal Cancer ▶ Higher than both state and national rates.



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.

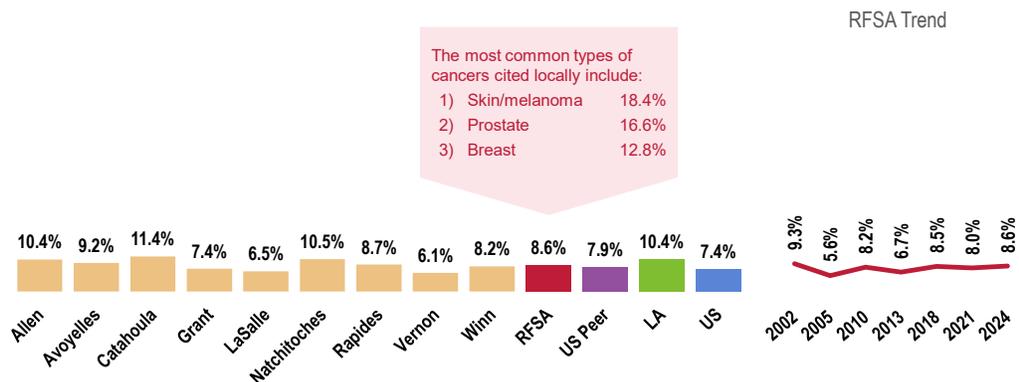
Prevalence of Cancer

A total of 8.6% of surveyed Rapides Foundation Service Area adults report having ever been diagnosed with cancer.

BENCHMARK ▶ Lower than the Louisiana prevalence.

DISPARITY ▶ Lowest in Vernon Parish. Reported more often among seniors (age 65+), White respondents, and Native American respondents.

Prevalence of Cancer



Sources:

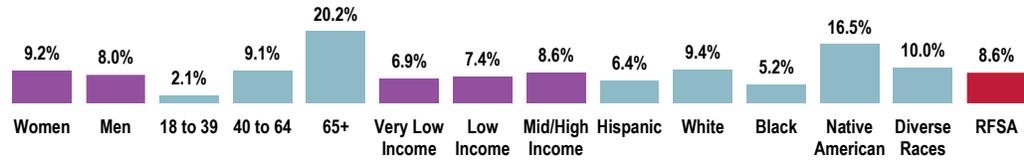
- 2024 PRC Community Health Survey, PRC, Inc. [Items 24-25]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:

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



Prevalence of Cancer (Rapides Foundation Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 24]
 Notes: • Reflects all respondents.



Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures. Screening levels in the community were measured in the PRC Community Health Survey relative to the following cancer sites:

FEMALE BREAST CANCER

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

CERVICAL CANCER

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

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 45 years and continuing until age 75 years.

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

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

Among women age 50 to 74, 74.3% have had a mammogram within the past 2 years.

BENCHMARK ▶ Higher than the US figure but lower than the Louisiana percentage and failing to satisfy the Healthy People 2030 objective.

TREND ▶ Marks a significant decrease since 2002.

Among Rapides Foundation Service Area women age 21 to 65, 70.2% have had appropriate cervical cancer screening.

BENCHMARK ▶ Lower than the national prevalence and fails to satisfy the Healthy People 2030 objective.

TREND ▶ Decreasing significantly since 2002.

DISPARITY ▶ Highest in Winn Parish (not shown).

“Appropriate cervical cancer screening” includes Pap smear testing (cervical cytology) every 3 years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65.



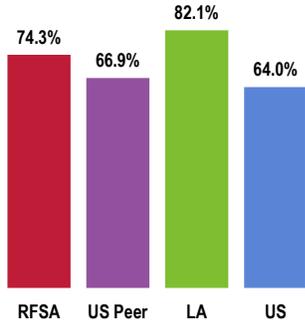
Among all adults age 45 to 75, 70.0% have had appropriate colorectal cancer screening.

“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.

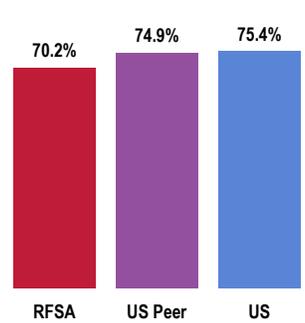
BENCHMARK ▶ Lower than the Louisiana percentage. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ▶ Highest in Catahoula and Grant parishes (not shown).

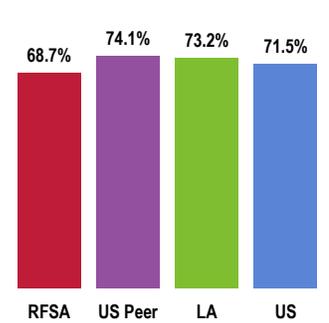
Breast Cancer Screening
(Women Age 50-74)
Healthy People 2030 = 80.5% or Higher



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

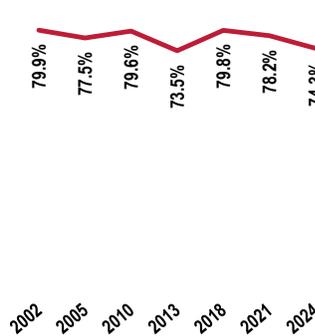


Colorectal Cancer Screening
(All Adults Age 45-75)
Healthy People 2030 = 74.4% or Higher

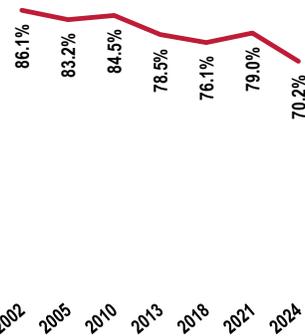


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 101-103]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2022 Louisiana data.
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Each indicator is shown among the gender and/or age group specified.
 • Note that state and national data for colorectal cancer screening reflect the age group (50 to 75) of the previous recommendation.
 • *US Peer* represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

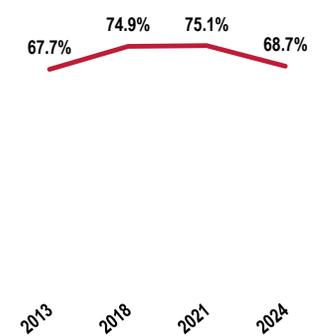
Breast Cancer Screening
(Women Age 50-74)
Healthy People 2030 = 80.5% or Higher



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



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



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



Key Informant Input: Cancer

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

Perceptions of Cancer as a Problem in the Community (Rapides Foundation Service Area 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

- Not this community solely, but major worldwide. – Community Leader (Rapides Parish)
- I know of so many individuals in the community that have, or have had, and have even died from cancer. – Social Services Provider (Winn Parish)
- Many who are in chemo and the mortality rate of those who suffered from cancer. – Health Provider (Rapides Parish)
- The number of persons with cancer diagnoses and delayed identification and diagnoses. – Public Health Representative (Rapides Parish)
- The volume of oncology patients treated in Central Louisiana, as well as the late diagnoses, due in part to access to care. – Public Health Representative (Rapides Parish)
- Based on the studies I’ve read; it seems to be a problem in most of Louisiana. – Community Leader (Natchitoches Parish)
- I’m not sure of the cause, but you hear and see a great number of folks with cancer diagnosis. – Community Leader (Rapides Parish)
- Reported incidence. – Community Leader (Rapides Parish)
- The number of people who report cancer and recurring cancer is the reason that I believe that cancer is a major problem. – Social Services Provider (Rapides Parish)
- Not really sure, but the incidence of cancer is occurring in the ages of 49-60. We have seen deaths in those aged 45-55 in the last year. – Community Leader (LaSalle Parish)
- Because I am aware of many cases of cancer in my community. I hear almost daily of individuals with the diagnosis, receiving treatment, and dying of cancer. – Community Leader (Grant Parish)
- Louisiana has the fifth highest cancer mortality rate in the nation. It’s a question of early detection and treatment. – Community Leader (Rapides Parish)
- I hear of many with the disease. I’m asked to help occasionally. I believe that Louisiana probably has a higher incidence of cancer. I think our physical environment here is a contributor; eating habits, physical activity levels, tobacco habits as well. – Social Services Provider (LaSalle Parish)
- Many younger people seem to be developing cancers at a higher rate. – Physician (Avoyelles Parish)
- From our work in the community, the central Louisiana community is one the leaders in the country in breast cancer diagnosis among women of color and they continue to die at a rate more than any other ethnic group. The same I believe holds true for African American men when it comes to prostate cancer. – Social Services Provider (Rapides Parish)
- Recently colon cancer, breast cancer, and skin cancer are more prominent than in the past. In addition to being identified at a later stage. – Physician (Avoyelles Parish)
- More cases appearing that have not been seen in the past. Most likely related to diet and environment. – Social Services Provider (Rapides Parish)
- The polls indicate one out of every person is diagnosed with some form of cancer. – Social Services Provider (Rapides Parish)



Because of the known cases from all types of cancer, such as breast, lung, cervical, uterine, colon, and prostate. – Physician (Avoyelles Parish)

A lot of people have cancer and are developing cancer in the city. – Community Leader (Avoyelles Parish)

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

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 (Winn Parish)

Cancer is a problem nationwide and very bad in central Louisiana. There are areas where people are dying from cancer in droves. The water supply and farming chemicals are the only things in common. Central Louisiana doesn't have an oncologist that works full time. The cancer centers need to pay these professionals enough money to keep them. – Social Services Provider (Rapides Parish)

We seem to have an unusually high incidence of cancer here in rural Louisiana. I am not sure why, but it exists. From colon cancer, breast cancer and skin cancer. – Public Health Representative (Catahoula Parish)

Access to Care/Services

Allen Parish has no cancer program. The local hospital needs to have one, and an infusion center, so chemo patients can go there instead of driving to Houston or other big cities. – Health Provider (Allen Parish)

Limited resources for cancer patients. Traveling out of state for better care is a norm for Rapides Parish. – Community Leader (Rapides Parish)

There are no cancer treatment centers. – Community Leader (LaSalle Parish)

Local access to good oncology is not great. Most people have to travel for two hours to get quality care. – Social Services Provider (Rapides Parish)

Hard to find oncologists. – Social Services Provider (Rapides Parish)

Have to travel out of town for treatment. – Social Services Provider (Avoyelles Parish)

Awareness/Education

There is a lack of awareness and education. – Social Services Provider (Avoyelles Parish)

Lack of education, nutrition, and genetics. – Social Services Provider (Rapides Parish)

Limited understanding and access to nutrition, physical activity, and healthy life style choices, nutritious food insecurity in impoverished neighborhoods, financial insecurity in impoverished neighborhoods, environmental exposures due to manufacturing, burning, polluted water supplies, farming—all communities chronically stressful lifestyles—all communities food intake consisting of inflammatory and processed foods, limited knowledge/ understanding of the personal responsibility in preventative care, limited knowledge, understanding, and access to preventative care, regular screening, and early detection. – Social Services Provider (Rapides Parish)

Environmental Contributors

Environmental issues, diets, lifestyles. – Community Leader (LaSalle Parish)

Environmental factors in Louisiana, and diet. – Community Leader (Rapides Parish)

Lack of healthy food stores, pollutants, etc. – Social Services Provider (Rapides Parish)

Smoking and environment. – Physician (Avoyelles Parish)

The amount of chemicals we consume is high. The air quality is poor. Smoking is a big problem. Income. – Social Services Provider (Rapides Parish)

Prevention/Screenings

I believe that the lack of access to screenings and early detection are what lead to cancer being a major problem. – Social Services Provider (Rapides Parish)

Community members don't focus on wellness exams. They wait to see providers when they are really sick. – Health Provider (Avoyelles Parish)

There's limited prevention access. – Community Leader (Rapides Parish)

Diagnosis/Treatment

So many people get misdiagnosed. For instance, today, some providers are so motivated about the numbers they put on the book instead of concerns for the patient's health. – Physician (Rapides Parish)

No cure. – Social Services Provider (Rapides Parish)



Affordable Care/Services

Low-income families don't have the same health care as those with insurance. They are treated by local providers with uncaring and substandard care. They leave the doctor's appointment with no hope and feeling less than human. – Social Services Provider (Rapides Parish)

Often very expensive to treat and insurance often restricts, limits, or even denies needed treatments. Cancer affects the patient and their families, putting a significant strain on the finances and physical health of the whole family. – Social Services Provider (Rapides Parish)

Aging Population

Aging population with smoking. Breast cancer, prostate cancer, liver cancer, etc. have high rates. – Community Leader (Rapides Parish)

It has devastating effects on both patients and their families. – Community Leader (Rapides Parish)



RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

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

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

Note that this section also includes data relative to COVID-19 (coronavirus disease).

Age-Adjusted Respiratory Disease Deaths

Lung Disease Deaths

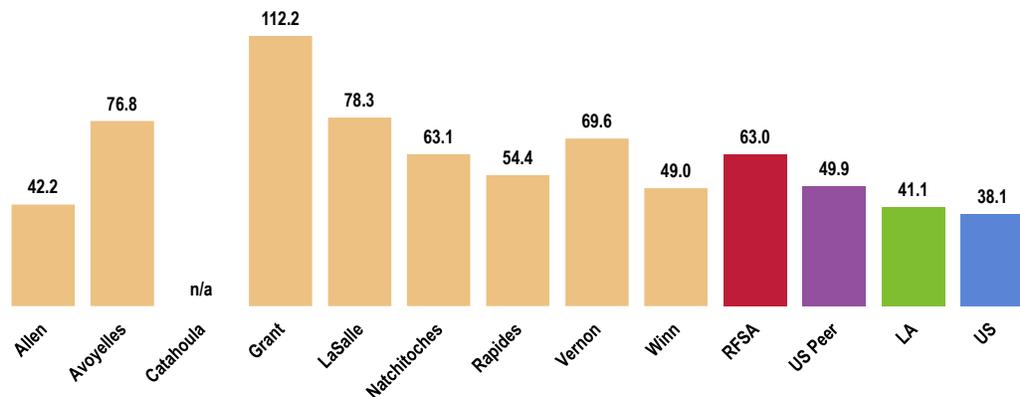
Between 2018 and 2020, the service area reported an annual average age-adjusted lung disease mortality rate of 63.0 deaths per 100,000 population.

BENCHMARK ▶ Much higher than the peer, state, and national rates.

DISPARITY ▶ Highest in Grant and LaSalle parishes. Higher among White adults than Black adults.

Note: Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

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

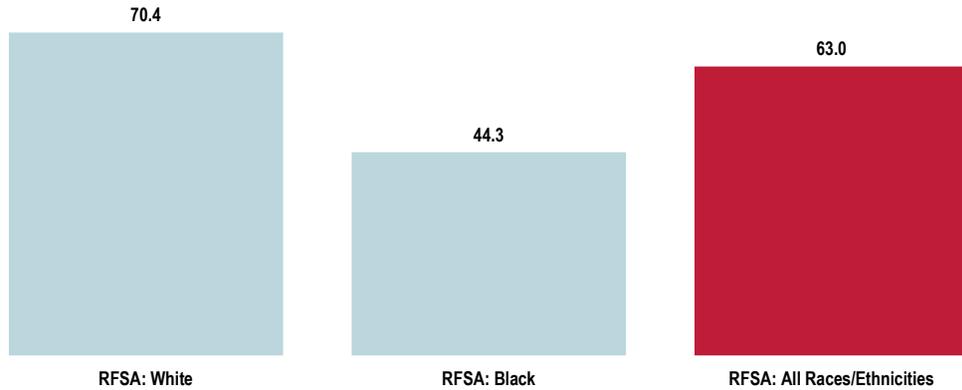


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Notes: • CLRD is chronic lower respiratory disease.

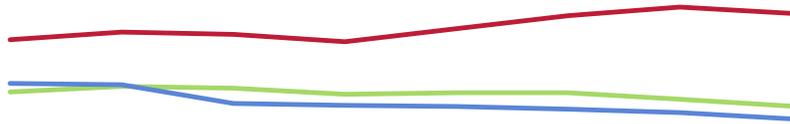


CLRD: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
 Notes: • CLRD is chronic lower respiratory disease.
 • Race categories reflect individuals without Hispanic origin.

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
RFSA	56.8	58.6	58.1	56.3	59.4	62.5	64.5	63.0
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 Deaths

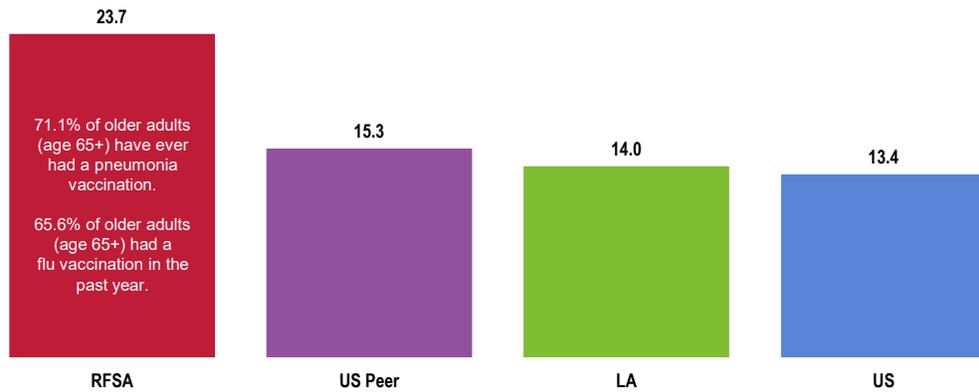
Between 2018 and 2020, the Rapides Foundation Service Area reported an annual average age-adjusted pneumonia/influenza mortality rate of 23.7 deaths per 100,000 population.

BENCHMARK ▶ Well above the mortality rates in Peer counties, Louisiana, and the US.

TREND ▶ On a positive note, the mortality rate has decreased over the past decade, echoing state and national trends.

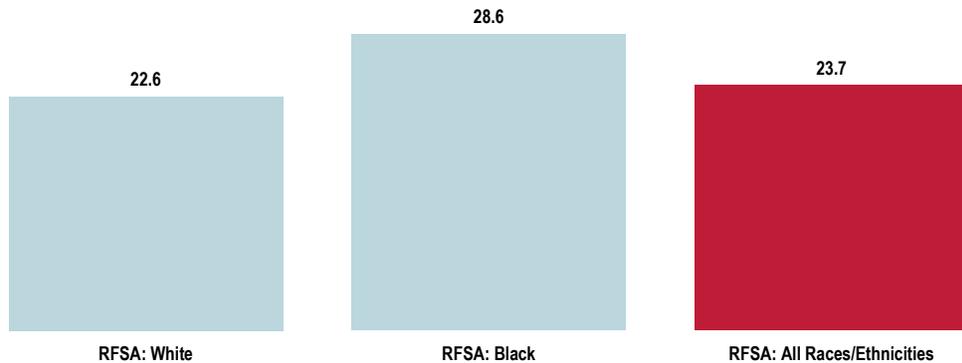
DISPARITY ▶ Higher among Black residents than White residents.

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



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 108, 342]
• 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.

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

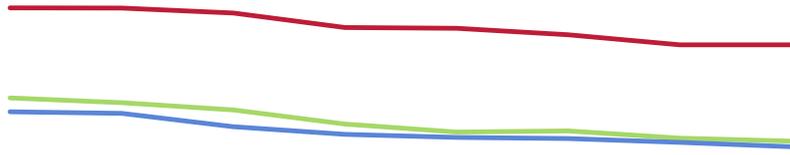


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Notes: • Race categories reflect individuals without Hispanic origin.



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



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

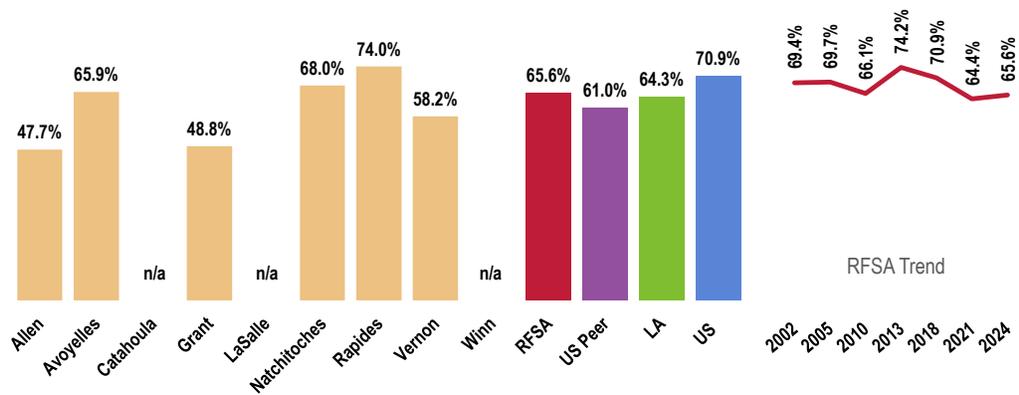
Sources: ● CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Pneumonia & Influenza Vaccination

Among RFSA adults age 65 and older, 65.6% received a flu vaccine in the past year.

DISPARITY ► Lower in Allen and Grant parishes.

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

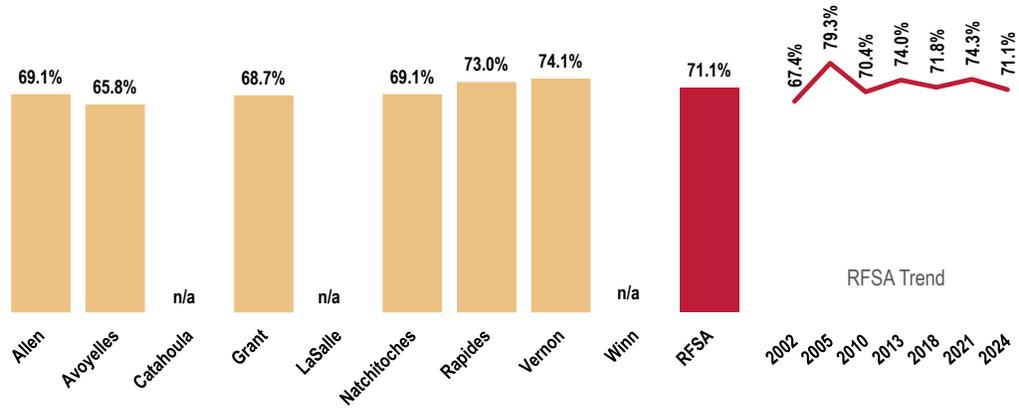


Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 108]
Notes: ● Represents survey respondents age 65 and older.



Further, 71.1% of adults age 65 and older have ever received a pneumonia vaccine.

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



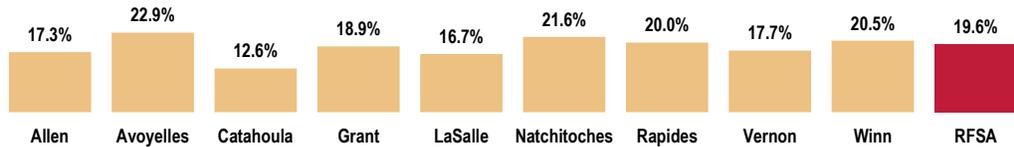
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 342]
 Notes: • Represents survey respondents age 65 and older.

COVID-19

Among surveyed adults, 19.6% received a COVID-19 vaccination or booster in the past 12 months.

DISPARITY ► The prevalence is lowest in Catahoula Parish. Adults [more likely](#) to report a recent COVID-19 vaccination or booster include those age 65+, Hispanic adults, and Black adults.

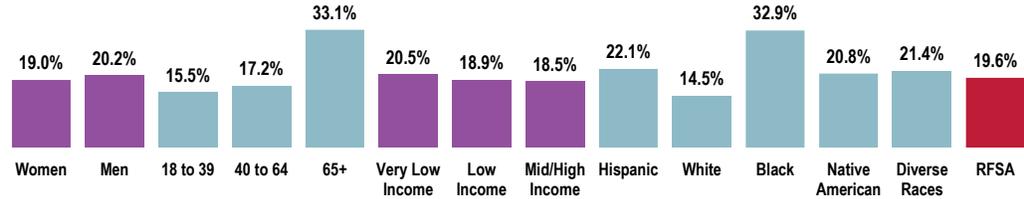
Received a COVID-19 Vaccination or Booster in the Past 12 Months



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



Received a COVID-19 Vaccination or Booster in the Past 12 Months (Rapides Foundation Service Area, 2024)



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

Prevalence of Respiratory Disease

Chronic Obstructive Pulmonary Disease (COPD)

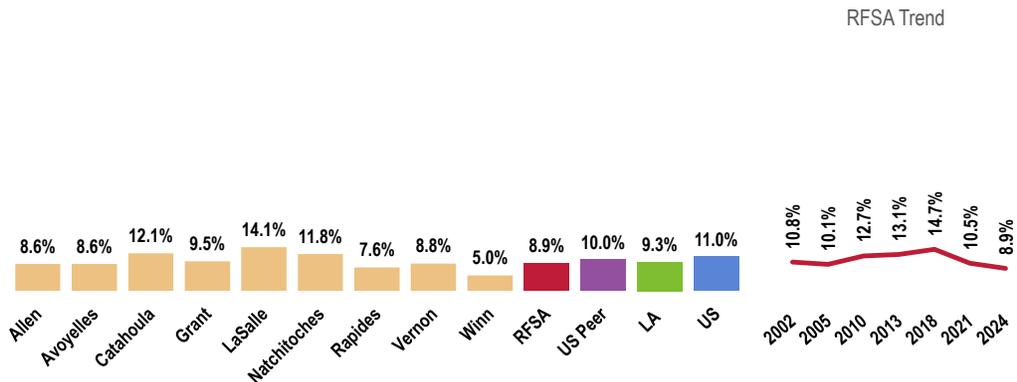
A total of 8.9% of Rapides Foundation Service Area adults suffer from chronic obstructive pulmonary disease (COPD).

TREND ► Decreasing significantly in recent years.

DISPARITY ► Highest among LaSalle Parish respondents.

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

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



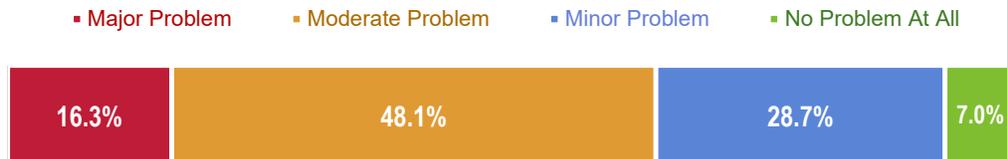
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 21]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
• 2023 PRC National Health Survey, 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.
• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.



Key Informant Input: Respiratory Disease

Nearly half of key informants taking part in an online survey characterized *Respiratory Disease* as a “moderate problem” in the community.

Perceptions of Respiratory Diseases as a Problem in the Community (Rapides Foundation Service Area 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

- Asthma is the most common disease among African Americans and the most diagnosed with this respiratory disease and I believe what makes the condition worst for youth are due to environmental conditions, i.e. adequate housing. Most lower income families live in substandard housing. Which adds to the condition such as drafty and mold is a common issue in housing quality. – Social Services Provider (Rapides Parish)
- At our pharmacy, we have many patients who are on respiratory medications. – Health Provider (Rapides Parish)
- A lot of smokers and tobacco users. – Community Leader (Allen Parish)

Awareness/Education

- No education on prevention. – Community Leader (Rapides Parish)
- Ignorance of how Covid-19 can be transmitted. Brainwashed into believing that it is a fake disease. Ignorance of preventative measures. – Community Leader (Grant Parish)

Environmental Contributors

- Quality of air. – Social Services Provider (Rapides Parish)
- Smoking and air quality with cancer causing industries. – Community Leader (Rapides Parish)
- Chronic lower respiratory disease. The death rate is 21% higher than the state. We have a large smoking population and agriculture burning of fields attributes to COPD. – Health Provider (Avoyelles Parish)
- High pollution and poor air quality. – Social Services Provider (Rapides Parish)

Lifestyle

- Poor decisions and lifestyles. – Community Leader (Vernon Parish)
- Directly related to the other healthy lifestyle and eating habits. – Community Leader (Rapides Parish)

Lack of Providers

- Access to a pulmonologist. Hospitals do not want to spend money to recruit due to lack of financial resources and ROI on recruitment. – Health Provider (Rapides Parish)
- No pulmonologists. – Physician (Avoyelles Parish)



INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

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

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

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

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

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

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2018 and 2020, the service area reported an annual average age-adjusted unintentional injury mortality rate of 68.1 deaths per 100,000 population.

BENCHMARK ► Higher than the national rate and fails to satisfy the Healthy People 2030 objective.

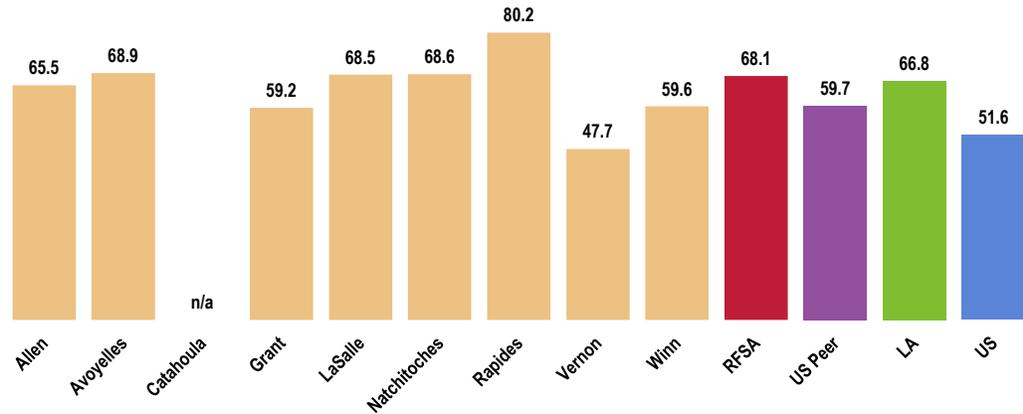
TREND ► Increasing over the past decade.

DISPARITY ► Highest in Rapides Parish. Higher among White residents than Black residents.



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

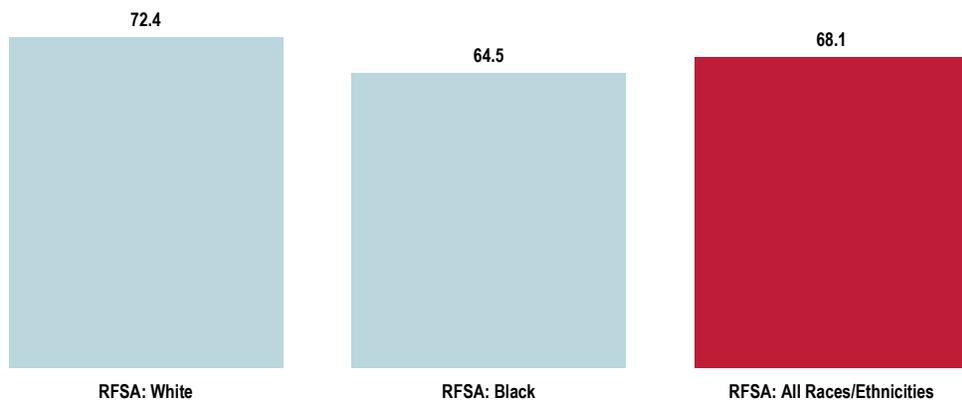
Healthy People 2030 = 43.2 or Lower



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

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

Healthy People 2030 = 43.2 or Lower



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

Notes: • Race categories reflect individuals without Hispanic origin.



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



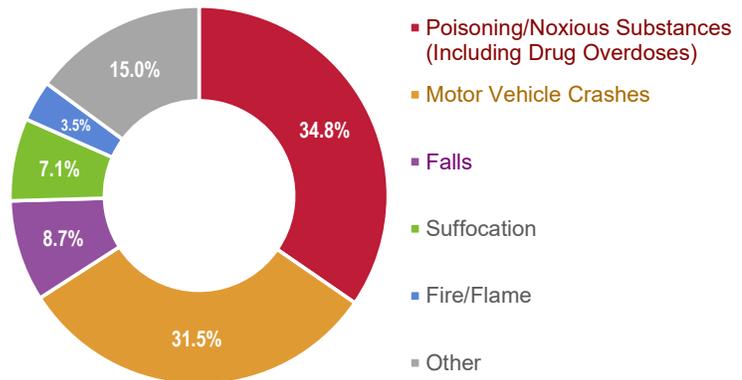
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
— RFSA	53.0	52.6	52.4	57.4	58.2	58.2	60.0	68.1
— LA	49.1	50.4	51.7	54.0	57.0	58.3	60.0	66.8
— US	41.9	43.3	41.9	44.6	46.7	48.3	48.9	51.6

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

Leading Causes of Unintentional Injury Deaths

Poisoning (including unintentional drug overdose) and motor vehicle crashes accounted for the majority of unintentional injury deaths in the Rapides Foundation Service Area between 2018 and 2020.

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



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

Children’s Use of Seat Belts/Car Seats

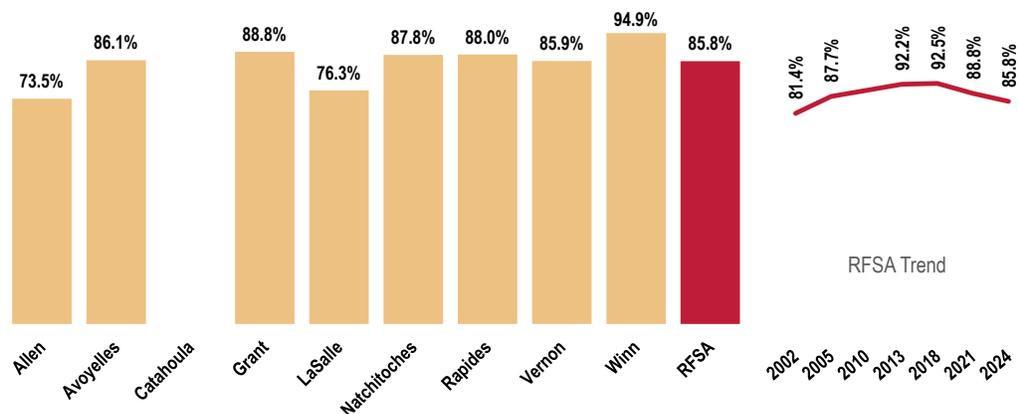
Most RFSA parents of children under 18 (85.8%) indicate that their child “always” wears a seat belt or appropriate restraint when riding in a vehicle.

TREND ► Though decreasing in recent years, the percentage is higher than reported in 2002.

DISPARITY ► Lowest among children in Allen Parish.



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



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

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

The service area reported 12.2 homicides per 100,000 population (2018-2020 annual average age-adjusted rate).

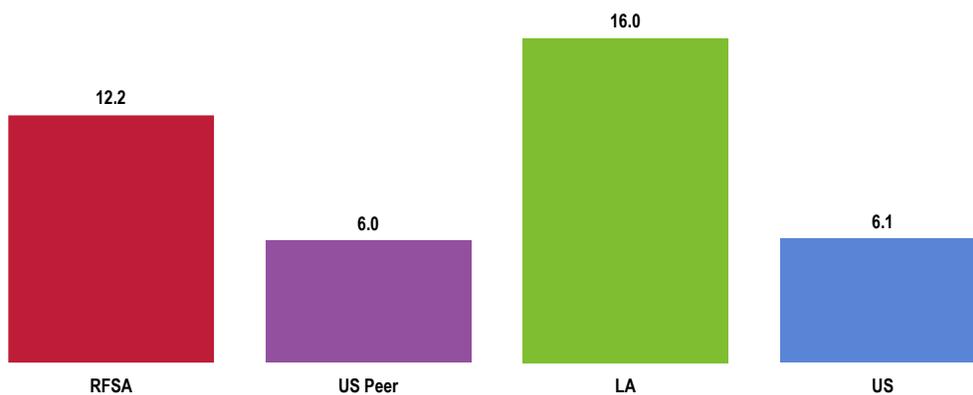
BENCHMARK ▶ Twice the rate reported for Peer counties and the US overall. Fails to satisfy the Healthy People 2030 objective.

TREND ▶ Increasing over the past decade.

DISPARITY ▶ Dramatically higher among Black residents than White residents.

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

Healthy People 2030 = 5.5 or Lower



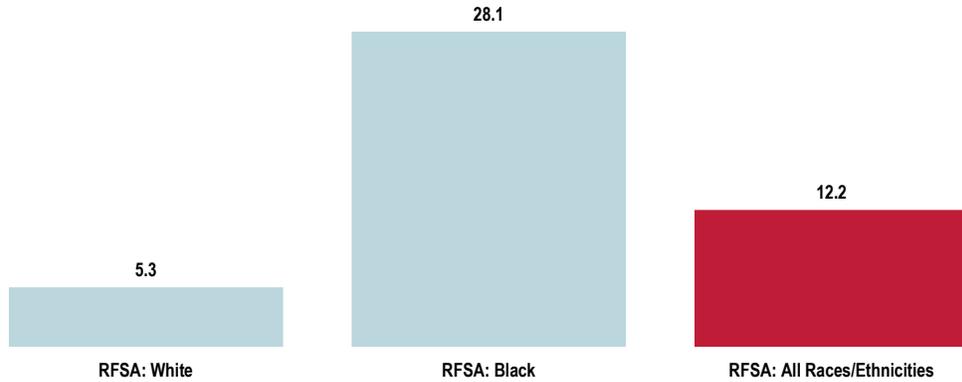
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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



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

Healthy People 2030 = 5.5 or Lower

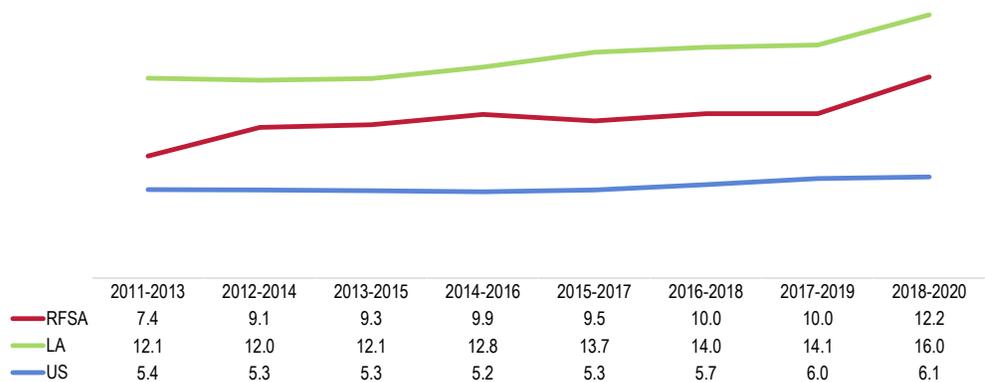


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Race categories reflect individuals without Hispanic origin.

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

Healthy People 2030 = 5.5 or Lower



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



Violent Crime

Violent Crime Rates

During the 2015-2017 reporting period, the Rapides Foundation Service Area experienced **633.1 violent crimes per 100,000 population.**

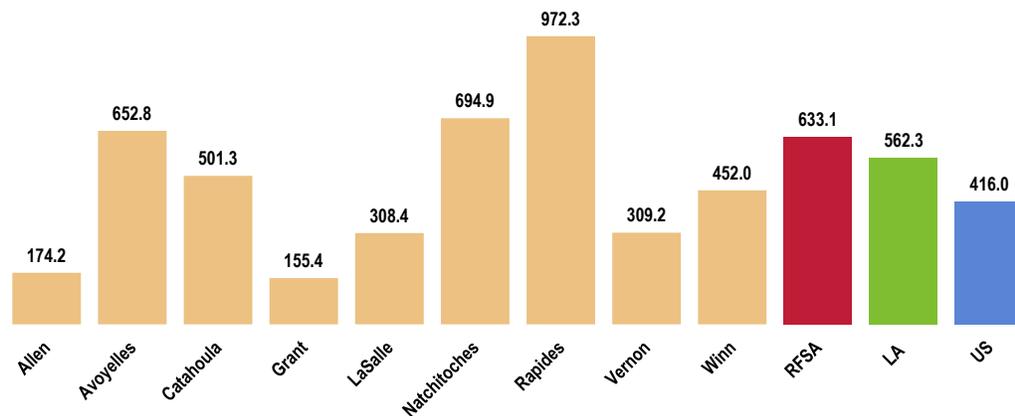
BENCHMARK ▶ Well above the national crime rate.

DISPARITY ▶ Highest in Avoyelles, Natchitoches, and Rapides parishes.

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.



Community Violence

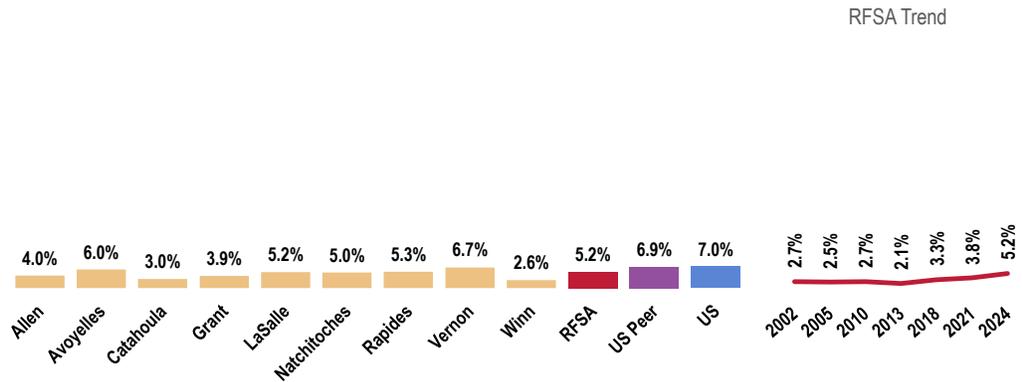
A total of 5.2% of surveyed adults acknowledge being the victim of a violent crime in the area in the past five years.

BENCHMARK ▶ Lower than the national prevalence.

TREND ▶ Increasing from baseline 2002 findings.

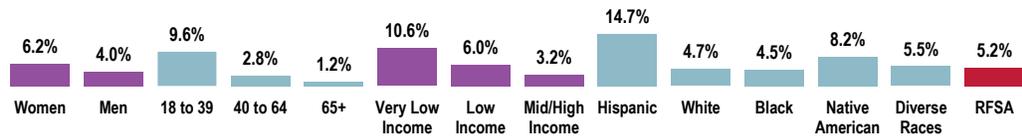
DISPARITY ▶ Lowest in Winn Parish. Reported more often among women, young adults, those in low-income households, and Hispanic respondents.

Victim of a Violent Crime in the Past Five Years



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 32]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Victim of a Violent Crime in the Past Five Years (Rapides Foundation Service Area, 2024)



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



Respondents were read: "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."

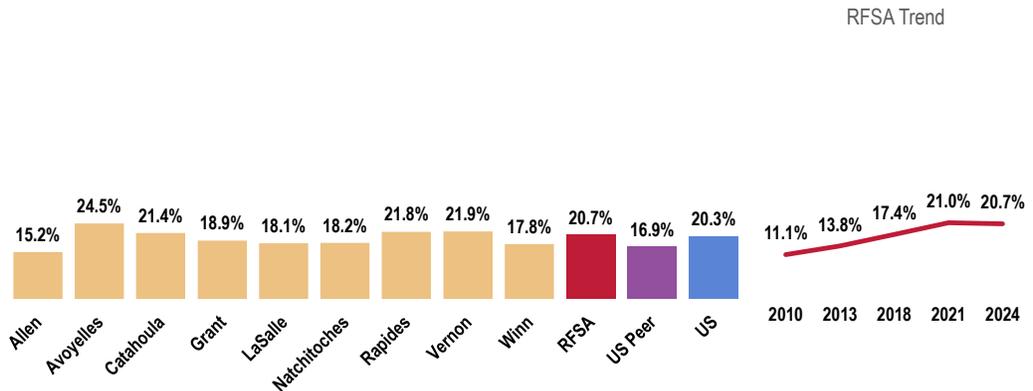
Intimate Partner Violence

A total of 20.7% of Rapides Foundation Service Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

TREND ▶ Increasing significantly since 2002.

DISPARITY ▶ Lowest in Allen Parish.

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



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 33]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Key Informant Input: Injury & Violence

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

Perceptions of Injury and Violence as a Problem in the Community (Rapides Foundation Service Area 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

- Read the news or come to any local emergency department. – Public Health Representative (Rapides Parish)
- High crime rates in our community, including violent crime, resulting in injury or death. – Community Leader (Rapides Parish)

Just gathering my opinion from the news. – Community Leader (Rapides Parish)

One look at the news and we can see that we live in a more violent society. Even if we are not directly impacted, the stress of this crime, particularly among our most vulnerable populations, is not healthy. – Community Leader (Rapides Parish)

Reported incidents. – Community Leader (Rapides Parish)

The amount of crime that is and has occurred has increased tremendously over the past couple of years. Thereby impacting people both directly and indirectly. – Community Leader (Rapides Parish)

Violent crime reports. – Community Leader (Rapides Parish)

Injury and violence make up a large portion of local media coverage. – Community Leader (Rapides Parish)

Crimes taking place. – Social Services Provider (Allen Parish)

High crime rate. Lack of police officers, poor pay for law enforcement. – Community Leader (Rapides Parish)

Violent crime has increased significantly since the pandemic, according to local law enforcement data. There are frequent shootings, deaths, and reported episodes of domestic violence. – Social Services Provider (Natchitoches Parish)

The amount of crime and the number of violent acts, such as shootings, for a community of this size. – Public Health Representative (Rapides Parish)

Violent crime is prevalent and on the rise. – Physician (Natchitoches Parish)

Increased crime activity and violent crimes. – Health Provider (Rapides Parish)

The crime rate among youth is extremely high, and there is a lack of youth focused resources for low-income residents. – Social Services Provider (Rapides Parish)

Domestic violence is a major concern in this community, and I believe there still aren't enough advocates nor educated providers to address the issues that individual faces. Often it is thought of as spousal relationships or boyfriend/girlfriend. But the elderly and children suffer abuse as well, but no one asks a general question at doctor appointments or other services they may seek that deals with health issues. – Social Services Provider (Rapides Parish)

One only has to tune in to the local news to know that these are major problems. According to local law enforcement, not all crime is reported through the media. That is even more frightening. – Social Services Provider (Rapides Parish)

I see evidence of violence and abuse on a daily basis. I work with survivors of intimate partner domestic and dating violence and their families. Ignorance of healthy relationships exists throughout the parents. Physical violence is how abusers control their partners. Children model the behaviors that they witness. – Community Leader (Grant Parish)

The violence in Rapides Parish is out of control. There are people murdered and raped almost daily in Rapides Parish. Law enforcement officials do what they can to prevent this violence. – Social Services Provider (Rapides Parish)

We are in the hood; we see it and hear of it frequently. – Social Services Provider (Rapides Parish)

Black on black crime is a leading cause of death, especially in the younger population. – Social Services Provider (Rapides Parish)

Violent crime is at an all-time high in this area. – Social Services Provider (Rapides Parish)

Gun Violence

Crime is out of control in Central Louisiana. We have a more gun violence than many other larger cities. The attacks on our law enforcement have been outrageous. We are not able to recruit and hire enough law enforcement to protect the areas. – Community Leader (Rapides Parish)

We have shootings constantly and deaths resulting. – Community Leader (Natchitoches Parish)

Having three shootings in one day in Alexandria, Louisiana on June 17th, 2024, raises lots of concern. The homeless population being beaten and robbed in the streets, as well as the multiple arrests for battery and domestic violence. – Community Leader (Rapides Parish)

Too much gun violence. – Community Leader (Natchitoches Parish)

I am a schoolteacher who loses nearly one student a year to gun violence. Anecdotally, crime seems like it is rising in Central Louisiana, despite falling nationwide. – Social Services Provider (Rapides Parish)

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 (Winn Parish)



There's no doubt addiction is a major factor in the increase in injury and violence in our community. Most violence reported in our community occurs between people who know one another, not the result of random acts. Addressing addiction is HARD and dirty work and will never be completely addressed by those funders focusing support on a completely abstinence-based approach for the sake of a beautiful newsletter. There are few organizations/people willing to get close enough to the issue to make a difference. Other causes include the lack of opportunities in our community, and this is unlikely to change any time soon. Very few industries are looking to locate here, and those that are often raise other concerns, like the environmental impact on our community. Further, racism is alive and well in Cenla and this, along with Louisiana's ranking as 47th in the nation in education, definitely contributes as does generational lack of parental involvement for a myriad of reasons. Out of space. – Social Services Provider (Rapides Parish)

Drugs and income. – Social Services Provider (Rapides Parish)

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

Drugs and access to guns by unlawful means, and activity for the per capita in Alexandria. – Community Leader (Rapides Parish)

Access to Care/Services

Lack of access to mental health services and individuals who have substance abuse issues and/or co-occurring diagnosis. – Social Services Provider (Rapides Parish)

Catahoula does not have an ambulance service. – Community Leader (Catahoula Parish)

Emergency Rooms have long waiting times to be seen, they are overwhelmed. – Social Services Provider (Rapides Parish)

Awareness/Education

There's little domestic violence education in the high-risk areas. – Community Leader (Rapides Parish)

Domestic violence. – Community Leader (Vernon Parish)

Community ignorance and drugs play a major role in injury and violence. Mental health needs to be on the forefront of healthcare. – Physician (Rapides Parish)

Culture, lack of proper parenting, accountability. – Social Services Provider (Rapides Parish)

Income/Poverty

Socioeconomic status and lifestyle. – Health Provider (Rapides Parish)

Lack of good jobs, mental illness, drug, and alcohol abuse, etc. There is an increase in violence, whether it be domestic violence or gun violence. – Health Provider (Rapides Parish)

High poverty level and crime. – Health Provider (Natchitoches Parish)

Law Enforcement

Inability to fully staff police departments. Need more community-based, free activities for youth. – Social Services Provider (Rapides Parish)

Maternal Mortality

Maternal deaths, childhood deaths, and crime rates. – Public Health Representative (Rapides Parish)



DIABETES

ABOUT DIABETES

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

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

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

Age-Adjusted Diabetes Deaths

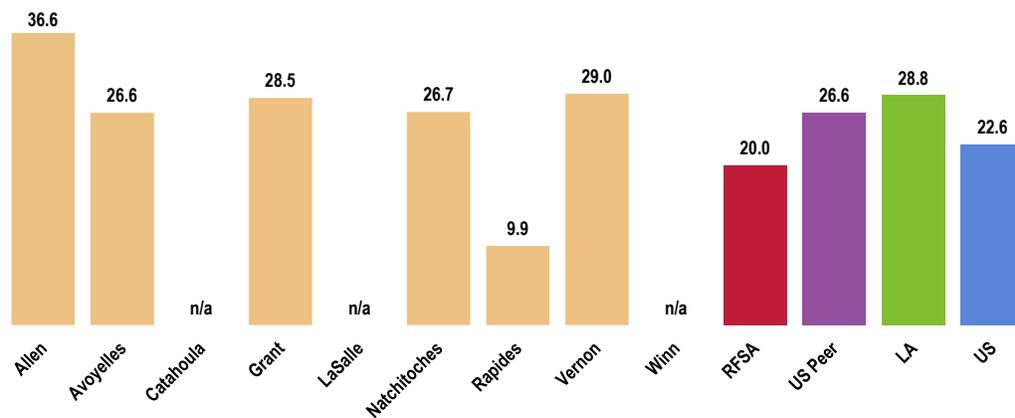
Between 2018 and 2020, there was an annual average age-adjusted diabetes mortality rate of 20.0 deaths per 100,000 population in the Rapides Foundation Service Area.

BENCHMARK ▶ Lower than the Peer and US mortality rates.

TREND ▶ Decreasing over the past decade.

DISPARITY ▶ Highest in Allen Parish. Nearly twice as high among Black residents as White residents.

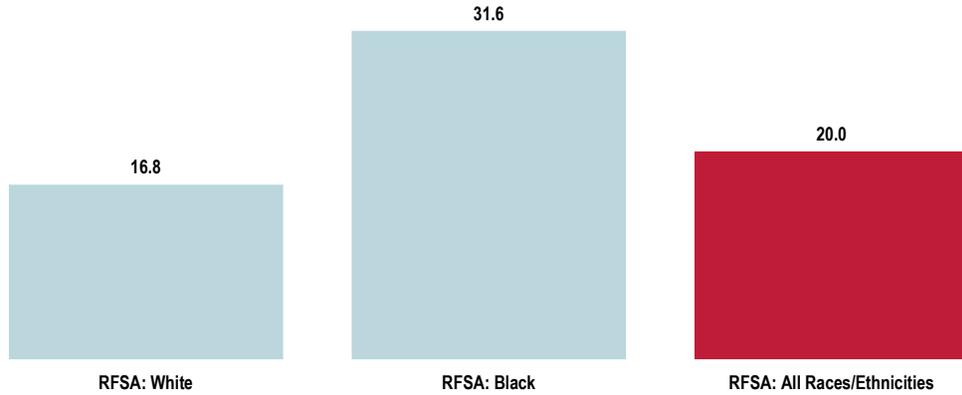
Diabetes: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



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



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



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
 Notes: ● Race categories reflect individuals without Hispanic origin.

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



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

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



Prevalence of Diabetes

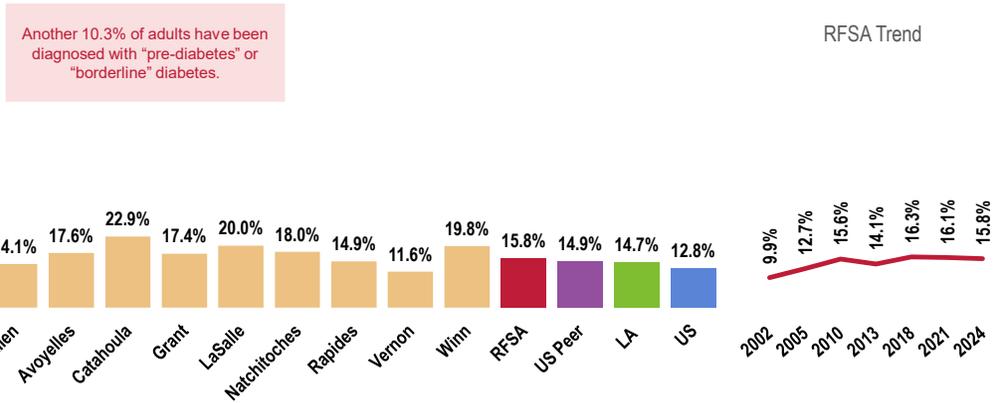
A total of 15.8% of service area adults report having been diagnosed with diabetes.

BENCHMARK ▶ Higher than the US prevalence.

TREND ▶ Increasing significantly since 2002.

DISPARITY ▶ Lowest in Vernon Parish. The prevalence increases with age and is statistically notable among Black survey respondents.

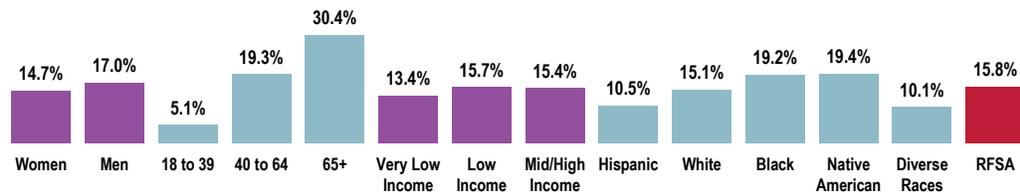
Prevalence of Diabetes



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

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

Prevalence of Diabetes (Rapides Foundation Service Area, 2024)



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



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.

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

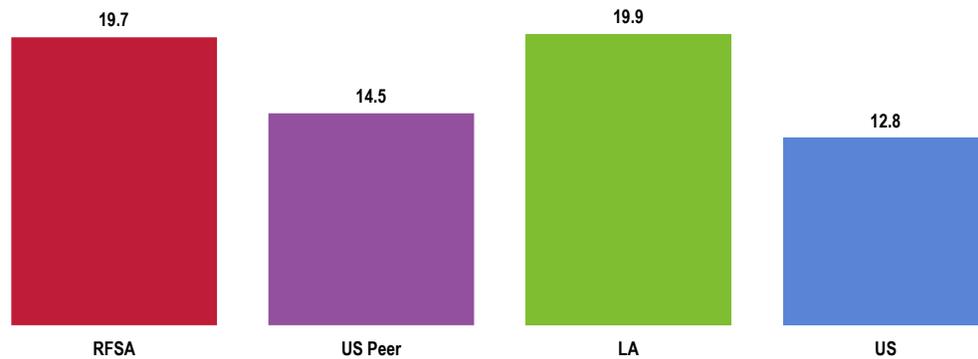
Between 2018 and 2020, the Rapides Foundation Service Area reported an annual average age-adjusted kidney disease mortality rate of 19.7 deaths per 100,000 population.

BENCHMARK ▶ Higher than the peer and national mortality rates.

TREND ▶ Decreasing over the past decade.

DISPARITY ▶ Much higher among Black residents than White residents.

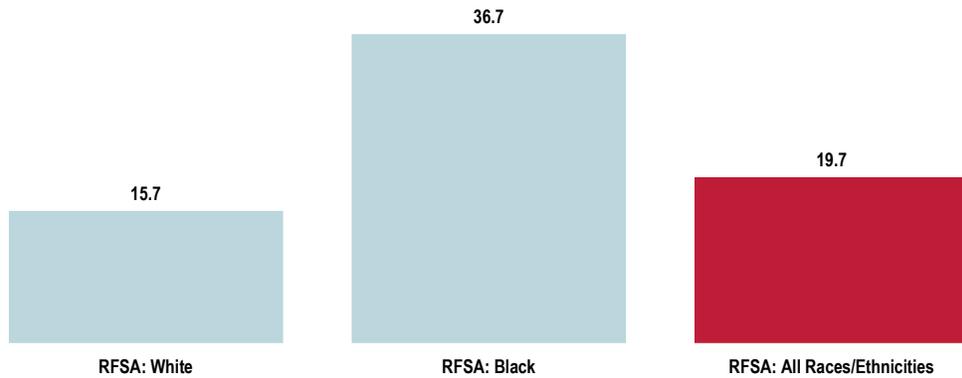
Kidney Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



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

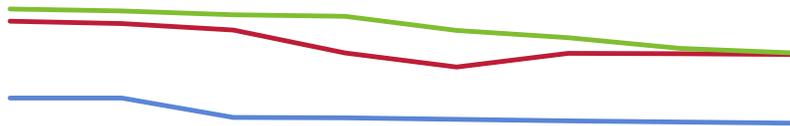


Kidney Disease: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
Notes: • Race categories reflect individuals without Hispanic origin.

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
RFSA	23.1	22.8	22.2	19.9	18.4	19.8	19.8	19.7
LA	24.3	24.1	23.7	23.6	22.1	21.4	20.3	19.9
US	15.3	15.3	13.3	13.3	13.2	13.0	12.9	12.8

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



Prevalence of Kidney Disease

Among surveyed adults, 5.7% report having been diagnosed with kidney disease.

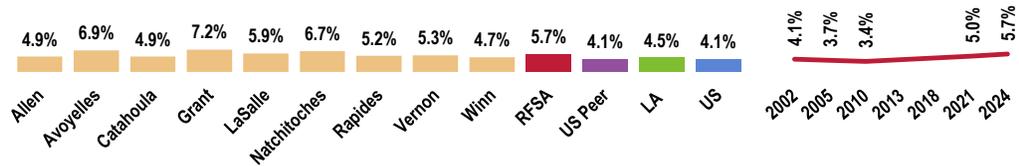
BENCHMARK ▶ Higher than the Louisiana and US percentages.

TREND ▶ Increasing significantly since 2002.

DISPARITY ▶ Reported more often among older adults and Native American respondents.

Prevalence of Kidney Disease

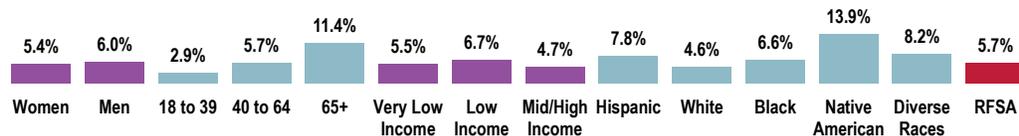
RFSA Trend



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

Prevalence of Kidney Disease (Rapides Foundation Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 307]
 Notes: • Asked of all respondents.



Key Informant Input: Diabetes

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

Perceptions of Diabetes as a Problem in the Community (Rapides Foundation Service Area 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:

Awareness/Education

Education. – Community Leader (LaSalle Parish)

There are not enough educational opportunities for the people of the community to learn about diabetes and prevention, prior to being diagnosed. – Health Provider (Rapides Parish)

Education. – Community Leader (Rapides Parish)

Lack of knowledge as to the causes of type 2 diabetes and that many times it could be prevented. Food and alcohol are a big part of the Louisiana culture. – Community Leader (Rapides Parish)

Care and follow up. Educational training for the disabled and lower income families who lives in a food desert, no affordable healthy choices, materials are expensive and understanding how to use the equipment. Providers are very dismissive in their attitude in treating families without insurance. – Social Services Provider (Rapides Parish)

Education, diet, lack of exercise, out of pocket costs for health care and medications. – Community Leader (Rapides Parish)

Many diabetics share that they are told what they cannot eat but are never taught different methods of preparing food that will help them with their diabetes. Lack of knowledge in general about the disease and how to keep the blood sugar levels steady is a huge factor as well. There are diabetics who think that a shot of insulin is the way to compensate for overindulging on sugary foods. Many diabetics do not consider the long-term impacts of the disease. – Social Services Provider (Rapides Parish)

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

Education, access to healthcare and medications. – Social Services Provider (Natchitoches Parish)

Lack of education on diabetes, lack of resources and facilities for healthy activities. Lack of funding to provide accessible services and education on diabetes. – Community Leader (LaSalle Parish)

Knowledge deficit regarding the disease process and contributing factors. Food desert areas of the community. – Community Leader (Rapides Parish)

Transportation and information on where to go for assistance. – Community Leader (Rapides Parish)

Lack of education, poor choices and not receiving immediate healthcare. – Social Services Provider (Rapides Parish)

Education and income play a part, but the major role is cultural and finding a way to reach, educate and make it a priority for them to live a new way. – Public Health Representative (Catahoula Parish)

Lack of education and lifestyles that contribute to diabetes. – Social Services Provider (Rapides Parish)

Education and compliance. – Physician (Avoyelles Parish)

Poor education, difficulty with co-pays and deductibles. Noncompliance with diet, medications, and appointments. – Physician (Avoyelles Parish)



Lack of education with regards to understanding diet. – Health Provider (Avoyelles Parish)
Besides obesity and education on prevention, I don't know what the challenges are. – Community Leader (Rapides Parish)
Education surrounding a healthy lifestyle. – Social Services Provider (Vernon Parish)
Knowledge of what is healthy and what isn't. Healthy eating options. – Community Leader (Avoyelles Parish)
Access to education and programs to assist with treatment and prevention. – Social Services Provider (Allen Parish)

Affordable Medications/Supplies

The cost of the proper medications. GLP1s are the biggest breakthrough for DM in a long time and the cost is astronomical for most. inexpensive metformin can only go so far. Also, people don't understand how to get affordable insulin. These online coupons can be very tricky for someone who doesn't understand technology. People in Avoyelles parish are uneducated about healthy eating and truly don't understand the correlation to T2DM. – Social Services Provider (Avoyelles Parish)
Access to medications needed to treat the patient. Medication shortages. – Physician (Rapides Parish)
Cost of medications. Lack of access to a certified diabetic educator or dietician. – Physician (Natchitoches Parish)
The cost of supplies. – Community Leader (Avoyelles Parish)
Affordable medication. – Community Leader (Rapides Parish)
Being able to afford or obtain necessary medications to treat diabetes. – Health Provider (Rapides Parish)
Cost of diabetic drugs or no insurance. – Social Services Provider (LaSalle Parish)
Affordable access to insulin and other therapies. Lack of information regarding prevention. A lack of trust the minority groups in this area have towards the medical "authorities" (caused by a long-standing history of abuse, neglect, and just straight up racial/gender discrimination). Lack of access to healthy, tasty, readily available foods. On that note, food deserts all over Rapides parish. There isn't a grocery store from the Superone in Pineville to basically the Kroger's in Alexandria down Jackson Street. Though they are making efforts by putting some produce in the dollar general on main street. – Social Services Provider (Rapides Parish)
Access to affordable medications for Medicare patients. There are a number of excellent medications available, however, when Medicare patients enter the donut hole portion of their drug plan, these medications become cost prohibitive forcing providers to use more affordable medications that have higher risk of hypoglycemia and injury to this at-risk population. – Physician (Rapides Parish)
The cost of supplies. – Social Services Provider (Rapides Parish)

Access to Affordable Healthy Food

Lack of healthy grocery stores, higher prices for healthier foods, and Southern food tends to be unhealthy. – Social Services Provider (Rapides Parish)
Food deserts with access to healthy foods. – Social Services Provider (Rapides Parish)
Trying to eat healthy on minimum income. – Social Services Provider (Rapides Parish)
Our people are impoverished and many live in food deserts. Combined with a lack of transportation, this makes it difficult to access fresh foods and eat a healthy diet. Inflated pricing in the past couple of years despite record profits by some of the major grocers/retailers have led to a much bigger increase in the cost of food and other goods, putting healthy food even further out of reach of many residents. Highly processed food is much more affordable, as are foods with high or hidden sugar content. The health literacy of our community, particularly the marginalized and impoverished is also low. – Social Services Provider (Rapides Parish)
Affordable access to proper diet needs. – Community Leader (Rapides Parish)
Fresh food. Alexandria is a dry desert. No farmer's market that is consistently available and ran well. – Community Leader (Rapides Parish)
The ability to afford healthy foods options. General and early education. – Public Health Representative (Rapides Parish)
We live in a food desert. Shopping is limited to one grocery store that is on average 2 miles from most residents who reside within the town limits. There is not enough variety of healthy, reasonably priced foods available. The store is not within walking distance of residents who do not have transportation. The other food supply in town is Dollar General, which offers limited fresh produce that is usually priced higher than most grocers. Again, lack of transportation limits access to healthier foods. Poor dietary habits, lack of access to healthy foods, culture, and poverty are the greatest contributing causes of diabetes. – Community Leader (Grant Parish)

Nutrition

Keeping a balanced diet with the restaurants and grocery stores we have. – Community Leader (Natchitoches Parish)
Poor nutrition and eating habits. – Social Services Provider (Rapides Parish)



Poor diet habits. – Social Services Provider (Avoyelles Parish)
Diet. – Social Services Provider (Winn Parish)
Lack of proper diet. – Community Leader (Vernon Parish)
Our community members are not healthy eaters. We eat Southern home cooking and that is part of our culture. – Social Services Provider (Vernon Parish)
Poor nutritional habits in general and intake of highly processed products. – Public Health Representative (Rapides Parish)
Healthy eating. – Social Services Provider (Allen Parish)

Access to Care/Services

Access to dieticians, health food options, and guidance with the continuation of proper eating. – Community Leader (Vernon Parish)
Finding a certified diabetic doctor. – Social Services Provider (Rapides Parish)
No endocrinologist in Central Louisiana. Obesity and access to healthy food is a challenge in Louisiana, specifically Central Louisiana. – Community Leader (Rapides Parish)
Access to primary care physicians and treatment for individuals residing in rural areas of Central Louisiana. – Health Provider (Rapides Parish)
Access to care with an endocrinologist, and no pediatric endocrinologist for children with diabetes. – Public Health Representative (Rapides Parish)
Access to care, meal planning and affordable food options. – Health Provider (Natchitoches Parish)
There are numerous individuals who have mental health conditions, and we have extremely limited facilities and clinics to address this, so many individuals go without help. The assistance available is majorly disproportionate to the assistance needed. – Public Health Representative (Rapides Parish)

Lifestyle

Healthy eating habits are a major concern. Also, the cost of medication for treatment and prevention of diabetes. – Community Leader (Allen Parish)
Major problems due to generational poor, unhealthy behavior, poor diet, low educational level, lack of proper nutrition and lack of adequate exercise. – Community Leader (Rapides Parish)
Poor food choices available and lack of safe outdoor recreation opportunities, such as safe places to walk, run and bicycle. – Community Leader (Rapides Parish)
Lifestyle changes, to include healthier eating and regular exercise. Nutrition options. Noncompliance with visits and medication. – Physician (Avoyelles Parish)

Disease Management

The biggest challenge for people with diabetes is patient compliance to diet, medication, and appropriate monitoring. – Health Provider (Winn Parish)
Monitoring their sugar levels and nutrition. – Social Services Provider (Rapides Parish)
Long-lasting health issues. – Social Services Provider (Rapides Parish)
Compliance is a large issue with diabetes in our area. Having access to medications for diabetes is also an issue since most are very expensive for those with high deductibles, or those on Medicare without being dually enrolled. – Physician (Avoyelles Parish)

Affordable Care/Services

Expense. – Community Leader (Winn Parish)
Cost and access of care. – Community Leader (Rapides Parish)

Cultural/Personal Beliefs

Cultural aversion to healthy eating. Access to fresh, not processed food. Climate change and the resulting heat make the activity needed to combat weight gain more difficult. – Community Leader (Rapides Parish)
Louisiana culture. – Social Services Provider (Rapides Parish)



DISABLING CONDITIONS

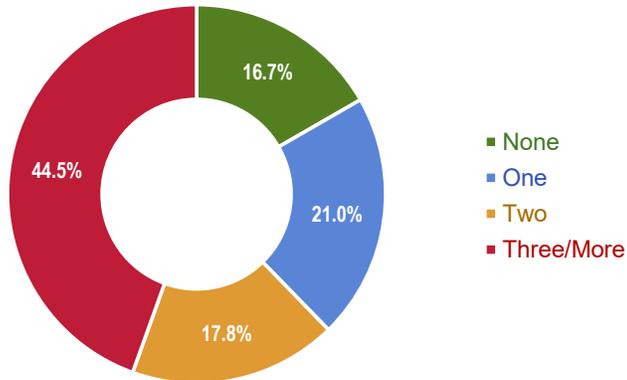
Multiple Chronic Conditions

For the purposes of this assessment, chronic conditions include:

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

Among Rapides Foundation Service Area survey respondents, most report having at least one chronic health condition.

Number of Current Chronic Conditions
(Rapides Foundation Service Area, 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.

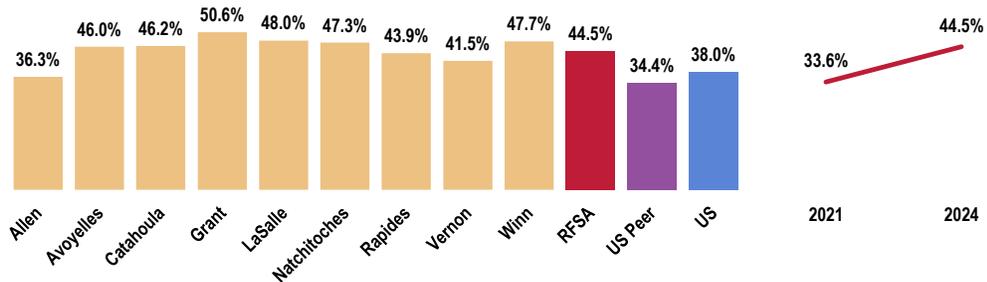
In fact, 44.5% of service area adults report having three or more chronic conditions.

BENCHMARK ▶ Well above the Peer and US percentages.

TREND ▶ Increasing significantly since 2021.

DISPARITY ▶ Reported among half of Grand Parish respondents. Strong correlation with age, and higher among women, adults in low-income households, and Native American respondents.

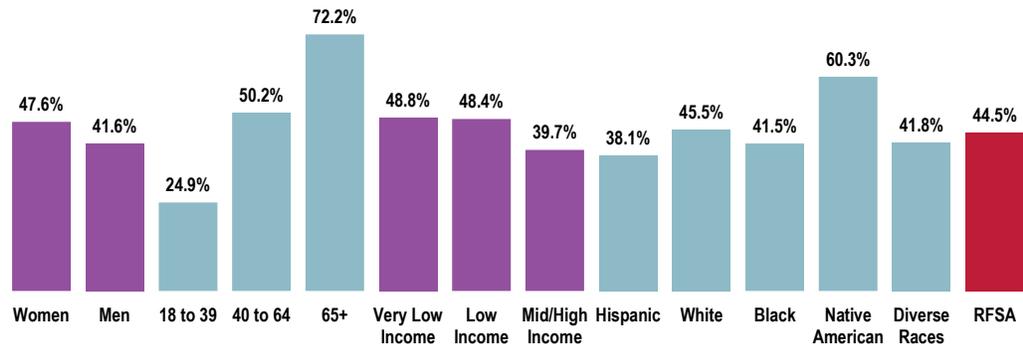
Currently Have Three or More Chronic Conditions



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 107]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.
 • In this case, chronic conditions include lung disease, arthritis, cancer, kidney disease, heart attack/angina, stroke, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.



Currently Have Three or More Chronic Conditions (Rapides Foundation Service Area, 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.

Activity Limitations

ABOUT DISABILITY & HEALTH

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

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

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

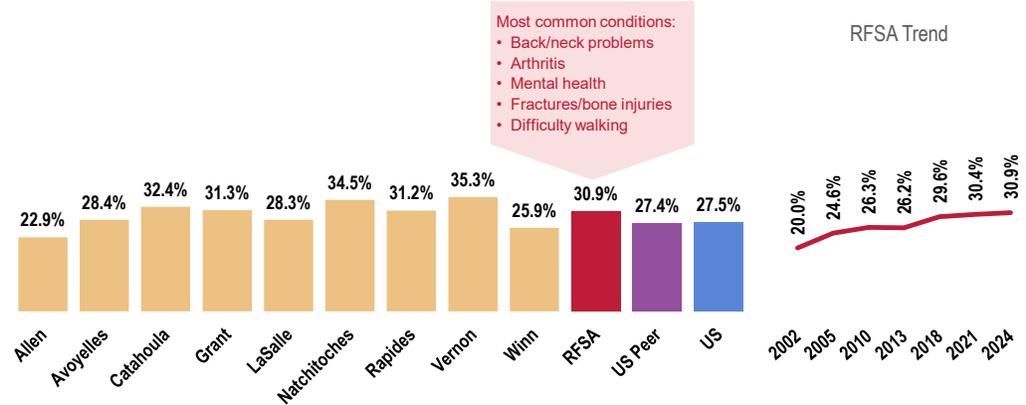
A total of 30.9% of Rapides Foundation Service Area adults are limited in some way in some activities due to a physical, mental, or emotional problem.

TREND ► Marks a statistically significant increase since 2002.

DISPARITY ► Highest in Vernon Parish. Reported more often among women; older residents; those in low-income households; and Hispanic, White, and Native American respondents.

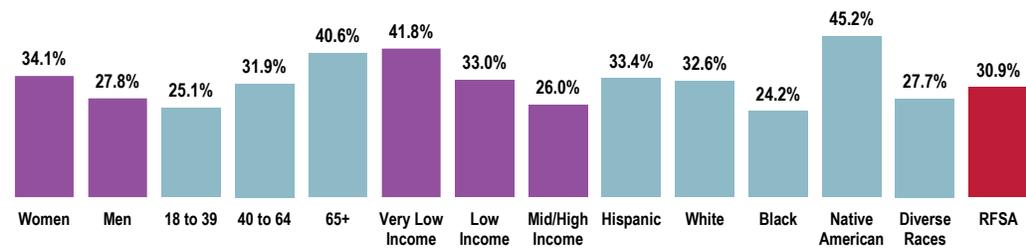


Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Items 83-84]
 ● 2023 PRC National Health Survey, PRC, Inc.
 Notes: ● Asked of all respondents.
 ● "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSAT.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Rapides Foundation Service Area, 2024)



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



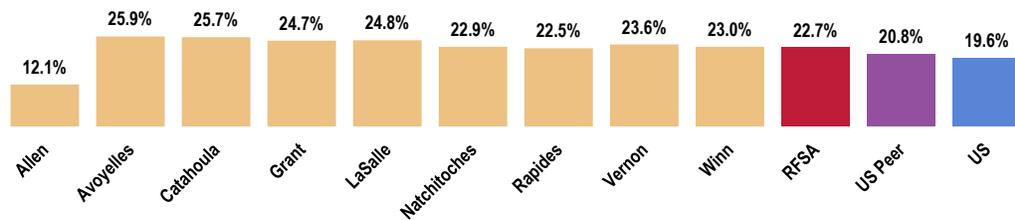
Chronic Pain

A total of 22.7% of Rapides Foundation Service Area adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities “every day” or “most days” during the past six months.

BENCHMARK ▶ Above the US figure and failing to satisfy the Healthy People 2030 objective.

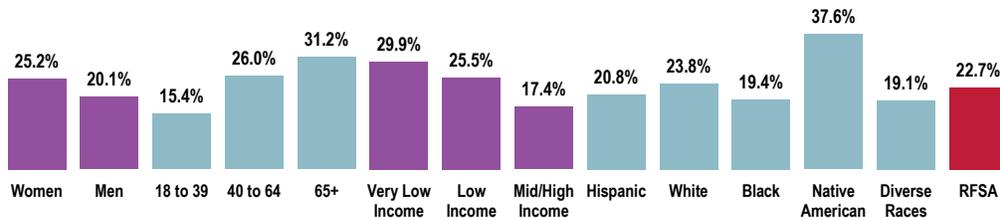
DISPARITY ▶ Notably lower in Allen Parish. The prevalence increases with age and is reported more often among women, people in low-income households, White residents, and Native American residents.

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

Experience High-Impact Chronic Pain (Rapides Foundation Service Area, 2024) Healthy People 2030 = 6.4% or Lower



- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 31]
 - 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.

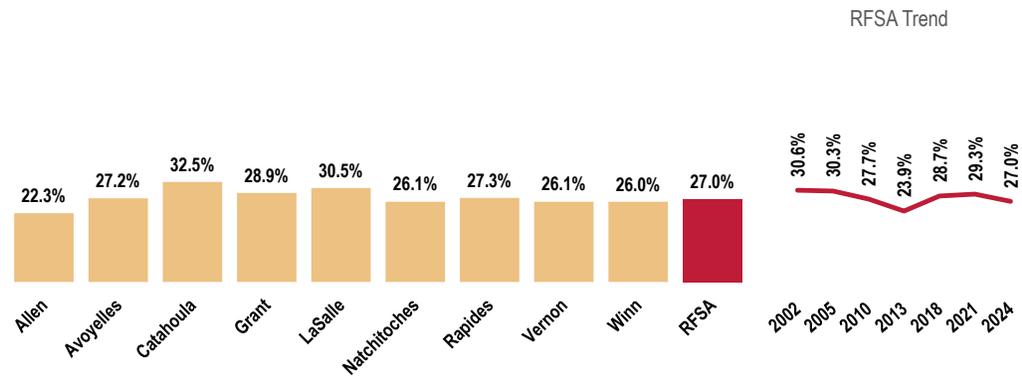


Arthritis

A total of 27.0% of Rapides Foundation Service Area adults currently experience arthritis/rheumatism.

TREND ► Decreasing from 2002 baseline findings.

Prevalence of Arthritis/Rheumatism



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. Nearly 6 million people in the United States have Alzheimer's, and that number will increase as the population ages.

Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

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

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



Age-Adjusted Alzheimer's Disease Deaths

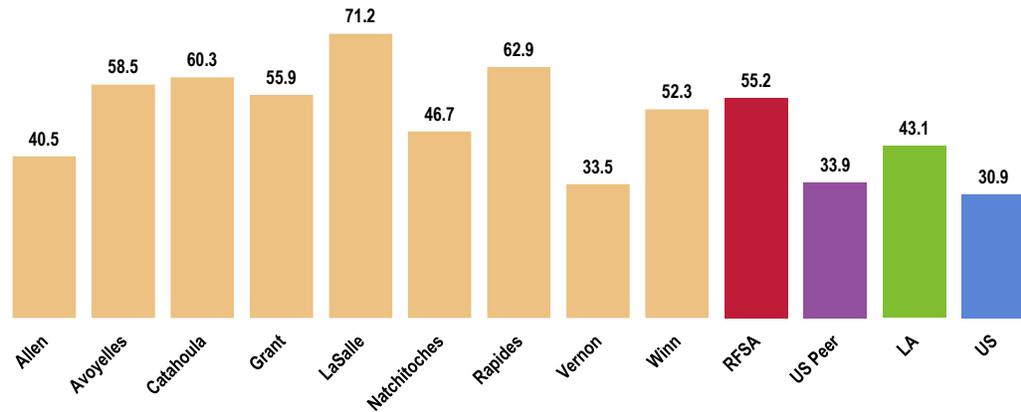
Between 2018 and 2020, the service area reported an annual average age-adjusted Alzheimer's disease mortality rate of 55.2 deaths per 100,000 population.

BENCHMARK ▶ Well above the Peer, Louisiana, and US mortality rates.

TREND ▶ Increasing over the past decade, echoing state and national trends.

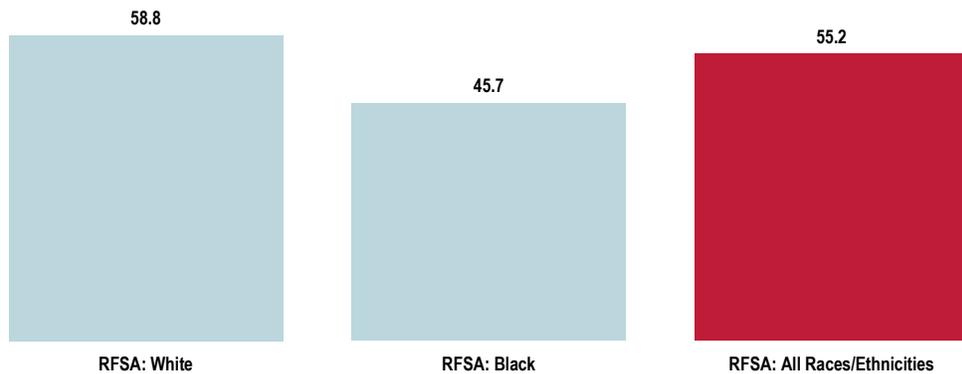
DISPARITY ▶ Highest in LaSalle Parish. Worse among White residents than Black residents.

Alzheimer's Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



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

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

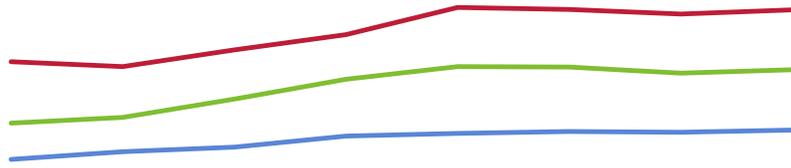


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Notes: • Race categories reflect individuals without Hispanic origin.



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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
RFSA	44.7	43.7	47.1	50.2	55.7	55.3	54.4	55.2
LA	32.3	33.5	37.1	41.2	43.7	43.6	42.4	43.1
US	25.0	26.5	27.4	29.7	30.2	30.6	30.4	30.9

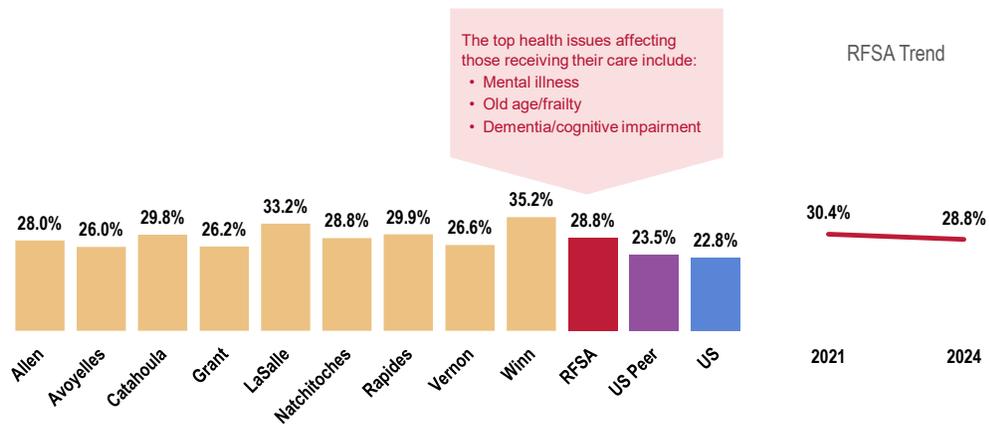
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Caregiving

A total of 28.8% of Central Louisiana adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

BENCHMARK ► Higher than the national figure.

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. [Items 85-86]

• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

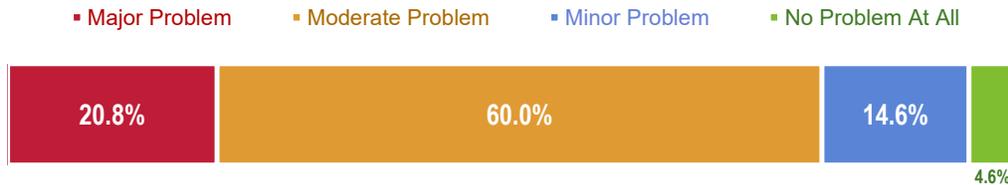
• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.



Key Informant Input: Disabling Conditions

Key informants taking part in an online survey most often characterized *Disabling Conditions* as a “moderate problem” in the community.

Perceptions of Disability & Chronic Pain as a Problem in the Community (Rapides Foundation Service Area 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 (Winn Parish)
- Observation as I shop and travel around our community. I work for a nonprofit entity, and we make every effort to be inclusive in our planning and all other activities. – Social Services Provider (Rapides Parish)
- I see and hear of it daily. – Social Services Provider (LaSalle Parish)
- Parkinson’s or related diseases. – Community Leader (Grant Parish)
- Chronic pain and dementia, simply because of the number of people I’ve seen with these conditions and how hard it appears to combat them. – Community Leader (Rapides Parish)
- There are a lot of nursing homes here and people generally seem to be unhealthy. Lots of grandparents raise children because of chronic drug issues. – Community Leader (Avoyelles Parish)

Access to Care/Services

- Poor access to health care and cost of prescription drugs. – Community Leader (Rapides Parish)
- So many people need help and have to go out of town to get treatment. – Social Services Provider (Avoyelles Parish)
- Affordable medical care and transportation. – Social Services Provider (Rapides Parish)
- Chronic illnesses are met with harsh realities in that it takes months to get to see their providers and often use the emergency rooms as a resource for minor treatment. Families with family members suffering dementia have to use home health care providers and long-term care. The waiting list is 2-3 years to obtain services. So often if the provider has to work these individuals are left in the home alone for hours on end, often not eating or having proper care. – Social Services Provider (Rapides Parish)

Aging Population

- As our population ages, more and more of us need assistance or full-time care. Such assistance and care is not always available or affordable. – Community Leader (Rapides Parish)
- Dementia is growing as the population is getting older. Many people are on pain killers for chronic pain. – Health Provider (Rapides Parish)

Income/Poverty

- Poverty. – Social Services Provider (Rapides Parish)
- Lower income levels, expense of hearing aids, dentures, and even dental care. – Community Leader (Vernon Parish)

Obesity

- A great deal of it can be linked to the obesity that is prevalent in our community. – Community Leader (Rapides Parish)



A lot of patients have a lifetime of poor health, including obesity, and now are in severe pain and are poor surgical candidates. Older adults are often reliant on their children who are themselves on disability or living paycheck to paycheck. – Physician (Avoyelles Parish)

Vulnerable Populations

People don't trust the healthcare system and there is so much stigma still attached to mental health issues. Many people equate aging with diminished physical and mental capacity. There are very limited resources for movement and physical activity. Many people have not learned of the connection between oral health/hygiene and overall health and wellbeing. – Community Leader (Grant Parish)

Diagnosed cases of autoimmune diseases, which affect mostly people of color, seem disproportionately high. – Community Leader (Grant Parish)

Society doesn't value the disabled. – Community Leader (Rapides Parish)

Diagnosis/Treatment

Pain management needs to have a definite treatment plan. Patients need to understand that there will be expectations of ending pain treatment after a treatment plan of minor injuries is complete. – Physician (Rapides Parish)

The problem is the lack of supportive services for the individuals and the caregivers of these individuals. – Social Services Provider (Rapides Parish)

Lack of Providers

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

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 (Winn Parish)





BIRTHS

PRENATAL CARE

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>)

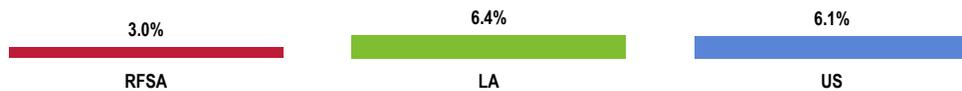
Early and continuous prenatal care is the best assurance of infant health.

Between 2017 and 2019, 3.0% of all Rapides Foundation Service Area births did not receive prenatal care in the first six months of pregnancy.

BENCHMARK ▶ Half the state and national percentages.

TREND ▶ Decreasing considerably over time, in contrast to Louisiana and US trends.

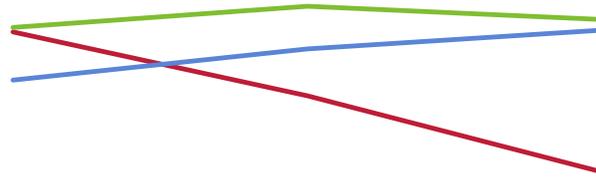
Lack of Prenatal Care in the First Six Months of Pregnancy (Percentage of Live Births, 2017-2019)



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research.
• 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 women who do not obtain prenatal care before their seventh month of pregnancy (if at all).



Lack of Prenatal Care in the First Six Months of Pregnancy (Percentage of Live Births)



	2011-2013	2014-2016	2017-2019
RFSA	6.1%	4.7%	3.0%
LA	6.2%	6.7%	6.4%
US	5.0%	5.7%	6.1%

Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research.
- 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 women who do not obtain prenatal care before their seventh month of pregnancy (if at all).



BIRTH OUTCOMES & RISKS

Low-Weight Births

A total of 10.6% of 2016-2022 Rapides Foundation Service Area births were low-weight.

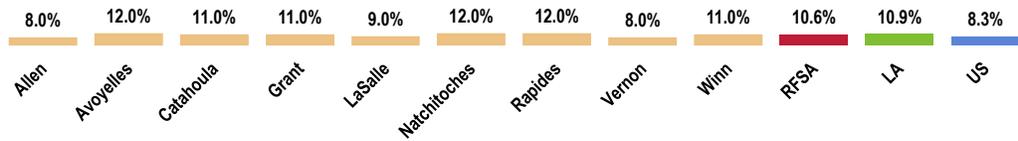
BENCHMARK ▶ Higher than the US figure.

DISPARITY ▶ Lower among Allen, LaSalle, and Vernon Parish 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.

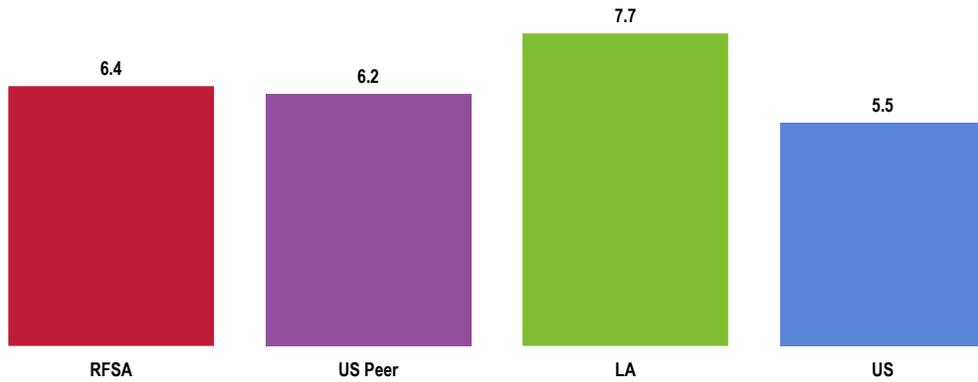
Between 2018 and 2020, there was an annual average of 6.4 infant deaths per 1,000 live births.

BENCHMARK ▶ Lower than the state rate but fails to satisfy the Healthy People 2030 objective.

TREND ▶ The mortality rate has decreased over the past decade.

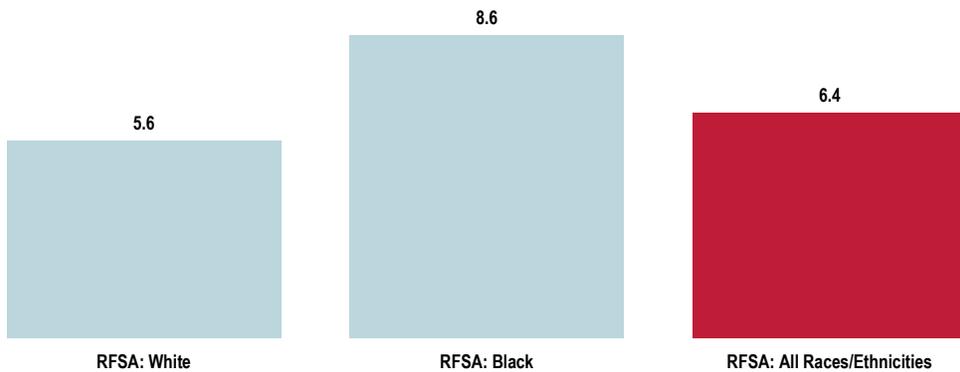
DISPARITY ▶ Higher among Black infants than White infants.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)
Healthy People 2030 = 5.0 or Lower



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

Infant Mortality Rate by Race/Ethnicity
(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)
Healthy People 2030 = 5.0 or Lower



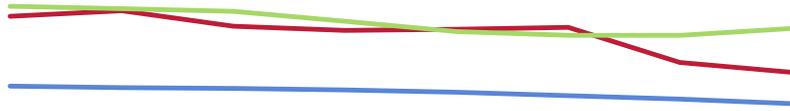
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted August 2024.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
Notes: • Infant deaths include deaths of children under 1 year old.
• Race categories reflect individuals without Hispanic origin.



Infant Mortality Trends

(Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2030 = 5.0 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
RFSA	8.1	8.3	7.8	7.7	7.7	7.8	6.7	6.4
LA	8.4	8.3	8.3	7.9	7.6	7.5	7.5	7.7
US	6.0	5.9	5.9	5.9	5.8	5.7	5.6	5.5

- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted August 2024.
 - Centers for Disease Control and Prevention, National Center for Health Statistics.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.



FAMILY PLANNING

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. ... Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

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

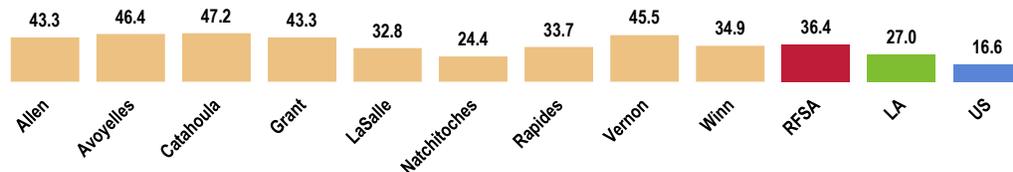
Births to Adolescent Mothers

Between 2016 and 2022, there were 36.4 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in the Rapides Foundation Service Area.

BENCHMARK ▶ Much higher than the Louisiana and US teen birth rates.

DISPARITY ▶ Statistically lower in LaSalle, Natchitoches, Rapides, and Winn parishes.

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.

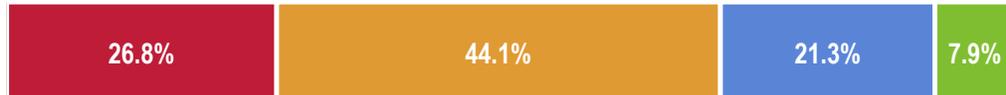


Key Informant Input: Infant Health & Family Planning

Key informants taking part in an online survey largely characterized *Infant Health & Family Planning* as a “moderate problem” in the community.

Perceptions of Infant Health and Family Planning as a Problem in the Community (Rapides Foundation Service Area 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

Limited day care facilities. Limited access to community clinics. – Community Leader (Catahoula Parish)

Lack of prenatal resources. – Community Leader (Allen Parish)

Many of the families do not have close access to obstetricians and gynecologists. Furthermore, there are no pediatricians in the parish. All families must travel to access this type of healthcare. We have several clinics in our parish, but the people who work in these clinics are mainly nurse practitioners and nurses. Furthermore, the families in our parish tend to use the clinics only when they are sick, not for well visits. Transportation is also a hindrance for many families. – Community Leader (Grant Parish)

There are no resources available and no pediatrician. – Social Services Provider (Winn Parish)

Limited access and awareness of resources outside of the Rapides Parish Health Unit. – Social Services Provider (Rapides Parish)

Hard to see a pediatric doctor. – Social Services Provider (Rapides Parish)

There are limited pediatrics services in our community. – Community Leader (Winn Parish)

Teen Pregnancy

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

Well 10 years ago when I was in high school, and even before, there were always young women who were pregnant before being able to care for their little ones. I believe these pregnancies could have been avoided with adequate education and resources (condoms, birth control, family planning services). I cannot speak on the infant health aspect of this question, but I can absolutely speak on the lack of resources that a young woman has in this area, both city and state, to make informed decisions about what is best for them and their future. I believe that more needs to be done to prevent pregnancies before they happen (sex ed, free anonymous resources in schools) and also to provide every available option (including abortion) to young women who end up in situations where the best plan for them regarding their “family” is to not start one. – Social Services Provider (Rapides Parish)

High birth rate among teens. – Community Leader (Rapides Parish)

There are many answers to this question. We live in a world where children are having children without benefit of the knowledge of what it means to be a parent, where help might be sought, what options are available to them. Legislatures and courts are making it increasingly difficult to practice in the reproductive health field. – Community Leader (Rapides Parish)

Alcohol/Drug Use

The early stages of infancy care, especially the issue substance misusing parents, continues to be prevalent and is burdensome for most clinics due to the poor health of the children involved. – Physician (Avoyelles Parish)



Drugs. – Social Services Provider (Rapides Parish)

Due to the number of drugs affected youth and the number of younger children in foster care. – Social Services Provider (Vernon Parish)

Infant Mortality

I understand that our infant mortality rate is higher than the national average – perhaps due to prenatal care. I also see the term “family planning” used for anything from natural methods to some that I find morally unacceptable—abortion, contraception, IVF (and resulting discarded embryos). – Community Leader (Rapides Parish)

Moms’ and babies’ mortality rates are a concern. – Community Leader (Rapides Parish)

The amount of infant abuse and death in our area due to lack of knowledge or lack of ability to control anger and physical harm. – Public Health Representative (Rapides Parish)

Income/Poverty

Central Louisiana has high poverty, creating a barrier to awareness. Louisiana has worked to restrict access to family planning statewide but doesn’t have policies to help with infant health. – Social Services Provider (Rapides Parish)

Lifestyle and socioeconomic status. – Health Provider (Rapides Parish)

Vulnerable Populations

Again, black women die more than any other ethnic group. It’s proven that their socioeconomic plight doesn’t matter. Blacks are leading in this area. – Social Services Provider (Rapides Parish)

Single parents and underage parents. – Community Leader (Rapides Parish)

Central Louisiana has a very high rate of mothers raising their children with no father in the household. When you see children riding in cars without a car seat, most of this is caused by poor parenting. – Social Services Provider (Rapides Parish)

Government/Policy

Our current laws surrounding abortion rights, and community access to healthcare. – Social Services Provider (Vernon Parish)

Unhealthy Relationships

Unhealthy relationships. Men are not responsible for birth control. Women are afraid to insist that men use protection. Shame. – Community Leader (Grant Parish)





MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. ...People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

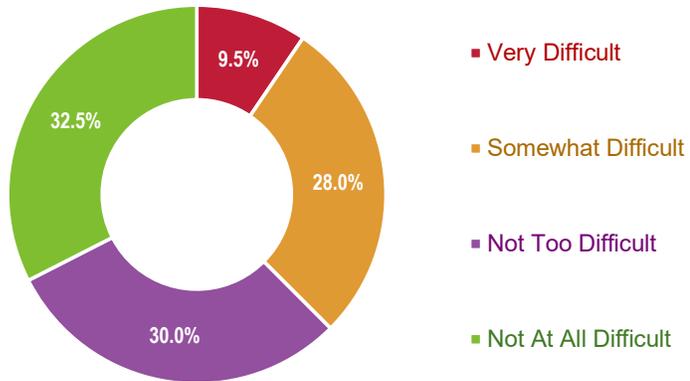
Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

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

Difficulty Accessing Fresh Produce

Most Rapides Foundation Service Area adults report little or no difficulty buying fresh produce at a price they can afford.

Level of Difficulty Finding Fresh Produce at an Affordable Price
(Rapides Foundation Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: ● Asked of all respondents.

However, 37.5% of Rapides Foundation Service Area adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables.

BENCHMARK ▶ Well above the Peer and US percentages.

TREND ▶ More than doubling from 2010 findings.

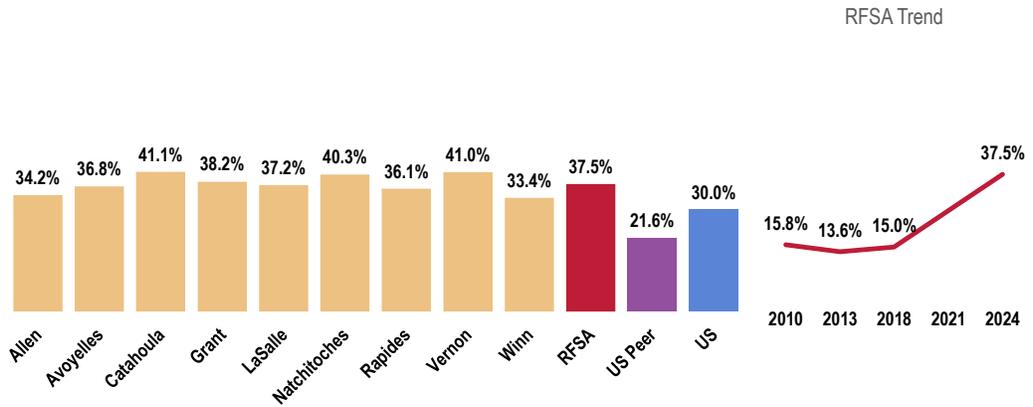
DISPARITY ▶ Reported more often among women, adults under 65, those in low-income households, and Hispanic respondents.

Respondents were asked, “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?”

RELATED ISSUE
See also *Food Access* in the **Social Determinants of Health** section of this report.

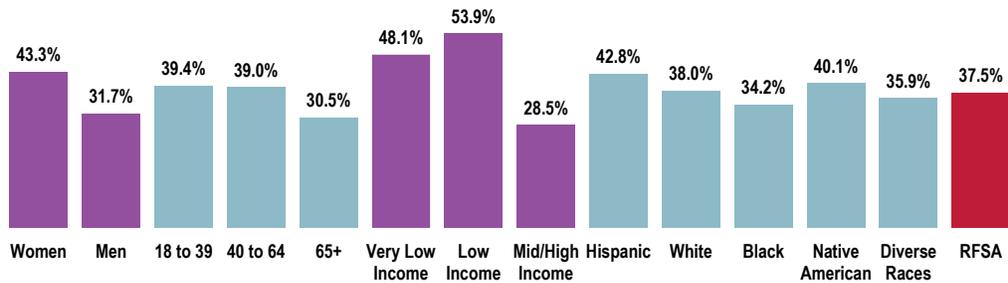


Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • “US Peer” represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Rapides Foundation Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
 Notes: • Asked of all respondents.



Daily Intake of Fruits/Vegetables

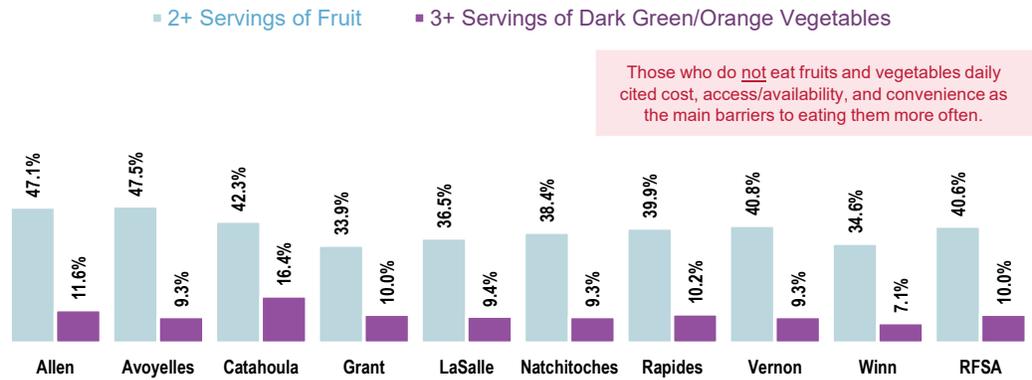
Adults

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.

A total of 40.6% of service area adults report eating two or more servings of fruits (or 100% fruit juice) per day, and 10.0% report eating three or more servings of dark green/orange vegetables per day.

DISPARITY ► Residents of Grant Parish report the lowest prevalence of fruit consumption.

Consume Two or More Servings of Fruits/Vegetables Per Day



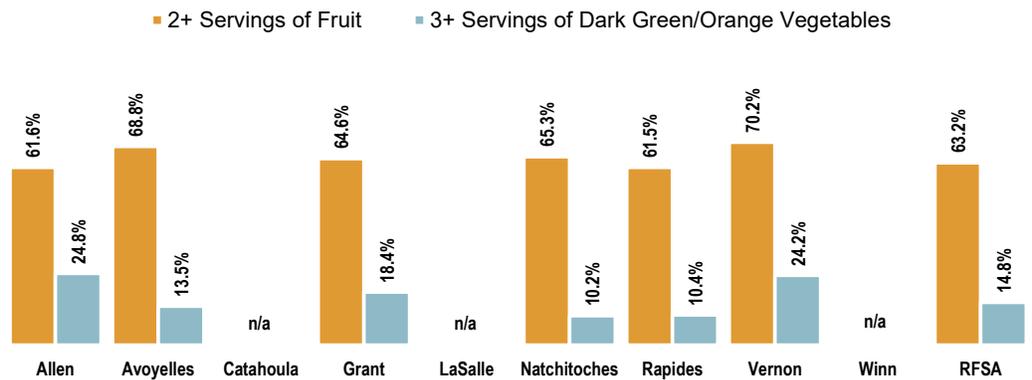
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 337-338]
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.

Children

Among Central Louisiana parents with a child age 2-17 at home, 63.2% report that their child eats two or more servings of fruits (or 100% fruit juice) per day, and 14.8% report that their child eats three or more servings of dark green/orange vegetables per day.

DISPARITY ► Vegetable consumption is lowest among Rapides Parish children.

Child Consumes Two or More Servings of Fruits/Vegetables Per Day (Parents of Children Age 2-17)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 339-340]
 Notes: • Asked of all respondents with a child age 2-17 at home.
 • For this issue, respondents were asked to recall their child's food intake on the previous day.



PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

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

Leisure-Time Physical Activity

A total of 31.5% of Rapides Foundation Service Area adults report no leisure-time physical activity in the past month.

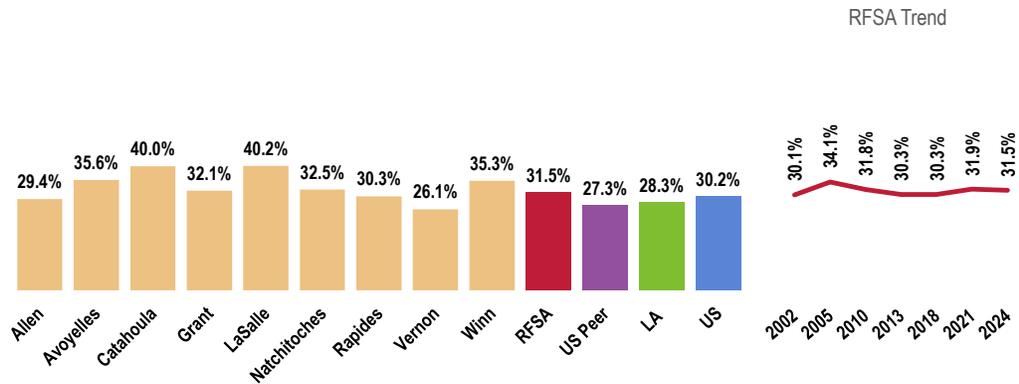
BENCHMARK ► Higher than the Louisiana prevalence and failing to satisfy the Healthy People 2030 objective.

DISPARITY ► Highest in LaSalle Parish.

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.8% 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.
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSAs.



Activity Levels

Adults

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

For adults, “meeting physical activity recommendations” includes adequate levels of both aerobic and strengthening activities:

- **Aerobic activity** is one of the following: at least 150 minutes per week of light to moderate activity (such as walking), 75 minutes per week of vigorous activity (such as jogging), or an equivalent combination of both.
- **Strengthening activity** is at least two sessions per week of exercise designed to strengthen muscles (such as push-ups, sit-ups, or activities using resistance bands or weights).

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

A total of 21.9% of Rapides Foundation Service Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

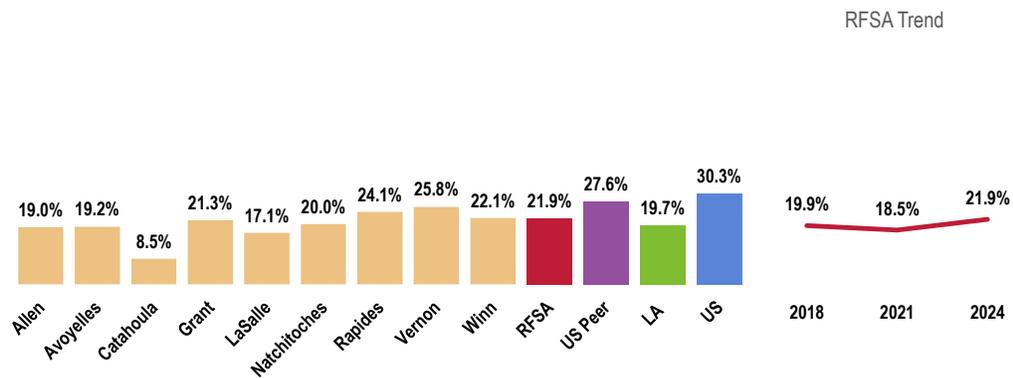
BENCHMARK ▶ Higher than the Louisiana prevalence but lower than the US. Fails to satisfy the Healthy People 2030 objective.

TREND ▶ Higher than previous findings.

DISPARITY ▶ Lowest in Catahoula Parish. Reported less often among women, older residents, those in low-income households, and White respondents.

Meets Physical Activity Recommendations

Healthy People 2030 = 29.7% or Higher



Sources:

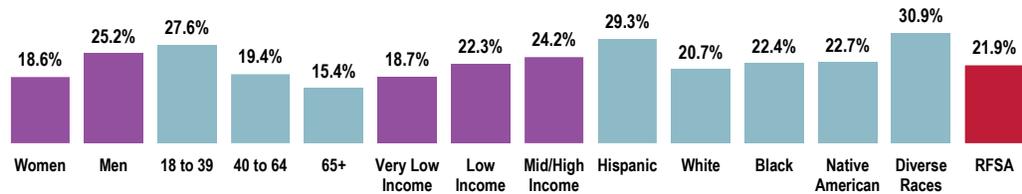
- 2024 PRC Community Health Survey, PRC, Inc. [Item 110]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2022 Louisiana data.
- 2023 PRC National Health Survey, PRC, Inc.
- 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.
- "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.



Meets Physical Activity Recommendations (Rapides Foundation Service Area, 2024) Healthy People 2030 = 29.7% or Higher



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 110]
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.
• Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

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

Among service area children age 2 to 17, 46.7% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

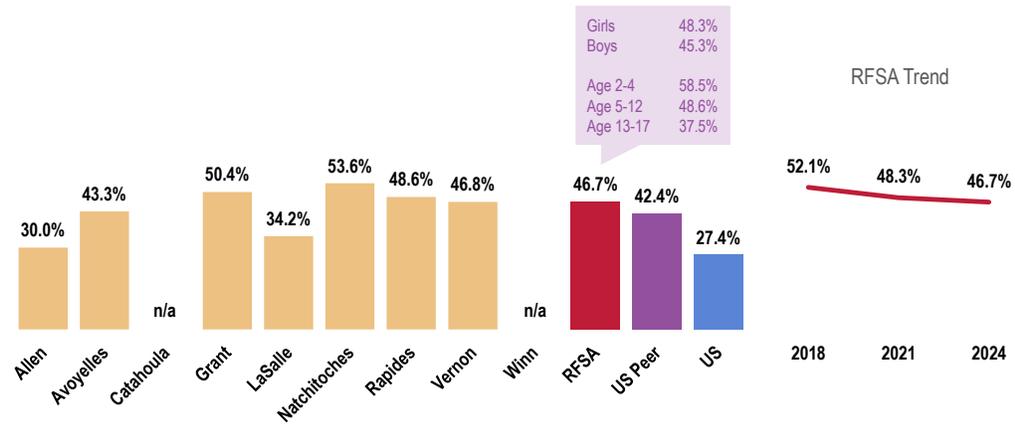
BENCHMARK ▶ Twice the US prevalence.

TREND ▶ Decreasing since 2018.

DISPARITY ▶ Lowest in Allen Parish. The prevalence decreases with child's age.



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



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 94]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children age 2-17 at home.
 • Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Screen Time

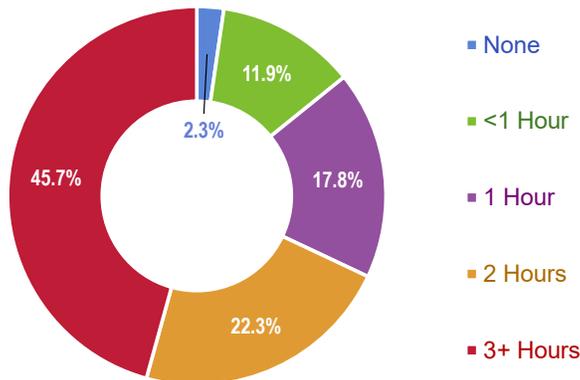
Among Central Louisiana children age 5-17, 45.7% are reported to watch screens for entertainment for three or more hours on an average weekday.

TREND ▶ The prevalence has increased since 2021.

DISPARITY ▶ Higher among service area boys and young children (under five).

In this case, the term "screens" includes TV programming, video games, cell phones, and other electronic devices.

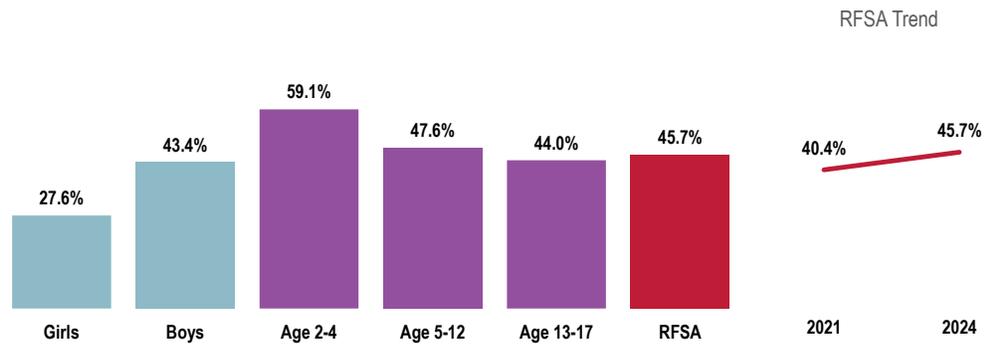
Children: Time Spent Watching Screens for Entertainment on an Average Weekday (Children Age 2-17; 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 335]
 Notes: • Asked of all respondents with children age 2-17 at home.
 • In this case, the term "screens" includes TV programming, video games, cell phones, and other electronic devices.



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

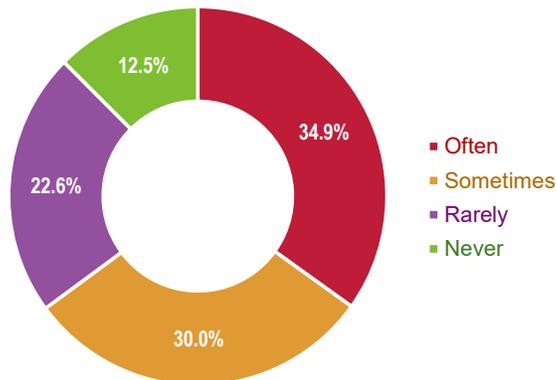


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 341]
 Notes: • Asked of all respondents with children age 2-17 at home.
 • In this case, the term "screens" includes TV programming, video games, cell phones, and other electronic devices.

Community Participation in Physical Activity

A total of 35.1% of RFSA adults report that they “rarely” or “never” see others in their community being physically active, such as walking, jogging, or biking.

Frequency of Seeing Others in the Community Being Physically Active (Rapides Foundation Service Area, 2024)



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

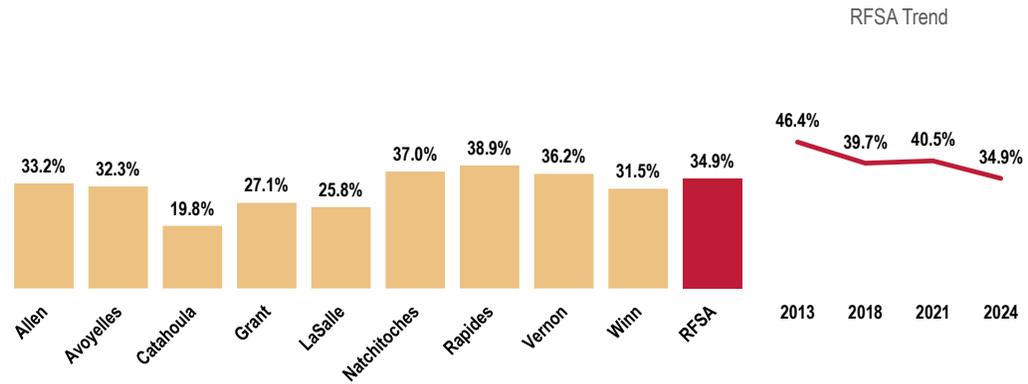


However, 34.9% report that they “often” see other community members being active.

TREND ► Decreasing from 2013 findings.

DISPARITY ► Lower in Catahoula, Grant, and LaSalle parishes.

“Often” See Others in the Community Being Physically Active

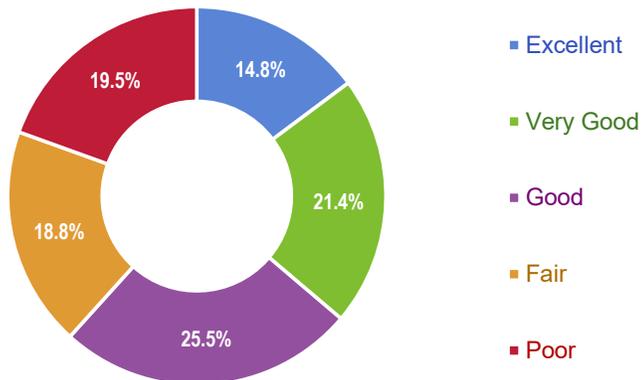


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 320]
 Notes: • Asked of all respondents.

Rating of Opportunities for Activity

Among survey respondents, 36.2% gave “excellent” or “very good” ratings of the availability of opportunities for physical activity in their community.

Rating of Availability of Opportunities to Participate in Physical Activity in the Community (Rapides Foundation Service Area, 2024)



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

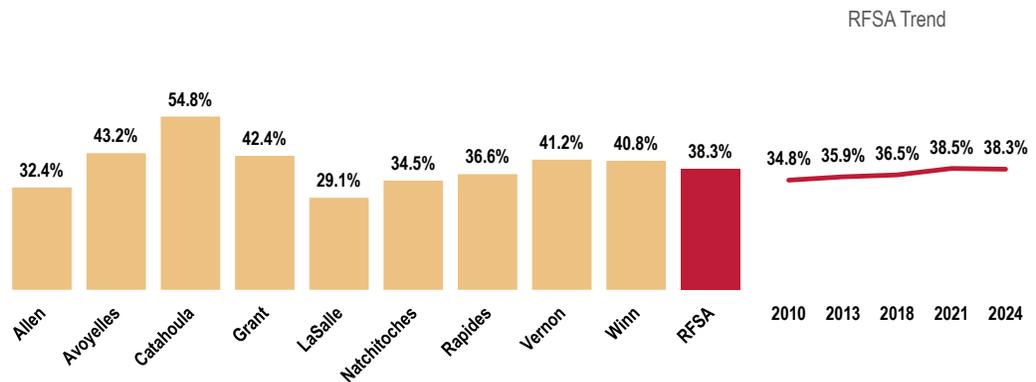


On the other hand, 38.3% of RFSA adults gave “fair” or “poor” ratings of the availability of opportunities for physical activity within the community.

TREND ► Worsening significantly since 2010 (although similar to 2021 findings).

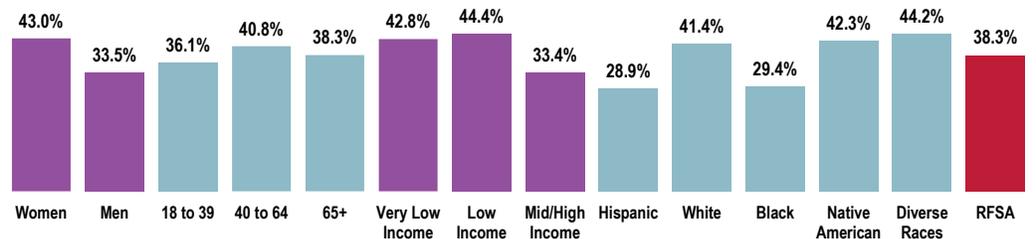
DISPARITY ► Highest in Avoyelles and Catahoula parishes. Reported more often among women, adults age 40 to 64, and those in low-income households. Also higher among White residents, Native American residents, and those of Diverse Races.

“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.

“Fair” or “Poor” Evaluations of the Availability of Opportunities to Participate in Physical Activity in the Community (Rapides Foundation Service Area, 2024)



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

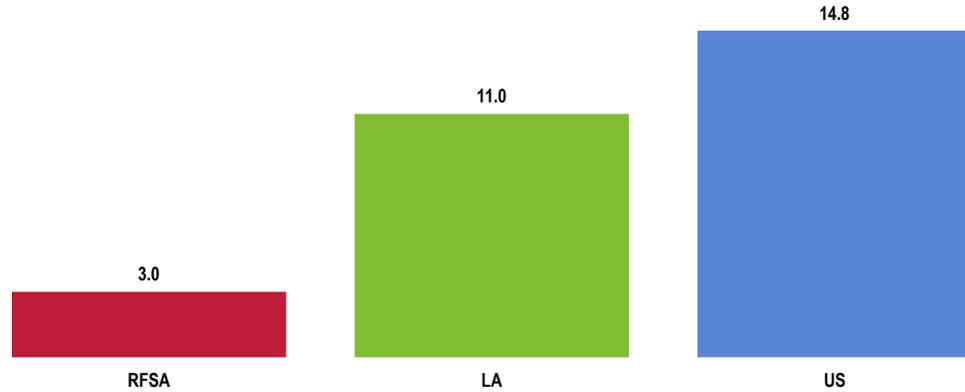


Access to Physical Activity Facilities

In 2022, there were 3.0 recreation/fitness facilities for every 100,000 population in the Rapides Foundation Service Area.

BENCHMARK ▶ Much lower than the Louisiana and US ratios.

Number of Recreation & Fitness Facilities per 100,000 Population (2022)



- Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).
- Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."* Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.



WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

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

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI $\geq 30 kg/m^2$. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2 . The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI $\geq 30 kg/m^2$, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2 .

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
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.



Overweight Status

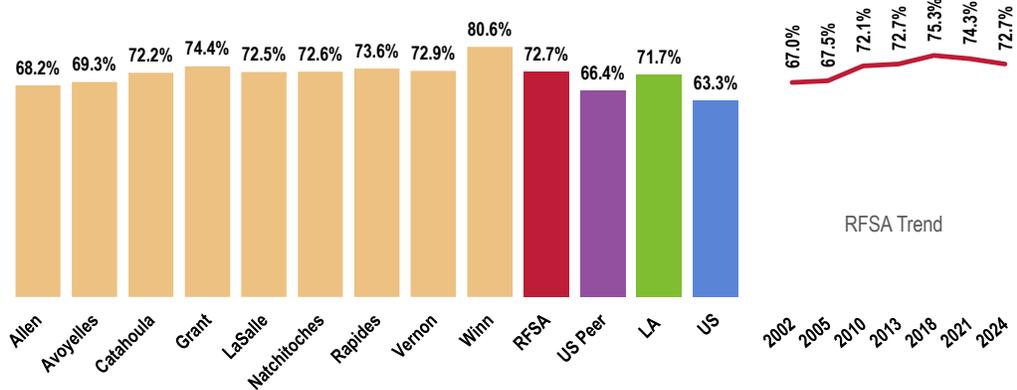
Most Rapides Foundation Service Area adults (72.7%) are overweight.

BENCHMARK ▶ Higher than the Peer and US percentages.

TREND ▶ Increasing significantly from 2002 findings.

DISPARITY ▶ Highest among Winn Parish respondents.

Prevalence of Total Overweight (Overweight and Obese)



- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
 - 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.
 - "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSa.

The overweight prevalence above includes 40.4% of Rapides Foundation Service Area adults who are obese.

BENCHMARK ▶ Higher than peer and national figures and fails to satisfy the Healthy People 2030 objective.

TREND ▶ Though decreasing in recent years, the prevalence is higher than 2002 baseline findings.

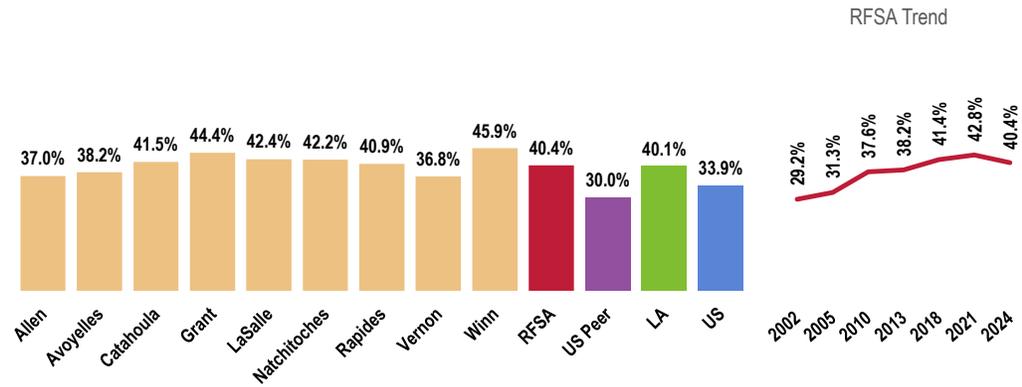
DISPARITY ▶ Found more often among adults age 40 to 64, those in low-income households, Hispanic residents, White residents, and Black residents.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥ 30 .



Prevalence of Obesity

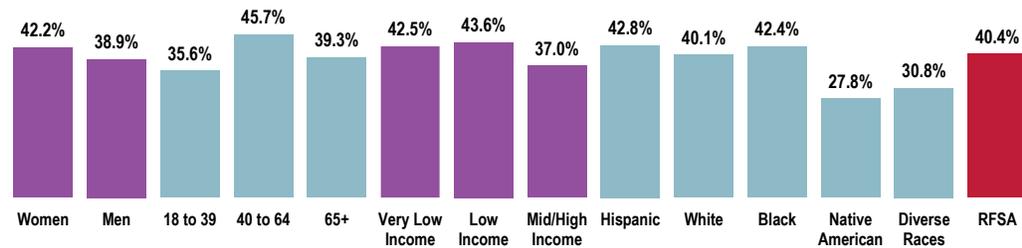
Healthy People 2030 = 36.0% or Lower



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
 • 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.
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Prevalence of Obesity (Rapides Foundation Service Area, 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.



Health Advice

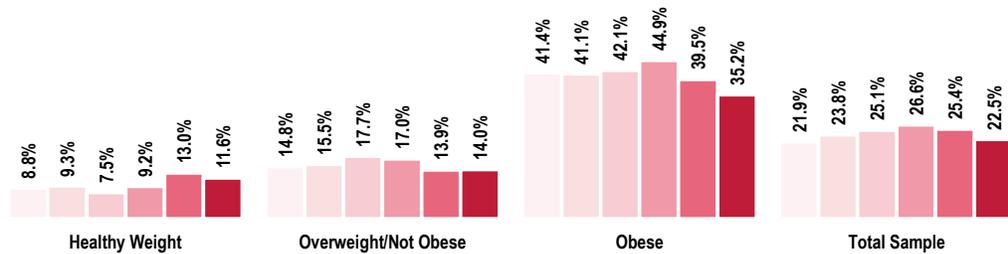
A total of 22.5% of adults have been given advice about their weight by a doctor, nurse, or other health professional in the past year.

Among respondents who are considered to be obese, this figure is 35.2%.

TREND ► The percentage of obese adults who have received professional advice about their weight has decreased significantly since 2005.

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional

■ RFSA 2005 ■ RFSA 2010 ■ RFSA 2013 ■ RFSA 2018 ■ RFSA 2021 ■ RFSA 2024



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 324]
Notes: ● Asked of all respondents.

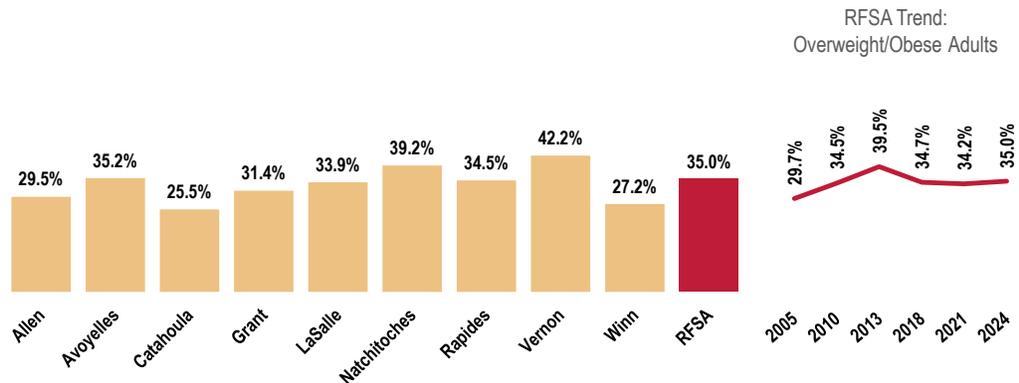
Weight-Loss Attempts

Among RFSA adults who are overweight or obese, 35.0% say they are both modifying their diet and increasing their physical activity to try to lose weight.

TREND ► Denotes a significant increase since 2005.

DISPARITY ► Lowest in Catahoula Parish.

Overweight/Obese Adults Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity (RFSA Overweight/Obese Adults, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 343]
Notes: ● Based on reported heights and weights, asked of all respondents.

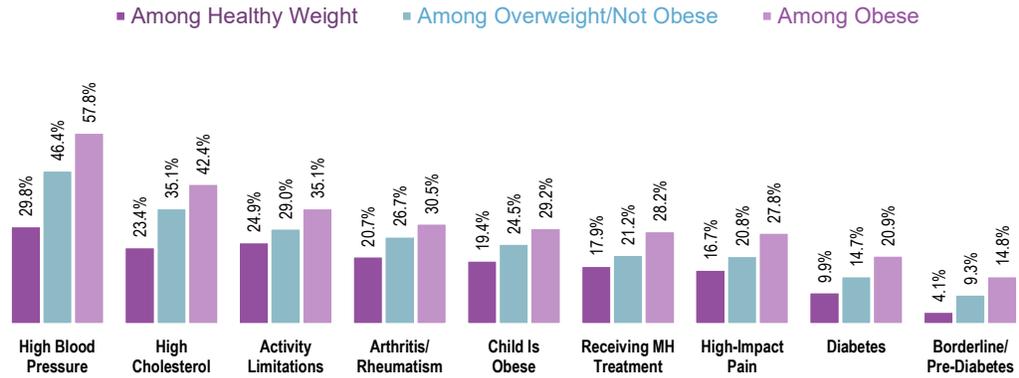


Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues (Rapides Foundation Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 128]
Notes: • Based on reported heights and weights, asked of all respondents.

Children's Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

– Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 39.2% of Rapides Foundation Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

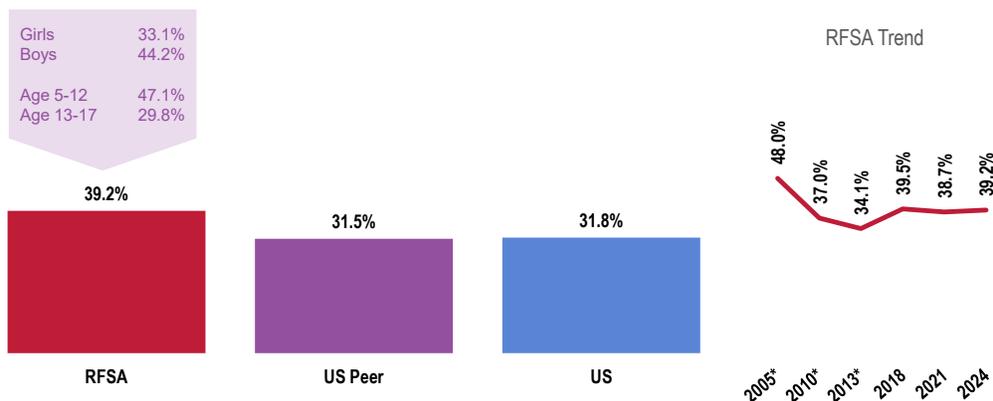
BENCHMARK ► Worse than the national prevalence.

TREND ► Decreasing from baseline 2005 findings.

DISPARITY ► Reported among half of children age 5-17 in Avoyelles Parish (not shown). Higher among service area boys and children age 5 to 12.



Prevalence of Overweight in Children (Children 5-17)



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

Notes: • Asked of all respondents with children age 5-17 at home;
 * Percentages prior to 2018 reflect children age 6-17.
 • Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

The childhood overweight prevalence above includes one-fourth (24.7%) of area children age 5 to 17 who are obese (≥95th percentile).

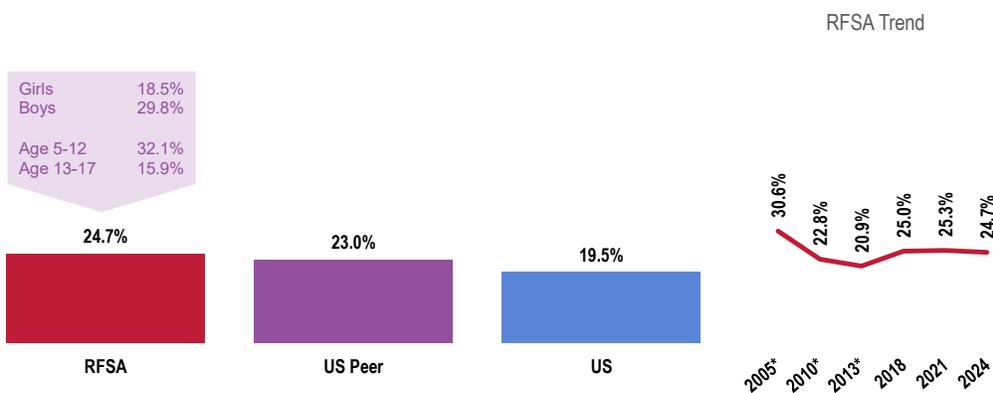
BENCHMARK ▶ Fails to satisfy the Healthy People 2030 objective.

TREND ▶ Lower than initial 2005 findings.

DISPARITY ▶ Lowest in Natchitoches Parish (not shown). Found more often among boys and children age 5 to 12.

Prevalence of Obesity in Children (Children 5-17)

Healthy People 2030 = 15.5% or Lower



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 113]
 • 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 with children age 5-17 at home; *percentages prior to 2018 reflect children age 6-17.
 • Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.



Key Informant Input: Nutrition, Physical Activity & Weight

Key informants taking part in an online survey most often characterized *Nutrition, Physical Activity & Weight* as a “major problem” in the community.

Perceptions of Nutrition, Physical Activity & Weight as a Problem in the Community (Rapides Foundation Service Area 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 Affordable Healthy Food

No grocery store to provide fresh food. No gym. – Community Leader (Allen Parish)

We have a lot of fast-food restaurants and few healthy choices of places to eat out. We have a few walking paths, but we could use a bicycle trail, so families have a safe place to ride. – Social Services Provider (Vernon Parish)

Hard to get fresh fruit and vegetables. – Community Leader (Catahoula Parish)

Access to a balanced variety of healthy foods. Limited space for physical activity. The walking trails are beautiful, but extreme weather conditions can limit the use of outdoor walking trails and parks. – Community Leader (Grant Parish)

Cost of nutritious food. Many can't do physical activity because of chronic pain. – Social Services Provider (LaSalle Parish)

Quality food is very expensive and public walking trails are perceived as not safe. – Health Provider (Avoyelles Parish)

Underprivileged people who cannot afford fresh, healthy foods. Poor eating habits among too many in our region, and lack of desire to engage in physical activities. – Community Leader (Rapides Parish)

The cost of healthy food is a problem for most of our clients. Healthy food is more expensive than unhealthy food, and most of our clients struggle to make ends meet. – Social Services Provider (Rapides Parish)

Cost of food. – Community Leader (Rapides Parish)

The way that residents of Avoyelles parish have grown up eating has become all that they know. Everything is fried and in a gravy. There is little to no exercise happening among adults in our parish. There is NO access to healthy foods. The grocery stores have horrible produce. There are zero healthy restaurants in Avoyelles Parish and the farmers markets have fizzled out over the years. – Social Services Provider (Avoyelles Parish)

Our children and elderly aren't getting enough to eat. The parents of the children spend the money on cigarettes and alcohol. Yes, they sell their cards for pennies on a dollar. The elderly either buy medicine and pay electric bills and hopefully have enough money left to buy groceries. – Social Services Provider (Rapides Parish)

Poor nutrition is the cause of 90% of health problems. – Social Services Provider (Rapides Parish)

Healthy foods are so much more expensive than less healthier options, and when you are on a fixed income, it ultimately comes down to what you can afford. – Social Services Provider (Rapides Parish)

Nutritional food is so expensive here locally. Medications for weight management are currently in short supply. Anyone with a BMI of greater than 30 should be allowed to have the medication no matter what insurance they have. – Physician (Rapides Parish)

Awareness/Education

Education and motivation. – Social Services Provider (Rapides Parish)



Understanding the impact of food choices. When I observe the shopping carts of people in the grocery, I'm amazed at their contents. – Social Services Provider (Rapides Parish)

Literacy and accountability. There has to be a way to hold people accountable for their own nutrition, physical activity, and weight. I wonder if this is a bigger factor among those in poverty. What is allowed to be purchased with government assisted food resources? Can we mandate participation in healthy living programs in order to qualify for government assistance? – Community Leader (Rapides Parish)

I think many of our health related issues are symptoms of illiteracy and disengagement. If we can increase the education of our community and get more people engaged in healthy activity, we could improve all other health factors. – Community Leader (Rapides Parish)

While there are many workout facilities in our area, there is not a lot of education as to ways to prevent excessive weight and sedentary lifestyles. Also, healthy food can be very expensive. – Community Leader (Rapides Parish)

Resources are available, but often the public is unaware of them. – Community Leader (Rapides Parish)

Educational opportunities surrounding nutrition. Access to healthy food options in all neighborhoods. – Social Services Provider (Vernon Parish)

Education and personal responsibility. – Community Leader (Rapides Parish)

Access to Care/Services

New venue in the high-risk areas for them to seek adequate assistance. – Community Leader (Rapides Parish)

Limited access to healthcare. Lack of education concerning the health problems caused by the lack of physical activity. – Community Leader (Catahoula Parish)

Lack of community resources and lower income families tend to live in areas where there is a lack of fresh produce available and at groceries outside their communities it is often priced higher than the unhealthy choices. Pretty much devices have substituted for physical activities and the communities sport programs has diminished and in schools students have to make the sport teams in order to play and those student with low self-esteem or are a bit overweight often doesn't even try out. There needs to be more physical activities in schools and community sports activities needs to be made more available. – Social Services Provider (Rapides Parish)

Access to nutritionists, access and education for proper nutrition, and exercise. Family education for parents and children. – Public Health Representative (Rapides Parish)

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 (Winn Parish)

No local programs. – Social Services Provider (Rapides Parish)

Lifestyle

Communities do not want to change the way they eat and sometimes they do not live in areas where exercising outside is safe. – Public Health Representative (Rapides Parish)

Unhealthy eating habits, lack of recreational and fitness centers. – Community Leader (Vernon Parish)

One of the biggest challenges that Rapides Parish residents face is that they (including myself) enjoy eating unhealthy foods, due to culture and enjoying food in general. There are also very limited free exercise resources, i.e., walking areas, gyms, pools, etc. – Public Health Representative (Rapides Parish)

Lifestyle choices and poverty. – Health Provider (Rapides Parish)

Poor dining out food options and lack of safe places to walk, run, and bicycle. – Community Leader (Rapides Parish)

Lack of motivation to follow healthy lifestyles. – Physician (Rapides Parish)

Obesity

Obesity is a major area of concern and everything in this area is food-centered, including the businesses that are attracted to this area. – Social Services Provider (Rapides Parish)

Weight control. – Social Services Provider (Allen Parish)

Obesity is a national epidemic. The Louisiana lifestyle perpetuates this problem. – Physician (Natchitoches Parish)

Obesity, many overweight people in the area with the problems that come along with it. – Community Leader (Rapides Parish)

Insufficient Physical Activity

Getting the community active. – Health Provider (Allen Parish)

People are not as active as they used to be. – Social Services Provider (Vernon Parish)

Sedentary lifestyle. No activity for residents. Community services. – Community Leader (Rapides Parish)



Affordable Care/Services

Affordable gyms. Need more healthy grocery stores, and better hours and days for working people to go to farmer's markets. – Social Services Provider (Rapides Parish)

Not enough community programs that are affordable. – Social Services Provider (Allen Parish)

Built Environment

Lack of public green spaces and safe walking paths. – Community Leader (Rapides Parish)

Lack of outdoor spaces for recreation, and lifestyle changes. – Community Leader (Vernon Parish)

Cultural/Personal Beliefs

Culture. – Physician (Avoyelles Parish)

Social norms keep people confined to the behaviors that they have known throughout their lives. Eating healthy, choosing fresh fruits and vegetables, is a process, and in many households, it is not cost effective. – Social Services Provider (Rapides Parish)

Cultural choices on food preparation. Reliance upon processed food. – Community Leader (Rapides Parish)

Income/Poverty

Access to money and nutrition classes. In rural Louisiana, there are no fitness centers and travel to a larger city is cost prohibitive. – Public Health Representative (Catahoula Parish)

We have seen an increase in the number of homeless clientele. We have food and water for immediate use, and they do come and get something to get, drink and clothes. – Social Services Provider (Rapides Parish)

Socioeconomic status and lifestyle. – Health Provider (Rapides Parish)

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 (Winn Parish)

The lack of access to nutritionists and information regarding eating healthily and the importance of exercise has led to an overweight population in our community. This has led to an increase in the number of individuals with diabetes, heart disease, stroke, and malnutrition. – Health Provider (Rapides Parish)

Impact on Quality of Life

Long-term health issues. – Social Services Provider (Rapides Parish)



SUBSTANCE USE

ABOUT DRUG & ALCOHOL USE

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 Use

Age-Adjusted Alcohol-Induced Deaths

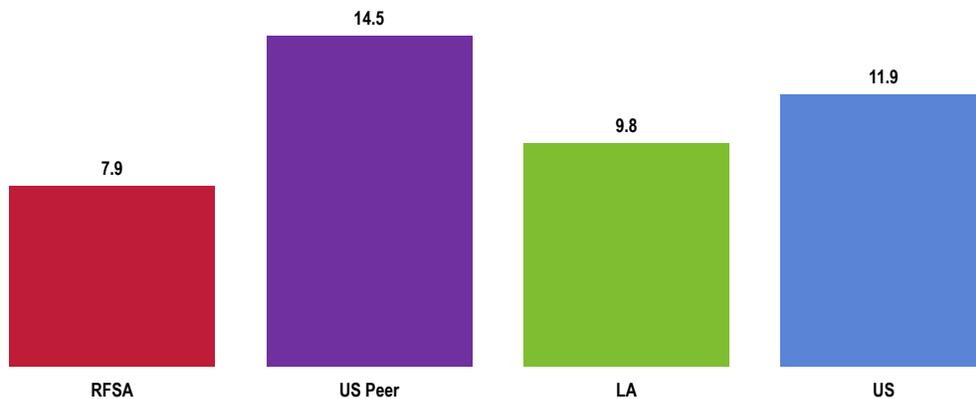
Between 2018 and 2020, the Rapides Foundation Service Area reported an annual average age-adjusted mortality rate of 7.9 alcohol-induced deaths per 100,000 population.

BENCHMARK ▶ Well below the Peer, Louisiana, and US mortality rates.

TREND ▶ Increasing over the past decade.

DISPARITY ▶ Much higher among Black residents than White residents.

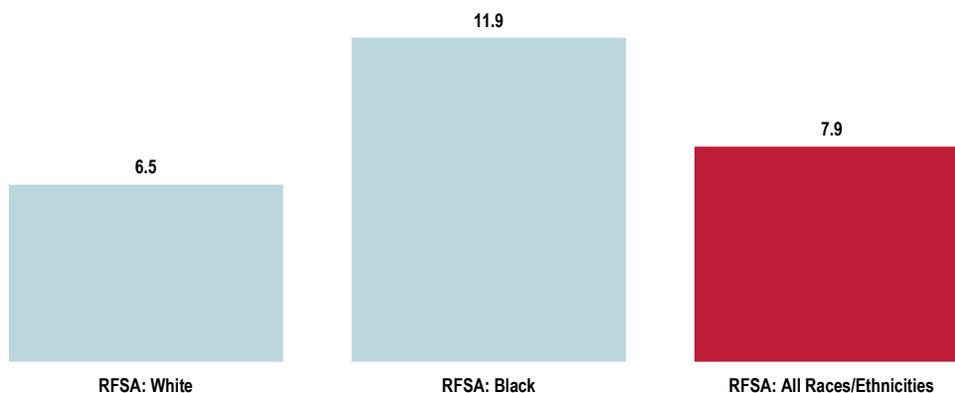
Alcohol-Induced Deaths: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



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



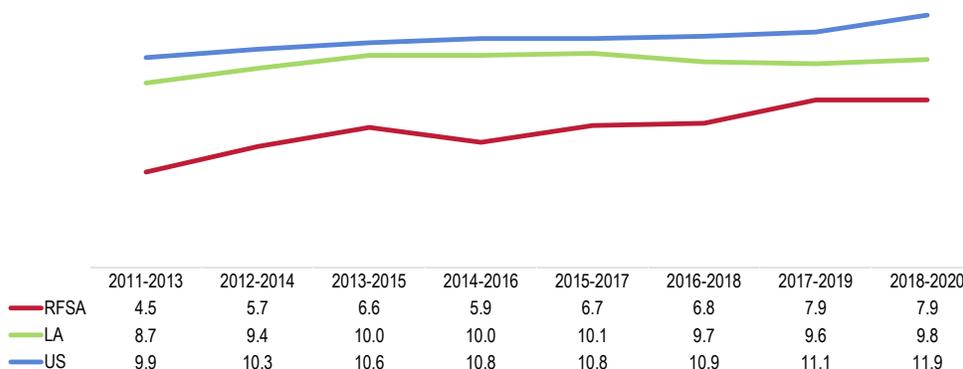
Alcohol-Induced Deaths: Age-Adjusted Mortality by Race/Ethnicity (2018-2020 Annual Average Deaths per 100,000 Population)



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

Notes: ● 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.
● Race categories reflect individuals without Hispanic origin.

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



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

Notes: ● 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.



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.

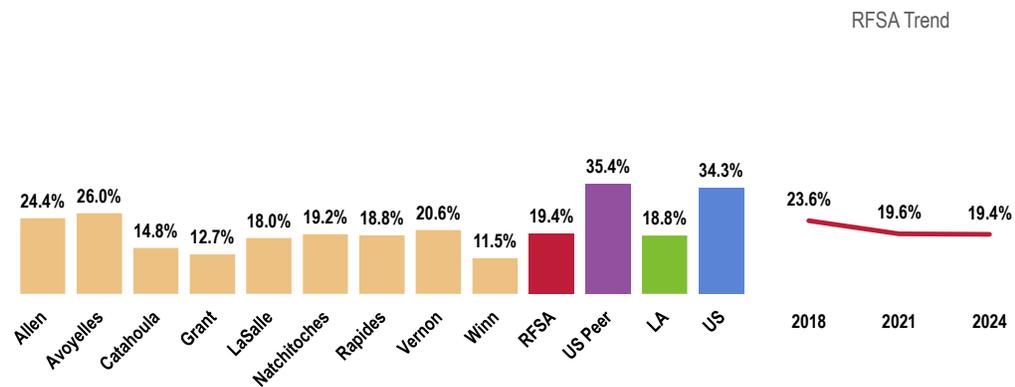
A total of 19.4% of area adults engage in excessive drinking (heavy and/or binge drinking).

BENCHMARK ► Much lower than peer and national percentages.

TREND ► Decreasing significantly since 2018.

DISPARITY ► Highest in Avoyelles Parish. Reported more often among service area men, young adults, and Native American respondents.

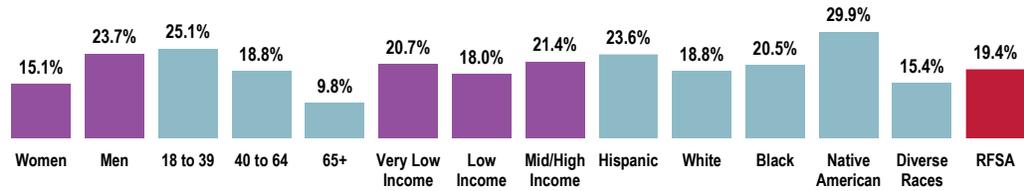
Excessive Drinkers



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



Excessive Drinkers (Rapides Foundation Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 116]
 Notes: • Asked of all respondents.
 • Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Drinking & Driving

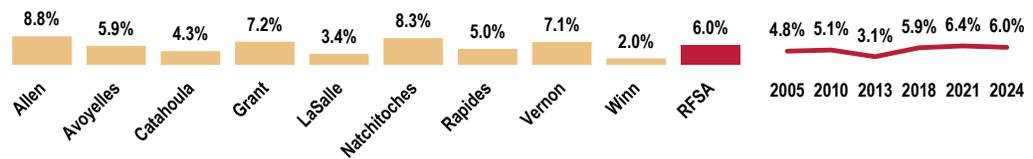
A total of 6.0% of Rapides Foundation Service Area adults acknowledge having ridden with a driver who may have had too much to drink.

TREND ▶ Increasing since 2005.

DISPARITY ▶ Lowest among Winn Parish respondents.

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

RFSA Trend



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



Drug Use

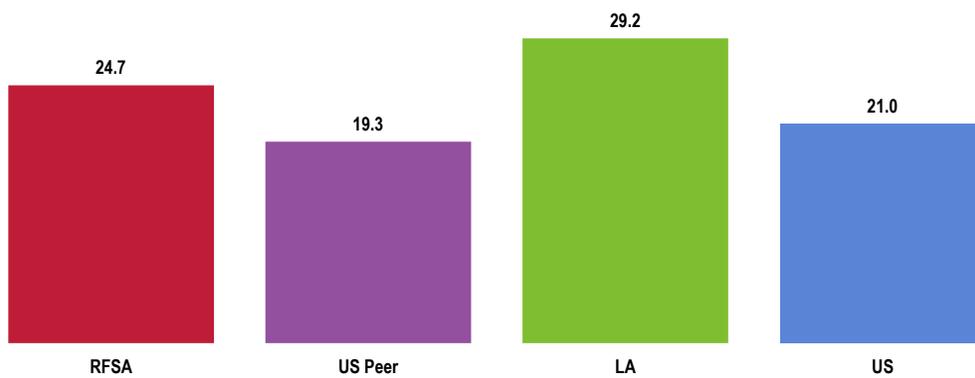
Age-Adjusted Unintentional Drug-Induced Deaths

Between 2018 and 2020, the service area reported an annual average age-adjusted mortality rate of 24.7 unintentional drug-induced deaths per 100,000 population.

BENCHMARK ▶ Higher than the Peer mortality rate but lower than the Louisiana rate.

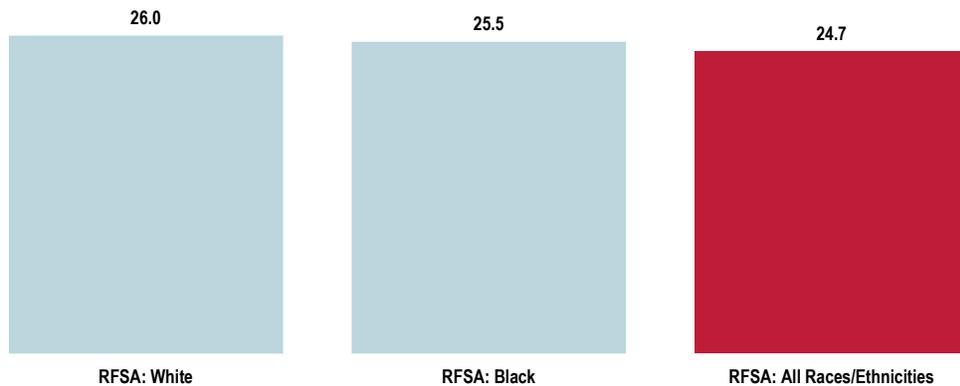
TREND ▶ Increasing dramatically over the past decade, echoing state and national trends.

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



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

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



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.
Notes: • Race categories reflect individuals without Hispanic origin.



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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
RFSA	8.9	9.1	10.1	11.7	12.7	15.5	19.0	24.7
LA	12.2	13.3	15.5	16.9	19.4	21.3	23.2	29.2
US	11.0	12.1	13.0	14.9	16.7	18.1	18.8	21.0

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.

Illicit Drug Use

A total of 6.5% of Rapides Foundation Service Area adults acknowledge using an illicit drug in the past month.

BENCHMARK ▶ Lower than the national prevalence.

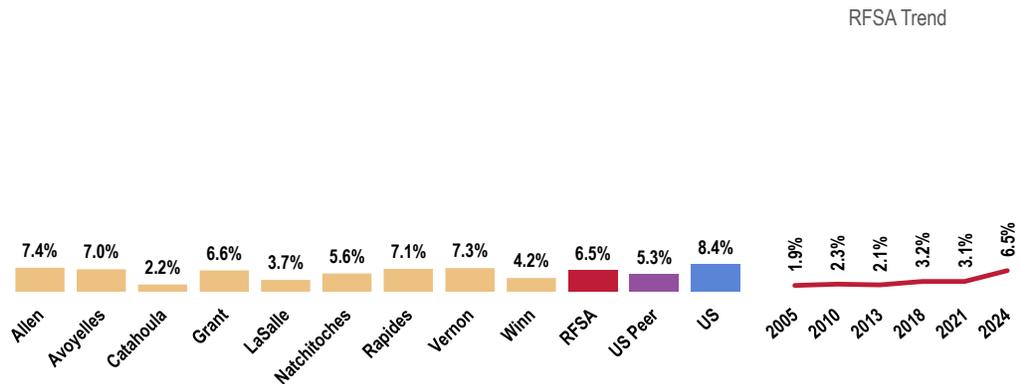
TREND ▶ Increasing significantly from all previous reports.

DISPARITY ▶ Lowest in Catahoula and LaSalle parishes. Reported more often among adults under 40, those in low-income households, and Hispanic residents.

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

Illicit Drug Use in the Past Month

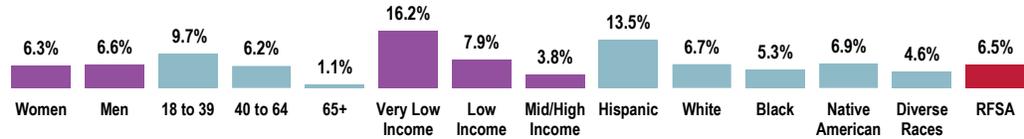


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 40]
• 2023 PRC National Health Survey, PRC, Inc.

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



Illicit Drug Use in the Past Month (Rapides Foundation Service Area, 2024)



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

Use of Prescription Opioids

A total of 19.7% of Rapides Foundation Service Area adults report using a prescription opioid drug in the past year.

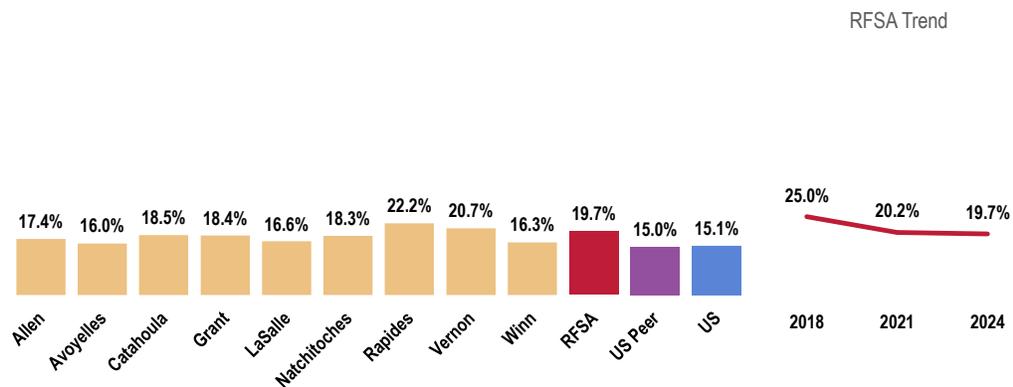
BENCHMARK ▶ Higher than peer and national percentages.

TREND ▶ Decreasing significantly since 2018.

DISPARITY ▶ Highest in Rapides Parish. Reported more often among adults age 40 and older, those in low-income households, White respondents, and Native American respondents.

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

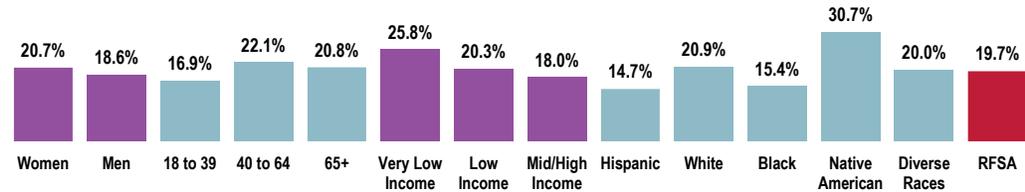
Used a Prescription Opioid in the Past Year (Rapides Foundation Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 41]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.



Used a Prescription Opioid in the Past Year (Rapides Foundation Service Area, 2024)



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

Alcohol & Drug Treatment

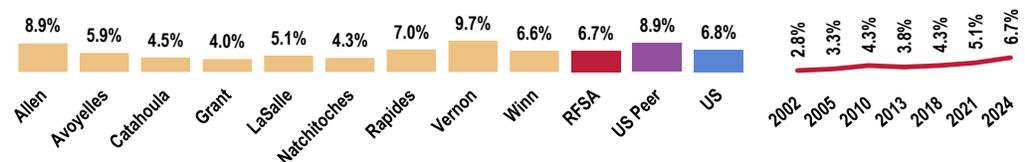
A total of 6.7% of Rapides Foundation Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

TREND ► Increasing significantly since 2002.

DISPARITY ► Lowest in Grant and Natchitoches parishes.

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

RFSA Trend



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 42]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.



Key Informant Input: Substance Use

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

Perceptions of Substance Use as a Problem in the Community (Rapides Foundation Service Area 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

The individuals behind the scenes. – Community Leader (Natchitoches Parish)

Lack of beds in treatment centers for those who cannot afford expensive, private treatment centers. It is a crisis. – Community Leader (Rapides Parish)

Access to care. – Public Health Representative (Rapides Parish)

The lack of an adequate number of facilities for the treatment of substance use is the greatest barrier to accessing needed substance use in my community. In addition, there is a lack of individuals trained to treat substance use in my community. – Health Provider (Rapides Parish)

We need more drug rehab in our area that doesn't cost the family their life savings to help little Johnny get help. – Social Services Provider (Rapides Parish)

We have no resources in this area. – Social Services Provider (Winn Parish)

No state programs are available. – Social Services Provider (Rapides Parish)

Lack of available resources for those suffering from substance abuse. Insurance now plays a major role as to whether you will get admitted to a facility that treats substance abuse, and lack of outpatient therapy to remain clean and sober. – Social Services Provider (Rapides Parish)

There is a lack of counseling available. – Community Leader (Allen Parish)

Not enough facilities in this area that specialize in long-term treatment. – Social Services Provider (Rapides Parish)

Care. – Social Services Provider (Rapides Parish)

Lack of resources to clinics. – Community Leader (Vernon Parish)

The greatest barrier related to access to treatment is the lack of facilities and doctors in the area. Finding doctors that will take Medicaid in this area is dire. – Social Services Provider (Vernon Parish)

Access and personal responsibility. – Community Leader (Rapides Parish)

Most in-house programs are located a minimum of an hour away. – Social Services Provider (Natchitoches Parish)

I do not think we have available beds for patients needing substance treatment and many needing treatment can't afford what is available. We need to be considering more affordable treatment options (instead of long-term treatment programs that do not have a great sobriety rate--we should consider adoption of psilocybin legalization facilities and facilitators requiring one or two treatments with much higher success rate of sobriety). John Hopkins Hospital has done outstanding research on the use of psilocybin for sobriety, mental health, depression, and the efficacy rate has been much higher than the long-term care or traditional medications we have historically prescribed. – Community Leader (Rapides Parish)

No drug courts. Limited programs to help patients out of rehab. – Physician (Winn Parish)

Outpatient treatment facilities in the parish have been closed. Residents living with substance abuse and in need of treatment have to travel to other parishes. Many don't have transportation. There are not adequate facilities to meet the need. – Community Leader (Grant Parish)



Awareness/Education

Community understanding, availability of treatment centers, and receiving proper treatment when at the treatment facility. – Public Health Representative (Rapides Parish)

Awareness of resources, financial aspects. – Community Leader (Rapides Parish)

Education and socioeconomic status. – Health Provider (Rapides Parish)

Education at an early age. – Social Services Provider (Vernon Parish)

Ignorance of resources by users and their families. Major international problem. Lack of inter-governmental cooperation in enforcement of drug trafficking. – Community Leader (Rapides Parish)

People understand that health issues are caused by substance use and abuse. – Community Leader (Avoyelles Parish)

Knowledge of where to go. – Social Services Provider (Vernon Parish)

Again, lack of education and motivation, family, and peer pressure. – Community Leader (Catahoula Parish)

The lack of education about addiction has led to a demonization of drug addicts which further adds to their isolation and continued use. These people need help, not some of your pocket change and a dirty look. Every street corner in Alexandria has a homeless person asking for change and it is clear that most of them are using. Both my parents OD'ed last year, one intentional and one accidental. The misunderstanding about what makes someone use drugs I think is going to be the biggest barrier to providing these people with help. Because if you think it's a choice to use then why would you help those people? The image that they don't want help will continue to interfere with any efforts to provide services. Better access to housing, employment, and mental health services are just as important. Because addiction is a social disease that is multifaceted. Happy, sheltered, fed people surrounded by supportive community and life purpose don't abuse drugs. – Social Services Provider (Rapides Parish)

Disease Management

Acceptance of users, access, and lack of outpatient providers. – Social Services Provider (Rapides Parish)

Unwillingness of people to seek help. – Community Leader (Catahoula Parish)

People often do not seek the help they need, for a myriad of reasons. – Social Services Provider (Rapides Parish)

Choice that those doing drugs want help. – Health Provider (Rapides Parish)

The individual desires to be free of this illness. – Physician (Avoyelles Parish)

Patient desire. – Physician (Avoyelles Parish)

Incidence/Prevalence

No idea, but we have a substance abuse issue. – Social Services Provider (Rapides Parish)

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

It seems like we do have substance abuse centers in the area, and I know many who have frequented them or worked for them. – Community Leader (Rapides Parish)

Problem all around on substance abuse. – Social Services Provider (Allen Parish)

Denial/Stigma

The stigma of substance abuse. The mental health barriers to effectively utilizing treatment. The lack of personal or family support. – Community Leader (Rapides Parish)

The greatest barrier is a willingness to get help. The next greatest barrier is the ability to get help with no insurance. – Community Leader (Winn Parish)

Acknowledgement of the problem. The lack of affordable options for care. – Social Services Provider (Rapides Parish)

Affordable Care/Services

Affordability and available resources for substance abuse treatment. Actual inpatient treatment is an issue. – Community Leader (Rapides Parish)

Cost of treatment and available resources. – Health Provider (Rapides Parish)

Alcohol/Drug Use

There is a high rate of arrests for drugs in the parish and not enough solutions to the issue. – Community Leader (LaSalle Parish)

Horrible for per capita in Alexandria. Fentanyl and other drugs are extremely high risk. – Community Leader (Rapides Parish)



Lack of Providers

Lack of providers, lack of funding, lack of properly educated professionals. – Public Health Representative (Catahoula Parish)

The lack of professionals in the community to address addictive disease disorders. – Health Provider (Winn Parish)

Transportation

Transportation, detox facilities and stigma. – Community Leader (Rapides Parish)

Transportation and information on where services are located. – Community Leader (Rapides Parish)

Access to Care for Uninsured/Underinsured

Individuals without insurance have nowhere to seek treatment. Individuals who do have insurance are only allowed an allotted amount of time for treatment, which often is not long enough. – Social Services Provider (Rapides Parish)

Diagnosis/Treatment

More prevention resources to decrease the number of those needing treatment. More access to long-term detox, treatment facilities and follow-up programs to support relapse prevention. – Community Leader (Rapides Parish)

Our providers misuse-controlled substances and create a problem in the area due to compensation greed. – Physician (Avoyelles Parish)

Employment

This is a loaded question and cannot be simplified in a single response: However, lack of employment and meaningful employment opportunities up and down the age latter is essential! Lack of vision for a better tomorrow and lack of hope come to mind immediately. The struggle for so many is so real! – Social Services Provider (Rapides Parish)

Income. – Social Services Provider (Rapides Parish)

Funding

Lack of funding. – Community Leader (LaSalle Parish)

Law Enforcement

Law enforcement needs to get the drugs off the streets. – Community Leader (Avoyelles Parish)



Most Problematic Substances

Key informants (who rated this as a “major problem”) clearly identified **alcohol** as causing the most problems in the community, followed by **methamphetamine/other amphetamines**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Use as a “Major Problem”)	
ALCOHOL	49.2%
METHAMPHETAMINE OR OTHER AMPHETAMINES	20.3%
HEROIN OR OTHER OPIOIDS	10.2%
COCAINE OR CRACK	8.5%
PRESCRIPTION MEDICATIONS	6.8%
MARIJUANA	1.7%
CLUB DRUGS (e.g. MDMA, GHB, Ecstasy, Molly)	1.7%
HALLUCINOGENS OR DISSOCIATIVE DRUGS (e.g. Ketamine, PCP, LSD, DXM)	1.7%



TOBACCO USE

ABOUT TOBACCO USE

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.

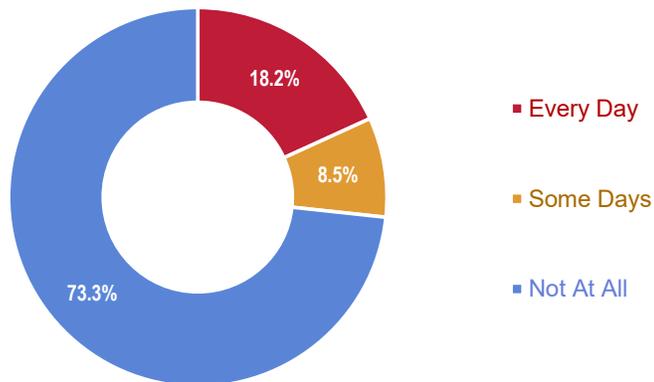
– Healthy People 2030 (<https://health.gov/healthypeople>)

Cigarette Smoking

Prevalence of Cigarette Smoking

A total of 26.7% of Rapides Foundation Service Area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

Prevalence of Cigarette Smoking
(Rapides Foundation Service Area, 2024)



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

Note the following findings related to cigarette smoking prevalence in Central Louisiana.

BENCHMARK ► Worse than the Louisiana prevalence and fails to satisfy the Healthy People 2030 objective.

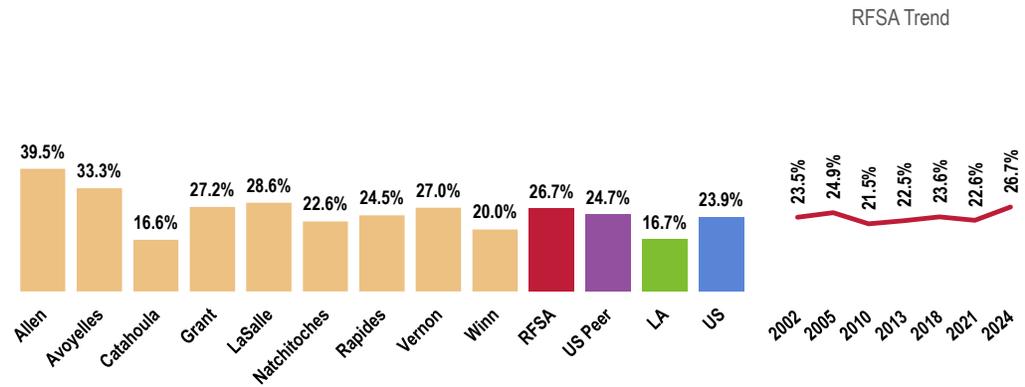
TREND ► A significant increase since 2002.

DISPARITY ► Highest in Allen and Avoyelles parishes. Reported more often among men, adults under 65, and those living on the lowest incomes.



Currently Smoke Cigarettes

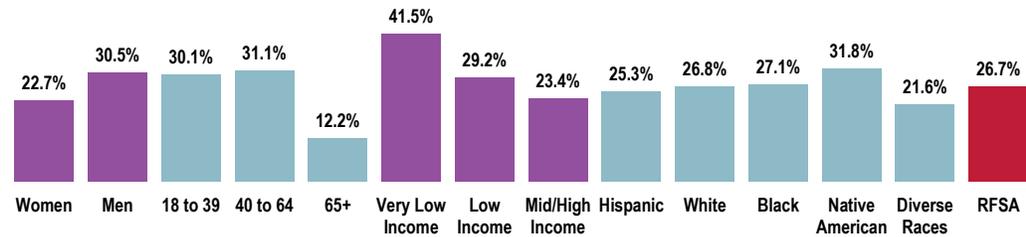
Healthy People 2030 = 6.1% or Lower



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

Currently Smoke Cigarettes (Rapides Foundation Service Area, 2024)

Healthy People 2030 = 6.1% or Lower



- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.
 - Includes regular and occasion smokers (every day and some days).

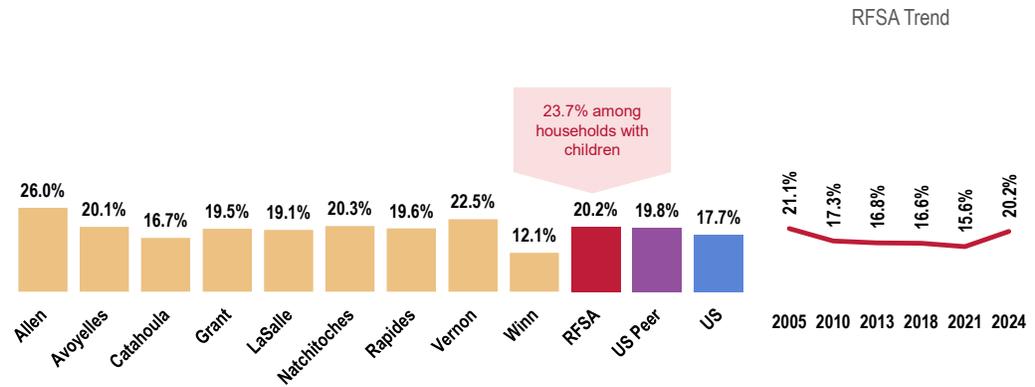


Environmental Tobacco Smoke

Among all surveyed households in the Rapides Foundation Service Area, 20.2% report that someone has smoked cigarettes, cigars, or pipes anywhere in their home an average of four or more times per week over the past month.

DISPARITY ► Highest in Allen Parish. Strong correlation with age as well as household income level.

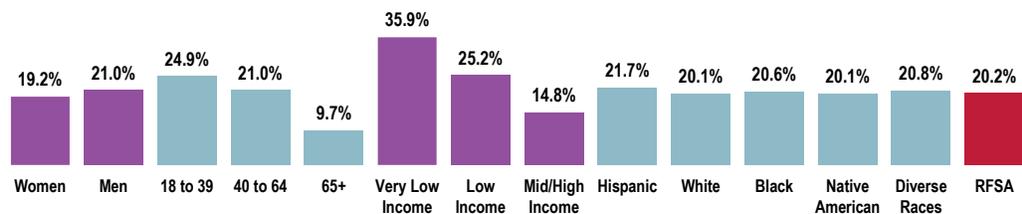
Member of Household Smokes at Home



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Items 35, 114]
 ● 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.
 ● "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Member of Household Smokes at Home (Rapides Foundation Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 35]
 Notes: ● Asked of all respondents.
 ● "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.



Smoking Cessation

Less than half of adults who regularly smoke cigarettes (41.5%) went without smoking for one day or longer in the past year because they were trying to quit smoking.

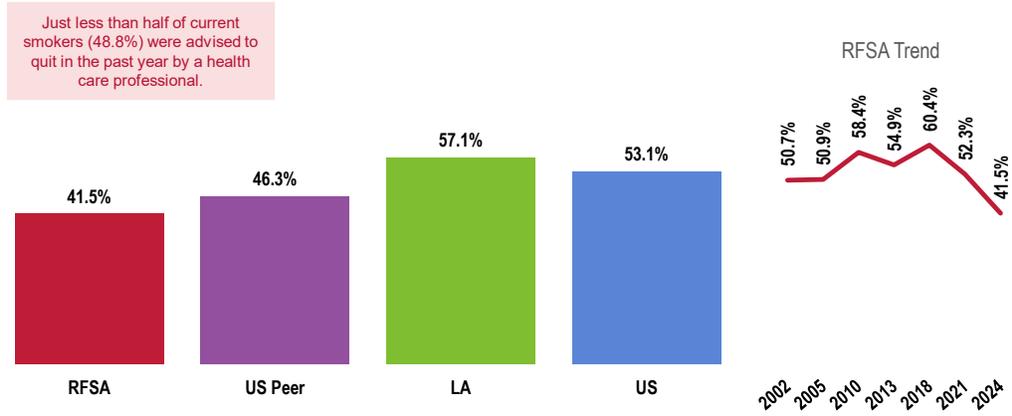
BENCHMARK ▶ Below the state and national figures; fails to satisfy the Healthy People 2030 goal.

TREND ▶ Much lower than previous findings.

DISPARITY ▶ Lowest in Allen Parish (not shown).

Have Stopped Smoking for One Day or Longer in the Past Year (Respondents Who Smoke Every Day)

Healthy People 2030 = 65.7% or Higher



- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 308-309]
 - 2023 PRC National Health Survey, PRC, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of respondents who smoke cigarettes every day.
 - "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.



Other Tobacco Use

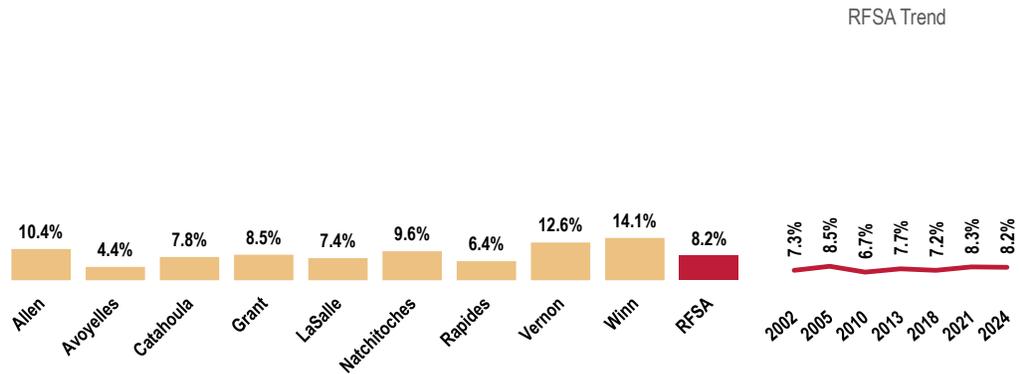
Smokeless Tobacco

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

A total of 8.2% of Rapides Foundation Service Area adults use some type of smokeless tobacco every day or on some days.

DISPARITY ► Much higher in Vernon and Winn parishes.

Use of Smokeless Tobacco
(Rapides Foundation Service Area, 2024)

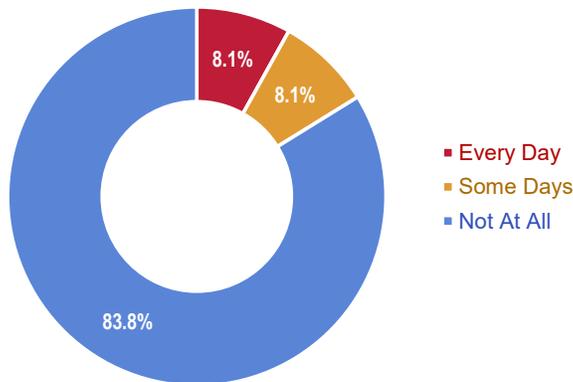


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 310]
 Notes: • Asked of all respondents.
 • Includes use of chewing tobacco, snuff, or snus every day or some days.

Use of Vaping Products

Most Rapides Foundation Service Area adults do not use electronic vaping products.

Use of Vaping Products
(Rapides Foundation Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 36]
 Notes: • Asked of all respondents.



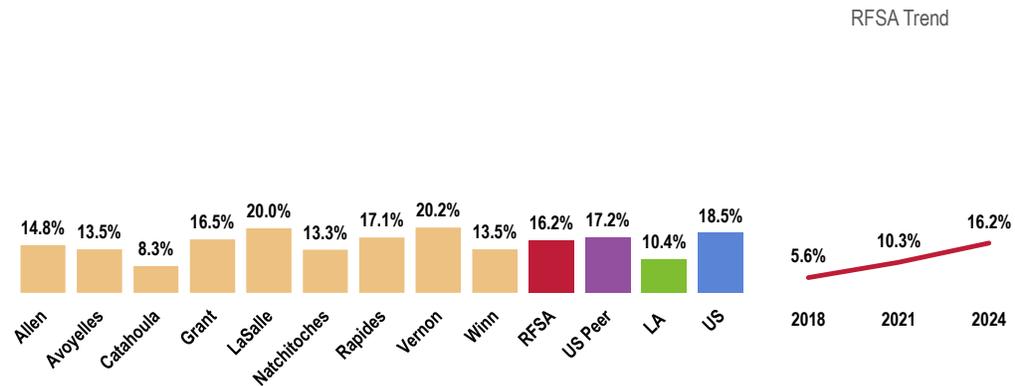
However, 16.2% currently use electronic vaping products either regularly (every day) or occasionally (on some days).

BENCHMARK ▶ Higher than the Louisiana prevalence.

TREND ▶ Increasing significantly since 2018.

DISPARITY ▶ Highest in Vernon Parish. Reported more often among young adults, those in low-income households, Hispanic residents, and White residents.

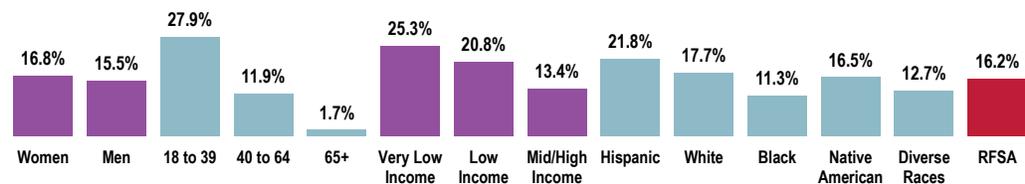
Currently Use Vaping Products (Every Day or on Some Days)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 36]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSFA.
 • Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Currently Use Vaping Products (Rapides Foundation Service Area, 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 greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a “major problem” in the community.

Perceptions of Tobacco Use as a Problem in the Community (Rapides Foundation Service Area 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

- Everyone smokes still. – Health Provider (Allen Parish)
- There are many people in this community that either dip or smoke. Vaping is quite popular as well. – Social Services Provider (Vernon Parish)
- Everyone here smokes. – Community Leader (Avoyelles Parish)
- Too many people smoke and there are not enough places that prohibit the use of tobacco, especially the casino. – Physician (Avoyelles Parish)
- Tobacco is a worldwide problem. It is a major problem for many reasons, with the greatest being its health effects. – Social Services Provider (Natchitoches Parish)
- A large number of young individuals (15- to 25-years-old) in our community are smokers. Even with the high costs of cigarettes many are willing to pay the price due to their addiction. Unfortunately, many individuals are turning to vaping which in the long run may create an even larger problem in that vaping occurs at an even earlier age (teen years). – Health Provider (Rapides Parish)
- Very prevalent. – Community Leader (Allen Parish)
- Tobacco sales are at an all-time high. – Community Leader (LaSalle Parish)
- Cancer rates are very high. – Community Leader (LaSalle Parish)
- Leading modifiable risk to reduce cardiac disease in the state, but so many still smoke. – Public Health Representative (Rapides Parish)

Impact on Quality of Life

- Smoking is still a major issue for chronic respiratory disease. It is a major concern, but the solution to deterrents, I have none. – Social Services Provider (Rapides Parish)
- There are a large number of tobacco users, and the use of these products leads to other health issues. – Community Leader (Winn Parish)
- Tobacco use affects many different body systems and causes illness. Tobacco use is high in Louisiana, compared to other states. I can say this having worked in multiple states. Tobacco use is also addictive I believe, and hard to stop. – Public Health Representative (Catahoula Parish)
- Cost of life and productivity. – Social Services Provider (Rapides Parish)
- 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 (Winn Parish)
- Not only does tobacco cause major health issues, but it also causes a financial strain on already struggling households. – Social Services Provider (Rapides Parish)

Easy Access

- Children can buy it at a young age and get addicted. I know the law is 18 and older, but they can still buy tobacco. – Social Services Provider (Rapides Parish)
- Easy to obtain. – Social Services Provider (Rapides Parish)
- It's available, legal to purchase, and addictive. – Community Leader (Grant Parish)



Lifestyle

- Lifestyle and socioeconomic status. – Health Provider (Rapides Parish)
- It is used as a stress reliever. – Social Services Provider (Rapides Parish)
- It is a problem and that is due to choices. – Community Leader (Vernon Parish)

Teen/Young Adult Usage

- The percentage of students in our program who smoke and start at such a young age. – Social Services Provider (Natchitoches Parish)
- Vaping among young adults. – Community Leader (LaSalle Parish)
- Tobacco use is very high in our schools, along with vaping, in our communities. – Community Leader (Catahoula Parish)

Co-Occurrences

- It is the gateway to cancer and other respiratory diseases. – Community Leader (Rapides Parish)
- Effects of secondhand smoke, heart disease, lung cancer, and litter. – Community Leader (Rapides Parish)
- Socially accepted and easily accessible. – Community Leader (Rapides Parish)
- Lung cancer is still a huge issue in health care. – Public Health Representative (Rapides Parish)

Aging Population

- An aging population used raw tobacco and addiction is prevalent. – Community Leader (Rapides Parish)
- Marketing, generational lifestyle and lack of education about the effects of use. – Social Services Provider (Rapides Parish)
- Culture and accepted use as a stimulant. Oral fixation and addiction. Highly addictive. – Social Services Provider (Rapides Parish)

Vaping

- The amount of people who are vaping and using tobacco. Tobacco use leads to poor heart and physical health. – Social Services Provider (Vernon Parish)



SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

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

Strategies to increase screening and testing for STIs can assess people’s risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn’t prevent HIV from spreading.

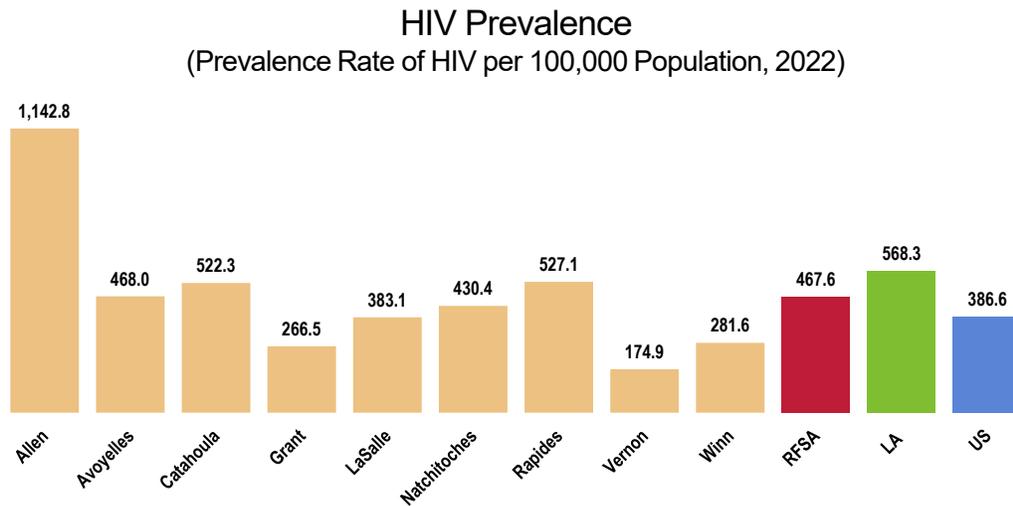
– Healthy People 2030 (<https://health.gov/healthypeople>)

HIV

In 2022, there was a prevalence of 467.6 HIV cases per 100,000 population in the Rapides Foundation Service Area.

BENCHMARK ▶ Below the Louisiana prevalence rate but above the US.

DISPARITY ▶ Highest in Allen, Catahoula, and Rapides parishes.



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).



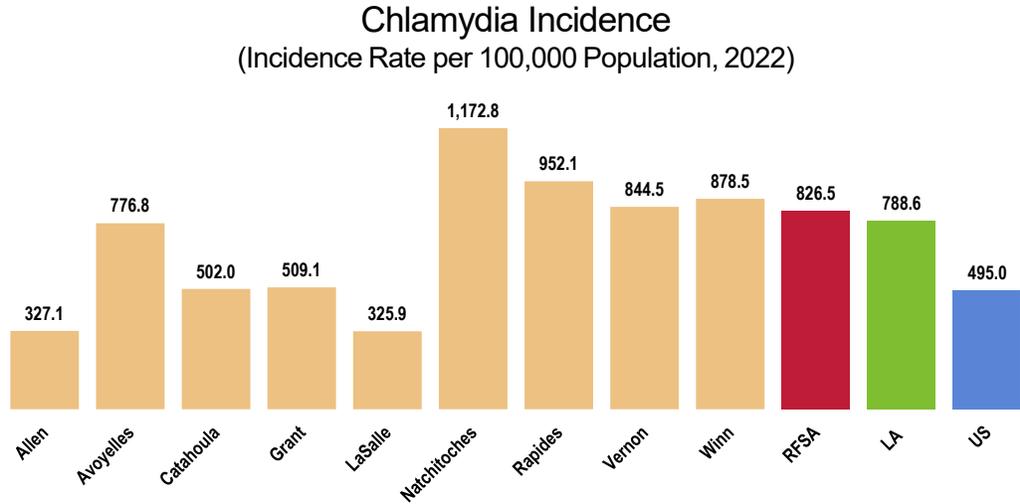
Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

In 2022, the chlamydia incidence rate in the Rapides Foundation Service Area was 826.5 cases per 100,000 population.

BENCHMARK ▶ Higher than the US incidence rate.

DISPARITY ▶ Reported more often in Natchitoches and Rapides parishes.

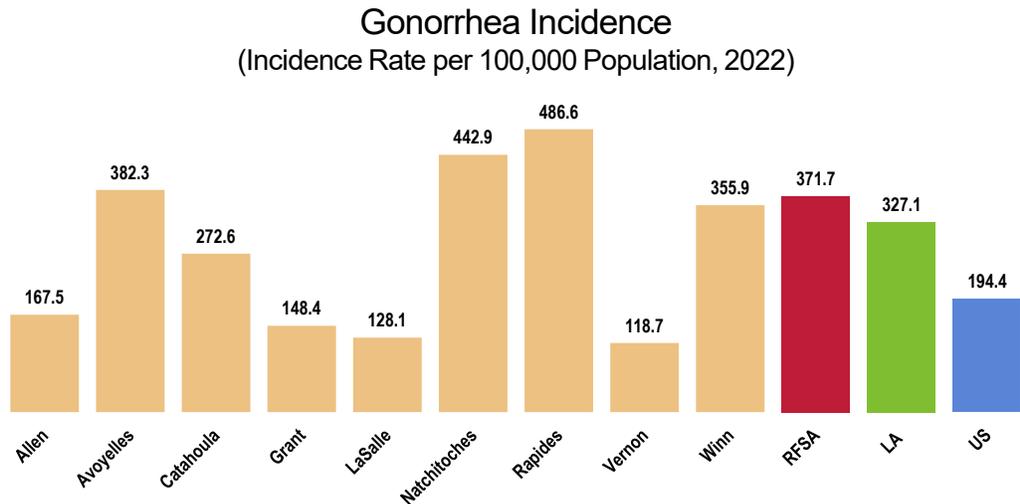


Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

The area's gonorrhea incidence rate in 2022 was 371.7 cases per 100,000 population.

BENCHMARK ▶ Nearly twice the US incidence rate.

DISPARITY ▶ Highest in Avoyelles, Natchitoches, Rapides, and Winn parishes.



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).



Key Informant Input: Sexual Health

A plurality of key informants taking part in an online survey characterized *Sexual Health* as a “moderate problem” in the community.

Perceptions of Sexual Health as a Problem in the Community (Rapides Foundation Service Area 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

- According to the Department of Health, STDs are the highest in Louisiana. – Health Provider (Rapides Parish)
- So many STDs among our young population and young adult population. – Social Services Provider (Avoyelles Parish)
- We are seeing an increase in STDs among all ages of the population. – Public Health Representative (Catahoula Parish)
- I have seen the data, and we are one of the highest in the nation. – Community Leader (Rapides Parish)
- We have access to the data that show it as an issue in our community. – Health Provider (Allen Parish)
- The areas that need it the most are the ones that are most neglected. – Community Leader (Rapides Parish)
- 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 (Winn Parish)
- Talk to public health providers and look at STD rates in Louisiana. – Public Health Representative (Rapides Parish)
- Sexual health is a major problem as evidenced by statistics available for the Louisiana Health Hub website which provides statistics about some of the STIs, including HIV and syphilis. Untreated hepatitis C is another big issue. Although treatable, syphilis, gonorrhea, and chlamydia are on the rise in region 6. It’s a major problem because newly diagnosed cases on HIV and other STIs are occurring increasingly frequently among our youth and young adults, primarily in the 13- to 34-year-old populations. The lack of comprehensive sex ed in schools contributes. – Social Services Provider (Rapides Parish)
- The statistics from LDH are the reason that I believe that sexual health is a major problem in Central Louisiana. – Social Services Provider (Rapides Parish)
- The region of Central Louisiana has the highest number of STD cases. Region 6, I believe. – Social Services Provider (Rapides Parish)

Unprotected Sex

- Unprotected sex. – Physician (Avoyelles Parish)
- There is a lot of irresponsible sexual behavior in this area, with a high rate of STDs. – Physician (Avoyelles Parish)

Access to Care/Services

- My community doesn’t have any resources for children of all ages. As a result, there are quite a few teen pregnancies in my area. – Social Services Provider (Vernon Parish)

Alcohol/Drug Use

- High risk population due to drugs, education, and health issues. – Community Leader (Rapides Parish)

Awareness/Education

- Inadequate education. – Community Leader (Grant Parish)



Trust

When you go to get tested for STIs preemptively to share results with a potential partner, the nurses will give you endless grief about it. They don't want to test for HSV at all. They don't want to do pre-emptive testing. They will straight up laugh at you if you say that's why you are there. I have found this true of clinics and urgent care but PCPs are pretty good at making testing easy. "In 2020, Region 6 (CenLA) had the 8th highest number of chlamydia diagnoses and the 4th highest diagnosis rate in Louisiana[...] In 2020, Region 6 had the 2nd highest number of P&S syphilis diagnoses and the highest diagnosis rate in Louisiana. [...] had the 7th highest number of new HIV diagnoses and the 4th highest HIV diagnosis rate in Louisiana." – LDH Office of Public Health STD/HIV/Hepatitis Program – Social Services Provider (Rapides Parish)

Lifestyle

People don't care. – Social Services Provider (Rapides Parish)

Parental Supervision

Very little adult supervision due to economic problems. Children and young adults are left unsupervised. – Social Services Provider (Rapides Parish)

Sexually Active Youth

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





ACCESS TO HEALTH CARE

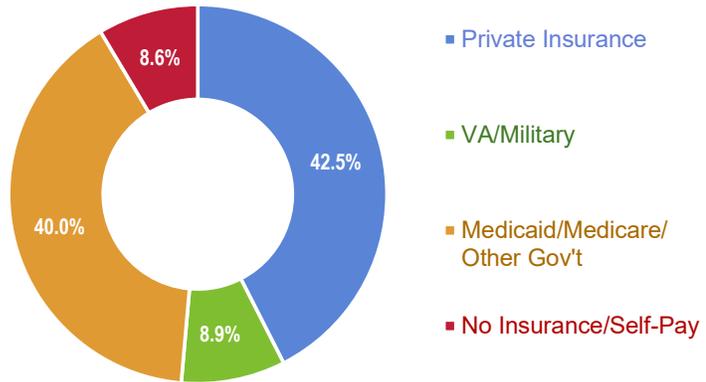
HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

A total of 42.5% of Rapides Foundation Service Area adults age 18 to 64 report having health care coverage through private insurance. Another 48.9% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage
(Adults Age 18-64; Rapides Foundation Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
Notes: • Reflects respondents age 18 to 64.



Lack of Health Insurance Coverage

Among adults age 18 to 64, 8.6% report having no insurance coverage for health care expenses.

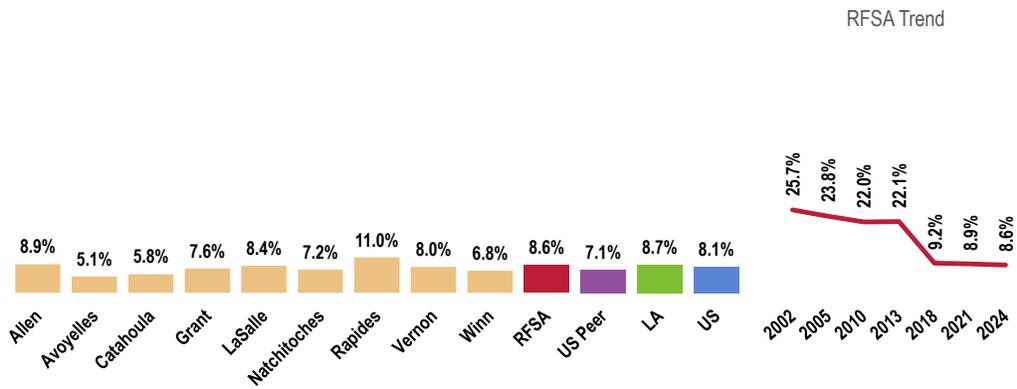
TREND ▶ Improving dramatically since 2002.

DISPARITY ▶ Highest in Rapides Parish. Found more often among adults in low-income households and people of Diverse Races.

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

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

Healthy People 2030 = 7.6% or Lower

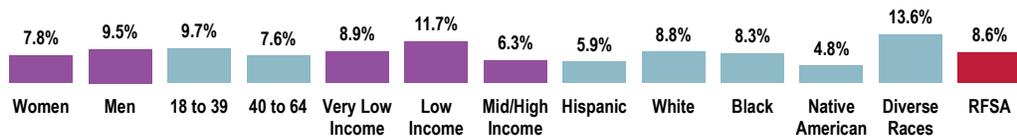


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 • 2023 PRC National Health Survey, 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.
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSAs.

Lack of Health Care Insurance Coverage (Adults Age 18-64; Rapides Foundation Service Area, 2024)

Healthy People 2030 = 7.6% or Lower



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents under the age of 65.



DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

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

Difficulties Accessing Services

Nearly half (45.6%) of Rapides Foundation Service Area adults report some type of difficulty or delay in obtaining health care services in the past year.

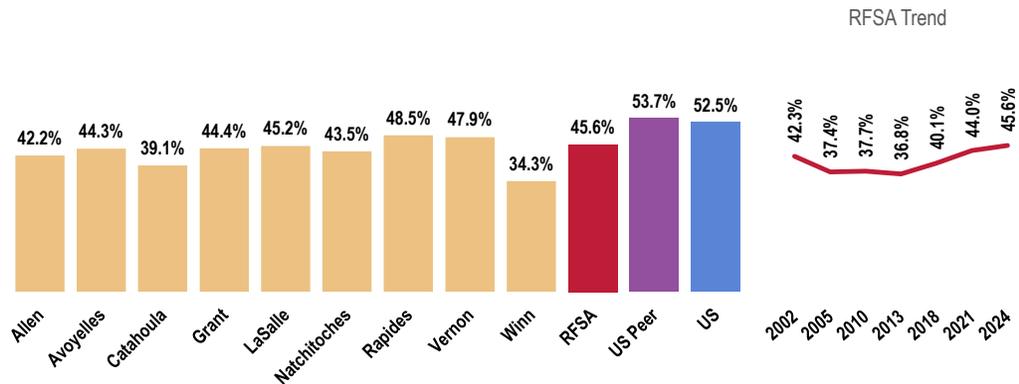
BENCHMARK ▶ Lower than the Peer and US percentages.

TREND ▶ Increasing significantly from earlier survey administrations.

DISPARITY ▶ Highest in Rapides Parish. Reported more often among women, young adults, those in low-income households, Hispanic adults, and Native American adults.

This indicator reflects the percentage of the total population experiencing problems accessing health care in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.

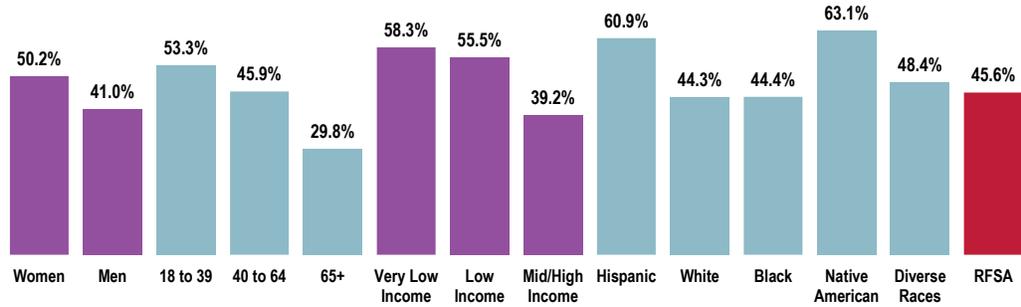
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



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



Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year (Rapides Foundation Service Area, 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.

Barriers to Health Care Access

Of the tested barriers, appointment availability impacted the greatest share of Rapides Foundation Service Area adults.

BENCHMARK ▶ Each of the barriers surveyed are well below the related US percentages. Appointment availability and finding a physician are also lower than the Peer percentages.

TREND ▶ Since 2002, the barrier of cost has improved (physicians and prescriptions). However, these barriers have worsened: appointment availability, finding a physician, and transportation.

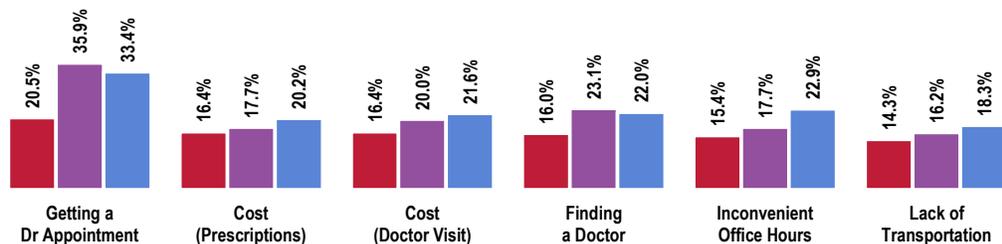
DISPARITY ▶ Note the disparities by insurance status.

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

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Access Have Prevented Medical Care in the Past Year

■ RFSA ■ US Peer Counties ■ US

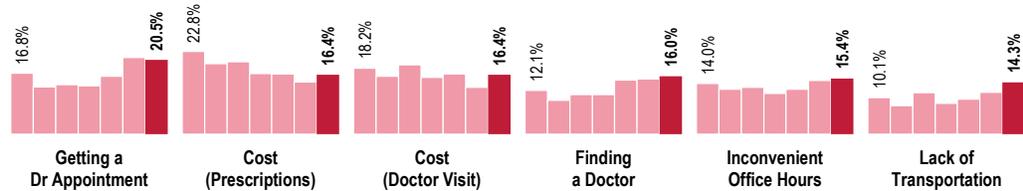


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 6-10, 12]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.



Trend in Access Barriers (Rapides Foundation Service Area)

2002 2005 2010 2013 2018 2021 2024



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

Accessing Health Care for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

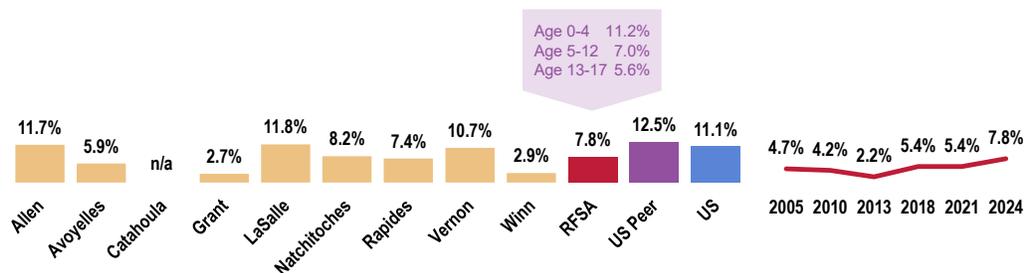
A total of 7.8% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

TREND ▶ Increasing since 2005.

DISPARITY ▶ Lowest in Grant and Winn parishes. Decreasing with child's age.

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

These few parents mainly reported barriers due to lack of insurance or insurance issues. Long waits for an appointment was also mentioned.



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 90, 331]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.
• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSAs.



Key Informant Input: Access to Health Care Services

Key informants taking part in an online survey most often characterized *Access to Health Care Services* as a “moderate problem” in the community.

Perceptions of Access to Health Care Services as a Problem in the Community (Rapides Foundation Service Area 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

Lack of revenue. We have no ambulance in the parish at this time because of lack of revenue to support an ambulance. Also, need an urgent care facility. – Community Leader (Catahoula Parish)

Lack of insurance and payer source. Lack of healthcare providers, lack of collective knowledge and resources for preventative care, nutrition, and physical activity that are equitable in diverse communities. – Social Services Provider (Rapides Parish)

Getting an appointment. Getting insurance to approve things you need to get better. Costs. – Health Provider (Rapides Parish)

No hospital in the parish. – Community Leader (Catahoula Parish)

There is no hospital in the parish and transportation is very limited. – Community Leader (Catahoula Parish)

Available doctors, insurance not covering some issues, and co-pays steadily increasing. Some people still do not have insurance or assistance. Many doctors do not take Medicaid and it is the same as being uninsured if you cannot access services. – Health Provider (Rapides Parish)

We are in a rural area and have to travel for some health issues. – Social Services Provider (Avoyelles Parish)

Lack of Providers

Decreasing the number of health care providers and obstacles to recruiting providers to the region. – Social Services Provider (Rapides Parish)

Surgeons, physician and staff available at hospitals. Our hospital care is rapidly declining and emergency care inherently limits the possibility of going out of town. – Social Services Provider (Rapides Parish)

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 (Winn Parish)

Having the physicians to provide those services. – Community Leader (Rapides Parish)

Transportation

Lack of transportation, lack of health insurance, fear of healthcare providers and the healthcare system, systemic racism. – Community Leader (Grant Parish)

Transportation and follow up care. – Community Leader (Rapides Parish)



Lack of access to private or public transportation is a major challenge to accessing health care services in Region VI, even for those who have Medicaid. Medicaid transportation is unreliable and will not bring patients to appointments outside a very small radius. As the limited specialty care available in our region is predominantly located in Alexandria, this poses significant challenges. Further, there is a dearth of specialists in the Alexandria area, and patients who need emergency care must often be transported by ambulance to hospitals outside the region. A recent example involved a head injury where a neurology consult was required, in addition to reconstructive surgery. The patient could not access this care in Alexandria and had to be transported by ambulance to (in this instance) Lafayette. Often transport is required to Shreveport, Baton Rouge, or New Orleans as well. In light of the current political climate, physicians are leaving our state, and this problem grows. – Social Services Provider (Rapides Parish)

Access to adequate health care due to a lack of adequate transportation to and from hospitals, physician offices, and other treatment centers. – Health Provider (Rapides Parish)

Awareness/Education

The lack of knowledge, transportation, and affordability. – Social Services Provider (Rapides Parish)

Lack of information and education, as well as access. In all areas, we must first gain trust from doctors and the healthcare community before people who are filled with distrust for the system become open to getting the help that is needed to become healthy. It will be a long and arduous process.... – Social Services Provider (Rapides Parish)

Whether it is a lack of knowledge about health issues, a lack of insurance, or a distrust of the medical community, residents do not seek regular health care or even address an issue until it is more advanced. – Social Services Provider (Grant Parish)

The at-risk population often does not understand the wide variety of factors that place them in that category. For our more rural residents, the challenges associated with transportation, days and hours of access, and lack of affordable and ubiquitous broadband services for telehealth all conspire to make their challenges more daunting than those of folks living in metropolitan areas. – Community Leader (Rapides Parish)

Affordable Care/Services

Affordable insurance for those who do not qualify for Medicaid. – Community Leader (Rapides Parish)

Those caught in middle for free or discounted health care and income slightly disqualify them. – Social Services Provider (Rapides Parish)

Cost, even with insurance. – Social Services Provider (Rapides Parish)

Income/Poverty

The relationship between and negative cycle driven by the sentinel root causes of poor health outcomes, with poverty and educational completion as extreme aggravating factors, require immediate, drastic interventions. This demand increases for the institutional infrastructure in our area, led in large part by the Rapides Foundation. The City of Alexandria needs to be ready to inject hard infrastructure and “soft” (human pipeline) infrastructure dollars into metrics-driven interventions. This “readiness” necessitates education of the community on institutional infrastructure’s paramount role in any successful community. This response is to all areas, universally. – Community Leader (Rapides Parish)

Lack of Specialty Care

Lack of specialty providers. Increasing insurance barriers to accessing care. – Physician (Natchitoches Parish)



PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

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

Access to Primary Care

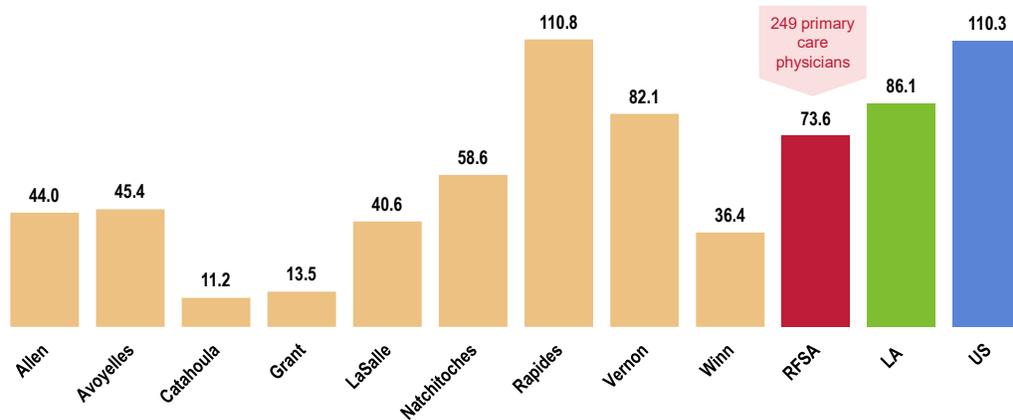
There are currently 249 primary care physicians in the Rapides Foundation Service Area, translating to a rate of 73.6 primary care physicians per 100,000 population.

BENCHMARK ▶ Lower than the state and national proportions.

DISPARITY ▶ Lowest in Catahoula, Grant, and Winn parishes.

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
(July 2024)



Sources: • Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).
 Notes: • Doctors classified as "primary care physicians" by the AMA include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.



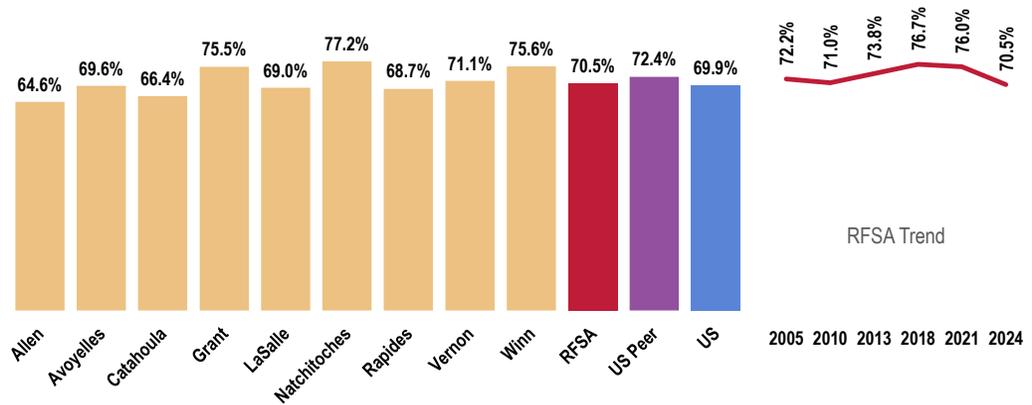
Specific Source of Ongoing Care

A total of 70.5% of Rapides Foundation Service Area adults were determined to have a specific source of ongoing medical care.

- BENCHMARK** ▶ Fails to satisfy the Healthy People 2030 objective.
- DISPARITY** ▶ Lowest among Allen Parish respondents.

Have a Specific Source of Ongoing Medical Care

Healthy People 2030 = 84.0% or Higher



- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 118]
 - 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.
 - "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSa.

Having a specific source of ongoing care includes having a doctor's office, public health clinic, community health center, urgent care or walk-in clinic, military/VA facility, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).
A hospital emergency room is not considered a specific source of ongoing care in this instance.

Utilization of Primary Care Services

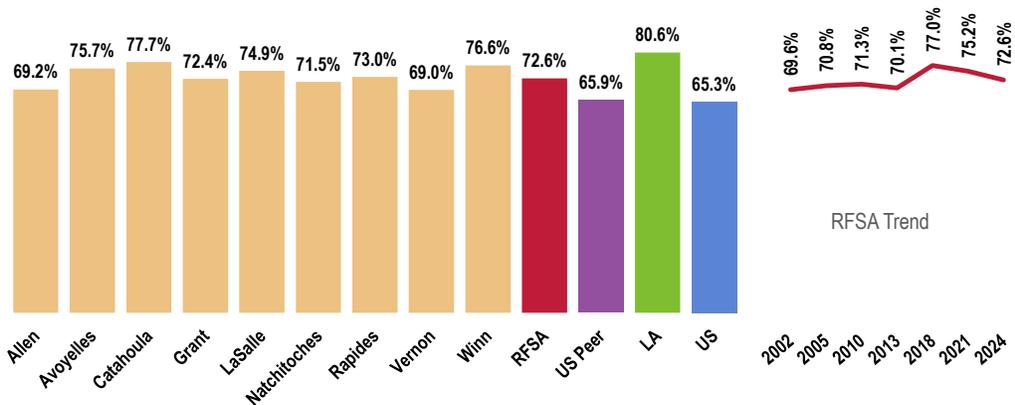
Adults

Almost three in four Central Louisiana adults (72.6%) visited a physician for a routine checkup in the past year.

- BENCHMARK** ▶ Higher than the peer and national findings but lower than the state prevalence.
- TREND** ▶ Increasing significantly since 2002.
- DISPARITY** ▶ Reported less often among young adults, those in low-income households, and people of Diverse Races.



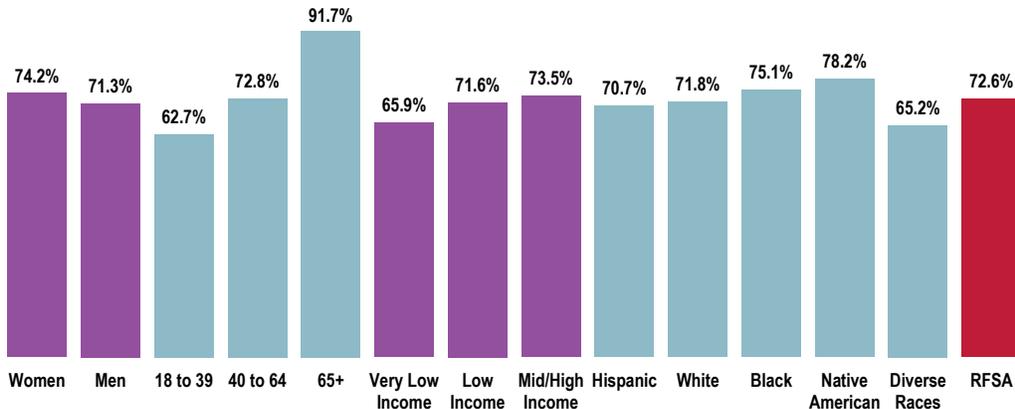
Have Visited a Physician for a Checkup in the Past Year



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

Have Visited a Physician for a Checkup in the Past Year (Rapides Foundation Service Area, 2024)



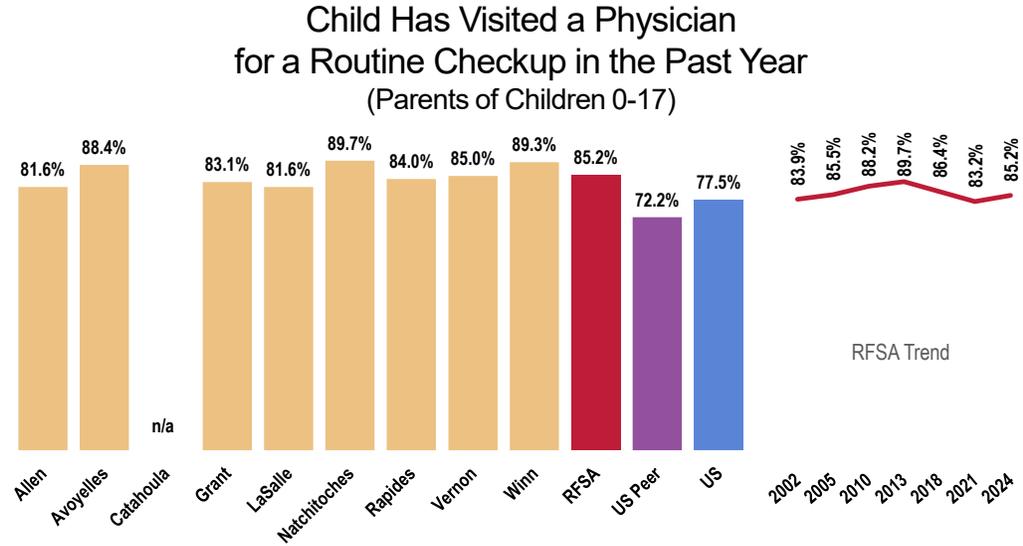
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 16]
 Notes: • Asked of all respondents.



Children

Among surveyed parents, 85.2% report that their child has had a routine checkup in the past year.

BENCHMARK ▶ Well above the Peer and US percentages.



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.

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



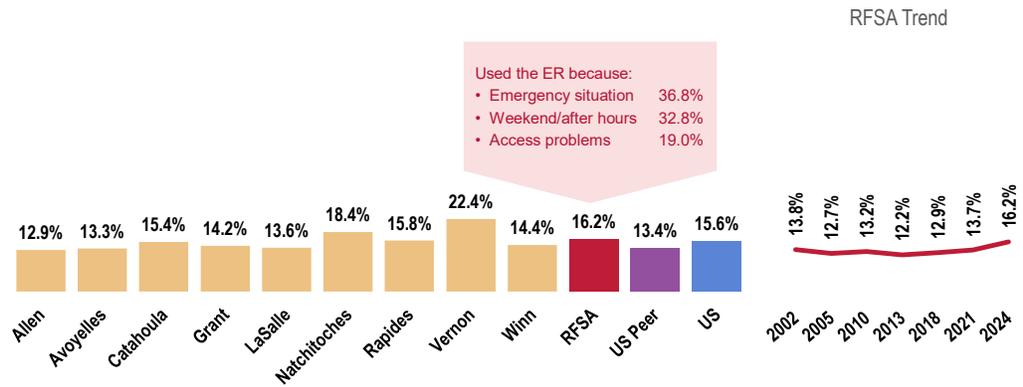
EMERGENCY ROOM UTILIZATION

A total of 16.2% of Rapides Foundation Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

TREND ► Increasing significantly from previous survey findings.

DISPARITY ► Highest in Vernon Parish. Reported more often among women, young adults, those in low-income households, Black respondents, and Native American respondents.

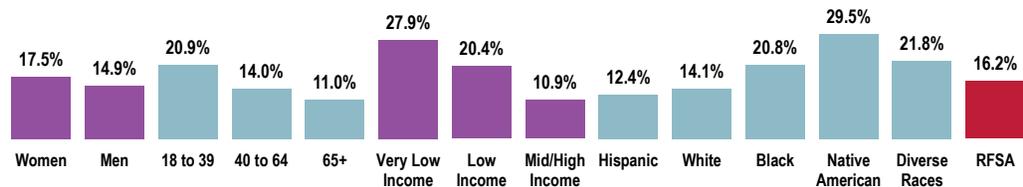
Have Used a Hospital Emergency Room More Than Once in the Past Year



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 19, 304]
 • 2023 PRC National Health Survey, PRC, Inc.

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

Have Used a Hospital Emergency Room More Than Once in the Past Year (Rapides Foundation Service Area, 2024)



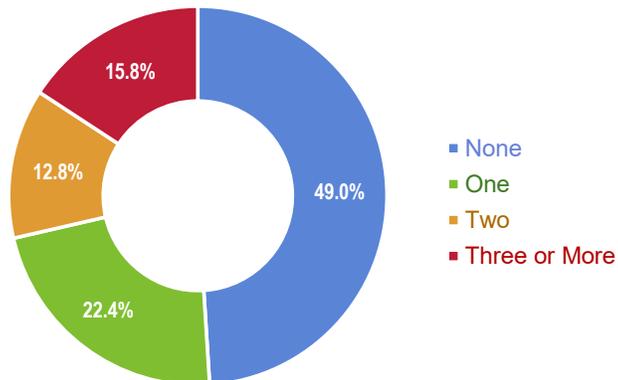
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 19]
 Notes: • Asked of all respondents.



Urgent Care Centers/Walk-in Clinics

When asked how many times they visited an urgent care center or walk-in health clinic in the past year, just over half of RFSA adults mentioned at least one visit (including 15.8% of residents with three or more urgent-care visits).

Number of Visits to Urgent Care or Walk-In Clinics in the Past Year
(Rapides Foundation Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 305]
Notes: • Reflects the total sample of respondents.



ORAL HEALTH

Dental Care

Adults

Half (50.5%) of area adults visited a dentist or dental clinic (for any reason) in the past year.

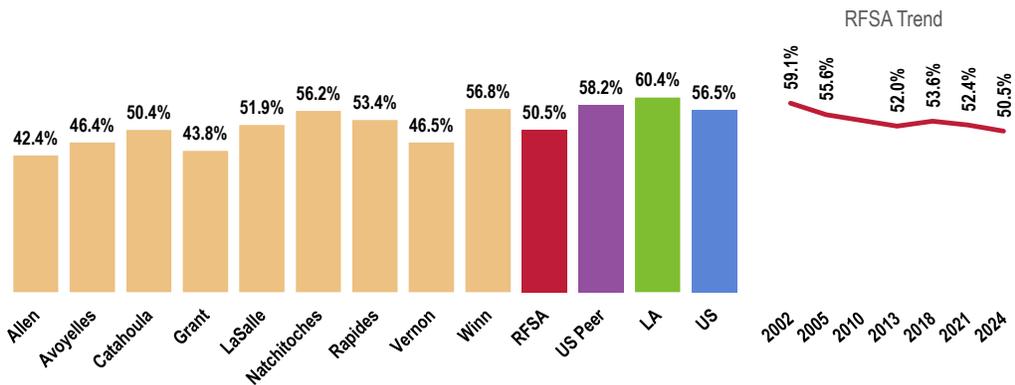
BENCHMARK ▶ Below the Peer, Louisiana, and US percentages but satisfies the HP2030 goal.

TREND ▶ Marks a significant decrease since 2002.

DISPARITY ▶ Lowest in Allen and Grant parishes. Reported less often among men, young adults, those in low-income households, and Black residents.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher

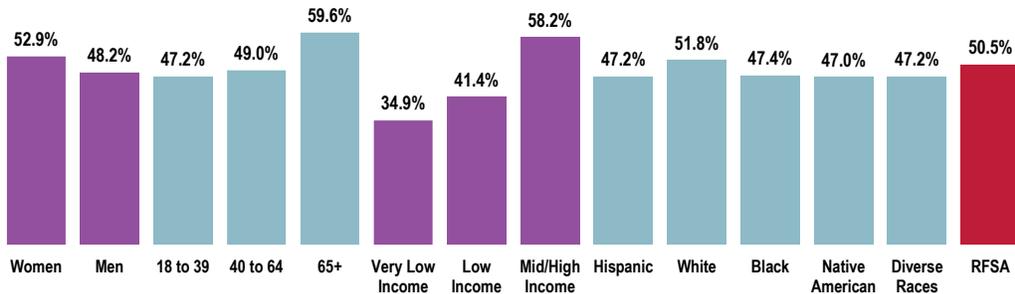


Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 17]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 ● 2023 PRC National Health Survey, PRC, Inc.
 ● US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: ● Asked of all respondents.
 ● "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Rapides Foundation Service Area, 2024)

Healthy People 2030 = 45.0% or Higher



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 17]
 ● US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: ● Asked of all respondents.



Children

A total of 76.3% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

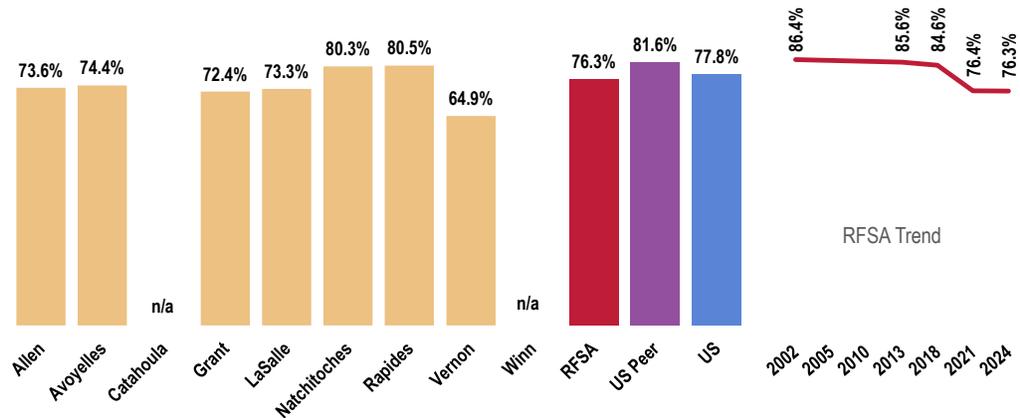
BENCHMARK ▶ Easily satisfies the Healthy People 2030 objective.

TREND ▶ Decreasing from 2002 findings.

DISPARITY ▶ Lowest among children in Vernon Parish.

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Parents of Children Age 2-17)

Healthy People 2030 = 45.0% or Higher



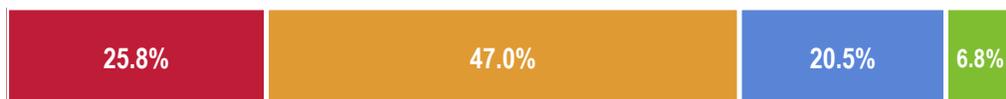
- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 93]
 - 2023 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents with children age 2 through 17.
 - "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSA.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a "moderate problem" in the community.

Perceptions of Oral Health as a Problem in the Community (Rapides Foundation Service Area 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 (Winn Parish)
- Dentists are expensive and very few accept insurance. – Social Services Provider (Rapides Parish)
- The cost of dental care is too expensive for most Americans. – Social Services Provider (Rapides Parish)
- Cost. – Community Leader (Rapides Parish)
- Unaffordable co-pays and insurance restrictions. – Physician (Rapides Parish)
- The cost of dental care is so expensive, and many do not have dental insurance. Medicaid is limited and dentists in the area do not take Medicaid. – Health Provider (Rapides Parish)

Lack of Providers

- Lack of providers and programs. – Social Services Provider (Allen Parish)
- Dentists are not in our immediate area. Dental insurance coverage is not extremely good. – Community Leader (Vernon Parish)
- Lack of dentists in the parish. Dentists in Jonesville take very few insurances. – Community Leader (Catahoula Parish)
- Not enough dentists in the area. None, if any, that accept Medicaid. – Physician (Natchitoches Parish)

Access to Care for Uninsured/Underinsured

- Lack of dental insurance due to cost. – Community Leader (Rapides Parish)
- Most insurance plans do not cover dental care, and most people in this area are not willing to pay for these services, despite serious dental decay. – Physician (Avoyelles Parish)
- Many underprivileged lack insurance coverage for dentistry. Some families do not take their children to the dentist at an early age. Lack of education about dental hygiene. – Community Leader (Rapides Parish)
- Lack of dental care plans, even for those with health insurance. – Public Health Representative (Rapides Parish)

Awareness/Education

- Some people believe that the loss of one’s teeth is just a fact of life. Everyone does not have dental insurance. Not everyone understands or employs proper oral health care. – Community Leader (Grant Parish)
- Even with Medicaid underserved live in fear of dental health because it’s equated to pain, hence choosing a dental visit only when there is no other choice. Not understanding that dental hygiene is paramount to physical health. Once again lack of education and consistent messaging – Social Services Provider (Rapides Parish)
- No programs to improve health outcomes. – Community Leader (Rapides Parish)
- Lack of education about the importance of routine dental care and difficulty of finding Medicaid dentists. – Physician (Avoyelles Parish)

Access for Medicare/Medicaid Patients

- There is no dental care for children or adults that have Medicaid or no insurance. – Health Provider (Allen Parish)
- Simply because a large number of individuals in this community are either on Medicare or Medicaid recipients. Doctors who are really skilled in this field refuse to take either of those health insurances; therefore, those individuals are forced to go to those who are still learning, and they are used as guinea pigs, resulting in short-term dental work. In other words, the work they receive is temporary and only guaranteed to last a couple of weeks or months. – Social Services Provider (Natchitoches Parish)

Access to Care/Services

- Individuals and families again with lower income often don’t have access to dental health. Older individuals without insurance depend on the community health programs for dental health where appointments are spaced out to a year and urgent care still may take one up to 90 days to get an appointment. – Social Services Provider (Rapides Parish)
- Dentist appointments are too far out for those who need them the most. – Community Leader (Rapides Parish)

Co-Occurrences

- Poor oral health leads to poor heart health and other illnesses. – Social Services Provider (Vernon Parish)

Disease Management

- People do not go to the dentist. Even if they have dental insurance, they do not use it. – Social Services Provider (Avoyelles Parish)



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 (Winn Parish)



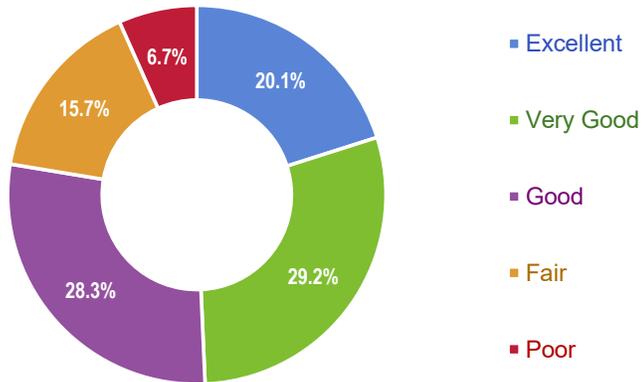


LOCAL RESOURCES

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

Almost half of Rapides Foundation Service Area adults rate the overall health care services available in their community as “excellent” or “very good.”

Rating of Overall Health Care Services Available in the Community (Rapides Foundation Service Area, 2024)



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

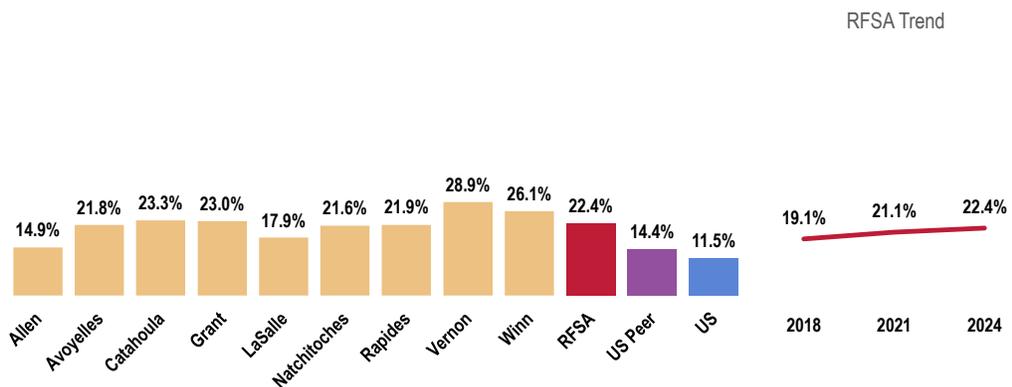
However, 22.4% of residents characterize local health care services as “fair” or “poor.”

BENCHMARK ▶ Well above the Peer prevalence and twice the US prevalence.

TREND ▶ Marks a significant increase since 2018.

DISPARITY ▶ Highest in Vernon Parish. Reported more often among young adults, those in low-income households, White adults, Native American adults, those of Diverse Races, and those with recent access difficulties.

Perceive Local Health Care Services as “Fair/Poor”

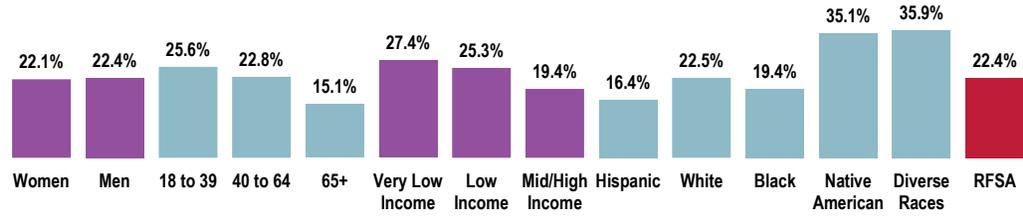


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• “US Peer” represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of the RFSAs.



Perceive Local Health Care Services as “Fair/Poor” (Rapides Foundation Service Area, 2024)

With access difficulty 35.6%
No access difficulty 11.4%



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

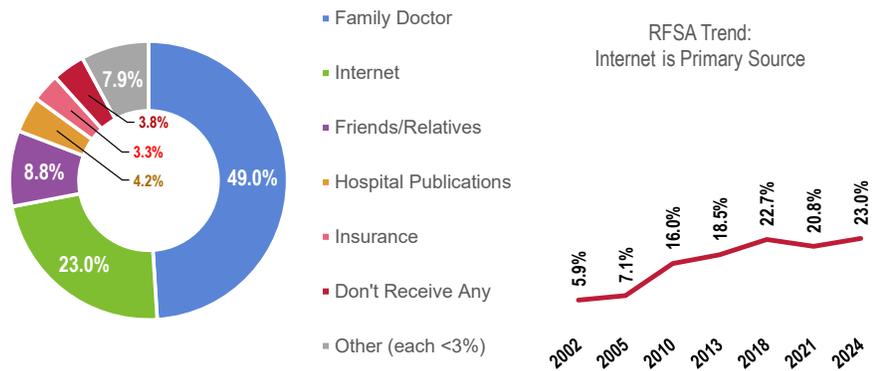


HEALTH CARE INFORMATION

Asked where they receive most of their health care information, half of survey respondents (49.0%) mentioned their family physician, followed by references to the internet (mentioned by 23.0%).

TREND ▶ Residents' dependence on the internet for their health care information has increased significantly since 2002.

Primary Source of Health Care Information
(Rapides Foundation Service Area, 2024)



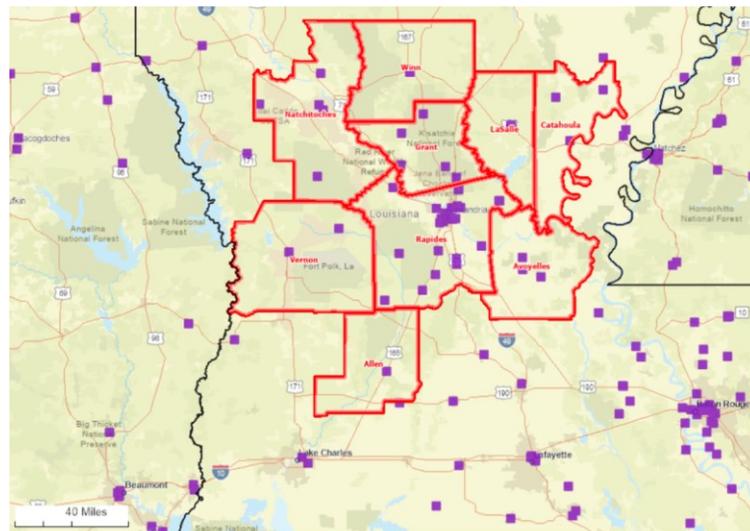
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 327]
Notes: • Asked of all respondents.



HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within the Rapides Foundation Service Area as of December 2023.



Map Legend

Report Location, County



Federally Qualified Health Centers, POS
December 2023



SparkMap



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 key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- ATrans Bus Transportation
- Cenla Medication Access Program
- Central Louisiana AIDS Support Services
- Central Louisiana Technical Community College
- Christus Cabrini Hospital
- Christus Community Health Clinic
- City of Alexandria
- Community Development
- Community HealthWorx
- Doctors' Offices
- Economic Stability
- Emergency Care Centers
- Health Department
- Health Unit
- Hospitals
- Huey P. Long Clinics
- Louisiana Central University
- Louisiana Department of Health
- Love Heals The Boot Free Clinic
- LSUA's Nursing Program
- Medicaid Transportation
- Medication Assistance Program
- Natchitoches Regional Medical Center
- Nonprofit Organizations
- Outpatient Medical Center
- Rapides Area Planning Commission
- Rapides Foundation
- Rapides Parish Health Unit
- Rapides Primary Health
- Rapides Regional Hospital
- Transportation
- Triage
- Uber/Lyft
- United Way
- Urgent Care

- Cancer Screenings
- Cancer Treatment Centers
- Cenla Medication Access Program
- Christus Cabrini Hospital
- Christus Cancer Center
- Cologuard Testing
- Council on Aging
- Doctors' Offices
- Hardtner Medical Center
- Health Department
- Health Unit
- Hospitals
- Lab Services
- LaSalle General Hospital
- Law Enforcement
- Medicaid Clinics
- Natchitoches Regional Medical Center
- Office of Community Services
- Online Resources
- Rapides Foundation
- Rapides General
- Rapides Regional Cancer Center
- Rapides Regional Hospital
- Rural Health Clinics
- Telemedicine
- Winn Community Health Center

Diabetes

- AA/NA
- Alexandria Museum of Arts
- American Diabetes Association
- Avoyelles Hospital
- Avoyelles Sleeves Up
- Baptist Mission
- Bunkie General Hospital
- Cabrini Hospital
- Cenla Medication Access Program
- Central Louisiana Counseling on Aging
- Central Louisiana Medication Access Program
- Central Louisiana State Hospital
- Christus
- Christus Community Health Clinic

Cancer

- AA/NA
- American Cancer Society
- Bunkie General Hospital



- Community HealthWorx
- Diabetes Foundation
- Doctors' Offices
- Dollar Stores
- Drug Assistance Programs
- Elizabeth Family Health Clinic
- Farmers' Market
- Food Bank
- Food Bank of Central Louisiana
- Government
- Hardtner Medical Center
- Health Care Facilities
- Health Department
- Health Unit
- Healthy Food Choices
- Hospitals
- Insurance
- LaSalle General Hospital
- Louisiana Department of Health
- LSU AgCenter
- Medication Assistance Program
- Motivation Groups
- Move Bunkie Forward
- Natchitoches Parish Council on Aging
- Natchitoches Regional Medical Center
- Nutrition Services
- Oceans
- Parks and Recreation
- Pharmacies
- Rapides Foundation
- Rapides Medical Center
- Rapides Parish Health Unit
- Rapides Regional Hospital
- Rural Health Clinics
- School Systems
- Supplemental Nutrition Assistance Program
- Trail Development Opportunities
- Urgent Care
- Vernon Parish Health Unit
- Veterans Affairs
- Winn Community Health Center
- Winnfield Hospital
- Wound Care Centers

Disabling Conditions

- Aging Agencies
- Assisted Living Facilities
- Christus Community Health Clinic
- Doctors' Offices
- Hardtner Medical Center
- Health Care Facilities
- Home Health Care

- LaSalle Family Medicine
- LaSalle General Hospital
- Nursing Homes
- Parks and Recreation
- Pharmacies
- Rapides Council On Aging
- Sitters
- Winnfield Physical Therapy

Heart Disease & Stroke

- AA/NA
- American Heart Association
- Avoyelles Hospital
- Bunkie General Hospital
- Bunkie Home Care
- Cabrini Hospital
- Cenla Medication Access Program
- Christus Cabrini Hospital
- Christus Community Health Clinic
- Community HealthWorx
- Doctors' Offices
- Encompass Health Rehabilitation Hospital of Alexandria
- Fire Department
- Fitness Centers/Gyms
- Free Health Screenings
- Health Unit
- Hospitals
- Indigent Clinics
- Louisiana Department of Health
- Move Bunkie Forward
- Natchitoches Regional Medical Center
- Parks and Recreation
- Rapides Foundation
- Rapides Medical Center
- Rapides Regional Hospital
- Rapides Regional Medical Center
- Red Cross
- Regiona Cardiology
- Rehabilitation Facilities
- Riverside Hospital
- Urgent Care
- Vernon Parish Health Unit
- Veterans Affairs
- Winn Community Health Center
- Winnfield Hospital

Infant Health & Family Planning

- Cane River Children's Services
- Central Louisiana AIDS Support Services
- Central Louisiana Pregnancy Center



- Department of Children and Family Services
- Doctors' Offices
- Early Steps
- East Grant Community Clinic
- Economic Stability
- Grant Parish School Board
- Health Unit
- Law Enforcement
- Mental Health Services
- Montgomery Family Clinic
- Natchitoches Parish Early Childhood Network
- Natchitoches Regional Medical Center
- Pregnancy Center
- Public Health
- Rapides Parish Health Unit
- Rapides Regional Medical Center
- Rapides Regional Physicians Group
- State Programs
- Universal Healthcare
- Vernon Parish Health Unit
- Volunteers of America
- Winn Community Health Center
- Winn Parish Medical Center Clinic
- Women's Resource Center

- House of Mercy
- Judicial Drug Court
- Justice Center for Domestic Violence
- Law Enforcement
- Louisiana Occupational Health Services
- Mental Health Services
- Mentors
- Multijurisdictional Task Force District Attorney Office
- Natchitoches DA
- Natchitoches Parish Office of Community Services
- Natchitoches Regional Medical Center
- Peabody Magnet High School
- Prisons
- Project Rebuild
- Rapides Drug Court
- Rapides Regional Medical Center
- Rapides Trauma Center
- Rural Health Clinics
- School Systems
- Sexual Trauma Awareness Response
- Stop the Violence
- The Hearing Office for TRO
- United Way
- Urgent Care
- Veterans Affairs

Injury & Violence

- 988
- AA/NA
- Ben Johnson Center
- Big Brothers
- Boys and Girls Club
- Cabrini Hospital
- Cane River Children's Services
- Central Louisiana AIDS Support Services
- Central Louisiana Human Services Districts
- Child Advocacy Network
- Churches
- City of Alexandria Community Services Division
- City of Natchitoches Youth Program
- Civic Organizations
- Court Appointed Special Advocates
- Court System
- Crime Victim Relief Program
- Domestic Abuse Resistance Team
- Drug Abuse Resistance Education
- Educational Resources
- Emergency Care Centers
- Faith-Based Organizations
- Family Justice Center
- Health Coalitions
- Hope House

Mental Health

- 911
- Almost Home
- ASIST Training
- Be Inspired Counseling
- Beacon Behavioral Health Hospital
- Behavioral Health Agency
- Behavioral Health Court
- Behavioral Solutions
- Beyond the Spectrum
- Cabrini Hospital
- Caring Choices
- Catholic Charities
- Central Louisiana Homeless Coalition
- Central Louisiana Human Services Districts
- Central Louisiana State Hospital
- City of Alexandria
- Community Counseling Center
- Compass
- Coroner's Office
- Crossroads
- Doctors' Offices
- East Grant Community Clinic
- Emergency Care Centers



- Health Unit
- Homeless Coalition
- Hospitals
- Jails
- LearnWithLaci
- Longleaf
- Louisiana Department of Health
- Medicaid/Medicare
- Mended Mental Health
- Mental Health Center
- Mental Health Services
- Merakey
- Mercy Behavioral Hospital
- Metropolitan Circles
- My Choice Louisiana
- Natchitoches Behavioral Health Clinic
- Natchitoches Mental Health Clinic
- Natchitoches Regional Medical Center
- Nonprofit Organizations
- Northwest Louisiana Human Services District
- Oceans
- Office of Behavioral Health
- OMC Counseling
- Online Resources
- Outpatient Behavioral Services
- Outpatient Facilities
- Pinecrest Support and Services Center
- Prisons
- Psilocybin Facilities
- Psychologists
- Rapides Medical Center
- Red River Treatment Center
- Re-Entry Solutions
- Rehab Services of Central Louisiana
- Salvation Army
- School Systems
- Urgent Care
- Vernon Parish Community Health Center
- Veterans Affairs
- Volunteers of America
- Winn Community Health Center
- Winter Haven
- Winter Haven Behavioral Health

- Civic Organizations
- Community Garden
- Compton Park
- Dogwood Park
- Educational Resources
- Farmers' Market
- Fitness Centers/Gyms
- Food Bank
- Food Bank of Central Louisiana
- Hardtner Medical Center
- Hospitals
- LACHIP
- LaSalle Family Medicine
- Louisiana Athletic Club
- Louisiana Purchase
- LSU AgCenter
- Manna House
- Move Bunkie Forward
- Nutrition Services
- Parks and Recreation
- Rapides Foundation
- Re-Entry Solutions
- Salvation Army
- School Systems
- Supplemental Nutrition Assistance Program
- The Wellness Center
- Vernon Parish School System
- Well-Ahead
- Winn Community Health Center
- Winnfield Hospital
- Women, Infants, and Children
- YWCA

Oral Health

- Community HealthWorx
- Dentists' Offices
- Doctors' Offices
- Federally Qualified Health Centers
- Insurance
- Private Pay
- Rapides Primary Health
- School Systems
- Sicity Island Dentistry
- Vernon Parish Community Health Center
- Winn Community Health Center

Nutrition, Physical Activity & Weight

- Alexandria Museum of Arts
- Anytime Fitness
- Beyond Fitness
- Bunkie General Hospital
- Churches

Respiratory Diseases

- Christus Community Health Clinic
- Community HealthWorx
- Doctors' Offices



Fitness Centers/Gyms
Healthy Food Choices
Hospitals
Parks and Recreation
Public Health

Sexual Health

Central Louisiana AIDS Support Services
Department of Health and Human Services
Doctors' Offices
Federally Qualified Health Centers
Freedman Clinic
Health Unit
Indigent Clinics
Plasma Center
Pregnancy Center
Public Health
Rapides Parish Health Unit
Rapides Regional Physicians Group
Rural Health Clinics
Tulane Clinic
Tulane Medical Group
Vernon Parish Health Unit
Winn Community Health Center
Women's Resource Center

Social Determinants of Health

211
Alexandria Housing Authority
Arts Council of Central Louisiana
Baptist Mission
Catholic Charities
Central Louisiana AIDS Support Services
Central Louisiana Homeless Coalition
Central Louisiana Pregnancy Center
Central Louisiana Technical Community College
Charitable Health Clinics
Christus Community Health Clinic
Churches
Community HealthWorx
Department of Children and Family Services
Delta Med Spa
Department of Children and Family Services
Department of Social Services
Evergreen Life Services
Food Bank
Food Programs
Hardtner Medical Center
Health Fairs
Health Unit

Homeless Coalition
Hope House
Hospitals
Housing Authority
HUD Housing
Inner-City Revitalization Corporation
Island Medical and Dental
Jonesville Family Health
LaSalle Community Action Association
LaSalle Family Medicine
LaSalle General Hospital
Leesville Housing Authority
Libraries
Louisiana Department of Health
Natchitoches Department of Housing
Nonprofit Organizations
Northeast Louisiana Substance Abuse
Oakwood Apartments
Pine Grove
Rapides Foundation
Rapides Parish Health Unit
Rapides Primary Health
Re-Entry Solutions
Rural Health Clinics
Salvation Army
School Systems
Supplemental Nutrition Assistance Program
United Way
Vernon Community Action Council
Veterans Affairs
Volunteers of America
Winn Community Health Center
Youth Challenge Program

Substance Use

211
AA/NA
Almost Home
Beacon Behavioral Health Hospital
Behavioral Health Court
Celebrate Recovery
Central Louisiana AIDS Support Services
Central Louisiana Human Services Districts
Churches
Coroner's Office
Court System
Doctors' Offices
Drug Abuse Resistance Education
Edgefield Recovery
First Choice Addiction Center
Health Department
Hospitals



John Hopkins Psilocybin Research Center
Judicial Drug Court
Law Enforcement
Longleaf
Mental Health Services
Military Organizations
Natchitoches Behavioral Health Clinic
Natchitoches Regional Medical Center
Natchitoches Substance Abuse Clinic
Northeast Louisiana Substance Abuse
Oceans
Oregon Psilocybin Services
Outpatient Behavioral Services
Pharmacies
Rapides Drug Court
Rapides Foundation
Rapides Parish Health Unit
Red River Behavioral Health
Red River Treatment Center
Re-Entry Solutions
Substance Abuse Programs
Tobacco Free Living
Treatment Centers
Unemployment Office
Vernon Parish Community Health Center
Vernon Parish Health Unit
Veterans Affairs
Volunteers of America
Youth Coalition

Tobacco Use

AA/NA
Addiction Disorder Clinic
American Lung Association
Catholic Charities
Cenla Medication Access Program
Central Louisiana Human Services Districts
Doctors' Offices
Drug Abuse Resistance Education
Health Unit
Louisiana Department of Health
My Time to Quit
Pentecostals of Alexandria
Rapides Foundation
Rapides Parish Health Unit
Rapides Regional Medical Center
Rural Health Clinics
School Systems
Tobacco Free Living
Treat Yourself CenLA
Winn Parish Medical Center Clinic
Youth Coalition

