



2024 COMMUNITY HEALTH NEEDS ASSESSMENT

Rapides Parish, Louisiana

Sponsored by



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INTRODUCTION

PROJECT OVERVIEW

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

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

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

Methodology

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

PRC Community Health Survey

Survey Instrument

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

Community Defined for This Assessment

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



Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a stratified random sample of 1,136 individuals age 18 and older in Rapides Parish. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Rapides Parish as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

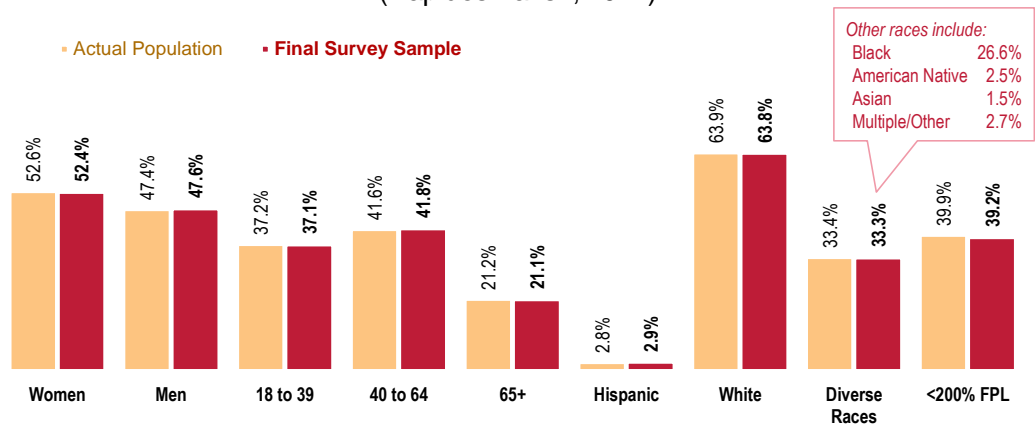
For statistical purposes, the maximum rate of error associated with a sample size of 1,136 respondents is $\pm 3.0\%$ at the 95 percent confidence level.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias.

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

Population & Survey Sample Characteristics
(Rapides Parish, 2024)



Sources: • US Census Bureau, 2016-2020 American Community Survey.
 • 2024 PRC Community Health Survey, PRC, Inc.
 Notes: • FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.



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

Online Key Informant Survey

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

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 65 Rapides Parish community representatives took part in the Online Key Informant Survey. Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the organizations outlined below.

- 9th Judicial District Court
- Aglius Health
- Alexandria Museum of Art
- Arna Bontemps African American Museum
- Arts Council of Central Louisiana
- Capital One
- Cenla CAC
- Central Louisiana 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
- Community Health WoRx
- Department of Health & Hospitals
- Diocese of Alexandria
- Family Playhouse
- First United Methodist Church Pineville
- Food Bank of Central Louisiana
- Friendship House Adult Day Services
- Glass Act Recycling
- Goodwill Industries of North Louisiana
- Guardian Hospice Care
- Gulf Coast Social Services
- Gulf Coast Teaching Family Services
- Inner City Revitalization Corporation
- I-Walked-In Outreach Program
- Keller Williams Realty
- Louisiana Central
- Louisiana Christian University
- Louisiana Department of Health - Region 6 Office of Public Health
- Louisiana Physical Therapy Association
- Louisiana State University – Alexandria
- LSUA Foundation
- Montessori Educational Center
- Mpowered Business
- Mt. Zion Development Corporation
- 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, L.L.C.
- Red River Chorale
- Re-Entry Solutions
- Region 6 Office of Aging and Adult Services
- Renaissance Home for Youth
- Salvation Army
- Second Christian Baptist Church
- Seeds 4 Trees
- The ARC Rapides, Inc.
- The Clinics
- Town of Ball
- 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 were obtained from the following sources (specific citations are included with the graphs throughout this report):

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

Benchmark Data

Trending

Similar surveys were administered in Rapides Parish in 2002, 2005, 2010, 2013, 2018, and 2021 by PRC on behalf of The Rapides Foundation. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.



Regional Data

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

Louisiana Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2023 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital findings (from various existing resources) are also provided for comparison of secondary data indicators.

Healthy People 2030

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



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

Determining Significance

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

Information Gaps

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

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









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



SUMMARY OF FINDINGS



KEY 2024 FINDINGS FOR RAPIDES PARISH	FAVORABLE TRENDS	UNFAVORABLE TRENDS
<p>ACCESS TO HEALTH CARE SERVICES</p> <ul style="list-style-type: none"> 11.0% of adults age 18 to 64 have no insurance coverage, either through private or public sources (US = 8.1%). 48.5% of all adults have experienced some kind of difficulty accessing health care in the past year (US = 52.5%). 7.4% of parents in the parish had trouble getting health care for their child in the past year (US = 11.1%). 73.0% of adults have had a routine checkup in the past year (US = 65.3%). 15.8% used an emergency room more than once in the past year for their own health (US = 15.6%). 	<ul style="list-style-type: none"> Lack of Health Insurance Cost of Prescriptions 	<ul style="list-style-type: none"> Appointment Availability Difficulty Finding a Physician Lack of Transportation Difficulty Accessing Child's Health Care Internet is the Primary Source for Health Information Ratings of Local Health Care
<p>CANCER</p> <ul style="list-style-type: none"> Cancer is a leading cause of death. 76.6% of parish women age 50-74 had a mammogram in the past two years (US = 64.0%). 71.1% of parish women age 21-65 had a Pap smear test in the past three years (US = 75.4%). 65.3% of all parish adults age 45-75 had an appropriate colorectal cancer screening (US = 71.5%). 	<ul style="list-style-type: none"> Cancer Deaths 	<ul style="list-style-type: none"> Cancer Prevalence Cervical Cancer Screening
<p>DIABETES</p> <ul style="list-style-type: none"> 14.9% of parish adults have been diagnosed with diabetes by a health care professional (US = 12.8%). 12.2% have prediabetes or borderline diabetes (US = 15.0%). 	<ul style="list-style-type: none"> Diabetes Deaths 	<ul style="list-style-type: none"> Diabetes Prevalence Prevalence of Borderline/ Pre-diabetes
<p>DISABLING CONDITIONS</p> <ul style="list-style-type: none"> 31.2% of adults in the parish experience activity limitations due to a physical, mental, or emotional health issue (US = 27.5%). 22.5% experience high-impact chronic pain that has limited their activities every day or on most days during the past six months (US = 19.6%). 29.9% are caregivers for a friend or family member who has a long-term health condition (US = 22.8%). 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Multiple Chronic Conditions Activity Limitations Alzheimer's Disease Deaths
<p>HEART DISEASE & STROKE</p> <ul style="list-style-type: none"> Heart disease is a leading cause of death. 47.5% of adults have been told by a health professional that they have high blood pressure (US = 40.4%). 34.8% of adults have been told by a health professional that they have high blood cholesterol (US = 32.4%). 91.7% exhibit at least one cardiovascular risk factor: high blood pressure or cholesterol, being overweight, not getting enough physical activity, and/or smoking cigarettes (US = 87.8%). 	<ul style="list-style-type: none"> Stroke Deaths 	<ul style="list-style-type: none"> Heart Disease Deaths Heart Disease Prevalence Stroke Prevalence High Blood Pressure Prevalence High Blood Cholesterol Prevalence
<p>HOUSING</p> <ul style="list-style-type: none"> 24.0% of adults rate the condition of neighborhood homes as "fair" or "poor" (US = n/a). 53.2% gave "fair/poor" ratings for the availability of affordable local housing (US = n/a). 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> "Fair/Poor" Condition of Neighborhood Homes "Fair/Poor" Availability of Affordable Housing
<p>INFANT HEALTH & FAMILY PLANNING</p> <ul style="list-style-type: none"> The parish teen birth rate is 33.7 births to females age 15-19 for every 1,000 females in that age group (US = 16.6). 12.0% of live births were low birth-weight (US = 8.3%). 	<ul style="list-style-type: none"> Prenatal Care 	<ul style="list-style-type: none">

	KEY 2024 FINDINGS FOR RAPIDES PARISH	FAVORABLE TRENDS	UNFAVORABLE TRENDS
	INJURY & VIOLENCE <ul style="list-style-type: none"> 5.3% of parish adults were victims of a violent crime in the past 5 years (US = 7.0%). 21.8% of residents have ever experienced intimate partner violence (US = 20.3%). 	<ul style="list-style-type: none"> Child “Always” Uses Seat Belt/ Car Seat 	<ul style="list-style-type: none"> Unintentional Injury Deaths Homicide Deaths
	MENTAL HEALTH <ul style="list-style-type: none"> 25.2% of survey respondents rate their own mental health as “fair” or “poor” (US = 24.4%). 31.0% of adults have been diagnosed with depression by a health care professional (US = 30.8%). 2.2% of residents are currently receiving mental health treatment (US = 21.9%). 10.4% of adults have been unable to get the mental health services they needed in the past year (US = 13.2%). 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> “Fair/Poor” Mental Health 3+ Days of Poor Mental Health Diagnosed Depression Symptoms of Chronic Depression Suicide Deaths Receiving Treatment for Mental Health Difficulty Obtaining Mental Health Services
	NUTRITION, OVERWEIGHT & PHYSICAL ACTIVITY <ul style="list-style-type: none"> 36.1% of respondents report difficulty buying fresh produce (US = 30.0%). 24.1% of parish <u>adults</u> currently meet physical activity guidelines (US = 30.3%). 48.6% of parish <u>children</u> age 2-17 are physically active for at least one hour per day (US = 27.4%). 73.6% of parish adults are overweight, including 40.9% who are obese (US = 63.3% and 33.9%, respectively). 	<ul style="list-style-type: none"> Meeting Physical Activity Guidelines Weight Loss Attempts Overweight/Obesity (Children) 	<ul style="list-style-type: none"> Difficulty Accessing Fresh Produce Children’s Screen Time “Often” Seeing Active Community Residents “Fair/Poor” Physical Activity Opportunities Overweight/Obesity (Adults)
	ORAL HEALTH <ul style="list-style-type: none"> 53.4% of <u>adults</u> in the parish had a dental visit in the past year (US = 56.5%). 80.5% of <u>children</u> age 2-17 had a dental visit in the past year (US = 77.8%). 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Regular Dental Care (Adults) Regular Dental Care (Children)
	RESPIRATORY DISEASE <ul style="list-style-type: none"> 74.0% of parish adults age 65+ have had a flu vaccine in the past year (US = 70.9%). 7.6% of parish adults have been diagnosed with chronic obstructive pulmonary disease or COPD (US = 11.0%). 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
	SEXUAL HEALTH <ul style="list-style-type: none"> The parish reports an HIV prevalence rate of 527.1 cases per 100,000 population (US = 386.6). The parish reports a chlamydia incidence rate of 952.1 cases per 100,000 population (US = 495.0) and a gonorrhea incidence rate of 486.6 cases per 100,000 population (US = 194.4). 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
	SUBSTANCE USE <ul style="list-style-type: none"> 18.8% of local adults report excessive drinking, including binge drinking or an high average number of drinks per day (US = 34.3%). 7.1% report using an illicit drug in the past month (US = 8.4%). 22.2% of parish adults have used a prescription opioid in the past year (US = 15.1%). 7.0% of all respondents have ever sought help for an alcohol or drug-related issue (US = 6.8%). 	<ul style="list-style-type: none"> Excessive Drinking Use of Prescription Opioids Seeking Help for Alcohol/Drug Issues 	<ul style="list-style-type: none"> Alcohol-Induced Deaths Riding with a Drunk Driver Unintentional Drug-Induced Deaths Illicit Drug Use
	TOBACCO USE <ul style="list-style-type: none"> 24.5% of parish adults currently smoke cigarettes (US = 23.9%). 17.1% currently use vaping products (US = 18.5%). 6.4% currently use smokeless tobacco (US = n/a). 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Use of Vaping Products Professional Cessation Advice Use of Smokeless Tobacco

Summary Tables

Comparisons With Benchmark Data

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

























Reading the Summary Tables

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







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

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






















































SOCIAL DETERMINANTS	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
Linguistically Isolated Population (Percent)	1.1	 0.7	 1.6	 3.9		
Population in Poverty (Percent)	18.3	 20.2	 18.7	 12.5	 8.0	
Children in Poverty (Percent)	24.7	 26.5	 25.8	 16.7	 8.0	
No High School Diploma (Age 25+, Percent)	12.4	 15.3	 13.3	 10.9		
Unemployment Rate (Age 16+, Percent)	4.3	 4.8	 4.5	 4.3		
Population With Low Food Access (Percent)	40.6	 33.8	 26.4	 22.2		
% "Fair/Poor" Condition of Neighborhood Homes	24.0	 25.5				 15.1
% "Fair/Poor" Availability of Affordable Housing	53.2	 51.6				 40.1























































 better
  similar
  worse

OVERALL HEALTH	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
% "Fair/Poor" Overall Health	19.5	 20.9	 21.7	 15.7		 17.5
% 3+ Days Poor Physical Health in Past Month	34.8	 34.8				 34.9




















 better
  similar
  worse

ACCESS TO HEALTH CARE	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
% [Age 18-64] Lack Health Insurance	11.0	 8.6	 8.7	 8.1	 7.6	 25.4
% Difficulty Accessing Health Care in Past Year (Composite)	48.5	 45.6		 52.5		 43.5
% Cost Prevented Physician Visit in Past Year	17.2	 16.4		 21.6		 17.4
% Cost Prevented Getting Prescription in Past Year	17.9	 16.4		 20.2		 24.6
% Difficulty Getting Appointment in Past Year	22.3	 20.5		 33.4		 17.8
% Inconvenient Hrs Prevented Dr Visit in Past Year	14.1	 15.4		 22.9		 13.5
% Difficulty Finding Physician in Past Year	16.6	 16.0		 22.0		 13.2
% Transportation Hindered Dr Visit in Past Year	15.1	 14.3		 18.3		 11.0
% Difficulty Getting Child's Health Care in Past Year	7.4	 7.8		 11.1		 2.7
Primary Care Doctors per 100,000	110.8	 73.6	 86.1	 110.3		
% Have a Specific Source of Ongoing Care	68.7	 70.5		 69.9	 84.0	 69.0
% Internet is the Primary Source for Healthcare Information	24.0	 23.0				 8.4
% Routine Checkup in Past Year	73.0	 72.6	 80.6	 65.3		 69.6
% [Child 0-17] Routine Checkup in Past Year	84.0	 85.2		 77.5		 81.3
% Two or More ER Visits in Past Year	15.8	 16.2		 15.6		 13.7
% Rate Local Health Care "Fair/Poor"	21.9	 22.4		 11.5		 15.1



















 better
 similar
 worse

CANCER	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
Cancer Deaths per 100,000 (Age-Adjusted)	162.0	 178.4	 165.7	 146.5	 122.7	 193.6
Lung Cancer Deaths per 100,000 (Age-Adjusted)	40.6	 47.7	 42.0	 33.4	 25.1	
Female Breast Cancer Deaths per 100,000 (Age-Adjusted)	22.0	 22.3	 22.1	 19.4	 15.3	
Prostate Cancer Deaths per 100,000 (Age-Adjusted)	16.4	 18.3	 19.5	 18.5	 16.9	
Colorectal Cancer Deaths per 100,000 (Age-Adjusted)	19.6	 19.7	 15.5	 13.1	 8.9	
Cancer Incidence per 100,000 (Age-Adjusted)	465.2	 476.4	 478.3	 442.3		
Lung Cancer Incidence per 100,000 (Age-Adjusted)	61.2	 65.5	 61.5	 54.0		
Female Breast Cancer Incidence per 100,000 (Age-Adjusted)	112.2	 112.1	 127.5	 127.0		
Prostate Cancer Incidence per 100,000 (Age-Adjusted)	129.2	 121.9	 138.1	 110.5		
Colorectal Cancer Incidence per 100,000 (Age-Adjusted)	45.8	 53.0	 44.3	 36.5		
% Cancer	8.7	 8.6	 10.4	 7.4		 5.5
% [Women 50-74] Breast Cancer Screening	76.6	 74.3	 82.1	 64.0	 80.5	 82.3
% [Women 21-65] Cervical Cancer Screening	71.1	 70.2		 75.4	 84.3	 85.6
% [Age 45-75] Colorectal Cancer Screening	65.3	 68.7	 73.2	 71.5	 74.4	 67.9






























 better
 similar
 worse

DIABETES	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
Diabetes Deaths per 100,000 (Age-Adjusted)	9.9	 20.0	 28.8	 22.6		 16.8
% Diabetes/High Blood Sugar	14.9	 15.8	 14.7	 12.8		 10.1
% Borderline/Pre-Diabetes	12.2	 10.3		 15.0		 6.5
Kidney Disease Deaths per 100,000 (Age-Adjusted)	23.9	 19.7	 19.9	 12.8		 22.1
% Kidney Disease	5.2	 5.7	 4.5	 4.1		 3.6















 better
 similar
 worse

DISABLING CONDITIONS	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
% 3+ Chronic Conditions	43.9	 44.5		 38.0		 33.9
% Activity Limitations	31.2	 30.9		 27.5		 19.4
% High-Impact Chronic Pain	22.5	 22.7		 19.6	 6.4	
% Arthritis	27.3	 27.0				 31.2
Alzheimer's Disease Deaths per 100,000 (Age-Adjusted)	62.9	 55.2	 43.1	 30.9		 51.8
% Caregiver to a Friend/Family Member	29.9	 28.8		 22.8		 31.2






























 better
 similar
 worse

HEART DISEASE & STROKE	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				
		vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
Heart Disease Deaths per 100,000 (Age-Adjusted)	300.0	 274.2	 213.8	 164.4	 127.4	 251.0
% Heart Disease	10.8	 12.0	 8.0	 10.3		 6.7
Stroke Deaths per 100,000 (Age-Adjusted)	49.9	 50.8	 45.8	 37.6	 33.4	 58.1
% Stroke	5.0	 4.6	 4.9	 5.4		 1.9
% High Blood Pressure	47.5	 46.6	 40.2	 40.4	 42.6	 32.8
% High Cholesterol	34.8	 35.1		 32.4		 27.1
% 1+ Cardiovascular Risk Factor	91.7	 92.0		 87.8		 93.0


















 better
  similar
  worse












INFANT HEALTH & FAMILY PLANNING	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				
		vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
No Prenatal Care in First 6 Months (Percent of Births)	3.0	 3.0	 6.4	 6.1		 6.1
Teen Births per 1,000 Females 15-19	33.7	 36.4	 27.0	 16.6		
Low Birthweight (Percent of Births)	12.0	 10.6	 10.9	 8.3		
Infant Deaths per 1,000 Births	6.8	 6.4	 7.7	 5.5	 5.0	

 better
  similar
  worse























INJURY & VIOLENCE	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
Unintentional Injury Deaths per 100,000 (Age-Adjusted)	80.2	 68.1	 66.8	 51.6	 43.2	 52.6
Motor Vehicle Crash Deaths per 100,000 (Age-Adjusted)	20.9	 21.4	 16.7	 11.4	 10.1	
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	88.0	 85.8				 80.6
[65+] Fall-Related Deaths per 100,000 (Age-Adjusted)	40.9	 33.0	 41.1	 67.1	 63.4	
Homicide Deaths per 100,000 (Age-Adjusted)	15.9	 12.2	 16.0	 6.1	 5.5	 9.8
Violent Crimes per 100,000	972.3	 633.1	 562.3	 416.0		
% Victim of Violent Crime in Past 5 Years	5.3	 5.2		 7.0		 3.5
% Victim of Intimate Partner Violence	21.8	 20.7		 20.3		 12.4




























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MENTAL HEALTH	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
% "Fair/Poor" Mental Health	25.2	 24.9		 24.4		 14.6
% 3+ Days Poor Mental Health in Past Month	43.5	 42.2				 32.1
% Diagnosed Depression	31.0	 30.2	 26.4	 30.8		 26.7
% Symptoms of Chronic Depression	44.8	 44.0		 46.7		 28.7
Suicide Deaths per 100,000 (Age-Adjusted)	17.7	 18.0	 14.6	 13.9	 12.8	 13.5










MENTAL HEALTH (continued)	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
Mental Health Providers per 100,000	288.4	 177.6	 183.2	 182.5		
% Have Ever Sought Help for Mental Health	35.2	 33.2				 39.4
% Receiving Mental Health Treatment	24.2	 23.5		 21.9		 15.8
% Unable to Get Mental Health Services in Past Year	10.4	 8.7		 13.2		 5.9

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
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
% "Very/Somewhat" Difficult to Buy Fresh Produce	36.1	 37.5		 30.0		 13.7
% Consume 2+ Servings of Fruit per Day	39.9	 40.6				
% Consume 3+ Servings of Vegetables per Day	10.2	 10.0				
% [Age 2-17] Child Consumes 2+ Servings of Fruit per Day	61.5	 63.2				
% [Age 2-17] Child Consumes 3+ Servings of Vegetables per Day	10.4	 14.8				
% No Leisure-Time Physical Activity	30.3	 31.5	 28.3	 30.2	 21.8	 33.7
% Meet Physical Activity Guidelines	24.1	 21.9	 19.7	 30.3	 29.7	 19.1
% [Child 2-17] Physically Active 1+ Hours per Day	48.6	 46.7		 27.4		 52.8
% [Child Age 2-17] 3+ Hours per Day of Screen Time	47.0	 45.7				 38.7

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
% "Often" See Others in Community Being Physically Active	38.9	 34.9				 50.2
% "Fair/Poor" Local Physical Activity Opportunities	36.6	 38.3				 28.7
Recreation/Fitness Facilities per 100,000	7.7	 3.0	 11.0	 14.8		
% Overweight (BMI 25+)	73.6	 72.7	 71.7	 63.3		 65.8
% Obese (BMI 30+)	40.9	 40.4	 40.1	 33.9	 36.0	 28.3
% Medical Advice on Weight in Past Year	22.9	 22.5				 22.8
% [Overweights] Trying to Lose Weight	34.5	 35.0				 27.7
% [Child 5-17] Overweight (85th Percentile)	37.0	 39.2		 31.8		 54.8
% [Child 5-17] Obese (95th Percentile)	25.9	 24.7		 19.5	 15.5	 38.9










 better
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 worse

ORAL HEALTH	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
% Dental Visit in Past Year	53.4	 50.5	 60.4	 56.5	 45.0	 62.0
% [Child 2-17] Dental Visit in Past Year	80.5	 76.3		 77.8	 45.0	 87.2
























 better
 similar
 worse

RESPIRATORY DISEASE	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
Lung Disease Deaths per 100,000 (Age-Adjusted)	54.4	 63.0	 41.1	 38.1		 54.0
Pneumonia/Influenza Deaths per 100,000 (Age-Adjusted)	29.8	 23.7	 14.0	 13.4		 28.3
% Received a COVID Vaccine or Booster in the Past 12 Months	20.0	 19.6				
% [Age 65+] Flu Vaccine in Past Year	74.0	 65.6	 64.3	 70.9		 69.4
% [Age 65+] Pneumonia Vaccine Ever	73.0	 71.1				 63.1
% COPD (Lung Disease)	7.6	 8.9	 9.3	 11.0		 9.9
























 better
 similar
 worse

SEXUAL HEALTH	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
HIV Prevalence per 100,000	527.1	 467.6	 568.3	 386.6		
Chlamydia Incidence per 100,000	952.1	 826.5	 788.6	 495.0		
Gonorrhea Incidence per 100,000	486.6	 371.7	 327.1	 194.4		

 better
 similar
 worse

SUBSTANCE USE	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
Alcohol-Induced Deaths per 100,000 (Age-Adjusted)	7.9	 7.9	 9.8	 11.9		 5.8
% Excessive Drinking	18.8	 19.4	 18.8	 34.3		 22.7
% Rode w/ Drunk Driver in Past Month	5.0	 6.0				 3.2
Unintentional Drug-Induced Deaths per 100,000 (Age-Adjusted)	36.3	 24.7	 29.2	 21.0		 9.9
% Used an Illicit Drug in Past Month	7.1	 6.5		 8.4		 2.0
% Used a Prescription Opioid in Past Year	22.2	 19.7		 15.1		 26.2
% Ever Sought Help for Alcohol or Drug Problem	7.0	 6.7		 6.8		 3.5

 better
 similar
 worse

TOBACCO USE	Rapides Parish	RAPIDES PARISH vs. BENCHMARKS				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2030	
% Smoke Cigarettes	24.5	 26.7	 16.7	 23.9	 6.1	 21.6
% Someone Smokes at Home	19.6	 20.2		 17.7		 22.5
% Use Vaping Products	17.1	 16.2	 10.4	 18.5		 6.3
% [Smokers] Received Advice to Quit Smoking	52.5	 48.8		 57.8	 58.1	 65.3
% [Smokers] Have Quit Smoking 1+ Days in Past Year	49.3	 41.5	 57.1	 53.1	 65.7	 45.8
% Use Smokeless Tobacco	6.4	 8.2				 4.3

 better
 similar
 worse



DATA CHARTS & KEY INFORMANT INPUT

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

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

COMMUNITY CHARACTERISTICS

Population Characteristics

Land Area, Population Size & Density

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

Total Population
(2020)

	Total Population	Total Land Area (square miles)	Population Density (per square mile)
Rapides Parish	130,023	1,320.41	98
Rapides Foundation Service Area	338,352	8,420.51	40
Louisiana	4,657,757	43,209.99	108
United States	331,449,281	3,533,018.38	94

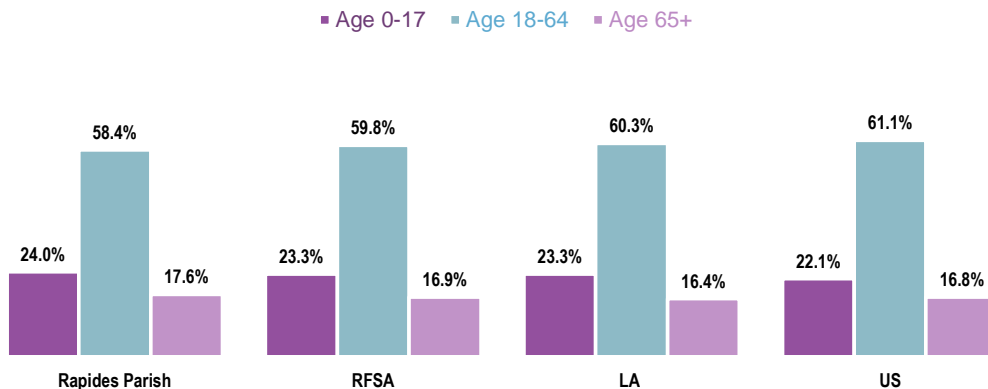
Sources:

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

Age

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

Total Population by Age Groups
(2020)



Sources:

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

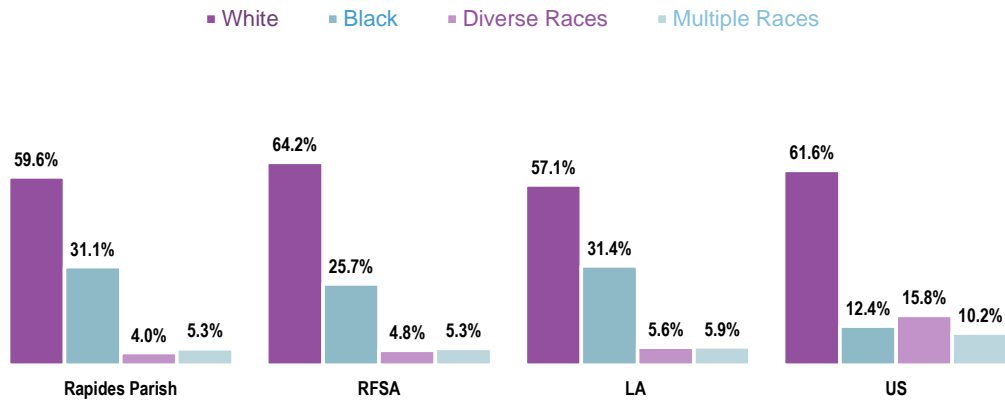


Race & Ethnicity

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

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

Total Population by Race Alone (2020)



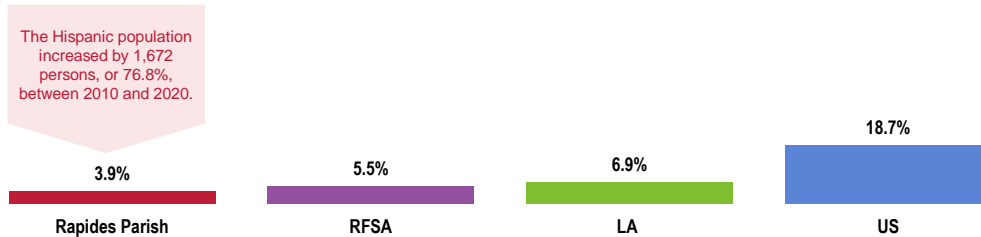
Sources:

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

 Notes:

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

Hispanic Population (2020)



Sources:

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

 Notes:

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



Social Determinants of Health

ABOUT SOCIAL DETERMINANTS OF HEALTH

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

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

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

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

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

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

Income & Poverty

Poverty

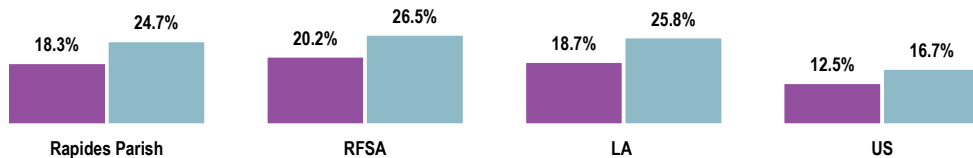
The following chart outlines the proportion of our population below the federal poverty threshold in comparison to state and national proportions.

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

Percent of Population in Poverty (2018-2022)

Healthy People 2030 = 8.0% or Lower

■ Total Population ■ Children

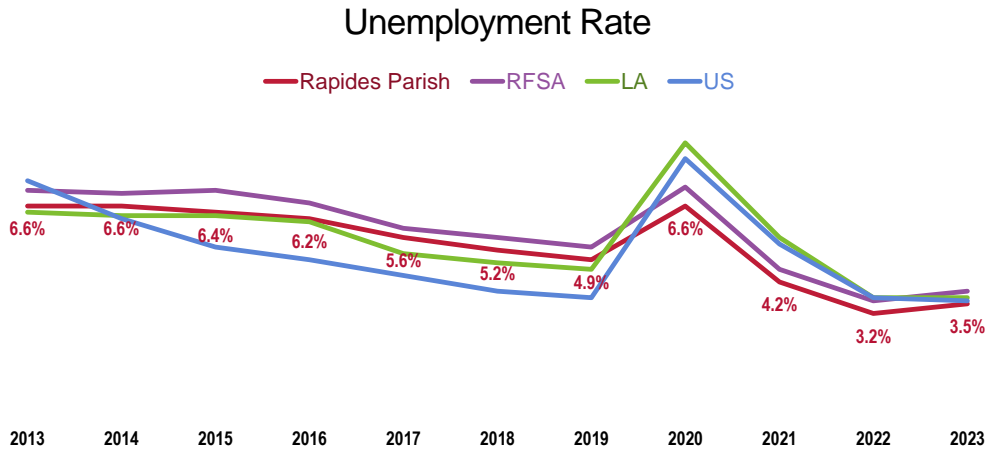


Sources: ● US Census Bureau American Community Survey, 5-year estimates.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).
● US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



Employment

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



Sources:

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

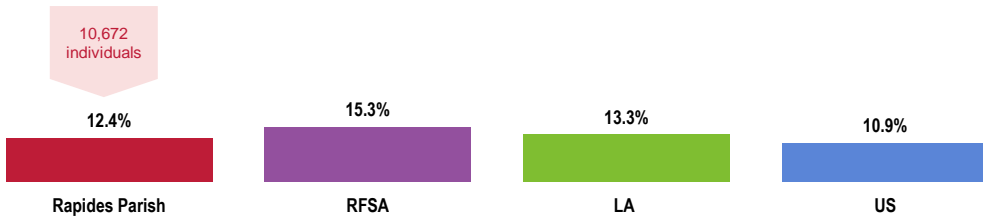
Notes:

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

Education

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

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



Sources:

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

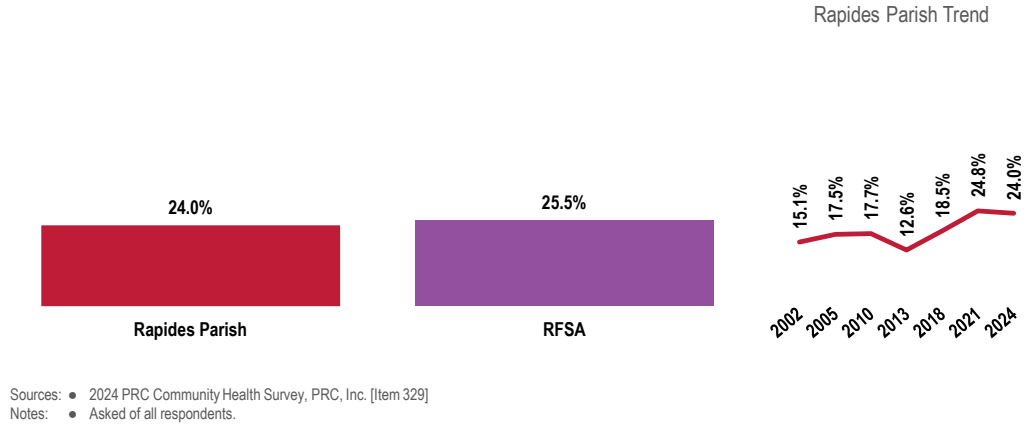


Housing

Housing Conditions

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

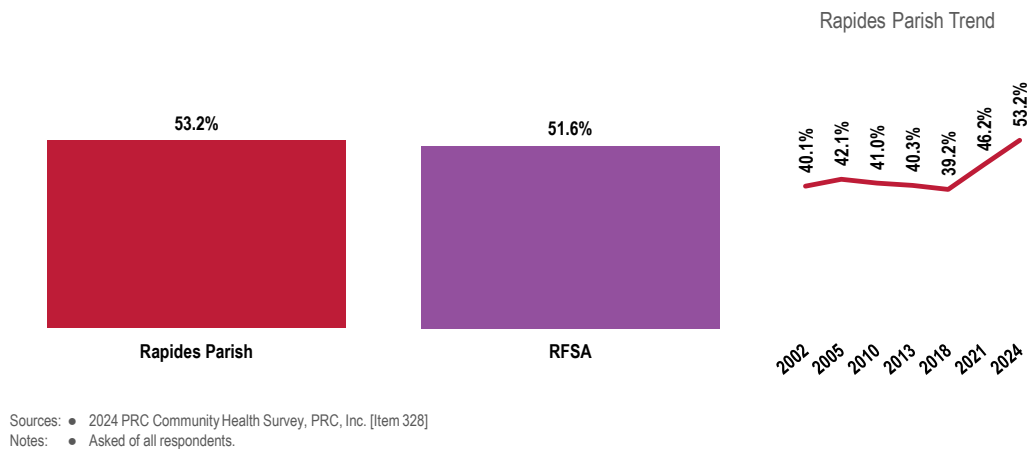
Perceive the Condition of Neighborhood Homes to be “Fair” or “Poor”



Availability of Affordable Housing

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

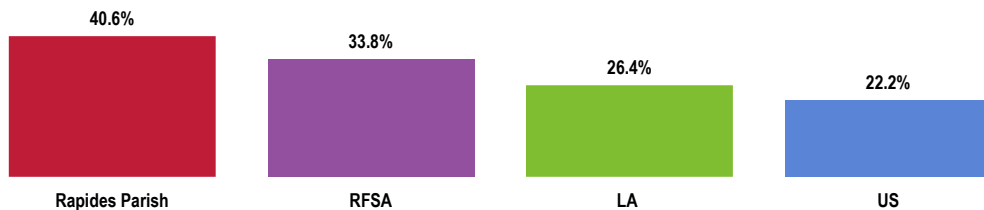
Perceive the Availability of Affordable Local Housing to be “Fair” or “Poor”



Low Food Access

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

Population With Low Food Access (2019)



Sources:

- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

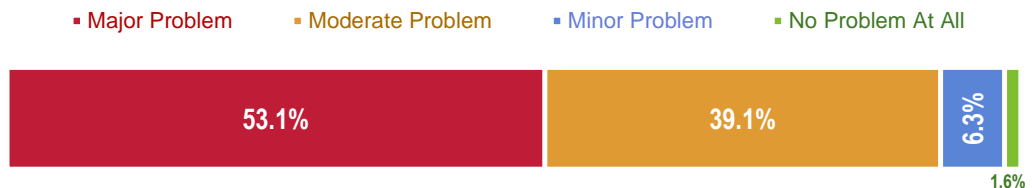
Notes:

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

Key Informant Input: Social Determinants of Health

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

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



Sources:

- 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes:

- Asked of all respondents.

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

Income/Poverty



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

Socioeconomic status and education level of the community. – Health Provider

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

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

Poverty, education, access to healthcare, racial and ethnic disparities. – Health Provider

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

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

Incidence/Prevalence

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

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

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

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

Because I see the people on the streets and the decay of neighborhoods. – Community Leader

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

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

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

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

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

Limited resources are available. – Public Health Representative

Cost, rent – deposits, insurance barriers, and transportation. – Community Leader

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

Awareness/Education

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

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



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

Homeless numbers in central LA. – Public Health Representative

Employment

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

Lack of Community Involvement

No unity in our community. – Social Services Provider

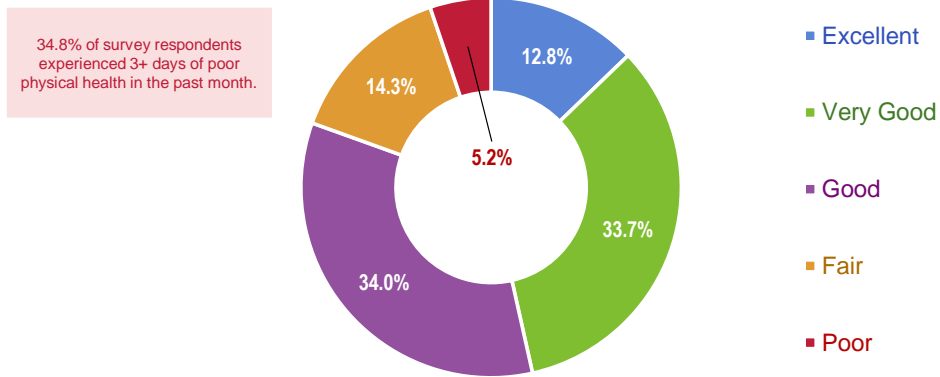


HEALTH STATUS

Overall Health

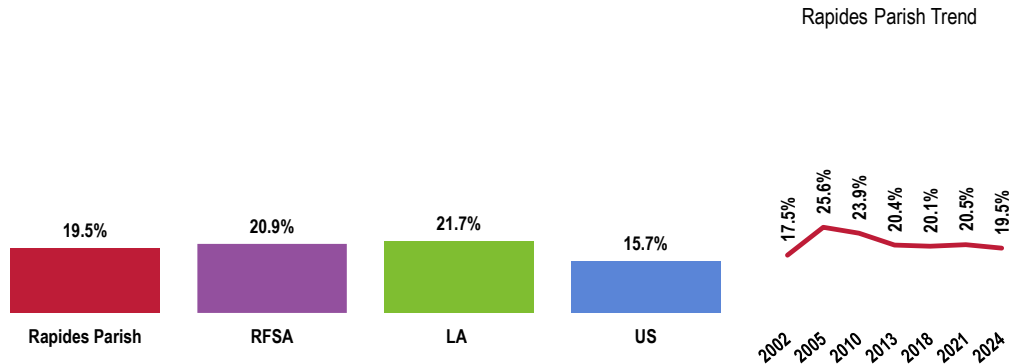
PRC SURVEY ▶ “Would you say that in general your health is: excellent, very good, good, fair, or poor?”

Self-Reported Health Status
(Rapides Parish, 2024)



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

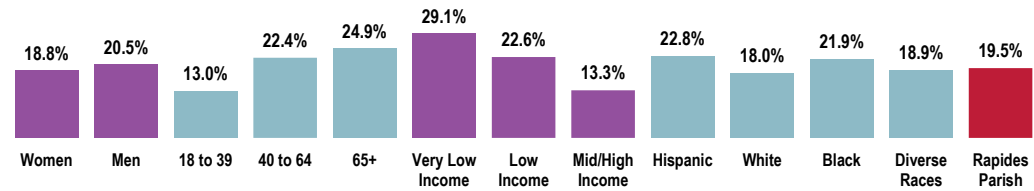
Experience “Fair” or “Poor” Overall Health



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



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



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

INCOME & RACE/ETHNICITY

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

RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. 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 American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.



Mental Health

ABOUT MENTAL HEALTH & MENTAL DISORDERS

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

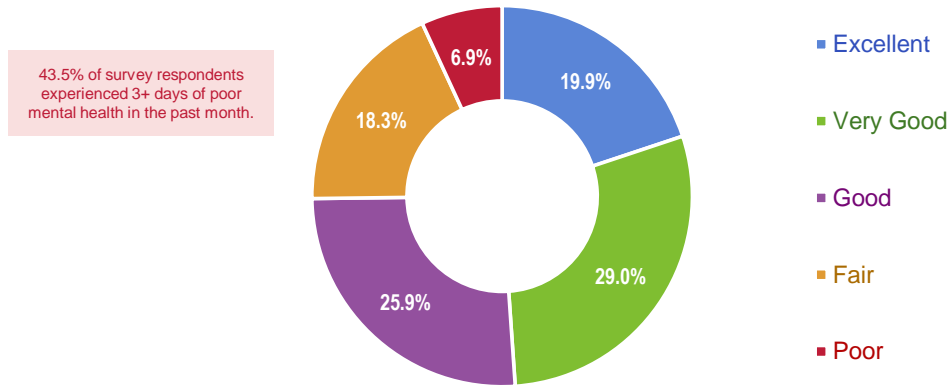
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening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

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

Mental Health Status

PRC SURVEY ▶ “Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair, or poor?”

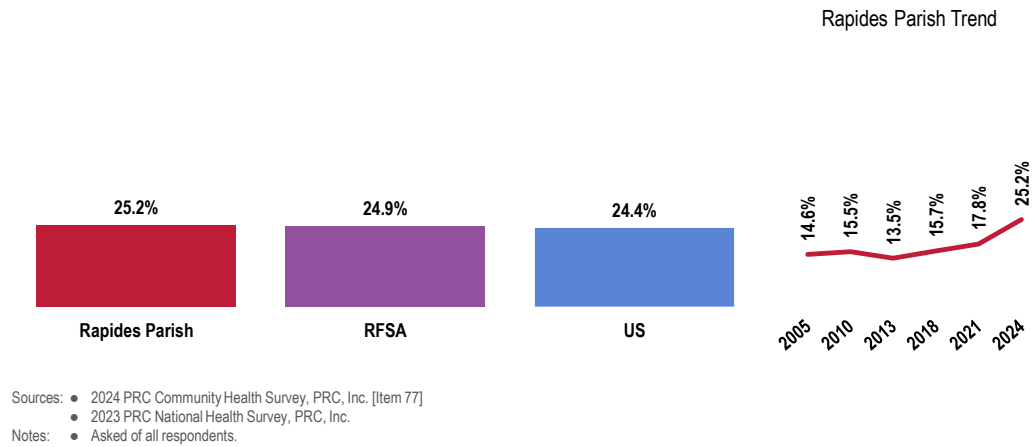
Self-Reported Mental Health Status
(Rapides Parish, 2024)



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



Experience “Fair” or “Poor” Mental Health

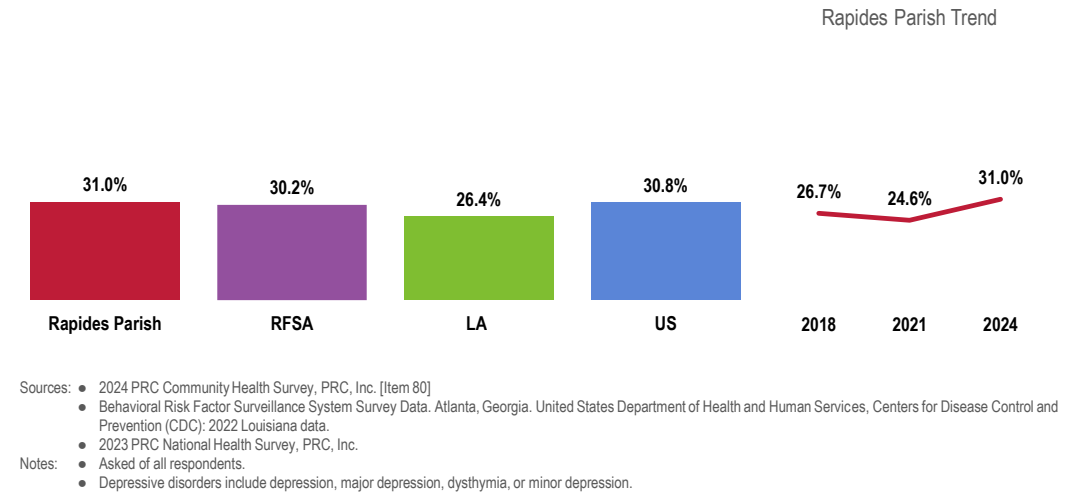


Depression

Diagnosed Depression

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

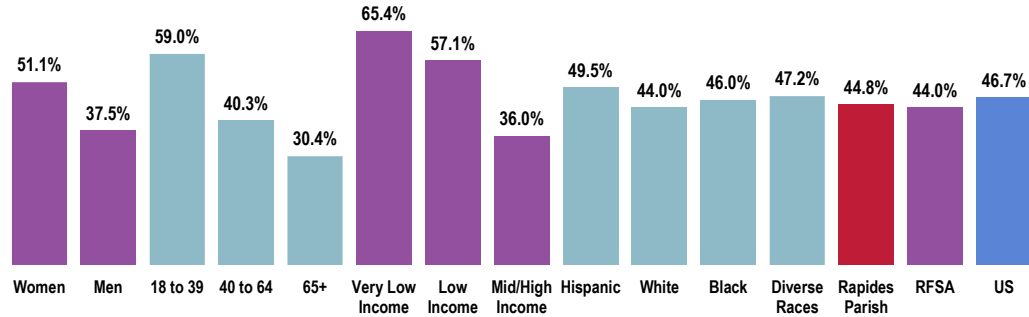
Have Been Diagnosed With a Depressive Disorder



Symptoms of Chronic Depression

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

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



Sources:

- 2024 PRC Community Health Survey, PRC, Inc. [Item 78]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:

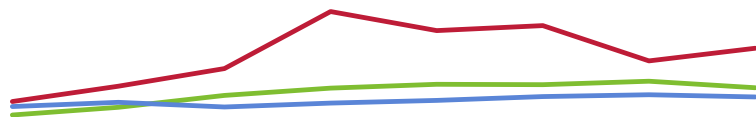
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Suicide

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

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

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
Rapides Parish	13.5	14.7	16.1	20.6	19.1	19.5	16.7	17.7
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

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

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

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



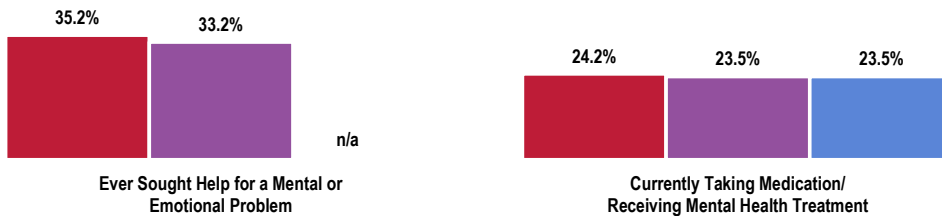
- Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

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

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

Mental Health Treatment

■ Rapides Parish ■ RFSA ■ US

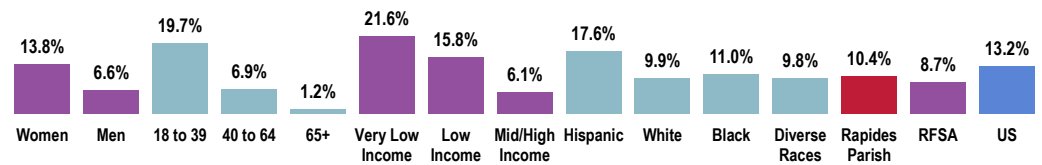


- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 81, 325]
 - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Reflects the total sample of respondents.



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

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



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

Key Informant Input: Mental Health

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

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

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



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

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

Access to Care/Services

- Access to care and follow up care. There appears to be an increased number of people with mental health issues. – Public Health Representative
- Access to mental health providers and services. – Physician
- Access to competent care. – Physician



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." TL; DR 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

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

Lack of good health insurance to cover mental health services. – Community Leader

Access to care and homelessness. – Public Health Representative

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

Access to services and knowing the resources available. – Community Leader

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

Access to quality mental health care and their own willingness to seek and continue with treatment. – Community Leader

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

Access to care, socioeconomic status, drug issues. – Health Provider

The state has no good programs available. – Social Services Provider

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

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

Access to timely counseling and medication evaluation for medication and symptom management. – Social Services Provider

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

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

Homelessness

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

Homeless, jobless, and access to services. – Community Leader

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

Homelessness, loneliness, purpose. – Social Services Provider

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

Denial/Stigma

Shame in admitting to mental health issues. – Social Services Provider

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

Culture of not talking about it. – Public Health Representative

Admitting the problem, and jobs. – Social Services Provider



Lack of Providers

Increase in a rise in mental illness and not enough mental health providers. – Community Leader

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

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

Socioeconomic status. – Health Provider

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

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

Incidence/Prevalence

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

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

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

Transportation

Transportation to quality clinics isn't available. – Community Leader



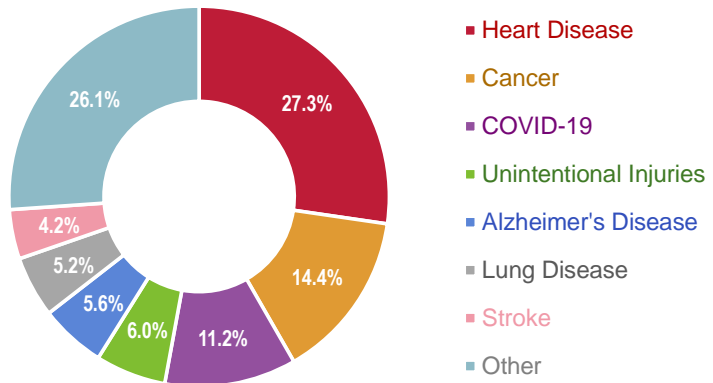
DEATH, DISEASE & CHRONIC CONDITIONS

Leading Causes of Death

Distribution of Deaths by Cause

The following outlines leading causes of death in the community.

Leading Causes of Death
(Rapides Parish, 2020)



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

Age-Adjusted Death Rates for Selected Causes

AGE-ADJUSTED DEATH RATES

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

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

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



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

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

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

	Rapides Parish	RFSA	LA	US	HP2030
Diseases of the Heart	300.0	274.2	213.8	164.4	127.4*
Malignant Neoplasms (Cancers)	162.0	178.4	165.7	146.5	122.7
Coronavirus Disease/COVID-19 (2020)	131.2	137.5	118.0	85.0	—
Unintentional Injuries	80.2	68.1	66.8	51.6	43.2
Alzheimer's Disease	62.9	55.2	43.1	30.9	—
Chronic Lower Respiratory Disease (CLRD)	54.4	63.0	41.1	38.1	—
Cerebrovascular Disease (Stroke)	49.9	50.8	45.8	37.6	33.4
Falls [Age 65+]	40.9	33.0	41.1	67.1	63.4
Unintentional Drug-Related Deaths	36.3	24.7	29.2	21.0	—
Pneumonia/Influenza	29.8	23.7	14.0	13.4	—
Kidney Disease	23.9	19.7	19.9	12.8	—
Septicemia	23.7	20.4	20.2	9.8	—
Motor Vehicle Deaths	20.9	21.4	16.7	11.4	10.1
Intentional Self-Harm (Suicide)	17.7	18.0	14.6	13.9	12.8
Homicide/Legal Intervention	15.9	12.2	16.0	6.1	5.5
Diabetes	9.9	20.0	28.8	22.6	—
Alcohol-Induced Deaths	6.7	7.9	9.8	11.9	—
HIV/AIDS (2011-2020)	4.4	3.1	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 is the leading cause of death in the United States, and stroke is the fifth leading cause. ...Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

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

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

Age-Adjusted Heart Disease & Stroke Deaths

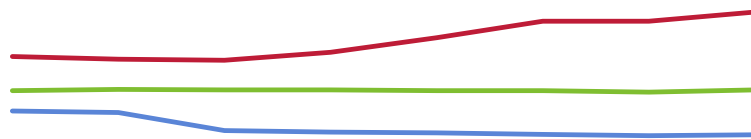
The following charts outline age-adjusted mortality rates for heart disease and for stroke in our community.

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

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 127.4 or Lower (Adjusted)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
— Rapides Parish	251.0	247.7	246.7	255.6	271.7	289.8	289.8	300.0
— LA	213.2	214.5	214.2	213.8	213.2	213.2	211.5	213.8
— US	190.6	188.9	168.9	167.5	166.3	164.7	163.4	164.4

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

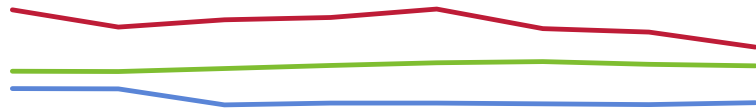
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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



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

Healthy People 2030 = 33.4 or Lower



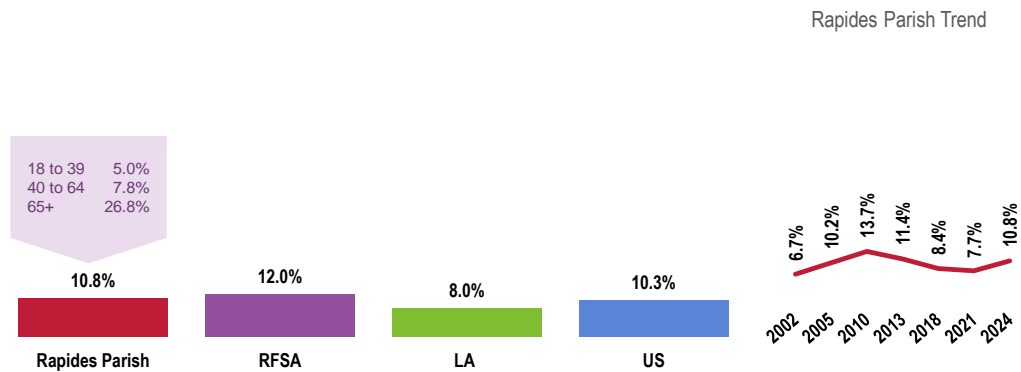
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Rapides Parish	58.1	54.3	55.9	56.4	58.3	54.0	53.2	49.9
LA	44.5	44.5	45.2	45.9	46.5	46.7	46.1	45.8
US	40.7	40.6	37.1	37.5	37.5	37.3	37.2	37.6

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

Prevalence of Heart Disease & Stroke

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

Prevalence of Heart Disease



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

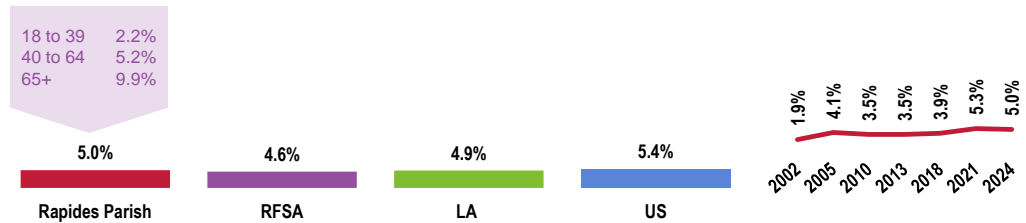
Notes: • Asked of all respondents.
• Includes diagnoses of heart attack, angina, or coronary heart disease.



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

Prevalence of Stroke

Rapides Parish Trend



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 23]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

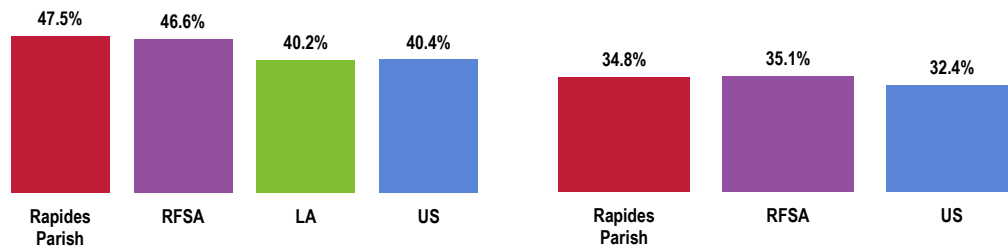
PRC SURVEY ▶ “Have you ever been told by a doctor, nurse, or other health care professional that you had high blood pressure?”

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

Prevalence of High Blood Pressure

Healthy People 2030 = 42.6% or Lower

Prevalence of High Blood Cholesterol



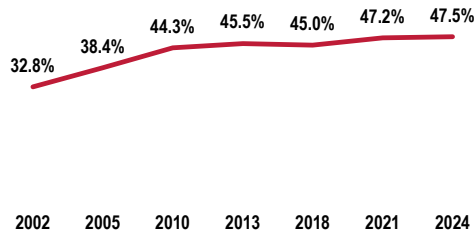
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 29-30]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 • 2023 PRC National Health Survey,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

Notes: • Asked of all respondents.

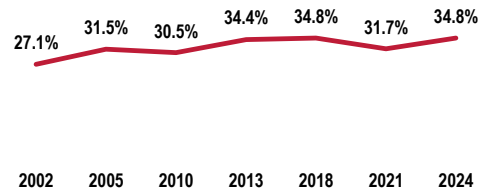


Prevalence of High Blood Pressure (Rapides Parish)

Healthy People 2030 = 42.6% or Lower



Prevalence of High Blood Cholesterol (Rapides Parish)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 29-30]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.

Total Cardiovascular Risk

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

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

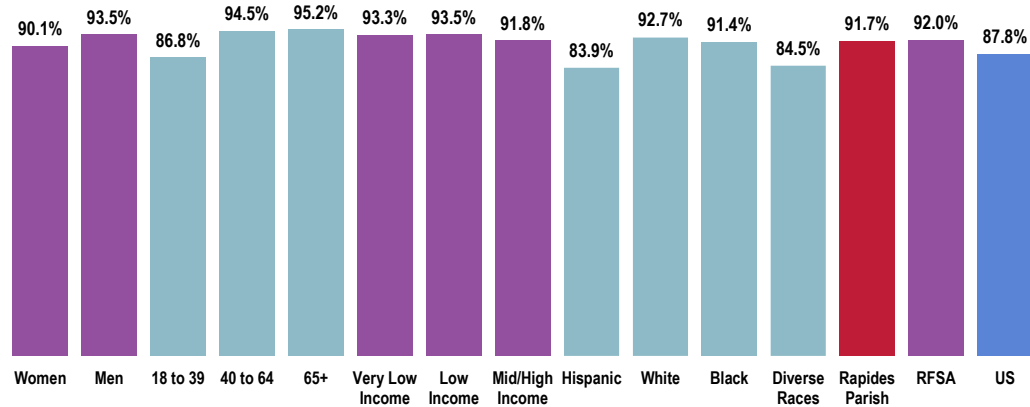
Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

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

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



Present One or More Cardiovascular Risks or Behaviors (Rapides Parish, 2024)



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

Key Informant Input: Heart Disease & Stroke

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

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

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



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

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

Lifestyle

- Lifestyle due to the low socioeconomic status of the area. – Health Provider
- Poor food choices and lack of safe outdoor recreation opportunities. – Community Leader
- Lifestyle patterns exacerbated by culture and poverty contribute to the related disease and illness and lack of providers – Social Services Provider
- 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
- Poor nutrition and smoking. – Public Health Representative
- Diet and environment. – Community Leader
- Poor nutrition. – Social Services Provider
- Food choices, lack of exercise, and lack of education. – Social Services Provider



Incidence/Prevalence

The volume of patients treated with heart disease, blood pressure issues and stroke risk, or history of stroke. – Public Health Representative

We see many members entering our doors with reported and obvious physical state. – Social Services Provider
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

The number of people impacted by heart disease and strokes. – Social Services Provider

Reported incidents. – Community Leader

Many individuals in my community suffer from hypertension. Hypertension is a major contributor to heart disease and stroke. – Health Provider

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

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

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

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

Obesity

Obesity, lifestyle choices. – Community Leader

With local levels of obesity exceeding the already high national average, heart disease and strokes will continue to be major problems. – Community Leader

Obesity, have known several people who have had strokes or heart attacks in the last two years. – Community Leader

Access to Care/Services

Limited access to healthcare facilities, healthcare professionals, and preventive care services leads to undiagnosed or poorly managed heart conditions. – Health Provider

Lack of access to affordable healthcare. – Social Services Provider

Affordable medical care. – Social Services Provider

Hard to find a local heart specialist. – Social Services Provider

Prevention/Screenings

Prevention services are not readily available. – Community Leader

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 3–6-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

Follow Up/Support

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

Tobacco Use

Rural areas and tobacco issues. Food sources. – Community Leader



Cancer

ABOUT CANCER

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

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

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

Age-Adjusted Cancer Deaths

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

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

Healthy People 2030 = 122.7 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Rapides Parish	193.6	191.1	182.1	171.6	171.6	167.5	168.8	162.0
LA	191.0	188.4	184.9	179.4	175.7	171.9	170.7	165.7
US	171.5	168.0	160.1	157.6	155.6	152.5	149.3	146.5

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



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

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

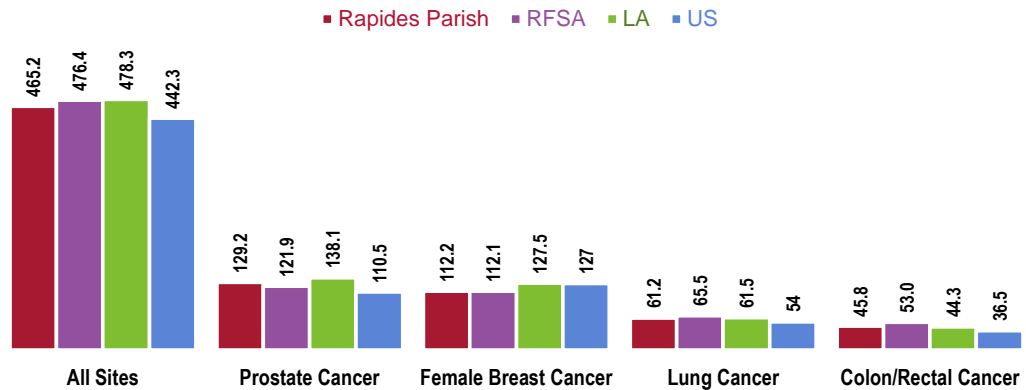
	Rapides Parish	RFSA	LA	US	HP2030
ALL CANCERS	162.0	178.4	165.7	146.5	122.7
Lung Cancer	40.6	47.7	42.0	33.4	25.1
Female Breast Cancer	22.0	22.3	22.1	19.4	15.3
Colorectal Cancer	19.6	19.7	15.5	13.1	8.9
Prostate Cancer	16.4	18.3	19.5	18.5	16.9

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.

Cancer Incidence Rates by Site (2016-2020)



Sources: • State Cancer Profiles.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).
 Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population.

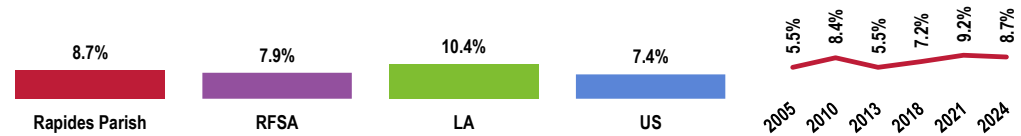


Prevalence of Cancer

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

Prevalence of Cancer

Rapides Parish Trend



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

Notes: • Reflects all respondents.

Cancer Screenings

FEMALE BREAST CANCER

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

CERVICAL CANCER

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

COLORECTAL CANCER

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

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

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



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

Breast Cancer Screening

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

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

Cervical Cancer Screening

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

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

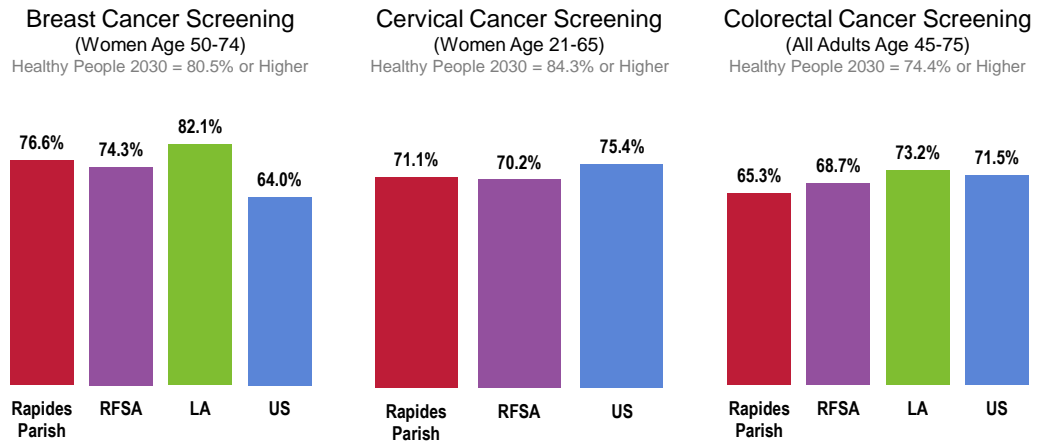
“Appropriate cervical cancer screening” includes Pap smear testing (cervical cytology) every three years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65.

Colorectal Cancer Screening

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

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

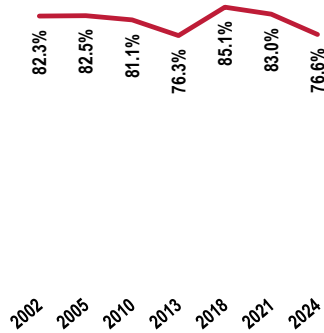
“Appropriate colorectal cancer screening” includes a fecal occult blood test within the past year and/or lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.



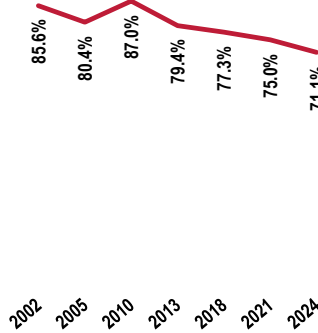
- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 101-103]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 - 2023 PRC National Health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



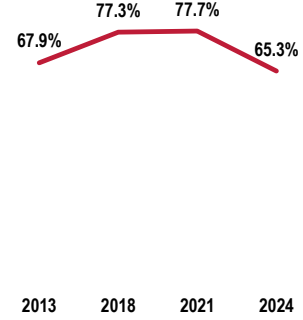
Breast Cancer Screening
(Women Age 50-74)
Healthy People 2030 = 80.5% or Higher



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



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



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

Key Informant Input: Cancer

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

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

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



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

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

Incidence/Prevalence

- Not this community solely, but major worldwide. – Community Leader
- Many who are in chemo and the mortality rate of those who suffered from cancer. – Health Provider
- The number of persons with cancer diagnoses and delayed identification and diagnoses. – Public Health Representative
- 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
- I'm not sure of the cause, but you hear and see a great number of folks with cancer diagnosis. – Community Leader
- Reported incidents. – Community Leader
- 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
- Louisiana has the fifth highest cancer mortality rate in the nation. It's a question of early detection and treatment. – Community Leader



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
More cases appearing that have not been seen in the past. Most likely related to diet and environment. – Social Services Provider

The polls indicate one out of every person is diagnosed with some form of cancer. – Social Services Provider

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

Access to Care/Services

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

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

Hard to find oncologists. – Social Services Provider

Awareness/Education

Lack of education, nutrition, and genetics. – Social Services Provider

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

Environmental Contributors

Environmental factors in Louisiana, and diet. – Community Leader

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

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

There's limited prevention access. – Community Leader

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

No cure. – Social Services Provider

Access to Affordable Healthy Food

Lack of healthy food stores, pollutants, etc. – Social Services Provider

Affordable Care/Services

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

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

Aging Population

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

It has devastating effects on both patients and their families. – Community Leader



Respiratory Disease

ABOUT RESPIRATORY DISEASE

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

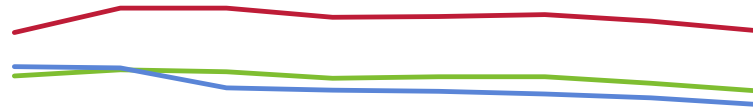
– Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Respiratory Disease Deaths

Lung Disease

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

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Rapides Parish	54.0	59.4	59.4	57.4	57.5	58.0	56.5	54.4
LA	44.4	45.8	45.3	43.9	44.3	44.2	42.8	41.1
US	46.5	46.2	41.8	41.3	41.0	40.4	39.6	38.1

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

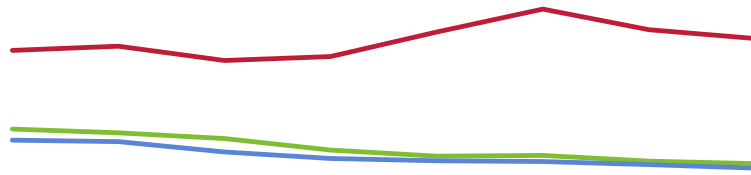
Notes: • CLRD is chronic lower respiratory disease.



Pneumonia/Influenza

Pneumonia and influenza mortality is illustrated here.

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



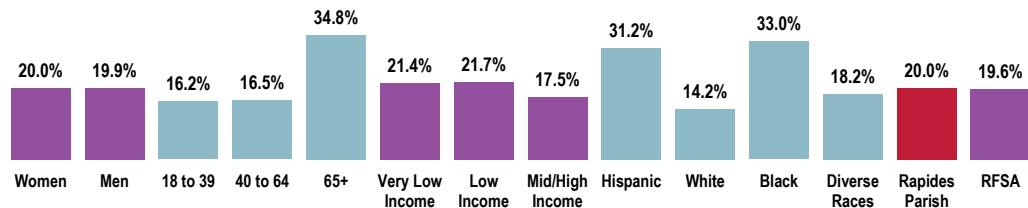
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
— Rapides Parish	28.3	28.8	27.0	27.5	30.6	33.5	30.9	29.8
— LA	18.3	17.9	17.1	15.7	14.9	15.0	14.3	14.0
— US	16.9	16.8	15.4	14.6	14.3	14.2	13.8	13.4

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.

COVID-19 Vaccinations

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

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



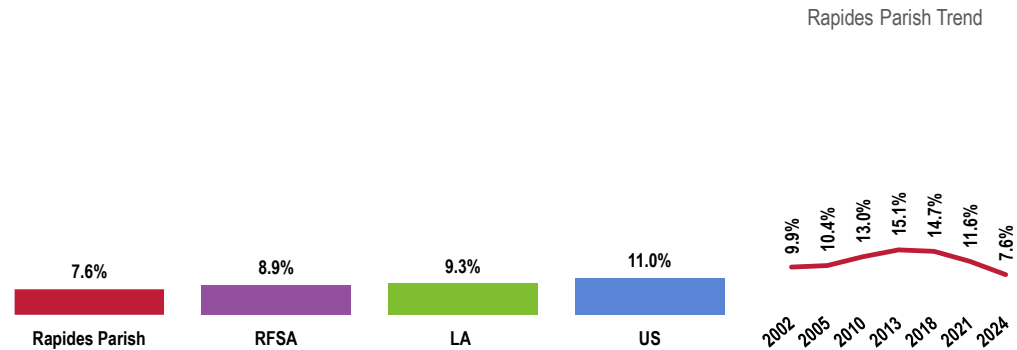
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 315]
Notes: • Reflects all respondents.



Chronic Obstructive Pulmonary Disease (COPD)

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

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



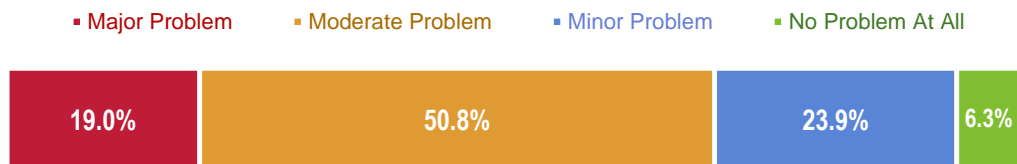
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 21]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2022 Louisiana data.
 • 2023 PRC National Health Survey,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

Notes: • Asked of all respondents.
 • Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.

Key Informant Input: Respiratory Disease

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

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



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

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

Incidence/Prevalence

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

At our pharmacy, we have many patients who are on respiratory medications. – Health Provider



Environmental Contributors

- Quality of air. – Social Services Provider
- Smoking and air quality with cancer-causing industries. – Community Leader
- High pollution and poor air quality. – Social Services Provider

Awareness/Education

- No education on prevention. – Community Leader
- Directly related to the other healthy lifestyle and eating habits. – Community Leader

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

Injury & Violence

ABOUT INJURY & VIOLENCE

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

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

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

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

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

Unintentional Injury

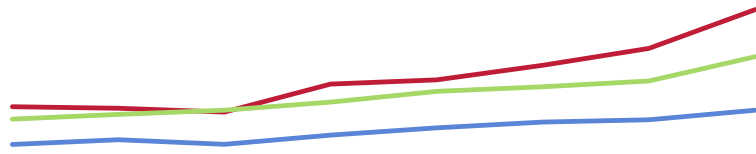
Age-Adjusted Unintentional Injury Deaths

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



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

Healthy People 2030 = 43.2 or Lower



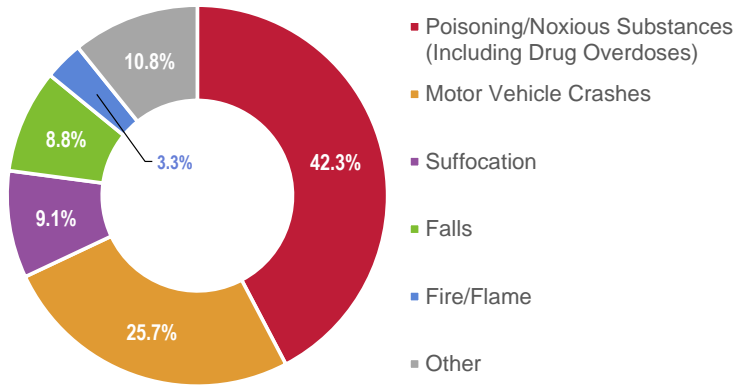
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Rapides Parish	52.6	52.2	51.1	59.0	60.2	64.4	69.2	80.2
LA	49.1	50.4	51.7	54.0	57.0	58.3	60.0	66.8
US	41.9	43.3	41.9	44.6	46.7	48.3	48.9	51.6

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

Leading Causes of Unintentional Injury Deaths

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

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



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

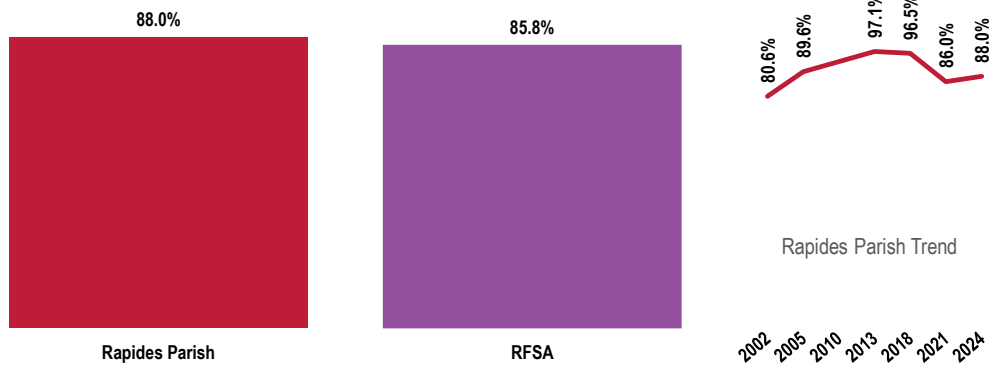
RELATED ISSUE
For more information about unintentional drug-induced deaths, see also *Substance Use* in the **Modifiable Health Risks** section of this report.



Children’s Use of Seat Belts

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

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



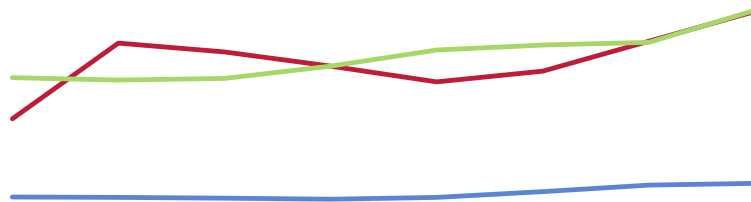
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 336]
 Notes: • Asked of all respondents with children under 18 at home.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

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

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Rapides Parish	9.8	14.1	13.6	12.8	11.9	12.5	14.2	15.9
LA	12.1	12.0	12.1	12.8	13.7	14.0	14.1	16.0
US	5.4	5.3	5.3	5.2	5.3	5.7	6.0	6.1

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.
 • 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.

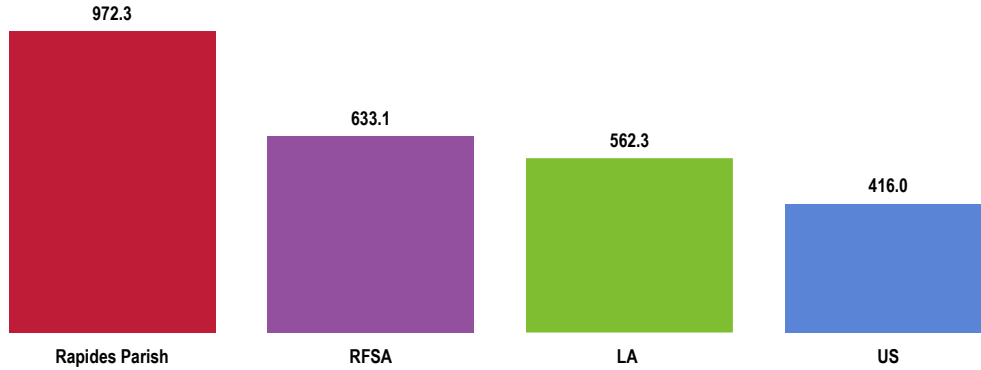


Violent Crime

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

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

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

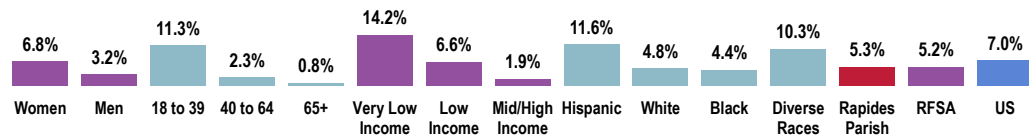


- Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports (UCR).
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, forcible rape, robbery, and aggravated assault.
 - Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Violent Crime Experience

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

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



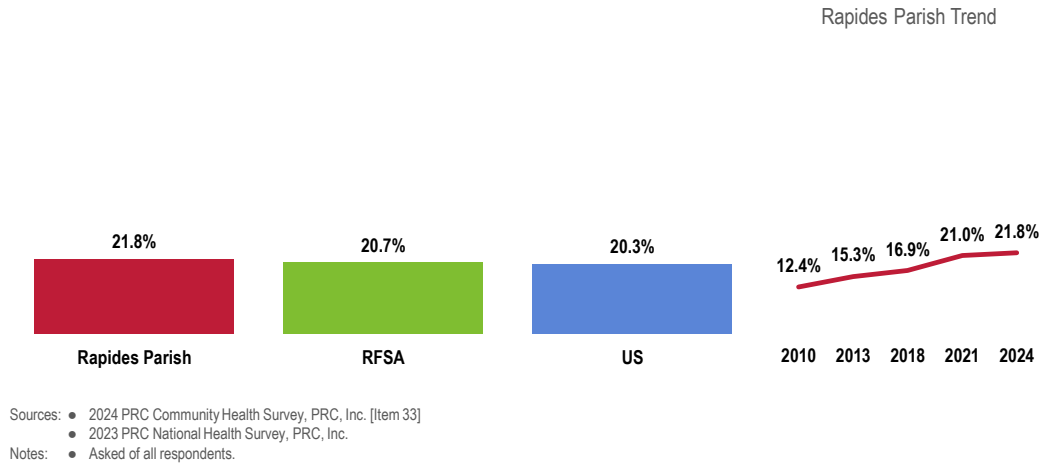
- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 32]
 - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.



Intimate Partner Violence

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

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



Key Informant Input: Injury & Violence

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

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



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
- High crime rates in our community, including violent crime, resulting in injury or death. – Community Leader
- Just gathering my opinion from the news. – Community Leader
- 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
- Reported incidents. – Community Leader

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

Violent crime reports. – Community Leader

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

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

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

Increased crime activity and violent crimes. – Health Provider

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

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

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

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

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

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

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

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

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

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

Alcohol/Drug Use

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 & 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

Drugs and income. – Social Services Provider

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

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

Emergency rooms have long waiting times to be seen, they are overwhelmed. – Social Services Provider

Awareness/Education

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

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

Contributing Factors

Socioeconomic status and lifestyle. – Health Provider



- Inability to fully staff police departments. Need more community-based, free activities for youth. – Social Services Provider
- Culture, lack of proper parenting, accountability. – Social Services Provider
- 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

Maternal Mortality

- Maternal deaths, childhood deaths, and crime rates. – Public Health Representative

Diabetes

ABOUT DIABETES

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

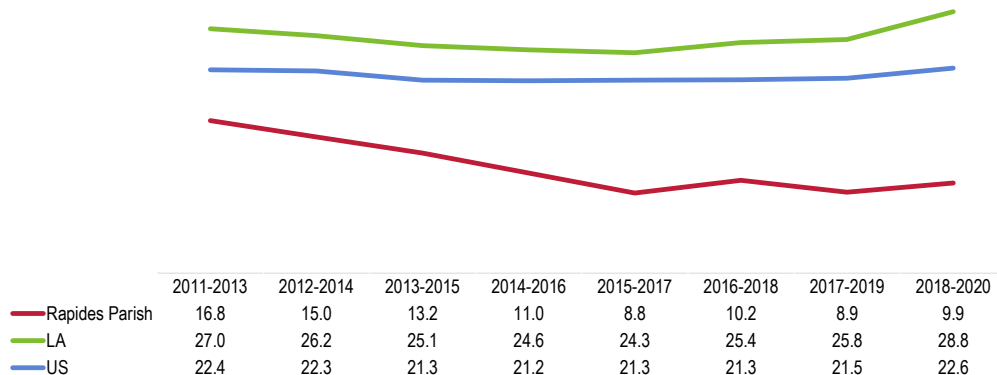
Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don’t have diabetes eat healthier, get physical activity,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

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

Age-Adjusted Diabetes Deaths

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

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



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

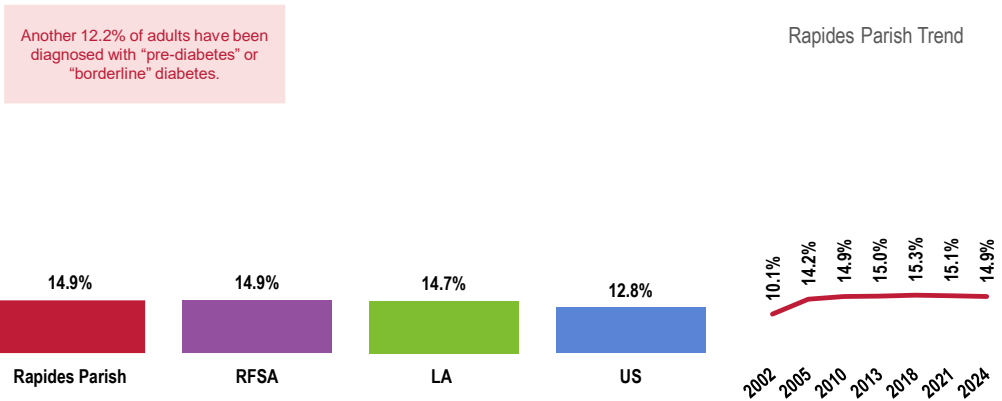


Prevalence of Diabetes

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

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

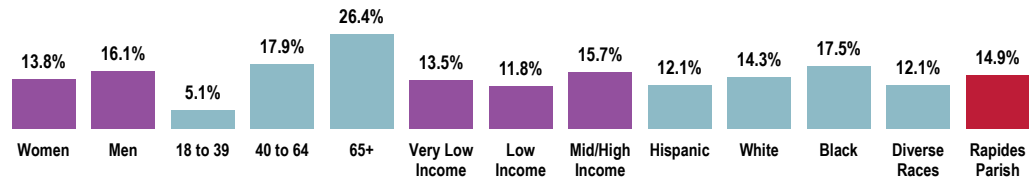
Prevalence of Diabetes



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

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

Prevalence of Diabetes (Rapides Parish, 2024)



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



Age-Adjusted Kidney Disease Deaths

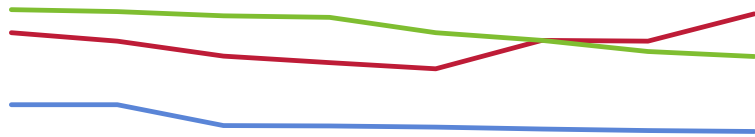
Age-adjusted diabetes mortality for the area is shown in the following chart.

ABOUT KIDNEY DISEASE & DIABETES

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

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

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Rapides Parish	22.1	21.3	19.9	19.3	18.7	21.4	21.3	23.9
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

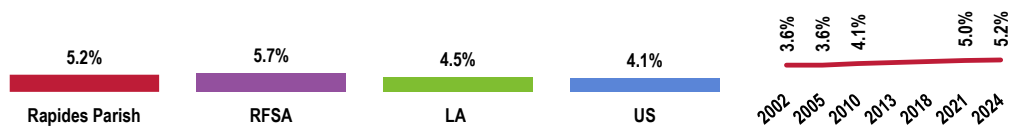
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2024.

Prevalence of Kidney Disease

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

Prevalence of Kidney Disease

Rapides Parish Trend

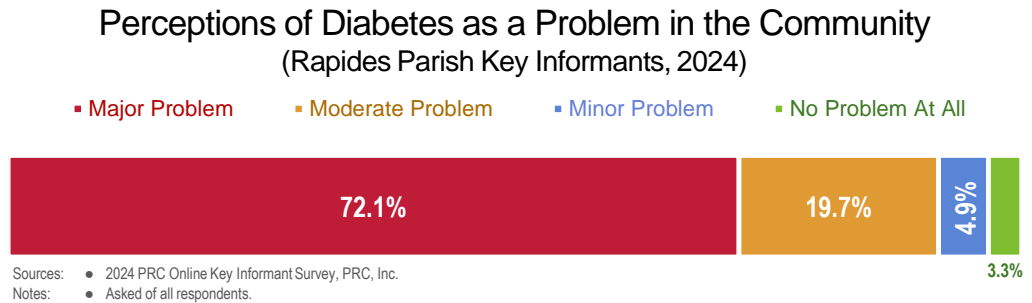


- Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 307]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2022 Louisiana data.
 • 2023 PRC National Health Survey,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



Key Informant Input: Diabetes

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



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

Awareness/Education

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

Education. – Community Leader

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

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

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

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

Besides obesity and education on prevention, I don't know what the challenges are. – Community Leader

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

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

Lack of education and lifestyles that contribute to diabetes. – Social Services Provider

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

Food deserts with access to healthy foods. – Social Services Provider

Trying to eat healthy on minimum income. – Social Services Provider

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

Affordable access to proper diet needs. – Community Leader

Fresh food. Alexandria is a dry desert. No farmer's market that is consistently available and ran well. – Community Leader

The ability to afford healthy foods options. General and early education. – Public Health Representative

Affordable Medications/Supplies

Access to medications needed to treat the patient. Medication shortages. – Physician



Affordable medication. – Community Leader

Being able to afford or obtain necessary medications to treat diabetes. – Health Provider

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

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

The cost of supplies. – Social Services Provider

Access to Care/Services

Finding a certified diabetic doctor. – Social Services Provider

Access to care with an endocrinologist, and no pediatric endocrinologist for children with diabetes. – Public Health Representative

Cost and access of care. – Community Leader

Transportation and information on where to go for assistance. – Community Leader

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

Nutrition

Poor nutrition and eating habits. – Social Services Provider

Monitoring their sugar levels and nutrition. – Social Services Provider

Poor nutritional habits in general and intake of highly processed products. – Public Health Representative

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

Louisiana culture. – Social Services Provider

Lack of Providers

No endocrinologist in Central Louisiana. Obesity and access to healthy food is a challenge in Louisiana, specifically Central Louisiana. – Community Leader

Access to primary care physicians and treatment for individuals residing in rural areas of Central Louisiana. – Health Provider

Lifestyle

Major problems due to generational poor, unhealthy behavior, poor diet, low educational level, lack of proper nutrition and lack of adequate exercise. – Community Leader

Poor food choices available and lack of safe outdoor recreation opportunities, such as safe places to walk, run and bicycle. – Community Leader

Impact on Quality of Life

Long-lasting health issues. – Social Services Provider



Disabling Conditions

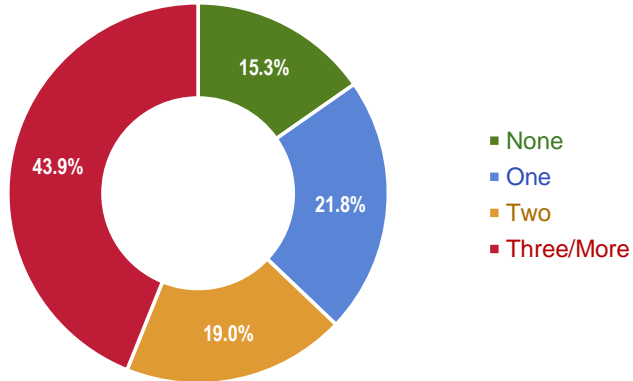
Multiple Chronic Conditions

For the purposes of this assessment, chronic conditions include:

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

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

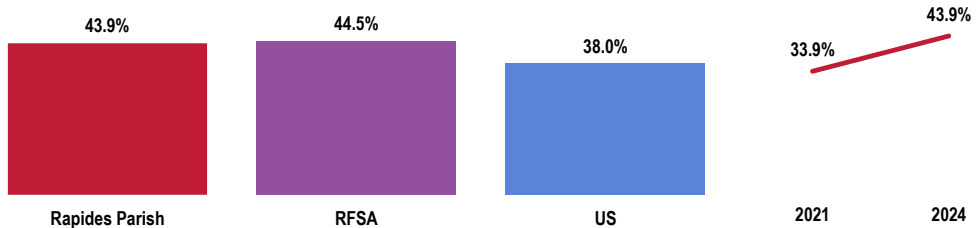
Number of Current Chronic Conditions
(Rapides Parish, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 107]
 Notes: ● Asked of all respondents.
 ● In this case, chronic conditions include lung disease, arthritis, cancer, kidney disease, heart attack/angina, stroke, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Currently Have Three or More Chronic Conditions

Rapides Parish Trend



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 107]
 ● 2023 PRC National Health Survey, PRC, Inc.
 Notes: ● Asked of all respondents.
 ● In this case, chronic conditions include lung disease, arthritis, cancer, kidney disease, heart attack/angina, stroke, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.



Activity Limitations

ABOUT DISABILITY & HEALTH

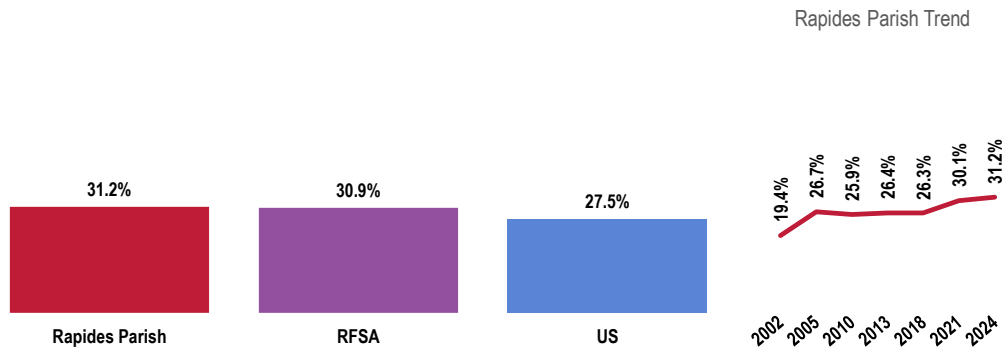
Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

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

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

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

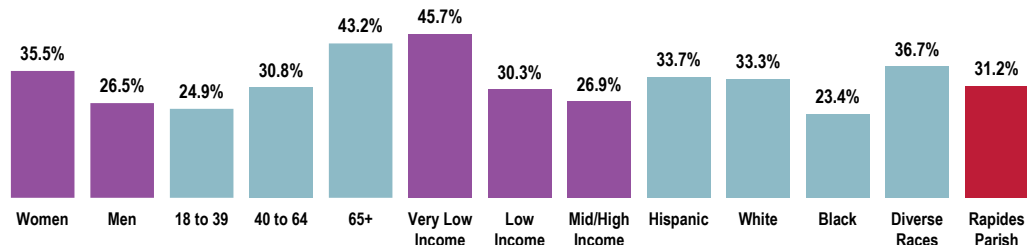
Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



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

Notes: • Asked of all respondents.

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



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

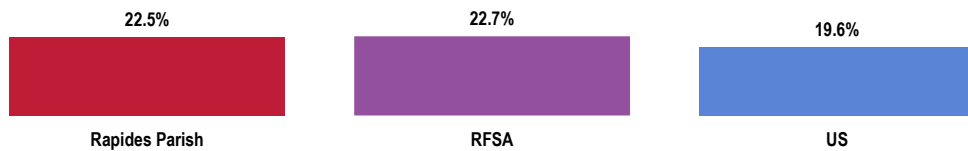


High-Impact Chronic Pain

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

Experience High-Impact Chronic Pain

Healthy People 2030 = 6.4% or Lower

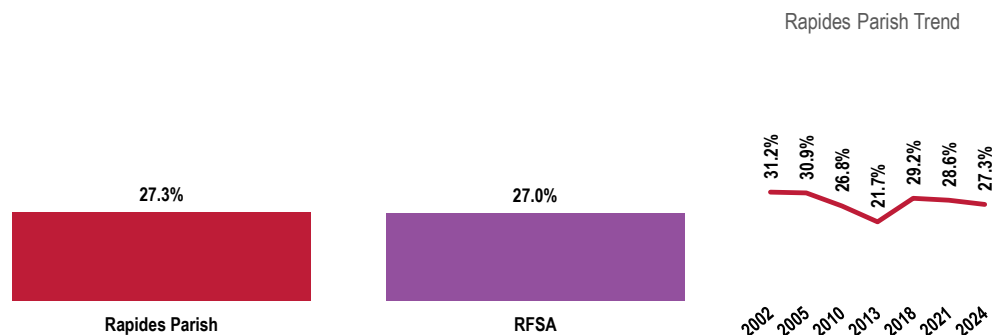


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 31]
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
 Notes: • Asked of all respondents.
 • High-impact chronic pain includes physical pain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

Arthritis

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

Prevalence of Arthritis/Rheumatism



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



Alzheimer's Disease

ABOUT DEMENTIA

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

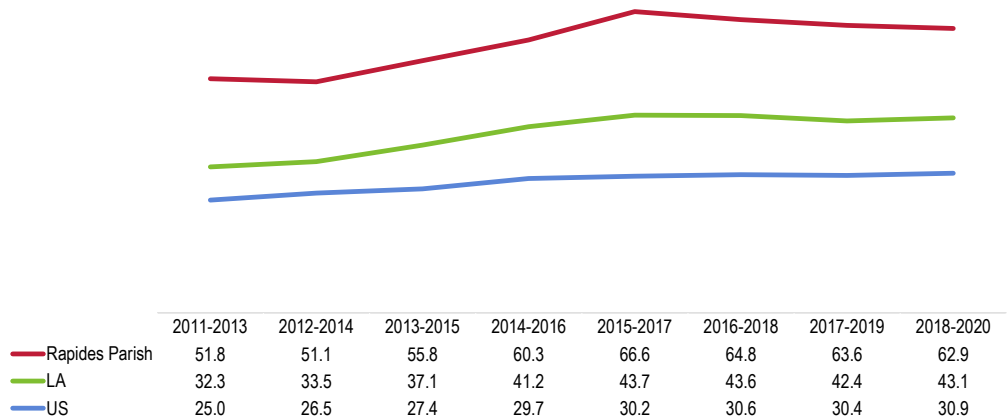
While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address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

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

Age-Adjusted Alzheimer's Disease Deaths

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

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



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

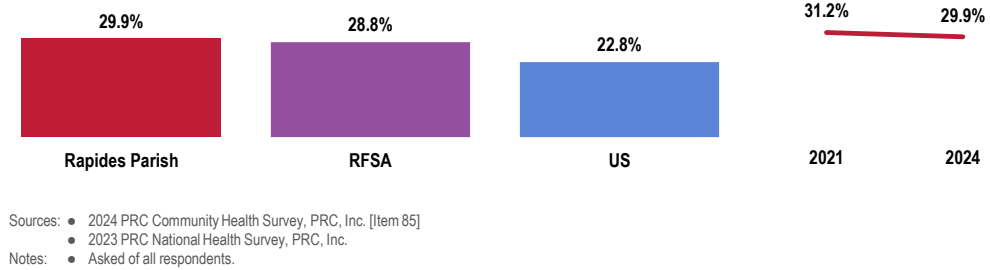
Caregiving

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



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

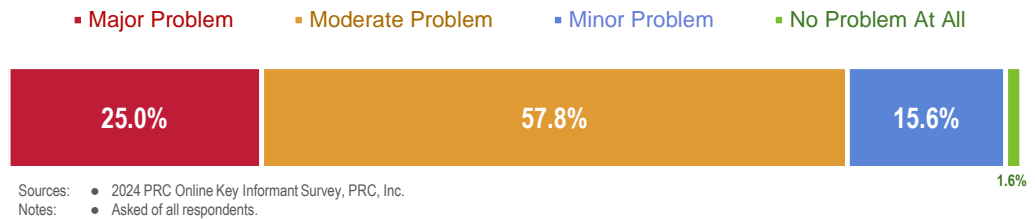
Rapides Parish Trend



Key Informant Input: Disabling Conditions

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

Perceptions of Disability & Chronic Pain as a Problem in the Community (Rapides Parish Key Informants, 2024)



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

Access to Care/Services

Poor access to health care and cost of prescription drugs. – Community Leader

Affordable medical care and transportation. – Social Services Provider

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

Incidence/Prevalence

Observation as I shop and travel around our community. I work for a non-profit entity, and we make every effort to be inclusive in our planning and all other activities. – Social Services Provider

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



Follow Up/Support

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

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

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

Dementia is growing as the population is getting older. Many people are on pain killers for chronic pain. – Health Provider

Income/Poverty

Poverty. – Social Services Provider

Obesity

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

Social Norms/Community Attitude

Society doesn't value the disabled. – Community Leader



BIRTHS

ABOUT INFANT HEALTH

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

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

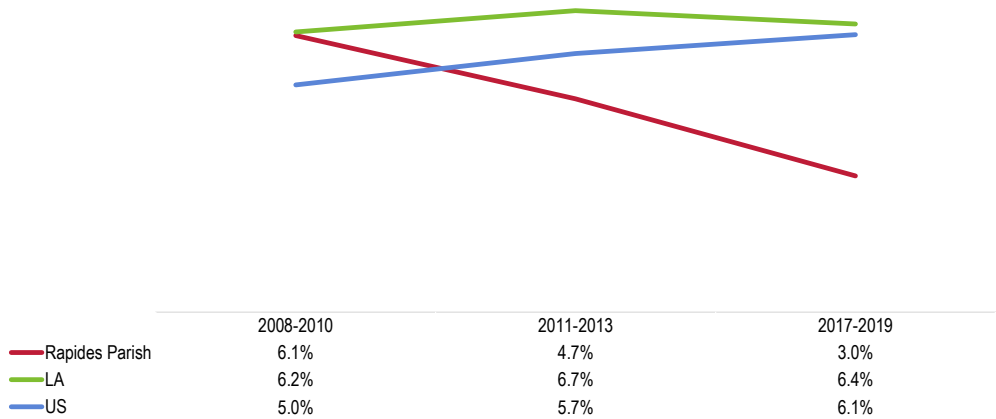
– Healthy People 2030 (<https://health.gov/healthypeople>)

Prenatal Care

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

This indicator reports the percentage of women who did not receive prenatal care during the first six months of pregnancy. This indicator can signify a lack of access to preventive care, a lack of health knowledge, or other barriers to services.

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



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

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight. Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Low-Weight Births
(Percent of Live Births, 2016-2022)



Sources:

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

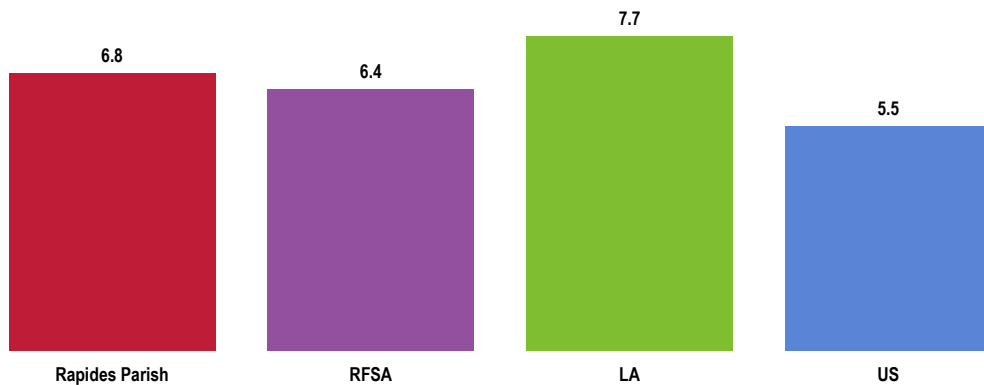
Note:

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

Infant Mortality

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

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 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.



Family Planning

ABOUT FAMILY PLANNING

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

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

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

Births to Adolescent Mothers

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

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

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



Sources:

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

Notes:

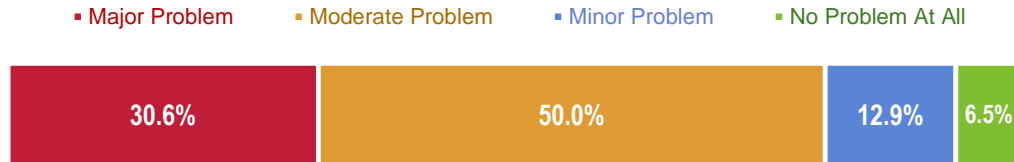
- This indicator reports the rate of total births to women under the age of 15-19 per 1,000 female population age 15-19.



Key Informant Input: Infant Health & Family Planning

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

Perceptions of Infant Health and Family Planning as a Problem in the Community (Rapides Parish Key Informants, 2024)



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

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

Teen Pregnancy

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

High birth rate among teens. – Community Leader

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

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

Moms’ and babies’ mortality rates are a concern. – Community Leader

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

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

Lifestyle and socioeconomic status. – Health Provider

Access to Care/Services

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

Hard to see a pediatric doctor. – Social Services Provider

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

Single parents, and underage parents. – Community Leader



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 caused by poor parenting. – Social Services Provider

Alcohol/Drug Use

Drugs. – Social Services Provider



MODIFIABLE HEALTH RISKS

Nutrition

ABOUT NUTRITION & HEALTHY EATING

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

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

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

Fruit and Vegetable Intake

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

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

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

Consume Two or More Servings of Fruits/Vegetables Per Day

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



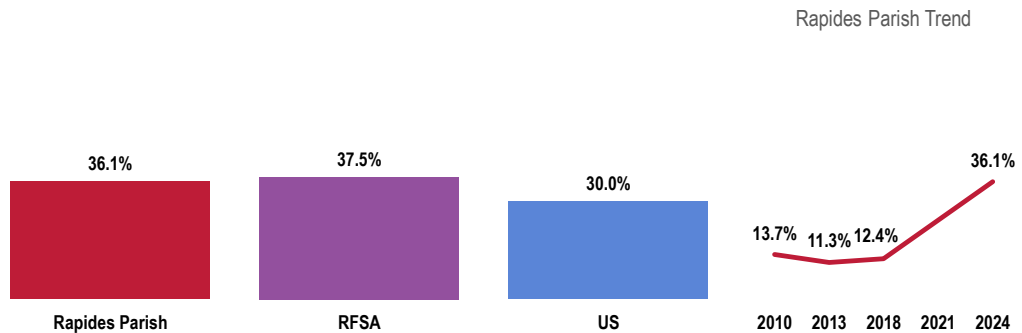
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Items 337-338]
Notes: ● Asked of all respondents.
● For this issue, respondents were asked to recall their food intake on the previous day.



Access to Fresh Produce

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

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



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Physical Activity

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

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

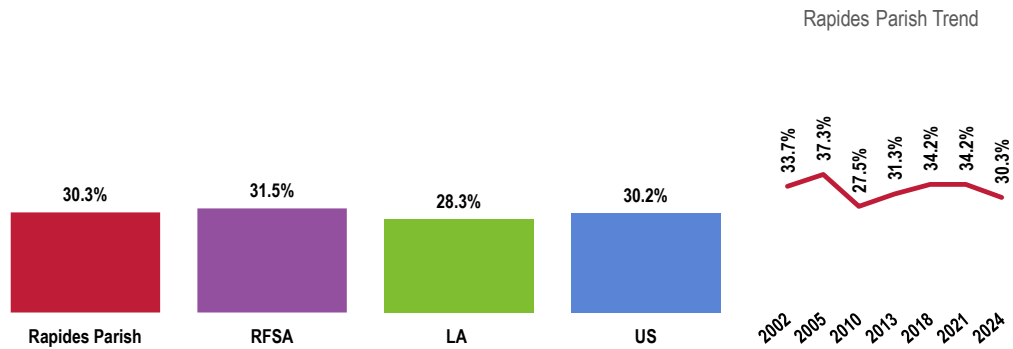
Leisure-Time Physical Activity

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



No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.8% or Lower



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 69]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
• 2023 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.

Meeting Physical Activity Recommendations

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

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

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

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

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

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

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

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

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

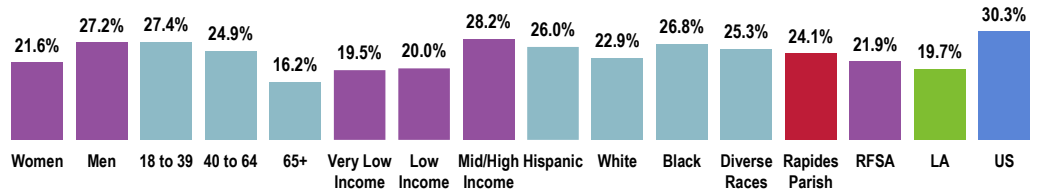
Respondents were also asked about strengthening exercises:

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



Meets Physical Activity Recommendations (Rapides Parish, 2024)

Healthy People 2030 = 29.7% or Higher



Sources:

- 2024 PRC Community Health Survey, PRC, Inc. [Item 110]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2022 Louisiana data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children’s Physical Activity

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

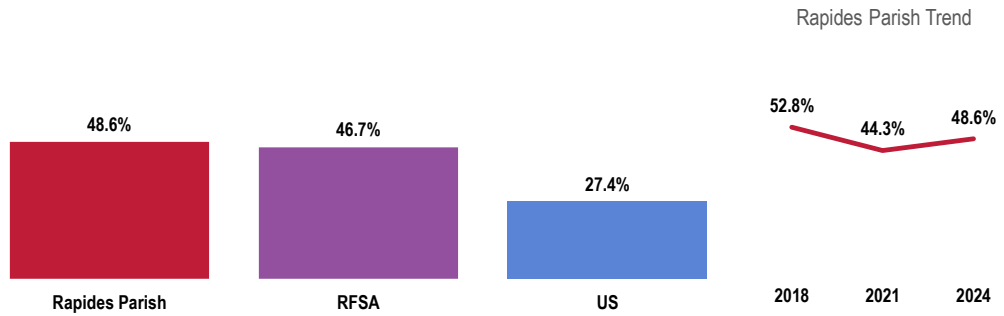
Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

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

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



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



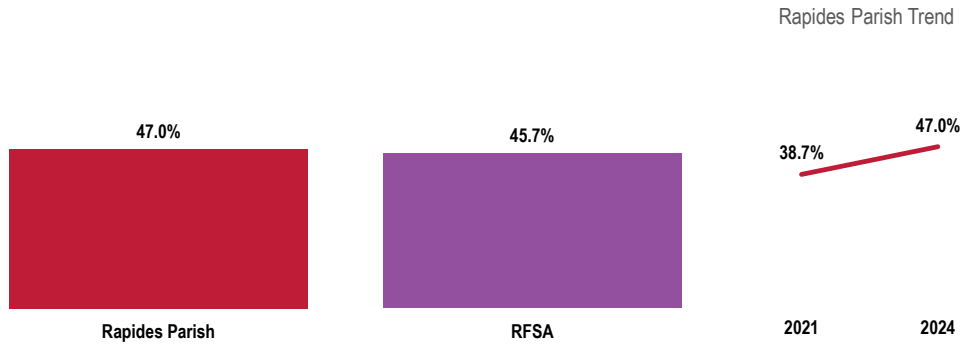
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 94]
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents with children age 2-17 at home.
 • Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Children’s Screen Time

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

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



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 341]
 • Asked of all respondents with children age 2-17 at home.

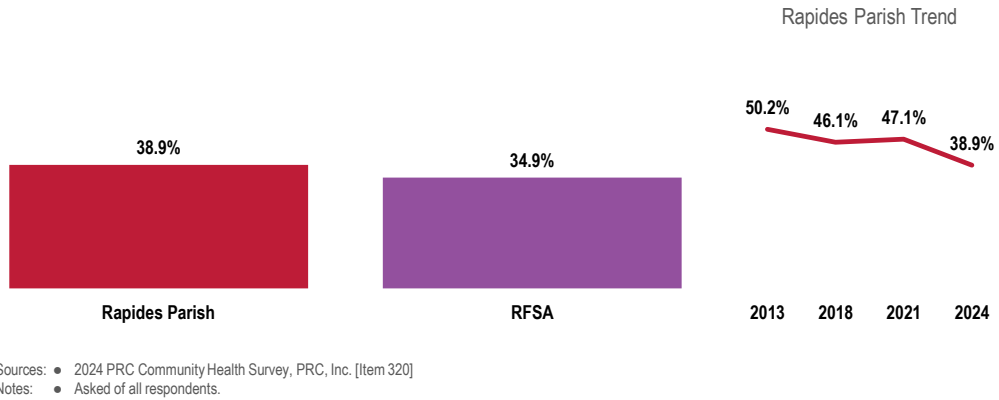
Notes: • In this case, the term “screens” includes TV programming, video games, cell phones, and other electronic devices.



Community Participation in Physical Activity

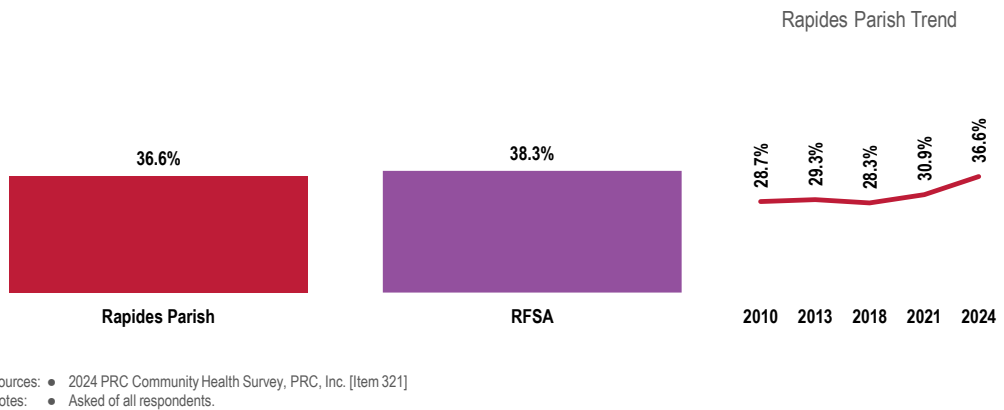
PRC SURVEY ▶ “How often do you see others in your community being physically active, such as walking, jogging, or biking?”

“Often” See Others in the Community Being Physically Active



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

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



Weight Status

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

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

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI ≥30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI ≥30 kg/m², mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m².

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m ²)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

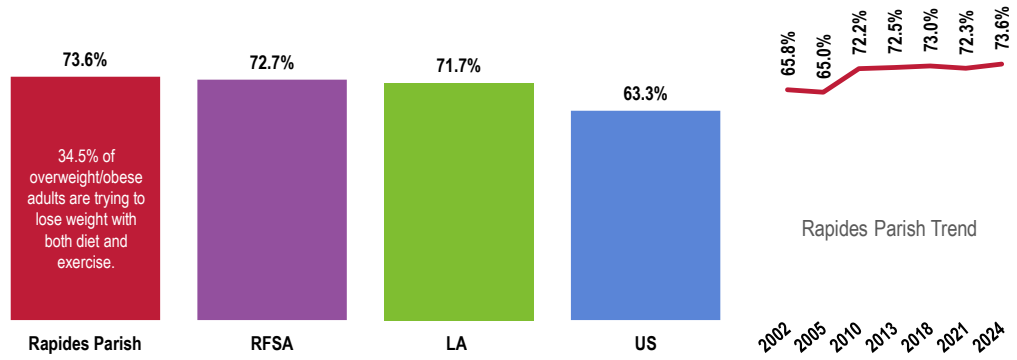
PRC SURVEY ▶ “About how much do you weigh without shoes?”

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

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



Prevalence of Total Overweight (Overweight and Obese)

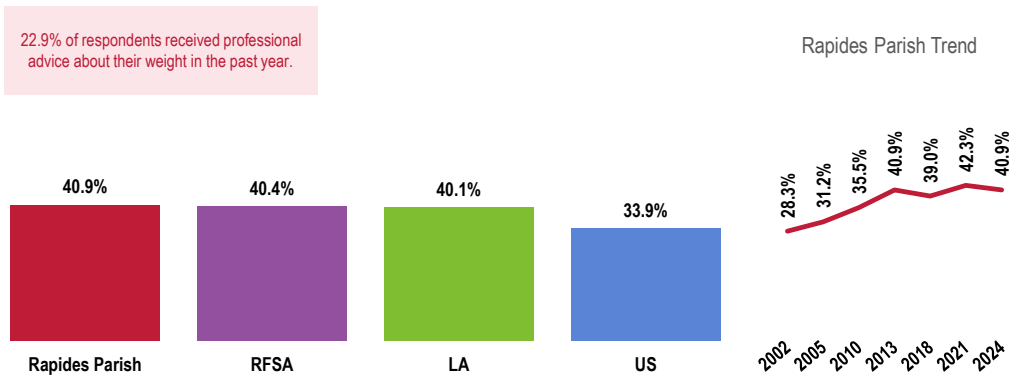


Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Items 112, 343]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 ● 2023 PRC National Health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

Notes: ● Based on reported heights and weights, asked of all respondents.
 ● The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Prevalence of Obesity

Healthy People 2030 = 36.0% or Lower



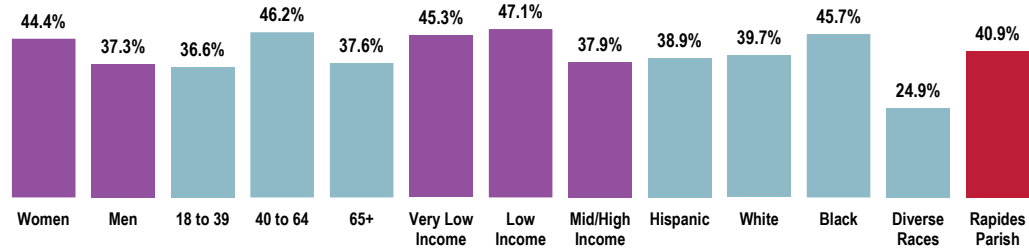
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Items 112, 324]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 ● 2023 PRC National Health Survey, PRC, Inc.
 ● US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: ● Based on reported heights and weights, asked of all respondents.
 ● The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.



Prevalence of Obesity (Rapides Parish, 2024)

Healthy People 2030 = 36.0% or Lower



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

Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Children’s Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child’s BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

– Centers for Disease Control and Prevention

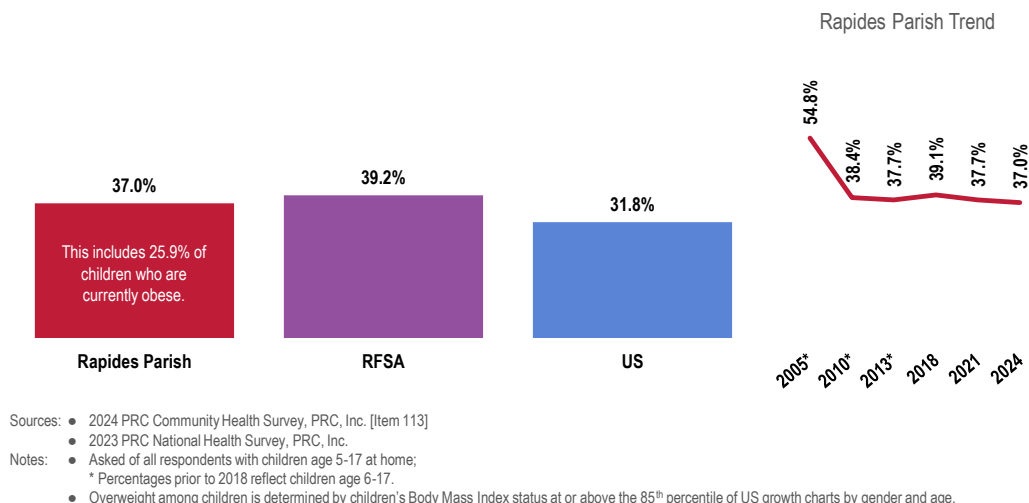
The following questions were used to calculate a BMI value (and weight classification as noted above) for each child represented in the survey:

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

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



Prevalence of Overweight in Children (Children 5-17)



Key Informant Input: Nutrition, Physical Activity & Weight

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

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



Sources:

- 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes:

- Asked of all respondents.

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

Awareness/Education

Education and motivation. – Social Services Provider

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

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

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

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



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

Resources are available, but often the public is unaware of them. – Community Leader

Education and personal responsibility. – Community Leader

Access to Affordable Healthy Food

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

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

Cost of food. – Community Leader

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

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

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

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

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

Poor nutrition is the cause of 90% of health problems. – Social Services Provider

Lifestyle choices and poverty. – Health Provider

Cultural choices on food preparation. Reliance upon processed food. – Community Leader

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

Poor dining out food options and lack of safe places to walk, run, and bicycle. – Community Leader

Lack of motivation to follow healthy lifestyles. – Physician

Access to Care/Services

New venue in the high-risk areas for them to seek adequate assistance. – Community Leader

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

Access to nutritionists, access and education for proper nutrition, and exercise. Family education for parents and children. – Public Health Representative

No local programs. – Social Services Provider

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

Obesity, many overweight people in the area with the problems that come along with it. – Community Leader

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

Socioeconomic status and lifestyle. – Health Provider

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



Physical Activity

- Lack of public green spaces and safe walking paths. – Community Leader
- Sedentary lifestyle. No activity for residents. Community services. – Community Leader

Impact on Quality of Life

- Long-term health issues. – Social Services Provider

Substance Use

ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. ...Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

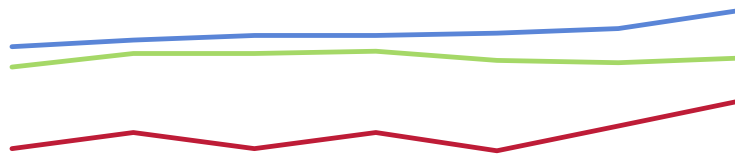
– Healthy People 2030 (<https://health.gov/healthypeople>)

Alcohol

Age-Adjusted Alcohol-Induced Deaths

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

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



	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Rapides Parish	5.8	6.5	5.8	6.5	5.7	6.8	7.9
LA	9.4	10.0	10.0	10.1	9.7	9.6	9.8
US	10.3	10.6	10.8	10.8	10.9	11.1	11.9

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

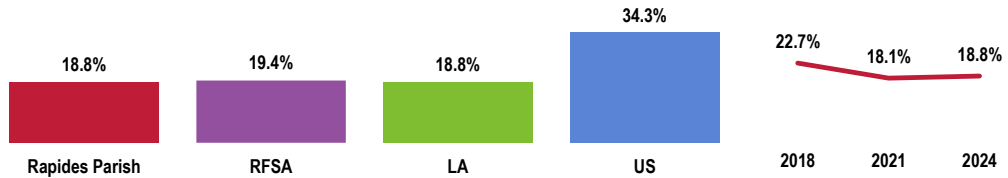
PRC SURVEY ▶ “During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?”

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

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

Excessive Drinkers

Rapides Parish Trend



- Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 116]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2022 Louisiana data.
 - 2023 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.
 - Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

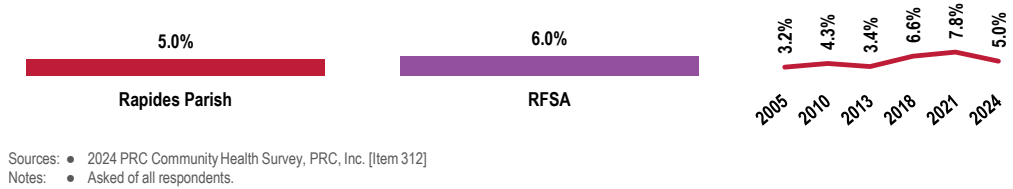


Drinking & Driving

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

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

Rapides Parish Trend

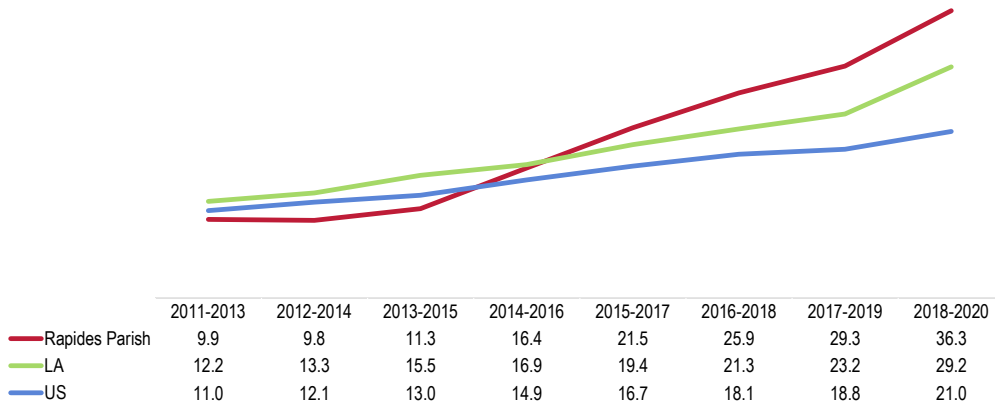


Drugs

Age-Adjusted Unintentional Drug-Induced Deaths

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

Unintentional Drug-Related Deaths: Age-Adjusted Mortality 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.



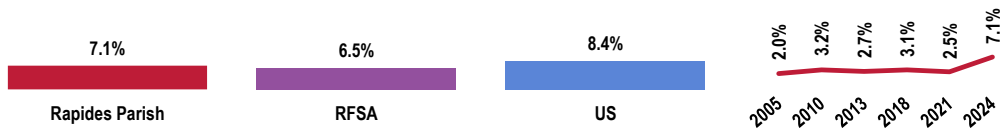
Illicit Drug Use

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

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

Illicit Drug Use in the Past Month

Rapides Parish Trend



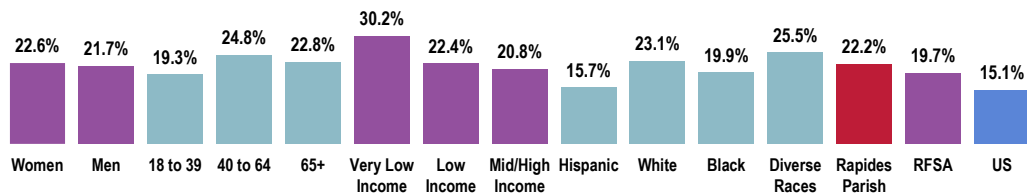
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 40]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Use of Prescription Opioids

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

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

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



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



Substance Use Treatment

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

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

Rapides Parish Trend



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

Key Informant Input: Substance Use

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

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

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



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

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

Access to Care/Services

- Lack of beds in treatment centers for those who cannot afford expensive, private treatment centers. It is a crisis. – Community Leader
- Access to care. – Public Health Representative
- 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
- 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
- No state programs are available. – Social Services Provider



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

Not enough facilities in this area that specialize in long-term treatment. – Social Services Provider
Care. – Social Services Provider

Access and personal responsibility. – Community Leader

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

Awareness/Education

Community understanding, availability of treatment centers, and receiving proper treatment when at the treatment facility. – Public Health Representative

Awareness of resources, financial aspects. – Community Leader

Education and socioeconomic status. – Health Provider

Ignorance of resources by users and their families. Major international problem. Lack of inter-governmental cooperation in enforcement of drug trafficking. – Community Leader

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

Affordable Care/Services

Affordability and available resources for substance abuse treatment. Actual inpatient treatment is an issue. – Community Leader

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

Cost of treatment and available resources. – Health Provider

Disease Management

Acceptance of users, access, and lack of outpatient providers. – Social Services Provider

People often do not seek the help they need, for a myriad of reasons. – Social Services Provider

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

Choice that those doing drugs want help. – Health Provider

Incidence/Prevalence

No idea, but we have a substance abuse issue. – Social Services Provider

Horrible for per capita in Alexandria. Fentanyl and other drugs are extremely high risk. – Community Leader

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

Denial/Stigma

The stigma of substance abuse. The mental health barriers to effectively utilizing treatment. The lack of personal or family support. – Community Leader

Acknowledgement of the problem. The lack of affordable options for care. – Social Services Provider

Transportation

Transportation, detox facilities and stigma. – Community Leader

Transportation and information on where services are located. – Community Leader



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

Income. – Social Services Provider

Tobacco Use

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

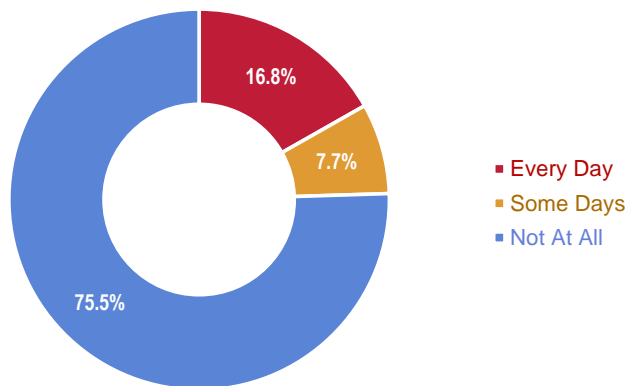
Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

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

Cigarette Smoking

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

Prevalence of Cigarette Smoking
(Rapides Parish, 2024)

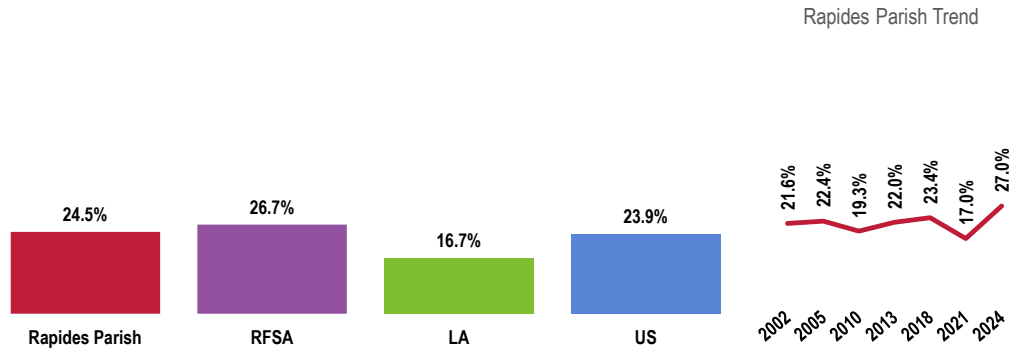


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
Notes: • Asked of all respondents.



Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

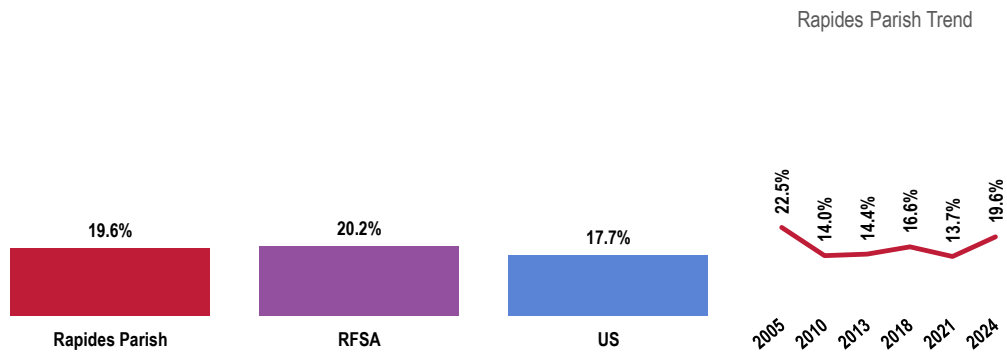
Notes: • Asked of all respondents.
 • Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Environmental Tobacco Smoke

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

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

Member of Household Smokes at Home



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

Notes: • Asked of all respondents.
 • “Smokes at home” refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.



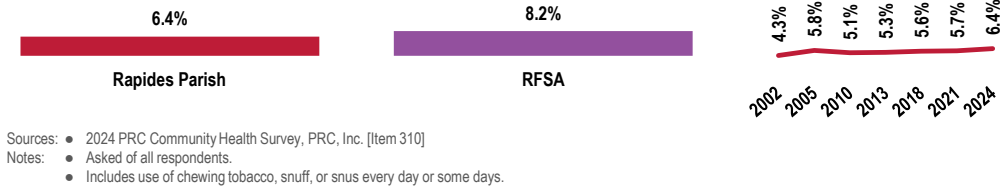
Use of Smokeless Tobacco

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

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

Use of Smokeless Tobacco (Rapides Parish, 2024)

Rapides Parish Trend



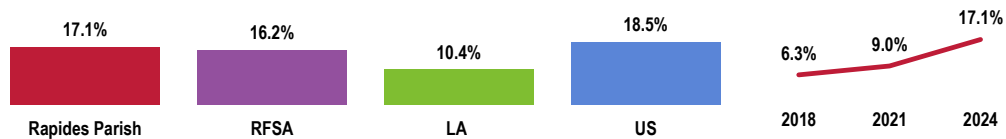
Use of Vaping Products

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

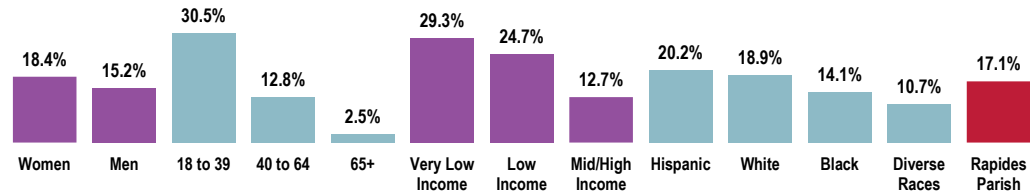
(“Currently Use Vaping Products” includes use “every day” or on “some days.”)

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

Rapides Parish Trend



Currently Use Vaping Products (Rapides Parish, 2024)



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

Key Informant Input: Tobacco Use

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

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

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



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

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

Incidence/Prevalence

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

It is the gateway to cancer and other respiratory diseases. – Community Leader

Lung cancer is still a huge issue in health care. – Public Health Representative

Leading modifiable risk to reduce cardiac disease in the state, but so many still smoke. – Public Health Representative

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



Not only does tobacco cause major health issues, but it also causes a financial strain on already struggling households. – Social Services Provider

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

Easy to obtain. – Social Services Provider

Lifestyle

Lifestyle and socioeconomic status. – Health Provider

An aging population using raw tobacco and addiction is prevalent. – Community Leader

Socially accepted and easily accessible. – Community Leader

It is used as a stress reliever. – Social Services Provider

Awareness/Education

Marketing, generational lifestyle and lack of education about the effects of use. – Social Services Provider

Culture and accepted use as a stimulant. Oral fixation and addiction. Highly addictive. – Social Services Provider

Effects of secondhand smoke, heart disease, lung cancer, and litter. – Community Leader

Cost of Living

Cost of life and productivity. – Social Services Provider

Sexual Health

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

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

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

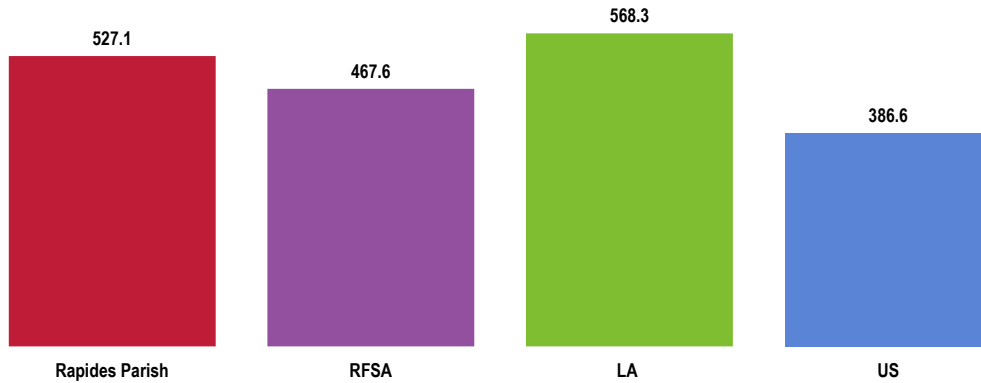
– Healthy People 2030 (<https://health.gov/healthypeople>)

HIV

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



HIV Prevalence (Prevalence Rate of HIV per 100,000 Population, 2022)



Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

Sexually Transmitted Infections (STIs)

Chlamydia

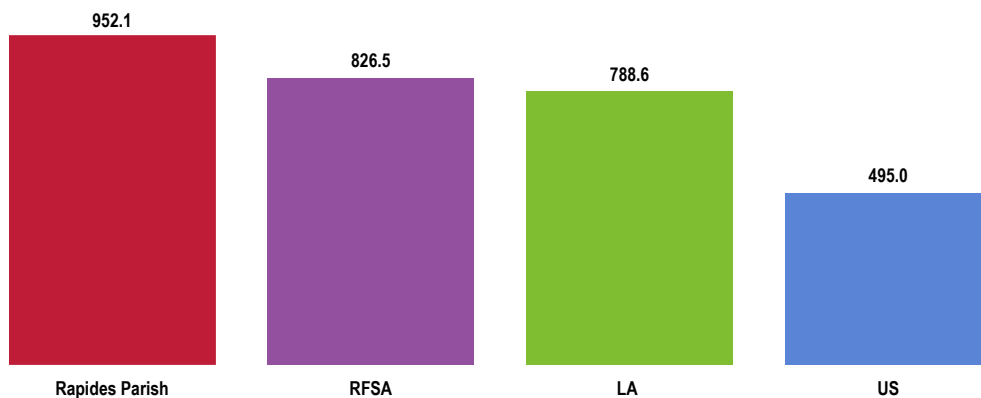
Chlamydia is the most commonly reported STI in the United States; most people who have chlamydia are unaware, since the disease often has no symptoms.

Gonorrhea

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

The following charts outline local incidence for these STIs.

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



Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).



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



Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved August 2024 via SparkMap (sparkmap.org).

Key Informant Input: Sexual Health

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

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

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



Sources:

- 2024 PRC Online Key Informant Survey, PRC, Inc.

 Notes:

- Asked of all respondents.

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

Incidence/Prevalence

- According to the Department of Health, STDs are the highest in Louisiana. – Health Provider
- I have seen the data, and we are one of the highest in the nation. – Community Leader
- The areas that need it the most are the ones that are most neglected. – Community Leader
- Talk to public health providers and look at STD rates in Louisiana. – Public Health Representative
- Sexual health is a major problem as evidenced by statistics available for the Louisiana Health Hub website which provides statistics about SOME of the STI's, 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 STI's 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
- The statistics from LDH are the reason that I believe that sexual health is a major problem in Central Louisiana. – Social Services Provider
- The region of Central Louisiana has the highest number of STD cases. Region 6, I believe. – Social Services Provider



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

Contributing Factors

High risk population due to drugs, education, and health issues. – Community Leader

People don't care. – Social Services Provider

Very little adult supervision due to economic problems. Children and young adults are left unsupervised. – Social Services Provider



ACCESS TO HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

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

Lack of Health Insurance Coverage

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

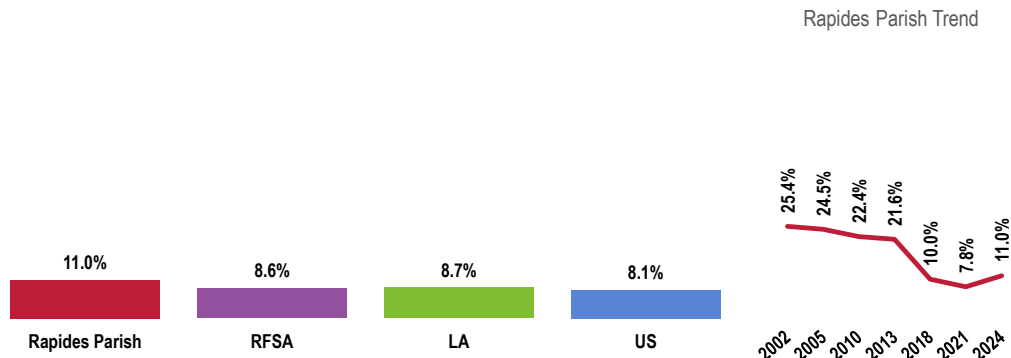
PRC SURVEY ▶ “Do you have any government-assisted health care coverage, such as Medicare, Medicaid, or VA/military benefits?”

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

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans.

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

Healthy People 2030 = 7.6% or Lower



Sources:

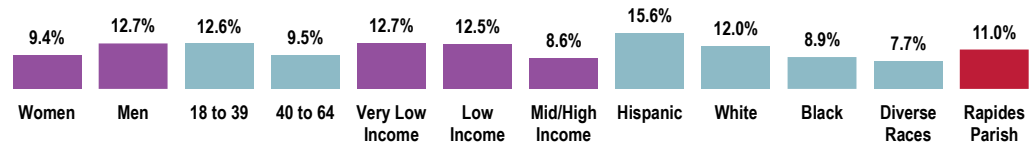
- 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Asked of all respondents under the age of 65.



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



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents under the age of 65.

Difficulties Accessing Health Care

Barriers to Health Care Access

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

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

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

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

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

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

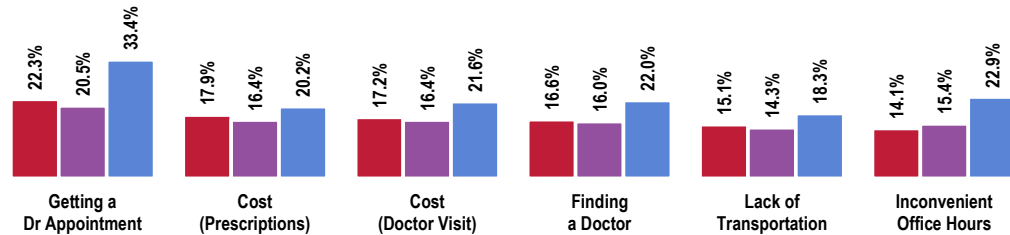
PRC SURVEY ▶ “Was there a time in the past 12 months when you **needed a prescription medicine but did not get it because you could not afford it?**”

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



Barriers to Access Have Prevented Medical Care in the Past Year

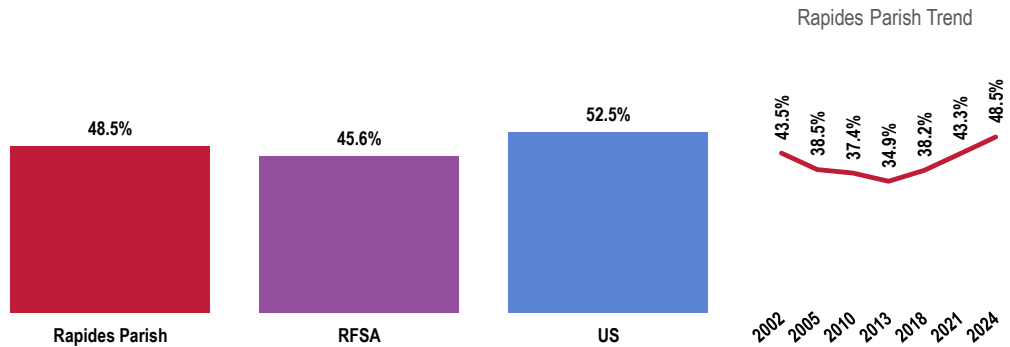
■ Rapides Parish ■ RFSA ■ US



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

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

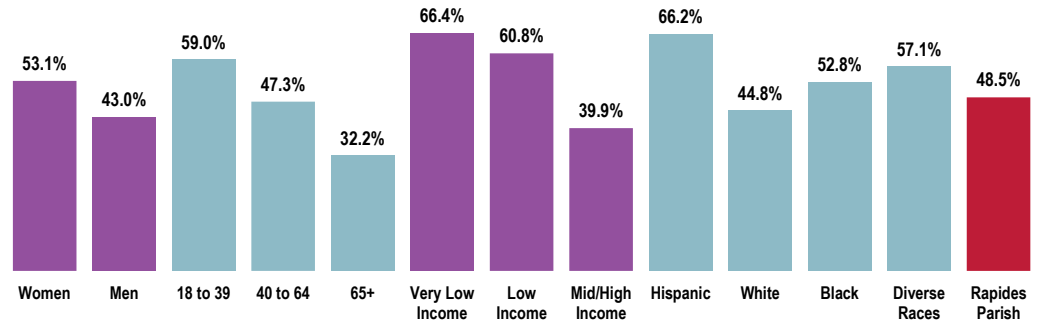
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 119]
 ● 2023 PRC National Health Survey, PRC, Inc.
 Notes: ● Asked of all respondents.
 ● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.



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



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

Accessing Health Care for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

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

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

Rapides Parish Trend

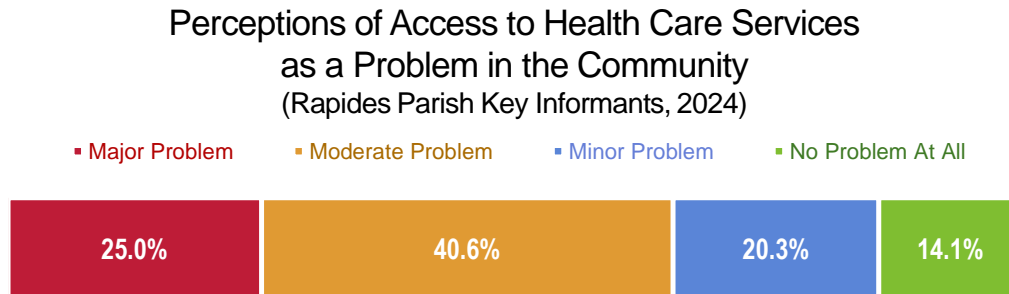


Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 90]
 ● 2023 PRC National Health Survey, PRC, Inc.
 Notes: ● Asked of all respondents with children 0 to 17 in the household.



Key Informant Input: Access to Health Care Services

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



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 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

Getting an appointment. Getting insurance to approve things you need to get better. Costs. – Health Provider

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

Lack of Providers

Decreasing the number of health care providers and obstacles to recruiting providers to the region. – Social Services Provider

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

Having the physicians to provide those services. – Community Leader

Transportation

Transportation and follow up care. – Community Leader

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

Access to adequate health care due to a lack of adequate transportation to and from hospitals, physician offices, and other treatment centers. – Health Provider

Awareness/Education

The lack of knowledge, transportation, and affordability. – Social Services Provider

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



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

Affordable Care/Services

Affordable insurance for those who do not qualify for Medicaid. – Community Leader

Those caught in middle for free or discounted health care and income slightly disqualify them. – Social Services Provider

Cost, even with insurance. – Social Services Provider

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



Primary Care Services

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

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

Access to Primary Care

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

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

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



Sources:

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

Notes:

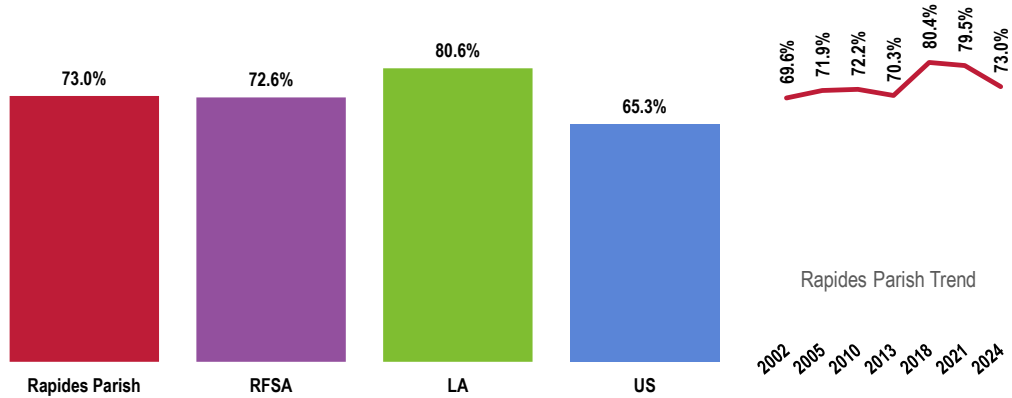
- Doctors classified as "primary care physicians" by the AMA include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.



Utilization of Primary Care Services

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

Have Visited a Physician for a Checkup in the Past Year

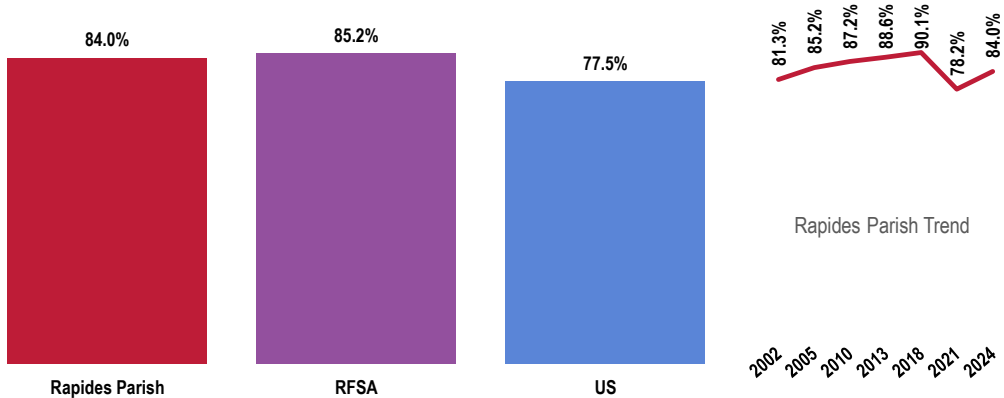


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 16]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Louisiana data.
 • 2023 PRC National Health Survey,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

Notes: • Asked of all respondents.

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

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



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

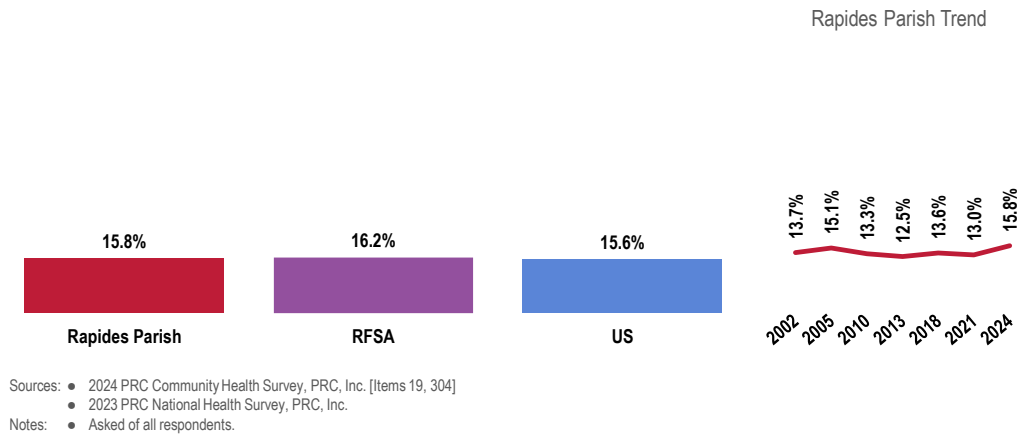
Notes: • Asked of all respondents with children 0 to 17 in the household.



Utilization of Emergency Services

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

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



Oral Health

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. ...Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

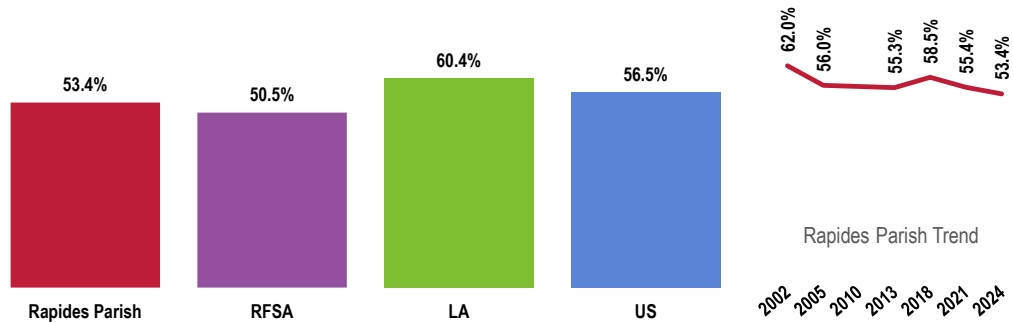
Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

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

Dental Care

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

Have Visited a Dentist or Dental Clinic Within the Past Year
Healthy People 2030 = 45.0% or Higher



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

Notes: ● Asked of all respondents.

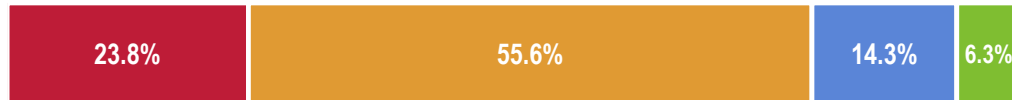


Key Informant Input: Oral Health

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

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

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



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

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

Affordable Care/Services

- Dentists are expensive and very few accept insurance. – Social Services Provider
- The cost of dental care is too expensive for most Americans. – Social Services Provider
- Cost. – Community Leader
- Unaffordable co-pays and insurance restrictions. – Physician
- 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
- Lack of dental insurance due to cost. – Community Leader
- 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
- Lack of dental care plans, even for those with health insurance. – Public Health Representative

Awareness/Education

- 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
- No programs to improve health outcomes. – Community Leader

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
- Dentist appointments are too far out for those who need them the most. – Community Leader

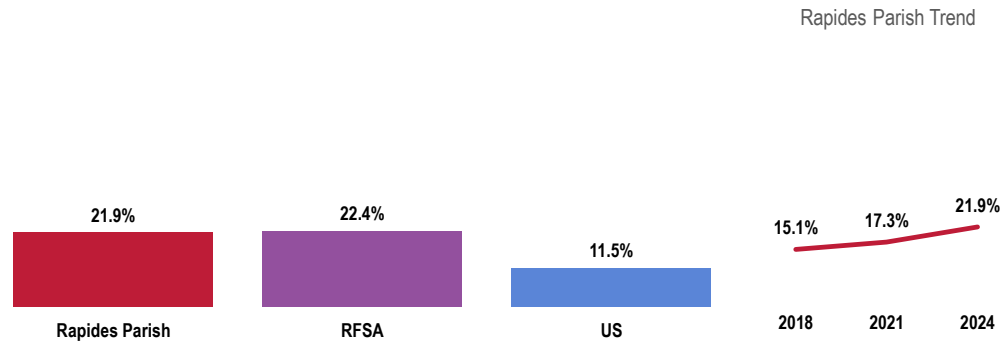


LOCAL RESOURCES

Perceptions of Local Health Care Services

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

Perceive Local Health Care Services as “Fair/Poor”



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



Resources Available to Address Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by Rapides Parish key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- ATrans Bus Transportation
- Central Louisiana AIDS Support Services
- Christus Cabrini Hospital
- Christus Community Health Clinic
- City of Alexandria
- Cenla Medication Access Program
- Central Louisiana Technical Community College
- Community Development
- Community HealthWorx
- 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
- Nonprofit Organizations
- Rapides Foundation
- Rapides Parish Health Unit
- Rapides Primary Health
- Rapides Regional Hospital
- Transportation
- Triage
- Uber/Lyft
- United Way
- Urgent Care

Cancer

- American Cancer Society
- Cabrini Hospital
- Cancer Screenings
- Cancer Treatment Centers
- Cenla Medication Access Program
- Christus
- Christus Cabrini Hospital

- Christus Cancer Center
- Doctors' Offices
- Health Unit
- Hospitals
- Medicaid Clinics
- Online Resources
- Rapides Foundation
- Rapides General
- Rapides Regional Cancer Center
- Rapides Regional Hospital
- Telemedicine

Diabetes

- Alexandria Museum of Arts
- Baptist Mission
- 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
- Community HealthWorx
- Diabetes Foundation
- Doctors' Offices
- Drug Assistance Programs
- Farmers' Market
- Food Bank
- Health Unit
- Healthy Food Choices
- Hospitals
- Insurance
- Louisiana Department of Health
- LSU AgCenter
- Medication Assistance Program
- Nutrition Services
- Oceans
- Pharmacies
- Rapides Foundation
- Rapides Medical Center
- Rapides Parish Health Unit
- Rapides Regional Hospital



- School Systems
- Supplemental Nutrition Assistance Program
- Trail Development Opportunities
- Urgent Care
- Veterans Affairs
- Wound Care Centers

- Pregnancy Center
- Public Health
- Rapides Parish Health Unit
- Rapides Regional Medical Center
- Rapides Regional Physicians Group
- State Programs
- Volunteers of America

Disabling Conditions

- Assisted Living Facilities
- Christus Community Health Clinic
- Health Care Facilities
- Home Health Care
- Nursing Homes
- Rapides Council On Aging

Heart Disease & Stroke

- American Heart Association
- Cabrini Hospital
- Cenla Medication Access Program
- Christus Cabrini Hospital
- Christus Community Health Clinic
- Cenla Medication Access Program
- Community HealthWorx
- Doctors' Offices
- Encompass Health Rehabilitation Hospital of Alexandria
- Fire Department
- Free Health Screenings
- Health Unit
- Hospitals
- Indigent Clinics
- Louisiana Department of Health
- Parks and Recreation
- Rapides Foundation
- Rapides Medical Center
- Rapides Regional Hospital
- Rapides Regional Medical Center
- Red Cross
- Rehabilitation Facilities
- Riverside Hospital
- Urgent Care
- Veterans Affairs

Infant Health & Family Planning

- Central Louisiana AIDS Support Services
- Central Louisiana Pregnancy Center
- Doctors' Offices
- Law Enforcement
- Mental Health Services

Injury & Violence

- 988
- Big Brothers
- Boys and Girls Club
- Cabrini Hospital
- Central Louisiana AIDS Support Services
- Central Louisiana Human Services Districts
- Child Advocacy Network
- City of Alexandria Community Services Division
- Civic Organizations
- Court Appointed Special Advocates Court System
- Drug Abuse Resistance Education
- Educational Resources
- Emergency Care Centers
- Faith-Based Organizations
- Family Justice Center
- Health Coalitions
- Hope House
- House of Mercy
- Justice Center for Domestic Violence
- Law Enforcement
- Louisiana Occupational Health Services
- Mental Health Services
- Peabody Magnet High School
- Prisons
- Project Rebuild
- Rapides Drug Court
- Rapides Regional Medical Center
- Rapides Trauma Center
- School Systems
- Sexual Trauma Awareness Response
- Stop the Violence
- The Hearing Office for TRO
- United Way
- Urgent Care
- Veterans Affairs



Mental Health

911
ASIST Training
Be Inspired Counseling
Beacon Behavioral Health Hospital
Behavioral Health Court
Behavioral Solutions
Cabrini Hospital
Caring Choices
Catholic Charities
Central Louisiana Homeless Coalition
Central Louisiana Human Services Districts
Central Louisiana State Hospital
City of Alexandria
Compass
Crossroads
Doctors' Offices
Emergency Care Centers
Health Unit
Homeless Coalition
Hospitals
Jails
LearnWithLaci
Longleaf
Louisiana Department of Health
Medicaid/Medicare
Mental Health Center
Mental Health Services
Merakey
Mercy Behavioral Hospital
My Choice Louisiana
Nonprofit Organizations
Oceans
Office of Behavioral Health
Online Resources
Outpatient Facilities
Pinecrest Support and Services Center
Prisons
Psilocybin Facilities
Psychologists
Rapides Medical Center
Red River Treatment Center
Re-Entry Solutions
Salvation Army
Urgent Care
Veterans Affairs
Volunteers of America

Nutrition, Physical Activity & Weight

Alexandria Museum of Arts
Beyond Fitness
Churches
Civic Organizations
Compton Park
Educational Resources
Farmers' Market
Fitness Centers/Gyms
Food Bank
Food Bank of Central Louisiana
Hospitals
LACHIP
Louisiana Athletic Club
Louisiana Purchase
LSU AgCenter
Manna House
Nutrition Services
Parks and Recreation
Rapides Foundation
Re-Entry Solutions
Salvation Army
School Systems
Supplemental Nutrition Assistance Program
Well-Ahead
Women, Infants, and Children
YWCA

Oral Health

Community HealthWorx
Dentists' Offices
Insurance
Rapides Primary Health
School Systems

Respiratory Diseases

Christus Community Health Clinic
Community HealthWorx
Doctors' Offices
Fitness Centers/Gyms
Healthy Food Choices
Parks and Recreation

Sexual Health

Central Louisiana AIDS Support Services
Freedman Clinic
Health Unit
Indigent Clinics
Plasma Center



- Public Health
- Rapides Parish Health Unit
- Rapides Regional Physicians Group
- Tulane Clinic
- Tulane Medical Group

Social Determinants of Health

- Alexandria Housing Authority
- Arts Council of Central Louisiana
- Baptist Mission
- Catholic Charities
- CCAC
- Central Louisiana AIDS Support Services
- Central Louisiana Technical Community College
- Central Louisiana Homeless Coalition
- Central Louisiana Pregnancy Center
- Charitable Health Clinics
- Christus Community Health Clinic
- Churches
- Community HealthWorx
- Department of Social Services
- Evergreen Life Services
- Food Bank
- Food Programs
- Health Fairs
- Homeless Coalition
- Hope House
- Housing Authority
- HUD Housing
- Inner-City Revitalization Corporation
- Libraries
- Louisiana Department of Health
- Nonprofit Organizations
- Oakwood Apartments
- Pine Grove
- Rapides Foundation
- Rapides Parish Health Unit
- Rapides Primary Health
- Re-Entry Solutions
- Salvation Army
- School Systems
- Supplemental Nutrition Assistance Program
- United Way
- Veterans Affairs
- Volunteers of America
- Youth Challenge Program

Substance Use

- 211
- AA/NA
- Almost Home
- Beacon Behavioral Health Hospital
- Behavioral Health Court
- Central Louisiana AIDS Support Services
- Central Louisiana Human Services Districts
- Churches
- Court System
- Doctors' Offices
- Edgefield Recovery
- First Choice Addiction Center
- Health Department
- Hospitals
- John Hopkins Psilocybin Research Center
- Longleaf
- Military Organizations
- Oceans
- Oregon Psilocybin Services
- Pharmacies
- Rapides Drug Court
- Rapides Parish Health Unit
- Red River Behavioral Health
- Red River Treatment Center
- Re-Entry Solutions
- Substance Abuse Programs
- Tobacco Free Living
- Unemployment Office
- Veterans Affairs
- Volunteers of America

Tobacco Use

- AA/NA
- Addiction Disorder Clinic
- American Lung Association
- Catholic Charities
- Cenla Medication Access Program
- Central Louisiana Human Services Districts
- Louisiana Department of Health
- My Time to Quit
- Pentecostals of Alexandria
- Rapides Foundation
- Rapides Parish Health Unit
- Rapides Regional Medical Center
- Tobacco Free Living
- Treat Yourself CenLA

