

2002 PRC Community Health Assessment

*Rapides Foundation Service Area,
Central Louisiana*

Community Report *Prepared for The Rapides Foundation*

*... Never doubt that a small group of thoughtful, committed citizens
can change the world; indeed, it's the only thing that ever has.*

—Margaret Mead

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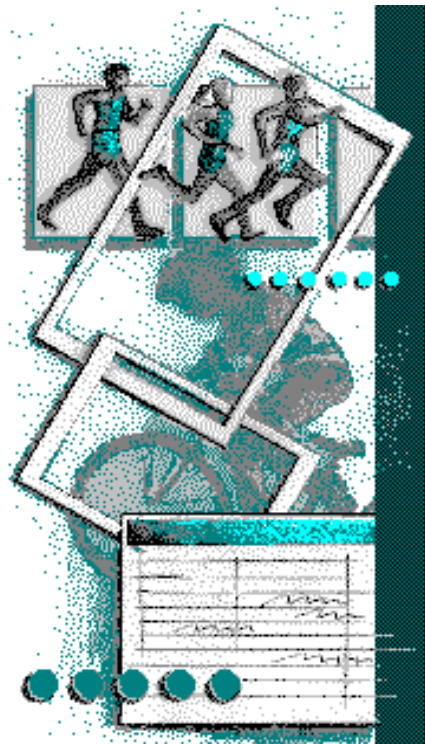


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SUMMARY OF ASSESSMENT FINDINGS

Summary of Findings

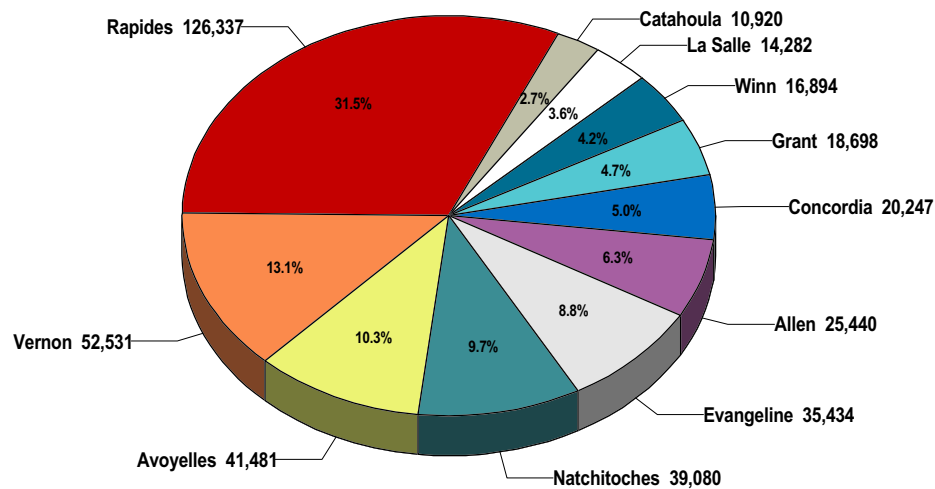
Demographic Description

Certainly, the demographic composition of our communities have a definite impact on health status, behaviors and access to health care services. This section describes some of the key characteristics (such as age, race/ethnicity, education and income) that make up the eleven parishes of the Rapides Foundation Service Area.

POPULATION

Within the Rapides Foundation Service Area, over 30% of the total population resides within Rapides Parish. Vernon, Avoyelles, Natchitoches and Evangeline are the next most populous parishes in the service area. Catahoula Parish is the least populous.

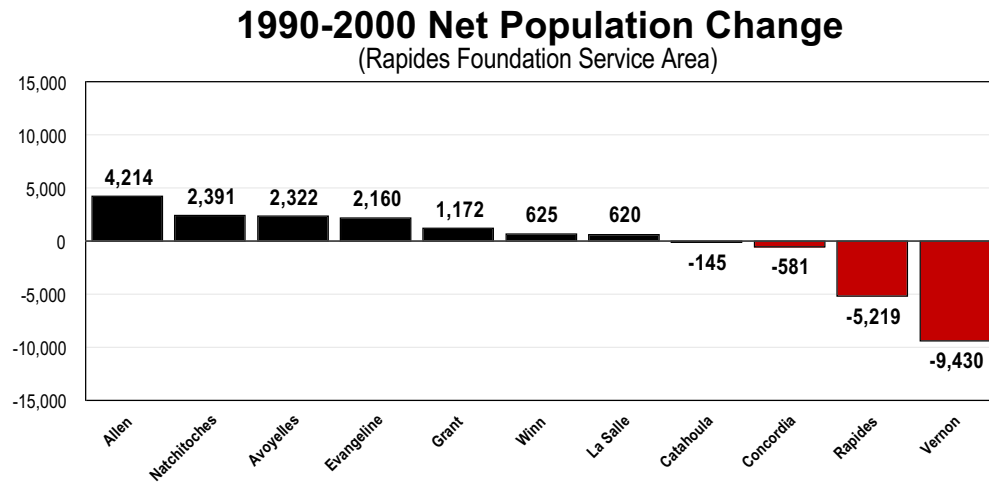
2000 Population by Parish
(Percent of Rapides Foundation Service Area)



2000 Service Area Population = 401,344

Source: Profile of General Demographic Characteristics: 2000. Census 2000, U.S. Census Bureau.

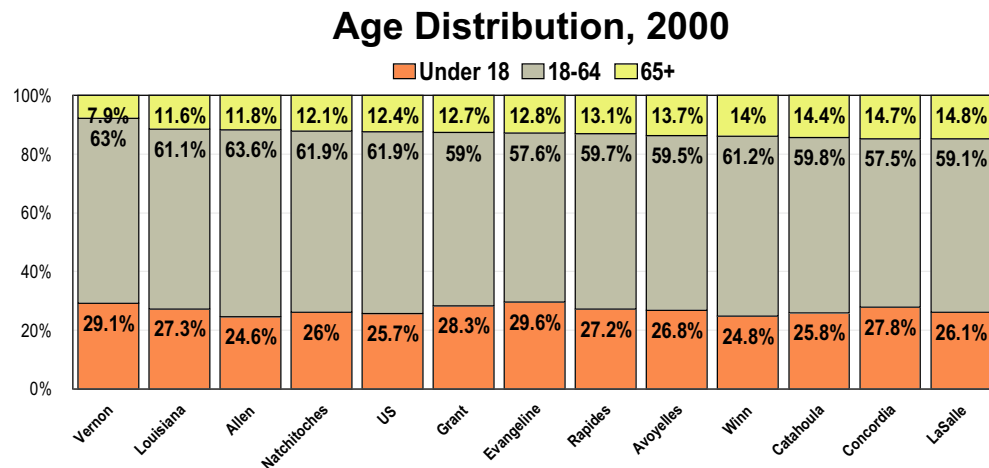
Between the 1990 and 2000 censuses, seven of the eleven parishes realized net increases in population. Allen Parish, in particular, realized the largest growth in population. In contrast, Vernon and Rapides Parishes realized the most significant net decreases in population.



Sources: Profile of General Demographic Characteristics: 2000. Census 2000, U.S. Census Bureau.

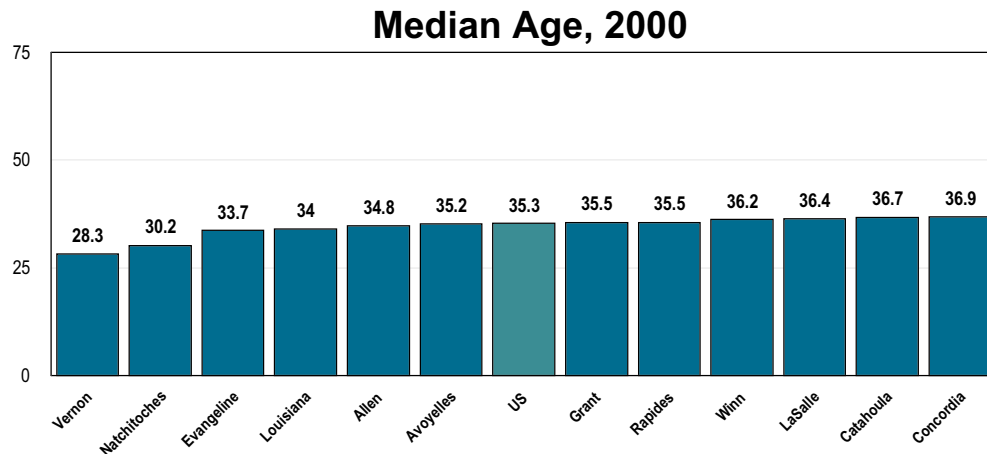
AGE

There are notable differences, as well, with regard to the age make-up of the various parishes within the Rapides Foundation Service Area. As can be seen in the following chart, for example, Vernon Parish houses a relatively low proportion of seniors (7.9% 65 and older). In contrast, 14% or more of the populations of Winn, Catahoula, Concordia and LaSalle Parishes are 65 and above.



Sources: Profile of General Demographic Characteristics: 2000. Census 2000, U.S. Census Bureau.

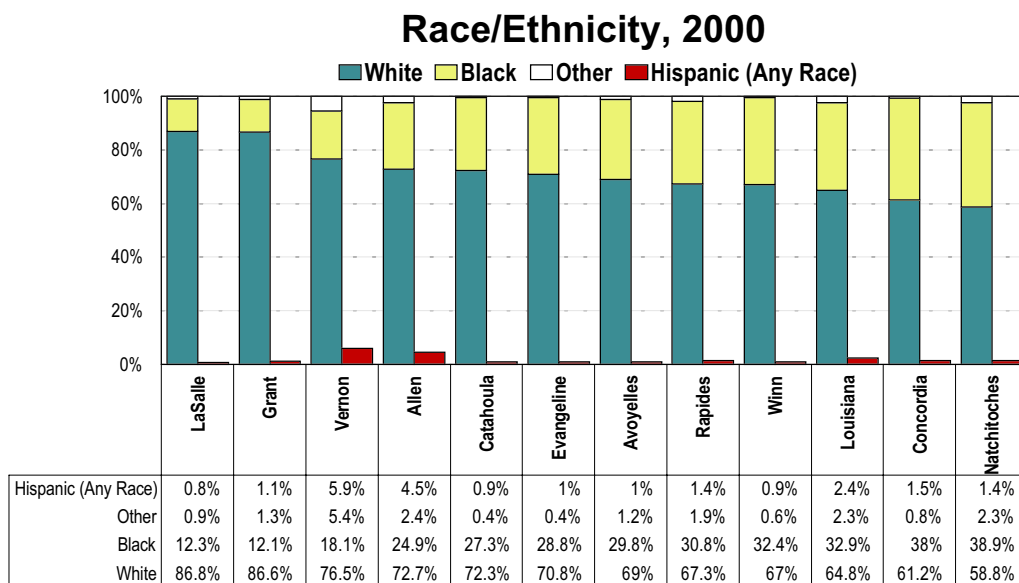
Similarly, when looking at the median age of the parish populations, Vernon Parish and Natchitoches Parish are relatively “young” populations, with median ages under 31 years of age. At the other end of the spectrum, Catahoula and Concordia Parishes are the “oldest” parishes of the Rapides Foundation Service Area.



Source: Profile of General Demographic Characteristics: 2000. Census 2000, U.S. Census Bureau.

RACE/ETHNICITY & LANGUAGE

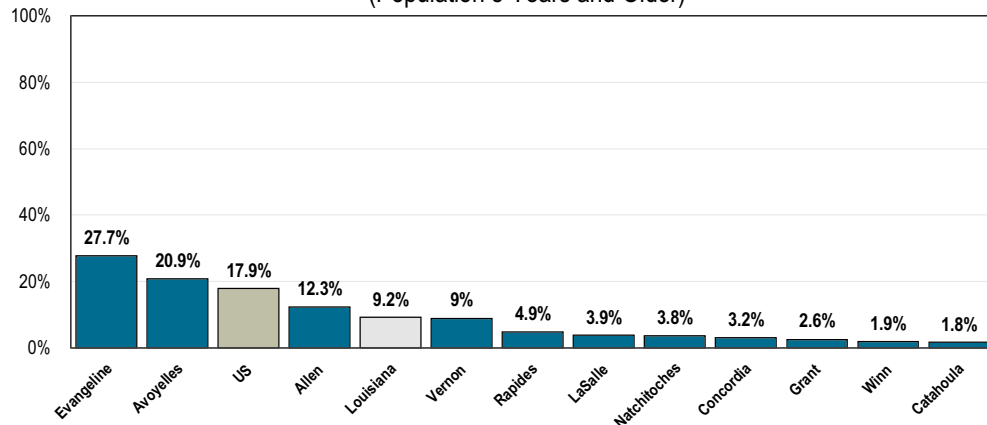
The racial distribution of the Rapides Foundation Service Area parishes varies broadly. LaSalle and Grant Parishes are over 85% White, while Natchitoches and Concordia Parishes have Black populations in higher proportions than the state overall (38% Black).



Sources: Profile of General Demographic Characteristics: 2000. Census 2000, U.S. Census Bureau.

Over 20% of people in Evangeline and Avoyelles Parishes live in households in which a language other than English is spoken (with relatively high proportions of the population of French ancestry).

Language Other Than English Spoken at Home, 2000 (Population 5 Years and Older)

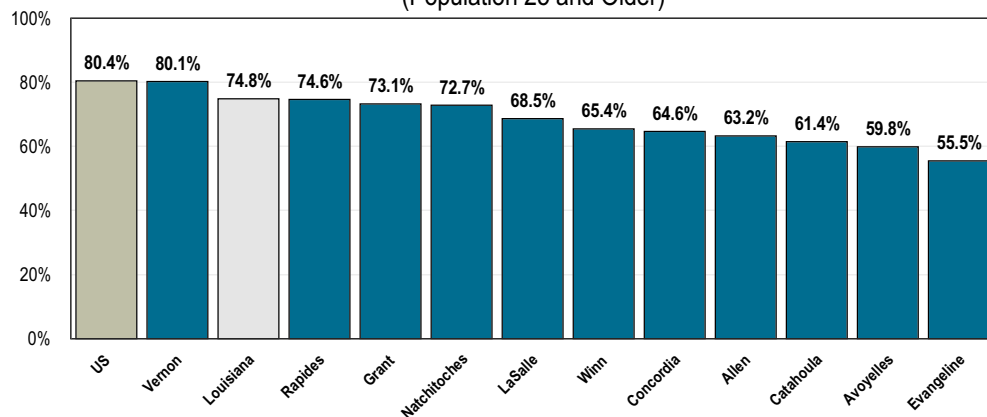


Sources: Profile of General Demographic Characteristics: 2000. Census 2000, U.S. Census Bureau.

EDUCATION

The proportion of the population with high school diplomas is well below the US average in each of the parishes of the Rapides Foundation Service Area; most are below the Louisiana average as well. Fewer than 60% of adults aged 25 and older in Evangeline and Avoyelles Parishes have a high school diploma.

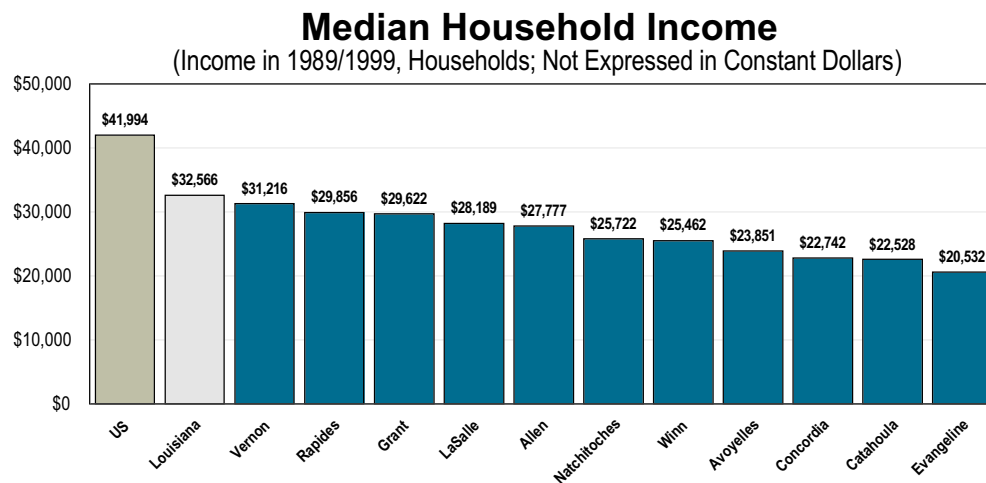
High School Graduate or Higher, 2000 (Population 25 and Older)



Sources: Profile of General Demographic Characteristics: 2000. Census 2000, U.S. Census Bureau.

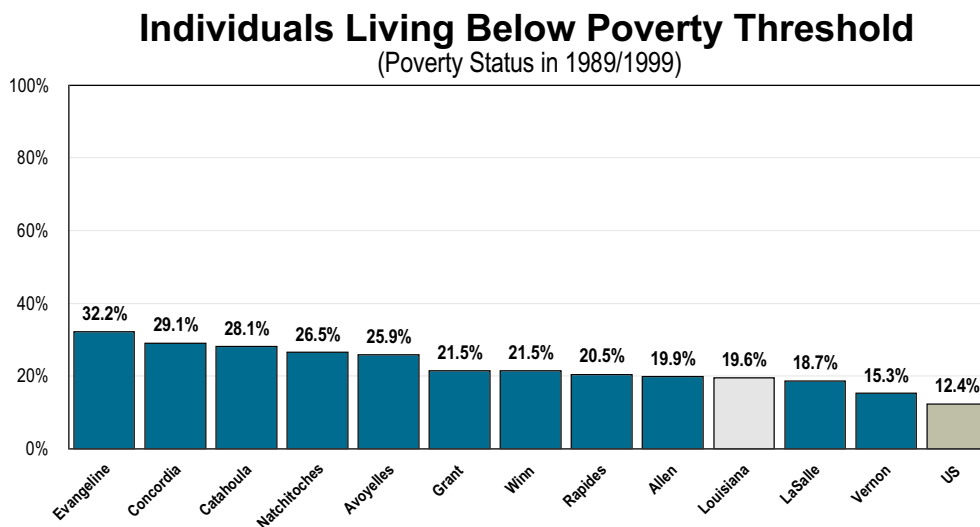
INCOME & POVERTY STATUS

Median household incomes in the Rapides Foundation Service Area are below both state and (in particular) national median incomes. Avoyelles, Concordia, Catahoula and Evangeline Parishes have median incomes under \$25,000 per year (40%-50% below the US median income).



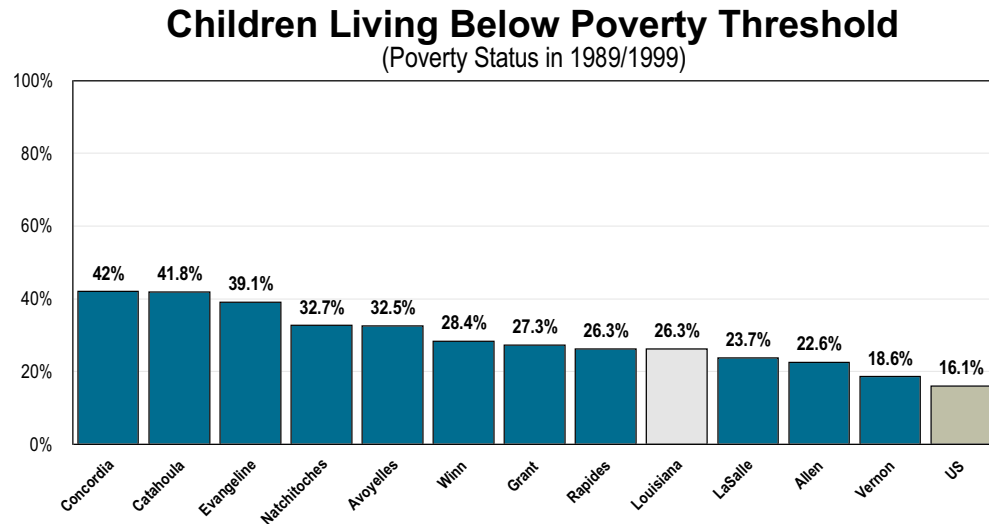
Sources: Profile of General Demographic Characteristics: 2000. Census 2000, U.S. Census Bureau.

Further, poverty status is defined for a significant share of residents of the Rapides Foundation Service Area. A greater share of people in each of the parishes lives below the poverty threshold than nationwide. In fact, more than 25% of people in Evangeline, Concordia, Catahoula, Natchitoches and Avoyelles Parishes live in poverty.



Sources: Profile of General Demographic Characteristics: 2000. Census 2000, U.S. Census Bureau.
Profile of General Demographic Characteristics: 1990. 1990 Census, U.S. Census Bureau.

These proportions are even higher among children: roughly 40% of children in Concordia, Catahoula and Evangeline Parishes live in poverty. Each of the parishes is at a higher poverty proportion for children than seen nationwide.



Sources: Profile of General Demographic Characteristics: 2000. Census 2000, U.S. Census Bureau.

Key Findings of this Assessment

HEALTH STATUS

There are many indicators of health status in the Rapides Foundation Service Area that are comparable to or better than national benchmarks. For example, by and large, incidence rates in the 11-parish area for many types of infectious disease are below national incidence rates (e.g., AIDS, sexually transmitted diseases, hepatitis A and B, tuberculosis). Further, violent crimes rates for rape and robbery are generally better than seen nationwide.

However, in comparison to national benchmarks, health status in the Rapides Foundation Service Area is below average in many regards. These include:

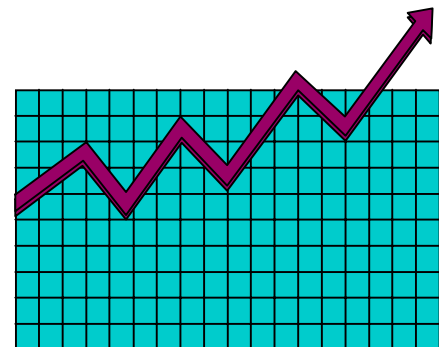
Self-Reported Health Status. A significantly greater share of Rapides Foundation Service Area adults report “fair” or “poor” physical health in the past month.

Activity Limitations. The prevalence of activity limitations is particularly high in the Rapides Foundation Service Area, as is the proportion of those with activity limitations reporting that this is attributed to a work-related injury.

Obesity. Two-thirds of Rapides Foundation Service Area adults are overweight, and nearly 30% are obese. These levels are significantly higher than reported nationwide.

Mental Health. More than 30% of Rapides Foundation Service Area adults report bouts of depression lasting two or more years during their lives, higher than found nationwide. Nearly 40% have had more than three days in the preceding month on which they felt worried, tense or anxious. Further, a comparatively low proportion of adults experiencing depression have sought help.

Causes of Death. Compared to U.S. rates, age-adjusted death rates for most leading causes of death are generally higher in the Rapides Foundation Service Area than nationwide (including heart disease, stroke, cancer, respiratory disease, diabetes, motor vehicle accidents, and pneumonia/influenza). Furthermore, Rapides Foundation Service Area death rates fail to satisfy *Healthy People 2010* targets for any of the selected causes examined in this report.



Chronic Illness. In comparing prevalence of self-reported illnesses with national findings, a greater percentage of Rapides Foundation Service Area adults report suffering from arthritis/rheumatism, deafness/trouble hearing, blindness/trouble seeing, diabetes, chronic heart disease, chronic lung disease, ulcers/gastrointestinal bleeding, kidney disease, and stroke.

Infant Health & Teen Births. Indicators of infant health compare unfavorably to national indicators and *Healthy People 2010* targets, including births to teenagers, low-weight births, neonatal mortality, and infant mortality.

Violence. Rates of violent crime are higher in the Rapides Foundation Service Area than nationwide, including homicide and aggravated assault.

MODIFIABLE HEALTH RISKS

In comparison to national averages, positive findings relating to modifiable health risk behavior in the Rapides Foundation Service Area include a lower proportion of adults who use alcohol or who report illegal or prescription drug abuse, and a higher proportion of adults with high blood pressure who are taking action to control their condition. Tobacco usage appears to be comparable to national levels, although this fails to satisfy *Healthy People 2010* targets.

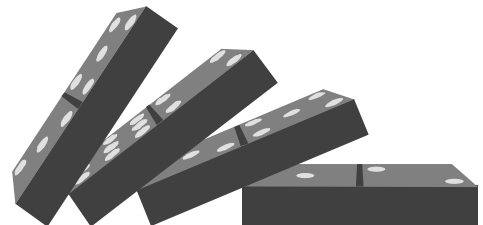
However, risk behaviors that compare unfavorably to national averages include:

Cardiovascular Risk. A very high percentage of Rapides Foundation Service Area adults (93.7%) present one or more risk factors or behaviors for heart disease and stroke.

Nutrition. Rapides Foundation Service Area adults less often report eating the recommended servings of vegetables and/or fruits or using food labels to make nutritious food selections.

Physical Activity. A high percentage of Rapides Foundation Service Area adults (30.2%) report not engaging in any type of physical activity outside of work.

Blood Pressure. In comparison to the nation as a whole, Rapides Foundation Service Area exhibits significantly high proportions of adults reporting high blood pressure (34.3%).



PREVENTION

Regarding preventive care measures, Rapides Foundation Service Area adults more often report having had a routine checkup in the past year, and a greater share of children have had recent dental care. In addition, a higher proportion of women report performing monthly breast self-exams, and a higher proportion of young children are immunized.

Areas for which the Rapides Foundation Service Area compares unfavorably to national benchmarks include:

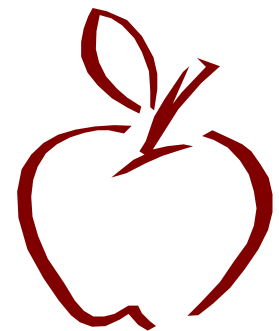
Dental Care. A relatively low proportion of adults in the Rapides Foundation Service Area (59.1%) have received dental care in the past year.

Vision Care. A relatively low proportion of Rapides Foundation Service Area adults (39.6%) have had an eye exam in the past two years.

Colorectal Cancer Screening. The proportions of Rapides Foundation Service Area adults aged 50 and older who have had a digital rectal exam or a blood stool test in the past year are below the U.S. findings.

Testicular Cancer Screening. A relatively low proportion of men have ever had a testicular exam by a physician.

Child Safety Seat/Seat Belt Usage. Only about two-thirds of Rapides Foundation Service Area adults “always” wear a seat belt when driving or riding in a vehicle. Further, a comparatively low proportion of parents of children under 5 years old report that their child “always” uses a child safety restraint (e.g., child seat) when riding in a vehicle.



ACCESS

Access is a key issue for communities across the country. Barriers such as cost, transportation, insurance acceptance, physician and appointment availability, and inconvenient office hours are prohibitive factors for many residents. In the Rapides Foundation Service Area, none of the tested indicators proved more favorable than national findings.

While some indicators of access are comparable to national benchmarks, several appear to have a much stronger impact in the Rapides Foundation Service Area. Outlined below are aspects of access to health care which fared unfavorably in comparison to national findings.

For most of these items, the important analysis is how these barriers impact various subsegments of the population, particularly low-income and minority residents.

Difficulties/Delays in Accessing Health Care. A total of 42.3% of Rapides Foundation Service Area adults have experienced some type of difficulty or delay in receiving health care in the past year, compared to only 26.0% of adults nationwide.

Health Insurance Coverage. A total of 26.0% of Rapides Foundation Service Area adults between the ages of 18 and 64 are without any type of insurance coverage for health care, either through private or public sources. This is similar to the statewide average, but much worse than the national average and far from reaching the *Healthy People 2010* goal of universal coverage. Further, cost or lack of insurance prevented a greater share of Rapides Foundation Service Area adults from seeing a doctor in the past year than found nationwide.

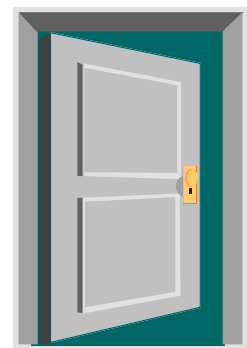
Cost of Prescriptions. A total of 22.7% of Rapides Foundation Service Area adults have gone without a needed prescription in the past year because they could not afford it, more than twice the national average. The proportion of children going without needed prescriptions (although lower than found among adults) is also much higher than found nationally.

Transportation. Lack of transportation to health care services impacts a greater share of adults and children in the Rapides Foundation Service Area than found nationally.

Availability of Physicians. A relatively high percentage of Rapides Foundation Service Area adults report difficulty finding a physician for themselves or their child in the past year.

Availability of Appointments. A relatively high percentage of Rapides Foundation Service Area adults report difficulty getting an appointment to see a doctor in the past year.

Emergency Room Utilization. The proportion of Rapides Foundation Service Area adults who have used a local emergency room more than once in the past year is significantly higher than found nationwide.



EDUCATION & OUTREACH

Throughout the community health panels, participants stressed that education is crucial to improving the community's health status — whether that is health education through the schools, disseminating information to the public, or increased communication and

coordination of services among providers. Furthermore, health panel members emphasized the need to involve the entire community in health improvement efforts.

YOUTH

Risk Behaviors. In comparison to national data, some of the key findings from the 1997 Central Louisiana Youth Risk Factor Survey conducted for The Rapides Foundation by the Tulane School of Public Health and Tropical Medicine include:

- High youth tobacco use
- High binge drinking and drinking a driving
- High percentage trying inhalants and steroids
- Low seat belt usage
- High prevalence of physical fighting
- Poor nutrition
- Low proportion who have been taught about HIV/AIDS

Top Perceived Issues. Adult survey respondents in 2002 identified the following as the most significant adolescent health problems facing the Rapides Foundation Service Area: **youth tobacco use, drinking and driving, alcohol use, drug use, and teen pregnancy** (each identified as a “major” or “moderate” problem by 75% or more of adults). In addition, over 60% also perceive **poor diet and nutrition** and **sexually transmitted diseases** as “major” or “moderate” problems for youth in the Rapides Foundation Service Area.

Benchmark Comparisons: “Top 10” Findings

The following indicators represent the Top 10 differences noted in comparing assessment results from the Rapides Foundation Service Area with available benchmark data for the State of Louisiana. For these, the Rapides Foundation Service Area varies at least 20% from the statewide comparison data.

Rapides Foundation Service Area vs. Louisiana Findings

Favorable

- **Homicide.** In 1999, the median age-adjusted death rate for homicide in the Rapides Foundation Service Area was 4.9 per 100,000 population (LA=10.7/100,000).
- **Fruits & Vegetables.** 23.1% of Rapides Foundation Service Area adults report eating 5 or more servings per day of fruits and/or vegetables (LA=15.8%).
- **Diabetes.** In 1999, the median age-adjusted death rate for diabetes in the Rapides Foundation Service Area was 29.4 per 100,000 population (LA=42.4/100,000).

Unfavorable

- **Use of Smokeless Tobacco.** 7.1% of Rapides Foundation Service Area adults currently use smokeless tobacco products such as chew or snuff (LA=3.5%).
- **Perceived HIV Risk.** 9.0% of adults aged 18 to 64 in the Rapides Foundation Service Area consider their chances of acquiring HIV as “high” or “medium” (LA=6.2%).
- **High Blood Pressure.** 34.3% of adults in the Rapides Foundation Service Area have been told by a doctor or other health professional that they have high blood pressure (LA=26.0%).
- **Motor Vehicle Accidents.** In the 11-parish area, the 1999 median age-adjusted death rate for motor vehicle accidents was 28.3 per 100,000 population (LA=21.5/100,000).
- **Pneumonia/Influenza.** In the 11-parish area, the 1999 median age-adjusted death rate for pneumonia/influenza was 33.6 per 100,000 population (LA=25.9/100,000).
- **“Fair/Poor” Physical Health.** 20.4% of Rapides Foundation Service Area adults rate their general physical health as “fair” or “poor” (LA=16.3%).
- **Prenatal Care.** A median proportion of 61.9% of births in the Rapides Foundation Service Area in 1999 received adequate prenatal care (LA=77.5%).

Rapides Foundation Service Area vs. US Findings

The following represent the Top 10 Rapides Foundation Service Area indicators which differ from national benchmarks by margin of at least 60%:

Favorable

- **Hepatitis A & B.** Between 1997 and 1999, there was a median case rate of 0.7 hepatitis A cases in the Rapides Foundation Service Area (US=12 cases per 100,000). Between 1997 and 1999, there was a median case rate of 1.5 hepatitis B cases (US=4.2 cases per 100,000).

Unfavorable

- **ER Utilization.** 13.5% of Rapides Foundation Service Area adults have used an emergency room more than one time in the past year (US=5.6%).
- **Prescription Costs.** 22.7% of adults say there has been a time in the past year when they did not get a needed prescription because they could not afford it (US=9.5%). For children, 7.4% of Rapides Foundation Service Area parents say they did not get a needed prescription for their child in the past year due to the cost (US=4.4%).
- **Stroke.** 2.7% of adults self-report having had a stroke (US=1.4%).
- **Transportation to Health Care Services.** 10.0% of Rapides Foundation Service Area adults report that there has been a time in the past year when a lack of transportation made it difficult or prevented them from seeing a physician (US=5.2%).
- **Use of Smokeless Tobacco.** 7.1% of adults currently use smokeless tobacco products such as chew or snuff (US=3.7%).
- **Motor Vehicle Accidents.** In the 11-parish area, the 1999 median age-adjusted death rate for motor vehicle accidents was 28.3 per 100,000 population (US=15.5/100,000).
- **Diabetes.** 9.9% of Rapides Foundation Service Area adults report that they have been diagnosed with diabetes (US=5.5%).
- **Cost of Medical Care.** 18.7% of adults in the Rapides Foundation Service Area report that there was a time in the past year when they needed to see a doctor, but did not because they did not have insurance or could not afford the visit (US=10.4%).
- **Births to Teenagers.** A 1997-99 median proportion of 20.0% of births in the Rapides Foundation Service Area were to girls aged 15 to 19 (US=12.3%).

Rapides Foundation Service Area vs. *Healthy People 2010*

The following represent the Top 10 indicators which fail to satisfy *Healthy People 2010* objectives (each is at least twice the established target):

Unfavorable

- **Lack of Health Insurance.** 26.0% of Rapides Foundation Service Area adults between the ages of 18 and 64 are without any type of health insurance coverage, either through private or public sources (HP2010=0%).
- **Syphilis.** There was an annual median case rate of 1.6 syphilis cases per 100,000 population between 1998 and 2000 in the Rapides Foundation Service Area (HP2010=0.2 or lower per 100,000).
- **Gonorrhea.** There was an annual median case rate of 92.4 gonorrhea cases per 100,000 population between 1998 and 2000 in the Rapides Foundation Service Area (HP2010=19.0 or lower per 100,000).
- **Tuberculosis.** In the Rapides Foundation Service Area between 1998 and 2000, there was an annual median case rate of 4.5 tuberculosis cases per 100,000 population (HP2010=1.0 or lower per 100,000).
- **Motor Vehicle Accidents.** In the 11-parish area, the 1996-98 median age-adjusted death rate for motor vehicle accidents was 28.3 per 100,000 population (HP2010=9.2 or lower per 100,000).
- **Binge Drinking.** 15.2% of Rapides Foundation Service Area adults report at least one occasion in the past month on which they had five or more alcohol drinks in a row (HP2010=6% or lower).
- **High Blood Pressure.** 34.3% of adults in the Rapides Foundation Service Area have been told by a doctor or other health professional that they have high blood pressure (HP2010=16% or lower).
- **Suicide.** The 1999 median age-adjusted death rate for suicide in the Rapides Foundation Service Area was 10.3 deaths per 100,000 (HP2010=5 or lower per 100,000).
- **Low Birthweight.** In 1999, there was a median proportion of 10.2% of births in the Rapides Foundation Service Area that were low birthweight (HP2010=5% or lower).
- **Cigarette Smoking.** 24.3% of adults in the Rapides Foundation Service Area currently smoke cigarettes (HP2010=12% or lower).

Rapides Foundation Service Area: Changes Over Past 5 years

The following indicators demonstrate the greatest changes in the Rapides Foundation Service Area over the past several years, including changes from the 1997 Tulane assessment and other changes in vital statistics. Survey changes reflect a five-year interval between administrations (1997 and 2002); changes in secondary data reflect five-year intervals in reporting periods, based on the most current data available (e.g., 1995 vs. 2000, as available).

Favorable

- **Syphilis.** There 10 syphilis cases in the Rapides Foundation Service Area in 1998 (146 cases in 1993).
- **AIDS.** There were 9.6 new AIDS cases per 100,000 population in Public Health Region VI in 2000 (18.8 per 100,000 in 1995).
- **Tuberculosis.** There 17 tuberculosis cases in the Rapides Foundation Service Area in 1998 (30 cases in 1993).
- **Gonorrhea.** There 712 gonorrhea cases in the Rapides Foundation Service Area in 1998 (971 cases in 1993).
- **Senior Flu Shots.** 70.6% of seniors (aged 65 and older) in the Rapides Foundation Service Area received a flu shot in the past year (61.6% in the 1997 Tulane study).
- **Mammography.** 74.3% of women aged 40 and older have had a mammogram in the past two years to check for breast cancer (65.2% in the 1997 Tulane study).

Unfavorable

- **Binge Drinking.** 15.2% of Rapides Foundation Service Area adults report at least one occasion in the past month on which they had five or more alcohol drinks in a row (10.3% the 1997 Tulane study).
- **Chronic Drinking.** 4.2% of Rapides Foundation Service Area adults had 60 or more alcohol drinks in the month preceding the survey (2.9% in 1997).
- **Diabetes.** 9.9% of Rapides Foundation Service Area adults report that they have been diagnosed with diabetes (6.9% in the 1997 Tulane study).
- **Perceived HIV Risk.** 9.0% of adults aged 18 to 64 in the Rapides Foundation Service Area consider their chances of acquiring HIV as “high” or “medium” (6.6% the 1997 Tulane study).

INTRODUCTION

Project Overview

The Rapides Foundation, dedicated to improving the quality of life in Central Louisiana, is one of the largest grant-making foundations per capita in the Southeast. The Foundation contracted with Professional Research Consultants, Inc., to conduct a community health assessment in its service area to better inform their grant-making decisions based on current, valid, and parish-specific data. The *2002 Community Health Assessment* is designed to build on the work begun by The Rapides Foundation in 1997 with assistance from the Tulane School of Public Health and Tropical Medicine.

Project Goals

The 2002 Community Health Assessment is a systemic, data-driven approach to determining the health status, behaviors and needs of residents in Central Louisiana. The Community Health Assessment provides the information needed to consider when developing effective interventions so that communities and parishes 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 Assessment will serve as a tool toward reaching three basic goals:

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



Community Defined for This Assessment

This report focuses on the health findings throughout the Rapides Foundation Service Area, which is comprised of eleven parishes in Central Louisiana. These include Allen, Avoyelles, Catahoula, Concordia, Evangeline, Grant, LaSalle, Natchitoches, Rapides, Vernon and Winn Parishes.



Methodology

There are three components that are essential in rendering a complete picture of the health of a community: the community health survey (primary quantitative data); existing data (secondary quantitative data); and community health panels (primary qualitative data).

- The **PRC Community Health Survey** developed for Rapides Foundation Service Area gives us a remarkably complete and accurate view of the health status of area residents through a randomized telephone survey of the health and behaviors of community members.
- **Existing data** — especially public health data and statewide and nationwide risk assessments — complement the survey process and, in some cases, provide a benchmark against which the results of the survey may be compared.
- **Community Health Panels** offer a unique perspective by gathering, in a focus group setting, individuals who are leaders of or have special insight to different segments of the population.

Community Health Survey

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the **2002 PRC Community Health Survey**. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random selection capabilities.

Sample Design

The sample design utilized for this effort consists of a random sample of 4,750 individuals aged 18 and older throughout the Rapides Foundation Service Area, including 750 telephone interviews in Rapides Parish and 400 in each of the remaining 10 parishes.

Within each parish, the interviews were conducted in proportion to the actual population distribution at the ZIP Code level. ZIP Code populations were based on the latest

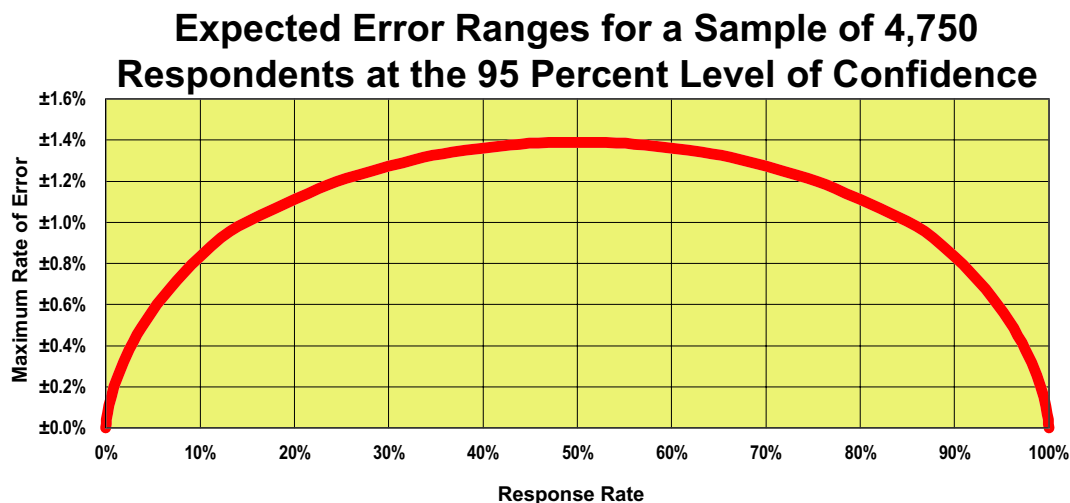


census projections of adults aged 18 and over provided in the *2000 CACI Census Update* (corresponding very closely to Census 2000 figures).

Once the interviews were completed, the 4,750 interviews were then weighted at the parish level to represent the correct distribution of population relative to the total Rapides Foundation Service Area. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 4,750 respondents is $\pm 1.4\%$ at the 95 percent level of confidence. [For the individual parishes: the total sample of 750 interviews in Rapides Parish carries a maximum error rate of $\pm 3.6\%$; the total sample of 400 interviews in each of the remaining parishes carries a maximum error rate of $\pm 4.9\%$.]



Note: The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Example 1: For example, if 10% of the sample of 400 respondents answered a certain question with a "yes," it can be asserted that between 9.2% and 10.8% ($10\% \pm 0.8\%$) of the total population would offer this response.

Example 2: If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 48.6% and 51.4% ($50\% \pm 1.4\%$) of the total population would respond "yes" if asked this question.

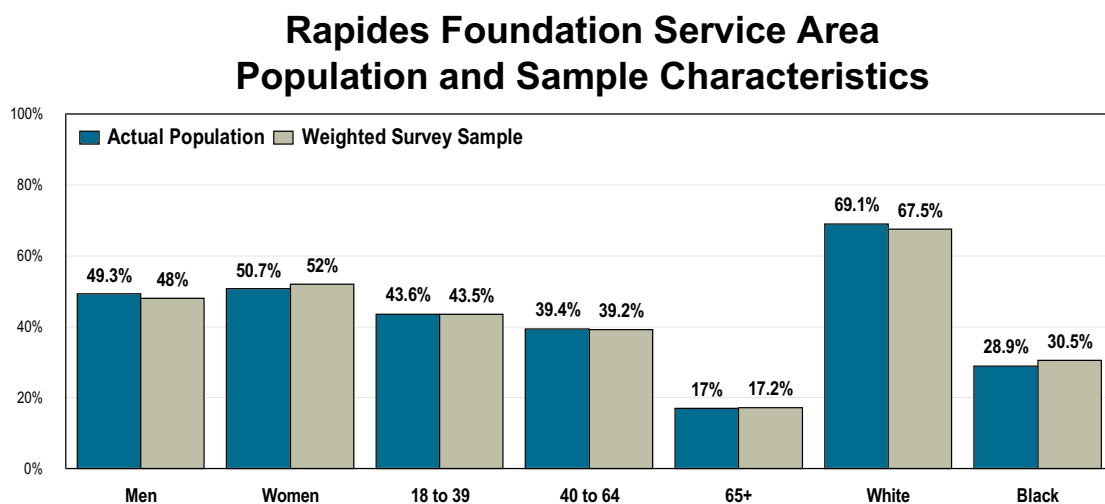
In addition, for further analysis, keep in mind that each percentage point recorded among the total sample of survey respondents is representative of nearly 3,000 residents aged 18 and older in the Rapides Foundation Service Area (based on current population estimates). Thus, in a case where 3.4% of the total population responds to a survey question, this is representative of nearly 10,000 people and therefore must not be dismissed as too small to be significant.

Sample Characteristics

To accurately represent the population studied, it was necessary to constantly monitor the demographic composition (e.g., age, gender, household location) of the community sample throughout the data collection process. PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, 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 demographic characteristics of the population surveyed, so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, income and ZIP Code) and a statistical application package applies weighting variables which produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses may contribute to the whole the same weight as 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents aged 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.]



Sources: 1. CACI 2000 Census Update.
2. 2002 PRC Community Health Survey, Professional Research Consultants

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the U.S. Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2001 guidelines place the poverty threshold for a family of four at \$17,650 annual household income or lower). In sample segmentation: “< Poverty” refers to community members living in a household with defined poverty status; “100% to 200% Poverty” refers to households living just above the poverty level, earning up to twice the poverty threshold; and “>200% Poverty” refers to households with incomes more than twice the poverty threshold defined for their household size.

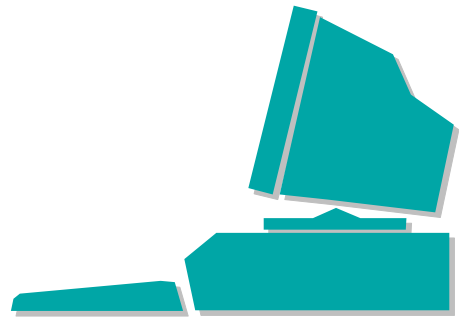
The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the Rapides Foundation Service Area with a high degree of confidence.

Existing Data

Public Health, Vital Statistics and Other Data

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

- *Census 2000 & CACI 2000 Census Update*
- *National Center for Health Statistics*
- *Centers for Disease Control & Prevention*
- *State of Louisiana, Department of Health and Hospitals, Office of Public Health*
- *State of Louisiana, Department of Justice*
- *United States Department of Justice*



Statewide Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local findings. These data are reported in the *BRFSS (Behavioral Risk Factor Surveillance System) Summary Prevalence Report (Years 1998 – 2000)* published by the Centers for Disease Control and Prevention and the U.S. Department of Health & Human Services.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2000 PRC National Health Survey*. The methodological approach for the national study is identical to that employed in this assessment. Therefore, PRC assures that these data may be generalized to the U.S. population with a high degree of confidence.

Healthy People 2010 Targets



**Understanding and
Improving Health**

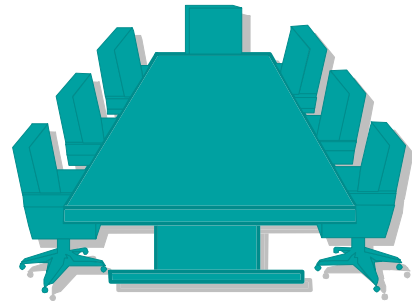
Healthy People 2010: Understanding and Improving Health is part of the Healthy People 2010 initiative that is sponsored by the U. S. Department of Health and Human Services. Healthy People 2010 outlines a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century.

With [specific] health objectives in 28 focus areas, Healthy People 2010 will be a tremendously valuable asset to health planners, medical practitioners, educators, elected officials, and all of us who work to improve health. Healthy People 2010 reflects the very best in public health planning—it is comprehensive, it was created by a broad coalition of experts from many sectors, it has been designed to measure progress over time, and, most important, it clearly lays out a series of objectives to bring better health to all people in this country. — Donna E. Shalala, Secretary of Health & Human Services

Like the preceding Healthy People 2000 initiative—which was driven by an ambitious, yet achievable, 10-year strategy for improving the Nation's health by the end of the 20th century—Healthy People 2010 is committed to a single, overarching purpose: promoting health and preventing illness, disability, and premature death.

Community Health Panels

As part of the community health assessment, 16 community health panels (similar to focus groups) were held throughout the Rapides Foundation Service Area, including six in Rapides Parish (meetings with physicians, allied health professionals/social services providers, community leaders and adolescents) and one community health panel in each of the other parishes (meetings with community key informants).



A list of prospective participants for the health panels was provided by Rapides Foundation. 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. Health Panel candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend. Confirmation calls were placed the day before the groups were scheduled to insure they would have a reasonable turnout.

Over 200 people gave input to the Community Health Panels throughout the Rapides Foundation Service Area. Final participation levels are segmented below.

<u>Date</u>	<u>Time</u>	<u>Group</u>	<u>Participants</u>
3-14-02	7 am	Rapides Parish: Physicians – Group 1	11
3-14-02	12 noon	Rapides Parish: Community Leaders – Alexandria	21
3-14-02	5 pm	Rapides Parish: Youth	12
3-14-02	7 pm	Rapides Parish: Physicians – Group 2	9
3-15-02	7 am	Rapides Parish: Allied Health/Social Service Providers	21
3-15-02	12 noon	Rapides Parish: Community Leaders – Pineville	11
3-18-02	12 noon	Avoyelles Parish: Key Informants	18
3-18-02	6:30 pm	Evangeline Parish: Key Informants	15
3-19-02	12 noon	Allen Parish: Key Informants	20
3-19-02	6:30 pm	Vernon Parish: Key Informants	12
3-20-02	7 am	Natchitoches Parish: Key Informants	15
3-20-02	12 noon	Grant Parish: Key Informants	14
3-21-02	12 noon	Winn Parish: Key Informants	10
3-21-02	6:30 pm	LaSalle Parish: Key Informants	19
3-22-02	7 am	Catahoula Parish: Key Informants	18
3-22-02	12 noon	Concordia Parish: Key Informants	7

The health panel sessions were recorded on audio tapes from which verbatim comments in the report are taken. After each quote, the speaker's group is denoted; however, aside from this group affiliation, there are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

Note: *These findings represent qualitative rather than quantitative data. The groups were designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.*

SELF-REPORTED HEALTH STATUS

Physical Health Status

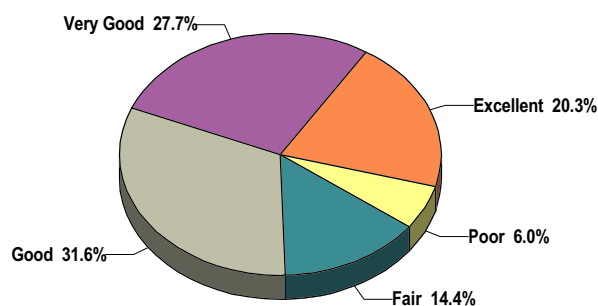
This section describes various self-reported measures of the general physical health among Rapides Foundation Service Area residents.

Self-Reported Physical Health

Overall Health Status

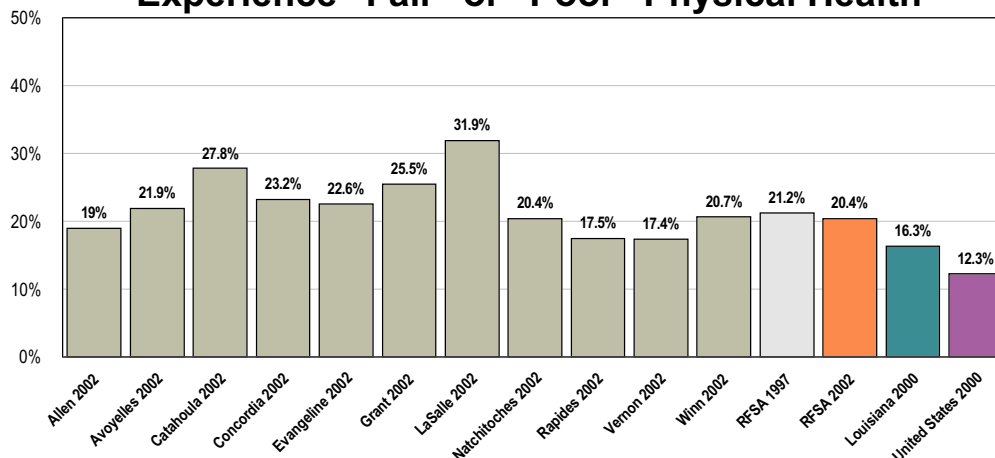
- **Nearly one-half (48.0%) of Rapides Foundation Service Area adults participating in the 2002 Community Health Survey view their overall physical health as “excellent” or “very good.”**
- **20.4% of service area adults say that their overall physical health is overall “fair” or “poor.”**
 - Less favorable than statewide (16.3%) or national findings (12.3%).
 - Ranges from a high of 31.9% in LaSalle Parish to a low of 17.4% in Vernon Parish.

Self-Reported Health Status
(Rapides Foundation Service Area 2002)

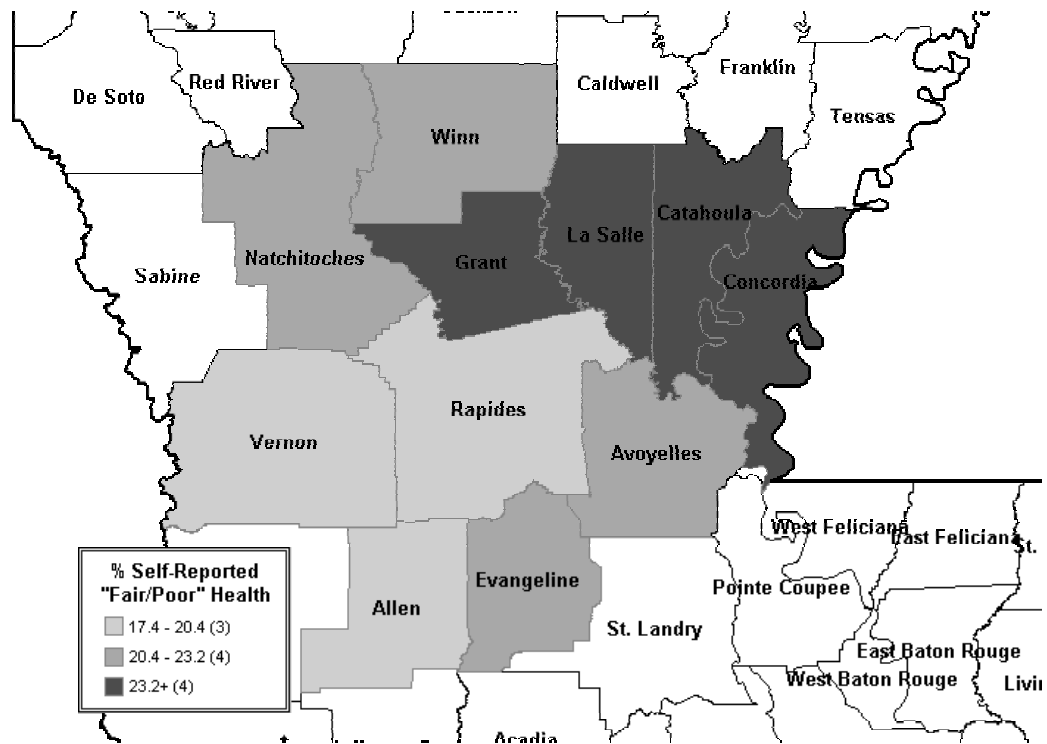


Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

Experience "Fair" or "Poor" Physical Health

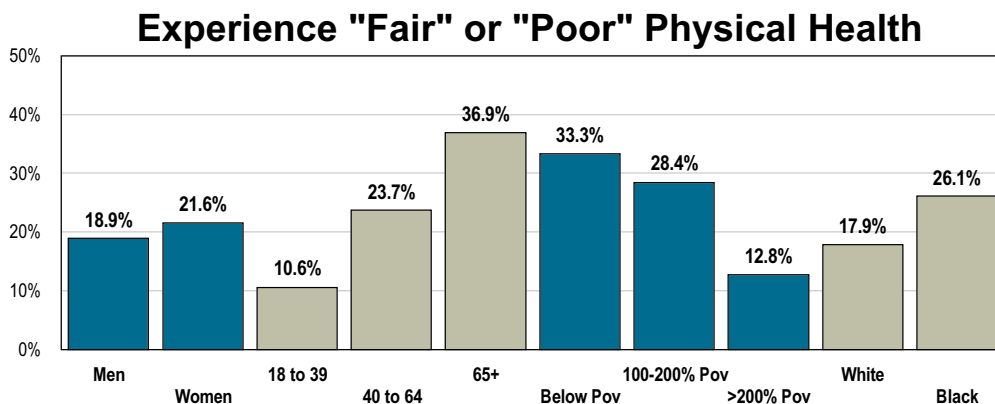


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.
Note: Asked of all respondents.



The following chart further examines self-reported health status by various demographic characteristics.

- As might be expected, indications of “fair” or “poor” health increase with age; that is, older residents much more often report their health as “fair” or “poor.”
- There is a very strong negative correlation with income.
- Black respondents much more often report “fair/poor” health than White respondents.

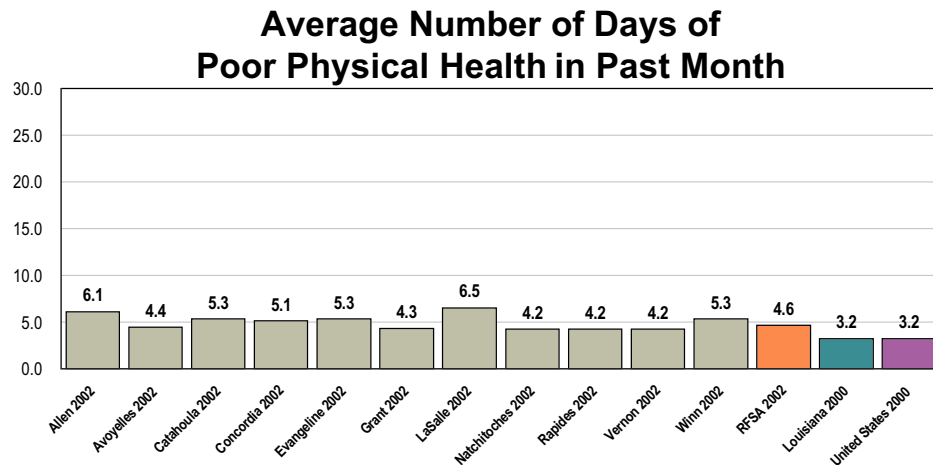


Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings throughout the Rapides Foundation Service Area.
2. Asked of all respondents.

Days of Poor Physical Health

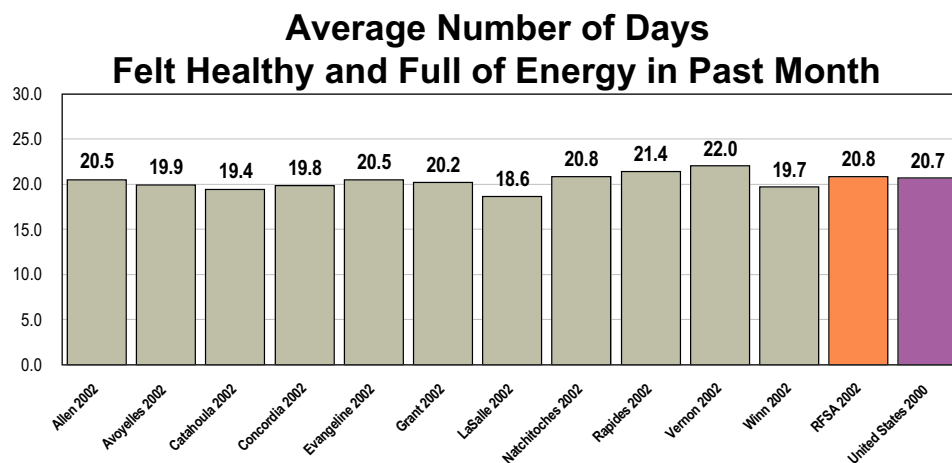
- **Rapides Foundation Service Area adults report an average 4.6 days in the past month on which their physical health was not good.**
 - Less favorable than the statewide or national averages (3.2 days/month each).
 - Highest in LaSalle Parish (6.5 days/month) and Allen Parish (6.1 days/month).



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 Note: Asked of all respondents.

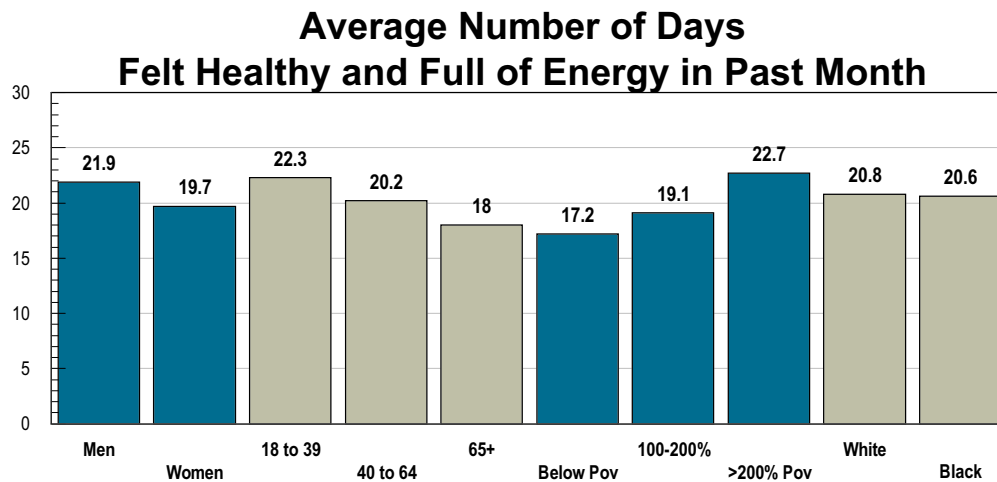
Days Felt Healthy and Full of Energy

- **Rapides Foundation Service Area adults report an average of 20.8 days in the last month on which they felt very healthy and full of energy.**
 - Similar to the national average.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Note: Asked of all respondents.

- Self-reported number of healthy days increases considerably with income level, but decreases with age.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings throughout the Rapides Foundation Service Area.
2. Asked of all respondents.

Missed Days of Work

- **Rapides Foundation Service Area adults who are currently employed report missing an average of 4.6 days of work in the past year due to personal illness.**
 - This compares to a lower average of 3.8 days/year nationwide.

Community Health Panel Findings*

Comments among Community Health Participants:

“I want to make sure I mention that the major health problems we have in this parish are high blood pressure, diabetes, high cholesterol and cardiovascular problems.” – *Vernon Parish Key Informant*

“We seem to have a lot of environmental illnesses. It includes the multiple chemical sensitivities, fibromyalgia and chronic fatigue in children. I think it has to do with the home environment and maybe the air in this community.” – *LaSalle Parish Key Informant*

“We seem to have a lot of people with diabetes and heart problems. I would like to see more chapters of the American Diabetes Association and the Heart Association in this parish. The closest one is probably in Alexandria.” – *Winn Parish Key Informant*

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

“We don’t have a lot of extra time to educate our patients on their diseases. We are sending patients home who are not always prepared to take care of their diabetes or their congestive heart failure. I know there are national associations that have programs and clinics on health problems; but we don’t have them here.” – *Winn Parish Key Informant*

Mental Health Status

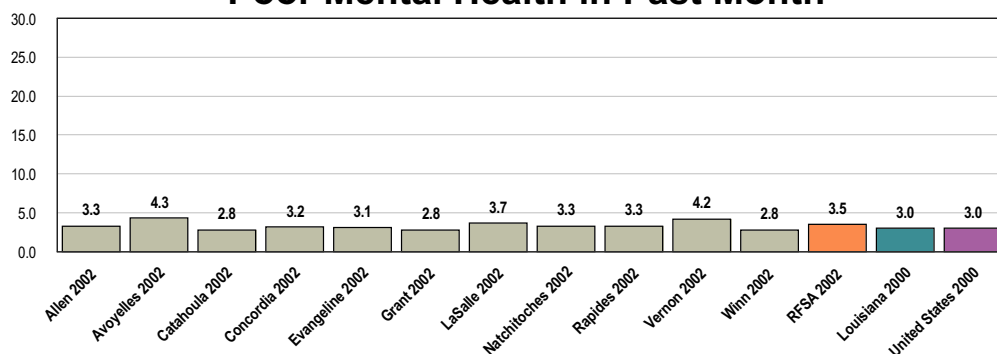
The following section outlines general assessments of the prevalence of depression among area residents, along with the number of people seeking professional help for problems with depression, stress and emotions.

Self-Reported Mental Health Status

Days of Poor Mental Health

- **Rapides Foundation Service Area adults report an average of 3.5 days in the last month on which their mental health was not good.**
 - Less favorable than statewide (3.0) and national (3.0) averages.

Average Number of Days of Poor Mental Health in Past Month



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
Note: Asked of all respondents.

Community Health Panel Findings*

“I don’t know if there is an increase in mental health cases or it is more out in the open. There certainly is a lot more depression cases and bipolar disease reports now than before.” — *Rapides Parish Physician*

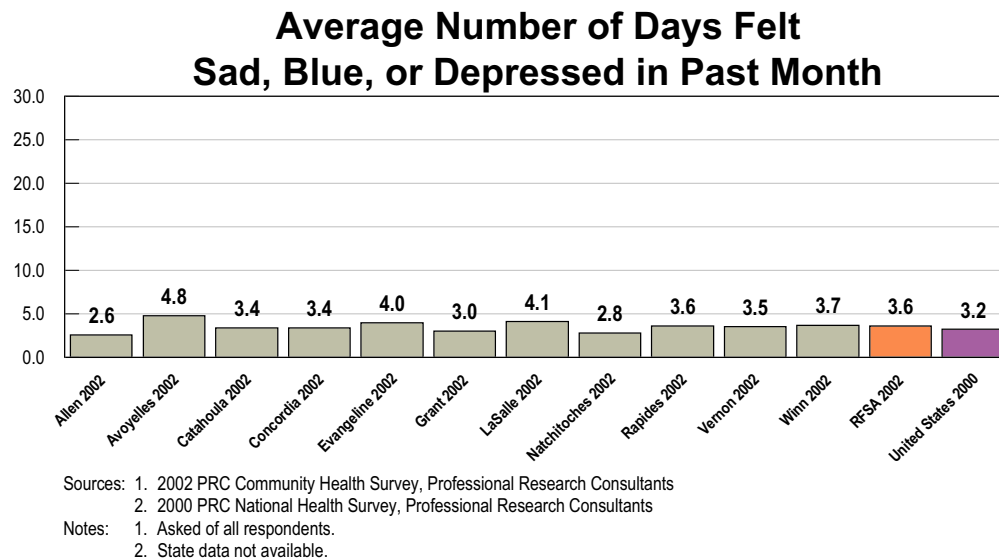
* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Depression

Depression is a serious illness affecting many in the population, whether occasionally or, in many cases, for prolonged periods of time.

Days of Depression

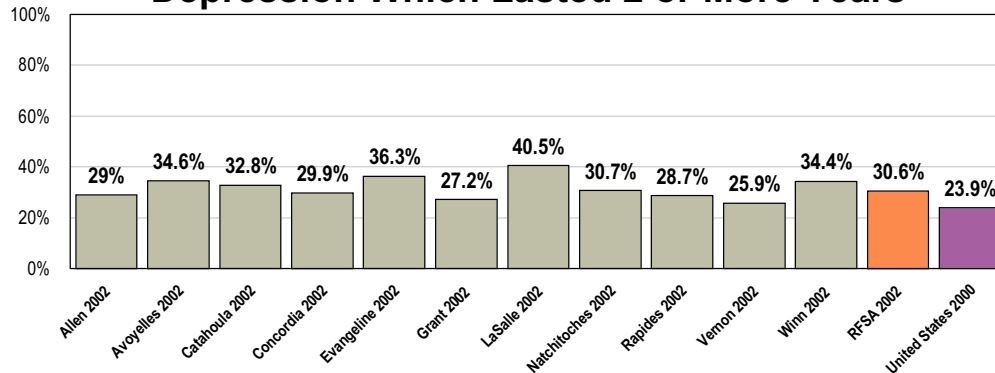
- **In the past month, adults in the Rapides Foundation Service Area reported an average of 3.6 days on which they felt sad, blue or depressed.**
 - Slightly higher than the national average (3.2 days/month).
 - Highest in Avoyelles Parish (4.8 days/month).



Prolonged Depression

- **30.6% of Rapides Foundation Service Area adults report that they have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes.**
 - Significantly higher than found nationally (23.9%).
 - This **represents nearly 90,000 adults** in the Rapides Foundation Service Area who have faced or are facing prolonged bouts with depression.
 - Highest in LaSalle Parish (40.5%).

Have Experienced Periods of Depression Which Lasted 2 or More Years



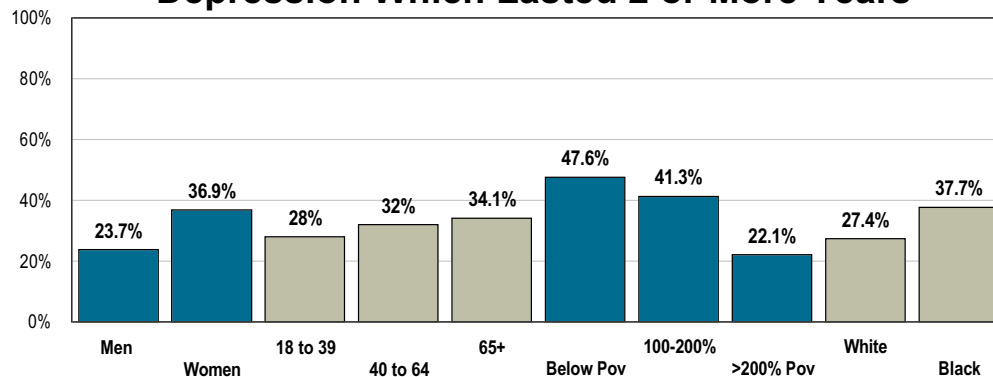
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents.
2. State data not available.

Reported bouts of prolonged depression in the Rapides Foundation Service Area are notably higher among:

- Respondents living below poverty or just above the poverty threshold (the “working poor”).
- Women.
- Black respondents.

Have Experienced Periods of Depression Which Lasted 2 or More Years



Source: 2002 PRC Community Health Survey, Professional Research Consultants

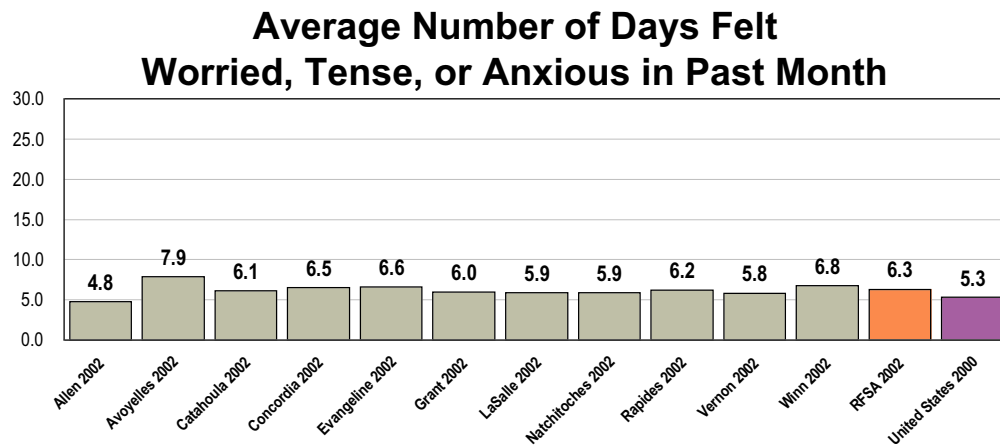
Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.
2. Asked of all respondents.

Stress

Stress Levels

Excessive stress can be a detriment to one's mental health, and can have significant physical ramifications, as well.

- **Adults in the Rapides Foundation Service Area report an average of 6.3 days in the past month on which they felt worried, tense or anxious.**
 - Less favorable than the national average (5.3 days/month).
 - Highest in Avoyelles Parish (7.9 days/month).

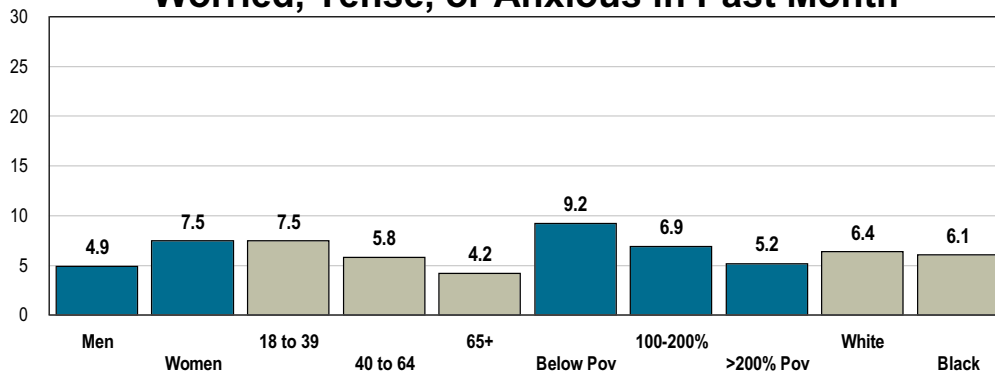


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Note: Asked of all respondents.

Those reporting a greater number of stressful days per month in the Rapides Foundation Service Area:

- Younger adults.
- Low-income respondents.
- Women.

Average Number of Days Felt Worried, Tense, or Anxious in Past Month



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

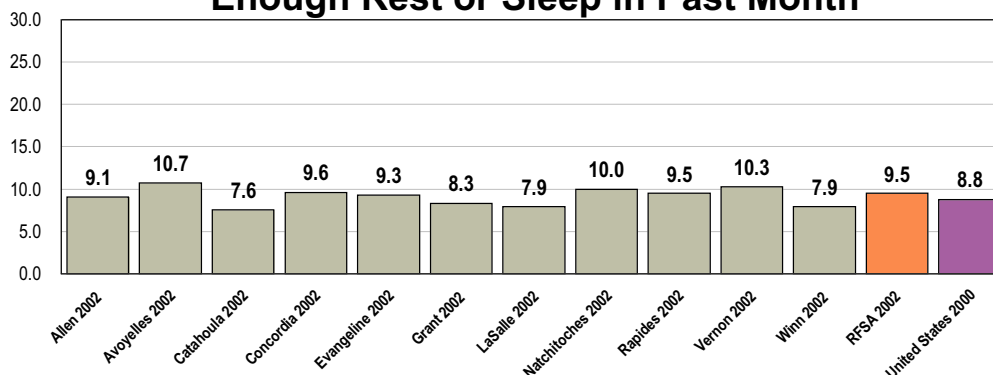
Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.

2. Asked of all respondents.

Sleep & Rest

- **Adults in the Rapides Foundation Service Area report an average of 9.5 days in the past month on which they did not get enough rest or sleep.**
 - Less favorable than found nationwide (8.8 days/month).
 - Ranging from 7.6 days/month in Catahoula Parish to 10.7 days/month in Avoyelles Parish.

Average Number of Days Without Enough Rest or Sleep in Past Month



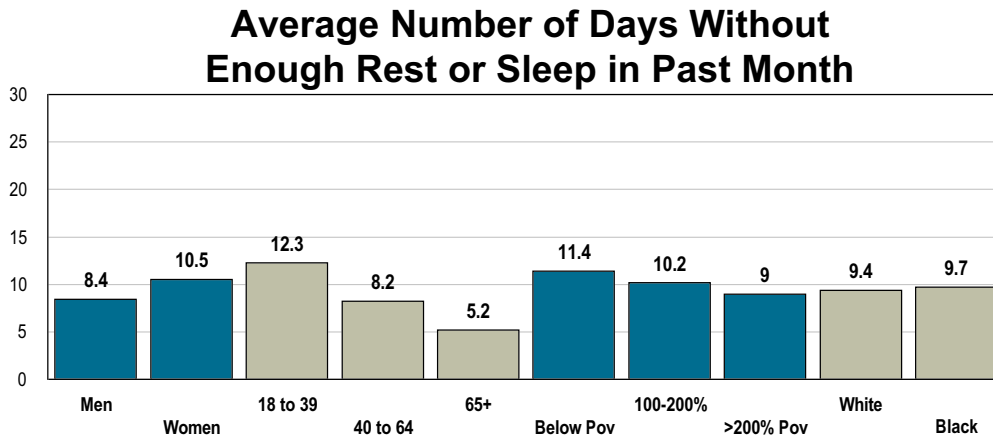
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

Note: Asked of all respondents.

Those reporting a greater number of days of poor rest or sleep per month include:

- Younger adults.
- Low-income respondents.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.

2. Asked of all respondents.

Community Health Panel Findings*

Youth focus group participants pointed out that stress to do well in school is compounded by personal issues and struggles, and that it is often difficult for them to get the help they need.

“Our stress depends on the time of the year with school. Mid-terms, finals, grades - they are all stressful. You have a lot of pressure put on you to do well in academics, but what is really tough is when you also have a personal issue on top of that. I had a close friend die, and it was like nobody cared. Nobody wanted to help me. I was out of school for a week, and when I returned, there was no one there to help me. There is a lot more stress when you have a personal problem on the side that is affecting you; it can get out of hand. We don’t have a guidance counselor that you can talk to and have a good relationship with who could really help you. Trust me, I tried it, and the help just wasn’t there for me.” — *Rapides Parish Youth Participant*

“I think guidance counselors are so stressed out because they are under so much pressure since they do everything. Sometimes it takes three months before you can get an appointment with a guidance counselor.” — *Rapides Parish Youth Participant*

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

“We don’t have any school nurses that could help us with our personal problems. We have one, but she is across the street teaching a class.” — *Rapides Parish Youth Participant*

“I think the schools should have something for stress or anger management, someone you can talk to. I have known from personal experience somebody who needed help, and I didn’t know who to send him to for help.” — *Rapides Parish Youth Participant*

Youth participants also identified what they see as undue stress within schools:

“I think a lot of our stress comes from having to worry about minor things, like if you have too many braids in your head or your sideburns are too long or your skirt is too short - all this minor stuff that the school makes it so major. If the schools could just eliminate some of this stuff and worry about the big stuff, like academics, it would help our stress level.” — *Rapides Parish Youth Participant*

“My first-hour teacher has a checklist with everybody’s name on the side, and she goes through everybody’s name and checks you from head to toe to see if you violated some kinds of school uniform code. It is a stressful way to start your day.” — *Rapides Parish Youth Participant*

Key informants in the groups outside Rapides Parish described low-stress living.

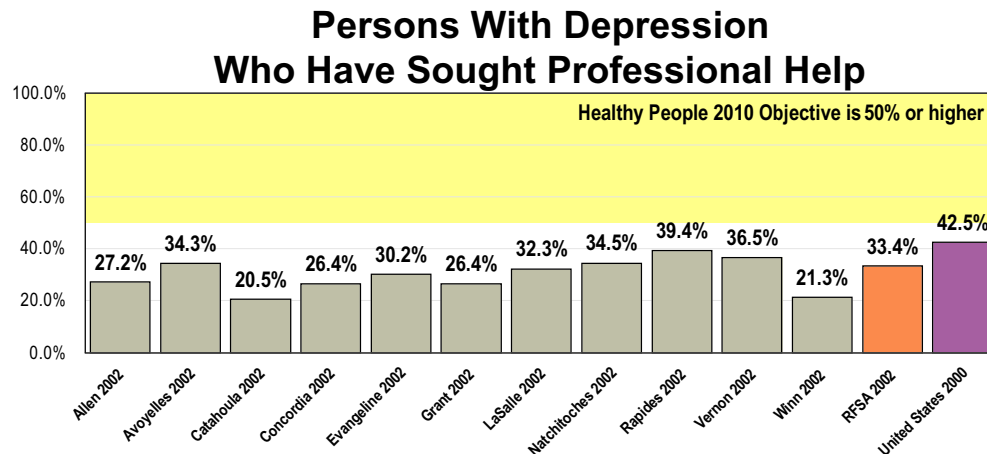
“We don’t have a lot of stress in this parish. We have a lot of open spaces where people can build new houses in large lots because land is relatively inexpensive compared to other parishes.” – *Grant Parish Key Informant*

“We have a very relaxing lifestyle here. We don’t have a lot of tension or stress. We are out in the country, so we don’t have a lot of traffic and air pollution that you find in metropolitan areas.” – *Avoyelles Parish Key Informant*

“We don’t have a lot of stress. We have a rural atmosphere with lots of fresh air and a nice atmosphere.” – *Vernon Parish Key Informant*

Utilization of Mental Health Services

- **33.4% of Rapides Foundation Service Area respondents who have experienced bouts of prolonged depression report that they have sought professional help for a mental or emotional problem.**
 - Less favorable than the nationwide proportion (42.5%).
 - Fails to satisfy the *Healthy People 2010* target (50% or higher).
 - Ranging from a low of 20.5% in Catahoula Parish (worse) to a high of 39.4% in Rapides Parish (better)



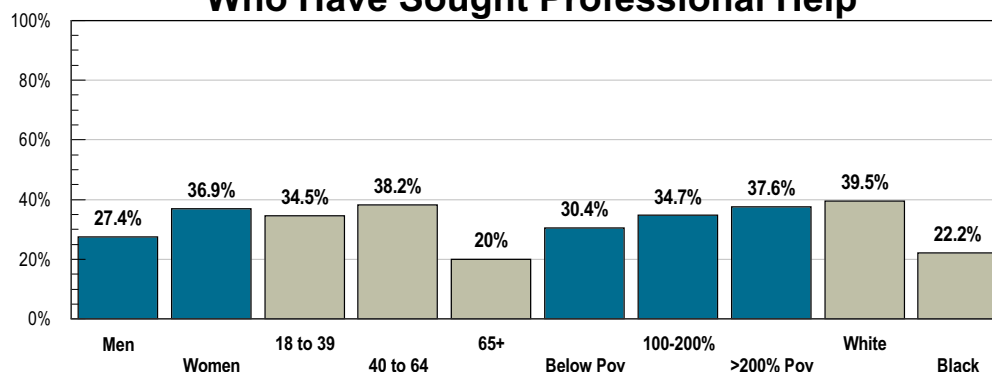
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: 1. Asked of respondents who have experienced 2 or more years of depression.
 2. State data not available.

Among persons reporting depression, utilization of mental health services is higher among:

- Adults under 65 years of age.
- Those at higher income levels.
- Whites.
- Women.

Persons With Depression Who Have Sought Professional Help



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.
2. Asked of all respondents.

Community Health Panel Findings*

Pride and the social stigma attached to mental health issues are seen as significant barriers preventing some of those in need from getting help.

“In the South is an issue of pride. I can take care of my own. I don’t want anybody knowing I need help. I found that in all five parishes with our health centers, they don’t understand that when you say ‘mental health problems’ doesn’t mean you are crazy, so they don’t want to give us information. We have to take the time to explain what we can do, and then they let us in their home as long as it is kept private.” — *Rapides Parish Allied Health/Social Service Provider*

“There is a stigma in this area where people tend to not want to seek mental health services. They don’t want to admit that there is a problem, but I think there is a great need for more mental health services.” — *Rapides Parish Community Leader*

“I am not sure that the physicians always recognize patients who have mental problems like depression. I had an employee who was depressed and ended up committing suicide. Physicians saw him, but they didn’t recognize depression because he didn’t have the physical evidence. I think this area needs more mental health services.” — *Rapides Parish Community Leader*

“We went to four medical doctors before they treated and cleared [my mother’s] depression. Once her depression was treated, she gained weight and is feeling great. Most of the medical doctors just wanted to tell us that she was old and there was nothing they could do about it.” — *Rapides Parish Community Leader*

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Access to mental health services — including both cost and availability of services/lengths of waits — was an issue discussed in the community health panels.

“A lot of people don’t have access to mental health services. Even if they have health insurance, their insurance usually doesn’t cover it or covers a minimal amount - especially indigent people. They probably have the most stress and need it the most, but they don’t have any available to them.” — *Rapides Parish Physician*

“We need drug treatment centers, both inpatient and outpatient. We are very limited in both of these types of services in this community.” — *Rapides Parish Community Leader*

“I know we had a psychiatrist who would take Medicaid patients, but she moved to Texas. Those patients at poverty level who do not have private insurance can’t access mental health services because we don’t have enough psychiatrists or psychologists who will take Medicaid.” — *Rapides Parish Allied Health/Social Service Provider*

“We offer family counseling. It is a very good program, but there is a great need for counseling for the lower/poor people social issues. Central State does a good job, but there isn’t any money for medication for any of their illnesses if they don’t qualify for medical cards. It is a need.” — *Rapides Parish Community Leader*

“We have seen the problems with the psychiatrists who accept Medicaid patients who would have to see something like 60 patients in a day in order to cover what would be their normal salary for a person at their level. There is no way they can accept this many patients and provide quality care. They are in business. I think sometimes people forget that even in health care, you still have to pay attention to the bottom line. You have to be able to cover your costs.” — *Rapides Parish Allied Health/Social Service Provider*

“I think primary care physicians have a lot of new medications available to them now than they did 15 years ago for treating depression and other mental illnesses. So we are treating a lot of things that we may have referred to a psychiatrist before. With the more serious illnesses, we are finding that there are fewer psychiatrists in private practice that are available for consultation. If you have a serious bipolar or schizophrenic, you can’t get anybody to see them and you have to send them to the mental health clinic. The mental health clinic is also very restrictive.” — *Rapides Parish Physician*

“I have some clients who need mental health treatment, and they are denied services because after they do the initial interview, it is determined that the person just needs medication. There is not a counselor involved, and the person is just given a narcotic without any treatment.” — *Rapides Parish Community Leader*

“The state system can maybe treat seven percent of the estimated amount of children and teens with emotional and behavioral problems. The problem is that the courts are committing people to hospitals who are not guilty by reason of insanity, and they are filling up the state hospitals. This is forcing us to care for severely mentally ill people outside of hospitals, which is very labor-intensive. It takes away from our ability to deal with things like depression, anxiety, obsessive-compulsive disorder and panic disorder. We have no capacity to treat any of these mental disorders.” — *Rapides Parish Physician*

“We are going to see some changes in the treatment of mental health patients after the Supreme Court decision that people have an inherent right to be treated in a community setting rather than in an institutional setting if it is appropriate. The pressure is going to be to empty hospital beds and provide outpatient mental health services. We are going to have a problem because of the beds, which are filled with patients from the courts, and only the judge can discharge them from the hospital. There is lots of work to be done in this area.” — *Rapides Parish Physician*

“The number of patients at Central right now is about 190 - it is not very large. We have a handful of people with very high needs and then another handful who can be admitted, treated and discharged after a few months of therapy, and then the larger group which are the court-appointed ones who have a very slow turnover. The tradition has been to have these large state hospitals where, that is what I call a 19th century solution for mental illness, you put people in an asylum which may have been humane and forward-thinking at that time, but it is not now.” — *Rapides Parish Physician*

Focus group participants cited a need for increased availability of mental health services for children in the area. They also discussed diagnosis and treatment of Attention Deficit/Hyperactivity Disorder.

“I think, in general, we don’t have enough mental health services available for mild to moderate needs for kids. The rehab program that I run gets the most severely disturbed children who can usually access services through the state system. But for the mild- to moderate-problem child, there is no access for them. They can access care through a private psychiatrist, but it is very expensive, and there are very few in town.” — *Rapides Parish Allied Health/Social Service Provider*

“I don’t believe we have adequate mental health services or mental health programs for children. We see children with genuine mental health problems that either parents are not recognizing that there is a problem or they don’t have access to care. It is difficult to diagnose a child with mental problems. Sometimes they are being deprived of an education because, in many instances, they have untreated mental health problems. I don’t think we are addressing this in this community.” — *Rapides Parish Community Leader*

“I see a lot of children who are out of control, and they could really use an anger management class. They need to learn to control that anger. The younger we get them and treat them, the less problems they will have later.” — *Rapides Parish Community Leader*

“There is a great need for family counseling and a school counselor trained to treat kids with behavioral problems.” — *Rapides Parish Community Leader*

“We need counseling in our junior and high schools. These kids are going through crisis with their families, and they don’t have any way to handle it, and nobody can give them help in resolving these issues.” — *Rapides Parish Physician*

“I think it is fear of the unknown. They are afraid that if they say something is wrong with their child, some agency will come and take him away. I know, because when my child was 3 and I knew he had a mental problem, I didn’t know whom to trust. I now serve as a liaison to bridge the gap between parent and agency. Sometimes it takes a

long time to work with the parent in order to get them to accept the fact that their child may have ADHD, but that doesn't make them stupid or crazy." — *Rapides Parish Allied Health/Social Service Provider*

"We have a lot of parents and teachers who think kids are ADD or ADHD, and they want to put them on Ritalin immediately. I don't know if we have someplace in the community where I could send these kids for psychological testing. I heard there is one place but that the backlog is about eight to nine months to get the testing done. We don't like to put these kids on these drugs without having a proper diagnosis." — *Rapides Parish Allied Health/Social Service Provider*

"There may be a problem with children being diagnosed incorrectly with ADD. A lot of kids are taking Ritalin, and this may not be necessarily what they need. My mother is a teacher, and she says they have the kids lined up in the morning for their Ritalin. It seems that we are making them drug addicts at a very young age." — *Rapides Parish Community Leader*

"I think the problem may be that if kids are diagnosed with ADD, the parents qualify for additional income from the government. So this could be the motivation behind it. This really should not be happening." — *Rapides Parish Community Leader*

"I think that if a child is kind of rambunctious or anything like that, they want to put them on Ritalin right away and don't give them a chance. Kids are going to be rowdy sometimes, and there is no reason to put them on Ritalin because they have to stay on it the rest of their lives." — *Rapides Parish Youth Participant*

Discussions of mental health needs and services took place in each of the Community Health Panels. Note the following parish-specific comments:

Allen Parish

"We don't have enough counselors, and we also need mental health programs for acute cases. We hold patients in the hospital for three to six days waiting for a bed somewhere in the entire state of Louisiana to open up. The state is lacking mental health facilities." — *Allen Parish Key Informant*

"There isn't a facility in this parish to handle mental patients, and the largest population of people who are in need of critical care are indigents, so I don't know where they go for care." — *Allen Parish Key Informant*

"We are getting ready to open a school-based health center here. We will have a counselor there as part of the services that will be provided. It should be opened within a few weeks. We are going to start out in the middle, alternative and high schools. Then if we can arrange transportation, we would like to pick up the Head Start program in the elementary school." — *Allen Parish Key Informant*

"We have one mental health care unit that sees youths, and we have another one for adults. There is a program for the children in counseling where they can go for behavior modification." — *Allen Parish Key Informant*

“We need counselors badly. We had counseling out of Lake Charles on a federal grant for three to four years; but that money went to another parish, and we are very short on counselors.” – *Allen Parish Key Informant*

“Mental health services is one of the most needed things in this parish. We almost lost our mental health center last year because of the state budget cuts. We need to expand what we have immediately.” – *Allen Parish Key Informant*

Avoyelles Parish

“We have one psychiatrist in the area. We had a mental health program at Bunkie General, but in 1997, we had to finally close it down because the state kept cutting our funds. It was a great program serving the needs of a poor parish.” – *Avoyelles Parish Key Informant*

“There is a huge need for a psychiatric treatment program for Medicare clients. There is no mental health treatment because the guidelines have been cut so much that you have to be a chronic psych patient to receive services. A lot of these patients can’t afford their medication, and we can’t help them.” – *Avoyelles Parish Key Informant*

“Right now, if we have to refer a child for a mental health evaluation, we would have to wait two months for the appointment. It doesn’t matter how urgent the case may be. You have children who are treated outside of this parish, and they go once a month to see the psychiatrist who doesn’t spend a lot of time with the child and just checks their meds. The mental health system is understaffed.” – *Avoyelles Parish Key Informant*

“I think that the schools could use a grant so they could offer anger management classes to all the students. I know that in other areas if the child ends up in the courts, part of their sentence is that they have to complete a 20-week program in anger management. There is nothing like this around here, but I definitely think that there is a great need.” – *Avoyelles Parish Key Informant*

Catahoula Parish

“We can do counseling in our center. We get referrals from other agencies and from the courts. We also have some clients from other parishes who come here for services.” – *Catahoula Parish Key Informant*

“Over a year ago, we did a survey and found that quite a number of our young people had problems with conflict resolution. When people have these types of issues, they don’t know how to resolve those problems, and then it becomes a major problem. Our survey dealt with kids who are in fourth grade up to 12th grade. We need to provide some type of service to help out with this problem.” – *Catahoula Parish Key Informant*

“We are missing full-time guidance counselors in most of our schools. The state legislature has been made aware of this problem because it is statewide, but until they can provide additional funds to the schools, we are going to be lacking this resource in our schools. We could train these counselors to deal with behavioral problems, and the kids would have someone who they could talk to about different problems.” – *Catahoula Parish Key Informant*

“We have a problem with mental health patients in trying to find a place for them. Just last week, we had a guy that came in and said he was hearing voices telling him to kill somebody. We got him to the clinic, but then we couldn’t find anyplace that would take him as a patient. We finally had to call the sheriff’s department to take him away. Everyplace we called, they didn’t have any open beds, and you can’t send somebody like that out on the streets again.” – *Catahoula Parish Key Informant*

Concordia Parish

“We do have a psychiatrist in the parish who works with the school system. The problem is that a lot of people don’t know about it.” – *Concordia Parish Key Informant*

“I feel that the school system should have a special class that every child should take before they start high school. We need a class in the junior high for kids to meet with counselors, and if they have a problem, they can start taking care of it with the counselor before they get to high school.” – *Concordia Parish Key Informant*

“We have a counselor already. The problem is that kids are dropping out in junior high, before they even get to high school. The counselor is available to talk to any child; but it is not mandatory. You can’t force a kid to talk to a counselor.” – *Concordia Parish Key Informant*

Evangeline Parish

“We only have one psychiatrist in town. Access is a problem because of lack of insurance.” – *Evangeline Parish Key Informant*

“We have on staff at our school a school psychologist and a behavior interventionist. And all of our schools have a school counselor.” – *Evangeline Parish Key Informant*

“The outpatient mental health clinic will do all the mental health evaluations for our youth, and they also do adults.” – *Evangeline Parish Key Informant*

Grant Parish

“We need a counselor for every school. We have kids who really need counseling. Some of the kids have parents in jail, their parents are fighting, and they come to school with all of these problems, and we can’t help them out. We are not qualified to do mental health counseling, so we have to call Child Protective Services. We average about five visits each week from Child Protective Services.” – *Grant Parish Key Informant*

“Our justice system is almost overwhelmed in dealing with juvenile offenses. They can’t keep up. We need an intermediate organization to provide services to help schools, the justice system and parents help these kids so they can continue with their education.” – *Grant Parish Key Informant*

“We are seeing some of the kids with multiple mental health problems like depression and obsessive-compulsive disorder, so they get tested for one thing and start treating that one problem, and then they find out that the kids have multiple problems. It confuses and frustrates the parents.” – *Grant Parish Key Informant*

LaSalle Parish

“I think we have a lot of adults and kids with a lot of issues that can’t be addressed because they can’t afford to go to a psychiatrist or a psychologist in Monroe or Alexandria.” – *LaSalle Parish Key Informant*

“I see lot of behavioral problems go untreated because we lack in counseling services.” – *LaSalle Parish Key Informant*

“We also need to educate people about what mental health is really all about. There is a strong stigma here against getting help for mental problems, and there is an overall lack of knowledge about mental health. People think that you can heal your mind even though they know you can’t heal your heart or gallbladder.” – *LaSalle Parish Key Informant*

“We need school counselors in the lower grades to deal with anger management. We have a psychiatrist that comes once a week to the private agency we have in town, and that is it.. When people are diagnosed and given prescriptions, nobody is here to follow up with the treatment.” – *LaSalle Parish Key Informant*

“We need the counseling services in dealing with behavioral problems more than we need a substance abuse treatment center. We can send those folks out of town for treatment.” – *LaSalle Parish Key Informant*

Natchitoches Parish

“We don’t have enough professional people in this parish to take care of the demand for mental health services. The sheriff’s office has to drive them to facilities outside of this parish for treatment. This country, not only Natchitoches, has a mental health problem, and people are taking it very lightly. Our schools are reporting a lot of disruptive students due to mental health problems, which have not been identified or treated. This is why I am pursuing mental health teams at the schools to work directly with children and then get the parents involved in the treatment. Our teachers can’t teach because of the behavioral problems of the students. The sheriff and the police department are on alert 24 hours a day trying to cope with all the problems we have in this area. We need to try to save one child at a time.” – *Natchitoches Parish Key Informant*

“Another thing I noticed is that parents are not following up with their children’s medications for ADHD. The kids are given medication at school, and the parent does not give it at home in the evenings or on weekends. We have very strict medication policies, but often we don’t get the follow-up at home that we need.” – *Natchitoches Parish Key Informant*

“I would like to comment that there is a program that started with us last year in all the public schools that if there is a child who has some type of mental health problem, they are referred to this program called Success In Sight. They are out of Shreveport. It is a group of clinical technicians, psychologists, psychiatrists and social workers. Their approach is to treat the whole family. They go into the home and teach the parents how to be better parents. The only problem is that they are out of Shreveport, and they do go to other parishes. I think we need something like this program right here in Natchitoches.” – *Natchitoches Parish Key Informant*

Vernon Parish

“The state continues to downsize the mental health care services and it's affecting this parish. We have one-half of a psychiatrist and less than one-fourth of a family psychologist who can also treat children's issues. Over 90 percent of the mental health services needed have to come from Alexandria, Lake Charles, Baton Rouge or New Orleans. It is a real hardship for families who have children with developmental disabilities who have to drive to Alexandria to get them care. The very people who should not be missing a day's pay are the ones most affected by this lack of services.” – *Vernon Parish Key Informant*

“In Fort Polk, we don't have any psychiatric services for children. If a child needs inpatient treatment, they go to the Crossroads in Alexandria - we just have minimal services. I think we have one-half a person who can deal with these type of problems.” – *Vernon Parish Key Informant*

Winn Parish

“We are seeing an increase on multi- and severely handicapped children, and I am not talking about physical handicaps, but about mental problems. We have a lot of children with behavioral disorders, and we really don't have enough or adequately trained personnel to handle some of these problems. We see more and more kids on behavioral-type drugs whose parents are seeking psychiatric help for their kids. We have one psychologist and one social worker in the parish. I would like to see some kind of funding through the Foundation so we can hire another psychologist or some other trained specialist who can work with these children.” – *Winn Parish Key Informant*

“We have severe problems at times with children who need anger management classes, and we don't know how to deal with some of these situations. This is a serious problem in our school system. We don't have someone available to tell the parents to take their children there for treatment. Our counselors are not trained for this type of counseling.” – *Winn Parish Key Informant*

“Right now in our school system, we have Families helping Families. The unit is out of Alexandria. It is very active; that is why I said we have a growing need for more of these type of services, because we have a lot of children with behavior disorders.” – *Winn Parish Key Informant*

“As a parent facilitator for two years prior to this one, I can't tell you the number of times I had parents who could not manage their child. I had a mom the other day who didn't know what to do because her child was kicking and hitting her. Parents don't know what to do with these kids.” – *Winn Parish Key Informant*

“It is very difficult to transfer a psychiatric patient from our hospital to a mental health facility, where they really need to be. It is very scary to send a young person who has attempted suicide back home to their parents and tell the parents they need to take their kids to Alexandria next Monday for outpatient treatment. Many mental health units have closed in the last year or two across the state. It is a real serious issue.” – *Winn Parish Key Informant*

“I think the need for mental health services is going to increase because the family support and the talking to children to teach them how to work through problem situations is not happening.” – *Winn Parish Key Informant*

“It is important that we take a good look at the mental health issues we are finding in our schools. We need more trained mental health professionals like psychologists, social workers and people who could work with these children who have all these behavioral problems.” – *Winn Parish Key Informant*

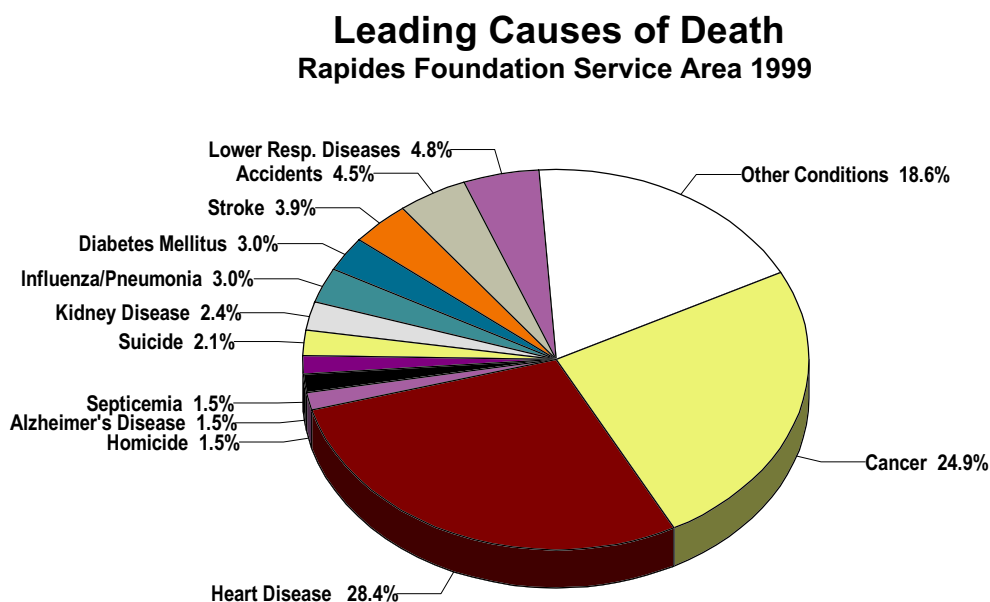
LEADING CAUSES OF DEATH & DISABILITY

Leading Causes of Death

Leading Causes of Death

Together, the top five causes of death account for 66.5% of all 1999 deaths in the Rapides Foundation Service Area:

- **Heart disease** is the leading cause of death in the Rapides Foundation Service Area, accounting for 28.4% of all deaths in 1999.
- **Cancers** are the second leading cause of death, accounting for 24.9% of all 1999 deaths.
- **Lower respiratory disease** is the third leading cause of death, accounting for 4.8% of all 1999 deaths.
- **Accidents** are the fourth leading cause of death, accounting for 4.5% of 1999 deaths.
- Cerebrovascular disease, or **stroke**, is the fifth leading cause of death, accounting for 3.9% of all 1999 deaths.
- Other leading causes include **diabetes** and **pneumonia/influenza**.



Source: State of Louisiana 2000, Department of Health and Hospitals, Office of Public Health, Death Records.
Note: 1999 deaths are coded using ICD-10 codes.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the Rapides Foundation Service Area 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 normative or benchmark data, as well as *Healthy People 2010* targets.

NOTE: It is important to understand that the procedure used to calculate age-adjusted death rates was extensively revised beginning with 1999 deaths, when the adjustment standard was changed from the 1940 U.S. standard population to the 2000 U.S. standard population. Because of this revision, 1999 cause-specific death rates appear to be drastically higher than 1998 and earlier years' rates (as are presented later in this report for trending purposes). This large increase is an artifact of the changes in the rate calculation methodology, rather than a true increase in rate. Thus, the 1999 rates presented here are not comparable to earlier years' calculated rates.

Another factor limiting comparability between 1999 and earlier rates is that, beginning in 1999, deaths are coded using the *Tenth Revision International Classification of Disease* (ICD-10), replacing ICD-9 classifications used prior to 1999.

In this section, the Rapides Foundation Service Area Median death rate is used as an overall measure representative of the service area as a whole — this median (middle) value is the individual, single-year parish rate for which one-half of the other parish rates fall above and one-half fall below.

The following chart outlines 1999 age-adjusted median death rates per 100,000 population for selected causes of death.

- **In 1999, the Rapides Foundation Service Area median death rates fail to satisfy each of the outlined Healthy People 2010 targets, including: *heart disease, cancer, stroke, diabetes, motor vehicle accidents, suicide and homicide.***
- **Rapides Foundation Service Area median death rates compare unfavorably to Louisiana death rates for *heart disease, cancer, chronic lower respiratory disease, influenza/pneumonia, and motor vehicle accidents.***

- **Rapides Foundation Service Area compares unfavorably to U.S. death rates for nearly all of the selected causes, including: heart disease, cancer, stroke, diabetes, chronic lower respiratory disease, influenza/pneumonia, motor vehicle accidents, and septicemia (all except suicide and homicide).**

Age-Adjusted Death Rates for Selected Causes

1999 Deaths per 100,000 2000 U.S. Standard Population

	RFSA Median	Louisiana	United States	HP2010
Diseases of the Heart	344.9	306.6	267.8	213.7*
Malignant Neoplasms (Cancers)	251.0	232.8	202.7	159.9
Chronic Lower Respiratory Diseases	47.2	40.8	45.8	
Cerebrovascular Disease (Stroke)	69.0	69.1	61.8	48.0
Influenza/Pneumonia	33.6	25.9	23.6	
Diabetes Mellitus	29.4	42.4	25.2	15.1*
Motor Vehicle Accidents	28.3	21.5	15.5	9.2
Septicemia	16.8	18.2	11.3	
Intentional Self-Harm (Suicide)	10.3	12.0	10.7	5.0
Assault (Homicide)	4.9	10.7	6.2	3.0

Sources: 1. State of Louisiana, Department of Health and Hospitals, Office of Public Health, Death Records; 1999 data.

2. U.S. Department of Health and Human Services; Health in the United States, 2001.

3. Healthy People 2010: National Health Promotion and Disease Prevention Objectives for the Nation, US Public Health Services.

Notes: 1. Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Million and coded using ICD-10 codes.

2. RFSA Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

3. Healthy People 2010 Heart Disease target is adjusted to account for all diseases of the heart; the Healthy People 2010 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- Subsequent discussions as to leading causes of death and disability build on data considered in the 1997 Rapides Foundation Service Area Assessment conducted by the Tulane School of Public Health and Tropical Medicine.

Community Health Panel Findings*

“A mortality rate study published by the Louisiana Hospital Association ranks Louisiana first in diabetes and cancer, eighth in strokes, seventh in heart disease, fifth in infant deaths and sixth in lung disease. A lot of these problems are hereditary and due to poor nutrition. For example, heart disease and diabetes are inherited, and they are also tied closely to diet and exercise.” – *Avoyelles Parish Key Informant*

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Cardiovascular Disease

Heart disease and stroke are the principal components of cardiovascular disease. About 950,000 Americans die of cardiovascular disease each year, which amounts to one death every 33 seconds. Although cardiovascular disease is often thought to primarily affect men and older people, it is also a major killer of women and people in the prime of life.

A consideration of deaths alone understates the burden of cardiovascular disease. About 61 million Americans (almost one-fourth of the population) live with this disease. Heart disease is a leading cause of disability among working adults. Stroke alone accounts for disability among more than 1 million Americans. Almost 6 million hospitalizations each year are due to cardiovascular disease.

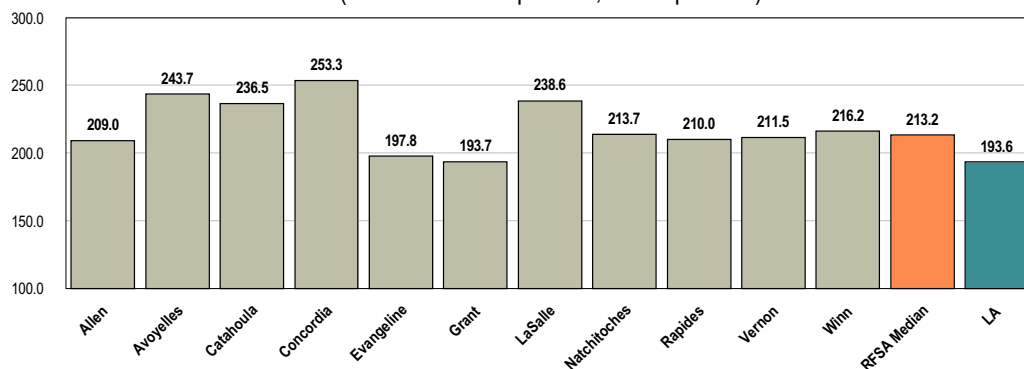
The economic impact of cardiovascular disease on the U.S. health care system continues to grow as the population ages. The estimated cost of cardiovascular disease in the United States in 2001 is \$298 billion, including health care expenditures and lost productivity (National Center for Chronic Disease Prevention and Health Promotion).

Cardiovascular Disease Deaths

- **The median age-adjusted cardiovascular disease death rate in the Rapides Foundation Service Area is notably higher than the corresponding Louisiana rate.**
 - Highest in Avoyelles, Catahoula, Concordia and LaSalle Parishes.
 - Lowest in Evangeline and Grant Parishes.

Age-Adjusted Mortality: Cardiovascular Disease

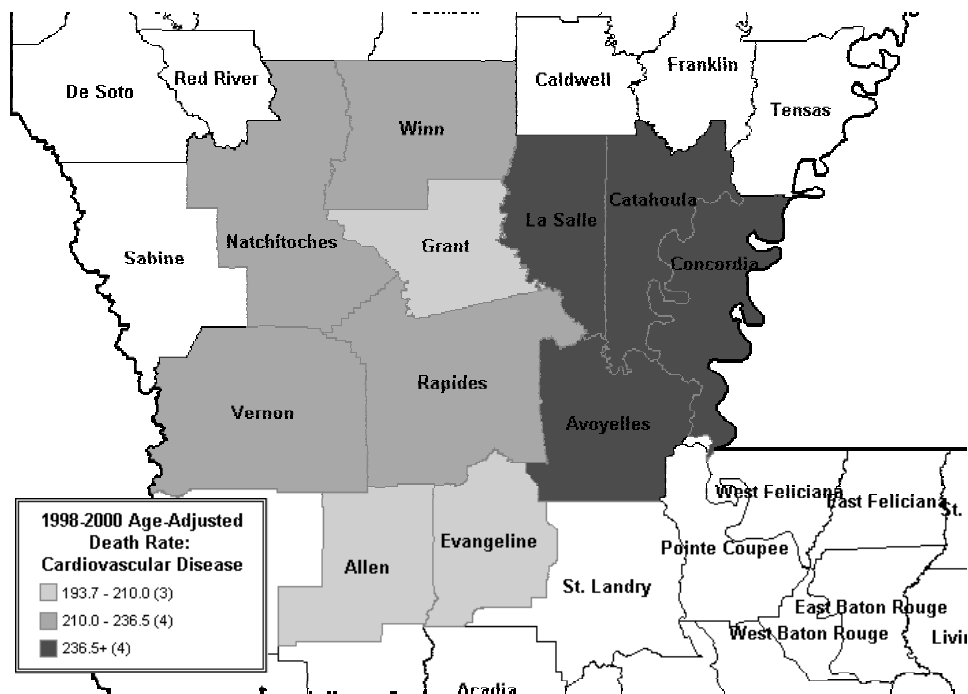
(1996-98 Deaths per 100,000 Population)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

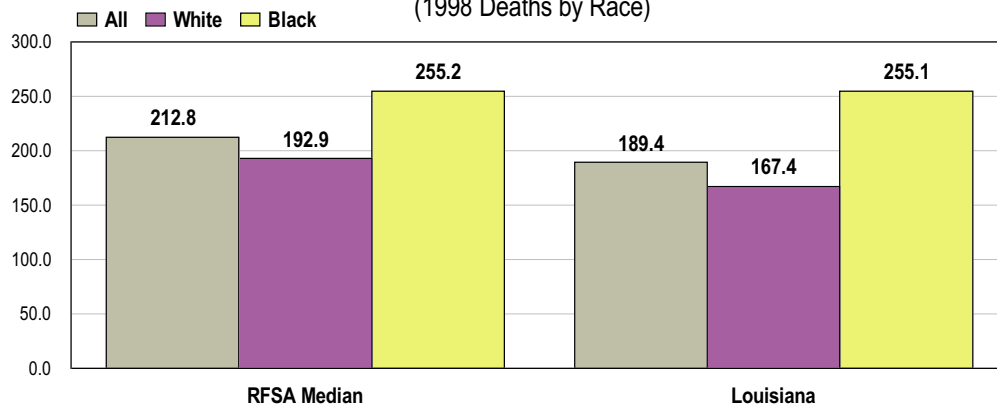
2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).



- Blacks experience a much greater median age-adjusted cardiovascular death rate than Whites (255.2 versus 192.9 deaths per 100,000 in the Rapides Foundation Service Area in 1998). A similar pattern is seen statewide.

Age-Adjusted Mortality: Cardiovascular Disease

(1998 Deaths by Race)

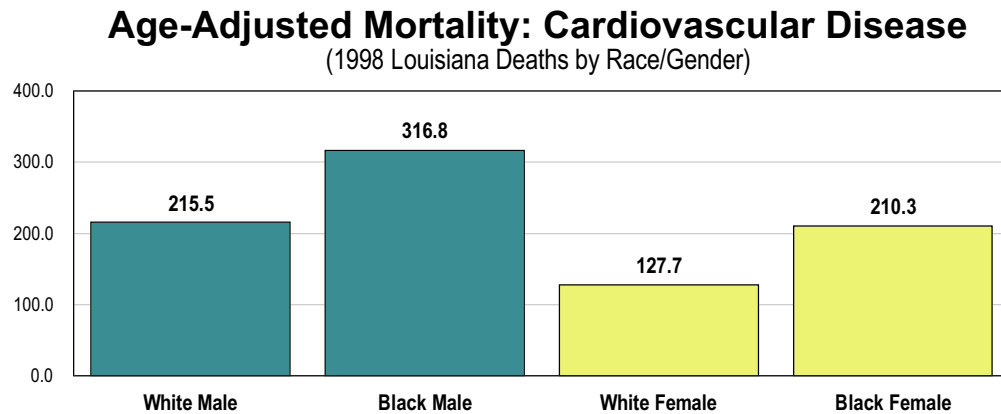


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. RFSA Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- In looking at 1998 Louisiana age-adjusted cardiovascular death rates by race and by gender, we see significantly higher rates among Black males (316.8/100,000), followed by White males (215.5/100,000) and Black females (210.3/100,000) with similar rates. White females exhibit the lowest rate (127.7/100,000).



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

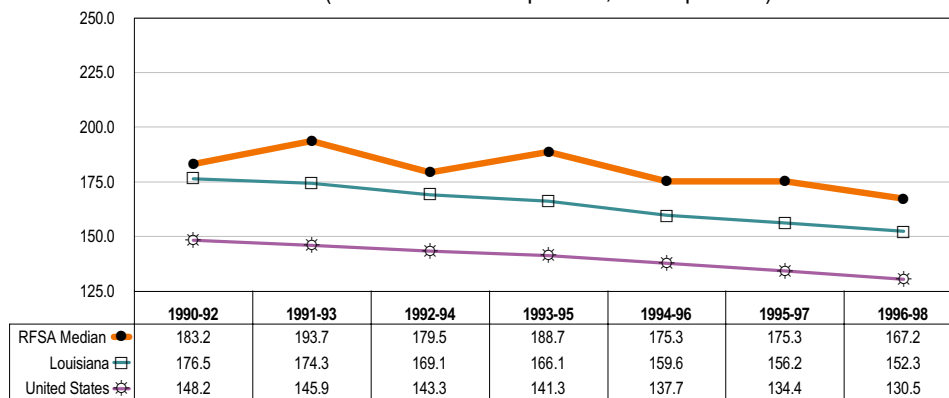
Heart Disease Deaths

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

- **Nationally and statewide, heart disease deaths have been declining consistently. In the Rapides Foundation Service Area, this trend is also seen in median rates.**
- **However, trending of median age-adjusted heart disease death rates in the Rapides Foundation Service Area has tracked consistently higher than the corresponding Louisiana rate throughout the 1990-98 period.**

Age-Adjusted Mortality: Heart Disease

(1990-1998 Deaths per 100,000 Population)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

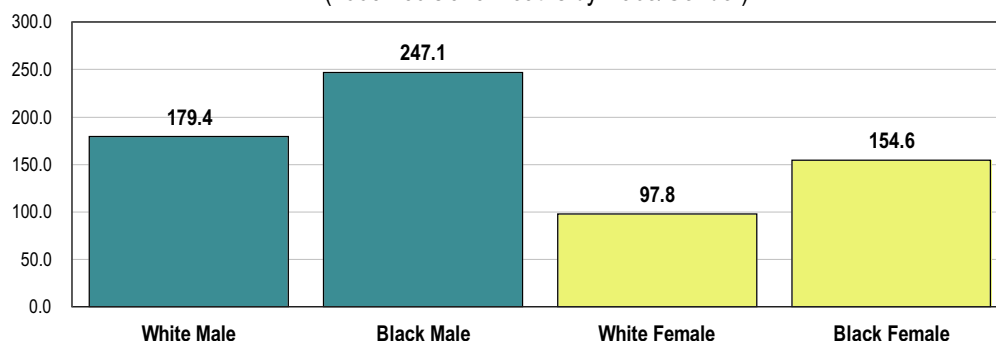
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- **Again, Black males exhibit a much higher age-adjusted mortality rate for cardiovascular disease statewide (247.1/100,000), followed by White males (179.4/100,000) and Black females (154.6/100,000). White females exhibit the lowest rate by race and gender (97.8/100,000).**

Age-Adjusted Mortality: Heart Disease

(1998 Louisiana Deaths by Race/Gender)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

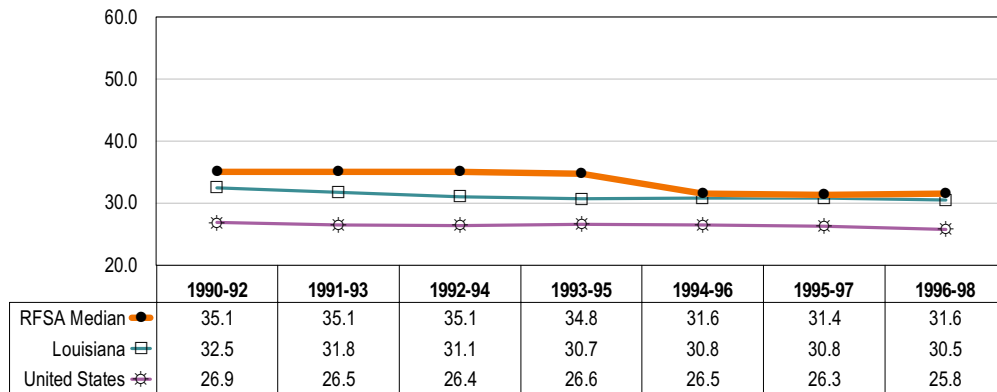
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Stroke Deaths

- **Rapides Foundation Service Area median age-adjusted death rates for stroke (cerebrovascular disease) have been fairly consistent with statewide rates in recent years.**

Age-Adjusted Mortality: Stroke

(1990-1998 Deaths per 100,000 Population)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

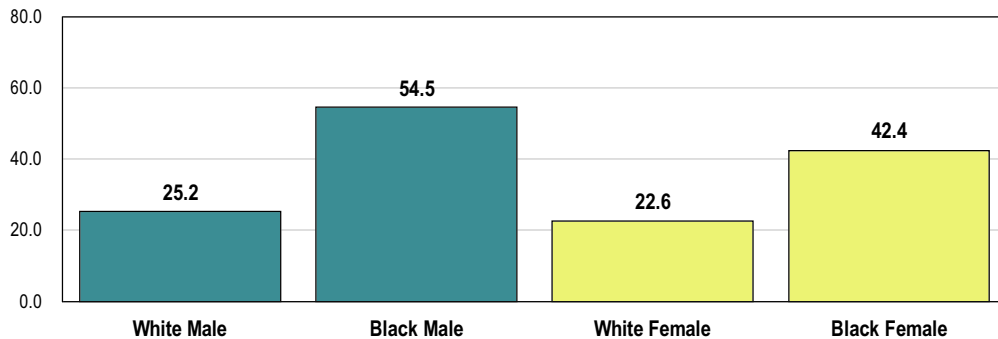
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Service Area Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- **Statewide, Black males experience markedly higher age-adjusted death rates due to stroke (54.5/100,000), followed by Black females (42.4/100,000), and White males and females (25.2/100,000 and 22.6/100,000, respectively).**

Age-Adjusted Mortality: Stroke

(1998 Louisiana Deaths by Race/Gender)



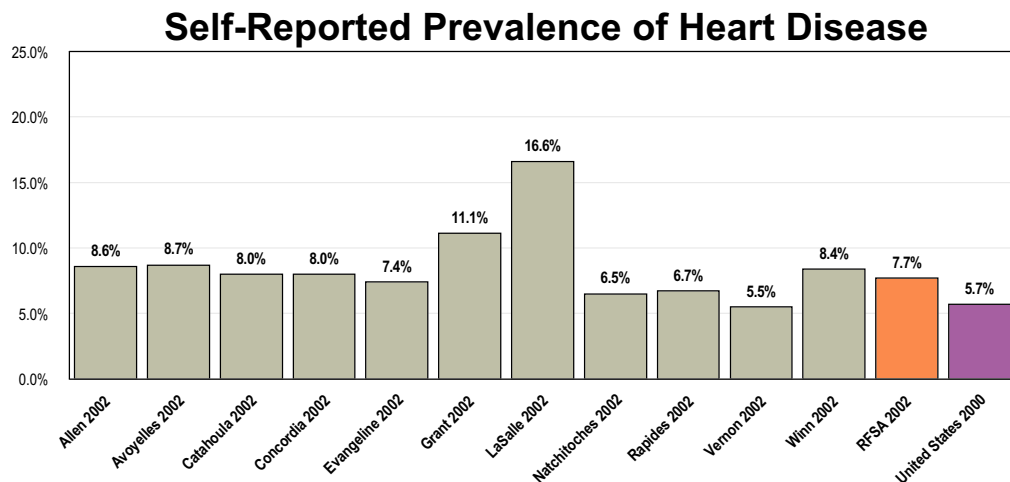
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Self-Reported Prevalence of Heart Disease & Stroke

From the 2002 Community Health Survey:

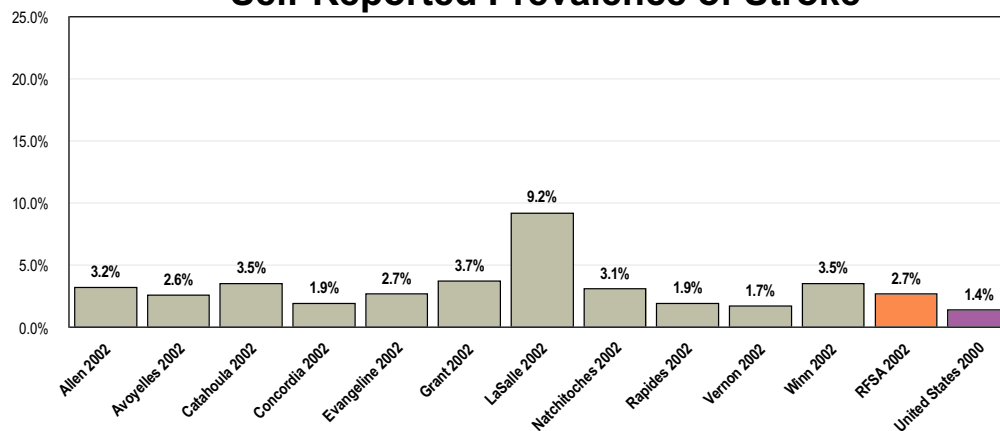
- **7.7% of Rapides Foundation Service Area adult respondents report that they suffer from or have been diagnosed with heart disease, such as congestive heart failure, angina or a heart attack.**
 - Significantly higher than the national prevalence (5.7%).
 - Highest in LaSalle Parish (16.6% report having heart disease), lowest in Vernon Parish (5.5%).



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents.
 2. State data not available.

- **2.7% of Rapides Foundation Service Area respondents report that they suffer from or have been diagnosed with stroke.**
 - Statistically similar to the national prevalence (1.4%).
 - Particularly high in LaSalle Parish (9.2%).

Self-Reported Prevalence of Stroke



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents.

2. State data not available.

Community Health Panel Findings*

“It shocked me when I first moved here that we had 25-year-olds having heart attacks. Now it is common. It is very scary to see this disease this early on life.” — *Rapides Parish Physician*

“I think that way above all the types of cancers deaths is cardiovascular disease. It causes more problems, deaths and disability in our community than all the cancers put together.” – *Winn Parish Key Informant*

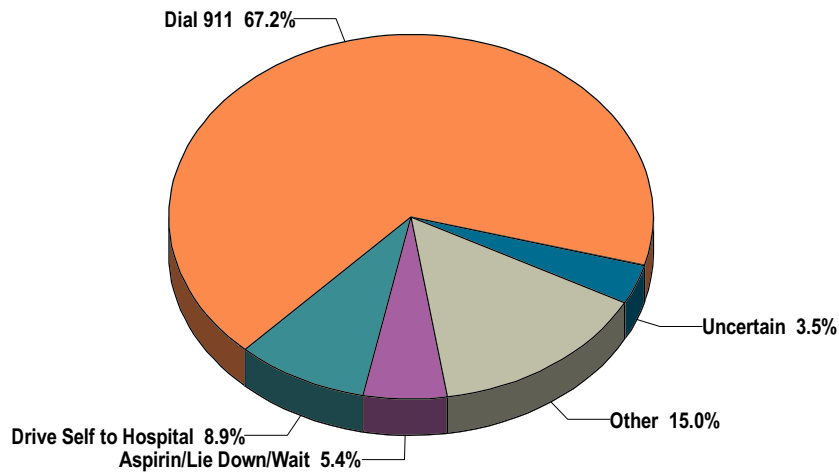
Response to Symptoms of Heart Attack

Survey respondents were asked what their response would be if they or someone in their household experienced symptoms of a heart attack.

- **Over two-thirds (67.2%) of Rapides Foundation Service Area adults would call 911 upon symptoms of a heart attack.**
- 8.9% say they would ***drive themselves to the hospital.***
- 5.4% say they would ***take aspirin, lie down and see if the symptoms subsided.***
- 15.0% identified a wide variety of other responses (none receiving more than 3% of responses), including calling a physician, spouse, friend or relative.

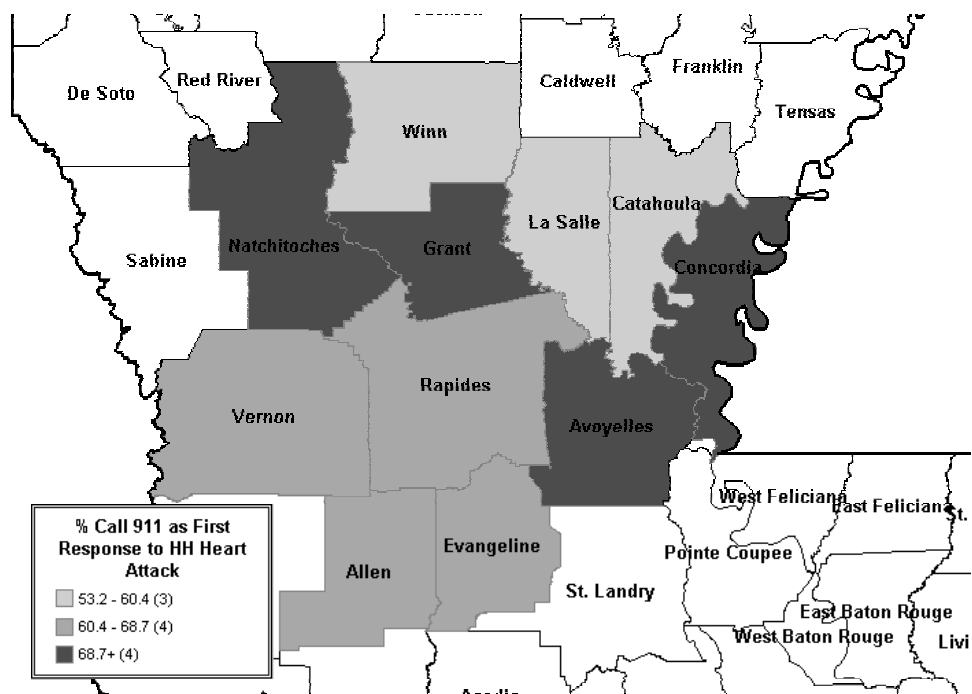
* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Action Taken if Someone in the Household Had Symptoms of a Heart Attack (Rapides Foundation Service Area)



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

Respondents in Avoyelles, Concordia, Grant and Natchitoches Parishes more often report that they would call 911 in response to heart attack symptoms; those in Catahoula, LaSalle and Winn Parishes less often gave this response (see following map).



Cardiovascular Risk Factors

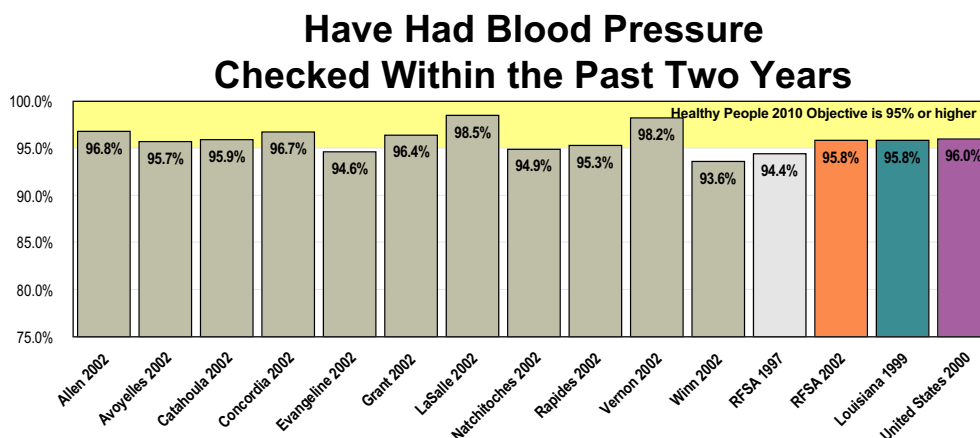
Hypertension (High Blood Pressure)

Hypertension, or high blood pressure, is a condition wherein one's systolic blood pressure is equal to or greater than 140 mm Hg and/or his or her diastolic blood pressure is equal to or greater than 90 mm Hg. Hypertension prevalence increases with age, and women and Blacks are generally at higher risk.

The implications of hypertension are great, placing an individual at increased risk for a variety of health problems, including coronary heart disease, stroke, congestive heart failure, kidney failure, and peripheral vascular disease. However, high blood pressure can often be controlled through medication and/or behavior modification. The health risks associated with high blood pressure can be greatly reduced through weight reduction, increased physical activity, and reduced alcohol consumption. It is also recommended that hypertensive patients eliminate tobacco use and reduce intake of saturated fat and cholesterol since these compound the risk for coronary heart disease and stroke.

Blood Pressure Testing

- **95.8% of adults in the Rapides Foundation Service Area have had their blood pressure tested within the past two years.**
 - Statistically similar to Louisiana and US findings; slightly better than the 1997 Rapides Foundation finding (94.4%).
 - Satisfies the *Healthy People 2010* target (95% or higher).

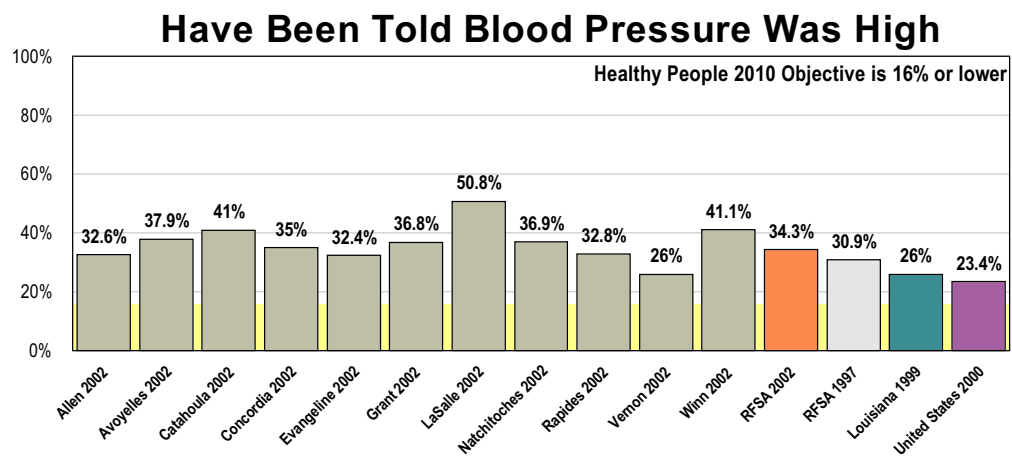


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
5. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

Note: Reflects the total sample of respondents.

High Blood Pressure Prevalence

- **34.3% of Rapides Foundation Service Area adults have been told at some point that their blood pressure was high.**
 - Significantly higher than the 1997 Rapides Foundation Service Area finding (30.9%).
 - Significantly higher than found statewide (26.0%).
 - Significantly higher than found nationwide (23.4%).
 - Fails to satisfy the *Healthy People 2010* target (16% or lower).
 - Particularly high in LaSalle (50.8%), Winn (41.1%) and Catahoula (41.0%) Parishes.



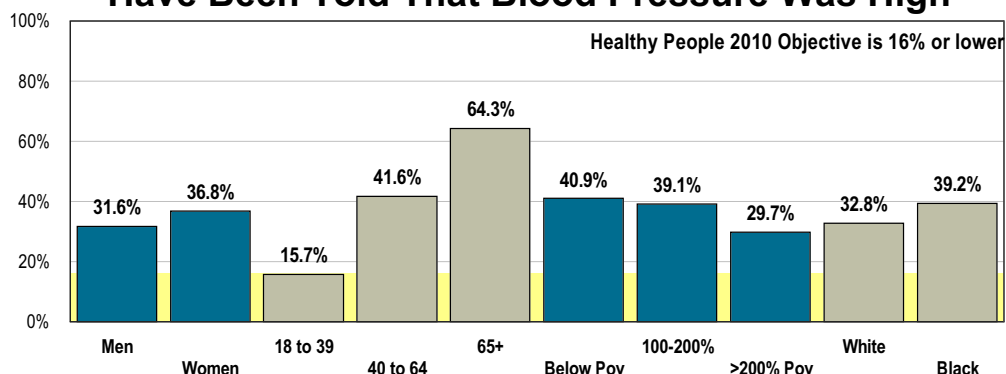
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 5. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.
 Note: Reflects the total sample of respondents.

- **26.2% of Rapides Foundation Service Area adults have been told more than once that their blood pressure was high.**

As shown in the following chart:

- In looking at age cohorts, hypertension rates in the Rapides Foundation Service Area increase considerably with age (64.3% among those 65 and older).
- Women experience a slightly higher prevalence than men.
- Higher among persons living in households below the 200% poverty threshold.
- Higher among Blacks than among Whites.

Have Been Told That Blood Pressure Was High



Source: 2002 PRC Community Health Survey, Professional Research Consultants

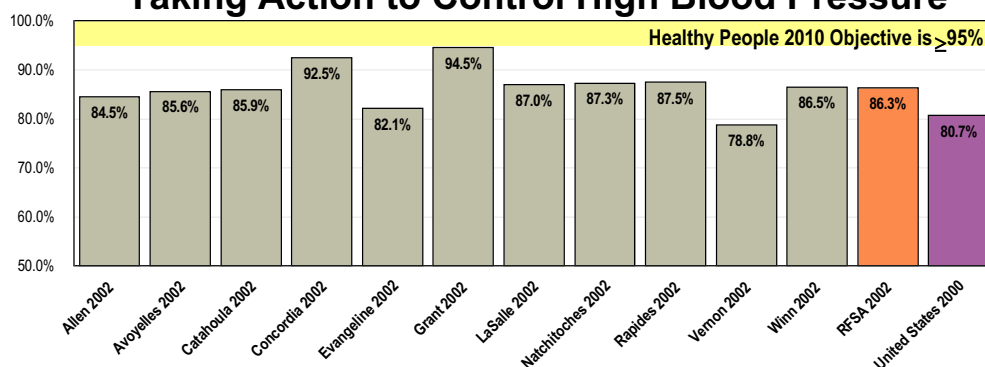
Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.
2. Reflects the total sample of respondents.

Controlling High Blood Pressure

Medication is one means of controlling high blood pressure; other means involve behavior modification such as dietary control and regular exercise.

- **86.3% of Rapides Foundation Service Area adults who have been told that their blood pressure was high report that they are currently taking actions to control it.**
 - Significantly better than reported nationwide (80.7%).
 - Falls short of meeting the *Healthy People 2010* target (95% or higher).
 - Highest in Grant (94.5%) and Concordia (92.5%) Parishes. Lowest in Vernon (78.8%) and Evangeline (82.1%) Parishes.

Taking Action to Control High Blood Pressure



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: 1. Asked of respondents with high blood pressure.

2. State data not available.

Community Health Panel Findings*

“There is a lot of hypertension in the area. A lot of what has been said about diabetes could be also said about hypertension. Obesity and lack of exercise are problems contributing to hypertension and, eventually, coronary disease.” — *Rapides Parish Physician*

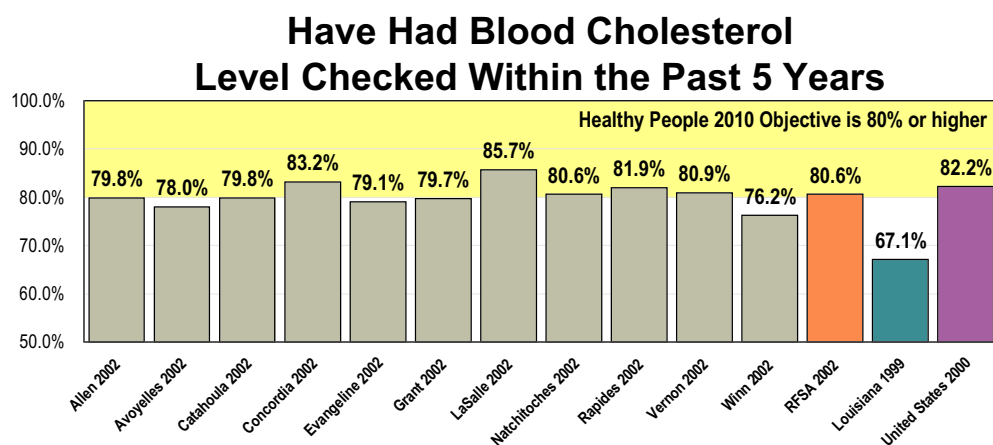
“Hypertension is becoming a real problem in this area. We need a lot of education in this area also.” – *Natchitoches Parish Key Informant*

High Blood Cholesterol

High blood cholesterol is one of the major risk factors for coronary heart disease (along with cigarette smoking, high blood pressure and physical inactivity). High cholesterol is defined as having a serum total cholesterol level of 240 mg/dL or greater.

Blood Cholesterol Testing

- **80.6% of adults in the Rapides Foundation Service Area have had a blood cholesterol screening within the past 5 years.**
 - Similar to the level nationwide.
 - Significantly better than reported in Louisiana overall (67.1%)
 - Satisfies the *Healthy People 2010* target (80% or higher).
 - Highest in LaSalle (85.7%) and Concordia (83.2%) Parishes.



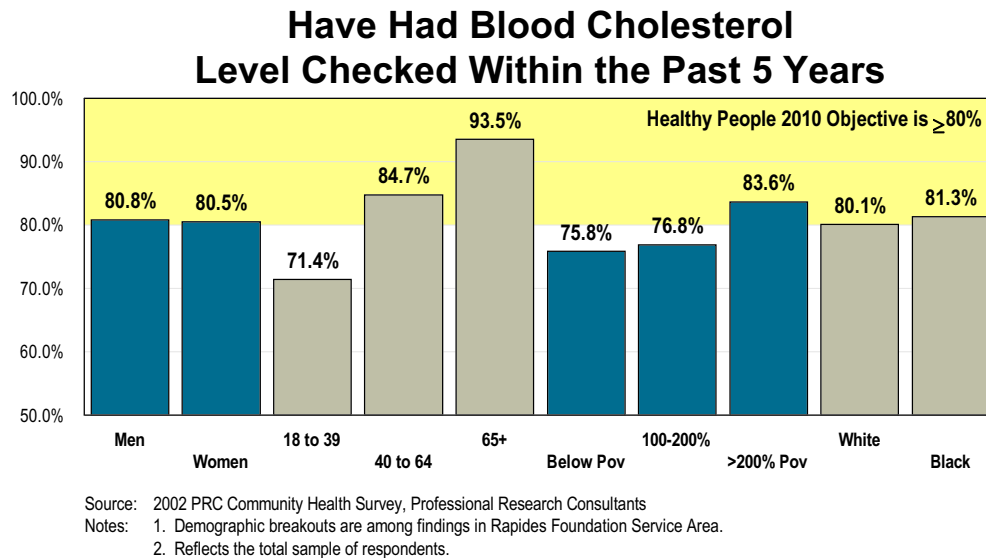
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Note: Reflects the total sample of respondents.

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Further note in the following demographic breakout:

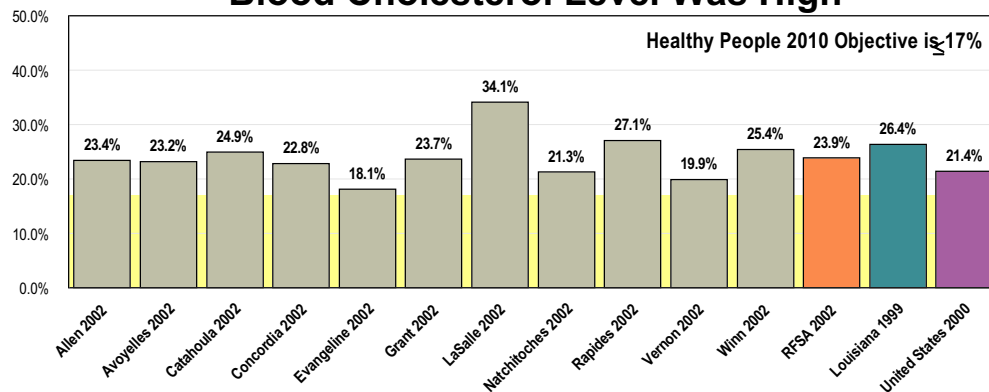
- Prevalence of recent cholesterol screenings increase considerably with age.
- Screening levels are notably higher among those in the higher income category (>200% of poverty).



High Blood Cholesterol Prevalence

- **23.9% of adults in the Rapides Foundation Service Area have been told by a health professional that their cholesterol level was high.**
 - Statistically similar to the statewide and national prevalence levels.
 - Fails to satisfy the *Healthy People 2010* target (17% or lower).
 - Particularly high in LaSalle Parish (34.1%). Lowest (less than 20%) in Evangeline and Vernon Parishes.

Have Been Told That Blood Cholesterol Level Was High

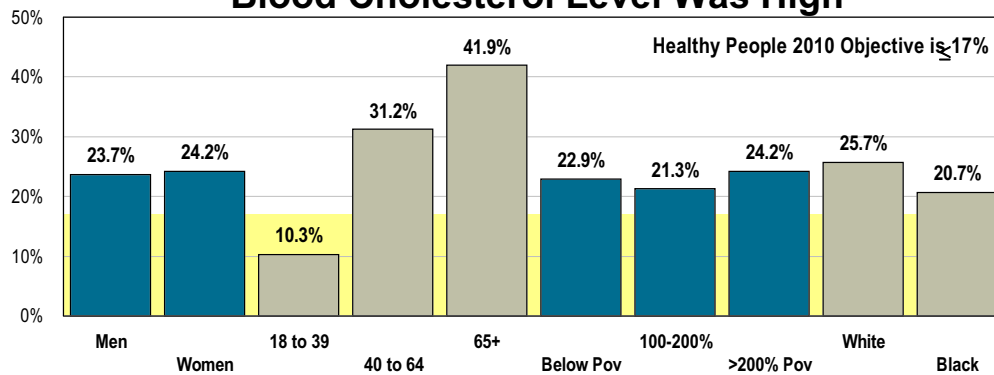


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 5. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.
 Note: Reflects the total sample of respondents.

As shown in the following chart:

- High cholesterol increases dramatically with age.
- Whites experience high cholesterol slightly more often than Blacks.

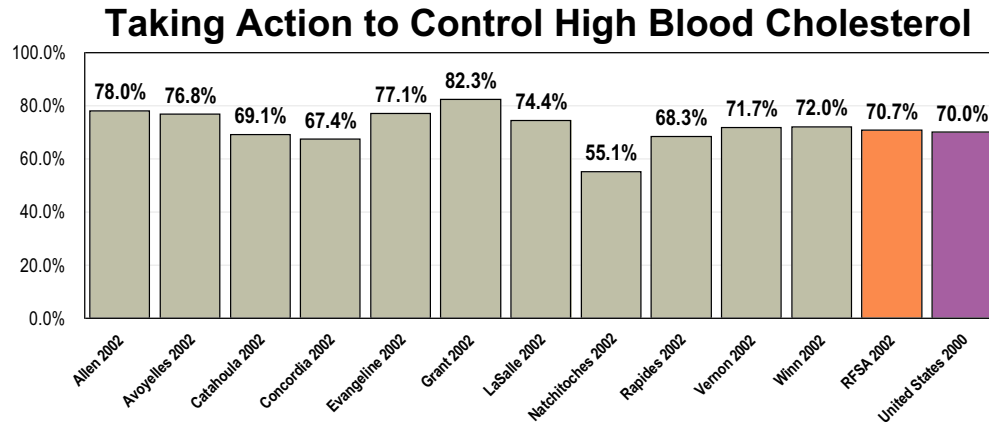
Have Been Told That Blood Cholesterol Level Was High



Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.
 2. Reflects the total sample of respondents.

Controlling High Blood Cholesterol

- **70.7% of adults in the Rapides Foundation Service Area with high blood cholesterol levels are taking some type of action to control their condition.**
 - Similar to nationwide findings.
 - Highest in Grant Parish (82.3%). Lowest in Natchitoches Parish (55.1%).



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of respondents with high blood cholesterol.
2. State data not available.

Community Health Panel Findings*

“I think one of our biggest long-term problems is probably heart disease. Our population in this parish is aging and, because of this, we see a lot of heart problems and high cholesterol.” – *LaSalle Parish Key Informant*

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Cardiovascular Risk Behavior

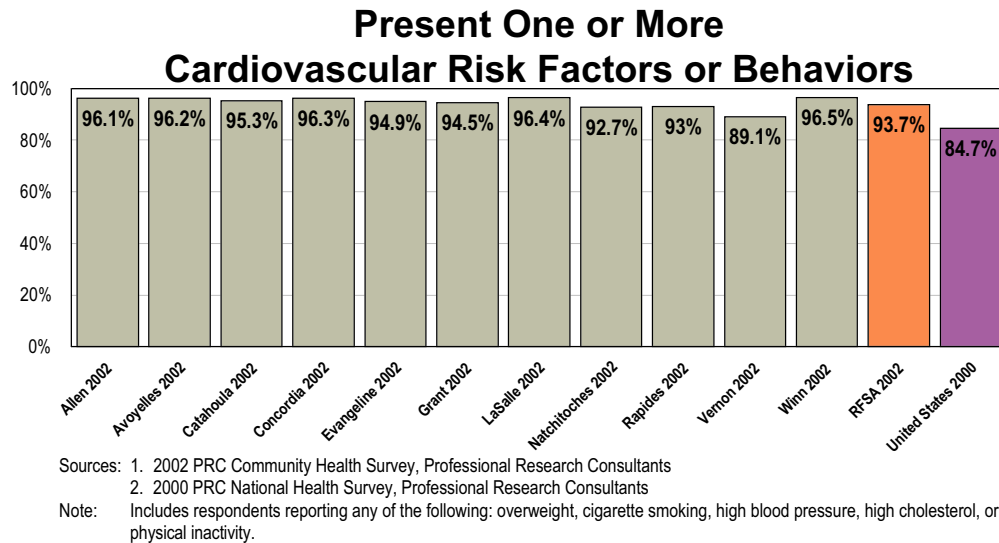
Three health-related behaviors contribute markedly to cardiovascular disease (National Center for Chronic Disease Prevention and Health Promotion):

- **Poor nutrition.** People who are overweight have a higher risk for cardiovascular disease. Almost 60% of U.S. adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.
- **Lack of physical activity.** People who are not physically active have twice the risk for heart disease of those who are active. More than half of U.S. adults do not achieve recommended levels of physical activity.
- **Tobacco use.** Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the U.S.

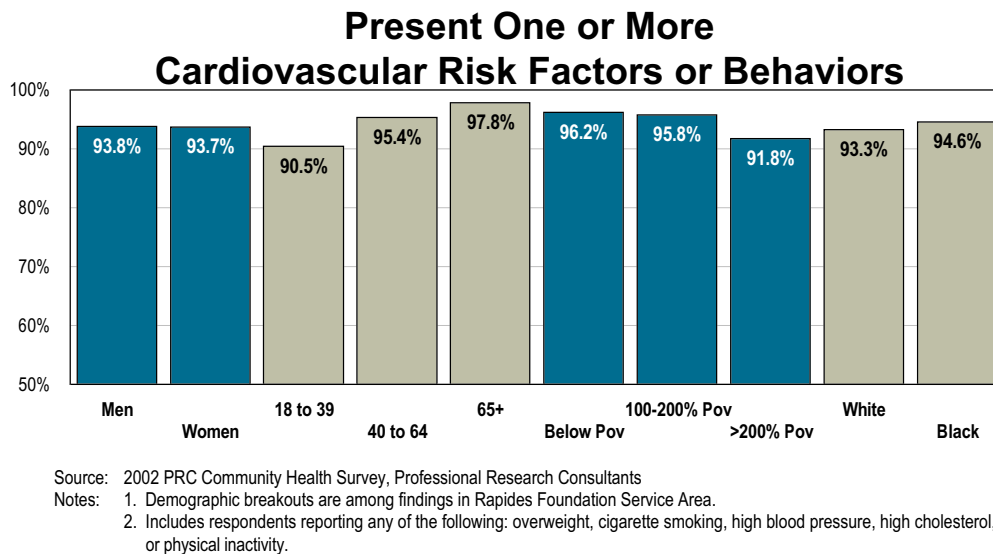
Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

Prevalence of Cardiovascular Risk Factors/Behaviors

- **93.7% of Rapides Foundation Service Area adults present one or more cardiovascular risk factors or behaviors, including overweight prevalence, cigarette smoking, high blood pressure, high cholesterol, or a lack of physical activity.**
 - Significantly worse than found nationwide (84.7%).



- Cardiovascular risk factors are highest among older adults and those living at lower incomes.
- Little difference is detectable by gender or race.

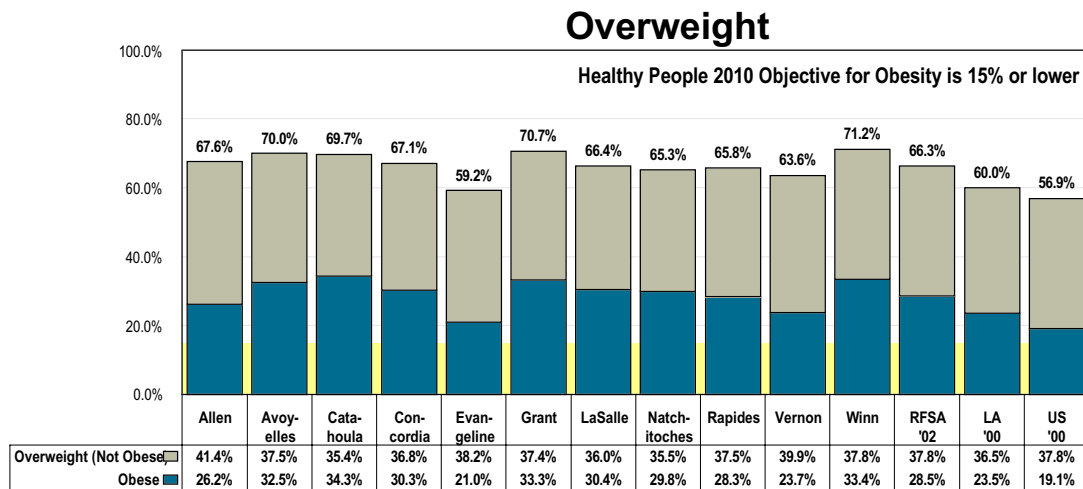


Overweight Prevalence

Being overweight afflicts a considerable portion of the U.S. population and carries significant health risks. Individuals who are overweight are at increased risk for high blood pressure, high blood cholesterol, coronary heart disease and stroke, as well as diabetes, atherosclerosis, gall bladder disease, some types of cancer, and osteoarthritis.

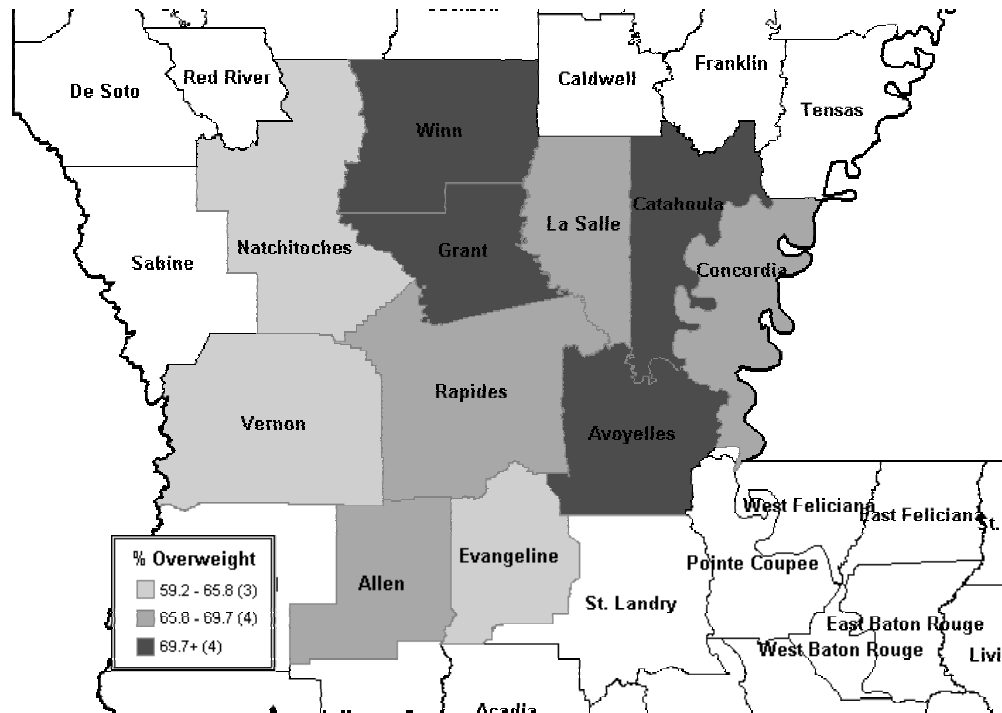
One of the more precise measurements of being overweight is body mass index (BMI), a ratio of weight to height (kg/m^2). One is considered to be overweight with a BMI greater than or equal to 25.0, and one is considered obese with a BMI greater than or equal to 30.0. The rationale for these thresholds is that it is believed that these are where actual increased risk for overweight co-morbidities (such as high blood pressure, high cholesterol, heart disease, etc.) occur.

- **66.3% of Rapides Foundation Service Area adults are overweight (BMI \geq 25), based on self-reported heights and weights.**
 - Significantly worse than found statewide (60.0%).
 - Significantly worse than found nationwide (56.9%).
 - Highest (70% or higher) in Avoyelles, Grant and Winn Parishes.
- **28.5% of Rapides Foundation Service Area adults are obese (BMI \geq 30).**
 - Significantly worse than found statewide (23.5%).
 - Significantly worse than found nationwide (19.1%).
 - Fails to satisfy the *Healthy People 2010* target (15% or lower).
 - Particularly high (over 32%) in Avoyelles, Catahoula, Grant and Winn Parishes.



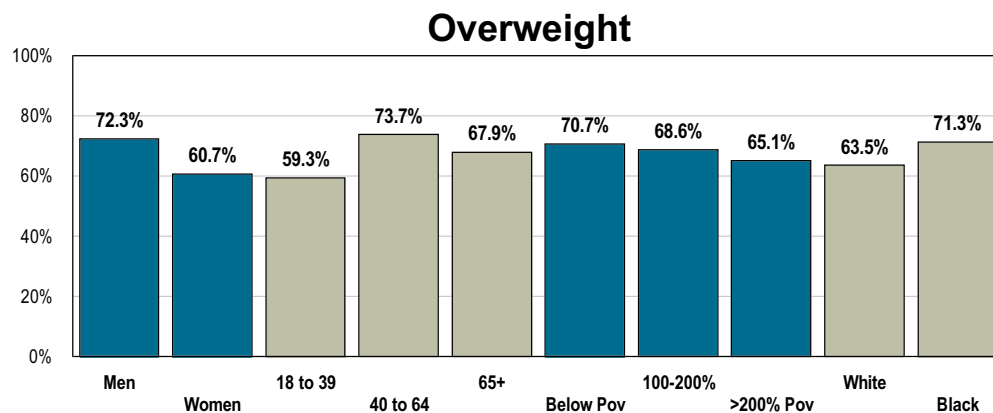
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: 1. 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.
 2. Asked of all respondents.



Overweight prevalence is significantly higher in the Rapides Foundation Service Area among:

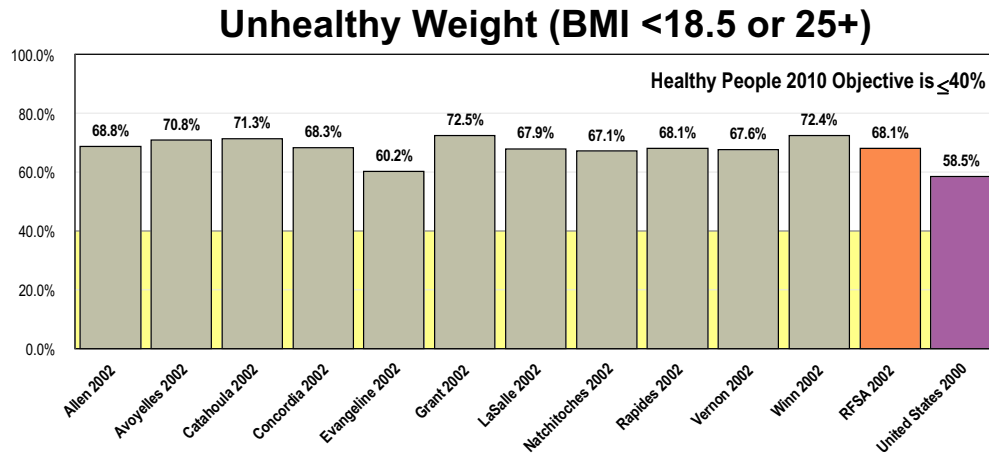
- Men.
- Middle-aged adults (40 to 64 years old).
- Lower-income adults.
- Blacks.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. 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.
2. Asked of all respondents.

- **68.1% of Rapides Foundation Service Area adults are of an unhealthy weight (including overweight and the small percentage of adults who are underweight).**
 - Significantly worse than found nationwide (58.5%).
 - Far from reaching the *Healthy People 2010* target (40% or lower).



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

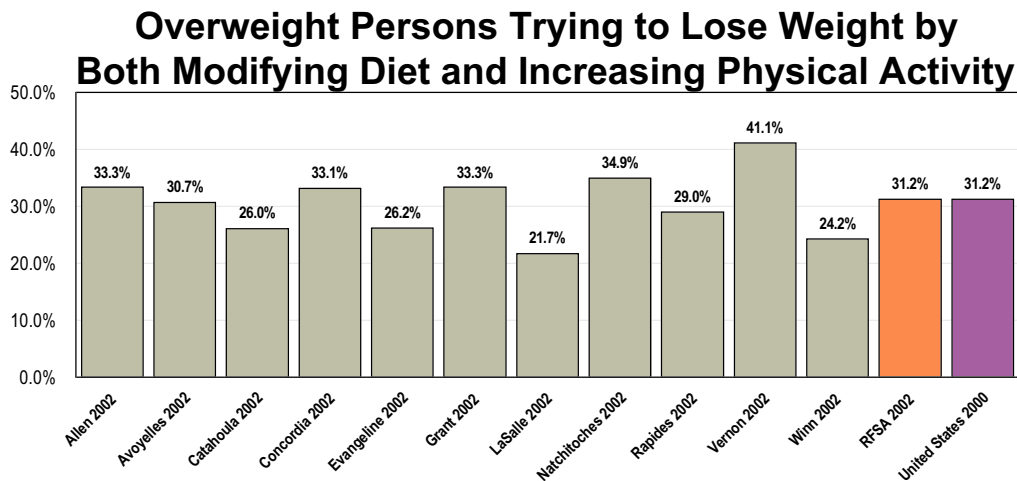
Notes: 1. The definition as outlined in Healthy People 2010 is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), lower than 18.5 or higher than 25.0.

2. Asked of all respondents.

Weight Control

Among surveyed adults who are overweight:

- **31.2% of surveyed adults who are overweight are using a combined regimen of diet and exercise as a means to lose weight.**
 - Identical to national findings.
 - Varies broadly parish to parish, from 21.7% in LaSalle Parish to 41.1% in Vernon Parish.



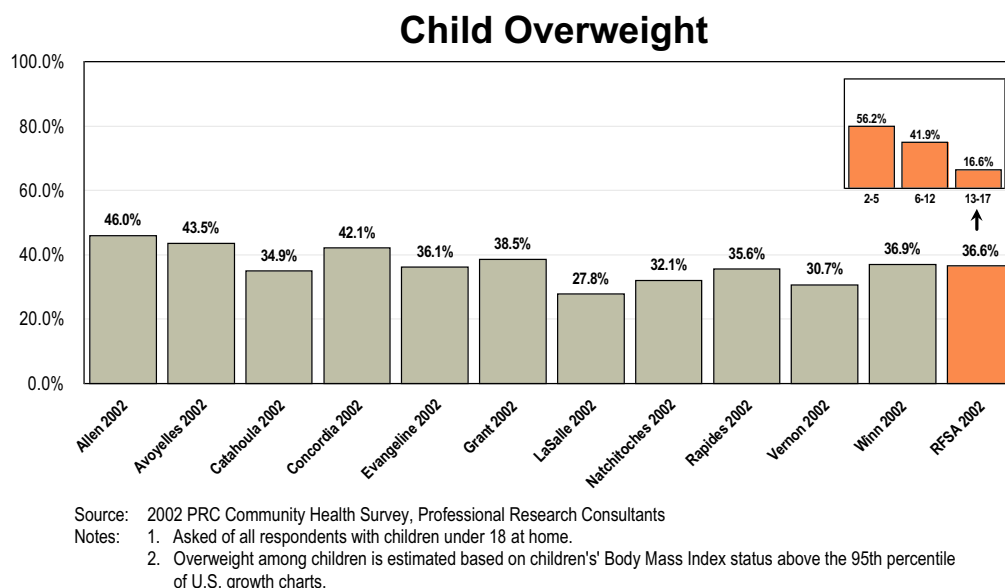
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all overweight respondents, as defined under the revised definition.
2. State data not available.

Overweight Children

Survey respondents were also asked to report heights and weights of children aged two or older in their households. From this information, a BMI was calculated for each child and compared against overweight thresholds (based on status above the 95 percentile of U.S. growth charts for the child's age).

- **36.6% of Rapides Foundation Service Area children between the ages of 2 and 17 are overweight.**
- Overweight prevalence is noted particularly among younger children and decreases with age.

- Highest (over 40%) in Allen, Avoyelles and Concordia Parishes. Lowest (27.8%) in LaSalle Parish.



Community Health Panel Findings*

Focus group participants recognized the growing problem of obesity, and discussed problems of poor nutrition and lack of exercise. A few physicians pointed out that part of the local problem is culturally based.

“Obesity is the number-one health risk behavior in this area.” — *Rapides Parish Physician*

“Obesity is a huge problem - literally. We have a lot of obese patients in our family practice clinic. In fact, I just ordered a 500-pound scale for our clinic so we can more accurately weigh these folks and then give them feedback if they are losing weight.” — *Rapides Parish Physician*

“Nutrition is a problem, as well as lack of exercise. The wrong people are running around the block. You see all of these svelte people running around, and you rarely see a heavy person who is out exercising. One of our foreign-born doctors mentioned that the United States is the only country in the world where the poor people are fat.” — *Rapides Parish Physician*

“One of the reasons for the poor being fat is the food we provide through the food programs. They always give them cheese, which is loaded with saturated fat.” — *Rapides Parish Physician*

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“I think that a lot of our answers to the questions reflect a cultural situation that is unique to Louisiana. The culture here is largely southern European, blacks and Hispanics who have ingrained habits and customs that have to do with the tremendous amount of celebrations that go on here. Everything is celebrated. Almost every weekend there is some sort of party somewhere. People have these parties where they eat these roasted pigs and all kinds of foods which end up in an obesity problem with the population.” — *Rapides Parish Physician*

“Roasted pigs, crawfish - most of the celebration has to do with some special food. That is just part of the culture here. There is less emphasis on education here than in many other parts of the country. People's values are a little bit different here, and you don't change cultures and values quickly. It takes a long time.” — *Rapides Parish Physician*

Focus group participants pointed out that obesity is also a significant problem among children and adolescents, and related that much of this is due to a lack of physical activity.

“Children are obese also; they don't play outside anymore. I was shocked to find out that they don't have to take P.E. at the schools. It is now an option class.” — *Rapides Parish Physician*

“The study shows that younger people spend almost eight hours a day either in front of the TV or in front of the computer. Of course, we didn't have all of those options, so we went outside and played. Now they just live a sedentary life.” — *Rapides Parish Physician*

“A large number of young people - women and men - don't know how to cook. To them, cooking is opening a can of something and putting it in the microwave. So maybe old programs like home economics for guys and gals will teach them enough for them to change their lifestyle to a healthier one. The way we are going, by the year 2050, houses may not have kitchens anymore.” — *Rapides Parish Physician*

“We are changing those kids to thinking about eating better and healthier foods and to go to the doctor for a routine physical. It is OK to see someone if he or she feels bad or maybe my head hurts because I didn't eat breakfast. So we are educating them and I think we are going to see a change, but it is going to take time.” — *Rapides Parish Allied Health/Social Service Provider*

“They only offer P.E. here for two years. Kids don't want to take P.E., and most of the parents don't want their kids to take P.E. There are so many new subjects that kids have to take in school that they don't have time for P.E.” — *Rapides Parish Community Leader*

Additional comments:

“In defense of our food, I have to say that probably in the last 20 years, we have seen more obesity because of McDonald's, Burger King and other fast-food places. These are all empty calories, full of fats. So the obesity problem is not entirely because of our food.” — *Evangeline Parish Key Informant*

“We have a problem with obesity and diabetes due to poor eating habits and lack of education. Look at how many people eat out at fast-food places. We don't have a

family dinner anymore. All this fast food is high-cholesterol and high-fat.” – Winn Parish Key Informant

Nutrition

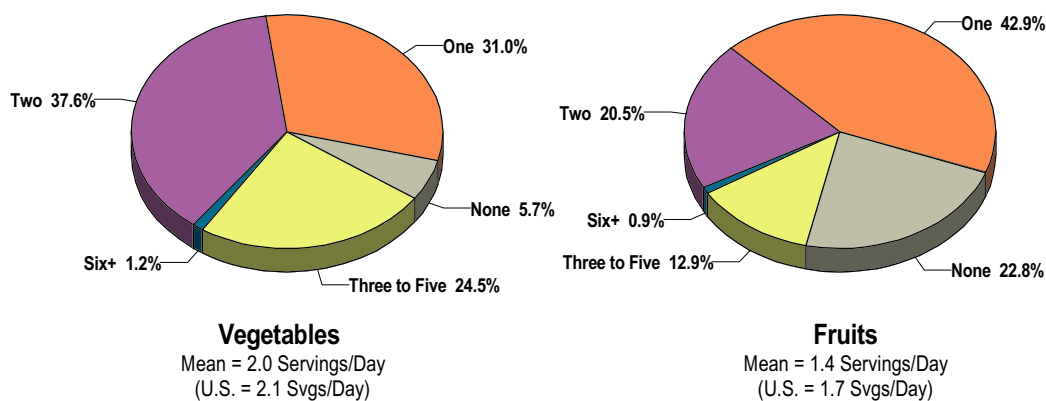
Diet is a key component of good health. In fact, dietary habits have been linked to five of the 10 leading causes of death in the United States, including coronary heart disease, some types of cancer (colorectal, breast and prostate), stroke, noninsulin-dependent diabetes mellitus and atherosclerosis. A well-balanced, low-fat diet can also help limit the risks associated with excessive weight, high blood pressure and high blood cholesterol.

Whereas nutrient deficiencies may have once been a primary concern, the greatest problems today involve the excesses and imbalances of some foods in the American diet. Ideally, one’s diet should: be low in fat, saturated fat and cholesterol; include plenty of vegetables, fruits and grain products; contain moderate amounts of sugars, salt and sodium; and include alcohol use in moderation if at all.

Dietary Habits: Fruits & Vegetables

- Residents of Rapides Foundation Service Area report eating an average of 2.0 servings of vegetables per day and an average of 1.4 servings of fruits per day.

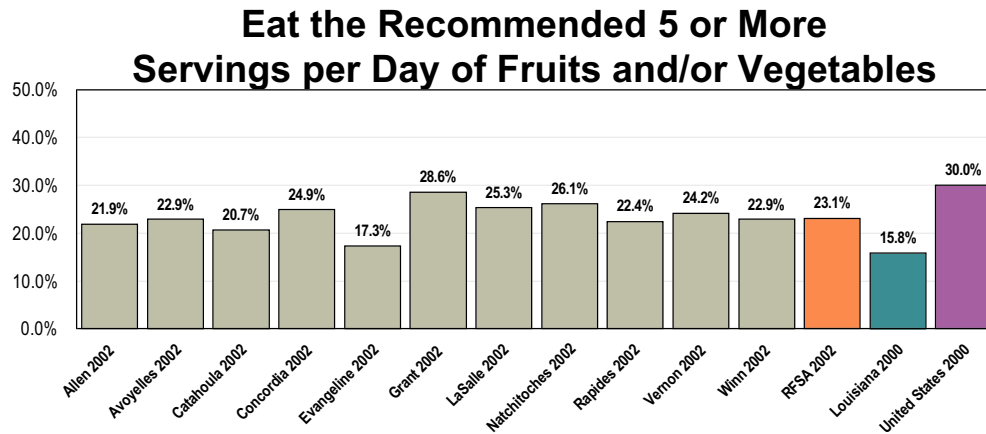
Self-Reported Daily Servings of Fruits and Vegetables (Rapides Foundation Service Area 2002)



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

- 23.1% of Rapides Foundation Service Area adults eat the recommended five or more servings per day of fruits and/or vegetables.

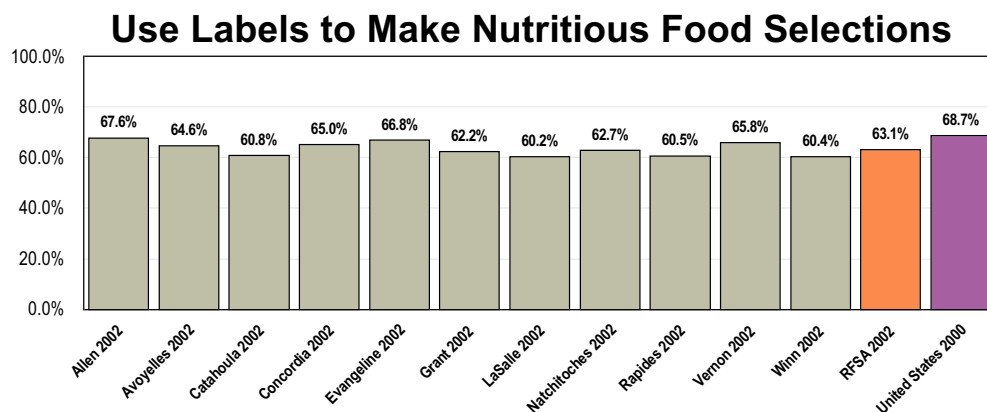
- Significantly better than found statewide (15.8%).
- Significantly worse than found nationwide (30.0%).
- Grant Parish (28.6%) reports the best level; Evangeline Parish (17.3%) the worst.



Source: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 Note: Asked of all respondents.

Use of Food Labels

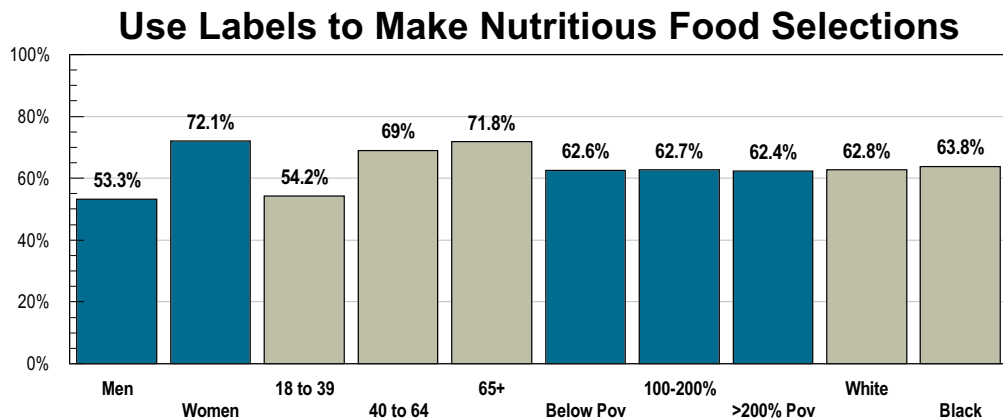
- **63.1% of Rapides Foundation Service Area adults report reading food labels when shopping for groceries in order to make more nutritious food selections.**
- Significantly worse than found nationwide (68.7%).



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents.
 2. State data not available.

Use of food labels is notably higher among:

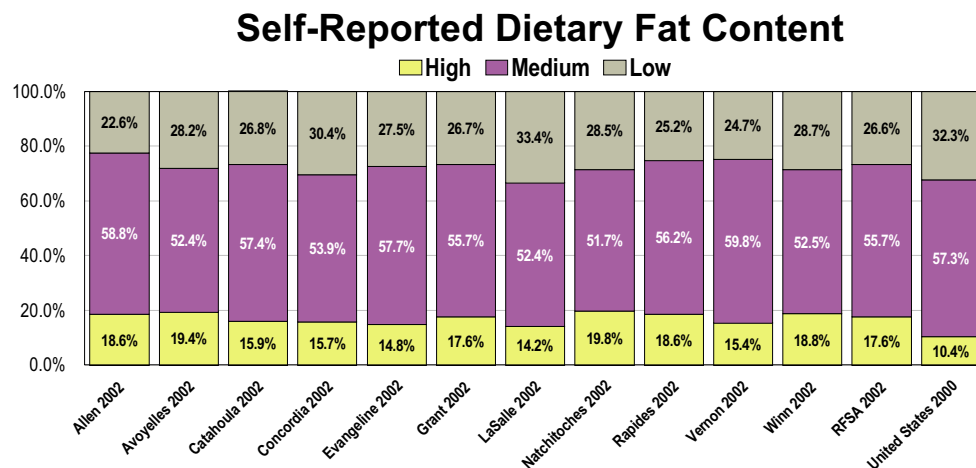
- Women.
- Older adults.
- Little difference is noted by income level or race.



Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.
 2. Asked of all respondents.

Dietary Fat Content

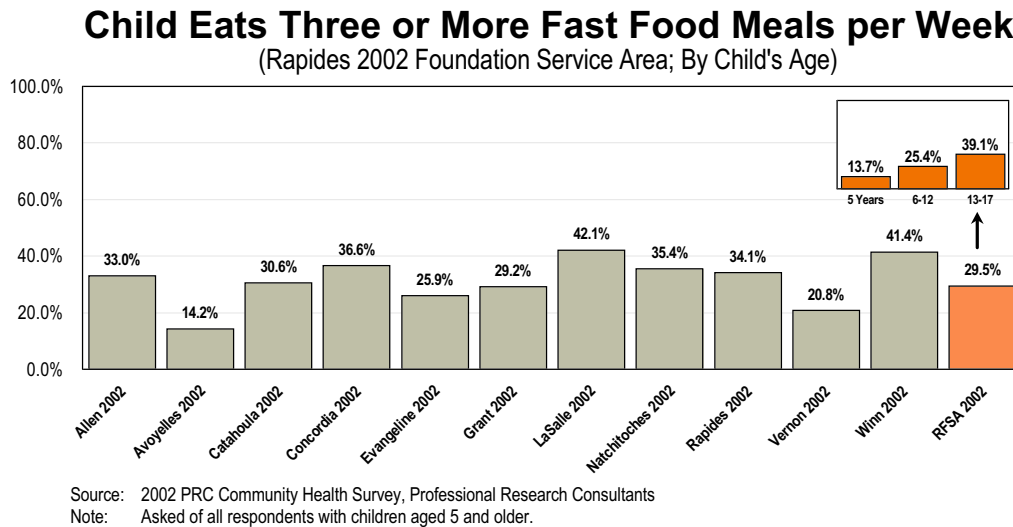
- **17.6% of Rapides Foundation Service Area adults report eating a diet that they characterize as “high” in fat.**
 - Significantly worse than found nationwide (10.4%).
 - Highest in Natchitoches (19.8%) and Avoyelles (19.4%) Parishes.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Community Health Survey, Professional Research Consultants
 Note: Asked of all respondents.

Children & Fast Food

- **29.5% of Rapides Foundation Service Area parents report that their child eats three or more of his/her meals per week from a fast-food restaurant.**
 - Frequent fast food meals are more common among older children, especially teens.
 - Responses are highest (over 40%) in LaSalle and Winn Parishes. Avoyelles and Vernon report the lowest (best) response (less than 21%).



Community Health Panel Findings*

Youth focus group participants characterized their school lunches as largely unhealthy fare.

“A school lunch is supposed to be nutritious, but it is like McDonald’s every day. You can get cheeseburgers, pizza and French fries.” — *Rapides Parish Youth Participant*

“Our school just started a sack lunch with a sandwich, mayo, chips, juice and a fruit for 90 cents.” — *Rapides Parish Youth Participant*

“We do have vending machines at school, but you can’t use them until lunch because it is a school policy. If you don’t eat breakfast before school, you can’t get anything until lunchtime. The machines are turned off until lunch.” — *Rapides Parish Youth Participant*

“Most kids I know don’t eat breakfast. Our school serves breakfast, but I don’t think anybody ever really goes in there and eats it.” — *Rapides Parish Youth Participant*

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

“I know in Texas the schools have like a McDonald’s and pizza stations and also the healthy stuff, but you can get whatever you want to eat. We need something like that here.” — *Rapides Parish Youth Participant*

Additional comments:

“We don’t have good nutrition. We eat a lot of fried foods. It is part of our culture.” – *LaSalle Parish Key Informant*

“I think people need more awareness about good nutrition. Good nutrition is really needed; the grocery stores don’t even carry wheat flour because very few people would buy it. The way to teach this community about nutrition or any other subject is to have radio advertisements and local personal testimonials.” – *Avoyelles Parish Key Informant*

“We need education on what is good nutrition. A lot of our diabetes problem is that we don’t eat the right foods; we don’t know what good nutrition really is all about.” – *Catahoula Parish Key Informant*

“We eat a lot of fats. We like our fats and our cracklings. We also like our smoked meats, which have carcinogens, so cancer is pretty high around here. We also have a lot of heart disease.” – *Evangeline Parish Key Informant*

“A lot of these problems can be attributed to poor nutrition and diet. A lot of people here have a low income level, and they eat what they can get. Most of the free food that is donated through the food banks is generally not the healthiest food around. We do have some educational nutritional programs through the WIC program. I know they have to give so many starches like cereal and milk for the newborns, but you also get Twinkies and Ho-Hos.” – *Vernon Parish Key Informant*

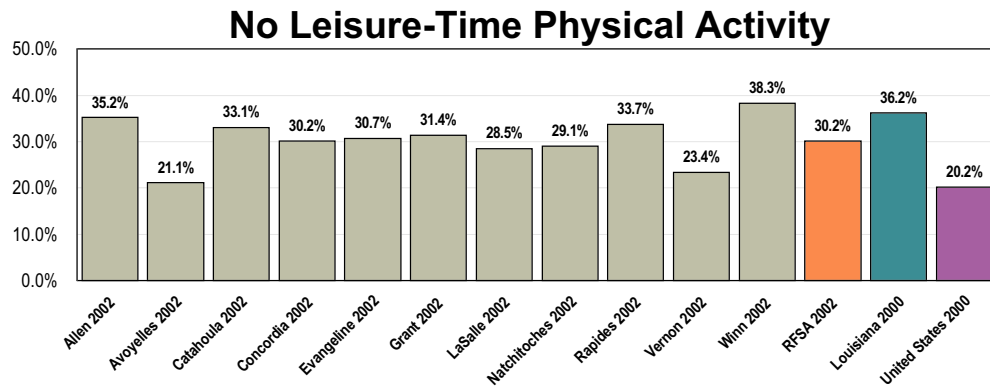
Physical Activity

Regular physical activity contributes to a longer and healthier life. The health benefits of exercise are irrefutable; it has been asserted that employing regular physical activity toward cardiorespiratory fitness can prevent or limit one’s risk for such afflictions as coronary heart disease, hypertension, noninsulin-dependent diabetes mellitus, osteoporosis, obesity, depression, colon cancer, stroke and back injury.

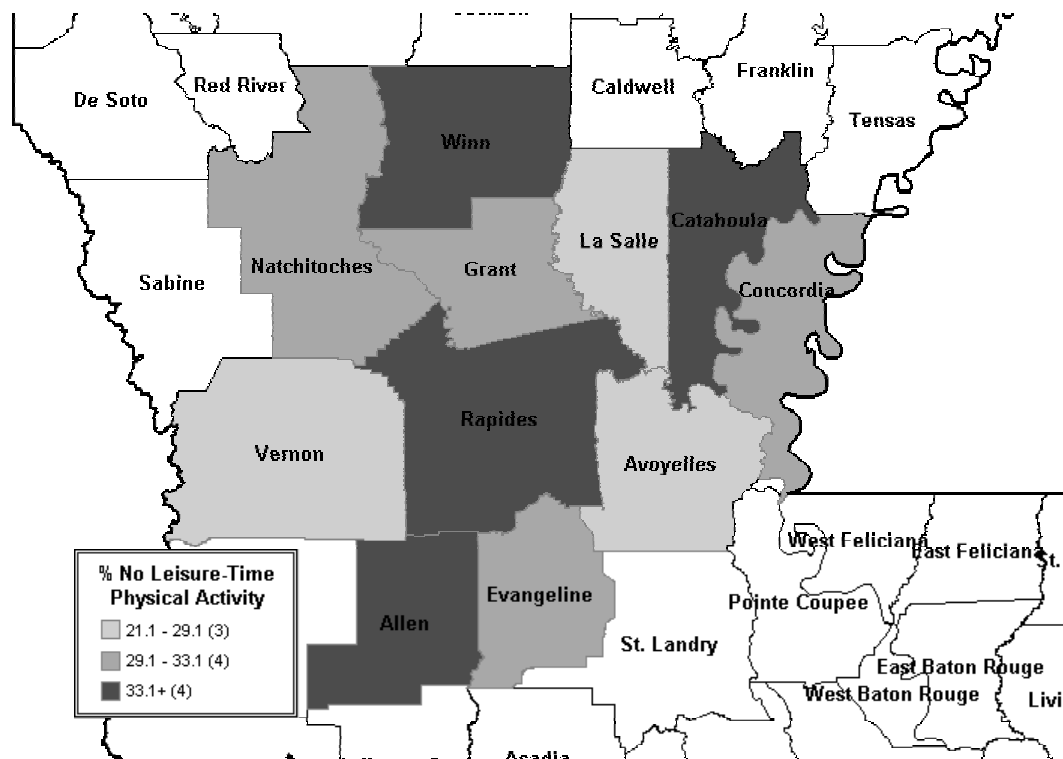
No Leisure-Time Physical Activity

- **30.2% of Rapides Foundation Service Area adults have not participated in any type of physical activity outside work during the past month.**
 - Better than statewide (36.2%).
 - Significantly worse than found nationwide (20.2%).

- Levels of inactivity are particularly high in Allen, Catahoula, Rapides and Winn Parishes (over 33%). Avoyelles Parish and Vernon Parish proportions are much lower (better), and similar to the national average.

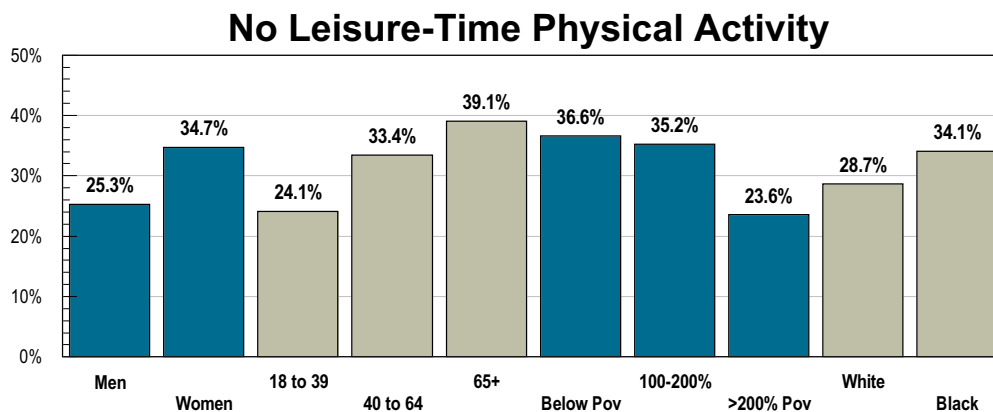


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 Note: Asked of all respondents.



The following chart segments levels of inactivity by various demographic characteristics. As shown, a lack of leisure-time physical activity is found among a greater share of:

- Persons living at lower income levels.
- Older adults.
- Women.
- Black respondents.



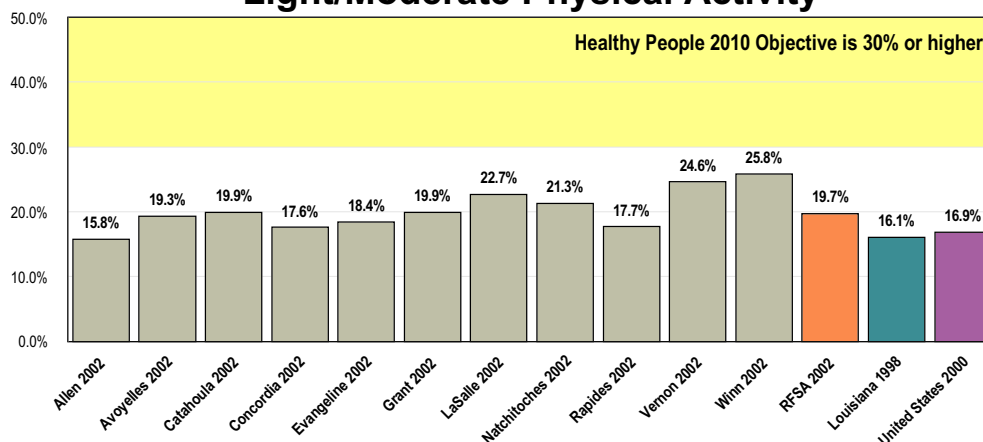
Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.
 2. Asked of all respondents.

Light/Moderate Physical Activity

“Light/moderate” physical activity is defined as activities that cause only light sweating or a slight to moderate increase in breathing or heart rate.

- **19.7% of Rapides Foundation Service Area adults report taking part in “light” or “moderate” physical activity at least five times per week for at least 30 minutes at a time.**
 - Significantly better than statewide (16.1%) and national (16.9%) findings.
 - Fails to satisfy the *Healthy People 2010* target (30% or higher).
 - Light/moderate exercise levels are highest (over 24%) in Vernon and Winn Parishes. Levels are lowest (less than 18%) in Allen, Concordia and Rapides Parishes.

Light/Moderate Physical Activity



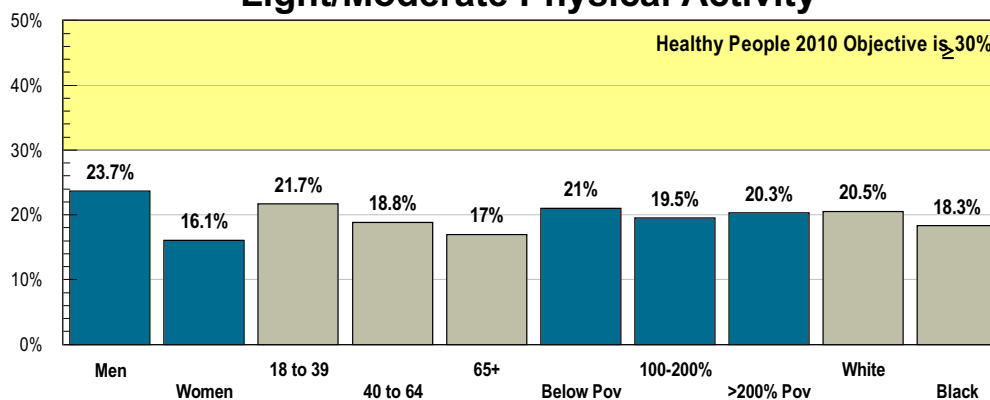
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1998 Louisiana Data
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 4. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents.
 2. Takes part in "light/moderate physical activity" (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time.
 3. The Healthy People 2010 goal is to increase to at least 30% the proportion of people who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day.

Light/moderate physical activity is lowest among:

- Adults aged 65 and older.
- Women.

Light/Moderate Physical Activity



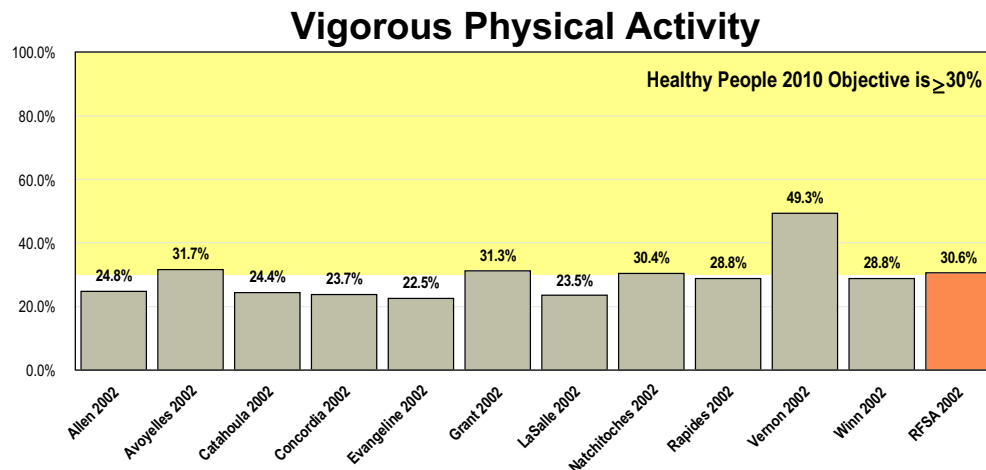
Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents. Demographic breakouts are among findings in Rapides Foundation Service Area.
 2. Takes part in "light/moderate physical activity" (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time.
 3. The Healthy People 2010 goal is to increase to at least 30% the proportion of people who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day.

Vigorous Physical Activity

“Vigorous” physical activity is defined as activities that cause heavy sweating or large increases in breathing or heart rate.

- **30.6% of Rapides Foundation Service Area adults report taking part in vigorous physical activity at least three times a week for at least 20 minutes at a time.**
 - Satisfies the *Healthy People 2010* target (30% or higher).
 - Highest by far in Vernon Parish (49.3%).



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: 1. Asked of all respondents.

2. Takes part in "vigorous physical activity" (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

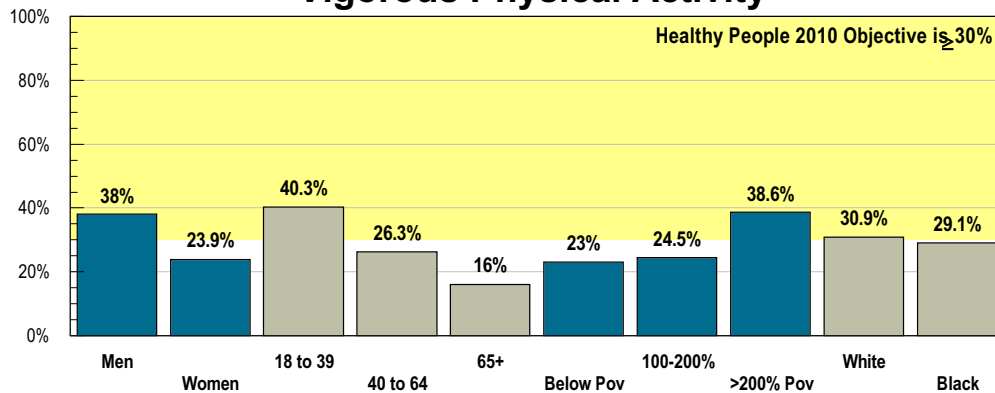
3. The Healthy People 2010 goal is to increase to at least 30% the proportion of people who engage regularly, preferably 3 times or more weekly, in vigorous physical activity for at least 20 minutes per exercise session.

4. State and U.S. data not available.

Vigorous physical activity levels are lowest among:

- Lower-income adults (below 200% of poverty).
- Those aged 65 or older.
- Women.

Vigorous Physical Activity



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.

2. Asked of all respondents.

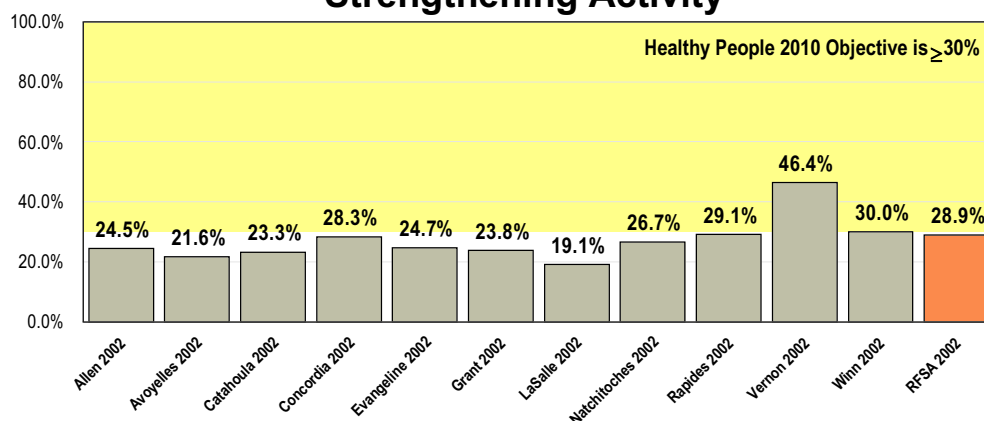
3. Takes part in "vigorous physical activity" (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Strengthening Activity

"Strengthening activities" are activities specifically designed to strengthen muscles, such as lifting weights or doing calisthenics.

- **28.9% of Rapides Foundation Service Area adults report taking part in strengthening activities at least twice a week.**
 - Close to satisfying the *Healthy People 2010* target (30% or higher).
 - Highest by far in Vernon Parish (46.4%).

Strengthening Activity



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: 1. Asked of all respondents.

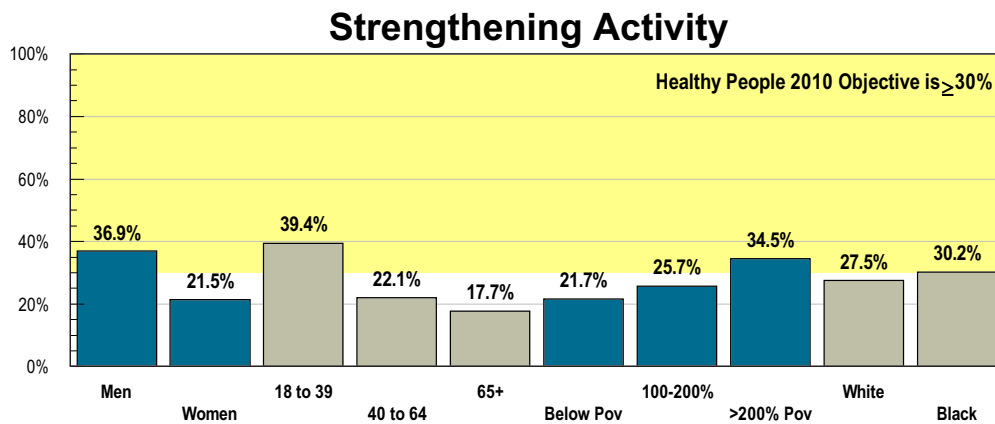
2. In this case, "strengthening activity" refers to performing any activity which enhances and maintains strength and endurance at least twice a week.

3. The Healthy People 2010 goal is to increase to at least 30% the proportion of people who engage in activity which enhances and maintains strength and endurance at least two times weekly.

4. State and national data not available.

Strengthening activity levels are lowest among:

- Those aged 65 or older.
- Lower-income adults.
- Women.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.

2. Asked of all respondents.

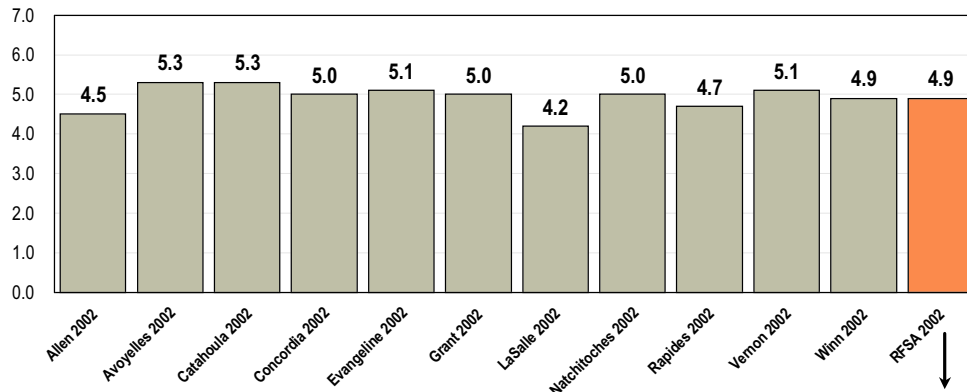
3. In this case, "strengthening" refers to performing exercise which enhances and maintains strength and endurance at least twice weekly.

Physical Activity in Children

Rapides Foundation Service Area parents report that their children take part in physical activity lasting 20 minutes or more on an average 4.9 days per week.

- Little difference in responses is noted among parents of children in various age groupings.
- Averages are somewhat lower in Allen and LaSalle Parishes (4.5 or less).

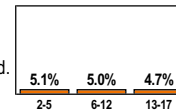
Average Days per Week on Which Child Participates in Physical Activity Lasting 20+ Minutes (Rapides Foundation Service Area; By Child's Age)



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents with children under 18 at home.

2. In this case, the term "physical activity" refers to exercise that causes the child to sweat or breathe hard.

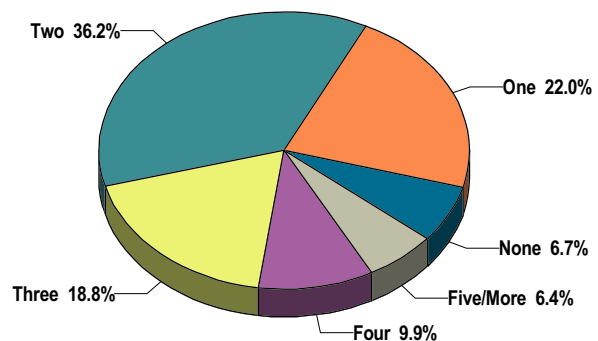


Television watching is a leading sedentary behavior in children. Survey respondents with children between the ages of 5 and 17 were asked how much television their child watches on a typical school day.

- **55.0% of Rapides Foundation Service Area parents report that their child watches television an average of two to three hours on a typical school day.**
- **16.3% of Rapides Foundation Service Area parents report that their child watches television an average of four or more hours on a typical school day.**

- Responses varied broadly by parish. Over 20% of children in Allen, Avoyelles and Winn Parishes are reported to watch four or more hours of television on a typical school day. This compares to less than 10% of children in Catahoula, LaSalle and Vernon Parishes.

Hours Child Watches Television on a Typical School Day

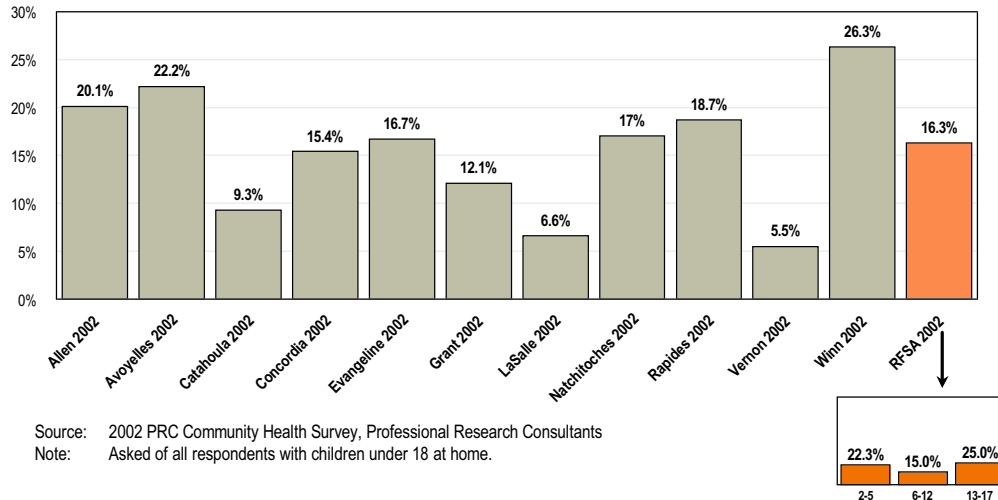


Source: 2002 PRC Community Health Survey, Professional Research Consultants

Note: Asked of all respondents with children under 18 at home.

Child Watches Four or More Hours of Television on a Typical School Day

(Rapides Foundation Service Area; By Child's Age)

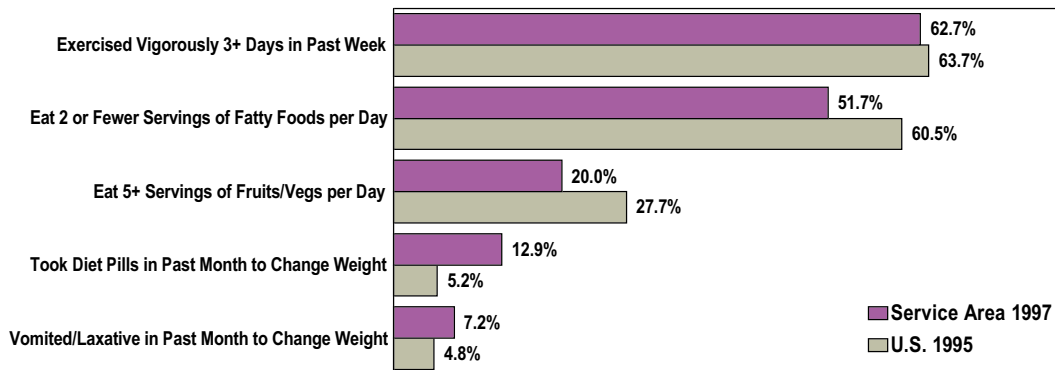


Adolescent Nutrition & Exercise

In 1997, the Tulane School of Public Health and Tropical Medicine administered a youth risk factor survey to high school students in the Rapides Foundation Service Area. Note the following findings in comparison to 1995 national survey data:

- Service area youth reported fewer servings per day of fruits/vegetables and reported a greater share of daily meals with fatty foods.
- Service area youth reported higher usage of diet pills and laxatives/vomiting to lose weight.

Diet/Exercise-Related Findings From the 1997 Service Area Youth Risk Factor Survey



Source: Tulane School of Public Health and Tropical Medicine.

Community Health Panel Findings*

Youth focus group participants cited a need for increased emphasis on physical activity and fitness.

“I think that we really need to push exercise so that people will appreciate the importance of physical activity and really understand it - not something that they are going to do in 15 years, but something that they need to do right now.” — *Rapides Parish Community Leader*

“I would like to stay in shape, but my friends don’t do anything with staying fit. I see some of them working out, but I don’t see them jogging or anything like that. I guess it depends on the person.” — *Rapides Parish Youth Participant*

“All you need in school is two courses of physical education. Regular P.E. is a joke. You can substitute any sport of the P.E. class.” — *Rapides Parish Youth Participant*

“We have a number of walks, park walks, runs and all kinds of opportunities to stay in shape physically, but people are not taking advantage of them like they should be.” — *Rapides Parish Community Leader*

“One of our greater needs is a free swimming pool where we can offer swimming classes for free.” — *Rapides Parish Community Leader*

On focus group participant suggested expanding efforts to improve the recreational activity options in the area.

“The city is building a complex with a golf course, and I think if they can put a bicycle path going up to the hills and back, it would provide a safe place for people to go bike riding. If you get on a bicycle in the wrong place of town, you will get run over. By providing things like these, we give the entire community a lift.” — *Rapides Parish Physician*

Additional comments:

“The town received a grant and built a walking trail that is used a lot.” – *Evangeline Parish Key Informant*

“Our people need to exercise more. We have one program in town, Walking Paths, but it is not enough. We need bicycle paths and other things like that so our people could take advantage of our outdoors.” – *Vernon Parish Key Informant*

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

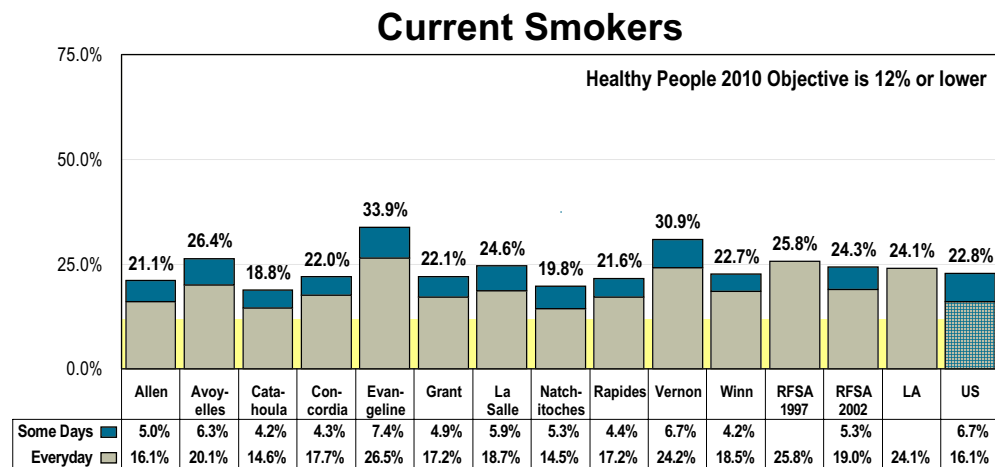
Tobacco Use

Tobacco use remains the leading preventable cause of death in the United States, causing more than 400,000 deaths each year and resulting in an annual cost of more than \$50 billion in direct medical costs. Each year, smoking kills more people than AIDS, alcohol, drug abuse, car crashes, murders, suicides, and fires — combined.

Nationally, smoking results in more than 5 million years of potential life lost each year. Approximately 80% of adult smokers started smoking before the age of 18. Every day, nearly 3,000 young people under the age of 18 become regular smokers. More than 5 million children living today will die prematurely because of a decision they will make as adolescents — the decision to smoke cigarettes. (Center for Disease Control and Prevention).

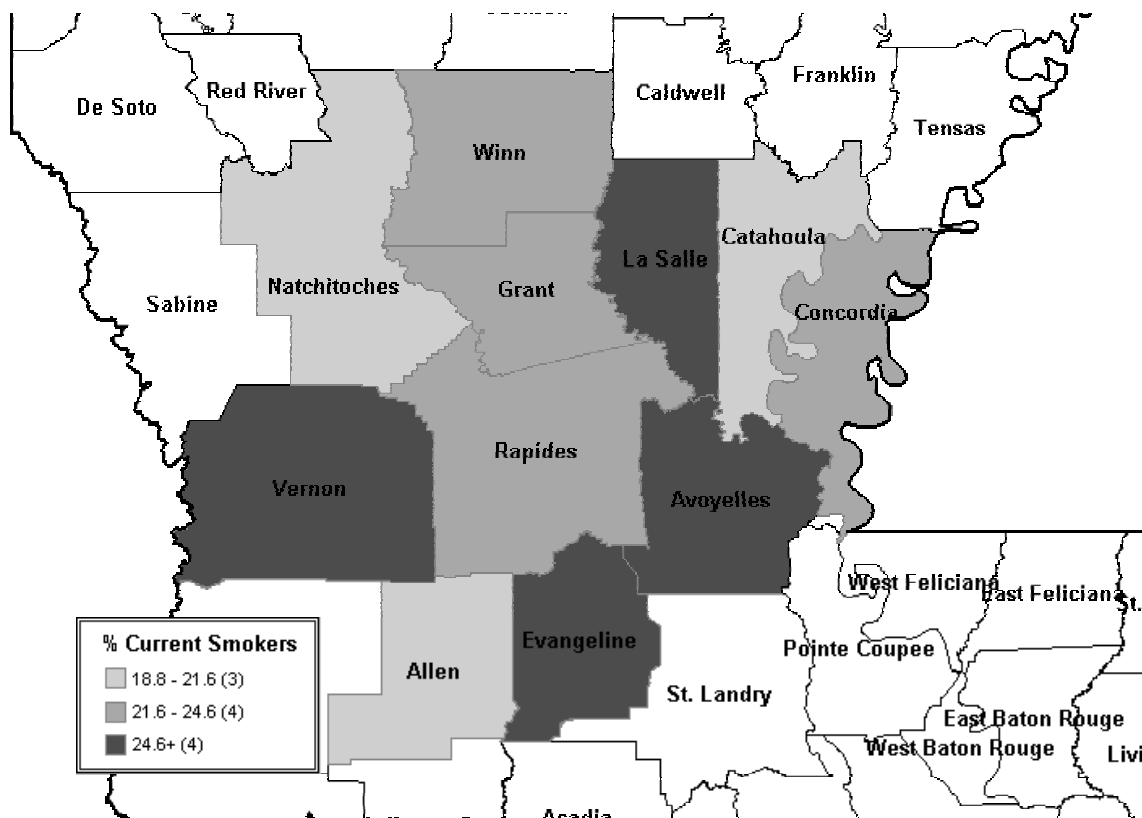
Cigarette Smoking Prevalence

- **24.3% of Rapides Foundation Service Area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).**
 - Statistically similar to national and statewide prevalence levels.
 - Statistically similar to 1997 Rapides Foundation Service Area findings.
 - Far from reaching the *Healthy People 2010* target (12% or lower).
 - Currently highest (over 30%) in Evangeline and Vernon Parishes.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 5. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

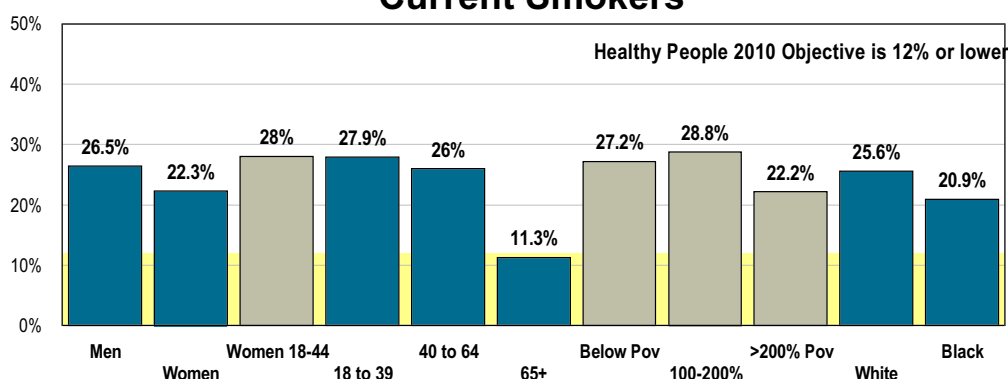
Notes: 1. Includes regular and occasional smokers (everyday and some days).
 2. 1997 parish and service area data and 1999 state data do not distinguish between, but include both, regular and occasional smokers.
 3. Asked of all respondents.



Cigarette smoking is higher among:

- Men.
- Young and middle-aged adults.
- Persons living below the 200% poverty level.
- Whites.
- Smoking is also higher among women of child-bearing age (ages 18 to 44) than among women overall. This is notable, given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

Current Smokers

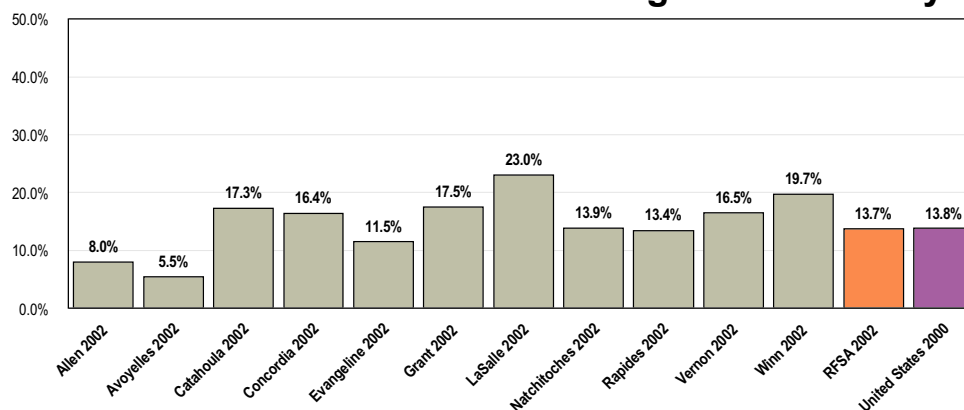


Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Includes those who smoke everyday or on some days.
 2. Demographic breakouts are among findings in the Rapides Foundation Service Area.
 3. Asked of all respondents.

Number of Cigarettes Smoked per Day

- **13.7% of smokers report smoking more than one pack per day.**
 - Similar to national findings.
 - LaSalle Parish has the highest proportion of heavy smokers (23.0% of smokers smoke more than one pack a day). Allen and Avoyelles Parishes have the lowest proportions.

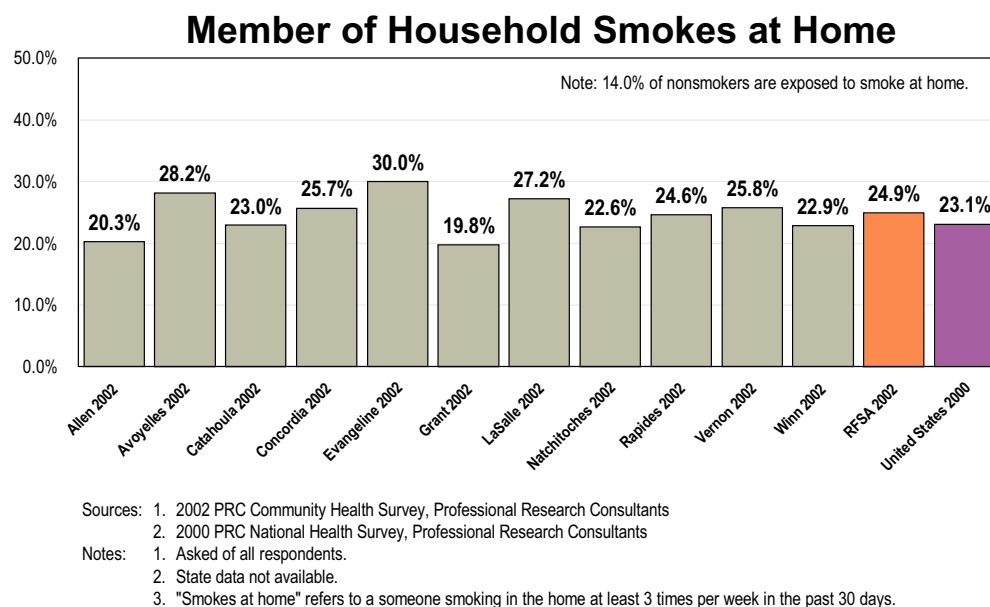
Smoke More Than 1 Pack of Cigarettes Per Day



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all smokers.
 2. One pack of cigarettes is equal to 20 cigarettes.

Exposure to Second-Hand Smoke

- **24.9% of Rapides Foundation Service Area adults report that a member of their household smokes at home on three or more days per week.**
 - Similar to national findings.
 - Highest in Avoyelles, Evangeline and LaSalle Parishes (over 27%).
- **14.0% of nonsmokers live with someone who smokes in the home.**



- **25.8% of Rapides Foundation Service Area households with children have someone who smokes in the home three or more days per week.**
 - Similar to national findings.
 - Fails to satisfy the *Healthy People 2010* target (10% or lower).
 - Varies widely by parish: highest in Evangeline and LaSalle Parishes (over 32% of households have someone who smokes); lowest in Allen and Grant Parishes (less than 20%).

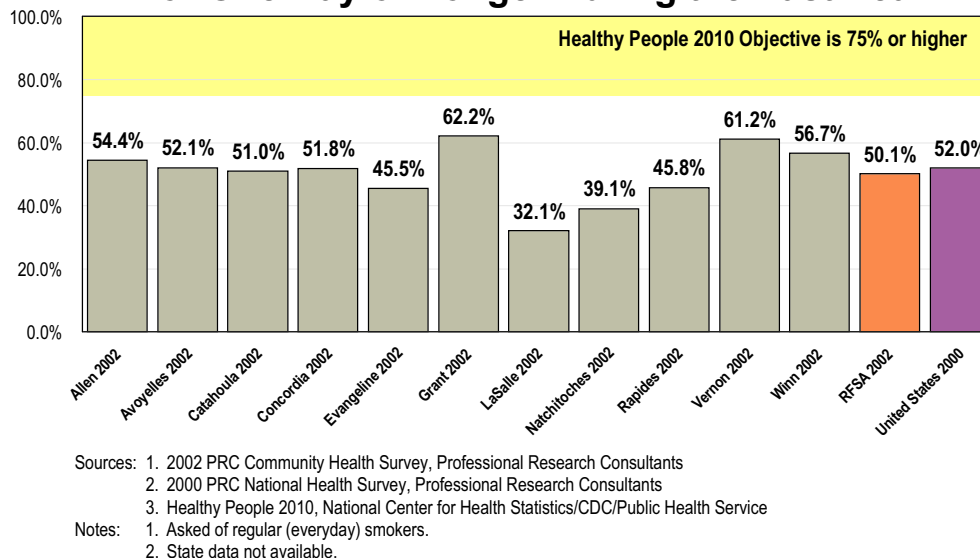
Households With Children In Which Someone Smokes in the Home



Smoking Cessation Attempts

- **50.1% of Rapides Foundation Service Area adults who currently smoke every day report that they have stopped smoking for one day or longer in the past year in an effort to quit smoking altogether.**
 - Statistically similar to that found among smokers nationwide.
 - Far from reaching the *Healthy People 2010* target (75% or higher).

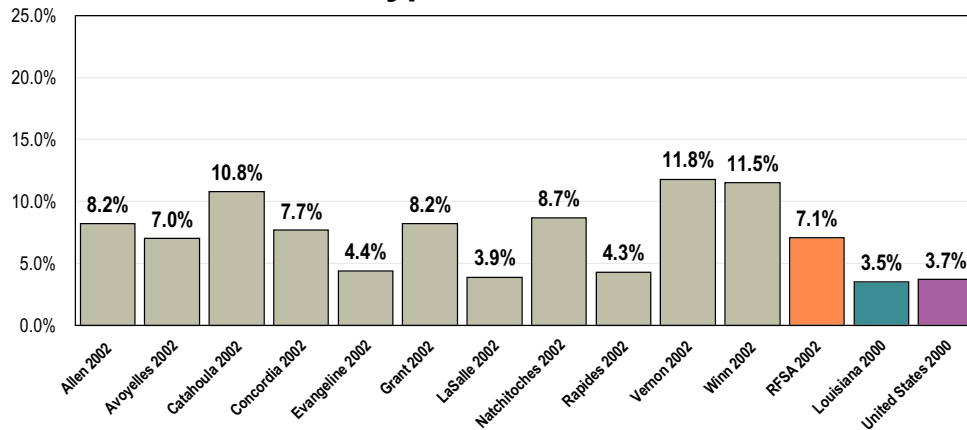
Current Smokers That Have Quit Smoking for One Day or Longer During the Past Year



Smokeless Tobacco

- **7.1% of Rapides Foundation Service Area adults report using smokeless tobacco, such as chewing tobacco or snuff.**
 - Significantly higher than Louisiana (3.5%) and national (3.7%) findings.
 - Usage is particularly high (over 10%) in Catahoula, Vernon and Winn Parishes.

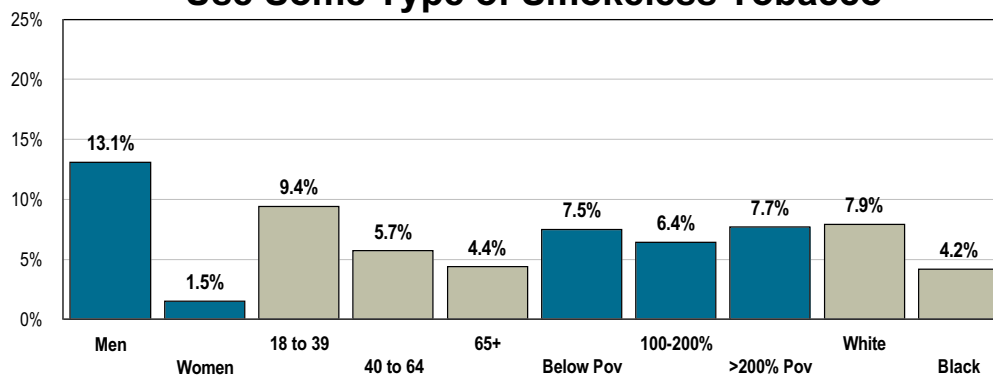
Use Some Type of Smokeless Tobacco



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents.

- **13.1% of men in the Rapides Foundation Service Area currently use smokeless tobacco products (18.5% among men aged 18 to 39).**

Use Some Type of Smokeless Tobacco

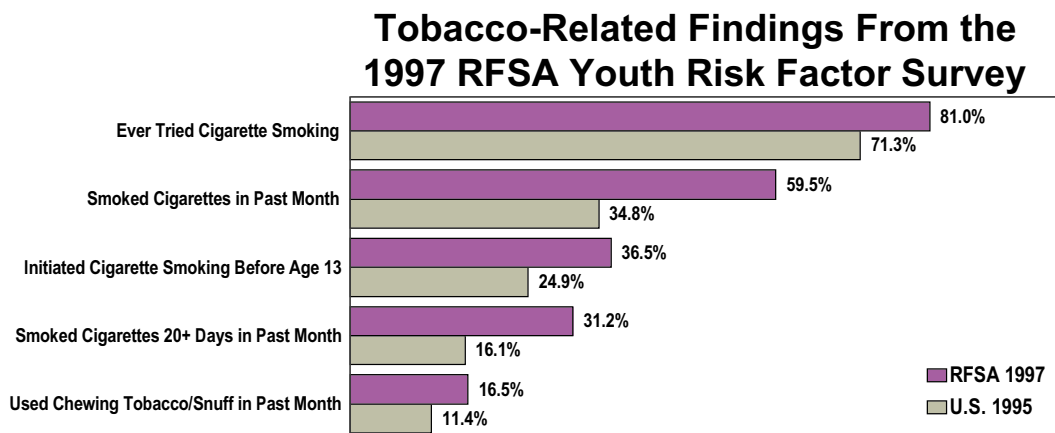


Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.
 2. Reflects the total sample of respondents.

Adolescent Tobacco Use

Note the following comparisons between the 1997 Central Louisiana Youth Risk Factor Survey findings and 1995 national data:

- **Rapides Foundation Service Area high school students report a much higher prevalence of cigarette smoking, both in terms of the percentage of students who smoked at all in the 30 days preceding the interview and the percentage of students who smoked on 20 or more days of the 30 days preceding the interview.**
- **A greater share of service area youth report trying cigarettes before the age of 13.**
- **Service area youth report a higher prevalence of using chewing tobacco or snuff.**



Source: Tulane School of Public Health and Tropical Medicine.

Community Health Panel Findings*

Focus group participants discussed that so many health problems are related to behaviors such as smoking, but that these behaviors are difficult to change in people.

“We see a very high rate of people smoking cigarettes.” — *Rapides Parish Physician*

“We attempt to get people to change behavior, but their behavior is ingrained in their family situation and in their background. I don’t know if the health care system is going to be able to change that much of what these people do and eat. I do a lot of ER care, and they ignore you when you tell that the wound is not going to heal if you don’t quit smoking. They laugh.” — *Rapides Parish Physician*

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

“I agree that 80 to 90 percent of the health problems everywhere are probably beyond the scope of the medical profession and have to do with lifestyle and things like that, which we have a limited ability to change. We can talk to our patients about quitting smoking, and we do have some success stories of patients who quit and even a few successes of people who lost weight and got in shape, but they are few.” — *Rapides Parish Physician*

“I tell my patients how expensive it is to smoke, and I wonder how can they afford to buy a pack of cigarettes. If it is a true addiction, they have to buy a pack on a regular basis, and at 5 dollars a pack, how do they afford it?” — *Rapides Parish Physician*

Smoking among youth is seen as starting at younger ages.

“I can tell you as a fact that kids are starting to smoke earlier than before, and more of them. Actually, the girls are probably the worst of the group. The highest percentages of youth who smoke are young teenage females. I can attest to that: I have seven daughters.” — *Rapides Parish Physician*

“There are a lot of young kids smoking in this community. Some of them are starting as young as in junior high school.” — *Rapides Parish Physician*

“I think kids start smoking because of peer pressure, and they also see adults smoking. If you grew up around people who smoke, you may sneak a puff and eventually you start stealing cigarettes and smoking them.” — *Rapides Parish Youth Participant*

“They had a great speaker at the high school who talked to the kids about smoking. One of the girls made the comment that four of her girlfriends quit smoking after that speech. They said it was kind of shock therapy, and it worked.” — *Rapides Parish Allied Health/Social Service Provider*

“I don’t think that if we had a class about smoking the kids would quit. They are not worried about it. They may quit for about four days, but then they would go right back to smoking. They really don’t care.” — *Rapides Parish Youth Participant*

“I think these straight-talk speakers are the best. My sister was in junior high, and they had these guys come in who couldn’t talk without a voice-thing talk about smoking, and it had a positive effect on kids. It was very real, and everyone was crying at the end of his talk. Most people learn from seeing someone who has been affected by smoking or sex or whatever. A healthy person talking to us won’t have the same effect.” — *Rapides Parish Youth Participant*

Additional comments:

“We need some smoking cessation clinics. We have a problem with smokeless tobacco among our kids, and more girls than boys are smoking cigarettes.” – *Winn Parish Key Informant*

“I see a lot of young people smoking out in public, even in the school parking lots.” – *Winn Parish Key Informant*

“We see a lot of young kids smoking and chewing tobacco. They are starting this habit very early.” – *Natchitoches Parish Key Informant*

“We see our kids starting to smoke and chew tobacco as early as middle school. I am not saying that it is increasing, but that is an ongoing problem.” – *Catahoula Parish Key Informant*

“I see young kids coming out of the middle schools and light up a cigarette. Parents pick them up and let them get in the car while the kids are smoking. A lot of the parents don’t see anything wrong with this habit.” – *Concordia Parish Key Informant*

“We see a lot of people who smoke in this parish. You can actually tell from the student’s paperwork that they come from a home where everyone smokes. Their papers, coats, book bags all smell of smoke.” – *Grant Parish Key Informant*

“Kids are starting to smoke in the elementary schools, around sixth grade. I see a lot of sick children who are sick from breathing cigarette smoke, and when I confront the parents, they say that everybody smokes in the house, so if they go outside to smoke, it wouldn’t help the child, anyway.” – *Grant Parish Key Informant*

“We see a lot of kids in middle school smoking and chewing tobacco.” – *LaSalle Parish Key Informant*

Cancers

Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. Cancer is caused by both external factors (tobacco, chemicals, radiation, and infectious organisms) and internal factors (inherited mutations, hormones, immune conditions, and mutations that occur from metabolism).

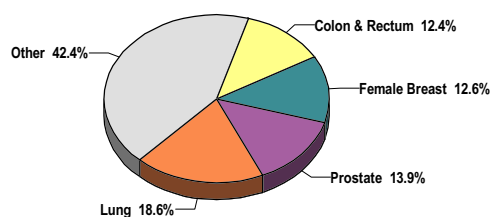
Causal factors may act together or in sequence to initiate or promote carcinogenesis. Ten or more years often pass between exposures or mutations and detectable cancer. Cancer is treated by surgery, radiation, chemotherapy, hormones, and immunotherapy (American Cancer Society).

Leading Cancer Diagnoses by Site

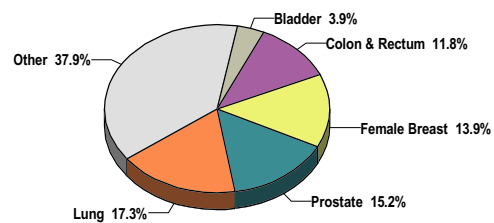
Between 1994 and 1998, the leading cancer diagnoses in the Rapides Foundation Service Area were for:

- Lung cancer (18.6% of diagnoses)
- Prostate cancer (13.9%)
- Female breast cancer (12.6%)
- Colorectal cancer (12.4%)

Leading Types of Cancer Cases by Site (1994-98)



Rapides Foundation Service Area



Louisiana

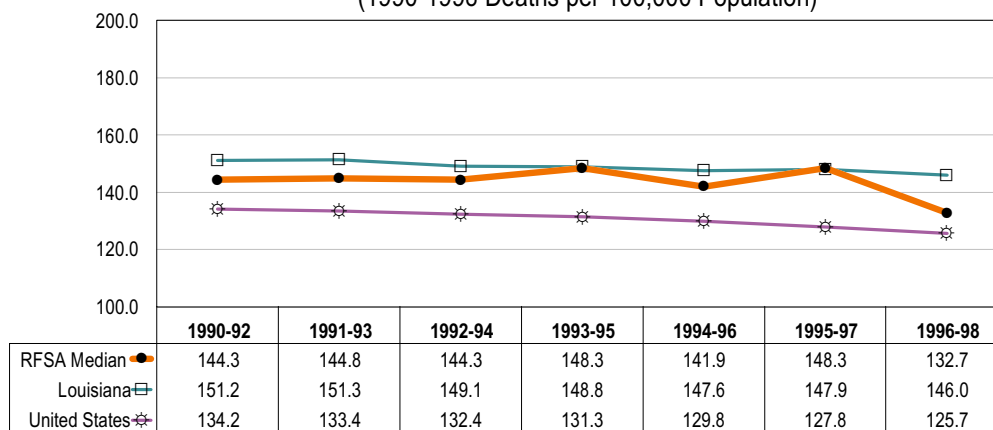
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Cancer Deaths

- Median age-adjusted death rates for cancer in the Rapides Foundation Service Area have fluctuated in recent years, typically falling below statewide rates, but above national death rates.

Age-Adjusted Mortality: Cancers

(1990-1998 Deaths per 100,000 Population)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

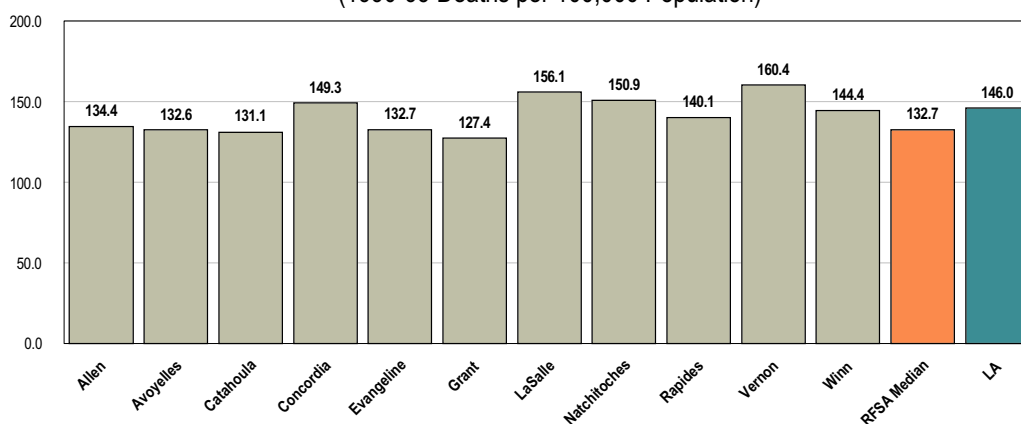
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. RFSA Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- Concordia, LaSalle, Natchitoches and Vernon Parishes experienced death rates above the state rate.

Age-Adjusted Mortality: Cancers

(1996-98 Deaths per 100,000 Population)

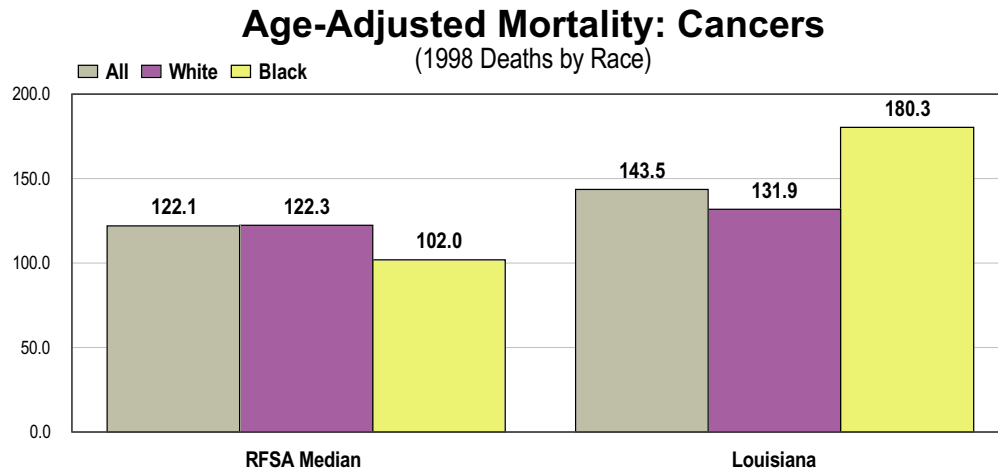


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

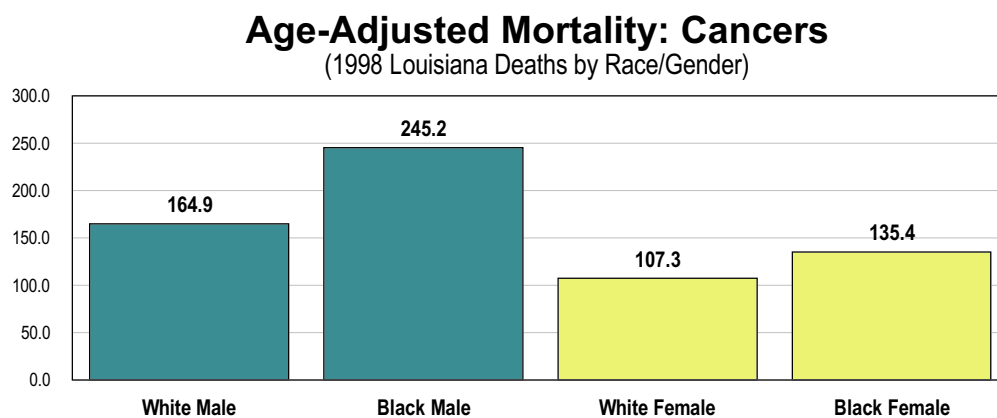
2. RFSA Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- In 1998, the median age-adjusted cancer death rates for Whites in the Rapides Foundation Service Area was higher than that for Blacks. In contrast, Blacks exhibit a notably higher cancer death rate statewide during the same period.



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).
 Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.
 2. RFSA Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- Statewide in 1998, Black males had the highest cancer death rate by gender and race (245.2/100,000), followed by White males (164.9/100,000), Black females (135.4/100,000) and White females (107.3/100,000).



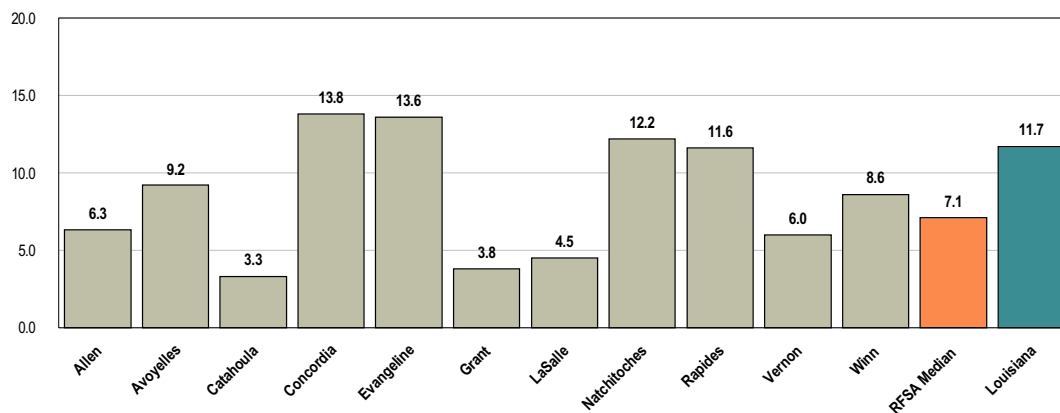
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).
 Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Cancer Deaths by Site

Note that the following rates include the very small portion of breast cancer deaths that occur among males.

- **The 1996-98 Rapides Foundation Service Area median breast cancer death rate is considerably lower than the statewide rate. However, Concordia, Evangeline and Natchitoches Parishes reported rates higher than the state.**

Age-Adjusted Mortality: Breast Cancer (1996-98 Deaths per 100,000 Population)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

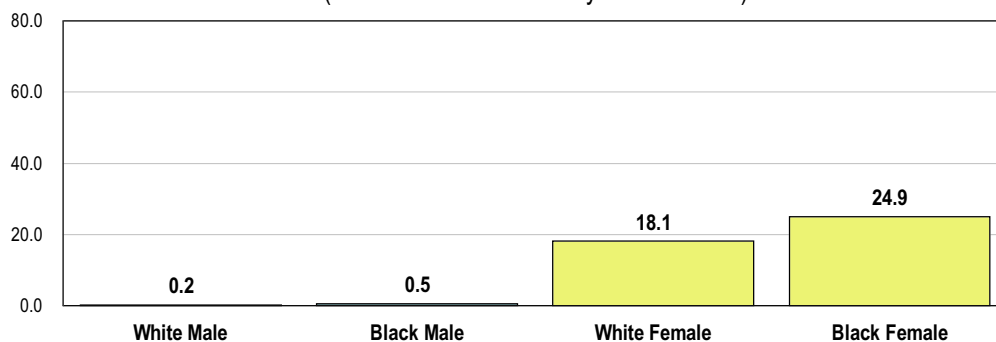
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. RFSA Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

3. Includes both male and female breast cancer.

- **Statewide, Black females experience a higher age-adjusted breast cancer death rate (24.9/100,000) than do White females (18.1/100,000).**

Age-Adjusted Mortality: Breast Cancer (1998 Louisiana Deaths by Race/Gender)

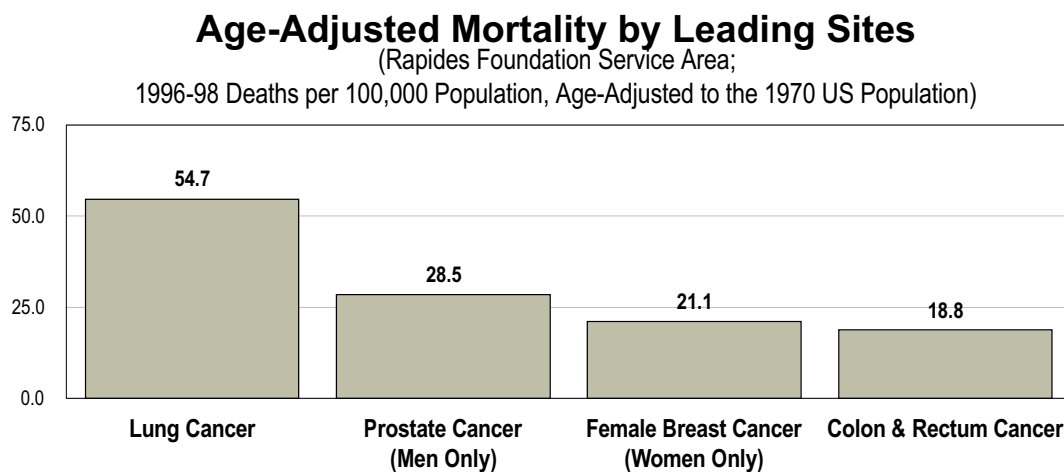


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

NOTE: While cancer death rates by site (other than breast cancer) are not typically tracked in state vital statistics records, some death rate data are available through the Louisiana Tumor Registry. However, these death rates use an alternative age-adjusting method (adjusted to the 1970 US Standard Population), and are thus not comparable to death rates outlined elsewhere in this report. Further, individual parish data for these are not available.

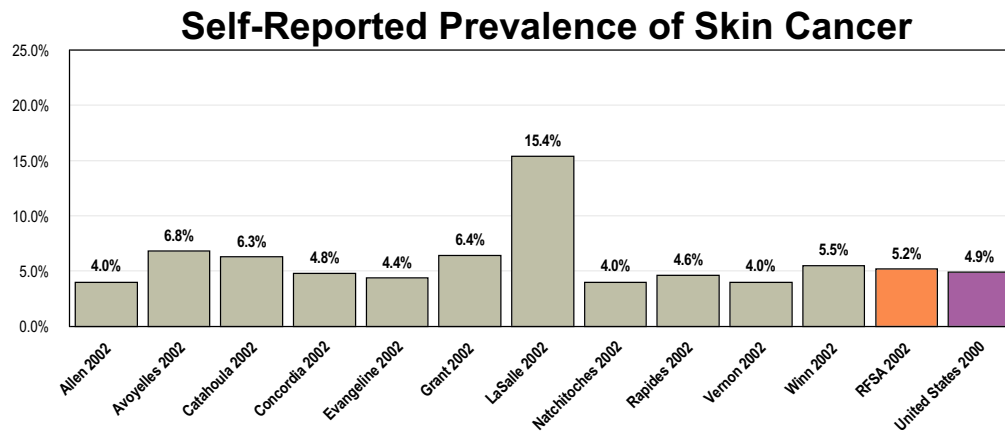
- **Of the leading cancer sites, lung cancer yields the highest death rate in the Rapides Foundation Service Area (54.7 age-adjusted deaths per 100,000 population), nearly twice the rate of the second leading cancer death site, prostate cancer (28.5/100,000). These death rates are followed by female breast cancer (21.1/100,000) and colon and rectum cancer (18.8/100,000).**



Source: Louisiana Tumor Registry, Department of Public Health & Preventive Medicine.
Note: Rates are per 100,000 population, age-adjusted to the 1970 U.S. Standard Million.

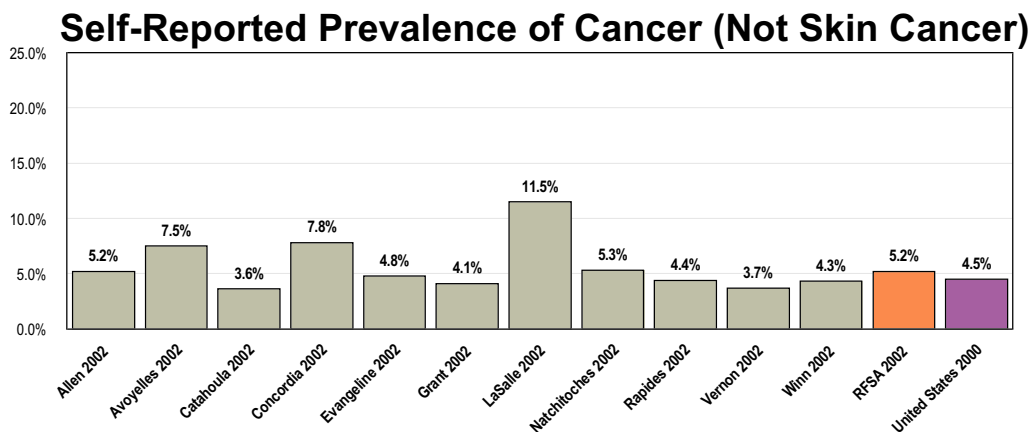
Self-Reported Prevalence of Cancers

- **5.2% of Rapides Foundation Service Area adults surveyed report that they have suffered from or been diagnosed with skin cancer.**
 - Similar to the national prevalence level.
 - Considerably higher in LaSalle Parish (15.4%).



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents.
 2. State data not available.

- **5.2% of Rapides Foundation Service Area adults report that they have suffered from or been diagnosed with cancer other than skin cancer.**
 - Similar to the national prevalence.
 - Again highest in LaSalle Parish (11.5%).



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents.
 2. State data not available.

Cancer Risk

The risk for many cancers can be significantly reduced by practicing preventive measures. The National Cancer Institute estimates that:

- **Tobacco accounts for 30% of cancers.**
 - See also Cardiovascular Risk Behaviors: Tobacco Use.
- **Dietary factors account for 35% of cancers.**
 - See also Cardiovascular Risk Behaviors: Nutrition.

Community Health Panel Findings*

On focus group participant pointed out the link between environmental factors and public health.

“I have some environmental issues that I think need addressing. I am talking about contamination of our soil and water and how these can cause medical complications for all of us. Every year, the EPA inspectors come here and test our soil and water supply, and they don’t enforce their regulations the way they should. We have health problems because of the high chlorine in our water. We also still use pesticides, and we have industrial runoffs from the petroleum industry. The EPA rules and regulations need to be enforced for the well-being of all of us.” — *Rapides Parish Community Leader*

Additional comments:

“We have a lot of cancer patients. I think nationally, one in four or one in five people have cancer, and I think we are probably right there with our cancer patients. I can’t really think of one type of cancer over another - just a lot of it.” – *LaSalle Parish Key Informant*

We see a lot of cancers in this area - a lot of prostate, breast, lung, throat, liver and pancreatic cancer. I am hearing more about cancer than I have ever before. This whole area around the Mississippi River has a lot of cancer-related problems. They don’t know if it is the petrochemical industry or all of the contaminants that start way up at the top of the Mississippi and roll down through the delta. They are still researching this problem to see if genetics have something to do with it; but they do know that this part of Louisiana and this whole area through the south of us has a higher incidence of cancer than the rest of the United States.” – *Allen Parish Key Informant*

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Lung Cancer

“Lung cancer is very high in this parish. I think it is because we are a farming community and we still use a heavy amount of pesticides.” – *Evangeline Parish Key Informant*

“There have been several studies done by the American Cancer Society on lung cancer, and they can’t pinpoint any one thing as the leading cause of it. They tried to blame it on the agricultural industry, but they couldn’t. It is a multitude of factors.” – *Evangeline Parish Key Informant*

“I would say that the leading type of cancer in this parish is lung cancer, and with males it’s prostate cancer.” – *Winn Parish Key Informant*

Women’s Cancers

“I would say the number one cancer in this parish is breast cancer, and colon cancer is probably second. We do have a program through the Department of Public Health that provides free mammograms and pap smears to women over 50 years old. Even if they have insurance but have not met their deductible, they still qualify for free.” – *Catahoula Parish Key Informant*

Colorectal Cancer

“Smoked meats is one of the worst things that can contribute to colon cancer, and we eat a lot of it. There was a study done in the early 1990s that talked about risk factors for different types of cancers, and smoked meat was one of the primary causes of colon cancer. So this has been known for a while.” – *Evangeline Parish Key Informant*

“We have been successful in detecting some early stages of cancer. However, we don’t have any preventive programs to detect colon cancer.” – *Catahoula Parish Key Informant*

Cancer Risks

“We have a high percentage of cancer per capita in this little town - all types of cancer. We have at least two to five children a year being treated at St. Jude for various types of cancer.” – *Grant Parish Key Informant*

“Most of the cancers are from secondhand smoke. In fact, I have never seen a patient under 10 years of age who got cancer that it wasn’t smoke-induced.” – *Grant Parish Key Informant*

Cancer Screenings

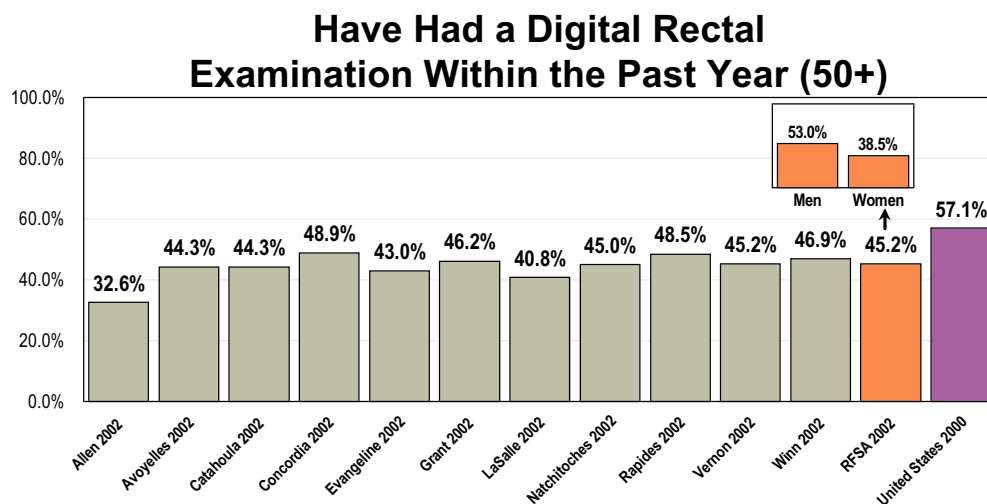
Many forms of cancer are preventable, and some, if detected and treated early, are curable. Thus, the greatest potential for reducing cancer prevalence in years to come lies in stronger prevention strategies, improved means of early detection, and wider use of screening techniques.

Colorectal Cancer Screening

Digital Rectal Examination

A *digital rectal exam* is a screening procedure in which a physician or other health professional inserts a finger into the rectum to check for colorectal cancer and other health problems.

- **45.2% of Rapides Foundation Service Area adults aged 50 and older have had a digital rectal examination within the past year.**
 - Higher among men than women (digital rectal examination is also used as a screening procedure for prostate cancer in men).
 - Significantly lower than the testing prevalence found nationwide among adults in this age group (57.1%).
 - Particularly low in Allen Parish (32.6%).



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

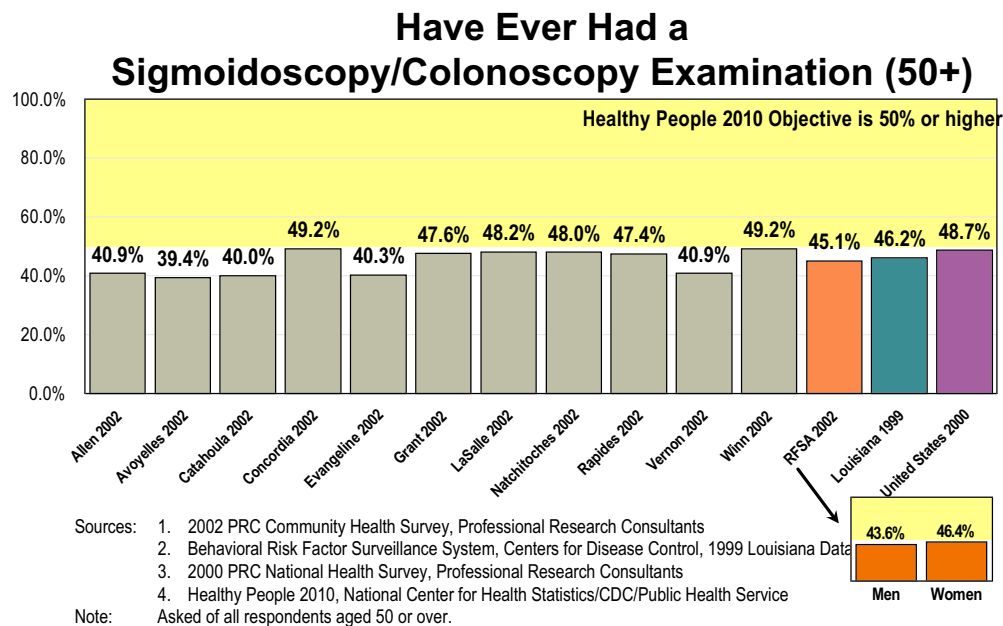
2. 2000 PRC National Health Survey, Professional Research Consultants

Note: Asked of all respondents aged 50 and older.

Sigmoidoscopy/Colonoscopy

Another method of screening for colorectal cancer is the *sigmoidoscopy/colonoscopy examination*, in which a tube is inserted in the rectum.

- **45.1% of Rapides Foundation Service Area adults aged 50 or older have ever had a sigmoidoscopy/colonoscopy examination.**
 - Similar to state and national testing prevalence levels.
 - Falls short of the *Healthy People 2010* target (50% or higher).

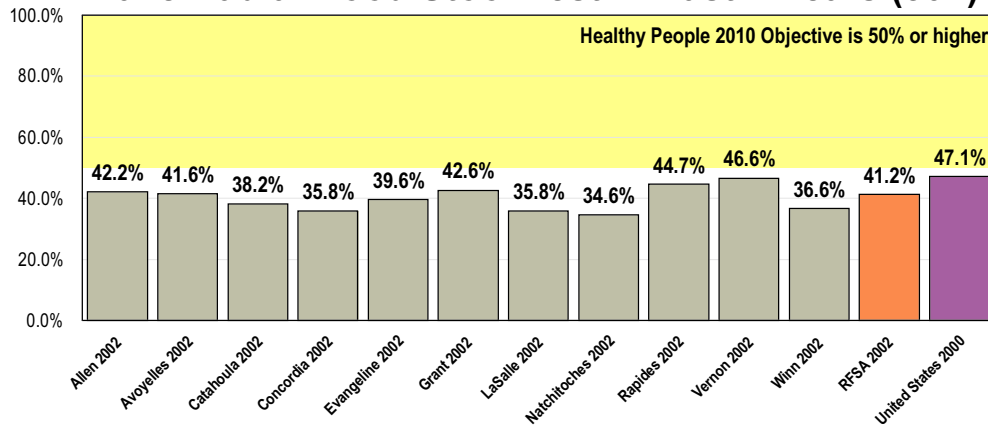


Blood Stool Test

A blood stool test tests the bowel movement for blood and is administered by a physician or using a home testing kit.

- **41.2% of Rapides Foundation Service Area adults aged 50 or older have had a blood stool test in the past two years.**
 - Significantly lower than national findings among adults in this age group (47.1%).
 - Fails to satisfy the *Healthy People 2010* target (50% or higher).

Have Had a Blood Stool Test in Past 2 Years (50+)



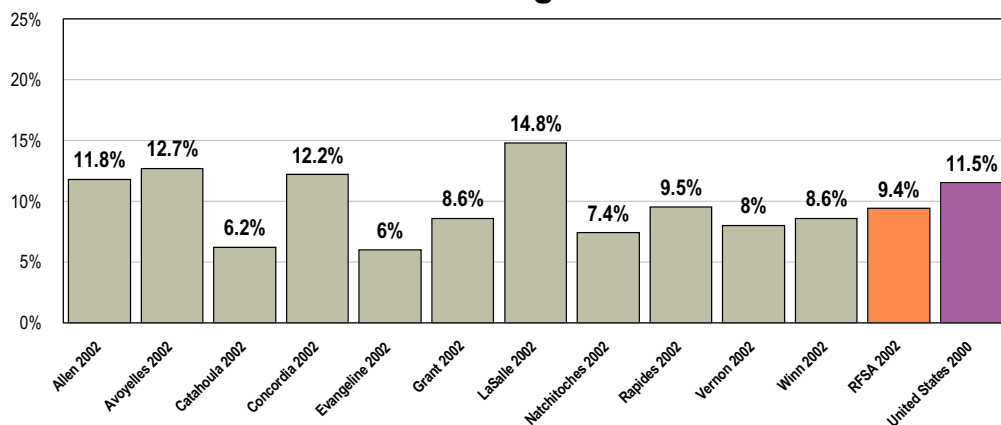
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

Notes: 1. Asked of respondents aged 50 and older
 2. State data not available.

Female Breast Cancer Screening

- **9.4% of Rapides Foundation Service Area women have had a mother or sister who was diagnosed with breast cancer.**
 - Statistically similar to national findings.
 - Highest in LaSalle Parish (14.8%).

Mother/Sister Has Been Diagnosed With Breast Cancer



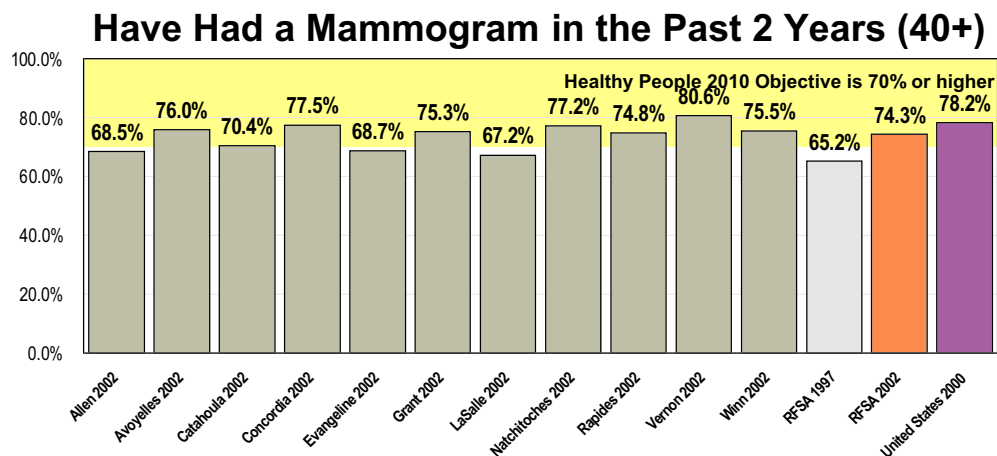
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all female respondents.
 2. State data not available.

Mammography & Breast Examination

One of the most effective screening tools for breast cancer is the **mammogram**, an x-ray of the breast; women over the age of 40 should have a mammogram annually.

- **74.3% of Rapides Foundation Service Area women aged 40 and older have had a mammogram in the past two years.**
 - Statistically similar to findings nationwide.
 - Significantly better than found in the Rapides Foundation Service Area in 1997 (65.2%).
 - Satisfies the *Healthy People 2010* target (70% or higher).



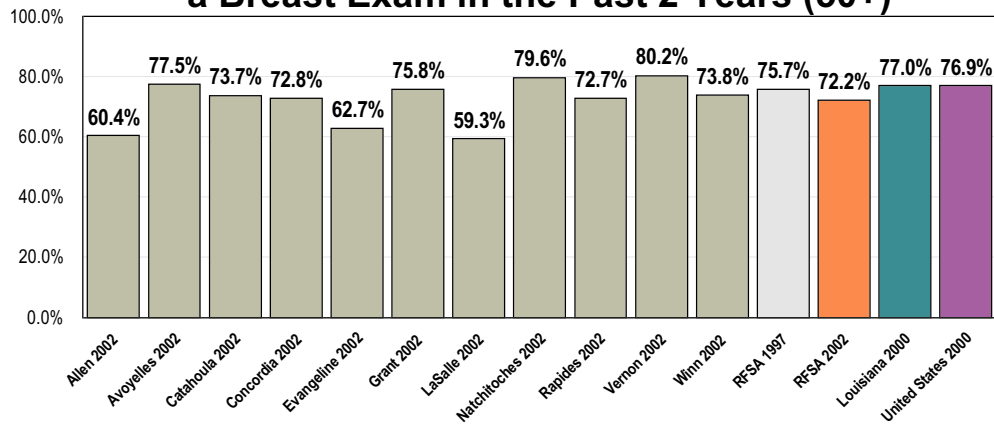
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

Notes: 1. Reflects women aged 40 and over.
2. State data not available.

Another method of screening for breast cancer is the **clinical breast exam**; this is when a physician, nurse or other health professional feels the breast for lumps. Used in conjunction with one another, a mammogram and clinical breast exam are a woman's best defense against breast cancer, given that early detection and treatment bring the best chances for survival.

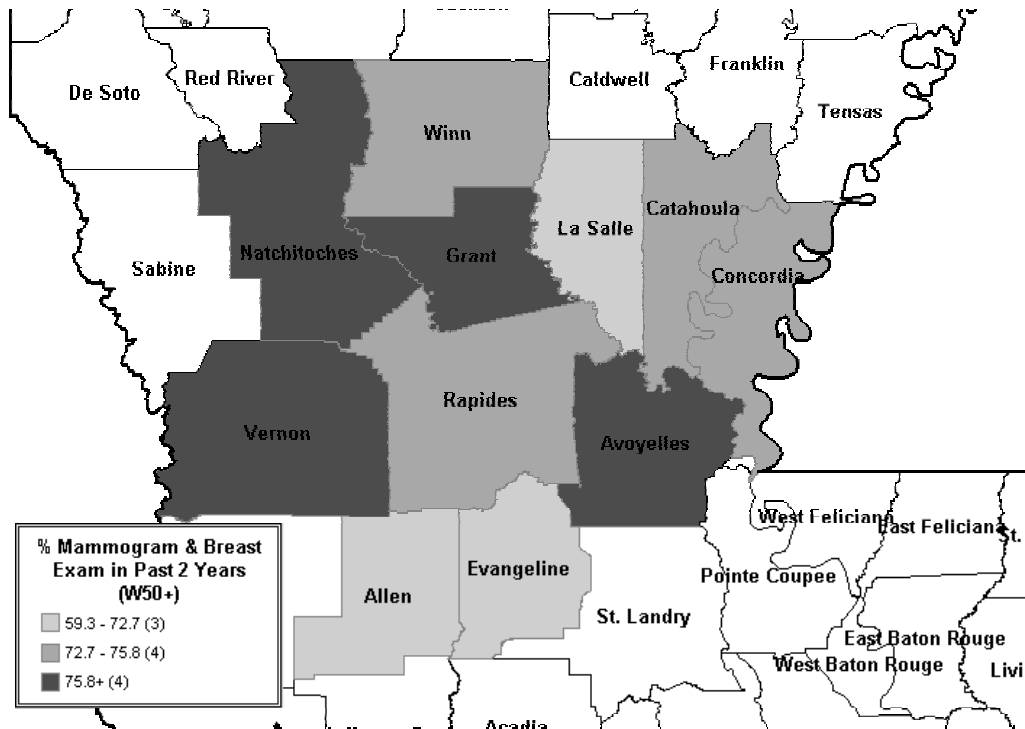
- **72.2% of Rapides Foundation Service Area women aged 50 and older have had both a mammogram and a clinical breast exam in the past two years.**
 - Significantly less favorable than state (77.0%) and national (76.9%) findings.
 - Particularly low (less than 63%) in Allen, Evangeline and LaSalle Parishes.

Have Had Both a Mammogram and a Breast Exam in the Past 2 Years (50+)



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

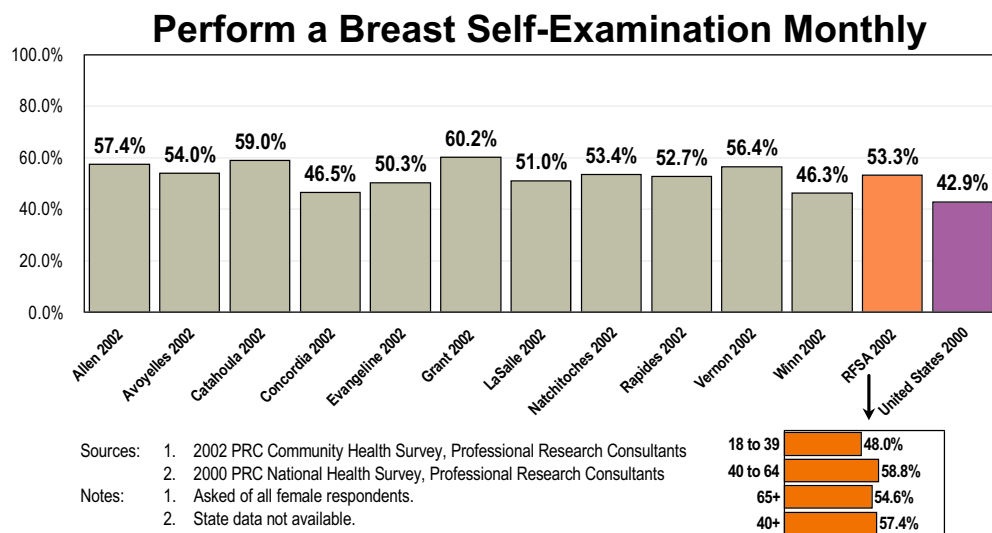
Notes: 1. Reflects women aged 50 and over.
 2. State data not available.



Breast Self-Examination

As a further means of early detection, it is recommended that women examine their own breasts each month to check for potentially cancerous lumps.

- **5.2% of Rapides Foundation Service Area women do not know how to perform a breast self-exam.**
- **53.3% of Rapides Foundation Service Area women perform a breast self-exam monthly.**
 - Better than found nationwide (42.9%).
 - Highest (over 56%) in Allen, Catahoula, Grant and Vernon Parishes.
- **57.1% of Rapides Foundation Service Area women aged 40 and older perform a breast self-exam monthly.**



Community Health Panel Findings*

“We just had our cancer survey completed, and we have high breast cancer rates. We push mammography and breast health all year round, and women choose not to attend the classes or do the mammography. It is not because they haven’t been educated, it is because they choose not to do it. It gets very frustrating for us as health care providers.”
— Rapides Parish Allied Health/Social Service Provider

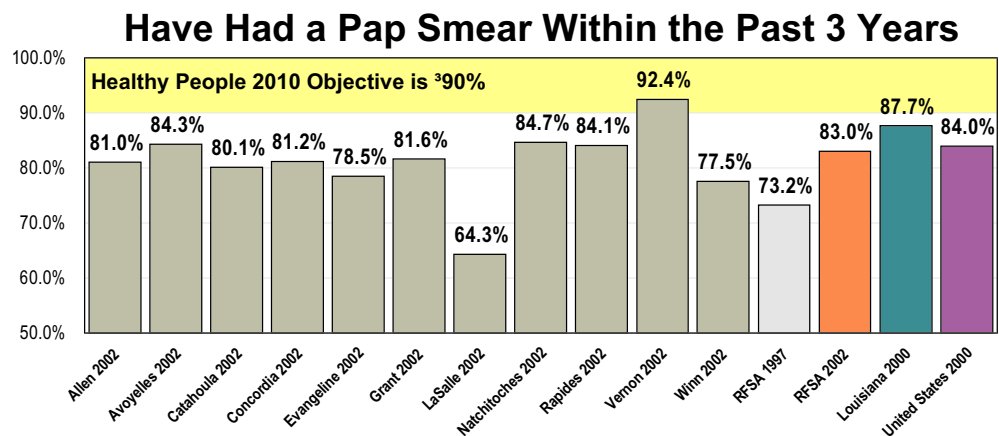
* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Cervical Cancer Screening

Pap Smear Testing

The most effective means of detecting cervical cancer in women is through a **Pap smear** test. Women over the age of 18 should undergo a Pap smear test regularly. Early detection of cervical cancer through a Pap smear can dramatically increase a woman's probability of long-term survival.

- **83.0% of Rapides Foundation Service Area women have had a Pap smear test in the past three years.**
 - Below statewide findings (87.7%).
 - Similar to national findings.
 - Fails to satisfy the *Healthy People 2010* target (90% or higher).
 - Significantly better than reported in the Rapides Foundation Service Area in 1997 (73.2%).
 - Particularly high in Vernon Parish (92.4%, satisfying the *Healthy People 2010* target).
 - Particularly low in LaSalle Parish (64.3%).

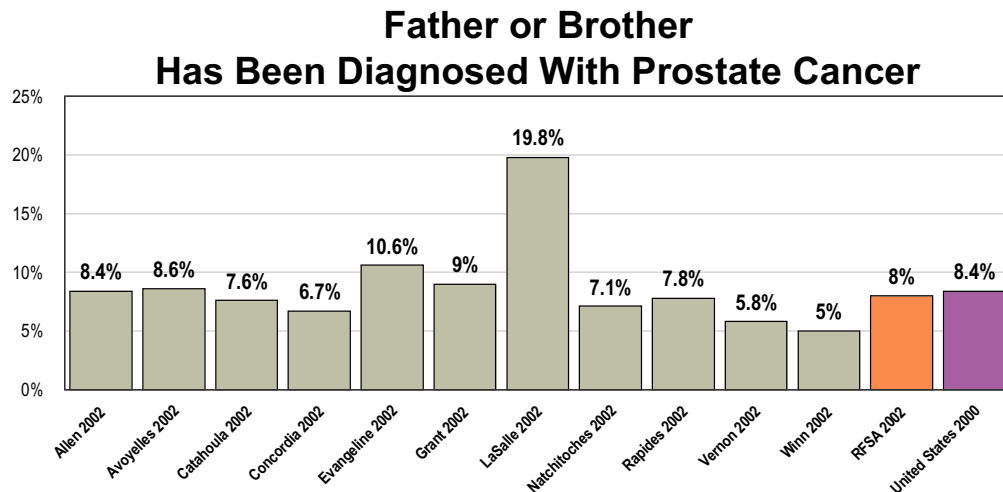


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
5. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

Notes: 1. Asked of all female respondents.
2. State data not available.

Prostate Cancer

- **8.0% of Rapides Foundation Service Area men have a father or brother who has been diagnosed with prostate cancer.**
 - Similar to national findings.
 - Particularly high (19.8%) in LaSalle Parish.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all male respondents.
2. State data not available.

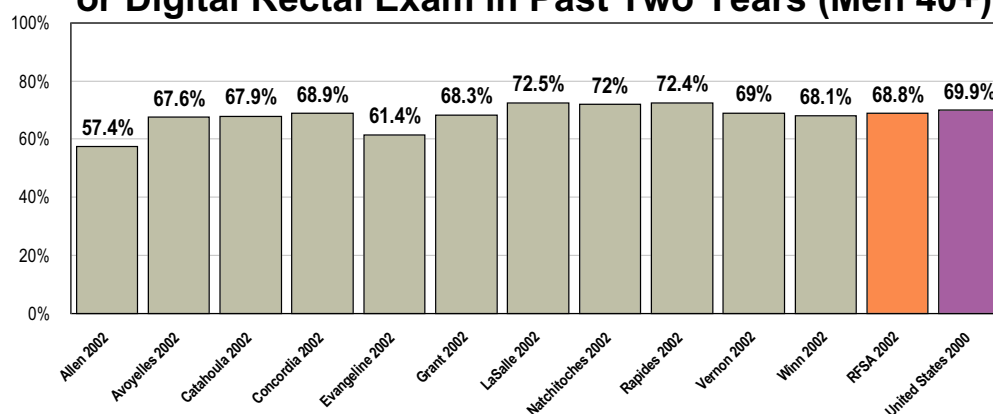
Prostate-Specific Antigen & Digital Rectal Examination

Prostate-specific antigen (PSA) is a “tumor marker,” a substance produced by cancer cells and sometimes normal cells that can be found in large amounts in the blood or urine of some patients with cancer. PSA is the only marker currently used for screening and is specific for prostate disease. The American Cancer Society recommends discussing with your doctor the decision to use this test to screen for prostate cancer if you are between 50 and 70 because doctors are not yet sure that the use of this test will lower the morbidity and mortality from this disease, and the treatment of prostate cancer has many side effects.

Digital rectal examination is a screening procedure in which a physician or other health professional inserts a finger into the rectum to check for prostate cancer.

- **68.8% of Rapides Foundation Service Area men aged 40 or older have had either a PSA test or a digital rectal exam in the past two years.**
 - Similar to national findings.
 - Lower (less than 62%) in Allen and Evangeline Parishes.

Had Either a Prostate-Specific Antigen (PSA) Test or Digital Rectal Exam in Past Two Years (Men 40+)



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Reflects male respondents aged 40 and older.

2. State and national data not available.

Community Health Panel Findings*

“We have a higher percentage of Black men in this city with prostate cancer. Just about every Black man we bury in our church died of prostate cancer. The last prostate screening didn’t get the number of Black men they really wanted, so this time we are going to have it over at the church to see if we can get the number up. As long as the Foundation can put somebody there to do the educating part of it, we can make it work. These people trust the church.” — Rapides Parish Allied Health/Social Service Provider

Testicular Cancer

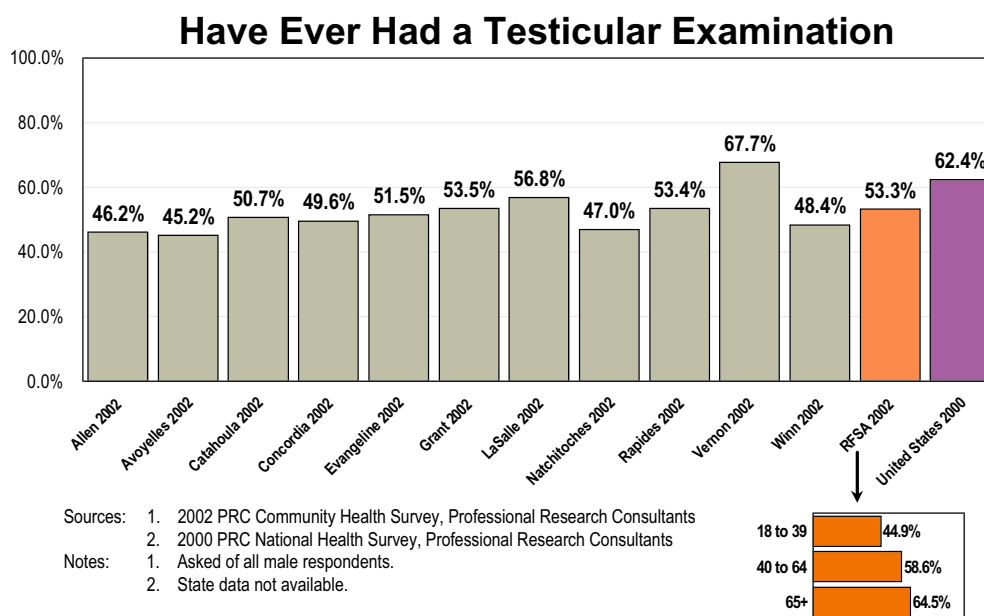
Testicular cancer is a disease which often strikes men in late adolescence to early adulthood. However, if detected and treated early, testicular cancer has a very high cure rate.

Clinical Testicular Examination

- **53.3% of Rapides Foundation Service Area men have ever had a testicular examination by a physician.**
 - Lower than found nationwide (62.4%).

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

- Only 44.9% of Rapides Foundation Service Area men between the ages of 18 and 39 have ever had a clinical testicular examination (most testicular cancers occur between the ages of 15 and 40).
- Highest in Vernon Parish (67.7%). Lowest (less than 49%) in Allen, Avoyelles, Natchitoches and Winn Parishes.

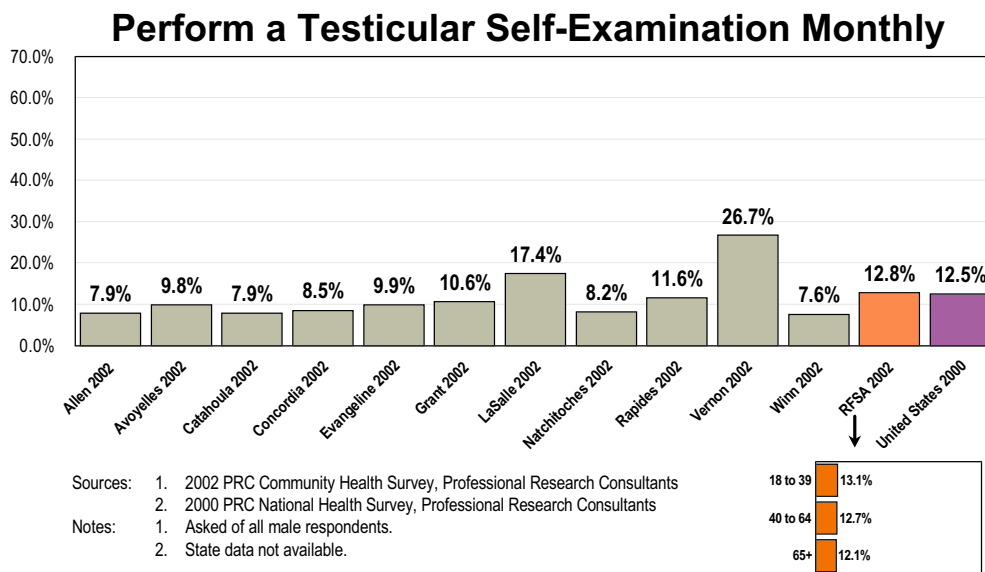


Testicular Self-Examination

Men should know how to examine themselves for lumps on the testicles which may be cancerous. It is recommended that men perform a testicular self-examination monthly.

- **Only 12.8% of Rapides Foundation Service Area men perform a testicular self-examination monthly.**
 - Similar to national findings.
 - Notably higher in Vernon (26.7%) and LaSalle (17.4%) Parishes.

- Only 13.1% of Rapides Foundation Service Area men between the ages of 18 and 39 perform a testicular self-examination monthly.



Respiratory Diseases

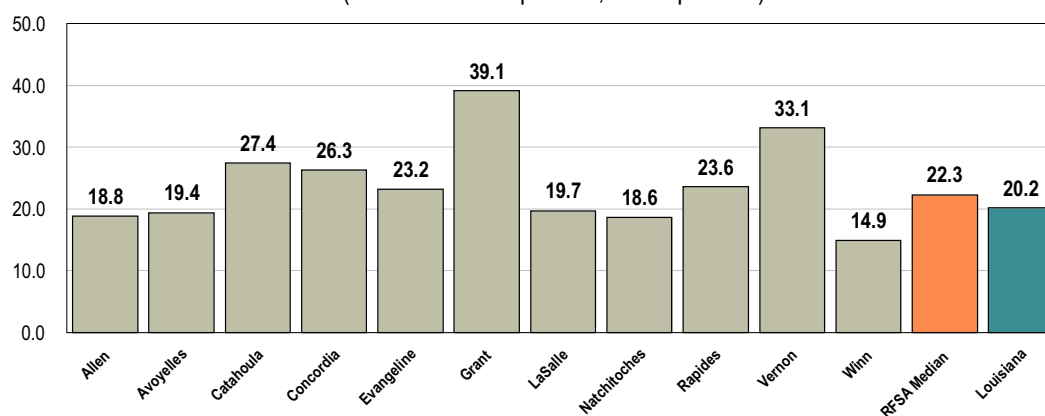
Respiratory diseases include a variety of diseases that can impact the lung and respiratory system, such as chronic obstructive pulmonary disease (which includes emphysema and chronic bronchitis), asthma, influenza and pneumonia.

Chronic Obstructive Pulmonary Disease Deaths

Chronic obstructive pulmonary disease (COPD) includes emphysema and chronic bronchitis — diseases that are characterized by obstruction to air flow.

- **The 1996-98 median age-adjusted COPD death rate in the Rapides Foundation Service Area is higher than the corresponding statewide rate.**
 - Grant and Vernon Parishes experience particularly high age-adjusted death rates for chronic obstructive pulmonary disease (over 33 deaths/100,000).

**Age-Adjusted Mortality:
Chronic Obstructive Pulmonary Disease**
(1996-98 Deaths per 100,000 Population)

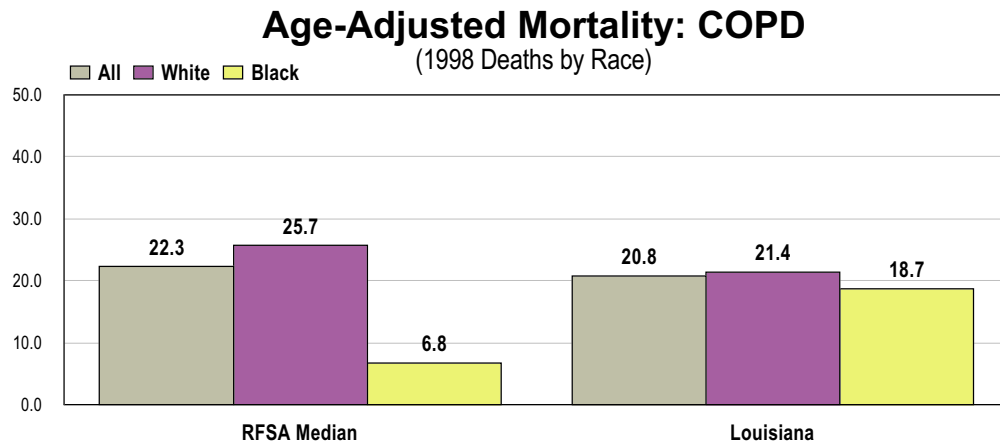


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. RFSA Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

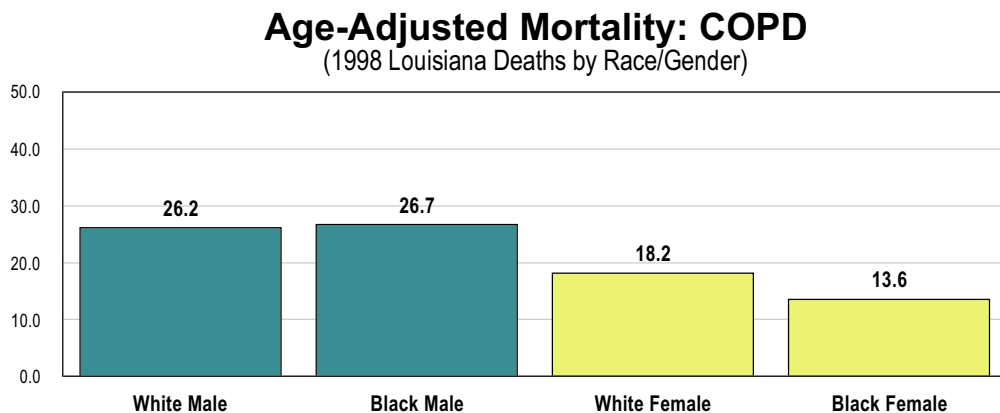
- In 1998, Whites in the Rapides Foundation Service Area experienced a markedly higher median death rate due to COPD than did Blacks; this disparity is not nearly as pronounced in the statewide data.



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

- Notes:
1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.
 2. RFSA Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- Statewide in 1998, both Black and White males experienced much higher age-adjusted death rates (26.7/100,000 and 26.2/100,000, respectively) than did White females (18.2/100,000) or Black females (13.6/100,000).



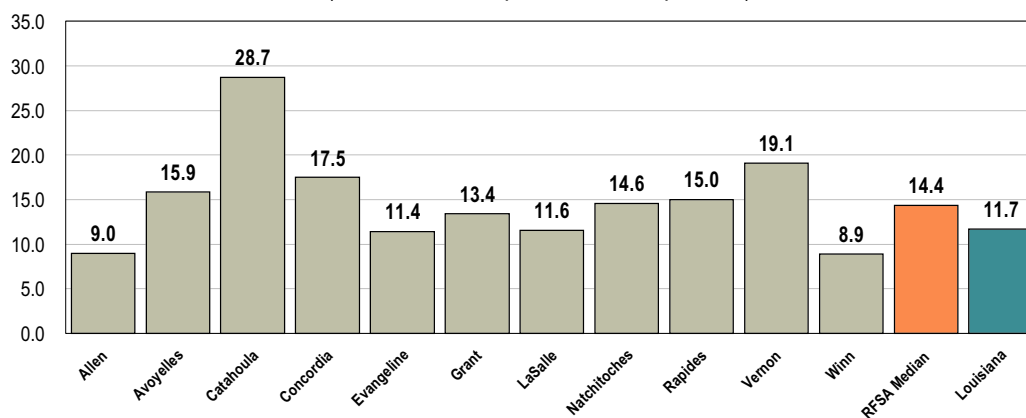
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Pneumonia/Influenza Deaths

- The 1996-98 median age-adjusted pneumonia/influenza death rate in the Rapides Foundation Service Area is above the statewide rate.
- Catahoula Parish experienced a particularly high age-adjusted death rate for pneumonia/influenza during this period (28.7 deaths/100,000).

Age-Adjusted Mortality: Pneumonia/Influenza (1996-98 Deaths per 100,000 Population)



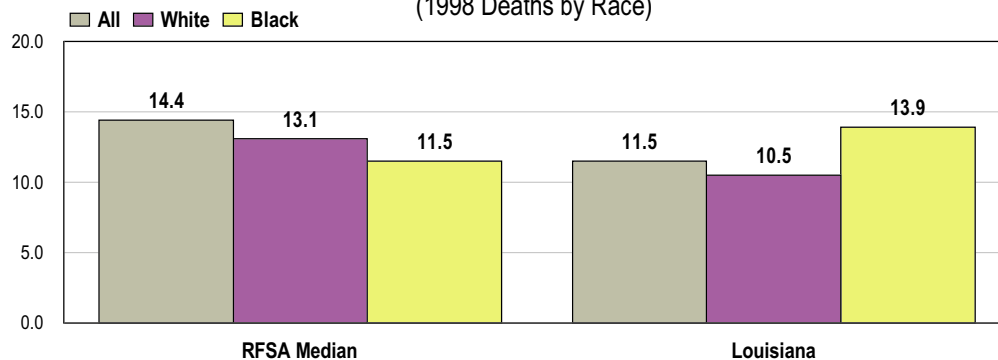
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. RFSA Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- In the Rapides Foundation Service Area in 1998, Whites experienced a slightly higher median age-adjusted pneumonia/influenza death rate than did Blacks. Statewide, the reverse was true.

Age-Adjusted Mortality: Pneumonia/Influenza (1998 Deaths by Race)

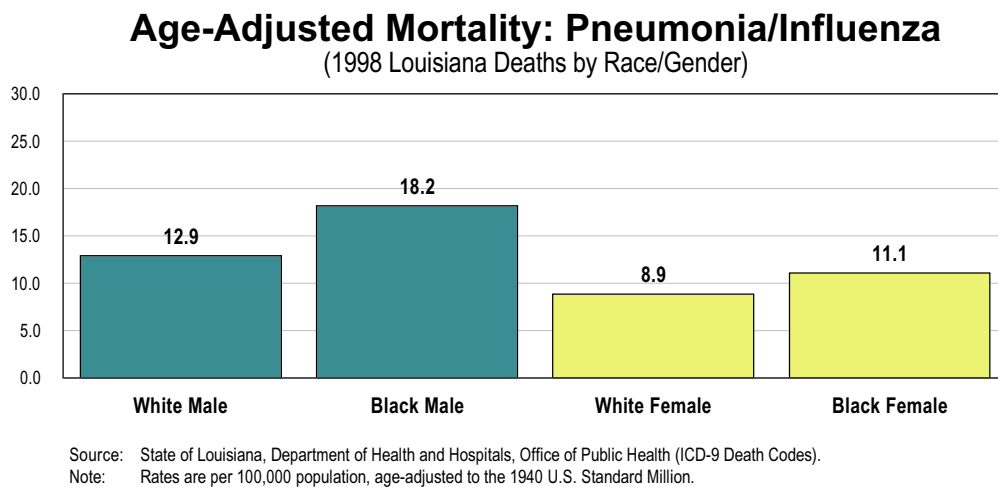


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. RFSA Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- Statewide, Black males exhibited the highest age-adjusted death rate due to pneumonia/influenza in 1998 (18.2/100,000), followed by White males (12.9/100,000), Black females (11.1/100,000) and White females (8.9/100,000).



Flu Shots Among Seniors

Community Health Panel Findings*

“Twenty years ago, when I went to work for this company, I started getting flu shots. Any worker who wanted them could get one. I think flu shots, no matter what age, is payback many times over the cost of the flu shot because the workers are not out sick. I don’t know why we stopped.” — *Rapides Parish Community Leader*

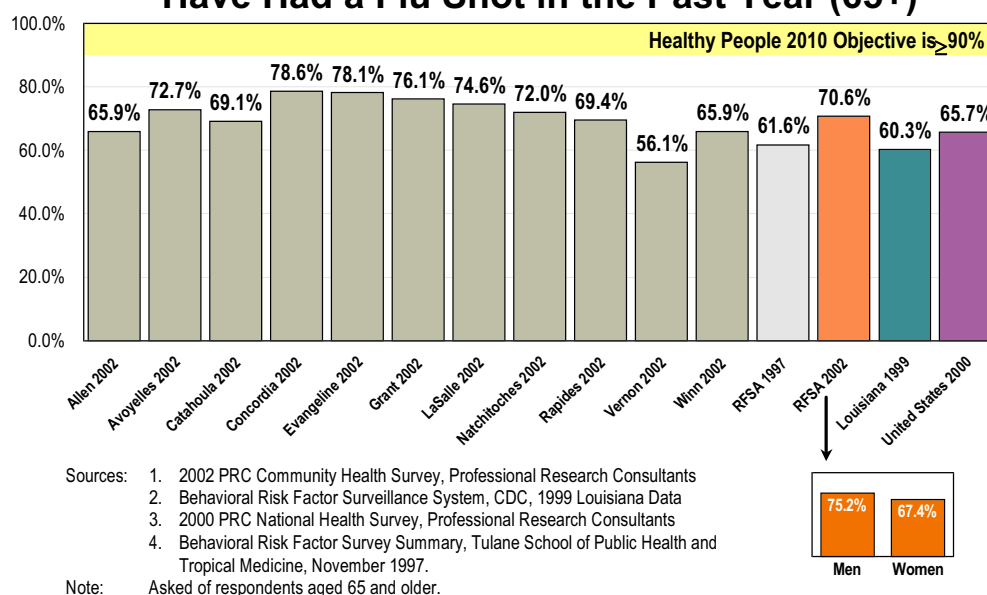
“We need to get the seniors into town and give them the flu shots. Maybe we could use the churches or the town hall as a place for them to come in for the shots, but the problem is that we have to get them in there. Transportation is a big problem.” – *Grant Parish Key Informant*

- 70.6% of Rapides Foundation Service Area seniors aged 65 and older have had a flu shot in the past year.**
 - Statistically similar to national findings.
 - Significantly better than Louisiana findings (60.3%).
 - Significantly better than found in the service area in 1997 (61.6%).
 - Fails to satisfy the *Healthy People 2010* target (90% or higher).

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

- Higher in the Rapides Foundation Service Area among men aged 65 or older.
- Lowest in Vernon Parish (56.1%).

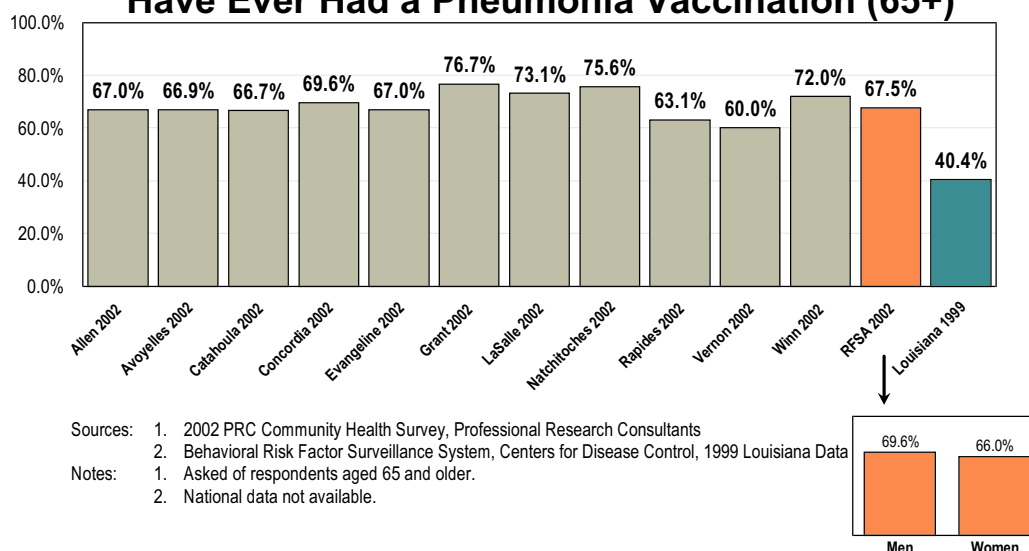
Have Had a Flu Shot in the Past Year (65+)



Pneumonia Vaccination Among Seniors

- **67.5% of Rapides Foundation Service Area seniors aged 65 and older have ever had a pneumonia vaccination.**
- Significantly higher than found statewide in 1999 (40.4%).
- Ranges from 60.0% in Vernon Parish to 76.7% in Grant Parish.

Have Ever Had a Pneumonia Vaccination (65+)

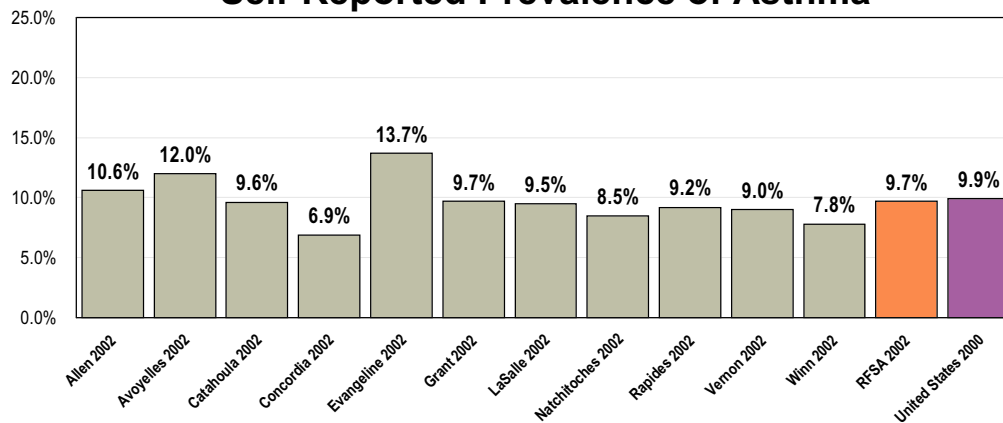


Self-Reported Asthma & Chronic Lung Disease Prevalence

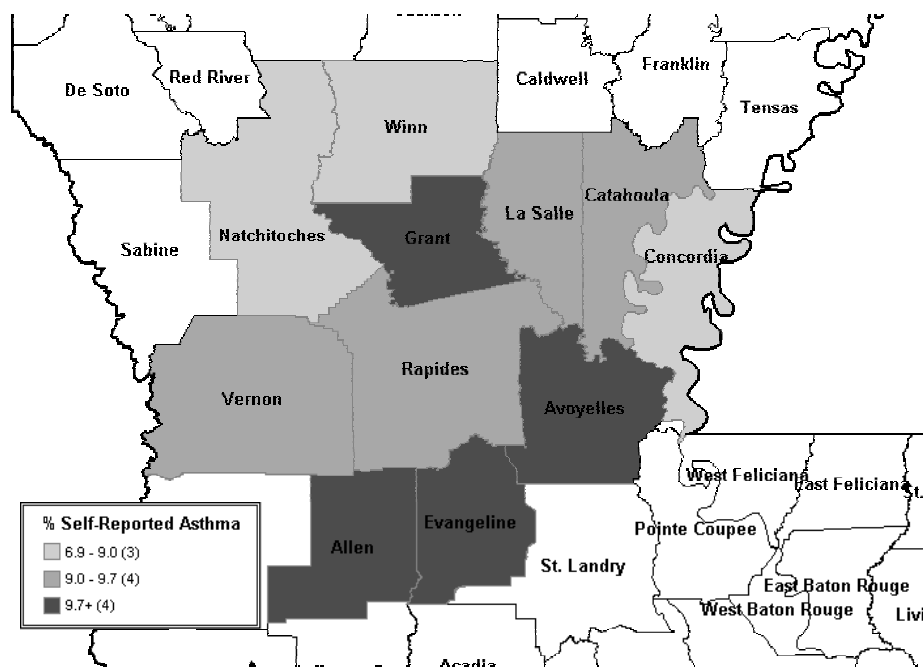
Asthma

- **9.7% of Rapides Foundation Service Area adults report suffering from or having been diagnosed with asthma.**
 - Similar to national findings.
 - Notably higher prevalence in Evangeline Parish (13.7%).

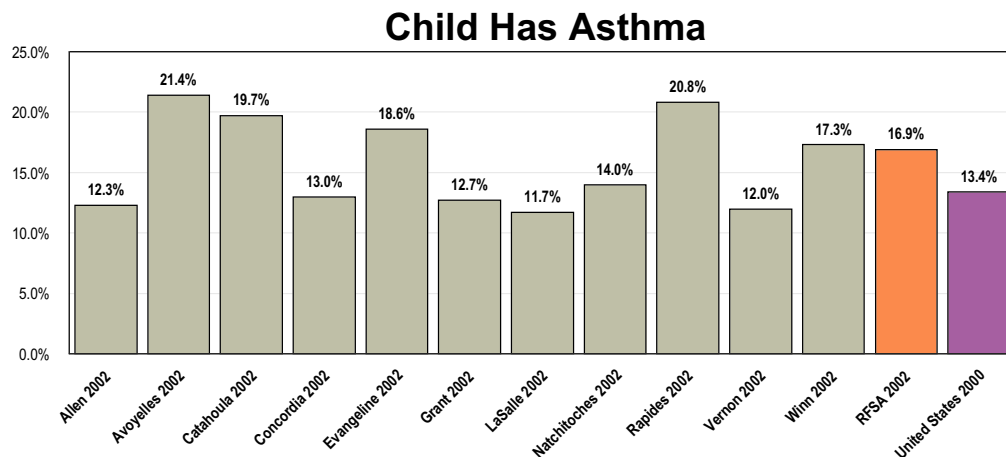
Self-Reported Prevalence of Asthma



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents.
 2. State data not available.



- **16.9% of Rapides Foundation Service Area parents report that their child has been diagnosed by a doctor or health professional with asthma.**
 - Statistically similar to nationwide (13.4%).
 - Notably higher (over 20%) in Avoyelles and Rapides Parishes. Lowest (14% or lower) in Allen, Concordia, Grant, LaSalle, Natchitoches and Vernon Parishes.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents.
 2. State data not available.

Community Health Panel Findings*

Asthma is seen as a significant problem, particularly among children. Focus group participants pointed out possible environmental causes or contributors.

“We don’t have much air pollution other than smoking, but we do have a problem with dust mites. There are a substantial number of visits related to asthma in my pediatric age group.” — *Rapides Parish Physician*

“I am an asthmatic, and Louisiana has a lot of algae problems because of the growing season being so long, so allergy and asthma are a problem here.” — *Rapides Parish Physician*

“We have so many kids that have asthma in the schools. I mean, with all of the medicines schools have to keep for the students, we could open a pharmaceutical company. I don’t know what the cause of this problem is, but we have a lot of kids

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

using inhalers and who can't participate in P.E. because of their asthma." — *Rapides Parish Community Leader*

Participants in the parishes outside Rapides Parish were also concerned with the prevalence of and problems associated with asthma, particularly for children:

"Asthma is a big problem here." – *LaSalle Parish Key Informant*

"I think all the smoking in the homes is causing this asthma problem." – *Winn Parish Key Informant*

"It seems to me that we have a lot of students in our schools with asthma problems. Some of these kids are the ones whose parents we can't reach when they are having an attack and don't have the medicine." – *Winn Parish Key Informant*

"We have a lot of students at the school who have asthma and are using inhalers daily." – *Evangeline Parish Key Informant*

"We have a very high pollen count, and a lot of our kids have asthma and use inhalers. I know that the indoor air quality, at least in Fort Polk, is a big issue. We are having people conducting surveys in our buildings, and they are finding mold because of the leaky and poor structural buildings." – *Vernon Parish Key Informant*

"I think that our teachers need to be trained on how to deal with kids that have asthma – also how to administer the inhalers and other medicines that these kids are taking every day. We only have two nurses. Some of our schools don't have nurses; they are on call and may visit the school on a weekly basis." – *Vernon Parish Key Informant*

"Another thing that we try to do is find out the condition of the home. A child with asthma needs to live in a house cleaned, dusted and smoke-free. A lot of parents don't know this." – *Grant Parish Key Informant*

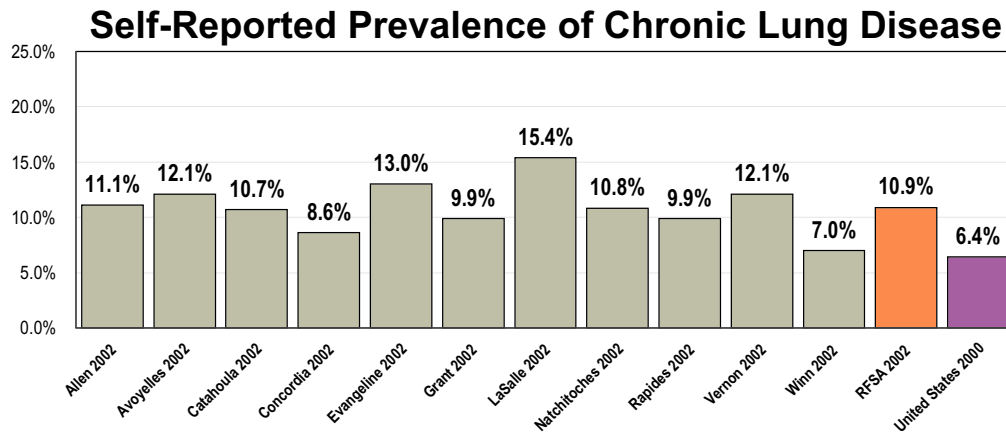
"I had to help this parent with a child who has asthma and was using the inhaler constantly by keeping a record of how many time a day this child used the inhaler. The parent took the information to the doctor, and they changed the prescription. This parent was not very educated and didn't know what to do." – *Grant Parish Key Informant*

"My personal observation is that a lot of the children that I have seen with asthma is because everyone in the house smokes. We have a drawer full of inhalers at our school. Kids come in every morning and check one out to use during the day. We have usually two people in each school who are trained to administer medications and the inhalers." – *Catahoula Parish Key Informant*

"We also have a big problem with asthma in children. A lot of young kids use inhalers on a daily basis. We still use pesticides around here, especially in the rice fields." – *Allen Parish Key Informant*

Chronic Lung Disease

- **10.9% of Rapides Foundation Service Area adults report suffering from or having been diagnosed with chronic lung disease.**
 - Significantly higher than found nationwide (6.4%).
 - Ranges from 7.0% in Winn Parish to 15.4% in LaSalle Parish.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents.
2. State data not available.

Injury

Injury is a serious public health problem because of its impact on the health of Americans, including premature death, disability, and the burden on our health care system. Nationwide, injury is the leading cause of death and disability among children and young adults.

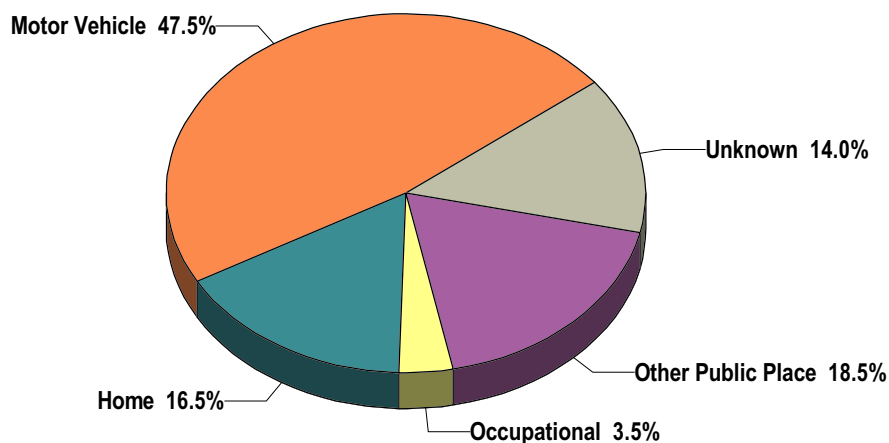
Like diseases, injuries do not occur at random and are preventable. Injury prevention strategies focus primarily on environmental design (e.g., road construction that permits optimum visibility), product design, human behavior, education, and legislative and regulatory requirements that support environmental and behavioral change.

Unintentional Injury Deaths

Leading Causes of Accidental Deaths

- **47.5% of unintentional injury deaths in the Rapides Foundation Service Area in 1998 were the result of motor vehicle accidents.**
- **16.5% of unintentional injury deaths in the 11-parish area in 1998 occurred in the home.**

Leading Causes of Accidental Death
(Rapides Foundation Service Area, 1998)



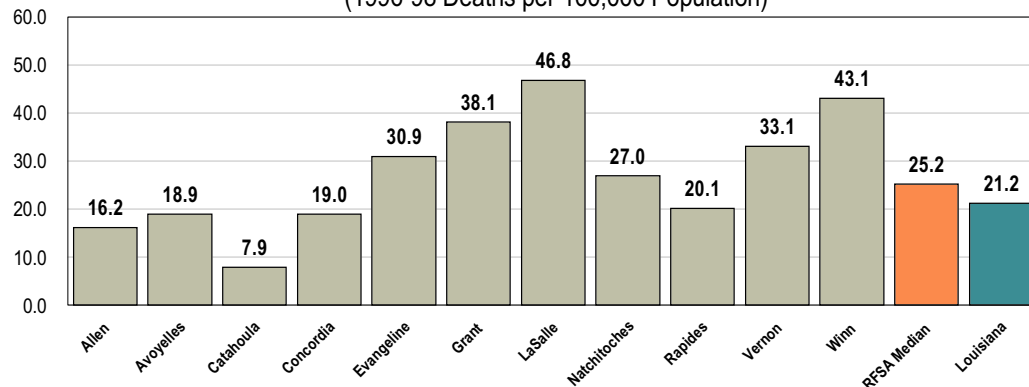
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Motor Vehicle-Related Deaths

- The 1996-98 median age-adjusted death rate for motor vehicle accidents in the Rapides Foundation Service Area is above the statewide rate.
- Motor vehicle accident death rates range very broadly, from 7.9 deaths/100,000 in Catahoula Parish to more than 40 deaths/100,000 in LaSalle and Winn Parishes.

Age-Adjusted Mortality: Motor Vehicle Accidents

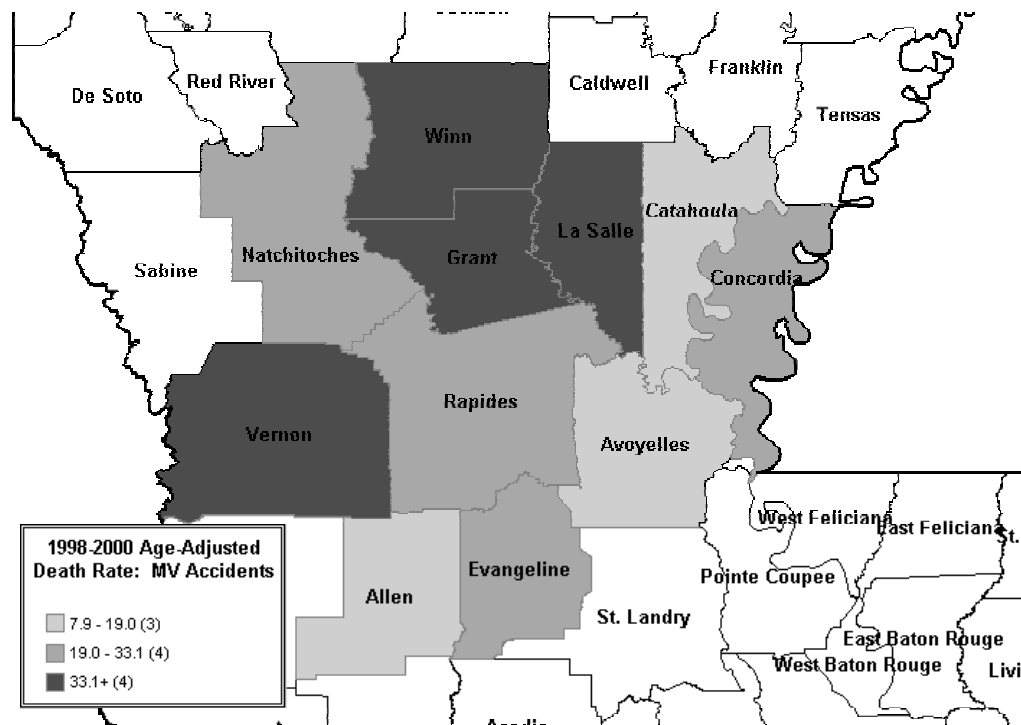
(1996-98 Deaths per 100,000 Population)



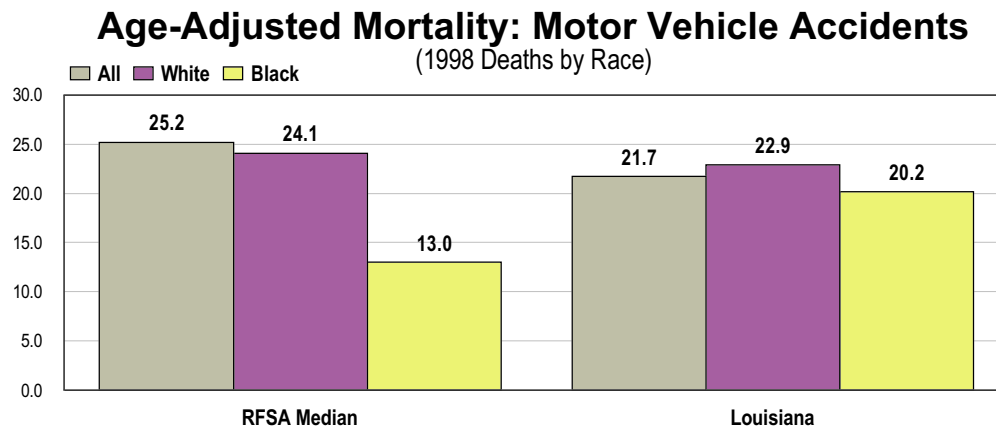
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. RFSa Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).



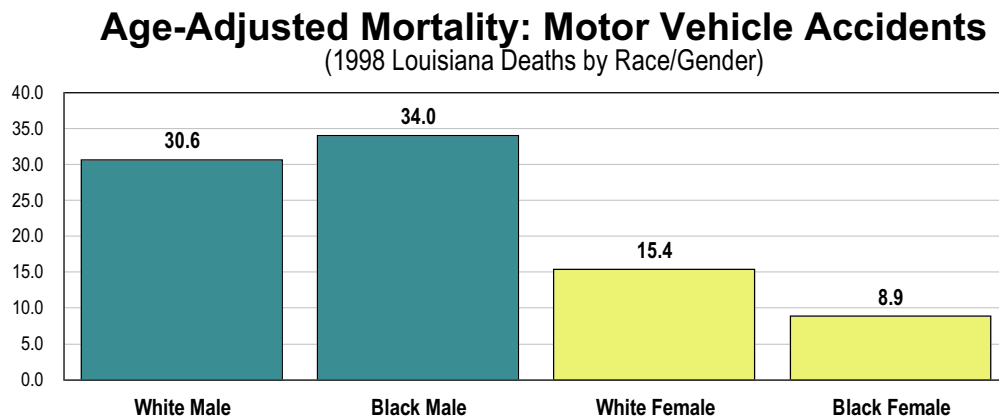
- In 1998, the median motor vehicle accident death rate in the Rapides Foundation Service Area was higher among Whites (24.1/100,000) than among Blacks (13.0/100,000). However, this difference is less pronounced in the statewide data.



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

- Notes:
1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.
 2. RFSA Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- In 1998 Louisiana data, motor vehicle accident death rates are markedly higher among males, regardless of race (34.0/100,000 among Black males and 30.6/100,000 among White males) than among females (15.4/100,000 among White females and 8.9/100,000 among Black females).



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

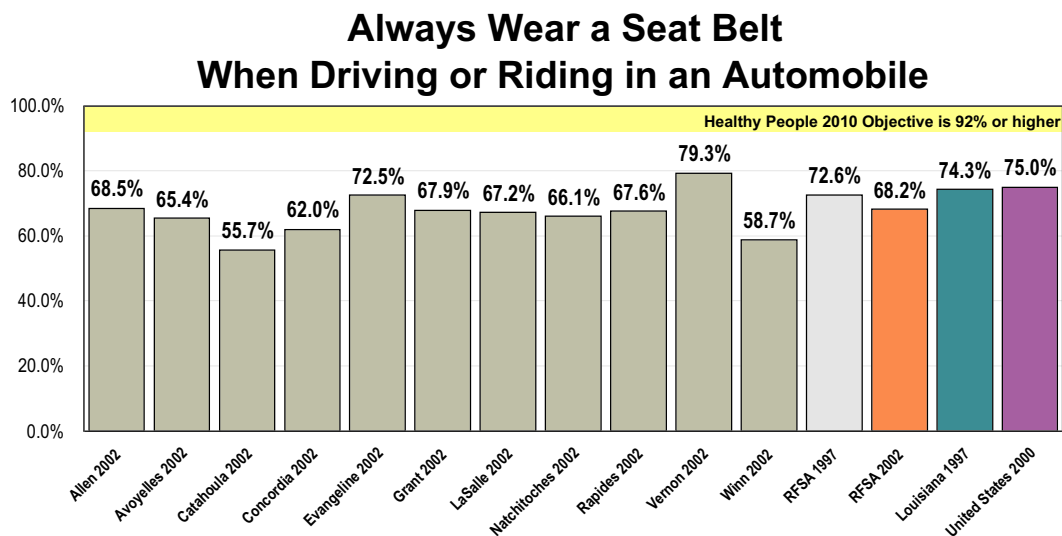
Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Injury Control

Motor Vehicle Safety

In recent years, mandatory safety belt use laws in many states and the design of occupant protection systems by auto manufacturers have greatly increased seat belt usage and consequently saved lives. Seat belts for adults and older children and child safety seats or booster seats (appropriate to the child's age and size) are the greatest means of protection against bodily injury in the event of a crash.

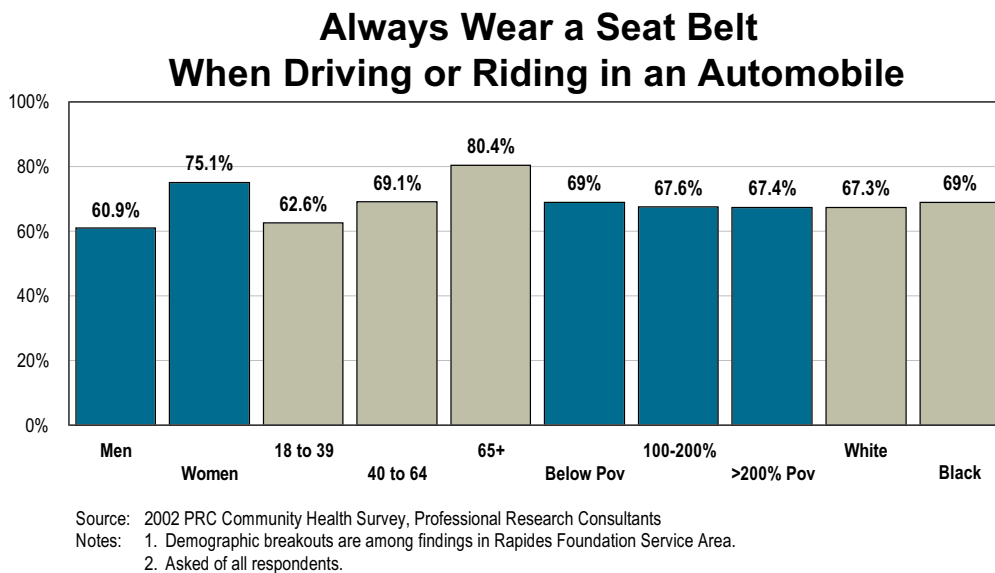
- **68.2% of Rapides Foundation Service Area adults report “always” wearing a seat belt when driving or riding in an automobile.**
 - Lower than found in the 1997 Tulane study for Rapides Foundation Service Area (72.6%).
 - Significantly worse than the statewide prevalence (74.3%).
 - Significantly worse than the national prevalence (75.0%).
 - Far from reaching the *Healthy People 2010* target (92% or higher).
 - Seat belt use is highest in Vernon Parish (79.3%), but lowest in Catahoula (55.7%) and Winn (58.7%) Parishes.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1997 Louisiana Data
3. 2000 PRC National Health Survey, Professional Research Consultants
4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
5. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

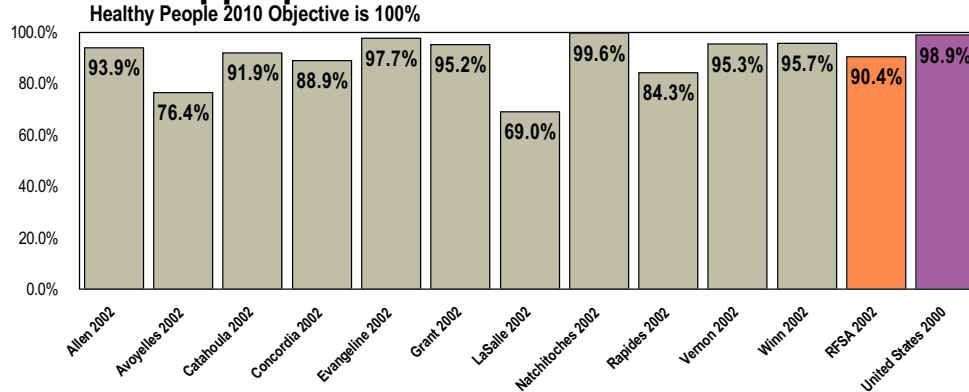
Note: Asked of all respondents.

- There is a very strong correlation with seat belt usage and age, with younger adults reporting much lower usage.
- Men less often report “always” wearing a seat belt.



- **90.4% of Rapides Foundation Service Area parents with children under the age of 5 years report that their child “always” wears a seat belt or uses an appropriate child safety seat when riding in an automobile.**
 - Significantly lower than found nationwide (98.9%).
 - Far from reaching the *Healthy People 2010* target (100%).
 - Use of automobile child restraints/safety seats/seat belts is particularly low in Avoyelles (76.4%), LaSalle (69.0%) and Rapides (84.3%) Parishes.

Child Under 5 Always Wears Appropriate Child Automobile Restraint



Source: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 Note: Reflects respondents with children under the age of 5.

Community Health Panel Findings*

“We have a lot of roads, and we always have two or three bad accidents out there and some of them pretty severe, and we don’t have ER substations in the rural areas.” — *Rapides Parish Community Leader*

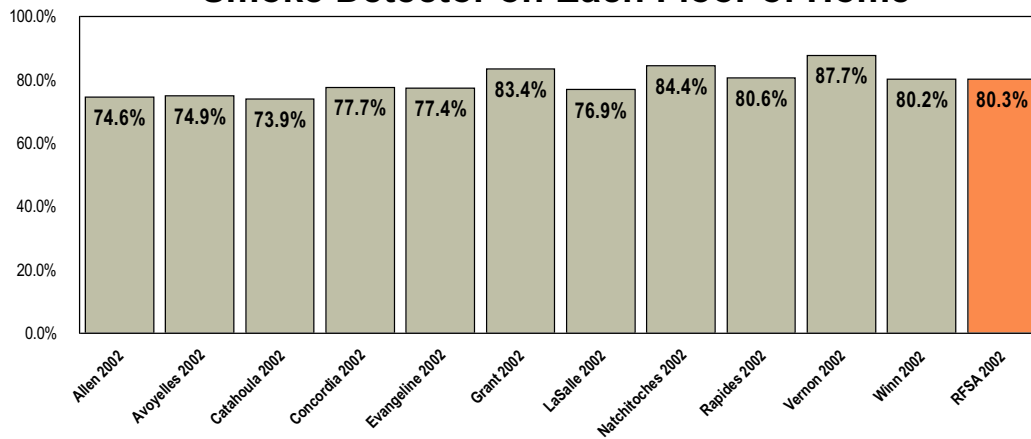
“Kids are driving without a license and speeding on these country roads. A lot of them don’t have a driver’s license and have bad driving skills. We average one patient a year who dies from a car accident who was under the age of 15.” – *Grant Parish Key Informant*

Fire Safety

- **80.3% of Rapides Foundation Service Area respondents report having at least one working smoke detector on each floor of their homes.**
- Highest in Vernon Parish (87.7%).

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Have at Least One Working Smoke Detector on Each Floor of Home



Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Note: Asked of all respondents.

Work-Related Injuries

- See “Self-Reported Chronic Illness: Activity Limitations.”

Community Health Panel Findings*

Occupational medicine in the Rapides Foundation Service Area is generally seen as effective.

“I think the industrial medicine system works very well. Companies have their own occupational medicine doctor who they send employees to who have been injured, and the clinics are pretty good. Follow-up and access to physical therapy is also good.” — *Rapides Parish Physician*

“The larger industries have programs that deal mainly with industrial accidents - they don’t really do a lot of health care intervention or prevention. We see some industrial accidents, but for the most part, I think that OSHA regulations have been fairly effective with the decrease of the number over the last 15 years.” — *Rapides Parish Physician*

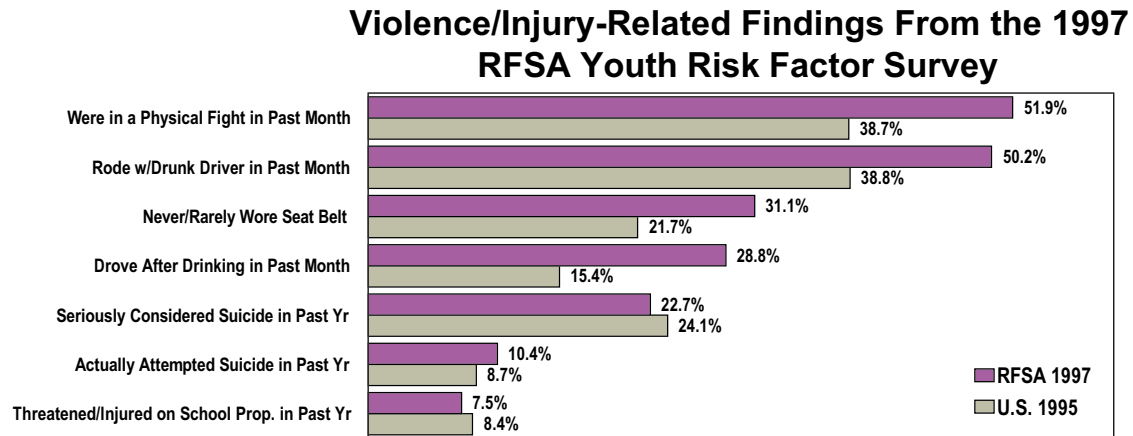
“I have seen some cases in which the company nurse will find a person with high blood pressure and send the person to the company doctor, who will determine that the blood pressure is too high, and then they terminate the employee. It is not a good incentive to go and have your blood pressure checked at work.” — *Rapides Parish Physician*

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Adolescent Injury & Violence

The 1997 Central Louisiana Youth Risk Factor Survey conducted by the Tulane School of Public Health and Tropical Medicine points out notable differences in findings relative to 1995 national youth risk data:

- Service area youth much more often reported being in a physical fight in the month preceding the interview (51.9%) than did youth nationwide (38.7%).
- Service area youth much more often reported having driven with a drunk driver (50.2%) or driving drunk themselves (38.8%) in the month preceding the interview.
- 31.1% of service area youth report “rarely” or “never” wearing a seat belt when driving or riding in an automobile, much higher than national findings.



Source: Tulane School of Public Health and Tropical Medicine.

Community Health Panel Findings*

“I know that at our school, we are not worried about school violence. We have about one or two fights a year. We don’t worry about fights or violence at school.” — *Rapides Parish Youth Participant*

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

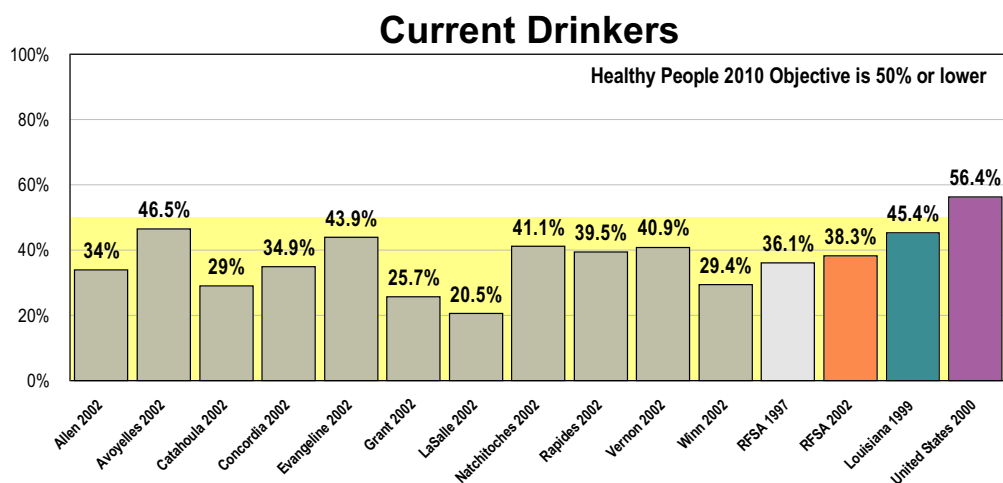
Substance Abuse

The misuse of alcohol and other drugs is associated with several health risks (injury-related death and disability to HIV transmission) and has tremendous societal and economic costs, as well. Alcohol/drug use is implicated in nearly one-half of all deaths from motor vehicle accidents and intentional injuries (including homicides and suicides).

Current Drinkers

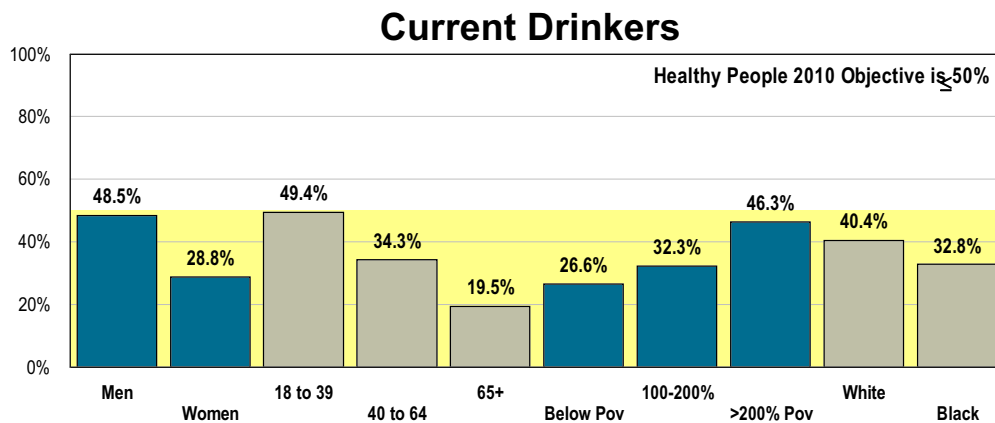
Alcohol abuse has also been linked to heart disease and stroke, and is the primary contributor to cirrhosis of the liver.

- **38.3% of Rapides Foundation Service Area adults are “current drinker,” meaning that they have had at least one drink of alcohol (one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail or one shot of liquor) in the past month.**
 - Slightly worse than the 1997 Rapides Foundation Service Area findings (36.1%).
 - Significantly better than found statewide (45.4%).
 - Significantly better than found nationwide (56.4%).
 - Satisfies the *Healthy People 2010* target (50% or lower).
 - Current drinking levels are highest (over 39%) in Avoyelles, Evangeline, Natchitoches, Rapides and Vernon Parishes. Levels are lowest in LaSalle Parish (20.5%).



- Sources:
1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, State Survey Data, 1999
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 5. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.
- Notes:
1. Current drinkers are defined as those who have had any alcoholic beverages during the past month.
 2. Reflects the total sample of respondents.

- Men much more often report alcohol use than women.
- There is a negative correlation with age, with young adults demonstrating markedly higher usage.
- There is a positive correlation with income, with those at higher income levels demonstrating higher usage of alcohol.
- Whites more often report current drinking than Blacks.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.

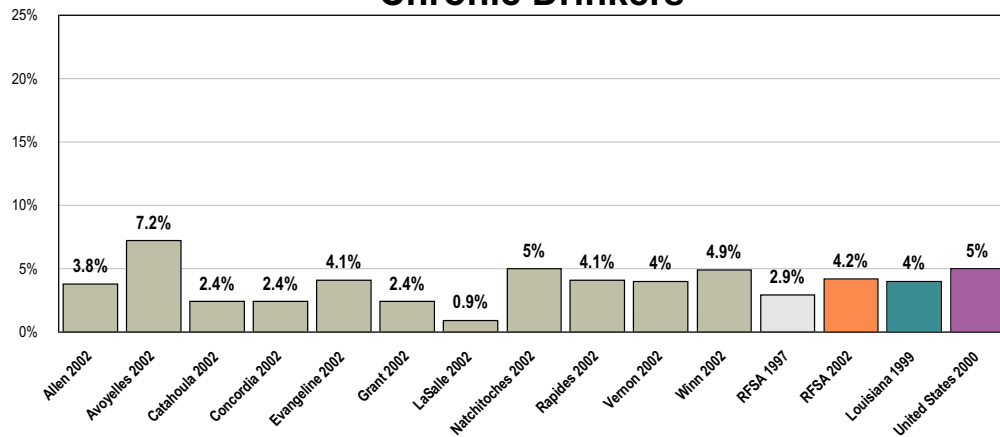
2. Reflects the total sample of respondents.

3. Current drinkers are defined as those who have had any alcoholic beverages during the past month.

Chronic Drinkers

- **4.2% of Rapides Foundation Service Area adults are “chronic drinkers,” meaning that they average two or more drinks of alcohol per day (60 drinks within the past month).**
 - Similar to statewide and national findings.
 - Higher than found in the Rapides Foundation Service Area in 1997 (2.9%).
 - Ranges from 0.9% in LaSalle Parish to 7.2% in Avoyelles Parish.
 - The total prevalence translates to more than 12,000 adults in the Rapides Foundation Service Area.

Chronic Drinkers

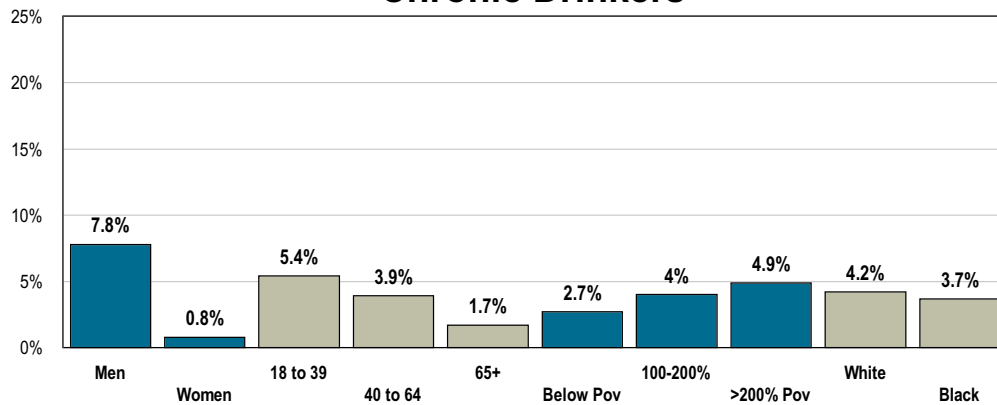


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, State Survey Data, 1999
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

Notes: 1. Chronic drinkers are defined as those who have had at least 60 drinks of alcoholic beverages during the past month.
 2. Reflects the total sample of respondents.

- Chronic drinking is much more prevalent among men.
- Chronic drinking is more prevalent at younger ages or at higher income levels.

Chronic Drinkers

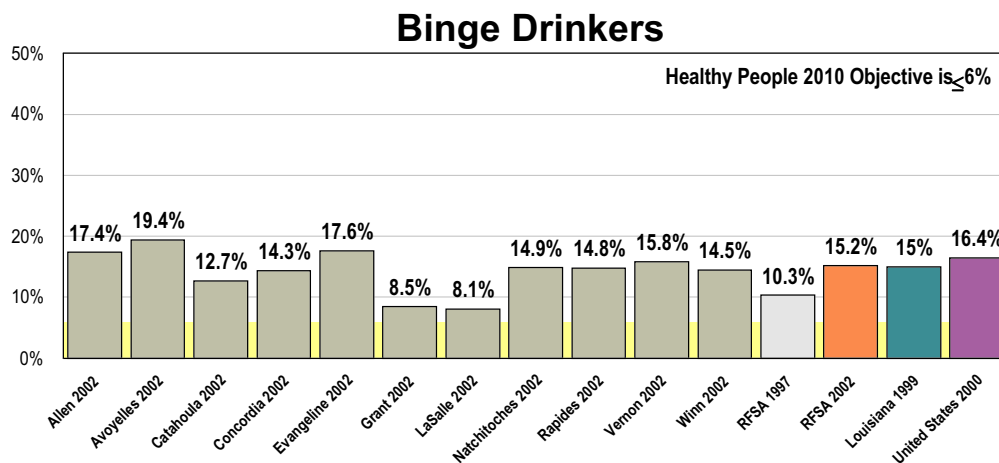


Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.
 2. Reflects the total sample of respondents.
 3. Chronic drinkers are defined as those who have had at least 60 drinks of alcoholic beverages during the past month.

Binge Drinkers

- **15.2% of Rapides Foundation Service Area adults are “binge drinkers,” meaning that they have had five or more alcoholic beverages on any one occasion in the past month.**
 - Similar to statewide and national findings.
 - Worse than found in the Rapides Foundation Service Area in 1997 (10.3%).
 - Fails to satisfy the *Healthy People 2010* target (6% or lower).
 - Highest (over 17%) in Allen, Avoyelles and Evangeline Parishes. Lowest (less than 9%) in Grant and LaSalle Parishes.



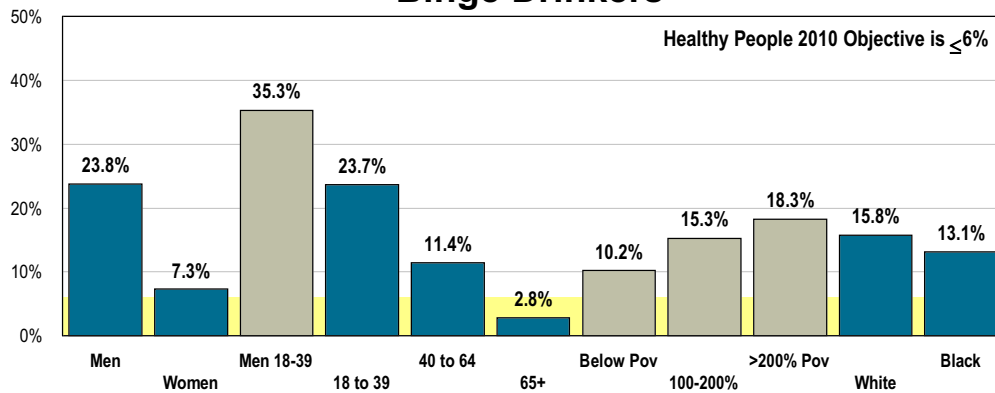
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 5. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

Notes: 1. Binge drinkers are those who have had 5 or more alcoholic drinks on any one occasion at least once during the past month.
 2. Reflects the total sample of respondents.

Binge drinking is more prevalent among:

- Men (especially those aged 18 to 39).
- Persons at higher income levels.

Binge Drinkers



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.

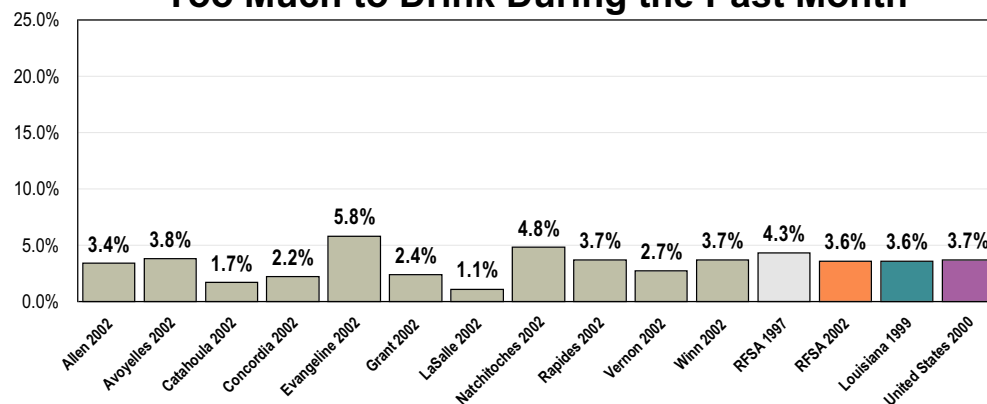
2. Reflects the total sample of respondents.

3. Binge drinkers are those who have had 5 or more alcoholic drinks on any one occasion at least once during the past month.

Drinking & Driving

- **3.6% of Rapides Foundation Service Area adults admit to driving during the past month after they had perhaps too much alcohol to drink.**
 - Similar to state and national findings, as well as 1997 Rapides Foundation Service Area findings.
 - This translates to roughly 10,500 adults in the Rapides Foundation Service Area who acknowledge driving after having too much to drink in the past month.

Have Driven After Having Had Too Much to Drink During the Past Month



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 1999 Louisiana Data

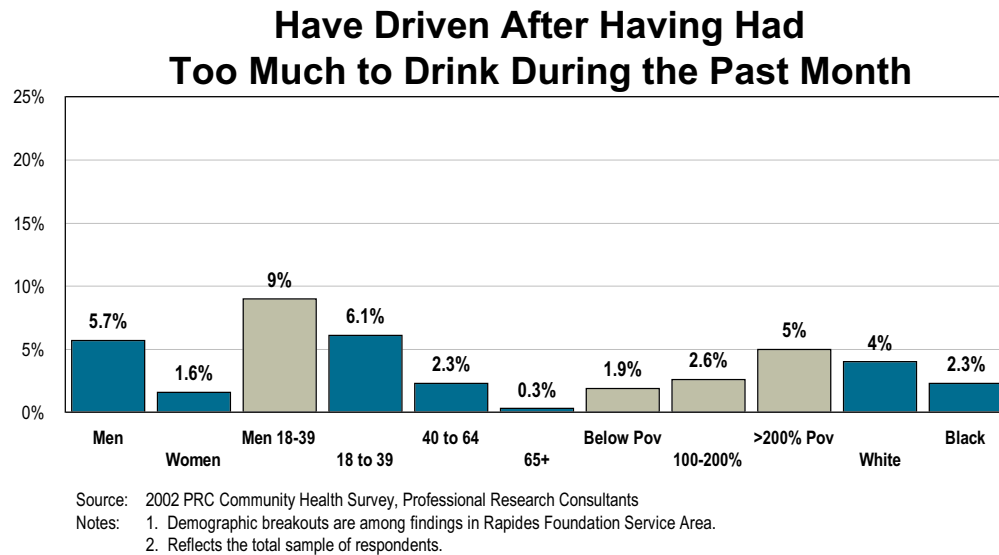
3. 2000 PRC National Health Survey, Professional Research Consultants

4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

Note: Asked of all respondents.

Drinking and driving is more prevalent among:

- Men aged 18 to 39.
- Persons at higher income levels.
- White respondents.



Community Health Panel Findings*

Alcohol abuse is a serious issue in the Rapides Foundation Service Area, and focus group participants cited particularly alcohol use among adolescents.

“We are one of the highest states in alcohol abuse. We are high in drug abuse, tobacco - in everything except education.” — *Rapides Parish Community Leader*

“There are a lot of young alcohol-induced deaths and accidents. A lot of young people are drinking alcohol at an early age. The peer pressure in the high schools and junior high schools to drink alcohol is really pretty strong.” — *Rapides Parish Physician*

“I think that even though people have to make their own choices, adults in this town make it easy and very available for kids in this community to get alcohol. When I was in junior high, parents would buy alcohol and serve it to their kids at parties. It was really pathetic. It doesn’t matter how old you are - if you want it bad enough, you can get it.” — *Rapides Parish Youth Participant*

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

“One thing we had at the Teens Citizens Academy was these simulated glasses that made your vision like if you were drunk, and they made you walk, and it showed you a lot what a small amount of alcohol could do to your body. The Alexandria Police Department sponsored it.” — *Rapides Parish Youth Participant*

Treatment services are seen as limited and in high demand.

“My son is an alcoholic, and when he wanted treatment, the one here was filled up. They didn’t have room for him. We finally got him in one in Lafayette, so there is a big demand for a treatment center here.” — *Rapides Parish Community Leader*

“In order to get into a residential treatment center that would offer you detox, the 28 program and then after-care, you have to leave this area to find one. You may be able to get referred to Red River, but most of the time you have to leave to get into a good treatment center.” — *Rapides Parish Community Leader*

Additional comments relating to alcohol use:

“We are seeing a lot of children whose mother used alcohol or drugs while pregnant, and now the kids show the effect of that in the schools.” – *Grant Parish Key Informant*

“We see 12-year-olds, seventh graders, who drink alcohol once or twice a week. I have a report here that says about 20 percent of them admit to drinking alcohol.” – *Grant Parish Key Informant*

“We had a case where a sixth-grade student had a bottle in the book bag, and the parents covered it up by the mother saying she hid it there to hide the bottle from her husband. The parents don’t see this drinking as a problem.” – *Grant Parish Key Informant*

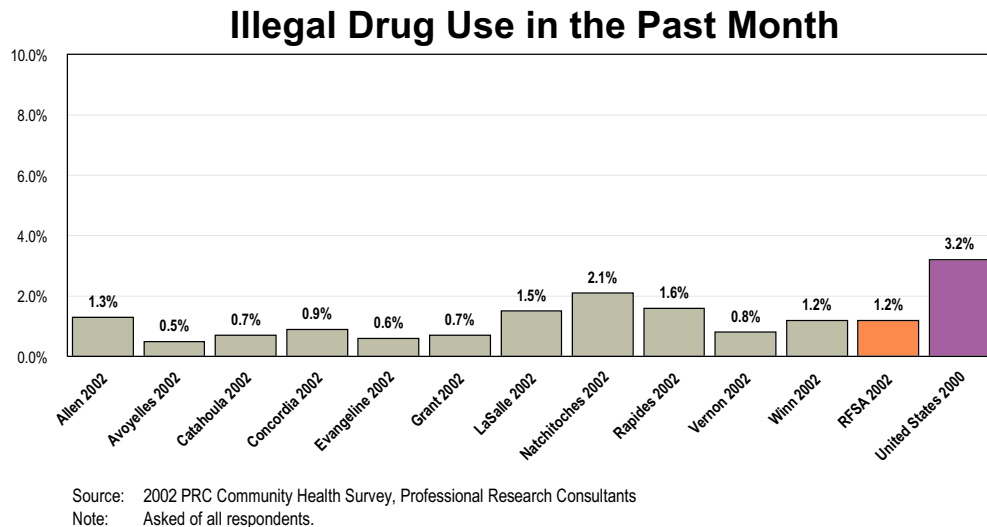
“A lot of the kids start drinking alcohol at a very young age, and it is well-accepted by the family.” – *LaSalle Parish Key Informant*

“We don’t have any type of substance abuse treatment center. We had a man brought in by his family who is an alcoholic and had been in a stupor for three days. We didn’t have any place to put him here. We don’t have a detox facility anymore. We have to send these cases to Lafayette and Lake Charles for treatment.” – *Evangeline Parish Key Informant*

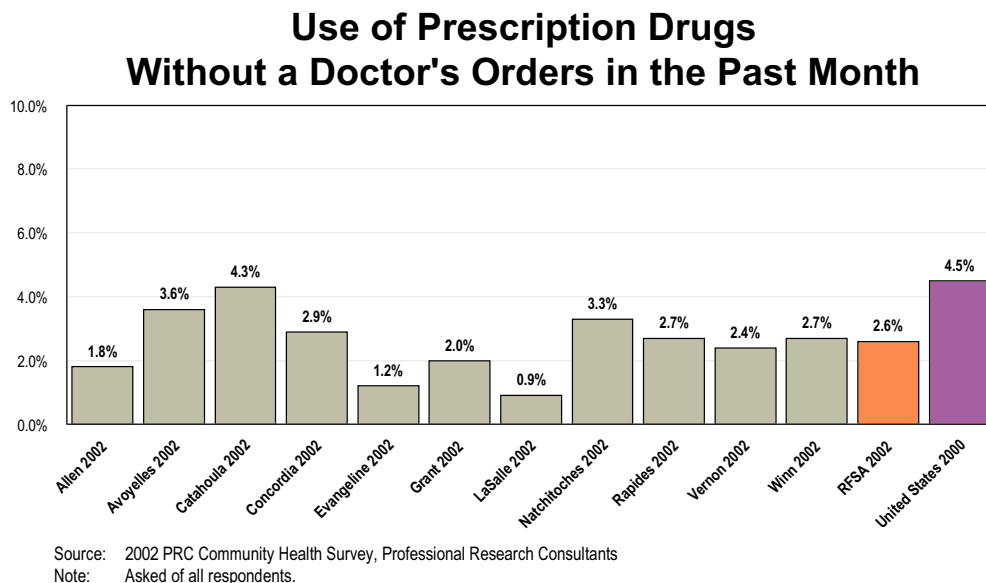
“I find that a lot of our social activities revolve around alcohol. Just socially drinking is an acceptable thing to do. It is part of our culture.” – *Evangeline Parish Key Informant*

Other Drug Abuse

- **1.2% of Rapides Foundation Service Area adults report having taken an illegal drug in the past year.**
 - Significantly lower than reported nationwide (3.2%).
 - Ranges from 0.5% in Avoyelles Parish to 2.1% in Natchitoches Parish.

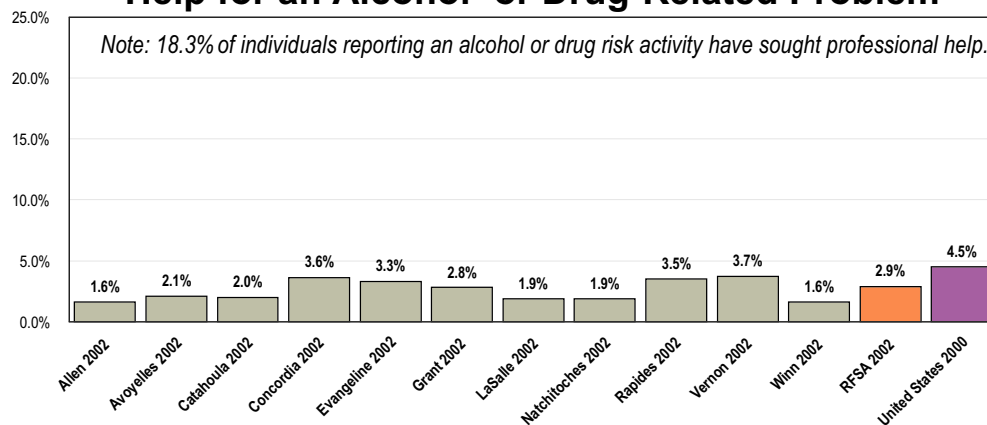


- **2.7% of Rapides Foundation Service Area adults report having taken a prescription drug without a doctor's orders in the past year.**
 - Significantly lower than reported nationwide (4.5%).
 - Highest (over 3%) in Avoyelles, Catahoula and Natchitoches Parishes.



- **2.9% of Rapides Foundation Service Area adults have ever sought help for an alcohol- or drug-related problem.**
 - Better than found nationwide (4.5%).
 - 18.3% of Rapides Foundation Service Area adults reporting one or more drug or alcohol risk activity report that they have sought help for dependency or addiction.

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



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants

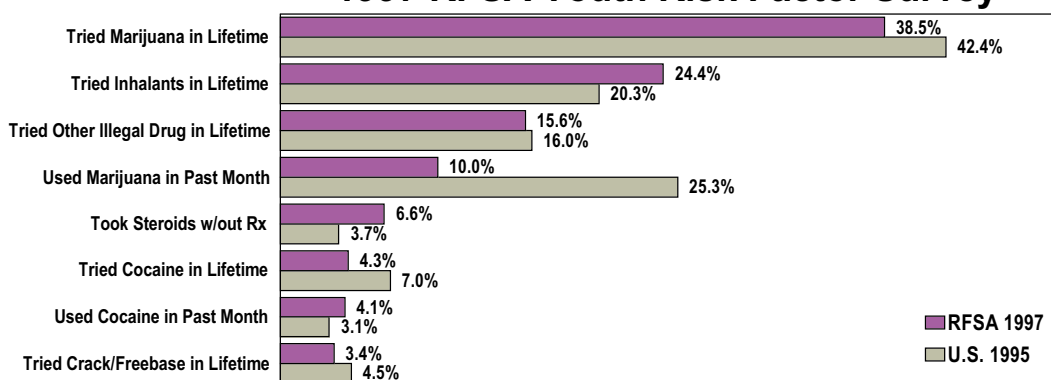
Notes: 1. Asked of all respondents.
2. Alcohol/drug risk activities include prescription abuse, illegal drug use, drunk driving, or chronic or binge drinking.

Adolescents, Alcohol & Drug Use

In comparison to national findings, service area youth report a much higher prevalence of key alcohol-related risk behaviors in the 1997 Central Louisiana Youth Risk Factor Survey:

- **Prevalence of binge drinking is twice as high among service area youth (65.9%) than among youth nationwide (32.6%).**
- **Service area youth much more often reported having driven with a drunk driver (50.2%) or driving drunk themselves (38.8%) in the month preceding the interview.**
- **Service area youth much more often report having first tried alcohol before the age of 13 (46.7% vs. 32.4% nationwide).**

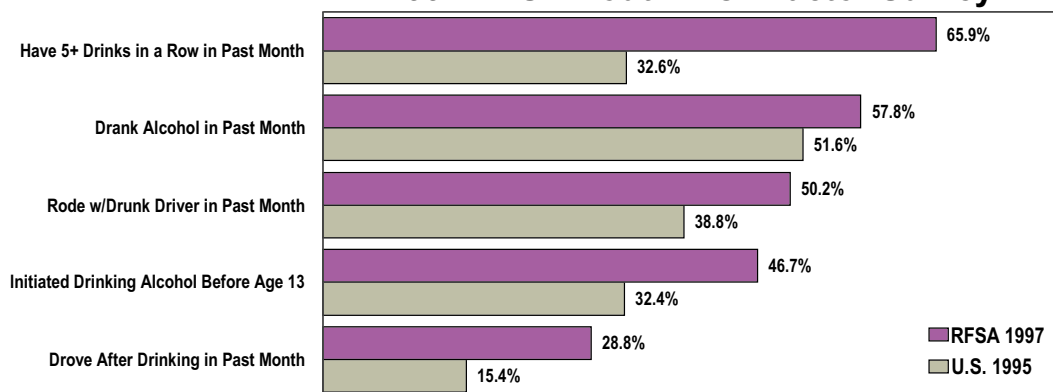
Drug-Related Findings From the 1997 RFSA Youth Risk Factor Survey



Source: Tulane School of Public Health and Tropical Medicine.

- Service area youth report lower use of marijuana (38.5% have tried marijuana, 10.0% have used marijuana in the past month) in comparison to youth nationwide (42.4% and 25.3%, respectively).
- Service area youth report a higher prevalence of having ever tried inhalants to get high (24.4%) in comparison to national findings (20.3%).
- Service area youth report a higher prevalence of having ever taken steroids without a doctor's prescription (6.6%) in comparison to national findings (3.7%).
- Service area youth less often report having ever tried cocaine (4.3%) in comparison to youth nationwide (7.0%).

Alcohol-Related Findings From the 1997 RFSA Youth Risk Factor Survey



Source: Tulane School of Public Health and Tropical Medicine.

Community Health Panel Findings*

Adult and adolescent focus group participants identified drug use as a major concern for Rapides Foundation Service Area.

“There is a lot of illicit drug use here. A lot of cocaine and crack. This also came up in the Tulane study, and is still a problem. I see it in my practice.” — *Rapides Parish Physician*

“My parents don’t talk about drugs or alcohol at home. The only way I learned not to do it was because when I was younger, I had older family members who did some types of drugs, so my parents told us that they were wrong for doing drugs, and that is pretty much how I learned.” — *Rapides Parish Youth Participant*

“The schools need to start the drug and alcohol education program before the kids get to high school. I think they have the D.A.R.E. Program, but a lot of people think that it doesn’t work. I liked D.A.R.E. We had it in elementary school.” — *Rapides Parish Youth Participant*

“We had a program at our school when we were in a health class. Our ROTC instructor let us go and it was for the girls only, but it was basically about date rape and drugs that are out there.” — *Rapides Parish Youth Participant*

“Once during the year, all the seventh-graders during gym class, we go to D.A.R.E. for two weeks. They talk to us about drugs for about two days, and that is all we have been taught about drugs this whole year.” — *Rapides Parish Youth Participant*

Youth focus group participants perceive alcohol and marijuana use to be prevalent in the Rapides Foundation Service Area.

“I see a lot of kids smoking weed. It is easier to get than it is to get liquor. About two days ago, one of our students, a guy, was caught with marijuana in his pocket at the school. If you go to our student parking lot at 3:30 p.m., the kids are pulling out of the lot and they are smoking marijuana.” — *Rapides Parish Youth Participant*

“In most places that you can go, like the teen clubs, they had to close them because people were doing drugs and drinking alcohol. I would say that out of 10 kids, you might find one that doesn’t do drugs or drink alcohol. So it is hard to find places to go just to have fun.” — *Rapides Parish Youth Participant*

“We hear about Ecstasy, but I really don’t know anybody that is using it. I did hear of some people using Ecstasy at one of the new teen clubs in town. It closed down because the club was selling liquor to minors. You have to be 17 to get in.” — *Rapides Parish Youth Participant*

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

“We have drug tests. They will call you randomly on the intercom to go for the test. They cut, like, two inches off your hair, and they mail it to someplace to test it. If it comes back positive, you will be expelled.” — *Rapides Parish Youth Participant*

“Most of the kids that are doing drugs don’t want the help. We had a group right here, and only four kids wanted to find help with their addiction. They are always at the mall and hanging out. They have their own group, and they don’t want the help.” — *Rapides Parish Youth Participant*

“Our school has drug dogs that sometimes come in around the school looking for drugs.” — *Rapides Parish Youth Participant*

Focus group participants cited difficulties for local residents to access rehabilitation services due to the distance and availability/waiting time of services.

“We lack drug rehabilitation centers. People have to go to Baton Rouge or Shreveport for treatment. There is nothing for detox or inpatient, and the outpatient one is pretty bad. It is the one at Central.” — *Rapides Parish Physician*

“It is hard to access services on demand because the drug treatment centers are usually full. We can get our patient appointments, but if the client is in the middle of a crisis, they usually need more structured intervention at least for a few days, and that is difficult to access sometimes.” — *Rapides Parish Physician*

“Red River is the longer-term treatment program, and it stays full all the time. They usually have a backlog. A lot of the clients there are court-ordered. Rainbow House is more of a social detox facility, which fills a real need for a structured place for people to be when they are in the middle of a crisis related to either substance abuse or addiction. After treatment there, they go into outpatient treatment or to Red River. Rainbow usually has openings, but it is hard to access at night and on weekends. It is not really a medical facility, and it is understaffed. They can set clients up to go to 12-step meetings.” — *Rapides Parish Physician*

Additional parish-specific comments:

Allen Parish

“We have a substance abuse program here for adults and youths. It is an outpatient program; but if they need to be hospitalized, they have to wait. We have the treatment; but not inpatient capabilities.” — *Allen Parish Key Informant*

“We don’t have a proactive program in place to treat substance abuse people. We can treat them after they have an acute episode, but we don’t have anything in place that is effective in a proactive way instead of a reactive one.” — *Allen Parish Key Informant*

“I think that, percentage-wise, we are probably very high in life-threatening incidents due to substance abuse. It is a problem in every age and social economic group.” — *Allen Parish Key Informant*

“We are treating youths 12 to 17 years old at the Allen Innovative Youth Care Center. We have a program to treat substance abuse. It is downstairs in the hospital building.”
– *Allen Parish Key Informant*

“We have a lot of teen-agers using Ecstasy - if they can get it. I think they go out of the parish to get it; but I see a lot of it in the pre-delinquency program. I see a lot of drug use in this program.” – *Allen Parish Key Informant*

“I heard that the kids are also using prescription medicines, that they mix it with cocktails. There is a particular cough syrup with codeine that they seem to like; they use it as the base for the cocktail and just keep adding stuff to it. We had a couple who almost died from drinking this stuff. They don't have any idea of what they are drinking, and they end up in the hospital.” – *Allen Parish Key Informant*

“In the local newspaper almost every week, they have something about cocaine in powder and in crack rock form.” – *Allen Parish Key Informant*

“The schools have a D.A.R.E. program in middle school, in the fifth grade. It is a very good program; but the problem is that by the time the kids get to high school, they forget everything they learned in the D.A.R.E. program.” – *Allen Parish Key Informant*

Catahoula Parish

“This parish seems to have a big problem with tobacco, alcohol and drugs. Tobacco is the biggest problem with the older people and drugs with the youth of the parish.” – *Catahoula Parish Key Informant*

“Some of the most popular drugs in this parish are crack, cocaine, marijuana and methamphetamine. We do have a drug abuse program here - it is an out patient program. I think our judges have been real good in trying to get help for our teen-agers either in or outside of our parish.” – *Catahoula Parish Key Informant*

“I think that in our schools, we try to identify the kids that we suspect are using drugs and try to help them. We talk to the school nurse and with the court system if they had been in trouble before. We try to pass this information to the judges so they can have more information on the kids and try to get them some help. We have to be careful on who we identify as having a problem. We have to have some type of proof before we proceed.” – *Catahoula Parish Key Informant*

“I think that when it comes to alcohol and drug usage, our problem crosses all social lines. The problem is not focused on just one area, from low- to high-income people.” – *Catahoula Parish Key Informant*

Concordia Parish

“I think kids are doing other drugs besides marijuana. They get whatever they can afford. If it is crack, they will do crack. They will do drugs at whatever level they can.”
– *Concordia Parish Key Informant*

Grant Parish

“Marijuana seems to be a very popular drug in this parish. People don’t think that smoking pot is bad or illegal. They feel is not as bad as doing other things. Kids are not getting pot from the streets; they are getting it from their parents.” – *Grant Parish Key Informant*

“Kids will tell us where their parents hide their stash. We call Child Protective Services, and they tell us it is a law enforcement problem. They don’t want to get involved in this problem.” – *Grant Parish Key Informant*

“We have AA and Al-Anon meetings and outpatient follow-up, but people have to go outside the parish for treatment - inpatient and outpatient.” – *Grant Parish Key Informant*

“Every parish has a boot camp-type of school program and a youth challenge program that is very successful. We can place a few kids there, but we don’t get to place as many as we would like to.” – *Grant Parish Key Informant*

“We are seeing a lot of young children with severe behavior problems - 3- and 4-year-olds whose parents were probably using drugs, and now we are seeing the results of their drug use.” – *Grant Parish Key Informant*

“I don’t know if it is national trend, but kids are starting to abuse over-the-counter medications. They are using diet pills as a stimulant. They are getting access to yellow jackets and using them. They think that because the medicine is over-the-counter, it can’t hurt them, and if they have a heart problem or asthma, they could get in trouble really fast.” – *Grant Parish Key Informant*

LaSalle Parish

“We see kids using marijuana and meth.” – *LaSalle Parish Key Informant*

Natchitoches Parish

“We see a lot of kids smoking marijuana and using Ecstasy and PCP.” – *Natchitoches Parish Key Informant*

Vernon Parish

“We have a good outpatient substance abuse treatment center, but we don’t have an inpatient one - not even a detox center.” – *Vernon Parish Key Informant*

“We see a lot of Ecstasy and some cocaine, mainly concentrated in one area of town which we call District 2.” – *Vernon Parish Key Informant*

Winn Parish

“If a person needs substance abuse treatment, they have to go outside of the parish to receive it. They have to travel to Alexandria, and many of them can’t get to Alexandria, so they don’t get the services they need. This is for detox and inpatient and outpatient treatment.” – *Winn Parish Key Informant*

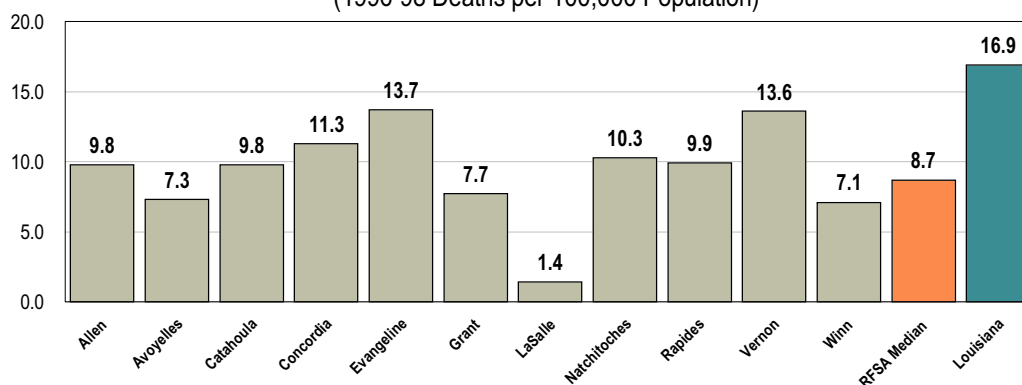
“I think substance abuse is a very large problem in the parish. We used to have a clinic here that kept track of how many people they would see, but their funding was pulled, and they had to close it down. I can’t remember the exact number, but they used to see people daily and nightly, so I think it is a real problem with alcohol, marijuana and hard drugs.” – *Winn Parish Key Informant*

Intentional Injury Deaths

Homicide

- The 1996-98 median age-adjusted homicide death rate in the Rapides Foundation Service Area is well below the statewide rate for the same period.
 - Rates range from a low of 1.4 deaths/100,000 in LaSalle Parish to 13.6 and 13.7 deaths/100,000 in Vernon and Evangeline Parishes, respectively.

Age-Adjusted Mortality: Homicide (1996-98 Deaths per 100,000 Population)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

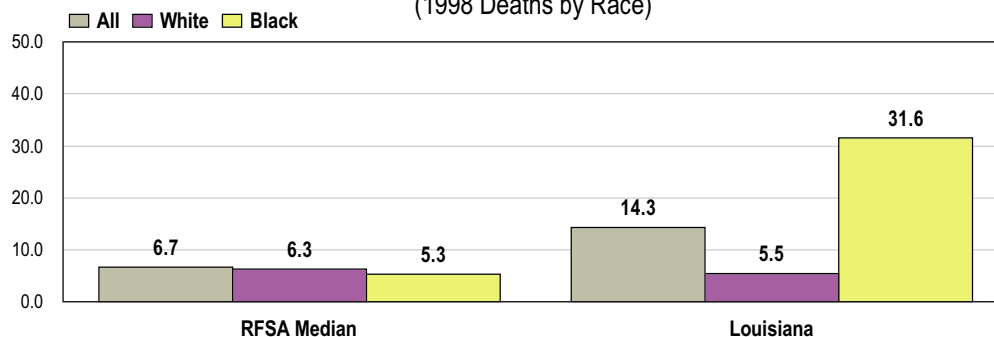
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. RFSa Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

3. Includes homicide and legal intervention deaths.

- Little difference is noted between median homicide death rates for Whites and Blacks in the Rapides Foundation Service Area rate in 1998. In statewide data, Blacks experience a much higher rate than Whites.

Age-Adjusted Mortality: Homicide (1998 Deaths by Race)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

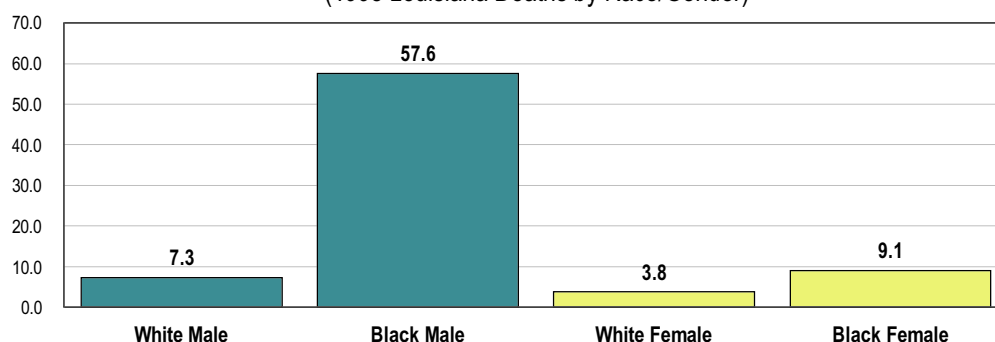
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. RFSa Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

3. Includes homicide and legal intervention deaths.

- Statewide, Black males experience a dramatically higher age-adjusted homicide death rate (57.6/100,000) in comparison to White men (7.3/100,000) or Black or White females (9.1/100,000 and 3.8/100,000, respectively).

Age-Adjusted Mortality: Homicide (1998 Louisiana Deaths by Race/Gender)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

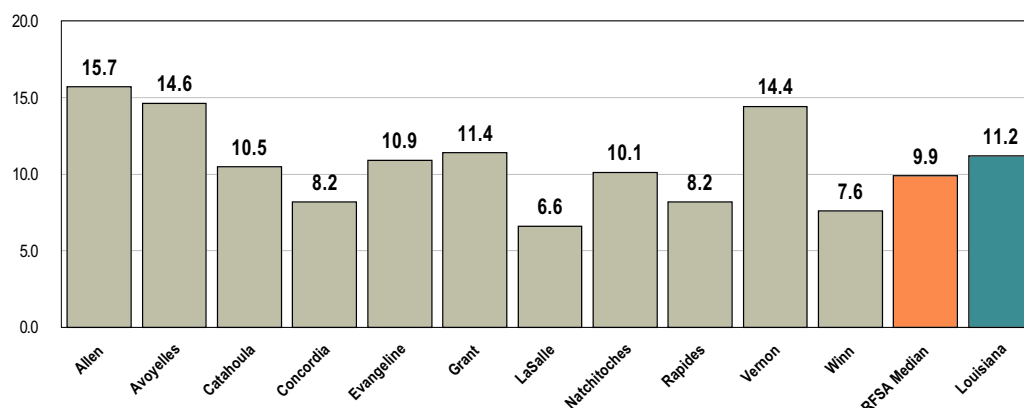
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. Includes homicide and legal intervention deaths.

Suicide

- The 1996-98 median age-adjusted suicide death rate in the Rapides Foundation Service Area is just below the corresponding Louisiana rate.
- Suicide rates are highest (over 14 deaths/100,000) in Allen, Avoyelles and Vernon Parishes.

Age-Adjusted Mortality: Suicide (1996-98 Deaths per 100,000 Population)



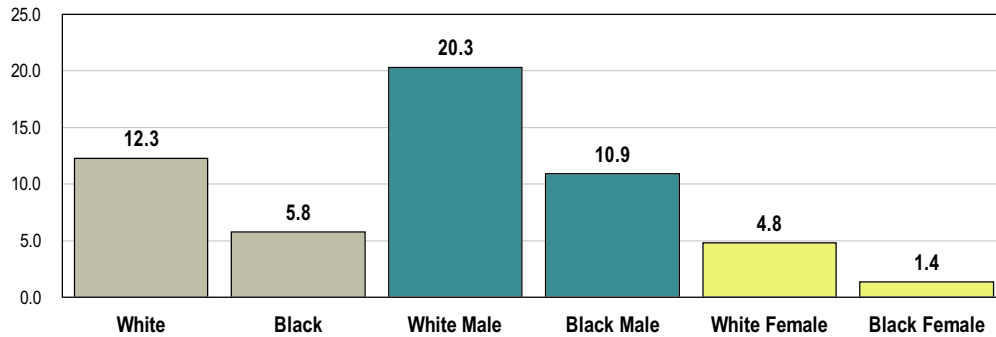
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. RFSA Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- Statewide, White males have a much higher age-adjusted suicide death rate (20.3/100,000) than Black males (10.9/100,000) or White or Black females (4.8/100,000 and 1.4/100,000, respectively).

Age-Adjusted Mortality: Suicide (1998 Louisiana Deaths by Race/Gender)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.
2. Includes homicide and legal intervention deaths.

Diabetes

Diabetes mellitus is a disease caused by a deficiency of insulin, which is a hormone secreted by the pancreas. Diabetes is classified into two main types: type 1 and type 2 .

- Type 1 diabetes (insulin-dependent), affects 5%-10% of those with diabetes and most often occurs during childhood or adolescence.
- Type 2 diabetes (non-insulin- dependent) is the more common type, affecting 90%-95% of those with diabetes. Type 2 diabetes usually occurs after age 40.

Diabetes and its complications occur among Americans of all ages and racial/ethnic groups, but the elderly and certain racial/ethnic groups are more commonly affected by the disease. About 18% of Americans 65 years of age and older have diabetes. Diabetes patients risk debilitating complications such as blindness, kidney disease, and lower-extremity amputations.

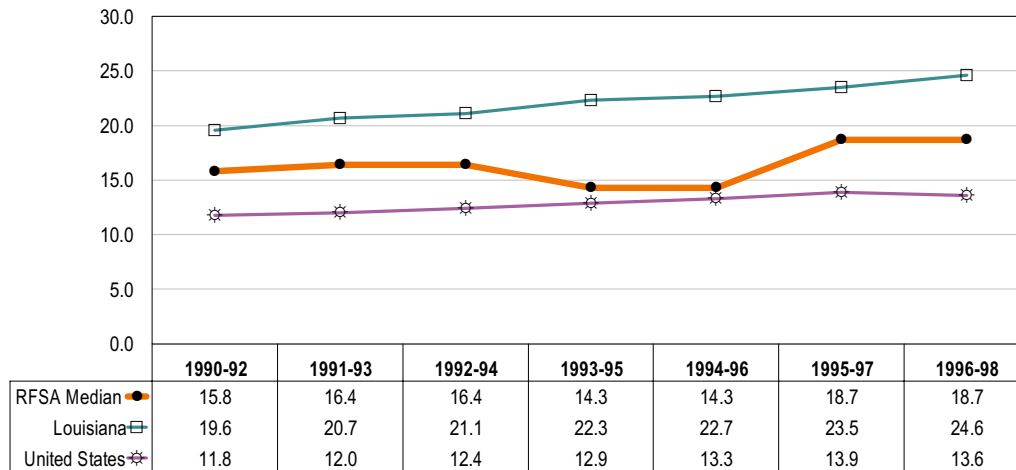
Also note the following (National Diabetes Fact Sheet, Centers for Disease Control and Prevention):

- Cardiovascular disease is two to four times more common among persons with diabetes; the risk of stroke is two to four times higher; 60%-65% have high blood pressure; and 60%-70% have mild to severe diabetic nerve damage.
- About 16 million Americans have diabetes, but only about 10 million have been diagnosed.
- Approximately 798,000 new cases of diabetes are diagnosed annually in the United States.
- Nationwide, the number of persons diagnosed with diabetes has increased sixfold, from 1.6 million in 1958 to 10 million in 1997.

Diabetes Deaths

- In the Rapides Foundation Service Area, median age-adjusted deaths due to diabetes have risen overall during the 1990s, and have remained below state rates but above national rates.

Age-Adjusted Mortality: Diabetes (1990-1998 Deaths per 100,000 Population)



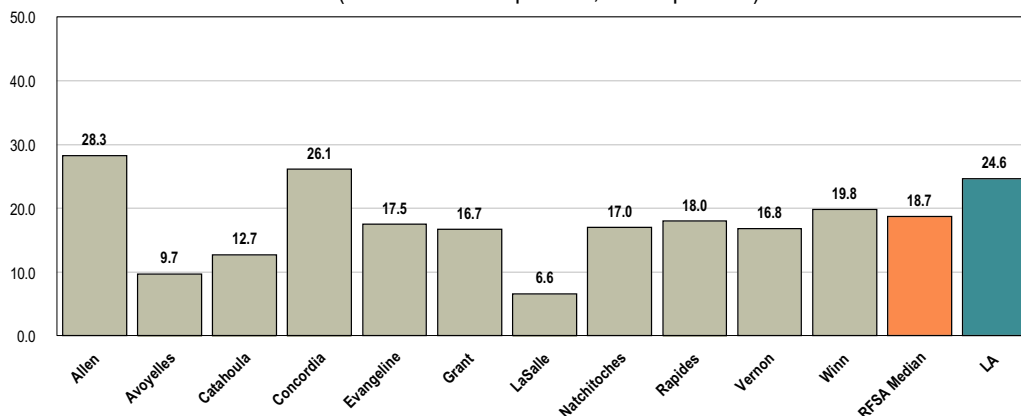
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. RFSA Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- By parish, Allen and Concordia Parishes experience the highest rates of diabetes deaths in the Rapides Foundation Service Area.

Age-Adjusted Mortality: Diabetes (1996-98 Deaths per 100,000 Population)

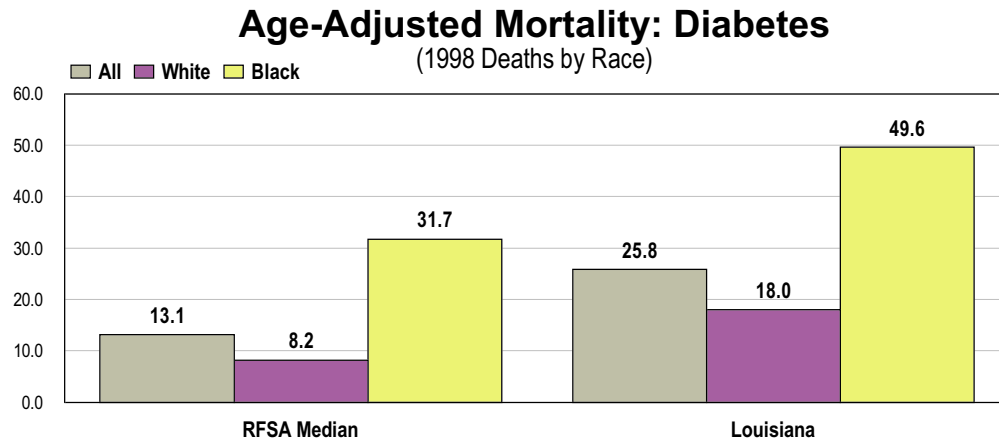


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. RFSA Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- Blacks experience much higher age-adjusted death rates attributed to diabetes than Whites, both in the Rapides Foundation Service Area (median rates) and statewide in 1998.

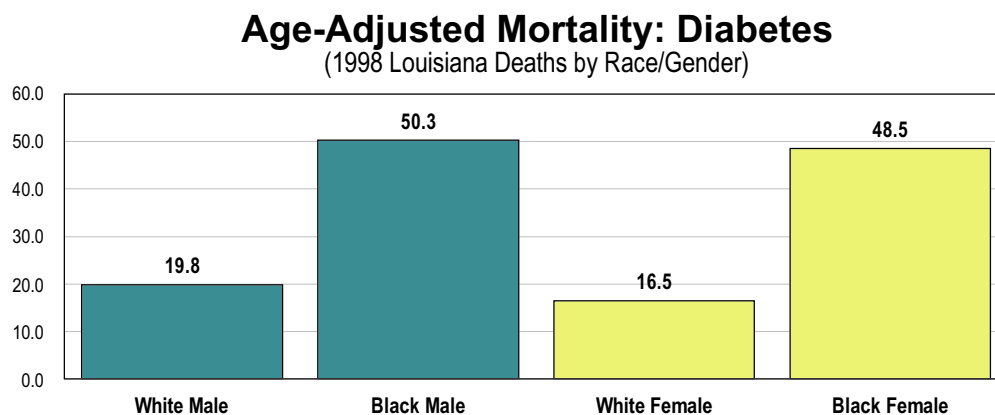


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. RFSA Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- Statewide, age-adjusted death rates attributed to diabetes are equally high among Black males (50.3/100,000) and Black females (48.5/100,000) in comparison to White males (19.8/100,000) or White females (16.5/100,000).



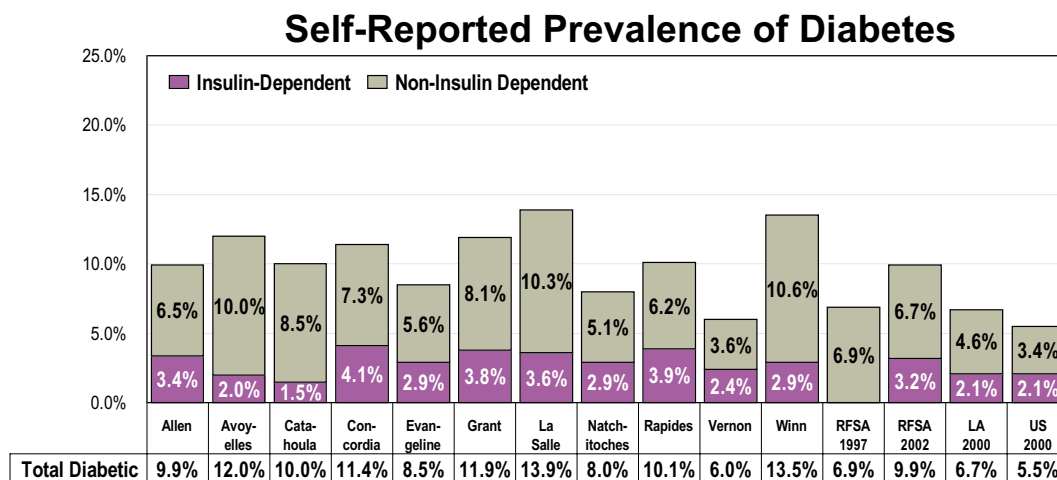
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Note: Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

Self-Reported Diabetes Prevalence

Diabetes Prevalence

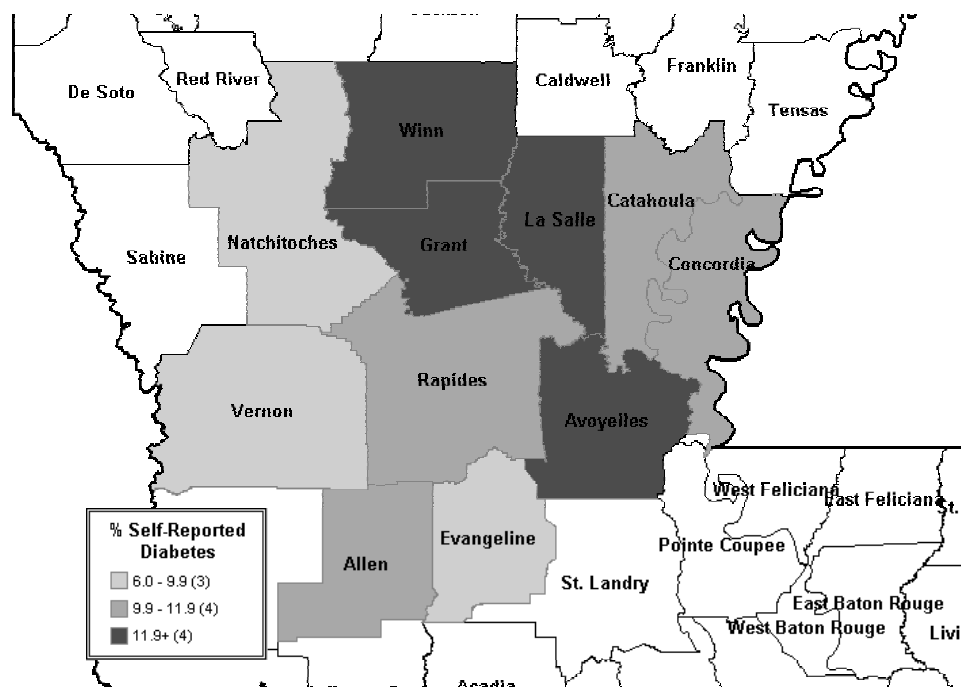
- **9.9% of Rapides Foundation Service Area adults report suffering from or having been diagnosed with diabetes.**
 - Statistically higher than 1997 Rapides Foundation Service Area findings.
 - Significantly higher than found statewide (6.7%).
 - Significantly higher than found nationwide (5.5%).
 - Prevalence is highest (12% or higher) in Avoyelles, LaSalle and Winn Parishes.
 - It is estimated that more than one-third of diabetes cases nationwide remain undiagnosed.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

Notes: 1. Asked of all respondents.
 2. 1997 data does not distinguish between insulin-dependent and non-insulin dependent diabetes.

See also "Cardiovascular Risk Behavior: Overweight Prevalence."



Community Health Panel Findings*

“This state has a major health problem with obesity and diabetes. Diabetes is a disease that can affect all of us. There is a high incidence of diabetes in this area. We need to teach people to help themselves and learn the importance of exercise and weight control. They need to know that by not becoming obese at age 13, they can cut the incidence of diabetes and cut their health care costs.” — *Rapides Parish Physician*

Additional comments:

“We have a very high rate of diabetes in this parish. We had a diabetes day last year, and we do have a diabetes specialist here. We plan to continue with this diabetes day every other year. The doctor has a lot of information that he hands out once a person is diagnosed and also has classes. We also have a research project going on with the University of Chicago. We try to educate our patients as soon as they are diagnosed.” – *Catahoula Parish Key Informant*

“We have a high incidence of diabetes in this area. Most people don’t know they have it until it is almost too late. We don’t have a program that would motivate people to get checkups for diabetes. A lot of the people here are in bad health because of the lack of exercise, and those are the ones that will develop diabetes.” – *Concordia Parish Key Informant*

“We have one of the highest cases of diabetes per capita. We need to educate people on diet, nutrition and exercise.” – *Evangeline Parish Key Informant*

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

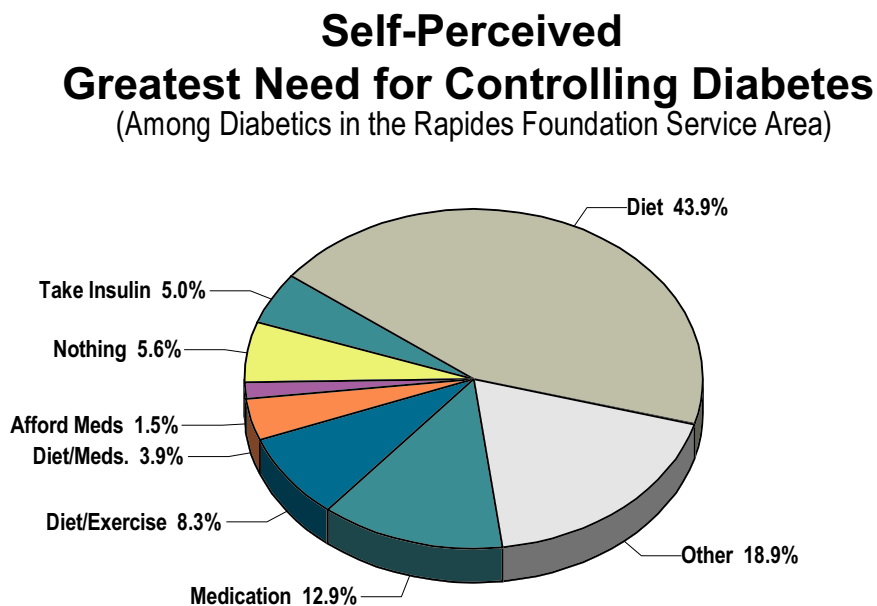
“We have a very high incidence of diabetes. We even have diabetes classes. We do a lot of teaching for diabetics. A lot of these classes are for the elderly, but they won’t turn anybody away because of their age. The problem is that all of these classes are given during the day, so kids can’t attend the classes.” – *Allen Parish Key Informant*

“We have a high amount of juvenile diabetes. Once they are diagnosed with diabetes, we don’t have a program to teach the family how to take care of this disease.” – *LaSalle Parish Key Informant*

“As a major employer in this area, we see a lot of poor health habits in our workforce, specifically obesity and diabetes. We have a lot of folks who are diabetics, and their disease is out of control. They don’t take their medication, or they don’t know how to monitor their diabetes. We have to put on health fairs at our company so we can teach them how to take care of their health, because it does affect our business when they don’t take good care of their health.” – *Natchitoches Parish Key Informant*

Needs of Diabetics

- **43.9% of diabetics surveyed in the Rapides Foundation Service Area report that their greatest need in managing their diabetes is diet.**



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents with diabetes.

Community Health Panel Findings*

Education is seen as key to reducing risk among the local diabetic population.

“I see diabetics go to the shoe store and buy the cheapest pair of shoes they can find. They can get a neuropathy ulcer on their foot that can take up to four years to heal up, if it will heal up at all. It is because of the lack of education.” — *Rapides Parish Physician*

“We have a very high diabetic population which is going under-treated due to poor nutrition, lack of exercise and lack of education on what the disease is and how to treat it.” — *Rapides Parish Community Leader*

“We have been doing this diabetes project, trying to assist people between 30 and 50 years old, and one of the feedback comments we get is that when we first come into contact with some of these patients, we find that they are a little hopeless. They are not sure they can do anything about this diabetes problem, and they are not sure that they can change their fate. It is like if they are on this path and there is almost nothing we can do to get them off this path. We realize then that the entire job of the project is to change their minds that they can do something about diabetes and that immediate death is not destined to happen.” — *Rapides Parish Allied Health/Social Service Provider*

“We need a diabetes health education program parishwide. A lot of people don’t know how to treat diabetes. People are not educated early enough to really realize the damage that diabetes does to the body. We even have a diabetes month where we educate people, even taking their blood sugar levels for them and showing them how to do it. I think education is an important role in managing diabetes.” – *Natchitoches Parish Key Informant*

“I think a big need for this parish is that we need a formal diabetic educator and a formal diabetic support program. As a health care professional, this is one of the biggest health issues in Winn Parish. We need to have a place where doctors can refer the patients who have been diagnosed with diabetes.” – *Winn Parish Key Informant*

“We seem to have lots of diabetic kids in school, and our teachers are not trained on how to deal with this disease. They don’t know how to help the kids when they are testing their sugar levels or when they have to medicate themselves, and they should know because a lot of the kids are very young and they need help. I think some type of education programs for our teachers is really needed.” – *Winn Parish Key Informant*

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

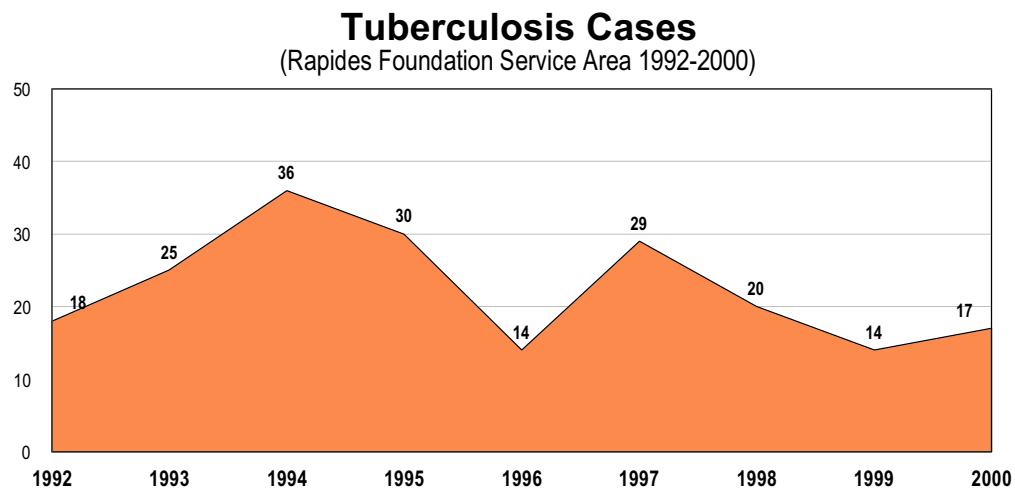
INFECTIOUS & CHRONIC DISEASE

Tuberculosis

Tuberculosis (TB) is spread from person to person through the air. TB usually affects the lungs, but can also affect other parts of the body, such as the brain, kidneys, or spine.

Tuberculosis Incidence

- **Between 1992 and 2000, a high of 36 cases were diagnosed in the Rapides Foundation Service Area in 1994. In 2000, the case number was less than half that.**

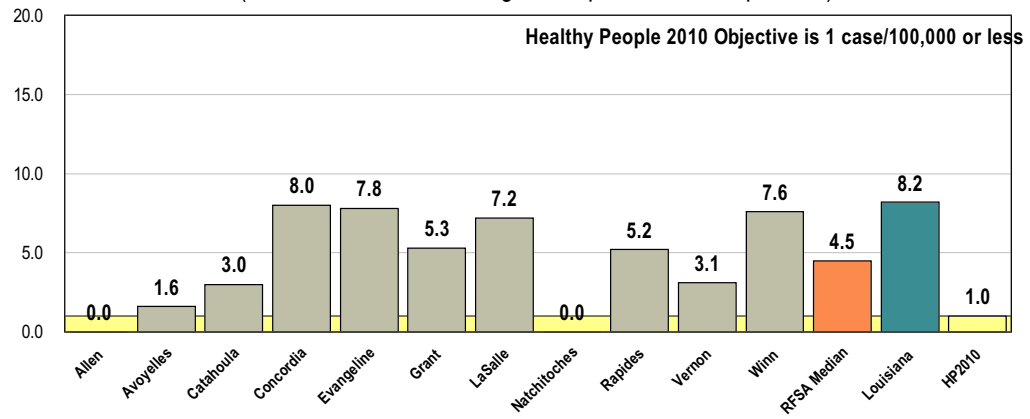


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

- **Between 1998 and 2000, there was a median of 4.5 cases of tuberculosis diagnosed in the Rapides Foundation Service Area per 100,000 population.**
 - Below the statewide 1998-2000 annual average case rate (8.2/100,000).
 - Fails to satisfy the *Healthy People 2010* target (1.0/100,000 or lower).
 - Highest in Concordia, Evangeline, LaSalle and Winn Parishes (over 7 cases/100,000).

Tuberculosis Case Rates

(1998-2000 Annual Average Rate per 100,000 Population)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

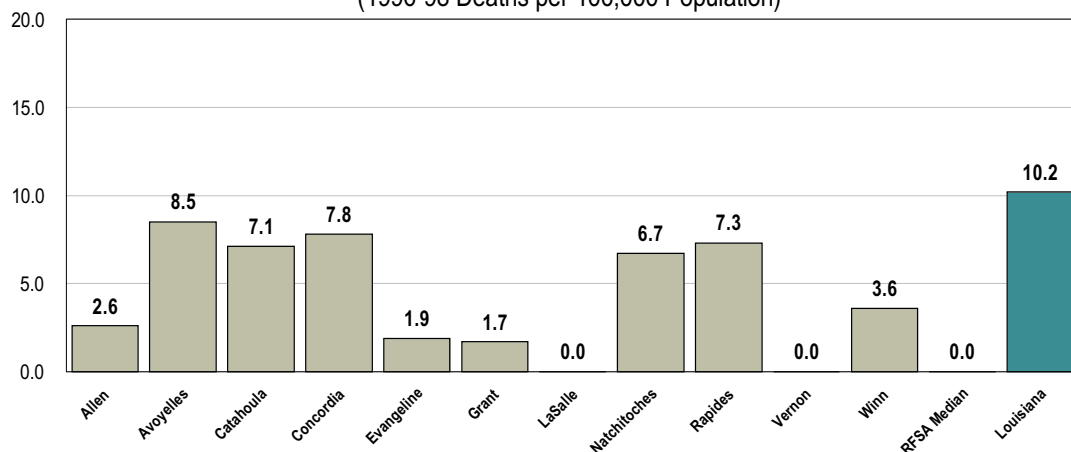
HIV/AIDS

The AIDS (acquired immunodeficiency syndrome) epidemic is a problem of national and international importance, a disease for which there is as of yet no cure. Although there is no cure or vaccine, recent advances in human immunodeficiency virus (HIV) treatment can slow or halt the progression from HIV infection to AIDS. Prevention of HIV infection is complex, requiring targeted behavioral-based, culture- and age-specific risk reduction programs.

AIDS Death Rates

- **The 1996-98 Rapides Foundation Service Area median age-adjusted AIDS death rate was 0 cases.**
 - 10.2 cases/100,000 were reported statewide between 1996 and 1998.
 - LaSalle and Vernon Parishes reported 0 cases between 1996 and 1998.

Age-Adjusted Mortality: AIDS (1996-98 Deaths per 100,000 Population)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

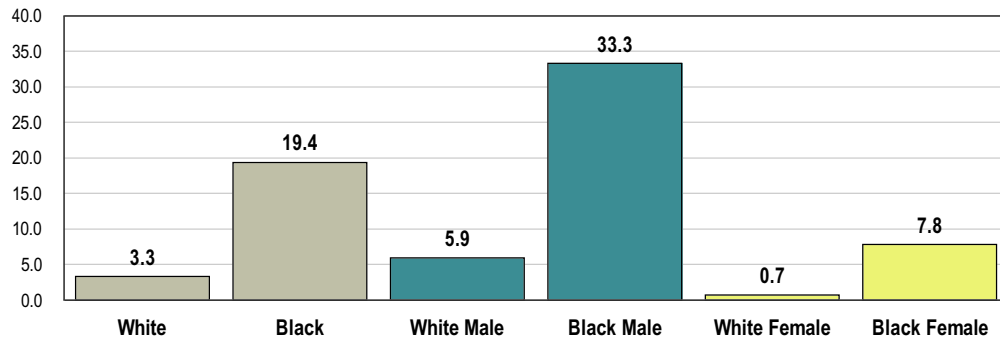
Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.

2. RFSA Median is the median death rate among the 11 parishes included in this assessment (one-half of the parish death rates fall below this rate, and one-half fall above).

- The Louisiana age-adjusted AIDS death rate is much higher among Blacks than among Whites: it is particularly high among Black males (33.3/100,000 in 1998), followed by Black females (7.8/100,000).

Age-Adjusted Mortality: AIDS

(1998 Louisiana Deaths by Race/Gender)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 100,000 population, age-adjusted to the 1940 U.S. Standard Million.
2. Includes homicide and legal intervention deaths.

HIV/AIDS Rates

Note the following findings from the *2000 Louisiana HIV/AIDS Annual Report*:^{*}

- There are persons living with HIV in every parish in Louisiana, and this number continues to increase each year, largely due to more effective drug therapies.
- Although the number of newly-detected HIV/AIDS cases has decreased in recent years, this decline may not reflect a true decrease in HIV transmission.
- Since 1996, the number of new AIDS cases and deaths of persons with AIDS has decreased dramatically, coinciding with the widespread use of more effective treatments. However, data from 2000 indicate a leveling of these declines, which may be due to factors such as late testing behaviors, limited access to or use of health care services, and limitations of current therapies.
- The HIV detection rates for African-Americans continue to be disproportionately high. In 2000, 75% of newly-detected HIV cases and 76% of newly-diagnosed AIDS cases were in African-Americans. The HIV detection rates for African-Americans are over six times higher than those among whites.
- The percentage of newly-detected HIV/AIDS cases reported among women in Louisiana has steadily been increasing, and women represented 34% of new HIV/AIDS cases in 2000. Although HIV/AIDS rates have been declining in men since 1993, rates in African-American women have remained stable.
- Although the number of women living with HIV in Louisiana has risen, perinatal transmission rates have dropped dramatically from over 25% in 1993 to only 6% in 1999, due to screening programs for pregnant women and increased use of antiretroviral therapy in pregnant women and their infants.
- Among African-Americans, high-risk heterosexual contact has been the predominant mode of exposure since 1996. Among whites, the predominant exposure remains men who have sex with men (MSM), although the number of cases has declined substantially since 1993.

^{*} *Louisiana HIV/AIDS Annual Report, 2000.* Louisiana Department of Health and Hospitals, Office of Public Health, HIV/AIDS Program

Interpretation of HIV Detection Data

Because antiretroviral treatment regimens are initiated much earlier in the course of HIV infection than previous treatments, effective therapies postpone and/or prevent the onset of AIDS, resulting in a decrease in AIDS incidence. Consequently, recent incident AIDS data can no longer provide the basis of HIV transmission estimates and trends, and the dissemination of surveillance data has moved toward placing heavier emphasis on the representation of HIV-positive persons. Typically, AIDS data are depicted by characteristics at year of AIDS diagnosis under the 1993 AIDS case definition, whereas HIV data are characterized at year of HIV detection (earliest positive test reported to the health department).

HIV detection data are not without limitations. Although HIV detection is usually closer in time to HIV infection than is an AIDS diagnosis, data represented by the time of HIV detection must be interpreted with caution. Unlike AIDS data where the date of diagnosis is relatively precise for monitoring AIDS incidence, HIV detection trends do not accurately depict HIV transmission trends. This is because HIV detection data represent cases who were reported after a positive result from a confidential HIV test, which may first occur several years after HIV infection. In addition, the data are under detected and under reported because only persons with HIV who choose to be tested confidentially are counted. HIV detection counts do not include persons who have not been tested for HIV and persons who only have been tested anonymously.

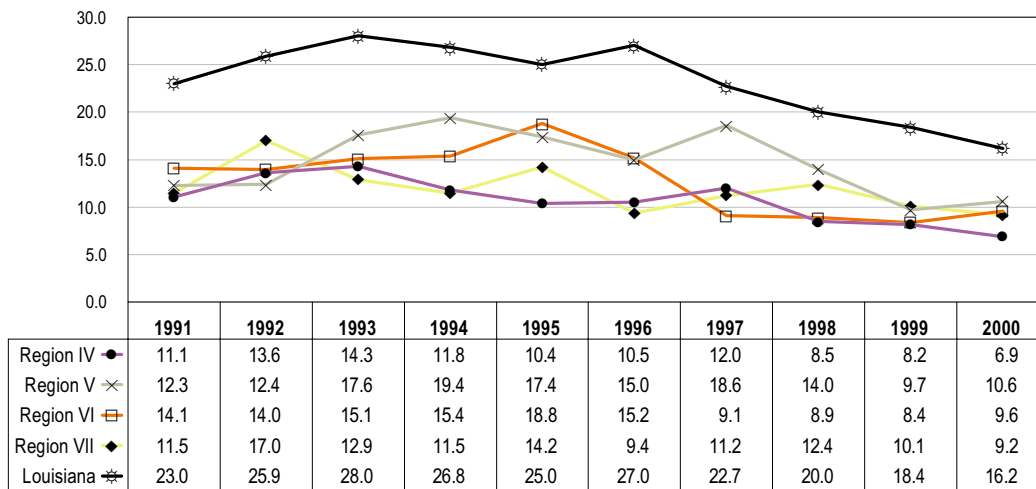
Therefore, HIV detection data do not necessarily represent characteristics of person who have been recently infected with HIV, nor do they provide true HIV incidence. Demographic and geographic subpopulations are disproportionately sensitive to differences and changes in access to health care, HIV testing patterns, and targeted prevention programs and services. All of these issues must be carefully considered when interpreting HIV data.

With this in mind:

- **AIDS case rates followed a general decline in the latter half of the 1990s.**
 - Rates in each of the Public Health Regions which encompass parishes from the Rapides Foundation Service Area are well below statewide rates.

AIDS Case Rates

(Rates of New AIDS Cases per Year per 100,000 Population; By Public Health Region)



Source: Louisiana HIV/AIDS Annual Report, 2000. Louisiana Department of Health and Hospitals, Office of Public Health, HIV/AIDS Program.

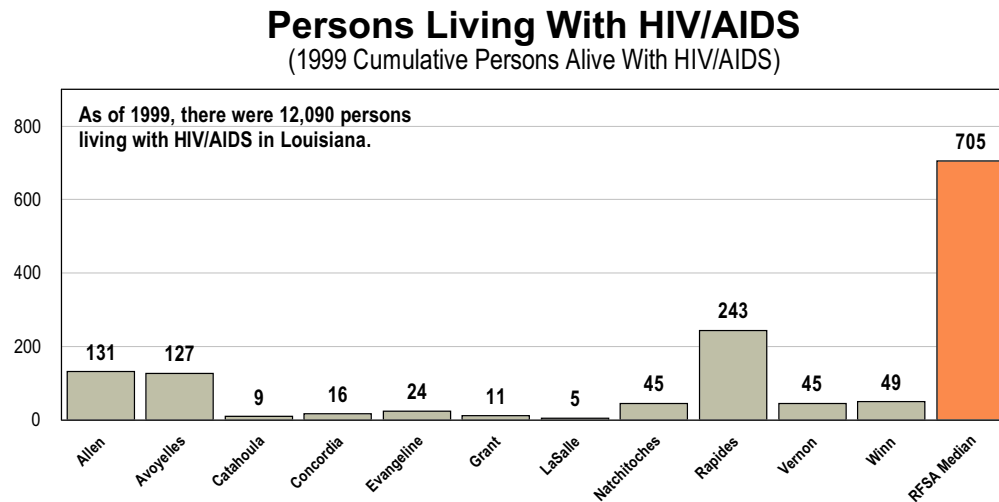
- Notes:
1. Public Health Region IV includes Evangeline Parish and six other parishes in and around Lafayette, Louisiana.
 2. Public Health Region V includes Allen Parish and four other parishes in and around Lake Charles, Louisiana.
 3. Public Health Region VI includes Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn Parishes.
 4. Public Health Region VII includes Natchitoches and eight other parishes in and around Shreveport, Louisiana.

- Overall, annual HIV/AIDS detection rates in area Public Health Regions also appear below the statewide rate.

Persons Living With HIV/AIDS

While new developments in treatment in recent years have greatly expanded the life expectancy and quality of life of AIDS patients, the treatments are extremely costly and they bring rise to new issues for a growing population of persons living with AIDS.

- **As of 1999, there were 705 persons living with AIDS throughout the Rapides Foundation Service Area.**

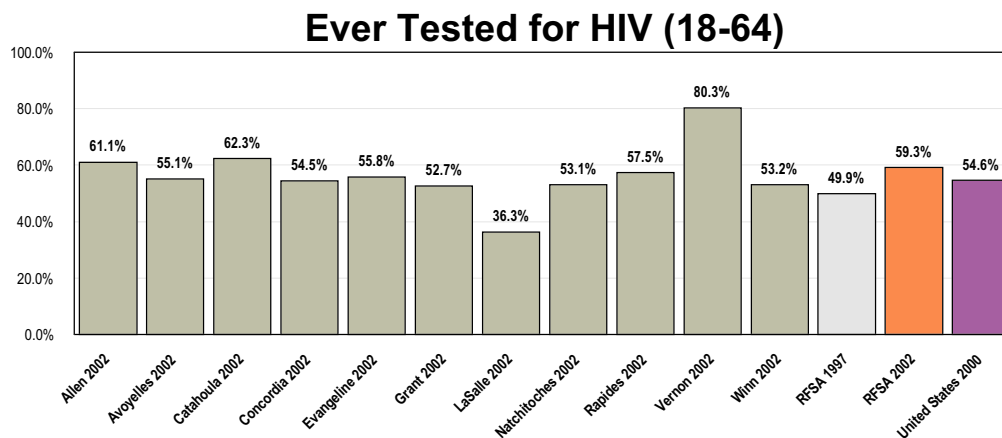


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

- **In 2000, three parishes in the Rapides Foundation Service Area had greater than 300 persons living with HIV per 100,000 population: Allen Parish, Avoyelles Parish and Winn Parish. *These and many other parishes with disproportionate HIV/AIDS prevalence rates house correctional facilities which have reported large numbers of HIV/AIDS cases.***

HIV Testing & Perceived Risk

- **59.3% of Rapides Foundation Service Area adults between the ages of 18 and 64 report that they have been tested for HIV at some time in the past (not counting tests they may have had when donating blood).**
 - Better than 1997 Rapides Foundation Service Area findings (49.9%).
 - Better than national findings (54.6%).
 - Highest by far in Vernon Parish (80.3%). Lowest in LaSalle Parish (36.3%).

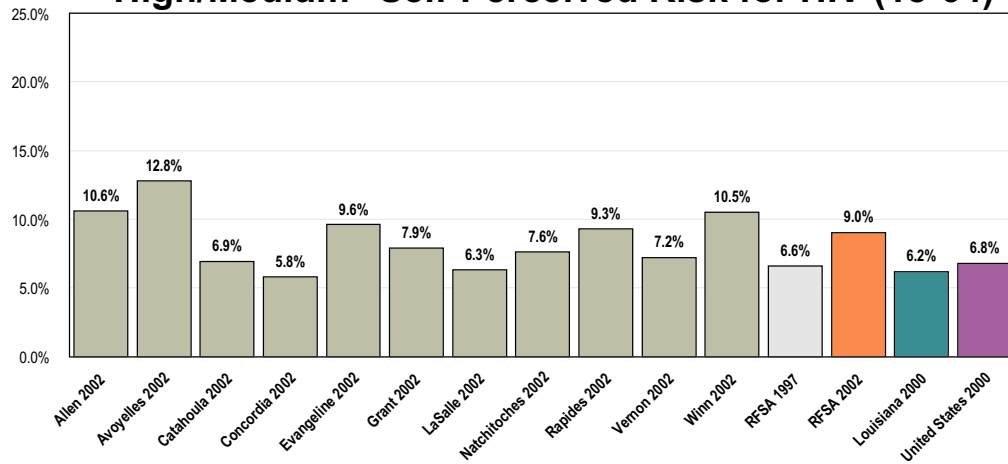


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

Note: Reflects respondents aged 18 through 64.

- **9.0% of Rapides Foundation Service Area adults between the ages of 18 and 64 believe themselves to be at “high” or “medium” risk for getting AIDS.**
 - Higher than statewide (6.2%) and national (6.8%) findings.
 - Over 10% in Allen, Avoyelles and Winn Parishes.

"High/Medium" Self-Perceived Risk for HIV (18-64)

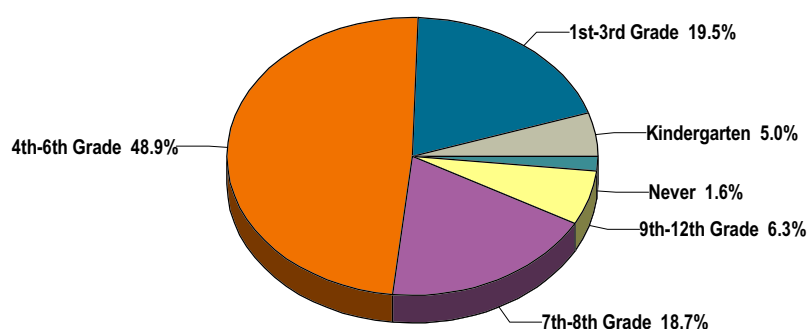


- Sources:
1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 4. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.
- Notes:
1. Reflects respondents aged 18 through 64.
 2. Percentages represent combined "high" and "medium" responses.

Children & HIV/AIDS Education

- **72.3% of Rapides Foundation Service Area adults between the ages of 18 and 64 believe children should begin receiving HIV/AIDS education in school during elementary school years (K-6).**
- **Only 1.9% of Rapides Foundation Service Area adults between the ages of 18 and 64 believe HIV/AIDS education should not be taught in school at all.**

Grade in Which Children Should Begin AIDS/HIV Education
(Rapides 2002 Foundation RFSA; 18-64)

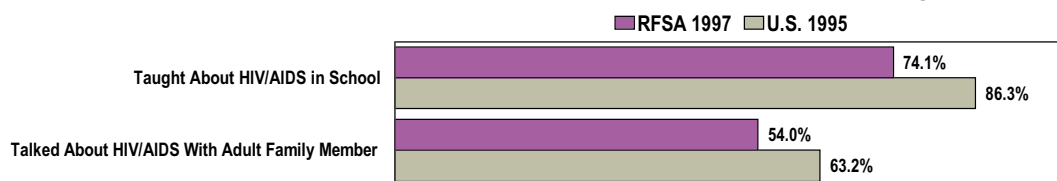


Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked among respondents aged 18 through 64.

In the 1997 Central Louisiana Youth Risk Factor Survey:

- **74.1% of service area youth report that they had been taught about HIV/AIDS in school, lower than found nationwide (86.3%).**
- **54.0% of service area youth report that they had talked about HIV/AIDS with an adult family member, lower than found nationwide (63.2%).**

HIV/AIDS-Related Findings From the 1997 RFSA Youth Risk Factor Survey



Source: Tulane School of Public Health and Tropical Medicine.

Community Health Panel Findings*

HIV/AIDS is seen as disproportionately affecting the Black community.

“In my agency, we are talking about our inability to influence sexual behavior, especially in the Black community, where we are seeing such a disproportionate number of people who are infected with HIV and AIDS. I think this is an area where the local churches can be of great assistance in helping us get the message across.” — *Rapides Parish Allied Health/Social Service Provider*

“HIV/AIDS is growing the quickest in people of color and women. They are getting infected from IV drug use. It is growing in our population and also in the prison system. It has taken off like wildfire.” — *Rapides Parish Physician*

“I think [AIDS] is decreasing. Now people are more aware of it and they are more careful. My patients are not indigent, so it may be more prevalent and rising in the indigent population.” — *Rapides Parish Physician*

“I think we have a special program here that gives free medication to AIDS patients. I think the Foundation has something like that in place.” — *Rapides Parish Physician*

Other Community Health Panel comments relating to HIV/AIDS include:

“I think that our cases of HIV/AIDS are growing in this area, mostly among the young people. I think it is a greater problem than people around here realize.” — *Catahoula Parish Key Informant*

“Ignorance of the disease seems to be the reason for the increase in cases. People don’t want to talk about it or be educated on STDs, as well as HIV and AIDS.” — *Catahoula Parish Key Informant*

“We really don’t see many cases of HIV/AIDS. Maybe people go elsewhere for their health care needs if they are diagnosed. The health unit does have an HIV/AIDS program.” — *Allen Parish Key Informant*

“We don’t have a big problem with HIV/AIDS in this parish. We just don’t have that kind of population. I don’t think we have that heavy IV-user population or sexual practices.” — *LaSalle Parish Key Informant*

“It is hard to find out if we have a problem or not because only the HIV nurse would know, and because of the confidentiality, we don’t know.” — *Winn Parish Key Informant*

“Our percentages per capita are a little below the average. It doesn’t take many cases in a place like Winn Parish before you jump up your percentages, but I don’t think it is a big problem.” — *Winn Parish Key Informant*

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

“Most of the people here who are positive for HIV are under the age of 25. We have a problem with some of our patients who are in denial, and they have unprotected sex even though they are HIV-positive, and they don’t care they are spreading this disease.”
– *Grant Parish Key Informant*

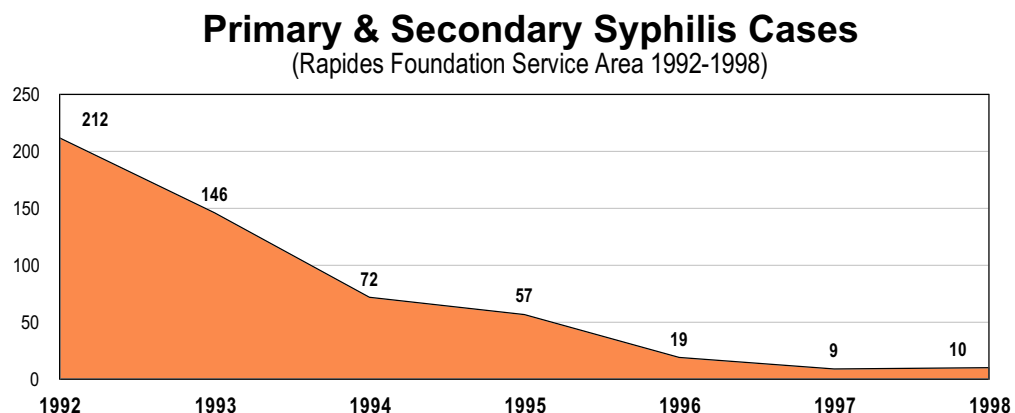
Sexually Transmitted Diseases

In the United States, more than 65 million people are currently living with an incurable sexually transmitted disease (STD). An additional 15 million people become infected with one or more STDs each year, roughly half of whom contract lifelong infections. Yet, STDs are one of the most under-recognized health problems in the country today. Despite the fact that STDs are extremely widespread, have severe and sometimes deadly consequences, and add billions of dollars to the nation's healthcare costs each year, most people in the United States remain unaware of the risks and consequences of all but the most prominent STD—the human immunodeficiency virus or HIV.

While extremely common, STDs are difficult to track. Many people with these infections do not have symptoms and remain undiagnosed. Even diseases that are diagnosed are frequently not reported and counted. These “hidden” epidemics are magnified with each new infection that goes unrecognized and untreated (Centers for Disease Control and Prevention).

Syphilis

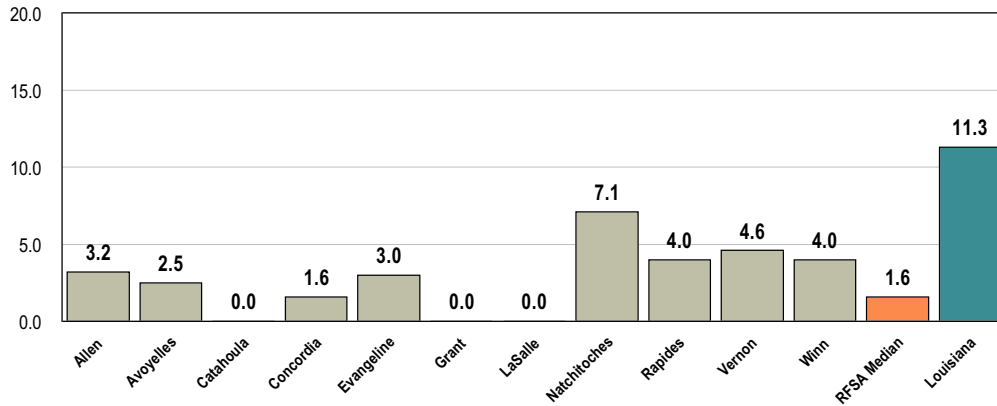
- **Between 1992 and 1998, primary and secondary syphilis cases in the Rapides Foundation Service Area followed a considerable decline.**



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

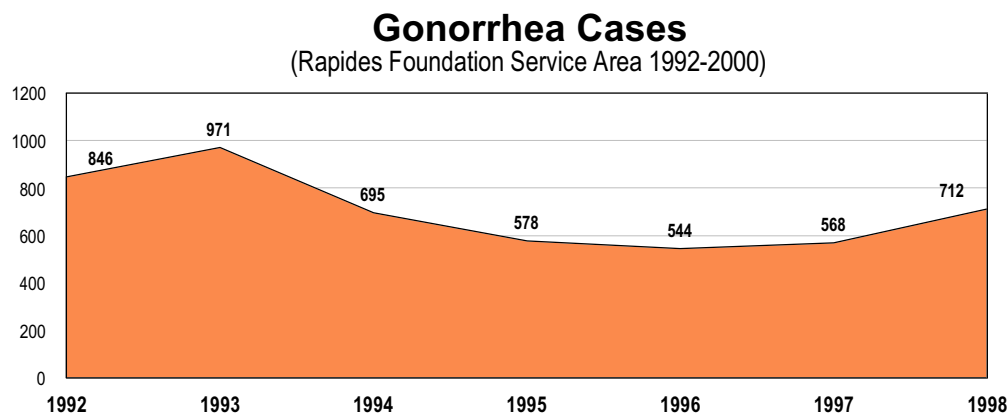
- **Between 1998 and 2000, there was a median of 1.6 cases of primary or secondary syphilis in the Rapides Foundation Service Area per 100,000 population.**
 - Well below the statewide case rate (11.3 cases per 100,000).
 - Highest in Natchitoches Parish (7.1 cases per 100,000).

Primary & Secondary Syphilis Case Rates (1998-2000 Annual Average Rate per 100,000 Population)



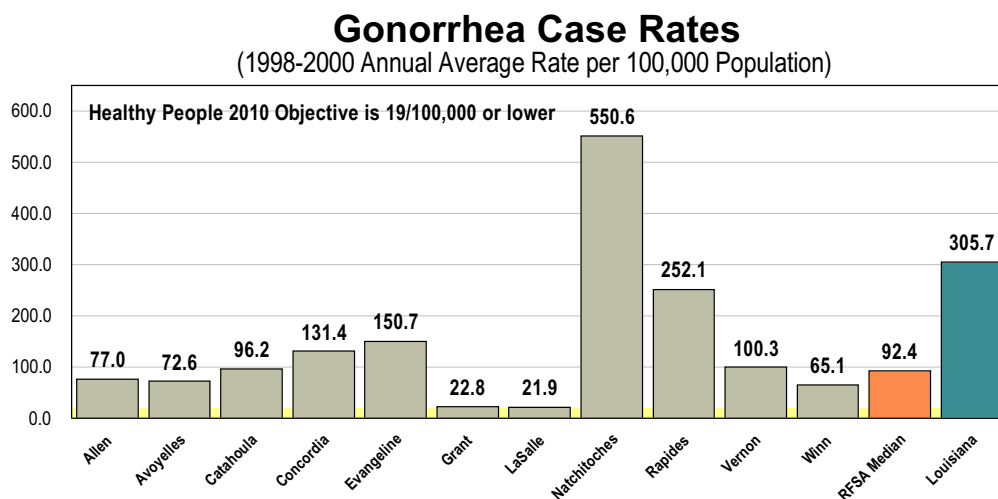
Gonorrhea

- Between 1992 and 1996, gonorrhea cases in the Rapides Foundation Service Area followed a general decline, but increased between 1996 and 1998.

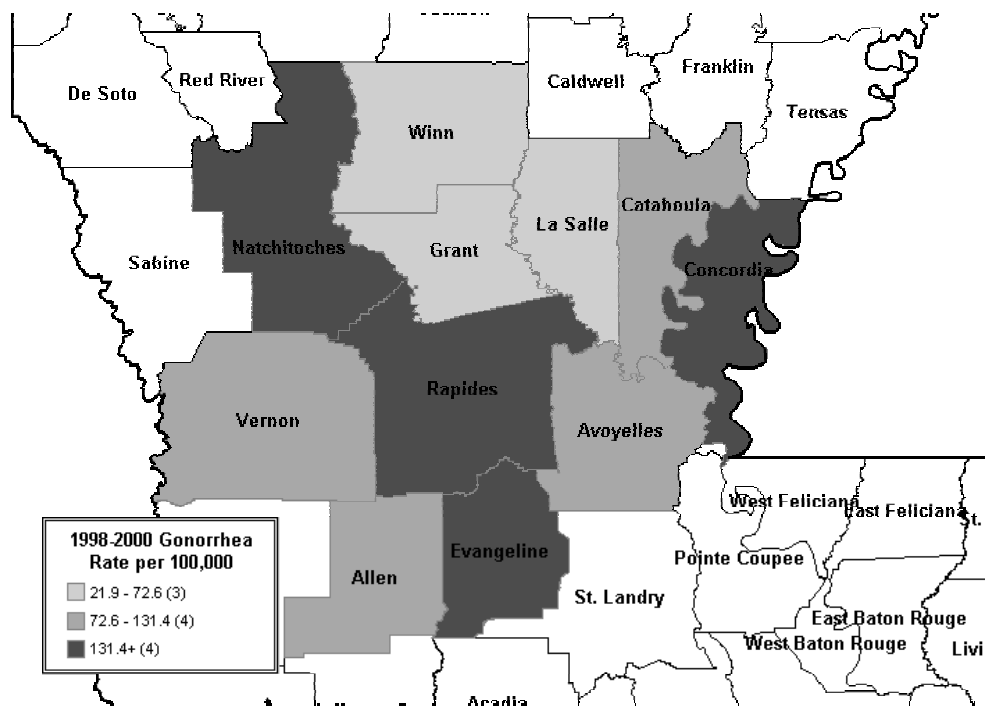


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.
Note: Includes Campylobacter, Hepatitis A, Salmonellosis, Shigellosis, Vibrio Cholera, Vibrio Other.

- Between 1998 and 2000, there was median rate of 92.4 newly diagnosed gonorrhea cases per 100,000 population in the Rapides Foundation Service Area.
 - Well below the statewide annual average case rate (305.7/100,000).
 - Exceptionally high in Natchitoches Parish (550.6/100,000), followed by Rapides Parish (252.1/100,000).

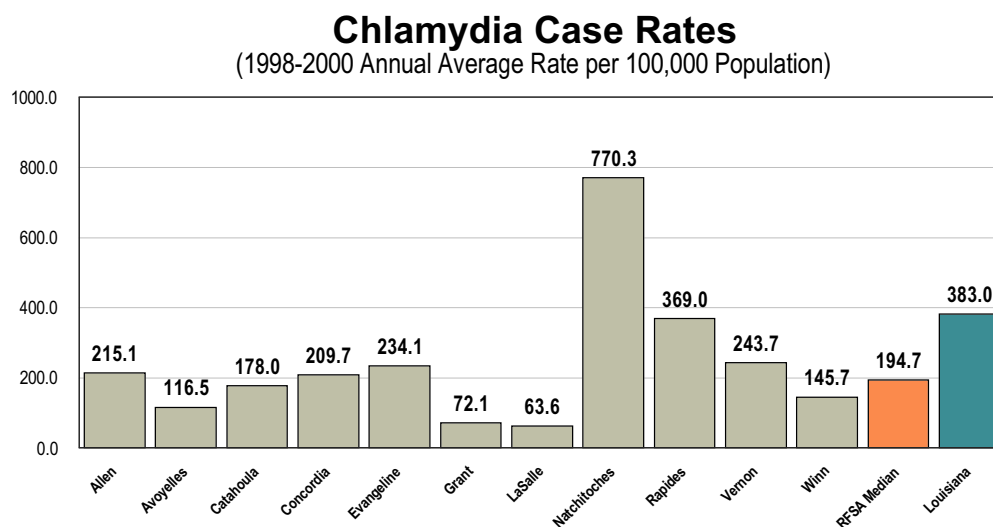


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

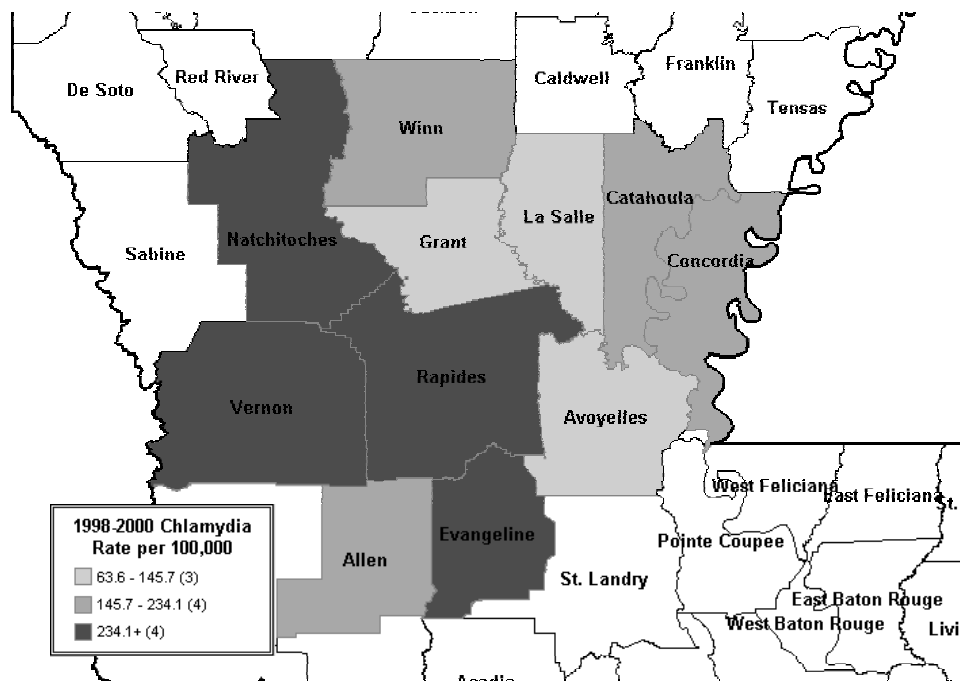


Chlamydia

- Between 1998 and 2000, there was median value of 194.7 newly diagnosed cases of *chlamydia trachomatis* per 100,000 population in the Rapides Foundation Service Area.
 - Below average case rate statewide (368.3/100,000).
 - Again, exceptionally high in Natchitoches Parish (770.3/100,000), followed by Rapides Parish (369.0/100,000).

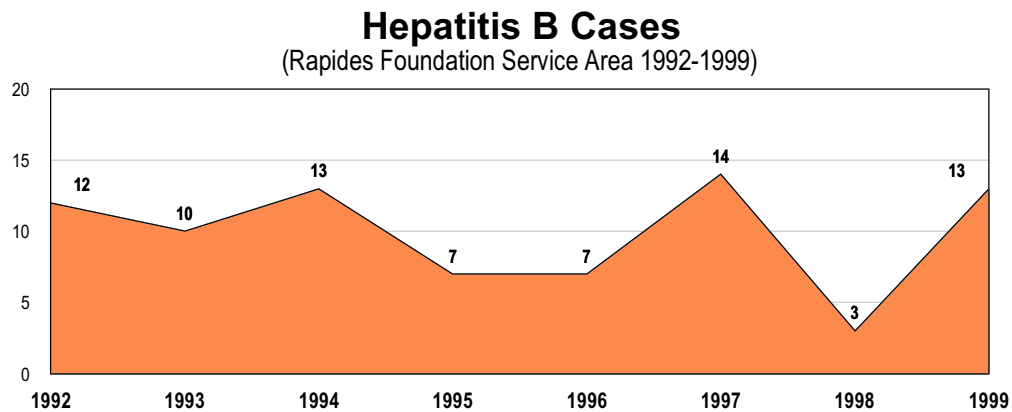


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.



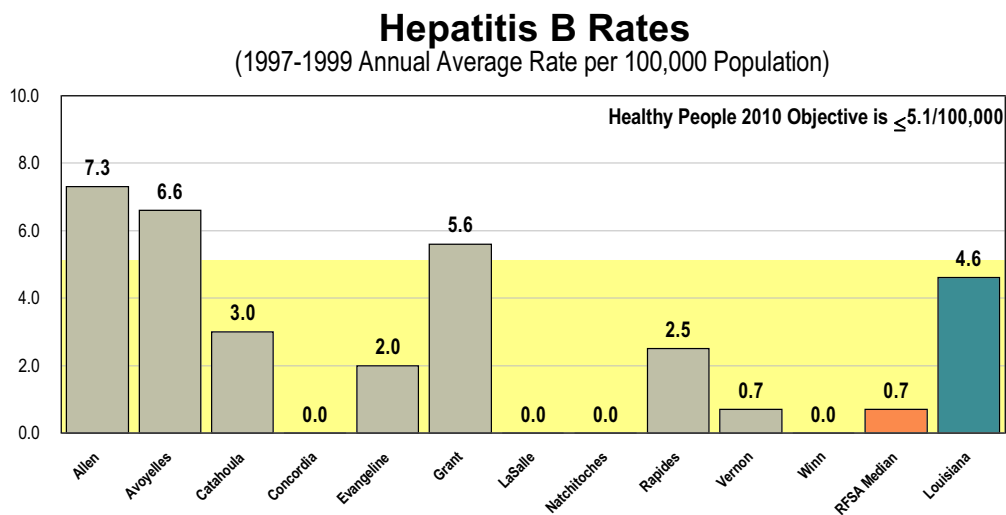
Hepatitis B

- Between 1992 and 1999, hepatitis B cases diagnosed in the Rapides Foundation Service Area averaged about 11 each year.



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

- Between 1997 and 1999, there was a median case rate of 0.7 hepatitis B cases per 100,000 population in the Rapides Foundation Service Area.
 - Lower than the statewide annual average case rate (4.6/100,000).
 - Highest in Allen, Avoyelles and Grant Parishes (more than 5 cases per 100,000).



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Community Health Panel Findings*

Focus group participants believe that, although youth are at significant risk for AIDS and sexually transmitted diseases, they are largely unconcerned or unaware of the risks.

“I think more teen-agers need to go to the health unit or where all these people with these terrible STDs and AIDS are so they could see what it does to a person. Then they would be so scared because whatever you get from sexual activity, you can’t get rid of it.” — *Rapides Parish Youth Participant*

“I don’t think kids are worried about STDs until they hear later that their sexual partner was diagnosed with HIV or some type of STD.” — *Rapides Parish Youth Participant*

Youth participants stated, however, that there are ways to reach young people.

“The health units have all kinds of information on how to protect yourself against STDs and AIDS. They have buckets full of things that you can get. They give you everything, but a lot of people just don’t go to get it.” — *Rapides Parish Youth Participant*

“We had a great speaker at the beginning of the year, Ms. Pam Stenzel, who spoke about sex and STDs. She was great. Her mom was raped, and that is how she was born. I know she was real good, because three of my friends went to the clinic to get checked after her speech.” — *Rapides Parish Youth Participant*

“Ms. Stenzel was great. She didn’t just lecture us; she told us what could happen and joked around a lot about it. She made it really interesting to listen to her talk.” — *Rapides Parish Youth Participant*

Additional comments:

“We have active sexual teen-agers who are bound to have STDs.” – *LaSalle Parish Key Informant*

“Our rate of STDs is real high. As a matter of fact, it is at an epidemic rate in the small rural areas. We had, for the last two years, the highest illegitimate births among young women in the state. Also, we were one of the highest with STDs in the state because we received a grant from the state to teach abstinence. It is very high in this parish.” – *Concordia Parish Key Informant*

“We have a high rate per capita of HIV and STDs. It is high in Louisiana; I think we are the third-ranked in the U.S. We are also high, even within our state. We also have a very high substance abuse population.” – *Vernon Parish Key Informant*

“I work with children, and I had 13-year-olds with chlamydia. It is amazing how the young people are practicing these risky behaviors at such an early age, and to them it is not a big deal. It is normal.” – *Natchitoches Parish Key Informant*

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

“We don’t treat a lot of STD cases in the hospital. We do a fair share, but not a lot. In a lot of cases, we probably don’t see them because they will go outside of the parish for treatment. They will go to Shreveport because everybody in Winn Parish knows everybody else.” – *Winn Parish Key Informant*

Vaccine-Preventable Disease Incidence

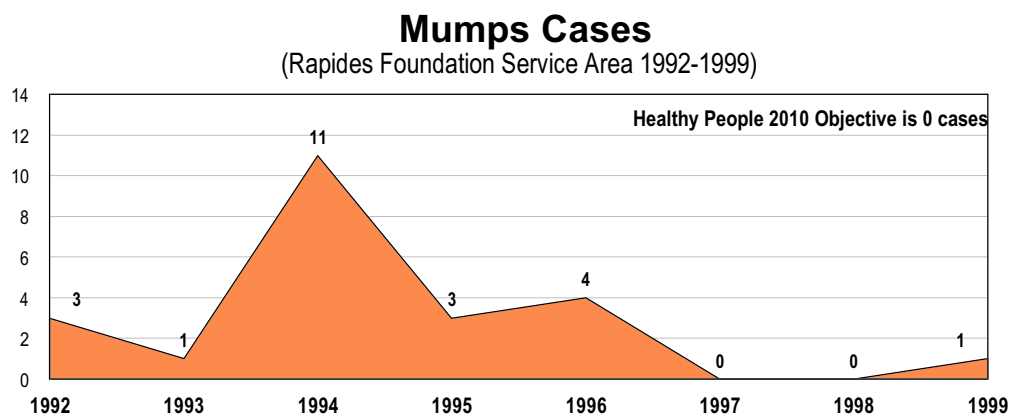
Examples of diseases which are preventable through vaccination include measles, mumps, rubella and pertussis.

Measles

- Between 1992 and 1999, there were no reported cases of measles in the Rapides Foundation Service Area.

Mumps

- Between 1992 and 1999, there were 23 reported cases of mumps in the Rapides Foundation Service Area.



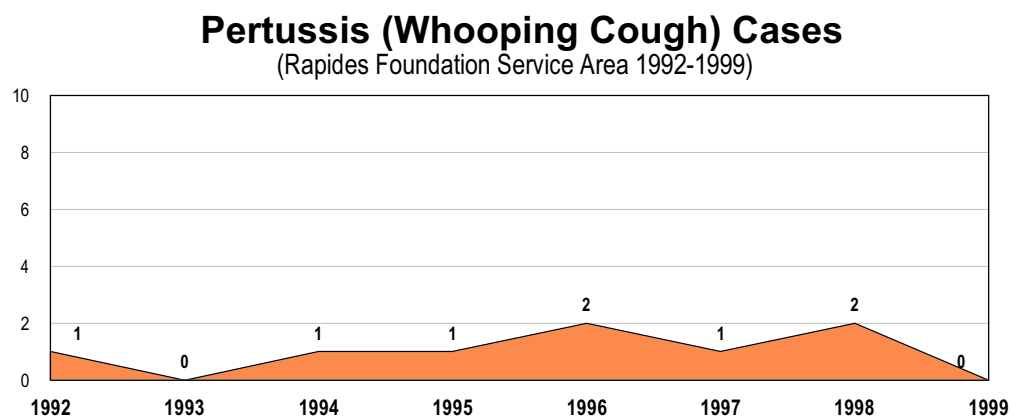
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Rubella

- Between 1992 and 1999, there were no reported cases of rubella in the Rapides Foundation Service Area.

Pertussis

- Between 1992 and 1999, there were 8 reported cases of pertussis (whooping cough) in the Rapides Foundation Service Area.



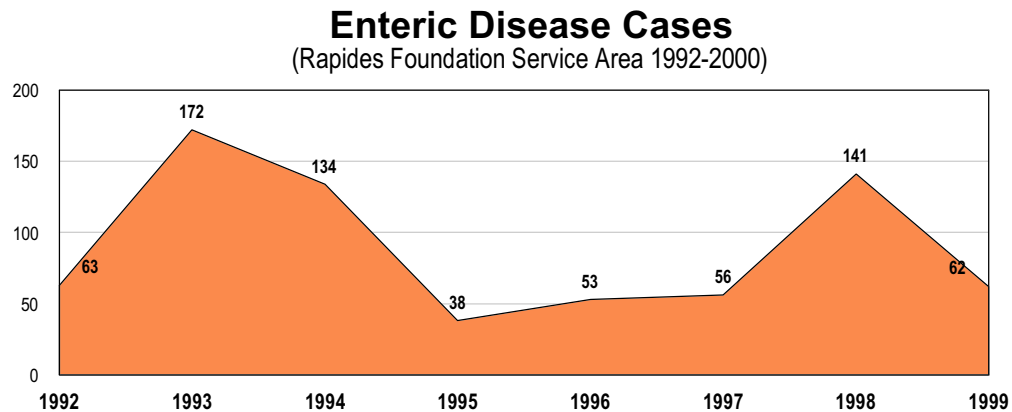
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Enteric Disease Incidence

Enteric diseases are gastrointestinal illnesses caused by bacteria, parasites or viruses. Transmission from person to person is via hand-to-mouth. A person must actually ingest the organism in order to become infected. Enteric diseases are among the most frequently reported diseases. They include such known and lesser-known diseases as campylobacter, salmonellosis, shigellosis, hepatitis A, vibrio cholera and vibrio other.

Enteric Disease

- **The incidence of enteric disease is prone to localized outbreaks. Between 1992 and 1999, Rapides Foundation Service Area experienced relatively high-case years in 1993, 1994 and 1998.**

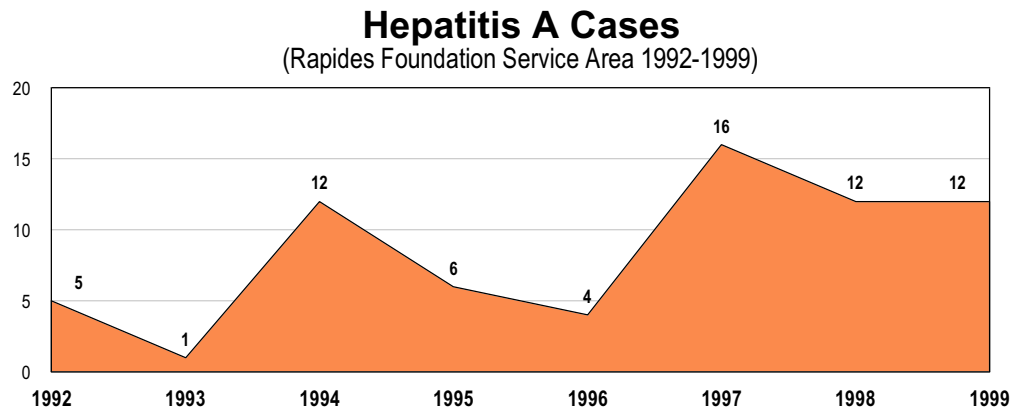


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Note: Includes Campylobacter, Hepatitis A, Salmonellosis, Shigellosis, Vibrio Cholera, Vibrio Other.

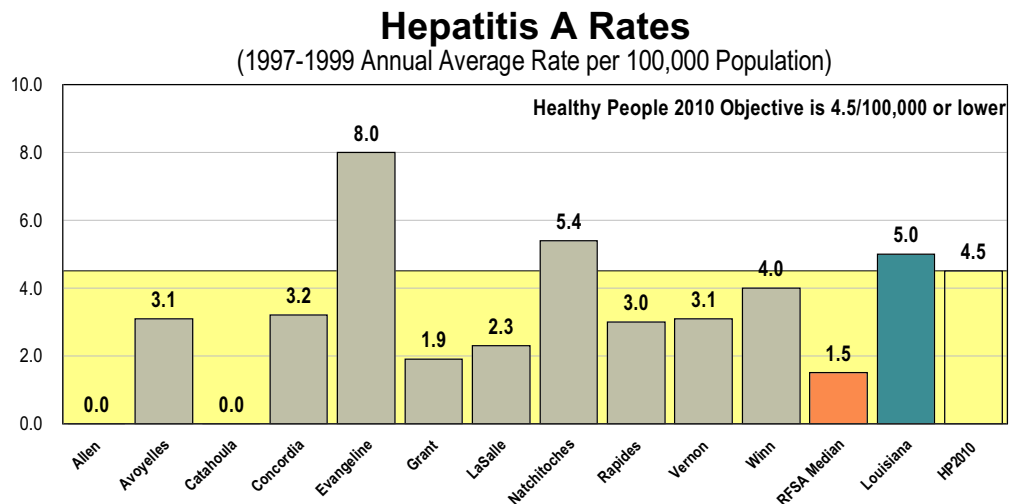
Hepatitis A

- Between 1992 and 1999, Rapides Foundation Service Area experienced 68 cases of hepatitis A.



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

- Between 1997 and 1999, there was a median rate of 1.5 hepatitis A cases in the Rapides Foundation Service Area per 100,000.
 - Lower than the statewide annual average case rate (5.0/100,000).
 - Satisfies the *Healthy People 2010* target (4.5/100,000 or lower).
 - Rates were particularly high in Evangeline (8.0) and Natchitoches (5.4) Parishes.



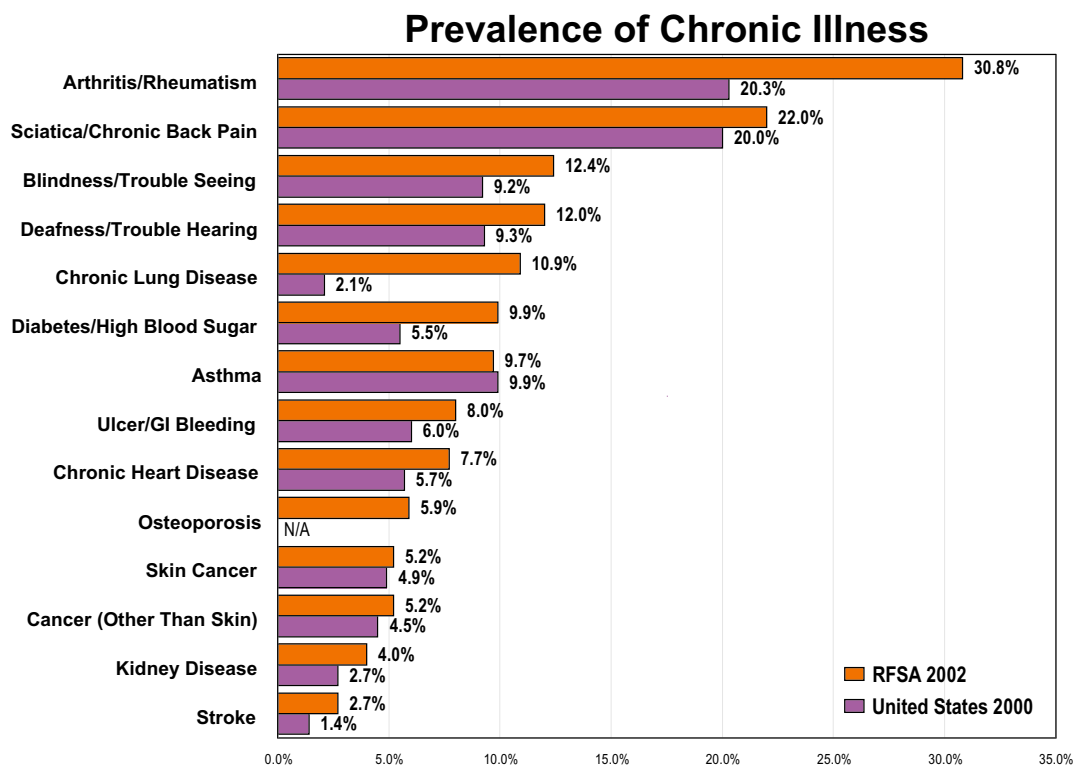
Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health.

Self-Reported Chronic Illness

Self-Reported Prevalence of Chronic Illness

As part of the 2002 Community Health Survey, Rapides Foundation Service Area adults were asked to report the prevalence of any of 13 chronic conditions. Many of these conditions are largely age-related; keep in mind that these data are not age-adjusted in order to show estimates of true prevalence levels in the area.

- **Arthritis/rheumatism, sciatica/chronic back pain, blindness/trouble seeing, deafness/trouble hearing, chronic lung disease, diabetes and asthma were the most prevalent conditions reported, each affecting roughly 10% or more of adults in the Rapides Foundation Service Area.**
- **Several of the tested conditions are significantly more prevalent in the Rapides Foundation Service Area than nationwide:**
 - 30.8% of Rapides Foundation Service Area adults report suffering from **arthritis or rheumatism** (compared to 20.3% nationwide).
 - 12.4% report suffering from **blindness/trouble seeing** (compared to 9.2% nationwide).
 - 12.0% report suffering from **deafness/trouble hearing** (compared to 9.3% nationwide).
 - 10.9% report suffering from **chronic lung disease** (compared to 6.4% nationwide).
 - 9.9% report suffering from **diabetes** (compared to 5.5% nationwide).
 - 8.0% report suffering from **ulcers/gastrointestinal bleeding** (compared to 6.0% nationwide).
 - 7.7% report suffering from **chronic heart disease** (compared to 5.7% nationwide).
 - 4.0% report suffering from **kidney disease** (compared to 2.7% nationwide).
 - 2.7% report suffering from **stroke** (compared to 1.4% nationwide).



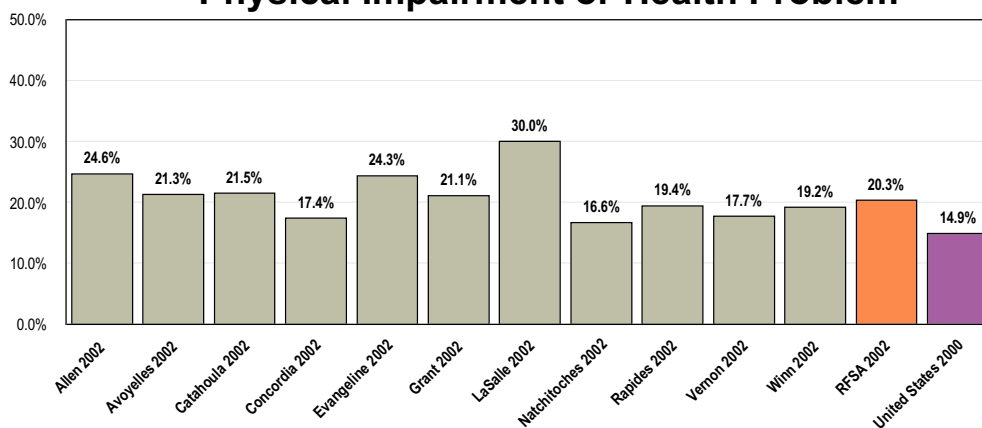
Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Note: Asked of all respondents.

Keep in mind that each percentage point above represents approximately 3,000 adults in the Rapides Foundation Service Area.

Activity Limitations

- **20.3% of Rapides Foundation Service Area adults report being limited in some way in some activity because of a physical impairment or health problem.**
 - Significantly higher than found nationwide (14.9%).
 - This represents nearly 60,000 adults in the Rapides Foundation Service Area.
 - Highest in LaSalle Parish (30.0%).

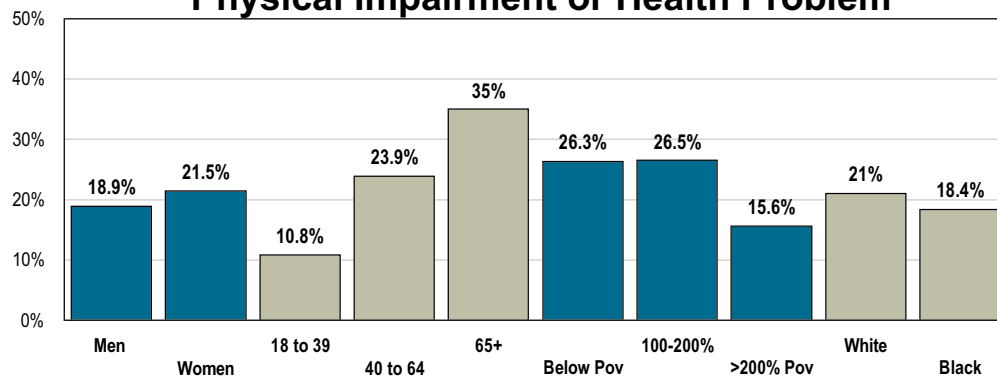
Activity Limitation Due to Physical Impairment or Health Problem



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Reflects the total sample of respondents.
 2. State data not available.

- Activity limitations are closely tied to age, impacting a significant share of seniors.
- Activity limitations are also more prevalent among those at lower income levels.

Activity Limitation Due to Physical Impairment or Health Problem

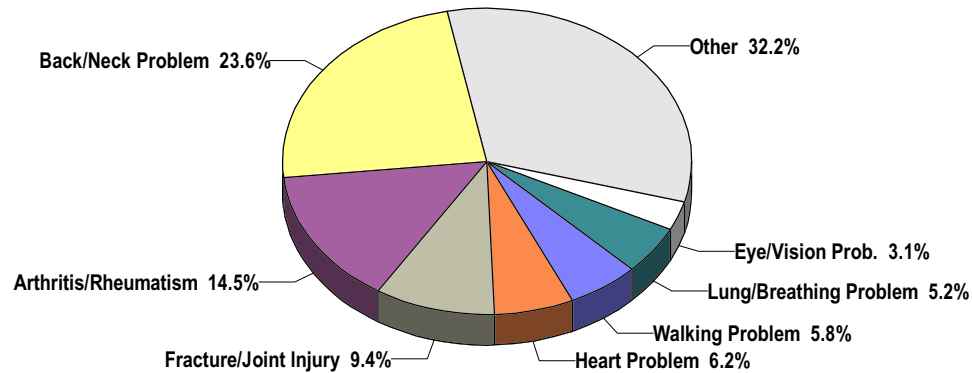


Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.
 2. Reflects the total sample of respondents.

- The top three impairments that limit Rapides Foundation Service Area respondents include back/neck problems, arthritis/rheumatism and fractures/joint injuries.

Type of Impairment Which Limits Activities

(Among Those Reporting Activity Limitations; RFSA 2002)

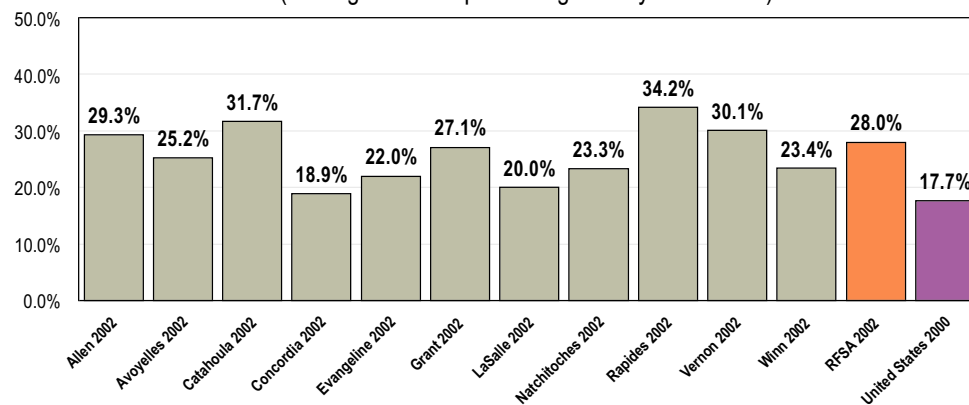


Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Note: Reflects those respondents who experience activity limitations.

- 28.0% of Rapides Foundation Service Area adults who currently suffer an illness or health impairment that limits their activities report that this illness or impairment is the result of a work-related injury.
 - Significantly higher than found nationwide (17.7%).
 - Includes over 30% of those with limitations in Catahoula and Rapides Parishes.

Impairment That Limits Activities Is the Result of a Work-Related Illness/Injury

(Among Those Experiencing Activity Limitations)



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Note: Reflects those respondents who experience activity limitations.

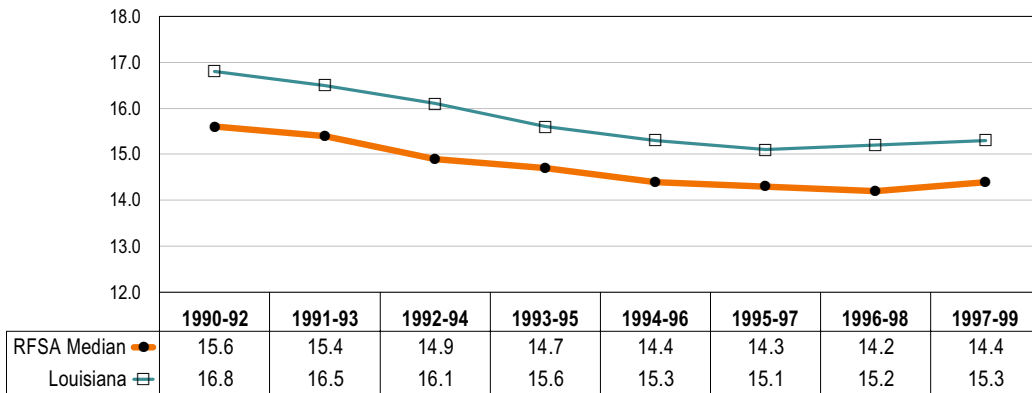
BIRTHS

Birth Rate

- Between 1997 and 1999, there was median rate of 14.4 births per 1,000 population in the Rapides Foundation Service Area.
 - Below the statewide birth rate for the same period (15.3/1,000).
 - The Rapides Foundation Service Area median birth rate declined during much of the 1990s.

Crude Birth Rates

(Three-Year Averages; Births per 1,000 Population)



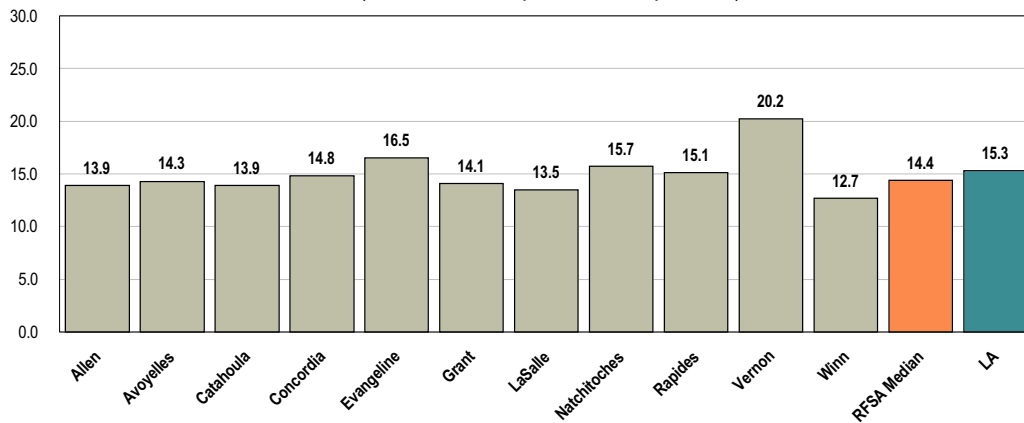
Source: Louisiana Department of Health and Hospitals, Office of Public Health.

Notes: 1. Rates represent live births per 1,000 population.

2. RFSA Median is the median birth rate among the 11 parishes included in this assessment (one-half of the parish birth rates fall below this rate, and one-half fall above).

Crude Birth Rate

(1997-99 Births per 1,000 Population)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 1,000 population.

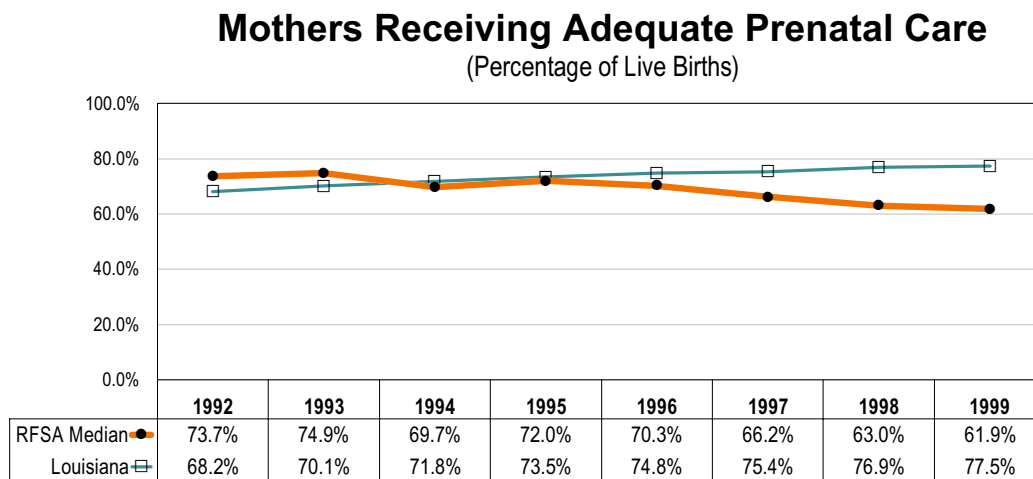
2. RFSA Median is the median birth rate among the 11 parishes included in this assessment (one-half of the parish birth rates fall below this rate, and one-half fall above).

Prenatal Care

Adequacy of Prenatal Care

Early and continuous prenatal care is the best assurance of infant health. Adequacy of prenatal care is measured by a modified Kessner Index, which defines prenatal care as adequate if the first prenatal visit occurred in the first trimester of pregnancy and if the total number of visits was appropriate to the gestational age of the baby at birth.

- **In 1999, a Rapides Foundation Service Area median of 61.9% of mothers received adequate prenatal care.**
 - Less favorable than the percentage statewide (77.5%).
 - Since the early 1990s, the median proportion of mothers receiving adequate prenatal care has been declining in the Rapides Foundation Service Area, in contrast to increases statewide.

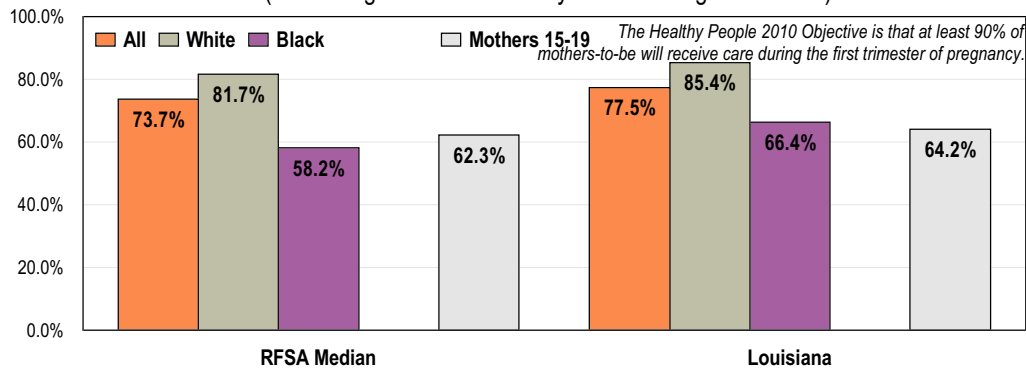


Source: Louisiana Department of Health and Hospitals, Office of Public Health.

Note: Adequate prenatal care is measured by a modified Kessner Index, which defines prenatal care as adequate if the first prenatal visit occurred in the first trimester of pregnancy and if the total number of visits was appropriate to the gestational age of the baby at birth.

- A much lower proportion of Black mothers (58.2% median value) received adequate prenatal care in comparison to White mothers (median of 81.7%) in the Rapides Foundation Service Area in 1999.
- A 1999 Rapides Foundation Service Area median of only 62.3% of teenage mothers (age 15 to 19) received adequate prenatal care.

Mothers Receiving Adequate Prenatal Care (Percentage of 1999 Births by Race and Age of Mother)



Source: Louisiana Department of Health and Hospitals, Office of Public Health.

Note: Adequate prenatal care is measured by a modified Kessner Index, which defines prenatal care as adequate if the first prenatal visit occurred in the first trimester of pregnancy and if the total number of visits was appropriate to the gestational age of the baby at birth.

Community Health Panel Findings*

Focus group participants see a lack of prenatal care as a continuing concern in some populations.

“We see a lot of women who come to the ER at four, five, six, seven months pregnant that never had any prenatal care. We even had some who come to deliver and see the doctor for the first time during the pregnancy.” — *Rapides Parish Allied Health/Social Service Provider*

“The prenatal care is always a big dilemma. We know that with adequate prenatal care in our patient population, we would have healthier babies. It is a real difficult task to get them in early enough to obtain adequate prenatal care. Reality is that most ladies come in at the point of delivery, and that is their initial visit to the doctor. It is very frustrating because there are a lot of things that can be done to maintain a healthy pregnancy and delivery if prenatal care is done early in the pregnancy.” — *Rapides Parish Physician*

“We have three physicians who deliver a lot of the Medicaid babies. We have gone over to their offices at different times during the day to talk to these moms about our free childbirth classes. We try to talk to them while they are waiting to see the doctor, and they will pick up their chair and move away from us because they don’t want to hear any of this. They feel they know everything, know it all.” — *Rapides Parish Allied Health/Social Service Provider*

“We see some patients who had their prenatal care at Huey P. Long, and when they get ready to deliver, they go to one of the other hospitals without a doctor or any medical records.” — *Rapides Parish Allied Health/Social Service Provider*

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“Some of the indigent patients who go to the charity hospital have a pretty good prenatal care program. They have a private group that takes indigent patients, and most of these OB patients have Medicaid, so they are eligible for prenatal services. They have to be registered for prenatal care if they are going to deliver their baby there, so it is pretty effective.” — *Rapides Parish Physician*

Additional comments:

“We only have one OB/GYN in this parish and one pediatrician. Prenatal care is probably lacking unless the family decides to have the baby here and they go through one of our primary care physicians for prenatal care and delivery. The problem is that the family practitioner is going to stay away from any OB/GYN patients because of the high malpractice costs.” – *Avoyelles Parish Key Informant*

“Prenatal care is very limited. At our hospital, we provide it, but we only get about half of the pregnant women coming in for prenatal care. The other half don’t show up until they are ready to deliver.” – *Evangeline Parish Key Informant*

“Some of the problem has to do with lack of transportation and lack of education. They just don’t understand the importance of prenatal care.” – *Evangeline Parish Key Informant*

“Transportation is one of the biggest barriers in trying to get prenatal care. There isn’t a way to get the client to make the appointment, and if she is late or misses it, she has to wait another month before she sees the doctor. This appointment problem happens frequently.” – *LaSalle Parish Key Informant*

“I see the result of the lack of prenatal care with my elementary school students. We have a number of students who have fetal alcohol syndrome and other various problems that when we can get the mother to cooperate with us, we find out the problem could have been taken care of in the womb. These moms need information on nutrition, vitamins, alcohol and smoking. We have tremendous ignorance in terms of what prenatal care really is.” – *Avoyelles Parish Key Informant*

“We don’t offer intensive enough classes on the importance of prenatal care like we do, for example, with Lamaze classes. I would like to offer these classes, but like the hospitals, I have a hard time finding people who can teach the classes. I would like to have classes on 'this is what happens when you get pregnant' and take the client through the entire pregnancy from the point of conception through delivery. I think that as a community we could really benefit from this type of classes.” – *Vernon Parish Key Informant*

“We basically have a prenatal care program through WIC and Helping Hand Ministries, which is a wonderful program. I wish we had more availability for those who can’t afford it and need it. We don’t have a lot of free prenatal care programs in this area.” – *Vernon Parish Key Informant*

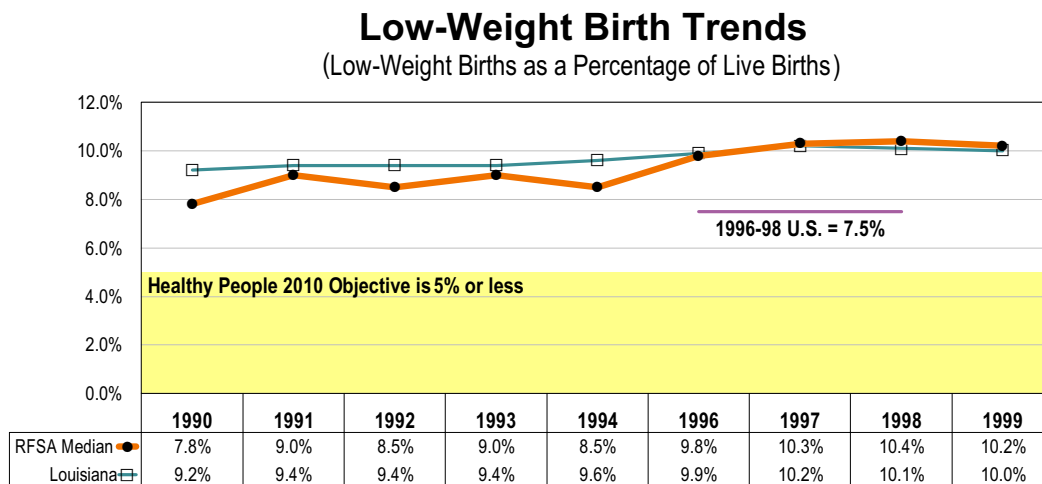
“The Welcome Baby Program, which is out on the base, and we have a grant to expand the program so that it would be available for the community as well. I think this is a great program, and we do have some resources locally who are working on expanding it.” – *Vernon Parish Key Informant*

Birth Outcomes

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 infant 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.

- **In 1999, a median proportion of 10.2% of Rapides Foundation Service Area births were of low birthweight.**
 - Fails to satisfy the *Healthy People 2010* target (5% or lower).
 - Rapides Foundation Service Area median low-weight births are increasing and currently track closely to statewide proportions.
 - The Rapides Foundation Service Area median value is also higher than found nationwide.



Sources: 1. Louisiana Department of Health and Hospitals, Office of Public Health.

2. Healthy People 2010: National Health Promotion and Disease Prevention Objectives for the Nation, United States Public Health Services.

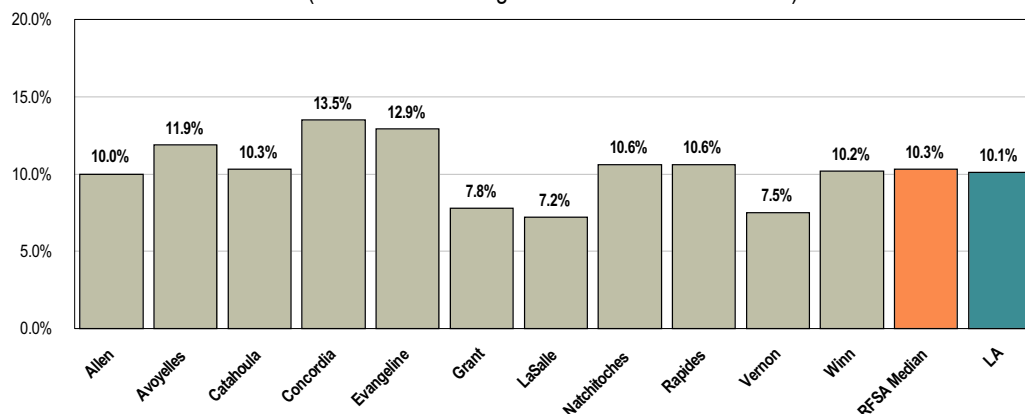
Notes: 1. Numbers represent low-weight births as a percentage of all live births.

2. Low birthweight includes infants less than 2,500 grams at birth (approximately 5 pounds, 8 ounces).

3. 1995 data not available for Winn Parish.

Low-Weight Births

(1997-99 Low-Weight Births as % of Live Births)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

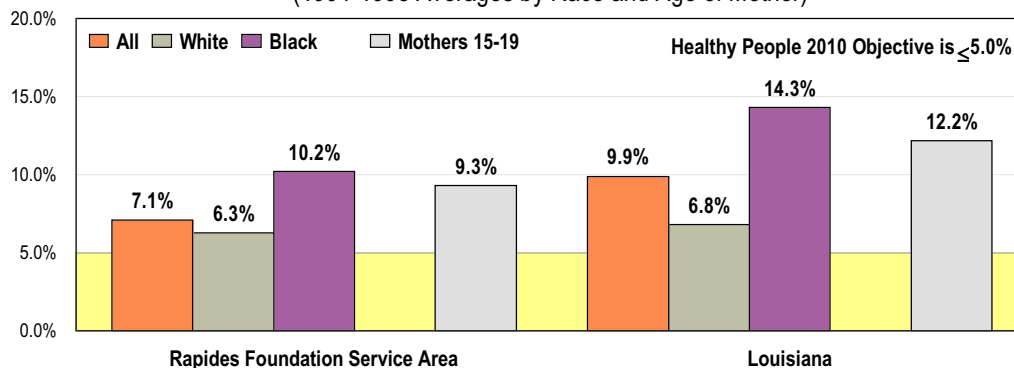
Notes: 1. Numbers are percentages of live births.

2. RFSA Median is the median percentage of low-weight births among the 11 parishes included in this assessment (one-half of the parish percentages fall below this rate, and one-half fall above).

- Between 1994 and 1998, 10.2% of births to Black mothers in the Rapides Foundation Service Area (median value) were low birthweight, compared to a lower 6.3% (median) of births to White mothers.
- Between 1994 and 1998, a median value of 9.3% of Rapides Foundation Service Area births to teenaged mothers were low birthweight.

Low-Weight Births as a Percentage of Live Births

(1994-1998 Averages by Race and Age of Mother)



Sources: 1. Louisiana Department of Health and Hospitals, Office of Public Health.

2. Healthy People 2010: National Health Promotion and Disease Prevention Objectives for the Nation/United States Public Health Svcs.

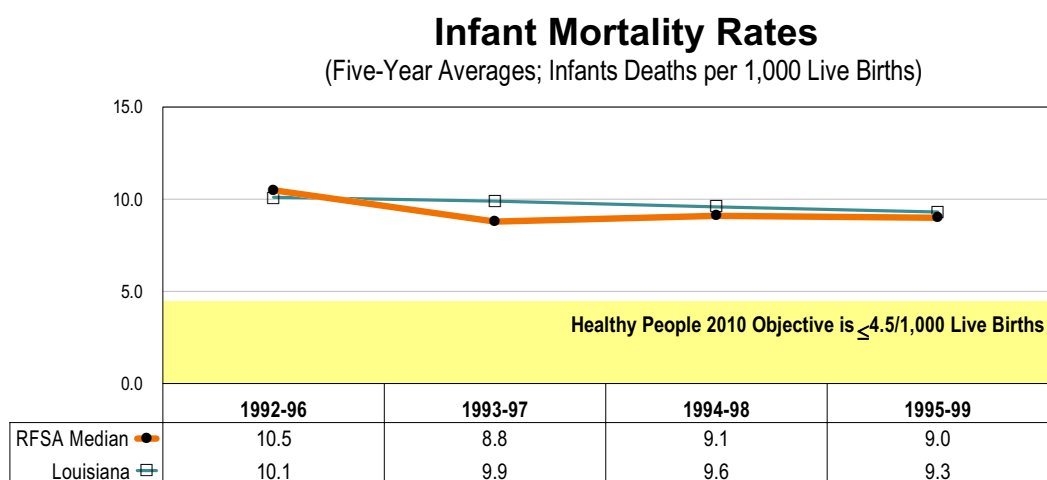
Notes: 1. Numbers represent the five-year average percentages of low-weight births.

2. Low birthweight includes infants less than 2,500 grams at birth (approximately 5 pounds, 8 ounces).

Infant Mortality

Infant death is the death of a child less than one year old. This issue was identified as a key concern in the 1997 Tulane study.

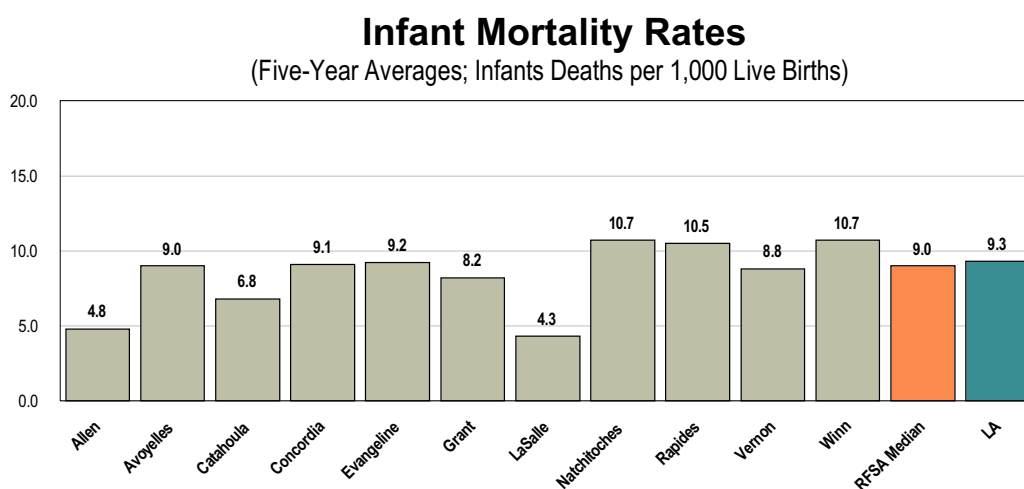
- **Between 1995 and 1999, there was median parish rate of 9.0 infant deaths per 1,000 live births in the Rapides Foundation Service Area.**
 - Just below the 1995-99 statewide annual average rate (9.3/1,000).



Source: Louisiana Department of Health and Hospitals, Office of Public Health.

Notes: 1. Rates represent deaths occurring to infants under the age of one per 1,000 live births.

2. Service Area Median is the median infant mortality rate among the 11 parishes included in this assessment (one-half of the parish rates fall below this rate, and one-half fall above).

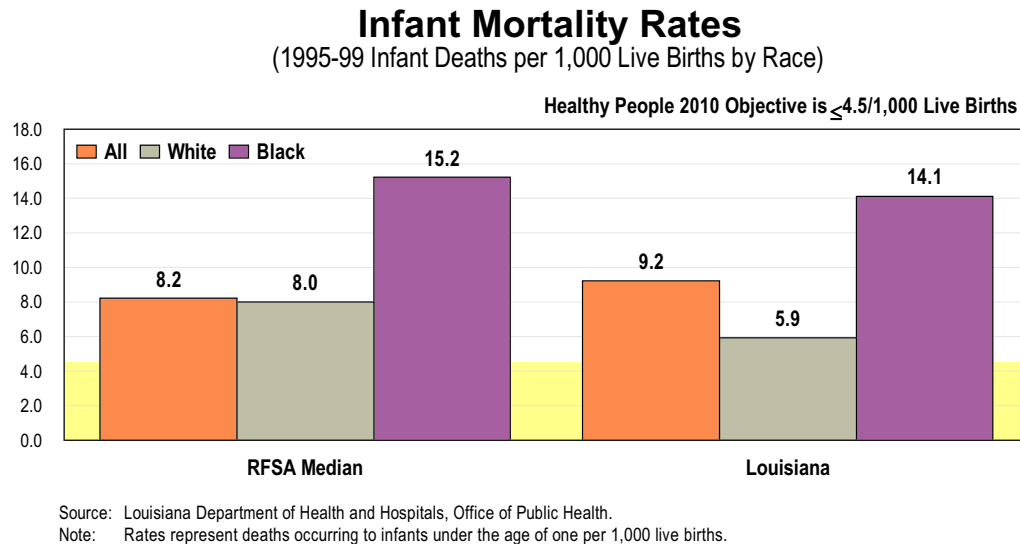


Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

Notes: 1. Rates are per 1,000 live births.

2. RFSA Median is the median rate of live births among the 11 parishes included in this assessment (one-half of the parish rates fall below this rate, and one-half fall above).

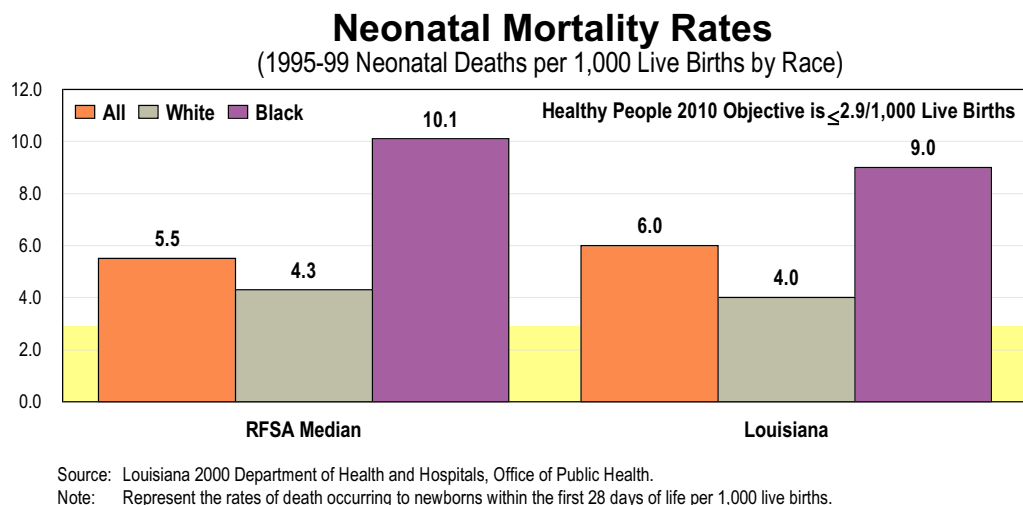
- **Infant mortality is much higher among Blacks in the Rapides Foundation Service Area (15.2/1,000 median 1995-99) than among Whites (8.0/1,000 median).**



Neonatal Mortality

Neonatal death is the death of a child during the first 28 days of life.

- **Between 1995 and 1999, there was a median parish rate of 5.5 neonatal deaths per 1,000 live births in the Rapides Foundation Service Area.**
 - Lower than the statewide annual average rate for the same period (6.0/1,000).
 - Neonatal mortality is much higher among Blacks in the Rapides Foundation Service Area than among Whites.



Births to Teenage Mothers

Teenage mothers are often at higher risk of problems associated with improper or inadequate prenatal care, especially in minority and lower socio-economic populations. They have a higher-than-average chance of suffering pregnancy complications, are less likely to ever complete a high school education, and earn about half the lifetime income of women who first give birth in their 20s.

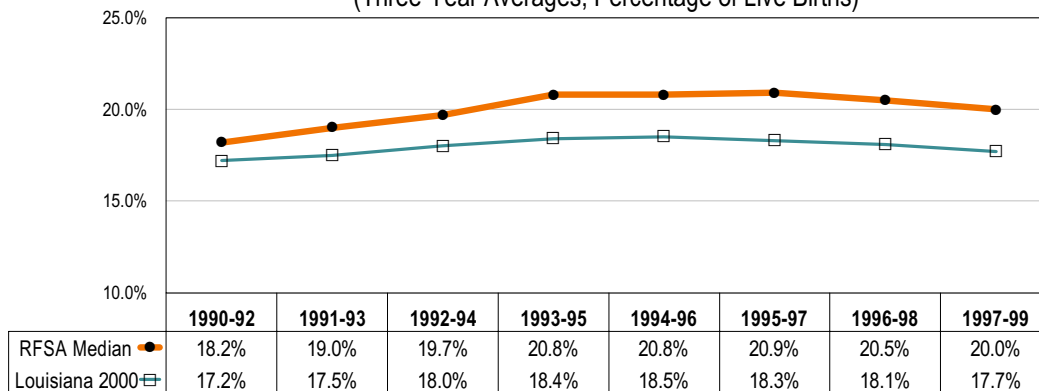
The following examination of teen births in the Rapides Foundation Service Area builds on prior research in 1997 by the Rapides Foundation and Tulane School of Public Health.

Percentage of Births to Teen Mothers

- **Between 1997 and 1999, a Rapides Foundation Service Area parish median of 20.0% of births were to mothers between the ages of 15 and 19 years old.**
 - Higher than statewide (17.7%).
 - Much higher than nationwide (12.3%).
- **The median proportion of Rapides Foundation Service Area births to teenage mothers has trended upward through much of the 1990s and has consistently tracked higher than the statewide proportion.**

Percentage of Births to Teenage Mothers (15-19)

(Three-Year Averages; Percentage of Live Births)

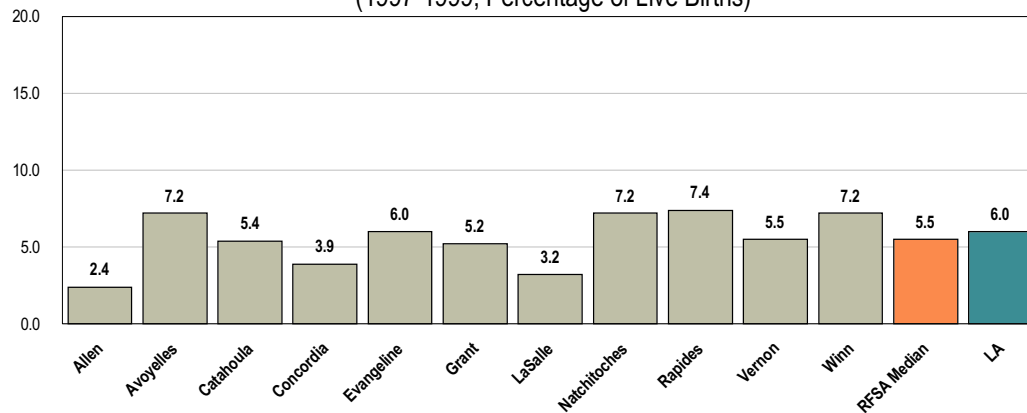


Source: Louisiana Department of Health and Hospitals, Office of Public Health.

Note: Represent teen births (births to mothers aged 15 to 19) as a percentage of all live births.

Births to Teenage Mothers (Ages 15-17)

(1997-1999; Percentage of Live Births)



Source: State of Louisiana, Department of Health and Hospitals, Office of Public Health (ICD-9 Death Codes).

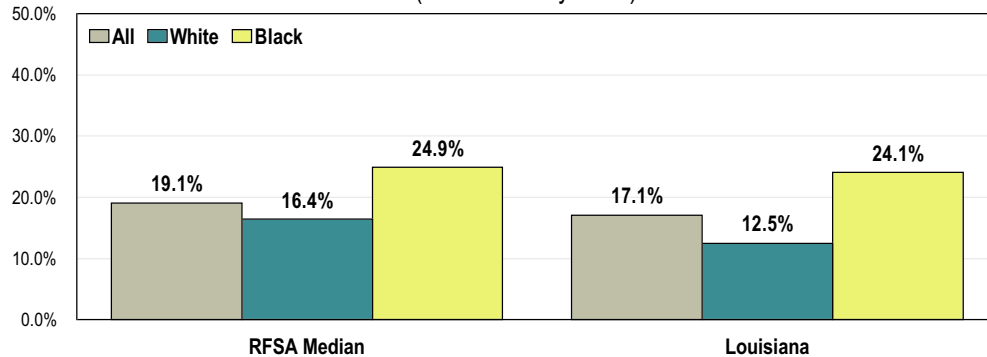
Notes: 1. Numbers are percentages of live births.

2. RFSA Median is the median rate of teen births among the 11 parishes included in this assessment (one-half of the parish percentages fall below this rate, and one-half fall above).

- A median of 24.9% of 1999 Rapides Foundation Service Area births among Blacks were to teenage mothers, compared to 16.4% among Whites.

Percentage of Births to Teenage Mothers (15-19)

(1999 Births by Race)



Source: Louisiana Department of Health and Hospitals, Office of Public Health.

Note: Represent teen births (births to mothers aged 15 to 19) as a percentage of all live births within each population.

Community Health Panel Findings*

Teen pregnancy is recognized as a particular concern in the Rapides Foundation Service Area. Focus group participants stressed that teen sex is beginning a very young ages.

“I think teen pregnancy is a big problem here. Once a child is pregnant and has to take on the responsibility of taking care of that baby, they cannot progress economically. They are trapped in a lower social economic class. Teen pregnancy is the one thing that is a common threat for these kids not being able to advance in life.” — *Rapides Parish Physician*

“Kids are starting to be sexually active at 14. I know of quite a few 14-year-olds who are pregnant.” -Physician

“We need to make sure that we are not missing the point on the age level because they are not having sex at 16 and 17. They are starting at 12 and 13.” — *Rapides Parish Allied Health/Social Service Provider*

“The health units have been the family planning provider for this parish for the last 20 years. In the past, we have not been very good with our teenagers: long waiting periods, male OB/GYN interns who only had 10 minutes per patient, and they were mixed with all of the other pregnant women who were not teenagers. But I think we have done a lot better and tried to respect the teenager by telling them that abstinence is best, but if that is not your option right now, we do have a female nurse practitioner who can see you. Our two nurse practitioners take more time and they only have four or five patients instead of 30 at one time. What we are trying to do is to make it friendly enough so that the teenager comes back to see us next year. If they choose to have sex, they are able to do it in the safest way possible. We are really trying to show more respect to the choice they made.” — *Rapides Parish Allied Health/Social Service Provider*

“We get some girls who come in for a pregnancy test, and when the test is negative, we fill their ears with information. We tell them what else they could have gotten and how it would affect their entire life. You need to be accessible to these kids so we can change them. You may be able to change some of the parents' attitudes, but we can really educate the kids, and they are our future.” — *Rapides Parish Allied Health/Social Service Provider*

“There is no downside of being a teen and pregnant. It is totally acceptable to have a child in high school. One of our high schools has a daycare for the kids. These facilities aren't bad, but it sure makes it easy for a teen-ager to get pregnant and finish high school.” — *Rapides Parish Physician*

“It seems that more and more, you get criticized because you are not sexually active. We need somebody who would support and speak up for the kids who are trying to do the right thing.” — *Rapides Parish Youth Participant*

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

“We had a group of high school girls sitting around, and we started asking truth or dare questions, just playing around, but we ended up doing the truth part of it. Out of five of us there, only one of us was a virgin.” — *Rapides Parish Youth Participant*

“I know a 17-year-old girl who already has four children. She had her first baby at 11 years old. She had her first baby in fourth grade. I never see her with any of them. I guess she didn’t know any better.” — *Rapides Parish Youth Participant*

On participant mentioned that we need to encourage abstinence and increased parental supervision of youth. However, other health providers stressed that we are doing a disservice by encouraging abstinence only as a matter of policy.

“I love the health centers, and I think they do a great job at testing, but I don’t like birth control pills. I believe we need to tell a kid — because they are kids, not adults — that they do have a choice, and in our health centers, we don’t tell them that. We refer a lot of them, but the kid comes back the week after seeing a nurse and they tell me they told their boyfriend the nurse said I cannot have sex. The kids need to be told that having sex this early is wrong, and we would see a decrease in teen pregnancies. We need to educate the parents that they need to be home when their teenagers are home. I had a 14-year-old girl who is on her fourth partner and now is having sex with a 13-year-old boy, that they have sex after school at the boy’s home because his parents are at work. We need to get the parents at home with their kids.” — *Rapides Parish Allied Health/Social Service Provider*

“There is a statewide program that is available with volunteers going into the schools and teaching abstinence one hour a week. I believe it is taught in the sixth grade.” — *Rapides Parish Community Leader*

“The governor of Louisiana has an initiative and sent speakers to the high schools to talk to the kids about abstinence. Yet all the other groups that should also be invited to talk to the kids about sex education are not allowed. There is a lack of coordination. A lot of people are doing different things and not getting together.” — *Rapides Parish Physician*

“I need to say something about this teen pregnancy problem. The kids in America have sex just as early as they do in Europe, and yet in Europe, they don’t have a teen pregnancy problem. The difference is that in Europe, they have a sex education program, and they give out contraceptives. This is not a very popular stance in this community.” — *Rapides Parish Physician*

“Problem with education here is that they teach abstinence in schools. School-based health clinics cannot dispense contraceptives to the students.” — *Rapides Parish Physician*

“We have a cultural problem here with the idea that we don’t want the schools to teach sex education, we don’t want them to do anything with contraceptives or condoms or anything that has to do with sex. All of the sex education will be done at home, but it doesn’t happen” — *Rapides Parish Physician*

“It is a hard situation with our schools because they know that kids are sexually active, but the parents are in total denial and the community gets hurt because the parents

didn't do their part in educating the kids, and now they are pregnant.” — *Rapides Parish Physician*

Adolescent health panel participants also spoke out about teen sexuality and pregnancy. They suggested better use of speakers and internal programs to address these issues.

“We need someone to come to the schools like a motivational speaker who could make you feel better about yourself and make you feel more like it is OK to be positive. A lot of kids here don't want to do the right things because they don't want people to think they are weird or are not cool. We need someone who could boost our self-esteem and make us see that it is better to do the right thing now.” — *Rapides Parish Youth Participant*

“Kids want to hear the truth and they want to hear facts and not to be scolded at by adults. Sometimes we don't give them credit for having a mind. We need to give them decision-making skills so they make the right choices. One of the speakers at the high school was very successful in talking to the kids and doing skits related to sexuality. The kids really liked the way she addressed the subject with them” — *Rapides Parish Allied Health/Social Service Provider*

“We have a Baby Think It Over program, which is a parenthood class which I am in, but I think all freshman kids should be required to take the class. I know so many kids that had babies in junior high. This program basically teaches you responsibility, budgets and everything. I think that as a freshman, this program would help them see not to have sex just because they are being pressured to do it. It helps you mature and see what a big responsibility a baby is.” — *Rapides Parish Youth Participant*

Additional comments:

“Teen pregnancy is a real problem here. We have plenty of girls getting pregnant in junior high school.” — *LaSalle Parish Key Informant*

“I think we have a big problem with teen pregnancy. We have a lot of teen-agers having many children, and I think it boils down to lack of education. Our health unit is here and it is a big help, but a lot of the younger moms don't know where to get help, like family counseling, to stop them from having more children.” — *Grant Parish Key Informant*

“We have quite a few of very young pregnant teens. Most of these pregnancies start at age 15. We also have some that are only 11 years old, but it is not the norm.” — *Evangeline Parish Key Informant*

“I don't have any figures, but we do have numerous instances of teen pregnancy in our schools.” — *Winn Parish Key Informant*

“I think kids are experimenting with sex in middle school. We do have a lot of teen pregnancy.” — *Winn Parish Key Informant*

“I think the teen pregnancy rate is increasing. We had a 15-year-old at the hospital the other day delivering her second child. They are starting really early in middle school. I had one lady that had 5 children, and she was 18.” — *Concordia Parish Key Informant*

“We home-visited last week where two teen-agers – sisters - had delivered each a set of twins one week apart. One had no prenatal care, and the other one had some. Our parish ranks number one per capita in the state for teen pregnancies.” – *Avoyelles Parish Key Informant*

“I think we have four pregnant girls in our junior high. We also had three kids in kindergarten whose mothers were pregnant in the seventh and eighth grade.” – *Natchitoches Parish Key Informant*

“The problem is that every one of these children is worth more money to the mother. If the family is already receiving public assistance, then for every child up to so many is X number of hundred dollars a month that they family gets from the state. These moms are not working, and they are just bringing more babies into the world as a way to make a living.” – *Grant Parish Key Informant*

“I see some of these mothers walking down the street, and they are not teen-agers anymore. It is a way of income for them, a way of life. A lot of them are in the third generation of this. It is just a cycle.” – *Grant Parish Key Informant*

“We have a lot of mothers at Head Start who are getting public assistance, but they are also coming to our facility to work. I think we have four or five of them right now. I think this is a plus. They are trying to break the cycle.” – *Grant Parish Key Informant*

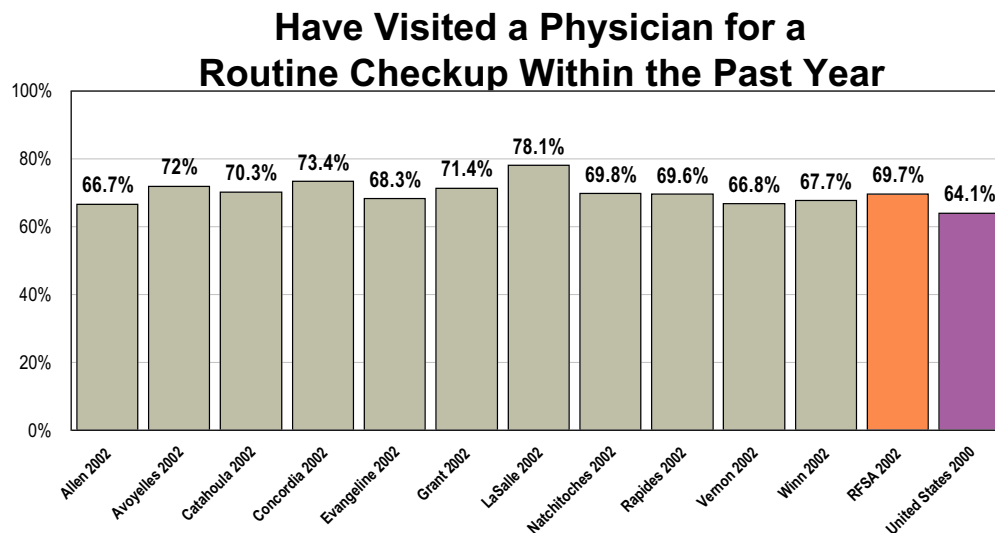
PREVENTIVE HEALTH CARE

Primary Medical Care

Regular medical care is a key component of preventive medicine. The following section examines community members' use of medical, dental and vision care services.

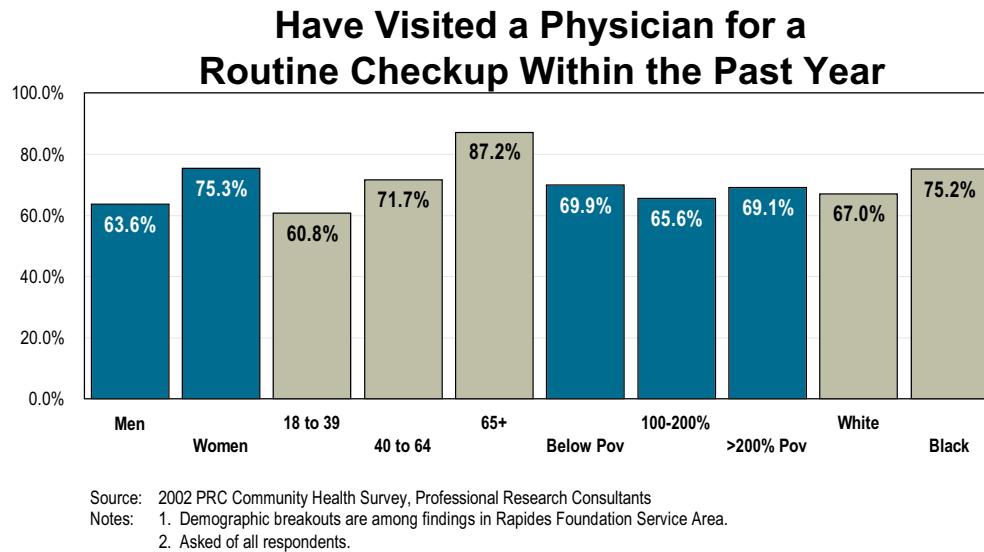
Routine Physician Care

- **69.7% of Rapides Foundation Service Area adults report that they have visited a physician for a routine checkup in the past year.**
 - Significantly better than found nationwide (64.1%).
 - Highest in LaSalle Parish (78.1%).

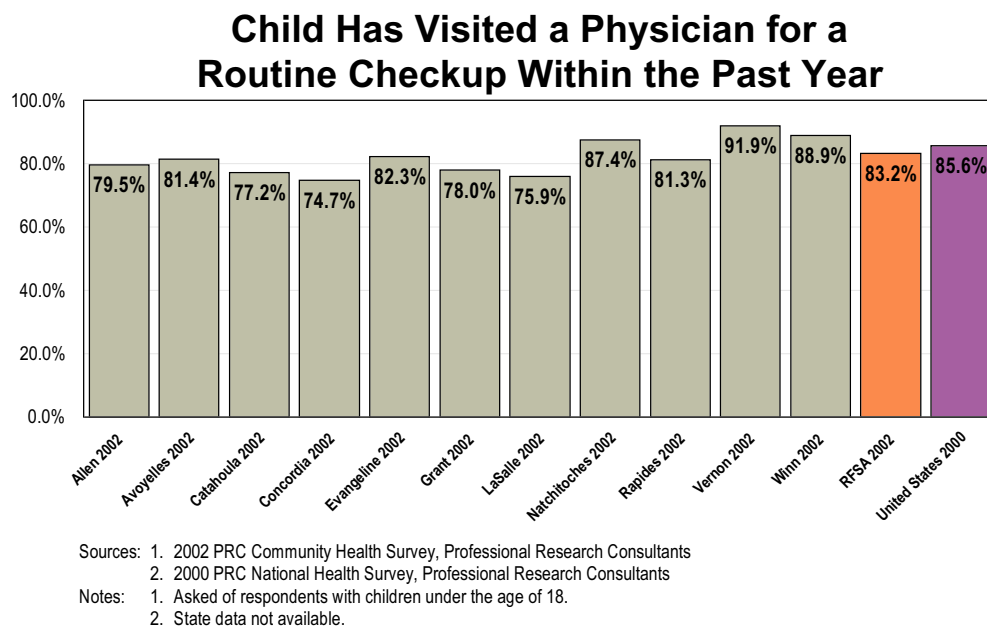


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

- Men, young adults and Whites demonstrate lower levels of routine physician care.



- **83.2% of Rapides Foundation Service Area parents report that their child has visited a physician for a routine checkup in the past year.**
 - Similar to national findings.



Community Health Panel Findings*

Even if access issues were eliminated, we must instill in people a mindset that emphasizes preventive rather than episodic health care.

“I think in Louisiana, in this culture, we haven’t bought into preventive medicine. They were brought up using doctors and hospitals only when they were sick. They only go to the doctor when they have to, and they are not worried about their cholesterol level or any other type of preventive care.” — *Rapides Parish Physician*

“Even if we attempt to remove some of the barriers, I find that a lot of times we aren’t able to motivate the people to go and take care of their health care needs. It seems that they have the ability to get where they want to go, but they just don’t want to do it.” — *Rapides Parish Allied Health/Social Service Provider*

“Traditionally, the indigent population has gone to the charity hospital. It is intervention-type of medicine, not preventive. People get sick, they go to the clinic for the most part. They don’t have time or the staff to talk to their patients a lot about preventive-type of things since they only take care of the immediate problem.” — *Rapides Parish Physician*

“I spoke at a conference two weekends ago at Louisiana College, where churches throughout the community, Alexandria and Pineville, were invited to come and hear about heart disease, diabetes, and also Dr. Witherspoon spoke and presented the website. They are doing a great job with spreading the word on what is available, and they are doing it through the churches.” — *Rapides Parish Physician*

Additional comments:

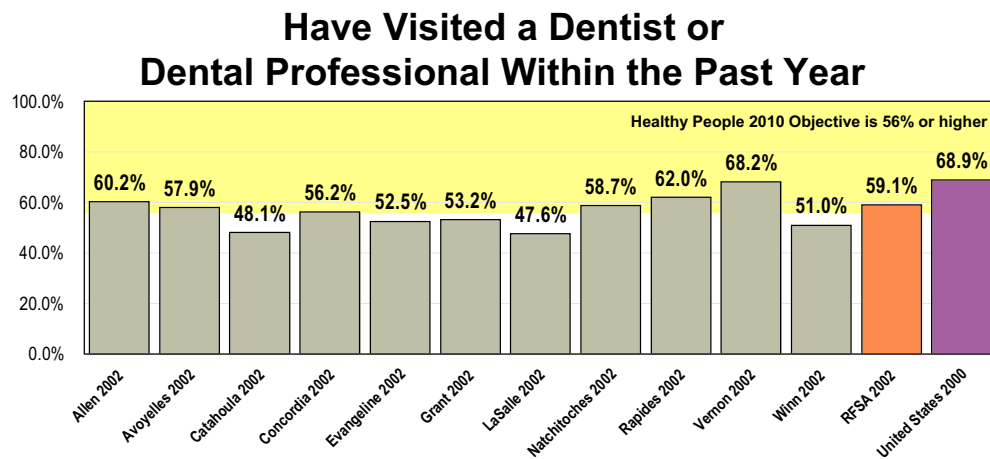
“I think we have quite a few primary care doctors. The problem is that people don’t access them early enough. Over the years, we have a lot of people who lack the educational background to understand the importance of addressing medical issues early on, when they first occur.” – *Evangeline Parish Key Informant*

“I would like to launch a campaign to support our local clinics. We have a lot of people in this parish who are taking their health care business to Alexandria. We have fine doctors in Grant Parish. It is really tough for doctors to survive in this parish because people will not support the physicians. It has been an ongoing problem for a very long time. Doctors have a tough time making it here.” – *Grant Parish Key Informant*

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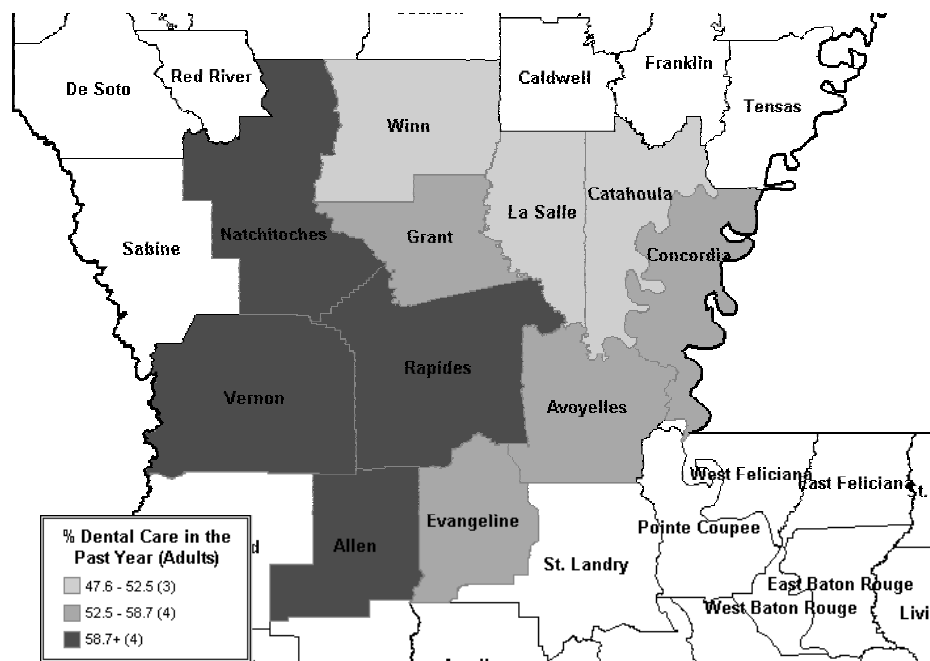
Dental Care

- **59.1% of Rapides Foundation Service Area adults have been to a dentist or dental clinic in the past year.**
 - Significantly lower than found nationwide (68.9%).
 - Satisfies the *Healthy People 2010* target (56% or higher).
 - Ranges broadly from less than 50% in Catahoula and LaSalle Parishes to 68.2% in Vernon Parish.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service

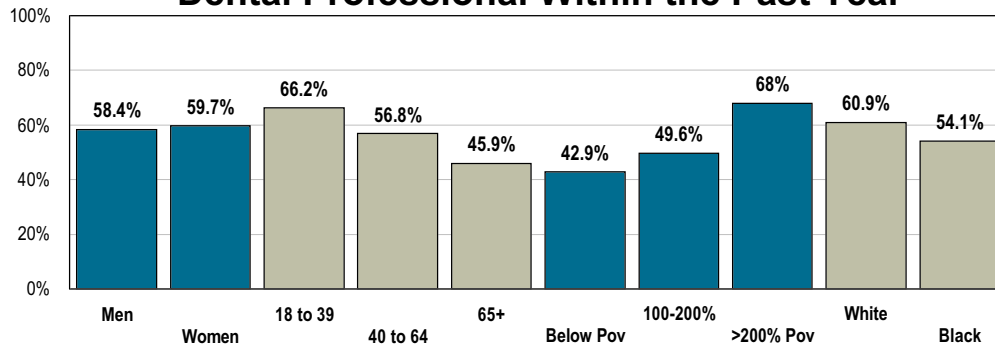
Notes: 1. Asked of all respondents.
 2. State and U.S. data not available.
 3. Includes dentists, orthodontists, oral surgeons and dental hygienists.



Recent dental care is particularly low among:

- Those living at lower incomes.
- Older adults.
- Black respondents.

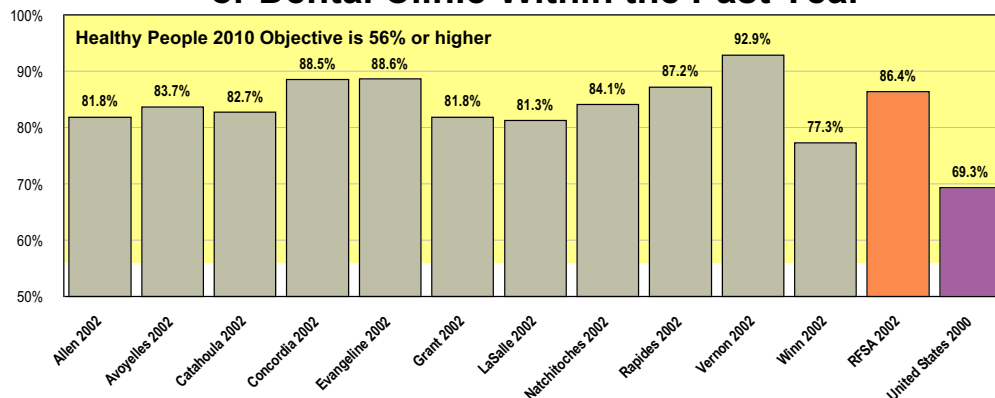
Have Visited a Dentist or Dental Professional Within the Past Year



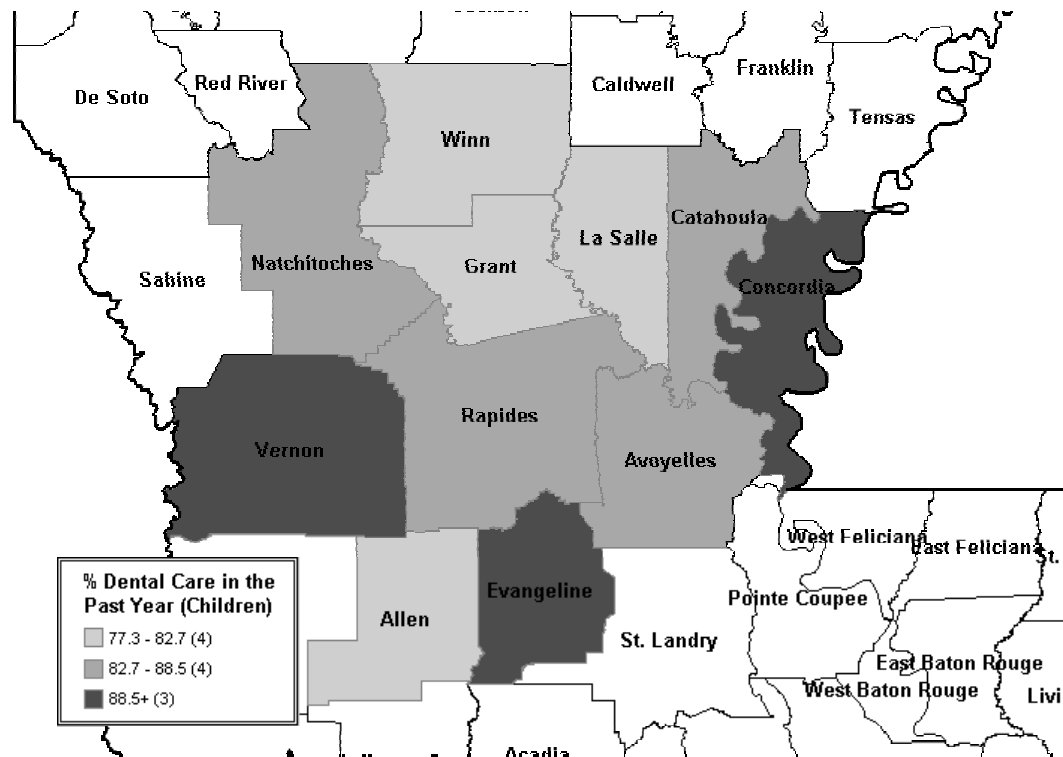
Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.
 2. Asked of all respondents.
 3. Includes dentists, orthodontists, oral surgeons and dental hygienists.

- **86.4% of Rapides Foundation Service Area parents report that their child has visited a dentist or dental clinic in the past year.**
 - Significantly better than found nationwide (69.3%).
 - Satisfies the *Healthy People 2010* target (56% or higher).
 - Highest in Vernon Parish (92.9%). Lowest in Winn Parish (77.3%).

Child Has Visited a Dentist or Dental Clinic Within the Past Year



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 Notes: 1. Asked of respondents with children aged 4 through 17.
 2. State data not available.



Community Health Panel Findings*

Focus group participants identified dental care as a serious need in the Rapides Foundation Service Area, and related that oral health simply is not a priority for many residents. There is a long way to go to generate a mindset geared toward a preventive approach to oral health, but it is seen as much better now than in the past.

“I also want to mention that when we have a lot of patients out there that have horrible teeth and just rotten teeth, access to dental care is a big problem.” — *Rapides Parish Physician*

“Young people are coming in, people in their 20s with dentures or teeth already missing. I think that Louisiana leads the country in adults who are missing all of their natural teeth. We lead the country in bad dental care, a horrible statistic for the state.” — *Rapides Parish Physician*

“It just seems that dental care is not a priority. Food on the table is the priority. We have a preventive dental program with Robert Wood Johnson, but access is a problem because people don’t see it as a priority. They don’t see the relationship between good dental care and being healthy.” — *Rapides Parish Allied Health/Social Service Provider*

“I see a lot of dental patients that their problem could have been fixed with fillings, but by the time they come to see me is because they need an extraction. They waited too

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long, when if they had come in four or five years previously, a filling would have saved the tooth.” — *Rapides Parish Physician*

“A lot of our clients don’t have toothbrushes in the homes. If they have them, they share them among the family members. We teach the kids how to brush their teeth at the school. We also teach them to wash their hands before eating and after they go to the bathroom. At least once a day, we know they are brushing their teeth.” — *Rapides Parish Allied Health/Social Service Provider*

“We need a mobile dental unit to come to the schools to start these kids on dental care, especially the young ones who have never seen a toothbrush.” — *Rapides Parish Allied Health/Social Service Provider*

“We need to start reaching and teaching these kids early on so we don’t get kids with holes in their teeth when they get to high school.” — *Rapides Parish Allied Health/Social Service Provider*

“I think that people are more oriented now about preventive [dental] care than they have ever been across all social economic classes of our population. They still have a long way to go, but I do see that it has improved in the last 10 years.” — *Rapides Parish Physician*

“I don’t think that the percentages of people getting dental preventive care are where we would like for them to be, but at least they are going in the right direction.” — *Rapides Parish Physician*

“When they opened up the new dental clinic at the air base, I thought, ‘This is the answer.’ But that clinic filled up pretty fast, and now the waiting list is so long you have to wait a year to get your teeth checked. They are overwhelmed.” — *Rapides Parish Physician*

“I think the church-based dental programs have been a big help. I go out in my car and pick up people to bring them to the church because the dentist is there, and they come with me. They trust the church, so we need more health care programs to come to the area through the churches.” — *Rapides Parish Community Leader*

The cost of services is a leading contributor to poor access to dental care.

“People go to the dentist if they can pay for the service. If they can’t, then it becomes a major problem.” — *Rapides Parish Physician*

“People don’t have dental insurance, so they don’t go to get dental care. It doesn’t seem like a priority compared to the health care issue. I think we need better education on the importance of dental care.” — *Rapides Parish Community Leader*

“I think some of the people would take their children to see the dentist if it weren’t so expensive. I have five to take to the dentist, and I got a bill for \$400.” — *Rapides Parish Community Leader*

“What we need is more competition in the medical and dental industry in this community. The dentist rates that are charged here for dental services are greater than

what is charged in the Baton Rouge area. The reason is because in those markets, you have competition, and the dentists have to compete for the business just like we do.” — *Rapides Parish Community Leader*

In particular, focus group participants cited problems with the Medicaid system and oral health, including poor physician participation as a result of very low reimbursement schedules.

“I would say that the biggest dental need for Alexandria is probably going to be in the lower socioeconomic groups. The Medicaid system for dentistry is really pretty poor.” — *Rapides Parish Physician*

“I don’t see a lot of dental insurance. Most off them are a tacked on at the end of their medical insurance. Medicaid also doesn’t spend a lot of dollars on a dental program in Louisiana. We are less than 1 percent of the dollars, and they are paying the dentist at 40 percent of usual and customary fees, and most dentists have a 60 percent overhead. This is the reason that access to care is so poor.” — *Rapides Parish Physician*

“I see too many adults that have tooth abscesses and cracked teeth and don’t have a way to get dental care. Even if they have the Medicaid card, the dentist doesn’t accept adults on Medicaid. All I can do is give them antibiotics and something for pain. Then they go on a waiting list which is six, eight or ten months most of the time.” — *Rapides Parish Allied Health/Social Service Provider*

Additional comments relating to dental care by parish:

Allen Parish

“The people on Medicaid get dental care; but once they don’t receive Medicaid, then the problem starts. Most insurance plans don’t cover dental care, so you basically have to pay for it. When you are paying out of your pocket, you tend to let it slide. I think that you can look around our friends and neighbors and see that there are a lot of people with periodontal disease. Preventive dental care is a huge need in this parish.” — *Allen Parish Key Informant*

“Our kids cannot use the Medicaid card to get dental care. We don’t have any dentists in this area that would do it for free. I work with the Head Start kids, and we don’t have a local dentist to help them.” — *Allen Parish Key Informant*

“In our school-based health center that we are getting ready to open; one of our local dentists is going to donate some time to do some dental screenings for our kids. The problem is that once the screening is done and the child needs dental services, where do we send them?” — *Allen Parish Key Informant*

Avoyelles Parish

“If you have dental insurance, you can access dental care. The Medicaid population is not eligible for dental care; there isn’t any reimbursement for the dentists — that is part of the problem with the state of Louisiana. Dental care is not considered critical in this state. The dentists try to give some of their time for free dental services, but it is not

enough to cover all the indigent population. This is something that is probably lacking in every parish in Louisiana.” – *Avoyelles Parish Key Informant*

Catahoula Parish

“People here don’t go to the dentist because they can’t afford it.” – *Catahoula Parish Key Informant*

“If you qualify for the sliding scale dental program, you can come to the dentist's office in our clinic and get the services at a reduced rate. We also have the mobile unit that travels within a 100-mile radius of the clinic offering dental services. We go into LaSalle Parish and extend our service area to provide medical and dental services.” – *Catahoula Parish Key Informant*

Concordia Parish

“I think a program is needed here. The medical center has a van that goes around different places like the schools and the Head Start program and does dental screenings. This is a new program for this parish. I heard that they are having problems with the parents because they don’t want to cooperate with the program.” – *Concordia Parish Key Informant*

“In order to go to the Head Start program, the children need a dental exam.” – *Concordia Parish Key Informant*

“We need some type of sliding scale dental plan for the people in this parish. They can’t afford to go to the dentist and pay full price.” – *Concordia Parish Key Informant*

Evangeline Parish

“We have the services available; but it is the cost of dental services that people can’t afford. And most of the people don’t have dental insurance.” – *Evangeline Parish Key Informant*

Grant Parish

“I think the problem that we have with the lack of dentists and doctors is the fact that we are a very poor parish, and many of our people are on Medicaid. Medicaid doesn’t reimburse the doctors or dentists anywhere near what a paying patient will pay.” – *Grant Parish Key Informant*

“I asked my dentist why is it that dentists don’t want Medicaid patients. The answer surprised me. He said dentists don’t like to treat these patients because a lot of them don’t show up for their appointments or don’t show up on time. He said they come dirty, drunk or belligerent, and dentists can’t run a practice and have to deal with these things. I think it goes back to education.” – *Grant Parish Key Informant*

“The common stuff here is a mouthful of rotten teeth and no access to dental care. We can’t ever make the first step. The reimbursement is not enough to take difficult patients who need multiple visits. If we can’t get the first step, which is to restore the rotten teeth, then we can’t get them to work on the dental hygiene, like brushing their

teeth and flossing. We can't get to first base. Our biggest problem in child health care is access to dental care." – *Grant Parish Key Informant*

"Some of our kindergartners come to school with rotten teeth. At Head Start, we hand out information to parents on dental care. We stress dental care big time. We brush their teeth every morning and after lunch so at least they brush their teeth twice a day." – *Grant Parish Key Informant*

"I teach kindergarten and first grade, and I get kids who don't have a toothbrush at home, and they tell me they share their mom's. We give toothbrushes out at school for every member of their family if they want one." – *Grant Parish Key Informant*

LaSalle Parish

"We don't have fluoridated water. We see a lot of young adults who have complete dentures at a very young age. We need free dental screenings, because our people cannot afford to go to the dentist." – *LaSalle Parish Key Informant*

Natchitoches Parish

"I teach kindergarten, and the children that I teach have the worst dental care I have ever encountered. I don't know what can be done about it, but my students have never seen a dentist. I have one child whose mouth is swollen all the time because her mother cannot take her to a dentist. I would love to see more dental services available at the school. Dentists come once a year and teach a couple of kids how to brush their teeth, but I have never seen the dentist in my classroom. I really would like to see something done about dental services for the younger children." – *Natchitoches Parish Key Informant*

"I think the Natchitoches outpatient clinic has a dental program that goes to the schools or at least will see the students who come in for checkups. I don't know all of the details, but I know they provide this type of service at the beginning of the school year and will give referrals to go to the dentist." – *Natchitoches Parish Key Informant*

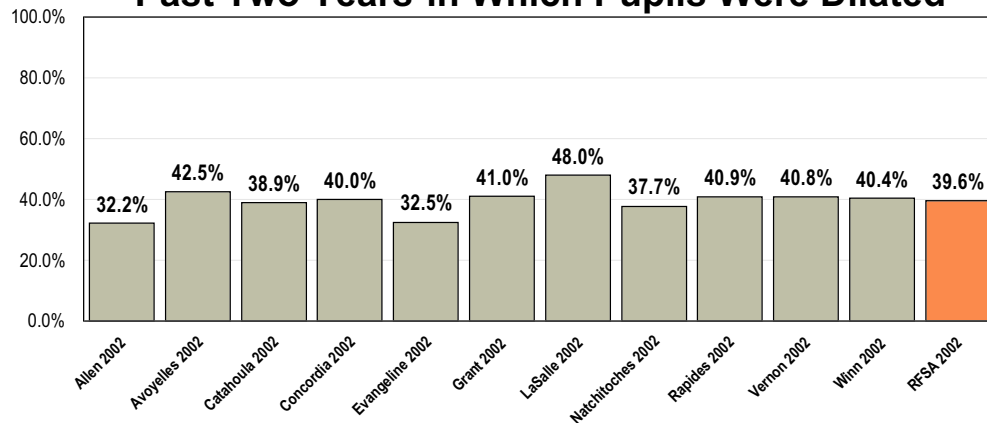
Winn Parish

"There are a lot of adults who can't afford dental care. We also need a pediatric dentist because now you have to take your kids out of town for dental care. A lot of parents are not going to do that for their kids." – *Winn Parish Key Informant*

Vision Care

- **39.6% of Rapides Foundation Service Area adults have had an eye exam in which their pupils were dilated in the past two years.**
 - Ranging from 32.2% in Allen Parish to 48.0% in LaSalle Parish.

Have Had an Eye Exam in the Past Two Years in Which Pupils Were Dilated

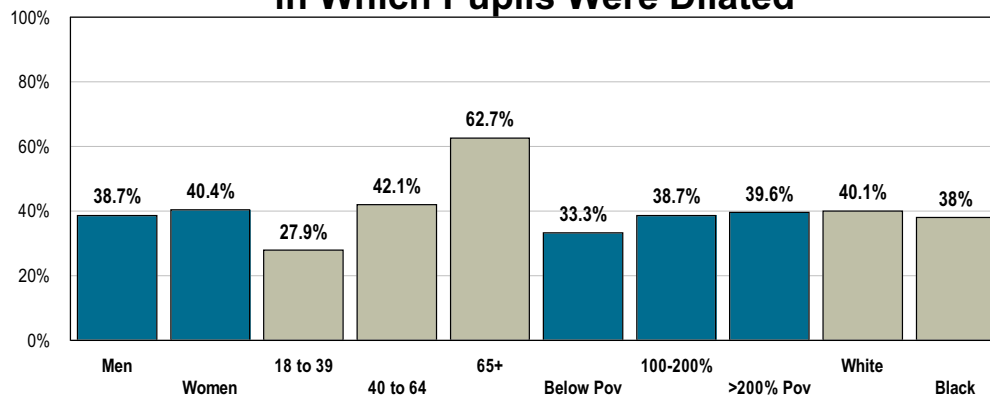


Source: 2002 PRC Community Health Survey, Professional Research Consultants

- Notes:
1. Asked of all respondents.
 2. State and U.S. data not available.

- As might be expected, prevalence of recent eye exams increases considerably with age.
- There is a correlation with income, with low-income respondents less often having had an eye exam in the past two years.

Have Had an Eye Exam in the Past Two Years in Which Pupils Were Dilated



Source: 2002 PRC Community Health Survey, Professional Research Consultants

- Notes:
1. Demographic breakouts are among findings in Rapides Foundation Service Area.
 2. Asked of all respondents.

Community Health Panel Findings*

“The doctors are sending their staff out to do the eye exams in the churches, and they get great response from the church and the people there.” — *Rapides Parish Community Leader*

“We do have nurses who come to the school, and they are very good about doing vision and hearing screenings. I have five kids this year that have glasses in part because of this year’s vision screening. We don’t have enough school nurses. We may see them once a week if we are lucky, because the supply is not meeting the demand.” – *Natchitoches Parish Key Informant*

“I would like to see every child receive a good eye and hearing exam before they start school. We talk about our children’s reading capabilities, but they can’t read if they can’t see or hear.” – *Winn Parish Key Informant*

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Childhood Immunization

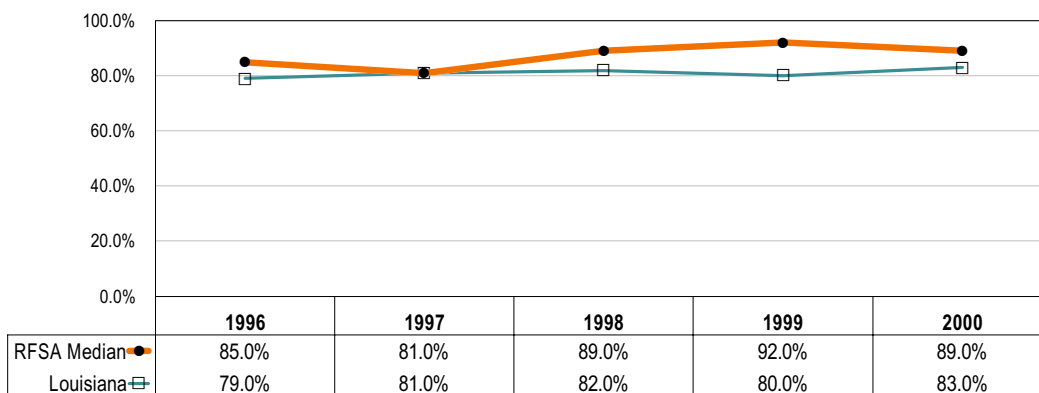
Immunization is the best line of defense against many infectious diseases, and childhood immunizations are an essential component to community health. Immunization may even lead to the complete eradication of such diseases as tetanus and diphtheria.

Public Clinic Immunization Assessments

While immunization data covering the total child population is lacking, immunization levels among children seen at public clinics gives some indication of immunization levels in the Rapides Foundation Service Area.

- **A median value of 89% of toddlers seen at public clinics in the Rapides Foundation Service Area in 2000 were up to date for immunizations at age 24 months.**
 - Median public clinic assessment immunization levels in the Rapides Foundation Service Area have tracked fairly closely with statewide percentages.

Percent of Children 24 to 35 Months Who Were Up-to-Date for Immunizations At Age 24 Months
(Results of Public Clinic Assessments)



Source: Louisiana Department of Health and Hospitals, Office of Public Health.
Note: Represent children seen at public clinics.

Community Health Panel Findings*

“The KidCare Program is a statewide program. It is an immunization access program sponsored by the government, and it has been fairly successful in providing kids with access to immunization. The problem is to have patients to access the program. Sometimes the problem with access is transportation, child care issues and distance.” — *Rapides Parish Physician*

“Those children who go to the Head Start program have their immunizations before they start school. They are pretty well set with their immunizations. I think the Kid-Med Program has helped a lot in getting these done on time.” — *Catahoula Parish Key Informant*

“Children must be immunized by the time they are 4 years old. Every year, we may have two or three who enter school without the immunizations, and we give them 10 days to get them done. I think this is due to the lack of education of the parents. They know the facility is there, but I don’t think the parents know enough to get their kids immunized before they take them to school.” — *Evangeline Parish Key Informant*

“I find that our people will take advantage of the immunization program as much as they can, but again, there is a lack of education and transportation. They have a problem in getting the children there. But we do have an immunization program, and it is available.” — *Evangeline Parish Key Informant*

“The health unit does a great job in getting the immunizations done on time and on a consistent basis.” — *LaSalle Parish Key Informant*

“Our kids are not getting the immunizations when they should. They are getting their immunizations when they start school.” — *Vernon Parish Key Informant*

“We have a problem with getting enough vaccinations. There has been a decrease worldwide in certain types of vaccinations, and at least in our area, we are seeing the effect of lack of vaccination availability.” — *Vernon Parish Key Informant*

“Our parish is one of the highest in the state for getting immunizations done. The health unit does a terrific job, as well as everyone else in the school system. It works very well.” — *Winn Parish Key Informant*

“When we found a gap on very young children whose parents were not getting them immunized, the Foundation funded a program for us to get it done.” — *Winn Parish Key Informant*

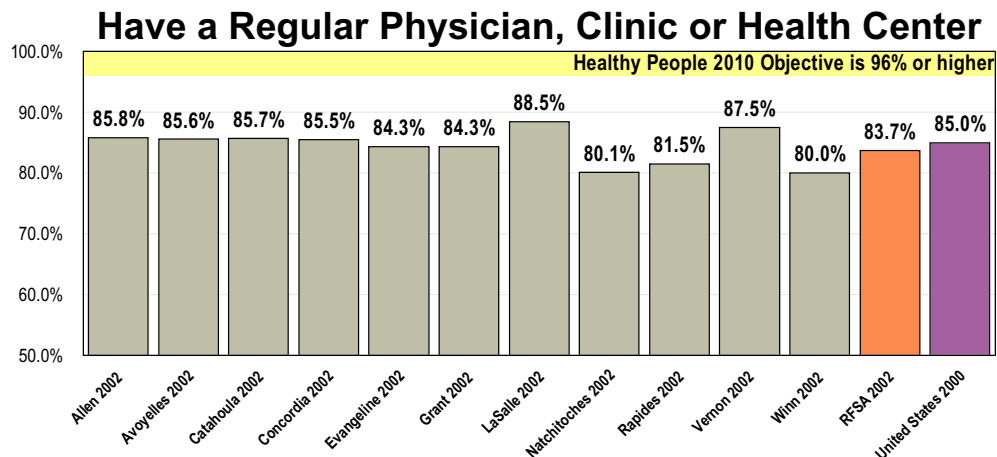
* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

ACCESS TO HEALTH CARE SERVICES

Access to Primary Care Services

Regular Use of Physicians' Offices/Clinics

- **83.7% of Rapides Foundation Service Area adults have a regular physician, clinic or health center that they go to if they are sick or need advice about their health.**
 - Similar to national findings.
 - Fails to satisfy *Healthy People 2010* target (96.0%).
 - Highest in LaSalle (88.5%) and Vernon (87.5%) Parishes.

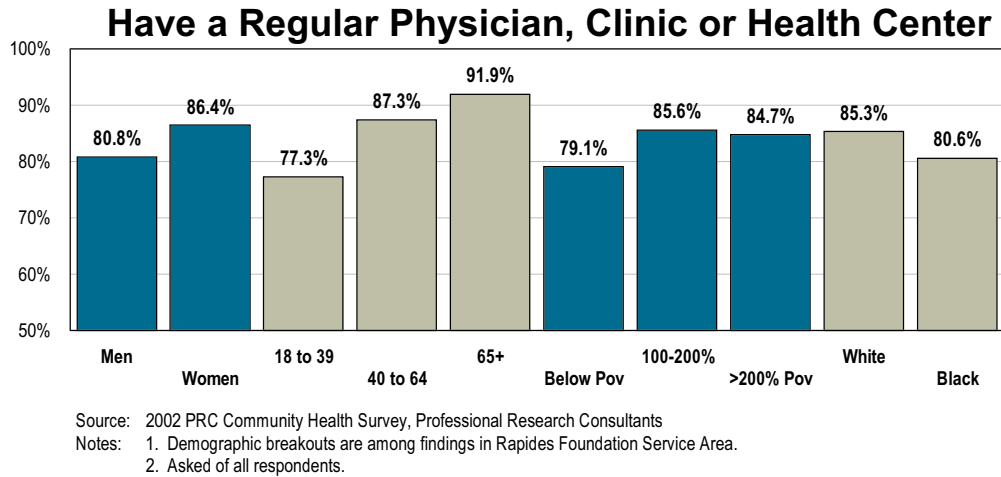


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 3. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 Notes: 1. Asked of all respondents.
 2. State data not available.

The following demographic groups demonstrate a lower incidence of having a usual source of medical care;

- Persons living below the poverty threshold.
- Young adults.
- Men.

- Black respondents.



Community Health Panel Findings*

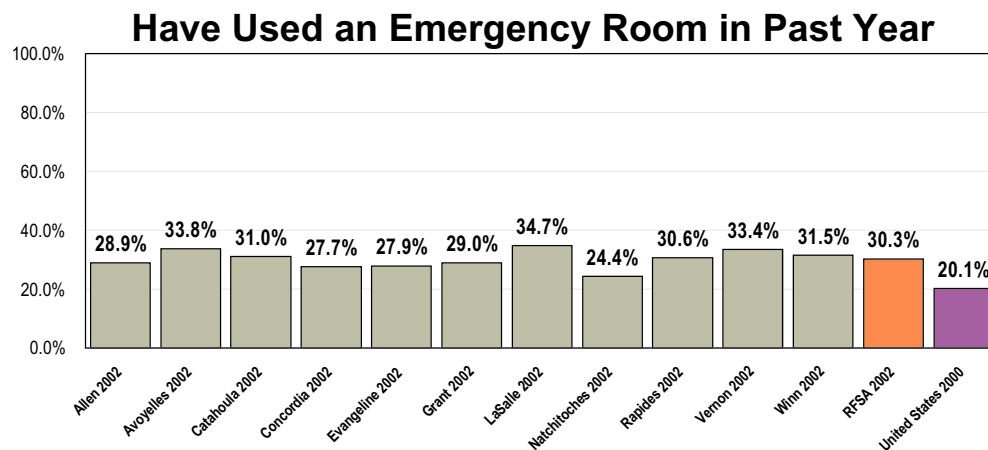
“I think that if we would expand our primary care services, it would provide people with a better health care access system. They would be informed that all these services are available at their primary care physician’s office without any long waits.” — *Rapides Parish Physician*

“For a community this size, those who access here basically have everything they need right here. However, too many people don’t access medical care here until it is too late in the disease process.” — *Rapides Parish Physician*

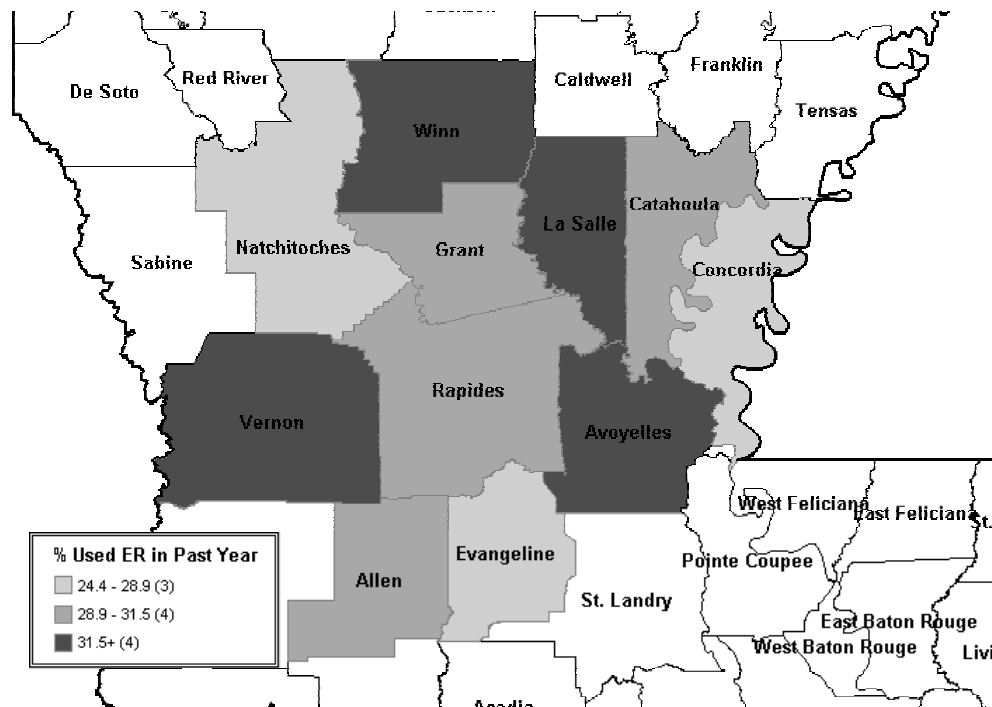
* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Emergency Room Utilization

- **30.3% of Rapides Foundation Service Area adults have gone to an emergency room in the past year about their own health.**
 - Significantly higher than found nationwide (20.1%).
 - Ranging from 24.4% in Natchitoches Parish to 34.7% in LaSalle Parish.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents.
 2. State data not available.

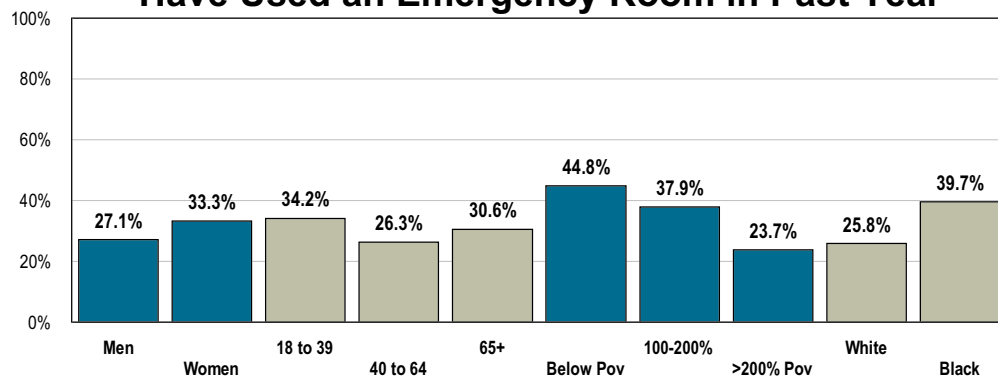


- **13.5% of Rapides Foundation Service Area adults have gone to an emergency room more than once in the past year about their own health.**
 - Significantly higher than found nationwide (5.6%).
- **36.8% of uninsured respondents in the Rapides Foundation Service Area have gone to an emergency room in the past year, versus 28.0% of insured respondents.**

Emergency room utilization is higher among:

- Persons living below the poverty threshold (high utilization among low-income populations might suggest ER utilization for primary care needs).
- Black respondents.
- Women.

Have Used an Emergency Room in Past Year

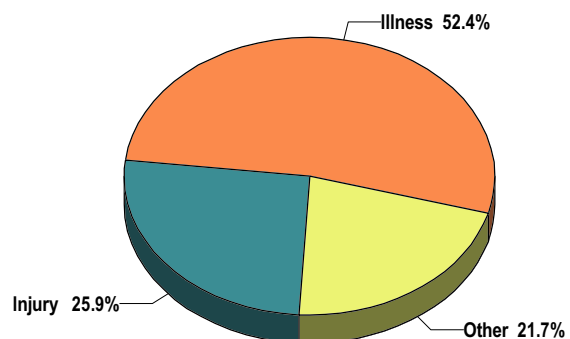


Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.
2. Asked of all respondents.

- **52.4% of Rapides Foundation Service Area adults visiting an emergency room in the past year say this was to treat an illness, and 25.9% say this was to treat an injury.**

Reason for Recent ER Visit



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Note: Asked of those respondents who received recent medical care in an emergency room.

Community Health Panel Findings*

Focus group participants cited excessive use of local emergency rooms for primary care needs, leading to expensive/inefficient care and oversaturation of local facilities.

“There is an excessive use of the ER. They use it for all of their primary health care needs, not just for emergency care.” — *Rapides Parish Physician*

“The hospital still has a triage going on where they can send the minor cases to another clinic adjacent to the hospital, and then it seems like it went away, and it merged into the ER. Something like that clinic would help get the minor cases out of the ER.” — *Rapides Parish Physician*

“We need some urgent care clinics so that people don’t go to the ER for minor emergencies. Maybe it can be attached to the ER and it can be opened after normal hours and on weekends. X-rays could be done there, and it can be more affordable than going to the ER.” — *Rapides Parish Community Leader*

“One thing that this community needs is outpatient services for non-trauma cases after hours and on weekends. This past weekend, they had one doctor in the ER, and if you went in at 9 a.m. for a non-trauma problem, you would have been seen at 2 p.m. - they were that busy.” — *Rapides Parish Community Leader*

“If the hospitals could get together and open a place to treat non-trauma patients after-hours, it would alleviate the high utilization in the ER.” — *Rapides Parish Community Leader*

“One of the things that sticks in my minds is the ER activity over the last couple of months. I think all three of our ERs have been at saturation points and, on several occasions, the ER access has been inaccessible.” — *Rapides Parish Physician*

“The thing about the ER, and it is not just the ER, but the hospital has been full. We have not had ICU beds in any of the three hospitals. Just two weekends ago, ICU patients in recovery rooms and ER/ICU patients in both hospitals had nowhere to move them. All the rooms were full.” — *Rapides Parish Physician*

“I would like to see some emergency stations along the rural areas. You can have a severe accident and people could lose their lives by the time they can get emergency treatment. I don’t know if it is feasible or not, but we should look into it. I know Forest Hill doesn’t have the facilities that could stabilize a person before they could transport them to a larger hospital.” — *Rapides Parish Community Leader*

Additional comments:

“One group that also concerns me are the working poor who don’t have medical insurance. They always turn up at our ER for medical care, and that is the most expensive place you could go for medical care. We need some kind of program for

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these people who don't qualify for Medicaid and just can't afford health care." – *Avoyelles Parish Key Informant*

"We recently had an employee who had a heart attack, and I had the opportunity to go down and see everything in the ER. One of the things that I liked about it is that you know everybody there and that they know you. When I lived in Austin, Texas, and had a heart attack, I was just a number at the hospital. Here, it is very personal. I felt that the care that they gave my employee was excellent. It saved his life." – *Winn Parish Key Informant*

"We don't have emergency medical, such as ambulance service. This has been a major problem for the past 25 years. In the past, we had private providers that just come in and leave because we have a low-density population with a medium to low income, and we have not been able to support this type of service, so ambulance service is a big problem." – *Catahoula Parish Key Informant*

"I think if we had a clinic associated with the hospital where non-emergency patients could be seen, it would help the ER. People would be referred to this clinic after normal working hours and on weekends. I don't think this parish could support an independent clinic. We just don't have the traffic." – *LaSalle Parish Key Informant*

"I think the AED program sponsored by the Foundation has been a great asset by providing emergency equipment in the rural areas of the parish." – *Natchitoches Parish Key Informant*

Health Insurance Coverage

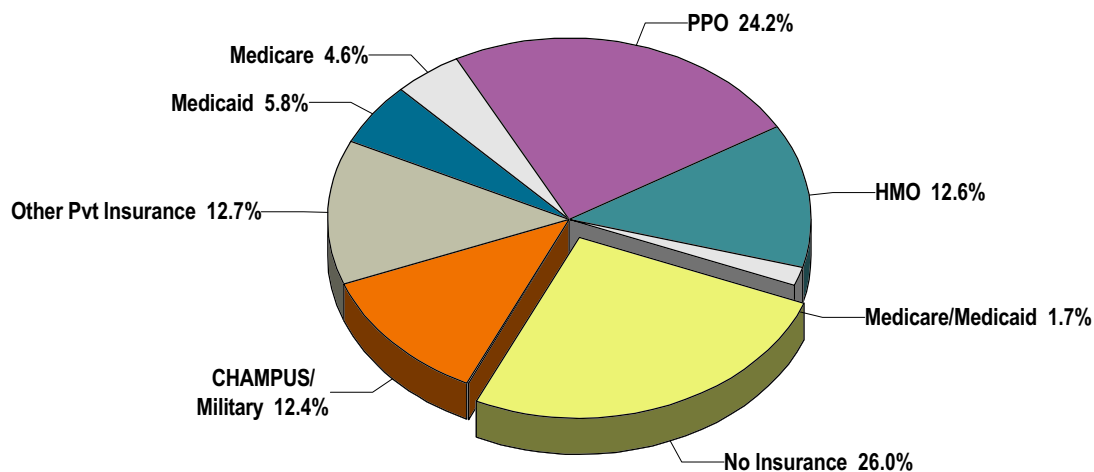
Along with enhancing quality and moderating costs, improving the accessibility of health care services is one of the principal hopes for the American health care system and a key element in any preventive approach to community health. Certainly one of the various barriers to access is a lack of insurance coverage for many Americans.

Insurance Coverage by Type

- **74.0% of Rapides Foundation Service Area adults aged 18 to 64 currently have some type of health insurance coverage.**
 - 36.8% of Rapides Foundation Service Area adults aged 18 to 64 have health care coverage through an HMO (health maintenance organization) or PPO (preferred provider organization); 12.7% have other private health insurance coverage.
 - 12.4% have CHAMPUS or veteran's benefits.
 - 12.1% of Rapides Foundation Service Area adults aged 18 to 64 have Medicaid and/or Medicare.

Health Care Insurance Coverage

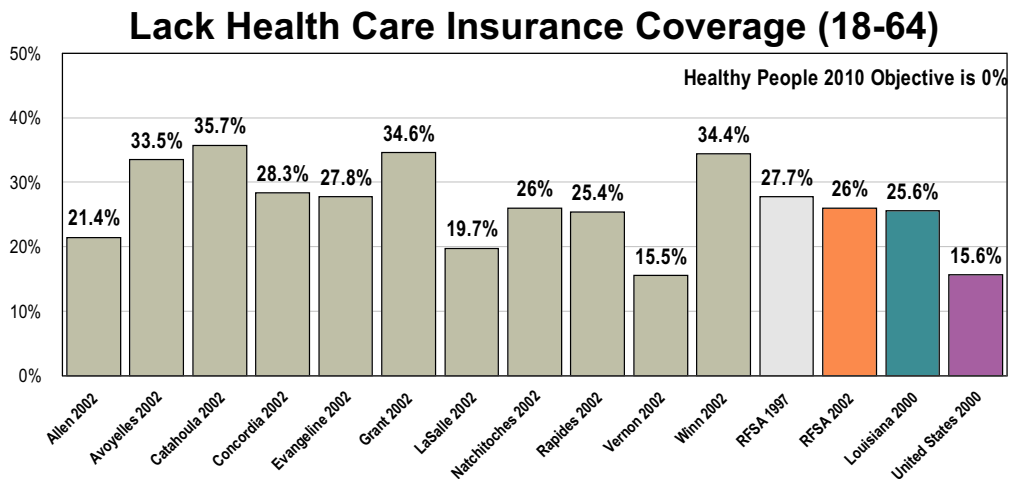
(Rapides Foundation Service Area; Ages 18-64)



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Reflects respondents aged 18 to 64.

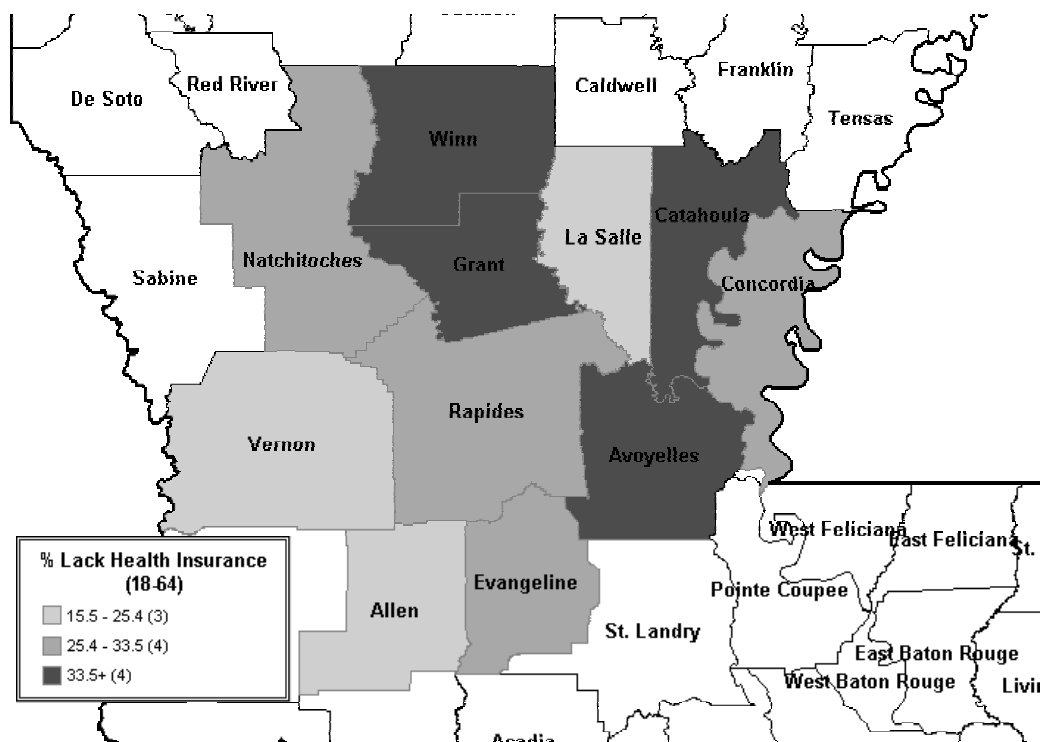
Lack of Health Insurance Coverage

- **26.0% of Rapides Foundation Service Area adults aged 18 to 64 have no health insurance coverage, representing roughly 63,000 adults.**
 - Similar to Rapides Foundation Service Area findings from the 1997 Tulane study.
 - Significantly less favorable than that found nationwide (15.6%).
 - Over two-thirds of adults aged 18 to 64 in Avoyelles, Catahoula, Grant and Winn Parishes are without any type of health care insurance coverage. Vernon Parish adults 18 to 64 demonstrate the best level of coverage (15.5% uninsured).

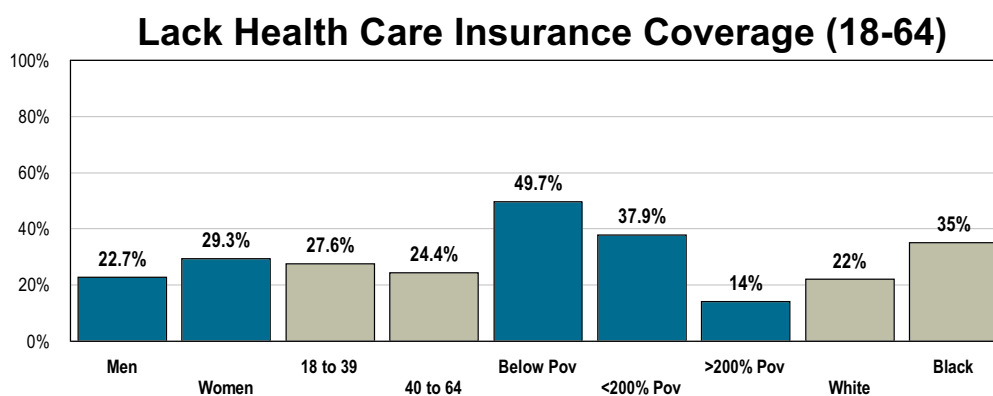


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. Behavioral Risk Factor Surveillance System, Centers for Disease Control, 2000 Louisiana Data
 3. 2000 PRC National Health Survey, Professional Research Consultants
 4. Healthy People 2010, National Center for Health Statistics/CDC/Public Health Service
 5. Behavioral Risk Factor Survey Summary, Tulane School of Public Health and Tropical Medicine, November 1997.

Note: Reflects respondents aged 18 through 64.



- Low-income adults report the highest prevalence of not having health insurance, including approximately 50% of those living below poverty.
- Black respondents much more often are without health insurance than White respondents.
- More women than men are without health insurance.



Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.
 2. Reflects respondents aged 18 through 64.

Community Health Panel Findings*

Lack of health insurance is a major barrier to accessing health care. Further, it is difficult for local small business to provide insurance to their employees.

“I think a lot of the younger population has difficulty accessing health care because they don’t have health insurance. They will go to private doctors for minor stuff, but if they have something major, they are in trouble.” — *Rapides Parish Physician*

“There is a lack of good-paying jobs where they would provide good health insurance to the employees. A lot of folks feel they can’t access health care because they can’t pay for the services. Or they feel they have to go to the charity clinics where they are going to sit for a long time because there is such a large indigent population.” — *Rapides Parish Physician*

“It is a real challenge for small employers to provide health insurance. There is a problem with access to care for the patient who is poorly insured. They don’t get any preventive care at all. They are just using their insurance to emergencies only. They won’t do much of a follow-up, they just self-correct the problem and try to save money on the follow-up office visit.” — *Rapides Parish Physician*

“I think the problem here is that most of the people with health insurance come from small companies, and they are in a real crisis right now in trying to continue to provide health insurance for their employees. Some of these employers have 20 or fewer employees. They are not concerned with offering health fairs; they are worried whether or not their people are accepting a deductible of \$5,000.” — *Rapides Parish Physician*

“We have a self-funded health plan. We pay our own claims. I am always looking to offer various benefits to increase people’s awareness of the things that you should do and the things you shouldn’t do. I cover preventive care because if we can prevent a major health problem, we can save enough money on one or two cases to pay for the whole program.” — *Rapides Parish Community Leader*

“You can have free quality hospital care right here in this parish, so the medical support systems is good here. However, we do have a problem for those who fall through the cracks because they don’t qualify for free medical care. These need to be addressed.” — *Rapides Parish Community Leader*

“We have very limited free screenings for the poor: lipid profile, hypertension, diabetes, cancer screening and so on.” — *Rapides Parish Community Leader*

“Our large migrant workers and undocumented are not eligible for free care. They don’t have any access to any medical care. Language becomes a problem, also. There aren’t enough translators to help out.” — *Rapides Parish Community Leader*

Even for those with insurance, large deductibles continue to cause cost to be a major access barrier.

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“Most of these health insurance policies have a big deductible like \$5,000, and they have to pay this before they can start any preventive care.” — *Rapides Parish Physician*

“I think sometimes people who are insured put off going to the ER because they can't afford the deductible.” — *Rapides Parish Community Leader*

Additional comments:

“We have a large population of low-income people who are not able to get insurance - the working poor. They also don't qualify for Medicaid because they make just about the poverty line.” – *Evangeline Parish Key Informant*

“We have a large population of people in this parish who are on the lower economic scale. They are making minimum wage or just above it, so they don't qualify for free medical services. I wish we could do something to improve some of the services for these lower-income people. The state has a charity hospital system in place, but it is too far for our people to access it without transportation.” – *Winn Parish Key Informant*

“So basically, what is happening in the community is that people who have money are paying for the sick people who don't have money, and those of us who are healthy aren't really contributing anything. Some of the people who need the help the most are the ones who can't qualify for Medicaid.” – *Winn Parish Key Informant*

“I think there is gap between Medicaid and Medicare. If a person goes to work, they don't qualify for Medicaid; but if you quit and go back on welfare, then you qualify for Medicaid. It doesn't make sense. It should be on some type of sliding scale for the working poor to be able to qualify for some services.” – *Catahoula Parish Key Informant*

“The problem with a lot of our services is that unless you are indigent or a very low-income individual, you don't qualify for the free or sliding fee services. We have a lot of people who don't fall in these categories because they just make enough money to not be able to qualify. Unfortunately, these are the folks that have to decide, 'Do I buy medicines or food?'” – *Catahoula Parish Key Informant*

“We have a lot of retired people in this parish that make just enough money to not qualify for services, even though they are low-income people.” – *Catahoula Parish Key Informant*

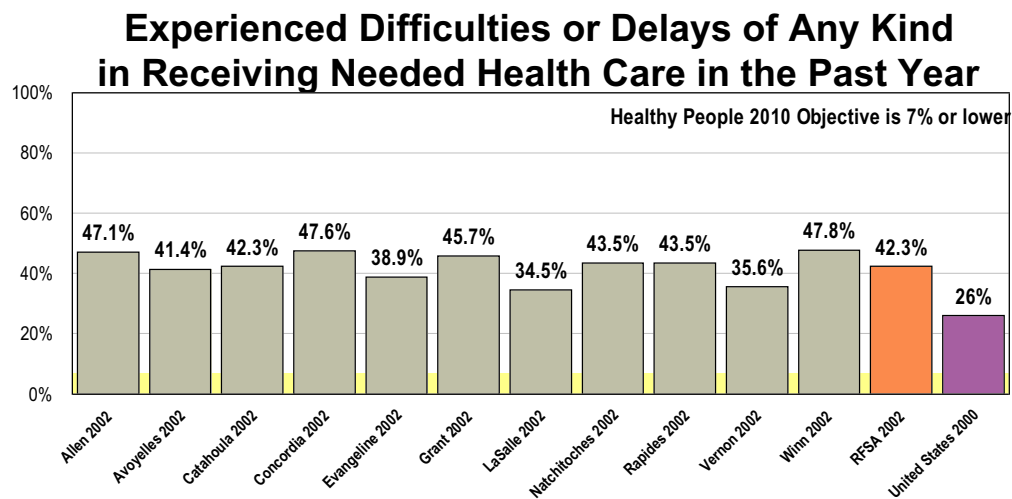
“We are seeing a lot of kids in this area who are no longer living at home, either by their choice or because their parents won't have anything to do with them anymore. They don't have medical insurance or any way to get health care. We had a young girl this past year missing a number of days at school because her parents wouldn't pay for her to go to the doctor. She is basically living on her own and will be for the next four years. At the school, we contacted different agencies for her so she could get some services.” – *Concordia Parish Key Informant*

Barriers to Primary Care

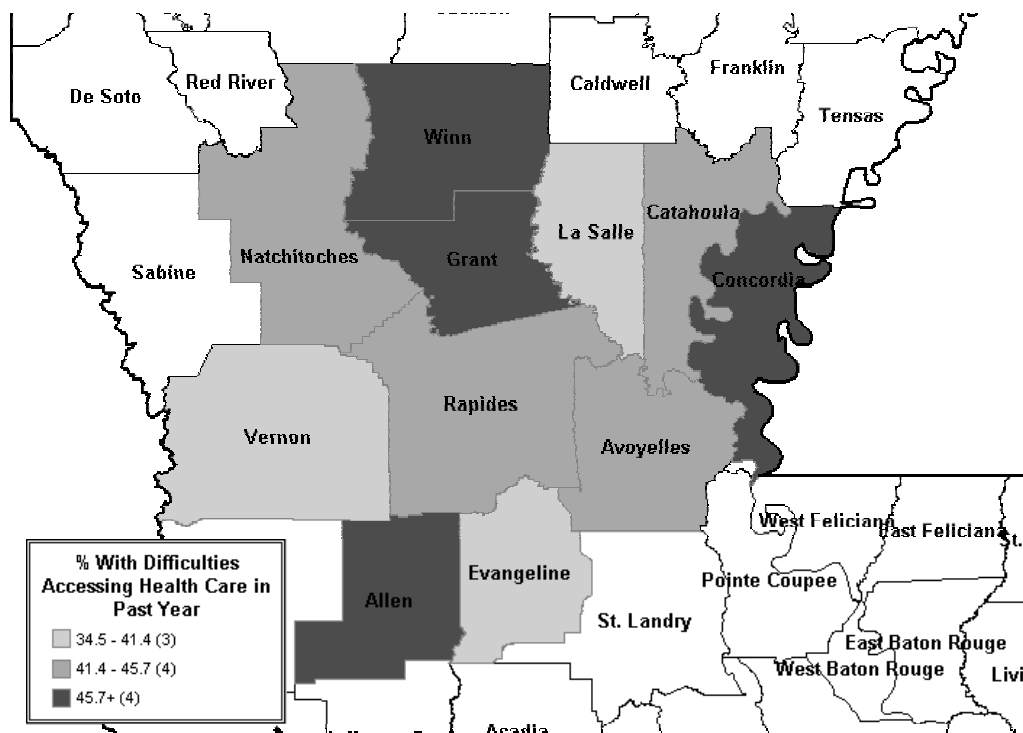
This section examines access to preventive care services, including community members' experience with the availability of physician services, and cost or transportation as inhibitors to receiving care.

Overview of Health Care Barriers

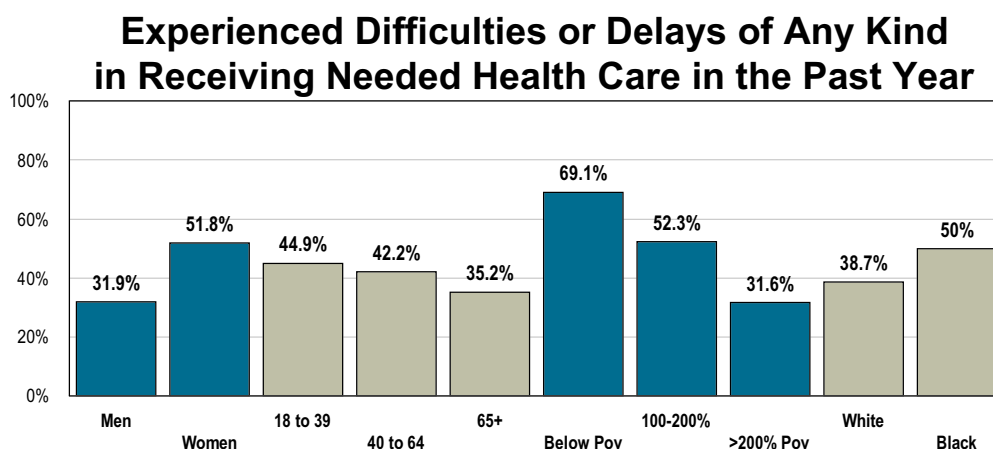
- **42.3% of Rapides Foundation Service Area adults report some type of difficulty accessing or receiving health care services in the past year.**
 - Significantly higher than found nationwide (26.0%).
 - Far from reaching the *Healthy People 2010* target (7% or lower).
 - Difficulties with access are more prevalent in Allen, Concordia, Grant and Winn Parishes. The best responses are noted among residents of LaSalle and Vernon Parishes.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents.
 2. State data not available.



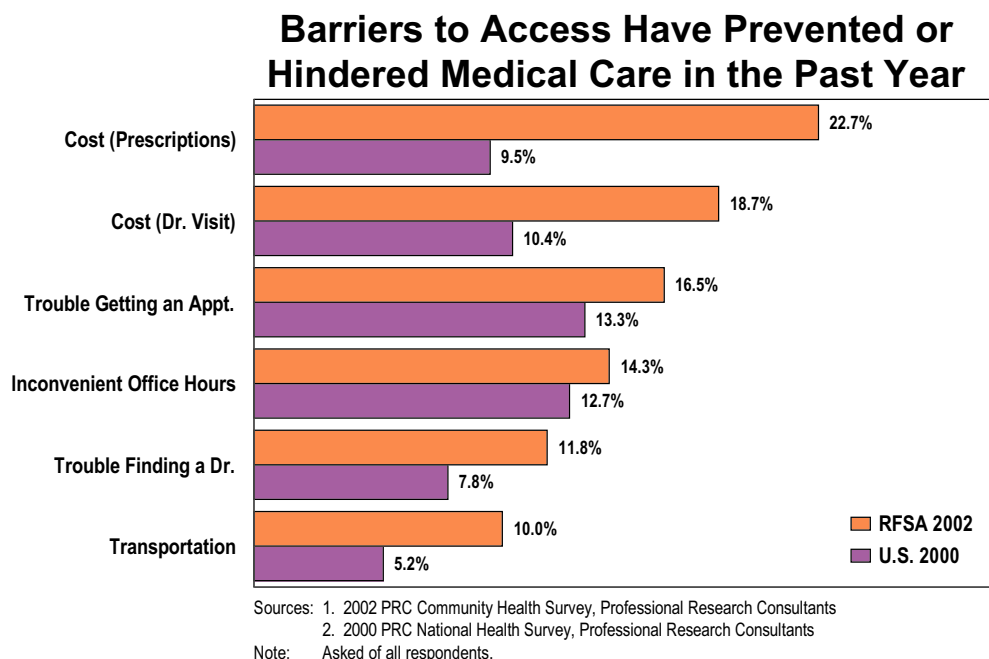
- Income is the most predictive barrier to health care access, with nearly 70% of adults in poverty experiencing some difficulty accessing or receiving health care services in the past year.
- Women more often face access barriers than do men.
- Black respondents more often face access barriers than do White respondents.
- Young adults more often face access barriers than do older adults.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.
2. Asked of all respondents.

- Of six types of barriers to access tested in the survey, cost of prescription medicines impacted the greatest share of adults in the Rapides Foundation Service Area.
- The proportion of the Rapides Foundation Service Area population impacted was significantly greater than found nationwide for five of the six tested barriers (all but inconvenient office hours).



Community Health Panel Findings*

“In Louisiana today, we only have 17 percent of physicians who are accepting Medicaid patients. We have about 11,000 physicians in the state, and only 17 percent of them will accept Medicaid because they will lose money with Medicaid because the state does not have the dollars for reimbursement. We don’t have the tax base in the state because people are leaving due of lack of good-paying jobs, so we don’t have the tax dollars to go around, and we are all fighting over a shrinking pot of money.” – *Avoyelles Parish Key Informant*

“Poverty is our worst enemy. Programs we would like to put in place - education, prenatal care, colorectal screenings, all the various things we are trying to accomplish - and we don’t have the dollars to get them done.” – *Avoyelles Parish Key Informant*

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“This parish is lacking in health care services for the low-income and middle-income people. The closest state-sponsored hospital services are in Alexandria, which is about 50 miles away. We are talking about low-income people who don’t have transportation and are making less than \$500 a month. A diabetic can go to Alexandria for treatment, they can get their insulin at the hospital, but they are not allowed to bring insulin back home, so unless they can make the trip on a daily basis, they go without insulin. This is a real problem and one that needs attention. We are trying to develop an advocacy program so that we can begin to address these health care problems.” – *Vernon Parish Key Informant*

Cost of Health Services

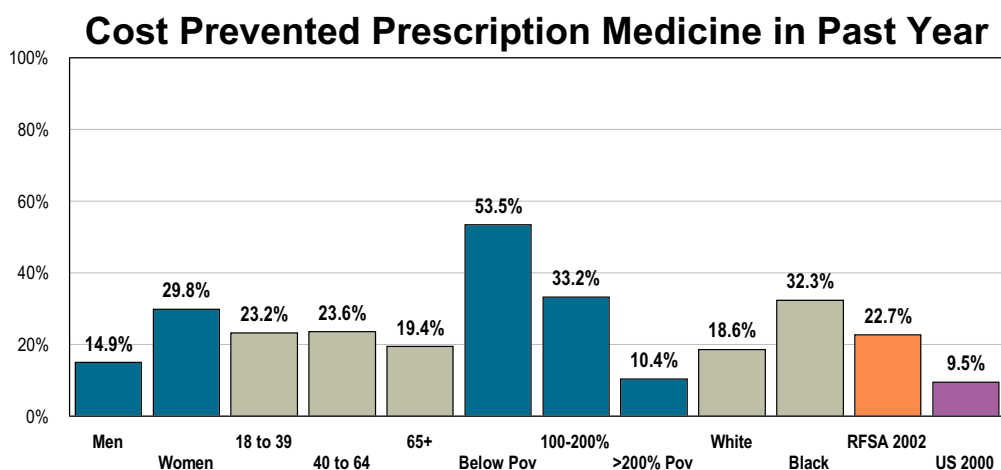
Cost of Prescriptions

- **22.7% of Rapides Foundation Service Area adults say that there has been a medicine they have needed in the past year, but they were unable to get it because of the cost. This represents over 66,000 adults in the Rapides Foundation Service Area.**

- Significantly higher than found nationwide (9.5%).

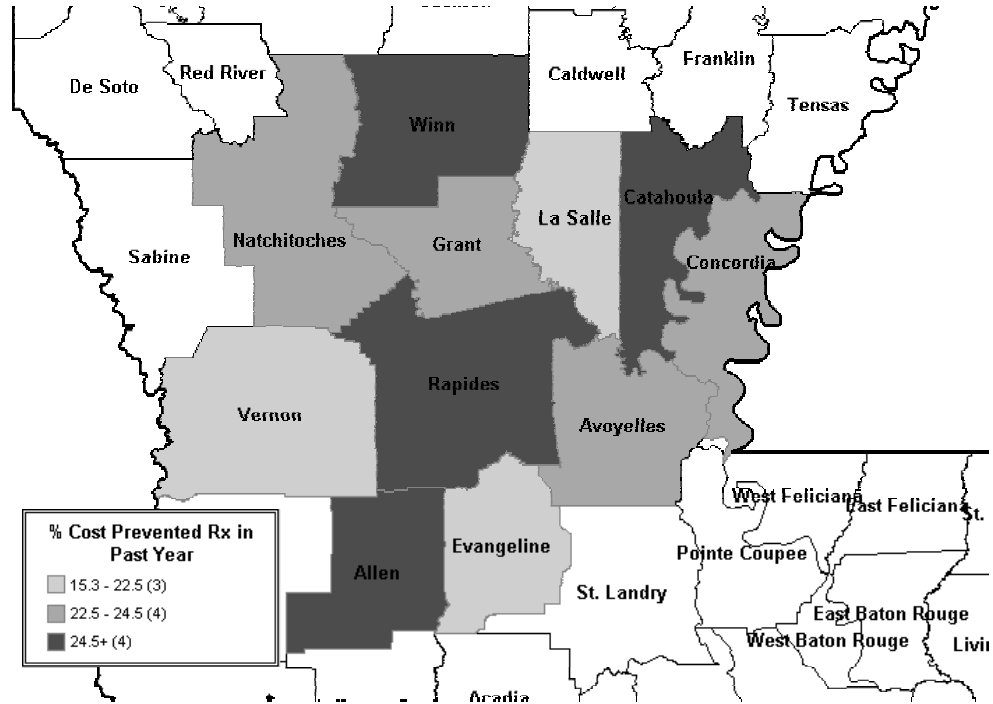
The following segments in the Rapides Foundation Service Area more often report going without a prescription because of the cost:

- Persons living below the poverty threshold (over 50%).
- Black respondents.
- Women.
- The lower proportion of seniors reporting that they have not gotten a needed prescription because of the cost is consistent with what is found nationwide and in other communities; keep in mind, however, that in some cases, seniors may be sacrificing other needs in order to be able to afford needed medicines.
- The highest reports of cost preventing a prescription medicine in the past year are found in Allen, Catahoula, Rapides and Winn Parishes.



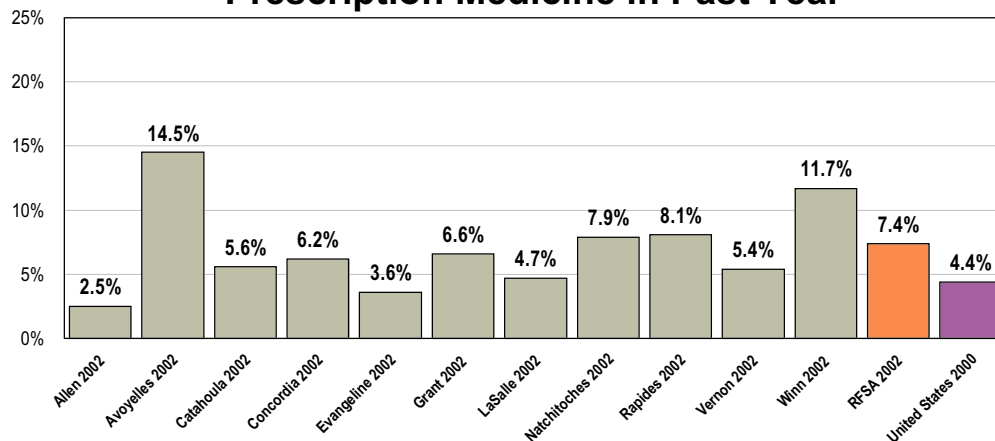
Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.
2. Asked of all respondents.



- **7.4% of Rapides Foundation Service Area parents report that they have not gotten a needed prescription for their child in the past year because they could not afford it.**
 - Significantly worse than national findings (4.4%).
 - This indication is particularly high in Avoyelles (14.5%) and Winn (11.7%) Parish.

Cost Prevented Child's Prescription Medicine in Past Year



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of all respondents with children under 18.

2. State data not available.

Community Health Panel Findings*

Cost of medications is a major barrier to health care access, particularly for those with Medicare/Medicaid or without any type of insurance.

“Here we are, the richest country in the world, and our people can’t afford to take care of themselves, and they don’t have the money to pay for medicine.” — *Rapides Parish Community Leader*

“I was taking medicine for high blood pressure and the same medicine, the same brand, was being sold in Mexico for a quarter of the price. Why can’t they sell it here for the same price? The drug companies are making the money here and selling it for less in another country. This is not right.” — *Rapides Parish Community Leader*

“Our Medicare patients have access to primary care, but they don’t have money to pay for their prescriptions.” — *Rapides Parish Physician*

“My mom is on Medicare, but it doesn’t pay for prescriptions or her nursing home. Last month, her prescriptions were \$699. How is she supposed to pay for them? When you are a certain age, you are on a limited fixed income. Where is the money supposed to come from?” — *Rapides Parish Community Leader*

“Their [seniors’] biggest problem is their access to medication. It is hard to find prescription drugs that they can afford. Sometimes the care is not the greatest because you are having to use medicines that are less expensive.” — *Rapides Parish Physician*

“I think maybe half of the elderly are on limited fixed incomes, and they can’t afford to pay for their medicines. Unless their families can help them out, they need some other way to pay and get their medication.” — *Rapides Parish Community Leader*

“I think the biggest item in the Medicaid budget has to be the drugs. The cost of prescriptions is what eats up the whole budget because they do pay for medication.” — *Rapides Parish Physician*

“If you are truly poor and can get on Medicaid, you have prescription coverage, but for Medicare patients with no other sources of income, they can’t afford to buy medicines. We need for these people to have access to reasonably priced medications.” — *Rapides Parish Physician*

“If people are taken off Medicaid and they have a blue collar job and they have to pay for their food and heat, they are not anticipating \$1,000 a month on prescriptions and other health care expenses. They are really in a bind.” — *Rapides Parish Community Leader*

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“In terms of medications and prevention, in some respects, it is easier to take care of a patient who is on Medicaid because a lot of private patients can’t afford the cost of medications. They are very expensive.” — *Rapides Parish Physician*

“We see that a lot of VA patients will go to their primary care for medical care and then go to the VA Hospital to get their medications because they are covered under the VA plan. These patients also want to be admitted to the private hospitals, not the VA hospital.” — *Rapides Parish Physician*

The Rapides Foundation was recognized for its efforts to address this important issue.

“The [Rapides] Foundation has a new multimillion-dollar program out where if you have a patient you feel qualifies, you can have them get a prescription card. This card has minimal co-pay, and it is accepted by all the pharmacies in town. You give the patient who you think may qualify a packet of forms with a number for them to call to get their card. It is for anybody who qualifies financially.” — *Rapides Parish Physician*

“I know that the Rapides Foundation is working with some groups in some of the rural communities to assist with the cost of prescriptions. So this program is a real plus.” — *Rapides Parish Community Leader*

Additional comments relating to the cost of prescriptions:

“People can’t afford to pay for their prescriptions. What happens is that they will skip doses to make the medicine last longer. The medicine doesn’t work properly, and they end up back in the hospital.” – *Winn Parish Key Informant*

“The Medication Assistance Program is already up and running in Winn Parish. It is for chronic medications and has a very small copayment. We already have about 80 to 90 folks enrolled from our parish.” – *Winn Parish Key Informant*

“The elderly and the low-income people have problems sometimes getting to the hospitals and the doctors, and they have problems with the cost of medications.” – *Vernon Parish Key Informant*

“The Foundation needs to work with a local organization to start the prescription program in this parish. How can we get a resource person to bring these programs to this parish? Is it through the hospital or the local government? People need to be aware of different programs that are available out there so we know what we need to bring here.” – *Concordia Parish Key Informant*

“I think one of the biggest problems facing us here is the cost of prescriptions. The Foundation’s prescription plan has not made it to this parish yet.” – *Catahoula Parish Key Informant*

“We have a drug formulary for our patients where they can get their medicine at a reduced rate. We also have what we call the Patients Assistance Program, that if we have indigent patients, we can get them free prescriptions through the pharmaceutical companies.” – *Catahoula Parish Key Informant*

“I think the elderly have a problem filling their prescriptions - even the ones who have financial aid. All of their medicines may not be covered, and this causes a problem with their medical treatment.” – *Evangeline Parish Key Informant*

“We have a lot of problems with our patients who come in because they are sick, and we give them prescriptions, but they can’t afford to fill them.” – *Grant Parish Key Informant*

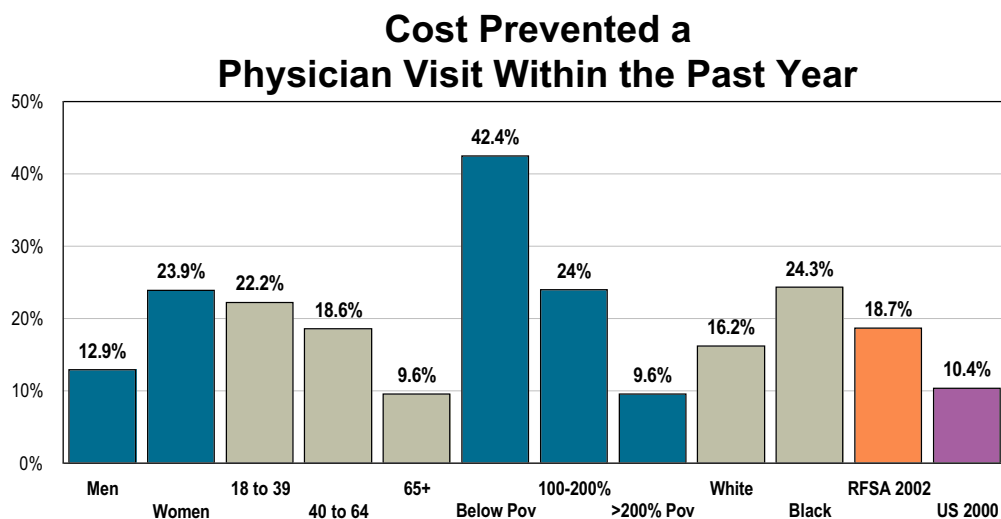
“Our elderly people can’t afford to pay for their prescriptions. We are going to start the Foundation’s drug program this June. The hospital here will be the sign-up place. It is a great program which will meet a particular need we have in this parish.” – *LaSalle Parish Key Informant*

Cost of Physician Care

- **18.7% of Rapides Foundation Service Area adults report that there has been a time in the past year when they needed to see a doctor, but could not because of the cost. This represents nearly 55,000 Rapides Foundation Service Area adults.**
 - Significantly higher than found nationwide (10.4%).

In the Rapides Foundation Service Area, cost as a barrier to accessing physician care has greater impact on:

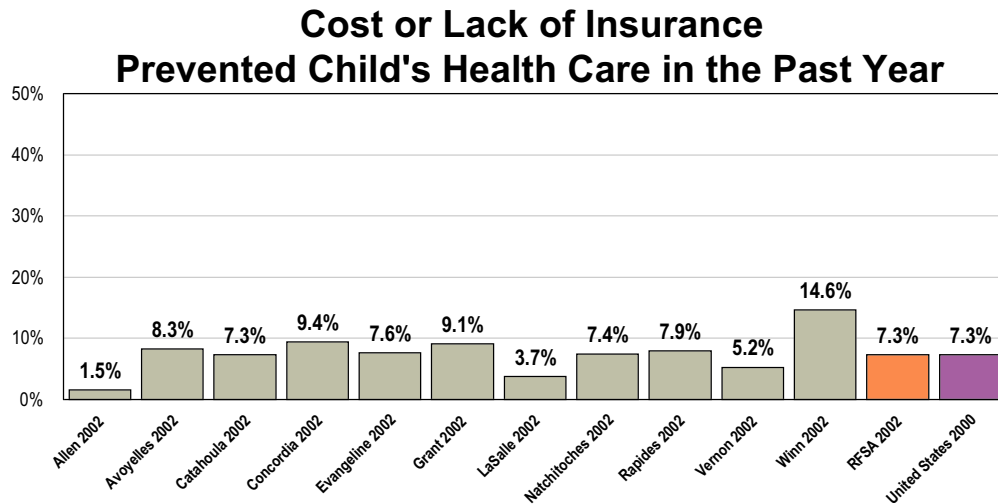
- Persons living in poverty (over 40%).
- Young adults.
- Women.
- Black respondents.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.
2. Asked of all respondents.

- **7.3% of Rapides Foundation Service Area parents say that cost or a lack of insurance has prevented a physician visit for their child in the past year.**
 - Identical to national findings.
 - Highest in Winn Parish (14.6%).



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants

2. 2000 PRC National Health Survey, Professional Research Consultants

Notes: 1. Asked of respondents with children under the age of 18.

2. State data not available.

Community Health Panel Findings*

“It seems to me that economics plays havoc with the patients in their inability to afford health care. It is also hurting the health system. In the state, there is also a constant budget battle to try to support therapy, and what we are told to do is do more with less on a continuing basis.” — *Rapides Parish Physician*

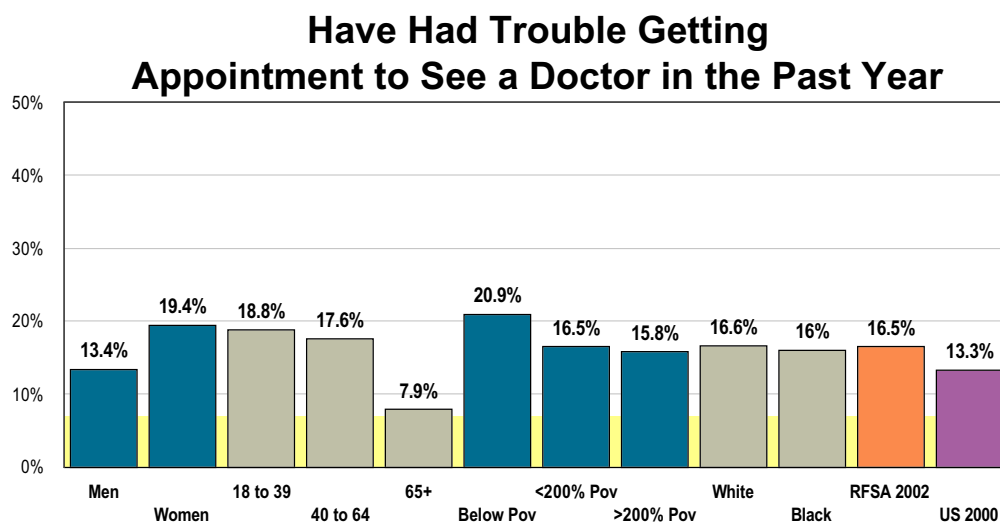
* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Appointment Availability

- **16.5% of Rapides Foundation Service Area adults have had trouble getting an appointment to see a doctor in the past year, representing over 48,000 residents.**
 - Worse than found nationwide (13.3%).

Rapides Foundation Service Area adults more often reporting trouble getting a doctor's appointment:

- Persons living below the poverty threshold.
- Young adults.
- Women.

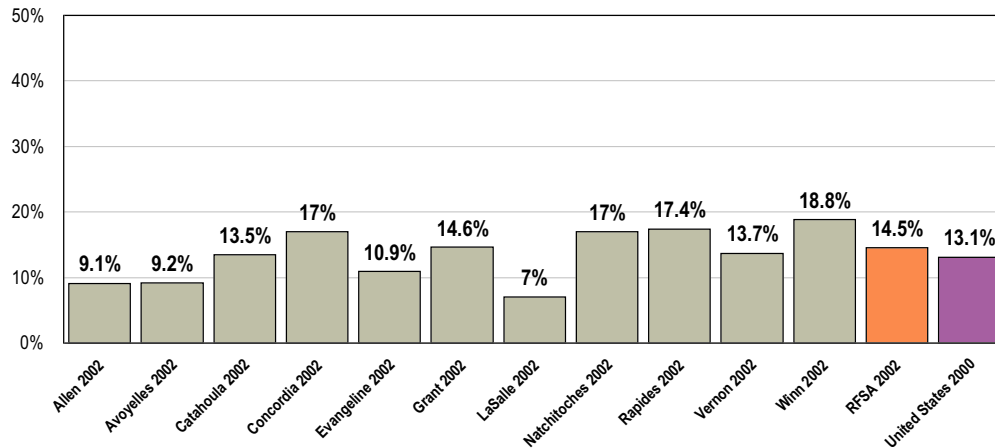


Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.
2. Asked of all respondents.

- **14.5% of Rapides Foundation Service Area parents report trouble getting a doctor appointment for their child.**
 - Statistically similar to national findings.
 - Highest (17% or higher) in Concordia, Natchitoches, Rapides and Winn Parishes. Lowest in LaSalle Parish (7.0%).

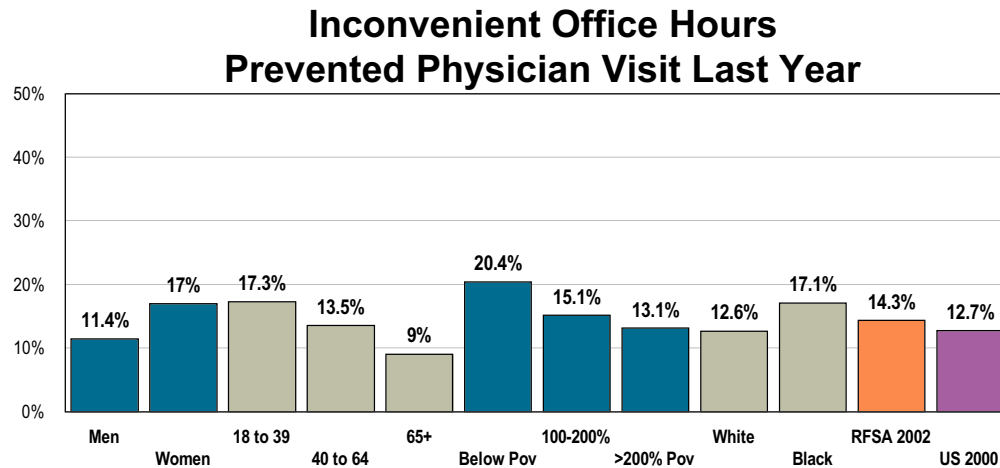
Had Trouble Getting an Appointment for Child to See a Doctor in the Past Year



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of respondents with children under the age of 18.
 2. State data not available.

Inconvenient Office Hours

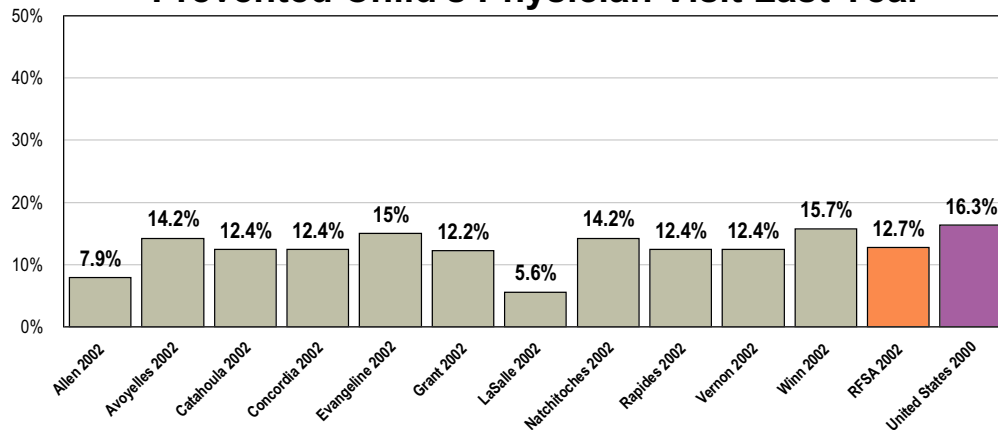
- **14.3% of Rapides Foundation Service Area adults say that inconvenient office hours prevented them from seeing a doctor in the past year.**
 - Similar to that found nationwide.
- Persons living below the poverty threshold are more often impacted by inconvenient office hours.
- Young adult more often forego physician care because the office hours are not convenient.
- Women are more often impacted than are men.



Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.
 2. Asked of all respondents.

- **12.7% of Rapides Foundation Service Area parents say there has been a time in the past year when they did not take their child to the doctor because the hours were not convenient.**
 - Statistically similar to national findings.
 - Lowest responses are in Allen Parish (7.9%) and LaSalle Parish (5.6%).

Inconvenient Office Hours Prevented Child's Physician Visit Last Year



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents with children under 18.
 2. State data not available.

Community Health Panel Findings*

Focus group participants perceive a need for expanded availability of after-hours health care in the area.

“I think there is also a need for some after-hour clinics because so many couples both work, and to go to the doctor, one of them has to take off time from work. The concept of after-hour office hours and clinics is really needed in the area.” — *Rapides Parish Physician*

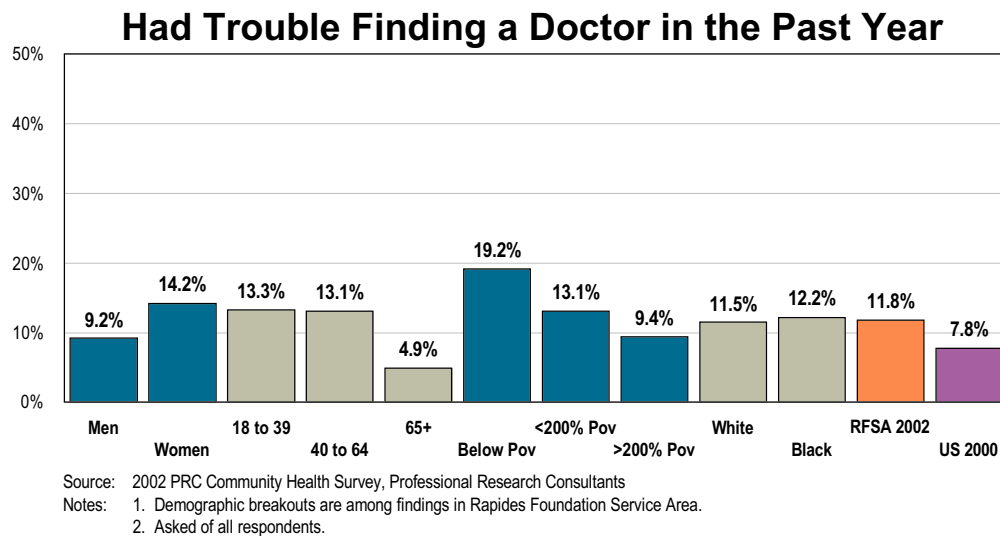
“We had some pediatricians that had Saturday office hours. That was extremely popular. Parents could bring their kids in Saturday morning and still have time to go to the football games or whatever they wanted to do the rest of the weekend and didn’t have to take time off from work during the week.” — *Rapides Parish Physician*

“The primary care offices close around 5 p.m., and we don’t have any other access to health care until the next morning, except for the ER. We need a walk-in clinic that stays up after normal hours and on weekends.” – *LaSalle Parish Key Informant*

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

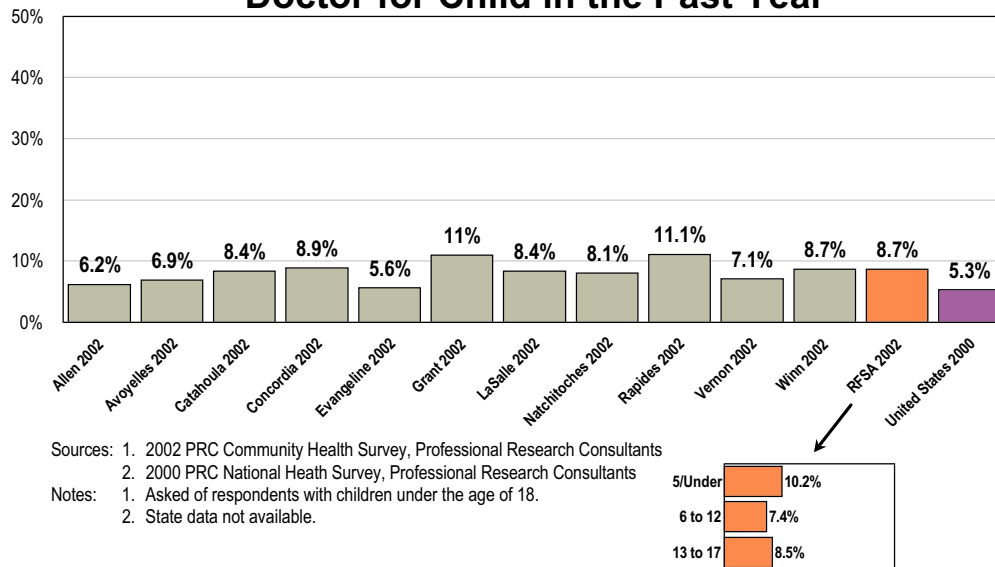
Lack of Physician Availability

- **11.8% of Rapides Foundation Service Area adults report having difficulty finding a doctor in the past year.**
 - Significantly higher than found nationally (7.8%).
- Persons living in poverty, young adults and women more often report difficulty finding a doctor.



- **8.7% of Rapides Foundation Service Area parents say that they have had trouble finding a doctor for their child in the past year.**
 - Significantly worse than nationwide (5.3%).
 - Particularly high (11% or higher) in Grant and Rapides Parishes.

Had Trouble Finding a Doctor for Child in the Past Year



Community Health Panel Findings*

Among the types of physicians perceived by focus group participants as needed locally are: family practitioners, pediatricians, pediatric specialists, obstetricians, geriatricians, oncologists, urologists, gastroenterologists and podiatrists.

“One of the problems I see is that we lack specialists in the OB/Pediatric area. We don’t have a perinatologist right now. The one we had coming from Lafayette went into private OB practice in Lafayette. We seem to have a lot of high-risk OB patients. They get into all kinds of complications, and now we have to send these moms to Shreveport for care.” — *Rapides Parish Physician*

“I have been writing in my questionnaires every year as a need for the hospital is a pediatric ICU. We have a lot of injured or real sick kids who we have to send to Shreveport for care, and it is a long trip for the child and the family. We also need more intensive care physicians.” — *Rapides Parish Physician*

“We also don’t have a geriatric specialist in the area. We have a large retirement community, and we don’t have enough specialists to take care of them.” — *Rapides Parish Physician*

“I wish we had cancer treatment capabilities like they do in Lafayette General. Our patients have to go there to receive the treatment.” — *Rapides Parish Community Leader*

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“We are lacking certain medical specialists in this area: oncologists, urologists, gastroenterologists and podiatrists. We either don’t have service or it is very limited.”
— *Rapides Parish Community Leader*

“We increased the availability of qualified heart doctors in the last few years. Now patients don’t have to go to Houston or New Orleans to get treatment. They can get the same quality of service right here without having to go out of town.” — *Rapides Parish Community Leader*

“I think we need more family practice doctors.” — *Rapides Parish Community Leader*

“It is very difficult to find physicians who accept Medicaid. Take orthopedics, for example. You have to send them somewhere else for care, and it is pretty difficult for us from the ER to try and find somebody who takes Medicaid. It is almost impossible. Most of the time, we end up referring them to Huey P. Long.” — *Rapides Parish Allied Health/Social Service Provider*

“Down in Baton Rouge, one of the things that always comes up when they need to cut costs is to cut the payment to the providers. As the price of prescriptions go up, around 20 percent a year, the first place they want to cut is the pharmacist. The pharmacist is already making less than anybody else, is so if they cut his reimbursement, he just drops out of the program. This is one of the reasons that doctors don’t want to take Medicaid patients.” — *Rapides Parish Allied Health/Social Service Provider*

Additional comments by parish:

Avoyelles Parish

“Another need for our parish is an OB/GYN physician. Family practice doctors usually cover women’s health. I know that there are a lot of procedures that could be done locally if we had an OB/GYN.” – *Avoyelles Parish Key Informant*

“I know that the state has programs available to help reimburse those positions filled by physicians that come to the rural areas to practice. These doctors are eligible for repayment on their student loans and other benefits if they sign a 3-year contract. The funds are available if we could find the physicians who would want to come here and receive state assistance. The problem is that there are so many other rural areas in the same situation as ours that the new doctors can pick and choose where they want to practice medicine and live.” – *Avoyelles Parish Key Informant*

“We are experiencing a huge shortage of nurses, radiology and lab technicians. Right now, our main focus in the hospital is to have the resources to take care of people that show up at our doors right now. We are too shorthanded to go out in the community and take services to the rural areas. We are so shorthanded that there is a task force right now meeting with the Foundation to provide staffing for some of our nursing schools at LSUA and Louisiana College to help with this shortage problem. It is very difficult to recruit staffing for those nursing schools as well as for the radiology and respiratory therapist schools. We need to do something fast because we are seeing this human resources shortage coming upon us very quickly. We are doing everything we can at the hospital to attract people into the health profession. We have gone into the

schools and talked to kids about the medical profession, but we need help.” – *Avoyelles Parish Key Informant*

“The problem with this shortage in nursing is nationwide. People are getting out of the health field, not getting into it. We have a volunteer program in our hospital to try to get people interested in pharmacy, nursing, general medicine - anything that has to do with health care. Ten years from now, you, us, me will become Medicaid age, and we are going to have a lack of personnel to take care of us at our bedside.” – *Avoyelles Parish Key Informant*

Concordia Parish

“We have a hospital and doctors, but we need more medical specialists.” – *Concordia Parish Key Informant*

Catahoula Parish

“We just lost our specialty physicians. We used to have an endocrinologist and a gastroenterologist. I heard they are considering coming back to this parish, and I certainly hope that they do because we have a high rate of diabetes and we also have a high rate of cancer in this area. This gastroenterologist had made arrangements for our indigent patients to get scopes and all kinds of tests at a very reasonable price. We had quite a number of people who found out they had cancer early on who would not have known until it was too late if they had to wait for the charity hospital to get the tests done.” – *Catahoula Parish Key Informant*

“We do not have access to specialty care for our indigent patients. When we call the charity hospital, sometimes there is a four-month wait before we can get them an appointment.” – *Catahoula Parish Key Informant*

“We need more specialists - cancer and diabetes, and also more primary care physicians. At one time, we were getting medical students to do a rotation here, and I thought it was working very well, but then it stopped last year.” – *Catahoula Parish Key Informant*

“We don’t have an OB/GYN specialist here. One of this type of physicians from the next parish started to come to our clinic one day a week to see the people in this area who need OB/GYN care. Prenatal care is not easy for our moms.” – *Catahoula Parish Key Informant*

Grant Parish

“We need more doctors, more primary care physicians and specialists.” – *Grant Parish Key Informant*

“We are sitting in Montgomery with equipment that we can’t use because we don’t have enough money to pay the personnel to run this equipment. We have to send patients out for X-rays and other tests that we are equipped to do because we don’t have the money to pay for the staff.” – *Grant Parish Key Informant*

“The problem is that for all of the graduating doctors, there are thousands of communities who will give a \$30,000 bonus just for the doctor to move there to practice medicine. This parish can’t afford that type of bonus.” – *Grant Parish Key Informant*

“One of the things the state is going to implement in September is a program called Community Care. All Medicaid patients in the parish will be assigned to a doctor, and this is to help Medicaid patients because so few doctors want to take these patients. A lot of the Medicaid patients go in to Huey P. Long’s ER, and it has become a huge problem.” – *Grant Parish Key Informant*

LaSalle Parish

“I think the lack of physicians is our number one concern for this parish.” – *LaSalle Parish Key Informant*

“We need more primary health care physicians. Alexandria takes care of all of the medical specialists, but we need general practitioners or family doctors in our parish.” – *LaSalle Parish Key Informant*

“We don’t have enough doctors. We have one doctor that goes to the schools to do screenings, and she also takes care of all the nursing home patients. It is one doctor trying to do everything.” – *LaSalle Parish Key Informant*

Natchitoches Parish

“We have a medical center that needs more and better qualified doctors, people who are experts in different fields. Within my community, we had a lot of people die from diabetes and several other diseases. I felt that if they had the right kind of physicians, they would have received the right treatment here or sent somewhere to get the better treatment. We don’t have enough certified and qualified doctors within our medical center.” – *Natchitoches Parish Key Informant*

“I fully agree with the statement that we lack medical specialists. I am sure it is very difficult to get them in the first place and to get them to move here, but we need them.” – *Natchitoches Parish Key Informant*

“The problem is a national one. There are not enough health care professionals in the schools. There is a shortage right now, and it is going to get worse before it gets better. In our long-term units at the hospital, we are short of help, and our nurses are working 12-hour shifts, and it is not because they want the money.” – *Natchitoches Parish Key Informant*

“We don’t have enough teachers to teach at the university level. I am a nurse, and I teach at the technical college. I teach practical nursing. The problem is at the state level. The Board of Nursing only lets us take 10 students per clinic per instructor, so we don’t have enough instructors to take care of the numbers of students who need to go to the clinic.” – *Natchitoches Parish Key Informant*

Winn Parish

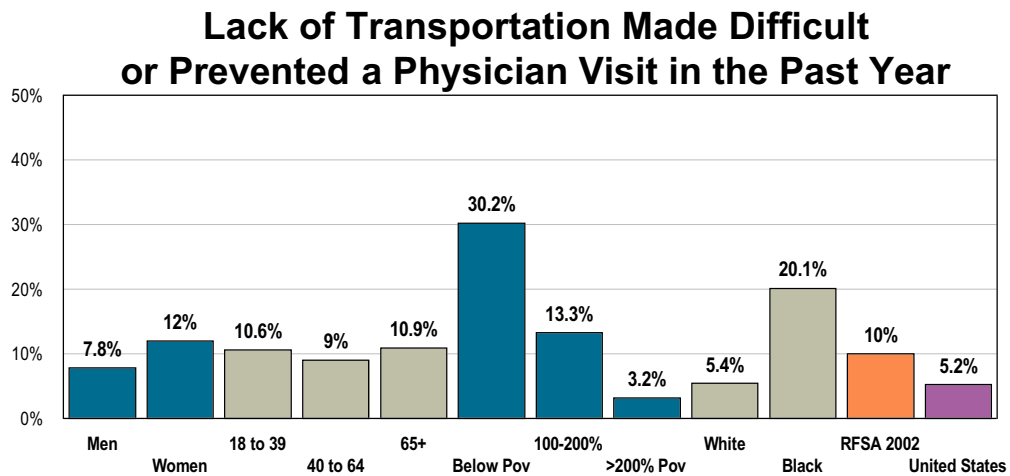
“We need an OB/GYN in our staff. People have to go out of the parish for this specialty.” – *Winn Parish Key Informant*

“I think there is a real need for an OB/GYN in this parish so women will do mammograms, pap smears and all of those other preventive tests that are needed. It is

hard to make appointments to get these tests done outside of the parish.” – *Winn Parish Key Informant*

Lack of Transportation to Health Care Services

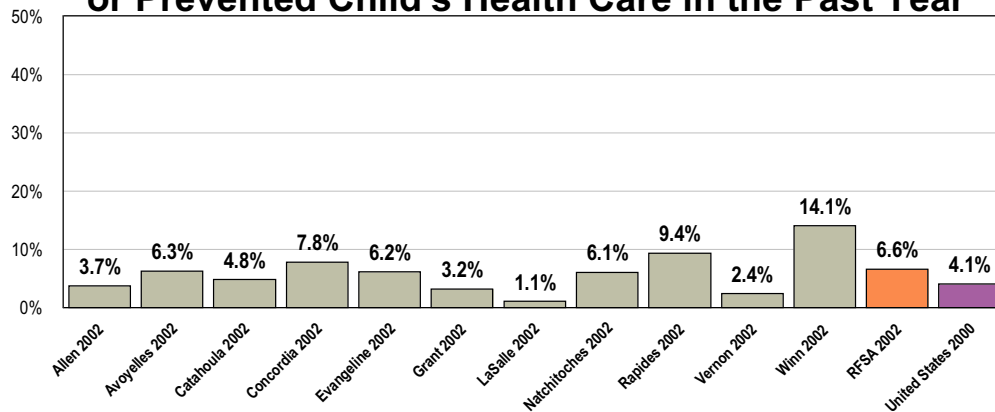
- **10.0% of Rapides Foundation Service Area adults report that a lack of transportation has made it difficult or prevented them from seeing a physician in the past year.**
 - Significantly higher than found nationwide (5.2%).
- A dramatically greater share (over 30%) of persons living in poverty are impacted by a lack of transportation.
- Black respondents much more often report transportation as an access barrier than do White respondents.



Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.
 2. Asked of all respondents.

- **6.6% of Rapides Foundation Service Area parents report that a lack of transportation has made it difficult or prevented them from taking their child to see a doctor in the past year.**
 - Significantly less favorable than found nationwide (4.1%).
 - Highest in Winn Parish (14.1%).

Lack of Transportation Made Difficult or Prevented Child's Health Care in the Past Year



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2000 PRC National Health Survey, Professional Research Consultants
 Notes: 1. Asked of respondents with children under the age of 18.
 2. State data not available.

Community Health Panel Findings*

Transportation is a particular need for the elderly and those living in rural areas. Some focus group participants cited that limited services are available, but that they fall far short of satisfying the need.

“I think one of our problems is that our rural areas don’t have access to health care services. They have to go to the towns or the big city to get the care, and I think this limits access. I think it is one of our primary problems in this area: how to get the people without insurance or very low income who live in the rural areas to have access to care.” — *Rapides Parish Allied Health/Social Service Provider*

“The bus line does come by both hospitals, and for most people that are able to can get this very inexpensive transportation to the hospital and doctor’s office. However, the older people who don’t drive and can’t take the bus, they have to depend on someone to take them back and forth.” — *Rapides Parish Physician*

“We have All-Trans, but I don’t think it is public. I think the person has to pay for it, and it is expensive and it is not readily available. You have to book it weeks in advance, and there are some restrictions to it.” — *Rapides Parish Physician*

“We used to go to a place called Willow Glen. It is south of Alexandria and is about the only medical clinic in that area of town. I know one lady who had to get a heart cath, and she had already missed two appointments because of lack of transportation. She was ready to miss her next appointment, so I drove her to see the cardiologist myself so she wouldn’t miss it. I don’t know what the problems are with transportation, but

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people can't find a ride even though it is a life-or-death situation." — *Rapides Parish Physician*

"With Medicaid transportation, if they are not picking up five or six people, then they won't come to pick you up. Everyone has to come on the same day, even though your appointments are at different times. If your appointment is at 7:30 a.m. and somebody else's is at 3:30 p.m., you have to wait in Alexandria all day to go back home." — *Rapides Parish Allied Health/Social Service Provider*

"We have a medical van staffed with a nurse practitioner and a doctor that goes wherever it is needed by special appointment only. We need to expand this service because of the transportation problem trying to go to the medical facility." — *Rapides Parish Community Leader*

"We have the services, but many people just can't get to them because of lack of transportation. I myself have wondered about the idea of the service substations versus spending more money on public transportation." — *Rapides Parish Community Leader*

"Transportation is a big issue with college students also, because there are a lot of young people who would go to LSUA if they had access to public transportation." — *Rapides Parish Community Leader*

"Just this week in the ER, we had a 20-year-old mom bring her 4-year-old child with an upper respiratory infection in an ambulance; she didn't have transportation. We see him write a couple of prescriptions and send them home. Two hours later, she is back by ambulance because she went to get the prescriptions filled and her Medicaid card was not working because she had not completed all of the Medicaid paperwork. The doctor is telling her she has to take the child home and stay with him for a couple of days, and she said she couldn't miss days from work. And she didn't have a way to get back home from the ER; she missed the last bus. She just had many social problems, and she is just one case. This happens all the time. We have a lot of people with more than one problem." — *Rapides Parish Allied Health/Social Service Provider*

Additional comments by parish:

Allen Parish

"We lack transportation services." – *Allen Parish Key Informant*

"We just got a brand-new transportation program. It just started - Transcare. We also got a non-emergency medical transportation service for our rural area just five weeks ago." – *Allen Parish Key Informant*

"We have Transcare, but there is also a non-emergency medical van through Medicaid. I know that Sandy has flooded the parish with articles in the newspaper, on TV, which is running now on Channel 11. I have flooded the entire parish with this information through the Council on Aging, and every drug store and every business has flyers." – *Allen Parish Key Informant*

Concordia Parish

“A big problem in our parish is the lack of transportation for the elderly. Seniors who need to come to the hospital have to pay \$50 a trip to their family members or neighbors to bring them in for the appointment. It is ridiculous.” – *Concordia Parish Key Informant*

“We used to have vans, but the state cut out the funding years ago.” – *Concordia Parish Key Informant*

Catahoula Parish

“We lack public transportation for all the people in the parish, including the elderly.” – *Catahoula Parish Key Informant*

“We try to give our patients access to transportation when they have to go to see specialists, but we don’t provide transportation services to anyone else. We are the only transportation provider in this parish, so if you are not our patient, you have to pay somebody to take you or not go to your appointment.” – *Catahoula Parish Key Informant*

“Transportation should be one of our top priorities.” – *Catahoula Parish Key Informant*

Evangeline Parish

“We do have a problem with transportation to these health care facilities and providers. A lot of people in this parish need transportation. You have to rely on a car or have somebody to take you.” – *Evangeline Parish Key Informant*

“We do have transportation for the elderly.” – *Evangeline Parish Key Informant*

Grant Parish

“We have a lot of transportation problems, both in town and in the rural areas. The four biggest towns are in the four corners of the parish, and there isn’t a central town that services the parish. The people are really poor and don’t have access to transportation.” – *Grant Parish Key Informant*

“I attended a forum that Dr. Rogers had out here with Head Start, and it all boils down to the lack of transportation. These parents don’t have a way to get their kids to the doctor. These are the people who don’t have cars and don’t live close enough to walk to the doctor’s office.” – *Grant Parish Key Informant*

“We have to pick our patients up at their homes. If they have a child or family member sick, they don’t have any way to take them to the doctor.” – *Grant Parish Key Informant*

“The Council on Aging is down to one service provider, and there are some problems with that provider, so even the elderly have transportation problems.” – *Grant Parish Key Informant*

LaSalle Parish

“We need public transportation. We don’t even have vans to take the elderly for their appointments.” – *LaSalle Parish Key Informant*

Natchitoches Parish

“Another problem we have within our parish is the lack of public transportation. We only have Medicare transportation. If they don’t have Medicare, they can’t get a ride.” – *Natchitoches Parish Key Informant*

Vernon Parish

“I think in this parish, one of the biggest problems is the lack of public transportation. We have some vans to transport the handicapped, but they are kind of limited. Our elderly people who live in the rural areas have to pay about \$30 to come into town to get medical services.” – *Vernon Parish Key Informant*

Winn Parish

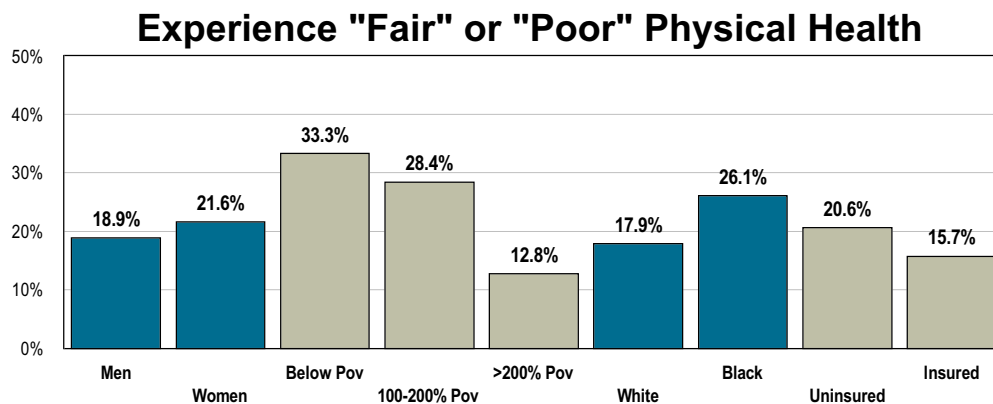
“We have transportation issues, especially for a person who is not on Medicare and who doesn’t qualify for Medicaid.” – *Winn Parish Key Informant*

“Some of the kids in the rural areas have problems getting to after-school activities because they don’t have transportation. If they want to go somewhere, they have to pay the neighbor to bring them to school for a conference. The free tutoring is not the issue: it is getting the kids home after they finish. That is the problem.” – *Winn Parish Key Informant*

Implications of Poor Access

Limitations in access have a discernible impact on the health status of residents and in the way that health care is delivered in the community. Note the following survey findings:

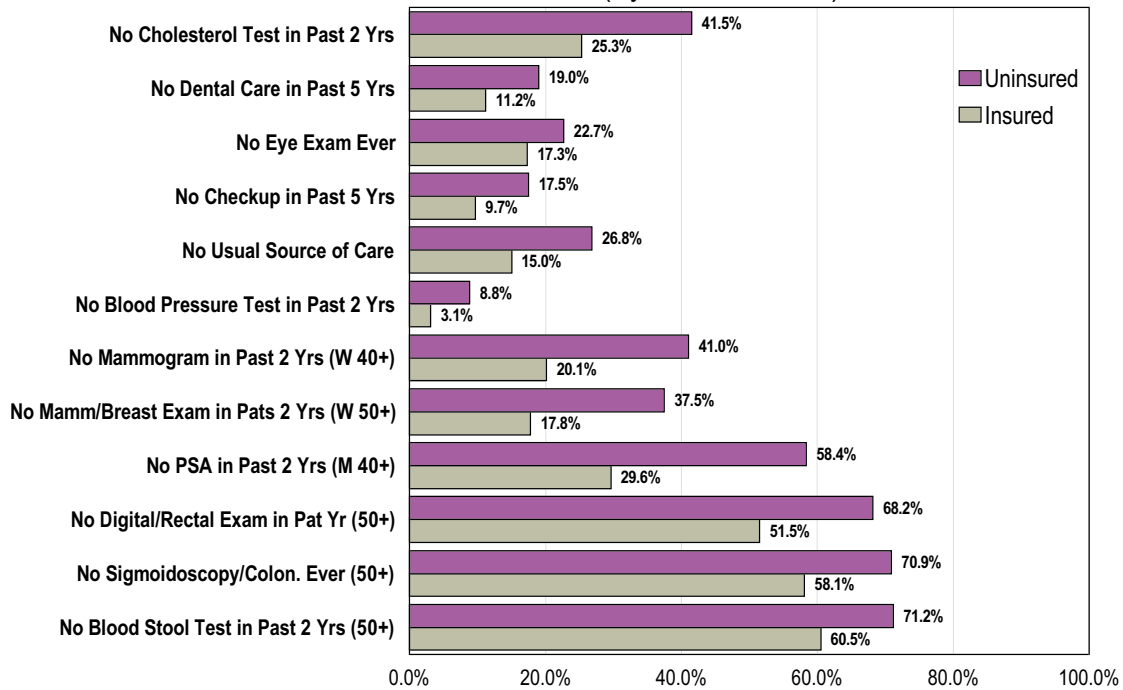
- **Those demographic groups that more often report difficulty accessing health care — persons in poverty, Black respondents, women and uninsured respondents — more often report their general health status as “fair” or “poor.”**



Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.
 2. Asked of all respondents.

- **39.3% of those experiencing one or more types of access barriers in the past year rate local health care services as “fair” or “poor,” compared to only 11.6% of those not experiencing these difficulties.**
- **Those without health insurance coverage report lower prevalence of many preventive health services when compared to insured individuals (e.g., routine check-ups, dental care, eye exams, blood pressure testing, cholesterol testing, breast exam, Pap smear testing, etc.)**

Preventive Health Care (By Insured Status)



Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Note: Asked of all respondents.

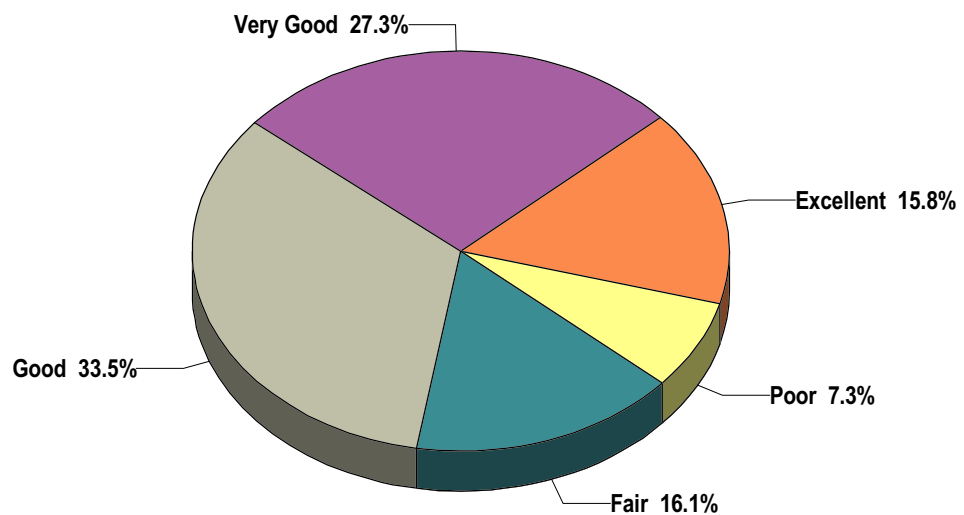
PERCEPTIONS OF HEALTH CARE SERVICES

Local Health Care Services

Satisfaction With Local Health Care

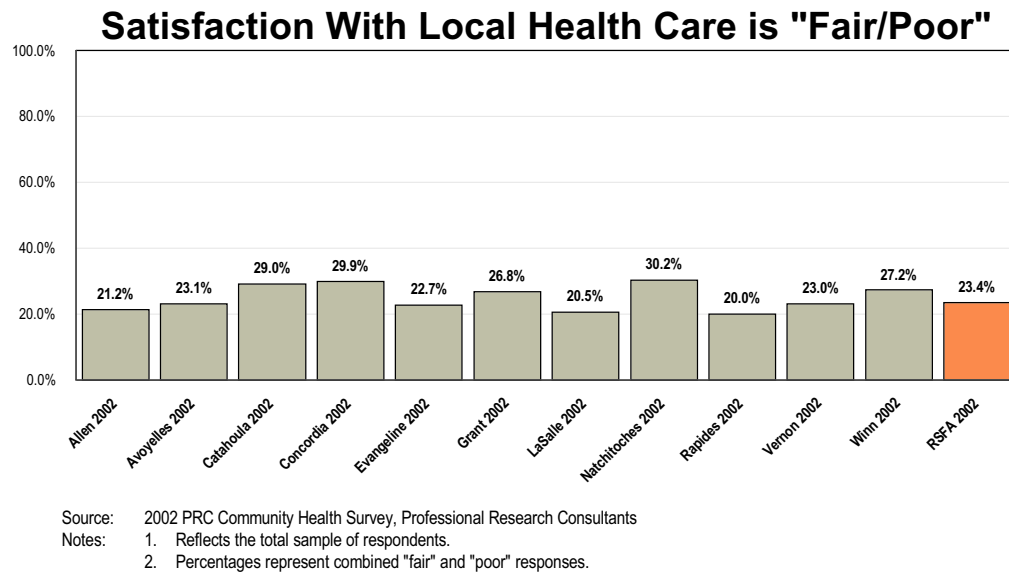
- **43.1% of Rapides Foundation Service Area adults rate their satisfaction with the overall health care services available to them as “excellent” or “very good.”**
- **23.4% rate overall health care services as “fair” or “poor.”**
 - Significantly less favorable than found nationwide (13.6%).

Satisfaction With Local Health Care
(Rapides Foundation Service Area)

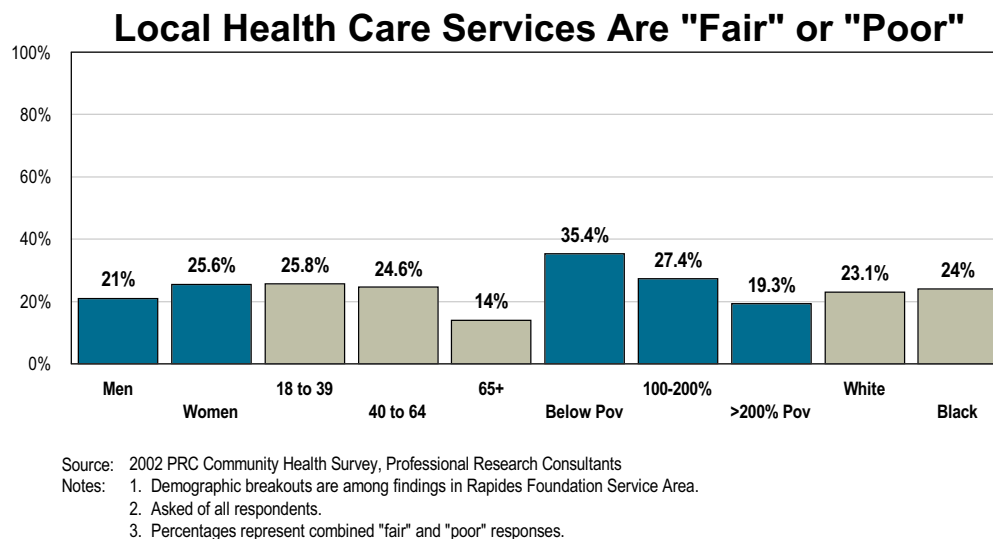


Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

- By parish, the highest “fair/poor” responses (over 25%) are recorded in Catahoula, Concordia, Grant, Natchitoches and Winn Parishes. The lowest “fair/poor” evaluations (approximately 20%) are recorded in LaSalle and Rapides Parishes.



- Persons living below the poverty threshold are most critical of local health care services.
- Young adults are more critical of local health care services than are older adults.
- Women are more critical of local health care services than are men.



Community Health Panel Findings*

Several focus group participants commented that Rapides Foundation Service Area is lucky to have so many health resources in a community of this size.

“We have a lot of hospitals for a community this size. We probably have modern-type of hospital setups like cardiology and a lot of other specialties that communities our size don’t usually have in place.” — *Rapides Parish Physician*

“We also have a residency training program, which is an advantage for our community in a lot of ways. They provide future family practice doctors or primary care physicians for the area.” — *Rapides Parish Physician*

“We have a large professional community, which is really extraordinary for our population. I think we serve the other parishes around Rapides, and you can find a specialist and any kind of medical practitioner in the area. The number of services that we have available are pretty amazing.” — *Rapides Parish Community Leader*

“One of the new things in our medical center is that they are going to open a diabetes center. This will be a real asset for our area.” — *Rapides Parish Community Leader*

One physician, however, cited quality issues perceived with local VA facilities.

“There is a difference in the quality of care or the care that is offered at the various VA facilities. For example, they don’t have any specialist to deal with acute cardiology problems.” — *Rapides Parish Physician*

“In some parishes, the Foundation helped set up walk-in clinics for the working poor - those people who fall through the cracks. I think we could really benefit from a neighborhood-type of free clinic, even a walk-in clinic for people who have insurance to alleviate people going to the ER for something minor when the doctor cannot see you.” — *Winn Parish Key Informant*

“We have easy access to the hospitals in the area and also have one hospital in town.” — *Vernon Parish Key Informant*

“We have one parish school nurse whose time is divided among all of the schools. Our dream would be to have one school nurse in each school campus. Her salary is prorated between federal funds under Title IV and the school’s funds. We really would like more funding so that we could pursue more programs for our schools.” — *Catahoula Parish Key Informant*

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Additional comments by parish:

Allen Parish

“For a long time, rural health clinics were a very popular trend in the health care field. A lot of the hospitals would have satellite clinics funded by the federal government. They were everywhere, and now they are gone. We miss our country doctor. Now you have to come to Oakdale for medical care. I think a mobile medical unit would be a start to help with health screenings and other non-emergency procedures.” – *Allen Parish Key Informant*

“We miss that country doctor who helped raise four or five generations. Now you ask a kid in our school, 'Who is your family doctor?' and they will tell you, 'Whatever doctor we can get in to see.' We would like our clinics back.” – *Allen Parish Key Informant*

Avoyelles Parish

“We need someplace for our discharged indigent patients to continue to get the care they need. At the ER, we will take care of whoever comes in, but the problem is when these people are released, there is nobody to take care of them. We struggle to try to find facilities or services for those who can't pay. They really need the help.” – *Avoyelles Parish Key Informant*

Concordia Parish

We have a health care facility, which most parishes in Louisiana would beg for. We have good people and great outdoors. Our churches are very involved in the community.” – *Concordia Parish Key Informant*

“I have a real passion to see a drug and alcohol rehabilitation center here, because we used to have a detox center about 5 or 6 years ago, but it closed down. We have a great need for one where we can bring people in and get them off drugs and alcohol.” – *Concordia Parish Key Informant*

Catahoula Parish

“I think we are fortunate enough that we do have a nice health clinic and dental office, which just recently opened up. Also, my mother-in-law, who is an elderly person, has gone to a facility just for the elderly - I am not sure what it is called - so it is nice to have some medical facilities that are nearby.” – *Catahoula Parish Key Informant*

“We need a hospital in this parish. We have two private physicians in Jonesville who have been here for years. We need primary care and family practice physicians for this area, but we also need the specialists to refer patients for services.” – *Catahoula Parish Key Informant*

“I have a question, because it seems that the medical center is on top of a lot of these health problems, but what about the other medical facilities in the parish? Even the people here in Jonesville who may not go to the medical center, are they aware of these programs dealing with diabetes and other health concerns? If people go to other doctors in the parish, are they aware of these programs, and can they refer their patients to take advantage of these classes?” – *Catahoula Parish Key Informant*

“To answer your question, I am quite sure that they do. It is only 22 to 25 miles from anywhere in the parish to drive to Jonesville - about 30 minutes - so it is a little drive to get these services. A lot of the private doctors know what is available at the medical center.” – *Catahoula Parish Key Informant*

Evangeline Parish

“This is a small community, and a lot of our major medical services like open-heart surgery, head trauma and cardiology have to be treated out of this area. This causes a hardship on the families of the patient who have to travel to Alexandria, Lafayette or Lake Charles to be with their loved ones.” – *Evangeline Parish Key Informant*

Grant Parish

“One of the problems that this parish has is the lack of stability of our physicians. It takes a long time for older country folks to gain some trust and confidence in their medical providers, and in the last 20 years, we have gone through seven. By the time somebody gets to understand what their doctors is saying and trying to do with their health care, they are gone, and a new doctor takes over. I think a lot of doctors don’t like to treat older patients. I think we need some type of mid-level health care provider who can take care of our elderly population. I don’t think this parish can afford more doctors; but we may have enough money to afford some other kind of health care provider. We need a stable medical provider in this community.” – *Grant Parish Key Informant*

“I heard of Dr. Rogers, who actually does house calls in this parish. There is a dear old lady who is very special, and he made a house call, and she couldn’t stop talking about this nice doctor who thought enough of her to stop by her house. We need more of this type of service from our health care providers. Dr Rogers made one lady very happy, and he also called the next day to see how she was doing.” – *Grant Parish Key Informant*

LaSalle Parish

“The rural areas need health clinics or better access to the health care services in town.” – *LaSalle Parish Key Informant*

“We don’t have a OB/GYN physician in the parish, so our moms have to go to Alexandria or Monroe to deliver the babies.” – *LaSalle Parish Key Informant*

Natchitoches Parish

“I think we need more health care facilities out in the rural areas in the parish. Some of the outlying areas don’t have easy access to health care, and if they don’t have transportation, they can’t get to Natchitoches.” – *Natchitoches Parish Key Informant*

Vernon Parish

“We need more medical specialists for kids, like cancer treatment facilities.” – *Vernon Parish Key Informant*

“We used to have a dialysis center, but it is no longer here, so our patients have to go somewhere else for care, and that creates a hardship for some people.” – *Vernon Parish Key Informant*

“When we have children who need special educational or counseling services and they still need to be in school, they have to go to places like Alexandria or Lake Charles and be away from their families.” – *Vernon Parish Key Informant*

Winn Parish

“In our parish, we have a fantastic health care facility in our hospital and some forward- and progressive-thinking and excellent leadership, which is a real plus for our community. We also have two homes for the elderly, and we are probably going to have in a few months a state-of-the-art nursing home, which is under construction at this time.” – *Winn Parish Key Informant*

CRIME & HOUSING ISSUES

Crime

Index Crime Rates

The following chart outlines rates for reported FBI Index Crimes in the 11 parishes comprising the Rapides Foundation Service Area, as well as in Louisiana.

- **For violent crimes (murder, rape, robbery and aggravated assault/battery):**
 - Only Avoyelles Parish reported an overall violent crime index rate higher than the state.
 - Allen, Avoyelles and Natchitoches Parishes reported higher rates than the state for aggravated assaults.
 - Avoyelles and Rapides Parishes reported higher rates than the state for forcible rapes.
- **For property (non-violent) crimes (burglary, motor vehicle theft, larceny-theft):**
 - Only Rapides Parish reported an overall property crime index rate higher than the state.

Reported FBI Index Crimes 1996-98

Crime Rates per 100,000 Population

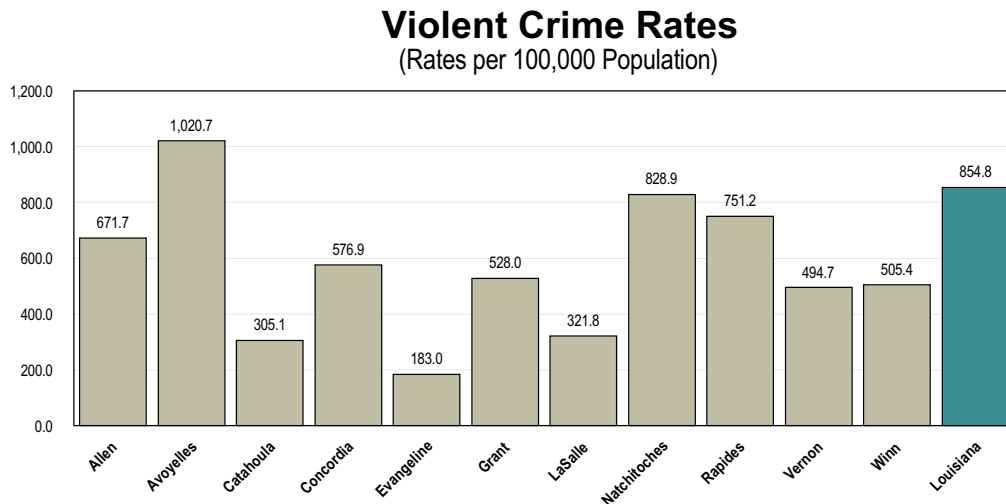
	Allen	Avoyelles	Catahoula	Concordia	Evangeline	Grant	La Salle	Natchitoches	Rapides	Vernon	Winn	LA
VIOLENT CRIMES	671.7	1,020.7	305.1	576.9	183.0	528.0	321.8	828.9	751.2	494.7	505.4	854.8
Homicide	9.0	9.9	24.4	14.6	8.7	9.2	2.8	6.2	8.1	11.9	0.0	15.3
Forcible Rape	16.2	61.3	0.0	31.0	8.7	18.3	30.3	36.4	43.5	16.3	7.1	39.9
Robbery	27.0	73.2	0.0	38.3	11.9	12.8	11.0	170.6	183.6	29.4	14.2	237.9
Aggravated Assault	619.5	876.3	280.7	492.9	153.8	487.6	277.8	615.7	516.1	437.1	484.1	561.7
PROPERTY CRIMES	2,090.9	2,868.3	2,343.5	2,871.6	1,522.5	2,641.7	998.5	5,251.5	5,980.6	2,368.8	1,434.4	5,607.3
Burglary	443.0	542.0	976.4	648.1	297.8	825.0	321.8	1,397.5	1,739.0	431.4	409.3	1,235.7
Larceny Theft	1,541.6	2,231.3	1,318.2	2,114.0	1,182.5	1,743.4	640.9	3,719.0	3,926.1	1,869.7	971.7	3,778.5
Motor Vehicle Theft	106.3	94.9	48.8	109.5	42.2	73.3	35.8	135.0	315.5	67.6	53.4	593.1
TOTAL CRIME INDEX	2,762.6	3,889.0	2,648.6	3,448.5	1,705.5	3,169.7	1,320.4	6,080.4	6,731.9	2,863.4	1,939.8	6,462.1

Source: Crime in the United States, 2000, Uniform Crime Reports/Louisiana Commission on Law Enforcement.

Note: Rates are per 100,000 population. Includes only agencies reporting.

Violent Crime Rate Trends

- As noted, Avoyelles Parish experienced a particularly high violent crime rate between 1996 and 1998.



Source: Crime in the United States, Uniform Crime Reports (1993-2000)/Louisiana Commission on Law Enforcement.

Notes: 1. Rates are per 100,000 population. Includes only agencies reporting.

2. Violent crime includes homicide, forcible rape, robbery, and aggravated assault.

Community Health Panel Findings*

Focus group participants were concerned with violent crime in the area, both from a public health and quality of life perspective.

“I think there is a lot of violence. I see a lot of them in the ER, and I have patients who have been paralyzed from a gunshot. Guns are easy to get. You can get one at any pawn shop.” — *Rapides Parish Physician*

“I believe Alexandria has one of the highest violent crime rates. We have the highest murder rate.” — *Rapides Parish Physician*

“There is more crime in this city than the average citizen knows about because it never gets in the news media. So everybody thinks that the crime rate has improved. What we mostly have are drug cases, possession - that type of crime.” — *Rapides Parish Community Leader*

“About 10 years ago, we used to have a lot of burglaries, but now the majority of the crimes are drug-related.” – *Evangeline Parish Key Informant*

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“The law says you must be notified of any sexual offender who is moving into your area. I got a card the other day with a picture and everything about a person who moved across the highway and in another subdivision from my home who was a convicted sex offender.” – *Evangeline Parish Key Informant*

“We actually have gangs here. Everyone in here can pick a gang member for you. We had some stabbing and parents fighting, and then children just brought that fight over to the school.” – *Grant Parish Key Informant*

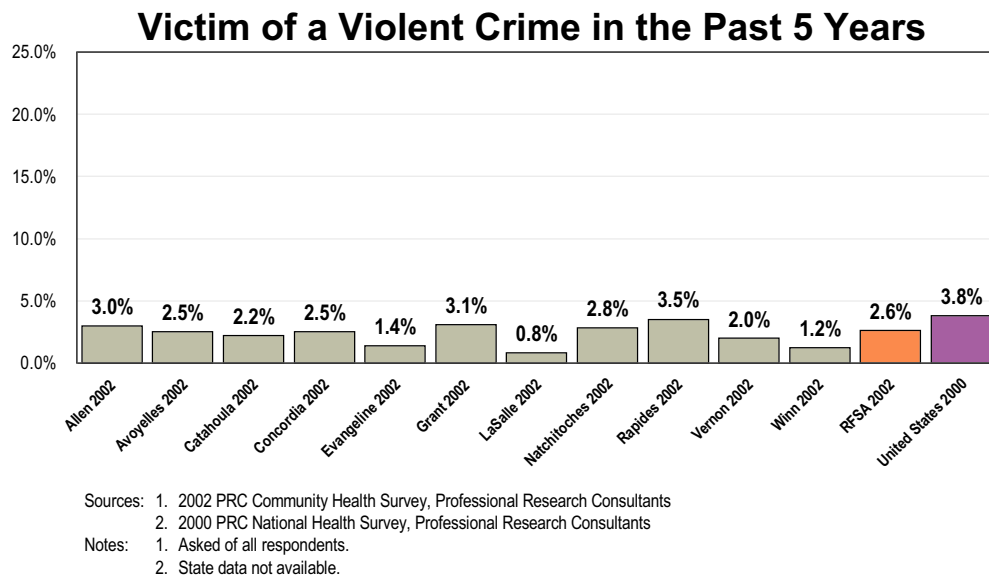
“I think that the average person is not afraid to walk the streets at night, but I am not sure they would do it at 3 a.m. Most of our crime is drug-related.” – *Grant Parish Key Informant*

“We don’t have any way to refer somebody who has been raped. We get quite a few calls for this service, and the only outreach we can offer is in Shreveport. They have to go there for treatment because the services won’t come here. The victim has to travel 70 miles one way to get help.” – *Natchitoches Parish Key Informant*

“We have lots of problems with our children after they leave the school. Some children who walk home from our schools fear for their lives. I have this little boy who goes home every afternoon, and there are kids waiting for him underneath the porch from a neighbor’s house. The kids just want to beat him up every afternoon. The parents are not around - they don’t get off work until 5 p.m. - so the kids are all alone. I think after-school programs are the key to keep these kids safe.” – *Winn Parish Key Informant*

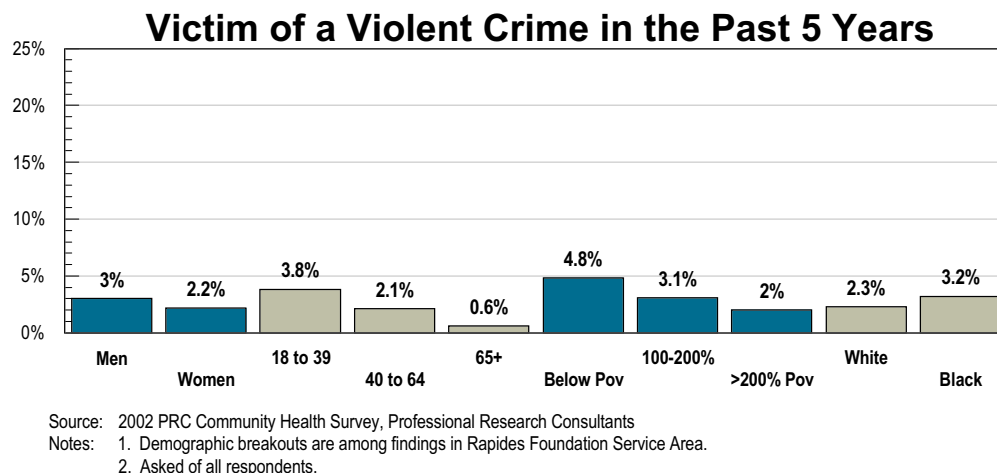
Victimization

- **2.6% of Rapides Foundation Service Area adults report having been the victim of a violent crime in the area in the past five years.**
 - Similar to national findings.



In the Rapides Foundation Service Area, violent crime victimization is higher among:

- Those living at lower incomes.
- Young adults.



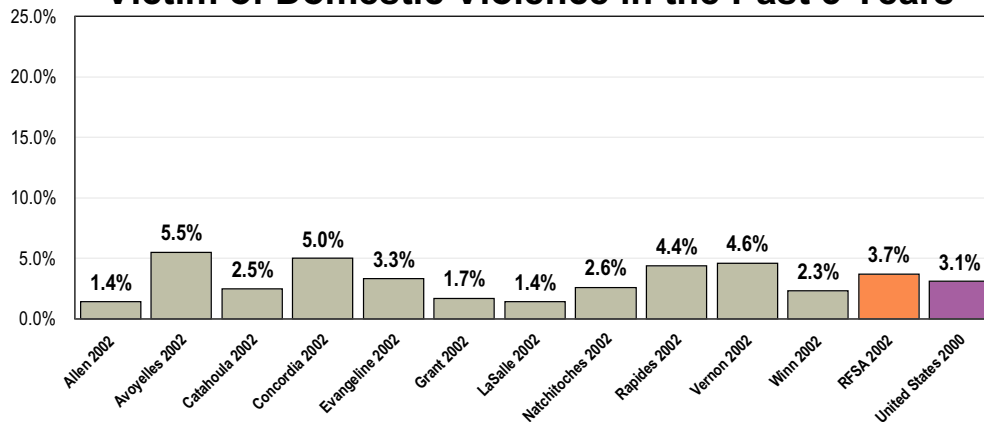
Family Violence

Family violence is a serious problem which has recently received greater recognition. However, the true extent of family violence is difficult to ascertain.

Domestic Violence

- **3.7% of Rapides Foundation Service Area adults acknowledge that they have been the victim of domestic abuse in the past five years.**
 - Similar to national findings.
 - Reports are higher (over 4%) among respondents in Avoyelles, Concordia, Rapides and Vernon Parishes.

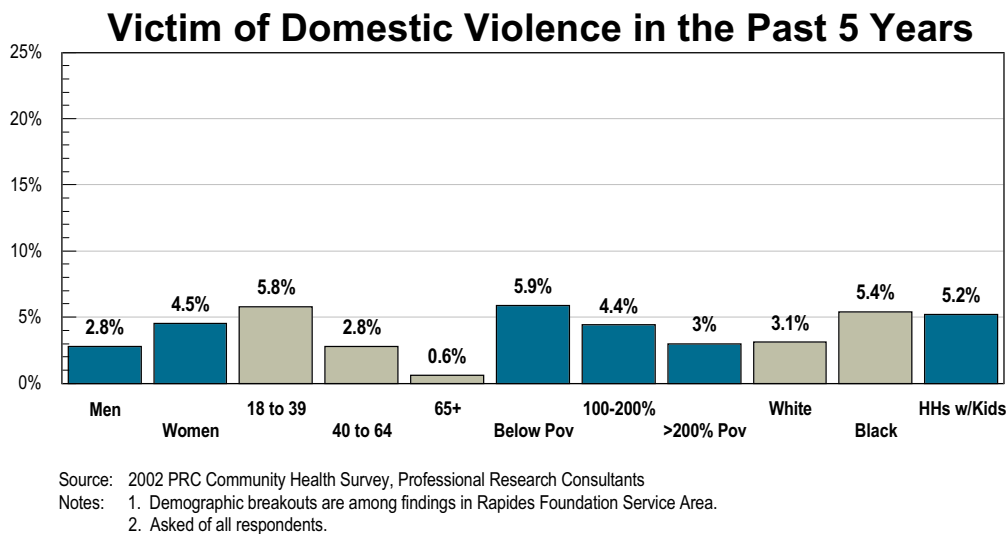
Victim of Domestic Violence in the Past 5 Years



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2000 PRC National Health Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

In the Rapides Foundation Service Area, domestic violence victimization is more often reported among:

- Black respondents.
- Persons living at lower income levels.
- Young adults.



Community Health Panel Findings*

Family violence was an issue discussed in the community health panels, including domestic violence, and elder and child abuse/neglect.

“I see a fair number of domestic violence situations. I think we do have one woman’s shelter in town, Turning Point.” — *Rapides Parish Physician*

“We have had cases with women actually being killed by their spouses recently. I think sometimes when the unemployment rate goes up, the domestic violence cases go up, also. More stress at home, and the violence starts.” — *Rapides Parish Community Leader*

“We need a lot of anger management classes for adults. They are angry with their spouse, kids and themselves and they don’t know what to do about this anger before it gets to the point of domestic abuse. We have a parent that wanted this class, but it was going to cost him \$50 a session, so we decided to pay it because it is affecting his child and he wanted to attend. We told him if he didn’t go to the classes, he would have to

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pay us back. You have to get the client to own some of the cost. We found that if they pay \$3 to \$5, people will come more often, and it helps us pay for the refreshments because we have a grant for the classes.” — *Rapides Parish Allied Health/Social Service Provider*

“We are seeing it and not diagnosing it. For lack of a better word than violence, maybe ‘elder abuse or neglect.’ Some of the elderly people who come into the ER have not shaved, fed or taken a bath. To me, this is abuse. The young person who may bring them in has a nice set of clothes and a nice car waiting outside, but the patient is neglected.” — *Rapides Parish Physician*

“I feel that we are seeing an increase in child abuse, or else it is being reported more. Cases reported to the schools show an increase of child abuse. Last night, I got a call from an irate parent because we had questioned her child regarding abuse. This is a pretty common call from parents. There is really no telling how many more cases are not reported.” — *Rapides Parish Community Leader*

Comments regarding child abuse in parishes outside Rapides Parish:

“One of the areas we need to fund is the court-appointed program for abused children, sexually and physically abused. I know that there is an office in Alexandria, but the money is not shared with this parish. We need funding badly.” – *Avoyelles Parish Key Informant*

“We have over 100 children in foster care, and if there is any sexual abuse, all cases have to go to the Rapides Parish. The children’s advocacy program will interview them and offer counseling, but all services are done there and not locally. With as many foster children as we have, we need some services locally.” – *Avoyelles Parish Key Informant*

“I don’t think the cases of child abuse have increased; it is just getting more publicity, so it makes it seem like there is a lot of cases. It is mandatory now that all cases are published in the newspaper.” – *Evangeline Parish Key Informant*

“We see a lot of child and sexual abuse, also emotional abuse in the home due to economic problems and isolation. It is very common in this area, and I don’t think people take it as seriously as they should. It is the dysfunction in the home that causes a lot of the problems.” – *Natchitoches Parish Key Informant*

Other family violence comments:

“We have a house here to help women who have been abused. I think we are just beginning to realize the depth of this problem. Now people are more willing to admit and realize that his problem exists. It used to be something hidden that no one talked about.” – *Evangeline Parish Key Informant*

“We just started a women’s shelter in this parish. The shelter is for both women and kids. We have always had counselors who help women get into the shelters outside of the parish, but now the shelter has an office here, and we don’t have to send out outside of the parish.” – *Allen Parish Key Informant*

“We need a home for adults who are victims of abuse, like a transitional house. Now they have to go to Alexandria or to Monroe for services.” – *LaSalle Parish Key Informant*

“We have our fair share of domestic violence, and we have to send the people out of the parish because we don’t have a place here to send the spouse and keep them safe.” – *LaSalle Parish Key Informant*

“I would like to see a better training program among law enforcement on how to deal with domestic violence disputes. I wish they would make a bigger effort to try to work with the families.” – *Natchitoches Parish Key Informant*

“We don’t have a battered women’s shelter in this area. I work in this area, and seeing our statistics, it is needed. The closest place is Shreveport and Manning.” – *Natchitoches Parish Key Informant*

“I think we need a detention center or a shelter for men. Generally, if there is an abusive situation, the man may feel that this is his house, he is paying for it, and if anybody is going to leave, it should be his family. That is when the anger, the rage and the violence starts. When he is feeling like this and before he gets violent, there is no place for him to go except jail. I really think a preventive program of this kinds is very important for this community to consider.” – *Allen Parish Key Informant*

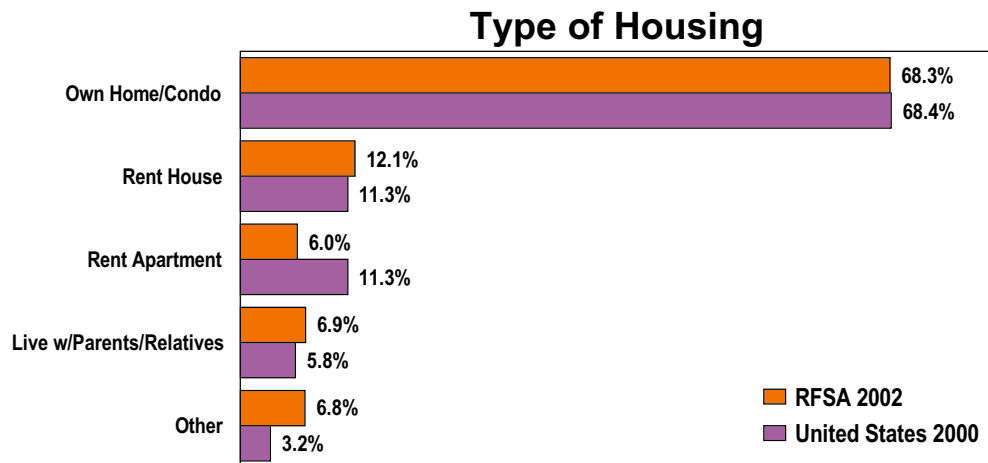
“People don’t know where to call if they suspect elderly abuse. We hear comments like, ‘My brother got the check and didn’t buy my mom’s medicine, so now she is not taking the medicine, and we don’t know what to do about it.’” – *Evangeline Parish Key Informant*

“It is not so much physical abuse of the elderly as neglect by family members.” – *Evangeline Parish Key Informant*

Housing

Type of Housing

- **68.3% of Rapides Foundation Service Area adults participating in the survey report that they own their own home or condo.**
 - This distribution is nearly identical to that seen nationwide.
- **18.1% rent a house (12.1%) or apartment (6.0%).**
 - In comparison to national findings, a smaller share of Rapides Foundation Service Area adults rent apartments.
- **6.9% live with parents or relatives.**

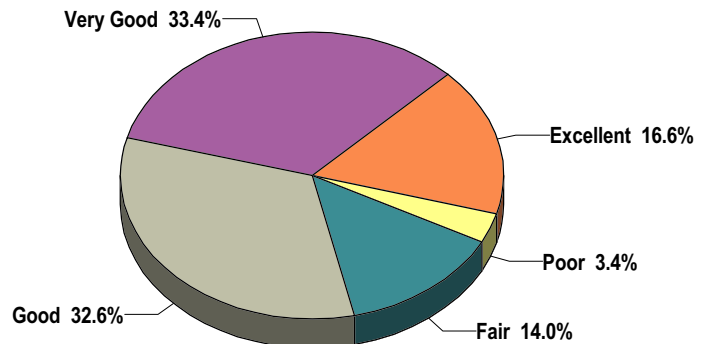


Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2001 PRC National Quality of Life Survey, Professional Research Consultants
Note: Asked of all respondents.

Housing Condition

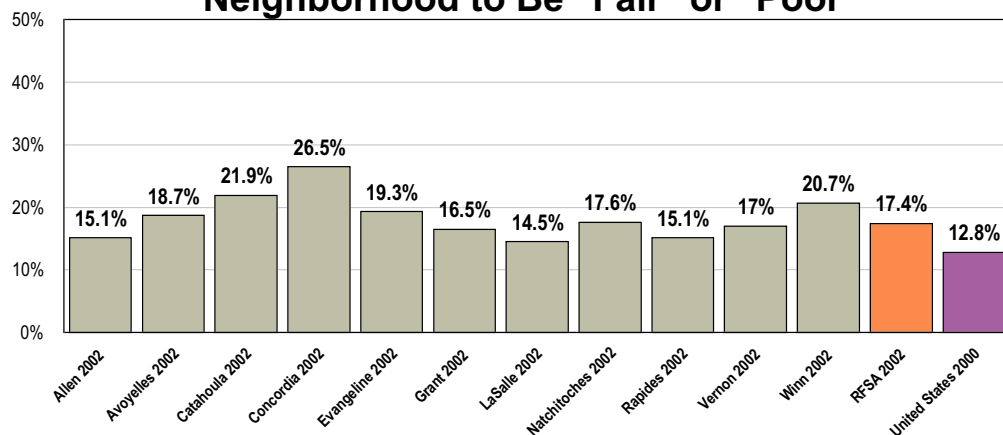
- **50.0% of Rapides Foundation Service Area adults rate the condition of homes in their neighborhoods as “excellent” or “very good.”**
- **32.6% rate the condition of neighborhood homes as “good.”**
- **17.4% rate the condition of neighborhood homes as “fair” or “poor.”**
 - Less favorable than national findings (12.8%).
 - “Fair/poor” responses are highest (over 20%) in Catahoula, Concordia and Winn Parishes.

Rating of Condition of Homes in Neighborhood
(Rapides Foundation Service Area)



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

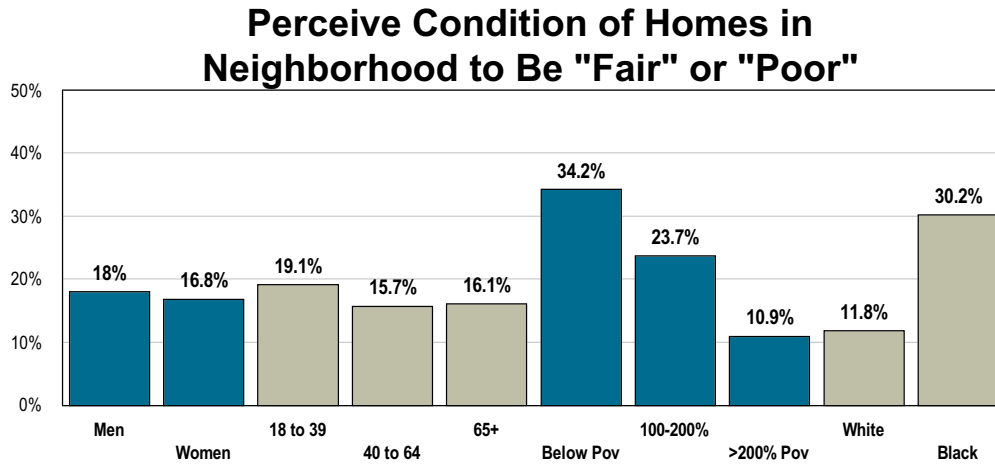
Perceive Condition of Homes in Neighborhood to Be "Fair" or "Poor"



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2001 PRC National Quality of Life Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

Those giving particularly high “fair/poor” ratings of the condition of homes in their neighborhoods:

- Persons living below poverty.
- Black respondents.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.

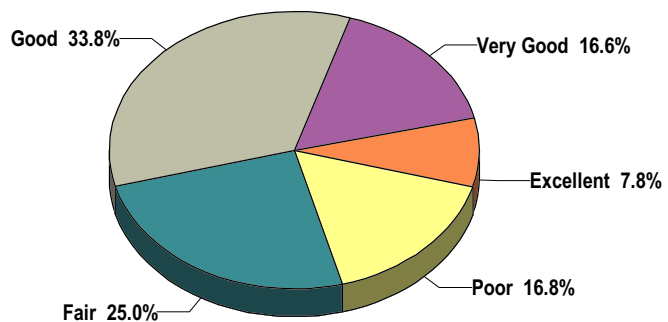
2. Asked of all respondents.

3. Percentages represent combined "fair" and "poor" responses.

Perceived Affordability of Local Housing

- **24.4% of Rapides Foundation Service Area adults rate the availability of affordable housing in the area as “excellent” or “very good.”**
- **33.8% rate the availability of affordable housing as “good.”**

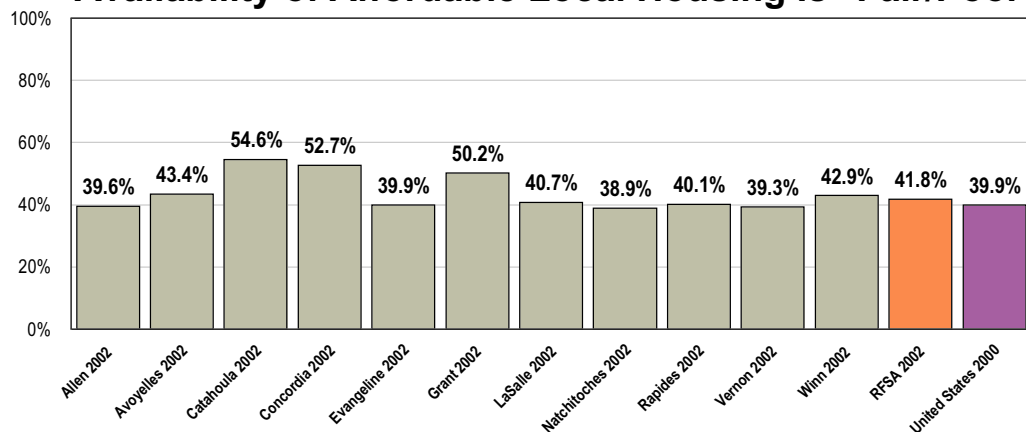
Rating of Availability of Affordable Local Housing
(Rapides Foundation Service Area)



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

- **41.8% of Rapides Foundation Service Area adults rate the availability of affordable housing in the area as “fair” or “poor.”**
 - Similar to responses nationwide.
 - Highest (over 50%) in Catahoula, Concordia and Grant Parishes.

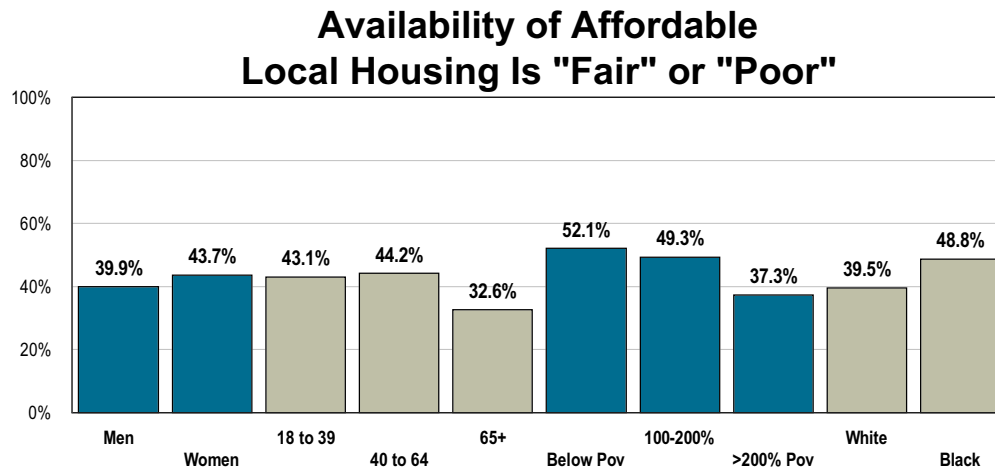
Availability of Affordable Local Housing Is "Fair/Poor"



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
2. 2001 PRC National Quality of Life Survey, Professional Research Consultants
Notes: 1. Asked of all respondents.
2. State data not available.

Those giving higher “fair/poor” ratings of the availability of affordable local housing:

- Persons living at lower incomes.
- Black respondents.
- Adults under the age of 65.



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.
2. Asked of all respondents.
3. Percentages represent combined "fair" and "poor" responses.

Community Health Panel Findings*

Comments in Catahoula Parish:

“We have an environmental concern here in this parish, and that is our sewer system. In the rural areas, it is beginning to become a problem with private homeowners on waste disposal or sanitation of the area. It seems that the old septic systems are not adequate, and it is becoming a health issue.” – *Catahoula Parish Key Informant*

“We need decent and adequate housing in this community. I don’t necessarily mean private homes, but an expansion in apartments or small houses that meet the construction standards. Some of the affordable housing being built doesn’t meet some of the standards.” – *Catahoula Parish Key Informant*

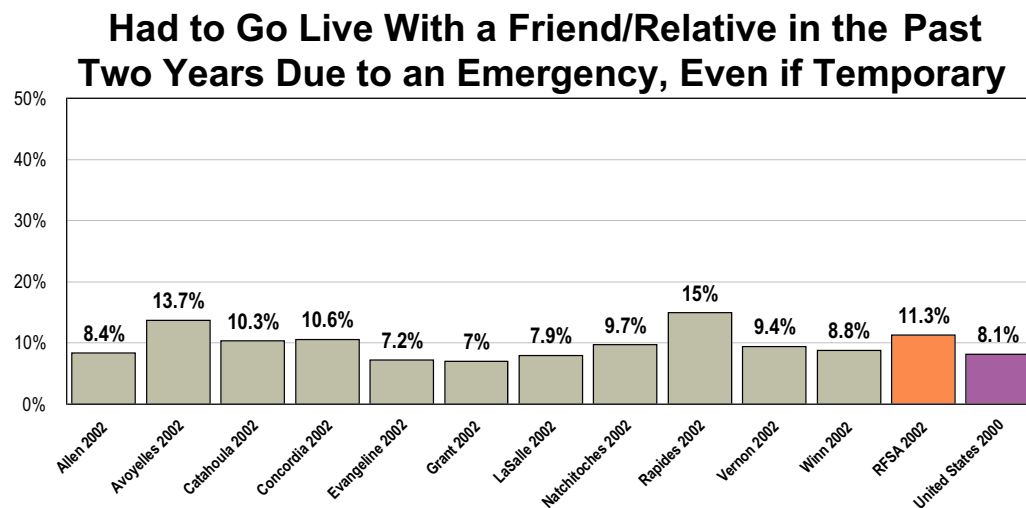
“We do have some homeless children in our parish. We also have two families living in the same household because they can’t afford their own home. We work with the schools to identify these children so we can provide them with school materials and uniforms so they are able to go to school.” – *Catahoula Parish Key Informant*

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

“We also have children who move around a lot between parents and grandparents, which is another type of homeless situation. I think it is neglect, because the child has a very unstable home environment. It is very difficult for a child to do well in school if they are moving from place to place every other month.” – *Catahoula Parish Key Informant*

Housing Displacement

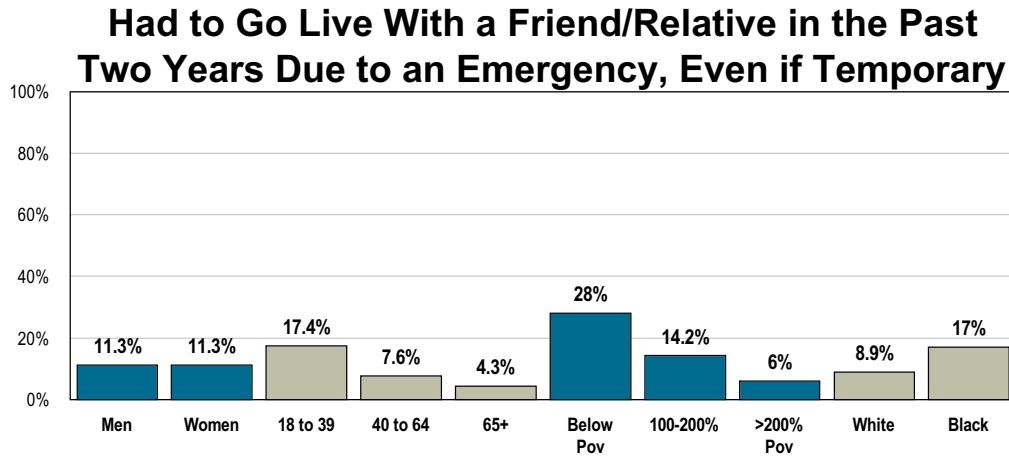
- **11.3% of Rapides Foundation Service Area adults report that there has been a time in the past two years when they had to live with a friend or relative, even if only temporarily, because of an emergency. This represents about 33,000 households in the Rapides Foundation Service Area.**
 - Significantly higher than found nationwide (8.1%).
 - Most prevalent in Avoyelles (13.7%) and Rapides (15.0%) Parishes.



Sources: 1. 2002 PRC Community Health Survey, Professional Research Consultants
 2. 2001 PRC National Quality of Life Survey, Professional Research Consultants
 Notes: 1. Asked of all respondents.
 2. State data not available.

Those more often having had to live with a friend/relative in the past two years:

- Persons living below the poverty threshold (28.0%).
- Black respondents.
- Young adults.



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.
2. Asked of all respondents.

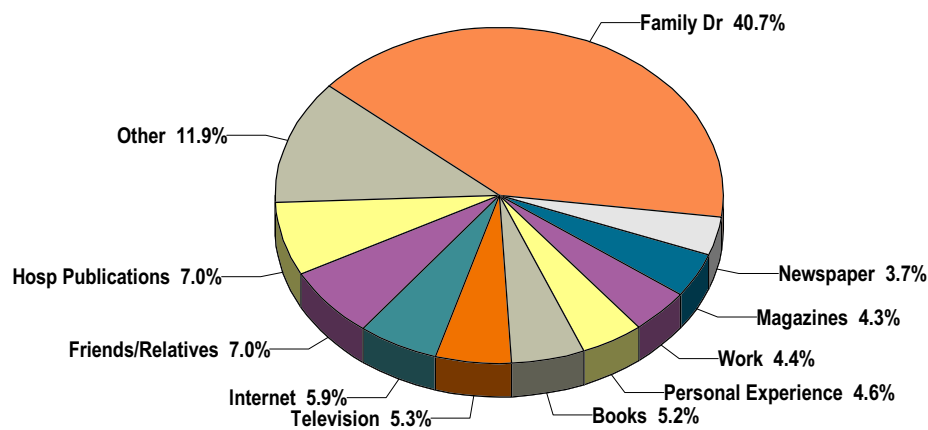
HEALTH EDUCATION & OUTREACH

Health Education Services

Sources of Health Care Information

- **40.7% of Rapides Foundation Service Area adults get most of their health care information from their *family physician*.**
- **Other identified primary sources of health care information (each mentioned by approximately 5%-7% of respondents) include: *friends/relatives, hospital publications, the Internet, television and books*.**

Primary Source of Health Care Information
(Rapides Foundation Service Area)



Source: 2002 PRC Community Health Survey, Professional Research Consultants
Note: Asked of all respondents.

Community Health Panel Findings*

Allen Parish

“We need better communication of all of the services we have here. I have been here for six months, and I am finally getting to know what those services are.” – *Allen Parish Key Informant*

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“How many people are aware of all the services? The thing about awareness is that it takes time for awareness to grow. They may hear the information and store it away until they hear about somebody having a problem, and then they will use the information they received maybe months ago. It takes time. It is going to take at least a year from the time the bus service started to really get people using it and talking about it.” – *Allen Parish Key Informant*

“It sounds to me that what this parish needs is a center of information, a one-stop place somewhere, and have all of this information gathered and then distributed to the rest of the people. It seems to me that everybody is doing something here and there and that we need a central area to get the information out.” – *Allen Parish Key Informant*

“We are attempting to put together a resource center for the Council on Aging. Since we have an 800 number parishwide, we thought it would be a good idea to gather the data of what each agency did and use the 800 number to give out information on all of the services.” – *Allen Parish Key Informant*

“The idea of a central data bank is to provide information to people for their benefit. Hopefully, when they see something that interests them, they should be able to pick it up. The information has to be easily accessible and the contents easy to understand, explaining all the services that are provided and available.” – *Allen Parish Key Informant*

Avoyelles Parish

“I heard from a lot of people that they are not aware of what services we have available here. We have tons of services from infants to seniors, but they are not properly advertised. We need to publish some type of brochure to help the people learn where to go when they are in need of some service. I think it would be a fantastic tool to have in all of the agencies also so they can hand them out when people come in asking questions.” – *Avoyelles Parish Key Informant*

“We do have a Guide of Human Services published by the United Way in all of our schools. It is very current; it came out at the end of last year. There are a lot of services that are not listed because the agency did not respond to the request to be included in the directory. Some of the places did not get involved due to a lack of interest.” – *Avoyelles Parish Key Informant*

“It is on the United Way website, and anyone who wants a copy can call the United Way and they will mail you a copy. You have to ask for it. I think it is being underutilized right now.” – *Avoyelles Parish Key Informant*

“The directory from the United Way has services listed by parish. The newspapers advertised it, and anyone who wanted to submit information about their services was invited to send in the information.” – *Avoyelles Parish Key Informant*

“It seems like here you have to get into people’s faces to get their attention. Maybe radio ads and local testimonials would help make the people aware of all of these services.” – *Avoyelles Parish Key Informant*

Catahoula Parish

“I think that one of the problems here is that we don’t really know what is available in this parish. I don’t have any idea what type of services we have or what agencies we could go to for services.” – *Catahoula Parish Key Informant*

“A good education campaign has to be advertised through the TV - everybody watches television; also through the churches, because people do go to church.” – *Catahoula Parish Key Informant*

“I don’t think we need to use both methods of advertisement, because if we start talking about abstinence programs, this will be the only program the churches would be interested in. The other information can be provided through local individuals who would want to be involved because of the type of program.” – *Catahoula Parish Key Informant*

“This parish is not in the directory of services sponsored by the United Way. A lot of the local agencies did not receive the information, so we are not part of that service.” – *Catahoula Parish Key Informant*

Concordia Parish

“We need to advertise through the churches. In the churches, we have community services, and we can always have the minister read health-related articles to the congregation. The ministers can let the people know what events are going on in the parish.” – *Concordia Parish Key Informant*

“We also need to advertise on the TV and the radio. People do watch television, and most of them also listen to the local radio stations. Also, in housing projects where we have a lot of people living with a lot of children, we could get in touch with the office where they go to pay the rent and have brochures available for them to pick up.” – *Concordia Parish Key Informant*

Evangeline Parish

“The Chamber has brochures of all of our services. Also, Ville Platte Medical has a directory, but it needs updating. It is about 5 years old.” – *Evangeline Parish Key Informant*

“The United Way directory in their website needs to be advertised more. I am aware of it, but a lot of people aren’t.” – *Evangeline Parish Key Informant*

Grant Parish

“We had a directory of services about three years ago. The library has a copy of it.” – *Grant Parish Key Informant*

“I live in this parish, and until a year and half ago, I had no idea that there was a doctor in Colfax.” – *Grant Parish Key Informant*

“We have done a lot of advertising of all of the services available in this parish through the last 10 years. All people have to do is to read the Chronicle to be aware of the services that are available.” – *Grant Parish Key Informant*

“We have also done open houses, and we can’t get our public officials to even attend. Our clinic didn’t stay open half the time until Dr. Rogers came here. Before that, if you had to see the doctor, you never knew if he was in or not. So we had a credibility problem in our clinic for about two years. Now we hope we have corrected that problem. It is very hard to get a doctor to come to rural Grant Parish.” – *Grant Parish Key Informant*

LaSalle Parish

“The Workforce Investment Board is working on a parish directory, which would list all the agencies and services.” – *LaSalle Parish Key Informant*

“I know that the United Way has some kind of directory online.” – *LaSalle Parish Key Informant*

Natchitoches Parish

“I think one of the problems is that all of our services are not well-advertised. Just sitting around this table and talking, we are finding out about services we didn’t know we had. It seems we need a communication blast that would advertise all of our services and would tell people how to access them.” – *Natchitoches Parish Key Informant*

“One of our problems is that we lack advertising the services that we do have. If you need something, you have to find out from somebody who knows what is available.” – *Natchitoches Parish Key Informant*

“We need to educate the people in this parish on the agencies that we have and all of the services that we do provide. I think money is preventing us from advertising our services.” – *Natchitoches Parish Key Informant*

Vernon Parish

“We need better communication in the rural areas about what health programs are available.” – *Vernon Parish Key Informant*

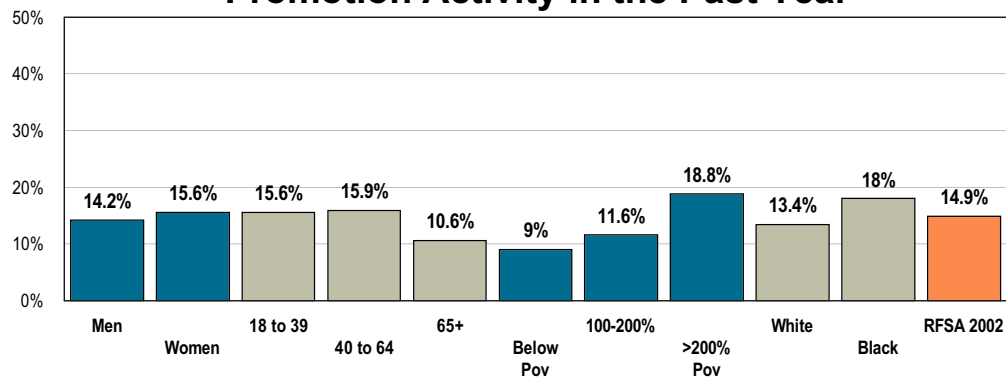
“I know that the Health Department is cutting back on their services. It makes it hard for us who work in health care in the military base because we can’t help the community, but we depend on the Health Department to maintain and deliver quality of health care in this area.” – *Vernon Parish Key Informant*

“We have been trying for the last six months to locate health data about Vernon Parish. A lot of things are recorded through public health, but there are so many things that are not recorded, so we are trying to find a good tool to enable us to look at specific health problems and where they are in this parish. Maybe we can look to the Foundation after this report is done to help us in developing this kind of tool.” – *Vernon Parish Key Informant*

Health Promotion Activities

- **14.9% of Rapides Foundation Service Area adults have participated in a health promotion activity (e.g., a health fair, health screening, or seminar) in the past year.**
 - Higher among Blacks and those living at higher income levels.

Participated in a Health Promotion Activity in the Past Year



Source: 2002 PRC Community Health Survey, Professional Research Consultants

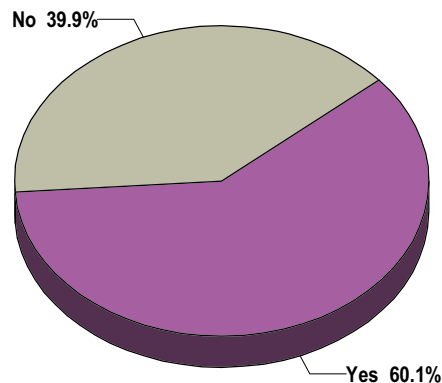
Notes: 1. Demographic breakouts are among findings in Rapides Foundation Service Area.

2. Asked of all respondents.

3. Percentages represent "yes" responses.

- **60.1% of the health promotion activities in which respondents participated were offered through employers.**

Health Promotion Activity Was Offered by Employer (Among Those Participating in Activities in the Past Year; RFSA)



Source: 2002 PRC Community Health Survey, Professional Research Consultants

Note: Asked of respondents who participated in a health promotion activity in the past year.

Health Education & Promotion

Community Health Panel Findings*

Focus group participants stressed the importance in education people to maintain healthy lifestyles and better manage their own health.

“I think we need to involve patients in being proactive about their health care needs. They need to understand that the disease process is not dependent on one major thing. Education is the key in this area. The patient has to be proactive in understanding a lot of the things that can and will happen if they don’t take care of the problem early on in the process.” — *Rapides Parish Physician*

“People come into the ER for a diabetic shot. The last time they had been in the ER was two years ago when they needed a diabetic shot. People don’t understand the necessity for ongoing management of the disease process. Education is the key area that needs to be expanded in this community.” — *Rapides Parish Physician*

“I think that when you are trying to reach the community, you have to think what is it that motivates them to change their behavior. I saw a lady yesterday that uses a lot of her money to buy beer. Now she got into cows, so she has to have money to buy feed for the cows, so now she is not drinking beer. It opened my eyes that if you can find the right motivation, it can help people make the right health choices.” — *Rapides Parish Physician*

“There is a perception out there typically from lower socioeconomic groups and rural areas that if you don’t do something to find out what is wrong with you, then you are going to be OK. I deal with oncology, so I see this a lot. I see women who don’t get mammograms because they don’t trust or want to hear the results. There are not enough educational programs that address this problem. It gets to be a cultural issue among a large portion of the population that believes preventive medicine is just not worth the cost.” — *Rapides Parish Physician*

“When I try to get my patients to change their habits like smoking, they always tell me, ‘My granddaddy lived until he was 103, and he smoked two packs a day.’” — *Rapides Parish Physician*

“I think we should start introducing the young people to our health care system. At the junior and high school level, provide counseling and educational services where these kids interact with the health care system at an early age. They can see how minor problems are going to become major health problems later on if they don’t take care of the problem early on. This education can take place at their school, which is a non-threatening setting.” — *Rapides Parish Physician*

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

“Teach the parents on how to be a family. Educate them on nutrition, personal hygiene, exercise, family activities they can do together as a family. Sometimes if we can’t reach the parents, we use the church programs to teach the kids how to take care of themselves and just leave the parents out of it.” — *Rapides Parish Community Leader*

“We need to do a better job in educating our people about alternative therapies like vitamins, herbs and supplements. There is a lot of misinformation out there, and people are using them without realizing how they can interact with each other or with other medicine they may be taking. They come in for surgery and they don’t even know enough to tell us that they are taking these herbs.” — *Rapides Parish Allied Health/Social Service Provider*

“We need to educate our patients so they can speak up when their appointment does not meet the transportation schedule. We had a person who was being discharged from the mental health center because they weren’t keeping their appointments. When we checked, we found that the child psychiatrist went to the mental health center on Thursdays but the Medicaid transportation van went to Winfield on Tuesdays, so the client didn’t have a way to keep the appointment. They need to know that they can speak up if something doesn’t make sense, but they are afraid.” — *Rapides Parish Allied Health/Social Service Provider*

“I think that some of these people have been in the system for so long that they are relying on us to solve their problems, and maybe we need to start teaching them problem-solving and communication skills because they don’t know how to take care of themselves.” — *Rapides Parish Allied Health/Social Service Provider*

“I am thinking we need education for all of our population. A lot of diseases and illnesses could be treated sooner and better if people understood their symptoms earlier and knew what the problem was before it got to be a crisis.” — *Rapides Parish Community Leader*

“I would like to mention that as service providers, we are a community very divided in a lot of our cultural thoughts and practices. I know that we don’t like to discuss it, but race continues to be a huge issue in this area, and this can interfere with a lot of our good deeds. It can interfere with how people learn and how we present ourselves to our clients because I may not know how to address myself to a Black family in a rural community, and that can be a real problem in trying to help them with their needs.” — *Rapides Parish Allied Health/Social Service Provider*

“We have one of the highest illiteracy rates in the country. Businesses come in and sometimes people can’t read and they end up getting hurt. We are not able to attract any big industry to this area.” — *Rapides Parish Community Leader*

“We need to educate the parents first on the importance of reading and getting a good education is for their kids’ future. I remember when we tried to start a reading program; the biggest complaint was from the parents. They didn’t want their kid reading all summer; they had to work first. So it has to start with the parents.” — *Rapides Parish Community Leader*

“I had a different response on the reading program from the parents. We did a summer program, and the response was great. The teachers thought it was excellent. I think the

kids were younger - when you get to high school kids, then the problem starts. Although I was able to get some high school kids to volunteer with the reading program, and they were great.” — *Rapides Parish Community Leader*

“Some of the large employers have a wellness program for their employees. They have, in fact, invited me there to speak on coronary heart disease to their employees. They also offer annual cholesterol testing. I am not sure if any of the other companies do something like this.” — *Rapides Parish Physician*

A large part of education efforts must include simply educating people on the services that currently exist and how to find and access them.

“I think that the general public is not fully aware of all the resources that we do have here. People just don’t know how to access them and how to take advantage of our services. We need to do a better job in publicizing all of our community resources.” — *Rapides Parish Allied Health/Social Service Provider*

“Our organization deals with educational training of parents and children who have emotional and behavior disorders. We have been getting an overflow of calls from different agencies because we have linked parents to the services that they need in the community, and we walk them through those services. We found that not too many people are aware of those services.” — *Rapides Parish Allied Health/Social Service Provider*

“I think we need to educate the community on what is available, and you don’t have to have an office space - the churches are available. I know of one church, St. Matthew’s, Rev. Green. They have a clinic in that church where people from the air base can go one day a week to get medical care. It has been received very well by that community.” — *Rapides Parish Allied Health/Social Service Provider*

“I would like to add a ray of hope in here. I have been in a school-based health center since the beginning and have seen them grow across the state, and I think these kids will learn how to access health care. They have learned that you have to wait or go back to class and come back later; you have to make appointments and schedule time to see someone in the center and you are responsible to be there or come and get your meds in the center. I think we are going to see the change, but it is going to be at least 10 years down the line. We just need more health centers in every school.” — *Rapides Parish Allied Health/Social Service Provider*

“I think that more communities need to have their own outreach service where they can provide activities for the people within their own communities. I know other states have these community-based centers. They have activities that go on all day for all of the residents of the area.” — *Rapides Parish Community Leader*

Reaching youth through school-based health care was also discussed.

“I keep coming back to school-based health care for our children. If we had more of them, we could reach more children and even some adults, too. It has a domino effect when you reach a child. If you can reach the child, they you can start reaching the families, also.” — *Rapides Parish Community Leader*

“The wellness programs need to be really revamped and tailored to the needs of the community. I have seen a large group of people going and walking and exercising. All of a sudden, they are doing something healthy for their weight, blood pressure, diabetes and everything else. I think that improving the health education and providing better jobs for people will improve the overall health of the community.” — *Rapides Parish Physician*

“We have a school-based health center where you can be seen if something is wrong with you, and they really check you out and give you medicine. They have everything in there.” — *Rapides Parish Youth Participant*

“One way to get this attitude change, and we started already, is with the school-based clinics because through the children we can make a difference in the long run. Children will learn and know that they need good health care — it is an excellent program. The only drawback is that kids are coming to school sick because they know they can get medical care there. It is kind of sad, but we go ahead and let them come sick.” — *Rapides Parish Allied Health/Social Service Provider*

Additional comments:

“Our medical insurance covers health screenings, and very few of our employees take advantage of this benefit. They feel they are not sick; there is no reason to go to the doctor. Even though annual checkups are free and health screenings are very economical, they still won’t go. The culture is you go to the doctor when you are sick.” — *Evangeline Parish Key Informant*

“We try to have two health fairs a year in different places to try to reach out to the community, but we have very little participation.” — *Evangeline Parish Key Informant*

“This summer, we are having an intern program for those high school students who are interested in pursuing a career in health care. Students are sending their applications, so they seem to be interested. We are working with the school principals in getting the word out about this program. It is a program out of Alexandria which they are trying to expand into the rural parishes.” — *Catahoula Parish Key Informant*

“I think one thing that the Foundation could do for us is to send a letter asking permission to allow some of us health professionals to teach nursing courses at the Northwestern State University Department of Nursing. They are short of teachers in that department, and we should be qualified to teach pre-nursing students some of those courses.” — *Catahoula Parish Key Informant*

“I would say that the parish hospital has done an excellent job in offering people the opportunity for some type of preventive care. These services are free or at a very reduced fee. The problem is that if parents have to pay and they have more than one child, they may want to use the money somewhere else. They are not too concerned about preventive care.” — *Allen Parish Key Informant*

“The hospital puts on health fairs. We check cholesterol, blood pressure and sugar. Very few people will go to a doctor for a complete physical when they are not sick. Even if the insurance pays for the physical, people won’t take advantage of the benefit. Most people don’t realize that the physical is going to help them long-term. As far as

the low-income or indigent people, well physicals and health screenings are not happening.” – *Allen Parish Key Informant*

“People around here are not going to do health screening. For example, you have a guy who is 35 years old and goes to work at 5 a.m. and works until dark to make ends meet. It is very hard to convince him to pay \$100 to go in and have a complete physical when he has three kids and a wife to support at home, \$100 is a lot of money. If we could offer free health screenings, it would be great. But we are going to have a difficult time to convince somebody whose kids are climbing up and down and acting crazy and appear very healthy to spend \$50 a kid for them to go to the doctor so the doctor can tell them that the kids are healthy.” – *Allen Parish Key Informant*

Additional comments by parish:

Avoyelles Parish

“I would like to see more health fairs where they do all kinds of screenings: blood pressure, cholesterol, blood, prostate and so on. We need to get involved in these type of proactive health screenings.” – *Avoyelles Parish Key Informant*

“It seems that all of our society problems, — poverty, life choices as far as diet, teen pregnancy, obesity, substance abuse — it all comes down to lack of education. Education for the students in the schools, education for the mothers-to-be, education on health screenings and tests for the families — education is the answer, and it is very frustrating because of the lack of funds.” – *Avoyelles Parish Key Informant*

“We need some really aggressive health education programs. Most of the people who come to our ER are in a crisis situation. The doctor tells them, 'You need to change your lifestyle or you are going to die.' And a lot of them don't take this advice seriously. Education plays such a big part in early intervention that once a person is diagnosed, they should be able to do something about it and control their disease.” – *Avoyelles Parish Key Informant*

Concordia Parish

“One thing that might be good here is to offer people monetary incentives to do health screenings. It is going to cost the tax payers money anyway if they don't take care of their health, so we might as well incentivise them to get themselves checked out. We have free screenings at the mall, and people don't take advantage of this service.” – *Concordia Parish Key Informant*

“The medical center will do health fairs here in town and out in the surrounding areas, and they do have little gifts to motivate people to participate. However, it is not well-publicized, and so we don't get good participation. People here don't like to read. They get the information and they look at it and throw it away.” – *Concordia Parish Key Informant*

Evangeline Parish

“Ville Platte Medical has done a tremendous job in trying to get health programs to this community; but I am afraid that people are the way they are because they want to be,

and nothing we can do can change them. In our office, we have someone who is really health-conscious, and I sit next to her and she tells me what I am eating is not good for me. I eat it anyway. I always say I am going to die happy. Nobody is going to change the way I eat, so no matter how much education I get, I am not going to change.” – *Evangeline Parish Key Informant*

“We have doctors and other medical professionals who give talks out in the community once a month.” – *Evangeline Parish Key Informant*

“Any type of health education that we want to do should be done through the radio station. We have one French station in town, KBPI, who a lot of our elderly people listen to because this is still pretty much a French culture.” – *Evangeline Parish Key Informant*

Grant Parish

“We have a lot of low-paying jobs, and there is a lack of education about health issues.” – *Grant Parish Key Informant*

“I think the lack of education in all of these areas is what is hurting all of us the most. We need to teach them preventive methods, like when to see a physician and how to take the medication properly. They will take the medication for two or three days if they get the prescription filled and then stop. I think just routine maintenance on health problems is the big problem.” – *Grant Parish Key Informant*

“I hear a lot of, 'Mama started me on an antibiotic that she had left over from the other day,' and we know that this should not happen. There should not be any antibiotic left over. It is lack of education.” – *Grant Parish Key Informant*

“We see a lot of kids who are labeled ADHD, and it is really poor parenting. Parents want their kids labeled in order to excuse them from seeing that their child gets their work done or is paying attention in class. It is very discouraging as an educator to see this type of thing happening and not being able to do something about it. I have a hearing-impaired child, and the mother can't afford hearing aides. It is an endless battle. I was excited to be able to participate in this group.” – *Grant Parish Key Informant*

“If we want to break the cycle, we need to start educating the kids. If we educate the children, then maybe when they grow up, they would be prepared on how to maintain a healthy lifestyle.” – *Grant Parish Key Informant*

“There is a governor's program on abstinence that appears to be well-received in some areas. I am not sure where we are in implementing it here.” – *Grant Parish Key Informant*

“You get two reactions when it comes to sex education. One reaction from the parents is, 'That is my business. I take care of my children, and don't you tell my children anything about sex.' The other group is, 'We don't care if they know it or not. They are just going to learn it anyway.'” – *Grant Parish Key Informant*

LaSalle Parish

“We need more school nurses. We have one nurse for 2,600 students.” – *LaSalle Parish Key Informant*

“We have the D.A.R.E. program in our schools. It starts in the fourth grade, and it runs to the fifth grade. I think it is very well-received, and it needs to be expanded into high school.” – *LaSalle Parish Key Informant*

“Any type of health education programs need to be advertised through announcements at church or some other public place because people here don’t read the newspaper.” – *LaSalle Parish Key Informant*

“We seem to have a problem here in getting people to participate in programs. If we want to get funding for a program, we can’t get enough people to participate so that we can apply for the grants. I don’t know whether the problem is getting the information to the people or people just not responding to the information. I think it is a cultural thing, because I think people hear about the information or see it, but they just don’t respond to it. It can be very frustrating.” – *LaSalle Parish Key Informant*

“The health unit offers a monthly clinic for women to get a pap smear. They also have health fairs once in a while, but a lot of people don’t participate. The people that need the screenings are the ones that don’t come.” – *LaSalle Parish Key Informant*

“I think that if the health unit would have health fairs in the rural communities, we would have more participation. We need, like, a mobile unit that would travel around the rural areas.” – *LaSalle Parish Key Informant*

Natchitoches Parish

“I would like to see more wellness programs, more educational programs so that people would know the danger signs of certain illnesses like diabetes. We need health centers that are proactive in getting the message out, educating people and helping them to realize that even young children need to know some health things. I don’t know how much the school teaches about health issues, but I think it is important to educate people.” – *Natchitoches Parish Key Informant*

“We at the health center are in the process of continuing a grant application for health education with the Foundation. The Foundation is very interested in helping us because our schools realize the kids have many diseases which are not getting the appropriate care. There is also a need to educate our youth, and we are hoping it will take place next year. Our school is the largest in the parish with about 1,400 students, so we really need to start this education here.” – *Natchitoches Parish Key Informant*

“I think an educational drive should be held at the churches or at the schools. They seem to be the hub of this community. The educators have to realize that people’s work schedule may interfere with the program, so they need to be flexible with the times.” – *Natchitoches Parish Key Informant*

“I believe education is necessary, but I am not sure it is the solution. For example, last night, I had a presentation about AIDS, and I know that a lot of these parents don’t

work, and none of them showed up. We can try to educate them about AIDS and about condoms, but I don't think the majority of them care. I think they have become apathetic and just don't care anymore. I would like to inspire some sort of hope and get these people to care about themselves again because it is really sad. They don't want to participate in health programs or in improving their children's lives." – *Natchitoches Parish Key Informant*

"I think that what we are talking about doing is how to break the cycle of certain social-economic conditions that continue to perpetuate themselves over a long period of time in this community. So when we look at solutions, they should be looked at as a way of breaking this cycle. We can do it by getting the parents and children educated and out of the cycle." – *Natchitoches Parish Key Informant*

Vernon Parish

"We need a preventive health care initiative in this parish." – *Vernon Parish Key Informant*

"We really need health prevention education in all areas. We are looking to have a health fair in June. We are trying to get as many things together as possible, including immunizations and even HIV testing. We are planning on doing it through the combination of the ministerial and community services." – *Vernon Parish Key Informant*

Coordination of Services

Cooperative Services

Community Health Panel Findings*

Focus group participants applauded the www.guidetohumanservices.org website developed by The United Way of Central Louisiana with funding by The Rapides Foundation.

“The United Way gave us a list of all of the services in the community and a website [www.guidetohumanservices.org]. If you are on duty one night in the ER and you see a particular problem, you can bring up this website, type in the problem and the agency or service provider will pop up. I think the United Way was the only place that had all of the services for a six- or nine-parish area.” — *Rapides Parish Physician*

“The United Way does have that list of agencies available online. You can access it, and all the information is there in one place.” — *Rapides Parish Community Leader*

“This is a Rapides Foundation[-funded] website. It is one of the premiere ones of its kind in the country. Each agency keeps it updated so it is totally current at all time. I guess a lot of people don’t know about its existence. It was made available to all the physicians and the ones in the residency program.” — *Rapides Parish Physician*

“We also have the JPTA office - it is now the One Stop Center, which is located next to the coliseum. There is a wide assortment of agencies designed to address any type of questions. They can offer referral from job training agencies to social services.” — *Rapides Parish Community Leader*

Community health panel participants cited many improvements in cooperation among local social service providers, as well as between providers and the community.

“I think the working people’s free clinic and the caring people’s pharmacy have really done an excellent job. I know they are limited in their abilities by funds and drug companies, but it is an excellent program. It hits the working poor group who don’t fall under anybody’s umbrella.” — *Rapides Parish Physician*

“As a community, I feel like in the last 10 years we have become closer and worked more together with referrals than we did 20 years ago. We coordinate more, we have more agency meetings and we are sharing more information and resources.” — *Rapides Parish Allied Health/Social Service Provider*

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

“A strength that we do have is that a lot of churches and pastors are becoming more aware of the needs of their congregation and are seeking out education programs to better meet their needs.” — *Rapides Parish Allied Health/Social Service Provider*

“There is a growing relationship building between the ministers of many of the churches and the service providers. I think this friendship is helping address some of the access issues. Within this parish, there is a monthly ministry alliance that meets to discuss areas of need in the community.” — *Rapides Parish Community Leader*

“A lot of the pastors would like to see some type of pastoral training so they can work with the hospitals - some type of pastoral care counseling so they can be qualified to counsel with patients and family members in waiting rooms.” — *Rapides Parish Community Leader*

“I think collaboration among the agencies is getting better because of the way the funding is being distributed. Whoever is in charge of distributing the funds is making sure that the agencies are cooperating with each other before the funds are released.” — *Rapides Parish Community Leader*

Still, there is room for much improvement in cooperative efforts.

“I think that communication between parents and the service agencies could be improved.” — *Rapides Parish Allied Health/Social Service Provider*

“We have a lot of different organizations providing different services in our community. I would love to have one number that we could somehow access as the universal service number, like 911. I have a wall full of telephone numbers that I have to call to try to get access to meet my clients’ needs. I spend a lot of time that I don’t have on the telephone trying to find the right organization. We need to identify one organization that could keep track of what we have, and then we would only have to call that one number.” — *Rapides Parish Allied Health/Social Service Provider*

“We have these home health agencies that are supposed to run like a business, and they are completely uncoordinated. They are supposed to provide education, and it never takes place. Most of the agencies that survive are good at filling out forms to get reimbursed. Almost all of them have closed.” — *Rapides Parish Physician*

Additional comments:

“We have received great support at the hospital from our board of directors, who are volunteers. They gave us input to direct our efforts toward the programs that were needed in the parish, so they take a real interest in the things we are trying to do at the hospital.” — *Winn Parish Key Informant*

“All the different institutions and agencies support each other and support the schools also. Our sheriff’s department gives their security services free of charge to all school functions. I think all we have to do is say we need help, and there is somebody there to help you.” — *Winn Parish Key Informant*

“One thing about living in this community is that we know one another well. We help each other with problems because we know right away when something happens to a member of this community.” – *Evangeline Parish Key Informant*

“We even have a doctor that lives in town and actually does house calls. The problem is that he doesn’t have the medical facilities to treat patients, so he has to transfer people out for medical care.” – *Evangeline Parish Key Informant*

Community Involvement & Outreach

Comments by parish:

Allen Parish

“I would say that our greatest resources are our people, because we will take care of each other, and what we lack in services, we make it up in having people who will help you find and receive any service you need.” – *Allen Parish Key Informant*

“I would like to see everything in the parish cleaned up - the ditches and trash cleaned up. It makes the parish look bad.” – *Allen Parish Key Informant*

“Originally, the tree industry brought the people to the Allen Parish. So we have a lot of different cultures, and each one has a different way of seeing life and their relationship with their wives and kids. If abusiveness is part of the community and everybody does it, then what is wrong with it? We have to find a way to communicate with each one of these groups of people. It is very important to understand where they come from, their culture and life experiences.” – *Allen Parish Key Informant*

“I just came from Alaska, where we had a similar problem with our young people. Once they graduated from high school, they went to the other 48 states to go to college and find jobs outside of Alaska. As a community, we came up with some programs that addressed that issue. I think that is what we need to do here - a program that will address all of the kids. I say all of the kids because I found that here in Oakdale, I have seen a division racially that is incredible. It is hard to put programs in place when you have this kind of anti-diversity. That is why a lot of people leave. Diversity is the key issue here in the development of any community. You either do it together or you die apart.” – *Allen Parish Key Informant*

Concordia Parish

“One thing that I have noticed lately is that there is more community concern about programs and activities for our youth and the elderly. We just opened up a senior housing facility for people over 62 years old. It is available for anyone, but it is mainly targeting the low-income people because rent is based on income.” – *Concordia Parish Key Informant*

“We have a wonderful library and a librarian who writes grants and is able to bring culture and arts and performance to this parish.” – *Concordia Parish Key Informant*

“The concern that I have for the rural areas is how to bring the information and the programs to them so they could take advantage of them. We need to work with the faith-based organizations and the small community-based organizations to be able to bring the programs to the rural communities. For example, the Foundation’s prescription program has not been taken to the people in the rural areas. They don’t even know about it.” – *Concordia Parish Key Informant*

“The churches and the community-based organizations have resource centers and facilities to be able to hold some of these programs, and they are located in the rural areas of the parish.” – *Concordia Parish Key Informant*

Evangeline Parish

“I want to mention the working poor. We do have a free clinic that is in the works to be able to improve on the services of the United Way. The grant is coming from the Foundation. We are also going to have access to the prescription program, also funded by the Foundation. We are also going to have a transportation component to it to be able to provide transportation to and from the clinic. It is going to be located in an old nursing home which was donated to the United Way for renovations.” – *Evangeline Parish Key Informant*

“I think we have a lot of community involvement and resources. The problem is getting people to attend the programs.” – *Evangeline Parish Key Informant*

LaSalle Parish

“I wish we had some economic development in the rural areas where we could attract industries to keep our young people here or have them return after college. I would like to see some kind of federal or state law changed so we could offer incentives for companies to relocate to rural areas.” – *Avoyelles Parish Key Informant*

“I would say that 90 percent of the services provided to the elderly are done through the churches. If it weren’t for these church groups, we would be in real tough shape with the elderly in the parish.” – *LaSalle Parish Key Informant*

“The churches also do a lot of youth programs. The problem is that if you are not part of that church group, which most of the people with problems aren’t, then they don’t have access to the programs for their kids or their families.” – *LaSalle Parish Key Informant*

Natchitoches Parish

“I would like to see some type of mental or intervention health teams established in the schools that could identify young people at an earlier age that may need mental or social care. I think this would be a way to bring together all of the social and health agencies. I think over the years we have gotten compartmentalized and territorial in our services, and I would like to see us all come together for the benefit of the children that we serve. We need to go back to the idea that the school is the hub of the community. Let the entire social and health agencies come to the schools and dialogue with the professional people at the schools to help identify these young people at risk. We know that the majority of our young people are coming from dysfunctional families, so they are not

getting what they need at home. The school has to take a more active role in helping these kids.” – *Natchitoches Parish Key Informant*

“We need to teach these nonprofit organizations how to manage their grant money, how to do financial statements and how to get community support so they can continue with their services after the grant money runs out.” – *Natchitoches Parish Key Informant*

Vernon Parish

“There are a lot of good projects that we have done as a community. Last year, we raised about \$80,000 for the American Cancer Society. I think the community cares about itself, and we try to work closely with the surrounding areas and other parishes. There is a willingness to work together to make this area a better place to live. We do a lot of Christmas food boxes during the holidays.” – *Vernon Parish Key Informant*

“We have a very strong church base, and they do have functions and activities for the community. Last year, we did about 1,700 Christmas food boxes and distributed them all over the parish. We do a lot to fill in the gaps for people, so our ministry helps with many different things, even being a clearinghouse for the services which are available in this area.” – *Vernon Parish Key Informant*

“I think we lack an umbrella like the United Way so that all of the services are under one location and easier to find.” – *Vernon Parish Key Informant*

“I am personally trying to involve the churches in a health-based faith ministry program. One of the things we lack is a method of communicating throughout the parish, so I feel that if we start with the churches, they could be a good place to start. We can start with some preventive programs like breast cancer. This is very important in this area because we find that women don’t come in for checkups until they are in their third stage of breast cancer. This type of information could be passed on through the churches. We still have a lot of work to do in getting all the churches involved.” – *Vernon Parish Key Informant*

“The community center at Fort Polk offers classes for the family and the parents. They have family teen building classes, and both kids and parents very well represent them. Maybe the community could do something similar and offer a \$5 voucher to Wal-Mart if people come and stay for the program. Maybe we could get together with the Fort Polk community and get volunteers from the base to put on these types of educational programs. I am sure the ACS would be accommodating to this idea.” – *Vernon Parish Key Informant*

“I think we need kind of a trained ombudsman who is actually capable of doing volunteer training and organization development so we could get a volunteer information center to help out with all of these community projects that we need to improve this parish - one person who can create a one-stop center for all services, write grants and get the necessary funding from all different sources in and out of the parish.” – *Vernon Parish Key Informant*

Winn Parish

“My impression of this community is the great people that live here. I always tell people the nicest people in the world live in Winnfield, Louisiana. I am not originally from here, so I am giving you an outsider’s opinion.” – *Winn Parish Key Informant*

“We have a strong school system here. Our superintendent is great and keeps us on our toes. He makes us do our job right, and I think everybody likes his leadership style.” – *Winn Parish Key Informant*

“I found out firsthand how this community pulls together to help someone. When my husband was injured in a logging accident, I couldn’t begin to tell you all the things that were done to help us. You don’t realize until you are in that situation how important and how special the people of this parish are.” – *Winn Parish Key Informant*

“Our church is applying for a grant for an after-school program for the at-risk kids between the second and fifth grade. We are going to have volunteers help them with their homework, offer them snacks and play games with them and just offer them a place to go and be safe. The best thing about our program is that the majority of these kids can walk to our church directly after school.” – *Winn Parish Key Informant*

NEEDS OF SPECIAL POPULATIONS

Youth

Children's Education

Community Health Panel Findings*

"I think they are poorly educated and they have very low expectations in school so the kids don't have to work very hard, and that is one of the reasons they are bored." — *Rapides Parish Physician*

"I would be interested in getting training in some specific job skills, like in the trades or secretarial or computers. Some training where I could learn to do something or fix things." — *Rapides Parish Youth Participant*

"The teachers just started focusing on academics this year. This week, we have been taking LEAP, and the first day of the test, all the administrative staff came into our room before we started the test and told us to do good on the test: 'We really need you to do good on this test.'" — *Rapides Parish Youth Participant*

"We have some teachers that volunteer to stay after school to help us take the LEAP, and nobody showed up. One of my teachers - she is a great teacher - she took time from her life to try and help us, and nobody showed up." — *Rapides Parish Youth Participant*

"In two years' time, we are going to need a community college so that kids can afford to pursue their education after high school. The tuition at a four-year degree university is a lot more expensive than at a junior college. LSUA is going to raise their tuition in two years, and that is going to be a severe problem in this area. We don't have a community college within a 50- to 60-mile radius of Alexandria. We need to have one if we want to keep our young people here." — *Rapides Parish Community Leader*

"Our kids don't have any respect for the teachers. You would be amazed how kids in the first and second grades talk back to their teachers. I think this is where good parenting classes would help." — *Rapides Parish Community Leader*

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

Early Childhood Care

Community Health Panel Findings*

“We need some quality and affordable day-care facilities in the rural areas. We don’t have any.” — *Rapides Parish Community Leader*

“We need more preschool education for at-risk, disadvantaged children, like, six weeks after they are born.” — *Rapides Parish Community Leader*

“I have been to some of the day-care centers, and they are awful. Some of these children are spending 12 hours under fluorescent lights with constant noise, adults screaming and yelling at 18-months-old kids all day long. It is hell. I would love to see the Foundation look at the child care needs of this community, especially 0- to 3-year-olds. We have kids that are kicked out of the day-care centers because of their behavior, and we go in and try to work thing out with the day care, but we know we are just touching 1 in 100 kids that are having problems. Even basic things like infection control in these day-care centers is pretty bad, as well as the food the kids are given. Toddlers are given doughnuts for breakfast. These young kids are learning to like sweet, fatty and fried foods for lunch.” — *Rapides Parish Allied Health/Social Service Provider*

“We are doing some early intervention initiatives with the Head Start Program that I want to mention. They have an excellent program started with young moms who have young children including nutrition, mental health and everything else that a family needs in those early developmental years. They have early Head Start 0 to 3years and Head Start, which is 3 to 5 years. It is excellent. We just don’t have enough of it.” — *Rapides Parish Allied Health/Social Service Provider*

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Supporting Parenting

Community Health Panel Findings*

“I am a strict parent, but I have to learn to be able to trust my daughter to make the right decisions and to make the decision that I taught her and not stray away from it and to have good self-esteem. In today’s society, our kids are raising themselves. I think even if you are a one-parent family and you have to work two jobs, you can still take 15 minutes to talk to your kid. Parents need to take an interest in their kids.” — *Rapides Parish Allied Health/Social Service Provider*

“I think that parents are still very naïve about how mature their kids are, how rapidly kids are maturing these days. When I hear parents tell me that my 14-year-old child is always with me after school so she doesn’t have any access to drugs, I tell them your child is in a public school - they have access to drugs. We need to really educate the parents about what is going on with kids today.” — *Rapides Parish Allied Health/Social Service Provider*

“I think we need to get the parents more involved and to talk and to open up and tell us what they think about teen pregnancy, about the parents not being home and all of this other stuff we have been talking about here today. I think we need to get them and have a focus group with us so we can hear what they have to say. Once we get them involved, they can do a lot with other folks out there so they don’t feel totally left out.” — *Rapides Parish Allied Health/Social Service Provider*

“I think we also need some programs to bring parents in that might need parenting classes - classes for young parents to help them understand how they can work to help their children succeed.” — *Rapides Parish Community Leader*

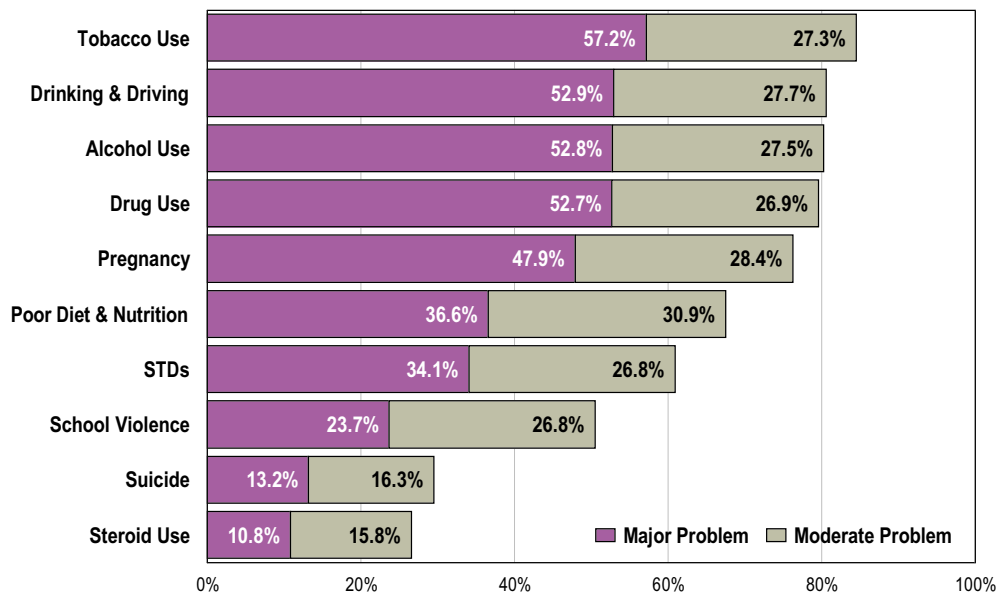
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Community Perceptions of Adolescent Health Issues

In the 2002 Community Health Survey, respondents were presented with 10 adolescent health issues and asked to rate each as a “major problem,” a “moderate problem,” a “minor problem,” or “not a problem at all.”

- **57.2% of Rapides Foundation Service Area adults rate *teen tobacco use* as a “major problem” in the Rapides Foundation Service Area.**
- **52.9% rate *teen drinking and driving* as a “major problem” in the Rapides Foundation Service Area.**
- **52.8% rate *teen alcohol use* as a “major problem” in the Rapides Foundation Service Area.**
- **52.7% rate *teen drug use* as a “major problem” in the Rapides Foundation Service Area.**
- **47.9% rate *teen pregnancy* as a “major problem” in the Rapides Foundation Service Area.**

Teen Issues Perceived as "Major" or "Moderate" Problems in the Rapides Foundation Service Area



Source: 2002 PRC Community Health Survey, Professional Research Consultants
 Note: Asked of all respondents.

- Youth in the Rapides Foundation Service Area reported high tobacco and alcohol usage and a high prevalence of drinking and driving in the 1997 Central Louisiana Youth Risk Factor Survey conducted by Tulane School of Public Health and Tropical Medicine.

Community Health Panel Findings*

Focus group participants cited a need for additional activities and outlets for youth as a means of reducing unhealthy and risky behaviors.

“There are not a lot of things for kids to do in this town. I think that if we had other places or outlets for kids to engage in, we could send our health messages subliminally and get them away from MTV and the couch. We have a lot of adults who are interested and motivated to make sure kids are growing up right. We need to get them involved with the kids.” — *Rapides Parish Physician*

“I think the number one problem with the youth here is boredom. If you drive on the weekend, they are just cruising around because really they have nothing to do. There are no programs or anything for kids to participate.” — *Rapides Parish Physician*

“I don’t know how successful the Boys and Girls Clubs and those sorts of organizations are in this community. I know they exist. We also have a wide range of church-related groups that provide activities weekly for youth groups and children’s groups. So there are some vehicles in place that could be enhanced to try to cut off some of these behaviors.” — *Rapides Parish Physician*

“We had 15 kids signed with major universities. Out of those 15, six came from one high school. At that school, we had one doctor who would go up and do a clinic at the school. After the clinic, he would sit down and tutor the kids in math. Six of those kids were football players who were influenced by his tutoring and went and signed up with major universities. So I think mentors are needed.” — *Rapides Parish Physician*

“We don’t have a lot of part-time jobs for the kids. I supposed they still could go to work for the food stores and things like that when you are 16. I know that is what I did.” — *Rapides Parish Physician*

Youth agreed that recreational activities for them are limited.

“We don’t have enough to do here. We would love to swim, bowl, skate, roller blade, but we only have one rolling rink and two skating rinks and the pool is not free. You have to pay to swim.” — *Rapides Parish Youth Participant*

“The schools only offer sports-type of things as after-school activities. They have art classes and other stuff like that, but it is not after school.” — *Rapides Parish Youth Participant*

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“I would like to have an indoor pool, indoor track, an indoor sports arena offering all kinds of sports, and it would be free to everyone.” — *Rapides Parish Youth Participant*

“It is tough to get a part-time job here. Nobody is hiring, and the jobs that they do have, nobody wants them. They are terrible, like fast food-type of work. Sometimes, the only way you can get a job is if you know somebody already at that place.” — *Rapides Parish Youth Participant*

“We don’t have anything to do here. We have the movies, the mall and bowling - that is it. And after awhile, you’re tired of doing the same things. The only thing to do is go out to eat and to the movies. You can spend up to \$20 a night, and with a date, up to \$40 or \$50. If you go out to eat and watch a movie, that is not helping you stay in shape.” — *Rapides Parish Youth Participant*

“One thing that was fun to go and watch was the hockey team. They were not very good, but it was fun to go watch them and they could go ice skating afterward. The community didn’t really seem to support them very much, and they are gone.” — *Rapides Parish Youth Participant*

“I think the bottom line is that we are bored, that we don’t have enough to do if you are a teen in this community.” — *Rapides Parish Youth Participant*

“We need a place to dance, to be able to socialize with friends. More places to go to without alcohol or drugs — a lot of kids would go.” — *Rapides Parish Youth Participant*

Poor nutrition, lack of physical activity and tobacco use were other issues discussed in the community health panels.

“The schools are trying to serve a nutritious lunch offering salad bars and other food choices that they will eat and is good for them, but the kids are not eating them. They eat cheese and bacon from the salad bar and scrape the broccoli and the asparagus from their plate to throw it away. I think that as a community, our culture likes fried foods.” — *Rapides Parish Allied Health/Social Service Provider*

“I know there are some girls that are really skinny and they think they are fat, but I think I am fine. I don’t think I am fat or too skinny. I don’t really feel any pressure to look a certain way.” — *Rapides Parish Youth Participant*

“Our kids are in terrible physical shape. We have to get physical education to the 90 percent who aren’t going to be athletic stars. Kids who are not good in sports just go to their video games and sort of chill out sitting and not participating in any outdoor sports activity. I am worried about this.” — *Rapides Parish Physician*

“A big problem with the youth here is smoking. They are starting earlier to smoke.” — *Rapides Parish Physician*

Other community health panel comments about adolescent health issues include:

Youth Activities

“We need to start at a very young age to get the kids out of the house and have a teen center that teaches them clean living and show them that there are better and safer ways to have fun without drinking and drugs. This is very important. If we are going to make the change, it has to be at an early age.” — *Rapides Parish Physician*

“We need to get more youth-oriented activities in the Boys and Girls Clubs. There aren’t enough of these activities in this parish, and it is even worse in the rural areas. We are seeing some things coming up now with churches opening their doors seven days a week with supervision and inviting kids to come and participate.” — *Rapides Parish Allied Health/Social Service Provider*

“We need more recreational activities for our young people, for our teen-agers - activities that are supervised and offered year-round for all ages.” — *Rapides Parish Community Leader*

“Our teen-agers don’t have enough to do. Sometimes we want to enforce a work relationship starting at an early age to develop good job skills, and we don’t have enough jobs to be able to do this.” — *Rapides Parish Community Leader*

“I know some of the teens go out looking for jobs, but nobody wants to hire them, and they get discouraged. They don’t have any skills, but they have to start somewhere. Some of our privately-owned businesses are willing to give them the opportunity, but they don’t have any job openings to offer the kids.” — *Rapides Parish Community Leader*

“In the past, people used to do things with their hands. They had a craft, and usually this kept them from getting in trouble. We need to instill within our youth that they also have something within that just needs to be brought out. Everyone is good at some craft. We are not bringing out the natural creativity in children, and this is a big problem. It would help this problem if we could get kids interested in any little thing that would divert them from the drugs or from hanging out in the streets.” — *Rapides Parish Community Leader*

“We need more after-school programs to keep the kids off the streets. Some parents are just not doing their jobs, and someone in the community has to kind of step in and take over that responsibility. Maybe we can have the high school students help after school with the younger kids. It would help everyone and teach them responsibility.” — *Rapides Parish Community Leader*

Parenting

“We have families who are working two or three jobs to make ends meet, and that is why they are not in the homes when the kids get home from school. They can’t find a good enough job so they could have some time at home with their kids. So we see the kids basically raising themselves. It is a big problem with our society.” — *Rapides Parish Allied Health/Social Service Provider*

“I see a lack of supervision and a lack of concern. We need parenting classes to educate parents on how to be parents. Kids are coming to school dirty and with dirty clothes. This, to me, is an issue with the parents.” — *Rapides Parish Community Leader*

Mentoring

“One of our Tulane residents came up with the idea of a mentorship program for preadolescent girls called Reaching for the Stars. There is a lady at the health department that sort of coordinates everything. It is like a six-week program. They pair a girl with a successful woman in the community, and the girl spends a lot of time with this person and learns good values and the importance of a good education to be successful. They teach them to set goals and look at the future.” — *Rapides Parish Physician*

Obesity

“One of my concerns is obesity among teens and, as a result, this leads to diabetes and other illnesses at a very young age. I think this has happened because of lack of education and also lack of exercise among our young people. They don’t exercise. They watch TV, play on the computer and eat junk food.” — *Rapides Parish Community Leader*

Education

“We have 900 children who, by definition, are homeless in the Rapides Foundation Service Area. Uniforms are required to go to school, but the family can’t afford uniforms, so the child can’t go to school and get an education. We should make sure that every child who wants to go to school has uniforms - has at least two - so they can get an education.” — *Rapides Parish Community Leader*

Additional parish-specific comments:

Allen Parish

“This is a good place to raise your kids. We don’t have all of the hustle and bustle and issues that you find in larger communities; but at the same time, we don’t have all of the resources that a larger city has.” – *Allen Parish Key Informant*

“I think we have a racial situation here already, and I am afraid that these groups of white wild kids and the black kids are heading for trouble. During the day, they participate together in school activities; but it is after school hours that the problem begins. I just think we need to address this potential problem.” – *Allen Parish Key Informant*

“Child Protection Services has programs for the parents - parenting classes. It is two hours a night for eight weeks. They also offer anger management classes.” – *Allen Parish Key Informant*

“We all know that there is need everywhere; but it all begins at home. I used to be a psyche director of an adolescent psyche unit, and the main thing I saw that most of the children are a product of their home environment. So it has to begin at home. We have to have something that will entice the parents to come to the parenting skills classes. Somewhere you have to have some structure, whether it be family mentoring or

whatever, to encourage these parents to want to be better parents.” – *Allen Parish Key Informant*

“The problem is that the young parents of today never received good parenting from their parents, so they don’t know how to raise their kids, and they don’t understand how important their role as parents is when it comes to raising a child.” – *Allen Parish Key Informant*

“I think that they don’t have a clue on what it takes to be a good parent. Television has taught them how a family should look and act like, and it makes for a dysfunctional family. Kids think behaving a certain way is OK because they look just like the family on television.” – *Allen Parish Key Informant*

“There is a lack of good parenting skills. There is so much apathy among young and middle-aged parents who want the school to raise their kids. It is appalling and very upsetting.” – *Allen Parish Key Informant*

“We need recreation facilities for our kids after school. Some of them go to the churches to play ball; but most of our teens just ride up and down main street. There is not enough for them to do.” – *Allen Parish Key Informant*

“One thing that really concerns me is the large amount of kids whose parents are using drugs. These kids are learning all about drugs at home. We can teach them all we want at school, but they are learning how to use drugs from their parents.” – *Allen Parish Key Informant*

“We are seeing a lot of teen pregnancies from 13 years old and up. We do have a "wait program" that is funded by the state. It is called Wait for Sex Till Marriage. It is the governor’s course on abstinence, taught in the middle schools. Some of the preachers are teaching the program to seventh-graders. It is supposed to reach all kids.” – *Allen Parish Key Informant*

“We also see a lot of cigarette smoking and chewing among our kids. We do have a smoking abstinence program in our high school.” – *Allen Parish Key Informant*

“Nutrition is a problem also. Most of the kids know what they are supposed to eat, but then they go to the Canteen and eat Doritos, Cokes, hot dogs and junk food. The problem is with the families also, because they are in a hurry and they go to McDonald’s or Pizza Hut for supper, so I think it is a cultural problem.” – *Allen Parish Key Informant*

“Obesity among the kids is causing mental health problems. You have a big kid, 250 pounds in the eighth grade, and all the kids are going to laugh at him. His self esteem is gone.” – *Allen Parish Key Informant*

“We have a lot of homeless children in this area. We have this myth that this a good place to raise your kids; but yet last year, we graduated 52 seniors from our high school, and that freshman class had 104 kids. Where are those kids? We have to do something about this problem. The ones that we do graduate leave this area for better jobs.” – *Allen Parish Key Informant*

“I think we are still missing the year-round programs where we can track these kids and see them progress mentally, spiritually, as well as nutritionally. My main concern is that group of teen-agers that have problems and begin to build up from the time they start the Head Start program through the 12th grade. I have been working with young people for 15 years, and I have seen too many fall through the cracks. That is why I feel that if early on we involve these kids with mentors who would spend time with them socially, spiritually and educationally, it may help the kids grow to become productive and responsible adults.” – *Allen Parish Key Informant*

Avoyelles Parish

“We need children’s playgrounds and parks. We really don’t have any playgrounds to take our children out to play.” – *Avoyelles Parish Key Informant*

“I wanted to come here today and speak for the children in this parish. We have children who come to school with worms and lice who have never seen a dentist, and their baby teeth are rotting. These children may get only one meal a day - the one they get at school - and they have a tremendous need for health care, emotional and physical needs. I would like to see the hospital send people out to the rural areas of the parish and bring some of the educational programs to the disadvantaged families who can’t access the services in town.” – *Avoyelles Parish Key Informant*

“I think we need to help our young people develop their self-esteem. If we can talk local artists into developing some type of art program that could help these kids with their self-esteem, it would help with some of these problems we were discussing about our youth. We could get kids to accomplish something and be proud of it, build their self-esteem. I am thinking not only about painting, but also performing arts and community theater performances.” – *Avoyelles Parish Key Informant*

“My granddaughter participates in an after-school program in Lafayette that is great. The school opens the gym after school for these kids in grades K to 5, and some of the teachers are there to help with their homework, give them a snack and have some playtime. By the time the kids get home, they are done with their homework and they have been fed something. It is really a great program - we have seen a big change in my granddaughter’s grades. The teachers do get paid extra for staying, but it is a program we should take a look at for our schools here.” – *Avoyelles Parish Key Informant*

“I believe that there is a similar program being developed in Alexandria, some kind of partnership with the schools to feed the kids and give them tutoring after school. I think it is in the works.” – *Avoyelles Parish Key Informant*

“We have something like that in Simmesport coming up. We are still under construction - maybe six weeks left before it is done. We will have after-school tutoring for the kids in the community, basketball courts, tennis courts, and we are thinking about building a swimming pool. We will have something for the community that doesn’t have anything there for the kids to do from pre-K to high school.” – *Avoyelles Parish Key Informant*

“Some of our greatest concerns about our youth are sex, STDs and HIV - also drinking and driving. We have a lot of curvy country roads that are deadly if you have been

drinking. The kids will go and grieve at a friend's funeral, and next Saturday they go out and drink and drive." – *Avoyelles Parish Key Informant*

Catahoula Parish

"Our young people seem to have a problem with alcohol and drugs. They don't have enough to do except go looping, which is make the loop around town." – *Catahoula Parish Key Informant*

"We need some parenting classes for our parents. I see a lot of pre-K children who are coming to school with all types of behavioral problems relating to poor parenting." – *Catahoula Parish Key Informant*

"Unless your kids like sports, there is really no other activities for them after school. Even then, sports is really for kids between the ages of 6 and 13, which is a small portion of our youth." – *Catahoula Parish Key Informant*

"We had a program here last year for about eight weeks which was really good. We had about 135 participating. I believe that if we had Boys or Girls Club or a YMCA, we would get a lot of participation. Last year's program was only a summer program, and the turnout was great." – *Catahoula Parish Key Informant*

"I think we are going to be facing a bigger problem next year, and that is our dropout rate is going to increase because of the test kids have to pass before they can graduate. We are going to see more and more kids having to go to alternative schools. We need to recognize the potential dropouts and get them into the alternative schools before they drop out of school. It is going to take a lot of effort from a lot of different resources to help out with this issue." – *Catahoula Parish Key Informant*

"We need some summer programs to get these kids away from the TV and gang-related activities." – *Catahoula Parish Key Informant*

Concordia Parish

"One thing that really bothers me is the use of alcohol by our young people. They can get it whenever they want to, and when they have parties at home, they drink alcohol, and their parents don't seem to care." – *Concordia Parish Key Informant*

"It seems that peer pressure has surpassed parenting. We have some students at our school who will not make As and Bs because their friends will tease them and make fun of them. It is a real problem, and parents don't know how to deal with it." – *Concordia Parish Key Informant*

"We have the [Healthy Babies Concordia] Program here in the parish, and we are having problems with people in the parish to come in and sign the kids up for the services. The parents don't seem to care." – *Concordia Parish Key Informant*

"I have a big concern for parenting classes. We have a lot of teen-age parents under 18 who don't understand how to take care of their children. Sometimes they lose them to the state as a result of leaving them unattended. Once the state takes the kids, it is very difficult to get them back to the parents. Another problem is that if the child is taking

from the parent at night, there is not a place to hold the child until morning except the police station. We need some type of transitional housing. These parents are losing their kids because they really don't understand how to take care of them and work at the same time. A lot of the parents are trying to make it because they do have jobs; they just don't know what to do with their child." – *Concordia Parish Key Informant*

"We need a facility where we can also have low-income parents or parents on Welfare to come in for counseling and tutoring to help them be better parents. We should make them attend if they are on Welfare or they don't get the services. We need to teach them how to handle their kids, because they are not doing the job." – *Concordia Parish Key Informant*

"I think the reason our children are hurting is because they don't get enough love at home. We seem to give them everything except the thing they need the most, which is love. They need to know what the rules are to live successfully in this society and that they can't get what they want when they want it. It all comes back to good parenting skills." – *Concordia Parish Key Informant*

"We don't have a facility in this parish for young first offenders that commit a crime and are going into the penal system because the judge doesn't have a place to send them, and they cannot set them free because they committed a crime. I would like to have a facility where these young people can learn a trade and be shown some love and concern about their future, because a lot of them feel that nobody cares. It all goes back to poor parenting skills." – *Concordia Parish Key Informant*

"Our schools average about 90 percent attendance rate each day. It is mostly the same children that are out every day. We can take the parent to the judge for not sending them to school, but the kid is still out of school." – *Concordia Parish Key Informant*

"We need to develop programs to try to help them. We are not going to save them all, but we need to try to save at least one. We need to develop programs in our community to help the children that really want the help. I heard about a fourth-grade class where the kids refused to take a test. They took their pencils and started banging on the table, saying, 'We are going to do it because we are tired of taking tests.' They were fourth-grade students who refused to follow instruction. Something is happening in our schools that we are not paying attention. I think it should start at home, but we need to do something. These kids are our future leaders." – *Concordia Parish Key Informant*

"I think we need a home for the kids who should not be with their parents instead of putting them in the foster care system. We can teach the parent how to be a parent and reunite them with their child once they complete the program." – *Concordia Parish Key Informant*

"I think we need to offer our kids something else besides a high school diploma. Some of them drop out because they can't read or write, and they get frustrated with the system. We need to teach them a skill or trade so they could get jobs without a diploma." – *Concordia Parish Key Informant*

Evangeline Parish

“The good thing about education in a small school is that you get to know all of the teachers real well. However, they do have limited courses, and a lot of things that they would like to have is not available to them because of our size.” – *Evangeline Parish Key Informant*

“A lot of times the education system in Louisiana gets labeled as below standard, but in this parish, we are very proud of the quality of our schools. I don’t think we could do as well anywhere else in the country.” – *Evangeline Parish Key Informant*

“We would really like a recreation center for our kids to have something to do after school. We could also have our older people attend, especially if we had swimming activities and other types of things for them to do. The hospital has a small wellness center, but it cost about \$25 to \$30 a month, and people don’t want to pay.” – *Evangeline Parish Key Informant*

“I think one of the major problems with our youth is boredom. They just don’t have enough to do. I think if we have more for them to do, they would stay out of trouble and be more productive. We have the facilities. We are missing the events and activities.” – *Evangeline Parish Key Informant*

“We need the facilities for the events on a regular basis. We have a lot of good things, but they are sporadic - not anything that is scheduled and ongoing.” – *Evangeline Parish Key Informant*

“We need a transitional facility for our first-time offenders who are still young kids, like a holding place for juveniles, someplace where we could supervise them 24 hours and teach them certain skills and talk to them about improving their behavior, show them another direction on how to do things differently so they can excel at something instead of sending them back to the same situation they were in to begin with.” – *Evangeline Parish Key Informant*

“We have a lot of young people smoking. We also have problems with alcohol and drugs. We see a lot of crack and PCP and smoking and chewing tobacco. It is like a rite of passage when the kids get to a certain age - they start smoking and chewing.” – *Evangeline Parish Key Informant*

“We are seeing a lot of bipolar disorders. We are just finding out about it. We are aware of it now, and we are seeing a lot of reported cases. We see a lot of ADD and bipolar disorders in our schools.” – *Evangeline Parish Key Informant*

“We even have people at our schools who have been trained by our nurses to dispense the medication to the kids. We only have three school nurses for 14 schools.” – *Evangeline Parish Key Informant*

Grant Parish

“I see more and more fat kids and physically unfit kids in school. I think the problem for us is obesity and physical fitness. You would think in a rural parish where you have to walk everywhere, you would not find these types of problems, but we do. I think we

should address nutrition and physical fitness in this community.” – *Grant Parish Key Informant*

“We have an issue with head lice. The same kids have it every time. I have a class that has four children with it. They are sent home, and for two weeks they are not in school. The parents blame the school for their children getting the head lice.” – *Grant Parish Key Informant*

“I had 22 situations when students could not come to school because of head lice. They can’t stay in school, so they are sent home. How are they ever going to pass if they can’t come to school because they have head lice?” – *Grant Parish Key Informant*

“The problem is that parents can’t afford to get rid of the head lice at home. They have one hairbrush for the entire family, and even if they have a washing machine, they don’t have hot water, so they can’t kill the lice.” – *Grant Parish Key Informant*

“The medicine for the children is free, but the parents have to pay a \$2 to \$3 copayment. The kids will come back with head lice again, and the parents will admit that they didn’t get their medicine because they had to pay the copayment, and they didn’t see any reason why they should.” – *Grant Parish Key Informant*

“I would like to see a nurse in every school. I know it really helps the kids. We had over 4,000 students visit the nurse at the health center in the school. I think our attendance has improved by having a nurse in our school. Kids can stay in school instead of having to go home.” – *Grant Parish Key Informant*

“My biggest concern would be parenting education. I am talking about knowing how their schedule impacts their children’s life, that you need to put them to bed at a certain time, that they must have routine health care, seeing that they are fed properly, feed them breakfast. Parents don’t seem concerned in sending their child to school without breakfast. Working with the Head Start children, we see a real lack of parenting.” – *Grant Parish Key Informant*

“I see a lot of instances where parents seem to foster illnesses in children by encouraging them to be sick. For instance, they tell the kid when you get to school and you don’t feel well, call me. Well, you know that kid is going to call to be picked up. It happens so often with some children that I asked the parent to take the child to see a doctor because the child is sick all the time. But in most instances, the parent doesn’t even bother.” – *Grant Parish Key Informant*

“If the child is labeled disabled, the parents get about \$500 extra a month from the state. There are a lot of parents who will ask us to label their child disabled and keep them out of school so they can get that extra money. Parents think it is easy and good money.” – *Grant Parish Key Informant*

LaSalle Parish

“We need a place for the children who don’t have a place to go, like a group home.” – *LaSalle Parish Key Informant*

“We need some after-school activities for our children, something like a YMCA or a Boys and Girls Club.” – *LaSalle Parish Key Informant*

“The north end of this parish needs more health services for the children.” – *LaSalle Parish Key Informant*

“I think the lack of activity for high school-age children is a big factor and the main reason kids get into drinking alcohol and doing drugs. They don’t have anything to do. If they are not interested in sports, the activities are very limited.” – *LaSalle Parish Key Informant*

“If the young people are going to succeed, they have to leave the parish. We don’t have a lot of jobs to offer them, either full-time or part-time.” – *LaSalle Parish Key Informant*

“We need a YMCA on each end of the parish. This type of program encourages volunteerism, leadership and a lot of other activities for kids.” – *LaSalle Parish Key Informant*

“We have kids who are raised here, and college is never mentioned in their home. The highest goal for most kids is to graduate from high school. They have very low expectations. If they graduate from high school and get a job offshore, then they feel they really made it in life.” – *LaSalle Parish Key Informant*

“I think a lot of the jobs in the parish don’t require a college education, and kids see that their parents are making a living without even a high school diploma, so they think it is OK to drop out of high school and follow in their parents’ footsteps. The saddest part is that the parents don’t try to stop them. They feel it is also OK.” – *LaSalle Parish Key Informant*

“We try to get our young men interested in some type of skills, like electricians, plumbers and concrete finishers, but they laugh at us and say they are not interested. Some of these construction trades are lacking in our parish.” – *LaSalle Parish Key Informant*

“We don’t have a licensed day care center in Jena. People who take care of children do it out of their homes. We really need one which is licensed and affordable.” – *LaSalle Parish Key Informant*

“We have a high dropout rate, especially in the ninth and 10th grades. I think a lot of this problem is happening because of the parents. They lack parenting skills, and we have too many young and single parents.” – *LaSalle Parish Key Informant*

Natchitoches Parish

“We have a pretty high percent of school dropouts. Also we see a lot of vandalism because the kids are bored and they don’t have anything to do, so they get into trouble.” – *Natchitoches Parish Key Informant*

“We used to have a program through the city and the local businesses. I think it was the city youth program. They created jobs for the kids that didn’t pay very much, but at

least you had something to do and a little money in your pocket. I don't know if they still have it." – *Natchitoches Parish Key Informant*

"A lot of our kids come from single-parent homes. They are not motivated to graduate from high school because they don't have the grades or the money to go to college." – *Natchitoches Parish Key Informant*

"It seems that what happens is that the good, smart kids that are going to make it usually go off and relocate to better jobs in other communities. And those who stay are the undereducated young people with a lot of social and mental problems." – *Natchitoches Parish Key Informant*

"We have many students who could do many things in a vocational education program and who could then pass the GED exam. We need to help those students whose academic skills are not going to be good enough to get them the GED diploma to learn other skills in school. Even the military is now requiring a GED diploma, and these kids need help in trying to get the diploma." – *Natchitoches Parish Key Informant*

"I would like to start health fairs at the schools and have it at the beginning of the year because we already check all the preschool children in our school in Red River. We already have doctors and nurses and dentists come in, so I don't think expanding this service to the schools would be a big deal, and it is really needed." – *Natchitoches Parish Key Informant*

"We had a health fair last year, but a lot of the health care professionals didn't show up. We are a rural community, and it was well-advertised, but I was told that a lot of the medical personnel who were supposed to be there didn't come, so this is a problem also." – *Natchitoches Parish Key Informant*

"I feel that we need a playground for our kids. We do have Martin Luther King's Park, but it is not directly in the Heights community. We have smaller children who cannot be left alone. We need a place where they can play and be safe." – *Natchitoches Parish Key Informant*

"We have the same problem in other areas of the parish. Our kids don't have any after-school activities." – *Natchitoches Parish Key Informant*

"I think a lot of parents do care about their kids, but in the past, they have not seen a vehicle or a way to get their problems solved. Anything new and different calls for change, and for some people, change is difficult." – *Natchitoches Parish Key Informant*

"I think our greatest problem is in the home, and we need to find a way to educate our parents. Now we have children having kids, and it is going to be very difficult to teach a 13-year-old to take care of a baby. We need to start teaching our kids not to have children in the first place and then teach them how to be parents if they already have kids. I have been in schools where the kids don't even have their hair combed in the morning, and they are sent to school like this. A parent needs to know that their job is to take care of their kids. We need parenting classes in this parish." – *Natchitoches Parish Key Informant*

Vernon Parish

“We need a very strong sex education program in our schools. We do have a teen pregnancy problem. The governor just kicked off an abstinence program, and he is really trying to push abstinence. I like what Colin Powell said: 'Abstinence comes first, but if you are going to participate in sex, you should use protection.'” – *Vernon Parish Key Informant*

“We have a D.A.R.E. program in our elementary schools. It just doesn't reach some of the dropouts. There is a lack of a real concentrated drug education program and also job opportunities for our kids. The economic level is so low that, actually, drug sales seem to be the best choice of jobs for the kids.” – *Vernon Parish Key Informant*

“The kids can't find any part-time jobs in this area. Two summers ago, we got together with the Chamber of Commerce and other groups in the community to have a job fair out at the fairgrounds, and we had 2 to 3 jobs available, and 400 kids showed up.” – *Vernon Parish Key Informant*

“We have a great need for a Boys and Girls Club or another type of teen center for the youth in this community.” – *Vernon Parish Key Informant*

“We are trying to do things for the kids, like Family Arts Fair and other extracurricular activities for the kids; but it is really minimal. At our last Family Arts Fair, we had about 150 participants for the day, so we know that there is a need and an interest, and we had to stop it like we did soccer and baseball because of lack of money. We also need more volunteers. We had about 30 kids who wanted to sign up for soccer, and we only had two coaches. This is one of the biggest issues for us in our community: to fund and get volunteers for the after-school programs.” – *Vernon Parish Key Informant*

“It would be nice if we could have, like, a community pool where all kids could have access to it. The majority of the kids who live here in Leesville need somewhere where they can go and swim and exercise and have something to do after school and in the summer.” – *Vernon Parish Key Informant*

“We have a very low economic and low tax base. We depend a lot on Fort Polk, and since they are downsizing, we don't really have the tax base to support a community recreation program.” – *Vernon Parish Key Informant*

“We need a speech pathologist as part of the early intervention care program. I work with children in the after-school program on the military base, and they don't have any type of educational programs to meet the special needs of the children who have physical and/or mental issues.” – *Vernon Parish Key Informant*

“There is a real need for programs like conflict resolution, self-esteem and anger management, programs where we can teach our teen-agers that there are consequences for the actions they take. We need to make them aware of the hurt and the harm they can do sometimes to other kids by what they say - kind of mental abuse.” – *Vernon Parish Key Informant*

“We have a new parent support program on the military base that actually does home visits with new moms who are having a hard time with their baby. Somebody goes to

their home and gives them advice on what to do if the baby cries and even how to change a diaper. We have a pretty high single-parent rate within our community, and some of these new moms have never touched a baby. Unfortunately, we don't have enough resources to expand it outside of the base." – *Vernon Parish Key Informant*

Winn Parish

"I think it would really help to have a nurse in every school. Every day, we talked about how badly we need a nurse. We have to be trained to give medicine, and this is becoming a full-time job because we have so many kids taking medicine." – *Winn Parish Key Informant*

"I would like to see more after-school activities for our kids, some type of organized activities that our young people could do from 3:30 p.m. until the time mom gets home from work. Our youth need more activities for their physical health and mental well-being as well as academics, and they need more supervision." – *Winn Parish Key Informant*

"I think that the last census showed that 42 percent of the population hasn't graduated from high school. This might not be a health issue, but I think it is a serious one because the children have parents who don't value education, and I think this is a cycle we need to break." – *Winn Parish Key Informant*

"We have about 300 students enrolled in kindergarten every year, and we graduate in Winn Parish High School less than 100. We know that we have a dropout problem. We have low expectations from parents, so then we have the same from the students. This is a serious issue for us in education." – *Winn Parish Key Informant*

"I think the biggest problem we have in this parish is the school dropout rate. Unless we improve this problem, we are going to be stuck in the same situation in the future because it hurts the economic growth of the parish. We are not going to get businesses to locate here if we have an uneducated population that can't read or write. I think if we could improve our dropout rate, all of these other things might improve naturally. If we don't solve the high school problem, we will always be a poor parish with a small population." – *Winn Parish Key Informant*

"I would like to see more of the arts in Winn Parish. We tend to focus on sports, and I think that is great, but we need to broaden the kids' minds. The arts are such a great way to do that." – *Winn Parish Key Informant*

"I think we need to teach these young parents on how to be parents. They have kids so young and they don't have anybody to help them like a lot of us who had our parents give us advice on how to raise our kids. I think some type of inservice training would be great." – *Winn Parish Key Informant*

"We have young moms who, in our estimation, lack the ability to take care of their children. Whenever the kids are sick, we have them in school running high fevers or with serious toothaches, ear infections or just so sick that they can't function. These moms send the kids to school, they go to work and we don't have the ability to contact them because sometimes we can't find them, and the kids are sick and still in school." – *Winn Parish Key Informant*

“I think what is worse is that the working mom will leave the house and the kids have to get themselves ready for school, get in the bus and come to school, even if they are sick and there is not a way for us to find the parent. Caller ID has hurt us because the parents won’t answer the phone if they know the school is calling. Sometimes we have children so sick that we call the local law enforcement to go and find the parents.” – *Winn Parish Key Informant*

“I think the only way we could get the parents to participate in a six-week parenting skills class is to have this program be a part of getting qualified for free services. This is the only way they will come to the classes.” – *Winn Parish Key Informant*

“It would really improve the future, as well as the present, if we could have some kind of parenting classes which could deal with a lot of family issues, including health- and mental-related problems.” – *Winn Parish Key Informant*

“I went to take some of the girls out the other day, and some of them had not eaten any breakfast, and the sponsor told me that they were refusing to eat. I made them get a plate and I thought it was because maybe they didn’t have any money, so I told them to get something to eat because I was paying for it. One little girl was on a diet of some kind and said nothing at Ryan’s was on her diet. I went and gave her a plate and told her to get something. She said the doctor put her on this diet, and I know that was not true. These kids are on an air and water diet. She wasn’t the only one; about three of them didn’t want to eat all day long. I think it is a teen-age girl syndrome.” – *Winn Parish Key Informant*

“There is nothing for the kids to do here. They just ride up and down and gather in dark parking lots, and that is where the problems happen. When they stop and gather, the fights start, the smoking, alcohol, drugs or whatever kids do when they don’t have anyplace to go with supervised activities.” – *Winn Parish Key Informant*

Seniors

Senior Health Needs

Community Health Panel Findings*

Other issues identified for area seniors include:

Driving

“Too many of them are driving. I just had a little old lady who has a permanent pacemaker drive to our office. She was having heart problems where she was actually blacking out and still driving.” — *Rapides Parish Physician*

Planning

“We have a large population of seniors who don’t start looking at their health care needs until they get Medicare. By then, it is too late in some cases.” — *Rapides Parish Physician*

Home Health, Assisted Living, Nursing Care, Hospice Care

“Medicaid has a very limited amount allocated for home health care benefits. We also don’t have a hospice program for these people yet. They don’t have a place to go.” — *Rapides Parish Physician*

“Our seniors and other disabled people have very limited help available with medical equipment.” — *Rapides Parish Community Leader*

“Our seniors need affordable adult care at home for a short period of time until they can get back on their feet and are able to take care of themselves.” — *Rapides Parish Community Leader*

“I think some type of home health care or group homes could help with the shortage of nursing homes.” — *Rapides Parish Community Leader*

“We need more assisted living facilities where they can be somewhat independent and not in a nursing home.” — *Rapides Parish Physician*

“There aren’t enough nurses in the nursing homes to help with the elderly. We need more trained personnel, and they need to be paid more money. The certified aide is

* The Community Health Panel discussions were held in order to identify issues and provide context to the findings of this assessment. Keep in mind that these qualitative comments are attributable only to those individuals attending the discussion panels and are not necessarily representative of the community at large.

getting minimum wage, and they work very hard. It is not enough money for the work they do.” — *Rapides Parish Community Leader*

“We have a growing elder population that would like to remain in their individual homes as they get older and become sick. They may not need assisted living, but just someone who can check on them on a regular basis to make sure they are taking their medication properly.” — *Rapides Parish Community Leader*

“I think a modified version of home health care, but not as often - maybe monthly or bimonthly visits would be enough.” — *Rapides Parish Community Leader*

We need more home health care people - also, Meals on Wheels for those people who can't take care of themselves but live at home. There are transportation barriers for those elderly people who live at home, so we need to be able to reach them at their home and help them out.” — *Rapides Parish Community Leader*

“The underinsured and the working poor, as they get older, the cost of living in a nursing home can eat up all of their life savings. Need some type of affordable care for this group in the community.” — *Rapides Parish Community Leader*

“Elderly people have fought to keep their land, and now they are told that in order to qualify for these services, they have to give up everything they own.” — *Rapides Parish Community Leader*

“We need to educate the elderly so they know how to access all of the services. Most of them don't know where to go and get help. Unless they have children around who can help them, they are totally lost.” — *Rapides Parish Community Leader*

“We do not have a program fully developed for the elderly who have homes that need repair work. Replacing windows that are broken, painting, and so on - also, assistance in paying their utilities. I think this is a need in this area.” — *Rapides Parish Community Leader*

“There are a number of programs in the area that need better funding. They need to be better organized, and this is something that the Foundation could have a direct role in. It is a definite need in this community: end-of-life care.” — *Rapides Parish Physician*

“There is another end-of-life issue that we see a lot of here, and that is the families that have someone who is clearly at the end of their life. The family will do every possible thing to keep them alive. It is a real cultural issue, and one that needs education. They have to learn when to just let go. I think it is going to be a major educational issue in this area” — *Rapides Parish Physician*

“We need to help the people understand that there are times that no matter what you do, the person's life will come to an end. The other day, I had a discussion with a woman who couldn't understand why her 93-year-old mother who hasn't spoken a word in three years was going to die. She just couldn't accept it.” — *Rapides Parish Physician*

“I think our physicians need to be educated on the importance of hospice care and how important it is for the patient and family members.” — *Rapides Parish Community Leader*

“Maison de Coeur is closing. We won’t have any in-house hospice services in the area.”
— *Rapides Parish Community Leader*

SENIOR HEALTH NEEDS

Additional parish-specific comments:

Allen Parish

“We also need recreation facilities for our seniors.” – *Allen Parish Key Informant*

“I would like to see some kind of program where we could get the seniors and the teenagers in this community together, like a mentoring program.” – *Allen Parish Key Informant*

“We are working with the YMCA and Big Brothers/Big Sisters right now to try to get a program started in this parish.” – *Allen Parish Key Informant*

Avoyelles Parish

“We need medication assistance for our elderly population. A lot of times, they return to the hospital because they didn’t take the medicine that the physician prescribed for their particular ailment. Why? Because they figured they needed to eat before they could buy their medication. They just don’t have the funds to buy medicine.” – *Avoyelles Parish Key Informant*

“The Foundation is already working on the prescription problem. People that are on Medicare that don’t have drug benefits will be able to buy medicines with a card. The Foundation is working with the pharmacies, and the program should start here in June. It will be mainly for the elderly, but also for people who qualify for Medicare.” – *Avoyelles Parish Key Informant*

Catahoula Parish

“We need someone to be checking on the elderly people in this parish to make sure they are eating right and taking their medication as prescribed. Right now, they just have the neighbors who check on them once in a while.” – *Catahoula Parish Key Informant*

“Transportation is a real problem because they become isolated if they can’t drive. We need a day care center for them to go to every day for recreational activities.” – *Catahoula Parish Key Informant*

“We do have a senior citizen program, but it wouldn’t be classified as a day care center.” – *Catahoula Parish Key Informant*

Concordia Parish

“We have a large retirement community. Those people who left the parish are coming back here to retire.” – *Catahoula Parish Key Informant*

“The lack of transportation is a big issue with the elderly. They need some type of van to take them to the hospital and to doctor's appointments.” – *Concordia Parish Key Informant*

“We need some type of recreational facility for our elderly. We need a place for them to go every day and socialize with other people. We need volunteers to help us come up with programs for the elderly.” – *Concordia Parish Key Informant*

“The elderly need a hot meal in the evenings. They need someone to follow up with them to make sure they are OK.” – *Concordia Parish Key Informant*

“We have limited programs for the elderly. We may have a special patient that we will go and make sure they are taking their medications; but it doesn't happen very often.” – *Concordia Parish Key Informant*

Evangeline Parish

“About 50 to 60 percent of our population are seniors. We do need a lot of services for the elderly.” – *Evangeline Parish Key Informant*

“Our seniors need to be active. You can't teach the French-speaking elderly people to play checkers, chess or shuffleboard, but they may like crocheting or some other type of craft. Now they sit out on the porch all day long.” – *Evangeline Parish Key Informant*

“An adult day care center would be great for our elderly community, where they could go and stay all day long and socialize.” – *Evangeline Parish Key Informant*

“I would like to see more programs designed to address some of our elderly problems. They pay their dues to society, and now they are abused and neglected after working all of their lives.” – *Evangeline Parish Key Informant*

“It would be nice to have a case manager that is employed by the Foundation who could follow up with the seniors on their immunizations, screenings and medicines. Even with diabetics who have high glucose and they start their regimen, the case manager could make sure they are following it as prescribed by the doctor.” – *Evangeline Parish Key Informant*

“The cost of these services is a major factor with our elderly. We have a lot of people with a lot of family members who can take care of them, and then we have some people who will have no one. Even when they come to the ER, they don't have a family member come in and stay with them.” – *Evangeline Parish Key Informant*

“I would like to see some type of hospice care here in this community. We have a lot of cancer patients that don't have insurance, and they are dying all by themselves without any kind of medical help. Hospice care would be a great thing to have for them.” – *Evangeline Parish Key Informant*

Grant Parish

“One of the things we would like to do through the school system is to have our two self-made clinics available and accessible to the elderly in the community. They could still have the physician care they need through the school, and we could make

arrangements to have it open to the community for maybe flu shots.” – *Grant Parish Key Informant*

“The elderly really need somebody to follow up with so they can keep their appointments and take their medicine.” – *Grant Parish Key Informant*

LaSalle Parish

“I see that our nursing home patients, when they are admitted, they have a problem with depression because they are at home alone and don’t have transportation to get out of the house or family nearby to visit them.” – *LaSalle Parish Key Informant*

“We have a Meals on Wheels program, but it has a waiting list. We don’t have a van available for this program. The lady who runs it has to use private cars to deliver the food.” – *LaSalle Parish Key Informant*

“It seems that we have a large population of widows. There are more single women here than the average, and men die younger than the national trend. The women have a high rate of depression, malnutrition, lack of transportation and money.” – *LaSalle Parish Key Informant*

“I think it would be great if we could have a day care facility for our seniors. This would help them stay active and be able to socialize outside of their home.” – *LaSalle Parish Key Informant*

“We have a lot of seniors who can’t afford to have somebody come and stay with them at home, and yet they don’t qualify for Medicaid or Medicare. There is a big gap here for services. We find a lot of people who are in their late 40s or early 50s who are not on Medicaid or Medicare and need home services.” – *LaSalle Parish Key Informant*

“We have a big need in affordable assisted living for our elderly. It costs about \$1,595 for an apartment, not even a nursing home, so you have to add the cost of medicines to his amount. I figure a person would need an income of \$30,000 to be able to afford assisted living.” – *LaSalle Parish Key Informant*

Natchitoches Parish

“I would like to see some type of facility to help our seniors, some place for them to go. There are so many who are living alone, and they are in need of recreation, transportation and health care. They need someone to come and visit them, to assist them with those types of services. We just don’t have any at this time.” – *Natchitoches Parish Key Informant*

“Our seniors need assistance with paying their bills. They may be able to pay the gas bill one month; but after that, they don’t have any money left for the bills.” – *Natchitoches Parish Key Informant*

“We have a problem with our seniors with poor nutrition and bad eating habits. Unfortunately, we don’t have enough slots to meet the demand for home food delivery. They can go to the site to get their meals, but they need to have their own transportation. We need some type of home assistance because they are not taking their medicines

because they can't afford them and they are not eating right. It is a vicious circle." – *Natchitoches Parish Key Informant*

"We do have an emergency food delivery program, but it is only temporarily for 20 days on an emergency basis. We don't have a program to provide meals for all of our seniors on a permanent basis." – *Natchitoches Parish Key Informant*

"We have a high percentage of our seniors who are unable to go anywhere, so we need some type of home care aide that would go and visit the elderly, someone to help them with their medication and just to visit them every other day." – *Natchitoches Parish Key Informant*

Vernon Parish

"I know this parish was contacted by the Foundation to start the drug assistance program for the elderly; but somehow there was not enough interest shown for our parish to be one of the first ones to get this program. I would like to go on record of saying that I would like for our parish to get this drug program A.S.A.P." – *Vernon Parish Key Informant*

"We need a day care program for our elderly, especially for those who still live in the rural areas - a place for them to come and socialize with other people." – *Vernon Parish Key Informant*

"The elderly people who want and can stay home need a sitter or a case manager to look out for them and visit them on a weekly or daily basis. They are not getting any follow-up, at-home visits." – *Vernon Parish Key Informant*

Winn Parish

"People don't realize how many elderly people we have who make as little as \$500 a month. We have two food pantries that do a great job in helping them out. They can't live on \$500 and be able to afford medicines." – *Winn Parish Key Informant*

"I know how expensive health care is as people get older. I had to take care of my mother and father, and their medication was extremely expensive because they didn't qualify for anything. They just had enough savings to see them through to their death." – *Winn Parish Key Informant*

"A lot of times the elderly have to decide, 'Do I eat or buy my medicine?'" – *Winn Parish Key Informant*

"I think it would a good thing if the elderly could get more help without having to go into a nursing home. There are some people who could stay at home if they could get a little help, but they can't, so they have to go into a nursing home, and they are not as happy as they would be at home." – *Winn Parish Key Informant*

"If they are on Medicare, it will cover home visits and any other services that home health care provides, but it won't pay for someone to stay 24 hours with the patient at home." – *Winn Parish Key Informant*

“The medical staff at the hospital is involved with hospice care. We have hospice services available in Winn Parish, and it is pretty easy to access their services.” – *Winn Parish Key Informant*

APPENDICES

Summary Tables of Quantitative Findings

Findings by Health Topic

Health Status		RFSA*	US	HP2010	vs. US	vs. HP2010
Physical	% "Fair" or "Poor" Physical Health	20.4	12.3		WORSE	
	% >1 Day/Month Poor Physical Health	36	34.4		similar	
	% No Days/Month Very Healthy/Full of Energy	11	11.5		similar	
	% Activity Limitations	20.3	14.9		WORSE	
	% Impairment a Result of Work-Related Injury	28	17.7		WORSE	
	% >1 Workday/Year Missed Due to Illness	39.5	43.1		similar	
	% Overweight	66.3	56.9		WORSE	
	% Overweight Trying to Lose	31.2	31.2		similar	
	% Unhealthy Weight (BMI <18.5 or 25+)	68.1	58.5	40	WORSE	Does NOT Meet Goal
	% Obese	28.5	19.1	15	WORSE	Does NOT Meet Goal
Mental Health	% >1 Day/Month Poor Mental Health	29.6	31.9		similar	
	% Prolonged Depression (2+ Yrs)	30.6	23.9		WORSE	
	% Depressed Persons Seeking Help	33.4	42.5	50	WORSE	Does NOT Meet Goal
	% >3 Days/Month Sad, Blue or Depressed	25	22.7		similar	
	% >3 Days/Month Worried, Tense or Anxious	39.3	35.8		WORSE	
	% >3 Days/Month Did Not Get Enough Rest/Sleep	57.8	56.1		similar	
Mortality	Age-Adjusted Cancer Deaths/100,000	251	202.7	159.9	WORSE	Does NOT Meet Goal
	Age-Adjusted Resp Disease Deaths/100,000	47.2	45.8		WORSE	
	Age-Adjusted Diabetes Mellitus Deaths/100,000	29.4	25.2	15.1	WORSE	Does NOT Meet Goal
	Age-Adjusted Heart Disease Deaths/100,000	344.9	267.8	213.7	WORSE	Does NOT Meet Goal
	Age-Adjusted Homicide Deaths/100,000	4.9	6.2	3	BETTER	Does NOT Meet Goal
	Age-Adjusted MV Accident Deaths/100,000	28.3	15	9.2	WORSE	Does NOT Meet Goal
	Age-Adjusted Pneumonia/Influenza Deaths/100,000	33.6	23.6		WORSE	
	Age-Adjusted Stroke Deaths/100,000	69	61.8	48	WORSE	Does NOT Meet Goal
	Age-Adjusted Suicide Deaths/100,000	10.3	10.7	5	BETTER	Does NOT Meet Goal
Morbidity	AIDS Incidence/100,000	9	15.5	1	BETTER	Does NOT Meet Goal
	Chlamydia Incidence/100,000	194.7	257.5		BETTER	
	Gonorrhea Incidence/100,000	92.4	131.6	19	BETTER	Does NOT Meet Goal
	Hepatitis A Incidence/100,000	1.5	12	4.5	BETTER	Meets Goal
	Hepatitis B Incidence/100,000	0.7	4.2		BETTER	
	Tuberculosis Incidence/100,000	4.5	5.8	1	BETTER	Does NOT Meet Goal

	Primary & Secondary Syphilis Incidence/100,000	1.6	2.2	0.2	BETTER	Does NOT Meet Goal
	% Arthritis/Rheumatism	30.8	20.3		WORSE	
	% Sciatica/Chronic Back Pain	22	20		similar	
	% Deafness/Trouble Hearing	12	9.3		WORSE	
	% Diabetes/High Blood Sugar	9.9	5.5		WORSE	
	% Asthma	9.7	9.9		similar	
	% Chronic Heart Disease	7.7	5.7		WORSE	
	% Blindness/Trouble Seeing	12.4	9.2		WORSE	
	% Cancer (Other Than Skin)	5.2	4.5		similar	
	% Chronic Lung Disease	10.9	6.4		WORSE	
	% Ulcer/GI Bleeding	8	6		WORSE	
	% Skin Cancer	5.2	4.9		similar	
	% Kidney Disease	4	2.7		WORSE	
	% Stroke	2.7	1.4		WORSE	
	% Tested for AIDS Virus in Past Yr (18-64)	30.5	30.6		similar	
	% "High" Chance of Getting AIDS (18-64)	3.3	2.1		WORSE	
	% Child Has Asthma	16.9	13.4		similar	
Natality	% Births to Teenagers	20	12.3		WORSE	
	% of Low Birthweight Births	10.2	7.6	5	WORSE	Does NOT Meet Goal
	Infant Death Rate	9	7	4.5	WORSE	Does NOT Meet Goal
	Neonatal Death Rate	5.5	4.7	2.9	WORSE	Does NOT Meet Goal
Crime	Murder Rate/100,000	9	5.5		WORSE	
	Rape Rate/100,000	18.3	32		BETTER	
	Robbery Rate/100,000	27	144.9		BETTER	
	Aggravated Assault/Battery Rate/100,000	487.6	323.6		WORSE	
	% Victim of Violent Crime in Past 5 Yrs	2.6	3.8		similar	
	% Victim of Domestic Violence in Past 5 Yrs	3.7	3.1		similar	

Health Risk		RFSA*	US	HP2010	vs. US	vs. HP2010
CV Risk	% 1+ Cardiovascular Risk Factor	93.7	84.7		WORSE	
Nutrition	% Use Food Labels	63.1	68.7		WORSE	
	% Eat 5+ Servings of Fruit or Vegetables/Day	23.1	30		WORSE	
Exercise	% No Leisure-Time Physical Activity	30.2	20.2		WORSE	
	% Vigorous Exercise 3+ Times/Wk	30.6			similar	
Tobacco	% Current Smoker	24.3	22.8	12	similar	Does NOT Meet Goal
	% Smoke >1 Pack/Day	13.6	13.5		similar	
	% Have Quit 1+ Days in Past Yr	50.1	52.2	75	similar	Does NOT Meet Goal
	% Use Smokeless Tobacco	7.1	3.7		WORSE	
Substance	% Current Drinker	38.3	56.4	50	BETTER	Meets Goal
	% Chronic Drinker	4.2	5		similar	
	% Binge Drinker	15.2	16.4	6	similar	Does NOT Meet Goal
	% Drinking & Driving in Past Month	3.6	3.7		similar	

	% Taken Rx Without Dr's Orders in Past Yr	2.6	4.5		BETTER	
	% Taken Illegal Drug in Past Yr	1.2	3.2		BETTER	
	% Sought Help for Alcohol or Drug Problem	2.9	4.3		WORSE	
Hypertension	% Blood Pressure Checked in Past 2 Yrs	95.8	96	95	similar	Meets Goal
	% Told Have High Blood Pressure	34.3	23.4	16	WORSE	Does NOT Meet Goal
	% Taking Action to Control High BP	86.3	80.7	95	BETTER	Does NOT Meet Goal
Cholesterol	% Cholesterol Checked in Past 5 Yrs	80.6	82.2	80	similar	similar to goal
	% Told Have High Cholesterol	23.9	21.4	17	similar	Does NOT Meet Goal
	% Taking Action to Control High Cholesterol	70.7	70		similar	

Prevention		RFSA*	US	HP2010	vs. US	vs. HP2010
Preventive	% Have Had Routine Checkup in Past Yr	69.7	64.1		BETTER	
	% Child Has Had Checkup in Past Yr	83.2	85.6		similar	
	% Have Visited Dentist in Past Yr (18+)	59.1	68.9	56	WORSE	Meets Goal
	% Child (1-17) Has Visited Dentist in Past Yr	86.4	69.3	56	BETTER	Meets Goal
	% Have Had Eye Exam in Past Yr	39.6	54.2		WORSE	
Immunization	% Children (<24 Mos) Immunized Appropriately	89	82	90	BETTER	Does NOT Meet Goal
	% Flu Shot in Past Yr (65+)	70.6	65.7	90	similar	Does NOT Meet Goal
Cancer	% Digital Rectal Exam in Past Yr (50+)	45.2	57.1		WORSE	
	% Sigmoid/Colonoscopy Ever (50+)	45.1	48.7	50	similar	Does NOT Meet Goal
	% Blood Stool Test in Past 2 Yrs (50+)	41.2	47.1	50	WORSE	Does NOT Meet Goal
	% Mother/Sister Diagnosed Breast Cancer (W)	9.4	11.5		similar	
	% Mammogram in Past 2 Yrs (W40+)	74.3	78.2	70	similar	Meets Goal
	% Don't Know Breast Self-Exam (W)	5.2	4.2		similar	
	% Perform Breast Self-Exam Monthly (W)	53.3	42.9		BETTER	
	% Pap Smear in Past 3 Yrs (W)	83	84	90	similar	Does NOT Meet Goal
	% Father/Brother Diagnosed Prostate Cancer (M)	8	8.4		similar	
	% PSA or Digital Rectal Exam in Past 2 Yrs (M40+)	68.8	69.9		similar	
	% Testicular Exam Ever (M)	53.3	62.4		WORSE	
	% Don't Know Testicular Self-Exam (M)	65.3	63.5		similar	
	% Perform Testicular Self-Exam Monthly (M)	12.8	12.5		similar	
Injury Control	% "Always" Wear Seat Belt	68.3	75	92	WORSE	Does NOT Meet Goal
	% Child (<5) "Always" Uses Auto Child Restraint	90.4	98.9	100	WORSE	Does NOT Meet Goal

Access		RFSA*	US	HP2010	vs. US	vs. HP2010
Insurance Cvg	% Lack Health Insurance (18-64)	26	15.6	0	WORSE	Does NOT Meet Goal
Primary Care	% Have a Regular Clinic or Physician	83.7	85	96	similar	Does NOT Meet Goal
	% Cost Prevented Physician Visit in Past Yr	18.7	10.4		WORSE	
	% Cost Prevented Child's Care in Past Yr	7.3	7.3		similar	
	% Transportation Prevented Dr Visit in Past Yr	10	5.2		WORSE	
	% Transportation Prevented Child's Care in Past Yr	6.6	4.1		WORSE	
	% Difficulty Getting Appointment in Past Yr	16.5	13.3	7	WORSE	Does NOT Meet Goal

	% Inconvenient Hrs Prevented Dr Visit in Past Yr	14.3	12.7	similar
	% Cost Prevented Getting Rx in Past Yr	22.7	9.5	WORSE
	% Difficulty Finding Dr for Child in Past Yr	8.7	5.3	WORSE
	% Difficulty Getting Appt for Child in Past Yr	14.5	13.1	similar
	% Inconv Hrs Prevented Child's Dr Visit in Past Yr	12.7	16.3	similar
	% Cost Prevented Getting Child's Rx in Past Yr	7.4	4.4	WORSE
	% Gone to ER More Than Once in Past Yr	13.5	5.6	WORSE
	% Difficulty Finding Physician in Past Yr	11.8	7.8	WORSE
Health Care	% Rate Local Health Care "Excellent/Very Good"	43.1	53.1	WORSE

** Rapides Foundation Service Area findings represent overall percentage (survey findings) or the median value among the 11 parishes (secondary data).*

Summary of Findings by Issue

The following represents the findings of this Community Health Assessment, categorized into the topic divisions used by *Healthy People 2010* in organizing its health promotion and disease prevention objectives. Local, U.S. and *Healthy People 2010* data are provided, as well as comparative analyses of local findings with U.S. findings and *Healthy People 2010* goals. Note that “similar” and “indeterminable” indicate that a determination cannot be made because the expected error is greater than the difference in data points.

Data under each health priority area are grouped first by the statistical significance of variation with U.S. findings (WORSE, similar, BETTER), then sorted within each of these divisions by degree of variation (by relative percentage difference).

Cancer	RFSA*	US	HP2010	Significance vs. US	Significance vs. HP2010
Age-Adjusted Cancer Deaths/100,000	251	202.7	159.9	WORSE	Does NOT Meet Goal
% Eat 5+ Servings of Fruit or Vegetables/Day	23.1	30		WORSE	
% Digital Rectal Exam in Past Yr (50+)	45.2	57.1		WORSE	
% Testicular Exam Ever (M)	53.3	62.4		WORSE	
% Blood Stool Test in Past 2 Yrs (50+)	41.2	47.1	50	WORSE	Does NOT Meet Goal
% Don't Know Breast Self-Exam (W)	5.2	4.2		similar	
% Mother/Sister Diagnosed Breast Cancer (W)	9.4	11.5		similar	
% Cancer (Other Than Skin)	5.2	4.5		similar	
% Sigmoid/Colonoscopy Ever (50+)	45.1	48.7	50	similar	Does NOT Meet Goal
% Current Smoker	24.3	22.8	12	similar	Does NOT Meet Goal
% Skin Cancer	5.2	4.9		similar	
% Mammogram in Past 2 Yrs (W40+)	74.3	78.2	70	similar	Meets Goal
% Father/Brother Diagnosed Prostate Cancer (M)	8	8.4		similar	
% Don't Know Testicular Self-Exam (M)	65.3	63.5		similar	
% Perform Testicular Self-Exam Monthly (M)	12.8	12.5		similar	
% PSA or Digital Rectal Exam in Past 2 Yrs (M40+)	68.8	69.9		similar	
% Pap Smear in Past 3 Yrs (W)	83	84	90	similar	Does NOT Meet Goal
% Perform Breast Self-Exam Monthly (W)	53.3	42.9		BETTER	

Chronic Disabling Conditions	RFSA*	US	HP2010	Significance vs. US	Significance vs. HP2010
% Diabetes/High Blood Sugar	9.9	5.5		WORSE	
% "Fair" or "Poor" Physical Health	20.4	12.3		WORSE	
% Impairment a Result of Work-Related Injury	28	17.7		WORSE	
% Arthritis/Rheumatism	30.8	20.3		WORSE	

% No Leisure-Time Physical Activity	30.2	20.2		WORSE	
% Kidney Disease	4	2.7		WORSE	
% Activity Limitations	20.3	14.9		WORSE	
% Blindness/Trouble Seeing	12.4	9.2		WORSE	
% Ulcer/GI Bleeding	8	6		WORSE	
% Deafness/Trouble Hearing	12	9.3		WORSE	
Age-Adjusted Diabetes Mellitus Deaths/100,000	29.4	25.2	15.1	WORSE	Does NOT Meet Goal
% Child Has Asthma	16.9	13.4		similar	
% Sciatica/Chronic Back Pain	22	20		similar	
% >1 Workday/Year Missed Due to Illness	39.5	43.1		similar	
% >1 Day/Month Poor Mental Health	29.6	31.9		similar	
% >1 Day/Month Poor Physical Health	36	34.4		similar	
% No Days/Month Very Healthy/Full of Energy	11	11.5		similar	
% Asthma	9.7	9.9		similar	
% Vigorous Exercise 3+ Times/Wk	30.6			similar	

Clinical Preventive Services	RFSA*	US	HP2010	Significance vs. US	Significance vs. HP2010
% Gone to ER More Than Once in Past Yr	13.5	5.6		WORSE	
% Cost Prevented Getting Rx in Past Yr	22.7	9.5		WORSE	
% Transportation Prevented Dr Visit in Past Yr	10	5.2		WORSE	
% Cost Prevented Physician Visit in Past Yr	18.7	10.4		WORSE	
% Cost Prevented Getting Child's Rx in Past Yr	7.4	4.4		WORSE	
% Lack Health Insurance (18-64)	26	15.6	0	WORSE	Does NOT Meet Goal
% Difficulty Finding Dr for Child in Past Yr	8.7	5.3		WORSE	
% Transportation Prevented Child's Care in Past Yr	6.6	4.1		WORSE	
% Difficulty Finding Physician in Past Yr	11.8	7.8		WORSE	
% Have Had Eye Exam in Past Yr	39.6	54.2		WORSE	
% Difficulty Getting Appointment in Past Yr	16.5	13.3	7	WORSE	Does NOT Meet Goal
% Rate Local Health Care "Excellent/Very Good"	43.1	53.1		WORSE	
% Inconv Hrs Prevented Child's Dr Visit in Past Yr	12.7	16.3		similar	
% Inconvenient Hrs Prevented Dr Visit in Past Yr	14.3	12.7		similar	
% Difficulty Getting Appt for Child in Past Yr	14.5	13.1		similar	
% Flu Shot in Past Yr (65+)	70.6	65.7	90	similar	Does NOT Meet Goal
% Child Has Had Checkup in Past Yr	83.2	85.6		similar	
% Have a Regular Clinic or Physician	83.7	85	96	similar	Does NOT Meet Goal
% Cost Prevented Child's Care in Past Yr	7.3	7.3		similar	
% Have Had Routine Checkup in Past Yr	69.7	64.1		BETTER	

Family Planning	RFSA*	US	HP2010	Significance vs. US	Significance vs. HP2010
% Births to Teenagers	20	12.3		WORSE	

Heart Disease & Stroke	RFSA*	US	HP2010	Significance vs. US	Significance vs. HP2010
% Stroke	2.7	1.4		WORSE	
% No Leisure-Time Physical Activity	30.2	20.2		WORSE	
% Obese	28.5	19.1	15	WORSE	Does NOT Meet Goal
% Told Have High Blood Pressure	34.3	23.4	16	WORSE	Does NOT Meet Goal
% Chronic Heart Disease	7.7	5.7		WORSE	
Age-Adjusted Heart Disease Deaths/100,000	344.9	267.8	213.7	WORSE	Does NOT Meet Goal
% Overweight	66.3	56.9		WORSE	
% Unhealthy Weight (BMI <18.5 or 25+)	68.1	58.5	40	WORSE	Does NOT Meet Goal
Age-Adjusted Stroke Deaths/100,000	69	61.8	48	WORSE	Does NOT Meet Goal
% 1+ Cardiovascular Risk Factor	93.7	84.7		WORSE	
% Told Have High Cholesterol	23.9	21.4	17	similar	Does NOT Meet Goal
% Current Smoker	24.3	22.8	12	similar	Does NOT Meet Goal
% Cholesterol Checked in Past 5 Yrs	80.6	82.2	80	similar	indeterminable
% Taking Action to Control High Cholesterol	70.7	70		similar	
% Blood Pressure Checked in Past 2 Yrs	95.8	96	95	similar	Meets Goal
% Overweight Trying to Lose	31.2	31.2		similar	
% Vigorous Exercise 3+ Times/Wk	30.6			similar	
% Taking Action to Control High BP	86.3	80.7	95	BETTER	Does NOT Meet Goal

HIV Infection	RFSA*	US	HP2010	Significance vs. US	Significance vs. HP2010
% "High" Chance of Getting AIDS (18-64)	3.3	2.1		WORSE	
% Tested for AIDS Virus in Past Yr (18-64)	30.5	30.6		similar	
AIDS Incidence/100,000	9	15.5	1	BETTER	Does NOT Meet Goal

Immunization & Infectious Diseases	RFSA*	US	HP2010	Significance vs. US	Significance vs. HP2010
Age-Adjusted Pneumonia/Influenza Deaths/100,000	33.6	23.6		WORSE	
% Flu Shot in Past Yr (65+)	70.6	65.7	90	similar	Does NOT Meet Goal
Hepatitis A Incidence/100,000	1.5	12	4.5	BETTER	Meets Goal
Hepatitis B Incidence/100,000	0.7	4.2		BETTER	
Tuberculosis Incidence/100,000	4.5	5.8	1	BETTER	Does NOT Meet Goal
% Children (<24 Mos) Immunized Appropriately	89	82	90	BETTER	Does NOT Meet Goal

Maternal & Infant Health	RFSA*	US	HP2010	Significance vs. US	Significance vs. HP2010
% of Low Birthweight Births	10.2	7.6	5	WORSE	Does NOT Meet Goal
Infant Death Rate	9	7	4.5	WORSE	Does NOT Meet Goal
Neonatal Death Rate	5.5	4.7	2.9	WORSE	Does NOT Meet Goal

Mental Health & Mental Disorders	RFSA*	US	HP2010	Significance vs. US	Significance vs. HP2010
% Prolonged Depression (2+ Yrs)	30.6	23.9		WORSE	
% Depressed Persons Seeking Help	33.4	42.5	50	WORSE	Does NOT Meet Goal
% >3 Days/Month Worried, Tense or Anxious	39.3	35.8		WORSE	
% >3 Days/Month Sad, Blue or Depressed	25	22.7		similar	
% >3 Days/Month Did Not Get Enough Rest/Sleep	57.8	56.1		similar	
Age-Adjusted Suicide Deaths/100,000	10.3	10.7	5	BETTER	Does NOT Meet Goal

Nutrition	RFSA*	US	HP2010	Significance vs. US	Significance vs. HP2010
% Chronic Heart Disease	7.7	5.7		WORSE	
Age-Adjusted Heart Disease Deaths/100,000	344.9	267.8	213.7	WORSE	Does NOT Meet Goal
Age-Adjusted Cancer Deaths/100,000	251	202.7	159.9	WORSE	Does NOT Meet Goal
% Eat 5+ Servings of Fruit or Vegetables/Day	23.1	30		WORSE	
% Overweight	66.3	56.9		WORSE	
% Unhealthy Weight (BMI <18.5 or 25+)	68.1	58.5	40	WORSE	Does NOT Meet Goal
% Use Food Labels	63.1	68.7		WORSE	
% Cancer (Other Than Skin)	5.2	4.5		similar	
% Overweight Trying to Lose	31.2	31.2		similar	

Oral Health	RFSA*	US	HP2010	Significance vs. US	Significance vs. HP2010
% Have Visited Dentist in Past Yr (18+)	59.1	68.9	56	WORSE	Meets Goal
% Child (1-17) Has Visited Dentist in Past Yr	86.4	69.3	56	BETTER	Meets Goal

Physical Activity & Fitness	RFSA*	US	HP2010	Significance vs. US	Significance vs. HP2010
% No Leisure-Time Physical Activity	30.2	20.2		WORSE	
% Obese	28.5	19.1	15	WORSE	Does NOT Meet Goal
% Chronic Heart Disease	7.7	5.7		WORSE	
Age-Adjusted Heart Disease Deaths/100,000	344.9	267.8	213.7	WORSE	Does NOT Meet Goal
% Overweight	66.3	56.9		WORSE	
% Unhealthy Weight (BMI <18.5 or 25+)	68.1	58.5	40	WORSE	Does NOT Meet Goal
% Vigorous Exercise 3+ Times/Wk	30.6			similar	
% Overweight Trying to Lose	31.2	31.2		similar	

Sexually Transmitted Diseases	RFSA*	US	HP2010	Significance vs. US	Significance vs. HP2010
Hepatitis B Incidence/100,000	0.7	4.2		BETTER	
Gonorrhea Incidence/100,000	92.4	131.6	19	BETTER	Does NOT Meet Goal
Primary & Secondary Syphilis Incidence/100,000	1.6	2.2	0.2	BETTER	Does NOT Meet Goal
Chlamydia Incidence/100,000	194.7	257.5		BETTER	

Substance Abuse	RFSA*	US	HP2010	Significance vs. US	Significance vs. HP2010
% Sought Help for Alcohol or Drug Problem	2.9	4.3		WORSE	
% Chronic Drinker	4.2	5		similar	
% Binge Drinker	15.2	16.4	6	similar	Does NOT Meet Goal
% Drinking & Driving in Past Month	3.6	3.7		similar	
% Taken Illegal Drug in Past Yr	1.2	3.2		BETTER	
% Taken Rx Without Dr's Orders in Past Yr	2.6	4.5		BETTER	
% Current Drinker	38.3	56.4	50	BETTER	Meets Goal

Tobacco	RFSA*	US	HP2010	Significance vs. US	Significance vs. HP2010
% Use Smokeless Tobacco	7.1	3.7		WORSE	
% Chronic Lung Disease	10.9	6.4		WORSE	
% Chronic Heart Disease	7.7	5.7		WORSE	
Age-Adjusted Heart Disease Deaths/100,000	344.9	267.8	213.7	WORSE	Does NOT Meet Goal
Age-Adjusted Resp Disease Deaths/100,000	47.2	45.8		WORSE	
% Current Smoker	24.3	22.8	12	similar	Does NOT Meet Goal
% Have Quit 1+ Days in Past Yr	50.1	52.2	75	similar	Does NOT Meet Goal
% Smoke >1 Pack/Day	13.6	13.5		similar	

Unintentional Injuries	RFSA*	US	HP2010	Significance vs. US	Significance vs. HP2010
Age-Adjusted MV Accident Deaths/100,000	28.3	15	9.2	WORSE	Does NOT Meet Goal
% "Always" Wear Seat Belt	68.3	75	92	WORSE	Does NOT Meet Goal
% Child (<5) "Always" Uses Auto Child Restraint	90.4	98.9	100	WORSE	Does NOT Meet Goal

Violent & Abusive Behavior	RFSA*	US	HP2010	Significance vs. US	Significance vs. HP2010
Murder Rate/100,000	9	5.5		WORSE	
Aggravated Assault/Battery Rate/100,000	487.6	323.6		WORSE	
% Victim of Violent Crime in Past 5 Yrs	2.6	3.8		similar	
% Victim of Domestic Violence in Past 5 Yrs	3.7	3.1		similar	
Robbery Rate/100,000	27	144.9		BETTER	
Rape Rate/100,000	18.3	32		BETTER	
Age-Adjusted Homicide Deaths/100,000	4.9	6.2	3	BETTER	Does NOT Meet Goal
Age-Adjusted Suicide Deaths/100,000	10.3	10.7	5	BETTER	Does NOT Meet Goal

* Rapides Foundation Service Area findings represent overall percentage (survey findings) or the median value among the 11 parishes (secondary data).