

2013 PRC Community Health Needs Assessment Report

Rapides Parish, Louisiana

Funded by
The Rapides Foundation



Professional Research Consultants, Inc.

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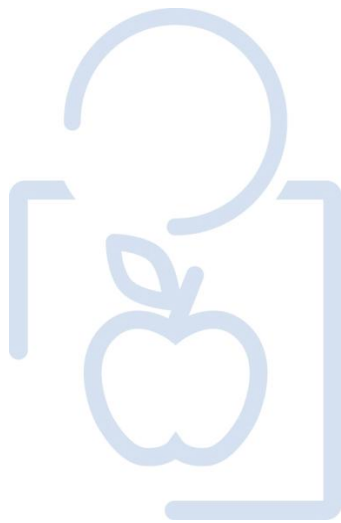
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INTRODUCTION



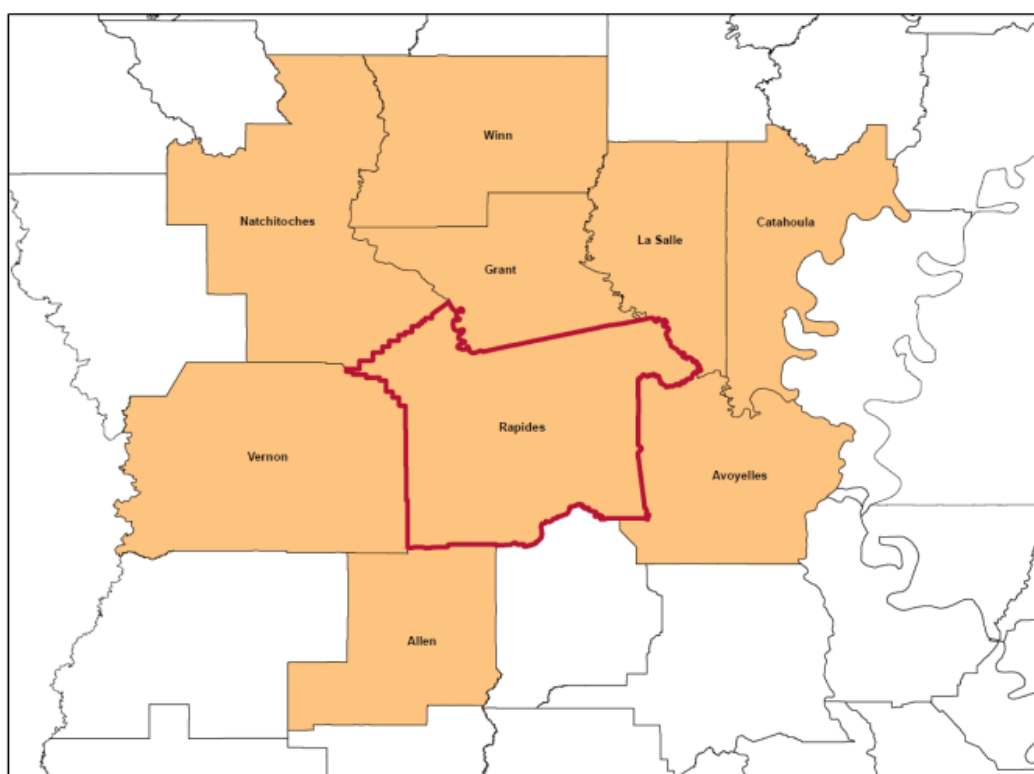
Project Overview

Project Goals

This Community Health Needs Assessment — a follow-up to similar research conducted in the area in 2002, 2005 and 2010 — is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Rapides Parish. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

Community Defined for This Assessment

This report focuses on data specific to Rapides Parish, Louisiana, but this study is part of a larger study across the nine-parish Rapides Foundation Service Area (RFSa) in Central Louisiana. Data for the RFSa are also provided throughout this report.



Methodology

2013 PRC Community Health Survey

Survey Instrument

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

Foundation and Professional Research Consultants (PRC), and is similar to the previous surveys used in the region, allowing for data trending.

Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *2013 PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology (which includes both landlines and cell phones) was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

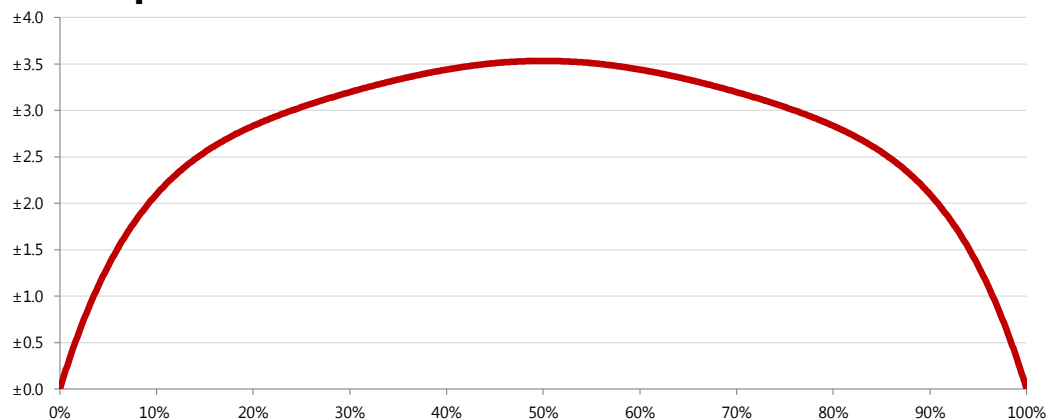
The sample design used for this effort consisted of a random sample of 760 adults age 18 and older in Rapides Parish. In total, 3,742 surveys were completed across the Rapides Foundation Service Area; once these data were collected, the sample was weighted in proportion to the actual population distribution at the parish level so that estimates better reflect the region as a whole. Population estimates were based on census data of adults age 18 and over provided through *GeoLytics Demographic Estimates and Projections*.

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 760 respondents is $\pm 3.5\%$ at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 760 Respondents at the 95 Percent Level of Confidence

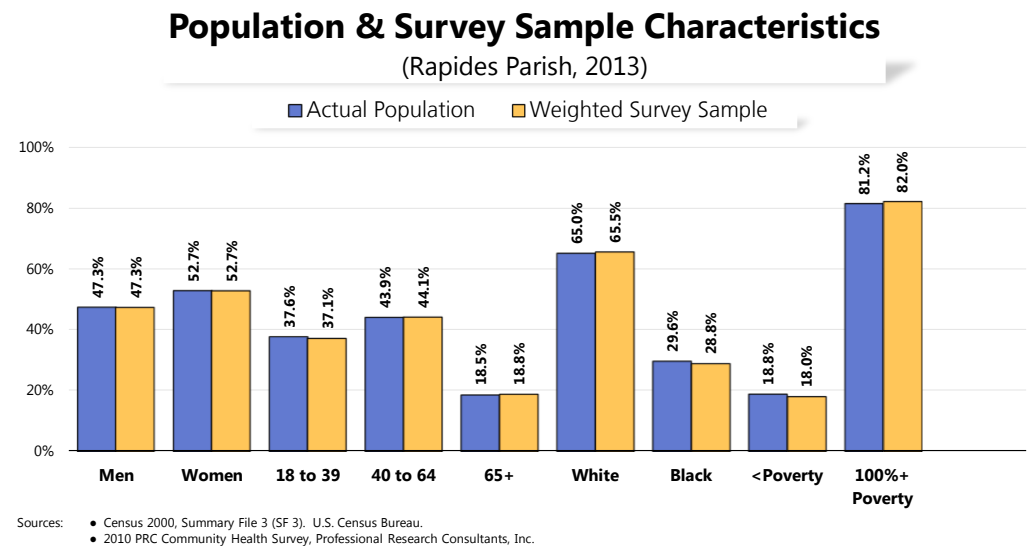


- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response.
 - A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 760 respondents answered a certain question with a "yes," it can be asserted that between 7.9% and 12.1% ($10\% \pm 2.1\%$) of the total population would offer this response.
 - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.5% and 53.5% ($50\% \pm 3.5\%$) of the total population would respond "yes" if asked this question.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. 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 (poststratification), 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, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses may contribute to the whole the same weight as, for example, 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 Rapides Parish sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s healthcare needs, and these children are not represented demographically in this chart.]



Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2013 guidelines – the most current available – place the poverty threshold for a family of four at \$23,550 annual household income or lower). In sample segmentation: “Very Low Income” refers to community members living in a household with defined poverty status; “Low Income” includes those households living just above the poverty level, earning up to twice the poverty threshold; and “Middle/High Income” refers to households with incomes more than twice the poverty threshold defined for the 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 defined area with a high degree of confidence.

Public Health, Vital Statistics & Other Data

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

- Agenda for Children/KIDS COUNT Data Center
- Centers for Disease Control & Prevention
- ESRI BIS Demographic Portfolio (Projections Based on the US Census)
- Louisiana Department of Health and Hospitals Office of Public Health
- Louisiana State Center for Health Statistics
- National Center for Health Statistics
- www.countyhealthrankings.org

Benchmark Data

Trending

Similar surveys were administered in the region in 2002, 2005 and 2010 by PRC on behalf of The Rapides Foundation. Trending data, as revealed by comparison to prior results, are provided throughout this report whenever available.

RFSA Risk Factor Data

Regional risk factor data for Central Louisiana (the nine-parish Rapides Foundation Service Area or RFSA) are also provided as an additional benchmark against which to compare local findings.

Louisiana 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 most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. NOTE: Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2013 PRC National Health Survey* (as well as previous PRC National Health Surveys). The methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence.



Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has

established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Key Informant Focus Groups

As part of the Community Health Needs Assessment, five focus groups were held in September 2012 and March 2013. Focus groups were composed of 43 key informants and included: representatives from public health; physicians; other health professionals; social service providers; youth; and other community leaders.

On September 12, 2012, three separate focus groups were held in Rapides Parish: 1) a group of physician and other healthcare professionals; 2) a group of social service providers and other community leaders; and 3) a focus group specifically for members of the Community Health Needs Assessment Advisory Committee established as part of this process.

In March 2013, two additional focus groups were held in Rapides Parish: a focus group for physicians on March 21; and a focus group on March 19 for nine youth in grades 7-12 who were asked to participate based on their involvement with either the local YWCA or the Zion Hill Church. Parental permission was obtained for the youth prior to participation.

A list of recommended participants for the focus groups was provided by the sponsors. 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. Participants included a representative of public health, several individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions.

Focus group 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 a reasonable turnout..

Audio from the focus groups sessions was recorded, from which verbatim comments in this report are taken. 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.

Information Gaps

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

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

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

Summary of Findings

Significant Trends in Rapides Parish

The following table highlights both positive and negative trends observed in health indicators in comparison with baseline data.

TREND SUMMARY

(Current vs. Baseline Data)

Survey Data Indicators:

Trends for survey-derived indicators represent significant changes since 2002 (or 2005 or 2010, for questions not asked in earlier years).



Other Data Indicators:

Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of 10 to 15 years).

	 FAVORABLE TRENDS	 UNFAVORABLE TRENDS
Access to Healthcare Services	<ul style="list-style-type: none"> • Prescription Coverage • Access Difficulty (Child and Adult) • Cost of Prescriptions • Cost of Doctors' Visits • Availability of Doctors' Appointments • Finding Physicians • Recent Routine Checkups (Child) 	
Alzheimer's Disease		<ul style="list-style-type: none"> • Alzheimer's Deaths
Arthritis	<ul style="list-style-type: none"> • Arthritis Prevalence 	
Cancer	<ul style="list-style-type: none"> • Cancer Deaths • Cancer Prevalence • Sigmoidoscopies/Colonoscopies 	<ul style="list-style-type: none"> • Prostate Exams • Pap Smears • Blood Stool Tests
Diabetes	<ul style="list-style-type: none"> • Diabetes Deaths 	<ul style="list-style-type: none"> • Diabetes Prevalence
Family Planning	<ul style="list-style-type: none"> • Teenage Births 	
Heart Disease	<ul style="list-style-type: none"> • Heart Disease Deaths • Stroke Deaths • Taking Action for Hypertension • Cholesterol Tests • Taking Action for High Cholesterol • Cardiovascular Risk Factors 	<ul style="list-style-type: none"> • Heart Disease Prevalence • Hypertension • High Cholesterol
HIV/AIDS		<ul style="list-style-type: none"> • HIV Tests • HIV Incidence
Housing	<ul style="list-style-type: none"> • Displacement 	
Immunization & Infectious Disease	<ul style="list-style-type: none"> • Measles, Mumps and Rubella • Pertussis • Hepatitis C 	<ul style="list-style-type: none"> • Tuberculosis • Hepatitis A
Injury & Violence	<ul style="list-style-type: none"> • Motor Vehicle Deaths • Seat Belt Usage (Child and Adult) • Homicides • Violent Crime 	<ul style="list-style-type: none"> • Domestic Violence
Infant Health	<ul style="list-style-type: none"> • Prenatal Care • Low Birthweight • Infant Deaths • Neonatal Deaths 	
Kidney Disease	<ul style="list-style-type: none"> • Kidney Disease Deaths 	
Mental Health	<ul style="list-style-type: none"> • Seeking Help for Chronic Depression 	<ul style="list-style-type: none"> • Suicides
Oral Health		<ul style="list-style-type: none"> • Recent Dental Visits
Nutrition & Overweight	<ul style="list-style-type: none"> • Fruit/Vegetable Consumption • Overweight/Obesity (Child) • Exercise and Diet to Lose Weight • Medical Advice on Weight 	<ul style="list-style-type: none"> • Overweight and Obesity (Adult)
Overall Health	<ul style="list-style-type: none"> • Overall Mortality Rate 	<ul style="list-style-type: none"> • Activity Limitations

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	 FAVORABLE TRENDS	 UNFAVORABLE TRENDS
Physical Activity & Fitness	<ul style="list-style-type: none">• Moderate and Vigorous Physical Activity	<ul style="list-style-type: none">• Walking Regularly
Respiratory Disease	<ul style="list-style-type: none">• CLRD Deaths• Pneumonia/Influenza Deaths	<ul style="list-style-type: none">• Chronic Lung Disease Prevalence
STDs	<ul style="list-style-type: none">• Hepatitis B	<ul style="list-style-type: none">• Gonorrhea• Syphilis• Chlamydia
Substance Abuse	<ul style="list-style-type: none">• Liver Disease Deaths	<ul style="list-style-type: none">• Drug-Induced Deaths
Tobacco Use	<ul style="list-style-type: none">• Smoker At Home• Smoker At Home With Children	
Vision	<ul style="list-style-type: none">• Recent Eye Exams	

Top Community Health Concerns Among Focus Group Participants

Among Community Key Informants

At the conclusion of the key informant focus groups, participants were asked to write down what they individually perceive as the top five health priorities for the community, based on the group discussion as well as on their own experiences and perceptions. Their responses were collected, categorized and tallied to produce the top-ranked priorities as identified among key informants. These should be used to complement and corroborate findings that emerge from the quantitative dataset.

1. **Access**
2. **Education**
3. **Obesity, including Nutrition**
4. **Mental Health**

Top Health Concerns Among Youth Key Informants



























































1. **Drugs & Alcohol**
2. **Food choices**
3. **Physical Activity**
4. **Bullying**
5. **Smoking**







Comparisons With Benchmark Data













The following tables provide an overview of indicators in Rapides Parish. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

















































Reading the Summary Tables






















































- In the following charts, Rapides Parish results are shown in the larger, blue column.
- The orange columns to the right of the Rapides Parish column provide comparisons between Rapides Parish and any available regional, state and national findings, as well as Healthy People 2020 targets. Symbols indicate whether Rapides Parish compares favorably (☀️), unfavorably (💜), or comparably (☁️) to these external data.
- The pink column (far right) provides trending results. Symbols indicate whether Rapides Parish has changed favorably (☀️), unfavorably (💜), or is statistically unchanged (☁️) compared to baseline data (i.e., the earliest data presented in this report).

















Access to Health Services	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% [Age 18-64] Lack Health Insurance	21.6	 22.1	 26.8	 15.1	 0.0	 25.4
% [65+] With Medicare Supplement Insurance	67.1	 65.4		 68.1		 66.0
% [Insured/No Medicare] Insurance Covers Prescriptions	92.9	 94.5				 89.0
[Insured] Insurance Covers Both Dr/Hosp Visits	98.4	 97.9				 97.2
% Difficulty Accessing Healthcare in Past Year (Composite)	34.9	 36.8		 39.9		 43.5
% Inconvenient Hrs Prevented Dr Visit in Past Year	10.3	 11.2		 15.4		 13.5
% Cost Prevented Getting Prescription in Past Year	10.3	 16.7		 15.8		 24.6
% Cost Prevented Physician Visit in Past Year	13.5	 15.7		 18.2		 17.4
% Difficulty Getting Appointment in Past Year	13.3	 13.4		 17.0		 17.8
% Difficulty Finding Physician in Past Year	9.2	 10.9		 11.0		 13.2
% Transportation Hindered Dr Visit in Past Year	6.1	 8.5		 9.4		 11.0
% Difficulty Getting Child's Healthcare in Past Year	0.7	 2.2		 6.0		 11.1
% [Age 18+] Have a Specific Source of Ongoing Care	70.6	 73.8		 76.3	 95.0	 69.0
% [Age 18-64] Have a Specific Source of Ongoing Care	69.7	 72.3		 75.6	 89.4	
% [Age 65+] Have a Specific Source of Ongoing Care	75.5	 80.7		 80.0	 100.0	
% Have Had Routine Checkup in Past Year	70.3	 70.1		 65.0		 69.6
% Child Has Had Checkup in Past Year	88.6	 89.7		 84.1		 81.3
% Two or More ER Visits in Past Year	12.5	 12.2		 8.9		 13.7
		 better  similar  worse				









Vision	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% Eye Exam in Past 2 Years	64.7	 56.9		 56.8		 57.6
			 better	 similar	 worse	










































Oral Health	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% [Age 18+] Dental Visit in Past Year	55.3	 52.0	 63.9	 65.9	 49.0	 62.0
% Child [Age 2-17] Dental Visit in Past Year	90.4	 85.6		 81.5	 49.0	 87.2
			 better	 similar	 worse	













Heart Disease & Stroke	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Diseases of the Heart (Age-Adjusted Death Rate)	254.8	 246.6	 232.6	 184.7	 158.9	 306.2
Stroke (Age-Adjusted Death Rate)	63.9	 49.4	 47.0	 40.3	 33.8	 76.6
% Heart Disease (Heart Attack, Angina, Coronary Disease)	11.4	 9.8		 6.1		 6.7
% Stroke	3.5	 4.2	 3.8	 3.9		 1.9
% Blood Pressure Checked in Past 2 Years	95.8	 96.1		 91.0	 92.6	 95.3
% Told Have High Blood Pressure (Ever)	45.5	 44.3	 38.4	 34.1	 26.9	 32.8
% [HBP] Taking Action to Control High Blood Pressure	93.6	 93.0		 89.2		 87.5
% Cholesterol Checked in Past 5 Years	87.8	 86.7	 74.1	 86.6	 82.1	 81.9
% Told Have High Cholesterol (Ever)	34.4	 33.8	 38.8	 29.9	 13.5	 27.1
% [HBC] Taking Action to Control High Blood Cholesterol	87.8	 86.4		 81.4		 68.3
% 1+ Cardiovascular Risk Factor	89.6	 90.3		 82.3		 93.0
			 better	 similar	 worse	








Cancer	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Cancer (Age-Adjusted Death Rate)	193.5	 203.6	 200.6	 174.2	 160.6	 225.7
Lung Cancer (Age-Adjusted Death Rate)	63.6	 65.3	 62.7	 51.6	 45.5	
Prostate Cancer (Age-Adjusted Death Rate)	25.2	 28.9	 29.5	 25.0	 21.2	
Female Breast Cancer (Age-Adjusted Death Rate)	24.8	 23.8	 27.5	 23.9	 20.6	
Colorectal Cancer (Age-Adjusted Death Rate)	19.6	 21.6	 20.8	 17.7	 14.5	
% Cancer	5.5	 6.7				 8.4
% [Men 50+] Prostate Exam in Past 2 Years	72.7	 73.8		 75.0		 83.0
% [Women 40+] Mammogram in Past 2 Years	75.1	 71.9	 76.3	 80.1		
% [Women 50-74] Mammogram in Past 2 Years	76.3	 73.5	 78.5	 83.6	 81.1	 82.3
% [Women 21-65] Pap Smear in Past 3 Years	79.4	 78.5	 83.1	 83.9	 93.0	 85.6
% [Age 50+] Sigmoid/Colonoscopy Ever	71.8	 69.3	 60.8	 75.2		 47.4
% [Age 50+] Blood Stool Test in Past 2 Years	32.8	 31.7	 19.1	 36.9		 44.7
% [Age 50-75] Colorectal Cancer Screening	67.9	 67.7		 75.1	 70.5	
		 better  similar  worse				








Respiratory Diseases	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
CLRD (Age-Adjusted Death Rate)	44.1	 47.8	 43.4	 43.2		 54.3
Pneumonia/Influenza (Age-Adjusted Death Rate)	27.0	 25.4	 20.6	 16.4		 28.6
% Chronic Lung Disease	15.1	 13.1	 6.9	 8.6		 9.9
% [Adult] Currently Has Asthma	8.4	 9.0	 6.4	 9.4		 9.6









Respiratory Diseases (continued)	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% Child [Age 0-17] Asthma (Ever Diagnosed)	17.5	 14.6		 12.5		 20.8
% [Child 0-17] Currently Has Asthma	10.9	 8.6		 7.1		
			 better	 similar	 worse	








Injury & Violence Prevention	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Unintentional Injury (Age-Adjusted Death Rate)	46.2	 52.1	 49.1	 38.2	 36.0	 45.2
Motor Vehicle Crashes (Age-Adjusted Death Rate)	19.2	 23.4	 18.5	 11.9	 12.4	 21.5
% "Always" Wear Seat Belt	88.1	 83.8	 95.2	 84.8	 92.0	 67.6
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	97.1	 92.2		 92.2		 80.6
% Child [Age 5-17] "Always" Wears Bicycle Helmet	15.5	 18.3		 48.7		
Firearm-Related Deaths (Age-Adjusted Death Rate)	13.9	 13.4	 18.6	 10.2	 9.2	 14.1
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	22.5	 24.0		 16.8		
Homicide (Age-Adjusted Death Rate)	9.1	 7.1	 12.3	 5.6	 5.5	 9.9
% Victim of Violent Crime in Past 5 Years	1.8	 2.1		 2.8		 3.5
% Victim of Domestic Violence (Ever)	15.3	 13.8		 15.0		 4.4
			 better	 similar	 worse	













































Diabetes	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Diabetes Mellitus (Age-Adjusted Death Rate)	13.1	 24.0	 28.2	 21.3	 20.5	 34.5
% Diabetes/High Blood Sugar	15.0	 14.1	 11.8	 11.7		 10.1
			 better	 similar	 worse	












Chronic Kidney Disease	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Kidney Disease (Age-Adjusted Death Rate)	22.6	 25.5	 27.2	 15.2		 25.4
			 better	 similar	 worse	





























Alzheimer's Disease	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Alzheimer's Disease (Age-Adjusted Death Rate)	49.7	 37.9	 32.1	 25.0		 38.8
			 better	 similar	 worse	























Arthritis	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% Arthritis/Rheumatism	21.7	 23.9		 20.1		 31.2
% [50+] Arthritis/Rheumatism	35.4	 40.4		 37.3		
			 better	 similar	 worse	
















Nutrition & Weight Status	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% Eat 5+ Servings of Fruit or Vegetables per Day	34.7	 34.9		 39.5		 22.4
% Eat 2+ Servings of Fruit per Day	46.9	 46.9				 31.2
% Eat 3+ Servings of Vegetables per Day	31.8	 29.5				 27.4
































Nutrition & Weight Status (continued)	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% Difficulty Getting Fresh Fruits & Vegetables	11.3	 13.6				 13.7
% [Adult] Has 1+ Sugar-Sweetened Drink per Day	59.6	 63.9				 63.3
% [Adult] Has 3+ Fast Food Meals per Week	30.6	 27.5				
% Child [Age 2-17] Eats 5+ Fruits/Vegetables per Day	48.0	 55.4				 51.2
% Child [Age 2-17] Has 1+ Sugar-Sweetened Drink per Day	68.9	 67.0				 66.4
% Child [Age 5-17] Has 3+ Fast Food Meals per Week	35.1	 32.8				 34.1
% Medical Advice on Nutrition in Past Year	38.8	 36.2		 39.2		
% Healthy Weight (BMI 18.5-24.9)	26.2	 26.0	 30.6	 34.4	 33.9	 31.9
% Overweight	72.5	 72.7	 67.5	 63.1		 65.8
% Obese	40.9	 38.2	 33.4	 29.0	 30.5	 28.3
% Medical Advice on Weight in Past Year	26.6	 25.1		 23.7		
% [Obese Adults] Couseled About Weight in Past Year	41.4	 42.1		 48.3		
% [Overweights] Trying to Lose Weight Both Diet/Exercise	39.8	 39.5		 39.5		 29.0
% Children [Age 6-17] Overweight	37.7	 34.1		 29.7		 54.8
% Children [Age 6-17] Obese	23.7	 20.9		 13.7	 14.5	 38.9
			 better	 similar	 worse	


















Physical Activity	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% [Employed] Job Entails Mostly Sitting/Standing	56.7	 53.2		 63.8		 53.4
% No Leisure-Time Physical Activity	31.3	 30.3	 33.8	 20.7	 32.6	 33.7
% Meeting Physical Activity Guidelines	43.3	 45.7		 50.3		 40.0




















Physical Activity (continued)	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% Moderate Physical Activity	25.7	 26.8		 30.6		 17.7
% Vigorous Physical Activity	34.6	 35.4		 38.0		 28.8
% Strengthening Activity (2+ Times/Week)	28.1	 28.3				 29.1
% Walk Regularly (5+ Times Per Week For >10 Minutes)	30.2	 30.9				 38.3
% Medical Advice on Physical Activity in Past Year	40.8	 37.2		 44.0		
% Child [Age 5-17] Physically Active on a Regular Basis	87.0	 85.1				
% Child [Age 5-17] Moderate Physical Activity	65.6	 63.3				
% Child [Age 5-17] Vigorous Physical Activity	81.3	 80.2				
% Child [Age 5-17] Watches TV 3+ Hours per Day	28.5	 25.3		 39.3		 35.3
% Child [Age 5-17] Non-TV Screen Time 3+ Hours per Day	15.3	 15.3		 15.0		
% Child [Age 5-17] 3+ Hours per Day of Total Screen Time	54.7	 51.4		 54.7		 45.7
% "Fair/Poor" Local Physical Activity Opportunities	29.3	 35.9				 28.7
		 better  similar  worse				






















Substance Abuse	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	8.9	 9.0	 8.0	 9.2	 8.2	 10.3
% Current Drinker	44.7	 44.6	 49.6	 56.5		
% Chronic Drinker (Average 2+ Drinks/Day)	4.4	 5.4		 5.2		 4.1
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	13.2	 13.9	 16.1	 19.5	 24.4	 14.8
% Drinking & Driving in Past Month	2.4	 2.0		 5.0		 3.7
% Driving Drunk or Riding with Drunk Driver	4.9	 4.2		 8.6		 4.2












Substance Abuse (continued)	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Drug-Induced Deaths (Age-Adjusted Death Rate)	13.6	 13.7	 14.5	 12.7	 11.3	 5.8
% Illicit Drug Use in Past Month	2.7	 2.1		 4.0	 7.1	 2.0
% Ever Sought Help for Alcohol or Drug Problem	4.2	 3.8		 4.9		 3.5
		 better  similar  worse				



















































Tobacco Use	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% Current Smoker	22.0	 22.5	 25.7	 14.9	 12.0	 21.6
% Someone Smokes at Home	14.4	 16.8		 12.7		 24.6
% [Non-Smokers] Someone Smokes in the Home	7.6	 8.2		 6.3		
% [Household With Children] Someone Smokes in the Home	13.5	 17.0		 9.7		 23.8
% [Smokers] Received Advice to Quit Smoking	64.8	 60.7		 67.8		 65.3
% [Smokers] Have Quit Smoking 1+ Days in Past Year	46.5	 54.9		 55.9	 80.0	 45.8
% Aware of Smoking Cessation Services/Programs	47.6	 38.6				 45.4
% Believe Most People Think "Definitely Should Not Smoke"	39.7	 37.8				 41.8
% Use Smokeless Tobacco	5.3	 7.7		 4.0	 0.3	 4.3
		 better  similar  worse				









General Health Status	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% "Fair/Poor" Overall Health	20.4	 22.2	 23.0	 15.3		 17.5
% Activity Limitations	26.4	 26.2	 26.1	 21.5		 19.4
% 4+ Days Health Prevented Usual Activities	18.3	 18.6				 16.6
Mortality, All Causes (Age-Adjusted Death Rate)	933.4	 929.7	 919.2	 757.2		 1083.7
		 better  similar  worse				
















Mental Health & Mental Disorders	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% "Fair/Poor" Mental Health	13.5	 13.8		 11.9		 14.6
% Major Depression	14.6	 14.8				
% Symptoms of Chronic Depression (2+ Years)	27.7	 29.2		 30.4		 28.7
Suicide (Age-Adjusted Death Rate)	11.7	 11.4	 11.1	 11.8	 10.2	 11.0
% [Those With Chronic Depression] Seeking Help	49.3	 49.0		 53.0	 64.6	 39.4
		 better  similar  worse				











Maternal, Infant & Child Health	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% Less Than Adequate Prenatal Care	7.0	 12.2	 14.9			 10.3
% of Low Birthweight Births	9.9	 9.9	 10.9	 8.2	 7.8	 10.4
Infant Death Rate	8.5	 6.7	 8.5	 6.5	 6.0	 13.9
Neonatal Death Rate	3.5	 3.0	 4.7	 4.2	 4.1	 8.9
		 better  similar  worse				










Family Planning	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% of Births to Unwed Mothers	52.2	 47.4	 53.1	 40.8		 52.6
% Births to Teenagers	13.0	 13.1	 11.4	 9.3		 15.2
		 better  similar  worse				

Immunization & Infectious Diseases	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Measles per 100,000	0.0	 0.0	 0.0	 0.0		 0.0
Mumps per 100,000	0.0	 0.0	 0.1	 0.5		 0.0
Rubella per 100,000	0.0	 0.0	 0.0	 0.0		 0.0
Pertussis per 100,000	0.3	 0.1	 0.9	 6.9		 0.8
Hepatitis C Incidence per 100,000	0.3	 0.2	 0.2	 0.3	 0.3	 0.8
% [Age 65+] Flu Shot in Past Year	76.5	 74.2	 70.2	 57.5	 90.0	 69.4
% [High-Risk 18-64] Flu Shot in Past Year	48.6	 46.1		 45.9	 90.0	
% [Age 65+] Pneumonia Vaccine Ever	73.8	 74.0	 69.1	 68.4	 90.0	 63.1
% [High-Risk 18-64] Pneumonia Vaccine Ever	42.4	 41.6		 41.9	 60.0	
Tuberculosis Incidence per 100,000	3.5	 2.5	 3.8	 3.6	 1.0	 2.8
Hepatitis A Incidence per 100,000	0.8	 0.4	 0.2	 0.5	 0.3	 0.5
		 better  similar  worse				

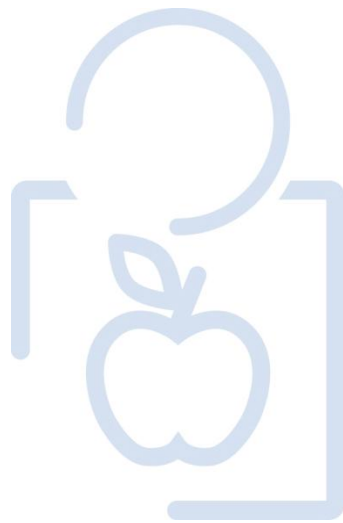
Sexually Transmitted Diseases	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Gonorrhea Incidence per 100,000	239.7	 173.6	 196.5	 101.0		 206.5
Primary & Secondary Syphilis Incidence per 100,000	9.8	 6.6	 9.7	 4.5		 1.0

Sexually Transmitted Diseases (continued)	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Chlamydia Incidence per 100,000	720.7	 616.9	 642.3	 429.6	 461.3	
Hepatitis B Incidence per 100,000	0.8	 0.6	 1.2	 1.1	 1.6	
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	8.0	 9.1		 11.7		
% [Unmarried 18-64] Using Condoms	38.8	 43.1		 33.6		
	<div>better</div> <div>similar</div> <div>worse</div>					

HIV	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
HIV/AIDS Incidence per 100,000	23.1	 21.0	 26.1			 21.8
% [Age 18-44] HIV Test in the Past Year	25.0	 28.0		 19.3	 18.9	 36.4
						
		better	similar	worse		

Housing	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% "Fair/Poor" Condition of Neighborhood Homes	12.6	 15.7				 15.1
% "Fair/Poor" Availability of Affordable Housing	40.3	 48.7				 40.1
% Displaced From Housing in Past 2 Years	10.7	 10.8				 15.0
						
		better	similar	worse		

ACCESS TO HEALTHCARE SERVICES

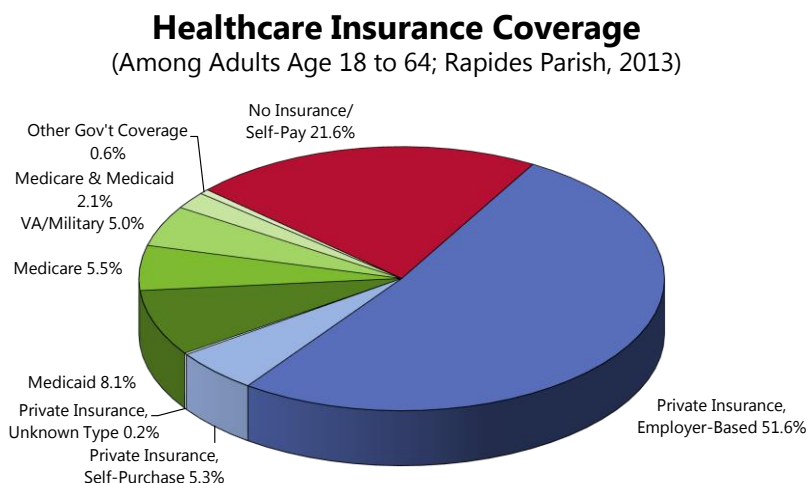


Health Insurance Coverage

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

Type of Healthcare Coverage

A total of 57.1% of Rapides Parish adults age 18 to 64 report having healthcare coverage through private insurance. Another 21.3% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 209]
Notes: • Reflects respondents aged 18 to 64.

Hospital & Physician Coverage

Among insured adults, the vast majority (98.4%) are at least partially covered for both physician and hospital visits.

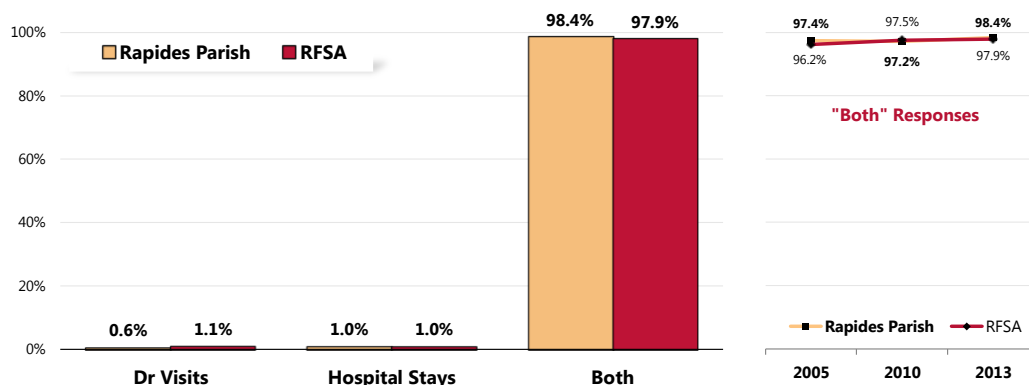
- Statistically similar to the regional (RFSA) prevalence.
- Statistically similar to the 2005 survey results. Note that this item was not addressed in the initial 2002 survey.

NOTE

Trends are measured against baseline data – i.e., the earliest year that data are available.

Aspects of Healthcare Coverage

(Among Insured Adults, Excluding Medicare-Only; 2013)



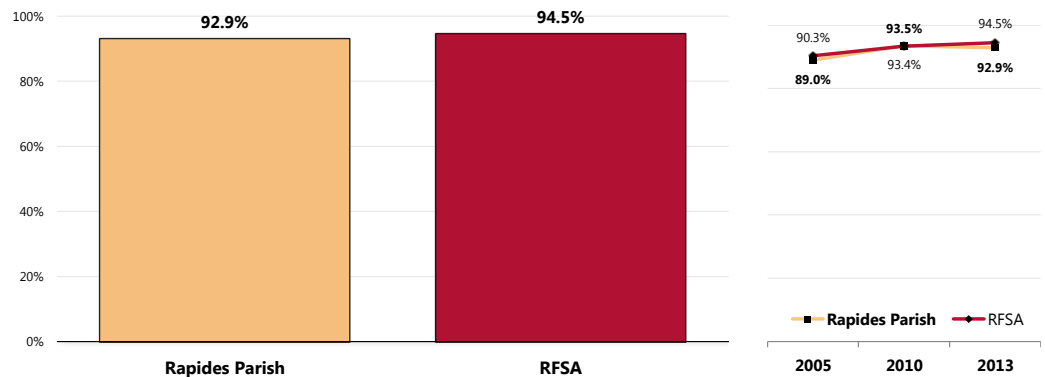
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]
Notes: • Asked of all respondents with healthcare coverage (excluding those with Medicare only).

Prescription Drug Coverage

Among insured adults (excluding those with Medicare), 92.9% report having prescription coverage as part of their insurance plan.

- Similar to the RFSA figure.
- ▣ Marks a statistically significant increase since 2005.

Insurance Covers At Least Partial Prescriptions (Among Insured Respondents, Excluding Those With Medicare; 2013)



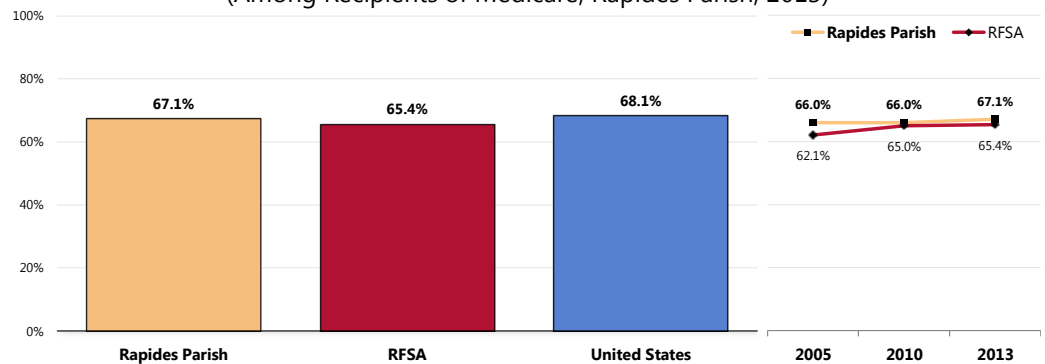
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 80]
Notes: • Asked of all insured respondents without Medicare.

Supplemental Medicare Coverage

Among Medicare recipients, 67.1% report that they have additional supplemental insurance.

- Comparable to what is found throughout the RFSA.
- Comparable to the prevalence among Medicare recipients nationwide.
- ▣ Statistically unchanged in Rapides Parish since the 2005 survey.

Have Additional Supplemental Coverage (Among Recipients of Medicare; Rapides Parish, 2013)




Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 78]
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents with Medicare coverage.

Lack of Health Insurance Coverage

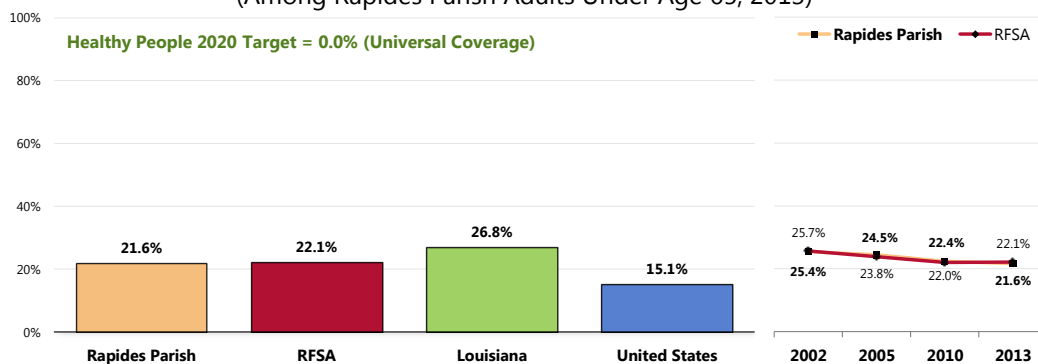
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 21.6% report having no insurance coverage for healthcare expenses.

- Similar to what was found regionally.
 - More favorable than the state finding.
 - Less favorable than the current national finding.
 - The Healthy People 2020 target is universal coverage (0% uninsured).
-  The prevalence of adults under 65 without healthcare insurance coverage remained unchanged in Rapides Parish since 2002.

Lack of Healthcare Insurance Coverage

(Among Rapides Parish Adults Under Age 65, 2013)



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 209]
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana data.
- 2013 PRC National Health Survey, Professional Research Consultants.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

Notes:

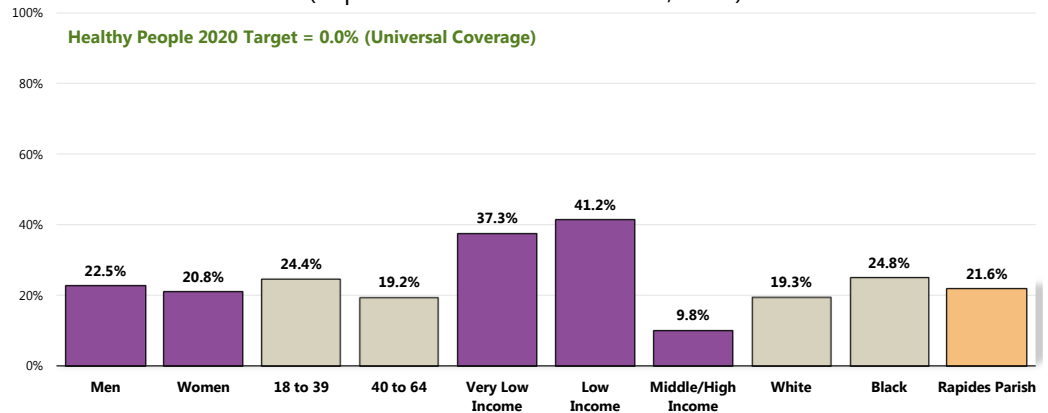
- Asked of all respondents under the age of 65.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

The following chart further examines lack of insurance coverage by various key demographic characteristics. Note that the following population segments are more likely to be without healthcare insurance coverage:

👤 Residents living at lower incomes.

Lack of Healthcare Insurance Coverage

(Rapides Parish Adults Under 65, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 209]
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]
Notes: • Asked of all respondents under the age of 65.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Charts throughout this report (such as shown here at right) detail survey findings among key demographic groups – namely by gender, age groups, income (based on poverty status), and race.

NOTE

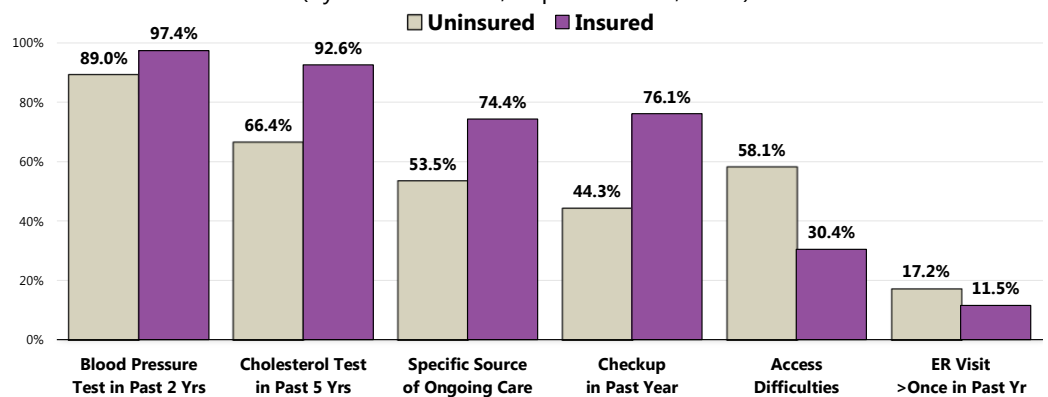
In demographic survey charts, "White" and "Black" represent non-Hispanic race categorizations.

Impact of Poor Access

Uninsured adults in Rapides Parish are much less likely to receive routine care and preventive health screenings, and much more likely to encounter healthcare access difficulties.

Preventive Healthcare

(By Insured Status; Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 18, 23, 40, 43, 210, 213]
Notes: • Asked of all respondents.

Difficulties Accessing Healthcare

Access to quality care is important to eliminate health disparities and increase the quality and years of healthy life for all persons in the United States. Access to high-quality healthcare across each of the components in the continuum of care must be improved to realize the full potential of prevention. For example, success in reducing the burden of heart disease and narrowing the gap in heart disease outcomes between different racial groups will depend on several factors. These factors include ensuring access to clinical preventive services, such as blood pressure and cholesterol screening; effective primary care to educate people about modifiable risk factors, such as smoking, and to manage effectively chronic conditions like hypertension; high-quality emergency services to improve outcomes of acute cardiac events; and access to rehabilitative and long-term care for heart disease patients.

Improving access to appropriate preventive care requires addressing many barriers, including those that involve the patient, provider, and system of care. Patient barriers include lack of knowledge, skepticism about the effectiveness of prevention, lack of a usual source of primary care, and lack of money to pay for preventive care. Having health insurance, a high income, and a primary care provider are strong predictors that a person will receive appropriate preventive care.

— Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

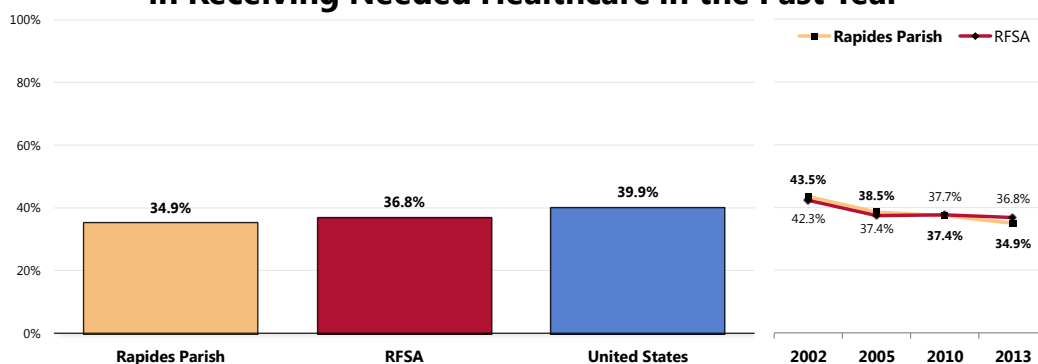
Difficulties Accessing Services

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

A total of 34.9% of Rapides Parish adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Similar to what was found throughout the RFSA.
- Better than the national figure.
- ▨ Denotes a statistically significant improvement since 2002.

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



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 213]
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents.

Note that the following demographic groups more often report difficulties accessing healthcare services:

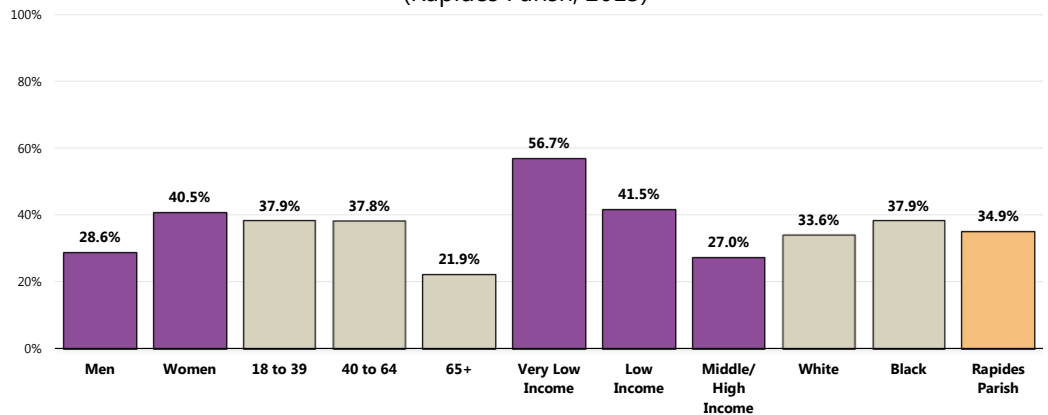
👥 Women.

👥 Adults under the age of 65.

👥 Low income, and especially very low income residents (note negative correlation with income).

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

(Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 213]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Barriers to Healthcare Access

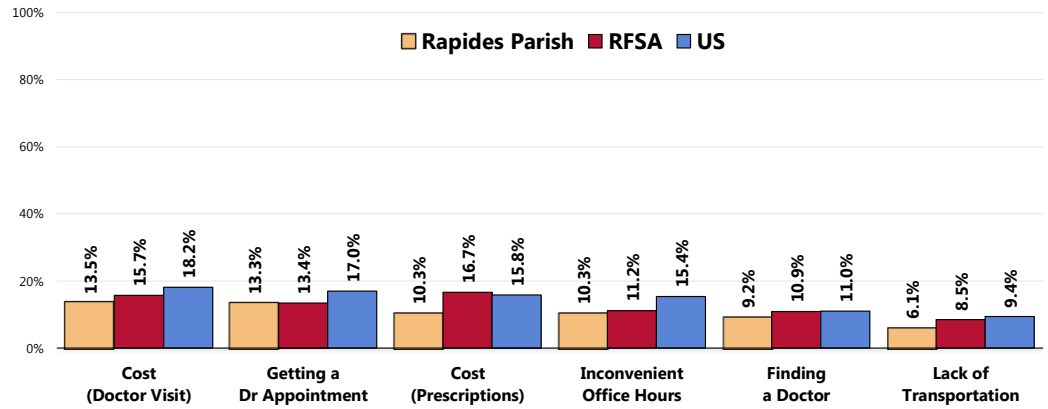
To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, cost of doctors' visits impacted the greatest share of Rapides Parish adults (13.5% say that cost prevented them using a doctor in the past year).

- The proportion of Rapides Parish adults impacted was statistically comparable to or better than that found in the region.
- The proportion of Rapides Parish adults impacted was statistically comparable to the nation for difficulty in finding doctor, and better than that found nationwide for **all other** tested barriers.

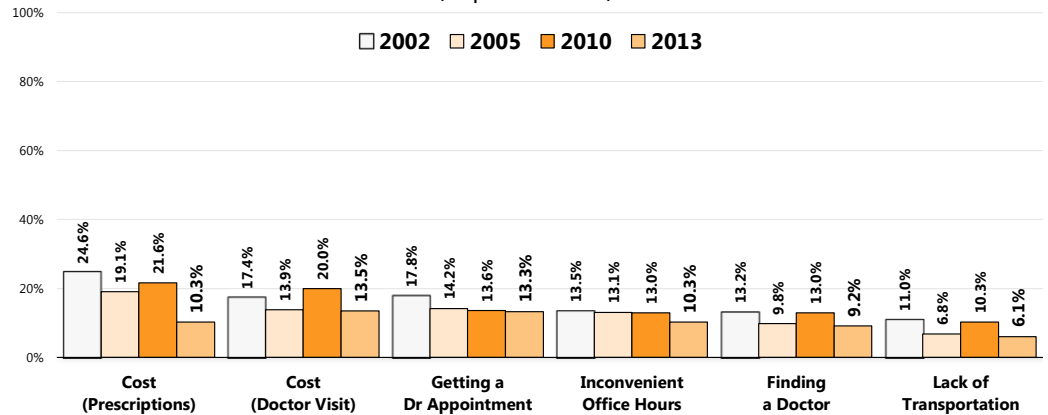
Barriers to Access Have Prevented Medical Care in the Past Year



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 9-14]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

☒ Compared to baseline 2002 data, Rapides Parish has improved for **each** of the surveyed barriers.

Trend in Access Barriers (Rapides Parish)

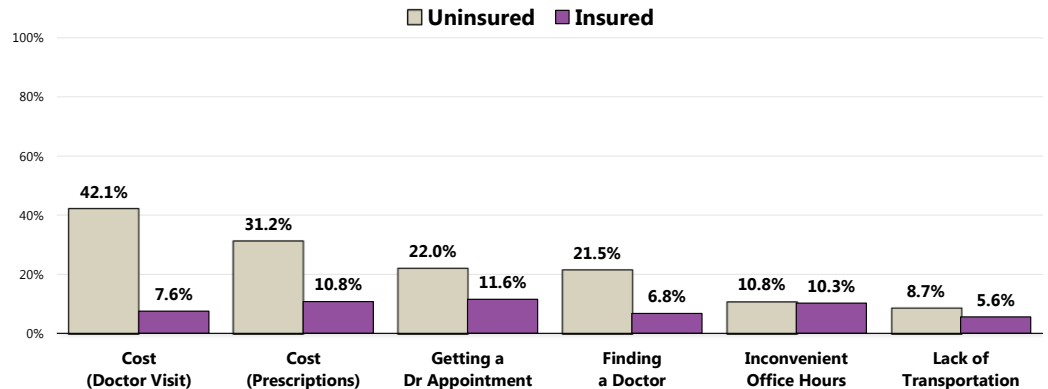


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 9-14]
 Notes: • Asked of all respondents.

As might be expected, those without health insurance are much more likely to report access barriers when compared to the insured population in Rapides Parish.

Barriers to Healthcare Access

(By Insured Status, 18+; Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 9-14]
Notes: • Asked of all respondents.

Accessing Healthcare for Children

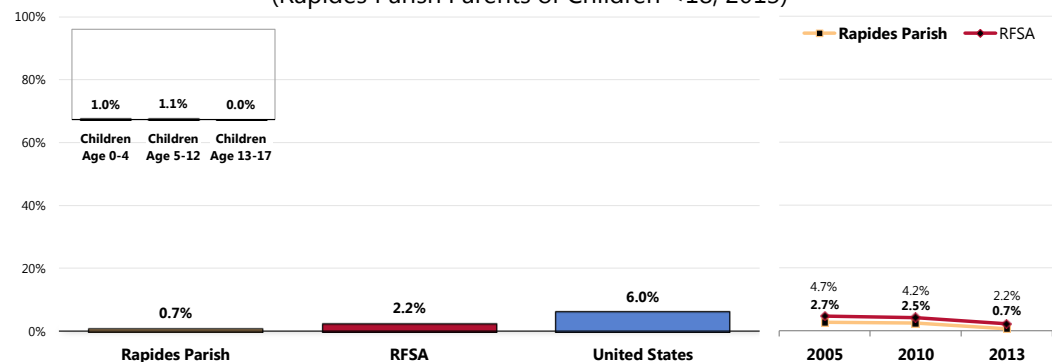
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

A total of 0.7% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- More favorable than what is found throughout the RFSA.
- More favorable than the percentage reported nationwide.
- Higher responses are noted among parents of children under age 13.
- Marks a significant improvement over time.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Rapides Parish Parents of Children <18, 2013)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 135-136]
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents with children under 18 at home.

Related Focus Group Findings: Access to Healthcare Services

Many focus group participants are concerned with access to healthcare. The main issues discussed include:

- Barriers to accessing healthcare
 - Poverty
 - Under-insured or uninsured
 - Medicaid reimbursement rate
 - Specialists
 - Transportation
- Emergency room overutilization
- Abuse of government programs

Focus group participants agree that residents encounter several **barriers** when trying to **access healthcare services** in the community. Attendees believe that health disparities exist based upon income, education level, and race. For community members who have private insurance and stable income access to medical care is relatively good. However, for residents who live in **poverty** and cannot meet their basic needs they do not think about long-term health consequences or the importance of preventative healthcare. As a respondent explains:

"I see a lot of people who are just living for right now or for the rest of today. Some of that may be related to the crime that's going on in their neighborhood and a lot of the people in their neighborhood don't make it to the next day. So it's a matter of let me just go hand to mouth. Let me get what I can now. A bag of Cheetos is easy to get. Let me do that or whatever I can get to make it through today, and then tomorrow, I'll take care of something else." — Rapides Parish Advisory Committee Member

Another participant describes the tribulations some low income residents live with:

"I used to think that before I started doing this work for a while, that getting a diagnosis that you were HIV positive was the worst that you might could hear and I quickly realized that for a lot of people who live in our community who are faced with poverty, homelessness, illiteracy, mental illness, substance abuse and all those other things getting a diagnosis of HIV is just one drop in a very large bucket that keeps people from making these healthy lifestyle choices." — Rapides Parish Social Service Agency Representative

Attendees feel that many community members do not access healthcare services until they become very ill for several reasons. Residents may not access services because of the paperwork required to obtain care, a distrust of medical providers, or the inability to take time off work. Physician office hours can also delay a resident's ability to access healthcare.

Focus group members worry that many residents are also **under-insured or uninsured**, which limit access to healthcare services. The underinsured population includes the working poor, those individuals who may qualify for employer insurance but the deductibles are too high or the monthly employee cost too much, so they elect to go without. Rural health clinics and Federally Qualified Health Centers operate in the community with sliding-fee schedules, but participants would like to see more clinics exist to serve the uninsured and under-insured populations. These organizations experience high demand and staff turnover can be an issue. In addition, Community Health Worx provides office visits and medication to uninsured *working* adults, operates in Rapides Parish. For more serious medical issues, and those requiring hospitalization, many uninsured and Medicaid residents remain dependent on the Huey P Long Memorial Hospital. This dependence concerns respondents because the state hospital continues to undergo transitions and funding reductions.

Some residents may qualify for **Medicaid**, but finding a provider who accepts that insurance can prove difficult. Attendees feel that the number of physicians who accept Medicaid has decreased in recent years, due to the low **reimbursement rate** and amount of paperwork required. Many physicians will have trouble keeping the doors open if they accept a large number of Medicaid patients or the physicians must operate the practice based upon reimbursement guidelines. This reality may not allow for the best possible care.

Overall there are a limited number of primary care providers working in Rapides Parish because it is a rural community, so even for those residents with insurance finding a provider may prove difficult. In addition, hospital systems struggle to recruit physicians because of the limited payer mix.

In addition to struggling with overall access to healthcare services, many participants worry that community members do not have access to **specialists** due to the low number of local specialty providers. Many times residents must travel outside of the area to obtain specialty care. This distance may discourage people from even attempting to access care. A participant explains:

"If a person goes to Huey P. Long and gets medical care, but they're required to have surgery, it's not done locally. Therefore they have to figure out a way to go to Shreveport, stay overnight in Shreveport, perhaps an extended period of time and get that care. So transportation back and forth to a surgical center has been an issue for most of the lower income persons." — Rapides Parish Social Service Representative

Transportation can act as a barrier because many families do not have a personal vehicle, or only possess one car for the entire family.

"There's a bus that comes over a couple times, but it's not frequent. We run all these health units in all these parishes and we did a study on this. One tenth of the women walked to the health unit. Now our population is three-quarters Medicaid and a quarter totally uninsured. So it's a poor population to start with, but 1 out of 10 women walked to the health unit and 30 percent had no fixed means of transportation." — Rapides Parish Healthcare Professional (Group 2)

Within the city of Alexandria, public transportation operates, but runs limited routes. Medicaid and Head Start provide transportation to their recipients, but one must provide notice. Other residents rely on friends, family, or a church as their main transportation option. Due to the high poverty rates in the community, friends and family may charge the person for the ride, as an attendee describes:

"I've had patients tell me that even asking a family member to get them here, they charge them money. Big money. And that use that person's car. They just charge them to drive." — Rapides Parish Health Professional

Focus group participants believe that community members also **over-utilize** the local **emergency rooms**, which equates to lengthy wait times. For many individuals who cannot afford to take time off work, the ER becomes their primary care provider. Families go to the emergency room for minor, non-emergent situations, and if the person cannot afford the bill they simply do not pay. Many urgent care clinics exist in the community to relieve the emergency rooms, but they have not been well received. A participant explains the reluctance to use an urgent care clinic:

"That's the problem. They don't want to pay for an Urgent Care visit— that's why they go to the emergency room because they can't be asked for any money upfront. And then by the time they've been treated and they're asked for money, they just say I don't have any and I'm out of here. Give me my scrip." — Rapides Parish Healthcare Professional

Many attendees also feel strongly that **abuse of government programs** persist throughout their community, describing scenarios in which residents do not obtain employment and continue to live off government subsidizes. These residents will not pay for healthcare and other treatments, but have cell phones and new technology. Other respondents describe that a number of young women in the community have children and collect government assistance checks, but the grandparents actually raise the child. A participant recalls how one woman describes proudly not working:

"We screened a woman in the program and we said, 'Well, do you work?' 'No.' 'Well, do you have a husband or a partner that lives with you that works?' 'No.' she said, and very proudly she said, 'We are a non-working household.' And I just thought, 'I don't think I'll ever get over that one.'" — Rapides Parish Social Service Representative

Some participants believe that the system does not assist individuals with getting off its programs. If residents obtain employment and lose the state benefits, but do not make enough to afford the medication, there is no incentive to obtain employment.

One healthcare professional describes how the system itself can encourage unhealthy behavior and/or the abuse:

"We have one patient that was like 40 years old, looked perfectly fine; the doctor went in the room and said I just have to know why you are on disability. And she said because I'm obese. She got on disability because she's obese." — Rapides Parish Healthcare Professional

Primary Care Services

Improving primary care across the nation depends in part on ensuring that people have a usual source of care. Having a primary care provider as the usual source of care is especially important because of the beneficial attributes of primary care. These benefits include the provision of integrated, accessible healthcare services by clinicians who are accountable for addressing a large majority of personal healthcare needs, developing a sustained partnership with patients, and practicing in the context of family and community. Increasing the number and proportion of members of underrepresented racial and ethnic groups who are primary care providers also is important because they are more likely to practice in areas where health services are in short supply and in areas with high percentages of underrepresented racial and ethnic populations.

– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

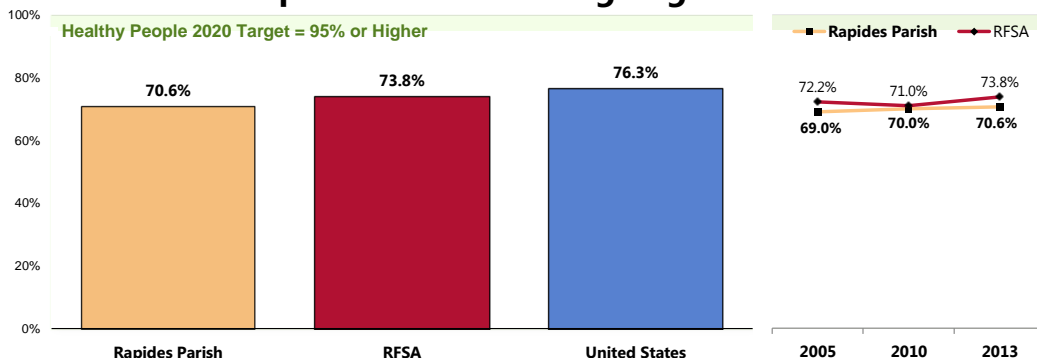
Specific Source of Ongoing Care

A total of 70.6% of Rapides Parish adults were determined to have a specific source of ongoing medical care.

- Similar to regional (RFSA) findings.
- Lower than national findings.
- Fails to satisfy the Healthy People 2020 target.
- ▣ Statistically unchanged in Rapides Parish since 2005.

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. A hospital emergency room is not considered a source of ongoing care in this instance.

Have a Specific Source of Ongoing Medical Care



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 210]
• 2013 PRC National Health Survey, Professional Research Consultants.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]
Notes: • Asked of all respondents.

When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Men.
- Young adults (under age 40).
- Very low income adults (note positive correlation with income).
- Blacks.

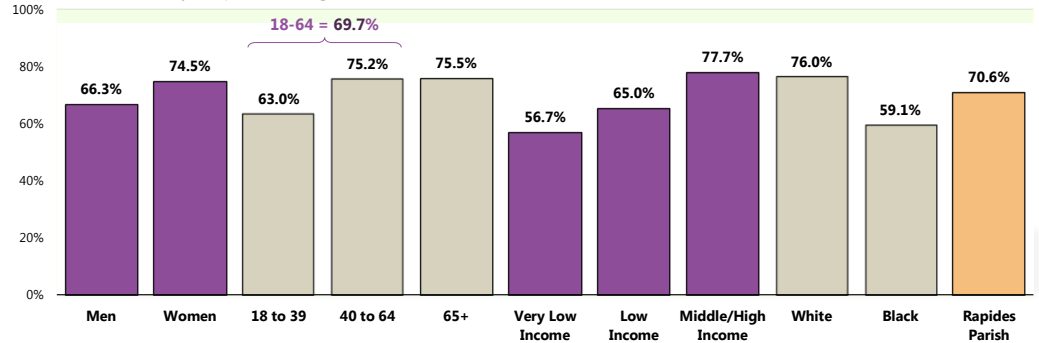
Have a Specific Source of Ongoing Medical Care

(Rapides Parish, 2013)

Healthy People 2020 Target = 95.0% or Higher

[18-64] Healthy People 2020 Target = 89.4% or Higher

[65+] Healthy People 2020 Target = 100%



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 210-212]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives AHS-5.1, 5.3, 5.4]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

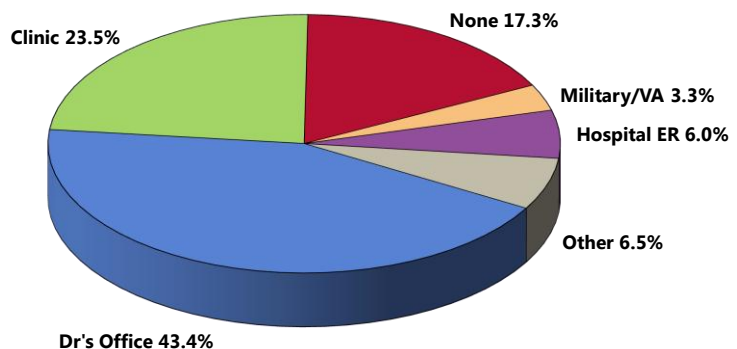
Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (43.4%) identified a particular doctor's office (comparable to the 45.8% reported nationwide).

A total of 23.5% say they usually go to some type of clinic (comparable to the 26.2% across the US), while 3.3% visit some type of military/VA facility and 6.0% rely on a hospital emergency room (higher than the 2.7% US figure).

Particular Place Utilized for Medical Care

(Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 16-17]
 Notes: • Asked of all respondents.

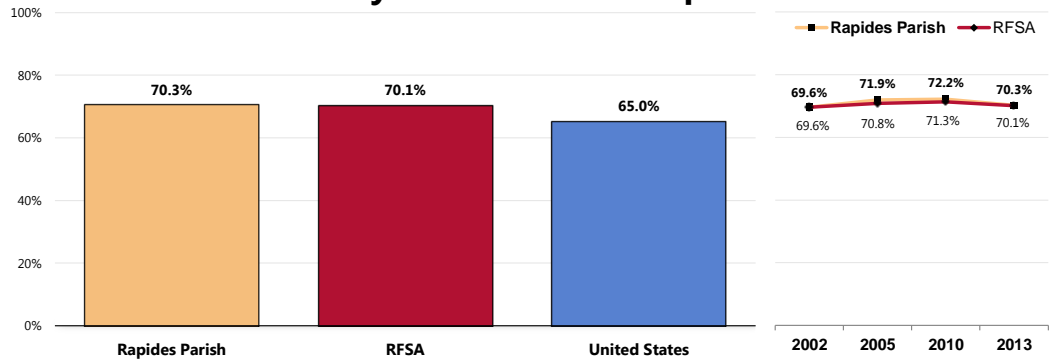
Routine Medical Care

Adults

A total of 70.3% of adults visited a physician for a routine checkup in the past year.

- Similar to regional (RFSA) findings.
- More favorable than national findings.
- ▣ Statistically unchanged from baseline findings.

Have Visited a Physician for a Checkup in the Past Year



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 18]
• 2013 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.

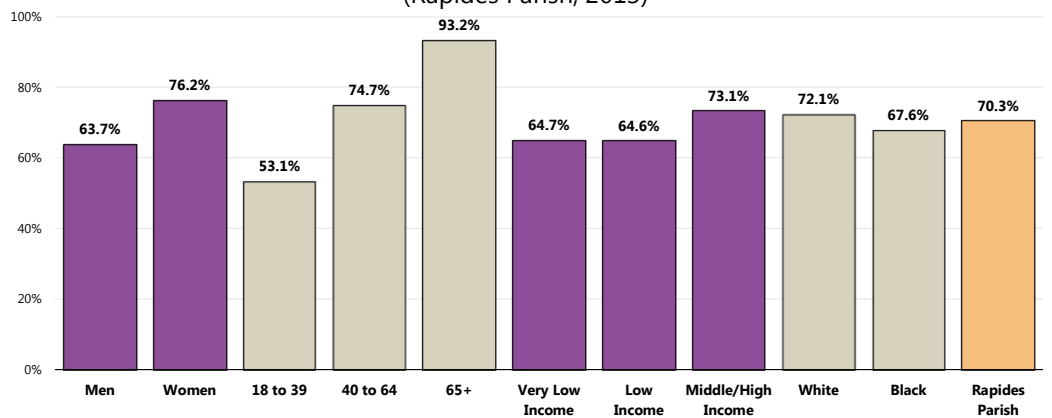
When viewed by demographic characteristics, the following populations are less likely to have received routine care in the past year:

Men.

Younger residents (note the positive correlation with age).

Have Visited a Physician for a Checkup in the Past Year

(Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]

Notes: • Asked of all respondents.

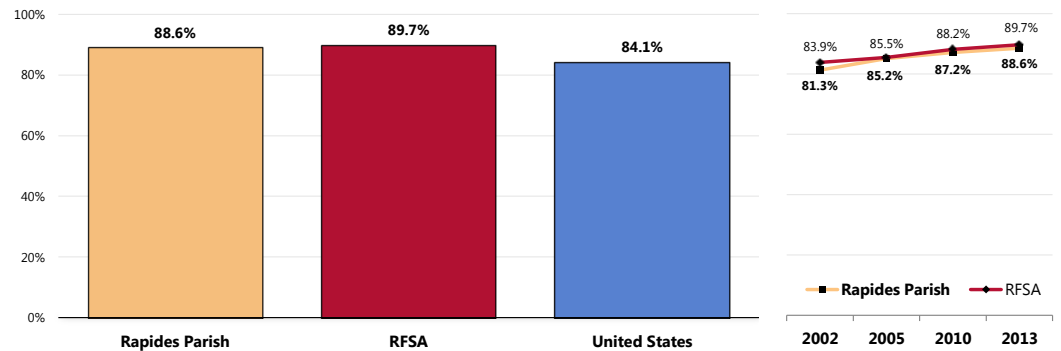
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Children

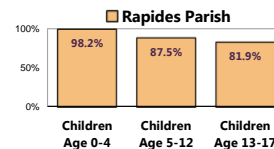
Among surveyed parents, 88.6% report that their child has had a routine checkup in the past year.

- Similar to regional findings.
- Similar to national findings.
- 📈 Note the consistent and significant increase in the proportion of children's routine checkups since 2002.
- 👨👩👧 Note that routine checkups are highest in Rapides Parish among children under age 5.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Rapides Parish Parents of Children <18, 2013)



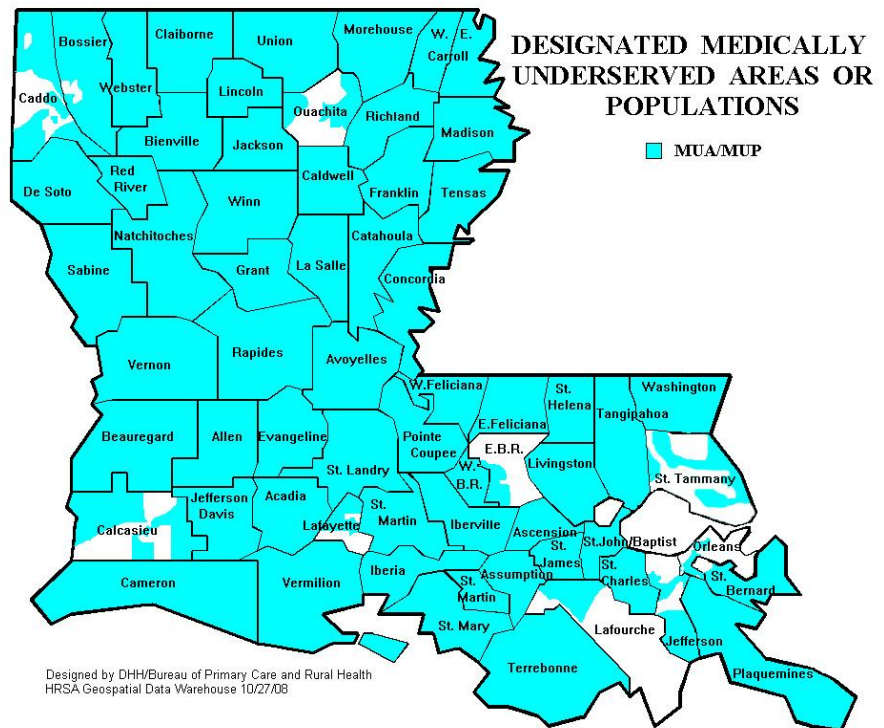
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 137]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 Notes: • Asked of all respondents with children under 18 at home.



Medically Underserved Areas/Populations (MUAs/MUPs)

Medically Underserved Areas/Populations are areas or populations designated by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) as having: too few primary care providers; high infant mortality; high poverty; and/or high elderly population.

Note in the following map that each of the nine parishes in the Rapides Foundation Service Area — including Rapides Parish — is designated as a Medically Underserved Area/Population.



Health Professional Shortage Areas: Primary Care

Health Professional Shortage Area (HPSA) designations are approved by the federal Office of Shortage Designation (OSD) in the Health Resources and Services Administration (HRSA) located in Rockville, Maryland. Louisiana's Bureau of Primary Care and Rural Health (BPCRH) typically submits requests pertaining to areas within the state. Designated HPSAs are valid for three years and are reviewed in the last year. Upon review, if the area continues to qualify, an updated request is submitted to OSD.

Several assistance programs use HPSA designations as a requirement when approving grants and other funding. These include J-1 Visa Waivers, National Health Service Corps Scholar and Loan Repayment Programs, Louisiana's State Loan Repayment Program, the 10% Bonus Medicare Incentive Program (geographic HPSAs only), designating rural health clinics (RHCs) and federally qualified health centers (FQHCs), and several grants.

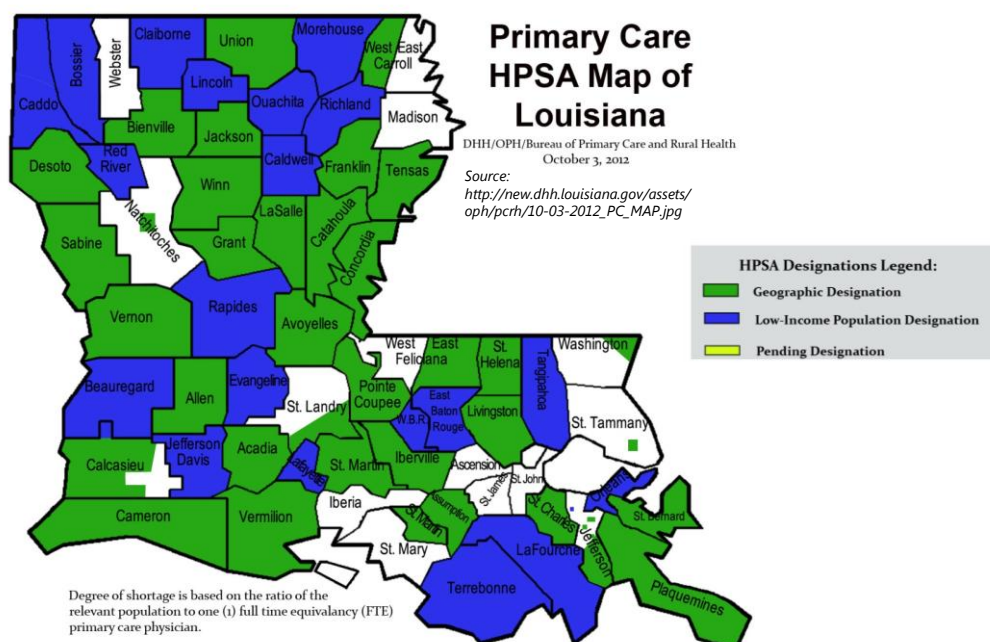
Primary Care designations pertain to an area's access to physicians that practice principally in one of the following: family practice, general practice, internal medicine, pediatrics, and OB/GYN. A ratio is used to measure the level of primary care access. To be considered underserved a ratio of $\geq 3,500$ possible patients to one (1) primary care

physician FTE (full-time equivalent) is usually required. The ratio is 3,000:1 for High Needs (High Needs is used if the 200% Federal Poverty Level for the area is over 20%). Provider FTEs are determined by taking the number of hours per week the physician spends in primary care services, either in-office or on-rounds at the hospital, divided by 40. The total of these FTEs is divided by the total resident/civilian population of the area.

For each of the three HPSA Designation types, there are three sub-categories, which include:

- **Geographic designations**—these take into account the entire population of the requested area to all available primary care physicians.
- **Population Group designations**—these are special groups. The most common of these are Low Income and Medicaid-Eligible designations. Low income designations use a ratio built upon the low income population of the area and the physicians providing services to this population. Medicaid-eligible designations are based on the number of Medicaid-eligible people and the physicians that accept Medicaid.
- **Facility designations**—these look at a facility's outpatient census, waiting times, patients' residences and in-house faculty to evaluate a facility's designation eligibility.

Rapides Parish is a low-income designated HPSA.

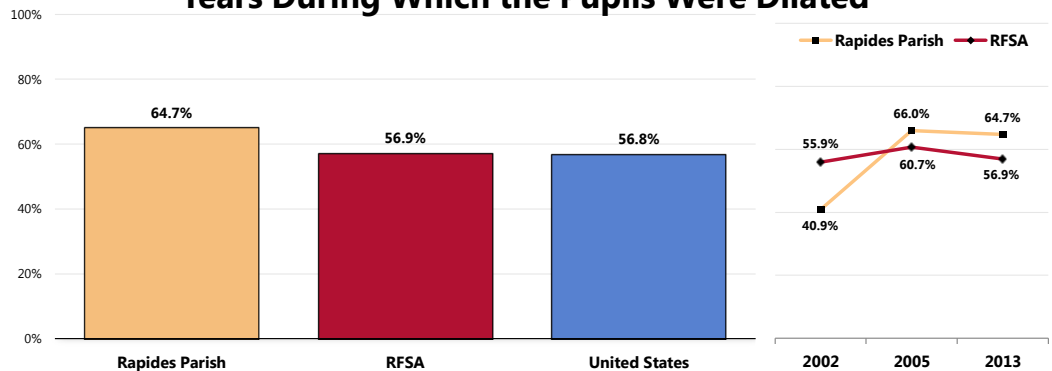


Vision Care

A total of 64.7% of Rapides Parish adults have had an eye exam in the past two years during which their pupils were dilated.

- Higher than regional (RFSA) findings.
- Higher than national findings.
- ▨ Marks a significant increase over time.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

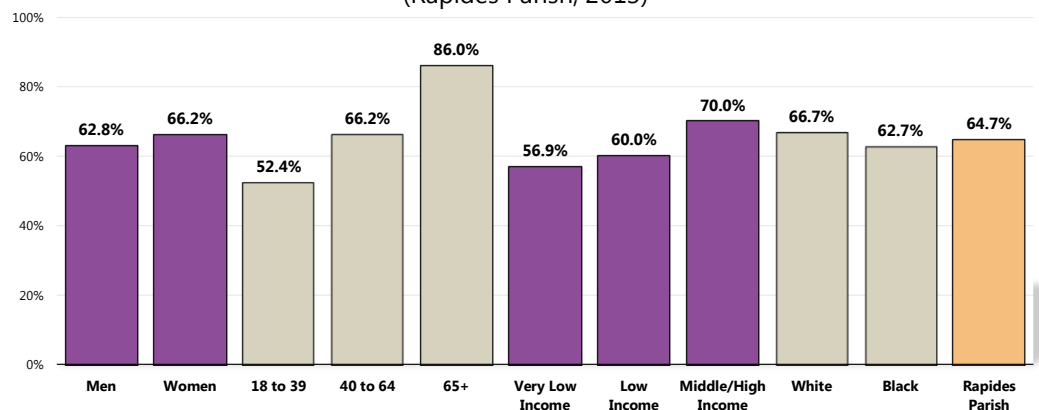


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Recent vision care is less often reported among:

- Young adults (note the positive correlation with age).
- Residents with lower incomes.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (Rapides Parish, 2013)




Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

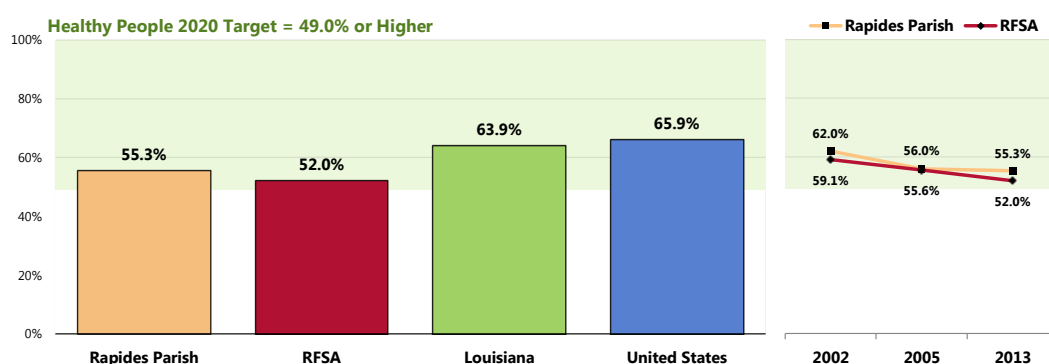
Dental Care

Adults

A total of 55.3% of Rapides Parish adults have visited a dentist or dental clinic within the past year.

- Higher than regional (RFSA) findings.
 - Lower than found statewide.
 - Lower than found nationally.
 - Satisfies the Healthy People 2020 goal (49.0% or higher).
-  Dental care in Rapides Parish has worsened since 2002.

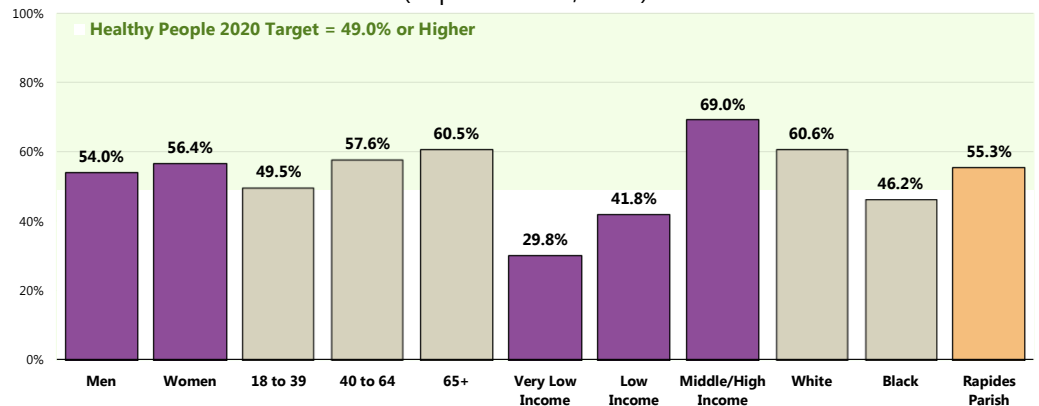
Have Visited a Dentist or Dental Clinic Within the Past Year



- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 - Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Louisiana data.
- Notes:
- Asked of all respondents.
 - Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Recent dental care in the service area is less often reported among lower-income adults (note positive correlation with income) and Blacks.

Have Visited a Dentist or Dental Clinic Within the Past Year (Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Children

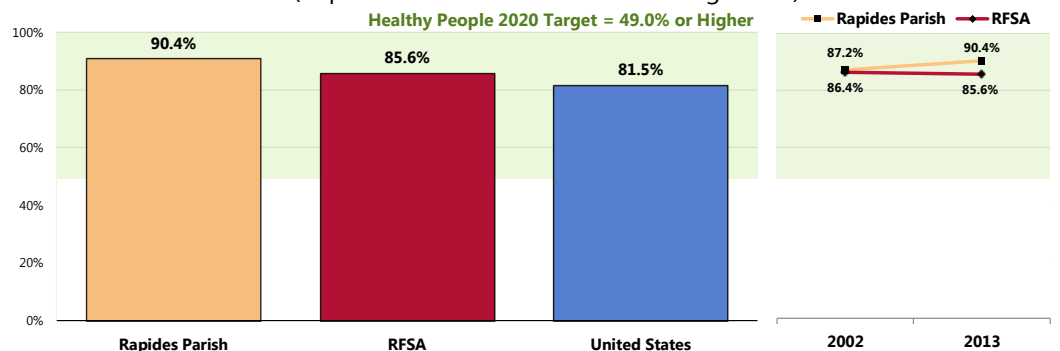
A total of 90.4% of Rapides Parish parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Statistically higher than regional (RFSA) findings.
- Statistically higher than national findings.
- Satisfies the Healthy People 2020 goal (49.0% or higher).

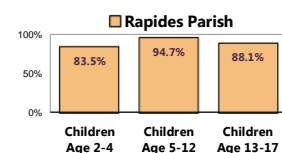
Statistically unchanged over time.

As might be expected, recent dental care is lower among children age 2-4.

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Rapides Parish Parents of Children Age 2-17)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of all respondents with children aged 2-17 at home.



Health Professional Shortage Areas: Dental Care

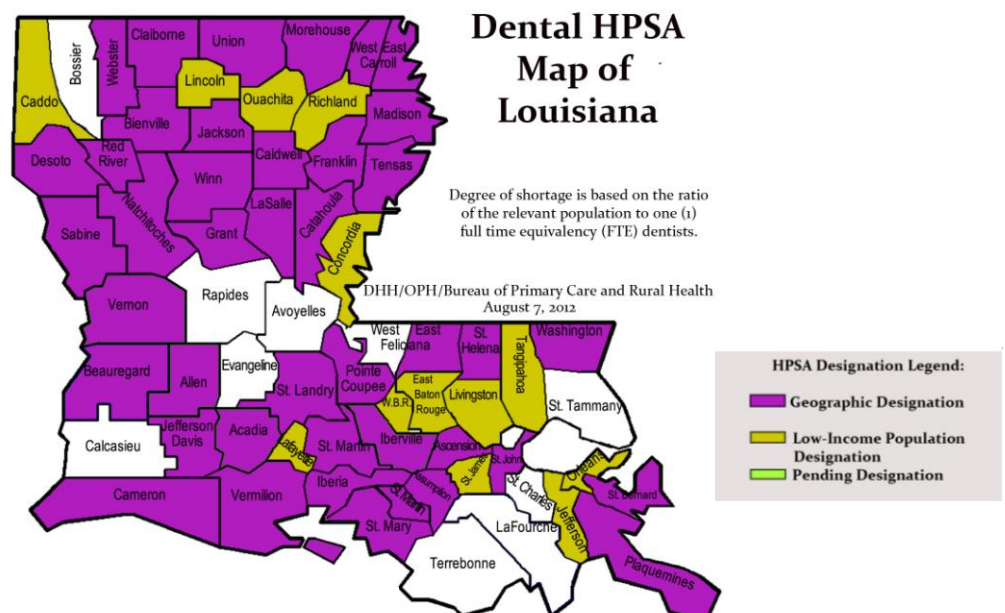
Health Professional Shortage Area (HPSA) designations are approved by the federal Office of Shortage Designation (OSD) in the Health Resources and Services Administration (HRSA) located in Rockville, Maryland. Louisiana's Bureau of Primary Care and Rural Health (BPCRHR) typically submits requests pertaining to areas within the state. Designated HPSAs are valid for three years and are reviewed in the last year. Upon review, if the area continues to qualify, an updated request is submitted to OSD.

Dental designations (like primary care designations) are approved by the Shortage Designation Branch. These are designated on a similar ratio scheme. Dental FTEs are calculated by starting with the number of hours of patient care worked per week provided by the dentist. The FTE is then weighted according to the dentist's age and number of in-house assistants the dentist employs. A ratio of $\geq 5,000$ possible patients to one (1) dentist FTE is required or 4,000:1 for High Needs areas.

For each of the three HPSA Designation types, there are three sub-categories, which include:

- **Geographic designations**—these take into account the entire population of the requested area to all available dentists.
- **Population Group designations**—these are special groups. The most common of these are Low Income and Medicaid-Eligible designations. Low income designations use a ratio built upon the low income population of the area and the physicians providing services to this population. Medicaid-eligible designations are based on the number of Medicaid-eligible people and the physicians that accept Medicaid.
- **Facility designations**—these look at a facility's outpatient census, waiting times, patients' residences and in-house faculty to evaluate a facility's designation eligibility.

Rapides Parish is not a designated HPSA for dental care.



Related Focus Group Findings: Oral Health

Many focus group participants discussed oral health in the community, with primary concerns including the following:

- Importance of regular preventative dental care
- Dental insurance

Focus group participants agree that neglect of oral health can result in a significant decrease in a person's overall health, increase the chances of poor health outcomes and result in chronic pain. Attendees recognize the **importance of regular preventative dental care**; however, many residents face barriers in accessing dental treatment due to not possessing **dental insurance**.

For residents without dental insurance, many cannot afford basic care; therefore, do not obtain any dental services. For residents with health insurance, but no dental coverage, they do not qualify for the Community Health Worx's dental clinic. These individuals frequent the emergency room to obtain antibiotics for infections or abscesses. A participant describes the frustrations trying to provide oral healthcare to the entire community:

"So we decided we'd start this emergency clinic for extracts only. Well, all of a sudden, we find out we're not really inundated with patients that we thought we'd be. They're not coming to this clinic. They're still going to the emergency room. So then we start trying to send them to this clinic and find out they have medical insurance. So now, they're still an in-between patient. So there are people who are still falling through the cracks." — Rapides Parish Healthcare Professional

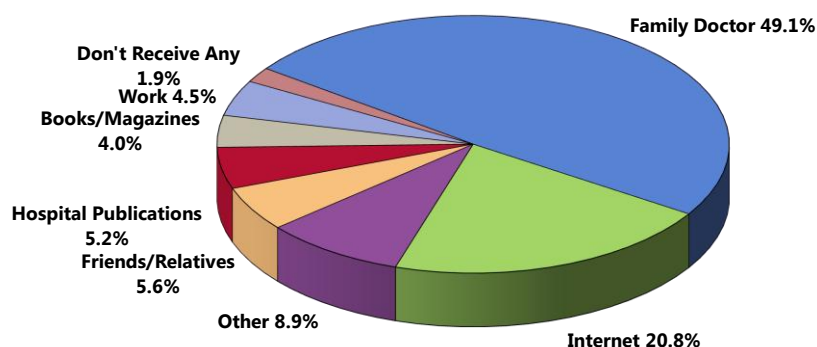
Healthcare Information Sources

According to survey data, family physicians and the Internet are residents' primary sources of healthcare information.

- 49.1% of adults cited their **family physician** as their primary source of healthcare information.
- 20.8% of adults cited the **Internet** as their primary source of healthcare information.
- 📊 Note that mention of the **Internet** as a primary source of information has increased significantly from 5.9% in 2002 (not shown in the following chart).

Primary Source of Healthcare Information

(Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 121]
Notes: • Asked of all respondents.

Related Focus Group Findings: Health Education & Prevention

Group attendees agree that health education and prevention are critical components in maintaining healthy lifestyles. Primary concerns among focus group participants include:

- Prevention
- Low health literacy
- Complacency
- Cultural traditions
- Must provide education where people live, work and play

Focus group participants agree that health education is an important aspect of prevention and improving the overall health of community members. The current prevention programming appears broad, not deep, and poorly funded. With limited funds, many agencies find it difficult to focus on prevention. Attendees worry about the sustainability of programs because when grants expire, so do the services.

The community also suffers from overall low educational attainment. Organizations need to first work to improve the general level of education residents possess.

"To change the health of a population, one of the first things is to raise the overall education level of the population. It's not just health education. I don't know if you target health education and you still have an uneducated population, do you really accomplish much? It's a reflection of so many aspects, but education level and socioeconomic status – those two things just are fixed." — Rapides Parish Healthcare Professional (Group 2)

Furthermore, many community members lack basic health knowledge and the community possesses **low health literacy levels**. Agencies need to tailor their message accordingly and provide education at appropriate age and reading levels. In addition, community members do not know about available resources and struggle to learn how to navigate the complex healthcare system.

"I think part of what you said about education also relates to how difficult it is to use the system and to learn how to use the system. Because it's hard to know who should I go to? It's such a specialty system and by the time you learn or figure out which specialist you're supposed to go to, you've just had it. Life is taking too much of you. You can't spend any more time on this. I don't think the system is easy to use. I don't think the healthcare system is intuitive or once you get into it, all the questions that you're asked or how do you do the insurance and how do you file this and who do you send it to." — Rapides Parish Advisory Committee Member

Residents also participate in unhealthy activities because they do not know any better, and attendees question whether residents are interested in learning to be healthier. The high level of **complacency** in the community makes it difficult to engage residents. A participant explains this reality:

"Rather than allow in some of these other things that might improve or lift us, we're digging in our heels and saying, 'No, we're not going to change. We're going to be the same that we've been. We're happy. We may not have any money but we're happy or we're drinking, we're watching TV, we're going to work, we're drinking, whatever, and we're making it till the next day.'" — Rapides Parish Advisory Committee Member

Other barriers to good health stem from **cultural traditions** and participants recognize that it can take generations to change people and their cultural norms. Currently the community still thrives on with old wives tales or hearsay from neighbors. Overall, respondents agree that community members remain apathetic toward their own health, and participants express frustration by the community's lack of effort toward making positive health choices. Health fairs do not have good attendance and residents do not appear receptive to information.

"We're comfortable in our bad habits, we're comfortable in our ruts; we'd rather think that it's safe to do this thing or safe to take that kind of drug, when it's not. The food habits are probably the worst of all and it's the most broad-based problem of all. I offer to come to your house and help you through the process; you wouldn't want me to do it. It's just not what you want to hear and I don't know how you break through that." — Rapides Parish Social Service Representative

Focus group members stress that agencies must **provide education where people live, work, play, and pray**. Employers and schools need to do more education since these organizations have captive audiences. School-based health clinics currently attempt to educate parents of chronically ill students through both written and verbal communications. Focus group attendees also believe that local non-profits need to capitalize on relationships that the faith-based organizations have in the community. Agencies must work with the churches and educate between services. For other health issues, a participant describes how agencies need to "sneak" in the message:

"You have to try to kind of find the place where people are going to be anyway and sneak it in on them when they're not expecting it, some kind of way or develop some sort of social media campaign or something. Because if you have an event just to talk about diabetes or HIV or teen pregnancy you're going to be pretty disappointed with the size of the crowd." — Rapides Parish Social Service Representative

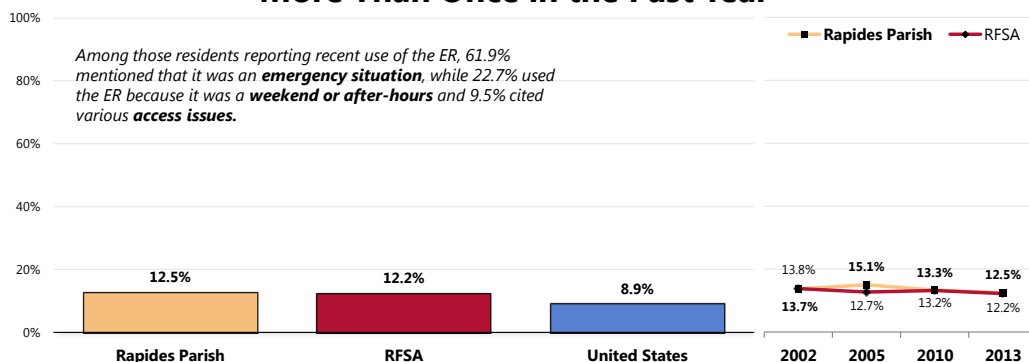
Several participants feel that organizations need to withhold money, or services, to get people to change, listen, or even attend educational events. Other respondents think that health fairs must provide food and door prizes to get people to the door, but attendees in general do not believe that health fairs are well attended or make an impact on the community's health.

Emergency Room Services

A total of 12.5% of adults throughout Rapides Parish have gone to a hospital emergency room more than once in the past year about their own health.

- Similar to the regional (RFSA) prevalence.
- Higher than the national prevalence.
- ▣ Statistically unchanged from the previous findings.

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



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 23-24]
• 2013 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.

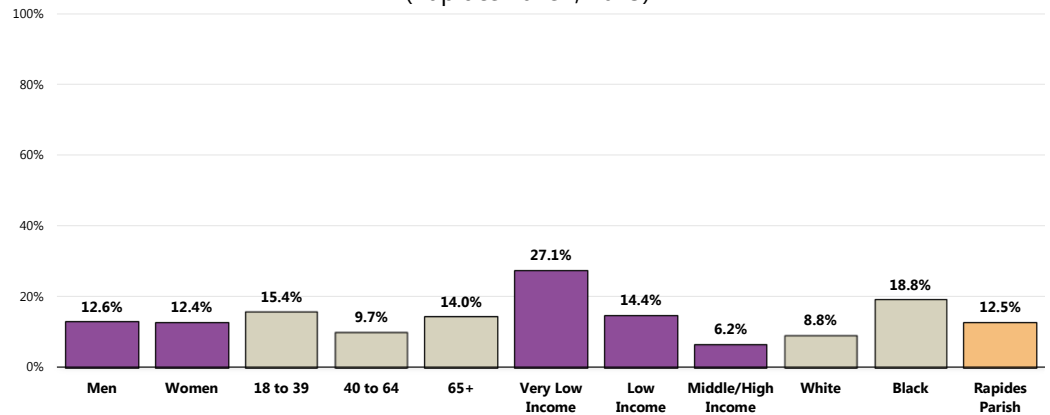
When asked why they used the ER instead of a doctor's office, 61.9% say this was due to an **emergency or life-threatening situation** (lower than the 67.5% reported nationally), while 22.7% indicated that the visit was during **after-hours or on the weekend** (higher than the 17.9% across the US) and 9.5% cited some type of primary care **access barrier** (higher than the 6.2% nationally).

Note that multiple ER visits were most often noted among:

- 👤 Adults age 18 to 39.
- 👤 Residents living at lower incomes (note the negative correlation).
- 👤 Blacks.

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

(Rapides Parish, 2013)

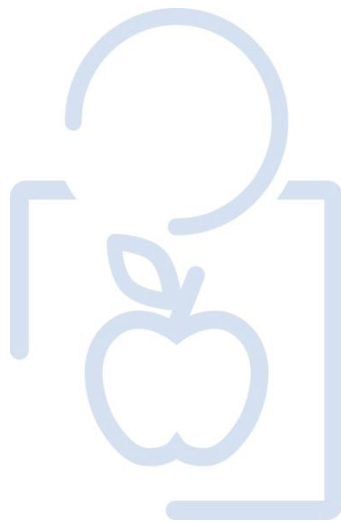


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

DEATH & DISABILITY

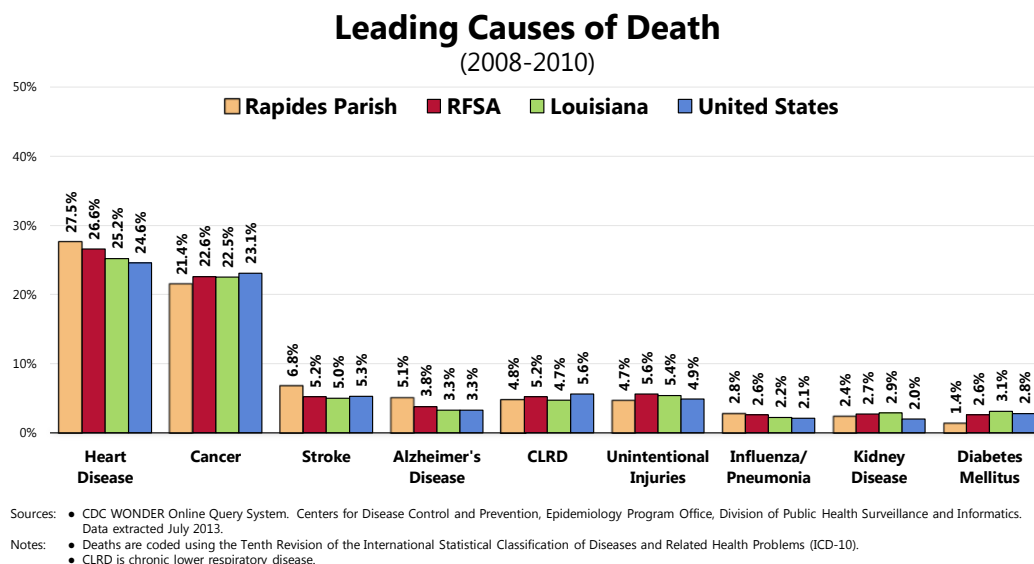


Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (including both heart disease and stroke) and cancers accounted for over one-half of all deaths in Rapides Parish between 2008 and 2010.

- Note the higher proportion of Rapides Parish deaths attributed to heart disease when compared to the state and especially the US overall.

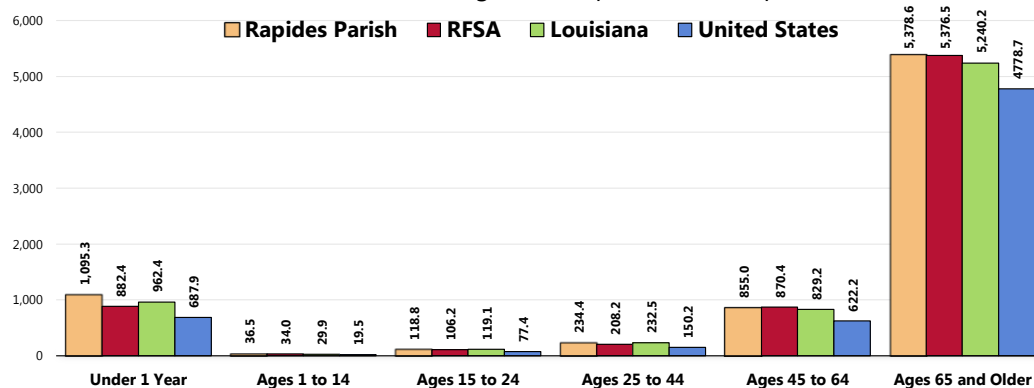


The following chart shows crude mortality (death) rates by age groups in Rapides Parish, in comparison with state and national rates. Crude death rates represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

- Rapides Parish mortality rates are comparable to the region and state.
- Compared to national rates, Rapides Parish mortality rates among adults age 45-64 and among 65+ are particularly higher.
- Infant deaths (under age 1) are also notably higher compared to the nation.

Crude Death Rate by Age Group

(2001-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Crude rates are not age-adjusted.

In addition, the following table provides a breakout of the top three leading causes of death by age group in the Rapides Foundation Service Area between 2008 and 2010 (note that this level of detail is not available at the parish level).

- Note that accidents are the leading cause of death in RFSA residents age 1 to 44; past age 44, cardiovascular disease (heart disease and stroke) emerge as the leading cause of death.

Leading Causes of Death by Age Group

(Rapides Foundation Service Area, 2008-2010 Deaths)

	Under 1 Year	Ages 1 to 14	Ages 15 to 24	Ages 25 to 44	Ages 45 to 64	Ages 65+
#1	Perinatal Conditions	Accidents (namely motor vehicle, drowning, and smoke/fire)	Accidents (mostly motor vehicle)	Accidents	Cardiovascular Disease	Cardiovascular Disease
#2	Congenital Conditions	Congenital Conditions	Homicide	Cardiovascular Disease	Cancer	Cancer
#3	Accidents (non-transport)	Homicide	Suicide	Cancer	Accidents	Chronic Lower Respiratory Disease

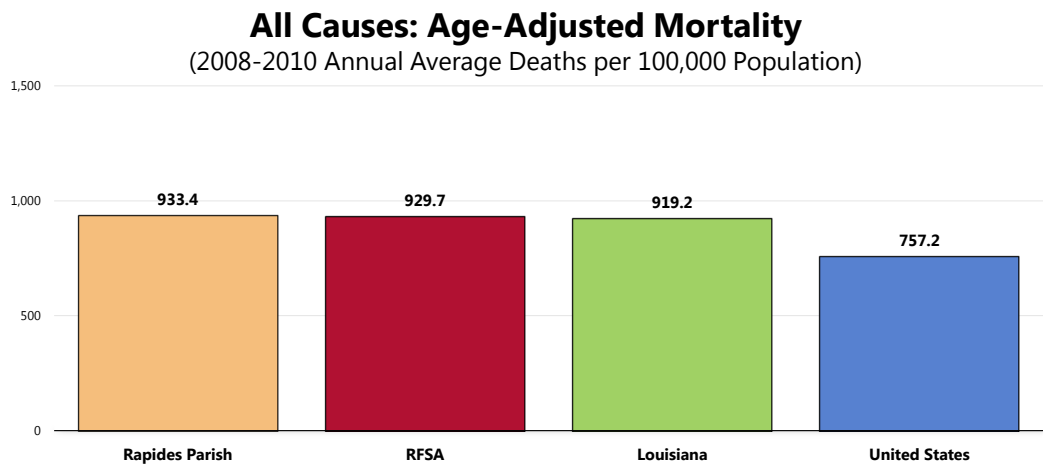
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.

Age-Adjusted Death Rates: All Causes

In order to compare rates among localities (parish to parish, as well as against Louisiana and United States rates) without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

Between 2008-2010, there was an annual average of 933.4 age-adjusted deaths per 100,000 population.

- Similar to the RFSA rate.
- Higher than the Louisiana rate.
- Well above the national mortality rate.



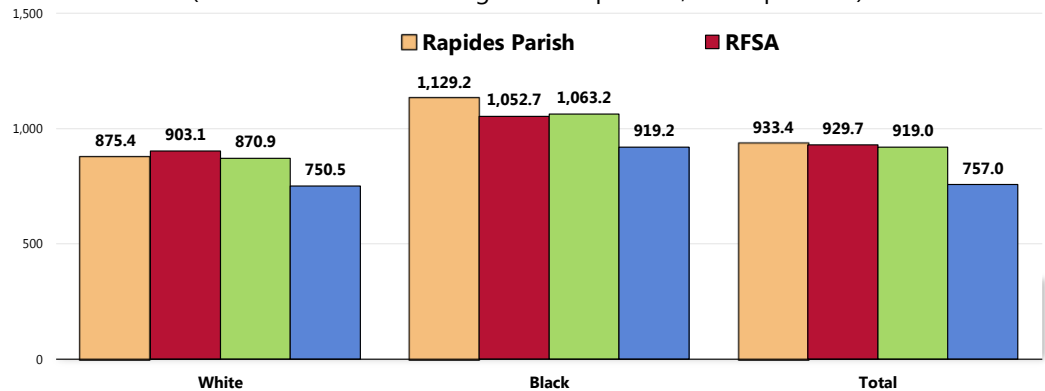
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.



Viewed by race, the age-adjusted rate for all causes of death is somewhat higher among Blacks than among Whites in Rapides Parish (as it is statewide and nationally).

All Causes: Age-Adjusted Mortality by Race

(2008-2010 Annual Average Deaths per 100,000 Population)



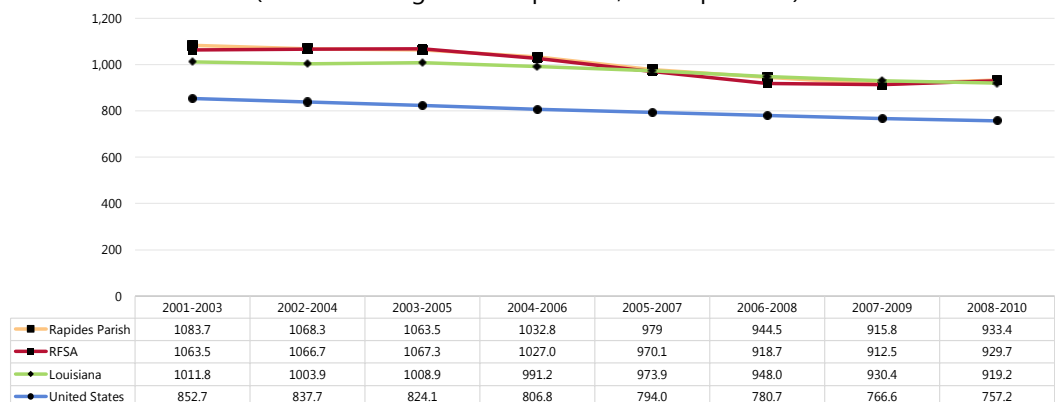
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.



Note the overall decreasing trend in age-adjusted mortality for all causes in Rapides Parish (with the most notable declines in the early to mid 2000s). This downward trend can also be seen statewide and nationally.

All Causes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
Notes: • Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
• NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

Age-Adjusted Death Rates for Selected Causes

The following chart outlines 2008-2010 annual average age-adjusted death rates per 100,000 population for selected causes of death in Rapides Parish.

Note that, with the exceptions of diabetes, suicide and cirrhosis/liver disease deaths, Rapides Parish death rates are worse than US rates for each of the selected causes.

Rapides Parish death rates also fail to meet the available Healthy People 2020 objectives for all available targets except diabetes.

Age-Adjusted Death Rates for Selected Causes

(2008-2010* Deaths per 100,000 Population)

	Rapides Parish	RFSA	LA	US	HP2020
Diseases of the Heart	254.8	246.6	232.6	184.7	158.9*
Malignant Neoplasms (Cancers)	193.5	203.6	200.6	174.2	160.6
Cerebrovascular Disease (Stroke)	63.9	49.4	47.0	40.3	33.8
Alzheimer's Disease	49.7	37.9	32.1	25.0	n/a
Unintentional Injuries	46.2	52.1	49.1	38.2	36.0
Chronic Lower Respiratory Disease (CLRD)	44.1	47.8	43.4	43.2	n/a
Pneumonia/Influenza **	27.0	25.4	20.6	16.4	n/a
Kidney Diseases	22.6	25.5	27.2	15.2	n/a
Motor Vehicle Deaths	19.2	23.4	18.5	11.9	12.4
Firearm-Related	13.9	13.4	18.6	10.2	9.2
Drug-Induced	13.6	13.7	14.5	12.7	11.3
Diabetes Mellitus	13.1	24.0	28.2	21.3	20.5*
Intentional Self-Harm (Suicide)	11.7	11.4	11.1	11.8	10.2
Homicide/Legal Intervention	9.1	7.1	12.3	5.6	5.5
Cirrhosis/Liver Disease	8.9	9.0	8.0	9.2	8.2
HIV/AIDS**	7.4	5.3	8.0	4.0	3.3

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2004.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>
 Note: • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population and coded using ICD-10 codes.
 • Parish, state and national data are simple three-year averages, the RFSA three-year averages are weighted by population.
 • *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.
 • **Due to low numbers of deaths, the Rapides Parish HIV/AIDS rate represents 2001-2010 data; the pneumonia/influenza rate represents 2006-2010 data.

For infant mortality data, see "Maternal, Infant & Child Health."

Years of Potential Life Lost (YPLL)

According to County Health Rankings (www.countyhealthrankings.org):

YPLL is a widely used measure of the rate and distribution of premature mortality. The measure was introduced mainly because simple mortality rates do not fully address the issue of premature death, the impact of disease and death, and their cost to society.

YPLL emphasizes deaths of younger persons, whereas statistics that include all mortality are dominated by deaths of the elderly. For example, using YPLL-75, a death at age 55 counts twice as much as a death at age 65, and a death at age 35 counts eight times as much as a death at age 70. Including all mortality instead of YPLL could draw attention to areas with higher mortality rates among the oldest segment of the population, where there may be little that can be done to change chronic health problems that have developed over many years.

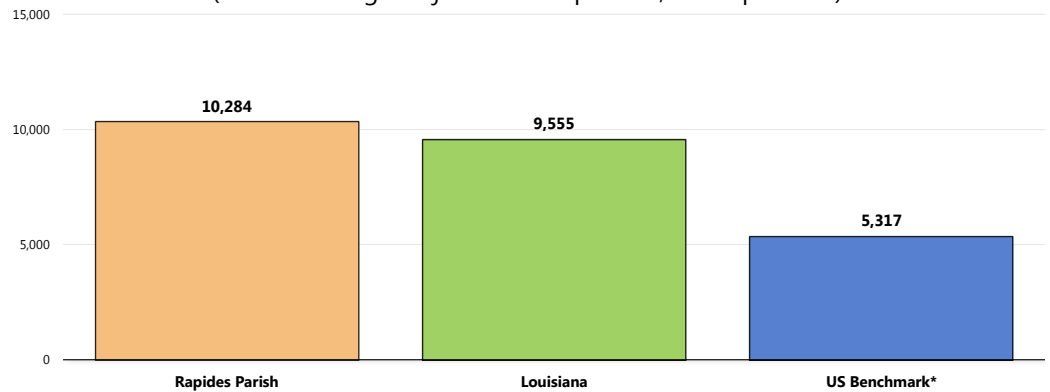
YPLL is not without weaknesses. The measure can be difficult for lay people and public health practitioners to interpret. Further, deaths that occur after the age limit are not accounted for at all. Because of this, YPLL can fail to completely capture the burden of chronic disease, especially if the age cut-off is set too low.

In Rapides Parish in 2008-2009, there was an age-adjusted rate of 10,284 years of potential life lost (before age 75) per 100,000 population.

- Above the statewide YPLL rate.
- Well above the national YPLL rate.

Years of Potential Life Lost (YPLL) Before Age 75

(2008-2009 Age-Adjusted Years per 100,000 Population)



Sources: • National Center for Health Statistics and County Health Rankings: www.countyhealthrankings.org.

Notes: • Premature death is represented by the years of potential life lost before age 75 (YPLL-75). Every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost, whereas a person who dies at age 65 contributes 10 years of life lost to a parish's YPLL. The YPLL measure is presented as a rate per 100,000 population and is age-adjusted to the 2000 US population.

: • *US Benchmark is the 90th percentile among all US states.

Related Focus Group Findings: Chronic Disease

All participants agree that chronic disease conditions persist in the community, but also that many of these are preventable. Focus group participants mentioned the following chronic health conditions which continue to affect the community: diabetes, obesity, hypertension, chronic obstructive pulmonary disease, pneumonia, cardiovascular diseases, mental illness, and substance abuse.

Cardiovascular Disease

Heart disease and stroke—the principal components of cardiovascular disease—are leading causes of death in the United States.

- About 950,000 adults die of heart disease or stroke each year, which amounts to one death every 33 seconds.
- Although heart disease and stroke are often thought to affect men and older people primarily, it is also a major killer of women and people in the prime of life. More than half of those who die of heart disease or stroke each year are women.
- Each year, about 63 of every 100,000 deaths are due to stroke.

Looking at only deaths due to heart disease or stroke, however, understates the health effects of these two conditions:

- About 61 million adults (almost one-fourth of the population) live with the effects of stroke or heart disease.
- Heart disease is a leading cause of disability among working adults.
- Stroke alone accounts for the disability of more than 1 million adults.
- Almost 6 million hospitalizations each year are due to heart disease or stroke.
- About 4.5 million stroke survivors are alive today.

The economic effects of heart disease and stroke on the US healthcare system grow larger as the population ages. In 2001, for example, the [nationwide] cost for all cardiovascular diseases was \$300 billion: for heart disease the cost was \$105 billion; for stroke, \$28 billion. Lost productivity due to stroke and heart disease cost more than \$129 billion.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Age-Adjusted Heart Disease & Stroke Deaths

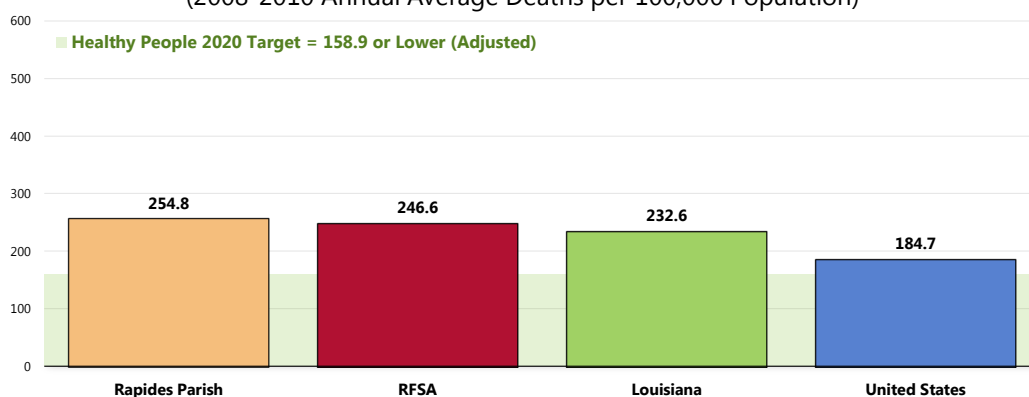
Heart Disease Deaths

Between 2008 and 2010, there was an annual average age-adjusted heart disease mortality rate of 254.8 deaths per 100,000 population in Rapides Parish.

- Similar to the regional rate.
- Higher than found statewide.
- Much higher than the national rate.
- Fails to satisfy the Healthy People 2020 objective (adjusted to account for all diseases of the heart).

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

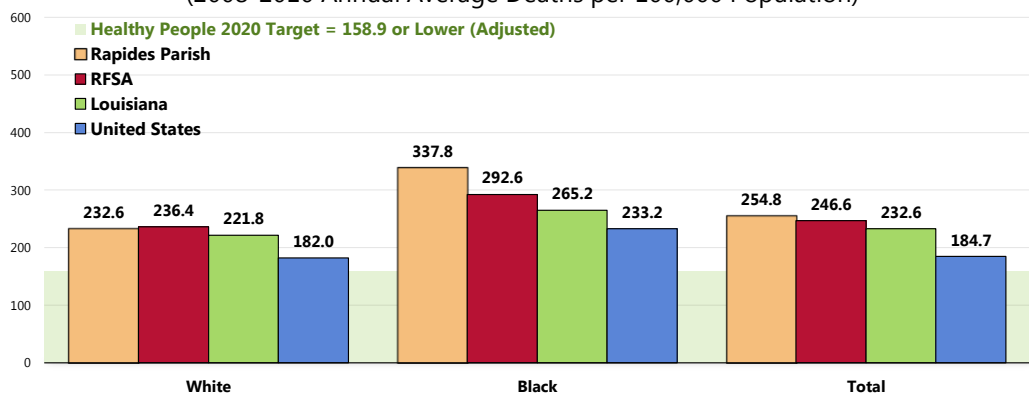
Heart Disease: Age-Adjusted Mortality (2008-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.
• NOTE: 2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

By race, the age-adjusted heart disease mortality rate is higher among Blacks in Rapides Parish.

Heart Disease: Age-Adjusted Mortality by Race (2008-2010 Annual Average Deaths per 100,000 Population)

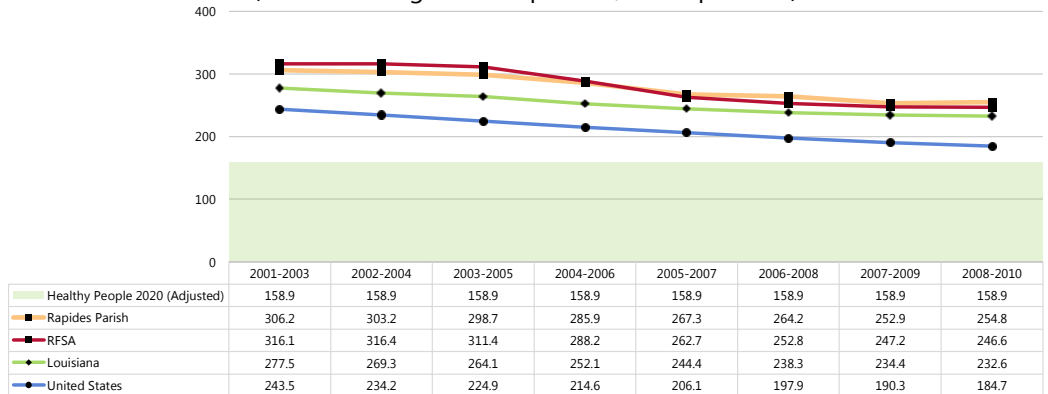


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.
• NOTE: 2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

- ☒ Mortality rates have decreased across Rapides Parish over time, echoing the decreasing trends across Louisiana and the US overall.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
 - Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 - State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
 - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.
 - NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

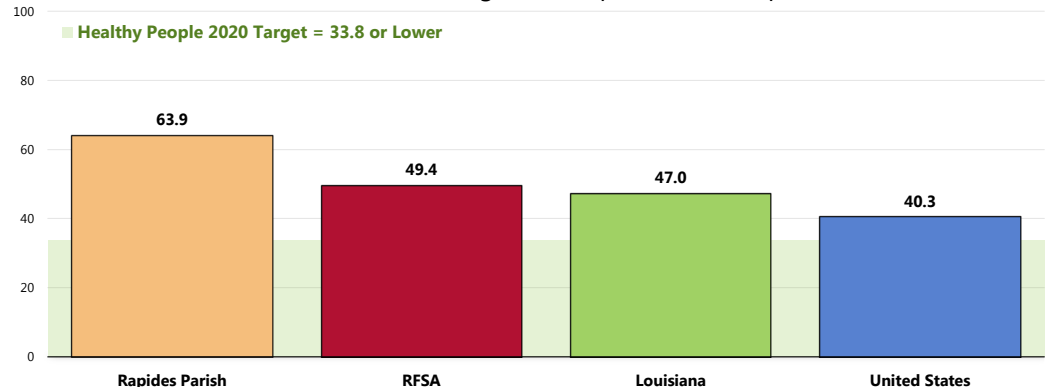
Stroke Deaths

Between 2008 and 2010, there was an annual average age-adjusted stroke mortality rate of **63.9 deaths per 100,000 population in Rapides Parish.**

- Higher than the regional rate.
- Higher than the Louisiana rate.
- Higher than the national rate.
- Fails to satisfy the Health People 2020 target.

Stroke: Age-Adjusted Mortality

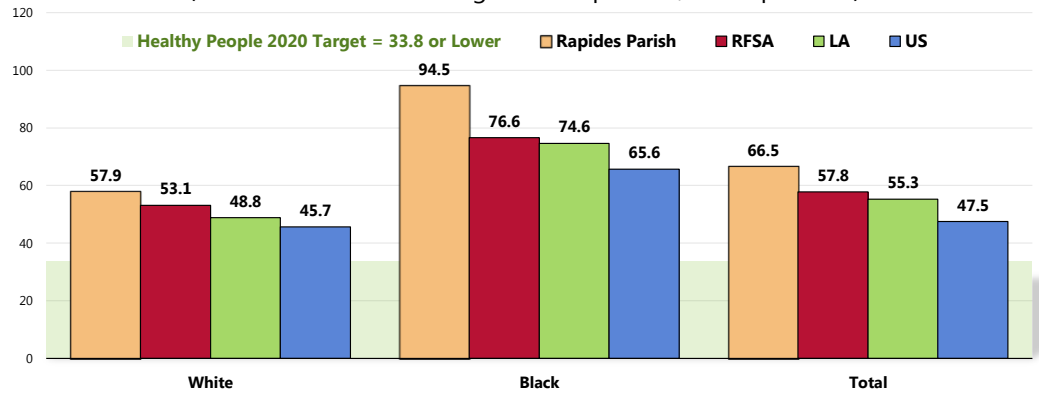
(2008-2010* Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 - *NOTE: 2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

Stroke deaths are notably higher in the Black population.

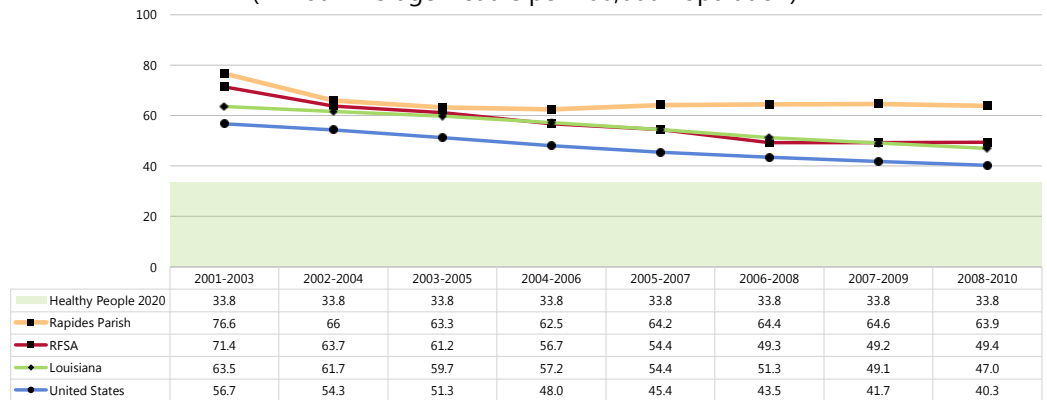
Stroke: Age-Adjusted Mortality by Race (2001-2010 Annual Average Deaths per 100,000 Population)



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

Stroke mortality rates have declined considerably from 2001-2003.

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



Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
Notes: Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

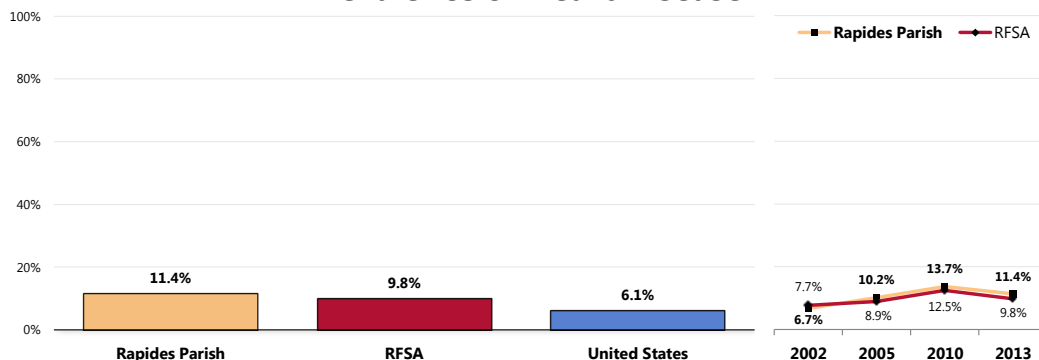
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 11.4% of area adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to regional findings.
- Worse than the national prevalence.
- 📈 The prevalence of chronic heart disease in Rapides Parish has increased significantly since the 2002 survey was conducted.

Prevalence of Heart Disease



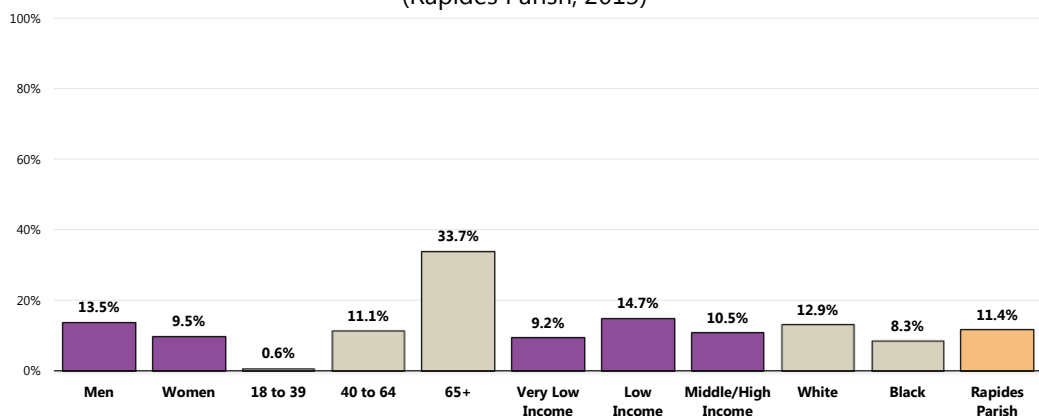
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 158]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 Notes: • Asked of all respondents.

Adults more likely to have been diagnosed with chronic heart disease include:

- 👴 Seniors age 65+ (note the strong positive correlation with age).

Prevalence of Heart Disease

(Rapides Parish, 2013)

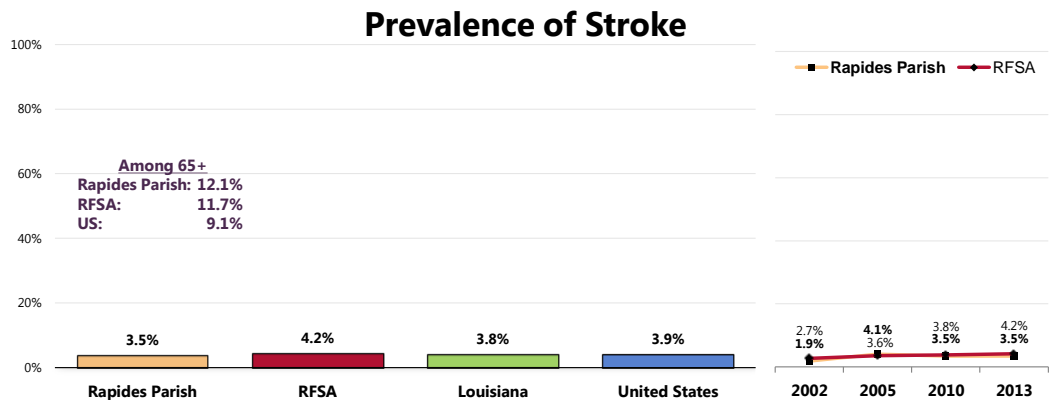


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Prevalence of Stroke

A total of 3.5% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to regional findings.
- Similar to statewide findings.
- Similar to national findings.
- ▣ The prevalence of stroke in Rapides Parish has not changed significantly since 2002.
- 👥 Note the stroke prevalence among Rapides Parish seniors (12.1%), which is statistically similar to what is found among seniors nationwide.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 31]
• 2013 PRC National Health Survey, Professional Research Consultants.
• Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Louisiana data.

Notes: • Asked of all respondents.
• Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Cardiovascular Risk Factors

Hypertension (High Blood Pressure)

High blood pressure is known as the “silent killer” and remains a major risk factor for coronary heart disease, stroke, and heart failure. About 50 million adults in the United States have high blood pressure.

- Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

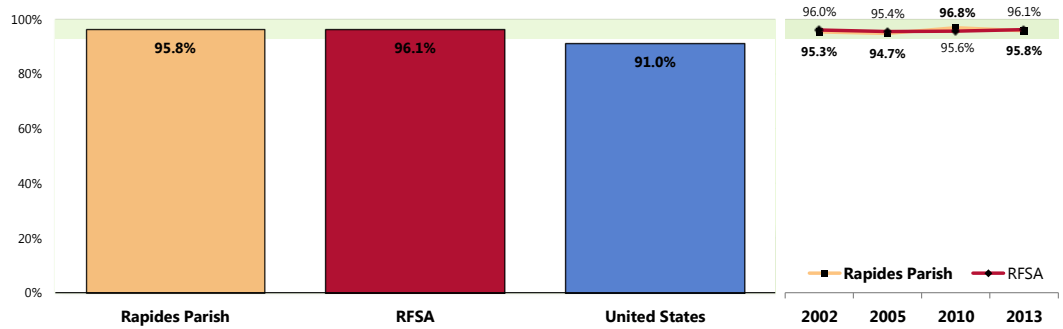
High Blood Pressure Testing

A total of 95.8% of Rapides Parish adults have had their blood pressure tested within the past two years.

- Similar to regional findings.
- Higher than national findings.
- Satisfies the Healthy People 2020 target.
- ▣ Hypertension screening has remained statistically unchanged in Rapides Parish over time.

Have Had Blood Pressure Checked in the Past 2 Years

Healthy People 2020 Target = 92.6% or Higher



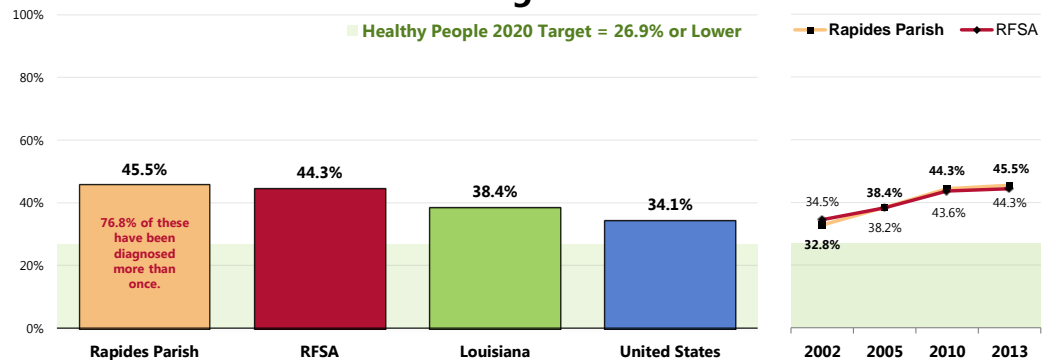
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 40]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-4]
 Notes: • Asked of all respondents.

Prevalence of Hypertension

A full 45.5% of adults have been told at some point that their blood pressure was high (an additional 3.3% have not been tested in the past five years).

- Similar to the RFSA prevalence.
- Less favorable than the Louisiana prevalence.
- Less favorable than the national prevalence.
- Far from satisfying the Healthy People 2020 target.
- ☒ Since 2002, the Rapides Parish prevalence of hypertension has increased significantly.
- 👥 Note that 76.8% of hypertensive residents have been diagnosed *more than once*.

Prevalence of High Blood Pressure

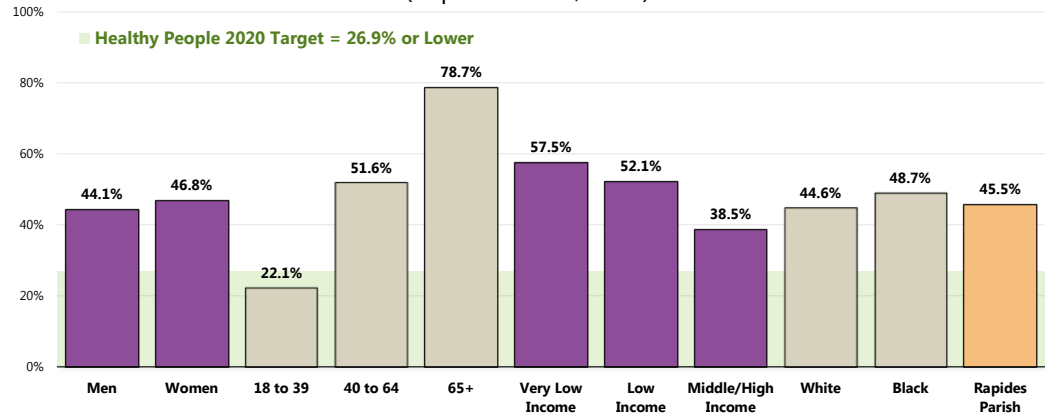


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 38, 159]
 • Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Louisiana data.
 • 2013 PRC National Health Survey, Professional Research Consultants.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]
 Notes: • Asked of all respondents.
 • Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Hypertension diagnoses are higher among:

- Adults age 40 and older (note the very strong positive correlation with age).
- Low income and very low income residents (note the negative correlation).

Prevalence of High Blood Pressure (Rapides Parish, 2013)



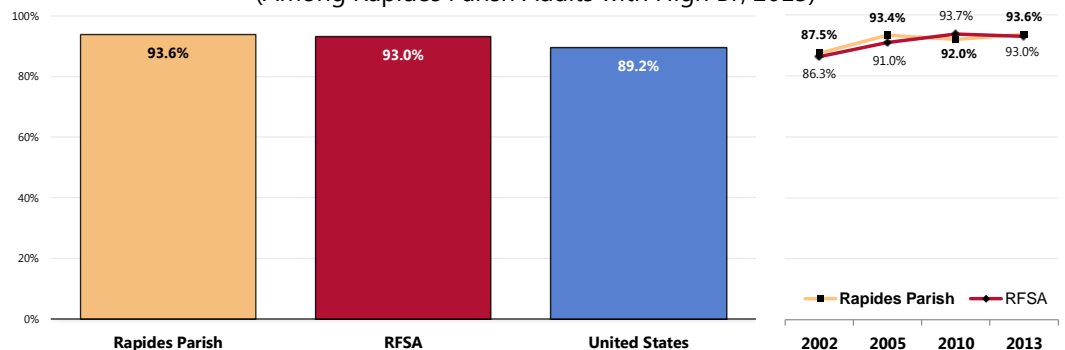
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Hypertension Management

Among respondents who have been told that their blood pressure was high, 93.6% report that they are currently taking actions to control their condition, such as through medication, diet and/or exercise.

- Similar to regional findings.
- Higher than national findings.
- Over time, the prevalence of hypertensive adults in Rapides Parish who are taking action to control their high blood pressure has improved.

Taking Action to Control Hypertension (Among Rapides Parish Adults with High BP, 2013)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 39]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 Notes: • Asked of all respondents who have been diagnosed with high blood pressure.
 • In this case, the term "action" refers to medication, change in diet, and/or exercise.

High Blood Cholesterol

High blood cholesterol is a major risk factor for coronary heart disease that can be modified. More than 50 million US adults have blood cholesterol levels that require medical advice and treatment. More than 90 million adults have cholesterol levels that are higher than desirable. Experts recommend that all adults age 20 years and older have their cholesterol levels checked at least once every 5 years to help them take action to prevent or lower their risk of coronary heart disease. Lifestyle changes that prevent or lower high blood cholesterol include eating a diet low in saturated fat and cholesterol, increasing physical activity, and reducing excess weight.

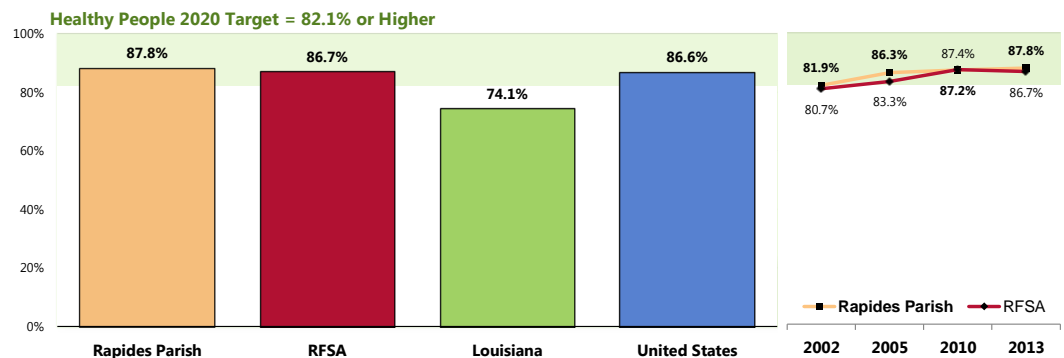
- Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Blood Cholesterol Testing

A total of 87.8% of Rapides Parish adults have had their blood cholesterol checked within the past five years.

- Similar to regional findings.
 - More favorable than Louisiana findings.
 - Similar to the national percentage.
 - Satisfies the Healthy People 2020 target.
- Since 2002, the prevalence of Rapides Parish adults with recent cholesterol screenings has increased significantly.

Have Had Blood Cholesterol Levels Checked in the Past 5 Years

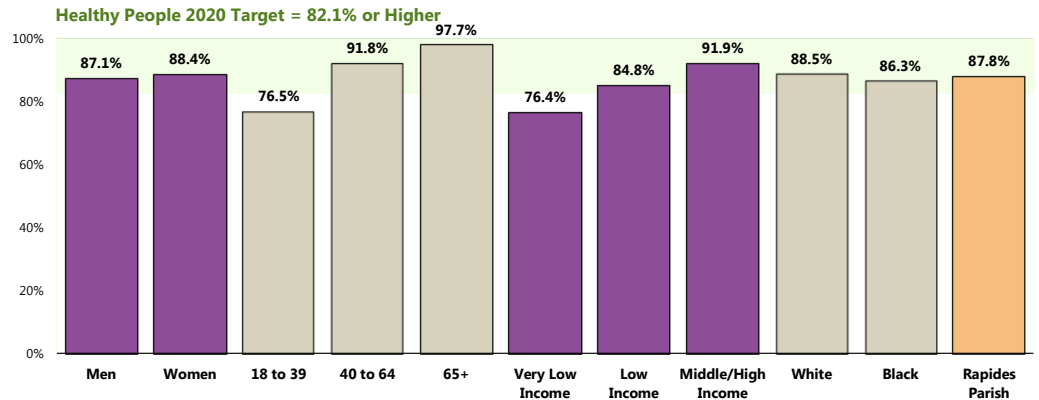


- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 43]
 - Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Louisiana data.
 - 2013 PRC National Health Survey, Professional Research Consultants.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]
- Notes:
- Asked of all respondents.
 - Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

The following demographic segments report a lower prevalence of recent cholesterol screenings:

- 👤 Young adults (note positive correlation with age).
- 👤 Residents with low or very low incomes (note positive correlation).

Have Had Blood Cholesterol Levels Checked in the Past 5 Years (Rapides Parish, 2013)



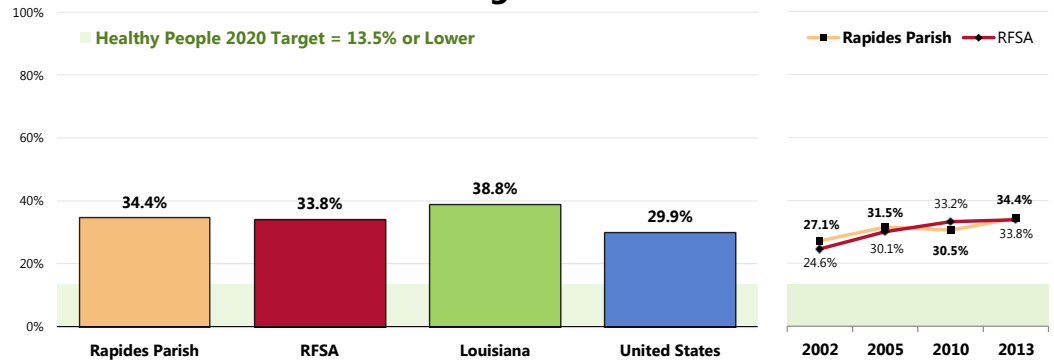
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Self-Reported High Blood Cholesterol

Just over one-third (34.4%) of adults have been told by a health professional that their cholesterol level was high (an additional 17.1% have not had their cholesterol tested in the past five years).

- Similar to regional findings.
 - More favorable than Louisiana findings.
 - Less favorable than the national prevalence.
 - More than twice the Healthy People 2020 target.
- 📈 Since 2002, the Rapides Parish prevalence of high cholesterol has increased significantly.

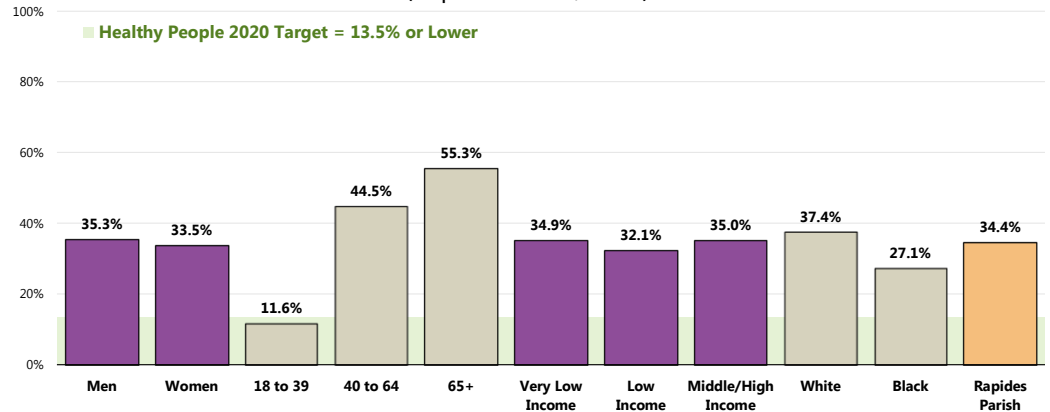
Prevalence of High Blood Cholesterol



- Sources:**
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
 - Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Louisiana data.
 - 2013 PRC National Health Survey, Professional Research Consultants.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]
- Notes:**
- Asked of all respondents.
 - *The Louisiana data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.
 - Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

- 👥 Note the positive correlation between age and high blood cholesterol diagnoses.
- 👥 High blood cholesterol is also notably higher among whites.
- 👥 In addition, note that “unknowns” (not tested in the past 5 years) are relatively high in young adults and low income residents (not shown).

Prevalence of High Blood Cholesterol (Rapides Parish, 2013)



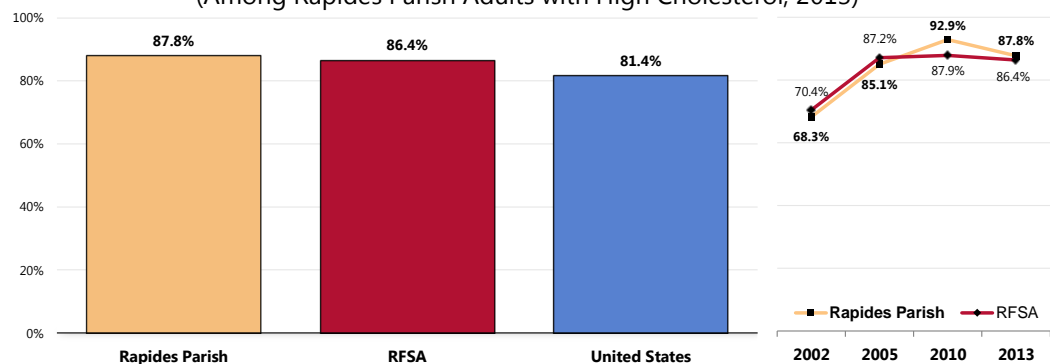
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

High Cholesterol Management

Among adults who have been told that their blood cholesterol was high, 87.8% report that they are currently taking actions to control their cholesterol levels, such as through medication, diet and/or exercise.

- Similar to regional findings.
- Statistically better than the national percentage.
- 📊 Similar to 2005 and 2010 findings, but denotes a statistically significant increase since 2002.

Taking Action to Control High Blood Cholesterol Levels (Among Rapides Parish Adults with High Cholesterol, 2013)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 42]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 Notes: • Asked of all respondents who have been diagnosed with high blood cholesterol levels.
 • In this case, the term "action" refers to medication, change in diet, and/or exercise.

Total Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of 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 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 US

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.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

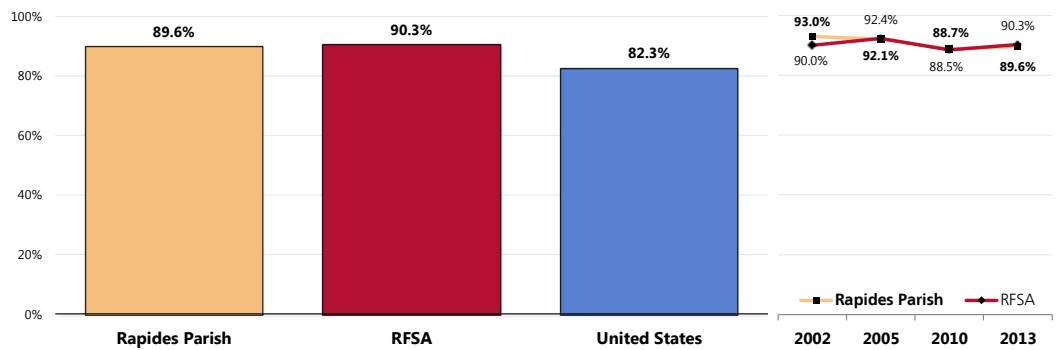
RELATED ISSUE:

See also
Nutrition & Overweight,
Physical Activity & Fitness
and *Tobacco Use* in the
Modifiable Health Risk
section of this report.

A total of 89.6% of Rapides Parish adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Similar to regional findings.
- Less favorable than national findings.
- More favorable than 2002 survey findings.

Present One or More Cardiovascular Risks or Behaviors



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 161]
 • 2013 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

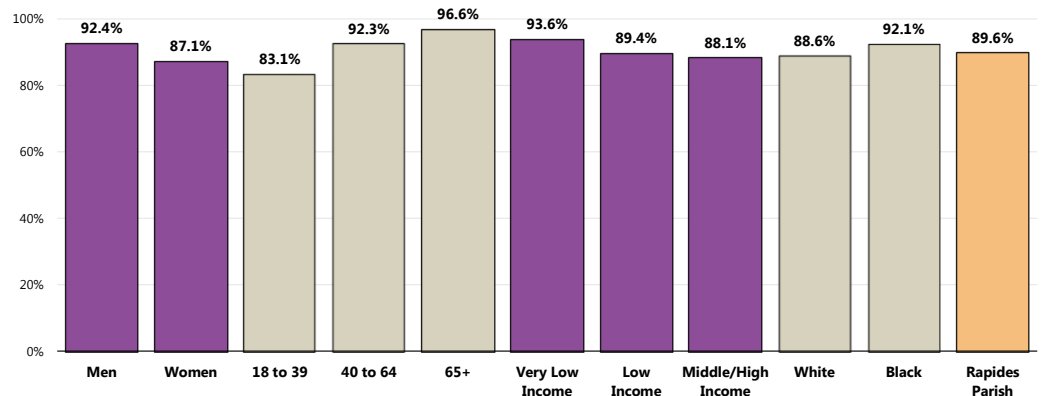
Adults more likely to exhibit cardiovascular risk factors include:

👤 Men.

👤 Adults age 40 and older (note positive correlation with age).

Present One or More Cardiovascular Risks or Behaviors

(Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 161]

Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Cancer

Cancer, the second-leading cause of death among adults, is responsible for one of every four deaths in the United States. In 2003, over half a million adults—or more than 1,500 people a day—will die of cancer. Black adults are more likely to die from cancer than people of any other racial or ethnic group.

The financial costs of cancer are staggering. According to the National Institutes of Health, cancers cost the United States more than \$170 billion in 2002. This includes more than \$110 billion in lost productivity and over \$60 billion in direct medical costs.

The number of new cancer cases can be reduced substantially, and many cancer deaths can be prevented. Healthier lifestyles can significantly reduce a person's risk for cancer—for example, avoiding tobacco use, increasing physical activity, improving nutrition, and avoiding sun exposure. Making cancer screening and information services available and accessible to all adults is also essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths from these diseases by finding them early, when they are most treatable. Screening tests for cervical and colorectal cancers can actually prevent these cancers from developing by detecting treatable precancerous conditions.

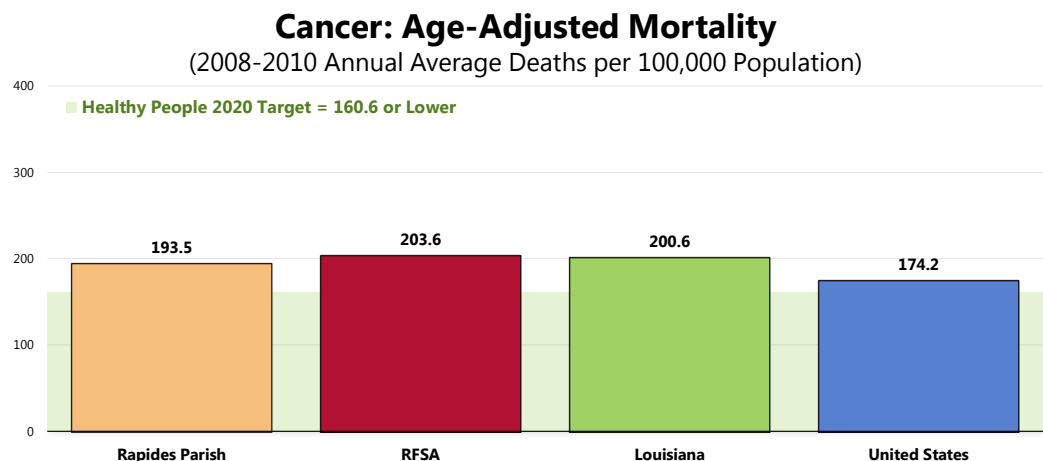
— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2008 and 2010, there was an annual average age-adjusted cancer mortality rate of 193.5 deaths per 100,000 population in Rapides Parish.

- Better than the rate found for the RFSA.
- Similar to the rate reported across Louisiana.
- Less favorable than the national rate.
- Far from satisfying the Health People 2020 target.



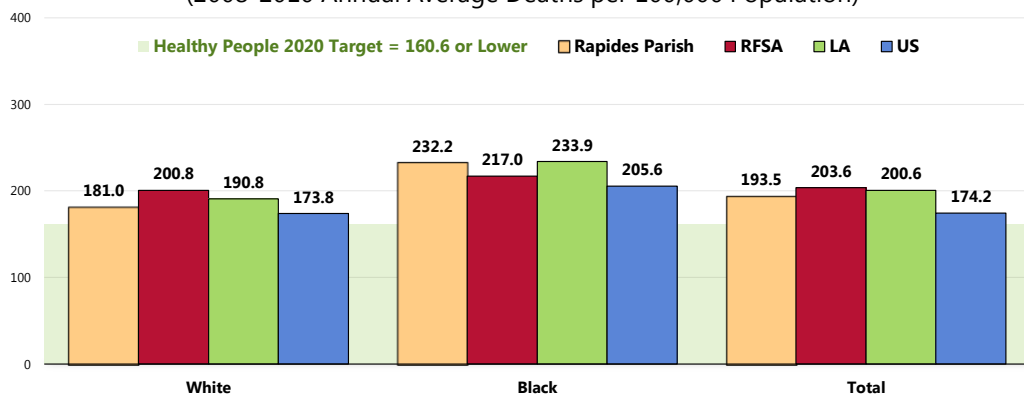
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• NOTE: 2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

👤 Cancer deaths are higher among Blacks than among Whites in Rapides Parish.

Cancer: Age-Adjusted Mortality by Race

(2008-2010 Annual Average Deaths per 100,000 Population)

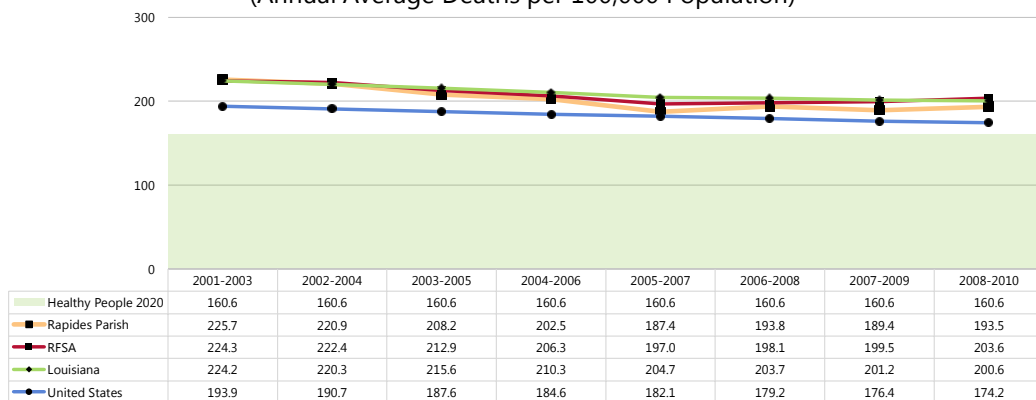


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• NOTE: 2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

📉 Cancer mortality rates have decreased over the past several years.

Cancer: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
Notes: • Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
• NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

Cancer Deaths by Site

LUNG CANCER

Lung cancer is the most common cause of cancer death among both females and males in the United States. Cigarette smoking is the most important risk factor for lung cancer, accounting for 68 to 78 percent of lung cancer deaths among females and 88 to 91 percent of lung cancer deaths among males. Other risk factors include occupational exposures (radon, asbestos) and indoor and outdoor air pollution (radon, environmental tobacco smoke). One to two percent of lung cancer deaths are attributable to air pollution. After 10 years of abstinence, smoking cessation decreases the risk of lung cancer to 30 to 50 percent of that of continuing smokers.

– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Lung cancer is by far the leading cause of cancer deaths in Rapides Parish.

Other leading sites include prostate cancer in men, breast cancer in women, and colorectal cancer (both genders).

As can be seen in the following chart (referencing 2008-2010 annual average age-adjusted death rates):

- Rapides Parish rates are more favorable than the regional rates for **prostate and colorectal cancer**.
- The Rapides Parish **prostate, female breast, and colorectal cancer** death rates are each more favorable than the respective state rates.
- The Rapides Parish **lung and colorectal cancer** death rates are less favorable than the national rates.

Note that none of these Rapides Parish rates satisfies the related Healthy People 2020 objectives.

Age-Adjusted Cancer Death Rates by Site (2001-2010)

	Rapides Parish	RFSA	LA	US	HP2020
Lung Cancer	63.6	65.3	62.7	51.6	45.5
Prostate Cancer	25.2	28.9	29.5	25.0	21.2
Female Breast Cancer	24.8	23.8	27.5	23.9	20.6
Colorectal Cancer	19.6	21.6	20.8	17.7	14.5

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>

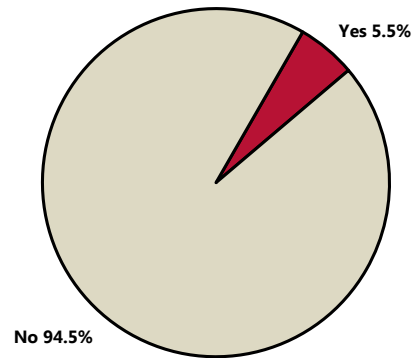
Prevalence of Cancer

A total of 5.5% of surveyed Rapides Parish adults report having been diagnosed with some type of cancer.


- Similar to regional findings.

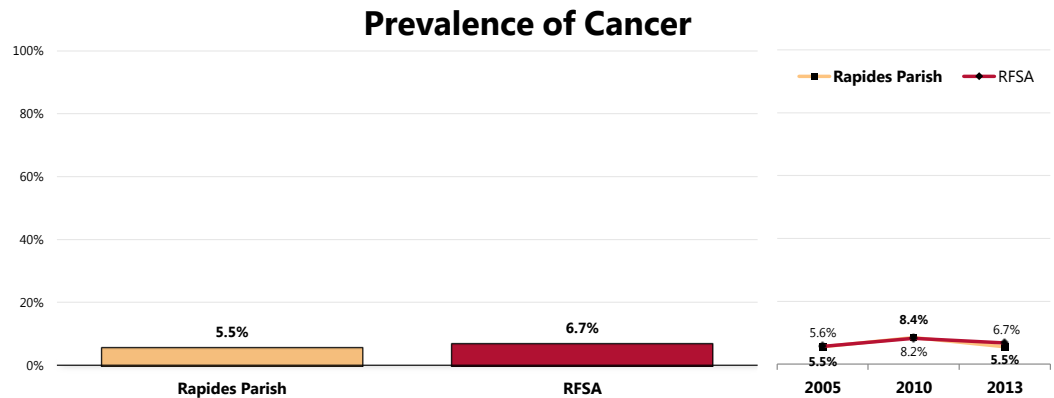
Have Been Diagnosed With Cancer

(Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 27-28]
Notes: • Asked of all respondents.

 The prevalence of cancer in Rapides Parish has remained the same since the 2005 survey was conducted.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 27]
 Notes: • Asked of all respondents.

Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the 2013 Community Health Survey relative to four cancer sites: prostate cancer (prostate-specific antigen testing and digital rectal examination); female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

RELATED ISSUE:

See also
*Nutrition & Overweight,
 Physical Activity &
 Fitness and Tobacco Use*
 in the **Modifiable
 Health Risk** section of
 this report.

Prostate Cancer Screenings

PROSTATE CANCER

Prostate cancer is the most commonly diagnosed form of cancer (other than skin cancer) in males and the second leading cause of cancer death among males in the United States. Prostate cancer is most common in men age 65 years and older, who account for approximately 80 percent of all cases of prostate cancer.

Digital rectal examination (DRE) and the prostate-specific antigen (PSA) test are two commonly used methods for detecting prostate cancer. Although several treatment alternatives are available for prostate cancer, their impact on reducing death from prostate cancer when compared with no treatment in patients with operable cancer is uncertain. Efforts aimed at reducing deaths through screening and early detection remain controversial because of the uncertain benefits and potential risks of screening, diagnosis, and treatment.

– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

The US Preventive Services Task Force (USPSTF) concludes that the current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years.

Rationale: Prostate cancer is the most common nonskin cancer and the second-leading cause of cancer death in men in the United States. The USPSTF found convincing evidence that prostate-specific antigen (PSA) screening can detect some cases of prostate cancer.

In men younger than age 75 years, the USPSTF found inadequate evidence to determine whether treatment for prostate cancer detected by screening improves health outcomes compared with treatment after clinical detection.

The USPSTF found convincing evidence that treatment for prostate cancer detected by screening causes moderate-to-substantial harms, such as erectile dysfunction, urinary incontinence, bowel dysfunction, and death. These harms are especially important because some men with prostate cancer who are treated would never have developed symptoms related to cancer during their lifetime.

There is also adequate evidence that the screening process produces at least small harms, including pain and discomfort associated with prostate biopsy and psychological effects of false-positive test results.

The USPSTF recommends against screening for prostate cancer in men age 75 years or older.

Rationale: In men age 75 years or older, the USPSTF found adequate evidence that the incremental benefits of treatment for prostate cancer detected by screening are small to none.

Given the uncertainties and controversy surrounding prostate cancer screening in men younger than age 75 years, a clinician should not order the PSA test without first discussing with the patient the potential but uncertain benefits and the known harms of prostate cancer screening and treatment. Men should be informed of the gaps in the evidence and should be assisted in considering their personal preferences before deciding whether to be tested.

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

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

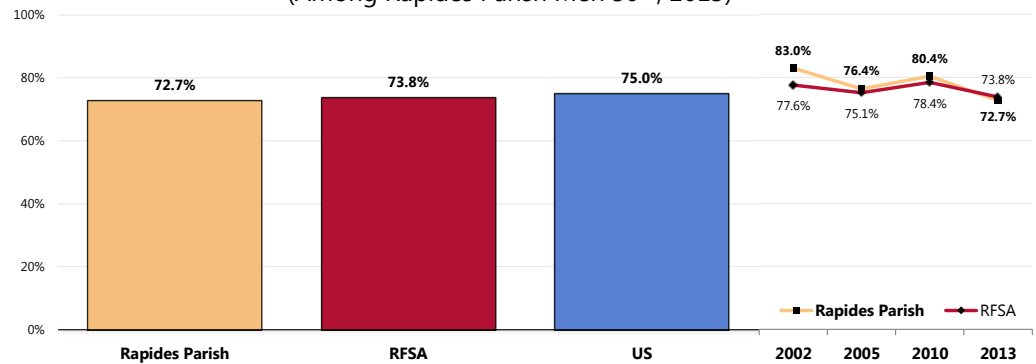
PSA Testing and/or Digital Rectal Examination

Among men age 50 and older, nearly three in four (72.7%) have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

- Similar to regional findings.
- Comparable to national findings.
- 📊 Statistically lower than in 2002.

Have Had a Prostate Screening in the Past 2 Years

(Among Rapides Parish Men 50+, 2013)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 165]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 Notes: • Asked of all male respondents aged 50 and older.

Female Breast Cancer Screening

FEMALE BREAST CANCER

Breast cancer is the most common cancer [diagnosis] among women in the United States. Death from breast cancer can be reduced substantially if the tumor is discovered at an early stage. Mammography is the most effective method for detecting these early malignancies. Clinical trials have demonstrated that mammography screening can reduce breast cancer deaths by 20 to 39 percent in women age 50 to 74 years and about 17 percent in women age 40 to 49 years. Breast cancer deaths can be reduced through increased adherence with recommendations for regular mammography screening.

Many breast cancer risk factors, such as age, family history of breast cancer, reproductive history, mammographic densities, previous breast disease, and race and ethnicity, are not subject to intervention. However, being overweight is a well-established breast cancer risk for postmenopausal women that can be addressed. Avoiding weight gain is one method by which older women may reduce their risk of developing breast cancer.

– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

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

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

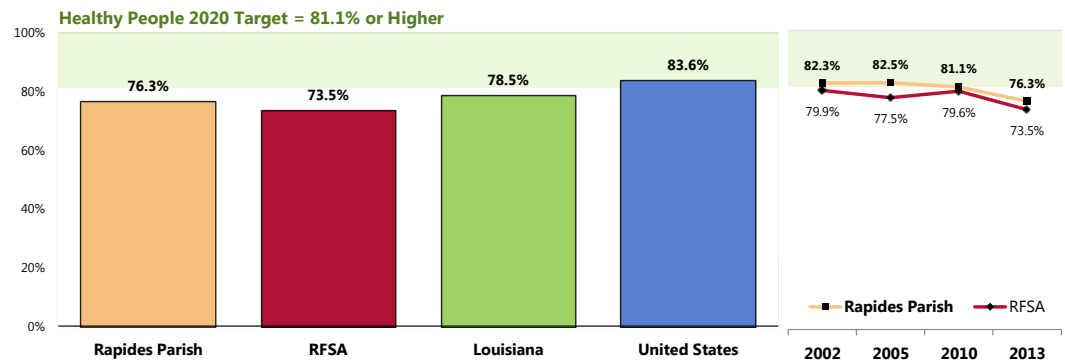
Mammography

Among women age 50 to 74, 76.3% have had a mammogram within the past two years.

- Similar to regional findings.
 - Similar to the statewide figure (which represents all women 50 and older).
 - Lower than national findings.
 - Similar to the Healthy People 2020 target.
- Since 2002, the prevalence of Rapides Parish women age 50 to 74 who received a mammogram in the past two years has remained statistically unchanged.

Have Had a Mammogram in the Past Two Years

(Among Rapides Parish Women Age 50-74, 2013)



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 163]
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2010 Louisiana data.
- 2013 PRC National Health Survey, Professional Research Consultants.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]

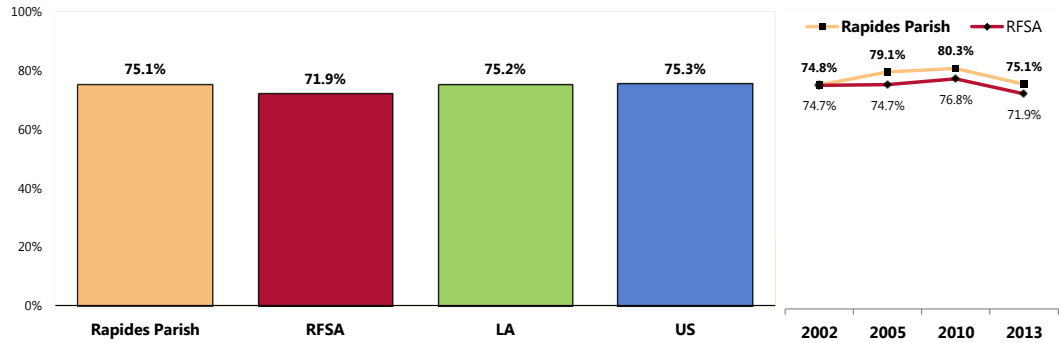
Notes:

- Reflects all female respondents age 50 to 74.
- The state percentage represents all women age 50+. Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Among women 40 and older, 75.1% had a mammogram in the past two years.

Have Had a Mammogram in the Past Two Years

(Among Rapides Parish Women 40+, 2013)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 162]
 - Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2010 Louisiana data.
 - 2013 PRC National Health Survey, Professional Research Consultants.

- Notes:
- Asked of all female respondents age 40 and older.
 - Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Cervical Cancer Screenings

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

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

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

Pap Smear Testing

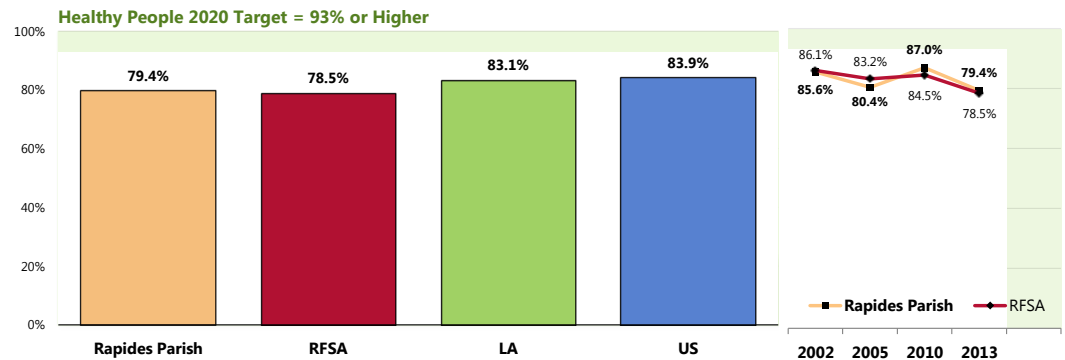
Among women age 21 to 65, 79.4% have had a Pap smear within the past three years.

- Similar to regional findings.
- Similar to the Louisiana percentage, which represents all women 18+.
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target.

⚠ Marks a significant decrease over time.

Have Had a Pap Smear in the Past 3 Years

(Among Rapides Parish Women Age 21-65, 2013)

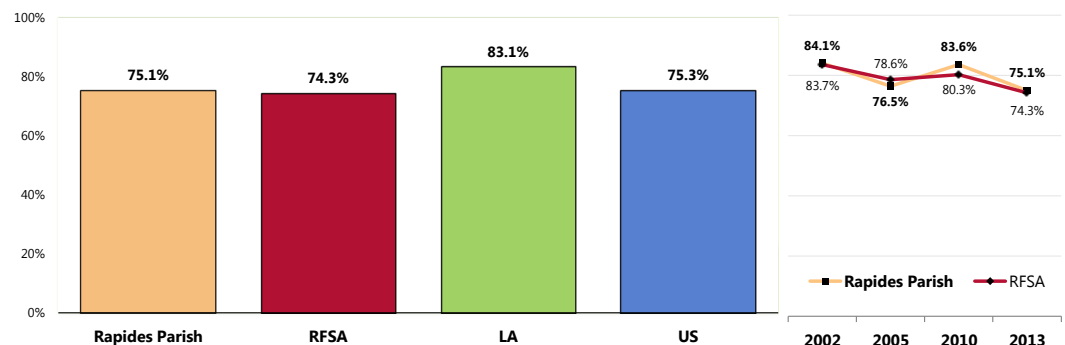


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 164]
 • Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.
 • 2013 PRC National Health Survey, Professional Research Consultants.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-15]
 Notes: • Represents female respondents age 21-65; note that the Louisiana percentage reflects women age 18 and older.
 • The state prevalence reflects all women age 18 and older. Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Among women age 18 and older, 75.1% had a Pap smear in the past three years.

Have Had a Pap Smear in the Past 3 Years

(Among Rapides Parish Women Age 18+, 2013)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 84]
 • Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.
 Notes: • Represents female respondents age 18 and older.
 • Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Colorectal Cancer Screenings

COLORECTAL CANCER

Colorectal cancer is the third most common type of cancer and the second leading cause of cancer death in the United States. Current levels of screening in this country lag behind those of other effective cancer screening tests; it has been estimated that attainment of goals for population colorectal cancer screening could save 18,800 lives per year. Colorectal cancer incidence and mortality show health disparities, with a disproportionate burden occurring in certain minority populations, including African American adults and Alaska Natives.

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

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

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

Risk factors for colorectal cancer may include age, personal and family history of polyps or colorectal cancer, inflammatory bowel disease, inherited syndromes, physical inactivity (colon only), obesity, alcohol use, and a diet high in fat and low in fruits and vegetables. Detecting and removing precancerous colorectal polyps and detecting and treating the disease in its earliest stages will reduce deaths from colorectal cancer.

- Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

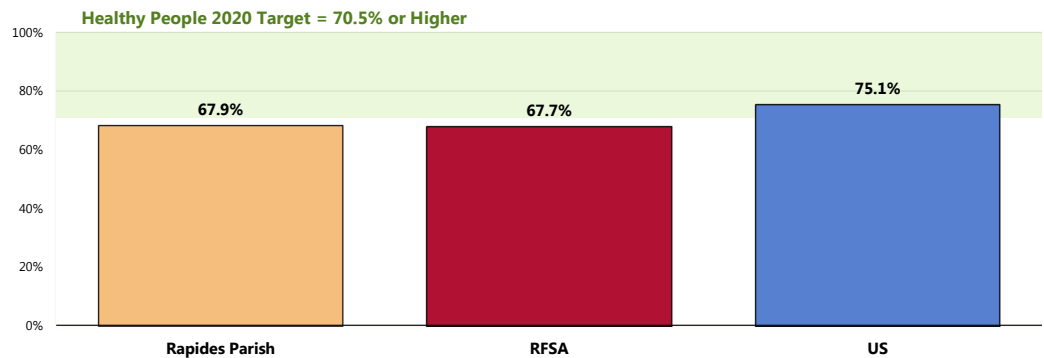
Colorectal Cancer Screening

Among Rapides Parish adults age 50-75, more than two-thirds (67.9%) have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- Similar to regional (RFSA) findings.
- Lower than the national prevalence.
- Similar to the Healthy People 2020 target.

Have Had a Colorectal Cancer Screening

(Among Adults Age 50-75)



Sources: • 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-16]

Notes: • Asked of all respondents age 50 through 75.

• In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

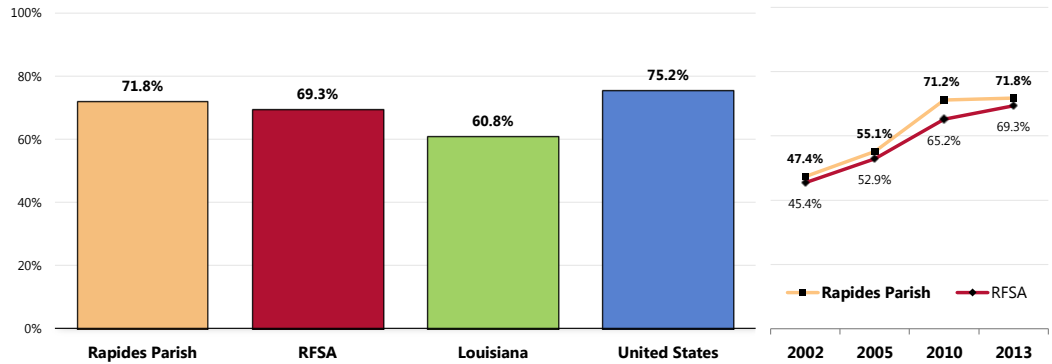
Sigmoidoscopy/Colonoscopy

Among adults age 50 and older, 71.8% have had a sigmoidoscopy or colonoscopy at some point in their lives.

- Similar to regional (RFSA) findings.
 - More favorable than Louisiana findings.
 - Similar to the national figure.
- 📈 The Rapides Parish prevalence of sigmoidoscopy/colonoscopy has increased significantly since 2002.

Have Ever Had a Lower Endoscopy Exam

(Among Rapides Parish Adults 50+, 2013)



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 166]
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.
- 2013 PRC National Health Survey, Professional Research Consultants.

Notes:

- Asked of all respondents 50+.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Blood Stool Testing

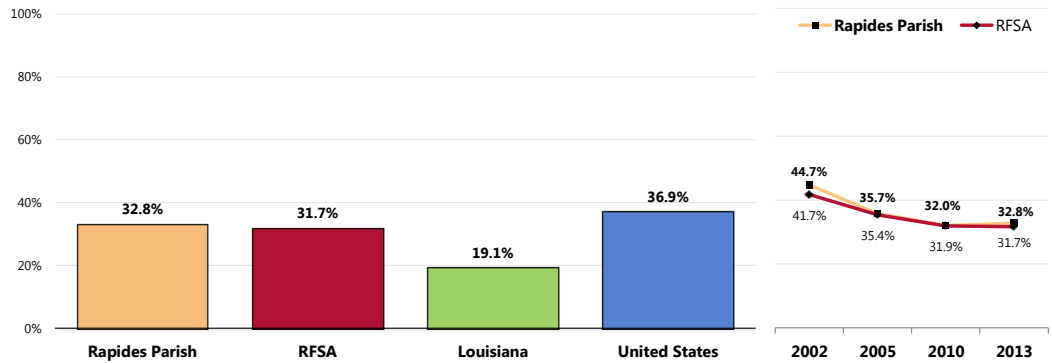
Among adults age 50 and older, 32.8% have had a blood stool test (aka “fecal occult blood test”) within the past two years.

- Similar to regional (RFSA) findings.
- More favorable than Louisiana findings.
- Similar to national findings.

☒ Since 2002, the prevalence of recent blood stool exams has decreased significantly.

Have Had a Blood Stool Test in the Past 2 Years

(Among Rapides Parish Adults 50+, 2013)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 167]
• Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.
• 2013 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents 50+.
• Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Respiratory Disease

Asthma and COPD (chronic obstructive pulmonary disease) are among the 10 leading chronic conditions causing restricted activity [in adults]. After chronic sinusitis, asthma is the most common cause of chronic illness in children. Methods are available to treat these respiratory diseases and promote respiratory health.

Asthma is a serious and growing health problem. An estimated 14.9 million persons in the United States have asthma. Asthma is responsible for about 500,000 hospitalizations, 5,000 deaths, and 134 million days of restricted activity a year. Yet most of the problems caused by asthma could be averted if persons with asthma and their healthcare providers managed the disease according to established guidelines.

COPD includes chronic bronchitis and emphysema—both of which are characterized by irreversible airflow obstruction and often exist together. Similar to asthma, COPD may be accompanied by an airway hyperresponsiveness. Most patients with COPD have a history of cigarette smoking. COPD worsens over time with continued exposure to a causative agent—usually tobacco smoke or sometimes a substance in the workplace or environment. COPD occurs most often in older people.

— Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

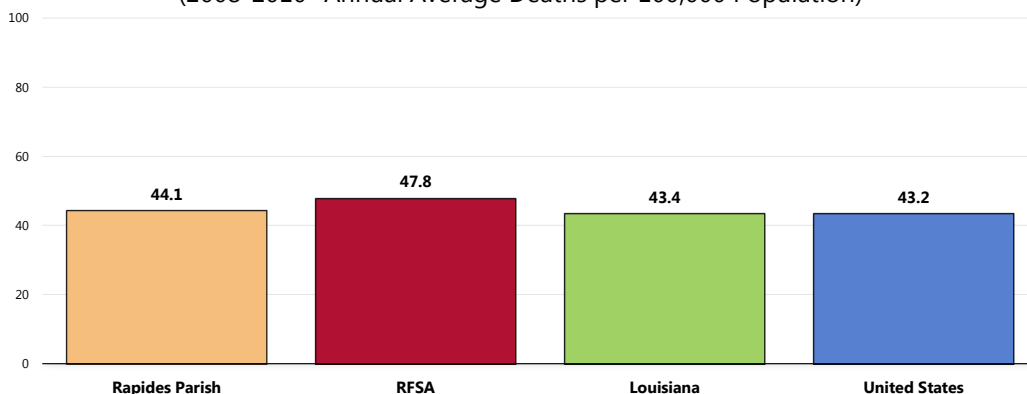
Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2008 and 2010, there was an annual average age-adjusted CLRD mortality rate of 44.1 deaths per 100,000 population in Rapides Parish.

- More favorable than the regional (RFSA) rate.
- Similar to the statewide rate.
- Similar to the national rate.

CLRD: Age-Adjusted Mortality
(2008-2010* Annual Average Deaths per 100,000 Population)

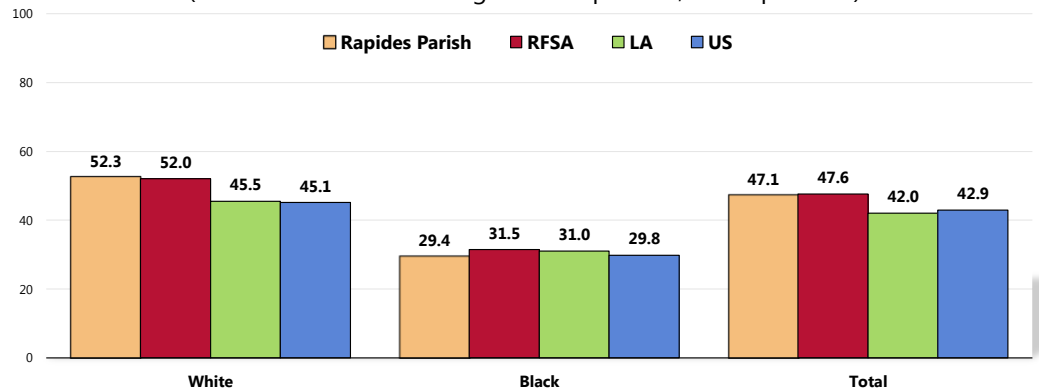


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• CLRD is chronic lower respiratory disease.
• NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

Note: What was previously termed COPD (chronic obstructive pulmonary disease) has been reclassified as CLRD (chronic lower respiratory disease).

CLRD mortality in Rapides Parish is highest in the White population.

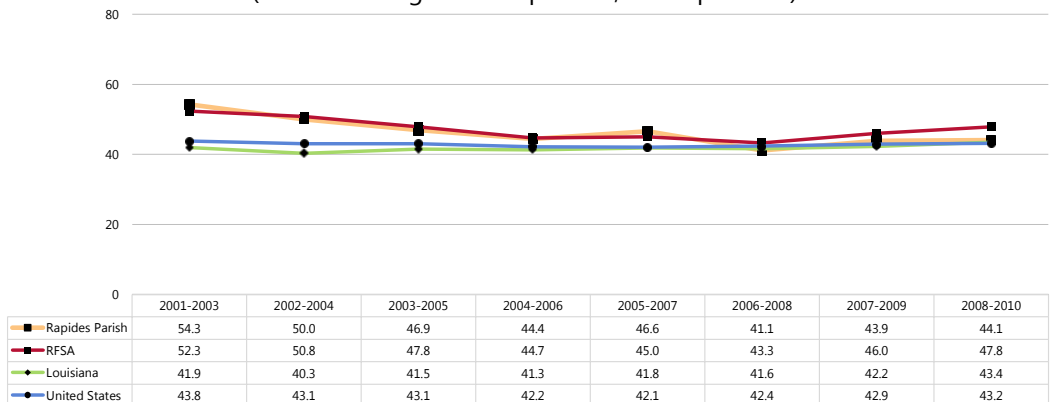
CLRD: Age-Adjusted Mortality by Race (2001-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• CLRD is chronic lower respiratory disease.
• NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

CLRD mortality in Rapides Parish has declined significantly since the baseline data.

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



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
Notes: • Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
• CLRD is chronic lower respiratory disease.
• NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

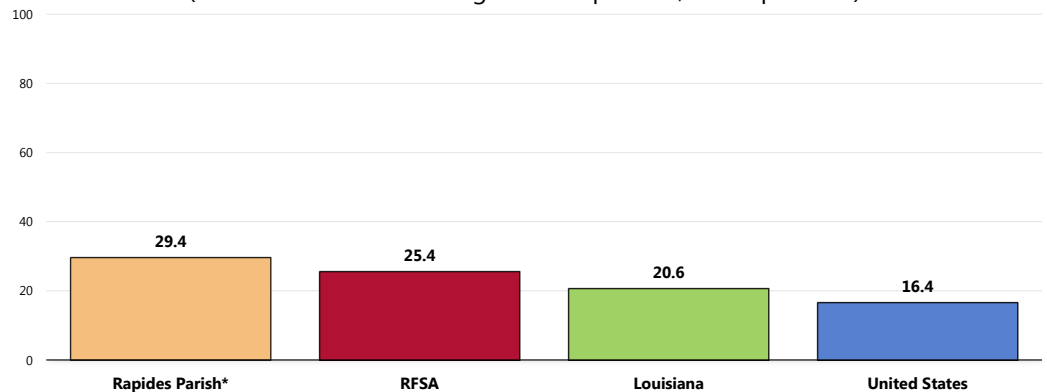
For prevalence of vaccinations for pneumonia and influenza, see also "Immunization & Infectious Disease."

Pneumonia/Influenza Deaths

Between 2006 and 2010, there was an annual average age-adjusted pneumonia/influenza mortality rate of 27.0 deaths per 100,000 population in Rapides Parish.

- Higher than the RFSA rate (based on 2008-2010).
- Higher than found statewide (based on 2008-2010).
- Much higher than the national rate (based on 2008-2010).

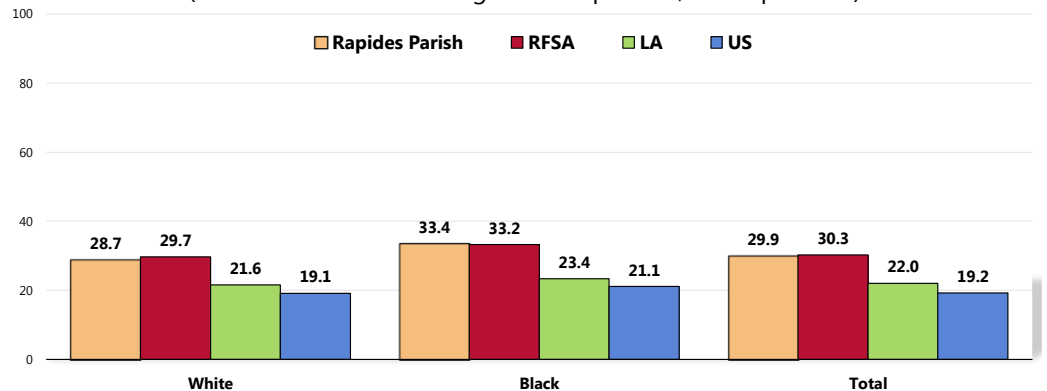
Pneumonia/Influenza: Age-Adjusted Mortality (2008-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • NOTE: Rapides Parish data is based on 2006-2010.
 • NOTE: 2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

👤 Mortality rates are higher among Blacks in Rapides Parish.

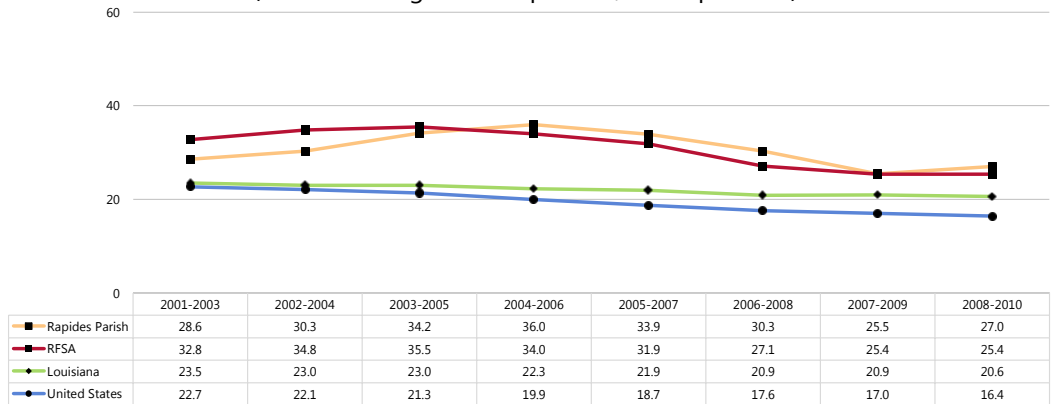
Pneumonia/Influenza: Age-Adjusted Mortality by Race (2001-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

☒ Mortality rates have fluctuated in Rapides Parish, but have decreased overall.

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



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
Notes: • Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
• NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

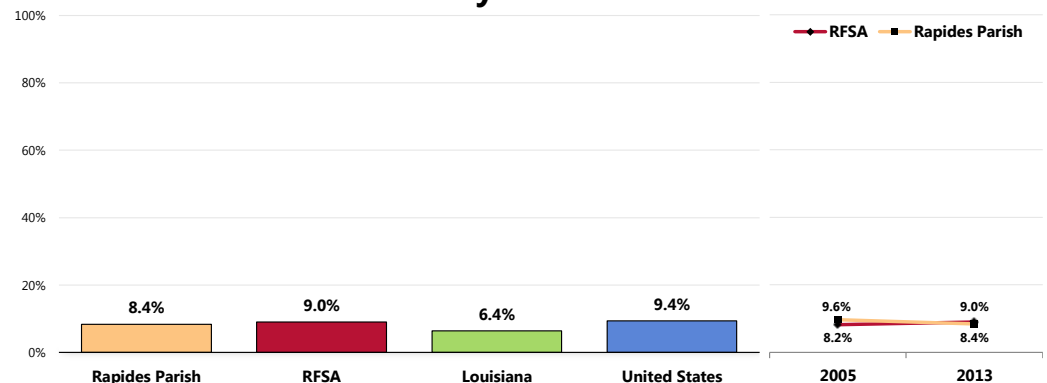
Prevalence of Asthma

Adults

A total of 8.4% of Rapides Parish adults currently suffer from asthma.

- Similar to regional (RFSA) findings.
- Similar to the percentage reported across the state.
- Similar to the percentage reported across the nation.
- ☒ Statistically unchanged over time.

Currently Have Asthma

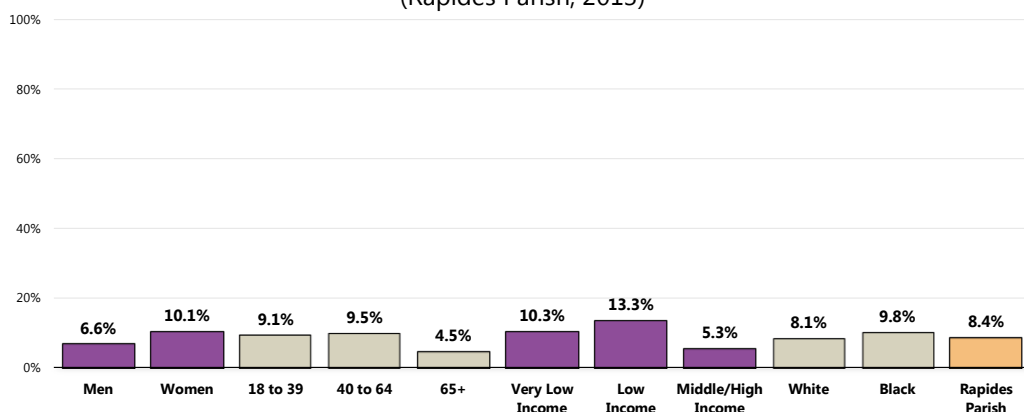


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
• Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana data.
Notes: • Asked of all respondents.
• Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

The following adults are more likely to suffer from asthma:

- Adults under age 65.
- Lower-income residents.

Currently Have Asthma (Rapides Parish, 2013)



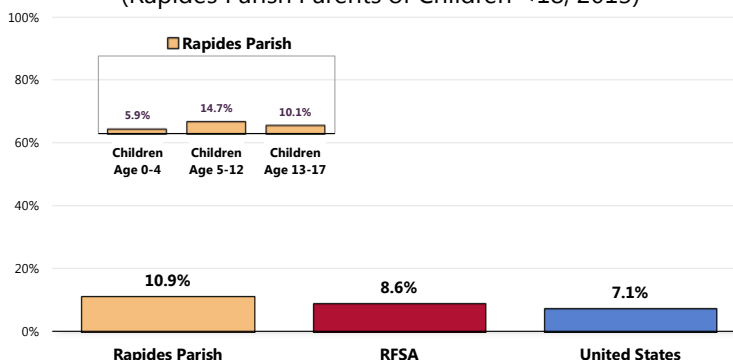
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Children

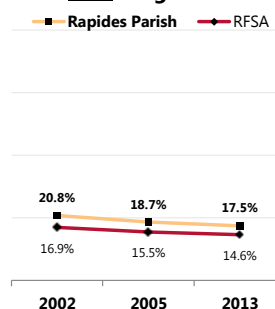
A total of 10.9% of Rapides Parish children currently suffer from asthma.

- Similar to regional (RFSA) findings.
- Comparable to the percentage reported across the nation.
- The percentage of children who have ever been diagnosed with asthma is statistically unchanged over time.
- Diagnoses are more often reported in children over age 4.

Child Currently Has Asthma (Rapides Parish Parents of Children <18, 2013)



Ever Diagnosed

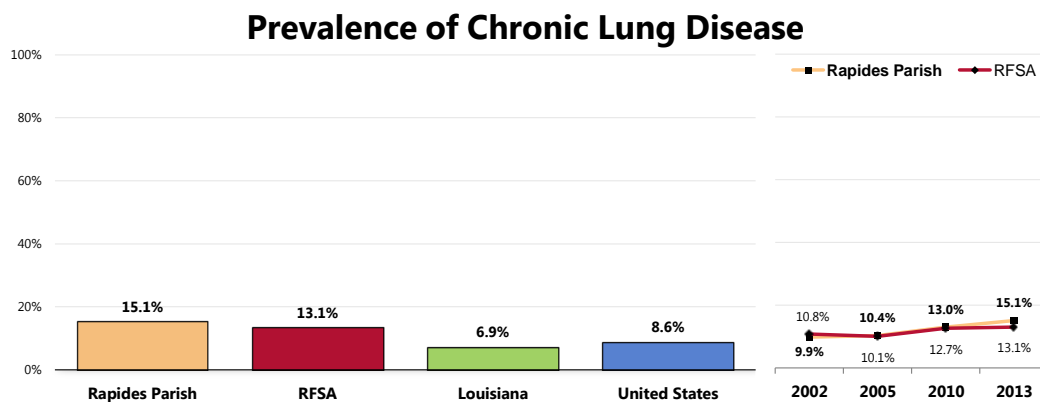


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 170]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 Notes: • Asked of all respondents with children under 18 at home.

Prevalence of Chronic Lung Disease

A total of 15.1% of surveyed adults report suffering from chronic lung disease.

- Similar to regional (RFSA) findings.
 - Higher than the state prevalence.
 - Higher than the percentage reported across the nation.
- ▣ The prevalence of chronic lung disease in Rapides Parish has increased since 2002.



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 25]
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana data.
- 2013 PRC National Health Survey, Professional Research Consultants.

Notes:

- Asked of all respondents.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Injury & Violence

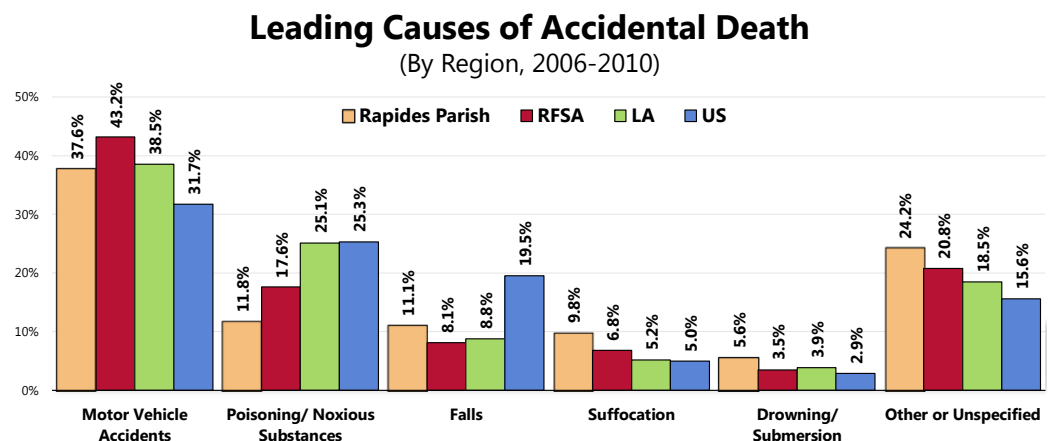
The risk of injury is so great that most persons sustain a significant injury at some time during their lives. Nevertheless, this widespread human damage too often is taken for granted, in the erroneous belief that injuries happen by chance and are the result of unpreventable “accidents.” In fact, many injuries are not “accidents,” or random, uncontrollable acts of fate; rather, most injuries are predictable and preventable.

For ages 1 through 44 years, [US] deaths from injuries far surpass those from cancer—the overall leading natural cause of death at these ages—by about three to one. Injuries cause more than two out of five deaths (43 percent) of children age 1 through 4 years and result in four times the number of deaths due to birth defects, the second leading cause of death for this age group. For ages 15 to 24 years, injury deaths exceed deaths from all other causes combined from ages 5 through 44 years. For ages 15 to 24 years, injuries are the cause of nearly four out of five deaths. After age 44 years, injuries account for fewer deaths than other health problems, such as heart disease, cancer, and stroke. However, despite the decrease in the proportion of deaths due to injury, the death rate from injuries is actually higher among older persons than among younger persons.

— Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Leading Causes of Accidental Death

Motor vehicle accidents accounted for 37.6% of accidental Rapides Parish deaths between 2006 and 2010. Poisoning (including accidental drug overdoses) ranked as the second leading cause of accidental death.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

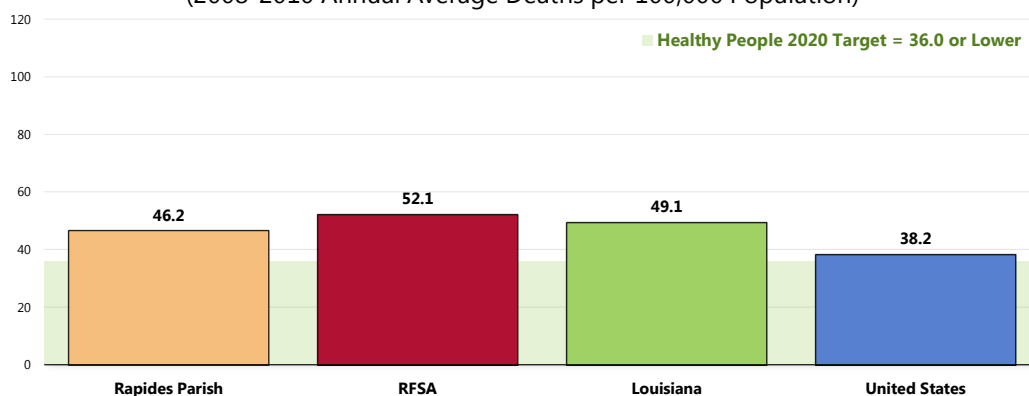
Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2008 and 2010, there was an annual average age-adjusted unintentional injury mortality rate of 46.2 deaths per 100,000 population in Rapides Parish.

- Better than the regional rate.
- Better than the state rate.
- Worse than the US rate.
- Fails to satisfy the Health People 2020 target.

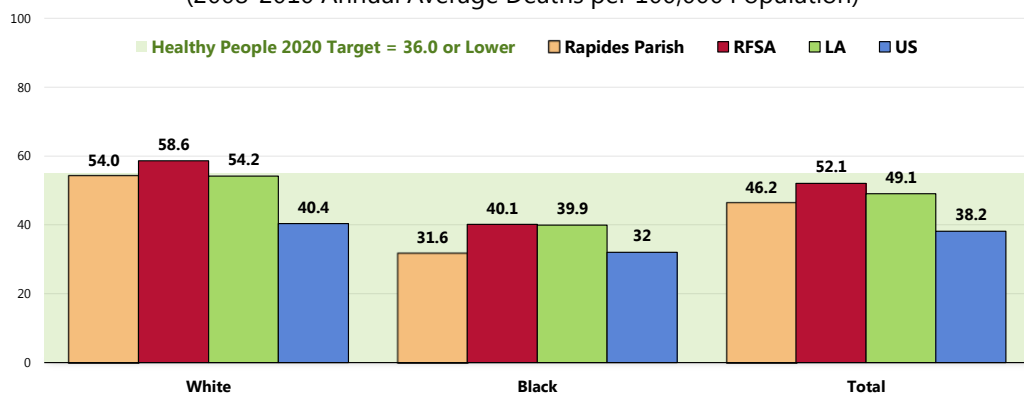
Unintentional Injuries: Age-Adjusted Mortality (2008-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• NOTE: 2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

Unintentional injury mortality rates are much higher among Whites than among Blacks in Rapides Parish.

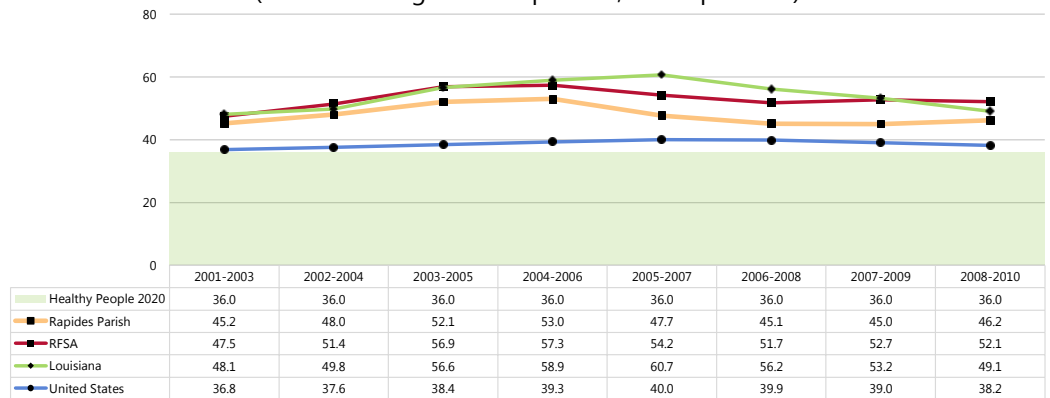
Unintentional Injuries: Age-Adjusted Mortality by Race (2008-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• NOTE: 2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

- While the Rapides Parish unintentional injury mortality rate has fluctuated, it has not changed significantly from baseline 2001-2003 findings.

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



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
 - Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
 - Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 - State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
 - NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.
- Notes:

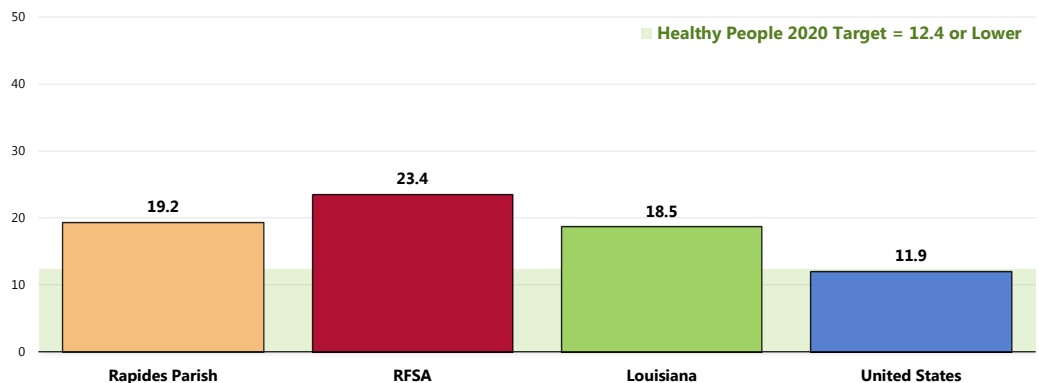
Motor Vehicle Safety

Age-Adjusted Motor-Vehicle Related Deaths

Between 2008 and 2010, there was an annual average age-adjusted motor vehicle crash mortality rate of 19.2 deaths per 100,000 population in Rapides Parish.

- Better than found regionally.
- Similar to what was found statewide.
- Much higher than the national rate.
- Fails to satisfy the Health People 2020 target.

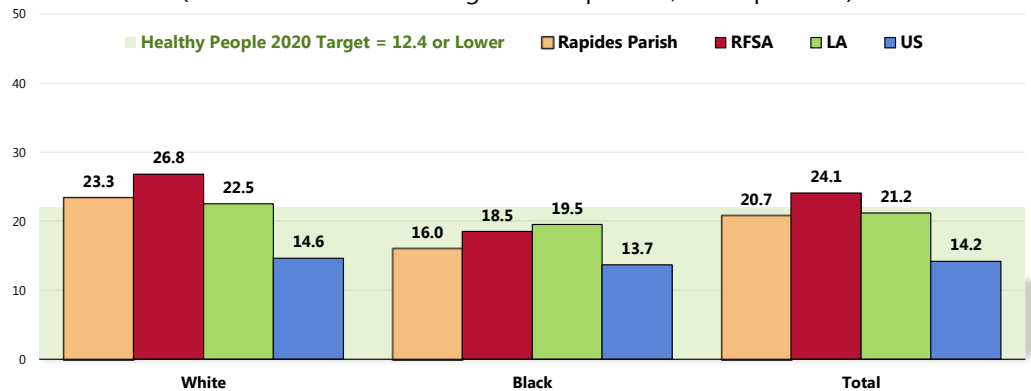
Motor Vehicle Crashes: Age-Adjusted Mortality (2008-2010* Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]
 - Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 - *NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.
- Notes:

Motor vehicle mortality rates are much higher in Rapides Parish Whites than in Blacks.

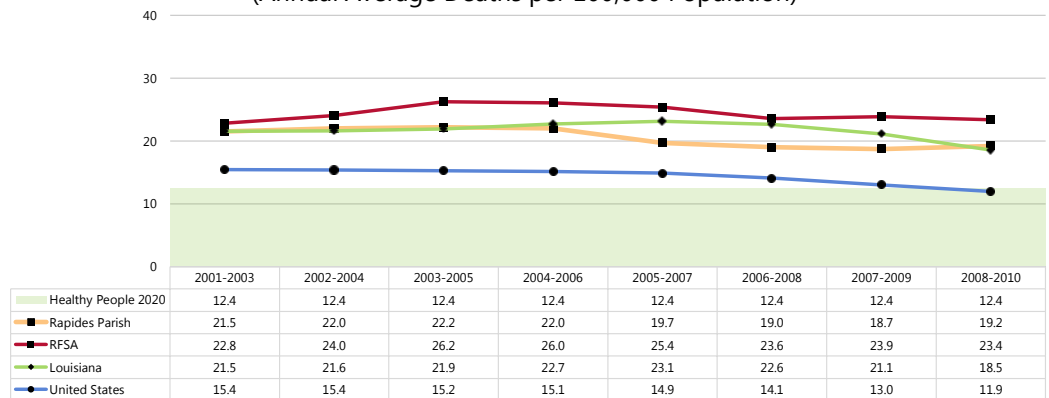
Motor Vehicle Crashes: Age-Adjusted Mortality by Race (2001-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

Mortality rates in Rapides Parish have decreased over time.

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



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]
Notes: • Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
• NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

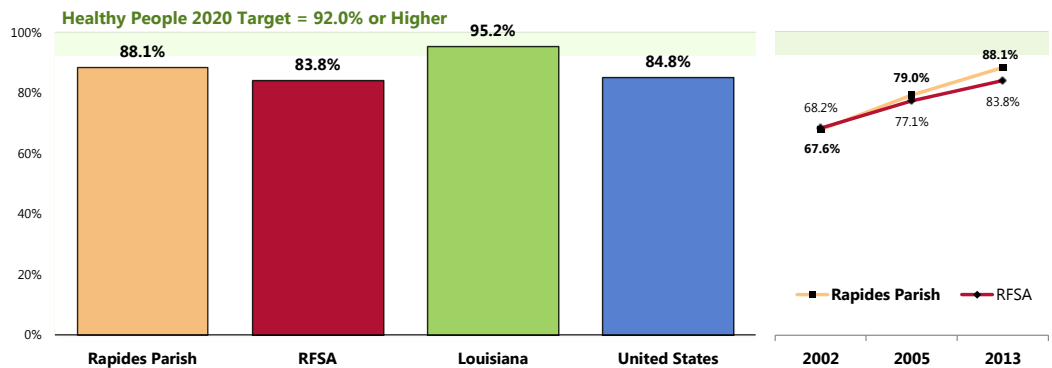
Seat Belt Usage - Adults

Most Rapides Parish adults (88.1%) report “always” wearing a seat belt when driving or riding in a vehicle.

- Higher than regional (RFSA) findings.
- Well below the state percentage.
- Better than the percentage found nationally.
- Fails to satisfy the Healthy People 2020 target of 92.0% or higher.

⬆ Denotes a significant increase in seat belt usage since 2002.

“Always” Wear a Seat Belt When Driving or Riding in a Vehicle



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 44]
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Louisiana data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-15]

Notes:

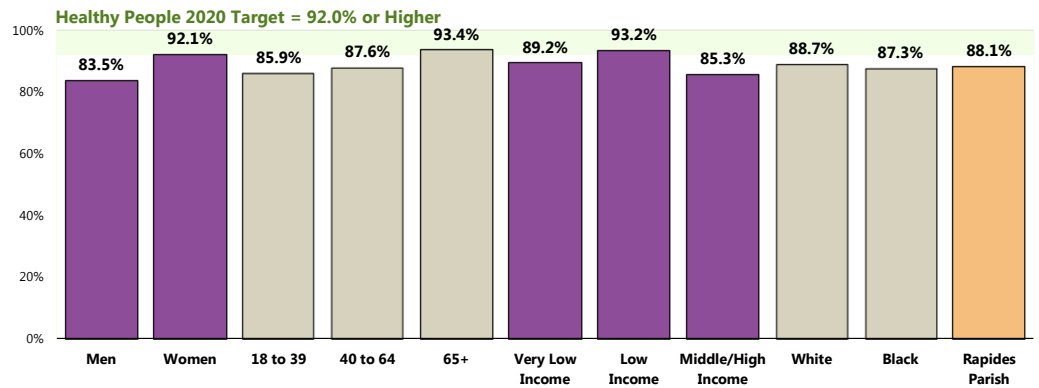
- Asked of all respondents.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

These population segments are less likely to report consistent seat belt usage:

- Men.
- Adults under age 65.
- Middle-to-high income residents.

“Always” Wear a Seat Belt When Driving or Riding in a Vehicle

(Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

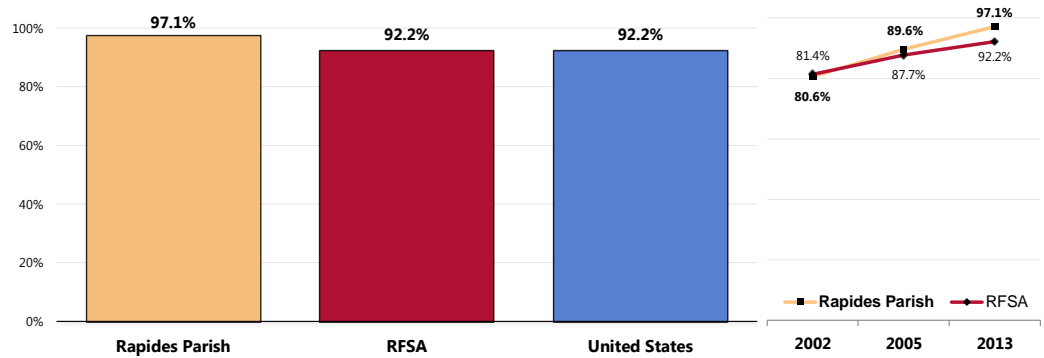
Children's Seat Belt/Car Seat Usage

A total of 97.1% of Rapides Parish parents report that their child (age 0 to 17) "always" wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Higher than regional (RFSA) findings.
- Higher than what is found nationally.
- ▣ Marks a significant increase from 2002 survey findings.

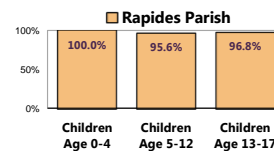
Child "Always" Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle

(Rapides Parish Parents of Children <18, 2013)




Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 142]
• 2013 PRC National Health Survey, Professional Research Consultants.

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



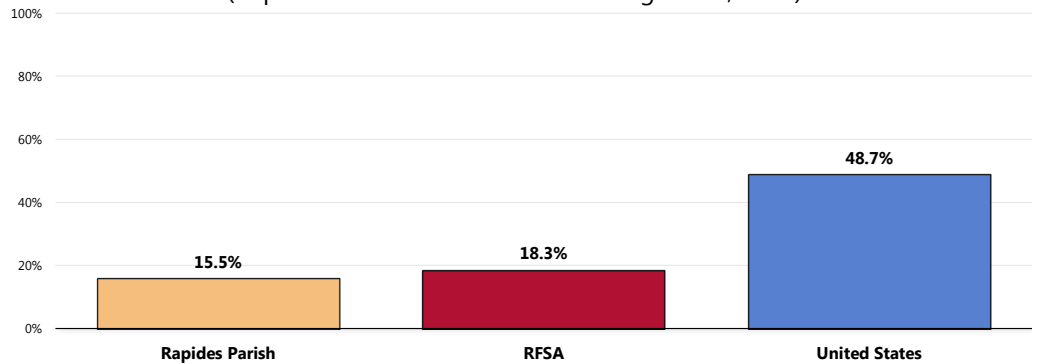
Bicycle Safety

A total of 15.5% of Rapides Parish children age 5 to 17 are reported to “always” wear a helmet when riding a bicycle.

- Similar to regional (RFSA) findings.
- Much lower than the national prevalence.
-  The prevalence is lower among teens than among younger children.

Child “Always” Wears a Helmet When Riding a Bicycle

(Rapides Parish Parents of Children Age 5-17, 2013)

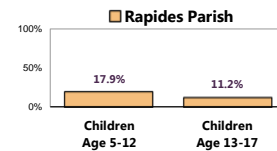


Sources:

- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- 2013 PRC National Health Survey, Professional Research Consultants.

Notes:

- Asked of all respondents with children age 5-17 at home.



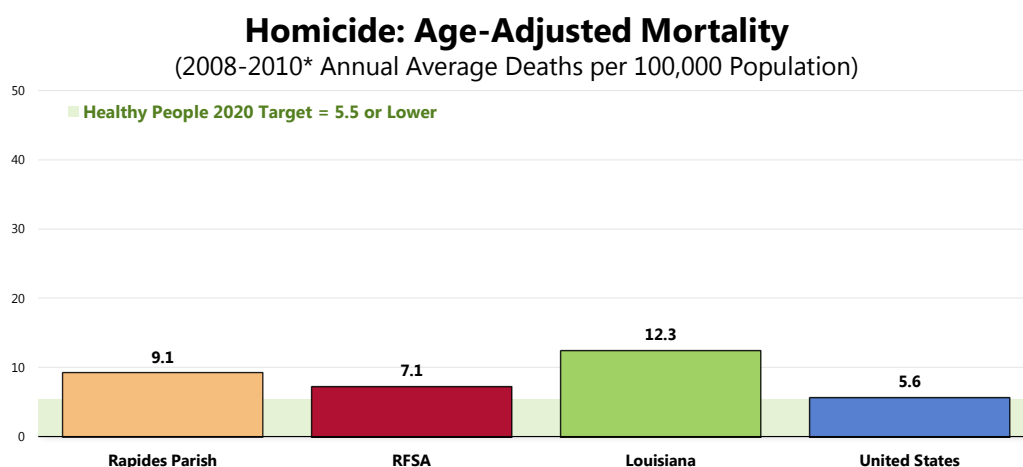
Intentional Injury (Violence)

Age-Adjusted Intentional Injury Deaths

Homicide

Between 2008 and 2010, there was an annual average age-adjusted homicide rate of 9.1 deaths per 100,000 population in Rapides Parish.

- Well above the RFSA rate.
- More favorable than the rate found statewide.
- Less favorable than the national rate.
- Fails to satisfy the Health People 2020 target.



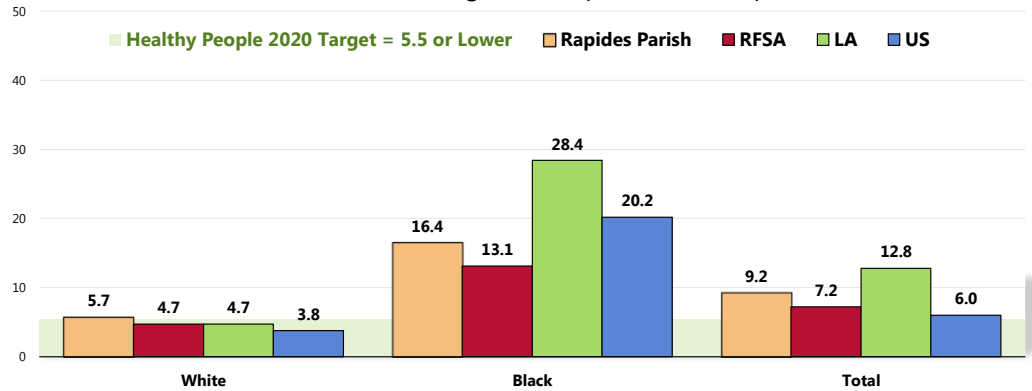
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-29]

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• NOTE: 2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

👤 The homicide rate is much higher among Blacks than among Whites in Rapides Parish.

Homicide: Age-Adjusted Mortality by Race

(2001-2010 Annual Average Deaths per 100,000 Population)

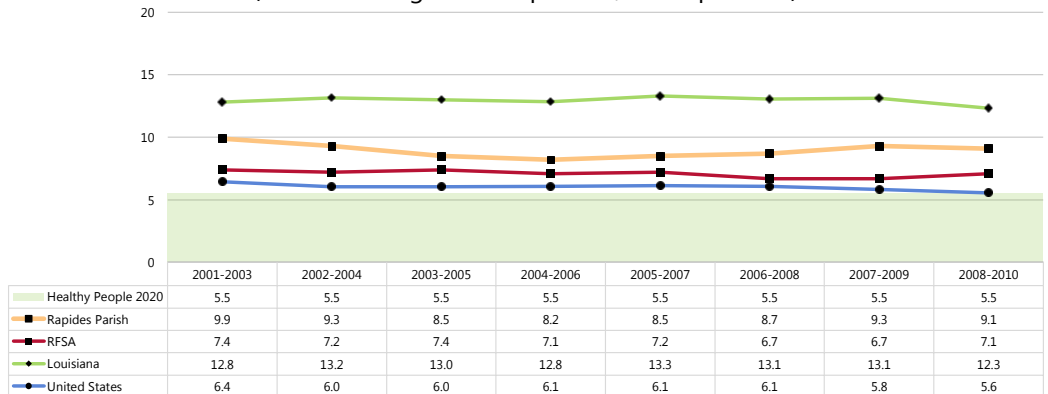


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-29]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

📉 Homicide rates have decreased over time.

Homicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



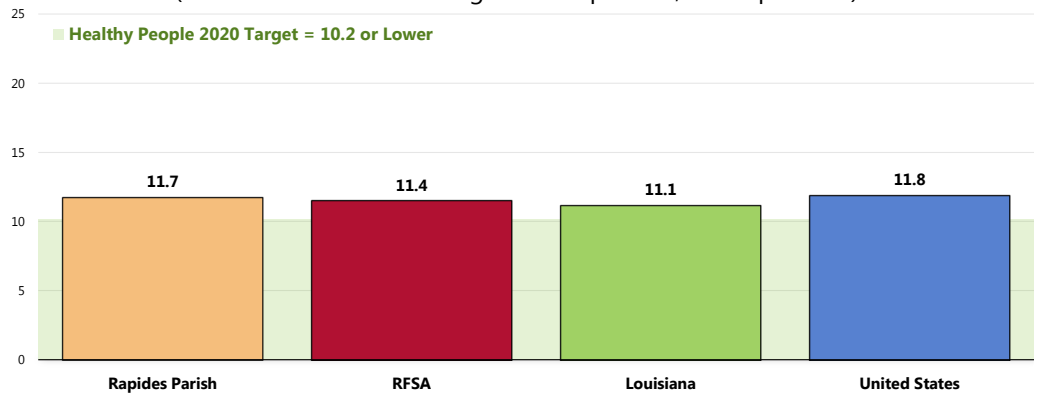
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-29]
 Notes: • Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
 • NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

Suicide

Between 2008 and 2010, there was an annual average age-adjusted suicide rate of 11.7 deaths per 100,000 population in Rapides Parish.

- Similar to regional (RFSA) findings.
- Higher than the rate found statewide.
- Similar to the national rate.
- Fails to meet the Health People 2020 target.

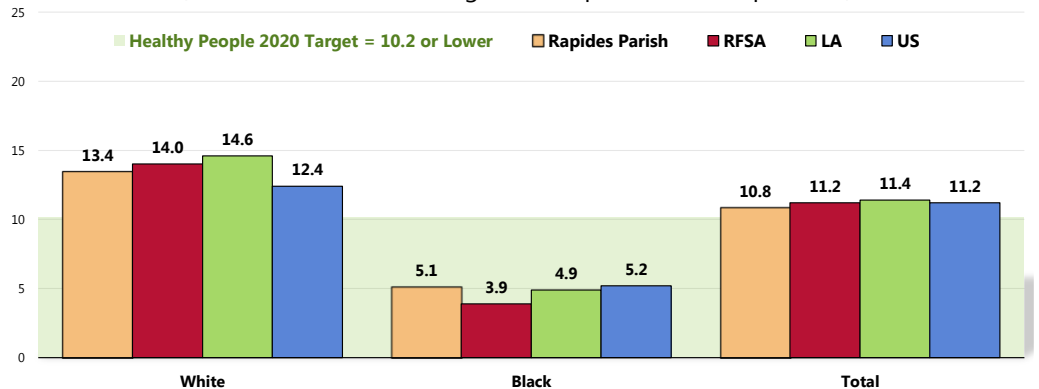
Suicide: Age-Adjusted Mortality (2008-2010* Annual Average Deaths per 100,000 Population)




Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

👤 The suicide rate is higher among Whites in Rapides Parish.

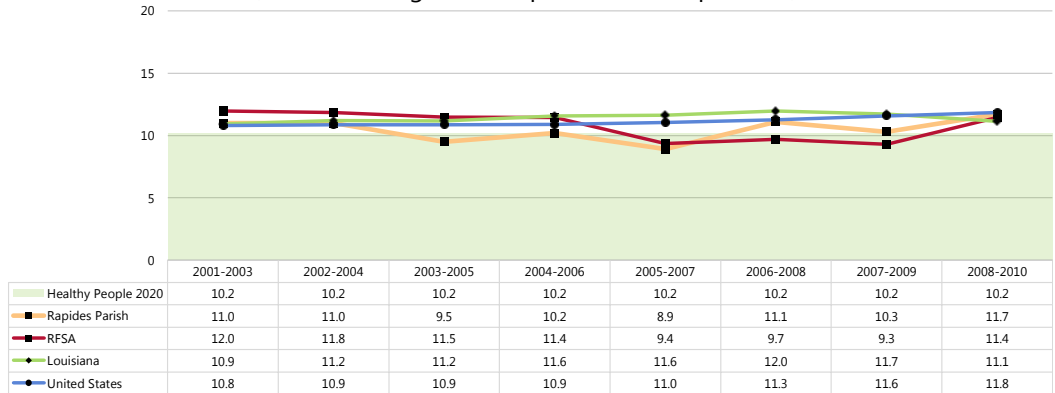
Suicide: Age-Adjusted Mortality by Race (2001-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

 The Rapides Parish suicide rate increased over time.

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



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]

Notes:


- Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
- NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

Violent Crime

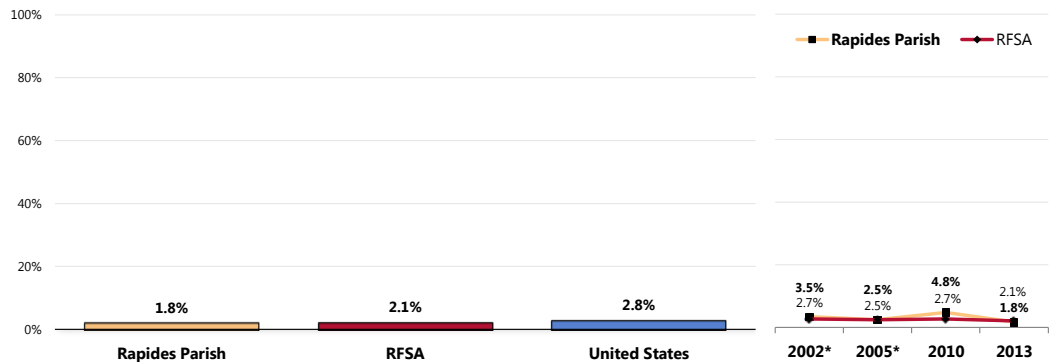
Self-Reported Violence

A total of 1.8% of Rapides Parish adults acknowledge being the victim of a violent crime in the past five years.

- Comparable to the regional prevalence.
- Comparable to the national prevalence.

 The prevalence of residents who have been victims of a violent crime in the past 5 years decreased.

Victim of a Violent Crime in the Area in the Past 5 Years



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 45]
- 2013 PRC National Health Survey, Professional Research Consultants.

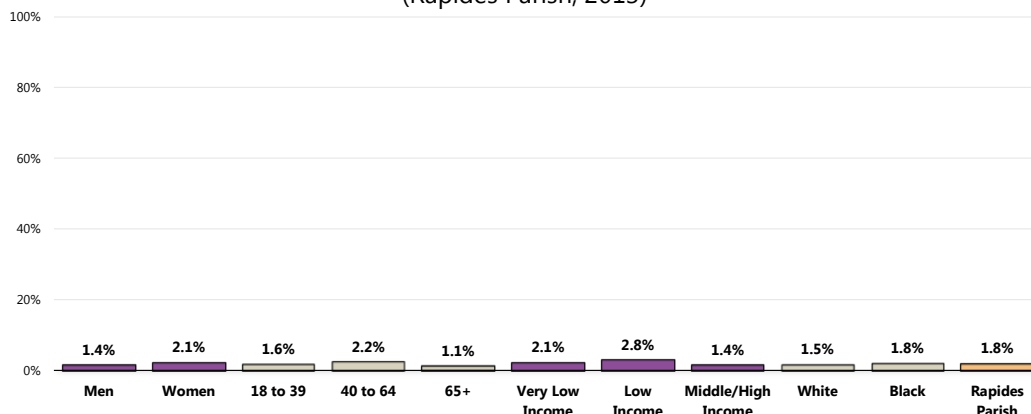
Notes:

- Asked of all respondents.
- *Prior to 2010, the Rapides Parish survey did not ask if the crime occurred locally ("in your area").

NOTE:
Due to sparse reporting for several parishes in recent years, reliable offense-based violent crime data are not available for Rapides Parish.

There are no significant differences between demographic groups.

Victim of a Violent Crime in the Past 5 Years (Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Family Violence

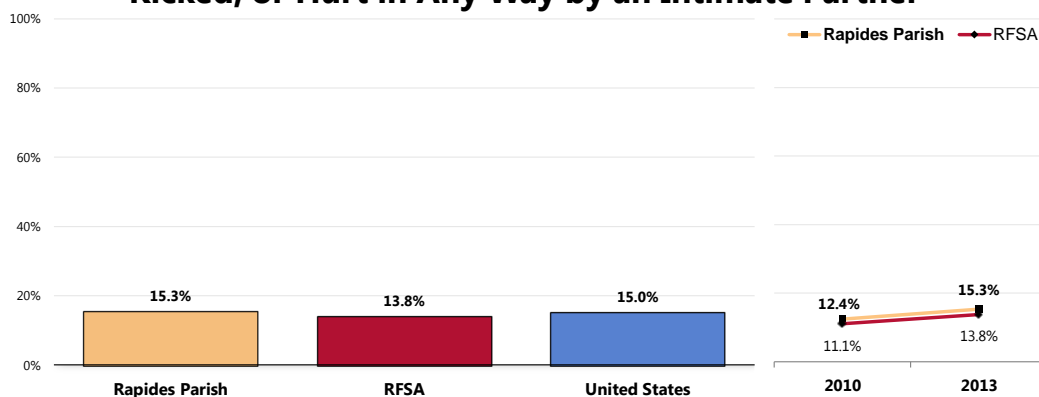
Respondents were told:

*"By an intimate partner,
I mean any current
or former spouse, boyfriend,
or girlfriend.
Someone you were
dating, or romantically or
sexually intimate with would
also be considered an
intimate partner."*

A total of 15.3% of Rapides Parish adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Comparable to the regional prevalence.
- Comparable to national findings.
- ▣ Marks a significant increase from 2010 survey results.

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



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 46]

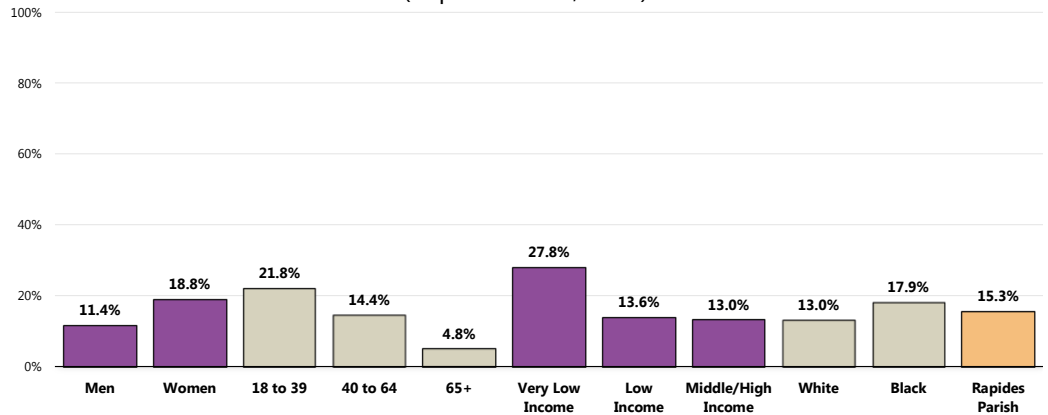
• 2013 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.

Reports of domestic violence are notably higher among:

- 👤 Women.
- 👤 Young adults (note the negative correlation with age).
- 👤 Residents with very low income.

**Have Ever Been Hit, Slapped, Pushed,
Kicked, or Hurt in Any Way by an Intimate Partner**
(Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Firearm Safety

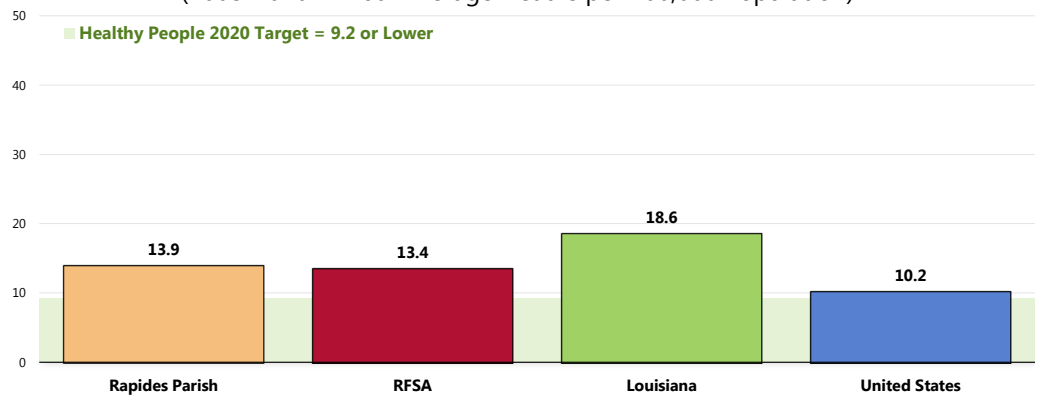
Age-Adjusted Firearm-Related Deaths

Between 2008 and 2010, there was an annual average age-adjusted rate of 13.9 deaths per 100,000 population due to firearms in Rapides Parish.

- Similar to what is found regionally.
- Lower than found statewide.
- Higher than found nationally.
- Fails to satisfy the Healthy People 2020 objective.

Firearms-Related Deaths: Age-Adjusted Mortality

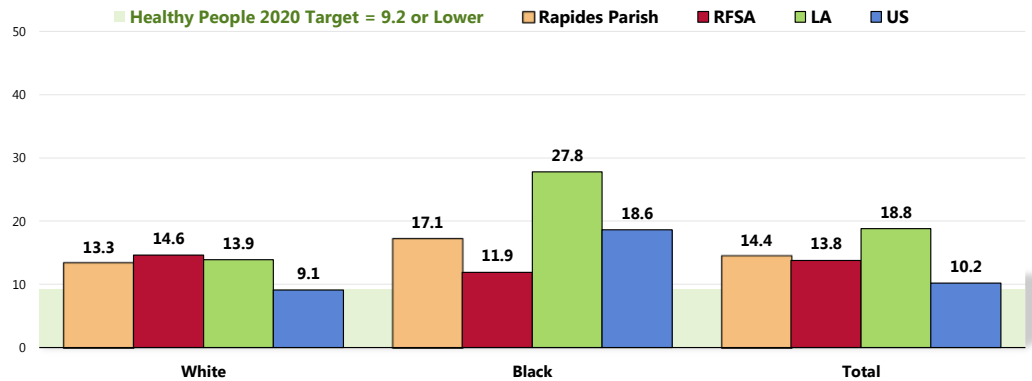
(2008-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-30]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• NOTE: 2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

👥 The Rapides Parish firearm-related mortality rate is higher among Blacks, similar to state and national findings.

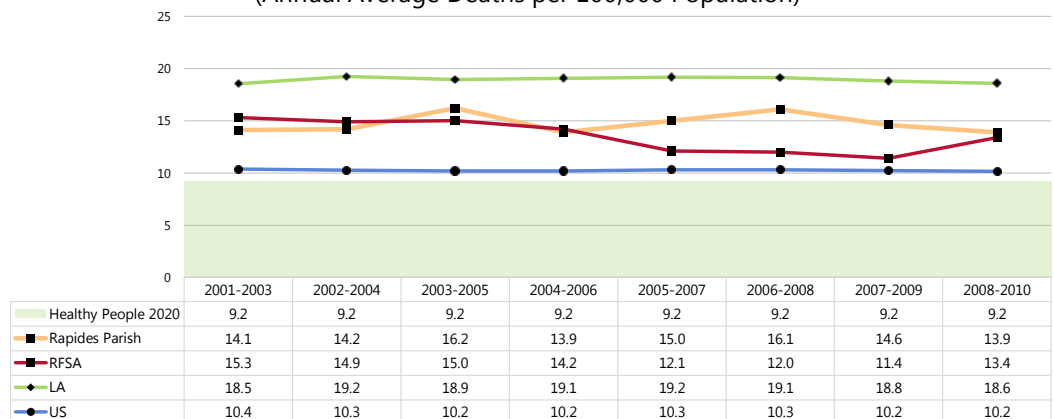
Firearms-Related Deaths: Age-Adjusted Mortality by Race (2001-2008 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-30]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

📈 The mortality rate in Rapides Parish remained unchanged over time.

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



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-30]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

Presence of Firearms in Homes

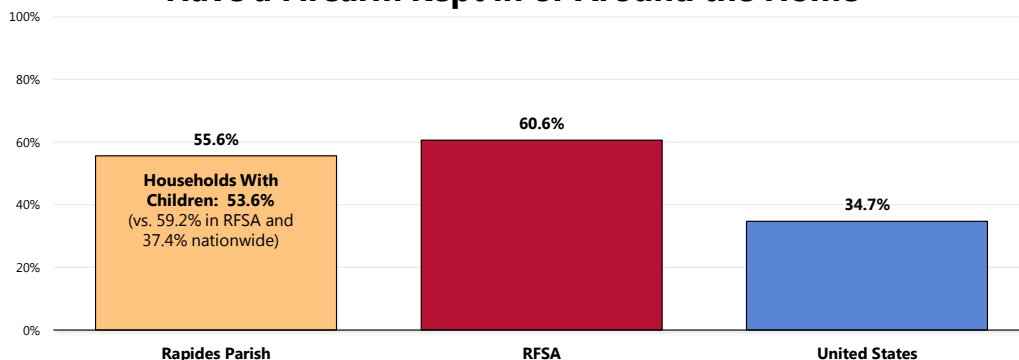
Survey respondents were further asked about the presence of weapons in the home:

"Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? For the purposes of this inquiry, 'firearms' include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire."

A total of 55.6% of Rapides Parish adults have a firearm kept in or around their home.

- Lower than what is found regionally.
- Much higher than the national prevalence.
- Among Rapides Parish households with children, 53.6% have a firearm kept in or around the house (well above that reported nationally).

Have a Firearm Kept in or Around the Home



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 48, 171]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

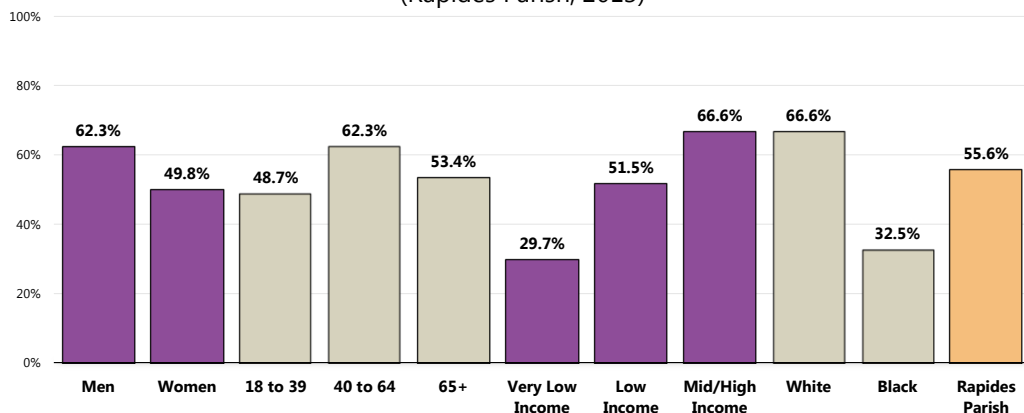
Notes: • Asked of all respondents.
• In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Reports of firearms in or around the home are more prevalent among the following respondent groups:

- Men.
- Adults age 40 to 64.
- Higher-income households (note positive correlation with income).
- White respondents.

Have a Firearm Kept in or Around the House

(Rapides Parish, 2013)



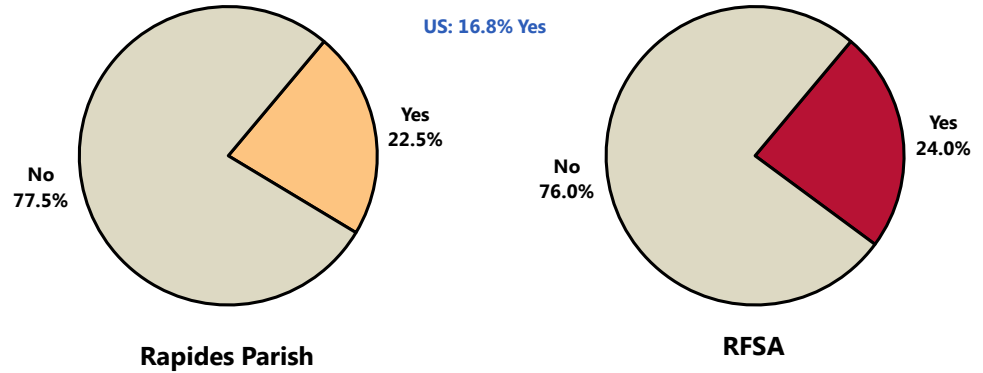
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]

Notes: • Asked of all respondents.
• In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Among Rapides Parish households with firearms, 22.5% report that there is at least one weapon that is kept unlocked and loaded.

- Higher than that found nationally.

Household Has An Unlocked, Loaded Firearm (Among Respondents Reporting a Firearm in or Around the Home)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with a firearm in or around the home.
• In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Diabetes

Diabetes affects nearly 16 million adults and contributes to about 200,000 deaths a year. Diabetes can cause heart disease, stroke, blindness, kidney failure, leg and foot amputations, pregnancy complications, and deaths related to influenza and pneumonia. About 5.4 million adults are unaware they have the disease.

Among adults, diagnosed diabetes (including gestational diabetes) increased 49% from 1990 to 2000. The largest increase was among people age 30–39. Type 2 affects 90%–95% of people with diabetes and is linked to obesity and physical inactivity.

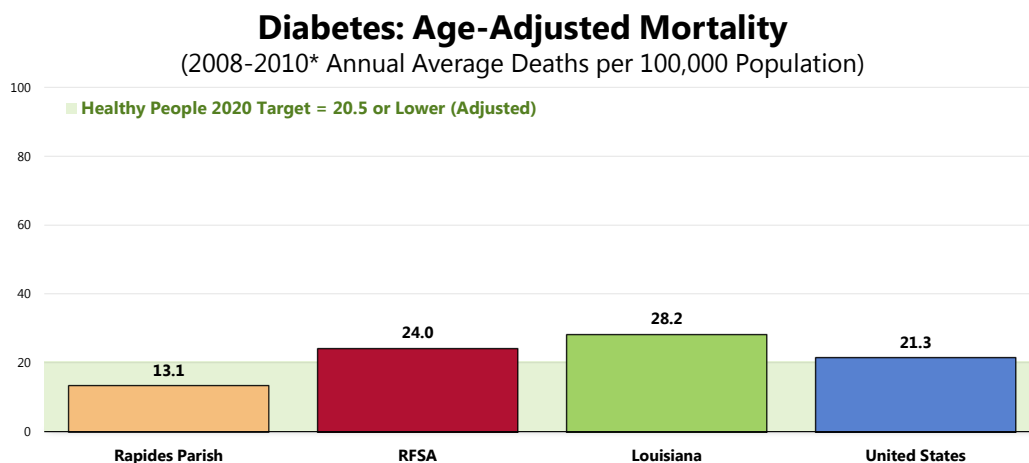
The direct and indirect costs of diabetes in America are nearly \$100 billion a year.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Age-Adjusted Diabetes Mellitus Deaths

Between 2008 and 2010, there was an annual average age-adjusted diabetes mortality rate of 13.1 deaths per 100,000 population in Rapides Parish.

- Lower than the regional rate.
- Lower than the Louisiana rate.
- Lower than the national rate.
- Satisfies the Health People 2020 target.

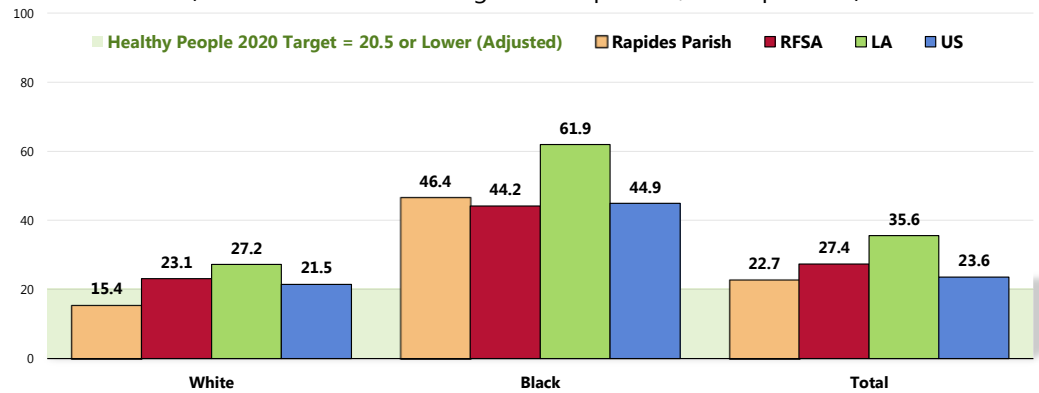


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
• NOTE: 2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

Diabetes mortality is much higher in Rapides Parish's Black population.

Diabetes: Age-Adjusted Mortality by Race

(2001-2010 Annual Average Deaths per 100,000 Population)

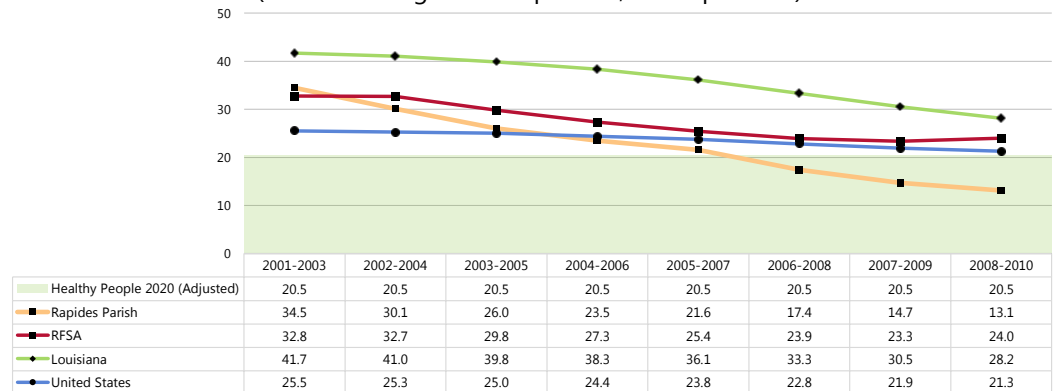


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
• NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

Diabetes mortality rates have declined in recent years.

Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



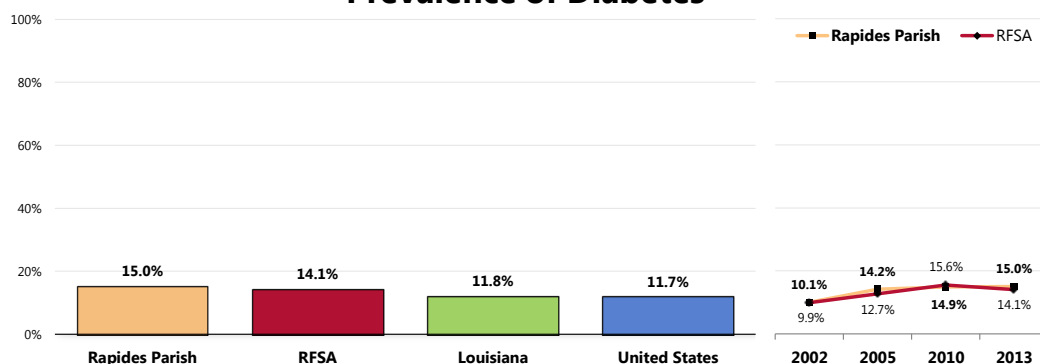
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
Notes: • Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
• The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
• NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

Prevalence of Diabetes

A total of 15.0% of Rapides Parish adults report having been diagnosed with diabetes.

- Similar to what is found regionally.
- Higher than the proportion statewide.
- Higher than the national proportion.
- The diabetes prevalence has increased significantly in Rapides Parish since 2002.

Prevalence of Diabetes



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 34]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 • Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana data.

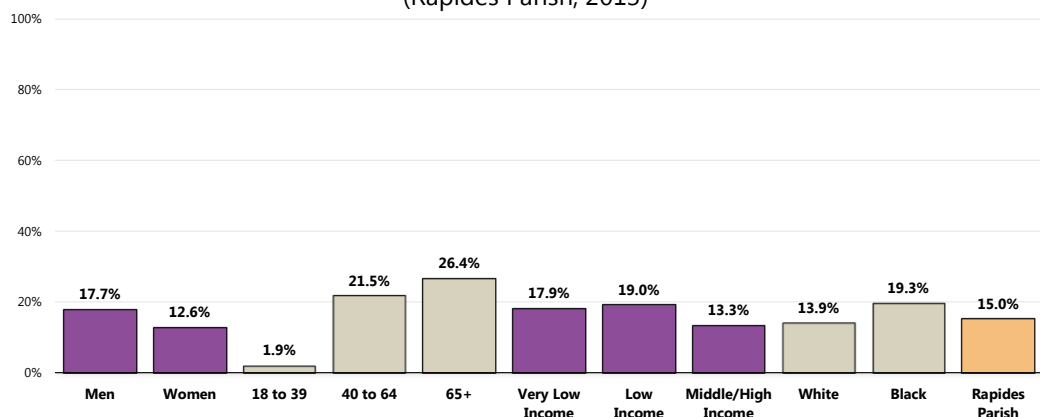
Notes: • Asked of all respondents.
 • Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

A higher prevalence of diabetes is reported among the following demographic groups:

- Adults age 40 and older (note a positive correlation with age, with 26.4% of seniors with diabetes).

Prevalence of Diabetes

(Rapides Parish, 2013)



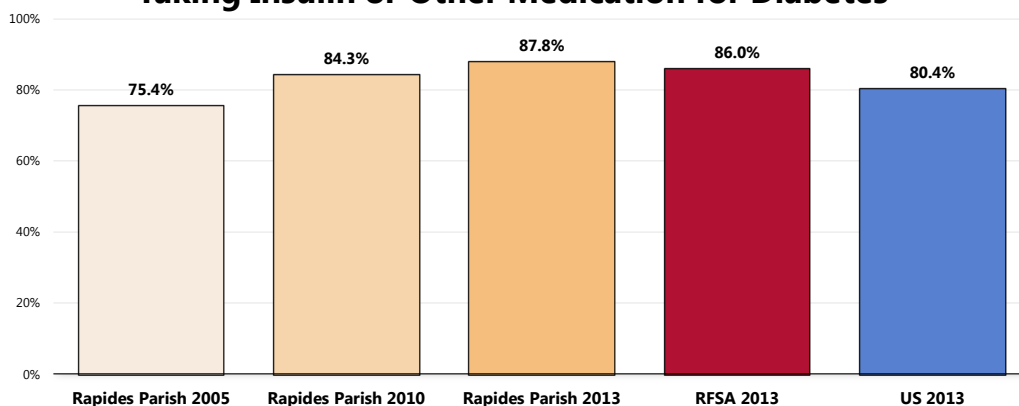
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 34]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Diabetes Treatment

Among adults with diabetes, most (87.8%) are currently taking insulin or some type of medication to manage their condition.

- Similar to the regional prevalence.
- Higher than the prevalence found nationally among diabetics.
- ▣ Marks a statistically significant increase over time in Rapides Parish.

Taking Insulin or Other Medication for Diabetes



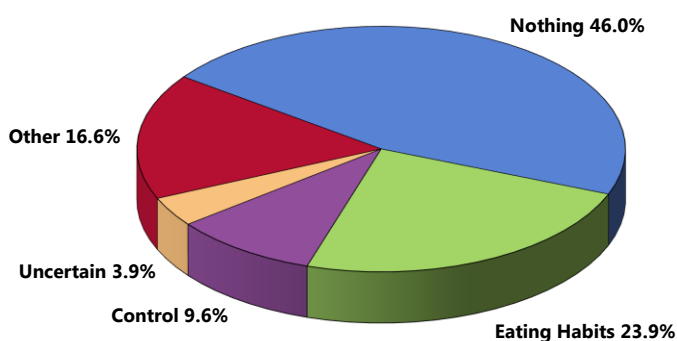
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 35]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all diabetic respondents.

Among diabetics, 46.0% report not having any problem controlling their blood sugar.

- ▣ In 2005, 63.2% of Rapides Parish diabetics reported having no problems controlling their blood sugar (not shown).

Problems Controlling Blood Sugar

(Among Diabetics; Rapides Parish 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
Notes: • Asked of all respondents.

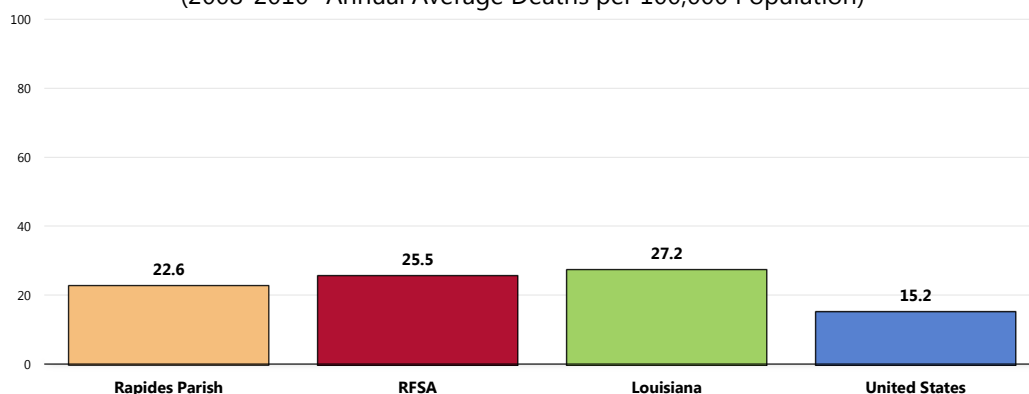
Kidney Disease

Age-Adjusted Kidney Disease Deaths

Between 2008 and 2010, there was an annual average age-adjusted kidney disease mortality rate of 22.6 deaths per 100,000 population in Rapides Parish.

- Better than the regional rate.
- Better than the rate found statewide.
- Much less favorable than the national rate.

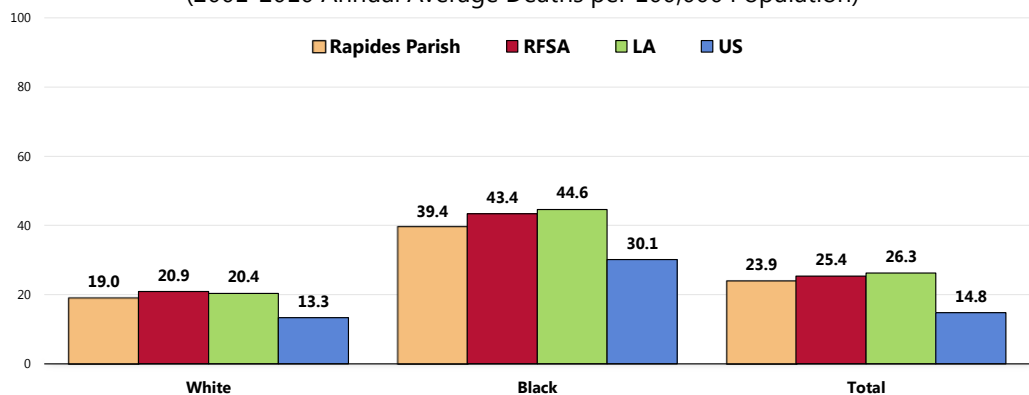
Kidney Disease: Age-Adjusted Mortality
(2008-2010* Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

👥 The mortality rate is twice as high among Blacks as among Whites in Rapides Parish.

Kidney Disease: Age-Adjusted Mortality by Race
(2001-2010 Annual Average Deaths per 100,000 Population)

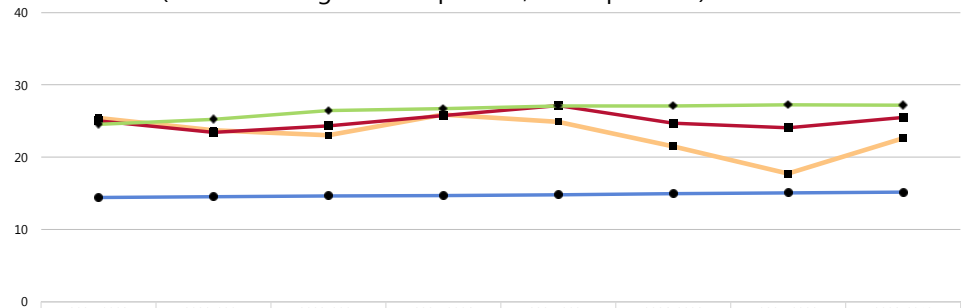


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

☒ The Rapides Parish mortality rate has increased since 2007-2009 but decreased since 2001-2003.

Kidney Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Rapides Parish	25.4	23.7	23	25.9	24.9	21.5	17.7	22.6
RFSA	25.0	23.4	24.3	25.7	27.1	24.7	24.1	25.5
Louisiana	24.5	25.2	26.5	26.7	27.1	27.1	27.2	27.2
United States	14.4	14.5	14.6	14.7	14.8	14.9	15.0	15.2

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
• NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

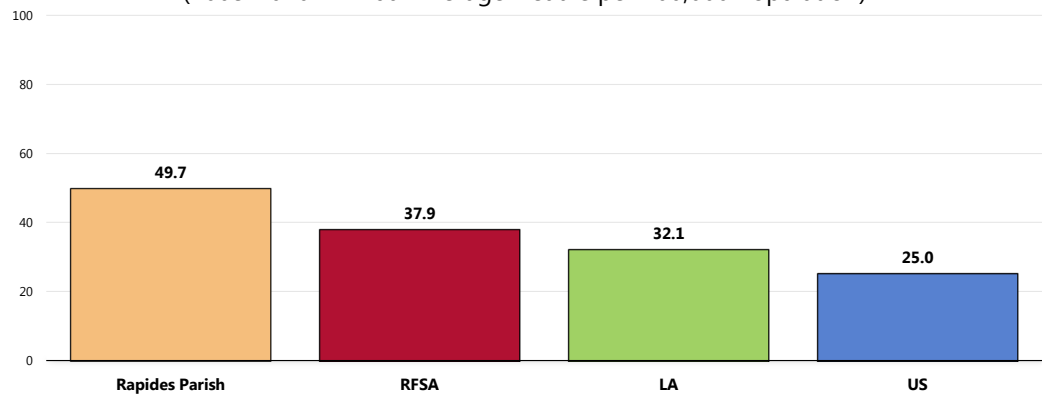
Alzheimer's Disease

Age-Adjusted Alzheimer's Disease Deaths

Between 2008 and 2010, there was an annual average age-adjusted Alzheimer's disease mortality rate of 49.7 deaths per 100,000 population in Rapides Parish.

- Higher than the regional rate.
- Higher than the statewide rate.
- Higher than the national rate.

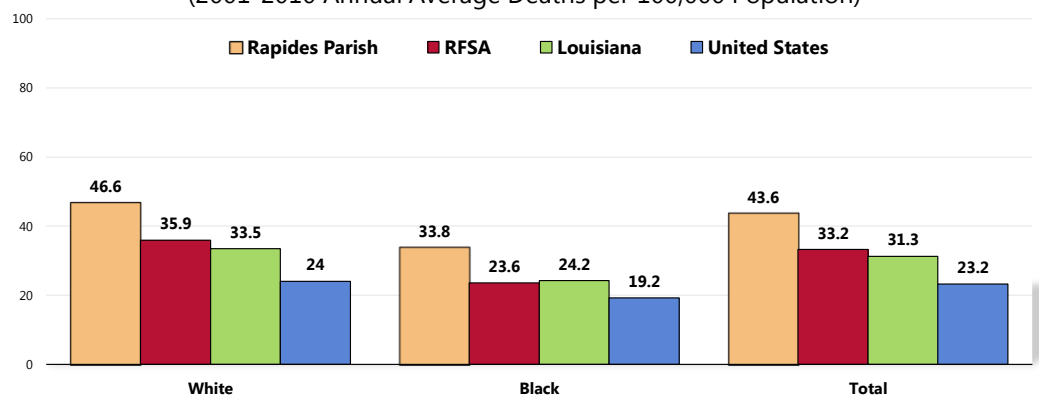
Alzheimer's Disease: Age-Adjusted Mortality (2008-2010* Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• NOTE: 2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

👥 The death rate is much higher among Whites than among Blacks in Rapides Parish.

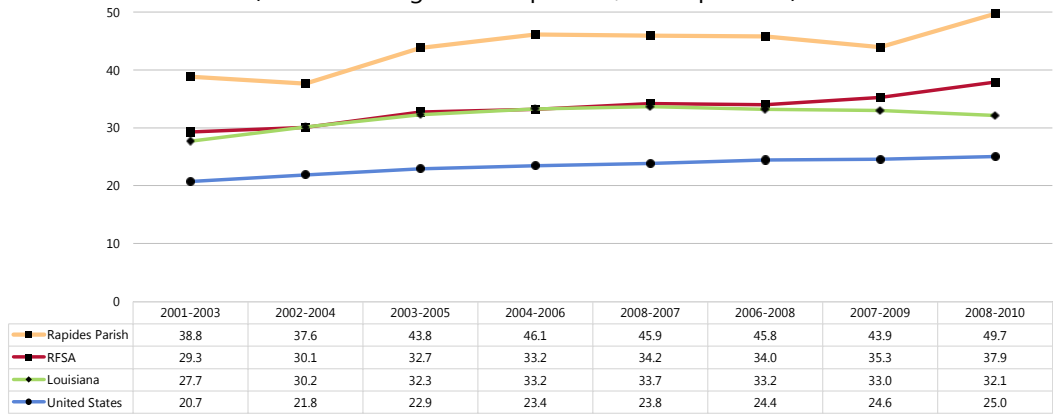
Alzheimer's Disease: Age-Adjusted Mortality by Race (2001-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

Alzheimer's disease mortality rates have increased over the past several years.

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



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
• NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

Arthritis & Rheumatism

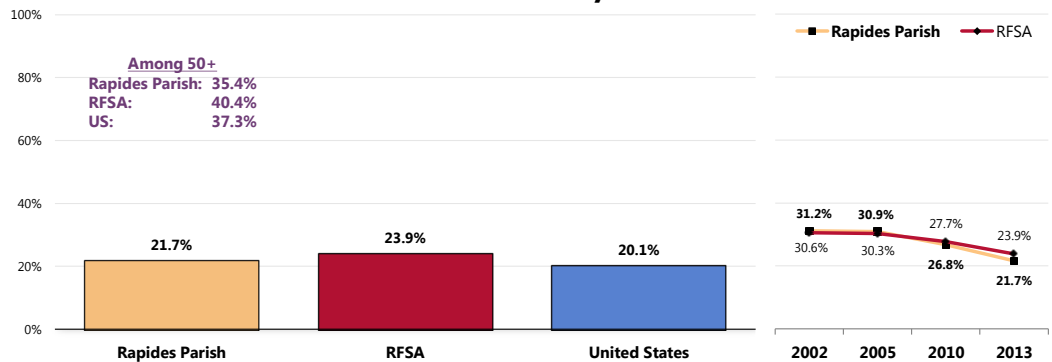
The current and projected growth in the number of people age 65 years and older in the United States has focused attention on preserving quality of life, as well as length of life. Chief among the factors involving preserving quality of life are the prevention and treatment of musculoskeletal conditions—the major causes of disability in the United States. Among musculoskeletal conditions, arthritis and other rheumatic conditions, osteoporosis, and chronic back conditions have the greatest impact on public health and quality of life.

— Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

More than one in five Rapides Parish adults (21.7%) report suffering from arthritis or rheumatism.

- Similar to what is found regionally.
- Similar to what is found nationwide.
- ▣ The prevalence of arthritis/rheumatism in Rapides Parish has decreased significantly over time.
- 👥 Among Rapides Parish adults age 50 and older, 35.4% have arthritis or rheumatism (comparable to the regional figure, higher than the national prevalence).

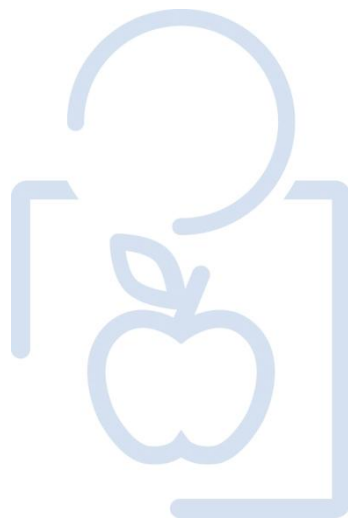
Prevalence of Arthritis/Rheumatism



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 26, 175]
• 2013 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.

MODIFIABLE HEALTH RISK BEHAVIORS



Actual Causes Of Death

A 2002 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were tobacco (an estimated 435,000 deaths), diet and activity patterns (400,000), alcohol (85,000), microbial agents (75,000), toxic agents (55,000), motor vehicles (43,000), firearms (29,000), sexual behavior (20,000), and illicit use of drugs (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

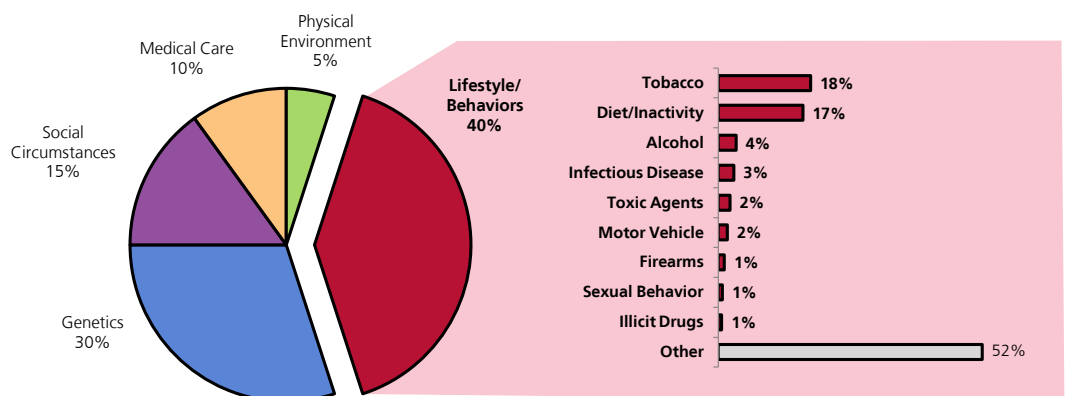
These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

— Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic lung disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88-1232.

Factors Contributing to Premature Deaths in the United States



Sources: "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs, Vol. 21, No. 2, March/April 2002. "Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH) JAMA, 291(2000):1238-1245.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Nutrition

Adults

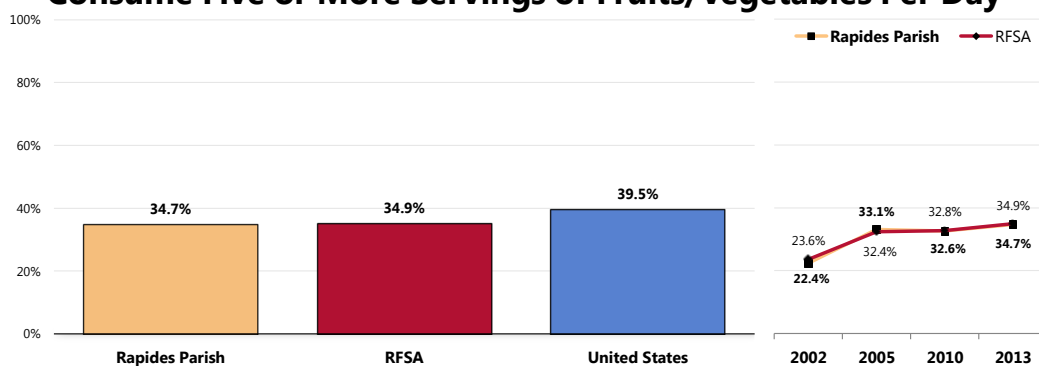
Daily Recommendation of Fruits/Vegetables

To measure food and beverage consumption, survey respondents were asked specifically about the foods and drinks they consumed on the day prior to the interview.

A total of 34.7% of area adults report eating five or more servings of fruits and/or vegetables per day.

- Comparable to regional findings.
- Lower than national findings.
- ▣ Marks a statistically significant increase in fruit/vegetable consumption in Rapides Parish since 2002.

Consume Five or More Servings of Fruits/Vegetables Per Day

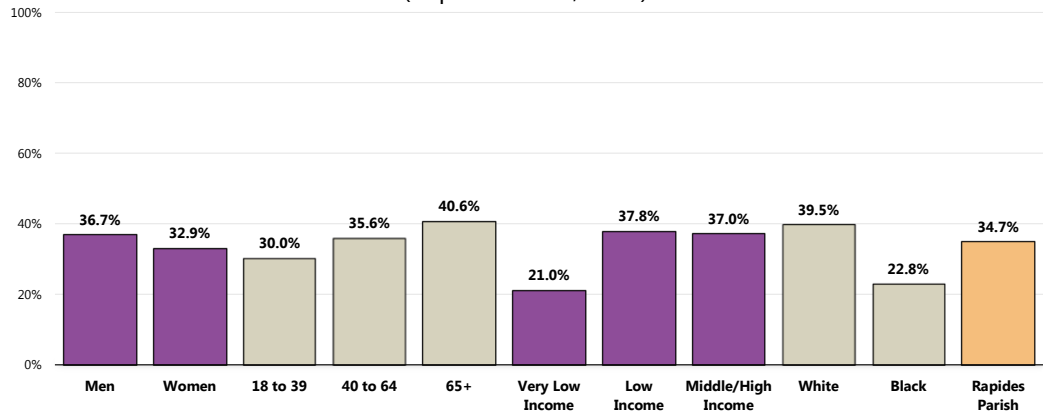


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 185]
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents.
• For this issue, respondents were asked to recall their food intake on the previous day.

Respondents less likely to get the recommended servings of fruits/vegetables include:

- 👤 Residents in households with very low incomes.
- 👤 Blacks.

Consume Five or More Servings of Fruits/Vegetables Per Day (Rapides Parish, 2013)



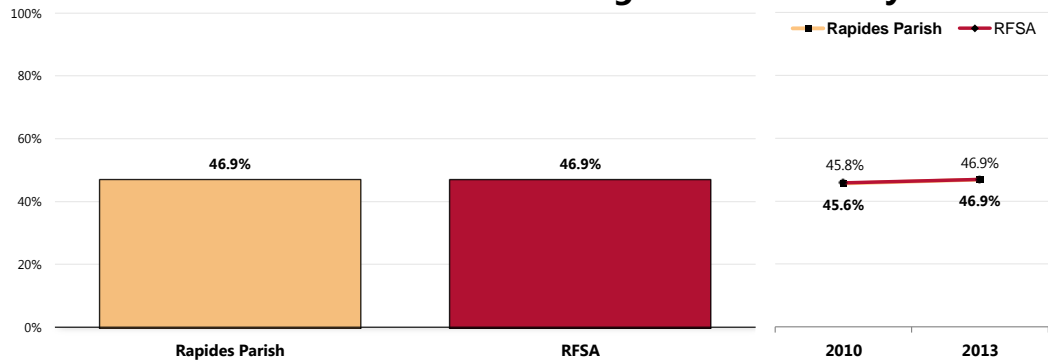
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 185]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
 • For this issue, respondents were asked to recall their food intake on the previous day.

Fruits

A total of 46.9% of Rapides Parish adults report eating at least two servings of fruit per day.

- Comparable to regional findings.
- 📈 Marks a statistically significant increase since 2010.

Consume Two or More Servings of Fruit Per Day



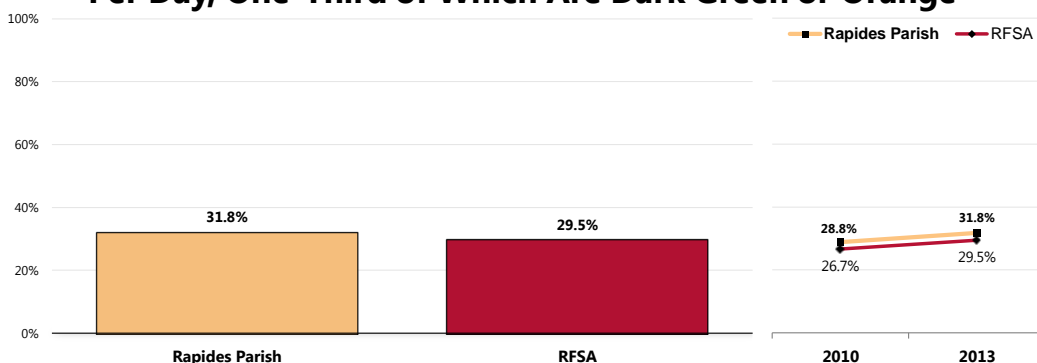
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 186]
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.

Vegetables

A total of 31.8% of survey respondents report eating three or more servings of vegetables per day, at least one-third of which are dark green or orange vegetables.

- Comparable to regional findings.
- 📊 Statistically unchanged since first measured in 2010.

Consume Three or More Servings of Vegetables Per Day, One-Third of Which Are Dark Green or Orange



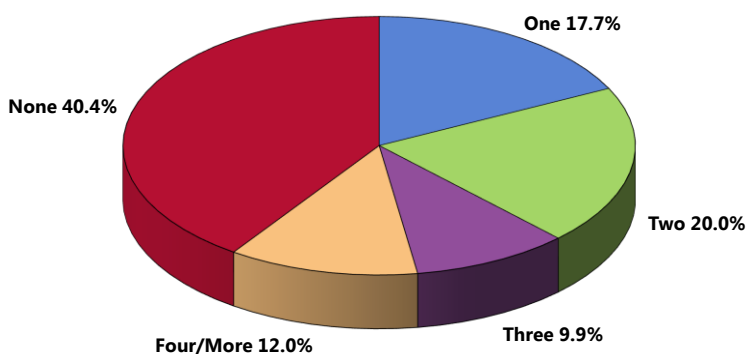
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 187]
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.

Consumption of Sugar-Sweetened Beverages

59.6% of Rapides Parish adults drink at least one sugar-sweetened beverage per day.

In this instance, sweetened drinks include, but are not limited to, non-diet soda, sweet tea, Gatorade, Monster or "power" drinks, and specialty coffee drinks in 12-ounce servings.

Adults: Servings of Sugar-Sweetened Drinks Consumed Per Day (Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
 Notes: • Asked of all respondents.
 • In this case, respondents were asked to consider their beverage consumption from the previous day.
 • Sugar-sweetened drinks include (but are not limited to) non-diet soda, sweet tea, Gatorade/Monster/"power" drinks, specialty coffee drinks, etc., in 12-ounce portions.

- Lower than regional findings.
- Statistically unchanged since first measured in 2010.

Consume One or More Sugar-Sweetened Drinks Per Day

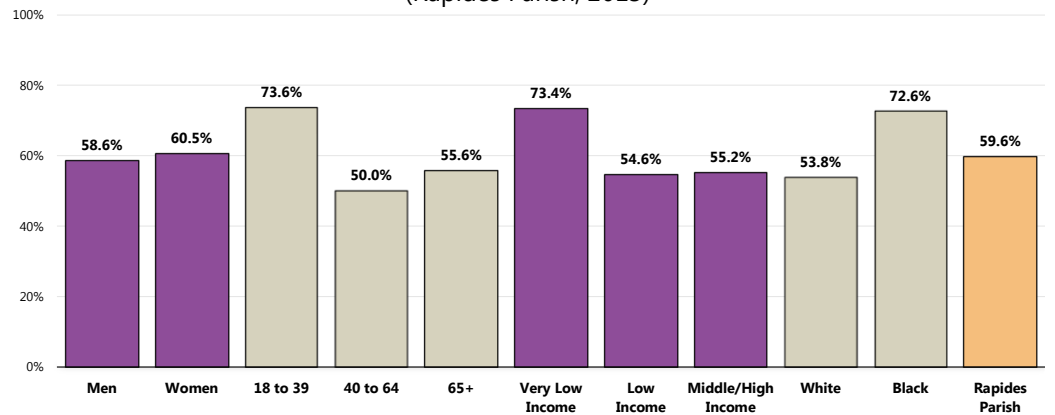


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 92]
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.

Respondents more likely to drink sugar-sweetened beverages include:

- Residents under age 40.
- Residents with very low incomes.
- Blacks.

Consume One or More Sugar-Sweetened Drinks Per Day (Rapides Parish, 2013)

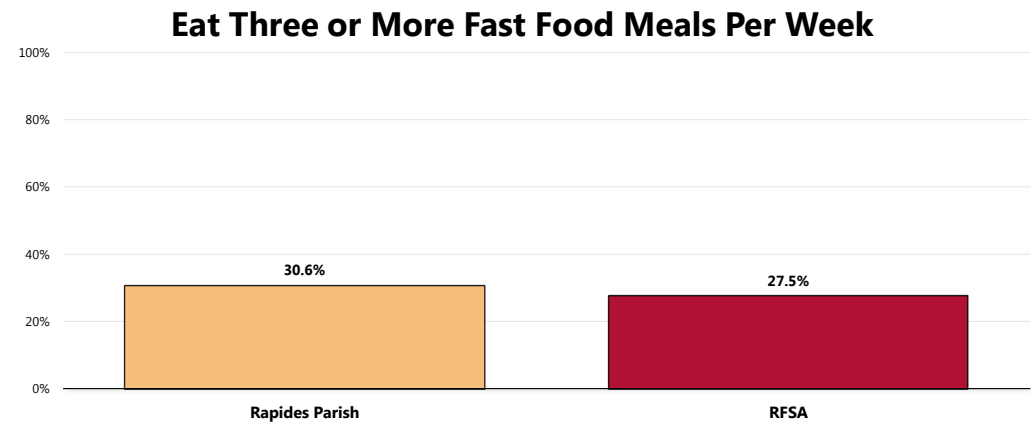


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
 • For this issue, respondents were asked to recall their beverage intake on the previous day.
 • Sugar-sweetened drinks include (but are not limited to) regular soda, sweet tea, Gatorade/Monster/"power" drinks, specialty coffee drinks, etc. in 12-ounce portions.

Consumption of Fast Food

A total of 30.6% of Rapides Parish adults report three or more meals in the past week from fast food restaurants.

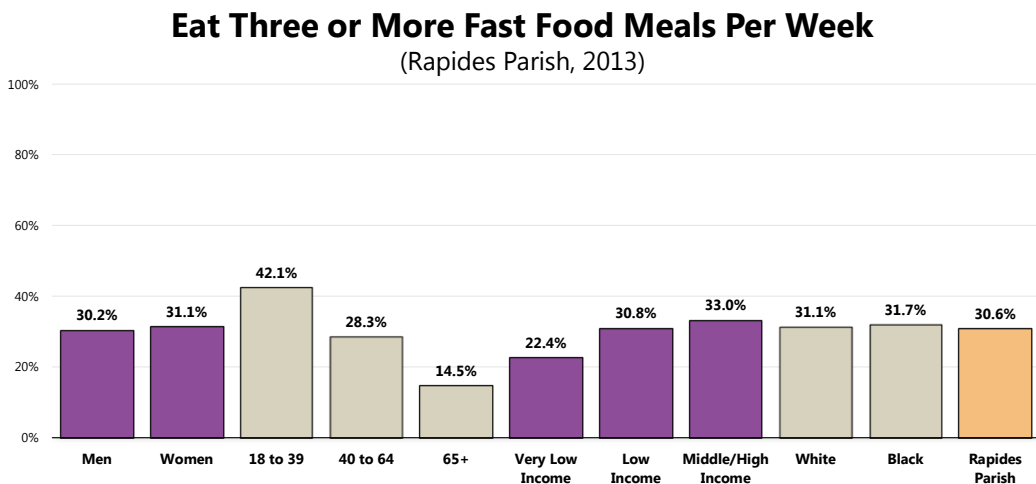
- Comparable to regional findings.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 98]
 Notes: • Asked of all respondents.

Fast food consumption is more prevalent among:

- Adults under 65, and especially under 40 (note negative correlation with age).
- Residents with higher incomes (note positive correlation with income).



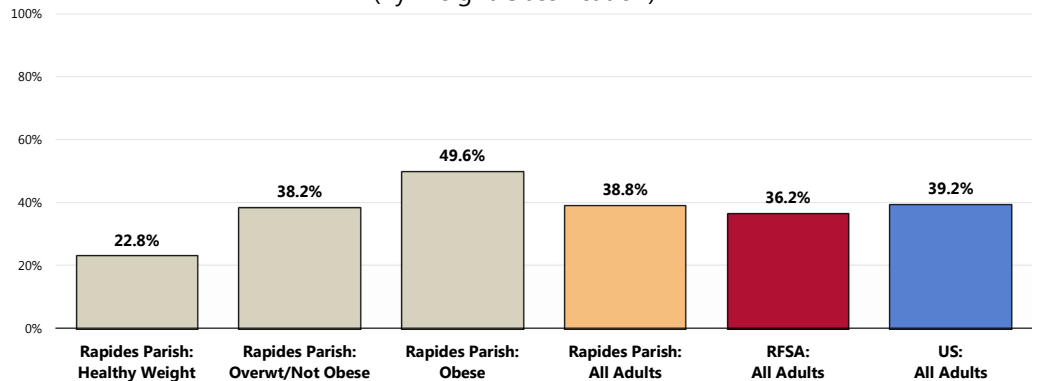
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 98]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Health Advice About Diet & Nutrition

A total of 38.8% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Comparable to regional findings.
- Comparable to national findings.
- 👥 Among obese respondents, 41.4% report receiving diet/nutrition advice (meaning that over one-half did not).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



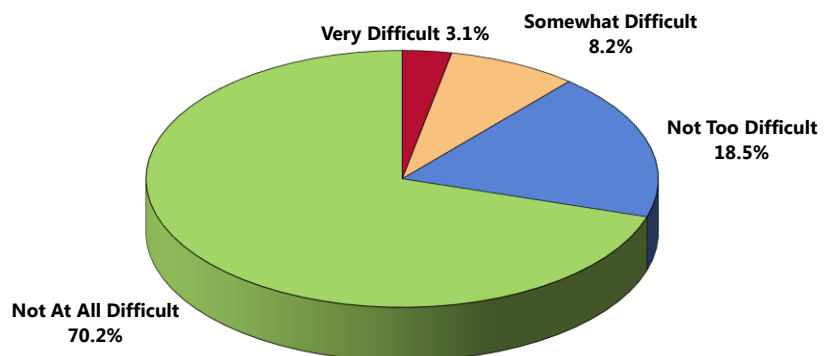
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Difficulty Purchasing Fresh Produce

Two in three Rapides Parish residents (70.2%) indicate that it is “not at all difficult” to buy fresh produce like fruits and vegetables in their community.

- Another 18.5% report this as “not too difficult.”

Level of Difficulty in Purchasing Fresh Fruits & Vegetables in the Community (Rapides Parish, 2013)

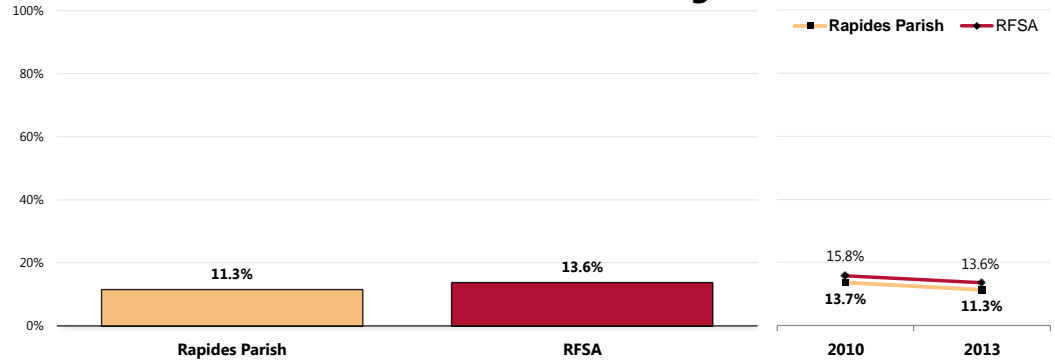


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 97]
Notes: • Asked of all respondents.

However, 8.2% of residents find the purchase of fresh fruits and vegetables to be “somewhat difficult,” and 3.1% find it “very difficult.”

- Comparable to regional findings.
- Similar to 2010 survey findings.

“Very/Somewhat” Difficult to Purchase Fresh Fruits & Vegetables

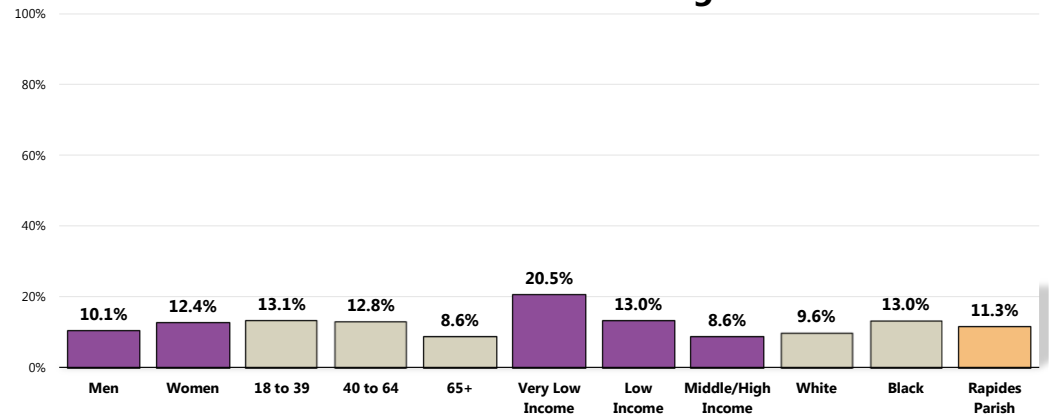


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 97]
Notes: • Asked of all respondents.

Higher among:

- 👤 Lower-income residents (note negative correlation with income).

“Very/Somewhat” Difficult to Purchase Fresh Fruits & Vegetables



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 97]
Notes: • Asked of all respondents.

Children

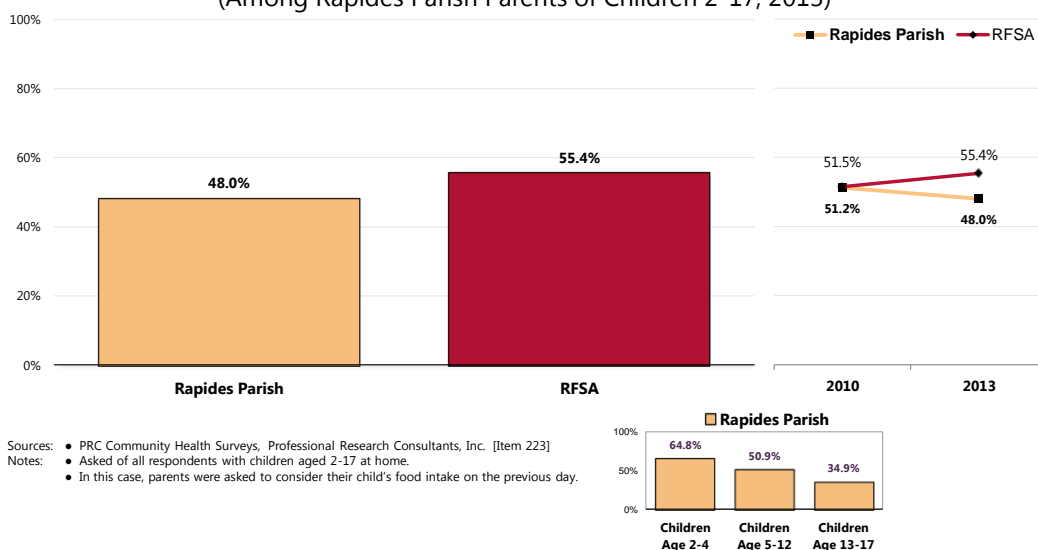
Children's Consumption of Fruits and Vegetables

To measure children's food and beverage consumption, parents were asked specifically about the foods and drinks their child consumed on the day prior to the interview.

Just under one-half (48.0%) of Rapides Parish parents of children age 2-17 reports that their child has five or more servings of fruits/vegetables per day.

- Lower than regional findings.
- Statistically similar over time.
- Note the decreasing correlation with age in Rapides Parish children.

Child Eats Five or More Servings of Fruits/Vegetables Per Day (Among Rapides Parish Parents of Children 2-17, 2013)

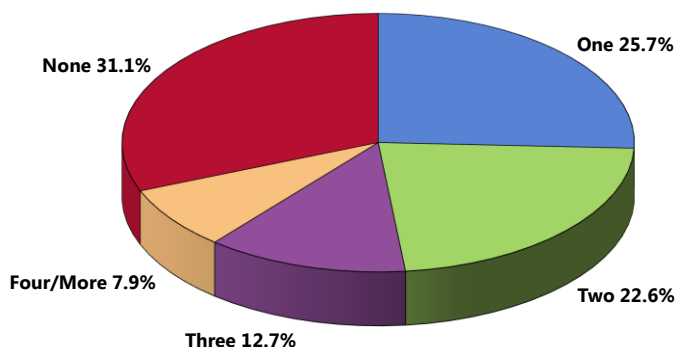


Children & Sugar-Sweetened Beverages

While 31.1% of Rapides Parish children age 2-17 typically do not drink any sugar-sweetened beverages, 25.7% drink one per day, and 22.6% drink two per day.

- 12.7% drink three per day, and 7.9% drink four or more daily.

Children: Servings of Sugar-Sweetened Drinks Consumed Per Day (Rapides Parish Children 2-17, 2013)

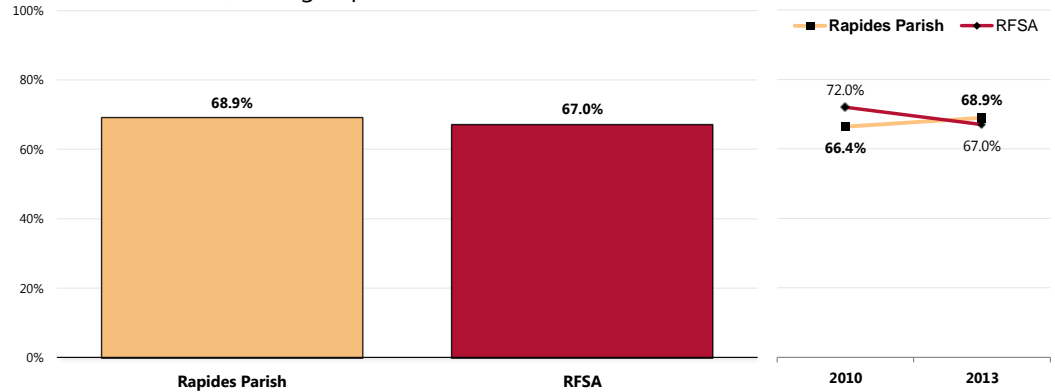


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
Notes: • Asked of all respondents with children aged 2-17 at home.
• In this case, respondents were asked to consider their child's beverage consumption from the previous day.
• Sugar-sweetened drinks include (but are not limited to) regular soda, sweet tea, Gatorade/Monster/"power" drinks, specialty coffee drinks, etc. in 12-ounce portions.

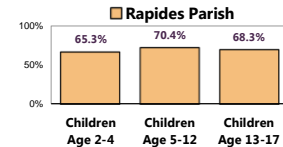
- The prevalence of children drinking at least one sugar-sweetened beverage per day is comparable to regional findings.
- 📊 Statistically similar over time.

Child Consumes One or More Sugar-Sweetened Drinks Per Day

(Among Rapides Parish Parents of Children 2-17, 2013)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 146]
 Notes: • Asked of all respondents with children aged 2-17 at home.
 • In this case, respondents were asked to consider their child's beverage consumption from the previous day.
 • Sugar-sweetened drinks include (but are not limited to) regular soda, sweet tea, Gatorade/Monster/"power" drinks, specialty coffee drinks, etc. in 12-ounce portions.

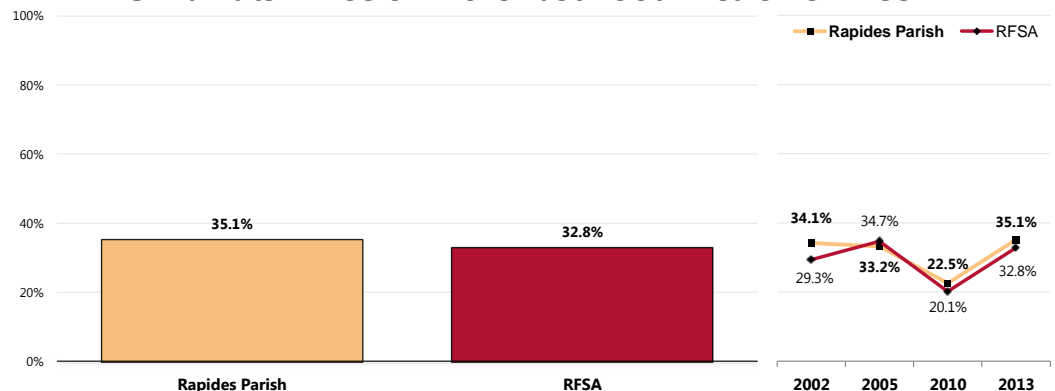


Children & Fast Food

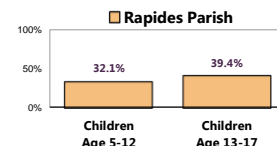
Just over one-third (35.1%) of area children age 5-17 is reported to have three or more fast food meals in an average week.

- Comparable to regional findings.
- 👥 Higher among area teens.
- 📊 Statistically unchanged from 2002 survey findings (although increasing from 2010).

Child Eats Three or More Fast Food Meals Per Week



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
 Notes: • Asked of all respondents with children aged 5-17 at home.
 • For this issue, respondents were asked to consider breakfast, lunch, and dinner.



Body Weight

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI of $\geq 30 kg/m^2$. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2 . The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI of $\geq 30 kg/m^2$, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2 .

Overweight and obesity result from a complex interaction between genes and the environment characterized by long-term energy imbalance due to a sedentary lifestyle, excessive caloric consumption, or both. They develop in a socio-cultural environment characterized by mechanization, sedentary lifestyle, and ready access to abundant food. Attempts to prevent overweight and obesity are difficult to both study and achieve.

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

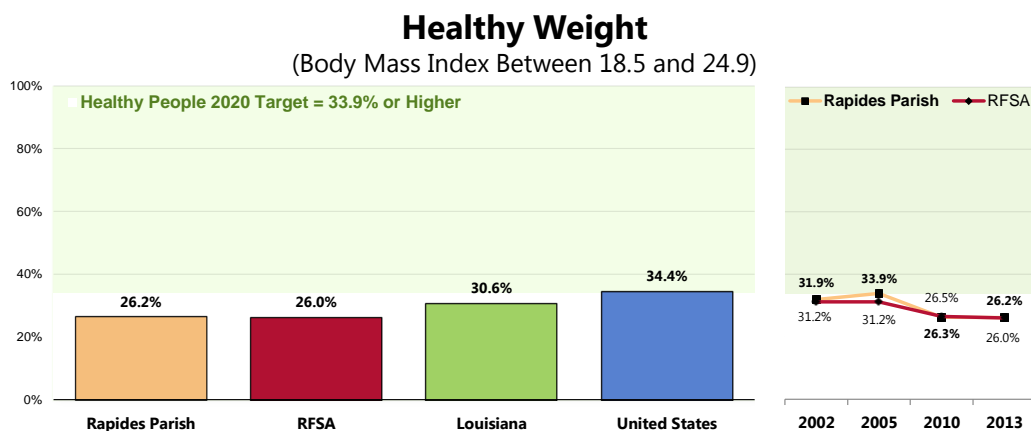
Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥ 30.0

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

Healthy Weight

Based on self-reported heights and weights, only 26.2% of Rapides Parish adults are at a healthy weight (neither underweight nor overweight, BMI = 18.5-24.9).

- Similar to the regional (RFSA) percentage.
- Less favorable than the Louisiana percentage.
- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target.
- 📉 Marks a statistically significant decrease in healthy weight over time.



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 196]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Louisiana Data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-8]


Notes:

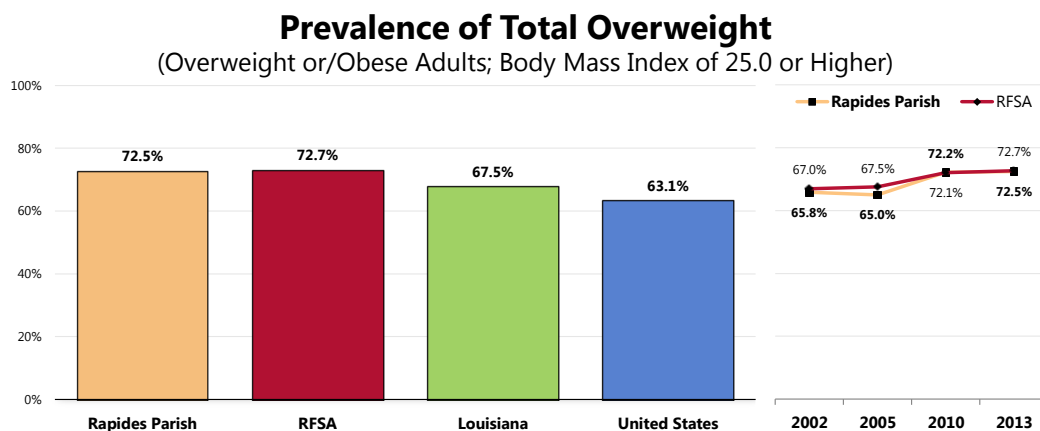
- Based on reported heights and weights, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Overweight Status

Adults

Based on self-reported heights and weights, 72.5% of Rapides Parish adults are overweight or obese (BMI ≥ 25).

- Similar to the regional prevalence.
 - Higher than the Louisiana prevalence.
 - Higher than the US prevalence.
-  Denotes a statistically significant increase in overweight since 2002 among Rapides Parish adults.




Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 196]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana Data.

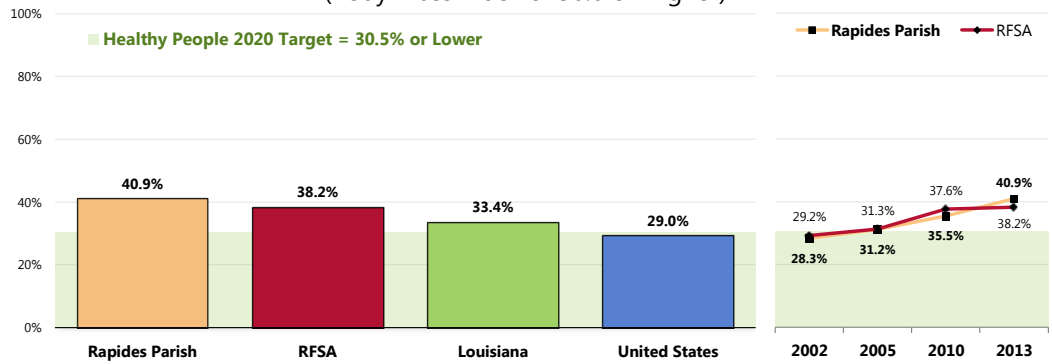
Notes:

- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Specifically, 40.9% of Rapides Parish adults are obese (BMI ≥ 30 , also included in overweight prevalence discussed previously).

- Similar to the regional prevalence.
 - Less favorable than the Louisiana percentage.
 - Less favorable than US findings.
 - Fails to satisfy the Healthy People 2020 target.
-  Marks a statistically significant increase in obesity over time.

Prevalence of Obesity (Body Mass Index of 30.0 or Higher)

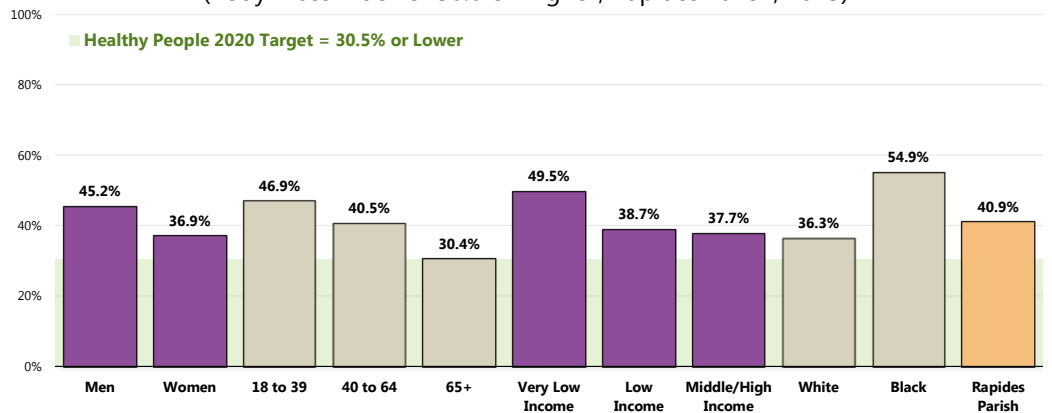


- Sources:
- PRC Community Health Survey, Professional Research Consultants, Inc. [Item 196]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
 - Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Louisiana Data.
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
 - Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Obesity is notably more prevalent among:

- Men.
- Adults under age 65 (note negative correlation with age).
- Black residents.

Prevalence of Obesity (Body Mass Index of 30.0 or Higher; Rapides Parish, 2013)



- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 196]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
- Notes:
- Asked of all respondents.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
 - Based on reported heights and weights, asked of all respondents.
 - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

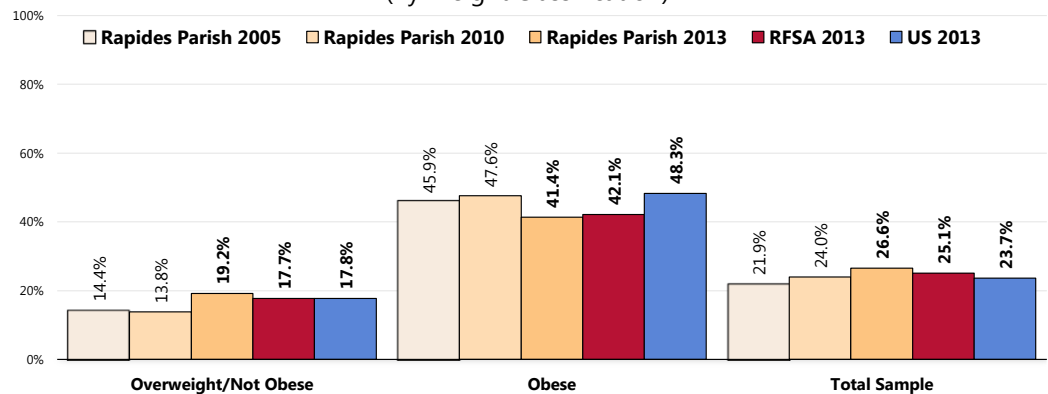
Weight Management

Health Advice About Weight Management

A total of 26.6% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Comparable to regional findings.
- Comparable to the national findings.
- ▣ Denotes a significant increase from 2005 survey findings.
- 👥 Note that 41.4% of obese adults have been given advice about their weight by a health professional in the past year (while nearly 6 in 10 have not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 110, 199]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.


Weight Control

Many diseases are associated with overweight and obesity. Persons who are overweight or obese are at increased risk for high blood pressure, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, respiratory problems, and some types of cancer. The health outcomes related to these diseases, however, often can be improved through weight loss or, at a minimum, no further weight gain.

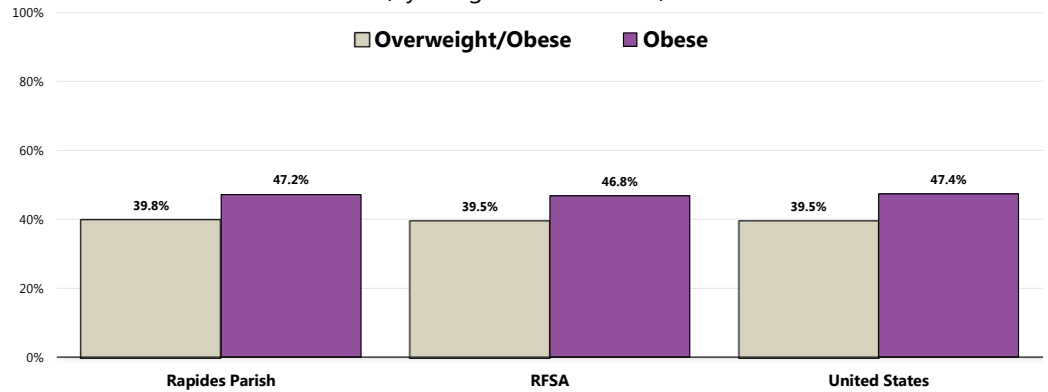
- Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

A total of 39.8% of Rapides Parish adults who are overweight or obese say that they are both modifying their diet and increasing their physical activity to try to lose weight.


- Similar to the regional prevalence among overweight or obese adults.
- Similar to the national percentage among overweight or obese adults.

 Note: 47.2% of Rapides Parish adults who are obese report that they are trying to lose weight through a combination of diet and exercise, compared to 47.4% across the nation.

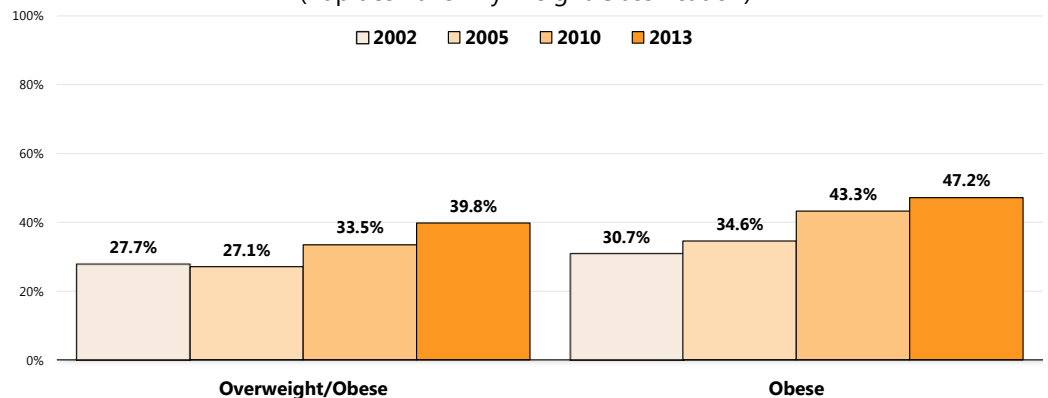
Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity (By Weight Classification)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 197]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Based on reported heights and weights, asked of all respondents.

 The proportion of overweight and obese adults in Rapides Parish who are using diet and exercise to try to lose weight has improved over time.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity (Rapides Parish By Weight Classification)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 197]
 Notes: • Asked of all respondents.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues

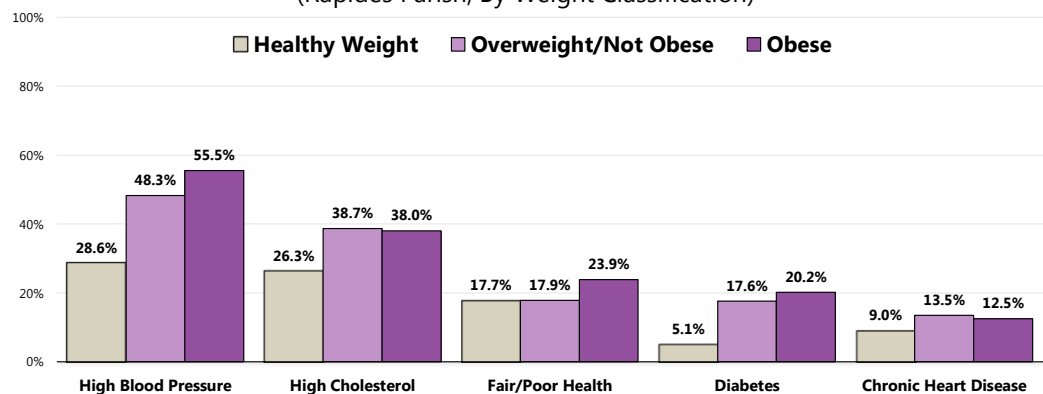
Overweight and obese adults are more likely to report a number of adverse health conditions.

These include:

- Hypertension (high blood pressure).
- High cholesterol.
- Overall Fair/Poor Health.
- Diabetes.
- Chronic heart disease.

Relationship of Overweight With Other Health Issues

(Rapides Parish; By Weight Classification)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 34, 158-160]
 Notes: • Based on reported heights and weights, asked of all respondents.

Childhood Overweight & Obesity

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

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

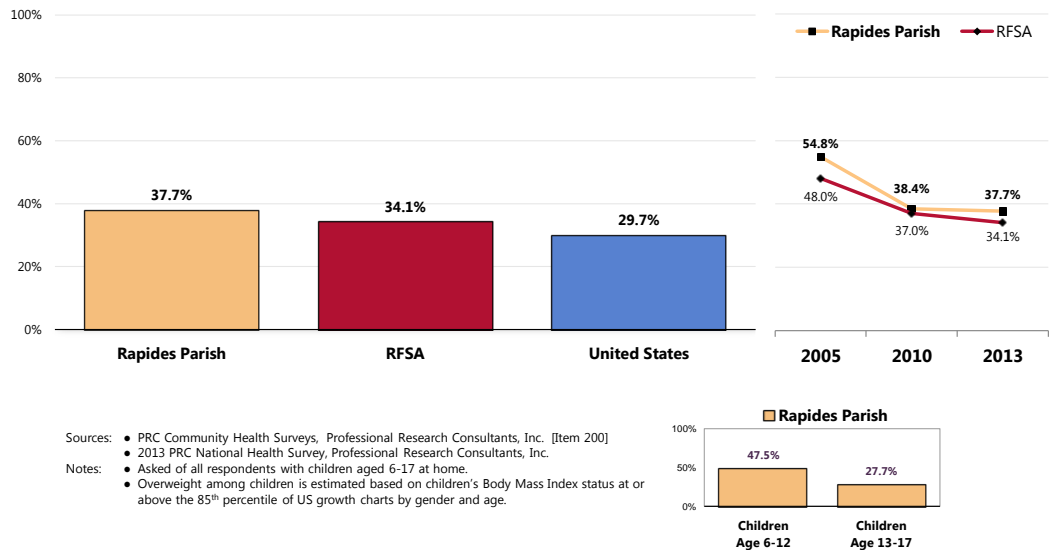
- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

– Centers for Disease Control and Prevention.

Based on the heights/weights reported by surveyed parents, **37.7% of Rapides Parish children age 6 to 17 are overweight or obese** ($\geq 85^{\text{th}}$ percentile).

- Similar to the regional prevalence.
- Similar to the prevalence reported nationally.
- 👤 Notably higher in children age 6 through 12.
- 📉 In Rapides Parish, overall childhood overweight/obesity is significantly below that first reported in 2005.

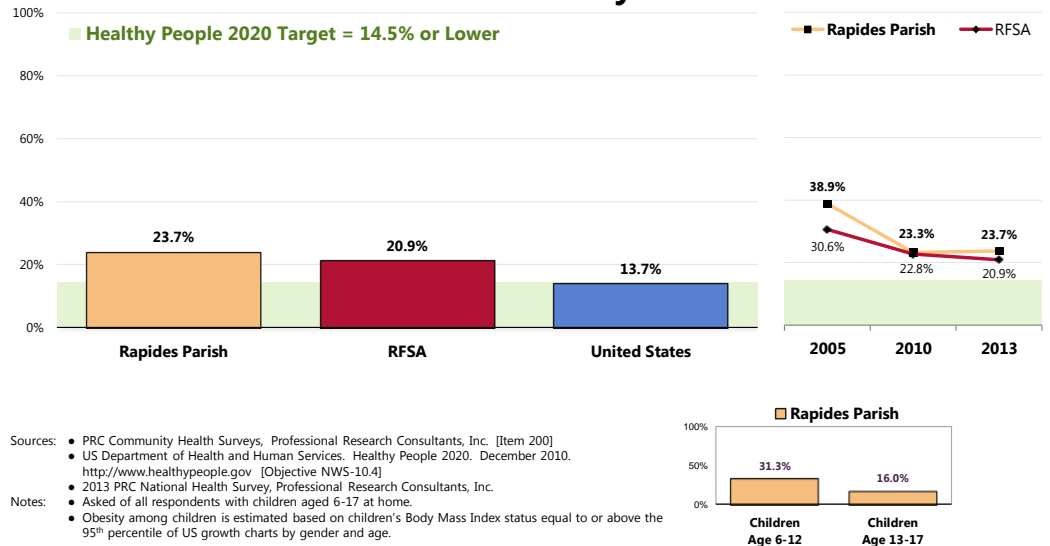
Child Overweight/Obesity



Specifically, **23.7% of area children age 6 to 17 are obese** ($\geq 95^{\text{th}}$ percentile).

- Similar to the regional prevalence.
- Higher than the national percentage.
- Fails to satisfy the Healthy People 2020 target.
- 👤 Statistically higher among children age 6 to 12 than among teens.
- 📉 Denotes a statistically significant decrease in children's obesity in Rapides Parish.

Child Obesity



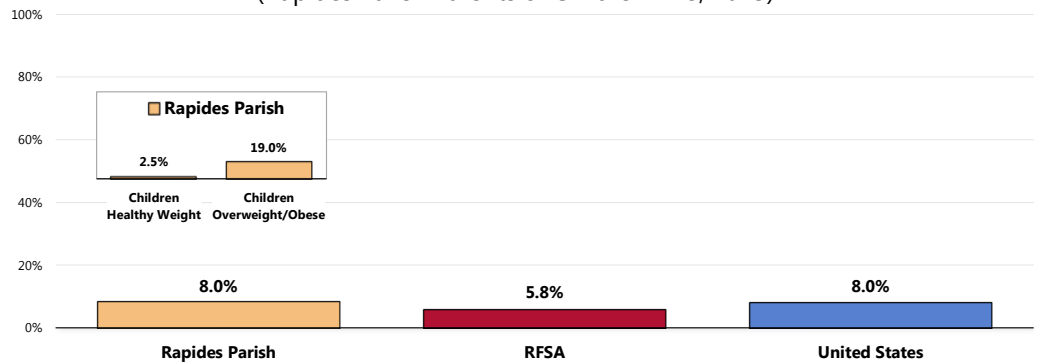
Notification of Child's Weight Status

A total of 8.0% of Rapides Parish parents report that, within the past year, a health professional or someone at their child's school has told them that their child was overweight.

Among overweight/obese children, 19.0% of parents have been notified.

Have Been Told by a Health Professional or Someone at Child's School in the Past Year That Child Is Overweight

(Rapides Parish Parents of Children <18, 2013)



Sources:

- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 145]
- 2013 PRC National Health Survey, Professional Research Consultants.

Notes:

- Asked of all respondents with children under 18 at home.

Related Focus Group Findings: Obesity

Many group participants discussed the reasons for the high prevalence of obesity in the community including:

- Poor nutrition
 - Cultural traditions
 - Food deserts
 - Fast food establishments and microwavable meals
 - Nutrition education
 - Hunger or malnutrition
- Low physical activity
 - Built environment
 - Technology (television or computer)

Participants describe that residents have **poor nutrition and low physical activity levels**, all of which contribute to the high prevalence of obesity in the community. Overweight and obese residents are more likely to suffer from chronic diseases and have additional health issues. Attendees feel that the Southern **cultural traditions** influence the level of obesity in the community due to the poor diet and prevalence of fried foods. Many celebrations and events center around food and moderation no longer exists. A participant explains:

"We are a fattening-food culture here and my husband and I talk about a lot that we eat when we're happy; we eat when we're sad. We celebrate by eating. When people die, we eat."
— Rapides Parish Health Professional

Residents possess poor eating habits, which contribute to the high obesity levels. Some residents live in neighborhoods, classified as **food deserts**, wherein community members do not have easy access to a grocery store. These residents may not have personal transportation, so the only option is a corner store.

"Well, from a policy perspective, there are no sidewalks in much of the city. There's no public transportation, so it's not easy to get around. You have food deserts because of racial segregation and in areas where there's lower income, people – mostly African Americans – you have no supermarkets. There are just convenience stores that specialize in alcohol and tobacco."
— Rapides Parish Health Professional (Group 2)

For other citizens, **fast food establishments or microwavable meals** represent the convenient option. Residents on both ends of the income spectrum frequently visit these restaurants. In addition, healthy foods cost more than heavily processed options.

"If you don't have transportation, you walk to your corner store that accepts food stamps and sells Cheetos and honey buns. That's what they're able to walk to and get. Even if they can get to a grocery store, if they have \$40.00 worth of food stamps, well, you can buy a whole lot of junk food with \$40.00 and you can buy very few fresh fruit and vegetables for \$40.00." — Rapides Parish Advisory Committee Member

Focus group attendees believe that **nutrition education** needs to occur more frequently in the community because many households lack basic knowledge about preparing nutritious meals and/or making healthy food choices. If children no longer watch their parents cook dinner, how will they learn?

"I know how to pop something in the microwave. I know how to do a drive-thru. I mean my mother didn't teach me how to cook and I'm not necessarily teaching my daughter how to do that either because it's not something that was passed down." — Rapides Parish Health Professional

The Louisiana Agriculture Center currently provides nutrition education and a participant describes how nutrition education must inform people that healthy food can taste good too:

"You cook beans or peas or anything, it's all with ham hocks and bacon and everything. That's what makes it flavorful and so I think even though we may have a garden, we have to also educate people how to cook and prepare those foods in a way that they taste good but they're also healthy for you. I mean everything in moderation and we don't do anything in moderation." — Rapides Parish Social Service Agency Representative

On the other side of the obesity epidemic, are **hunger or malnutrition** concerns. Participant note the importance of good nutrition for children to maintain positive development and growth. Several local elementary schools offer low-income student's free or reduced-cost breakfast and lunches, but some of these children may eat only one meal a day during the school week. Children can also qualify to receive a food backpack, which provides families with food for the weekend.

"In some other areas where I worked, I remember I was doing a family session. I had to do it by phone. And the kid, he was telling his brothers and sisters, 'Oh, this place is great. We get breakfast, lunch, and supper here and snacks.' And you could tell from the other end they were just so jealous. And he was in a psych hospital, okay? He was in a psych hospital saying this." — Rapides Parish Advisory Committee Member

Focus group attendees also believe that **low physical activity** levels increase the obesity rates. The **built environment** in many Rapides Parish discourages active lifestyles, as a key informant explains:

"The infrastructure just absolutely discourages active lifestyles. There are very few sidewalks. There aren't bike lanes. Our infrastructure expects people to have transportation and even if the place you needed to go is a mile away, if you tried to walk you'd have a hard time." — Rapides Parish Healthcare Professional (Group 2)

Some key informants describe interest in active living has increased in previous years, but it still is not seen as the norm. Participants agree that many community members live sedentary lifestyles, even though Rapides Parish has bike trails and walking paths. Extreme heat conditions and stressful lifestyles may cause some residents to not participate. A key informant explains the reality for many single parent households and how come exercise is not a priority:

"They have two jobs. They're raising three kids. There's no husband. The grandma's sick. Their whole lives are just in total chaos and disorder and so going out and jogging just drops really, really low." — Rapides Parish Health Professional (Group 2)

The amount of time residents spends in front of the **television or computer** distresses focus group members. A child's day no longer includes regular physical activity because of the new technology; children and adolescents watch more television and play more video games than ever before.

Youth Focus Group Findings:

The youth key informants express concern about the health of their generation. Participants believe that their peers possess **poor eating habits**. The youth attendees describe a limited number of healthy options in the community and most school "health food" as unappetizing. In addition, the majority of attendees describe non-nutritious options at home. Youth feel that many of their peers do not eat school lunch and then binge on unhealthy fast food after school gets over.

The participants want to see more restaurants in the community and believe that if the "bad options" were removed the situation may improve.

"Add more good places, like she said, but also take away some bad places. Because if people have the option to go to McDonalds or Subway and get a veggie sandwich, I mean they're going to choose McDonalds. So if you could take away some of the bad stuff, it'd be like they had to choose the good stuff." — Youth Focus Group Participant

The youth also stress that young people who are trying to lose weight do it because of low self-esteem or a poor self-image.

Participants also believe that **physical activity** levels could improve. Many youth enjoy physical education (PE) class because it allows them to let off energy and get a break from the classroom. The youth feel that PE should be mandatory, but offer a variety of activities and introduce the students to different sports. Youth also would like the parishes to have local recreation centers for adolescents who are not part of the sport teams.

Physical Activity & Fitness

The 1990s brought a historic new perspective to exercise, fitness, and physical activity by shifting the focus from intensive vigorous exercise to a broader range of health-enhancing physical activities. Research has demonstrated that virtually all individuals will benefit from regular physical activity. A Surgeon General's report on physical activity and health concluded that moderate physical activity can reduce substantially the risk of developing or dying from heart disease, diabetes, colon cancer, and high blood pressure. Physical activity also may protect against lower back pain and some forms of cancer (for example, breast cancer), but the evidence is not yet conclusive.

On average, physically active people outlive those who are inactive. Regular physical activity also helps to maintain the functional independence of older adults and enhances the quality of life for people of all ages.


The role of physical activity in preventing coronary heart disease (CHD) is of particular importance, given that CHD is the leading cause of death and disability in the United States. Physically inactive people are almost twice as likely to develop CHD as persons who engage in regular physical activity. The risk posed by physical inactivity is almost as high as several well-known CHD risk factors, such as cigarette smoking, high blood pressure, and high blood cholesterol. Physical inactivity, though, is more prevalent than any one of these other risk factors. People with other risk factors for CHD, such as obesity and high blood pressure, may particularly benefit from physical activity.

— Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

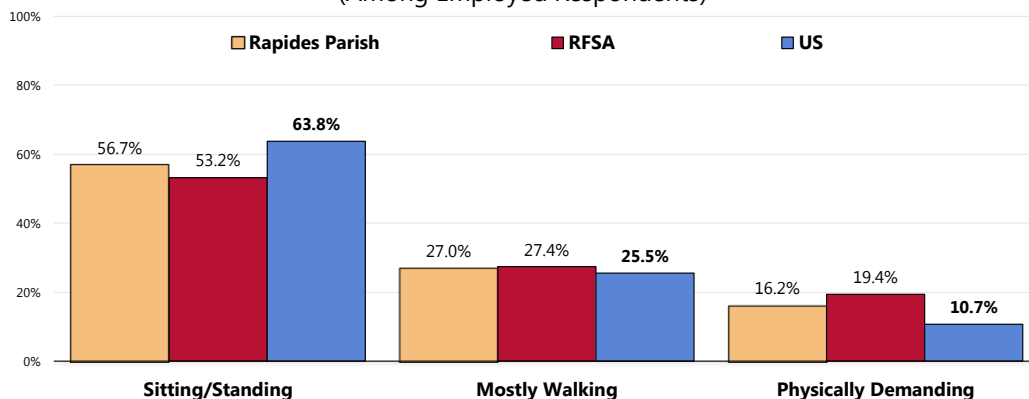
Adults' Physical Activity

Level of Activity at Work

A majority of employed respondents reports low levels of physical activity at work.

- Over one-half (56.7%) of employed respondents reports that their job entails mostly sitting or standing, lower than the US figure.
 - 27.0% report that their job entails mostly walking (similar to the figure reported nationally).
 - 16.2% report that their work is physically demanding (higher than the US figure).
-  Statistically unchanged from baseline 2005 findings.

Primary Level of Physical Activity At Work
(Among Employed Respondents)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of those respondents who are employed for wages.

Leisure-Time Physical Activity

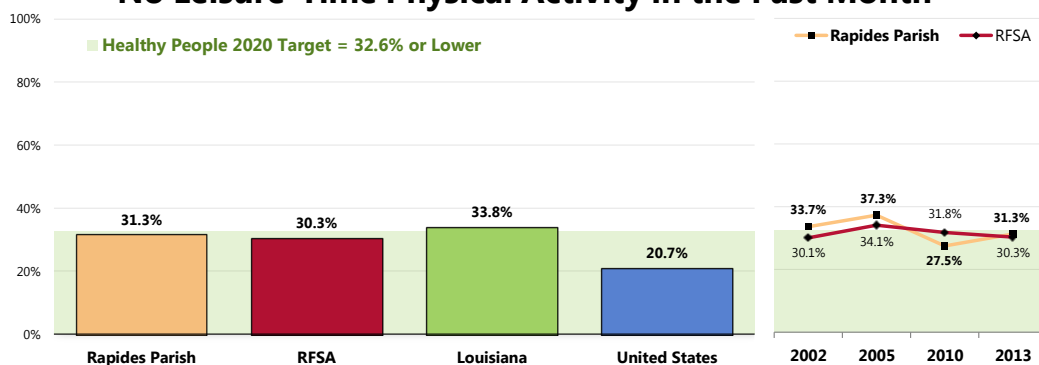
Effects of Physical Inactivity & Unhealthy Diets

- Poor diet and physical inactivity lead to 300,000 deaths each year—second only to tobacco use.
 - People who are overweight or obese increase their risk for heart disease, diabetes, high blood pressure, arthritis-related disabilities, and some cancers.
 - Not getting an adequate amount of exercise is associated with needing more medication, visiting a physician more often, and being hospitalized more often.
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

3 in 10 Rapides Parish adults (31.3%) report no leisure-time physical activity in the past month.

- Similar to the regional prevalence.
 - Similar to the percentage reported across Louisiana.
 - Worse than national findings.
 - Similar to the Healthy People 2020 objective.
- 📊 Lack of leisure-time physical activity is statistically unchanged from 2002 survey findings.

No Leisure-Time Physical Activity in the Past Month



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 100]
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2011 Louisiana data.
- 2013 PRC National Health Survey, Professional Research Consultants.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes:

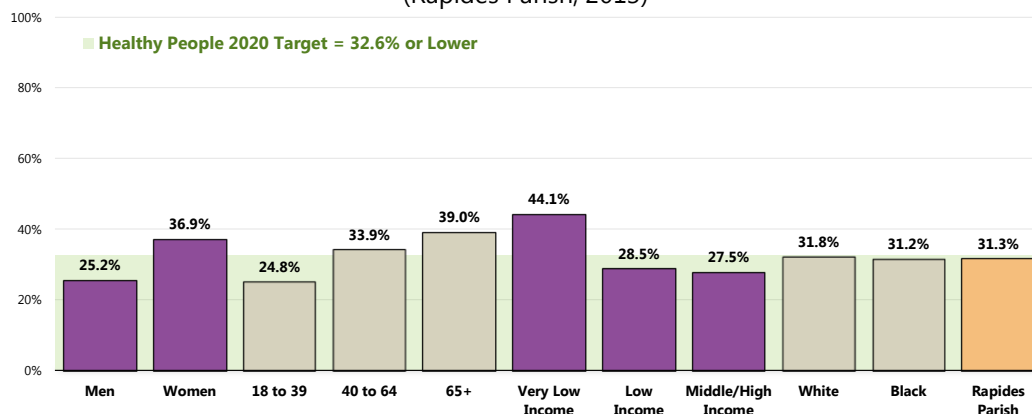
- Asked of all respondents.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Lack of leisure-time physical activity in the area is higher among:

- 👥 Women.
- 👥 Adults age 40 and older (note positive correlation with age).
- 👥 Very low income residents.

No Leisure-Time Physical Activity in the Past Month

(Rapides Parish, 2013)



Sources:

- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Activity Levels

All adults should strive to meet either of the following physical activity recommendations:

- **Moderate-intensity physical activities** (inducing only light sweating or a slight to moderate increase in breathing or heart rate) for at least 30 minutes on 5 or more days of the week.

– Centers for Disease Control and Prevention/American College of Sports Medicine

OR

- **Vigorous-intensity physical activity** (inducing heavy sweating or a large increase in breathing or heart rate) 3 or more days per week for 20 or more minutes per occasion.

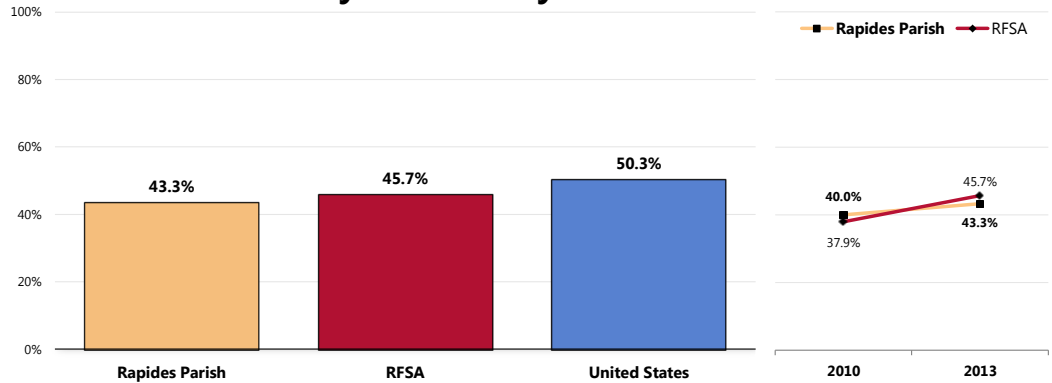
– Healthy People 2020

Recommended Levels of Physical Activity

A total of 43.3% of Rapides Parish adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Similar to the regional prevalence.
- Less favorable than national findings.
- Statistically unchanged over time.

Meets Physical Activity Recommendations



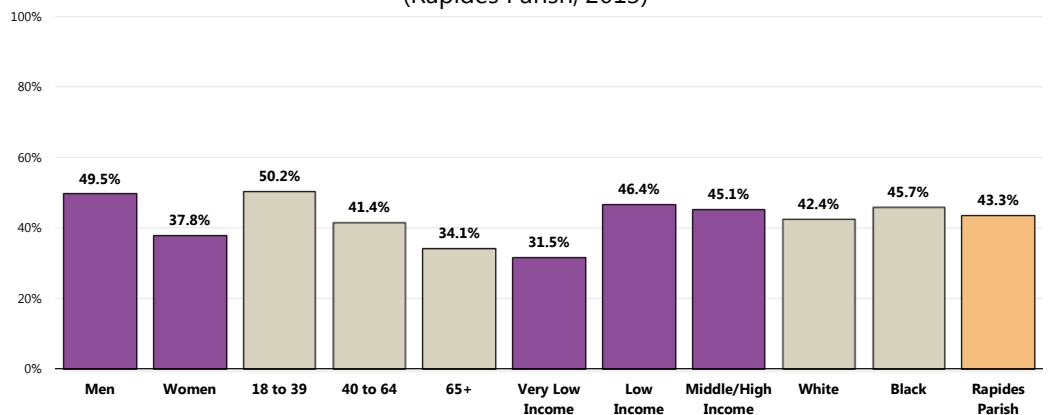
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 188]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
• In this case the term "meets physical activity recommendations" refers to participation in 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, and/or 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.

Adults less likely to meet physical activity requirements include:

- Women.
- Adults age 40+ (note negative correlation with age).
- Residents with very low incomes.

Meets Physical Activity Recommendations (Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 188]
Notes: • Asked of all respondents.

• FPL = Federal Poverty Level based on household income and number of household members [US Department of Health & Human Services poverty guidelines].
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income = below poverty; low income = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
• In this case the term "meets physical activity recommendations" refers to participation in 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, and/or 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.

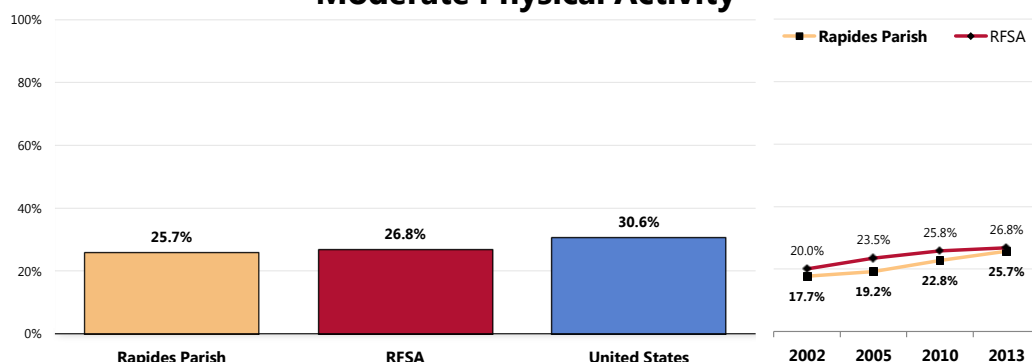
The individual indicators of moderate physical activity, vigorous physical activity, and strengthening activities are shown in the following charts.

Moderate & Vigorous Physical Activity

In the past month, 25.7% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

- Comparable to what was found throughout the RFSA.
- Lower than the national figure.
- 📈 Participation in regular, moderate-intensity physical activity has improved significantly in Rapides Parish since 2002.

Moderate Physical Activity

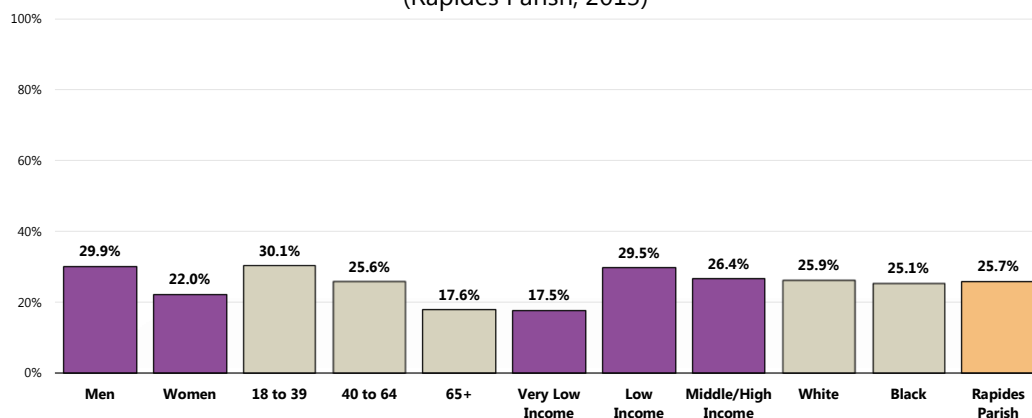


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 190]
• 2013 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.
• Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times a week for at least 30 minutes per time.

👥 Moderate physical activity decreases with age and is statistically lower among women, and adults with very low incomes.

Moderate Physical Activity (Rapides Parish, 2013)



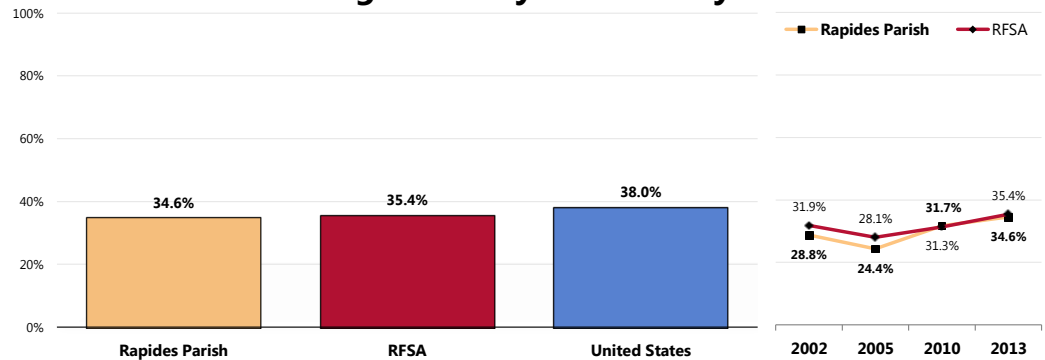
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
• Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times a week for at least 30 minutes per time.

A total of 34.6% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- Similar to what was found throughout the RFSA.
- Comparable to the nationwide figure.
- ▣ Despite a dip in 2005, this marks a significant increase over time.

Vigorous Physical Activity



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 191]

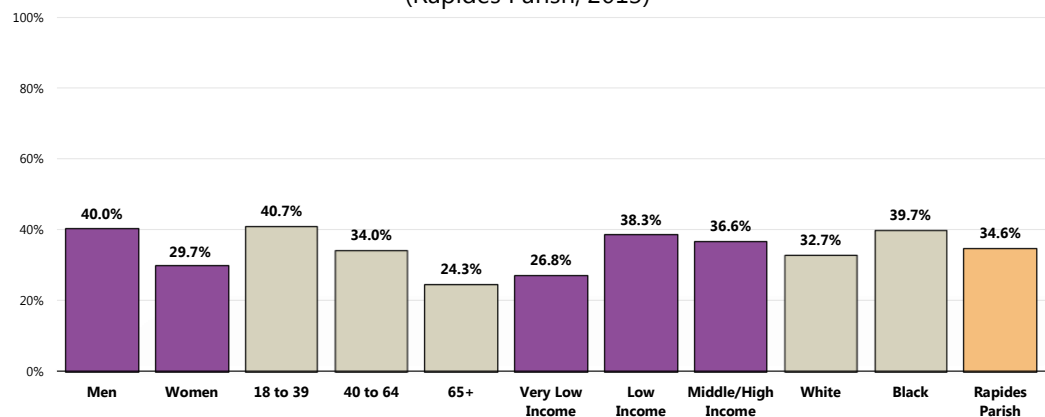
• 2013 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.

• Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for 20 minutes each time.

👥 Vigorous physical activity is statistically lower among women and decreases with age.

Vigorous Physical Activity (Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 191]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

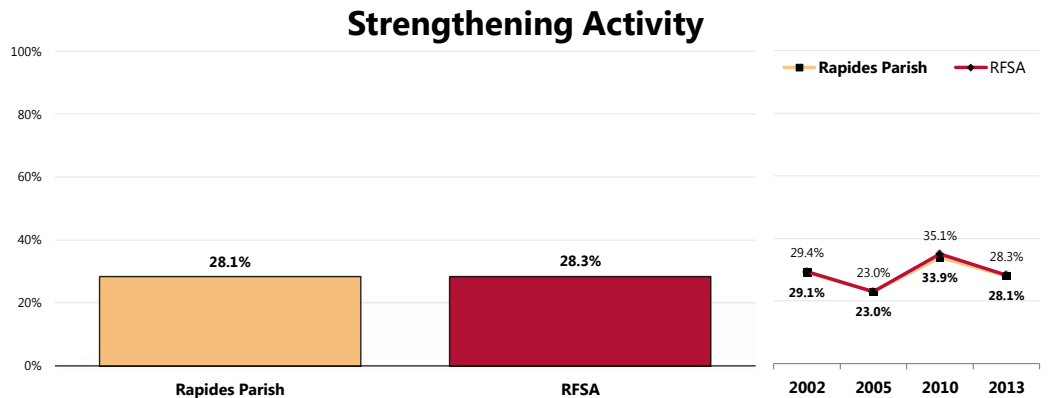
• Takes part in activities that produce heavy sweating or large increases in breathing or heart rate at least 3 times per week for 20 minutes each time.

Strengthening Activities

In the past month:

A total of 28.1% of adults regularly participate in strengthening activities (at least twice weekly) – these are activities designed to strengthen muscles, such as lifting weights or doing calisthenics.

- Comparable to what was found throughout the RFSA.
- Statistically unchanged from 2002 survey findings, but fluctuating over time.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 103]

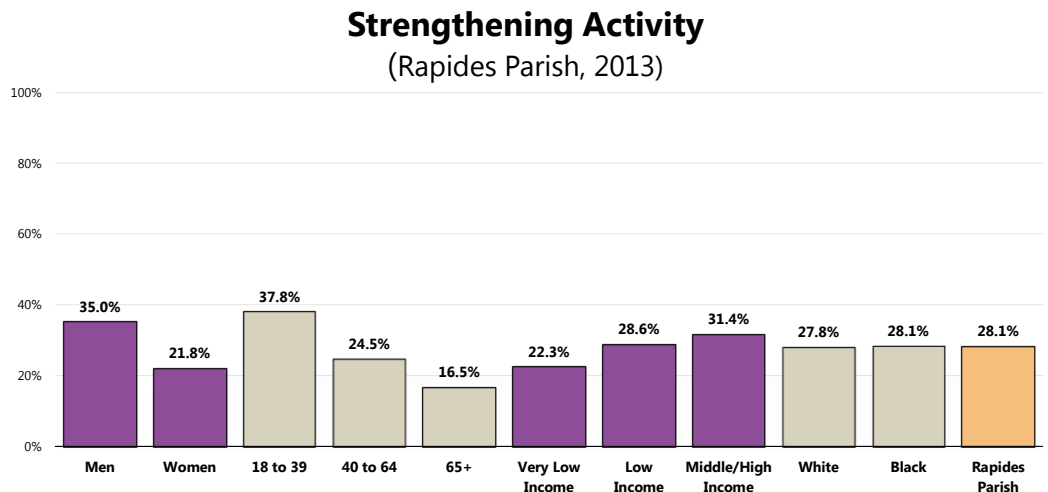
Notes: • Asked of all respondents.

• Takes part in activities that are specifically designed to strengthen muscles, such as lifting weights or performing calisthenics, at least twice weekly.

Adults less likely to report participating in strengthening exercises at least twice weekly include:

• Women.

• Adults 40 and older, especially seniors (not negative correlation with age).



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]

Notes: • Asked of all respondents.

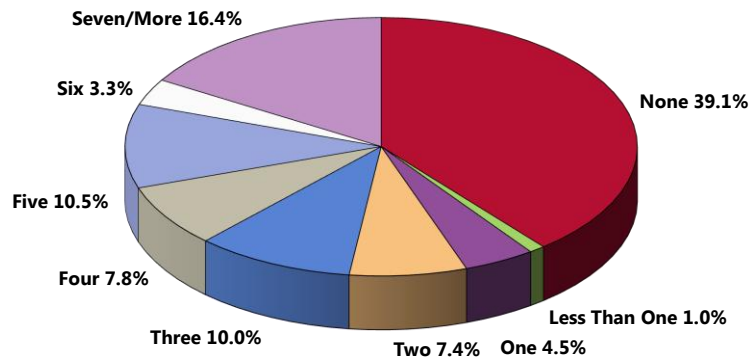
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

• Takes part in activities that are specifically designed to strengthen muscles, such as lifting weight or performing calisthenics, at least twice weekly.

Walking

A total of 30.2% of Rapides Parish adults typically walk regularly (at least five times per week for more than 10 minutes at a time).

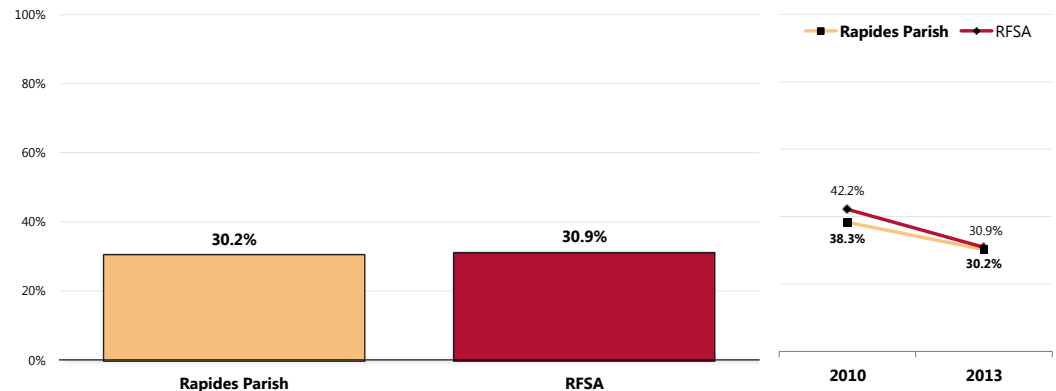
Average Number of Days Per Week on Which Respondent Walks for More Than 10 Minutes at a Time (Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 104]
Notes: • Asked of all respondents.

- Similar to regional findings.
- ▣ Marks a significant decrease over time.

Walk for More Than 10 Minutes at a Time at Least Five Times Per Week




Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 104]
Notes: • Asked of all respondents.

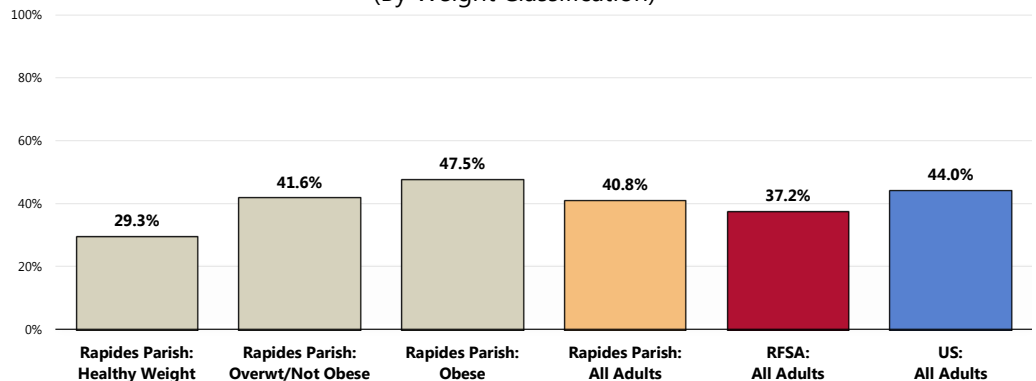
Health Advice About Physical Activity & Exercise

A total of 40.8% of Rapides Parish adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Similar to what was found throughout the RFSA.
- Comparable to the national average.

 Note: only 47.5% of obese Rapides Parish respondents say that they have talked with their doctor about physical activity/exercise in the past year, lower than found nationally (60.6%).

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources:

- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.



Notes:

- Asked of all respondents.

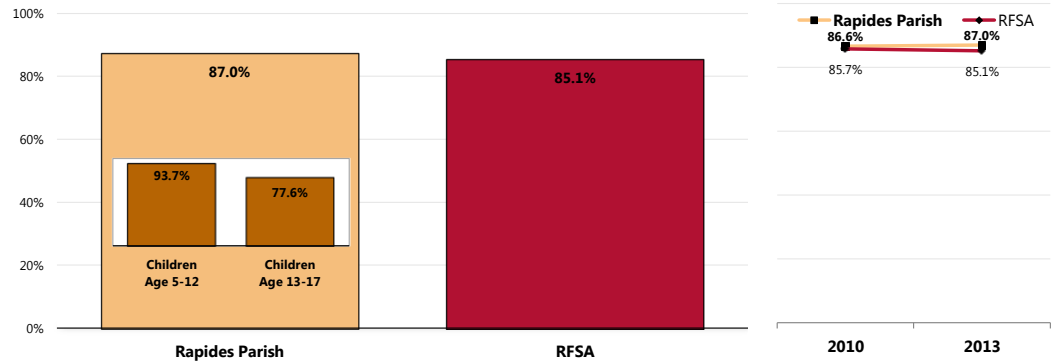
Children's Physical Activity

Participation in Physical Activity

Overall, 87.0% of Rapides Parish parents of children 5-17 report that their child is physically active on a regular basis (defined as 3+ days per week of vigorous physical activity or 5+ days per week of moderate activity).

- Comparable to regional (RFSA) findings.
-  Statistically unchanged from 2010 survey data.
-  Lower among area teens.

Child Is Physically Active on a Regular Basis (Among Rapides Parish Parents of Children Aged 5-17, 2013)



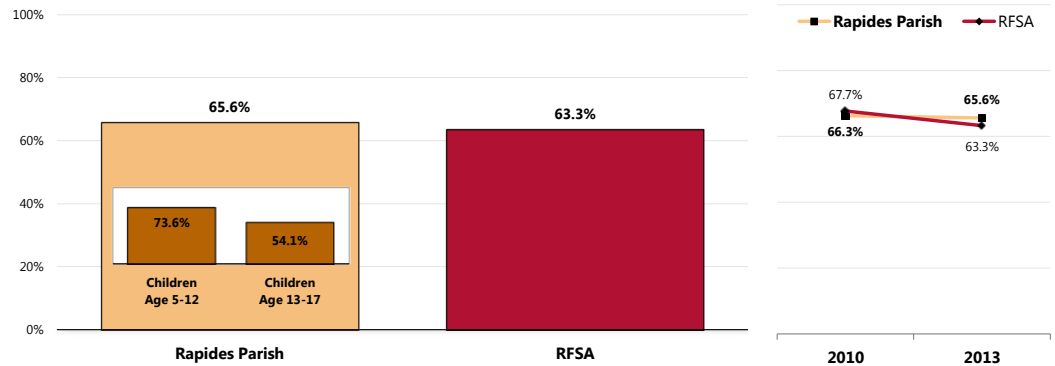
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 222]
 Notes: • Asked of all respondents with children aged 5-17 at home.
 • In this case, the term "regular basis" infers 3+ days per week of vigorous physical activity or 5+ days of moderate physical activity.

Children's Moderate Physical Activity

Nearly two-thirds (65.6%) of children engage in regular moderate physical activity (5+ times per week for 30+ minutes at a time).

- Comparable to regional (RFSA) findings.
- 📊 Statistically unchanged from 2010 survey data.
- 👥 Notably lower among teens.

Child Engages in Regular Moderate Physical Activity (Among Rapides Parish Parents of Children Aged 5-17, 2013)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 153]
 Notes: • Asked of all respondents with children aged 5-17 at home.
 • Takes part in activities that produce some increase in breathing or heart rate at least 5 times a week for at least 30 minutes per time.

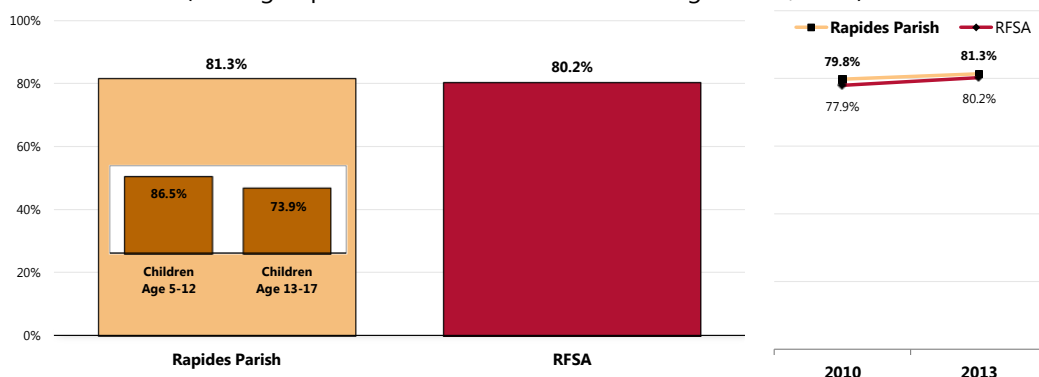
Children's Vigorous Physical Activity

A total of 8 in 10 (81.3%) children engage in regular vigorous physical activity (3+ times per week for 20+ minutes at a time).

- Comparable to regional (RFSA) findings.
- Statistically unchanged over time.
- Lower among Rapides Parish teens.

Child Engages in Regular Vigorous Physical Activity

(Among Rapides Parish Parents of Children Aged 5-17, 2013)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 152]
 Notes: • Asked of all respondents with children aged 5-17 at home.
 • Takes part in activities that make him/her sweat or breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing or similar aerobic activities at least 3 times a week for at least 20 minutes per time.

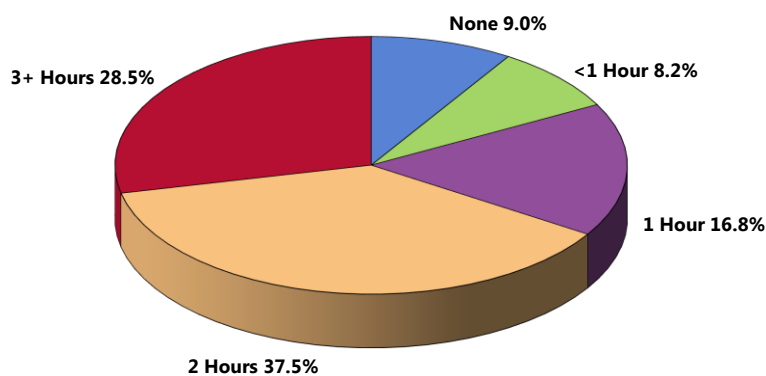
Children's Screen Time

Television Watching

In children age 5-17, 34.0% are reported to watch one hour or less of television per day; on the other hand, 28.5% are reported to watch 3+ hours of TV daily.

Children: Hours of Television Watching on a Typical School Day

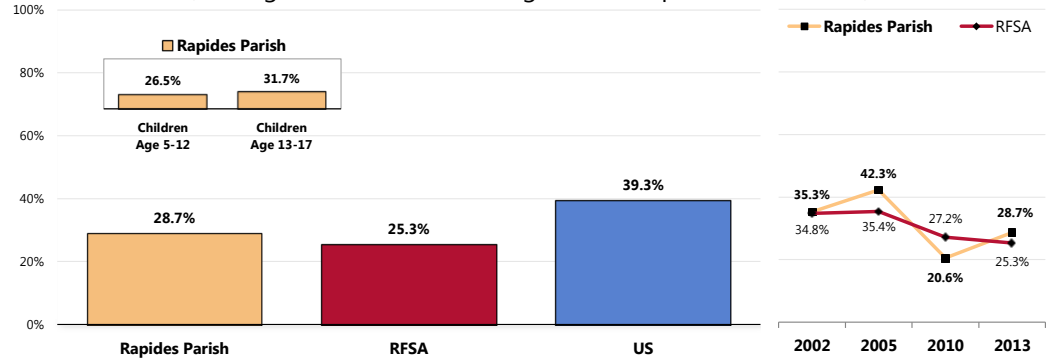
(Rapides Parish Parents of Children Ages 5-17, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
 Notes: • Asked of respondents with children ages 5-17 at home.
 • "1 Hour" = 60-119 minutes of reported television watching; "2 Hours" = 120-179 minutes; "3 Hours" = 180-239 minutes; etc.

- Comparable to regional (RFSA) findings.
- Lower than the national prevalence.
- ▣ Fluctuates over time, but is statistically similar to 2002.

Child Watches Three or More Hours of Television on a Typical School Day (Among Parents of Children Ages 5-17; Rapides Parish, 2013)

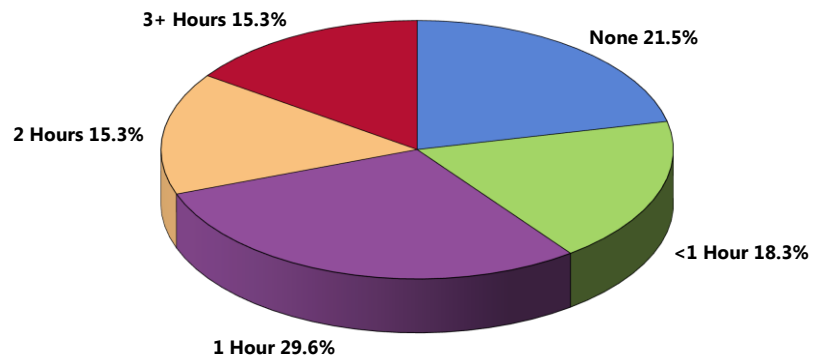


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 192]
 • 2013 PRC National Children's Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents with children ages 5-17 at home.

Other (Non-TV) Screen Time

Fewer area children age 5-17 (15.3%) are reported to spend three or more hours on other types of screen time for entertainment (video games, Internet, etc.).

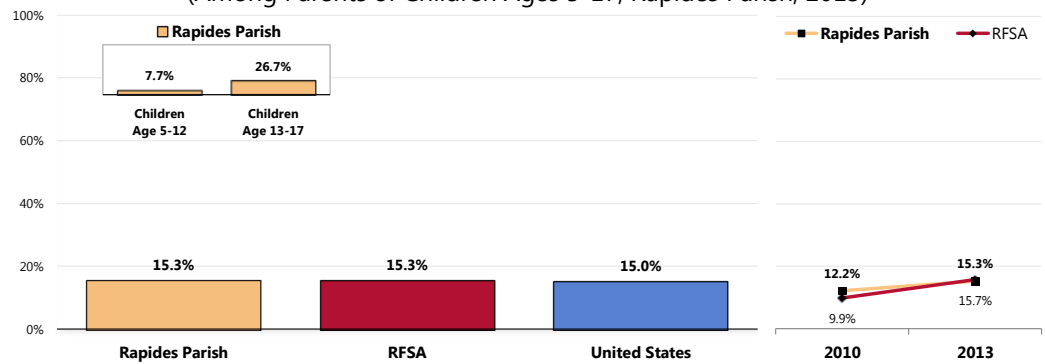
Children: Hours of Non-TV Screen Time on a Typical School Day (Rapides Parish Parents of Children Ages 5-17, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
 Notes: • Asked of respondents with children ages 5-17 at home.
 • In this case, the term "screen time" includes video games and computer/Internet use for entertainment.
 • "1 Hour" = 60-119 minutes of reported screen time; "2 Hours" = 120-179 minutes; "3 Hours" = 180-239 minutes; etc.

- Similar to regional (RFSA) findings.
- Similar to the national prevalence.
- 👥 Notably higher in area teens.
- ▣ Statistically unchanged over time.

Child Has Three or More Hours of Non-TV Screen Time on a Typical School Day (Among Parents of Children Ages 5-17; Rapides Parish, 2013)



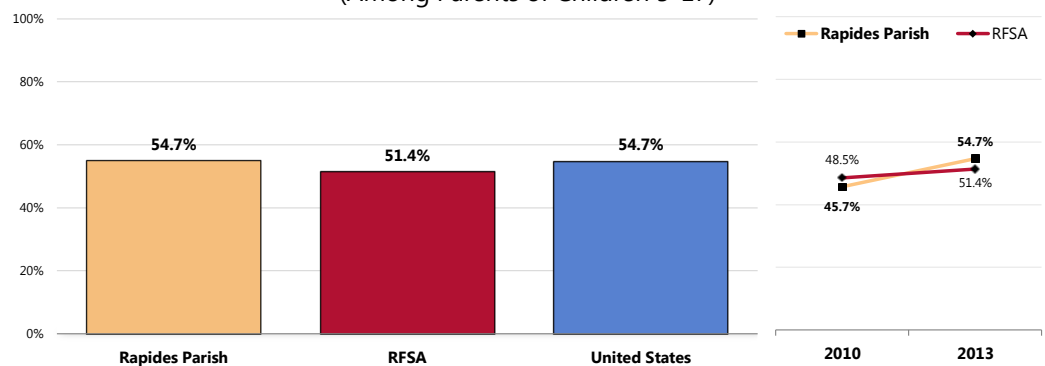
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 193]
• 2013 PRC National Children's Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of respondents with children ages 5-17 at home.
• Screen time includes video games and computer/Internet use.
• "3+ Hours" = 180 or more minutes of reported non-TV screen time per school day.

Total Screen Time

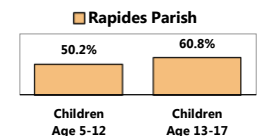
On a typical school day, 54.7% of school-age Rapides Parish children spend 3+ hours watching television, playing video games, or using the computer/Internet for entertainment.

- Similar to regional (RFSA) findings.
- Statistically similar to the US findings.
- 👤 Statistically higher among Rapides Parish teens.
- 📊 Statistically unchanged since 2010.

Children With Three or More Hours per School Day of Total Screen Time [TV, Computer, Video Games, Etc. for Entertainment] (Among Parents of Children 5-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 194]
• 2013 PRC National Children's Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 5-17 at home.
• For this issue, respondents with children who are not in school were asked about "weekdays," while parents of children in school were asked about typical "school days."
• "Three or more hours" includes reported screen time of 180 minutes or more per day.



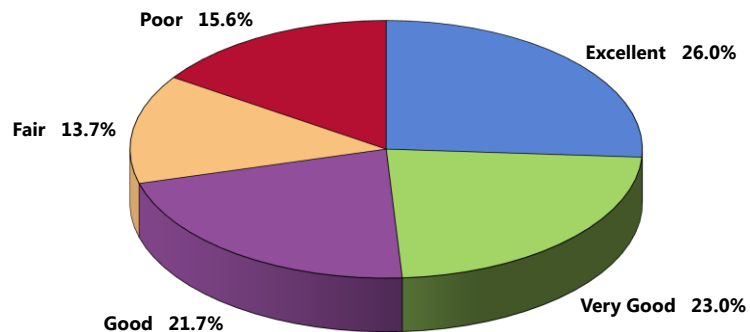
Availability of Opportunities for Physical Activity

A total of 49.0% of survey respondents give “excellent” or “very good” ratings of the availability of opportunities for physical activity in their community.

- Another 21.7% gave “good” ratings.

Rating of the Availability of Opportunities to Participate in Physical Activity in the Community

(Rapides Parish, 2013)

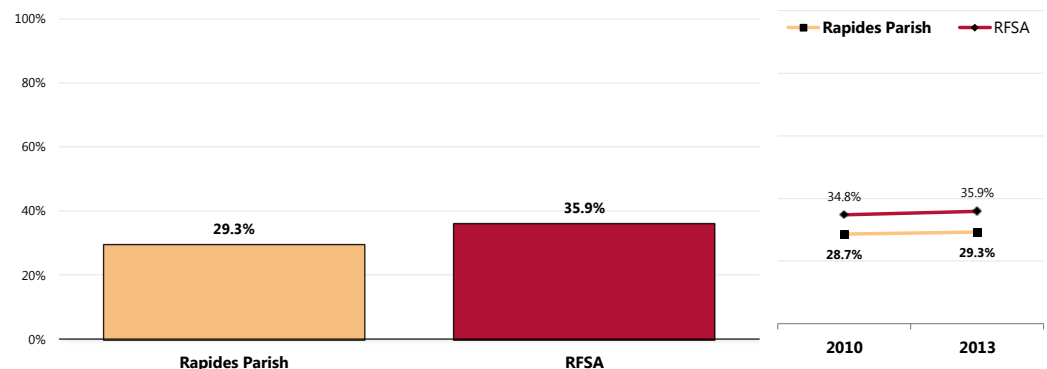


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
Notes: • Asked of all respondents.

In contrast, over one-third (29.3%) of Rapides Parish adults gave “fair/poor” ratings of the availability of opportunities for physical activity within the community.

- More favorable than regional (RFSA) findings.
- ☒ Statistically unchanged since 2010.

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

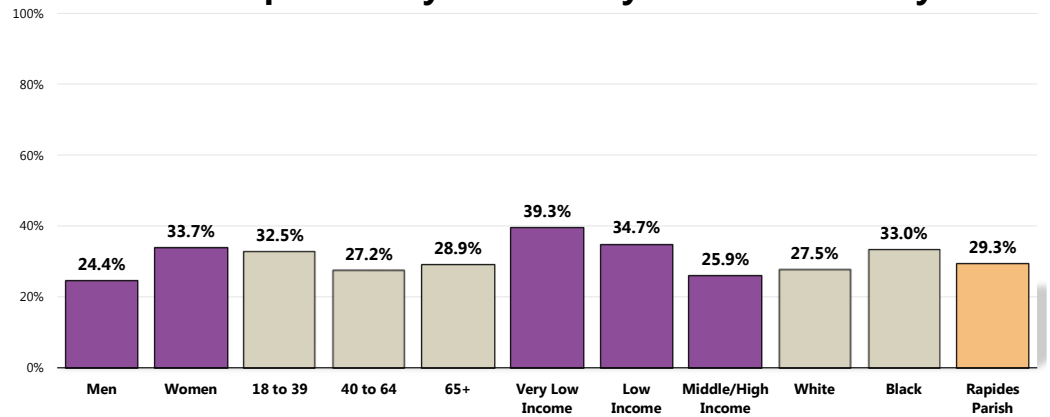


Sources: • 2013 PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 106]
Notes: • Asked of all respondents.

39.3% of residents with very low incomes rate physical activity opportunities in their communities as “fair” or “poor,” as do 34.7% of those with low incomes.

Note also the higher prevalence among women.

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



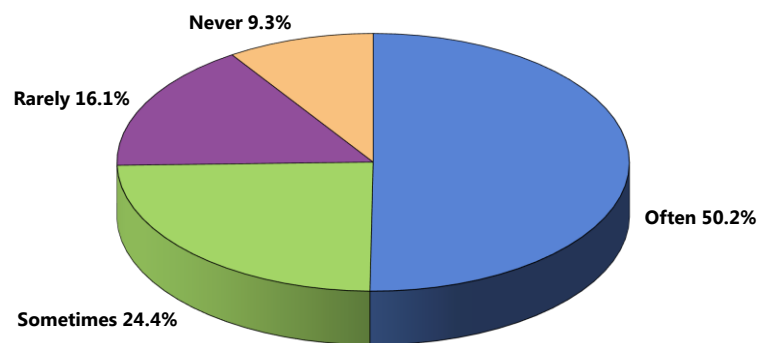
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
Notes: • Asked of all respondents.

Community Participation in Physical Activity

Many Rapides Parish adults (25.4%) report that they “rarely” or “never” see others in their community being physically active, such as walking, jogging or biking.

- Another 24.4% reported “sometimes” seeing other community members being physically active.

Frequency of Seeing Others in the Community Being Physically Active (Rapides Parish, 2013)

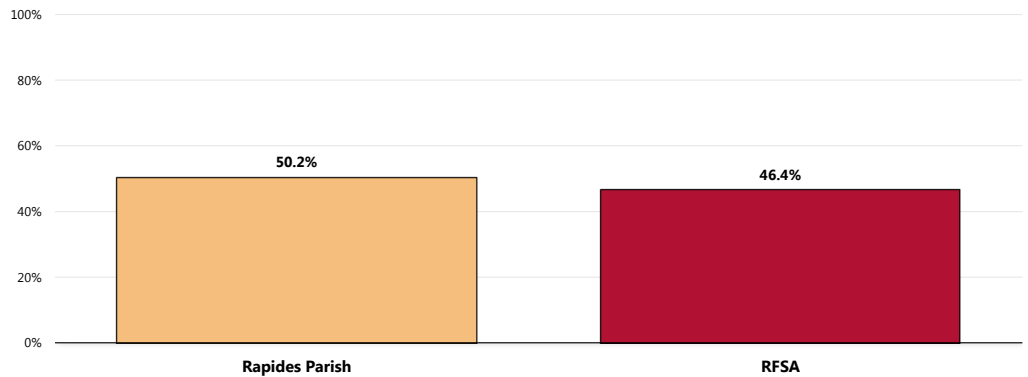


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
Notes: • Asked of all respondents.

A total of 50.2% say they “often” see others in their community being physically active, such as walking, jogging or biking.

- Similar to regional (RFSA) findings.

“Often” See Others in the Community Being Physically Active



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
Notes: • Asked of all respondents.

Substance Abuse

Substance abuse and its related problems are among society's most pervasive health and social concerns. Each year, about 100,000 deaths in the United States are related to alcohol consumption. Illicit drug abuse and related acquired immunodeficiency syndrome (AIDS) deaths account for at least another 12,000 deaths. In 1995, the economic cost of alcohol and drug abuse was \$276 billion. This represents more than \$1,000 for every man, woman, and child in the United States to cover the costs of healthcare, motor vehicle crashes, crime, lost productivity, and other adverse outcomes of alcohol and drug abuse.

A substantial proportion of the population drinks alcohol. Alcohol use and alcohol-related problems also are common among adolescents. Excessive drinking has consequences for virtually every part of the body. The wide range of alcohol-induced disorders is due (among other factors) to differences in the amount, duration, and patterns of alcohol consumption, as well as differences in genetic vulnerability to particular alcohol-related consequences. Alcohol use has been linked with a substantial proportion of injuries and deaths from motor vehicle crashes, falls, fires, and drownings. It also is a factor in homicide, suicide, marital violence, and child abuse and has been associated with high-risk sexual behavior.

— Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Alcohol Use

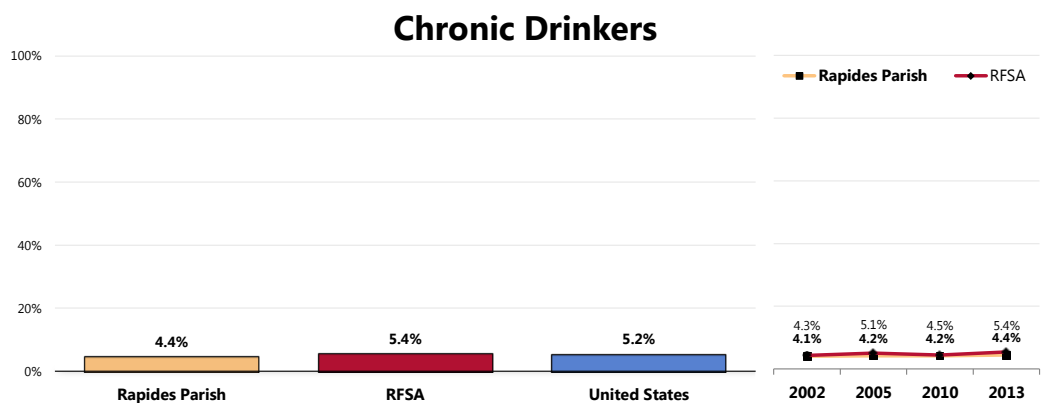
High-Risk Alcohol Use

Chronic Drinking

Chronic drinkers include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview. For the purposes of this study, a "drink" is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

A total of 4.4% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- Similar to regional (RFSA) findings.
- Similar to the national figure.
- ▣ The chronic drinking prevalence has remained statistically unchanged since 2002.



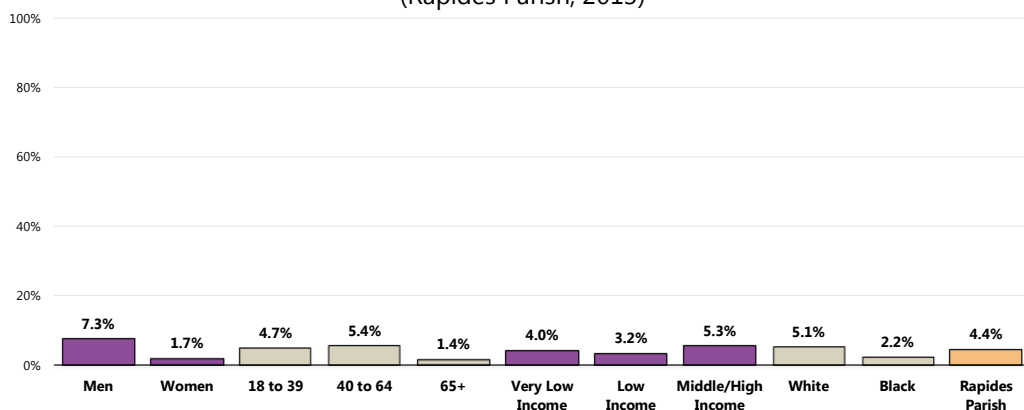
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 206]
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents.
• Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.

Chronic drinking is reported more often among:

- Men.
- Adults under 65.

Chronic Drinkers

(Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 206]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
 • Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.

Binge Drinking

A total of 13.2% of Rapides Parish adults are binge drinkers.

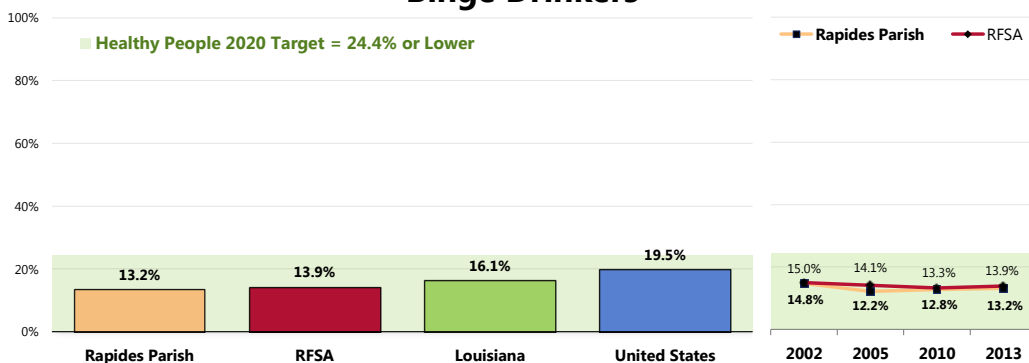
- Similar to regional (RFSA) findings.
- Lower than the prevalence in Louisiana.
- Lower than the prevalence reported nationwide.
- Satisfies the Healthy People 2020 target.
- Statistically unchanged since 2002.

Binge drinkers include:

1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and

2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during the past month.

Binge Drinkers

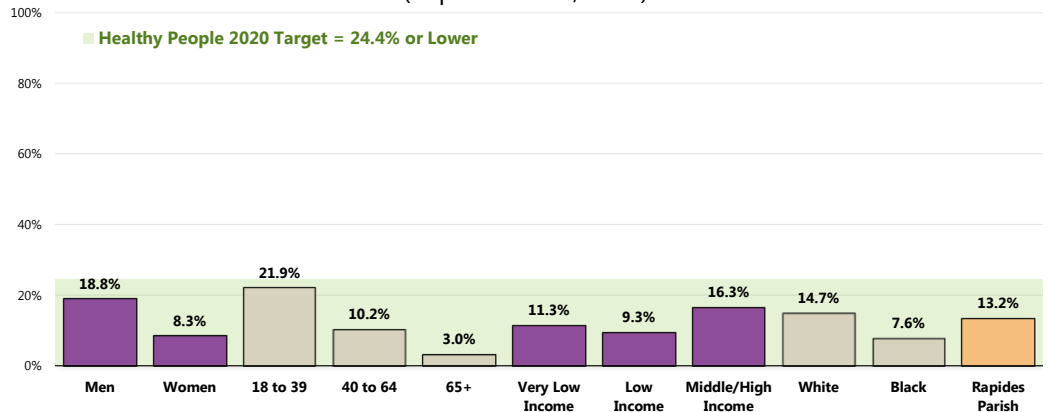


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 207]
 • Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Louisiana data.
 • 2013 PRC National Health Survey, Professional Research Consultants.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]
 Notes: • Asked of all respondents.
 • Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.
 • Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Binge drinking is more prevalent among:

- Men.
- Younger adults (note negative correlation by age).
- Residents living at higher incomes.
- Whites.

Binge Drinkers (Rapides Parish, 2013)



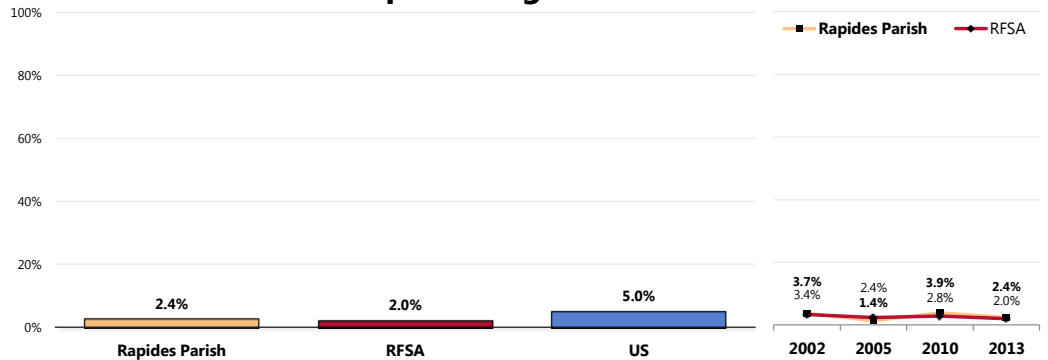
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 207]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
 • Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion

Drinking & Driving

A total of 2.4% of Rapides Parish adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Similar to what was found regionally.
- Lower than the national figure.
- Statistically unchanged since 2002.

Have Driven in the Past Month After Perhaps Having Too Much to Drink



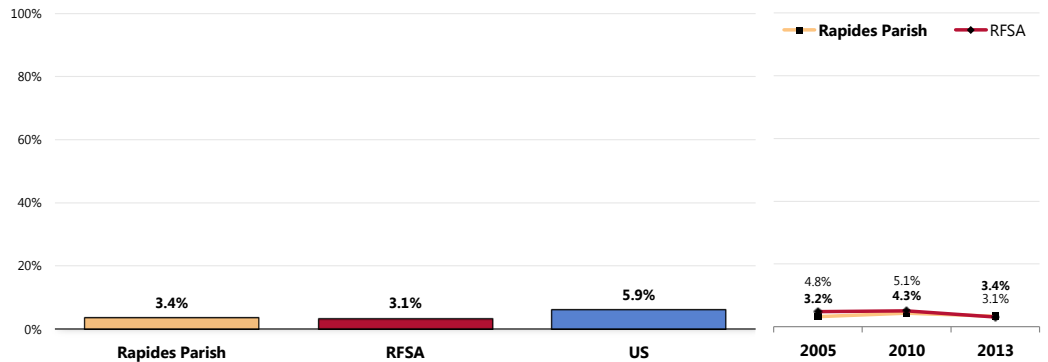
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 63]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 Notes: • Asked of all respondents.

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

In the past month, 3.4% of Rapides Parish adults have ridden with a driver who had perhaps too much to drink.

- Similar to regional (RFSA) findings.
- Lower than the national figure.
- Statistically unchanged since 2005.

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



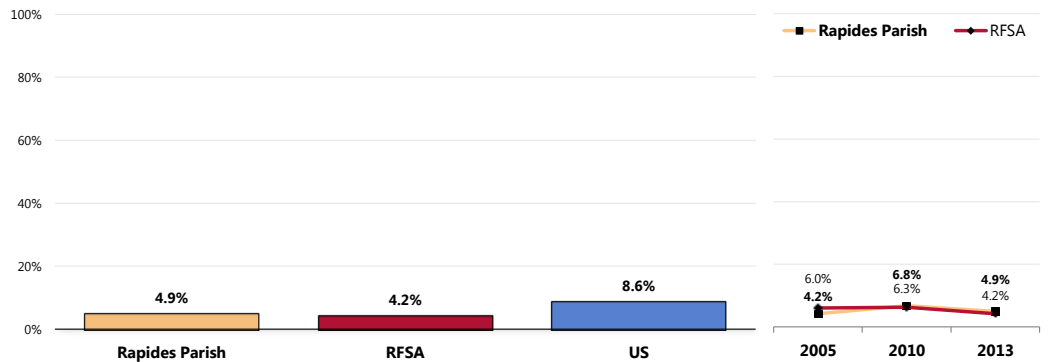
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 64]
• 2013 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.

A total of 4.9% of Rapides Parish adults acknowledge either drinking and driving or riding with a drunk driver in the past month.

- Similar to regional (RFSA) findings.
- Lower than the national percentage.
- Statistically unchanged over time.

Have Driven Drunk OR Ridden With a Driver in the Past Month Who Had Too Much to Drink



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 208]
• 2013 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.

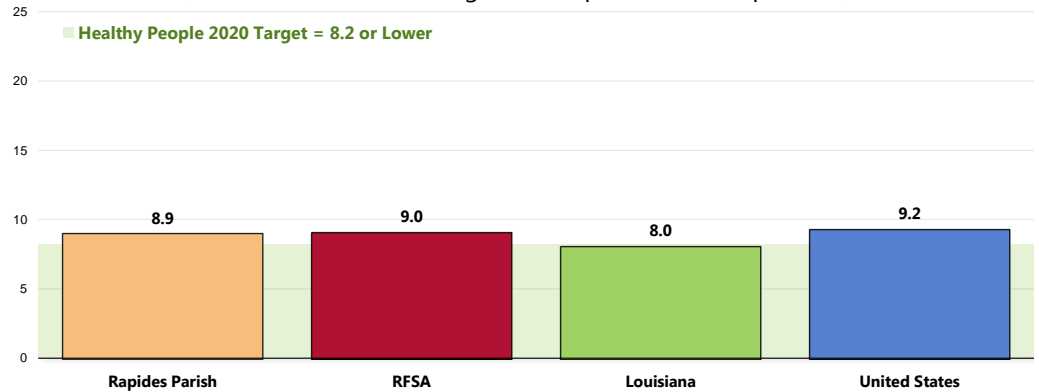
Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2008 and 2010, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 8.9 deaths per 100,000 population in Rapides Parish.

- Similar to the regional (RFSA) rate.
- Higher than the rate reported across Louisiana.
- Comparable to the national rate.
- Fails to satisfy the Health People 2020 target.

Cirrhosis/Liver Disease: Age-Adjusted Mortality

(2008-2010 Annual Average Deaths per 100,000 Population)

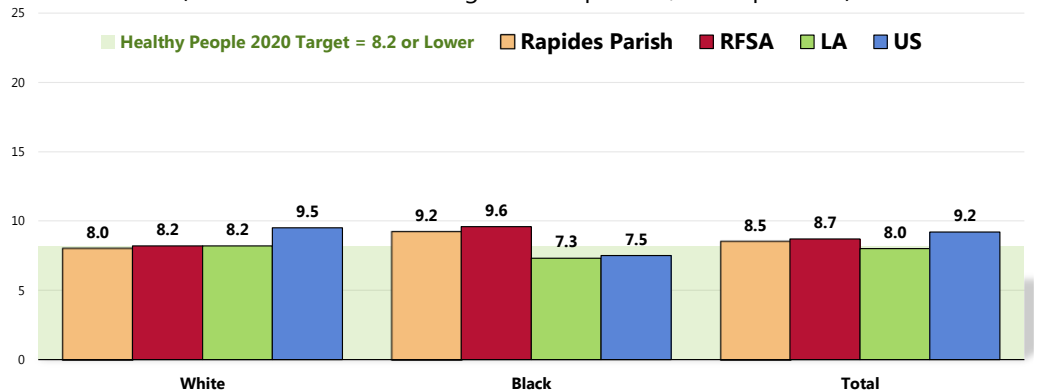


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • NOTE: 2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

👤 The Rapides Parish cirrhosis mortality rate is slightly higher among Blacks than among Whites.

Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race

(2001-2010 Annual Average Deaths per 100,000 Population)

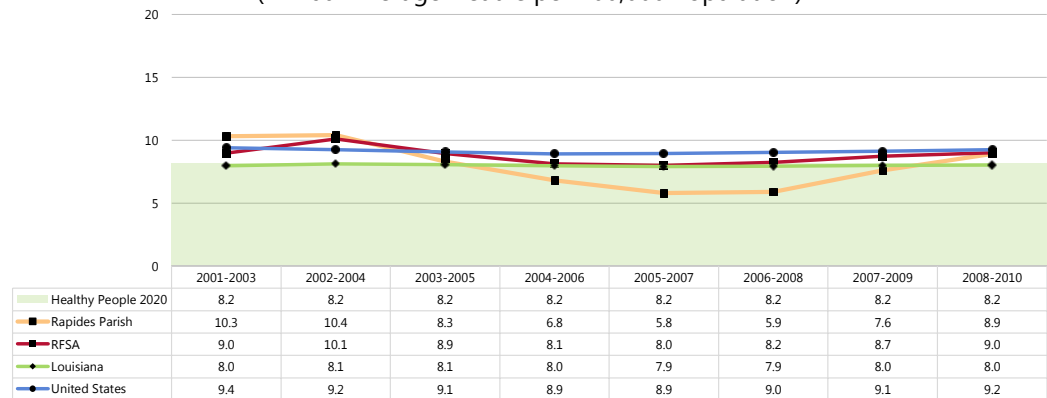


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

- ☒ Mortality rates have fluctuated over the past several years, showing no clear trend.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
 Notes: • Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
 • NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

Illicit Drug Use

Illegal use of drugs, such as heroin, marijuana, cocaine, and methamphetamine, is associated with other serious consequences, including injury, illness, disability, and death, as well as crime, domestic violence, and lost workplace productivity. Drug users and persons with whom they have sexual contact run high risks of contracting gonorrhea, syphilis, hepatitis, tuberculosis, and human immunodeficiency virus (HIV). The relationship between injection drug use and HIV/AIDS transmission is well known. Injection drug use also is associated with hepatitis B and C infections. Long-term consequences, such as chronic depression, sexual dysfunction, and psychosis, may result from drug use.

Although there has been a long-term drop in overall use, many people in the United States still use illicit drugs. Drug use among adolescents age 12 to 17 years doubled between 1992 and 2005. Drug and alcohol use by youth also is associated with other forms of unhealthy and unproductive behavior, including delinquency and high-risk sexual activity.

– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

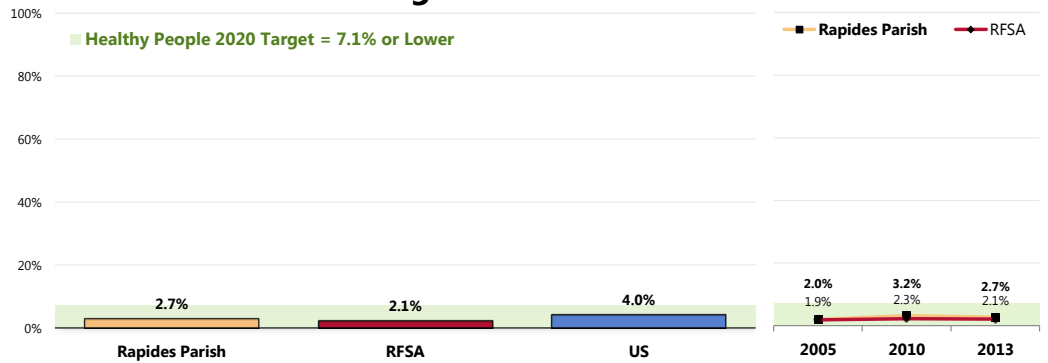
A total of 2.7% of Rapides Parish adults acknowledge using an illicit drug in the past month.

- Similar to regional (RFSA) findings.
- Similar to the percentage reported across the nation.
- Satisfies the Healthy People 2020 objective.
- ☒ No significant change from previous findings.

For the purposes of this survey, “illicit drug use” includes use of illegal substances or of prescription drugs taken without a physician’s order.

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

Illicit Drug Use in the Past Month



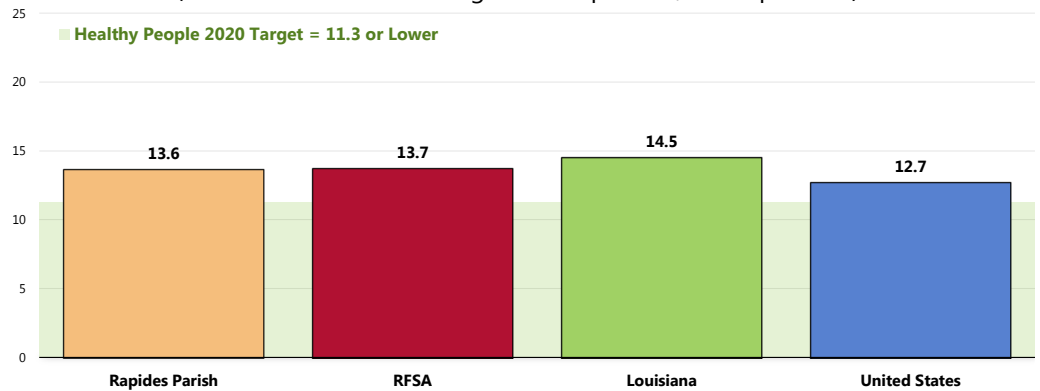
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 65]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
 Notes: • Asked of all respondents.
 • Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Age-Adjusted Drug-Induced Deaths

Between 2008 and 2010, there was an annual average age-adjusted drug-induced mortality rate of 13.6 deaths per 100,000 population in Rapides Parish.

- Similar to the regional (RFSA) rate.
- Lower than the statewide rate.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target.

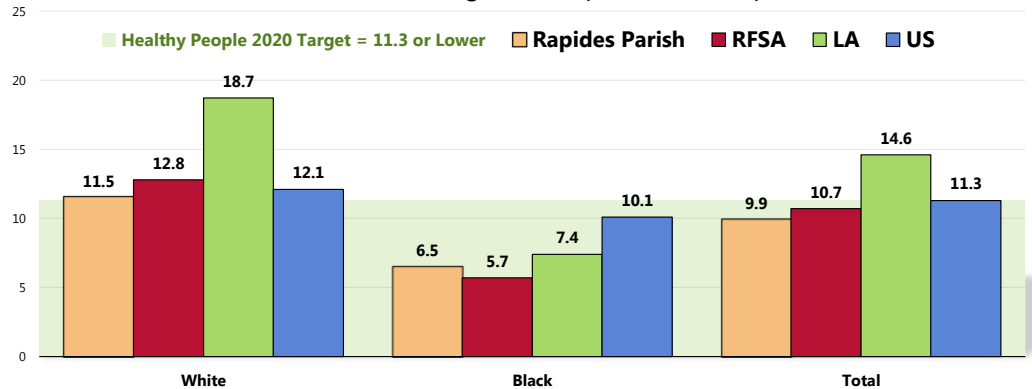
Drug-Induced Deaths: Age-Adjusted Mortality (2008-2010* Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 • Local, state and national data are simple three-year averages.
 • NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

👥 Drug-induced deaths in Rapides Parish are notably higher among Whites than among Blacks. The same is true statewide and nationally, as well.

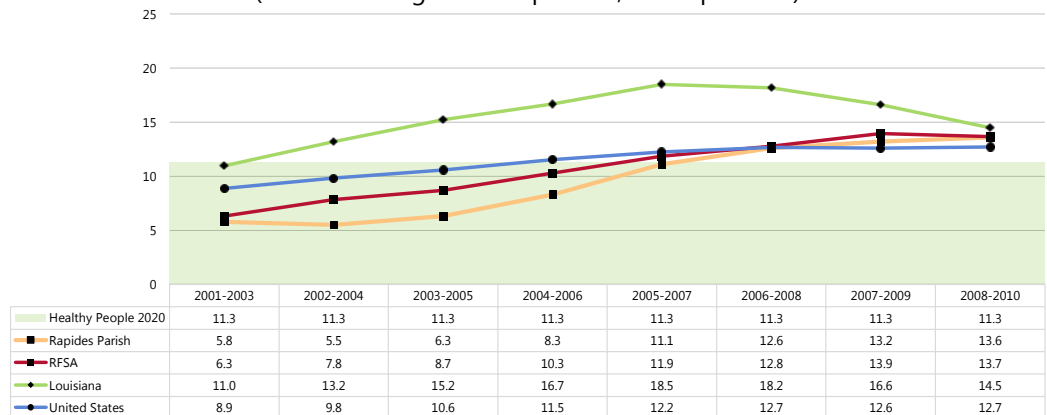
Drug-Induced Deaths: Age-Adjusted Mortality by Race (2001-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

📈 Drug-induced mortality has increased (more than doubled) in recent years.

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



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
• County, state and national data are simple three-year averages.
• NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

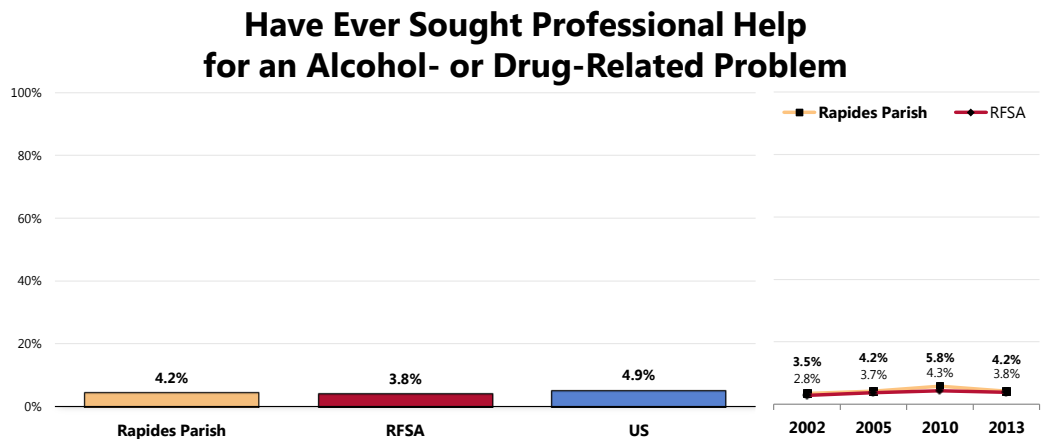
Alcohol & Drug Treatment

The stigma attached to substance abuse increases the severity of the problem. The hiding of substance abuse, for example, can prevent persons from seeking and continuing treatment and from having a productive attitude toward treatment. Compounding the problem is the gap between the number of available treatment slots and the number of persons seeking treatment for illicit drug use or problem alcohol use.

– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

A total of 4.2% of Rapides Parish adults say that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to regional (RFSA) findings.
- Similar to the prevalence reported across the nation.
- 📊 Statistically unchanged over time.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 66]
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents.

Related Focus Group Findings: Substance Abuse

Substance abuse in the community is of concern to many focus group attendees. The main issues discussed surrounding substance abuse included:

- Prevalence of drug use
- Need additional substance abuse treatment programs and facilities
- Drug use in youth
 - Parental knowledge

A number of focus group participants worry about the **prevalence of drug use** because it impacts every aspect of a person's life. Respondents believe that the high substance use rates in the community are one contributor to the high infant mortality rates.

Attendees feel that substance use occurs across all demographics and worry specifically about alcohol, methamphetamines, crack cocaine, marijuana, synthetic drugs and prescription drugs. Participants agree that many residents have easy access to

prescription medication and some community member's "doctor shop" for opiates. Other residents in the surrounding rural communities make their own methamphetamines:

"Then we have a little cottage industry of meth out in the poorer areas. So Grant Parish and Catahoula Parish and all these parishes that are very poor that surround Alexandria have all sorts of people who make a living by setting up a meth lab in their bathtub." — Rapides Parish Healthcare Professional (Group 2)

Attendees agree that the community **needs additional substance abuse treatment programs and facilities**. Only a limited number of organizations provide substance abuse treatment and no inpatient options operate in the community. Residents must travel for inpatient care. A participant explains the difficulties acquiring treatment for addicts:

"The problem that you see is dealing with these patients (addicts). Until they hit rock bottom, they don't want help. They want medications. And so they keep shopping and keep shopping and then the state police start hunting for them and they're in your ERs and doctor's offices and they finally catch up with them, arrest them. They go to court. But there's no treatment given to these people." — Rapides Parish Healthcare Professional

"It's limited. That's a real mystery to me. All I know is when we have a patient in that situation the social worker usually ends up calling all over the state. Sometimes they find a place and sometimes they don't. It's very hit or miss." — Rapides Parish Healthcare Professional (Group 2)

High drug use and experimentation in youth, of any income, concerns focus group attendees. Participants think that drug use has become a "normal" part of adolescents. A component in the pervasive use of illegal substances is **parental knowledge**, or lack thereof. Many focus group members worry that parents' ability to guide their child has declined in previous years (parents are more focused on being a friend than a parent). A participant describes the concept of "parent pressure":

"It's almost an accepted cultural norm that it's okay for teens to drink and parents are good with that. I've raised three boys myself and I know there's that term out there about teen peer pressure. I used to call it parent peer pressure because there's just so much peer pressure for parents to even just kind of not be so judgmental I guess or against the norm, which is, 'Why are you so rigid? Why are you so strict with your kids?' There's a parent pressure out there to not be so nonconformist and it's hard." — Rapides Parish Advisory Committee Member

Youth Focus Group Findings:

Participants in the youth focus group think that the community does not have a lot to offer in terms of culture, or entertainment. The available options, like movie theatres, are expensive. This downtime, peer pressure and modeling older sibling behaviors contribute to the number of teenagers who use **illegal drugs or alcohol**. Drug and alcohol use begins as early as middle school. The attendees describe marijuana use as common. However, other youth describe the fear of getting in trouble a factor in not using illegal substances.

The youth key informants also agree that the current drug prevention education does not work. The attendees do not feel that the teachers connect with them and would like to have education conducted by younger people who they can relate with.

Tobacco Use

Cigarette smoking causes heart disease, several kinds of cancer (lung, larynx, esophagus, pharynx, mouth, and bladder), and chronic lung disease. Cigarette smoking also contributes to cancer of the pancreas, kidney, and cervix. Smoking during pregnancy causes spontaneous abortions, low birthweight, and sudden infant death syndrome. Other forms of tobacco are not safe alternatives to smoking cigarettes.

Tobacco use is responsible for more than 430,000 deaths per year among adults in the United States [about 20% of all deaths]... If current tobacco use patterns persist in the United States, an estimated 5 million persons under age 18 years will die prematurely from a smoking-related disease. Direct medical costs related to smoking total at least \$50 billion per year [other sources estimate more than \$75 billion in 1998 (about 8% of the personal healthcare expenditures in the US)]; direct medical costs related to smoking during pregnancy are approximately \$1.4 billion per year.

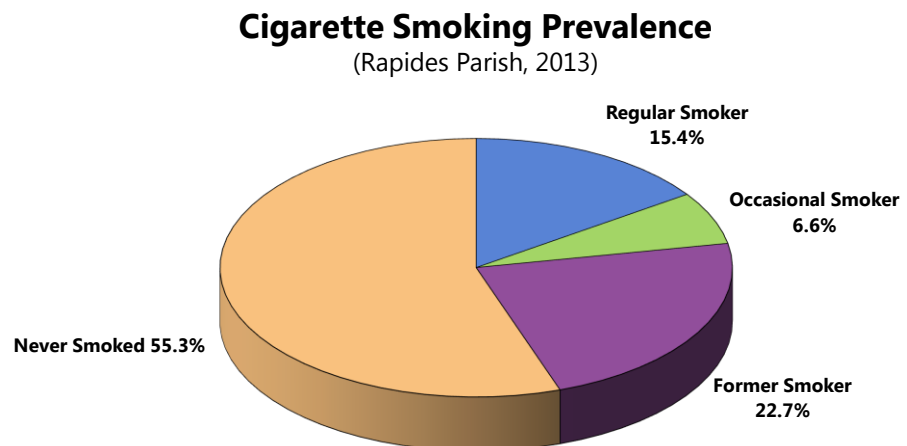
Evidence is accumulating that shows maternal tobacco use is associated with mental retardation and birth defects such as oral clefts. Exposure to secondhand smoke also has serious health effects. Researchers have identified more than 4,000 chemicals in tobacco smoke; of these, at least 43 cause cancer in humans and animals. Each year, because of exposure to secondhand smoke, an estimated 3,000 nonsmokers die of lung cancer, and 150,000 to 300,000 infants and children under age 18 months experience lower respiratory tract infections.

— Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Cigarette Smoking

Cigarette Smoking Prevalence

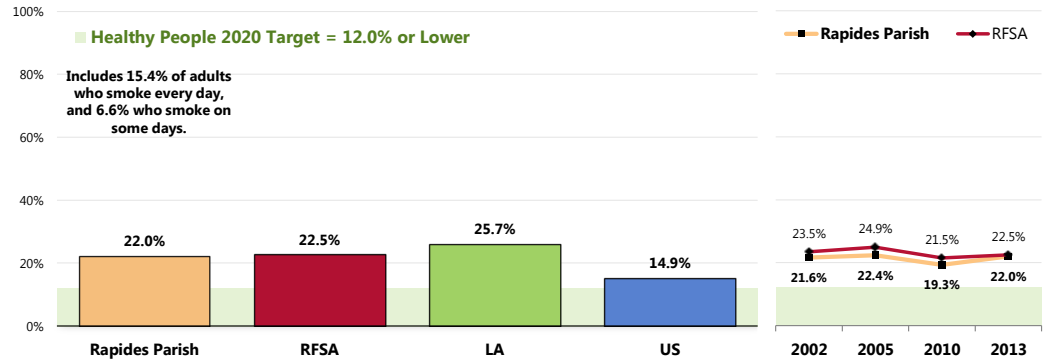
A total of 22.0% of Rapides Parish adults currently smoke cigarettes, either regularly (15.4% every day) or occasionally (6.6% on some days).



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 201]
Notes: • Asked of all respondents.

- Similar to what was found throughout the RFSA.
 - Lower than state findings.
 - Higher than national findings.
 - Fails to satisfy the Healthy People 2020 target.
- The current smoking percentage is statistically similar to that reported in Rapides Parish in 2002.

Current Smokers



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 201]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services.
 - Centers for Disease Control and Prevention (CDC): 2011 Louisiana Data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
- Notes:
- Asked of all respondents.
 - Includes regular and occasional smokers (everyday and some days).
 - Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Cigarette smoking is more prevalent among:

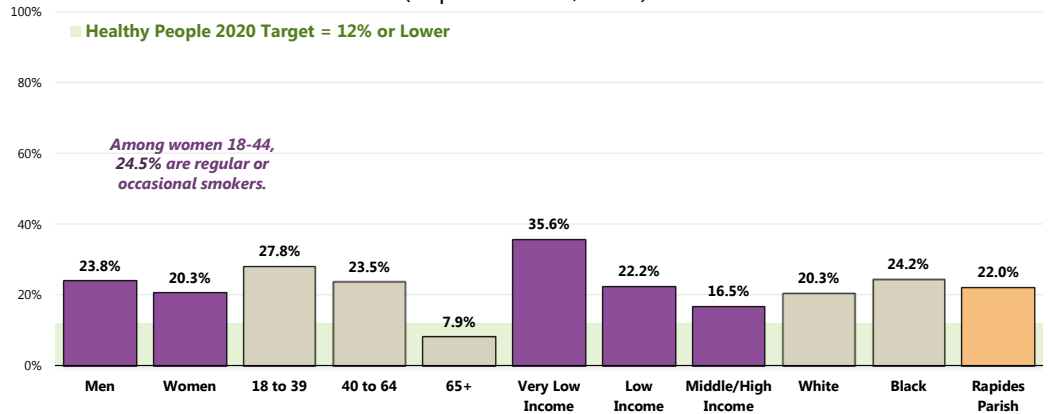
- 👤 Adults under age 65.
- 👤 Very low income residents.

Note also:

- 👤 24.5% of women of child-bearing age (ages 18 to 44) currently smoke. 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

(Rapides Parish, 2013)



Sources:

- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 201-202]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

Notes:

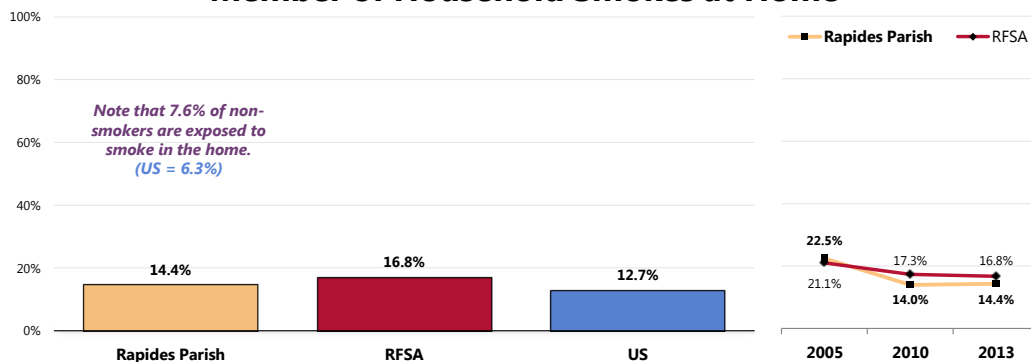
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Environmental Tobacco Smoke

A total of 14.4% of Rapides Parish adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home in the past month an average of four or more times per week.

- Similar to the regional finding.
- Similar to the national finding.
- 📈 This indicator has improved over time.
- 👤 Note that 7.6% of Rapides Parish non-smokers are exposed to cigarette smoke at home, similar to the US prevalence.

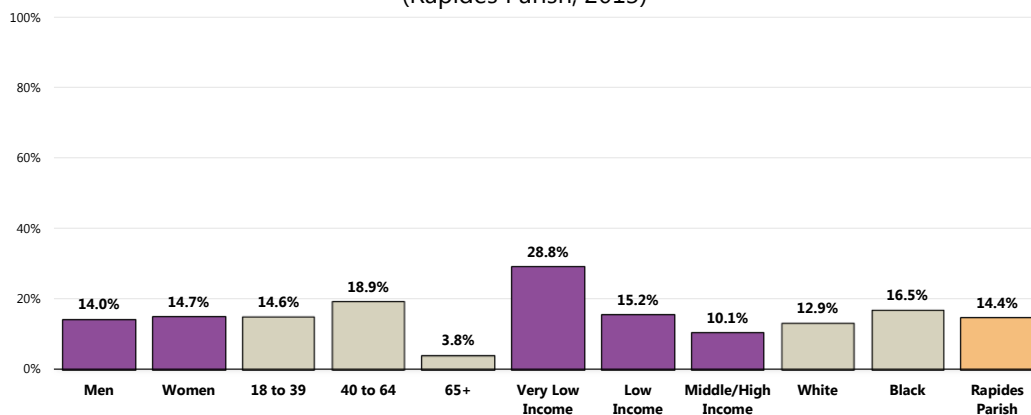
Member of Household Smokes at Home



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 55, 2013]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-14]
 Notes: • Asked of all respondents.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- 👤 Notably higher among adults under age 65 and residents living at lower incomes (note negative correlation with income).

Member of Household Smokes At Home (Rapides Parish, 2013)

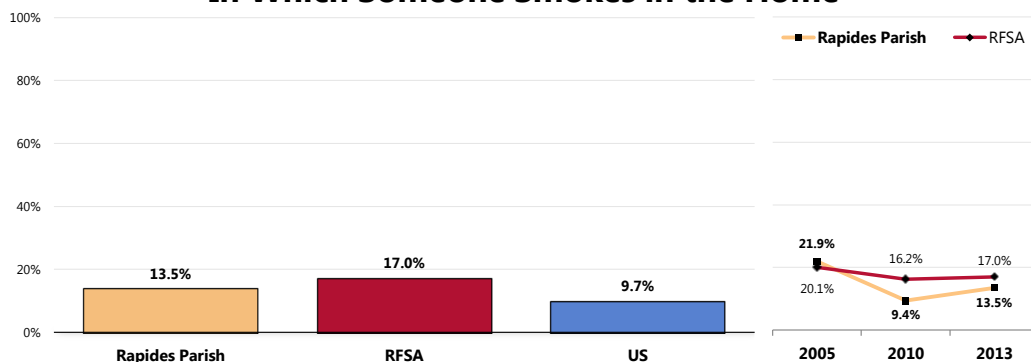


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 55]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Among households with children, 13.5% have someone who smokes cigarettes in the home.

- Similar to regional (RFSA) findings.
- Similar to national findings.
- ▣ Marks a statistically significant decrease over time among households with children.

Percentage of Households With Children In Which Someone Smokes in the Home



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 204]

• 2013 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of respondents with children ages 0-17 at home.

• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

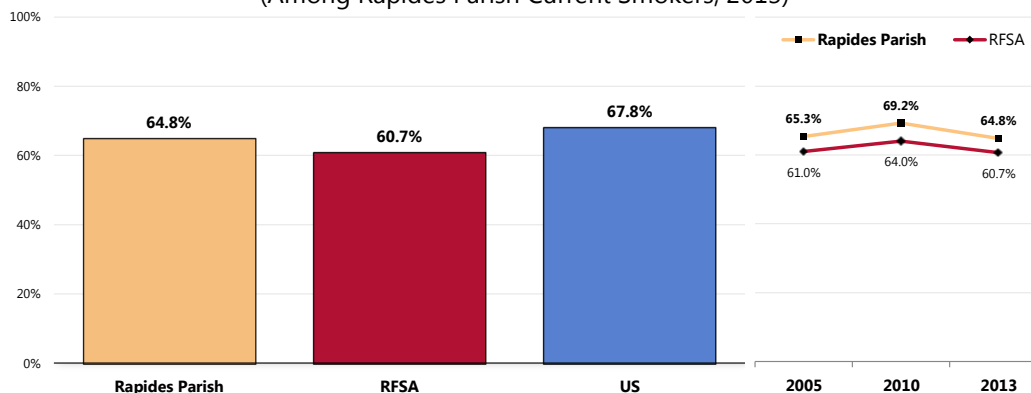
Smoking Cessation

Health Advice About Smoking Cessation

A total of 64.8% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Similar to what was found regionally.
- Comparable to the national percentage.
- ▣ Statistically unchanged in Rapides Parish since 2005.

Received Advice to Quit Smoking by a Healthcare Professional
(Among Rapides Parish Current Smokers, 2013)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 54]

• 2013 PRC National Health Survey, Professional Research Consultants.

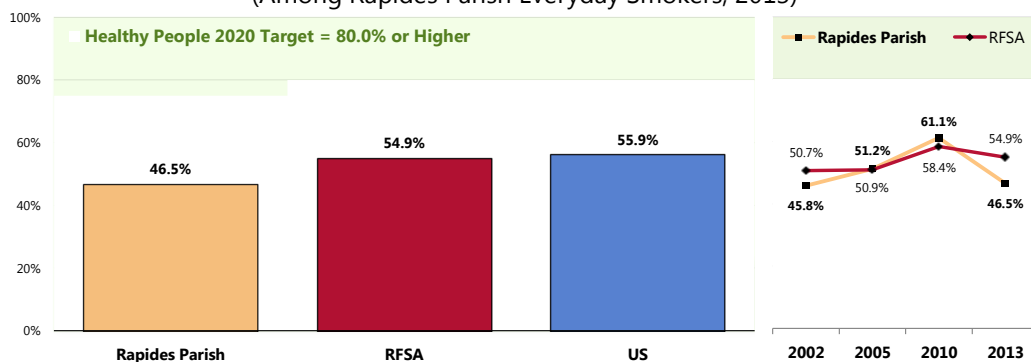
Notes: • Asked of all current smokers.

Smoking Cessation Attempts

A total of 46.5% of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Similar to regional (RFSA) findings.
- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target.
- ▣ Statistically unchanged since 2002 (although down from 2010).

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking (Among Rapides Parish Everyday Smokers, 2013)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 53]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-4.1]

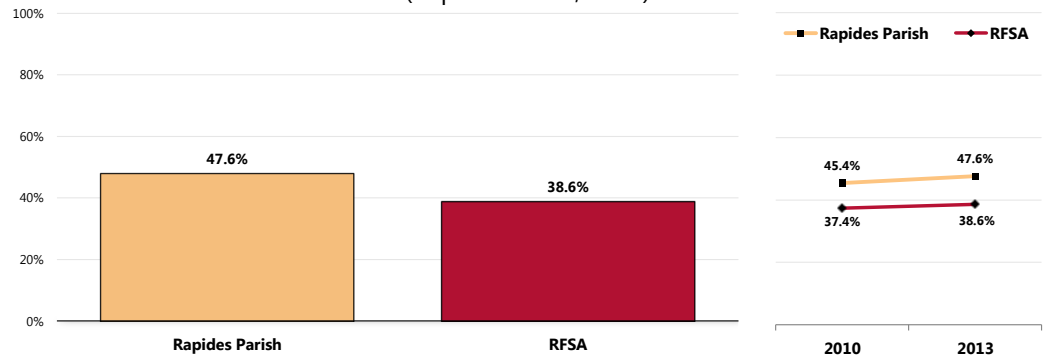
Notes: • Asked of respondents who smoke cigarettes every day.

Education & Programming

A total of 47.6% of Rapides Parish adults (including both smokers and non-smokers) are aware of services, programs, or classes to help smokers quit smoking.

- Higher than regional (RFSA) findings.
- ▣ No significant change since this was first measured in 2010.

Aware of Services, Programs or Classes to Help Smokers Quit Smoking (Rapides Parish, 2013)

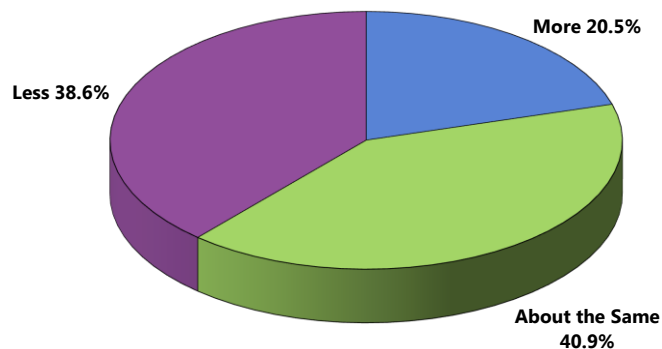


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 56]
Notes: • Asked of all respondents.

In the past year or so, just over one in three parents (38.6%) feel that their child has talked to them “less” about tobacco control activities in his or her school.

- 40.9% feel the amount of discussion has not changed over the past year or so (“about the same”) while fewer (20.5%) believe that their child has talked with them “more” about school tobacco control activities.

In the Past Year or So, Child Has Talked With Parents More/Less/Same Regarding School Tobacco Control Activities (Rapides Parish Parents of Children Age 12-17, 2013)

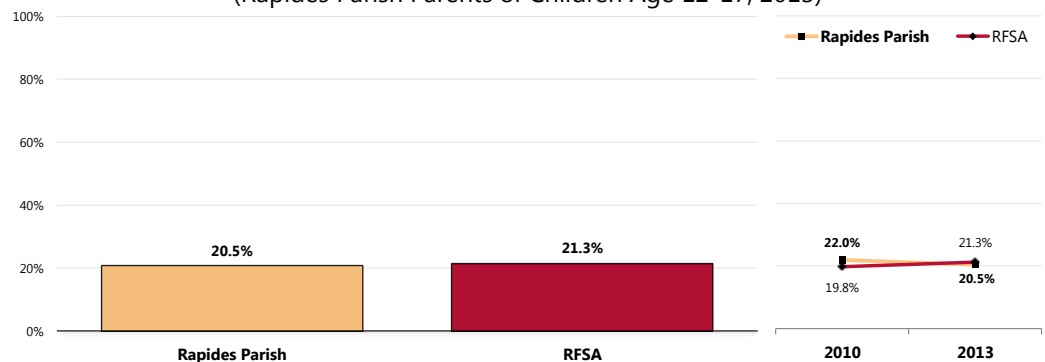


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]
Notes: • Asked of respondents with children ages 12-17 at home.

- Similar to regional (RFSA) findings.
- Statistically unchanged from 2010 survey findings.

Child Has Talked With Parents More in the Past Year or So Regarding School Tobacco Control Activities

(Rapides Parish Parents of Children Age 12-17, 2013)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 139]
 Notes: • Asked of respondents with children ages 12-17 at home.

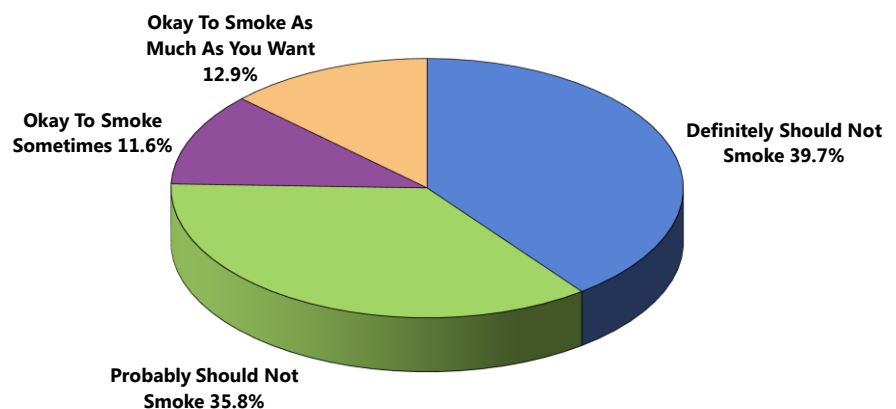
Public Perceptions of Smoking

The majority of Rapides Parish survey respondents believes that most people are against smoking, indicating that the public feels a person “*definitely should not smoke*” (39.7%) or “*probably should not smoke*” (35.8%).

- Another 11.6% believe that the general public opinion is that it is “*okay to smoke sometimes*,” and another 12.9% believe that public opinion says it is okay to smoke “*as much as a person wants*.”

Perception of How Most People in the Community Feel About Adults Smoking

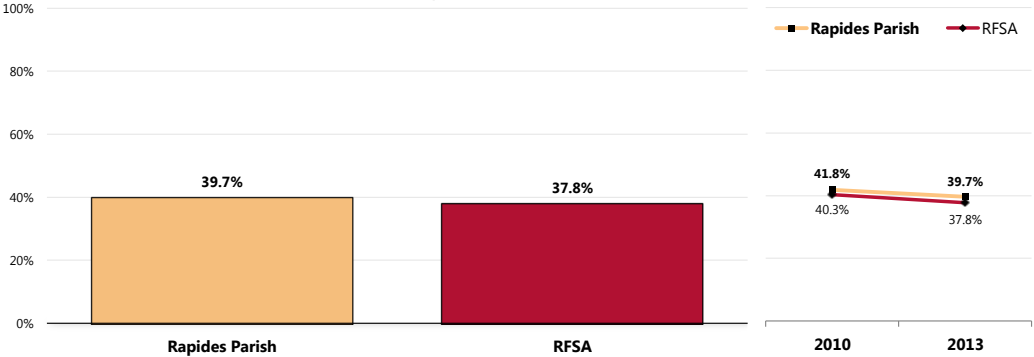
(Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 57]
 Notes: • Asked of all respondents.

- The proportion of respondents who feel that people “definitely should not smoke” is similar to regional (RFSA) findings.
- Statistically unchanged over time.

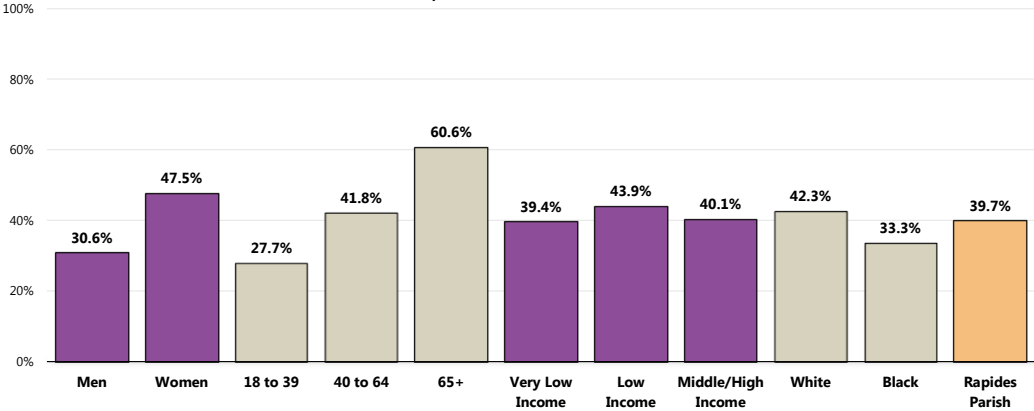
Respondent Perceives That Most People in the Community Believe That Adults Definitely Should Not Smoke (Rapides Parish, 2013)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 57]
Notes: • Asked of all respondents.

👥 Women, respondents age 40+, and white residents are more likely to feel that most people believe that a person definitely should not smoke.

Respondent Perceives That Most People in the Community Believe That Adults Definitely Should Not Smoke (Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 57]
Notes: • Asked of all respondents.
• Income categories reflect respondent’s household income as a ratio to the federal poverty level for their household size: very low income” = below poverty; “low income” = 100% to 200% of poverty; “middle/high income” = over 200% of poverty.

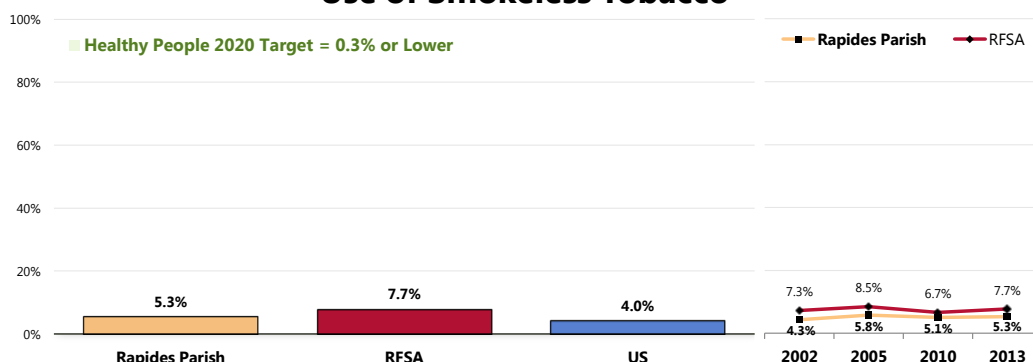
Other Tobacco Use

Smokeless Tobacco

A total of 5.3% of Rapides Parish adults use chewing tobacco or snuff every day or on some days.

- Lower than found throughout the RFSA.
- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target.
- ☒ Smokeless tobacco use in Rapides Parish remains statistically unchanged since 2002.

Use of Smokeless Tobacco



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 58]
• 2013 PRC National Health Survey, Professional Research Consultants.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.2]
Notes: • Asked of all respondents.
• Smokeless tobacco includes chewing tobacco or snuff.

Related Focus Group Findings: Tobacco


Many focus group participants are concerned with tobacco use in the community, especially among young adults.

Focus group participants worry about the consequences of tobacco use and smokeless tobacco in the rural communities. Respondents believe that a number of **young adults** smoke cigarettes.

Attendees think that the new smoking cessation ordinances and other policy changes have helped to lower the overall number of smokers in the community. Key informants feel that more non-smoking policies and additional taxes need to be considered to further reduce tobacco utilization in the parish.


Youth Focus Group Findings:

Smoking cigarettes and chewing tobacco are also seen as an issue for adolescents in the community. Tobacco use also begins through introductions from older siblings, or peers. Attendees describe that they see their teachers outside smoking and these are the same people who tell them not to smoke and describe the harmful effects. Youth believe that the number of young people smoking has increased.



"Because it's more common now. Like it's just not like something that's forbidden, I guess. Like it's normal. More people are starting to accept it, so I think it's just become the usual for certain people." — Youth Focus Group Participant

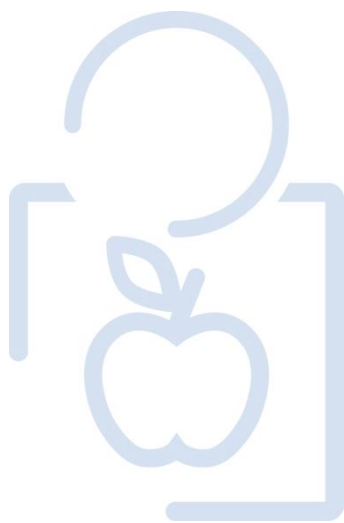
The rural culture also encourages chewing tobacco.



"I live in the country so that's how it is. It makes you cool around there if you do." — Youth Focus Group Participant

The youth participants feel that the best ways to begin conversations with their generation include utilizing small groups led by a trusted adult (preferably someone under thirty years of age). These intimate groups if done well can create a family style atmosphere. Several youth describe their church groups as this type of group. The participants caution against relying too much on technology, like Facebook or Twitter, because young people use those avenues for fun, not to educate themselves.

SELF-REPORTED HEALTH STATUS



Overall Health Status

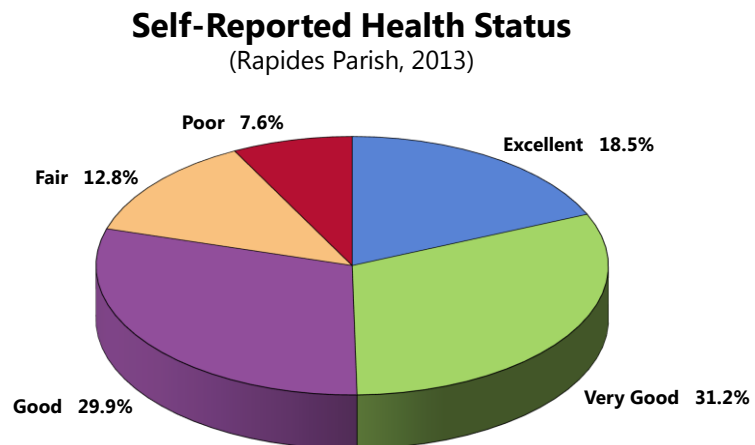
Respondents were asked the following:

"Would you say that in general your health is: excellent, very good, good, fair or poor?"

Self-Reported Health Status

A total of 49.7% of Rapides Parish adults rate their overall health as "excellent" or "very good."

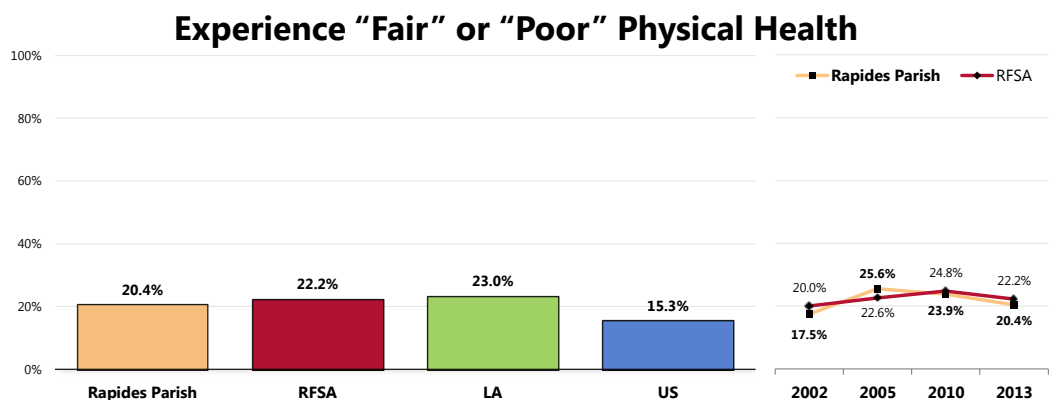
- Another 29.9% gave "good" ratings of their overall health.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

Over one-fifth (20.4%) of adults believes that their overall health is "fair" or "poor."

- Similar to regional (RFSA) findings.
 - Similar to the Louisiana prevalence.
 - Higher than the national percentage.
- Overall, "fair/poor" responses have remained unchanged in Rapides Parish since the 2002 survey.



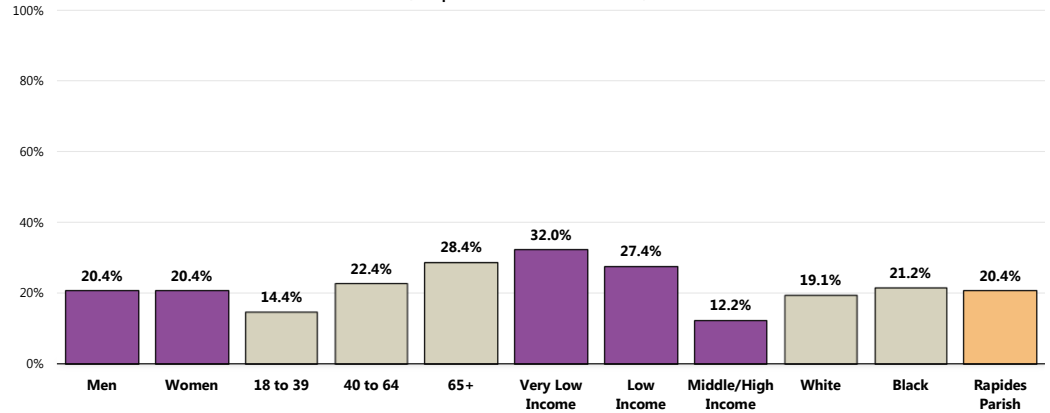
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana data.
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents.
• Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Adults more likely to report experiencing “fair” or “poor” overall health include:

- Adults age 40 and older (note the positive correlation with age).
- Residents living at lower incomes (note the negative correlation with income).

Experience “Fair” or “Poor” Physical Health

(Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Activity Limitations

An estimated 54 million persons in the United States currently live with disabilities. The increase in disability among all age groups indicates a growing need for public health programs serving people with disabilities.

The direct medical and indirect annual costs associated with disability [in the US] are more than \$300 billion, or 4 percent of the gross domestic product. This total cost includes \$160 billion in medical care expenditures (1994 dollars) and lost productivity costs approaching \$155 billion.

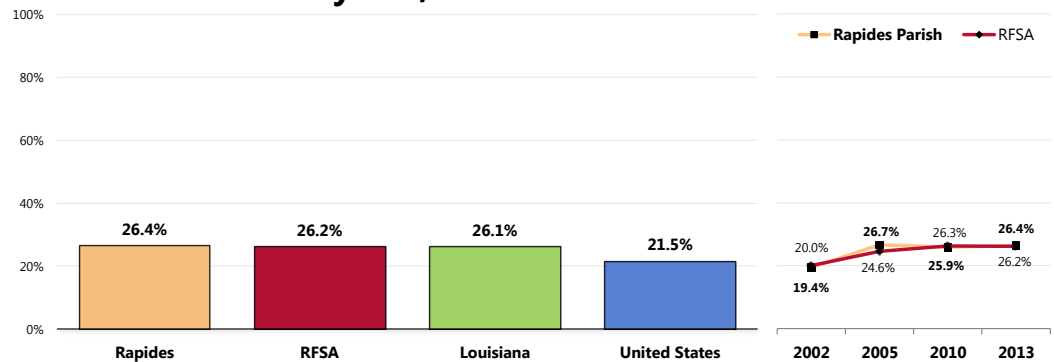
The health promotion and disease prevention needs of people with disabilities are not nullified because they are born with an impairing condition or have experienced a disease or injury that has long-term consequences. People with disabilities have increased health concerns and susceptibility to secondary conditions. Having a long-term condition increases the need for health promotion that can be medical, physical, social, emotional, or societal.

- Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

A total of 26.4% of Rapides Parish adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Similar to regional (RFSA) findings.
- Similar to the state prevalence.
- Less favorable than the prevalence nationwide.
- 📊 The prevalence of activity limitations has increased significantly in Rapides Parish since 2002.

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



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 118]
 • Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Louisiana data.
 • 2013 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.
 • Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

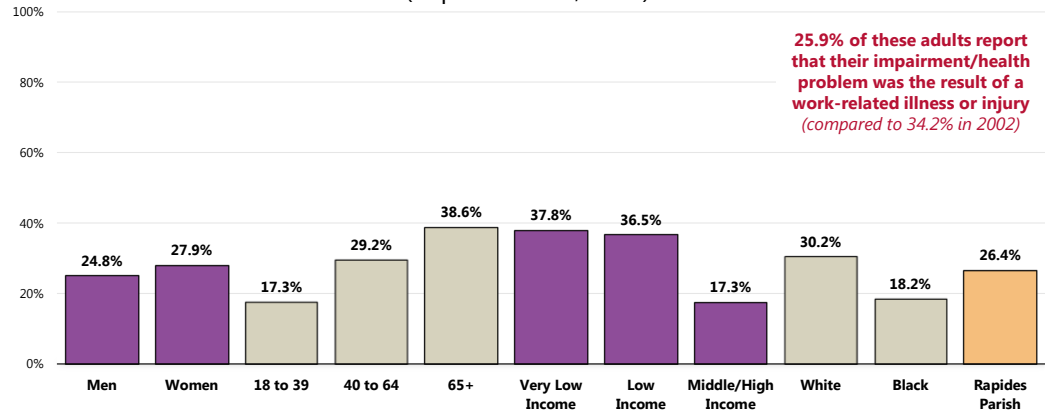
In looking at responses by key demographic characteristics, note the following:

- 👥 Adults age 40 or older are much more often limited in activities (note the positive correlation with age).
- 👥 Households with very low or low income are more often limited in activities.
- 👥 White residents are more likely than Black residents to have activity limitations.

A total of 25.9% of adults with activity limitations note that their impairment is due to a work-related illness or injury (lower than the 34.2% reported in 2002).

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

(Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 118, 120]

Notes: • Asked of all respondents.

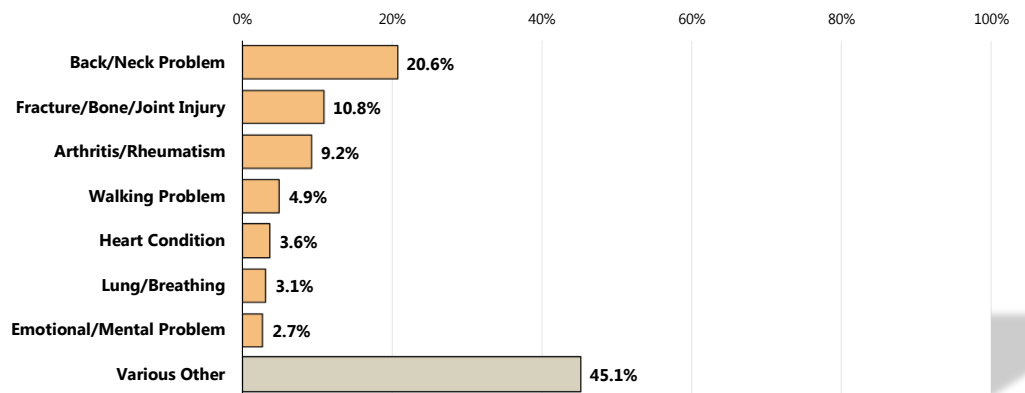
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as back/neck problems, arthritis/rheumatism, fractures/joint injuries, or problems walking.

Other problems mentioned with less frequency include lung/breathing problems, heart conditions, and emotional/mental problems.

Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]

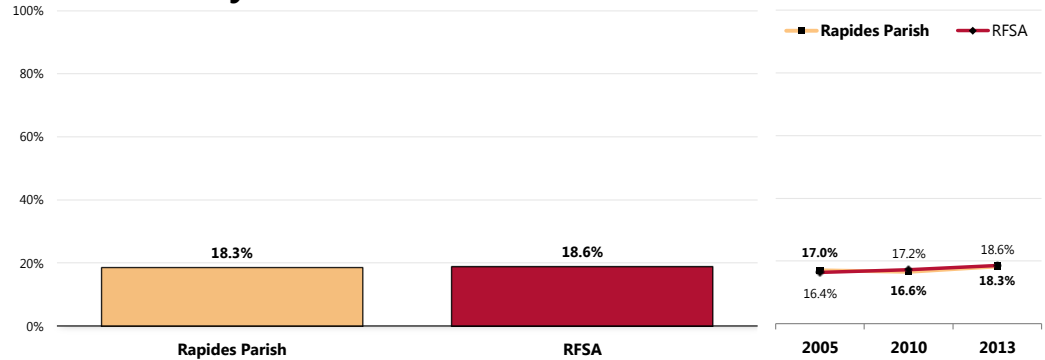
Notes: • Asked of those respondents reporting activity limitations.

Days of Limited Activity

While 74.4% of Rapides Parish adults report no days in the past month when poor physical or mental health prevented their usual activities, 18.3% report experiencing four or more such days.

- Close to regional findings.
- ▣ Statistically unchanged over time.

Experience Four or More Days in the Past Month on Which Physical or Mental Health Prevented Usual Activities

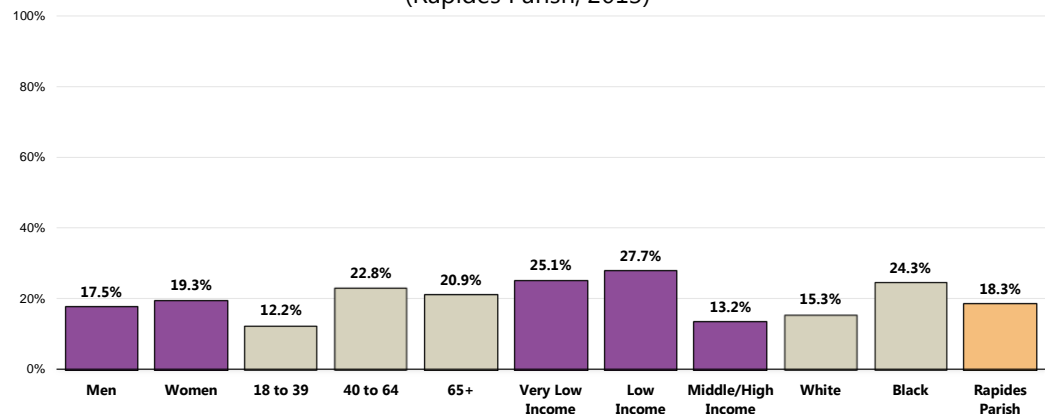


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 8]
Notes: ● Asked of all respondents.

Adults more likely to indicate that health limited their usual activities include:

- 👥 Residents age 40 and older.
- 👥 Respondents with lower incomes.
- 👥 Blacks.

Experience Four or More Days in the Past Month on Which Poor Physical/Mental Health Prevented Usual Activities (Rapides Parish, 2013)



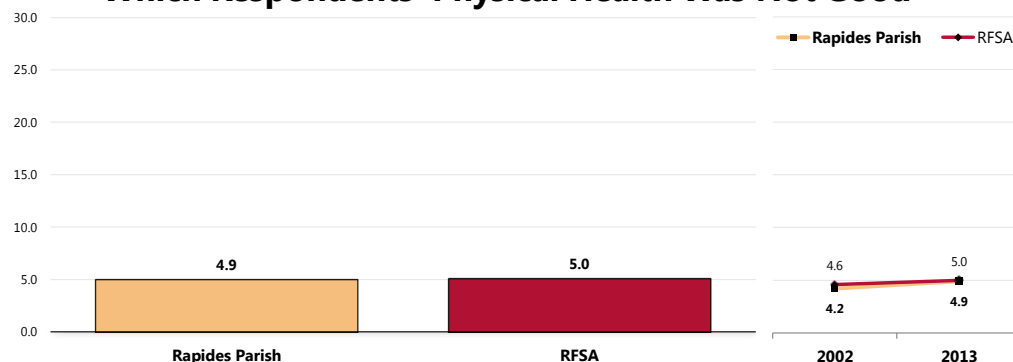
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 8]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Physical Health

In the past month, Rapides Parish adults averaged 4.9 days on which their physical health was not good.

- Similar to regional (RFSA) findings.
- ▣ The current average is up from the 2010 average.

Average Number of Days in the Past Month on Which Respondents' Physical Health Was Not Good

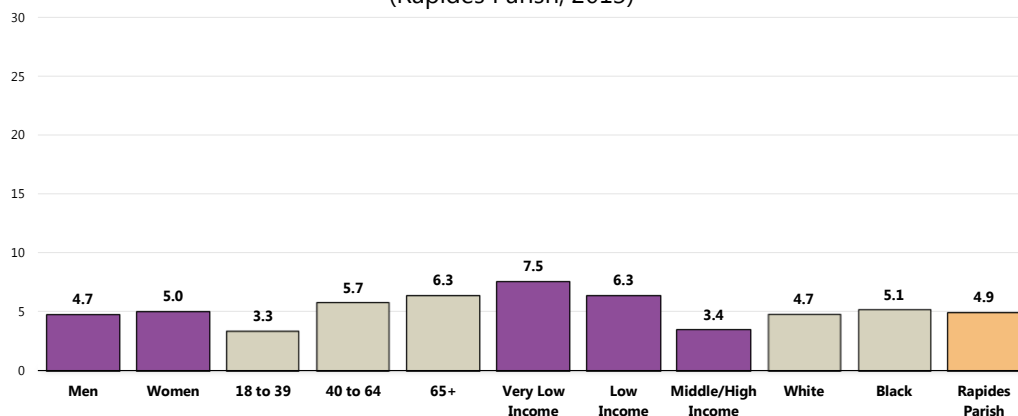


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

Adults more likely to report days when physical health was not good include:

- ▣ Residents age 40 and older (positive correlation with age).
- ▣ Residents with lower incomes (negative correlation with income).

Average Number of Days in the Past Month on Which Respondents' Physical Health Was Not Good (Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof), which are associated with distress and/or impaired functioning and spawn a host of human problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders.

Mental disorders generate an immense public health burden of disability. The World Health Organization, in collaboration with the World Bank and Harvard University, has determined that the impact of mental illness on overall health and productivity in the United States and throughout the world often is profoundly underrecognized [Global Burden of Disease study]. In established market economies such as the United States, mental illness is on a par with heart disease and cancer as a cause of disability. Suicide—a major public health problem in the US—occurs most frequently as a consequence of a mental disorder.

Mental disorders occur across the lifespan, affecting persons of all racial and ethnic groups, both genders, and all educational and socioeconomic groups.

As the life expectancy of individuals continues to grow longer, the sheer number—although not necessarily the proportion—of persons experiencing mental disorders of late life will expand. This trend will present society with unprecedented challenges in organizing, financing, and delivering effective preventive and treatment services for mental health.

— Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

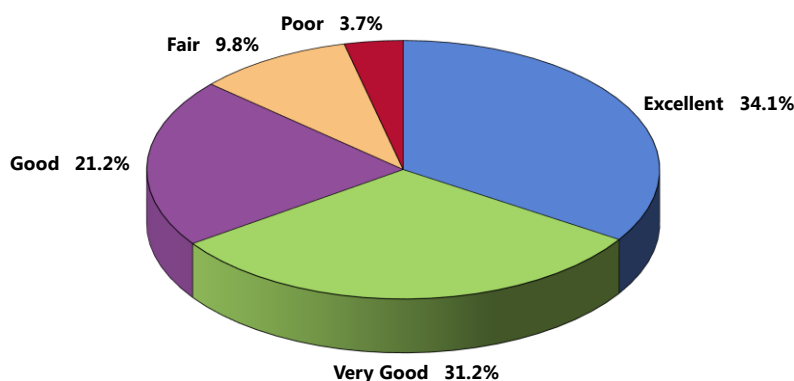
Mental Health Status

Self-Reported Mental Health Status

A total of 65.3% of Rapides Parish adults rate their overall mental health as “excellent” or “very good.”

- Another 21.2% gave “good” ratings of their own mental health status.

Self-Reported Mental Health Status
(Rapides Parish, 2013)



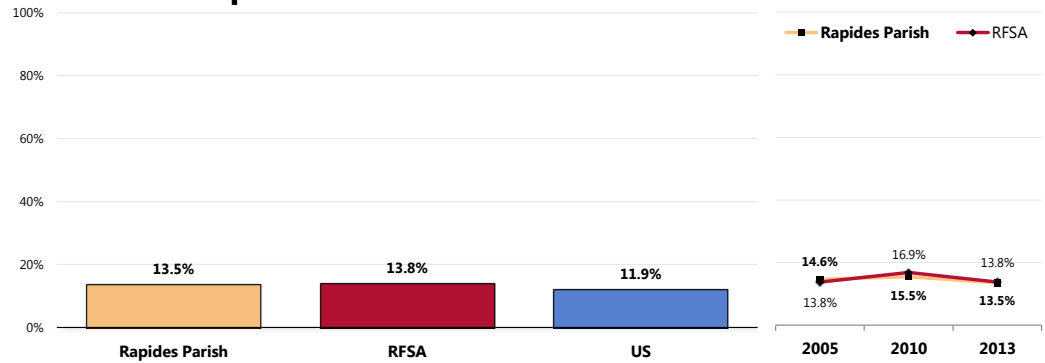
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
Notes: • Asked of all respondents.

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

A total of 13.5% of Rapides Parish adults believe that their overall mental health is “fair” or “poor.”

- Similar to what is found in the region (RFSA).
- Comparable to the “fair/poor” percentage reported across the nation.
- Statistically similar to baseline 2005 findings.

Experience “Fair” or “Poor” Mental Health

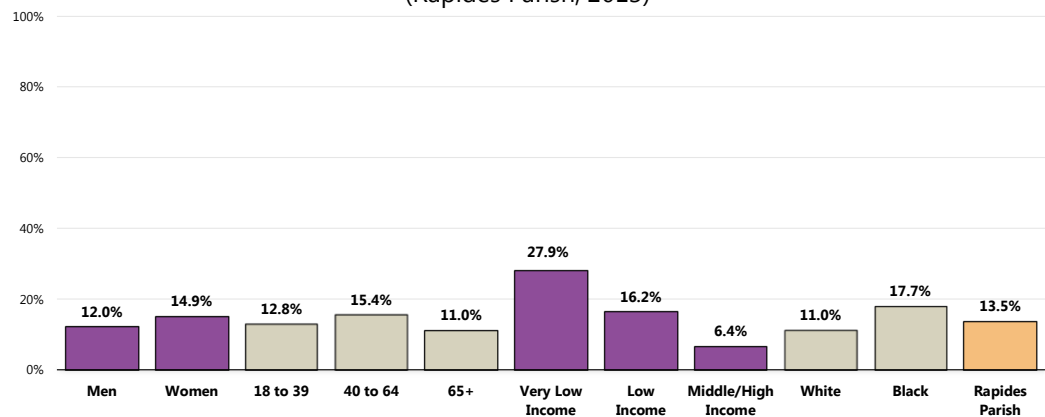


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 111]
 • 2013 PRC National Health Survey, Professional Research Consultants.
 Notes: • Asked of all respondents.

Adults more likely to report experiencing “fair” or “poor” mental health include:

- Residents at lower incomes (note the strong negative correlation with income).

Experience “Fair” or “Poor” Mental Health
 (Rapides Parish, 2013)



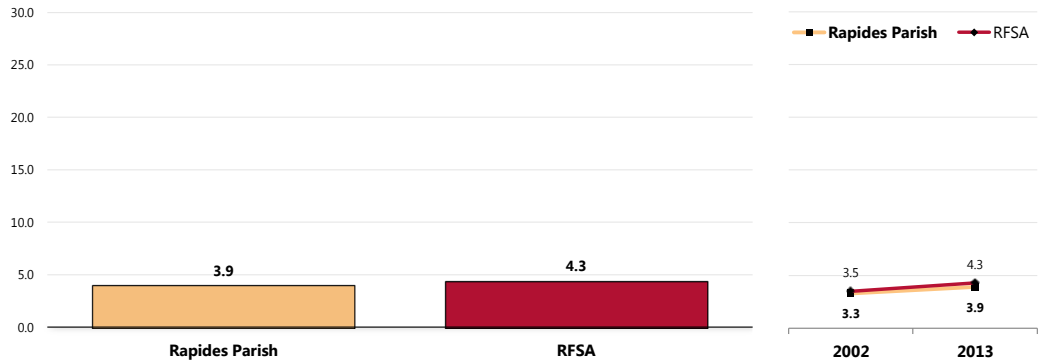
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
 Notes: • Asked of all respondents.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Days of Poor Mental Health

In the past month, Rapides Parish residents averaged 3.9 days on which their mental health was not good.

- Similar to regional (RFSA) findings.
- The current average is up from the 2010 average.

Average Number of Days in the Past Month on Which Respondents' Mental Health Was Not Good

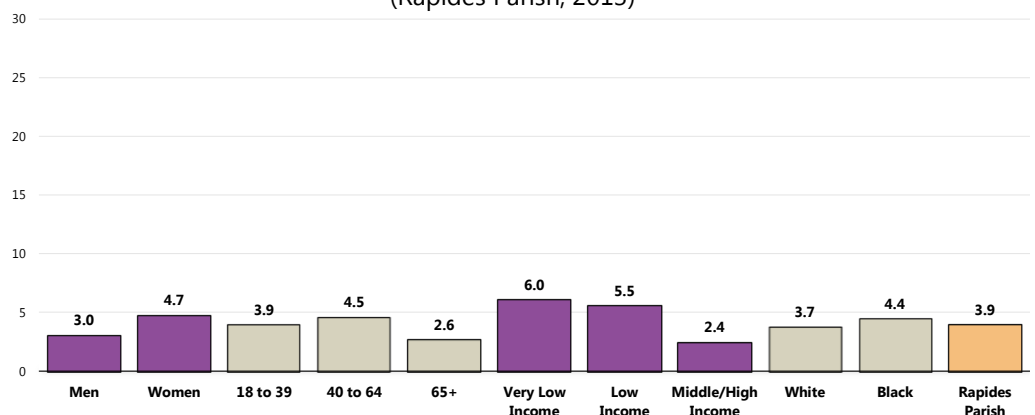


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 7]
Notes: • Asked of all respondents.

Adults more likely to report days when mental health was not good include:

- Women.
- Residents under age 65.
- Respondents with lower incomes (note the negative correlation).

Average Number of Days in the Past Month on Which Respondents' Mental Health Was Not Good (Rapides Parish, 2013)



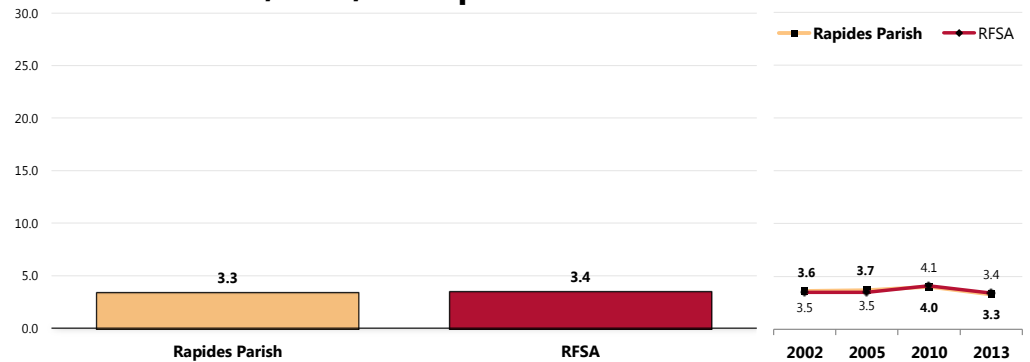
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 7]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Days of Feeling Sad, Blue or Depressed

Rapides Parish adults average 3.3 days per month when they felt sad, blue, or depressed.

- Similar to regional (RFSA) findings.
- Similar to most prior survey findings (although down slightly from 2010).

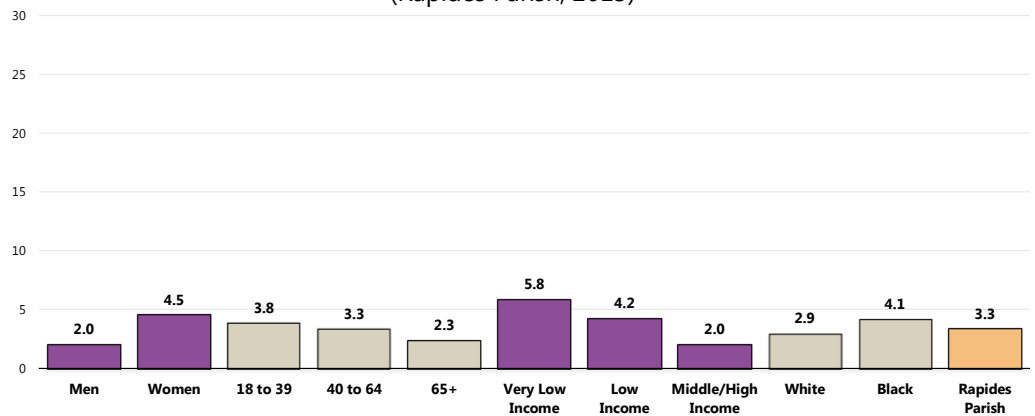
Average Number of Days Felt Sad, Blue, or Depressed in Past Month



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 114]
Notes: • Asked of all respondents.

- ☹ Note in the following chart the negative correlations with age and income.
- ☹ Averages are also higher among women and Black residents of Rapides Parish.

Average Number of Days Felt Sad, Blue, or Depressed in Past Month (Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 114]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

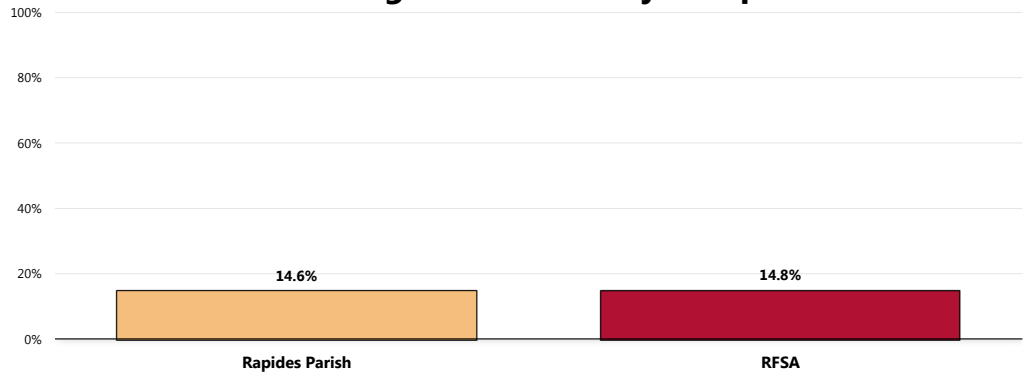
Depression

Diagnosed Major Depression

A total of 14.6% of Rapides Parish adults report having been diagnosed with major depression by a physician at some point in their lives.

- Similar to what was found in the RFSA.

Have Been Diagnosed With Major Depression

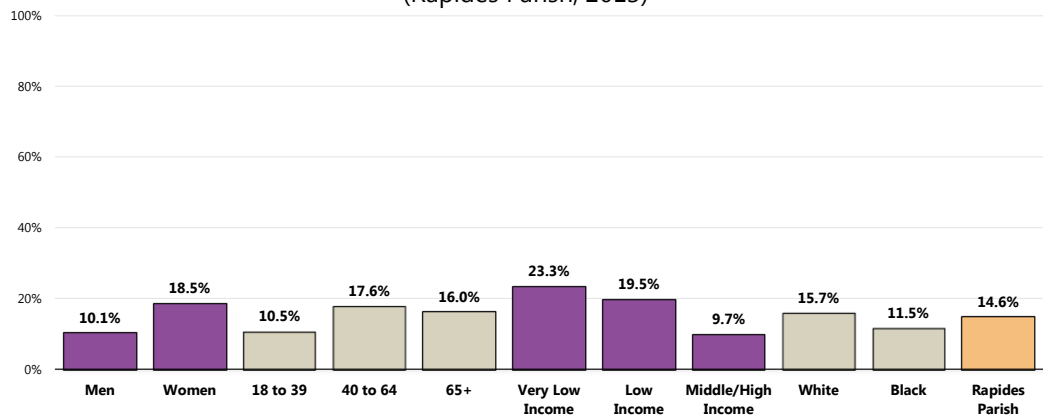


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
Notes: • Asked of all respondents.

Note that the prevalence of diagnosed major depression is notably higher among:

- Women.
- Adults between the ages of 40 and 64.
- Community members living at lower income levels (note the negative correlation).

Have Been Diagnosed With Major Depression (Rapides Parish, 2013)



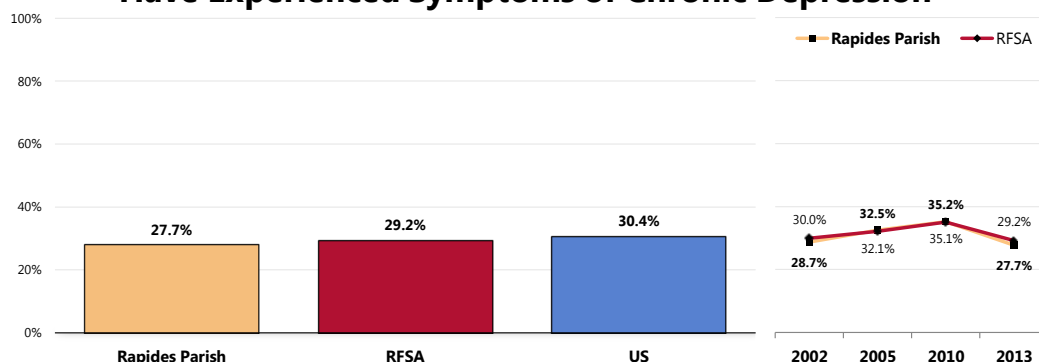
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Symptoms of Chronic Depression

A total of 27.7% of Rapides Parish adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes.

- Comparable to regional (RFSA) findings.
- Comparable to national findings.
- ☒ Statistically unchanged from 2002 survey findings (although down from 2010 findings).

Have Experienced Symptoms of Chronic Depression



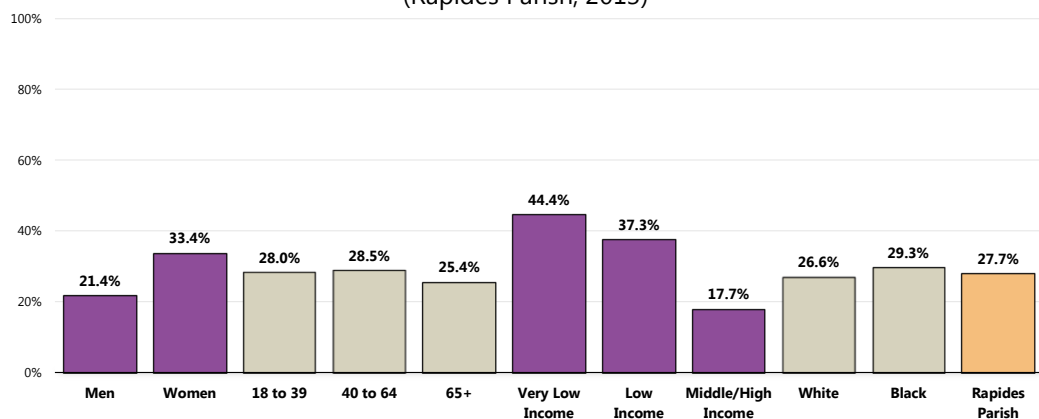
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 113]
 • 2013 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.

Note that the prevalence of chronic depression is notably higher among:

- 👩 Women.
- 👨 Community members living at lower income levels (note the negative correlation).

Have Experienced Symptoms of Chronic Depression (Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 113]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Mental Health Treatment

Modern treatments for mental disorders are highly effective, with a variety of treatment options available for most disorders, [however], the majority of persons with mental disorders do not receive mental health services.

Evidence that mental disorders are legitimate and highly responsive to appropriate treatment promises to be a potent antidote to stigma. Stigma creates barriers to providing and receiving competent and effective mental health treatment and can lead to inappropriate treatment, unemployment, and homelessness.

The co-occurrence of addictive disorders among persons with mental disorders is gaining increasing attention from mental health professionals. Having both mental and addictive disorders is a particularly significant clinical treatment issue, complicating treatment for each disorder.

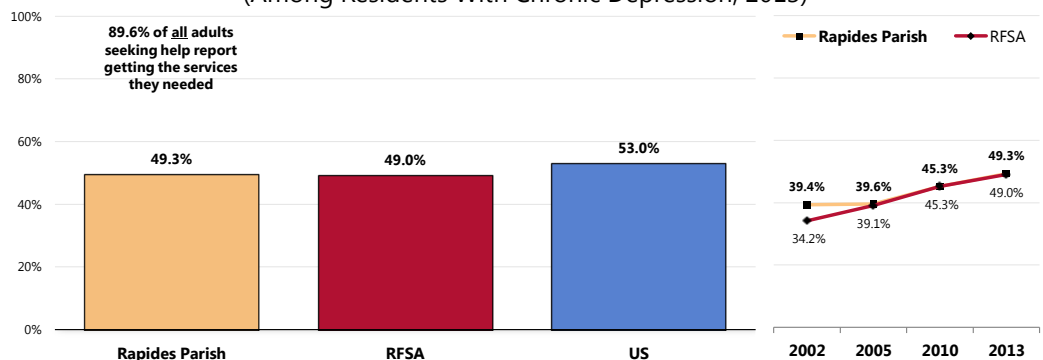
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Seeking Help

Among adults with chronic depression, 49.3% acknowledge that they have sought professional help for a mental or emotional problem.

- Similar to corresponding regional (RFSA) findings.
- Similar to national findings.
- 📊 Note the statistically significant increase in the percentage of Rapides Parish adults with chronic depression who sought professional help in the past year.
- 👥 Of those seeking help, 89.6% report getting the services they needed.

Have Sought Professional Help for a Mental or Emotional Problem (Among Residents With Chronic Depression, 2013)

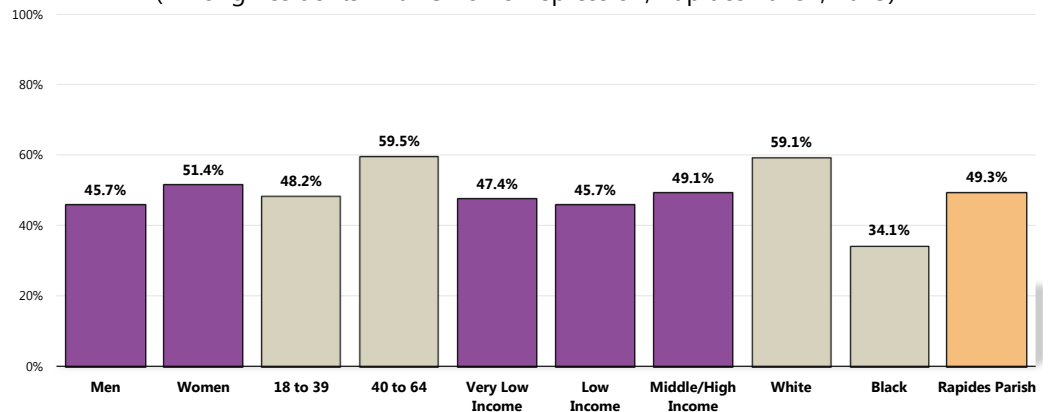


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 115-116]
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of those respondents who have experienced chronic depression.

Among residents with chronic depression, the following populations are less likely to have sought professional help:

- 👤 Adults under age 40.
- 👤 Black residents.

Have Sought Professional Help for a Mental or Emotional Problem (Among Residents With Chronic Depression; Rapides Parish, 2013)



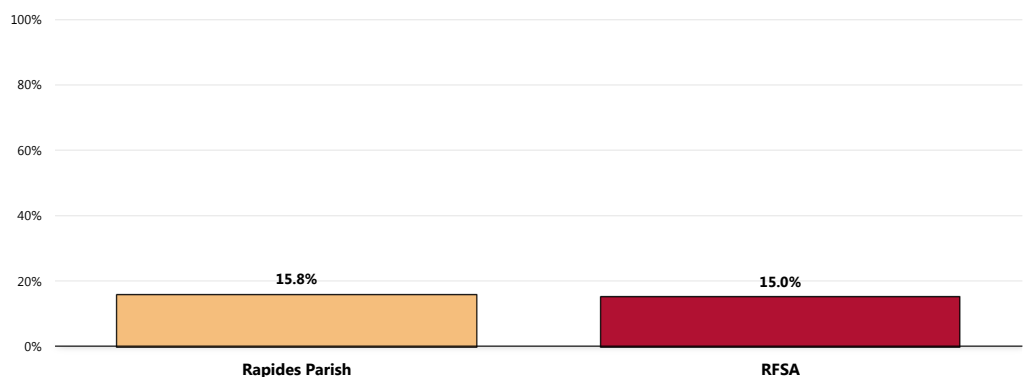
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 115]
 Notes: • Asked of those respondents who have experienced symptoms of chronic depression.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Taking Medication and/or Receiving Treatment

A total of 15.8% of Rapides Parish adults are currently taking medication or receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

- Similar to regional (RFSA) findings.

Currently Taking Medication or Receiving Treatment for a Mental Health Condition or Emotional Problem

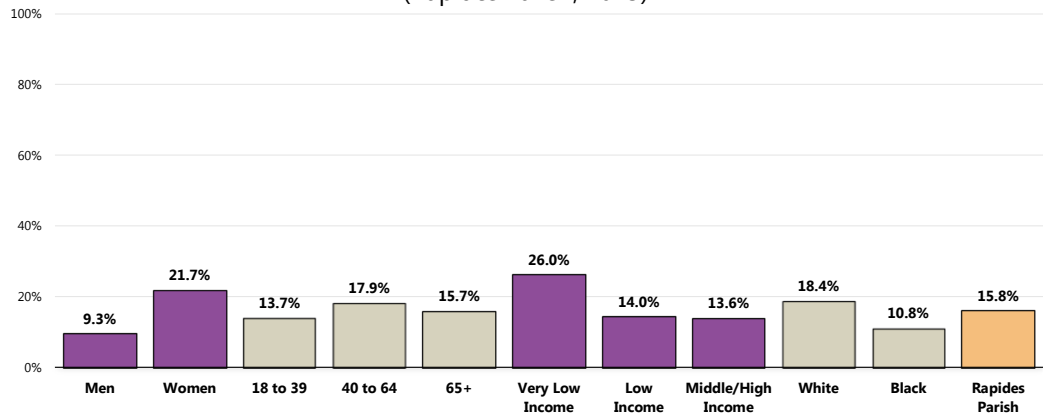


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
 Notes: • Asked of all respondents.

Note that mental health treatment is more common among:

- Women.
- Very low income residents.
- Whites.

Currently Taking Medication or Receiving Treatment for a Mental Health Condition or Emotional Problem (Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]

Notes: • Asked of all respondents.

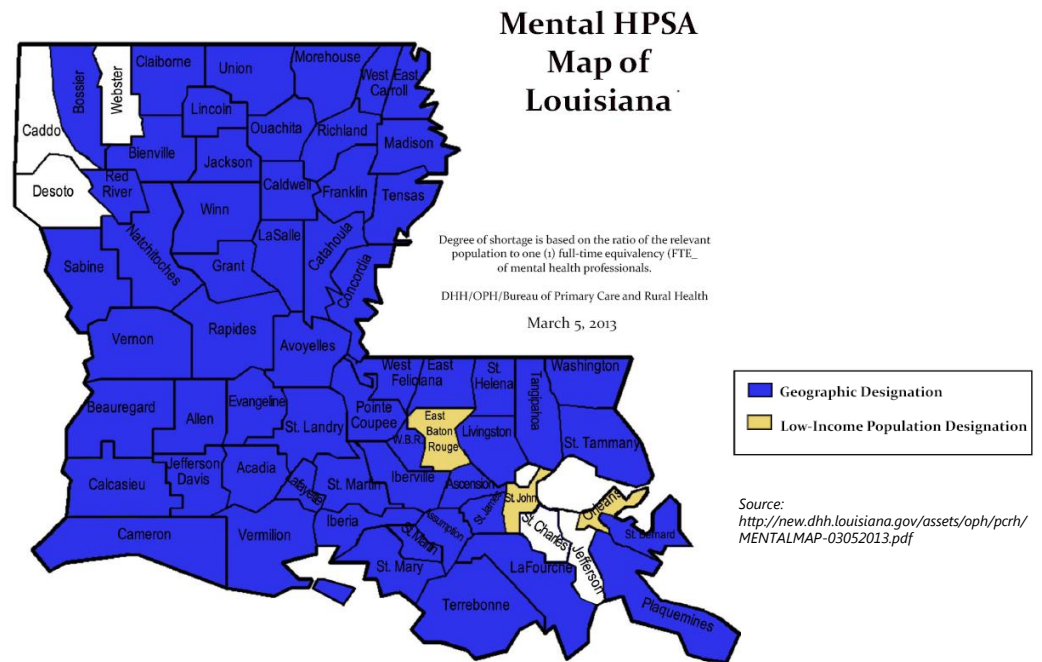
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Health Professional Shortage Areas: Mental Health Care

Mental Health designations are approved by the federal Office of Shortage Designation (OSD) in the Health Resources and Services Administration (HRSA). Louisiana's Bureau of Primary Care and Rural Health (BPCRHR) looks at the number of Psychiatrists only to calculate an area's mental health ratio. A ratio of 30,000:1 is required. The ratio for High Needs is 20,000:1.

For each of the three HPSA Designation types, there are three sub-categories, which include:

- **Geographic designations**—these take into account the entire population of the requested area to all available psychiatrists.
- **Population Group designations**—these are special groups. The most common of these are Low Income and Medicaid-Eligible designations. Low income designations use a ratio built upon the low income population of the area and the physicians providing services to this population. Medicaid-eligible designations are based on the number of Medicaid-eligible people and the physicians that accept Medicaid.
- **Facility designations**—these look at a facility's outpatient census, waiting times, patients' residences and in-house faculty to evaluate a facility's designation eligibility.



Related Focus Group Findings: Mental Health

Focus group members discussed the fragmented mental health system and the limited services available residents. The main issues included:

- Co-occurring substance abuse
- Inadequate number of psychiatrists and treatment facilities
 - Emergency rooms
 - Wait times
- Psychiatric services for youth
- Stigma

During the focus groups, issues surrounding mental health services arose several times. Respondents worry because many who suffer from mental illness have **co-occurring substance abuse** issues; these individuals self-medicate with drugs or alcohol. In addition, ill residents' may not comply with medication or treatment plans. A participant recalls a recent experience with a mentally ill client:

"I see a lot of clients that they have the mental health diagnosis and they really need to be on the medication, but they get to feeling better so they don't stay on the medication. And this one lady in particular needs more treatment and she will not take her medication and she doesn't – and I've talked to several case managers about her and it seems the only option is to have her PEC'd, but that's only going to take care of her for those few days and then after that she's back on the streets, homeless and not taking her medication." — Rapides Parish Social Service Agency Representative

Overall, the community suffers due to an **inadequate number of psychiatrists and treatment facilities** available to address residents' behavioral health needs. There are only a limited number of inpatient beds for mentally ill patients, so physicians must conduct emergency commitments on ill residents to obtain inpatient services.

"It's the most frustrating thing in the world when you have a real patient and I mean we – there's some that I can – I mean I can give you their birth date and name and address because I've seen them so many times, but the ones that we don't see all the time who are truly suicidal and truly need help and I can't find a bed, it's the most frustrating thing in the world for me." — Rapides Parish Health Professional

"It's limited. That's a real mystery to me. All I know is when we have a patient in that situation the social worker usually ends up calling all over the state. Sometimes they find a place and sometimes they don't. It's very hit or miss." — Rapides Parish Health Professional (Group 2)

Other residents end up waiting in the **emergency room** for days, as a participant recalls:

"They're actually putting them in the hall in cots until they can be seen and evaluated and possibly placed. The odds of getting them placed are very slim and what happens is they go back into the community, they offend, and they end up in jail." — Rapides Parish Advisory Committee Member

Respondents feel strongly that the emergency room is not an appropriate place for mentally ill patients. Emergency rooms do not provide treatment for the patient and if a resident does not possess health insurance, an inpatient bed may be impossible to locate.

Outpatient mental health clinics are scattered throughout the community, but continuity of care suffers due to staff turnover. Participants think that not enough services for behavioral health exists in the community, (attendees could not recall any group homes or housing options), so very ill patients return to the community. For those residents who can access behavioral healthcare services, the **wait times** before appointments exceed several weeks. The current mental health system waiting periods may cause patients to go without timely care, which increases the likelihood of needing a hospitalization:

"I get a call from a family member who says someone has a gun to their head, they call the police. The police bring him into Huey P. Long, once again Huey P. Long; and they could be there for days. Not just hours, I'm talking about literally several nights in the emergency room. So it's kind of like a domino effect. You know if I could have gotten this person into a psychiatrist, maybe a couple weeks before that happened, maybe they wouldn't go into the emergency room." — Rapides Parish Social Service Agency Representative

Psychiatric services for youth also experience high demand, but few resources exist for the community's adolescent population. Magellan (the new behavioral healthcare provider) has created more resources for children, including a crisis team, but due to low reimbursement a limited number of providers will accept the young patients.

Youth Focus Group Findings:

Youth key informants also have concern about the amount of **bullying** that occurs amongst their age group. Participants describe that these actions impact a young

person's emotional wellbeing. Attendees do not think that the school knows how to deal with bullying, as evidenced by the school's lack of involvement when an issue arises:

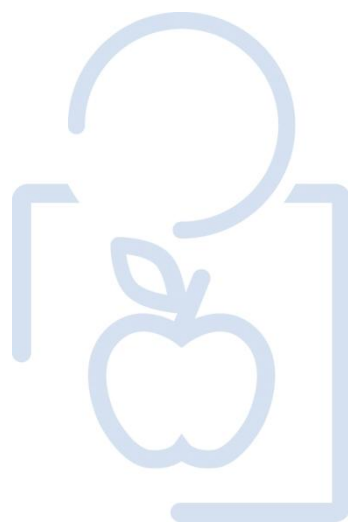
"The problem with schools is that they always say don't bully people, but somebody came to the principal at ASH (Alexandria Senior High). They told him they were being bullied. The principal didn't do anything about it until they started fighting. So I think they should do something when they are told." — Youth Focus Group Participant

"It doesn't do anything when you go to a counselor. They're like, 'Oh, you'll be okay,' and this and that, and it never really works out at the end." — Youth Focus Group Participant

Participants agree that if a friend told them they were thinking of hurting themselves, they would not tell anyone because *"then they'll definitely do it."* The attendees knew of a teen suicide line, but did not think that medium would be helpful, as a one participant explains:

"There is a teen suicide line. But I mean you don't really hear about it around here. It's like on some sites that you see, like Twitter. It's something that you see it, but you don't think it really does anything. Like how's a random person on the phone going to help, if you can't see anybody in person?" — Youth Focus Group Participant

BIRTHS



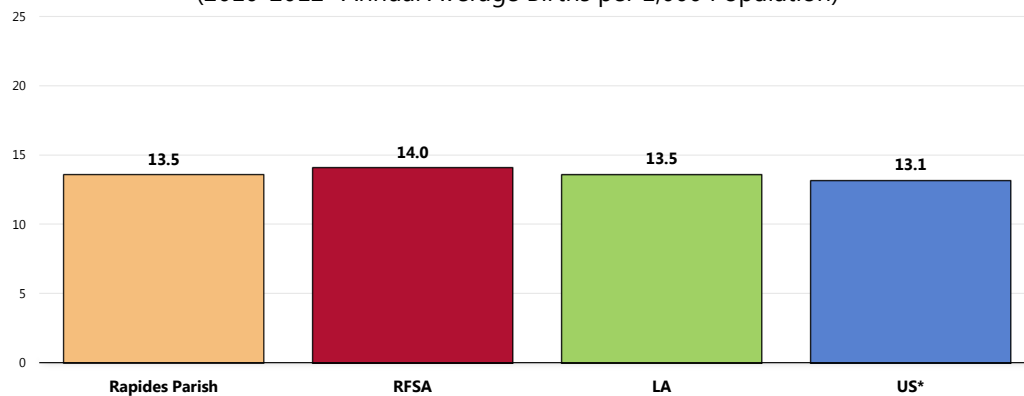
Birth Rates

Between 2010 and 2012, Rapides Parish experienced 13.5 births per 1,000 population.

- Similar to what was found throughout the RFSA.
- Identical to the rate reported statewide.
- Similar to the national birth rate (which reflects 2009-2011 data).

Birth Rate

(2010-2012* Annual Average Births per 1,000 Population)



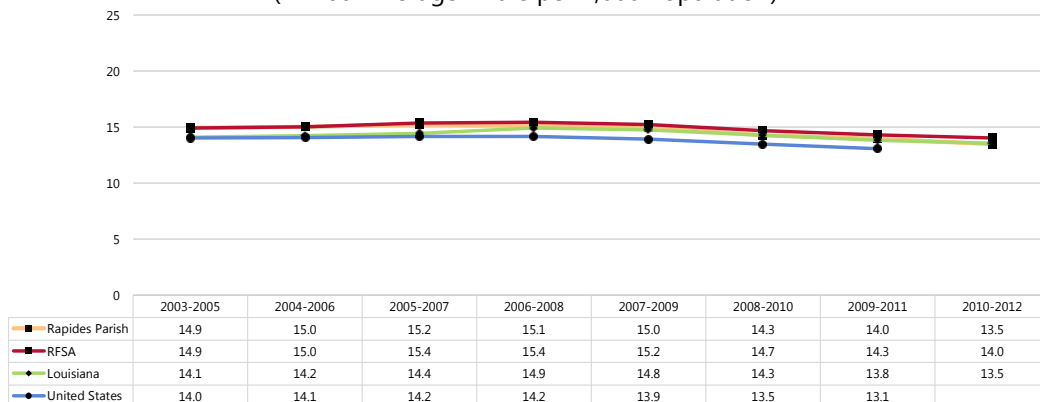
Sources: • Louisiana State Center for Health Statistics and Louisiana Center for Records and Statistics.
• Centers for Disease Control and Prevention, National Vital Statistics System.
Notes: • Rates are births per 1,000 population.
• Regional and statewide data for 2012 represent preliminary data.
• *US rate represents 2009-2011 data.



The Rapides Parish birth rate has decreased somewhat over time, similar to state and national trends.

Birth Rate

(Annual Average Births per 1,000 Population)



Sources: • Louisiana State Center for Health Statistics and Louisiana Center for Records and Statistics.
• Centers for Disease Control and Prevention, National Vital Statistics System.
Notes: • Rates are births per 1,000 population.
• Regional and statewide data for 2012 represent preliminary data.

Prenatal Care

Many risk factors can be mitigated or prevented with good pre-conception and prenatal care. Prenatal visits offer an opportunity to provide information about the adverse effects of substance use, including alcohol and tobacco during pregnancy, and serve as a vehicle for referrals to treatment services. The use of timely, high-quality prenatal care can help to prevent poor birth outcomes and improve maternal health by identifying women who are at particularly high risk and taking steps to mitigate risks, such as the risk of high blood pressure or other maternal complications.

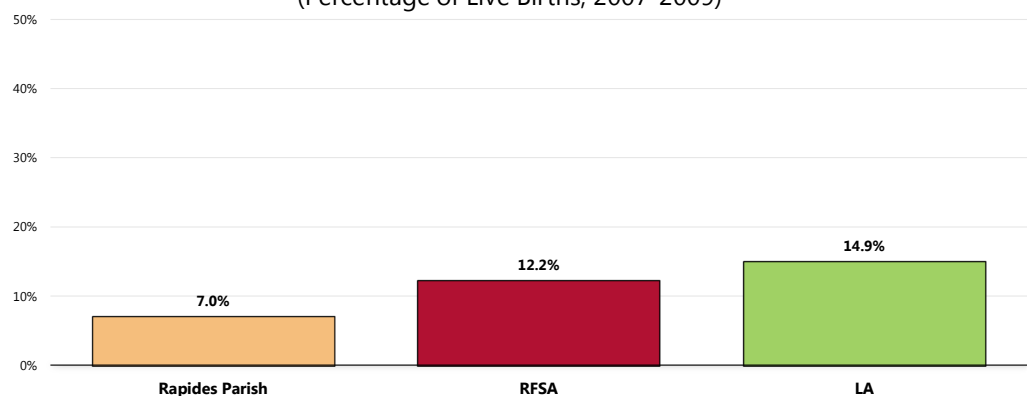
African American and Hispanic women also are less likely than Whites to enter prenatal care early. For both African American and White women, the proportion entering prenatal care in the first trimester rises with maternal age until the late thirties, then begins to decline ... Women in certain racial and ethnic groups also are less likely than White women to breastfeed their infants..

– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Between 2007 and 2009, 7.0% of Rapides Parish births did not receive early and adequate prenatal care.

- More favorable than the regional proportion.
- More favorable than the Louisiana proportion.

Mothers Not Receiving Early and Adequate Prenatal Care (Percentage of Live Births, 2007-2009)



Sources: • Agenda for Children and KIDS COUNT Data Center: <http://datacenter.kidscount.org>.

Note: • Represents the percentage of all live births within each population who did not receive early and adequate prenatal care.

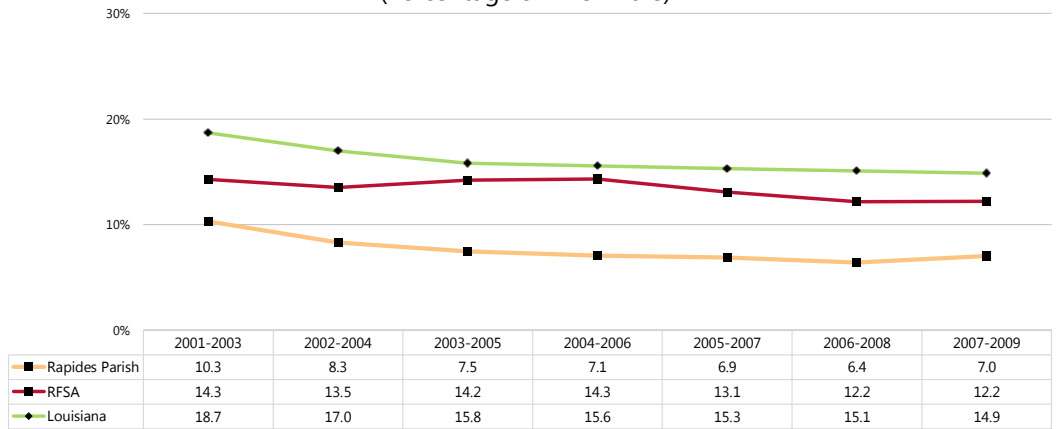
• The Kotelchuck Index is used to measure early and adequate prenatal care. "Early and Adequate Prenatal Care" means that prenatal care began in month 1, 2, 3, or 4 of pregnancy, and that 80% or more of expected prenatal care visits were received.

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

Here, the Kotelchuck Index is used to measure early and adequate prenatal care. "Early and Adequate Prenatal Care" means that prenatal care began in month 1, 2, 3, or 4 of pregnancy, and that 80% or more of expected prenatal care visits were received.

- Receipt of early and adequate prenatal care in Rapides Parish has improved slightly over time, echoing the statewide trend.

Mothers Not Receiving Early and Adequate Prenatal Care (Percentage of Live Births)



Sources: • Agenda for Children and KIDS COUNT Data Center: <http://datacenter.kidscount.org>.

Note: • Numbers are a percentage of all live births within each population.

• The Kotelchuck Index is used to measure early and adequate prenatal care. "Early and Adequate Prenatal Care" means that prenatal care began in month 1, 2, 3, or 4 of pregnancy, and that 80% or more of expected prenatal care visits were received.

Birth Outcomes & Risks

The health of mothers, infants, and children is of critical importance, both as a reflection of the current health status of a large segment of the US population and as a predictor of the health of the next generation ... Infant mortality is an important measure of a nation's health and a worldwide indicator of health status and social well-being. As of 1995, the US infant mortality rates ranked 25th among industrialized nations. In the past decade, critical measures of increased risk of infant death, such as new cases of low birth weight (LBW) and very low birth weight (VLBW), actually have increased in the United States. In addition, the disparity in infant mortality rates between Whites and specific racial and ethnic groups (especially African Americans, American Indians or Alaska Natives, Native Hawaiians, and Puerto Ricans) persists. Although the overall infant mortality rate has reached record low levels, the rate for African Americans remains twice that of Whites.

LBW is associated with long-term disabilities, such as cerebral palsy, autism, mental retardation, vision and hearing impairments, and other developmental disabilities ... The general category of LBW infants includes both those born too early (preterm infants) and those who are born at full term but who are too small, a condition known as intrauterine growth retardation (IUGR). Maternal characteristics that are risk factors associated with IUGR include maternal LBW, prior LBW birth history, low prepregnancy weight, cigarette smoking, multiple births, and low pregnancy weight gain. Cigarette smoking is the greatest known risk factor.

— Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

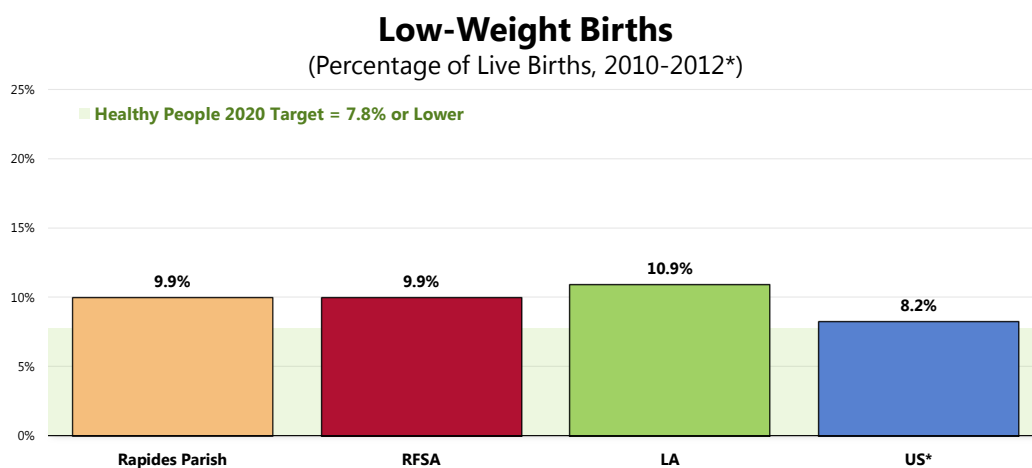
Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.


Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 9.9% of 2010-2012 Rapides Parish births were low weight.

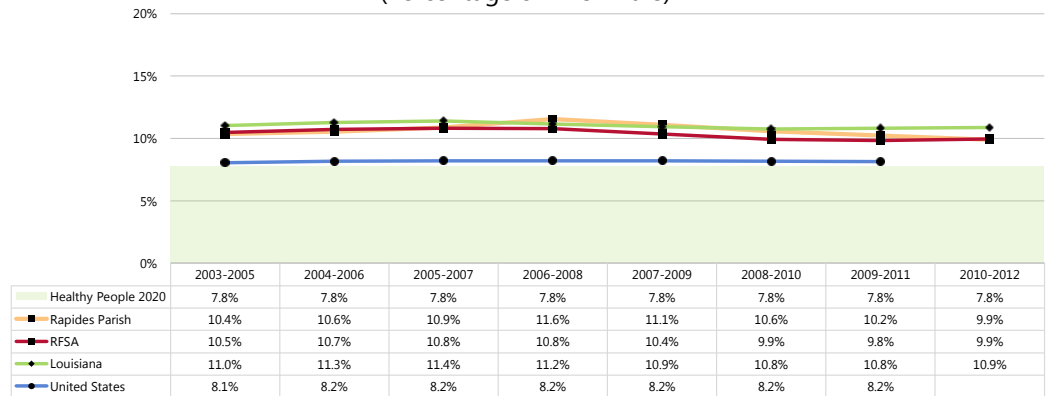
- Similar to what was found regionally.
- More favorable than the Louisiana proportion.
- Less favorable than the national proportion (which reflects 2009-2011 data).
- Fails to satisfy the Healthy People 2020 target.



Sources: • Louisiana State Center for Health Statistics and Louisiana Center for Records and Statistics.
• Centers for Disease Control and Prevention, National Vital Statistics System.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]
Note: • Numbers are a percentage of all live births within each population.
• Regional and statewide data for 2012 represent preliminary data.
• *US rate represents 2009-2011 data.

-  This proportion has remained fairly steady in Rapides Parish in recent years; the same can be said for both Louisiana and the US.

Low-Weight Births (Percentage of Live Births)



Sources:

- Louisiana State Center for Health Statistics and Louisiana Center for Records and Statistics.
- Centers for Disease Control and Prevention, National Vital Statistics System.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]

Note:

- Numbers are a percentage of all live births within each population.
- Regional and statewide data for 2012 represent preliminary data.

Infant Mortality

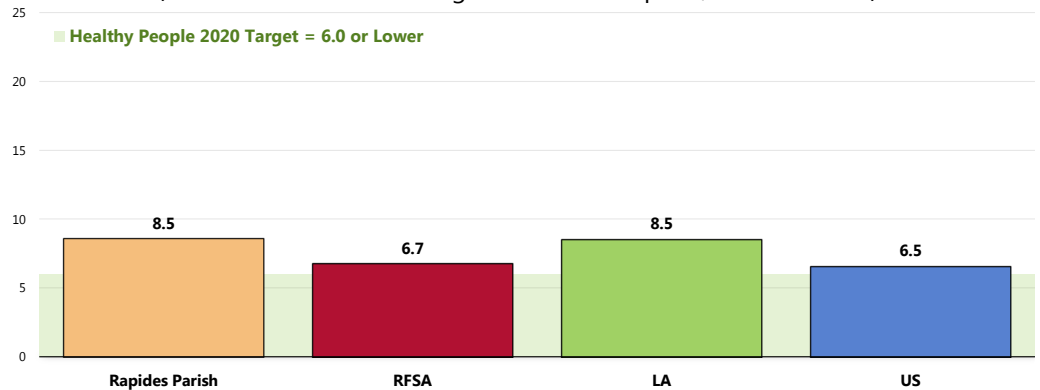
Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2008 and 2010, there was an annual average of 8.5 infant deaths per 1,000 live births.

- Higher than the regional (RFSA) rate.
- Comparable to the state rate.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 goal.

Infant Mortality Rate

(2008-2010* Annual Average Infant Deaths per 1,000 Live Births)



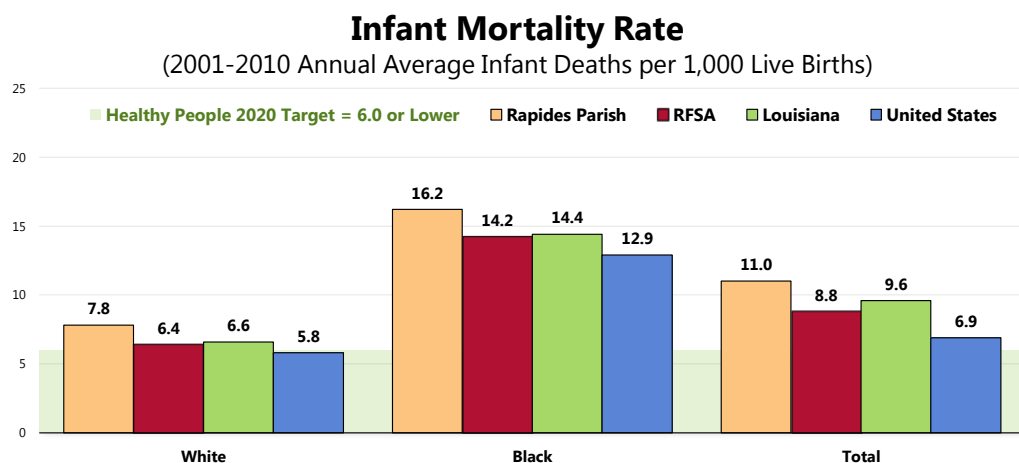
Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]

Notes:

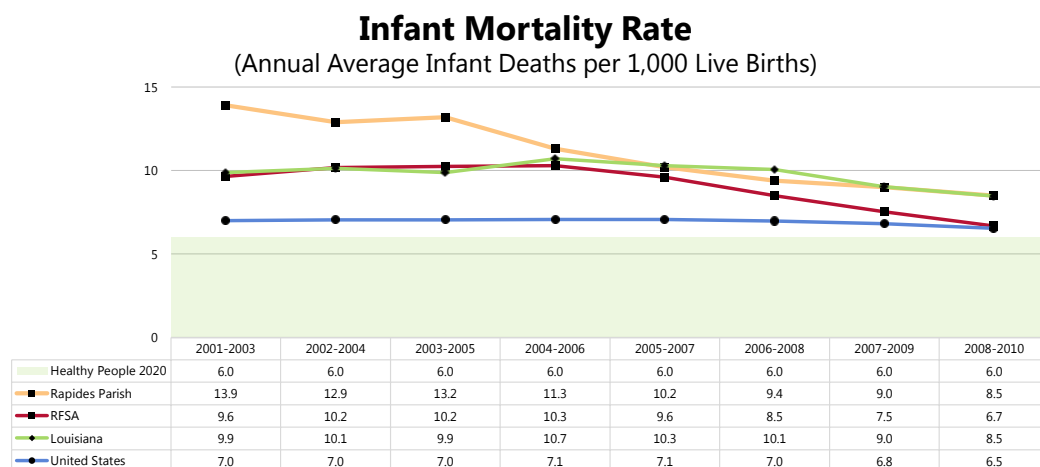
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.
- NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

Infant mortality is more than twice as high among Blacks as among Whites in Rapides Parish.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
 Notes: • Rates are 10-year averages of deaths of children under 1 year old per 1,000 live births.
 • NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

The Rapides Parish infant mortality rate has decreased considerably over time.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • Centers for Disease Control and Prevention, National Center for Health Statistics.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
 Notes: • Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.
 • NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

Neonatal Mortality

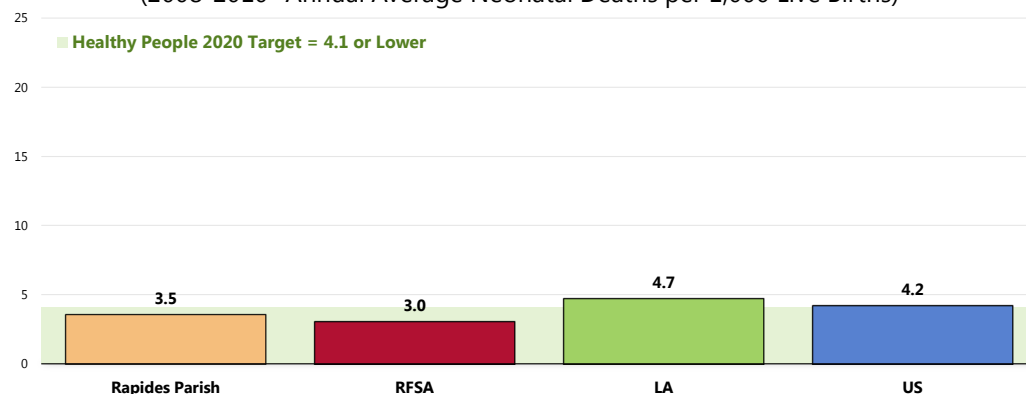
Neonatal mortality rates reflect deaths of children within the first 28 days of life per 1,000 live births.

Between 2008 and 2010, there was an annual average of 3.5 neonatal deaths per 1,000 live births.

- Higher than the regional rate.
- Lower than the Louisiana rate.
- Lower than the national rate.
- Satisfies the Healthy People 2020 goal of 4.1 per 1,000 live births.

Neonatal Mortality Rate

(2008-2010* Annual Average Neonatal Deaths per 1,000 Live Births)

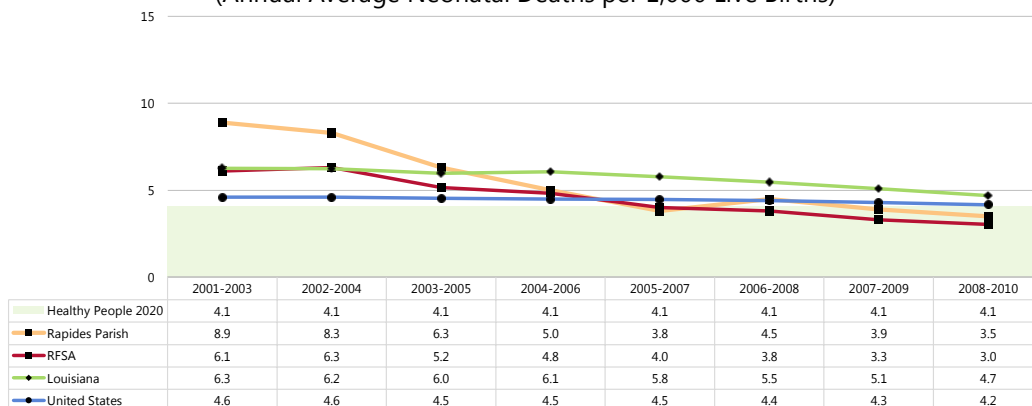


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.4]
Notes: • Rates are averages of deaths of children within the first 28 days of life per 1,000 live births.
• NOTE: 2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

The Rapides Parish neonatal mortality rate has decreased in recent years.

Neonatal Mortality Rate

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



Sources: • Louisiana Department of Health and Hospitals.
• CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.4]
Notes: • Rates are three-year averages of deaths of children within the first 28 days of life per 1,000 live births.
• NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

Family Planning

In an era when technology should enable couples to have considerable control over their fertility, half of all pregnancies in the United States are unintended. Although between 1987 and 1994 the proportion of pregnancies that were unintended declined in the United States from 57 to 49 percent, other industrialized nations report fewer unintended pregnancies, suggesting that the number of unintended pregnancies can be reduced further. Family planning remains a keystone in attaining a national goal aimed at achieving planned, wanted pregnancies and preventing unintended pregnancies.

Socially, the costs can be measured in unintended births, reduced educational attainment and employment opportunity, greater welfare dependency, and increased potential for child abuse and neglect. Economically, healthcare costs are increased ... The consequences of unintended pregnancy are not confined to those occurring in teenagers or unmarried couples. In fact, unintended pregnancy can carry serious consequences at all ages and life stages.

With an unintended pregnancy, the mother is less likely to seek prenatal care in the first trimester and more likely not to obtain prenatal care at all. She is less likely to breastfeed and more likely to expose the fetus to harmful substances, such as tobacco or alcohol. The child of such a pregnancy is at greater risk of low birth weight, dying in its first year, being abused, and not receiving sufficient resources for healthy development. A disproportionate share of the women bearing children whose conception was unintended are unmarried or at either end of the reproductive age span—factors that, in themselves, carry increased medical and social burdens for children and their parents. Pregnancy begun without some degree of planning often prevents individual women and men from participating in preconception risk identification and management.

Unintended pregnancies occur among females of all socioeconomic levels and all marital status and age groups, but females under age 20 years and poor and African American women are especially likely to become pregnant unintentionally. More than 4 in 10 pregnancies to White and Hispanic females [nationwide] are unintended; 7 in 10 pregnancies to African American females [nationwide] are unintended. Poverty is strongly related to greater difficulty in using reversible contraceptive methods successfully, with these females also the least likely to have the resources necessary to access family planning services and the most likely to be affected negatively by an unintended pregnancy.

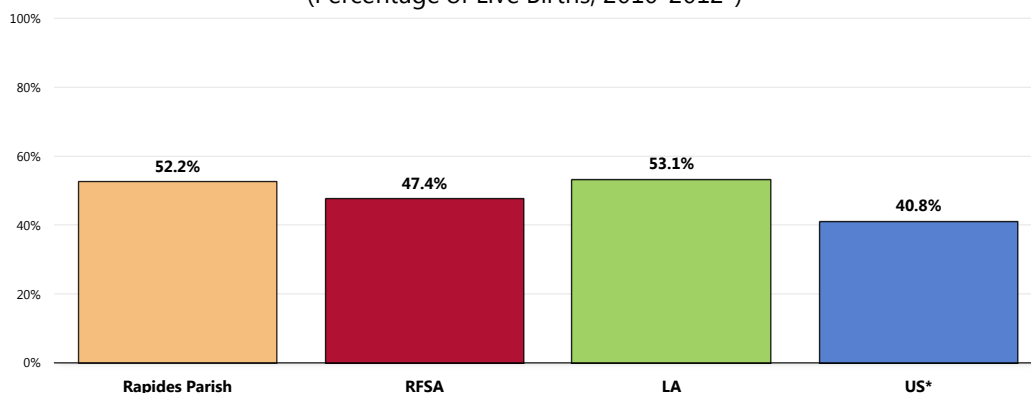
- Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Births to Unwed Mothers

More than one-half (52.2%) of 2007-2009 births were to women who were not married at the time.

- Higher than regional (RFSA) findings.
- Similar to the percentage reported statewide.
- Higher than that found nationally.

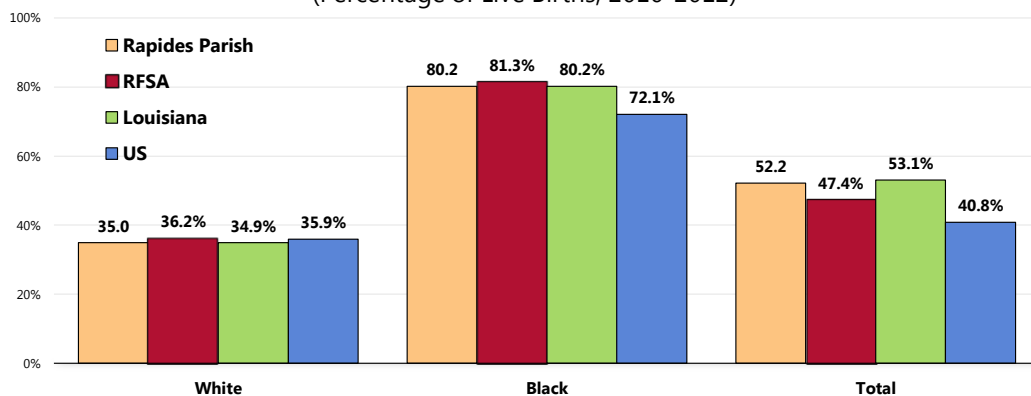
Births to Unwed Mothers
(Percentage of Live Births, 2010-2012*)




Sources: • Louisiana State Center for Health Statistics and Louisiana Center for Records and Statistics.
• Centers for Disease Control and Prevention, National Vital Statistics System.
Note: • Numbers are a percentage of all live births within each population.
• Regional and statewide data for 2012 represent preliminary data.
• *US rate represents 2009-2011 data.

👤 The percentage of births to unwed mothers in Rapides Parish is dramatically higher in the Black population.

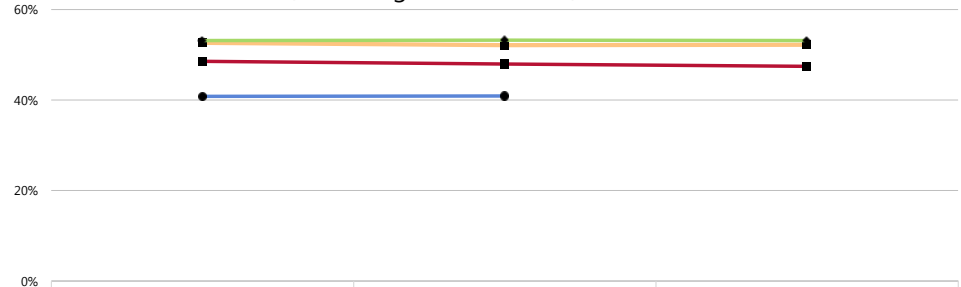
Births to Unwed Mothers by Race
(Percentage of Live Births, 2010-2012)



Sources: • Louisiana State Center for Health Statistics and Louisiana Center for Records and Statistics.
• Centers for Disease Control and Prevention, National Vital Statistics System.
Note: • Numbers are a percentage of all live births within each population.
• Regional and statewide data for 2012 represent preliminary data.

-  The percentage of births to unwed mothers in Rapides Parish has remained statistically unchanged over time.

Births to Unwed Mothers (Percentage of Live Births)



	2008-2010	2009-2011	2010-2012
■ Rapides Parish	52.6%	52.1%	52.2%
■ RFSA	48.5%	47.9%	47.4%
◆ Louisiana	53.1%	53.2%	53.1%
● United States	40.8%	40.8%	

- Sources:
- Louisiana State Center for Health Statistics and Louisiana Center for Records and Statistics.
 - Centers for Disease Control and Prevention, National Vital Statistics System.
- Note:
- Numbers are a percentage of all live births within each population.
 - Regional and statewide data for 2012 represent preliminary data.
 - Note that there is a break in data reporting years due to a lack of data; in addition the "2005-2007" Rapides Parish percentage actually includes only 2006 and 2007 data.

Births to Teenage Mothers

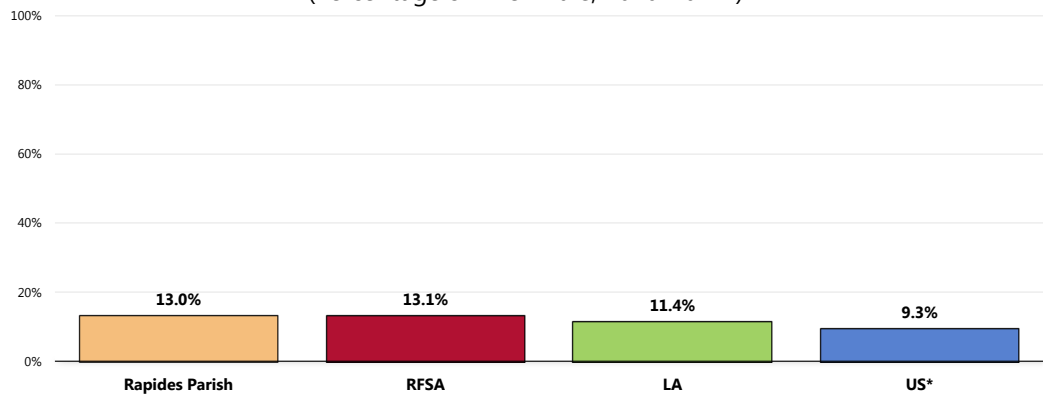
For teenagers, the problems associated with unintended pregnancy are compounded, and the consequences are well documented. Teenage mothers are less likely to get or stay married, less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers. Infants born to teenage mothers, especially mothers under age 15 years, are more likely to suffer from low birth weight, neonatal death, and sudden infant death syndrome. The infants may be at greater risk of child abuse, neglect, and behavioral and educational problems at later stages. Nearly 1 million teenage pregnancies occur each year in the United States.

– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.


A total of 13.0% of 2010-2012 births were to mothers under the age of 20.

- Similar to regional (RFSA) findings.
- Higher than the percentage reported across Louisiana.
- Higher than the percentage found nationally.

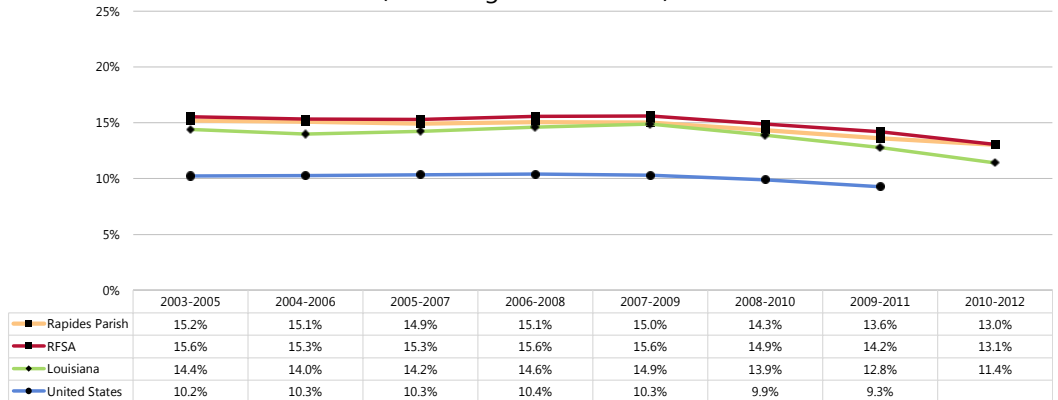
Births to Mothers Under Age 20 (Percentage of Live Births, 2010-2012*)



Sources: • Louisiana State Center for Health Statistics and Louisiana Center for Records and Statistics.
• Centers for Disease Control and Prevention, National Vital Statistics System.
Note: • Numbers are a percentage of all live births within each population.
• Regional and statewide data for 2012 represent preliminary data.
• *US rate represents 2009-2011 data.

 The percentage of births to mothers under age 20 in Rapides Parish has decreased over time, echoing the state and national trends.

Births to Mothers Under Age 20 (Percentage of Live Births)



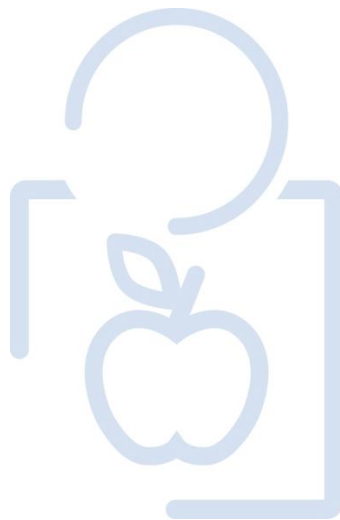
Sources:

- Louisiana State Center for Health Statistics and Louisiana Center for Records and Statistics.
- Centers for Disease Control and Prevention, National Vital Statistics System.

 Note:

- Numbers are a percentage of all live births within each population.
- Regional and statewide data for 2012 represent preliminary data.

INFECTIOUS DISEASE



Vaccine-Preventable Conditions

Measles, Mumps, Rubella

"Incidence rate" is the number of new cases of a disease occurring during a given period of time.

It is usually expressed as cases per 1,000 or 100,000 population per year.

Between 2010 and 2012, there were no reported cases of measles, mumps, or rubella in Rapides Parish.

Reported Case Rates for Vaccine-Preventable Diseases

(Incidence per 100,000 Population; 2010-2012*)

	Rapides Parish	RFSA	LA	US
Measles	0.0	0.0	0.0	0.0*
Mumps	0.0	0.0	0.1	0.5*
Rubella	0.0	0.0	0.0	0.0*
Pertussis	0.3	0.1	0.9	6.9*

Sources:

- Louisiana Department of Health and Hospitals Office of Public Health.
- Centers for Disease Control and Prevention, Division of Public Health Surveillance and Informatics. Epidemiology Program Office.

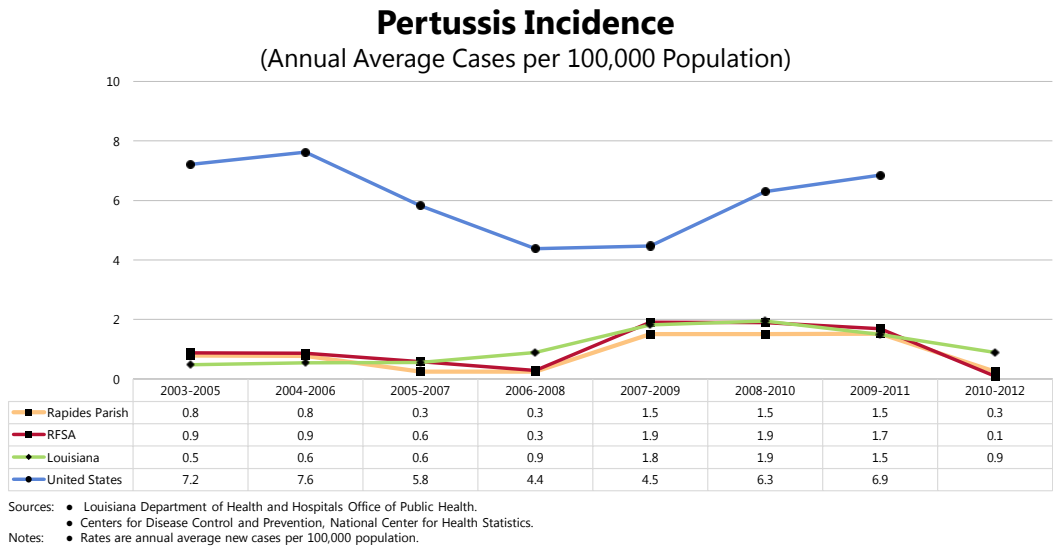
Notes:

- Rates are annual average new cases per 100,000 population.
- *US rates represent 2009-2011 data. United States measles cases only include those infected while in the United States.

Pertussis

Between 2010 and 2012, the annual average pertussis incidence rate (new cases per year) was 0.3 cases per 100,000 population in Rapides Parish.

- Higher than regional (RFSA) incidence.
- Lower than the Louisiana incidence rate.
- Much lower than the national incidence rate (2009-2011 data).
- ▣ Incidence rates have fluctuated broadly over the past several years in Rapides Parish.



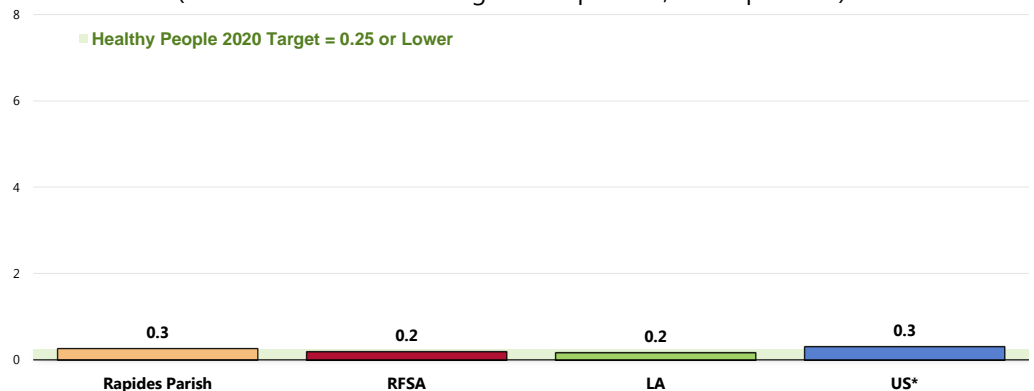
Acute Hepatitis C

The annual incidence rate of acute hepatitis C between 2010 and 2012 was 0.3 cases per 100,000 in Rapides Parish.

- Higher than regional (RFSA) incidence.
- Higher than the Louisiana incidence rate.
- Identical to the national incidence rate (2009-2011 data).

Hepatitis C (Acute) Incidence

(2010-2012* Annual Average Cases per 100,000 Population)

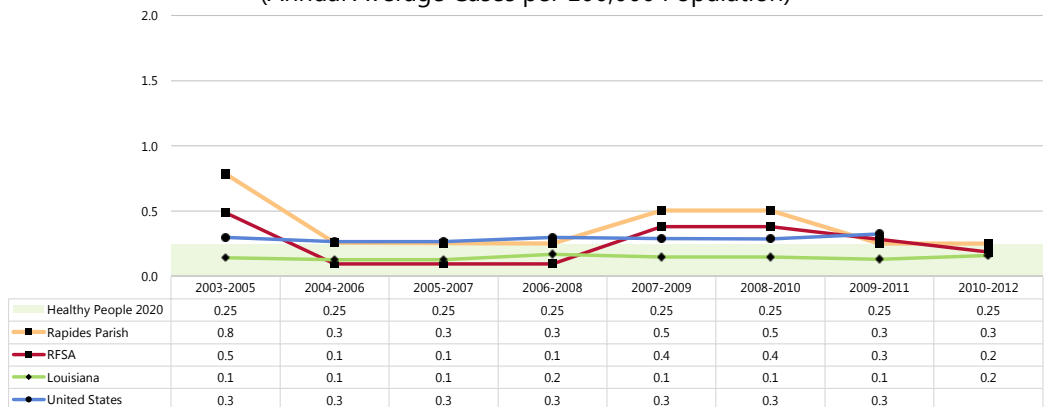


Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-26]
Notes: • Rates are annual average new cases per 100,000 population.
• *US rate represents 2009-2011 data.

Hepatitis C incidence has declined over time in Rapides Parish.

Hepatitis C (Acute) Incidence

(Annual Average Cases per 100,000 Population)



Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-26]
Notes: • Rates are annual average new cases per 100,000 population.
• *US rate represents 2009-2011 data.

Influenza & Pneumonia Vaccination

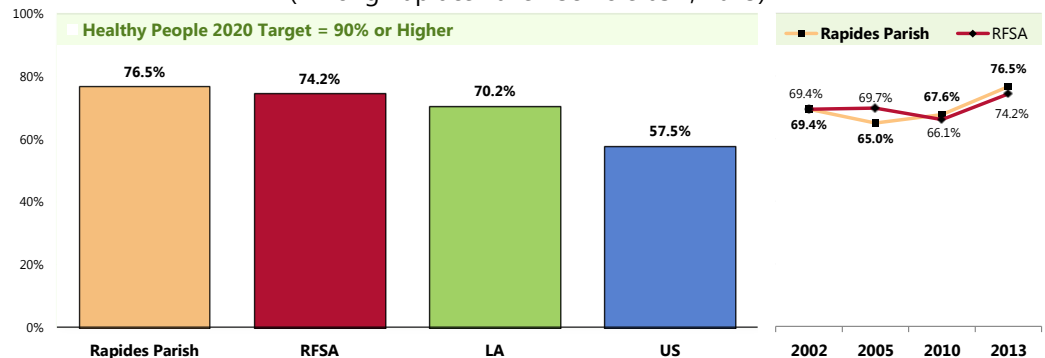
Flu Shots

Among adults age 65 and older, more than three-fourths (76.5%) received a flu shot within the past year.

- Similar to RFSA findings.
- Similar to Louisiana findings.
- Higher than national findings.
- Fails to satisfy the Healthy People 2020 target.
- ▣ Statistically unchanged over previous findings.

Have Had a Flu Shot in the Past Year

(Among Rapides Parish Seniors 65+, 2013)



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 177]
- 2013 PRC National Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.7]

Notes:

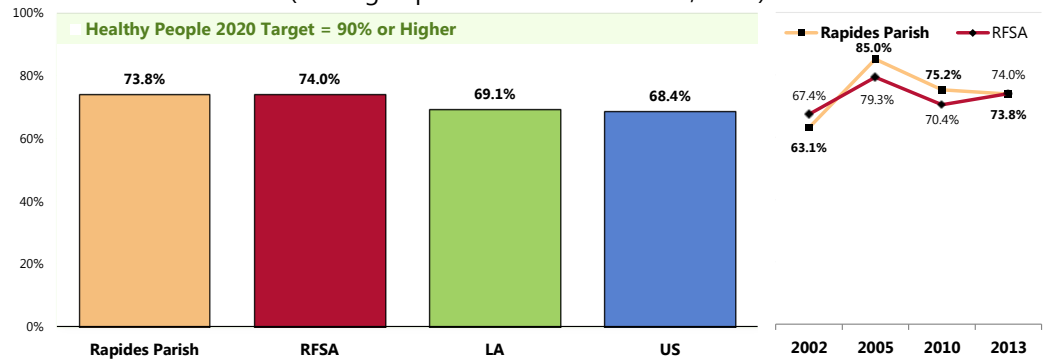
- Asked of all respondents aged 65 and older.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Pneumonia Vaccination

Among adults age 65 and older, 73.8% have received a pneumonia vaccination at some point in their lives.

- Similar to regional (RFSA) findings.
- Similar to Louisiana findings.
- Statistically comparable to national findings.
- Fails to satisfy the Healthy People 2020 objective.
- ▣ Prevalence has fluctuated over time, showing no clear trend.

Have Ever Had a Pneumonia Vaccine (Among Rapides Parish Seniors 65+, 2013)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 179]
 - 2013 PRC National Health Survey, Professional Research Consultants.
 - Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2011 Louisiana data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-13.1]
- Notes:
- Asked of all respondents aged 65 and older.
 - Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Tuberculosis

Tuberculosis (TB) is an infectious disease caused by a type of bacteria called *Mycobacterium tuberculosis*. TB is spread from person to person through the air, as someone with active tuberculosis of the respiratory tract coughs, sneezes, yells, or otherwise expels bacteria-laden droplets.

The Institute of Medicine (IOM), an arm of the National Academy of Sciences, released a report in May 2000 that lays out an action plan for eliminating tuberculosis in the United States ... As a key part of the plan, new TB treatment and prevention strategies must be developed that are tailored to the current environment. Among today's hallmarks:

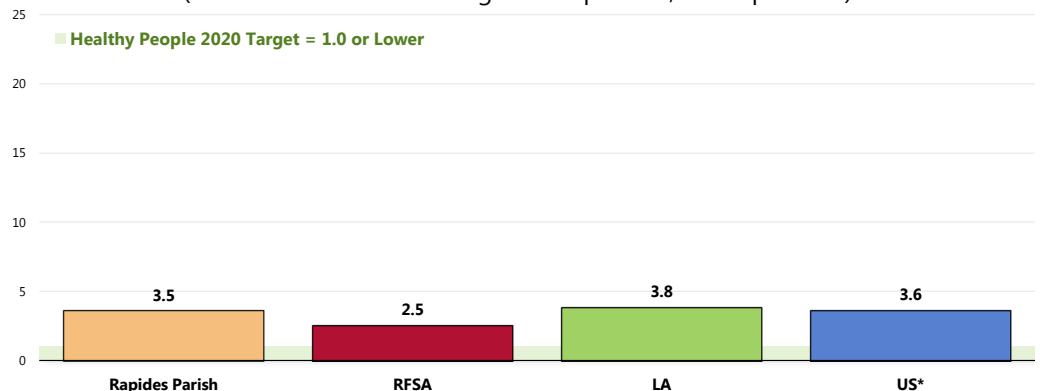
- Tuberculosis now occurs in ever-smaller numbers in most regions of the country.
 - Foreign-born people (both legal and undocumented immigrants) coming to the United States from countries with high rates of TB now account for nearly half of all TB cases.
 - Higher numbers of cases are concentrated in pockets located in major metropolitan areas, and this increased prevalence is due, in large part, to the increased number of people with or at risk for HIV/AIDS infection.
 - Other groups, such as HIV-infected people and the growing population of prison inmates, the homeless, and intravenous drug abusers, are emerging as being at high risk.
- Ending Neglect: The Elimination Of Tuberculosis In The United States. National Academy of Sciences, Institute of Medicine. Funded by the Centers for Disease Control and Prevention. 2000.

Between 2010 and 2012, the annual average tuberculosis incidence rate (new cases per year) was 3.5 cases per 100,000 population in Rapides Parish.

- Higher than the regional incidence rate.
- Lower than the Louisiana incidence rate.
- Comparable to the national incidence rate (which reflects 2009-2011 data).
- Fails to satisfy the Healthy People 2020 target.

Tuberculosis Incidence

(2010-2012* Annual Average Cases per 100,000 Population)



Sources:

- Louisiana Department of Health and Human Services.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-29]

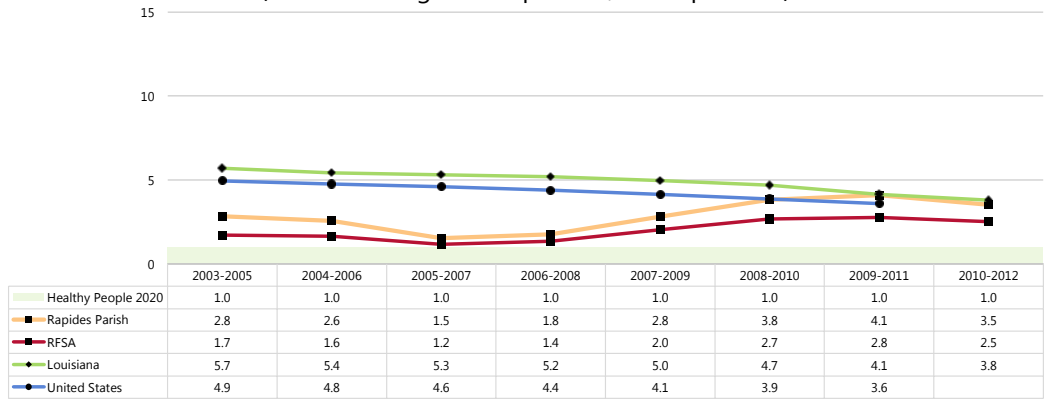
Notes:

- Rates are annual average new cases per 100,000 population.
- *US rate represents 2009-2011 data.

📊 Tuberculosis incidence in Rapides Parish has increased since 2003-2005.

Tuberculosis Incidence

(Annual Average Cases per 100,000 Population)



Sources: • Louisiana Department of Health and Human Services.
 • Centers for Disease Control and Prevention, National Center for Health Statistics.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-29]

Notes: • Rates are annual average new cases per 100,000 population.

Enteric Disease

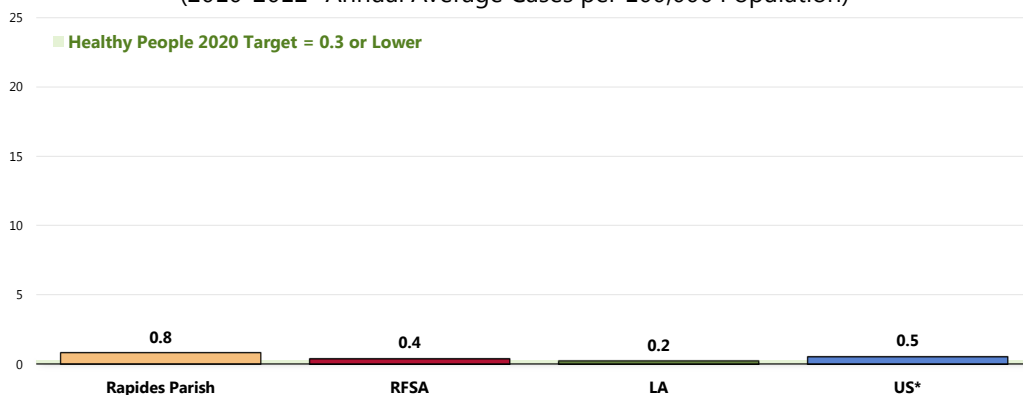
Acute Hepatitis A

Between 2010 and 2012, the annual average acute hepatitis A rate (new cases per year) was 0.8 cases per 100,000 population in Rapides Parish.

- Higher than the regional incidence rate.
- Higher than the Louisiana incidence rate.
- Higher than the national incidence rate (which reflects 2009-2011 data).
- Fails to satisfy the Healthy People 2020 target.

Hepatitis A Incidence

(2010-2012* Annual Average Cases per 100,000 Population)

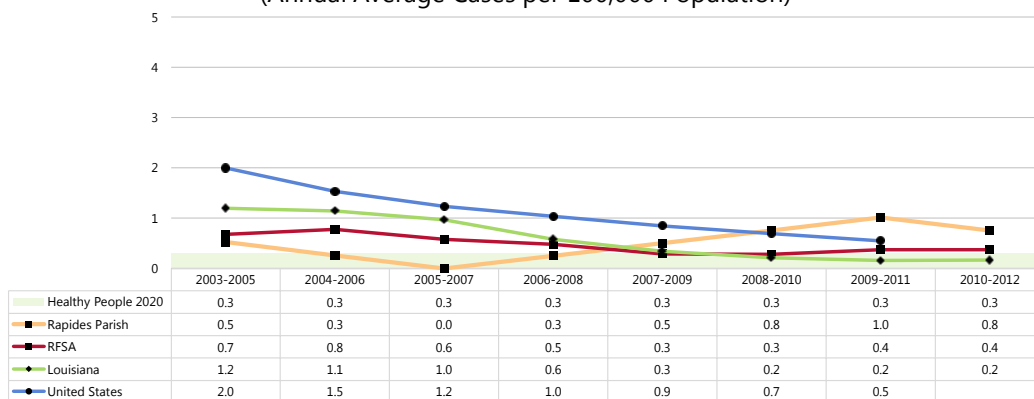


Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-23]
Notes: • Rates are annual average new cases per 100,000 population.
• *US rate represents 2009-2011 data.

Hepatitis A incidence rates have generally increased in Rapides Parish.

Hepatitis A Incidence

(Annual Average Cases per 100,000 Population)

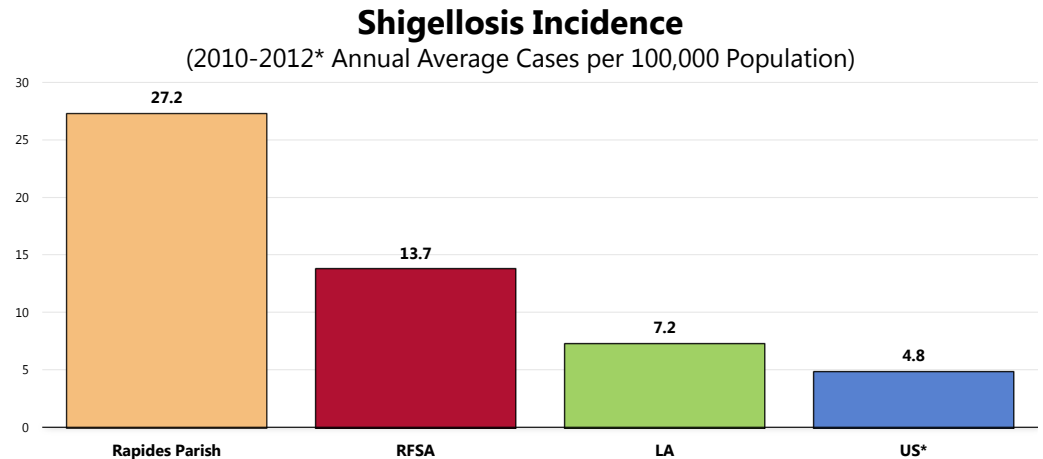


Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-23]
Notes: • Rates are annual average new cases per 100,000 population.

Shigellosis

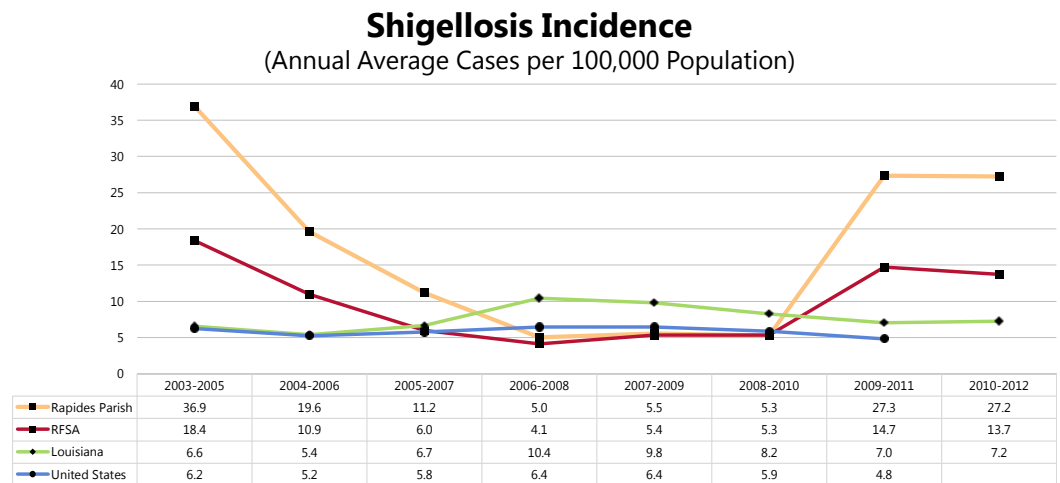
Between 2010 and 2012, the annual average shigellosis rate was 27.2 cases per 100,000 population in Rapides Parish.

- Higher than the regional incidence rate.
- Much higher than the Louisiana incidence rate.
- Much higher than the US rate (which reflects 2009-2011 data).



Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.
• *US rate represents 2009-2011 data.

Shigellosis incidence has fluctuated considerably over time, showing no clear trend.

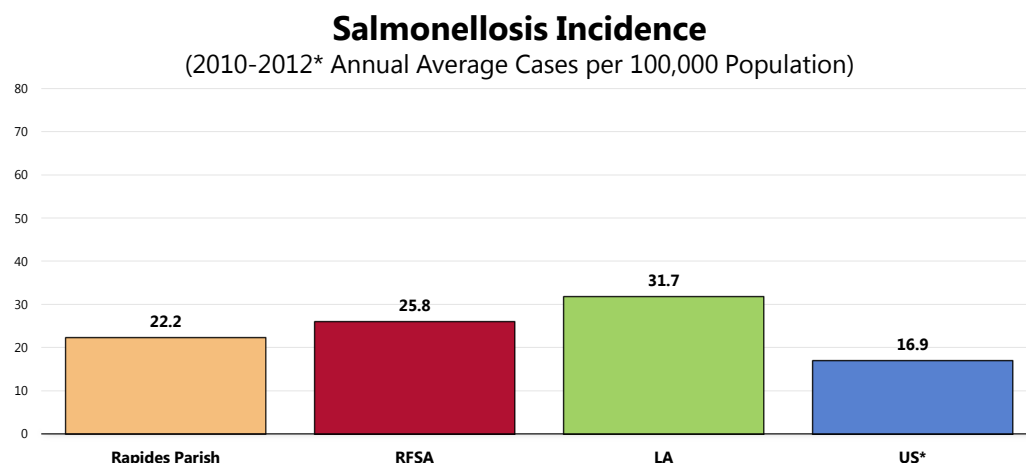


Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

Salmonellosis

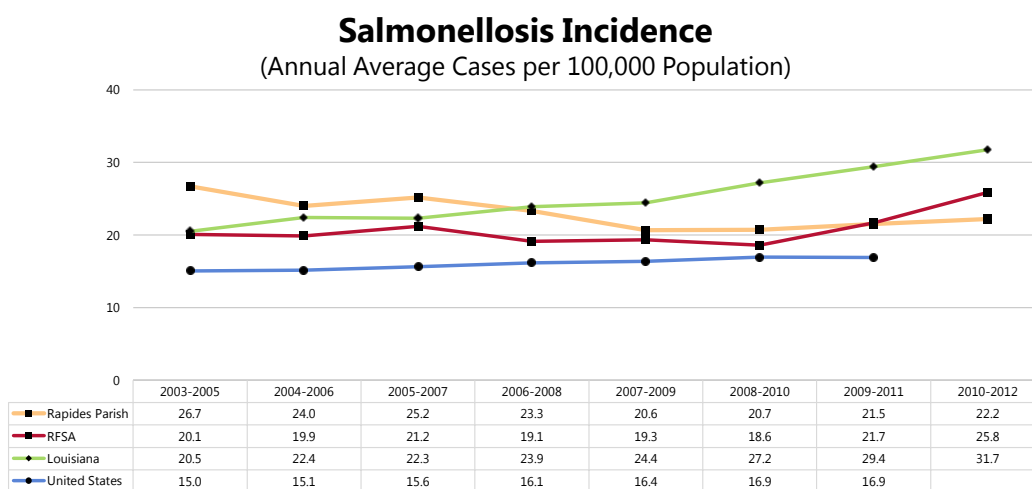
The 2010-2012 salmonellosis incidence rate in Rapides Parish was 22.2 per 100,000 population.

- Similar to the regional incidence rate.
- Lower than the state rate.
- Higher than the national rate (which reflects 2009-2011 data).



Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.
• *US rate represents 2009-2011 data.

Salmonellosis incidence has fluctuated over time, showing no clear trend.

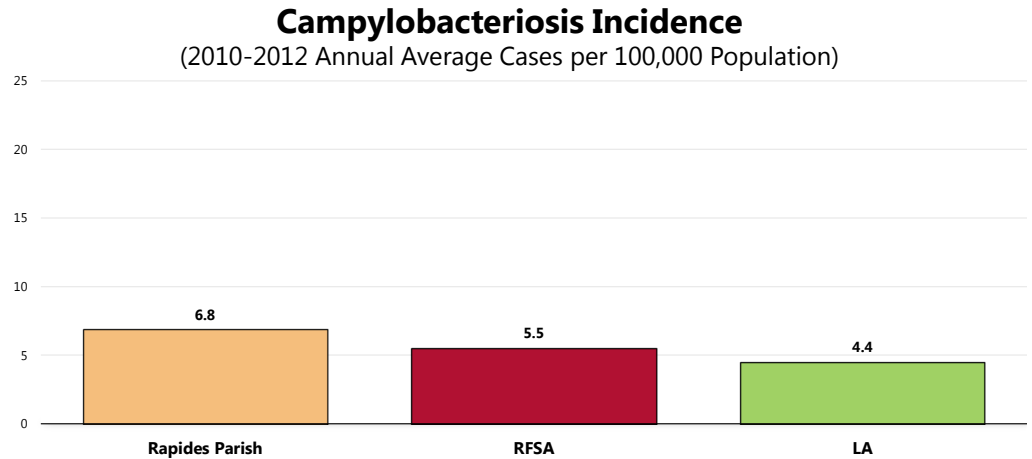


Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

Campylobacteriosis

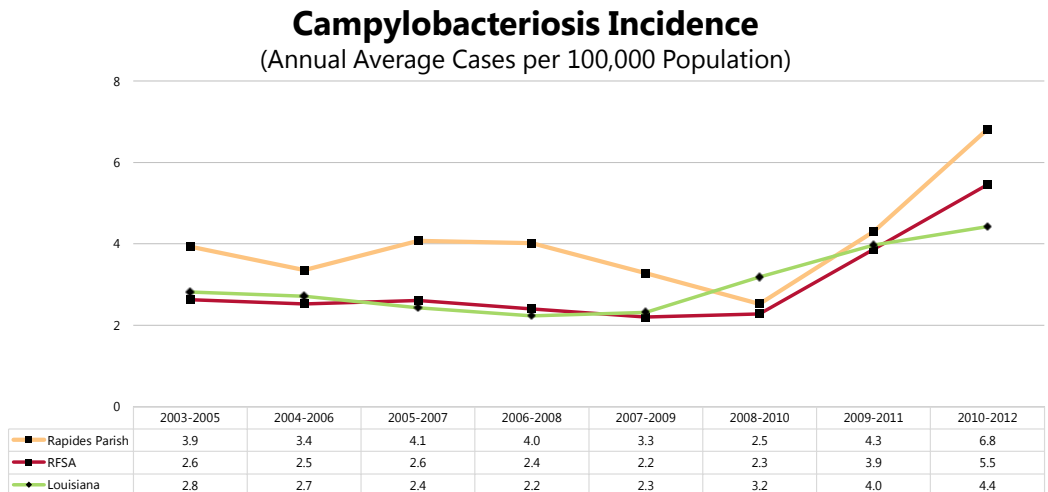
Between 2010 and 2012, Rapides Parish reported a campylobacteriosis incidence rate of 6.8 cases per 100,000 population.

- Higher than the regional incidence rate.
- Higher than the Louisiana rate. (A national incidence rate is not available.)



Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

- ▣ Campylobacteriosis incidence has increased considerably in recent years in Rapides Parish, as it has both regionally and statewide.



Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

In the United States, HIV/AIDS remains a significant cause of illness, disability, and death, despite declines in 2002 and 2005.

Principal health determinants. Behaviors (sexual practices, substance abuse, and accessing prenatal care) and biomedical status (having other STDs) are major determinants of HIV transmission. Unprotected sexual contact, whether homosexual or heterosexual, with a person infected with HIV and sharing drug-injection equipment with an HIV-infected individual account for most HIV transmission in the United States. Increasing the number of people who know their HIV serostatus is an important component of a national program to slow or halt the transmission of HIV in the United States.

For persons infected with HIV, behavioral determinants also play an important role in health maintenance. Although drugs are available specifically to prevent and treat a number of opportunistic infections, HIV-infected individuals also need to make lifestyle-related behavioral changes to avoid many of these infections. The new HIV antiretroviral drug therapies for HIV infection bring with them difficulties in adhering to complex, expensive, and demanding medication schedules, posing a significant challenge for many persons infected with HIV.

Because HIV infection weakens the immune system, people with tuberculosis (TB) infection and HIV infection are at very high risk of developing active TB disease.

Comparing the 1980s to the 1990s, the proportion of AIDS cases in White men who have sex with men declined, whereas the proportion in females and males in other racial and ethnic populations increased, particularly among African adults and Hispanics. AIDS cases also appeared to be increasing among injection drug users and their sexual partners. The true extent of the epidemic remains difficult to assess for several reasons, including the following:

- Because of the long period of time from initial HIV infection to AIDS and because highly active antiretroviral therapy (HAART) has slowed the progression to AIDS, new cases of AIDS no longer provide accurate information about the current HIV epidemic in the United States.
- Because of a lack of awareness of HIV serostatus as well as delays in accessing counseling, testing, and care services by individuals who may be infected or are at risk of infection, some populations do not perceive themselves to be at risk. As a result, some HIV-infected persons are not identified and provided care until late in the course of their infection.

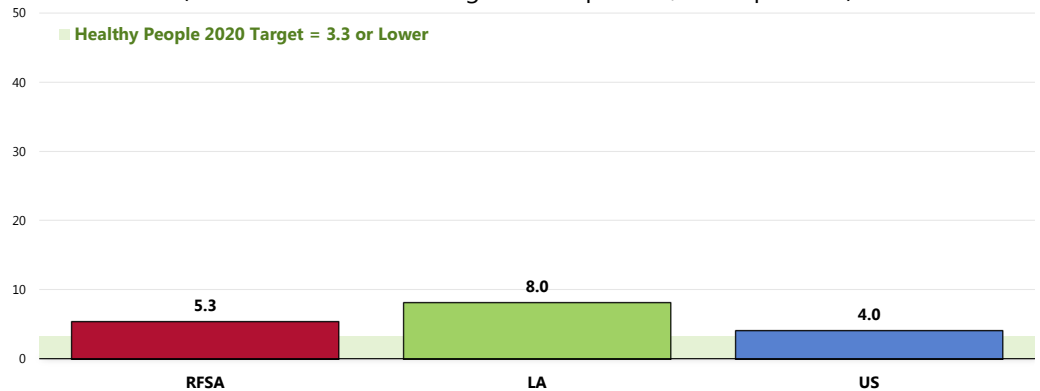
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Age-Adjusted HIV/AIDS Deaths

Between 2001 and 2010, there was an annual average age-adjusted HIV/AIDS mortality rate of 5.3 deaths per 100,000 population in the Rapides Foundation Service Area (parish-level data are not available).

- Lower than found statewide.
- Higher than found nationally.
- Fails to satisfy the Health People 2020 target.

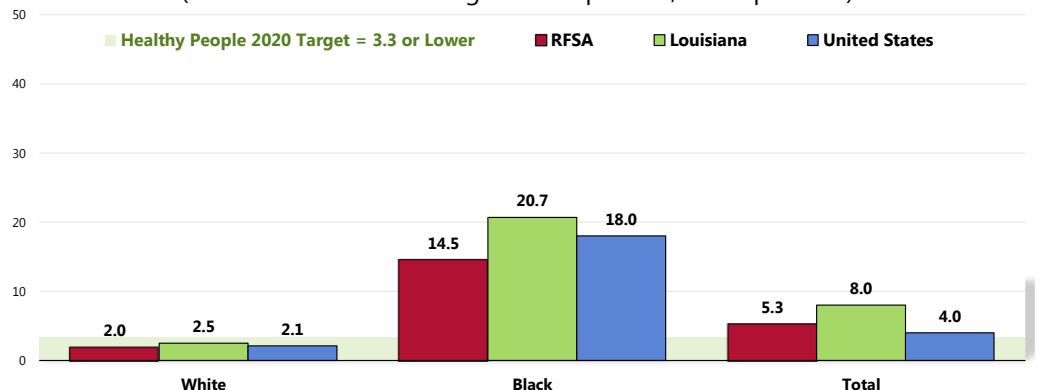
HIV/AIDS: Age-Adjusted Mortality (2001-2010 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-12]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• Parish-level data not available due to low numbers of deaths.
• NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

👥 HIV/AIDS mortality is dramatically higher among Blacks in the RFSA when compared with Whites (more than seven times higher, in fact). This disparity is also seen — and to an even greater degree — both statewide and nationally.

HIV/AIDS: Age-Adjusted Mortality by Race (2001-2010 Annual Average Deaths per 100,000 Population)

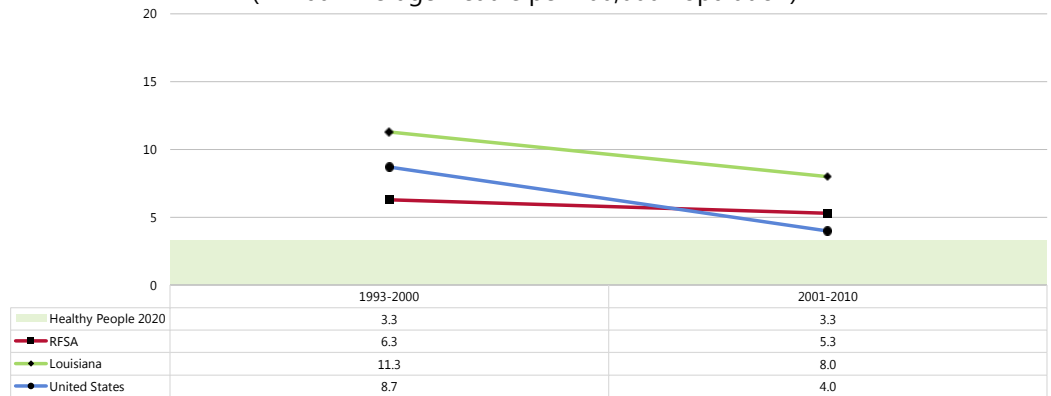


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-12]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

- HIV/AIDS mortality has decreased over time in the RFSA, echoing the state and national trends.

HIV/AIDS: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-12]

Notes: • Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
 • Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
 • State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
 • NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

HIV/AIDS Cases

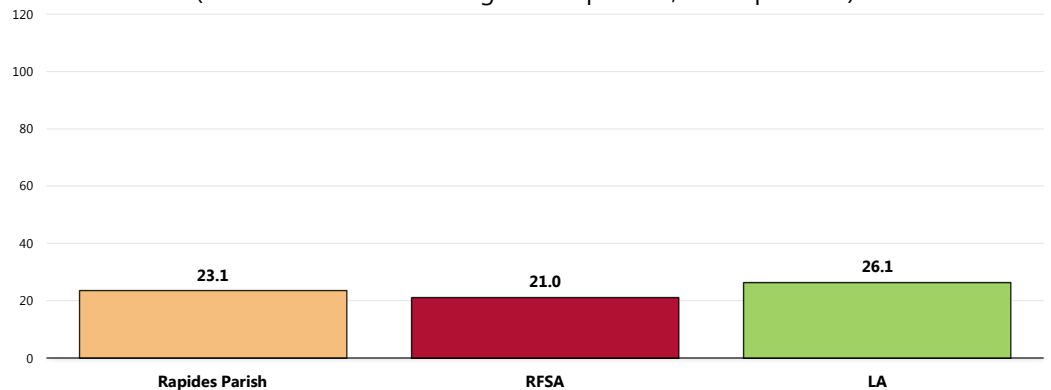
HIV/AIDS Incidence

Between 2009 and 2012, there was an annual average of 23.1 new HIV/AIDS cases per 100,000 population in Rapides Parish.

- Higher than what was found regionally.
- Lower than the Louisiana incidence rate.

HIV/AIDS Incidence

(2009-2012 Annual Average Cases per 100,000 Population)

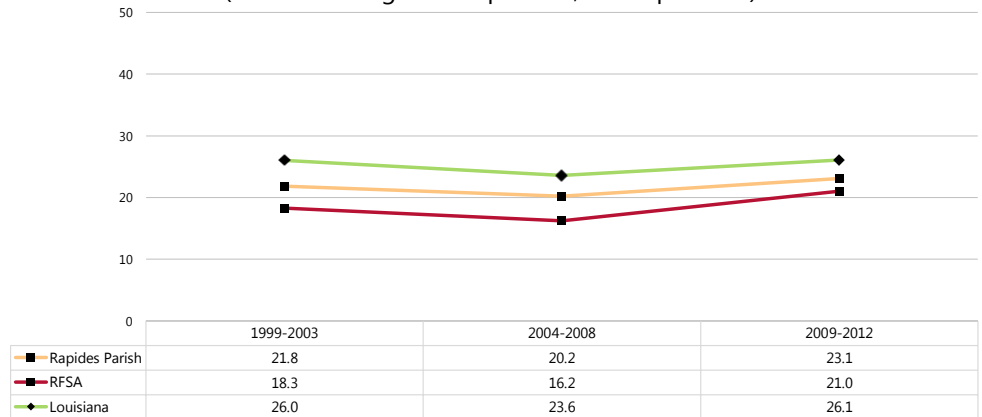


Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
 Notes: • Rates are annual average new cases per 100,000 population.

- HIV/AIDS incidence has increased over time in Rapides Parish, echoing the regional and state trends.

HIV/AIDS Incidence

(Annual Average Cases per 100,000 Population)



Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
Notes: • Rates are annual average new cases per 100,000 population.

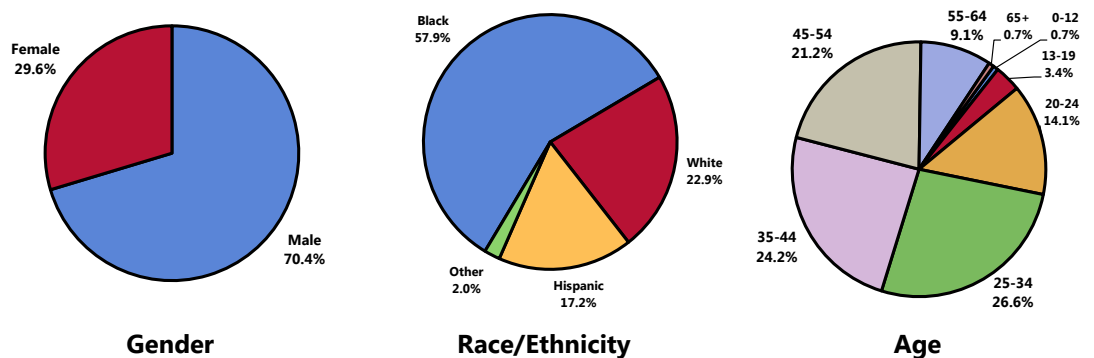
HIV/AIDS Characteristics

The following chart provides an illustration of the demographic characteristics of new HIV/AIDS cases (2009-2012) in the RFSA. Note:

- Incidence was more prevalent in **males**.
- Black** residents made up the majority of new cases.
- The greatest proportion of new cases occurred in the **25-44** age groups.

Characteristics of New HIV Cases

(Rapides Foundation Service Area, 2009-2012)

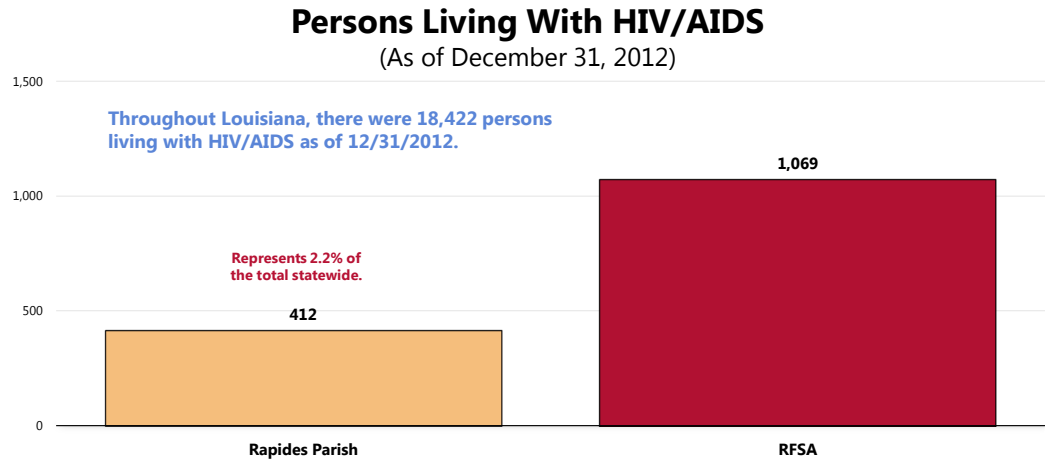


Sources: • Louisiana Department of Health and Hospitals Office of Public Health.

Persons Living With HIV/AIDS (PLWHA)

As of the end of 2012, there were 412 Rapides Parish residents living with HIV/AIDS.

- This represents 2.2% of the state's 18,422 persons living with HIV/AIDS.

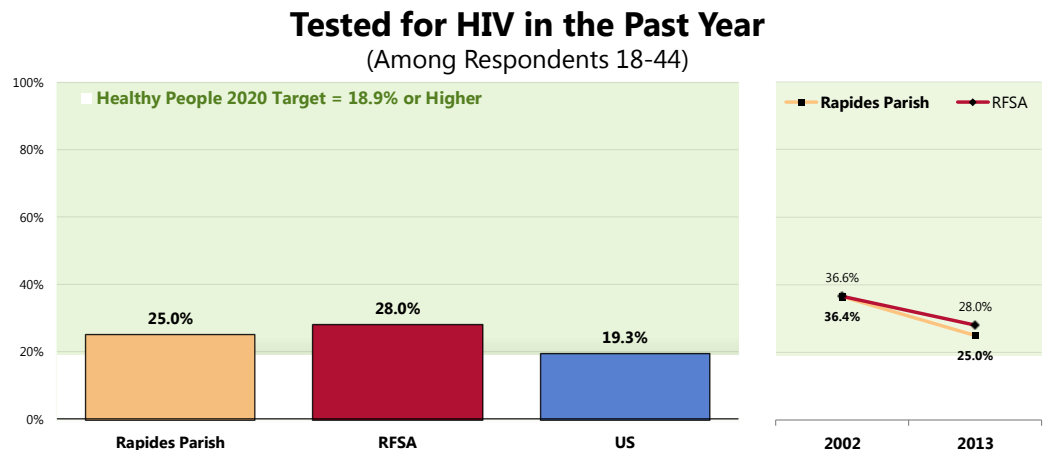


Sources: • Louisiana Department of Health and Hospitals Office of Public Health.

HIV Testing

Among Rapides Parish adults age 18-44, 25.0% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Similar to what was found regionally.
- Similar to the proportion found nationwide.
- Satisfies the Healthy People 2020 target.
- ☒ Denotes a significant decrease from 2002 survey findings.



Sources: • 2013 PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 183]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-14.1]
 Notes: • Reflects respondents age 18 to 44.
 • Note that the Healthy People 2020 objective is for ages 15-44.

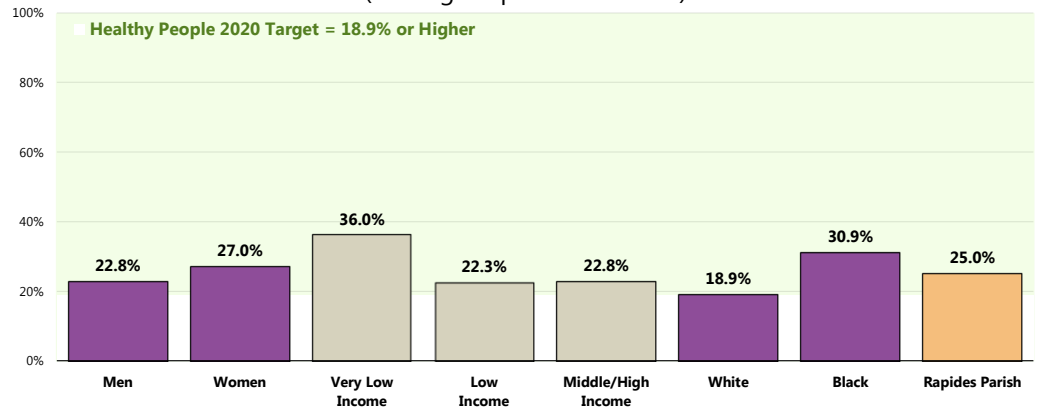
By demographic characteristics, testing higher among:

👤 Adults with very low incomes.

👤 Black adults.

Tested for HIV in the Past Year

(Among Respondents 18-44)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 183]
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-14.1]
Notes: • Reflects respondents age 18 to 44.
• Note that the Healthy People 2020 objective is for ages 15-44.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) refer to the more than 25 infectious organisms transmitted primarily through sexual activity. STDs are among many related factors that affect the broad continuum of reproductive health agreed on in 1994 by 180 governments at the International Conference on Population and Development (ICPD). At ICPD, all governments were challenged to strengthen their STD programs. STD prevention as an essential primary care strategy is integral to improving reproductive health.

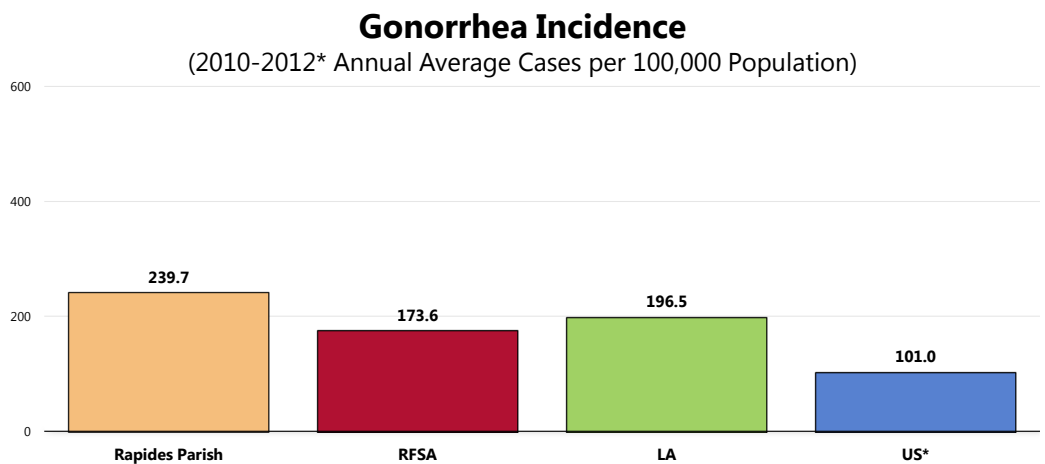
Despite the burdens, costs, complications, and preventable nature of STDs, they remain a significant public health problem, largely unrecognized by the public, policymakers, and public health and healthcare professionals in the United States. STDs cause many harmful, often irreversible, and costly clinical complications, such as reproductive health problems, fetal and perinatal health problems, and cancer. In addition, studies of the worldwide human immunodeficiency virus (HIV) pandemic link other STDs to a causal chain of events in the sexual transmission of HIV infection.

— Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.


Gonorrhea

Between 2010 and 2012, the annual average gonorrhea incidence rate was 239.7 cases per 100,000 population in Rapides Parish.

- Higher than the regional incidence rate.
- Higher than the Louisiana rate.
- Much higher than the national incidence rate (which reflects 2009-2011 data).

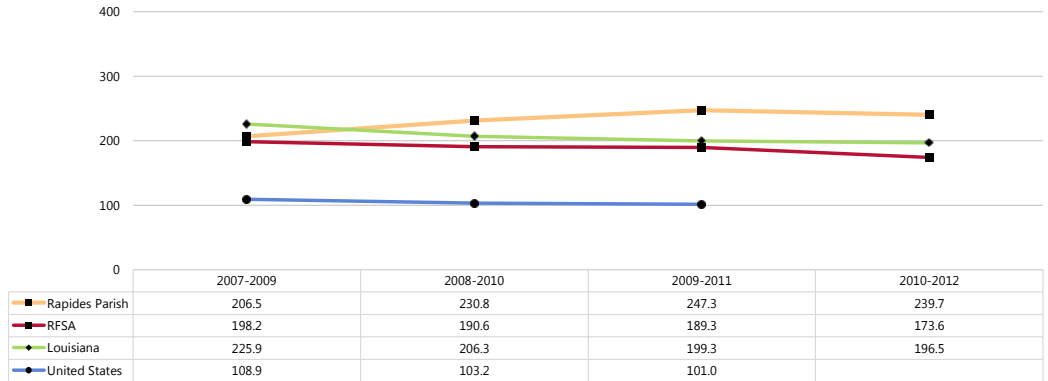


Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.
• *US rate represents 2009-2011 data.

-  Gonorrhea rates have remained steady over recent years, but are significantly higher than 2007-2009.

Gonorrhea Incidence

(Annual Average Cases per 100,000 Population)



Sources:

- Louisiana Department of Health and Hospitals Office of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

 Notes:

- Rates are annual average new cases per 100,000 population.

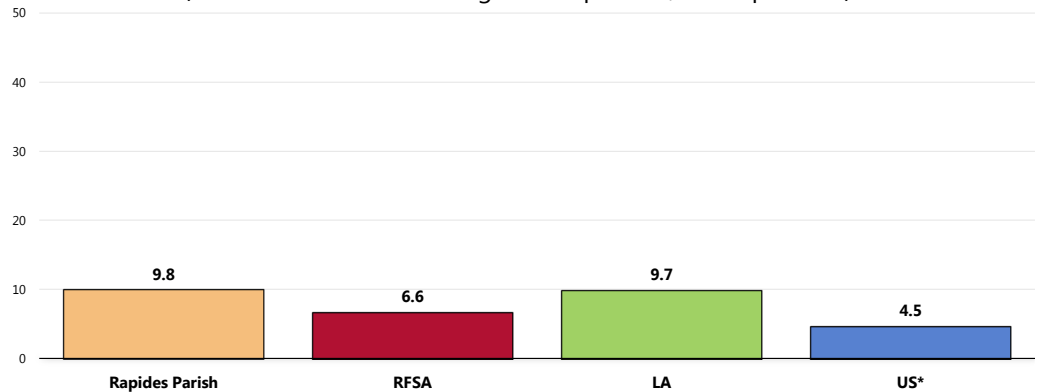
Syphilis

Between 2010 and 2012, the annual average primary/secondary syphilis incidence rate was 9.8 cases per 100,000 population in Rapides Parish.

- Higher than the regional incidence rate.
- Similar to the Louisiana incidence rate.
- Higher than the national incidence rate (which reflects 2009-2011 data).

Primary/Secondary Syphilis Incidence

(2010-2012* Annual Average Cases per 100,000 Population)




Sources:

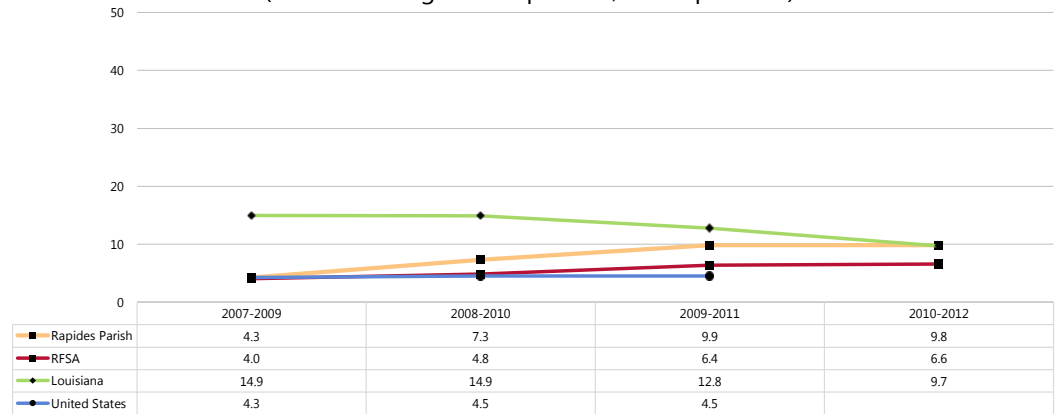
- Louisiana Department of Health and Hospitals Office of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

 Notes:

- Rates are annual average new cases per 100,000 population.
- *US rate represents 2009-2011 data.

 Rapides Parish syphilis incidence appears to be on the rise.

Primary/Secondary Syphilis Incidence (Annual Average Cases per 100,000 Population)



Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

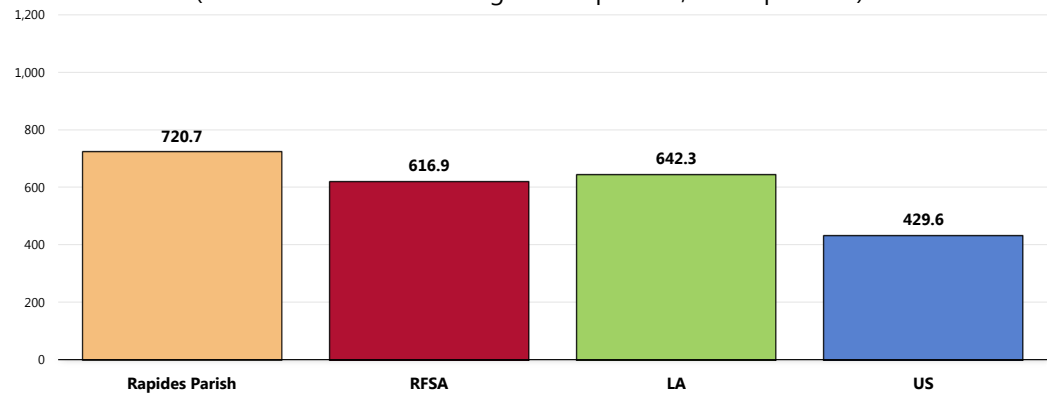
Chlamydia

Between 2010 and 2012, the annual average chlamydia incidence rate was 720.7 cases per 100,000 population in Rapides Parish.

- Higher than the regional incidence rate.
- Higher than the state rate.
- Much higher than the national incidence rate (which reflects 2009-2011 data).

Chlamydia Incidence

(2010-2012* Annual Average Cases per 100,000 Population)

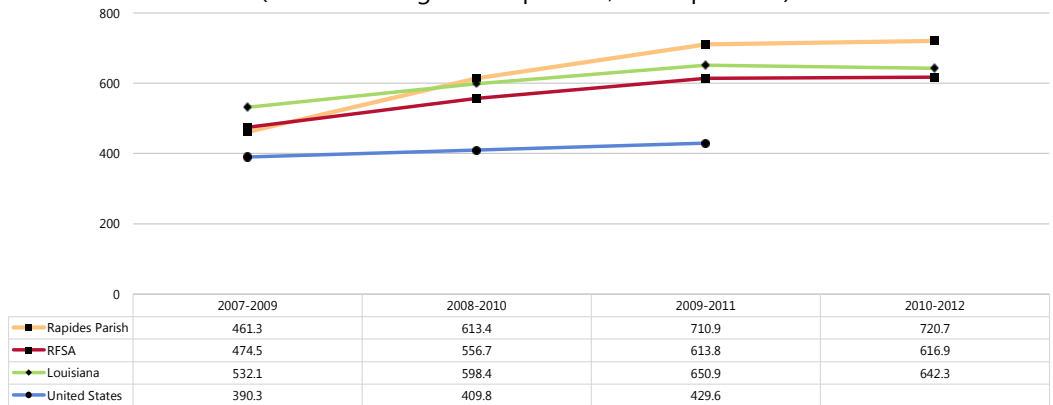


Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.
• *US rate represents 2009-2011 data.

- Chlamydia incidence has increased in recent years across Rapides Parish, echoing the trends across Louisiana and the US overall.

Chlamydia Incidence

(Annual Average Cases per 100,000 Population)



Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

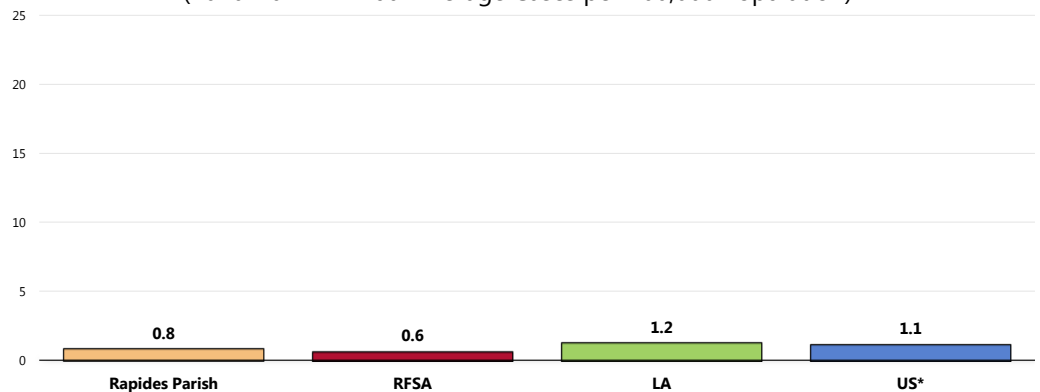
Acute Hepatitis B

Between 2010 and 2012, the annual average hepatitis B incidence rate was 0.8 cases per 100,000 population in Rapides Parish.

- Higher than the regional (RFSA) rate.
- Similar to the state rate.
- Similar to the national rate (which reflects 2009-2011 data).

Hepatitis B (Acute) Incidence

(2010-2012* Annual Average Cases per 100,000 Population)

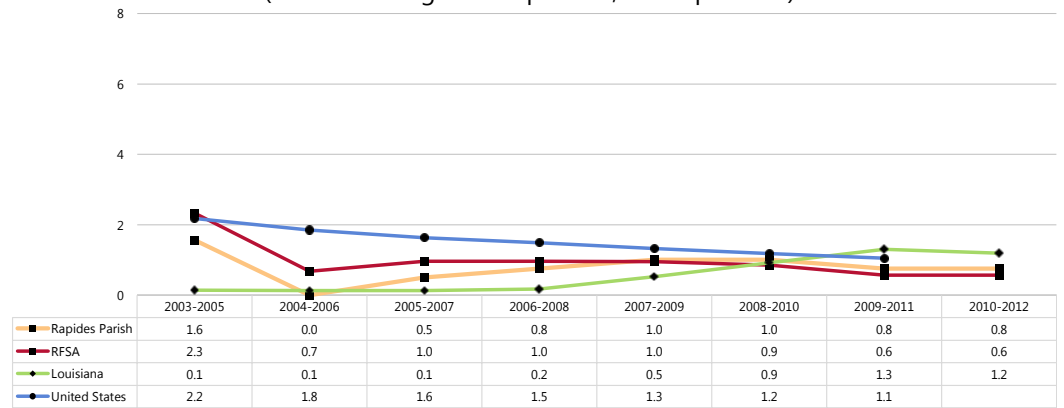


Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.
• *US rate represents 2009-2011 data.

 The general trend in Rapides Parish is downward.

Hepatitis B (Acute) Incidence

(Annual Average Cases per 100,000 Population)



Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

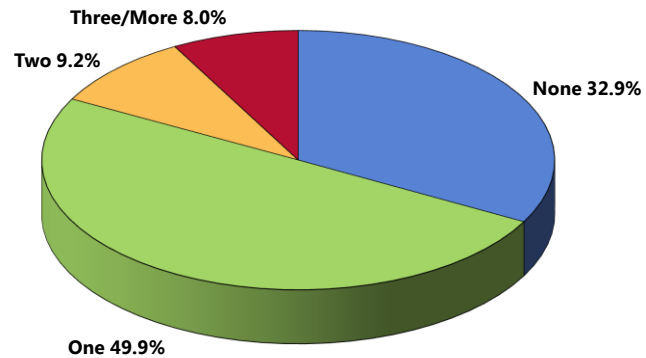
Safe Sexual Practices

Sexual Partners

Among unmarried Rapides Parish adults under age 65, the vast majority cites having one (49.9%) or no (32.9%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months

(Among Unmarried Adults 18-64; Rapides Parish, 2013)



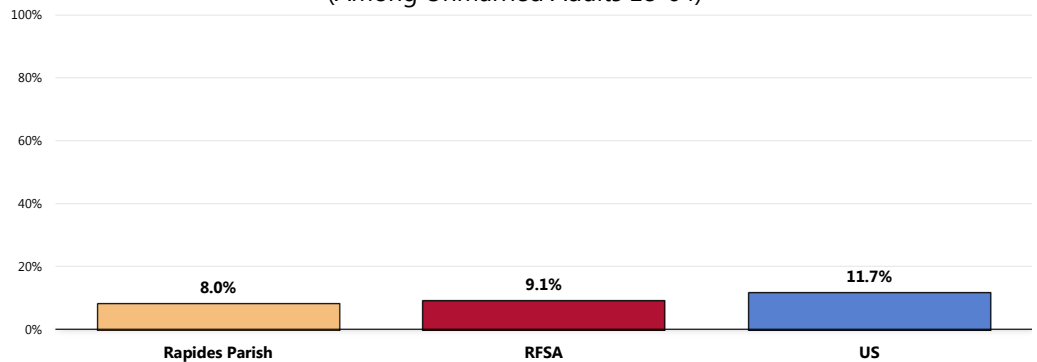
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
Notes: • Asked of all unmarried respondents under the age of 65.

However, 8.0% report three or more sexual partners in the past year.

- Similar to regional (RFSA) findings.
- Comparable to that reported nationally.

Had Three or More Sexual Partners in the Past Year

(Among Unmarried Adults 18-64)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

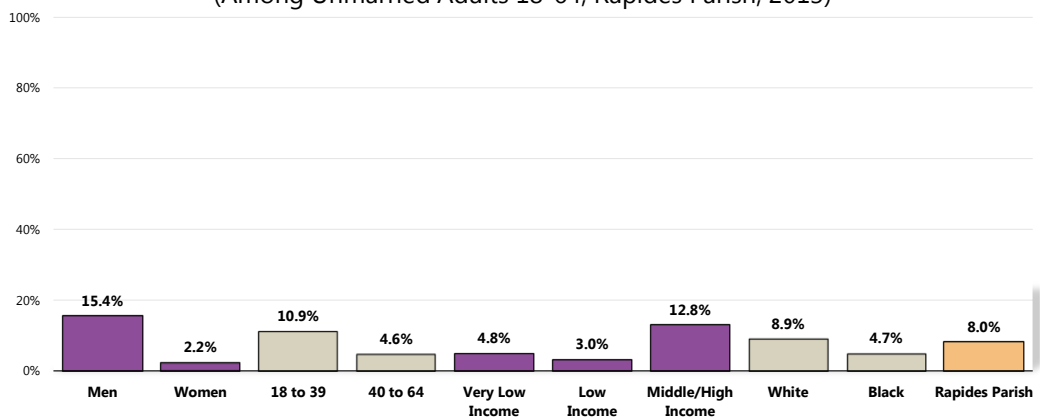
Notes: • Asked of all unmarried respondents under the age of 65.

Unmarried adults (under the age of 65) who are more likely to report three or more sexual partners in the past year include:

- Men.
- Adults age 18 to 39.
- Residents living with middle/high income.
- White residents.

Had Three or More Sexual Partners in the Past Year

(Among Unmarried Adults 18-64; Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
 Notes: • Asked of all unmarried respondents under the age of 65.

• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

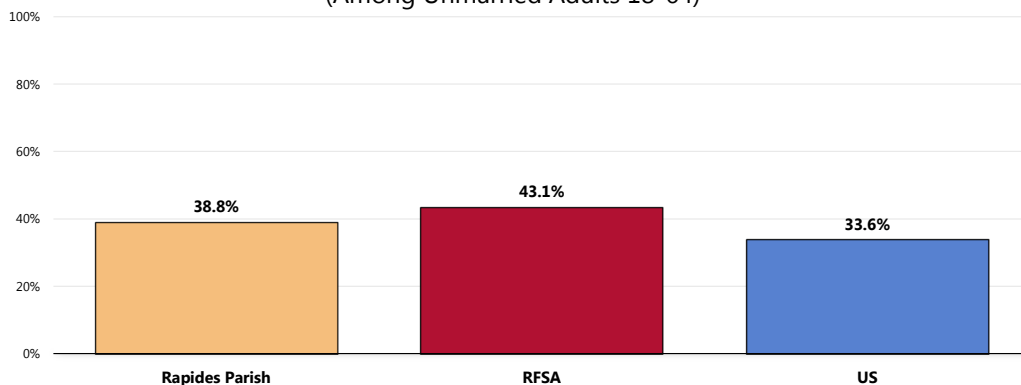
Condom Use

Among Rapides Parish adults who are under age 65 and unmarried, 38.8% report that a condom was used during their last sexual intercourse.

- Similar to regional (RFSA) findings.
- Similar to national findings.

Condom Was Used During Last Sexual Intercourse

(Among Unmarried Adults 18-64)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 90]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

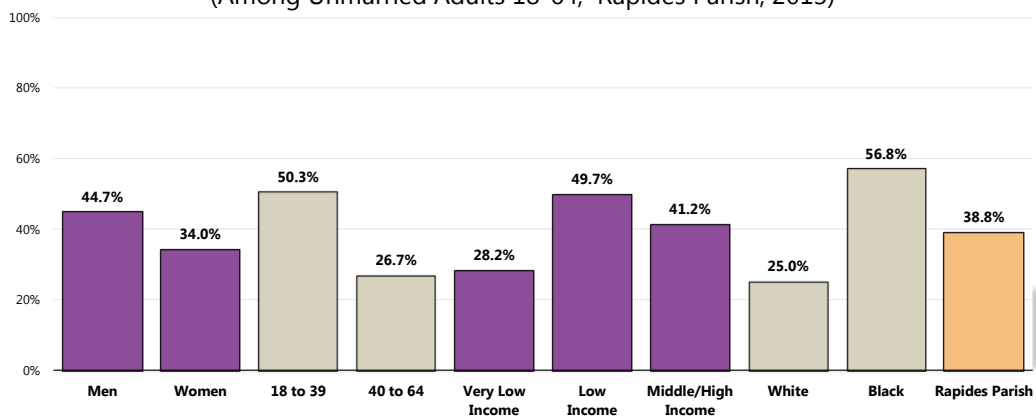
Notes: • Asked of all unmarried respondents under the age of 65.

Those less likely to report that a condom was used during their last sexual intercourse include:

- Women.
- Residents age 40 through 64.
- Respondents with very low incomes.
- White residents.

Condom Was Used During Last Sexual Intercourse

(Among Unmarried Adults 18-64; Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 90]

Notes: • Asked of all unmarried respondents under the age of 65.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Related Focus Group Findings: Sexual Health

Many focus group participants discussed the high rates of sexually transmitted infections and teen pregnancy. The main issues included:

- Sexually transmitted infections (STI's)
- Teen pregnancy rate
- HIV infection
- Prevention message

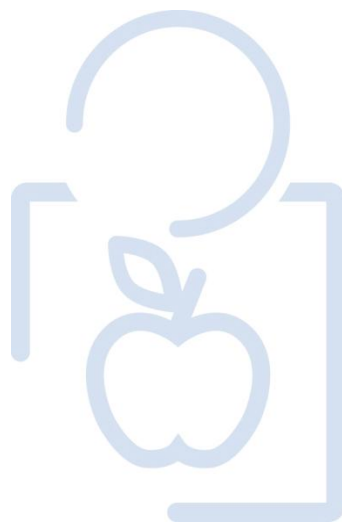
Participants worry about the sexual health of many residents in the community. Attendees describe **sexually transmitted infections (STIs)** as widespread in the community, including chlamydia, gonorrhea and HIV. Furthermore, the community reports a **high teen pregnancy rate**. Focus group members believe that youth have misconceptions surrounding sex, so they participate in high risk behaviors.

"The thing that scares the devil out of us is the completely inaccurate fallacy that goes on that oral sex isn't really sex, that you can't really get diseases from oral sex and we're hearing this in the grade schools now. Now we're hearing it fourth and fifth grade where these kids have been exposed to this or they're being active in those kinds of activities and there's such a reluctance I think in this community to have any kind of frank discussion about it because you don't want to tell them something they don't know. And my thing is, they're getting information from somewhere and it's totally inaccurate." — Rapides Parish Social Service Agency Representative

Attendees have concern that there has been resurgence in **HIV infection** among young adults, along with an upsurge in AIDS diagnosis within 6 months of initial HIV diagnosis, which means individuals have lived with the disease for many years before testing. Focus group respondents feel that a reluctance to discuss sexual health, STIs and HIV exists in the community among both physicians and social service agencies. Funding cuts have also affected the number of **prevention messages** and agencies conducting sexual health education. A participant describes the challenges to providing sexual health education:

"32 years after we've started living with this disease (HIV) what we are seeing is resurgence in our community among young people who are being infected with this disease and schools don't want to talk about, oftentimes churches don't want to talk about it, parents aren't talking about it... We have seen our preventative health funding slashed from \$140,000 to \$47,000. You know it's pretty hard to pay people and keep doors open and provide services at that level of funding and I don't really know who else is talking about sexual health in our community." — Rapides Parish Social Service Agency Representative

HOUSING

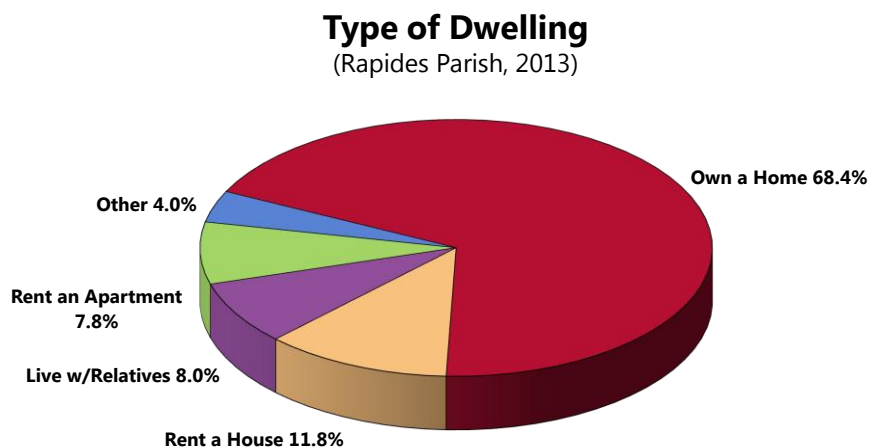


Housing Conditions

Type of Dwelling

The majority of Rapides Parish residents (68.4%) owns their own home, while 19.6% rent a house or apartment.

- Another 8.0% live with family members.

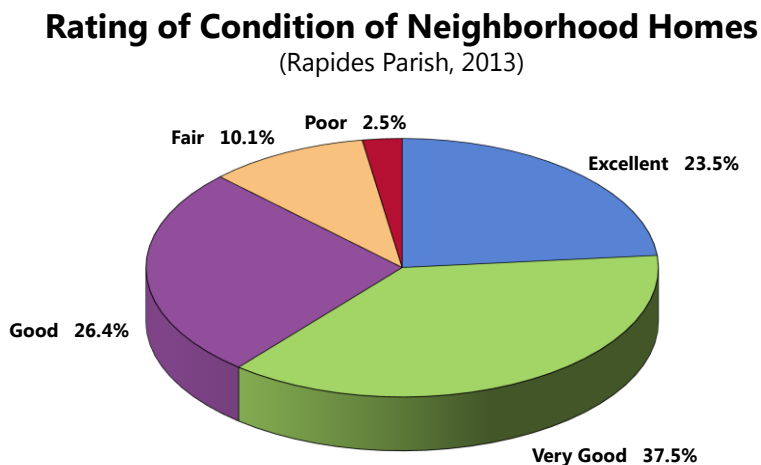


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]
Notes: • Asked of all respondents.

Condition of Local Housing

61.0% of survey respondents consider the condition of homes in their neighborhoods to be "excellent" or "very good."

- Another 26.4% gave good ratings.

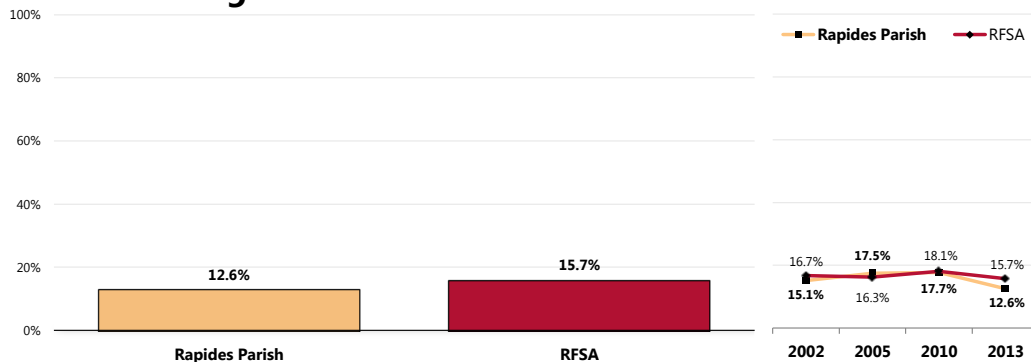


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]
Notes: • Asked of all respondents.

However, 12.6% of Rapides Parish residents consider the condition of homes in their neighborhoods to be only “fair” or “poor.”

- More favorable than regional (RFSA) findings.
- ▣ This indicator remains statistically unchanged since 2005.

Perceive Condition of Neighborhood Homes to Be “Fair” or “Poor”

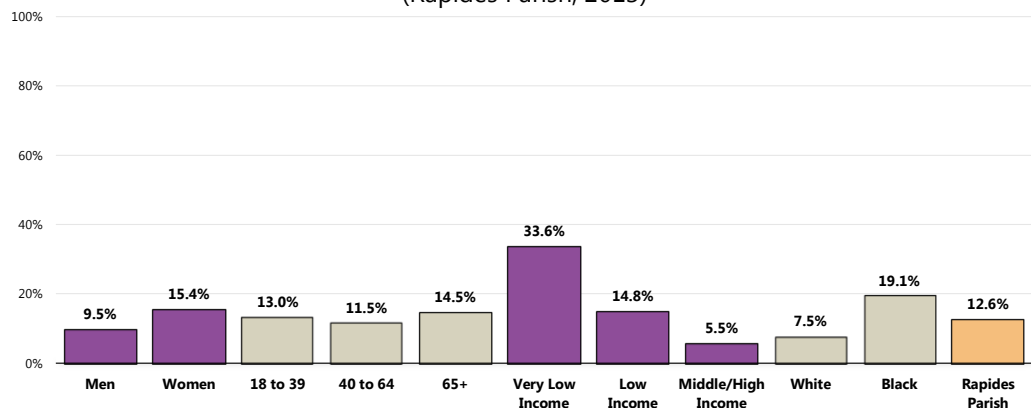


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 130]
Notes: • Asked of all respondents.

Viewed by demographic segments, those residents more likely to give low ratings of the condition of neighborhood homes include the following:

- Women.
- Residents living at lower incomes (note the strong negative correlation).
- Black residents of Rapides Parish.

Perceive Condition of Neighborhood Homes to Be “Fair” or “Poor” (Rapides Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

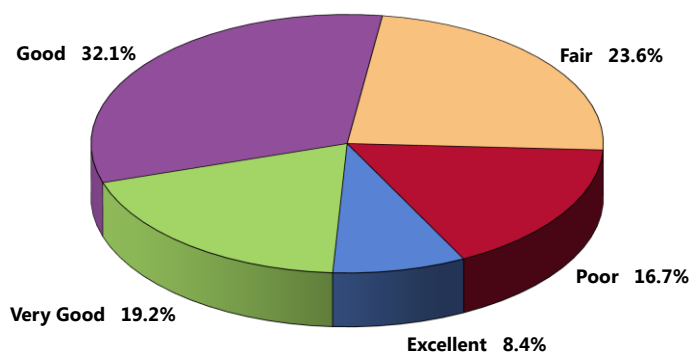
Housing Affordability

Availability of Affordable Housing

When asked to rate the availability of affordable local housing, just over one-fifth (27.6%) of survey respondents gave "excellent" or "very good" opinions.

- Another 32.1% gave "good" ratings.

Rating of the Availability of Affordable Local Housing
(Rapides Parish, 2013)

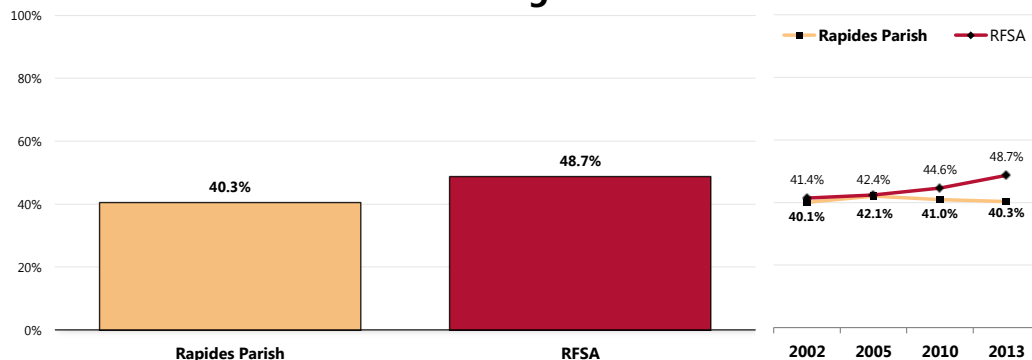


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
Notes: • Asked of all respondents.

However, 40.3% of Rapides Parish residents consider the availability of affordable housing in their areas to be "fair" or "poor."





- More favorable than regional (RFSA) findings.
- ▣ The "fair/poor" ratings have remained unchanged since this was first measured in 2002.

Perceive the Availability of Affordable Local Housing to Be "Fair" or "Poor"

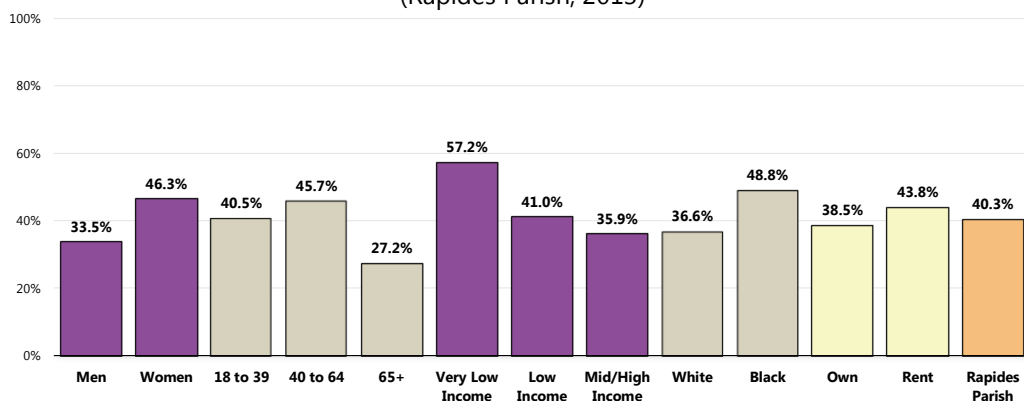


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]
Notes: • Asked of all respondents.

Segmented by demographic characteristic, residents more likely to give low ratings of the availability of affordable homes in the community include:

-  Women.
-  Residents under age 65.
-  Very low income residents.
-  Black residents.


Perceive the Availability of Affordable Local Housing to Be “Fair” or “Poor” (Rapides Parish, 2013)



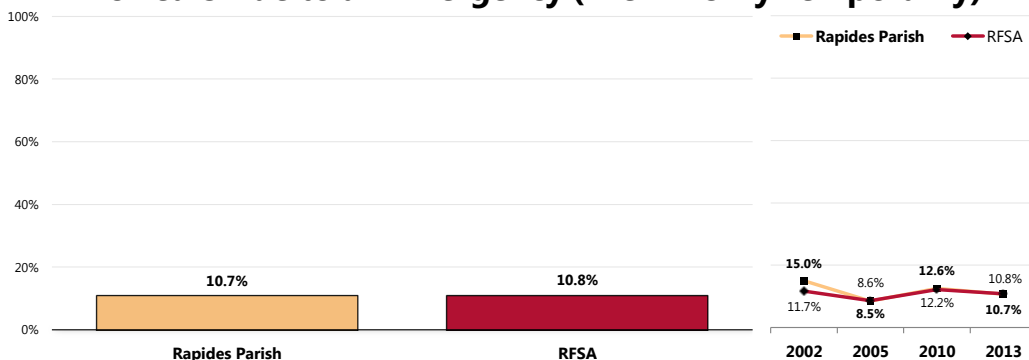
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Housing Displacement

A total of 10.7% of survey respondents report that they have had to go live with a friend or relative at some point in the past two years, even if only temporarily, because of an emergency.

- Similar to regional (RFSA) findings.
-  Marks a significant decrease over time.

Had to Live With a Friend/Relative in the Past Two Years Due to an Emergency (Even if Only Temporarily)

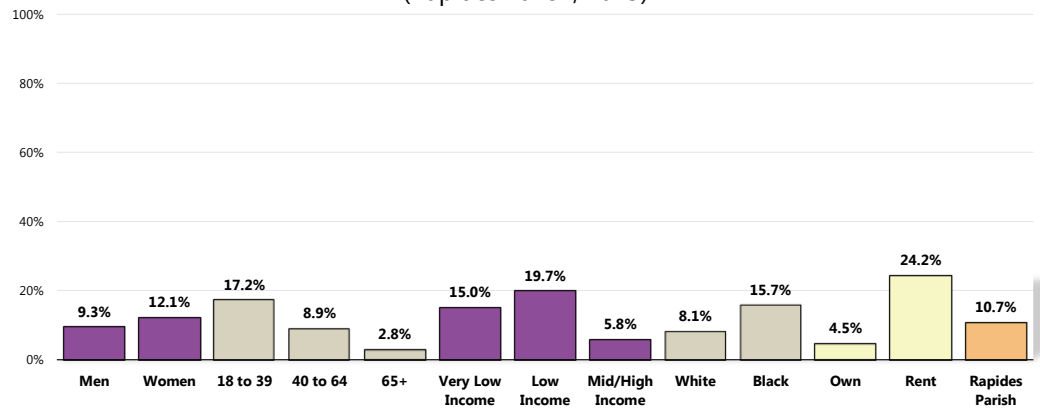


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 128]
Notes: • Asked of all respondents.

Segmented by demographic characteristic, those more likely to report having to live with a friend or relative in the past two years include:

- 👤 Young adults (note negative correlation with age).
- 👤 Respondents with low or very low incomes.
- 👤 Blacks.
- 👤 Renters (vs. homeowners).

Had to Live With a Friend/Relative in the Past Two Years Due to an Emergency (Even if Only Temporarily) (Rapides Parish, 2013)

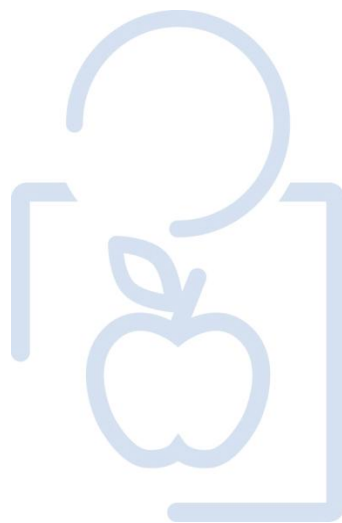


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]

Notes: • Asked of all respondents.

• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

PERCEPTIONS OF TEEN ISSUES




Teen Issues

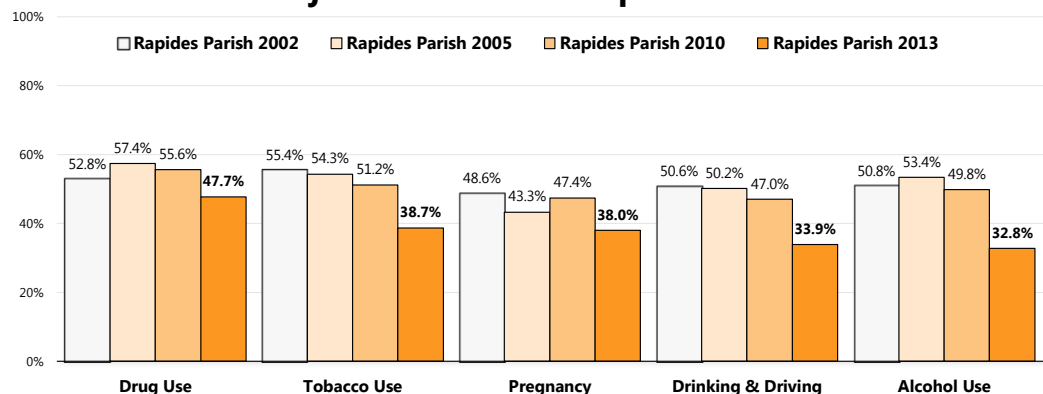
In this instance, survey respondents were presented with five issues facing teenagers and asked to rate each as a "major problem," "moderate problem," "minor problem" or "no problem at all" in their own community.

Issues Perceived by Residents as "Major Problems" for Teens

Of five tested issues, teenage drug use, tobacco use, and pregnancy are viewed by surveyed adults as the biggest concerns facing teens in Rapides Parish (38% or more of survey respondents rate these as "major problems" for teens in their own community).

 Note that evaluations of **each** issue have decreased significantly since 2002 (meaning that fewer residents now consider each to be a "major problem").

Teen Issues Perceived As "Major" Problems in Rapides Parish



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 122-126]
Notes: • Asked of all respondents.

Issues Identified by Youth in Focus Group Findings

Adolescents participating in the youth focus group identified the following as areas of most concern for youth in Central Louisiana:

- Drugs & alcohol (*identified as the #1 concern in a ranking exercise*)
- Poor eating habits (*ranked as #2*)
- Physical activity (*ranked as #3*)
- Bullying (*ranked as #4*)
- Smoking and chewing tobacco (*ranked as #5*)

Participants in the youth focus group think that the community does not have a lot to offer in terms of culture, or entertainment. The available options, like movie theatres, are expensive. This downtime, peer pressure and modeling older sibling behaviors contribute to the number of teenagers who use **illegal drugs or alcohol**. Drug and alcohol use begins as early as middle school. The attendees describe marijuana use as common. However, other youth describe the fear of getting in trouble a factor in not using illegal substances.

The youth key informants also agree that the current drug prevention education does not work. The attendees do not feel that the teachers connect with them and would like to have education conducted by younger people who they can relate with.

The youth key informants express concern about the health of their generation. Participants believe that their peers possess **poor eating habits**. The youth attendees describe a limited number of healthy options in the community and most school “health food” as unappetizing. In addition, the majority of attendees describe non-nutritious options at home. Youth feel that many of their peers do not eat school lunch and then binge on unhealthy fast food after school gets over.

The participants want to see more restaurants in the community and believe that if the “bad options” were removed the situation may improve.

“Add more good places, like she said, but also take away some bad places. Because if people have the option to go to McDonalds or Subway and get a veggie sandwich, I mean they’re going to choose McDonalds. So if you could take away some of the bad stuff, it’d be like they had to choose the good stuff.” — Youth Focus Group Participant

The youth also stress that young people who are trying to lose weight do it because of low self-esteem or a poor self-image.

Participants also believe that **physical activity** levels could improve. Many youth enjoy physical education (PE) class because it allows them to let off energy and get a break from the classroom. The youth feel that PE should be mandatory, but offer a variety of activities and introduce the students to different sports. Youth also would like the parishes to have local recreation centers for adolescents who are not part of the sport teams.

Youth key informants also have concern about the amount of **bullying** that occurs amongst their age group. Participants describe that these actions impact a young person’s emotional wellbeing. Attendees do not think that the school knows how to deal with bullying, as evidenced by the school’s lack of involvement when an issue arises:

“The problem with schools is that they always say don’t bully people, but somebody came to the principal at ASH (Alexandria Senior High). They told him they were being bullied. The principal didn’t do anything about it until they started fighting. So I think they should do something when they are told.” — Youth Focus Group Participant

“It doesn’t do anything when you go to a counselor. They’re like, ‘Oh, you’ll be okay,’ and this and that, and it never really works out at the end.” — Youth Focus Group Participant

Participants agree that if a friend told them they were thinking of hurting themselves, they would not tell anyone because “then they’ll definitely do it.” The attendees knew of a teen suicide line, but did not think that medium would be helpful, as a one participant explains:

“There is a teen suicide line. But I mean you don’t really hear about it around here. It’s like on some sites that you see, like Twitter. It’s something that you see it, but you don’t think it really does anything. Like how’s a random person on the phone going to help, if you can’t see anybody in person?” — Youth Focus Group Participant

Smoking cigarettes and chewing tobacco are also seen as an issue for adolescents in the community. Tobacco use also begins through introductions from older siblings, or peers. Attendees describe that they see their teachers outside smoking and these are the same people who tell them not to smoke and describe the harmful effects. Youth believe that the number of young people smoking has increased.

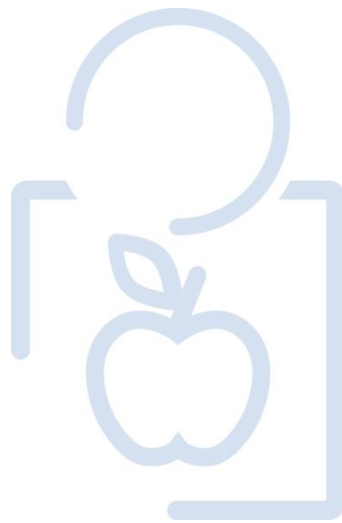
"Because it's more common now. Like it's just not like something that's forbidden, I guess. Like it's normal. More people are starting to accept it, so I think it's just become the usual for certain people." — Youth Focus Group Participant

The rural culture also encourages chewing tobacco.

"I live in the country so that's how it is. It makes you cool around there if you do." — Youth Focus Group Participant

The youth participants feel that the best ways to begin conversations with their generation include utilizing small groups led by a trusted adult (preferably someone under thirty years of age). These intimate groups if done well can create a family style atmosphere. Several youth describe their church groups as this type of group. The participants caution against relying too much on technology, like Facebook or Twitter, because young people use those avenues for fun, not to educate themselves.

OTHER ISSUES



Collaboration

Related Focus Group Findings

Participants spent time discussing the varying levels of collaboration occurring in the community between non-profit organizations, schools, healthcare providers and hospitals. The issues surrounding collaboration were:

- Varying opinions on the level of collaboration
- Need to communicate about resources
- Resource Guide

Attendees had **varying opinions on the level of collaboration** occurring in the community. Some participants spoke about the excellent coordination occurring among non-profit organizations and the larger healthcare system. Participants feel that many coalitions operate throughout the parish to improve the health of the residents and the Rapides Foundation helps to foster the collaborative process. In Rapides Parish, a new CEO collaboration exists to inform all of the agencies about what is happening in the community and to decrease frustrations on all sides. Collaboration is one of the area's strengths, especially in times of crisis:

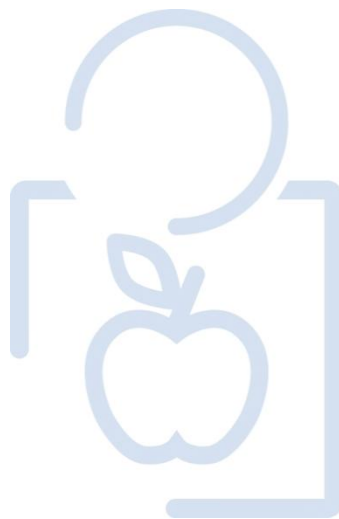
"In the mental health world, when V.O.A. took all their cuts we all knew. I mean we knew there was trouble. People were looking, 'How do we help out? And what are the things there that she has to drop that somebody else might be able to pick up?' And that type of thing." — Rapides Parish Social Service Agency Representative

Other participants agree that organizations in the parish collaborate to some degree, but that this remains an area in need of improvement. Many local organizations operate under enormous time and financial pressures, limiting their capacity for collaboration. Attendees worry that agencies reinvent the wheel and still do not reach the target population. Other respondents feel that communication needs to improve amongst agencies and organizations operate in silos and compete for residents. The competition remains a double-edged sword because with duplication of services inevitably occurring. A participant explains:

"I think there is competition, maybe healthy, from the hospitals...I think the market allows and provides competition, some which means there's a duplication of services, some of which means there's no services and none of them are going to pick it up." — Rapides Parish Advisory Committee Member

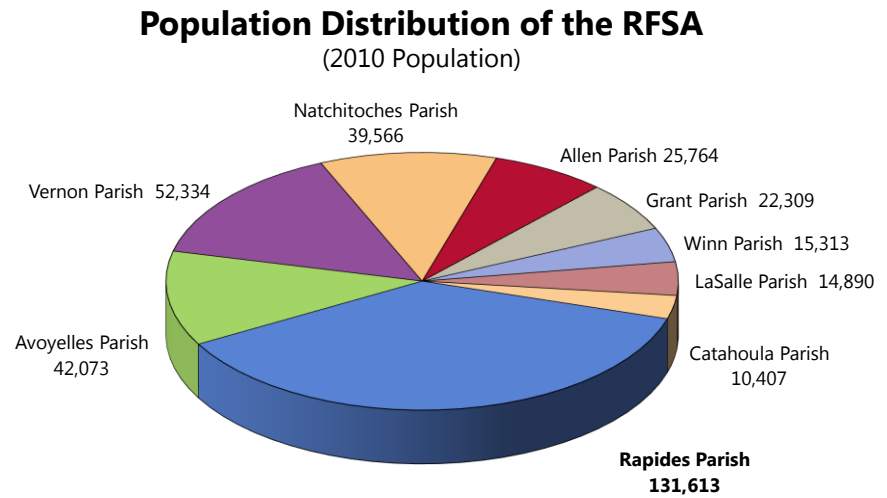
Respondents also believe that agencies and hospitals **need to communicate** more effectively about the **available resources**, but they struggle with funding constraints. Attendees think that the United Way **resource guide** needs to be accessible via the Internet. Focus group members agree the resource guide represents a critical link for community members and the organizations operating in the area, to not only increase awareness, but facilitate coordination.

DEMOGRAPHIC PROFILE



Population

The 2010 census population for Rapides Parish was 131,613, comprising 37.2% of the nine-parish Rapides Foundation Service Area:



Sources: • U.S. Census Bureau, Profile of General Population and Housing Characteristics: 2010. 2010 Census Summary File 1.

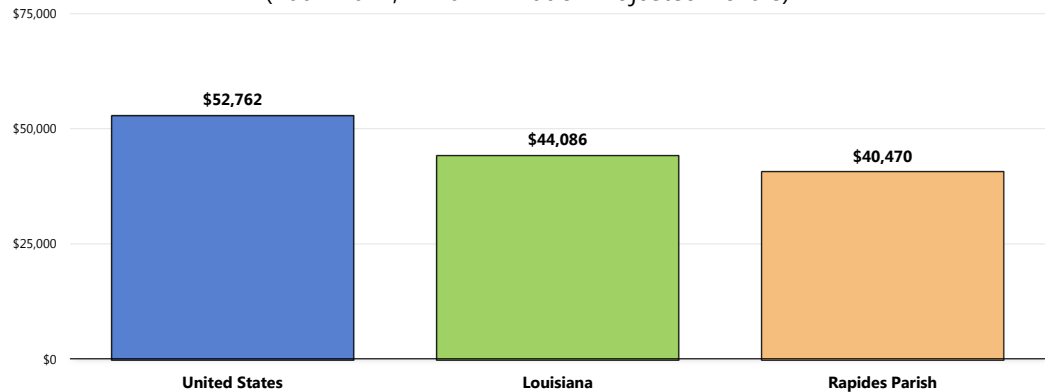
Income

The median income in Rapides Parish in 2011 (in inflation-adjusted dollars) was \$40,470.

- However, note that this is substantially below the US median income of \$52,762.

Median Income in the Past 12 Months

(2007-2011; In 2011 Inflation-Adjusted Dollars)



Sources: • U.S. Census Bureau, 2007-2011 American Community Survey. 5-Year Estimates.

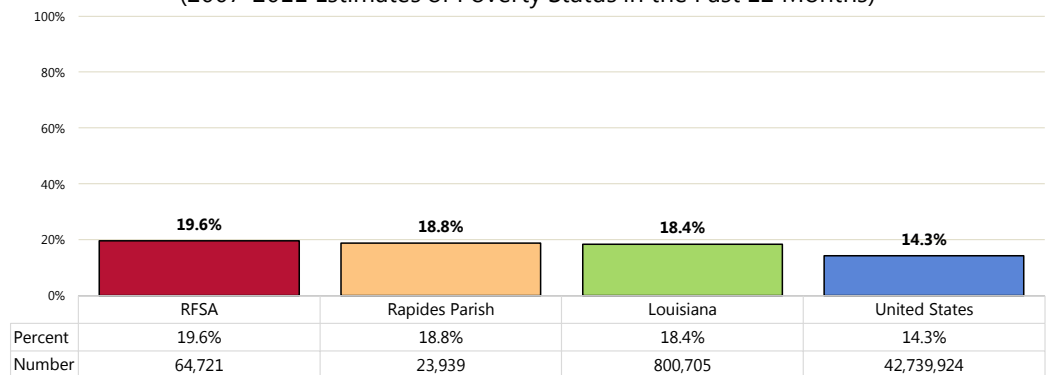
Note the following breakout of 2007-2011 estimates of poverty status.

Nearly one out of five Rapides Parish residents (18.8%) lives below the federal poverty level.

- This is considerably higher than found nationally.

Percent/Number of Total Population Living Below Poverty Level

(2007-2011 Estimates of Poverty Status in the Past 12 Months)



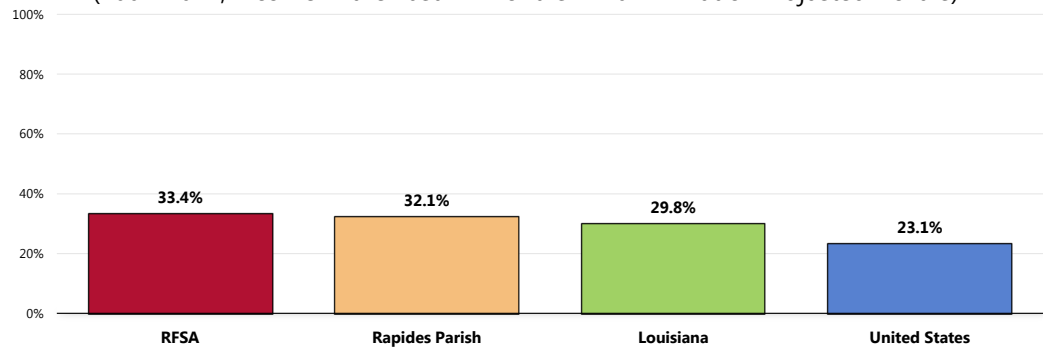
Sources: • U.S. Census Bureau, 2007-2011 American Community Survey. 5-Year Estimates.

In all, nearly one in three Rapides Parish households (32.1%) have annual incomes below \$25,000.

- Much higher than found nationally.

Percentage of Households With Annual Incomes Below \$25,000

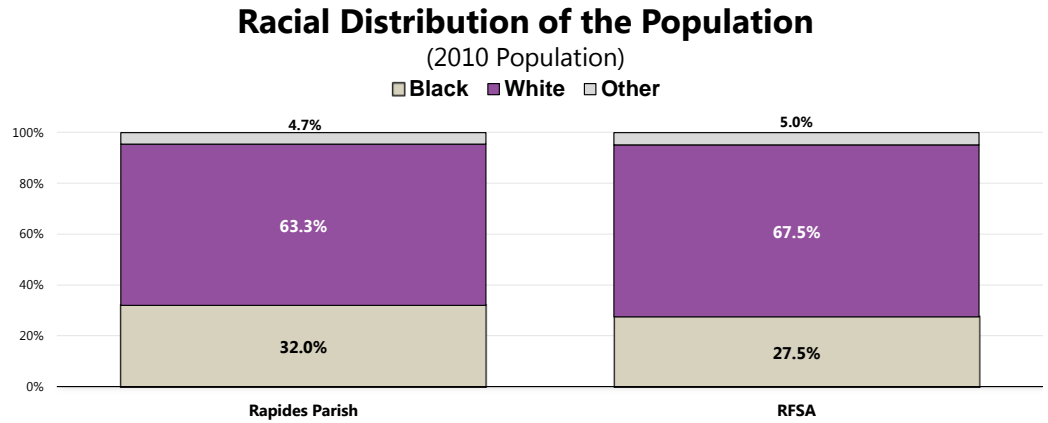
(2007-2011; Income in the Past 12 Months in 2011 Inflation-Adjusted Dollars)



Sources: • U.S. Census Bureau, 2007-2011 American Community Survey. 5-Year Estimates.

Race

A total of 63.3% of Rapides Parish population is White, while 32.0% is Black/African American, and 4.7% is other races.



Sources: • U.S. Census Bureau, Profile of General Population and Housing Characteristics: 2010. 2010 Census Summary File 1.
Notes: • Race includes Hispanics who also identify with a race category (White, Black, Other).
"Other" includes those reporting multiple races, as well as races other than White or Black/African American.

Age

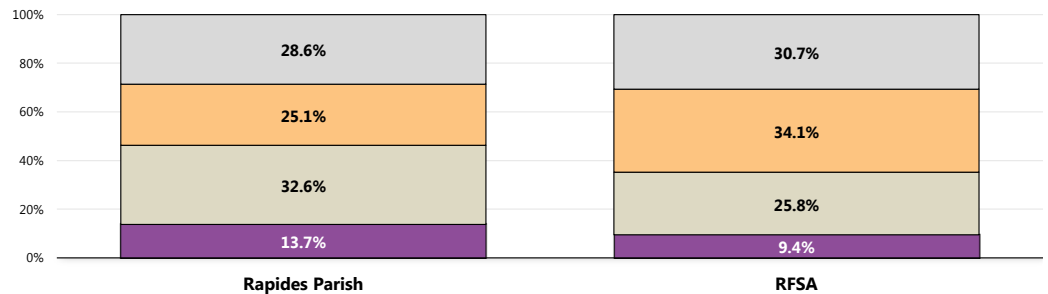
In Rapides Parish, 28.6% of the population is under the age of 20 years. Another 25.1% of residents are 20 to 39, and 32.6% are between 40 and 64 years of age.

A total of 13.7% of Rapides Parish population is age 65 or older.

Age Distribution of the Population

(2010 Population)

■ 65+ ■ 40 to 64 ■ 20 to 39 ■ 0 to 19



Sources: • U.S. Census Bureau, Profile of General Population and Housing Characteristics: 2010. 2010 Census Summary File 1.