2013 PRC Community Health Needs Assessment Report

Catahoula Parish, Louisiana

Funded by
The Rapides Foundation

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INTRODUCTION

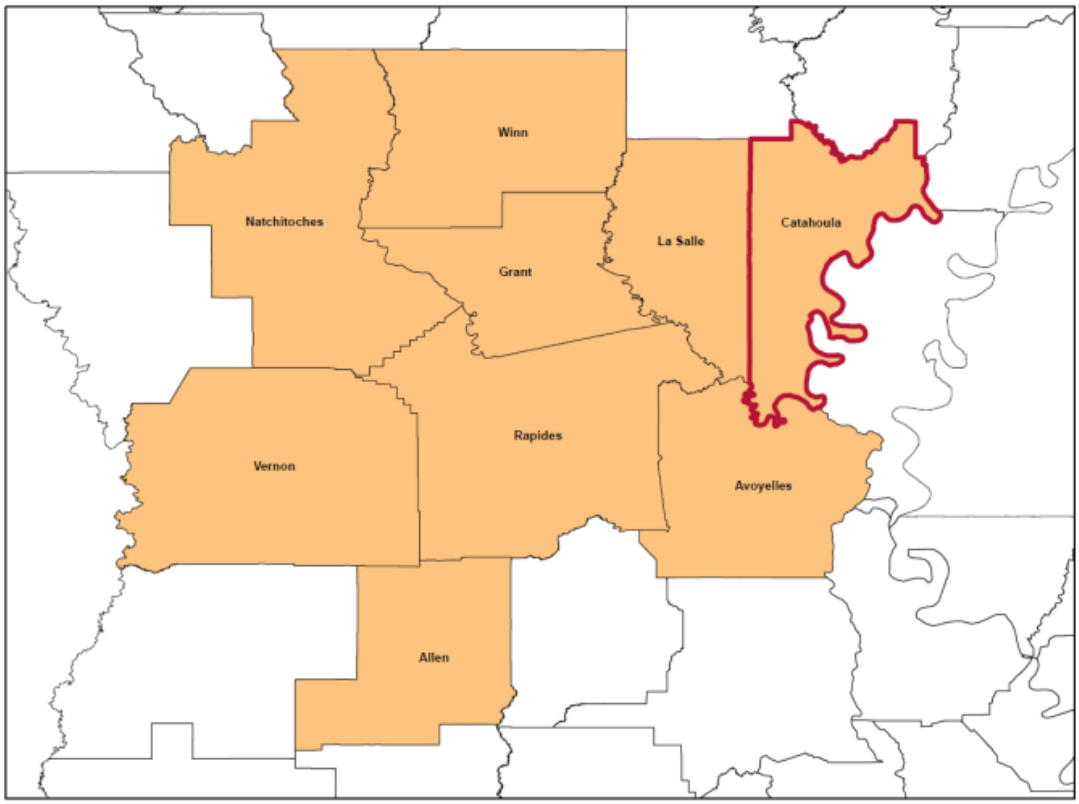
Project Overview

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 Catahoula 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 Catahoula 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.

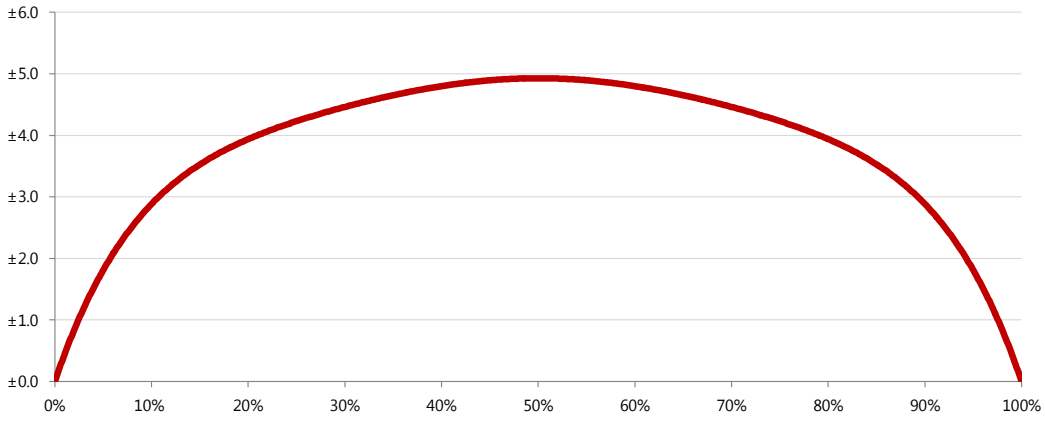
The sample design used for this effort consisted of a random sample of 275 adults age 18 and older in Catahoula Parish. In total, 3,742 surveys were completed across the Rapides Foundation Service Area; once these data were collected, the sample was weighted in proportion to the actual population distribution 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 275 respondents is ±5.7% at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 275 Respondents at the 95 Percent Level of Confidence

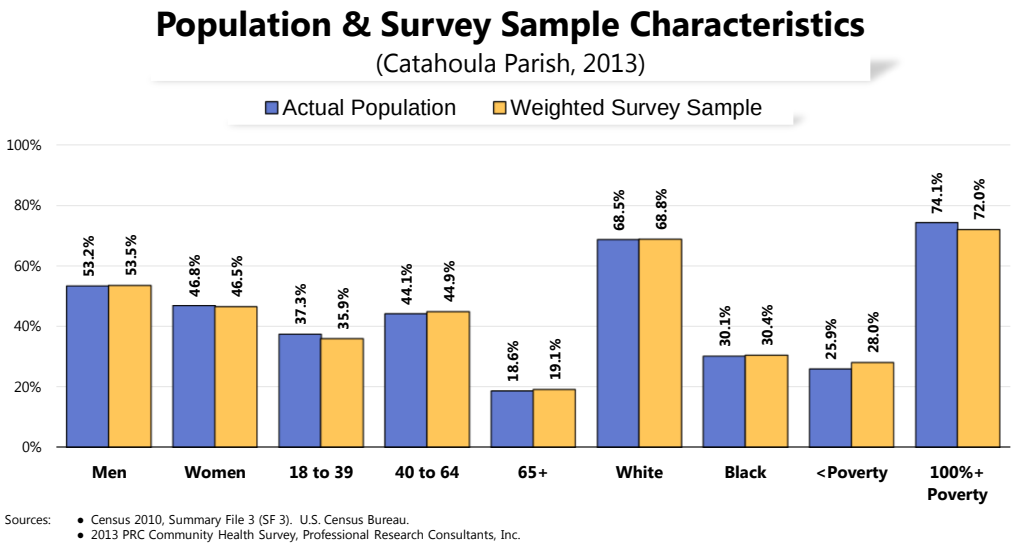


Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 275 respondents answered a certain question with a "yes," it can be asserted that between 6.6% and 13.4% (10% ± 3.4%) 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 44.3% and 55.7% (50% ± 5.7%) of the total population would respond "yes" if asked this question.

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 Catahoula 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.]



Sources:
- Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc.

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 Catahoula 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 Group

As part of the community health assessment, one focus group was held on March 20, 2013. Focus group participants included 6 key informants: physicians, other health professionals, social service providers, and other community leaders.

A list of recommended participants for the focus group 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, as well as 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 group was scheduled to insure a reasonable turnout.

Audio from the focus group session 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 group was 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 Catahoula 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	• Prescription Coverage • Dr/Hospital Visit Coverage • Barriers (Cost of Rx, Obtaining an Appt) • Difficulty Obtaining Child's Care • Routine Checkups (Children) • Use of the ER	
Cancer	• Sigmoidoscopy/Colonoscopy Exams	
Diabetes		• Prevalence of Diabetes
Family Planning	• Teen Births	
Heart Disease	• Action to Control Hypertension • Cholesterol Screenings • Action to Control High Cholesterol	• Prevalence of Heart Disease • Prevalence of Stroke • Blood Pressure Screenings • Hypertension • High Blood Cholesterol
Immunization & Infectious Disease		• Tuberculosis Incidence
Injury & Violence	• Use of Seat Belts (Adults)	• Unintentional Injury Deaths
Infant Health	• Prenatal Care • Low Birthweight	
Mental Health		• "Fair/Poor" Mental Health
Nutrition & Overweight	• 5+ Servings of Fruits/Vegetables • Trying to Lose Weight (Overweights)	
Overall Health		• Activity Limitations • 4+ Days of Limited Activities
Physical Activity & Fitness	• Meeting Physical Activity Guidelines	• Leisure-Time Physical Activity • Walking for Exercise
Respiratory Disease	• Ever Diagnosed w/Asthma (Children)	• Current Asthma (Adults)
STDs	• Syphilis Incidence	• Gonorrhea Incidence • Chlamydia Incidence
Tobacco Use	• Use of Smokeless Tobacco	
Vision	• Recent Eye Exams	

Top Community Health Concerns Among Focus Group Participants

Among Community Key Informants

At the conclusion of the key informant focus group, 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. **Health Education**
2. **Mental Health**
3. **Access to Healthcare Services**

Comparisons With Benchmark Data

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

Reading the Summary Tables

In the following charts, Catahoula Parish results are shown in the larger, blue column.

The orange columns to the right of the Catahoula Parish column provide comparisons between the parish and any available regional, state and national findings, as well as Healthy People 2020 targets. Symbols indicate whether Catahoula Parish compares favorably (), unfavorably (), or comparably () to these external data.

The pink column (far right) provides trending results. Symbols indicate whether Catahoula 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	Catahoula Parish	Catahoula Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	36.5	22.1	26.8	15.1	0.0	35.7
% [65+] With Medicare Supplement Insurance	59.3	65.4		68.1		52.7
% [Insured/No Medicare] Insurance Covers Prescriptions	89.9	94.5				83.5
[Insured] Insurance Covers Both Dr/Hosp Visits	95.5	97.9				89.8
% Difficulty Accessing Healthcare in Past Year (Composite)	37.1	36.8		39.9		42.3
% Inconvenient Hrs Prevented Dr Visit in Past Year	9.1	11.2		15.4		13.4
% Cost Prevented Getting Prescription in Past Year	9.1	16.7		15.8		25.9
% Cost Prevented Physician Visit in Past Year	20.5	15.7		18.2		22.4
% Difficulty Getting Appointment in Past Year	11.4	13.4		17.0		16.8
% Difficulty Finding Physician in Past Year	10.8	10.9		11.0		13.4
% Transportation Hindered Dr Visit in Past Year	10.7	8.5		9.4		11.4
% Difficulty Getting Child's Healthcare in Past Year	1.2	2.2		6.0		9.9
% [Age 18+] Have a Specific Source of Ongoing Care	77.9	73.8		76.3	95.0	72.3
% [Age 18-64] Have a Specific Source of Ongoing Care	78.5	72.3		75.6	89.4	
% [Age 65+] Have a Specific Source of Ongoing Care	74.3	80.7		80.0	100.0	
% Have Had Routine Checkup in Past Year	73.9	70.1		65.0		70.3
% Child Has Had Checkup in Past Year	96.4	89.7		84.1		77.2
% Two or More ER Visits in Past Year	6.8	12.2		8.9		11.3
			better	similar	worse	

Vision	Catahoula Parish	Catahoula Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% Eye Exam in Past 2 Years	51.8	56.9		56.8		38.9
			better	similar	worse	

Oral Health	Catahoula Parish	Catahoula Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% [Age 18+] Dental Visit in Past Year	45.4	52.0	63.9	65.9	49.0	48.1
% Child [Age 2-17] Dental Visit in Past Year	91.4	85.6		81.5	49.0	82.7
			better	similar	worse	

Heart Disease & Stroke	Catahoula Parish	Catahoula Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	415.6	246.6	232.6	184.7	158.9	423.4
Stroke (Age-Adjusted Death Rate)	49.8	49.4	47.0	40.3	33.8	
% Heart Disease (Heart Attack, Angina, Coronary Disease)	13.1	9.8		6.1		8.0
% Stroke	7.5	4.2	3.8	3.9		3.5
% Blood Pressure Checked in Past 2 Years	92.1	96.1		91.0	92.6	95.9
% Told Have High Blood Pressure (Ever)	52.9	44.3	38.4	34.1	26.9	41.0
% [HBP] Taking Action to Control High Blood Pressure	98.1	93.0		89.2		85.9
% Cholesterol Checked in Past 5 Years	86.2	86.7	74.1	86.6	82.1	79.8
% Told Have High Cholesterol (Ever)	39.8	33.8	38.8	29.9	13.5	24.9
% [HBC] Taking Action to Control High Blood Cholesterol	85.4	86.4		81.4		69.1
% 1+ Cardiovascular Risk Factor	94.3	90.3		82.3		95.3
			better	similar	worse	

Cancer	Catahoula Parish	Catahoula Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
Cancer (Age-Adjusted Death Rate)	199.6	203.6	200.6	174.2	160.6	203.1
Lung Cancer (Age-Adjusted Death Rate)	72.4	65.3	62.7	51.6	45.5	
Colorectal Cancer (Age-Adjusted Death Rate)	20.8	21.6	20.8	17.7	14.5	
% Cancer	5.8	6.7				6.0
% [Men 50+] Prostate Exam in Past 2 Years	90.0	73.8		75.0		79.0
% [Women 50-74] Mammogram in Past 2 Years	77.5	73.5	78.5	83.6	81.1	81.7
% [Women 21-65] Pap Smear in Past 3 Years	84.3	78.5	83.1	83.9	93.0	82.3
% [Age 50+] Sigmoid/Colonoscopy Ever	75.6	69.3	60.8	75.2		40.0
% [Age 50+] Blood Stool Test in Past 2 Years	36.3	31.7	19.1	36.9		38.2
% [Age 50-75] Colorectal Cancer Screening	82.0	67.7		75.1	70.5	
			better	similar	worse	

Respiratory Diseases	Catahoula Parish	Catahoula Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
CLRD (Age-Adjusted Death Rate)	31.7	47.8	43.4	43.2		
Pneumonia/Influenza (Age-Adjusted Death Rate)	39.6	25.4	20.6	16.4		
% Chronic Lung Disease	12.1	13.1	6.9	8.6		10.7
% [Adult] Currently Has Asthma	14.0	9.0	6.4	9.4		6.1
% Child [Age 0-17] Asthma (Ever Diagnosed)	7.0	14.6		12.5		19.7
% [Child 0-17] Currently Has Asthma	5.2	8.6		7.1		
			better	similar	worse	

Injury & Violence Prevention

	Catahoula Parish	Catahoula Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
Unintentional Injury (Age-Adjusted Death Rate)	102.2	52.1	49.1	38.2	36.0	80.9
Motor Vehicle Crashes (Age-Adjusted Death Rate)	48.7	23.4	18.5	11.9	12.4	
% "Always" Wear Seat Belt	77.5	83.8		84.8	92.0	55.7
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	84.3	92.2		92.2		74.6
% Child [Age 5-17] "Always" Wears Bicycle Helmet	38.7	18.3		48.7		
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	21.7	24.0		16.8		
% Victim of Violent Crime in Past 5 Years	3.8	2.1		2.8		2.2
% Victim of Domestic Violence (Ever)	6.5	13.8		15.0		4.8
			better	similar	worse	

Diabetes

	Catahoula Parish	Catahoula Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
Diabetes Mellitus (Age-Adjusted Death Rate)	26.3	24.0	28.2	21.3	20.5	
% Diabetes/High Blood Sugar	17.2	14.1	11.8	11.7		10.0
			better	similar	worse	

Chronic Kidney Disease

	Catahoula Parish	Catahoula Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
Kidney Disease (Age-Adjusted Death Rate)	30.3	25.5	27.2	15.2		
			better	similar	worse	

Alzheimer's Disease	Catahoula Parish	Catahoula Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
Alzheimer's Disease (Age-Adjusted Death Rate)	26.3	37.9	32.1	25.0		
			better	similar	worse	

Arthritis	Catahoula Parish	Catahoula Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% Arthritis/Rheumatism	26.7	23.9		20.1		31.6
% [50+] Arthritis/Rheumatism	41.7	40.4		37.3		
			better	similar	worse	

Nutrition & Weight Status	Catahoula Parish	Catahoula Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% Eat 5+ Servings of Fruit or Vegetables per Day	29.5	34.9		39.5		20.7
% Eat 2+ Servings of Fruit per Day	41.4	46.9				
% Eat 3+ Servings of Vegetables per Day	16.8	29.5				
% Difficulty Getting Fresh Fruits & Vegetables	21.6	13.6				25.7
% [Adult] Has 1+ Sugar-Sweetened Drink per Day	64.3	63.9				65.3
% [Adult] Has 3+ Fast Food Meals per Week	31.5	27.5				
% Child [Age 2-17] Eats 5+ Fruits/Vegetables per Day	77.0	55.4				
% Child [Age 2-17] Has 1+ Sugar-Sweetened Drink per Day	90.1	67.0				
% Child [Age 5-17] Has 3+ Fast Food Meals per Week	45.6	32.8				30.6
% Medical Advice on Nutrition in Past Year	37.3	36.2		39.2		
% Healthy Weight (BMI 18.5-24.9)	23.0	26.0	30.6	34.4	33.9	28.7
% Overweight	75.6	72.7	67.5	63.1		69.7

Nutrition & Weight Status (continued)	Catahoula Parish	Catahoula Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% Obese	37.5	38.2	33.4	29.0	30.5	34.3
% Medical Advice on Weight in Past Year	21.0	25.1		23.7		16.6
% [Obese Adults] Counseled About Weight in Past Year	34.5	42.1		48.3		29.0
% [Overweights] Trying to Lose Weight Both Diet/Exercise	42.6	39.5		39.5		22.0
% Children [Age 6-17] Overweight	54.8	34.1		29.7		54.3
% Children [Age 6-17] Obese	41.1	20.9		13.7	14.5	38.6
			better	similar	worse	

Physical Activity	Catahoula Parish	Catahoula Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% [Employed] Job Entails Mostly Sitting/Standing	41.0	53.2		63.8		49.4
% No Leisure-Time Physical Activity	42.6	30.3	33.8	20.7	32.6	33.1
% Meeting Physical Activity Guidelines	38.1	45.7		50.3		30.3
% Moderate Physical Activity	17.3	26.8		30.6		19.9
% Vigorous Physical Activity	29.4	35.4		38.0		24.4
% Strengthening Activity (2+ Times/Week)	22.9	28.3				23.3
% Walk Regularly (5+ Times Per Week For >10 Minutes)	18.6	30.9				53.6
% Medical Advice on Physical Activity in Past Year	36.0	37.2		44.0		
% Child [Age 5-17] Physically Active on a Regular Basis	95.7	85.1				
% Child [Age 5-17] Moderate Physical Activity	74.4	63.3				
% Child [Age 5-17] Vigorous Physical Activity	94.2	80.2				
% Child [Age 5-17] Watches TV 3+ Hours per Day	36.6	25.3		39.3		28.7

Physical Activity (continued)	Catahoula Parish	Catahoula Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% Child [Age 5-17] Non-TV Screen Time 3+ Hours per Day	8.6	15.3		15.0		
% Child [Age 5-17] 3+ Hours per Day of Total Screen Time	52.1	51.4		54.7		
% "Fair/Poor" Local Physical Activity Opportunities	53.0	35.9				52.0
			better	similar	worse	

Substance Abuse	Catahoula Parish	Catahoula Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% Chronic Drinker (Average 2+ Drinks/Day)	1.3	5.4		5.2		2.4
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	10.1	13.9	16.1	19.5	24.4	12.7
% Drinking & Driving in Past Month	1.3	2.0		5.0		1.7
% Driving Drunk or Riding with Drunk Driver	4.3	4.2		8.6		5.0
% Illicit Drug Use in Past Month	0.1	2.1		4.0	7.1	0.2
% Ever Sought Help for Alcohol or Drug Problem	2.2	3.8		4.9		2.0
			better	similar	worse	

Tobacco Use	Catahoula Parish	Catahoula Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% Current Smoker	24.6	22.5	25.7	14.9	12.0	18.8
% Someone Smokes at Home	17.0	16.8		12.7		20.5
% [Non-Smokers] Someone Smokes in the Home	8.9	8.2		6.3		
% [Household With Children] Someone Smokes in the Home	15.5	17.0		9.7		23.3
% [Smokers] Received Advice to Quit Smoking	59.0	60.7		67.8		58.4

Tobacco Use (continued)	Catahoula Parish	Catahoula Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% [Smokers] Have Quit Smoking 1+ Days in Past Year	51.3	54.9		55.9	80.0	45.5
% Aware of Smoking Cessation Services/Programs	32.2	38.6				28.4
% Believe Most People Think "Definitely Should Not Smoke"	39.7	37.8				34.1
% Use Smokeless Tobacco	4.4	7.7		4.0	0.3	10.8
			better	similar	worse	

General Health Status	Catahoula Parish	Catahoula Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% "Fair/Poor" Overall Health	29.6	22.2	23.0	15.3		27.8
% Activity Limitations	30.2	26.2	26.1	21.5		21.5
% 4+ Days Health Prevented Usual Activities	21.7	18.6				15.3
Mortality, All Causes (Age-Adjusted Death Rate)	1,138.2	929.7	919.2	757.2		1,139.3
			better	similar	worse	

Mental Health & Mental Disorders	Catahoula Parish	Catahoula Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	17.3	13.8		11.9		11.3
% Major Depression	13.7	14.8				
% Symptoms of Chronic Depression (2+ Years)	29.1	29.2		30.4		32.8
% [Those With Chronic Depression] Seeking Help	31.9	49.0		53.0	64.6	20.5
			better	similar	worse	

Maternal, Infant & Child Health

	Catahoula Parish	Catahoula Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% Less Than Adequate Prenatal Care	15.8	12.2	14.9			32.7
% of Low Birthweight Births	9.3	9.9	10.9	8.2	7.8	12.3
			better	similar	worse	

Family Planning

	Catahoula Parish	Catahoula Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% of Births to Unwed Mothers	47.9	47.4	53.1	40.8		47.4
% Births to Teenagers	11.2	13.1	11.4	9.3		18.9
			better	similar	worse	

Immunization & Infectious Diseases

	Catahoula Parish	Catahoula Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
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	0.0	0.1	0.9	6.9		0.0
Hepatitis C Incidence per 100,000	0.0	0.2	0.2	0.3	0.3	0.0
% [Age 65+] Flu Shot in Past Year	59.8	74.2	70.2	57.5	90.0	69.1
% [Age 65+] Pneumonia Vaccine Ever	76.3	74.0	69.1	68.4	90.0	66.7
Tuberculosis Incidence per 100,000	3.2	2.5	3.8	3.6	1.0	0.0
Hepatitis A Incidence per 100,000	0.0	0.4	0.2	0.5	0.3	0.0
			better	similar	worse	

Sexually Transmitted Diseases	Catahoula Parish	Catahoula Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
Gonorrhea Incidence per 100,000	119.3	173.6	196.5	101.0		108.3
Primary & Secondary Syphilis Incidence per 100,000	3.2	6.6	9.7	4.5		12.7
Chlamydia Incidence per 100,000	432.1	616.9	642.3	429.6		308.8
Hepatitis B Incidence per 100,000	3.2	0.6	1.2	1.1		3.2
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	5.3	9.1		11.7		
% [Unmarried 18-64] Using Condoms	57.2	43.1		33.6		
			better	similar	worse	

HIV	Catahoula Parish	Catahoula Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% [Age 18-44] HIV Test in the Past Year	30.2	28.0		19.3	18.9	33.3
			better	similar	worse	

Housing	Catahoula Parish	Catahoula Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% “Fair/Poor” Condition of Neighborhood Homes	25.3	15.7				21.9
% "Fair/Poor" Availability of Affordable Housing	47.9	48.7				54.6
% Displaced From Housing in Past 2 Years	12.1	10.8				10.3
			better	similar	worse	

ACCESS TO HEALTHCARE SERVICES

Health Insurance Coverage

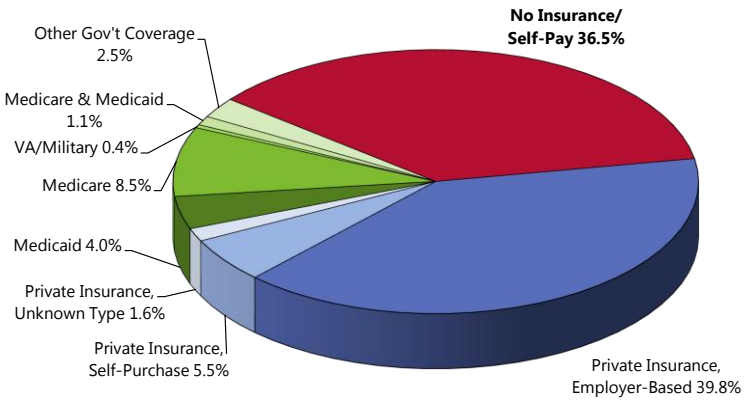
Type of Healthcare Coverage

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

A total of 46.9% of Catahoula Parish adults age 18 to 64 report having healthcare coverage through private insurance. Another 16.5% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage

(Among Adults Age 18 to 64; Catahoula Parish, 2013)



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

Hospital & Physician Coverage

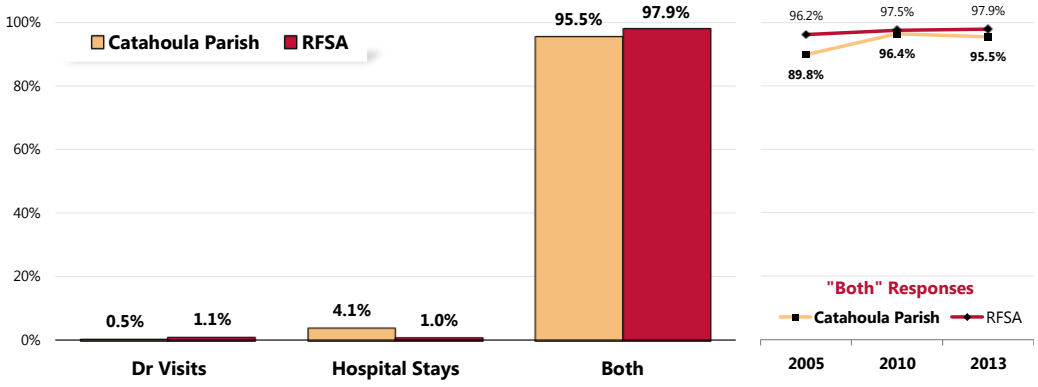
Among insured adults, the vast majority (95.5%) is at least partially covered for both physician and hospital visits.

- Statistically similar to the regional (RFSA) prevalence.
- Marks a modest (but statistically significant) increase from 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).

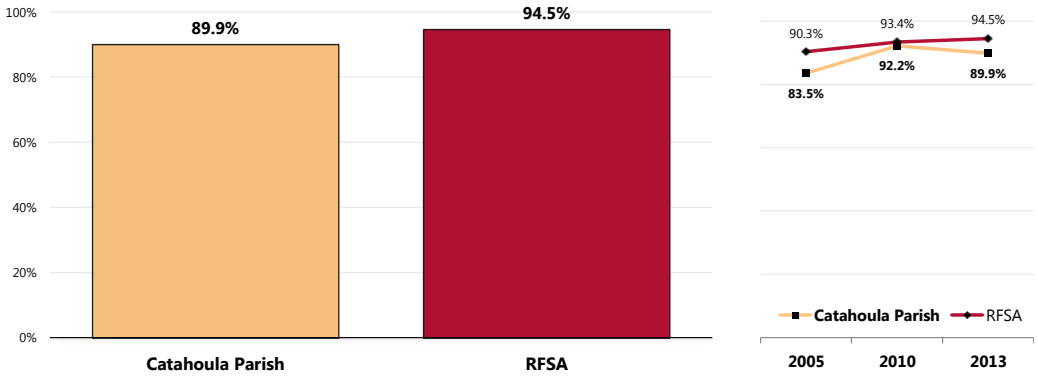
Prescription Drug Coverage

Among insured adults (excluding those with Medicare), 89.9% report having prescription coverage as part of their insurance plan.

- Lower than 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.

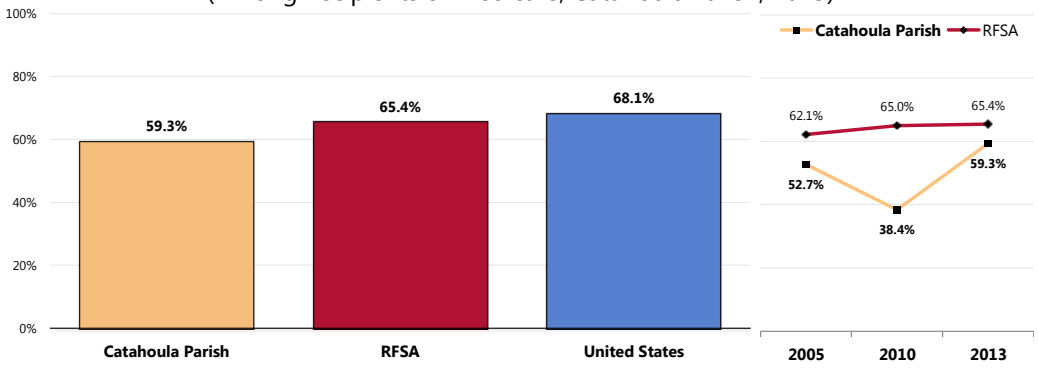
Supplemental Medicare Coverage

Among Medicare recipients, 59.3% 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 Catahoula Parish since the 2005 survey (but increasing significantly from 2010 survey findings).

Have Additional Supplemental Coverage

(Among Recipients of Medicare; Catahoula 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

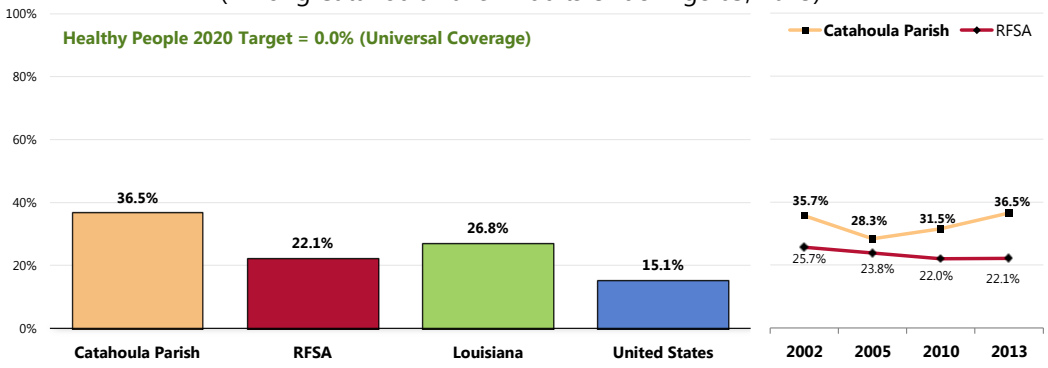
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 36.5% report having no insurance coverage for healthcare expenses.

- Less favorable than found regionally.
- Less 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 has not changed significantly from baseline 2002 survey findings in Catahoula Parish.

Lack of Healthcare Insurance Coverage

(Among Catahoula 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:

- Young adults (those under age 40).
- Residents living at lower incomes.
- Black residents.

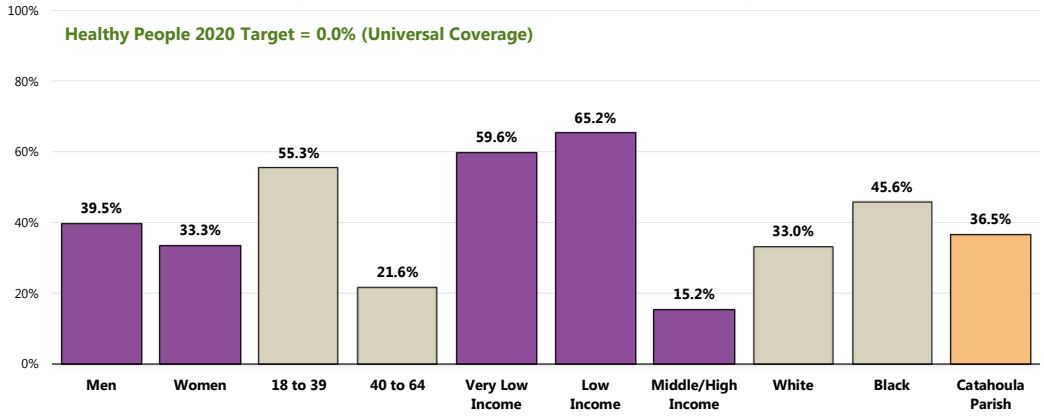
Charts throughout this report (such as shown here at right) detail survey findings among key demographic groups – namely by gender, age groups, income (based on poverty status), and race.

NOTE

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

Lack of Healthcare Insurance Coverage

(Catahoula 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.

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.

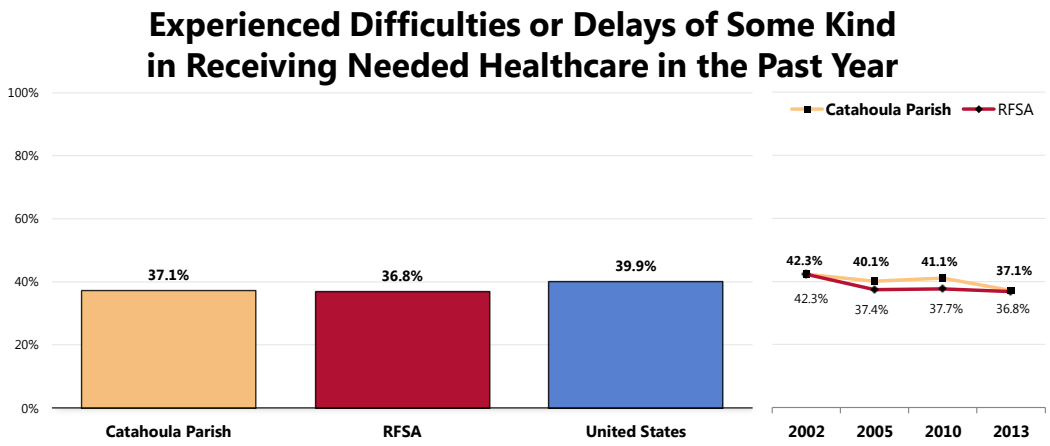
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

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 37.1% of Catahoula Parish adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Comparable to the RFSA proportion.
- Comparable to the national figure.
- Statistically unchanged over time.



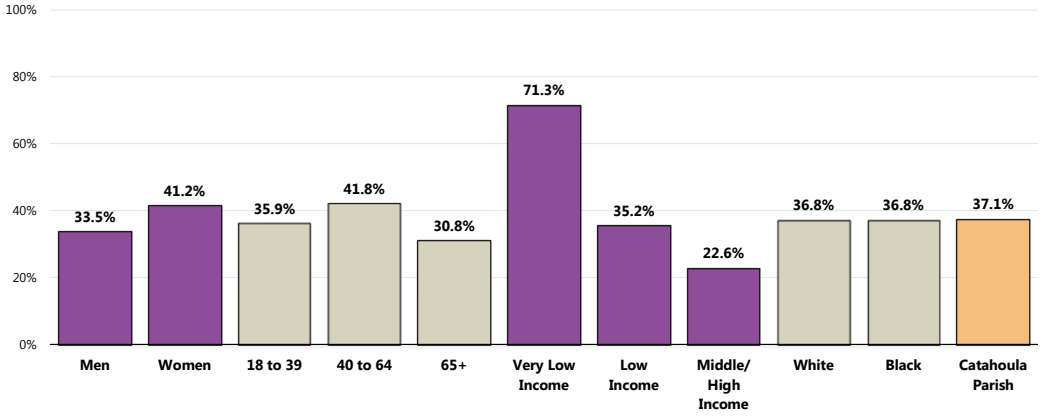
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 213]
- 2013 PRC National Health Survey, Professional Research Consultants.

Notes:
- Asked of all respondents.

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

- Adults age 40 to 64.
- Very low income residents (note the negative correlation with income).

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

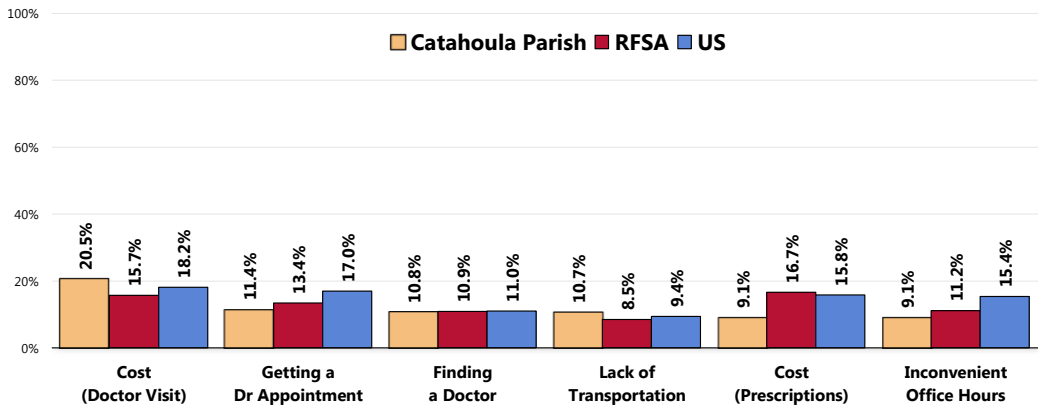
To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

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

Of the tested barriers, cost of physician visits impacted the greatest share of Catahoula Parish adults (20.5% say that cost prevented them from visiting a doctor at some point in the past year).

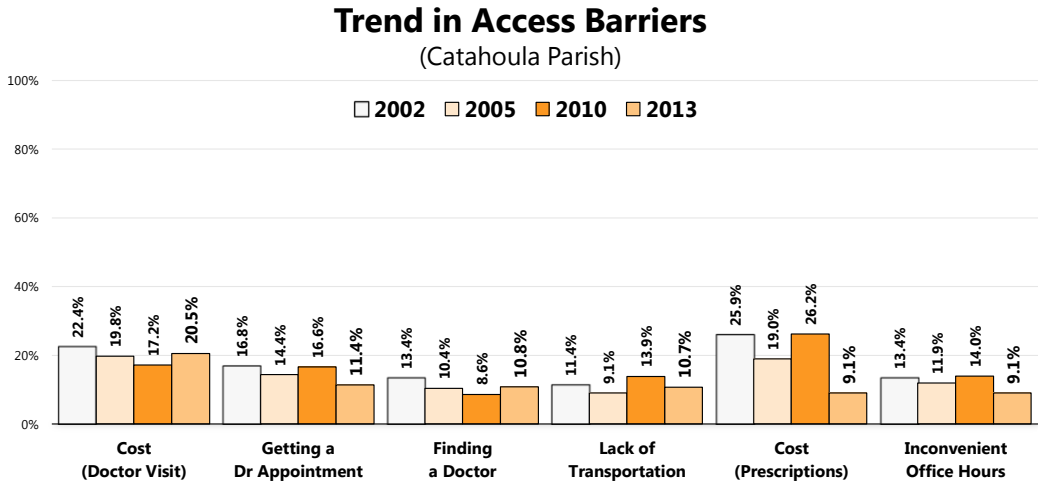
- Compared with regional data, survey findings are similar (or more favorable) in Catahoula Parish.
- The proportion of Catahoula Parish adults impacted was statistically comparable to or better than that found nationwide for **each** of the tested barriers.

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, Catahoula Parish has improved for **cost of prescription medication** and **difficulty getting appointments** (the remaining indicators were stable over time).



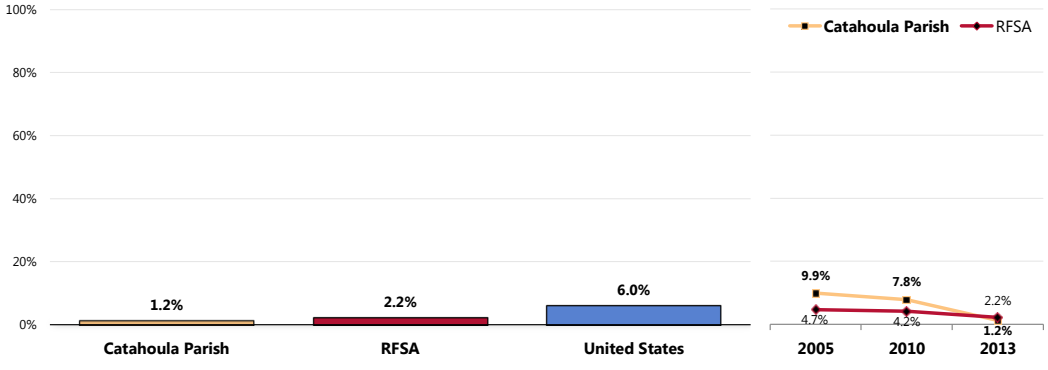
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 9-14]
Notes: • Asked of all respondents.

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 1.2% 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.

- Comparable to what is found throughout the RFSA.
- More favorable than the percentage reported nationwide.
- Marks a significant improvement over time.



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 of the key informants participating in the focus group are concerned with access to healthcare, discussing such issues as:

- Barriers to accessing healthcare
- Poverty
- Cost of medical care/prescriptions
- Compliancy
- Under-insured or uninsured population
- Overall low number of physicians
- Specialists
- Transportation

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 residents' income and race. The perception is that residents who live in **poverty** cannot meet their basic needs.

> *"Tragically, I was involved in a situation where the spouse of this particular individual passed away a couple months ago because they couldn't access healthcare. Similar to what you said. Couldn't afford the transportation. Got pneumonia. Couldn't afford the meds. Did what we could to help them. But really no access beyond what's right here in the community." — Catahoula Parish Key Informant*

The **cost of medical care and/or prescriptions** can also be insurmountable barriers to these low income residents:

> *"Well, if you have COPD and you don't have insurance, you can come in and see me, but I can't get you any medicine because it's too expensive. And I don't have that many samples that I can give you enough." — Catahoula Parish Key Informant*

Respondents have mixed feelings about the Cenla Medication Access program (CMAP). An attendee explains his frustrations with the program:

> *"If you make any money you're probably not going qualify (CMAP). If you come here and you can pay $10.00 we'll see you. If you don't have any insurance and you don't have a lot of money; you can see me and I can order some lab work. But I can't give you any medicine. I mean I can't get you any medicine. I can get you what's on the $4.00 list. And then they have to go buy that. A lot of them won't even buy that." — Catahoula Parish Key Informant*

Many residents are undereducated and do not think about long-term health consequences or the importance of preventative healthcare. The resident's stressful personal lives may distract them from recognizing the need for care:

> *"They don't prioritize it as being important. They have other things that they're worried about like custody battles or you know picking mom up from whatever or they have too much other stuff. Drama going on." — Catahoula Parish Key Informant*

Non-compliance is also common place in the parish and healthcare providers express frustration about the lack of compliance with treatment plans, or follow up procedures:

> *"Just an example of not following through with the plan I have a patient, I went to the grocery store on the way to pick my daughter up from my mom. And of course I didn't say anything to her, but she was in line and she had three 24-packs of cola and she had eight 2-liter bottles of fruit-flavored soda and she's very badly diabetic. I mean that's just an example of not doing what we tell them to do or ask them to do." — Catahoula Parish Key Informant*

Focus group members feel that many residents are also **under-insured or uninsured,** limiting their 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 parish with sliding-fee schedules, but participants would like to see more clinics. The rural health clinics and FQHCs experience high demand. For those residents with Medicaid, very few physicians will accept that insurance as a healthcare provider explains:

> *"They're poor. If they have insurance, it's Medicaid. Nobody else takes Medicaid. I'm basically all they have." — Catahoula Parish Key Informant*

Overall, a **limited number of primary care providers** exist in the parish because of the area's rural nature, so even those residents with insurance may find it difficult to locate a provider. Additionally, the hospitals find it difficult to recruit and maintain physicians; this frustrates both focus group attendees and patients:

> *"It is very hard (to get doctors to come to rural areas). And when you get one, it's hard to get them to stay. Because I mean they're going to get overworked. And it's just hard. So the patients don't have faith in that clinic. And it's like who am I going to see next month. Are you going to be here? Because I don't know how many times they've asked me that now and I feel so bad for them. Are you going to stay this time? Yes, I'm going to stay. I swear to you I'm going to stay." — Catahoula Parish Key Informant*

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, or specialty providers who will accept Medicare/Medicaid recipients. Residents of Catahoula Parish must travel to access specialty care.

However, **transportation** can act as a barrier, with many local families depending on one car for the entire family, and others do not have any personal vehicles. In Catahoula Parish, walking, friends, family or church may be a resident's only transportation options.

> *"It's real common to see people walking over with arms filled with, whether it's clothes or commodities or whatever, and they walk away – I mean they just walk. I mean it's practically foot travel only. Not even bikes. I mean very few have working bicycles." — Catahoula Parish Key Informant*

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.

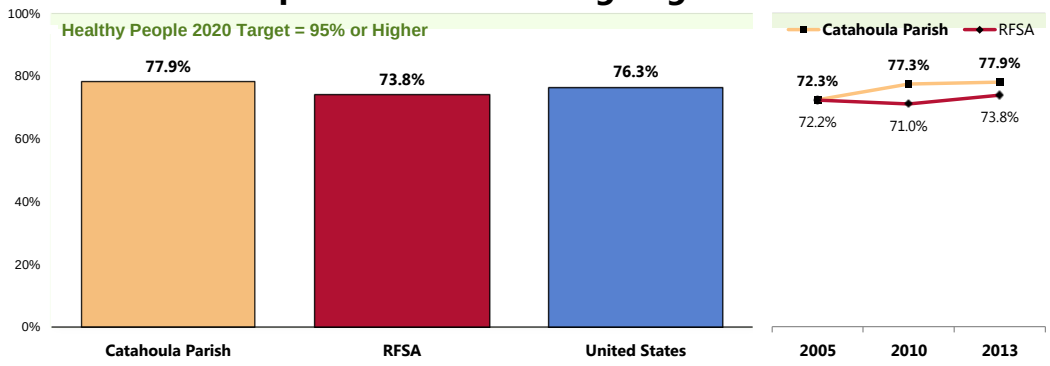
Specific Source of Ongoing Care

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.

A total of 77.9% of Catahoula Parish adults were determined to have a specific source of ongoing medical care.

- Similar to regional (RFSA) findings.
- Statistically similar to national findings.
- Fails to satisfy the Healthy People 2020 target.
- Statistically unchanged in Catahoula Parish since 2005.

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]

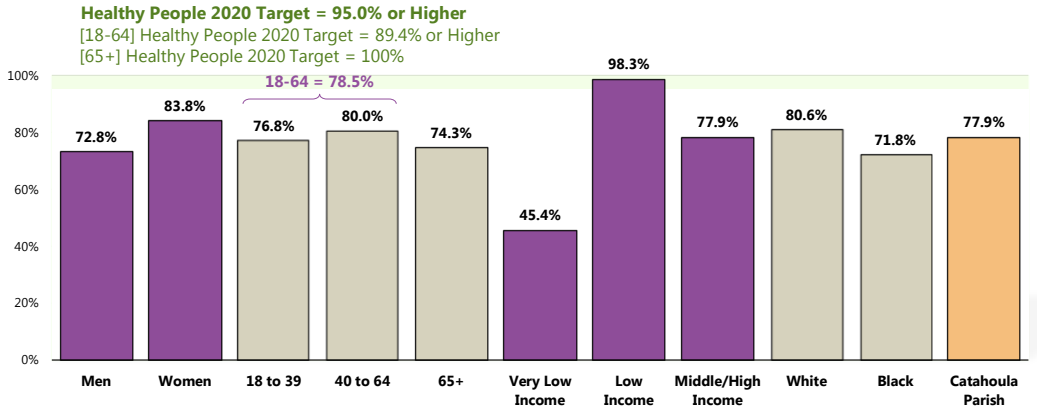
Notes:
- Asked of all respondents.

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

- Men.
- Adults in households with very low incomes.

Have a Specific Source of Ongoing Medical Care

(Catahoula Parish, 2013)



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.

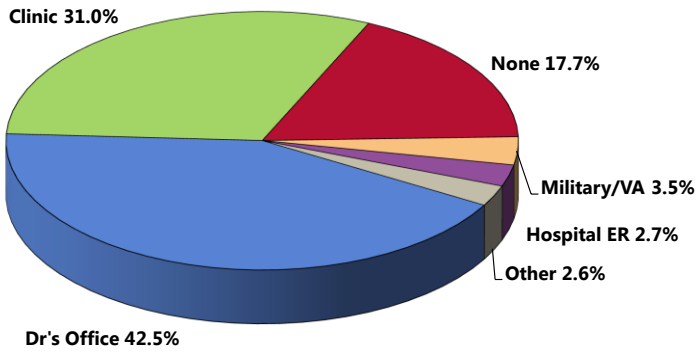
Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (42.5%) identified a particular doctor's office (comparable to the 45.8% reported nationwide)**.**

A total of 31.0% say they usually go to some type of clinic (above the 26.2% across the US)**, while 3.5% visit some type of military/VA facility** (similar to the 3.1% national prevalence) **and 2.7% rely on a hospital emergency room** (identical to the 2.7% US figure)**.**

Particular Place Utilized for Medical Care

(Catahoula Parish, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 16-17]

Notes:
- Asked of all respondents.

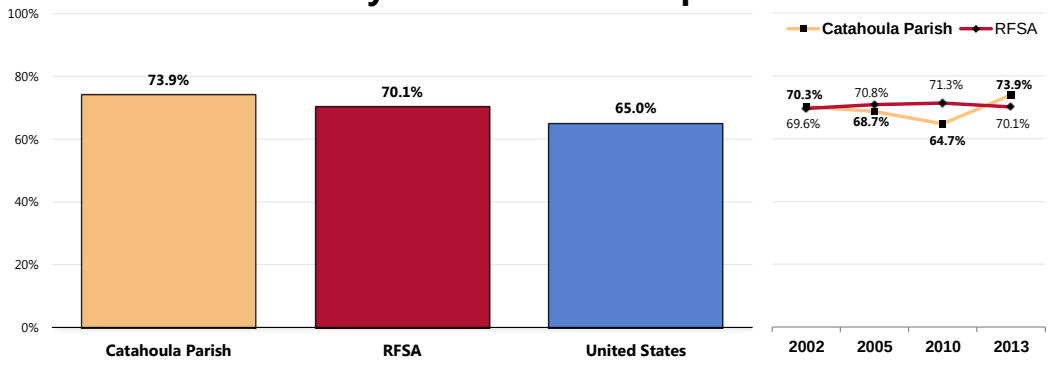
Routine Medical Care

Adults

A total of 73.9% 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 (but increasing significantly from 2010 survey findings).

Have Visited a Physician for a Checkup in the Past Year



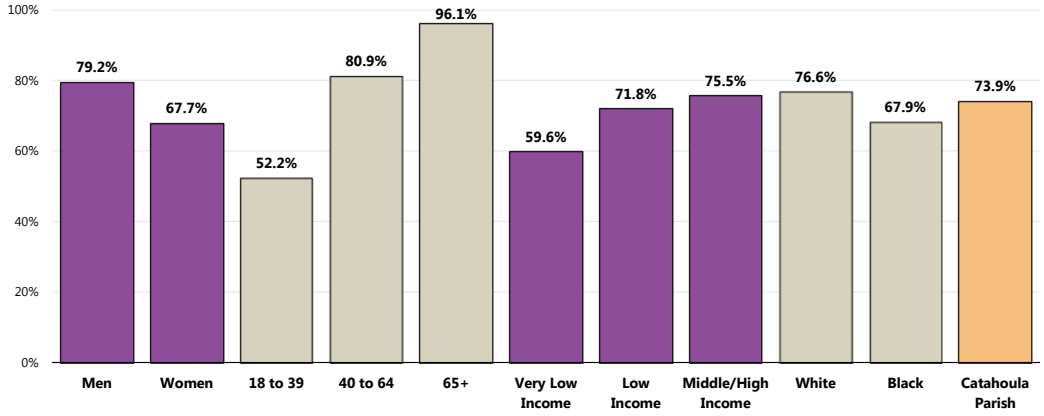
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 18]
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents.

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

- Women.
- Younger residents (note the positive correlation with age).
- Lower-income residents (positive correlation with income).

Have Visited a Physician for a Checkup in the Past Year

(Catahoula Parish, 2013)



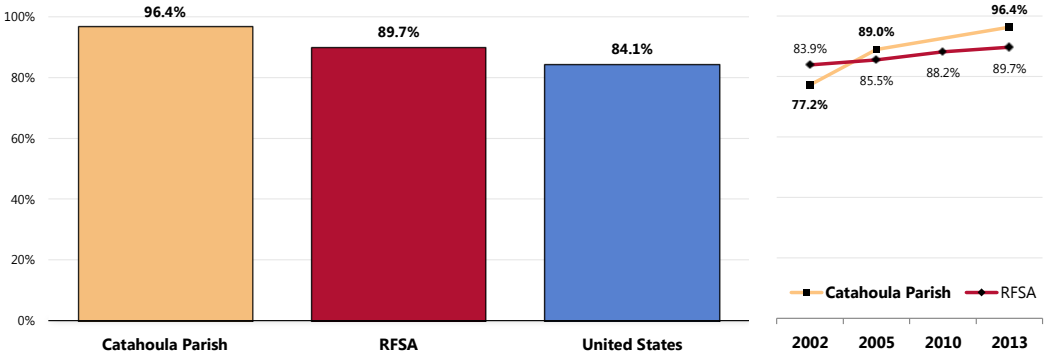
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Among surveyed parents, 96.4% report that their child has had a routine checkup in the past year.

- Higher than regional findings.
- Higher than national findings.
- Note the consistent and significant increase in the proportion of children's routine checkups since 2002.

Child Has Visited a Physician for a Routine Checkup in the Past Year

(Catahoula Parish Parents of Children <18, 2013)



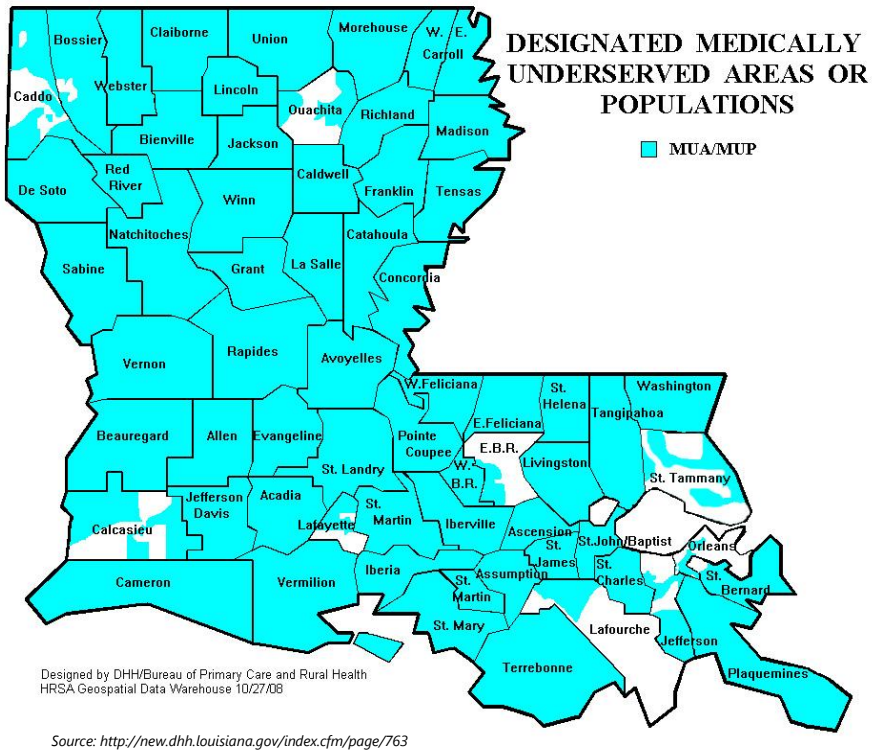
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 137]
- 2013 PRC National Health Survey, Professional Research Consultants.

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 Catahoula Parish — is designated as a Medically Underserved Area/Population.



Source: http://new.dhh.louisiana.gov/index.cfm/page/763

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.

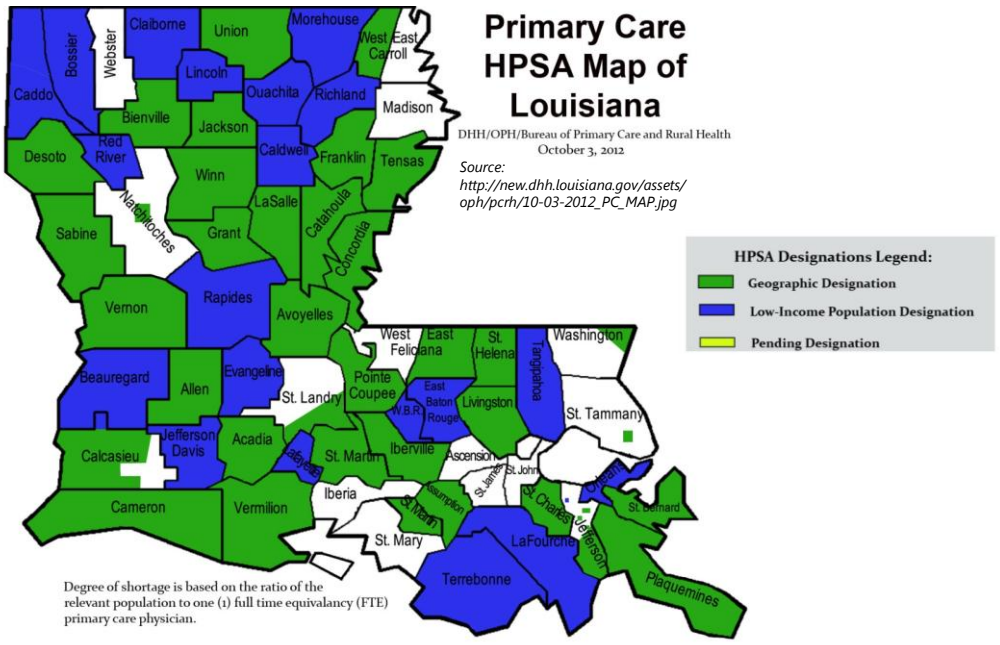
Primary Care designations pertain to an area's access to physicians that practice principally in one of the following: family practice, general practice, internal medicine, pediatrics, and OB/GYN. A ratio is used to measure the level of primary care access. To be

considered underserved a ratio of ≥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.

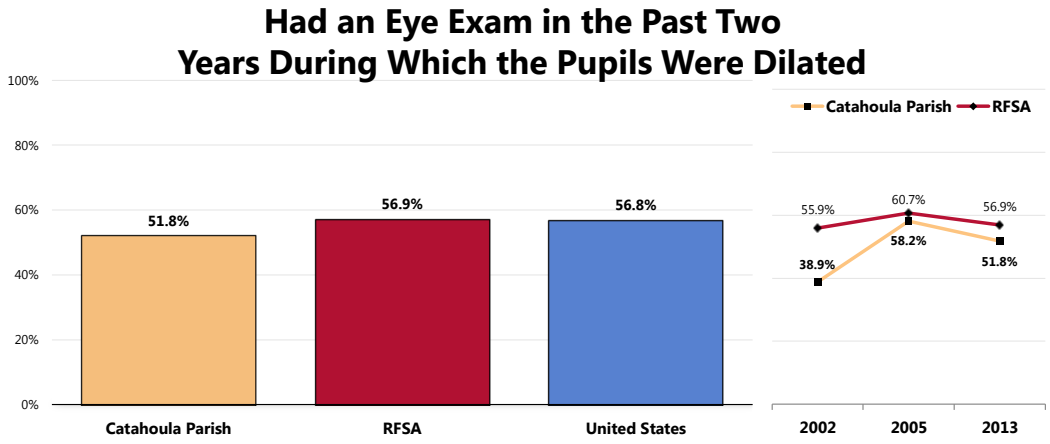
Catahoula Parish is a geographically designated HPSA.



Vision Care

A total of 51.8% of Catahoula Parish adults have had an eye exam in the past two years during which their pupils were dilated.

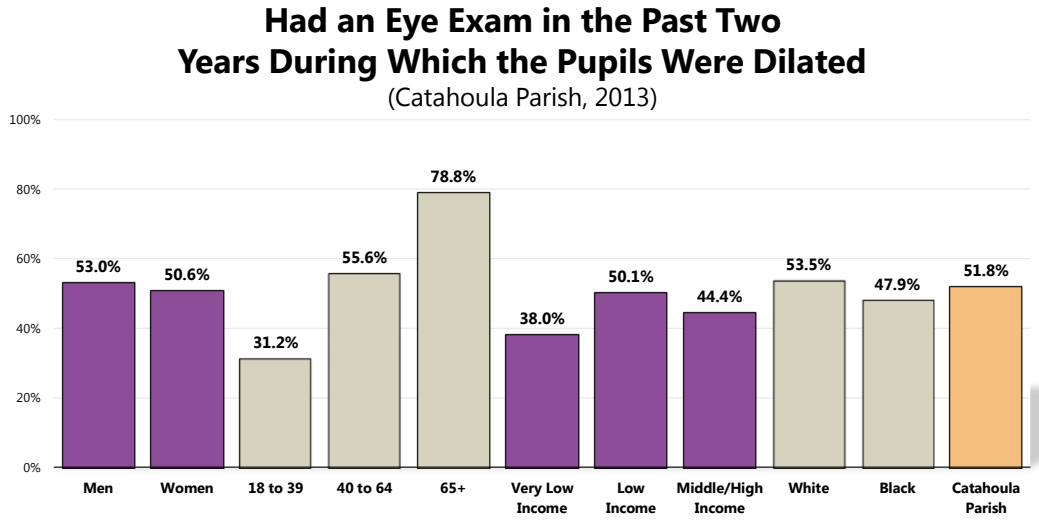
- Similar to regional (RFSA) findings.
- Similar to national findings.
- Marks a significant increase from 2002 survey findings (but decreasing since 2010).



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).



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.

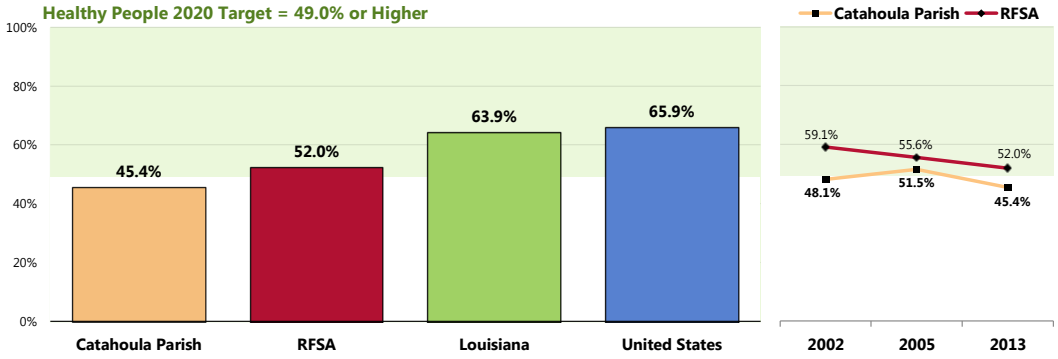
Dental Care

Adults

A total of 45.4% of Catahoula Parish adults have visited a dentist or dental clinic within the past year.

- Lower than regional (RFSA) findings.
- Lower than found statewide.
- Lower than found nationally.
- Similar to the Healthy People 2020 goal (49.0% or higher).
- Dental care in Catahoula Parish has not changed significantly from 2002 findings.

Have Visited a Dentist or Dental Clinic Within the Past Year



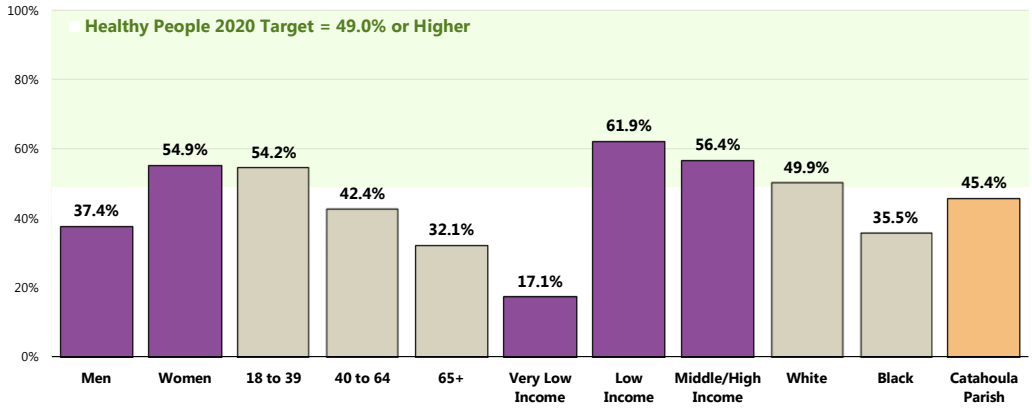
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
- Behavioral 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 men, adults age 40+ (especially seniors), very low income adults, and Blacks.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Catahoula 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]

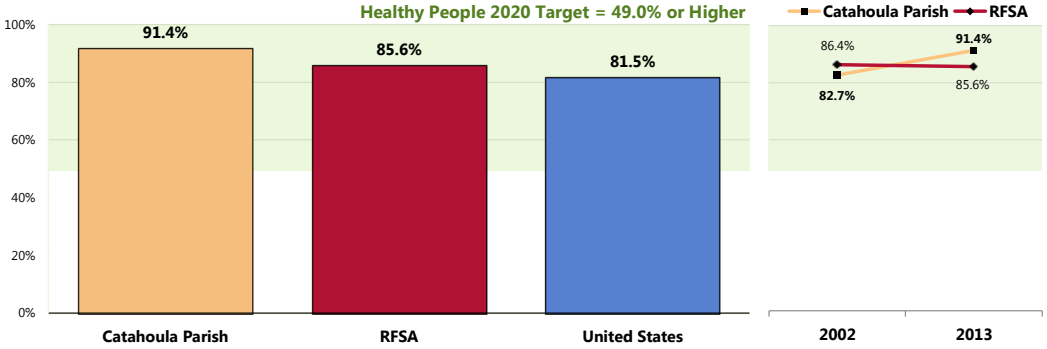
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

A total of 91.4% of Catahoula Parish parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Similar to regional (RFSA) findings.
- Better than national findings.
- Satisfies the Healthy People 2020 goal (49.0% or higher).
- Statistically unchanged over time.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Catahoula 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

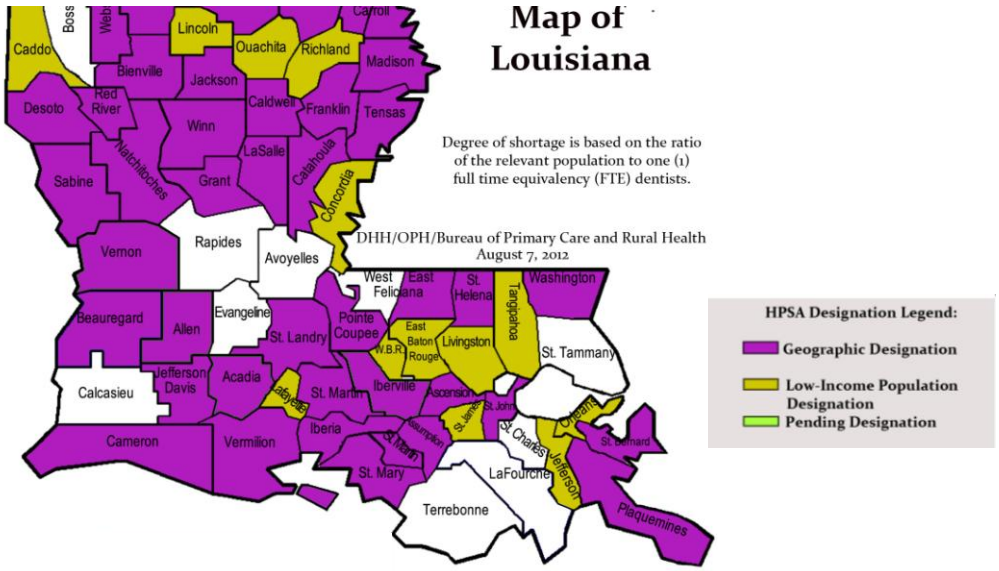
Health Professional Shortage Area (HPSA) designations are approved by the federal Office of Shortage Designation (OSD) in the Health Resources and Services Administration (HRSA) located in Rockville, Maryland. Louisiana's Bureau of Primary Care and Rural Health (BPCRH) typically submits requests pertaining 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.

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 ≥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.

Catahoula Parish is a geographically designated HPSA for dental care.

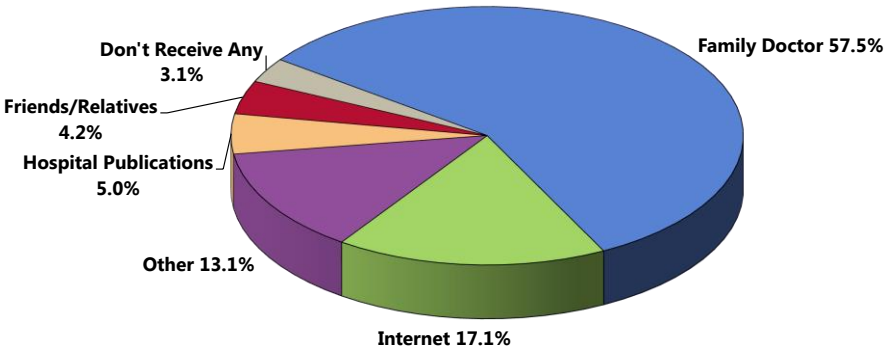


Healthcare Information Sources

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

- 57.5% of adults cited their **family physician** as their primary source of healthcare information.
- 17.1% 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
(Catahoula 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

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

- Overall low educational attainment
- Low health literacy
- Develop and capitalize on relationships with faith-based organizations

Focus group participants agree that health education is an important aspect of prevention and improving the overall health of community members, but that the community suffers due to residents' **low educational attainment**. Many community members lack basic health knowledge and the community possesses **low health literacy levels**. Agencies need to tailor their messages accordingly and provide education at appropriate age and reading levels.

> *"The average educational level of the patients when I was in med school was fourth grade. So the material has to be presented in a fourth grade manner that these people can understand." — Catahoula Parish Key Informant*

Physicians also struggle with not having enough time to fully explain the disease process to patients:

> *"I don't have time to sit there and explain to them how diabetes and smoking destroys their blood vessels and it destroys the blood vessels in their eyes, their kidneys. They may feel just fine with a sugar of 230 and a blood pressure of 190 over 100. But in 10 to 15 years from now their hearts are going to be ruined, their kidneys are going to be ruined, their eyes are going to be ruined. Because at the moment they feel fine. And they just don't know what these diseases are doing to their bodies and to their, you know the damage that's being created." — Catahoula Parish Key Informant*

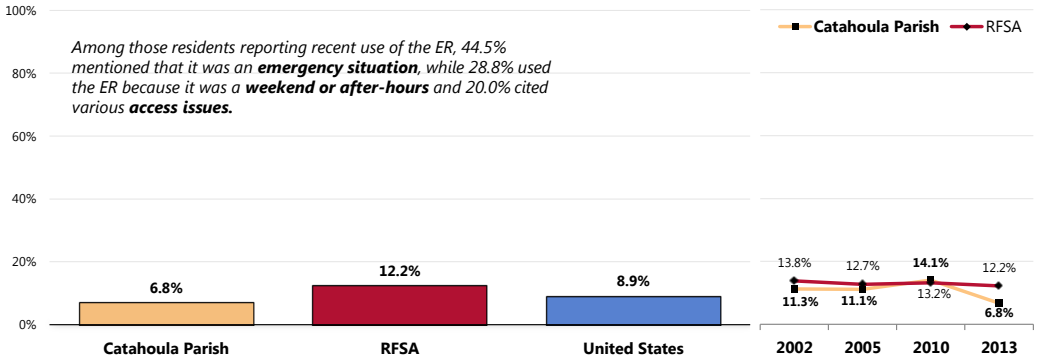
Focus group attendees also believe that local non-profits need to **develop and capitalize on relationships which the faith-based organizations have in the community**. Agencies must work with the churches to help educate residents.

Emergency Room Services

A total of 6.8% of adults throughout Catahoula Parish have gone to a hospital emergency room more than once in the past year about their own health.

- Lower than the regional (RFSA) prevalence.
- Similar to the national prevalence.
- Marks a significant decrease from 2002 survey findings.

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



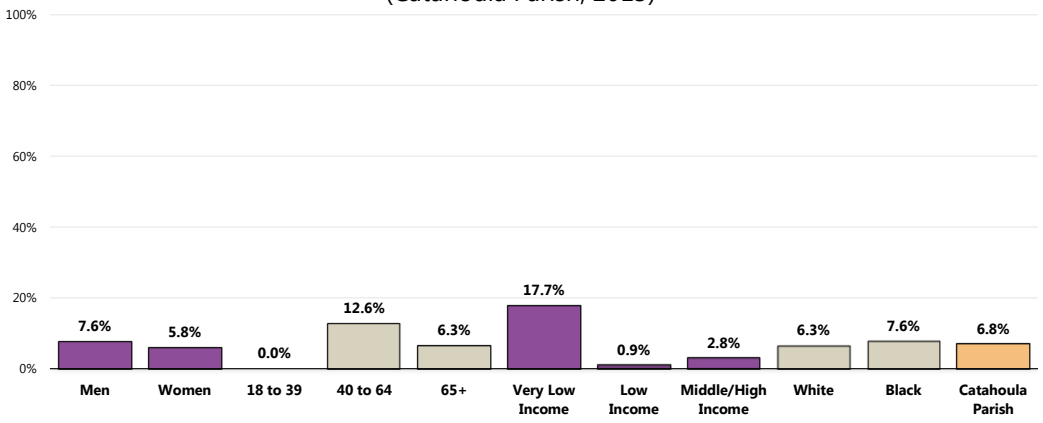
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 23-24]
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents.

When asked why they used the ER instead of a doctor's office, 44.5% say this was due to an **emergency or life-threatening situation** (lower than the 67.5% reported nationally), while 28.8% indicated that the visit was during **after-hours or on the weekend** (higher than the 17.9% across the US) and 20.0% cited some type of primary care **access barrier** (much higher than the 6.2% nationally).

Visits were most often noted among adults age 40 and older and residents living in households with very low income levels.

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

(Catahoula 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.

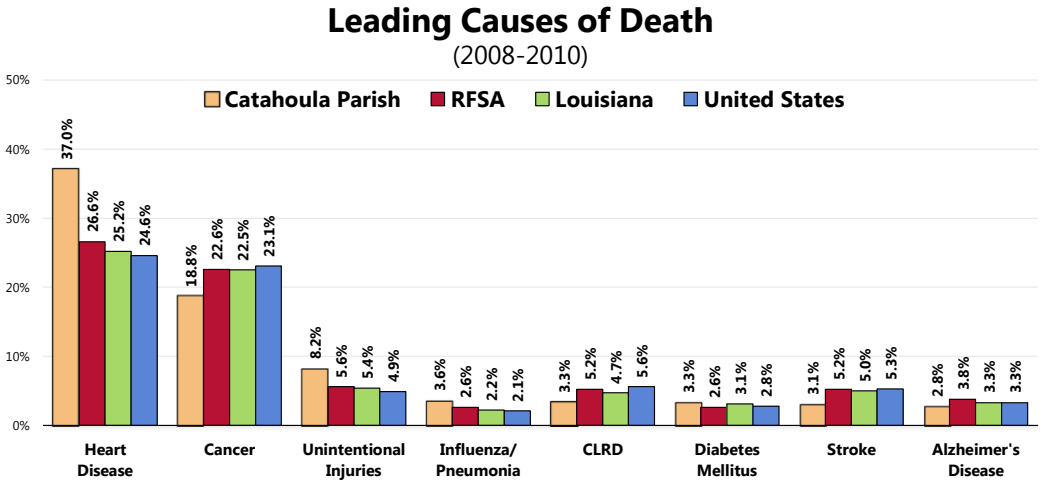
DEATH & DISABILITY

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (including both heart disease and stroke) and cancers accounted for nearly 6 in 10 deaths in Catahoula Parish between 2008 and 2010.

- Note the higher proportion of Catahoula Parish deaths attributed to heart disease when compared to the region, state, and US overall.



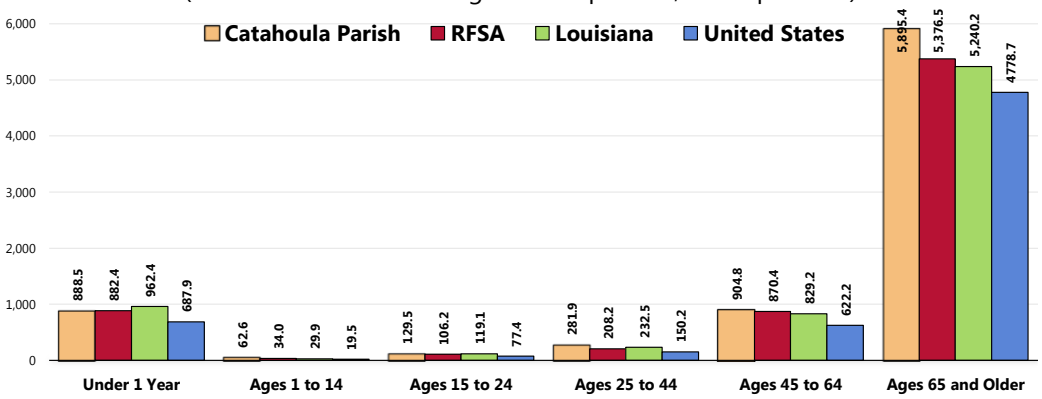
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• CLRD is chronic lower respiratory disease.

The following chart shows crude mortality (death) rates by age groups in Catahoula 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).

- Compared to the region, the parish rate is higher for each age breakout except <1 year (rates are similar).
- Catahoula Parish mortality rates are particularly higher than national rates.

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**

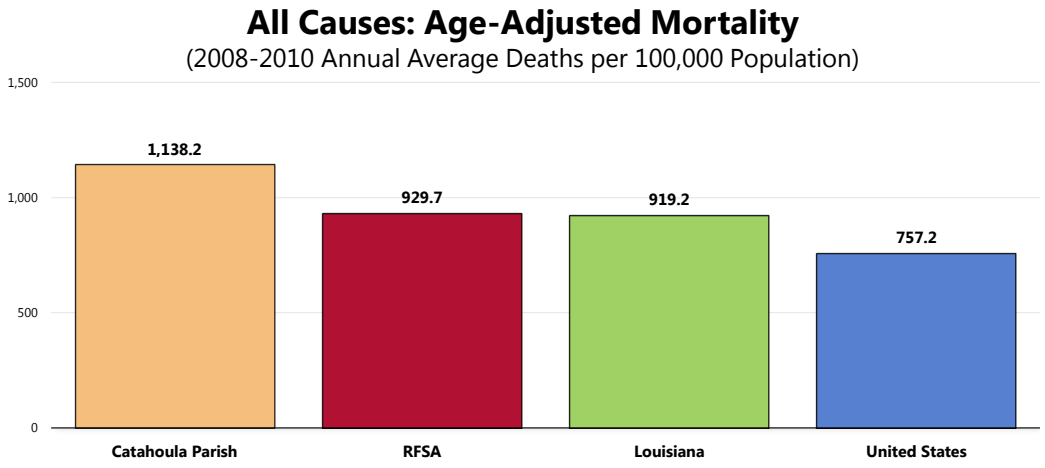
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.

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.

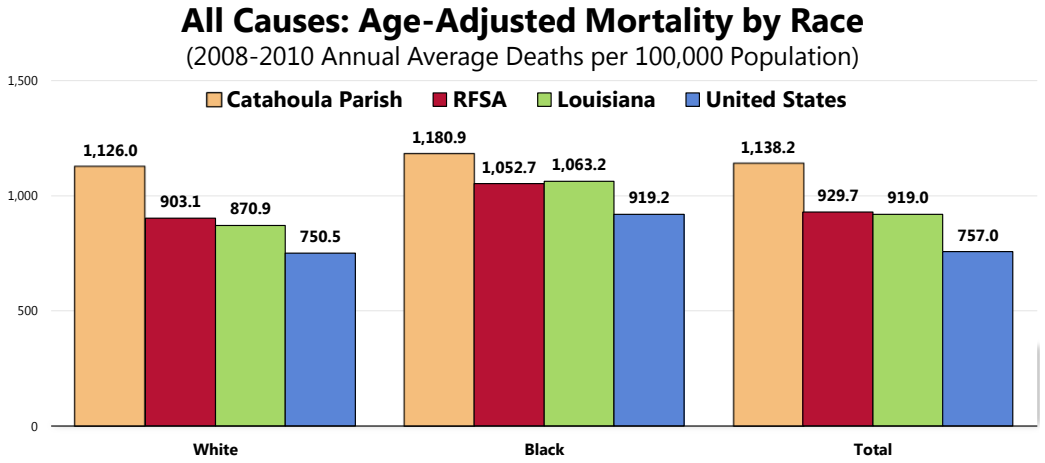
Between 2008-2010, there was an annual average of 1,138.2 age-adjusted deaths per 100,000 population.

- Worse than the RFSA rate.
- Worse than the Louisiana rate.
- Worse than 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.

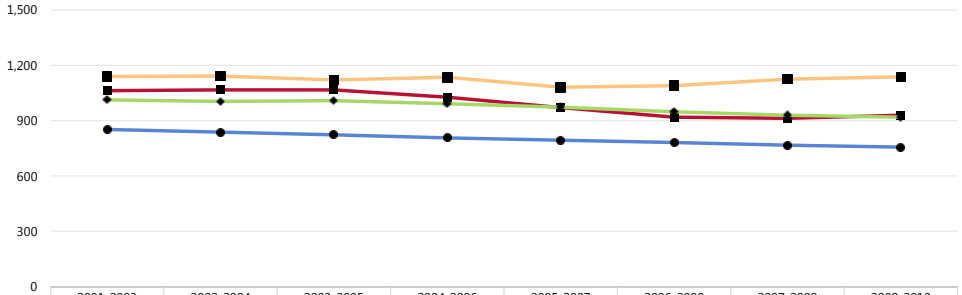


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases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

The age-adjusted mortality rate for all causes in Catahoula Parish has been stable over time. On the other hand, note the downward trend apparent regionally as well as statewide and nationally.

All Causes: 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
Catahoula Parish	1139.3	1141.5	1121.5	1135.1	1080.3	1089.1	1125.5	1138.2
RFSA	1063.5	1066.7	1067.3	1027.0	970.1	918.7	912.5	929.7
Louisiana	1011.8	1003.9	1008.9	991.2	973.9	948.0	930.4	919.2
United States	852.7	837.7	824.1	806.8	794.0	780.7	766.6	757.2

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 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 Catahoula Parish.

Note that Catahoula Parish death rates are worse than US rates for the following causes of death: heart disease, stroke, cancer, pneumonia/influenze, kidney disease, unintentional injury (including motor vehicle accidents), and diabetes mellitus.

Catahoula Parish death rates also fail to meet the available Healthy People 2020 objectives for heart disease and stroke, cancer, unintentional injuries (including motor vehicle accidents), and diabetes mellitus.

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

Age-Adjusted Death Rates for Selected Causes

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

	Catahoula Parish	RFSA	LA	US	HP2020
Diseases of the Heart	**415.6**	**246.6**	**232.6**	**184.7**	**158.9***
Malignant Neoplasms (Cancers)	**199.6**	**203.6**	**200.6**	**174.2**	**160.6**
Unintentional Injuries	**102.2**	**52.1**	**49.1**	**38.2**	**36.0**
Cerebrovascular Disease (Stroke)	**49.8**	**49.4**	**47.0**	**40.3**	**33.8**
Motor Vehicle Deaths	**48.7**	**23.4**	**18.5**	**11.9**	**12.4**
Pneumonia/Influenza	**39.6**	**25.4**	**20.6**	**16.4**	n/a
Chronic Lower Respiratory Disease (CLRD)	**31.7**	**47.8**	**43.4**	**43.2**	n/a
Kidney Disease	**30.3**	**25.5**	**27.2**	**15.2**	n/a
Alzheimer's Disease	**26.3**	**37.9**	**32.1**	**25.0**	n/a
Diabetes Mellitus	**26.3**	**24.0**	**28.2**	**21.3**	**20.5***

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.
- 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.
- Due to low numbers of deaths, Catahoula Parish rates for stroke, pneumonia/influenza, CLRD, kidney disease, Alzheimer's disease, and diabetes mellitus represent 2001-2010 data; the motor vehicle death rate represents 2006-2010 data.
- *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.

Years of Potential Life Lost (YPLL)

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

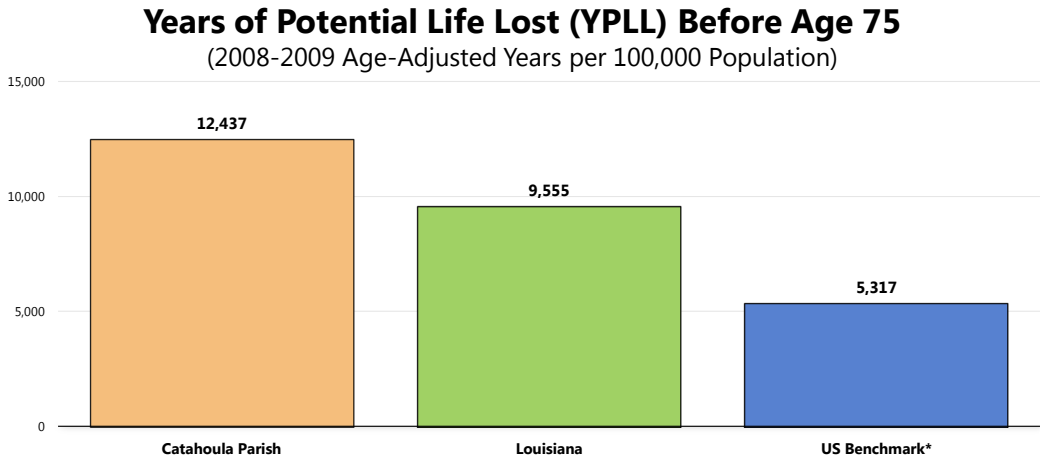
YPLL is a widely used measure of the rate and distribution of premature mortality. The measure was introduced mainly because simple mortality rates do not fully address the issue of premature death, the impact of disease and death, and their cost to society.

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 Catahoula Parish in 2008-2009, there was an age-adjusted rate of 12,437 years of potential life lost (before age 75) per 100,000 population.

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



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.

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

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

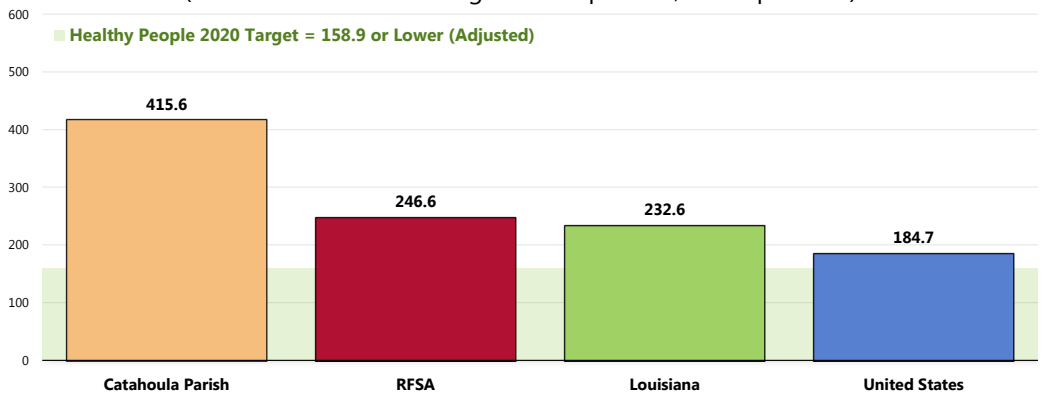
Heart Disease Deaths

Between 2008 and 2010, there was an annual average age-adjusted heart disease mortality rate of 415.6 deaths per 100,000 population in Catahoula Parish.

- Much higher than the regional rate.
- Much higher than found statewide.
- Much higher than the national rate.
- Far from satisfying the Healthy People 2020 objective (adjusted to account for all diseases of the heart).

Heart Disease: Age-Adjusted Mortality

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



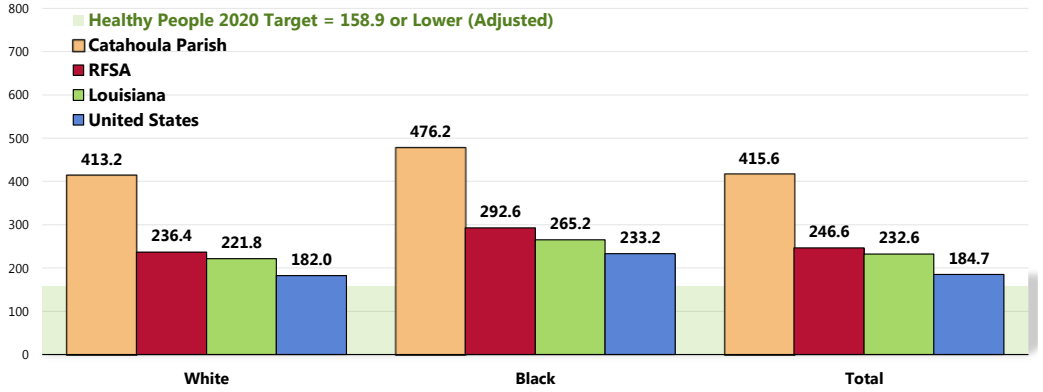
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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

Heart Disease: Age-Adjusted Mortality by Race

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



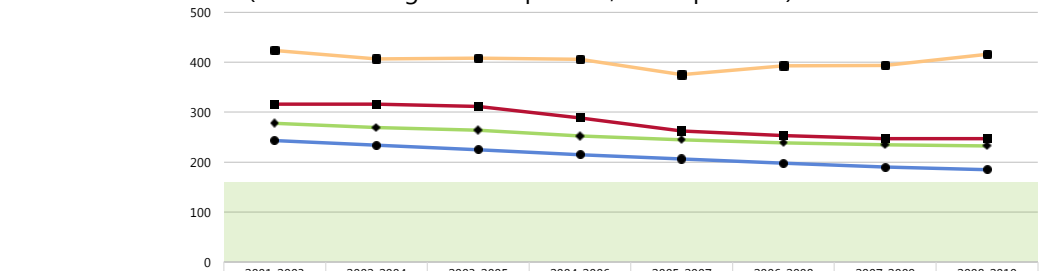
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [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 not changed significantly across Catahoula Parish over time; in contrast, note the decreasing trends across the RFSA, Louisiana, and the US overall.

Heart 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
Healthy People 2020 (Adjusted)	158.9	158.9	158.9	158.9	158.9	158.9	158.9	158.9
Catahoula Parish	423.4	407.0	408.6	406.2	375.3	392.8	393.4	415.6
RFSA	316.1	316.4	311.4	288.2	262.7	252.8	247.2	246.6
Louisiana	277.5	269.3	264.1	252.1	244.4	238.3	234.4	232.6
United States	243.5	234.2	224.9	214.6	206.1	197.9	190.3	184.7

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.

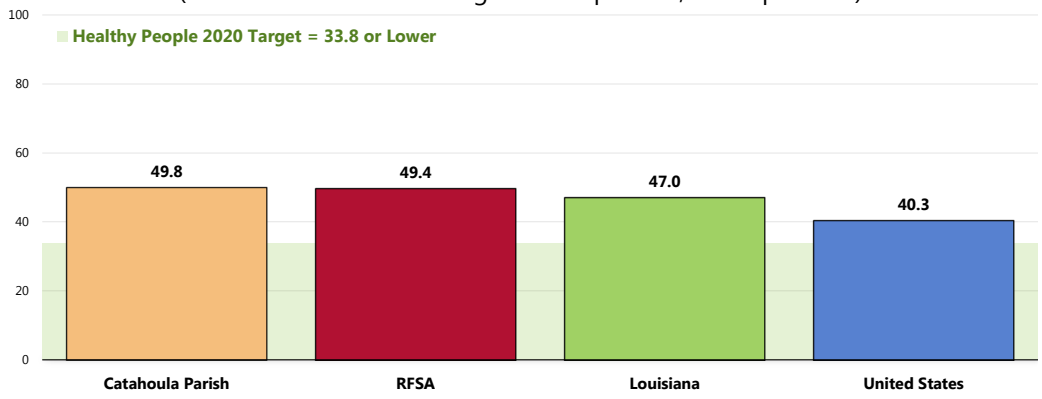
Stroke Deaths

Between 2008 and 2010, there was an annual average age-adjusted stroke mortality rate of 49.8 deaths per 100,000 population in Catahoula Parish.

- Similar to 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

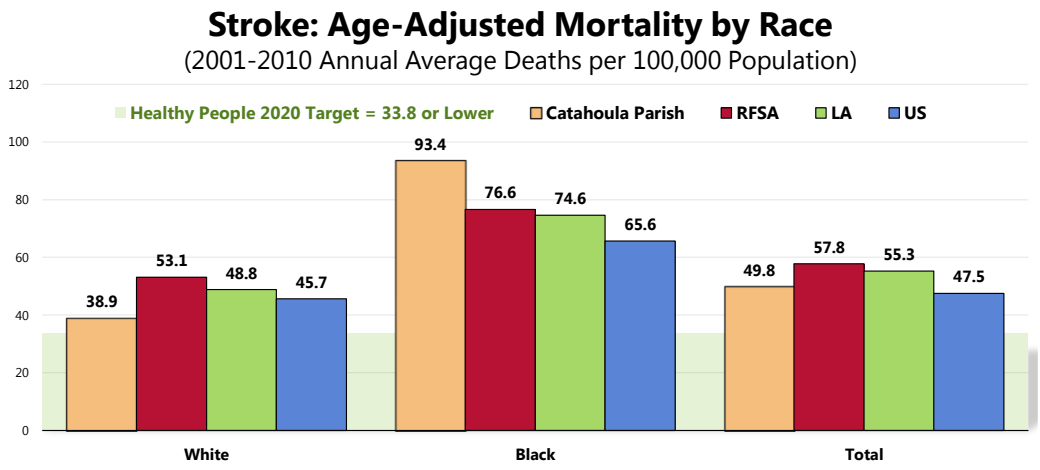
(2008-2010* Annual Average Deaths per 100,000 Population)



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.
- * Due to low numbers of deaths, the rate for Catahoula Parish represents 2001-2010 data.
- 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.



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]

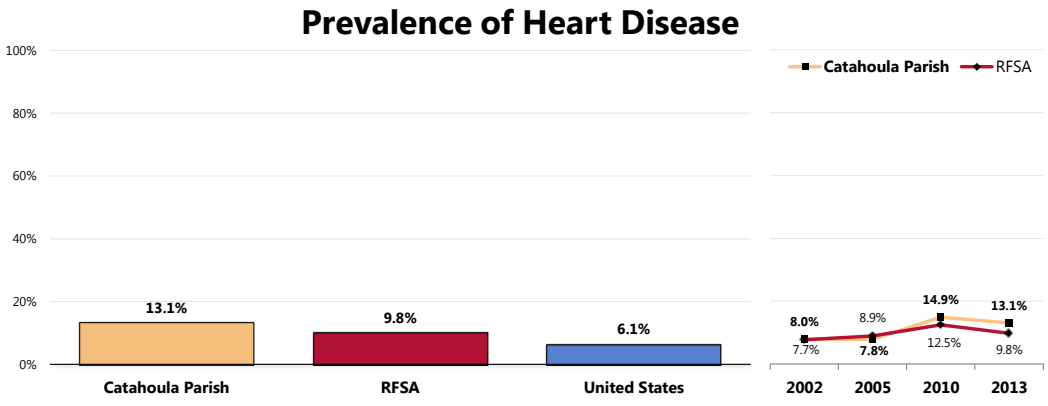
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- NOTE: 2006-2008 deaths for the RFSA are underreported due to problems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

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 13.1% 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.
- More than twice the national prevalence.
- The prevalence of chronic heart disease in Catahoula Parish has <u>increased</u> significantly since the 2002 survey was conducted.

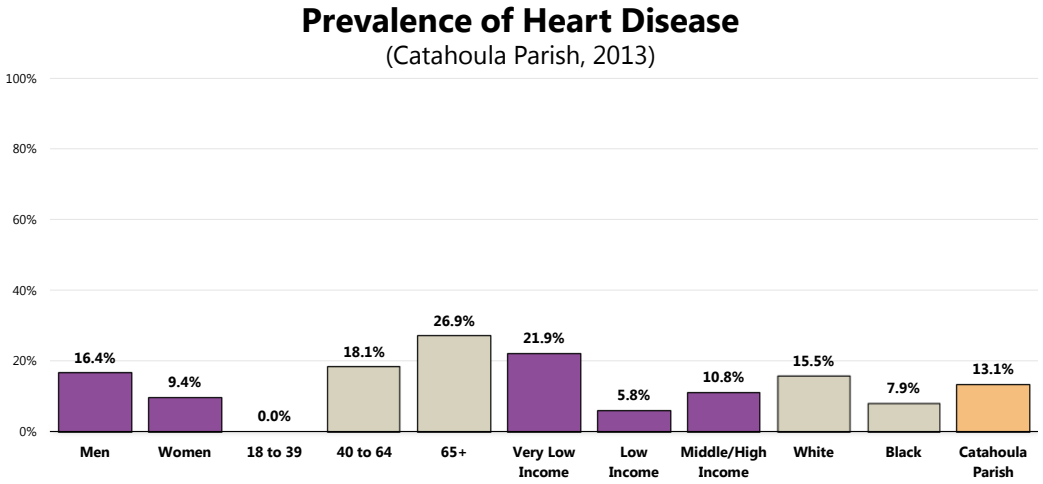


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 158]
- 2013 PRC National Health Survey, Professional Research Consultants.

Notes:
- Asked of all respondents.

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

- Adults age 40+ (note the strong positive correlation with age).
- Residents living at very low incomes.

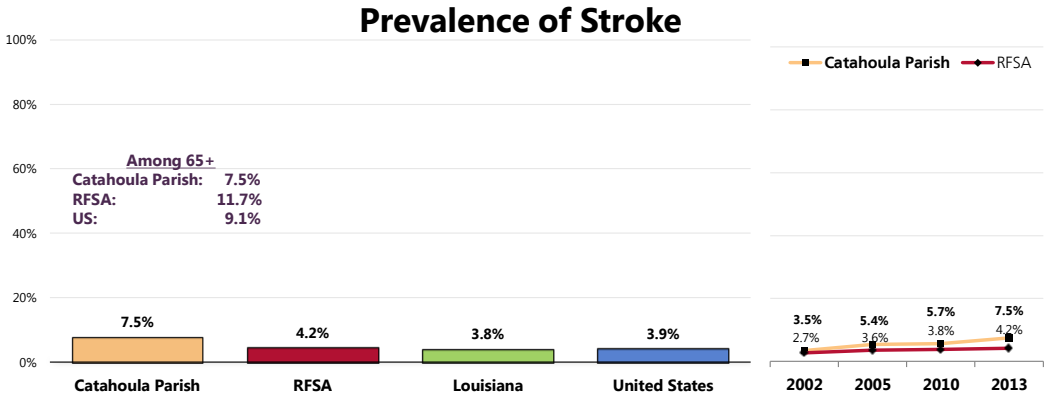


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income"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

Prevalence of Stroke

A total of 7.5% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Less favorable than regional findings.
- Less favorable than statewide findings.
- Less favorable than national findings.
- The prevalence of stroke in Catahoula Parish has increased since 2002.
- Note the stroke prevalence among Catahoula Parish seniors (7.5%), 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.

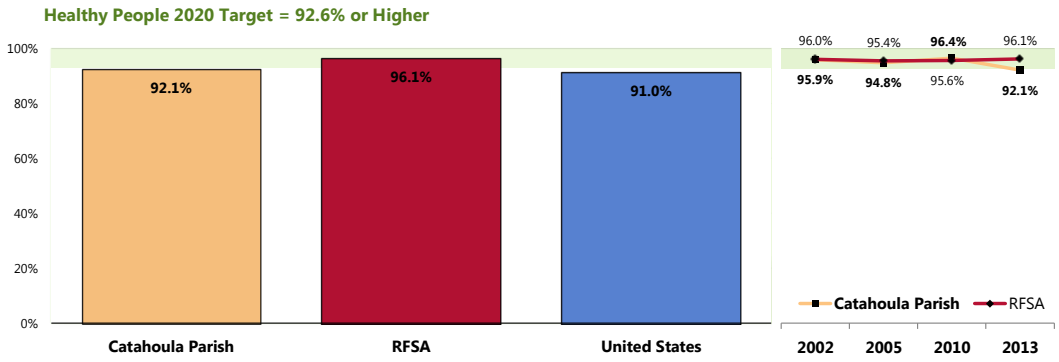
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

High Blood Pressure Testing

A total of 92.1% of Catahoula Parish adults have had their blood pressure tested within the past two years.

- Lower than regional findings.
- Similar to national findings.
- Similar to the Healthy People 2020 target.
- Hypertension screening has <u>decreased</u> significantly in Catahoula Parish over time.

Have Had Blood Pressure Checked in the Past 2 Years



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]

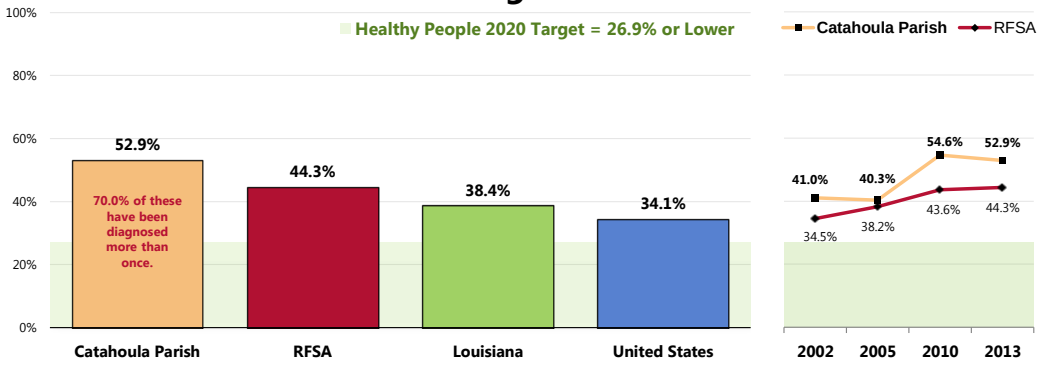
Notes:
- Asked of all respondents.

Prevalence of Hypertension

A full 52.9% of adults have been told at some point that their blood pressure was high (an additional 3.7% have not been tested in the past five years)**.**

- Less favorable than 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 Catahoula Parish prevalence of hypertension has <u>increased</u> significantly.
- Note that 70.0% 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]

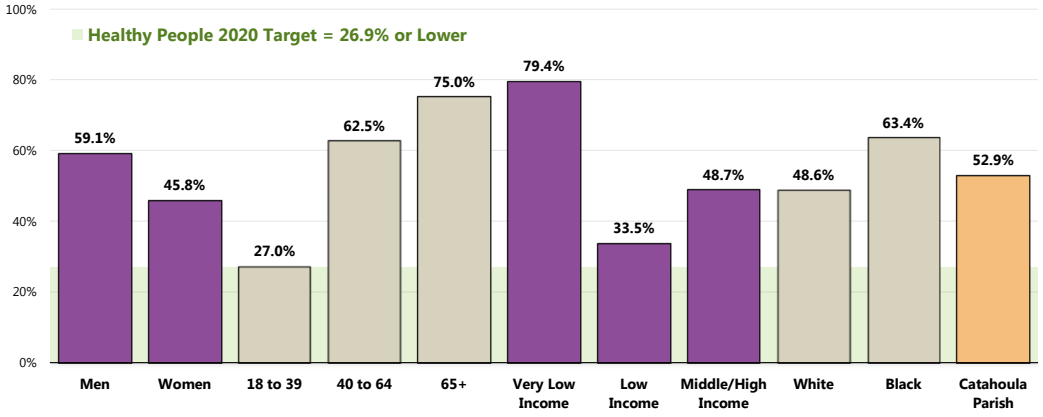
Notes:
- Asked of all respondents.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Hypertension diagnoses are higher among:

- Men.
- Adults age 40 and older (note the very strong positive correlation with age).
- Very low income residents.
- Blacks.

Prevalence of High Blood Pressure

(Catahoula Parish, 2013)



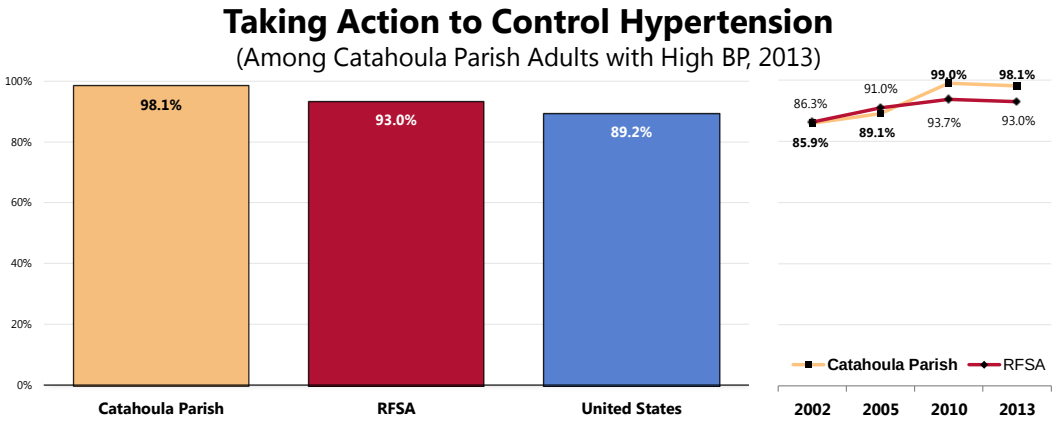
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

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, 98.1% report that they are currently taking actions to control their condition, such as through medication, diet and/or exercise.

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



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.

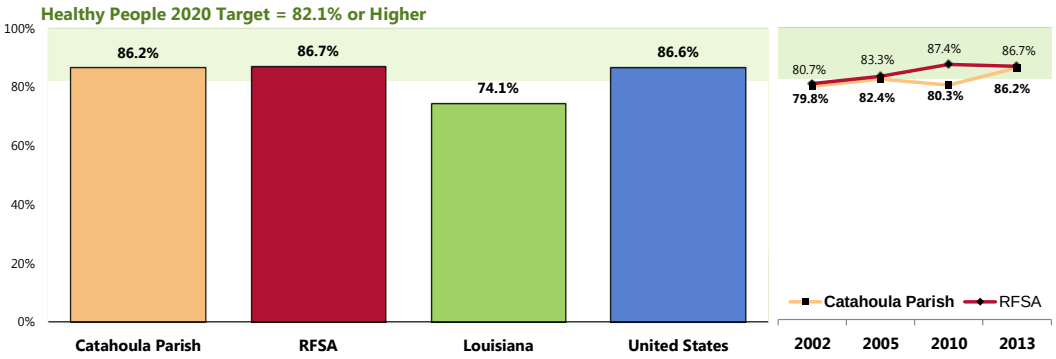
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Blood Cholesterol Testing

A total of 86.2% of Catahoula Parish adults have had their blood cholesterol checked within the past five years.

- Similar to regional findings.
- More favorable than Louisiana findings.
- Nearly the same as the national percentage.
- Satisfies the Healthy People 2020 target.
- Since 2002, the prevalence of Catahoula 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]

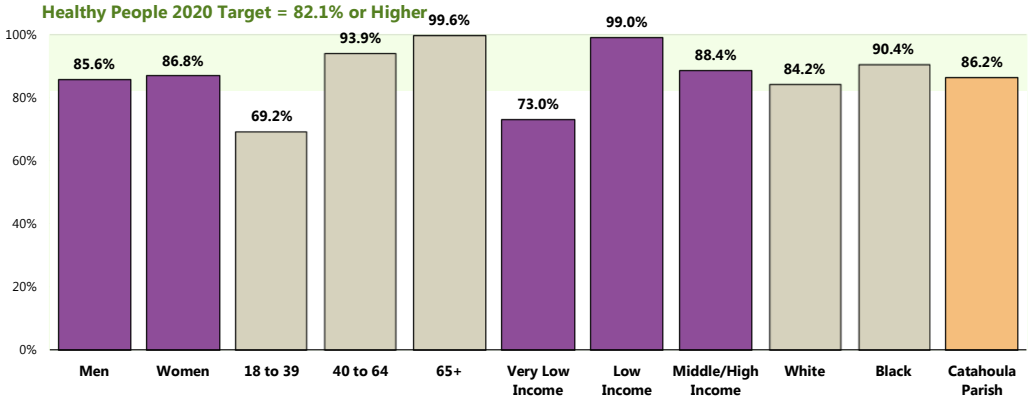
Notes:
- Asked of all respondents.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

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

- Young adults.
- Residents with very low incomes.

Have Had Blood Cholesterol Levels Checked in the Past 5 Years

(Catahoula 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.

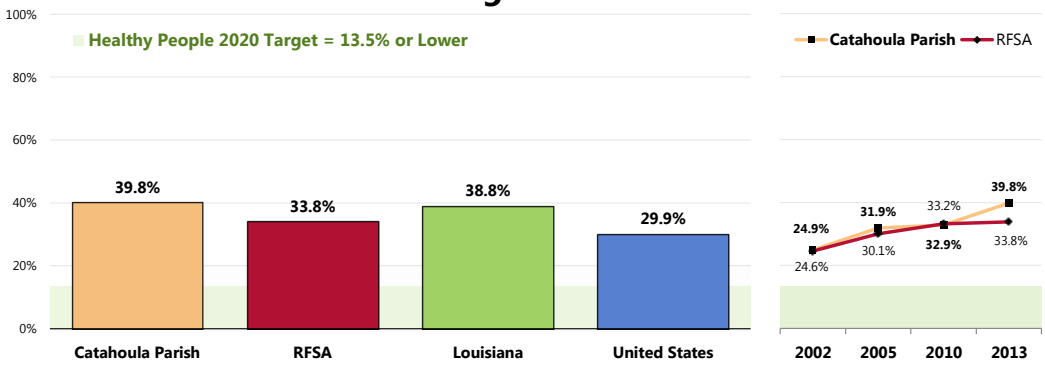
Self-Reported High Blood Cholesterol

Four in 10 (39.8%) Catahoula Parish adults have been told by a health professional that their cholesterol level was high (an additional 16.3% have not had their cholesterol tested in the past five years).

- Higher than regional findings.
- Similar to Louisiana findings.
- Higher than the national prevalence.

- More than twice the Healthy People 2020 target.
- Since 2002, the Catahoula Parish prevalence of high cholesterol has <u>increased</u> significantly.

Prevalence of High Blood Cholesterol



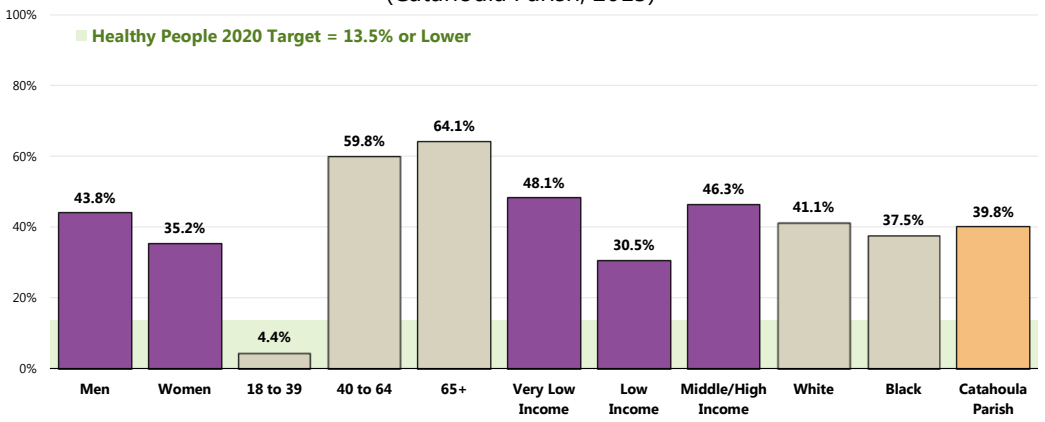
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana data.
- 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 <u>and</u> 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.

- Adults age 40+ and those at either end of the income spectrum are more likely to report high blood cholesterol diagnoses.
- 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

(Catahoula 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]

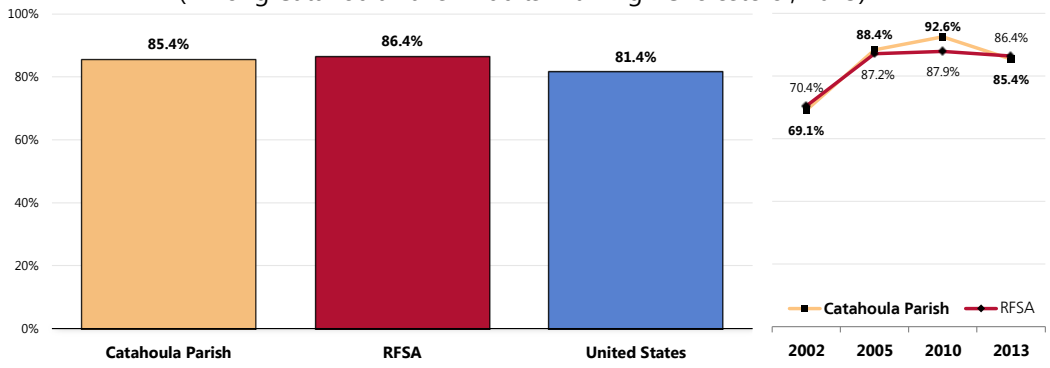
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Among adults who have been told that their blood cholesterol was high, 85.4% report that they are currently taking actions to control their cholesterol levels, such as through medication, diet and/or exercise.

- Similar to regional findings.
- Similar to the national percentage.
- Fluctuating over time but marking a significant increase since 2002.

Taking Action to Control High Blood Cholesterol Levels

(Among Catahoula 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

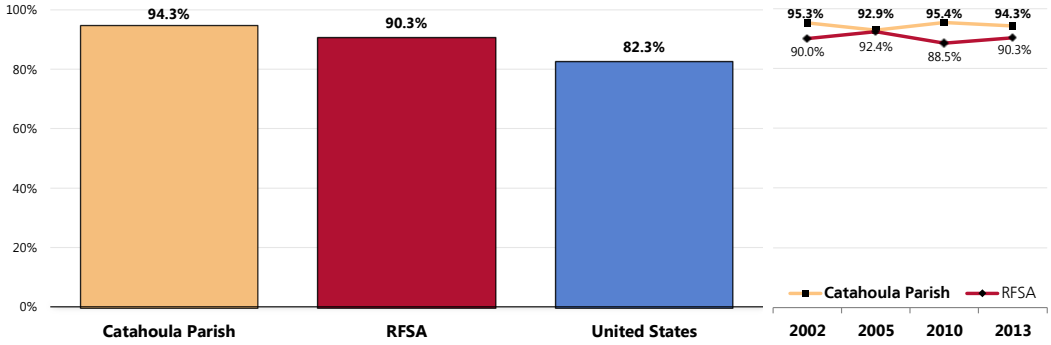
Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as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

A total of 94.3% of Catahoula 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.

- Less favorable than regional findings.
- Less favorable than national findings.
- No change from 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.

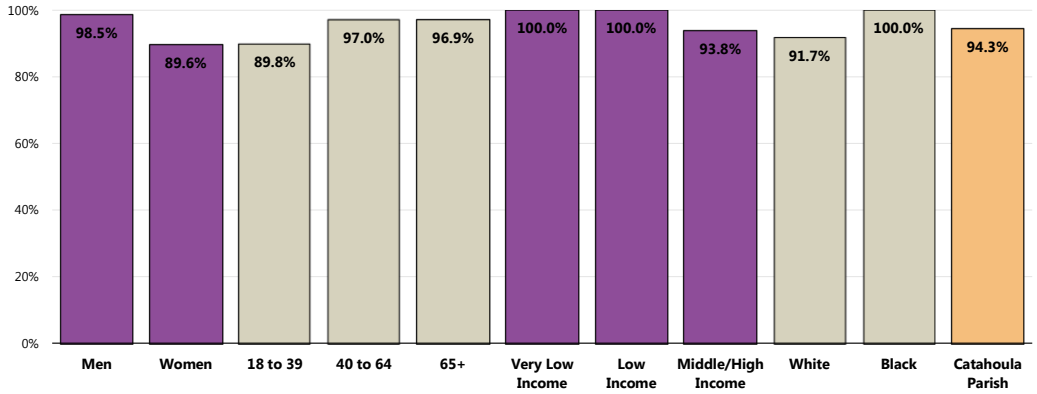
Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Lower income residents.
- Blacks.

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

Present One or More Cardiovascular Risks or Behaviors

(Catahoula 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.

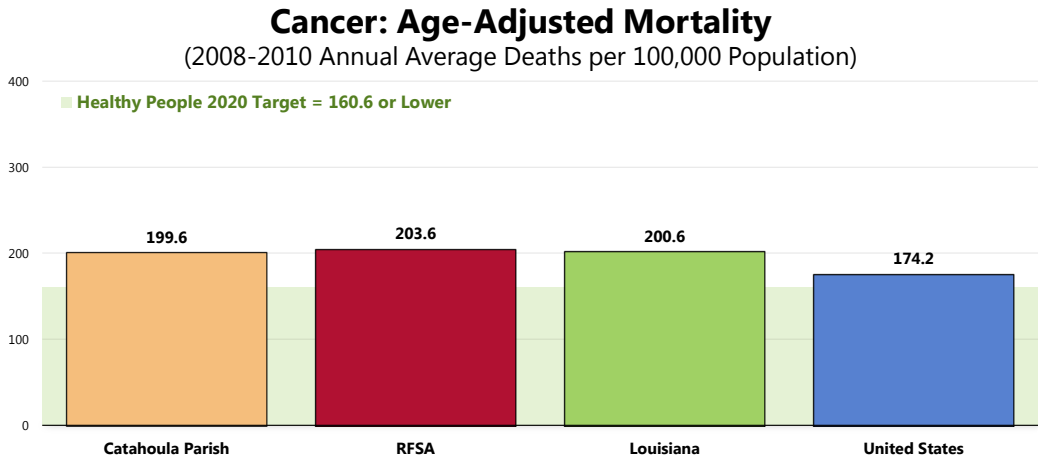
– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2008 and 2010, there was an annual average age-adjusted cancer mortality rate of 199.6 deaths per 100,000 population in Catahoula Parish.

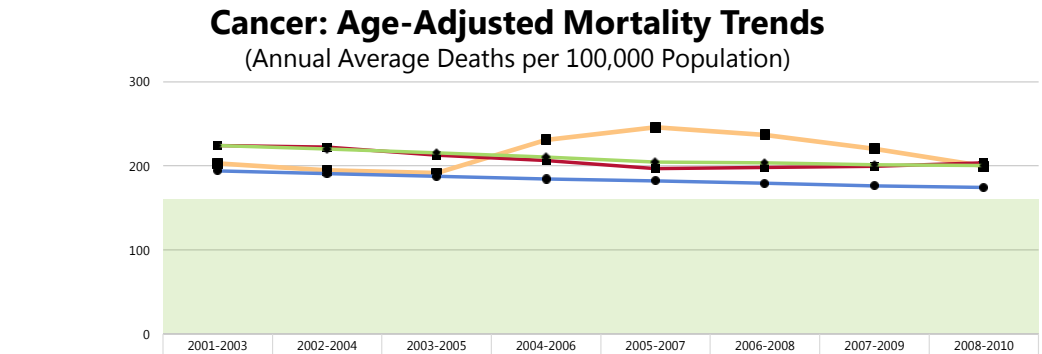
- Similar to the rate found for the RFSA.
- Similar to the rate reported across Louisiana.
- Less favorable than the national rate.
- Far from satisfying the Health People 2020 target.



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 mortality rates have not changed significantly in Catahoula Parish over time; in contrast, note the decreasing trends reported regionally, statewide, and nationally.



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	160.6	160.6	160.6	160.6	160.6	160.6	160.6	160.6
Catahoula Parish	203.1	194.7	191.6	231.0	246.0	236.9	220.4	199.6
RFSA	224.3	222.4	212.9	206.3	197.0	198.1	199.5	203.6
Louisiana	224.2	220.3	215.6	210.3	204.7	203.7	201.2	200.6
United States	193.9	190.7	187.6	184.6	182.1	179.2	176.4	174.2

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.
- 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 Catahoula Parish, followed by colorectal cancer (counts for other cancers were too low for reliable reporting).

As can be seen in the following chart (referencing 2001-2010 annual average age-adjusted death rates):

- The Catahoula Parish **lung cancer** death rate is less favorable than the RFSA, Louisiana, and US rates.
- The parish **colorectal cancer** death rate is similar to the regional and state rates but less favorable than the US rate.

Note that neither of these Catahoula Parish rates satisfies the related Healthy People 2020 objectives.

Age-Adjusted Cancer Death Rates by Site

(2001-2010)

	Catahoula Parish	RFSA	LA	US	HP2020
Lung Cancer	**72.4**	**65.3**	**62.7**	**51.6**	**45.5**
Colorectal Cancer	**20.8**	**21.6**	**20.8**	**17.7**	**14.5**

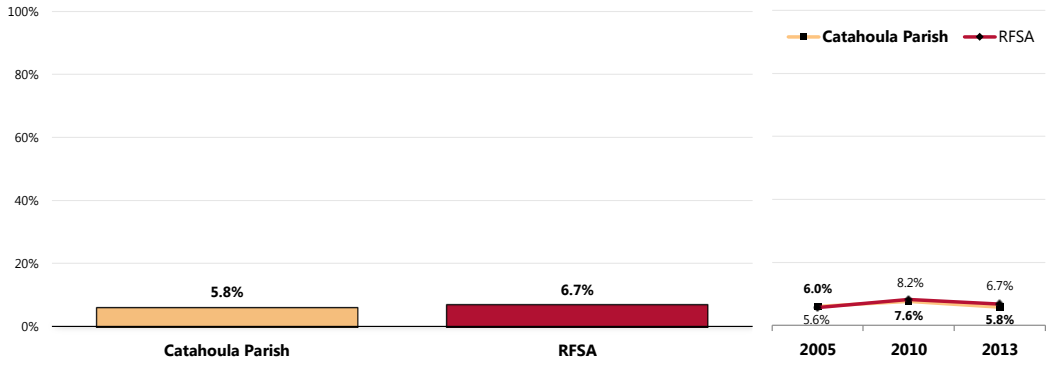
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

Prevalence of Cancer

A total of 5.8% of surveyed Catahoula Parish adults report having been diagnosed with some type of cancer.

- Similar to regional findings.
- The prevalence of cancer in Catahoula Parish has not changed significantly since the 2002 survey was conducted.

Prevalence of Cancer



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

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

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).

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.

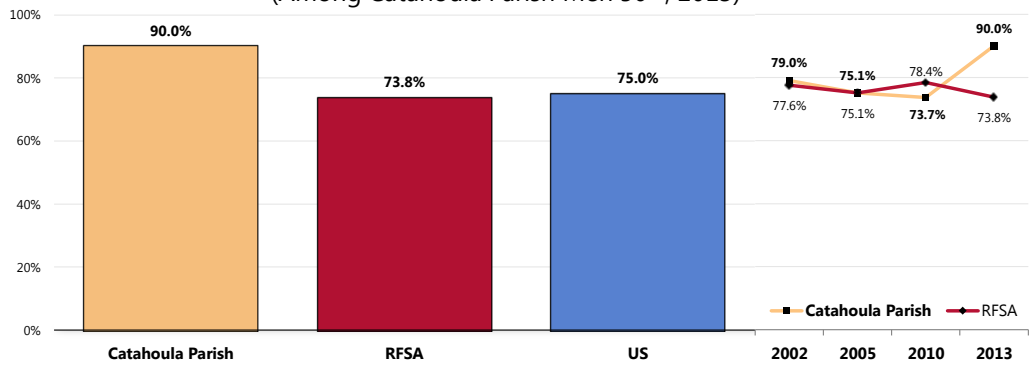
Note: Due to recent (2008) changes in clinical recommendations against routine PSA testing, it is anticipated that testing levels will begin to decline.

Among men age 50 and older, 9 in 10 (90.0%) have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

- Much higher than regional findings.
- Much higher than national findings.
- Statistically unchanged over time.

Have Had a Prostate Screening in the Past 2 Years

(Among Catahoula 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.

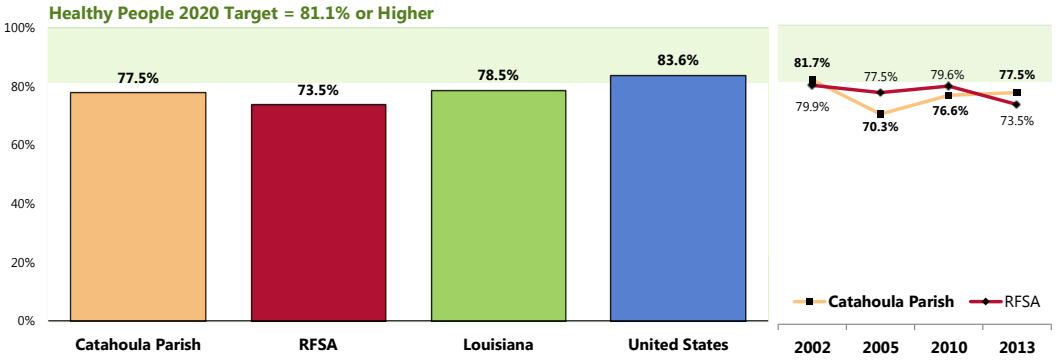
Mammography

Among women age 50 to 74, 77.5% 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).
- Similar to national findings.
- Similar to the Healthy People 2020 target.
- Fluctuating over time, but similar to the 2002 proportion among women 50-74.

Have Had a Mammogram in the Past Two Years

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



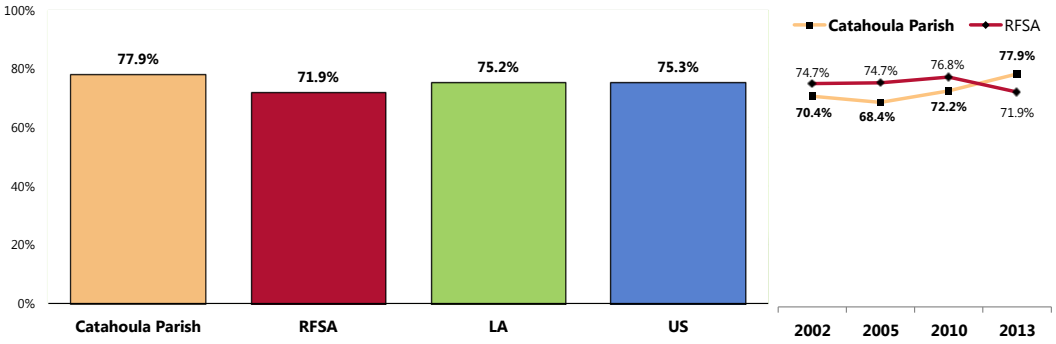
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 163]
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.
- 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, 77.9% had a mammogram in the past two years.

Have Had a Mammogram in the Past Two Years

(Among Catahoula 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.

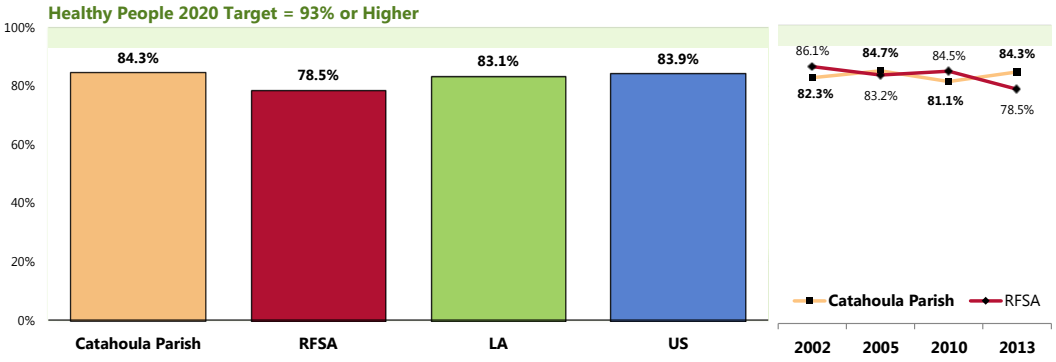
Pap Smear Testing

Among women age 21 to 65, 84.3% have had a Pap smear within the past three years.

- Comparable to the Louisiana percentage, which represents all women 18+.
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target.
- Statistically unchanged over time.

Have Had a Pap Smear in the Past 3 Years

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



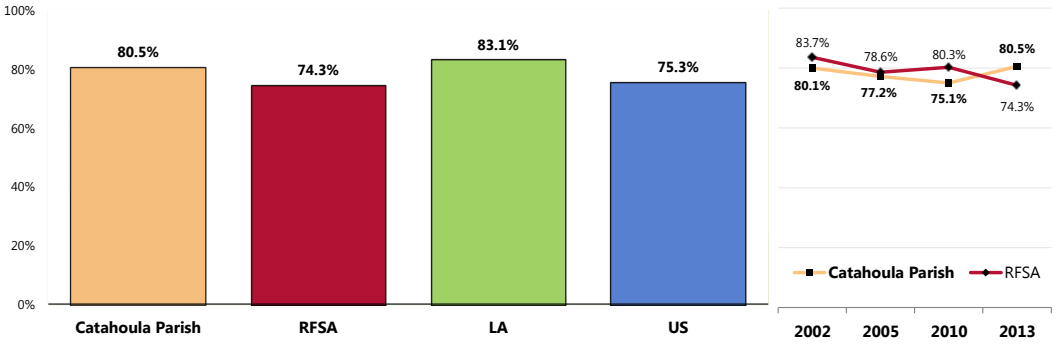
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 164]
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.
- 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, 80.5% had a Pap smear in the past three years.

Have Had a Pap Smear in the Past 3 Years

(Among Catahoula 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.

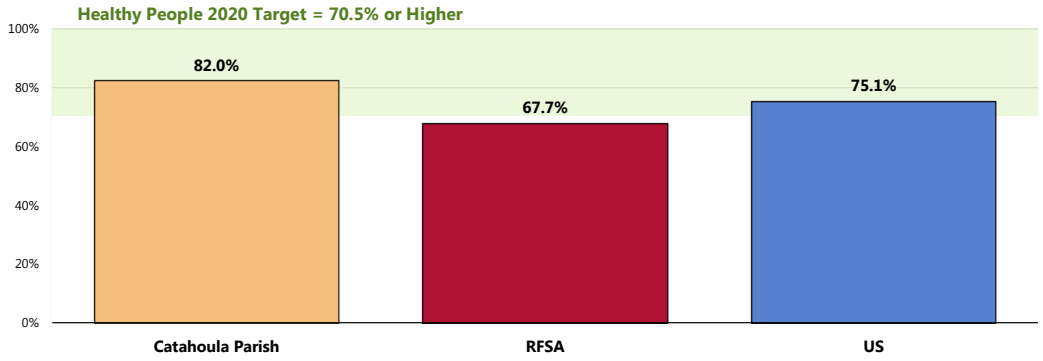
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Colorectal Cancer Screening

Among Catahoula Parish adults age 50-75, over 8 in 10 (82.0%) 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).

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

Have Had a Colorectal Cancer Screening
(Among Adults Age 50-75)



Sources:
- 2013 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.

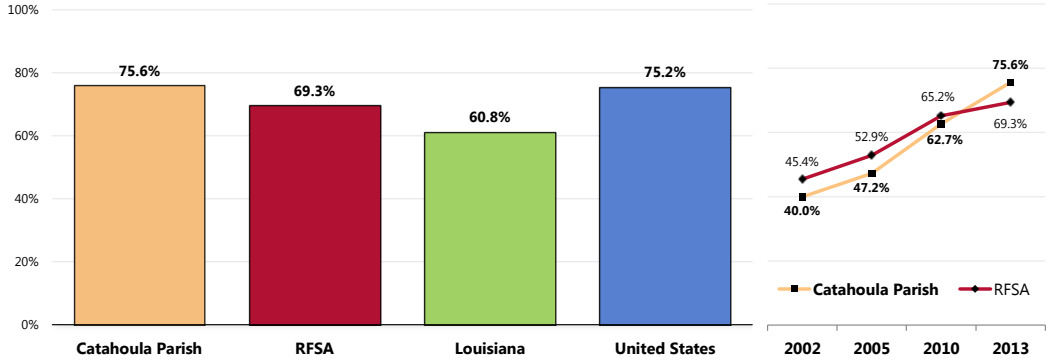
Sigmoidoscopy/Colonoscopy

Among adults age 50 and older, 75.6% have had a sigmoidoscopy or colonoscopy at some point in their lives.

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

Have Ever Had a Lower Endoscopy Exam

(Among Catahoula Parish Adults 50+, 2013)



Sources:
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- 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.

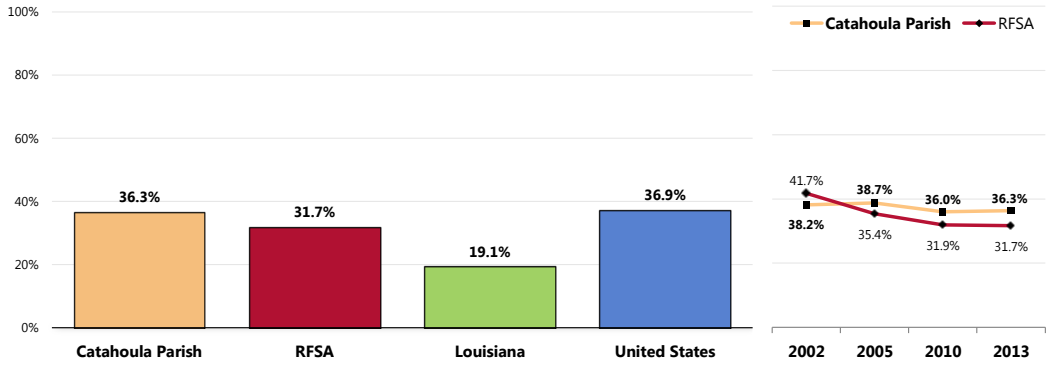
Blood Stool Testing

Among adults age 50 and older, 36.3% 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 not changed significantly.

Have Had a Blood Stool Test in the Past 2 Years

(Among Catahoula Parish Adults 50+, 2013)



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- 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)

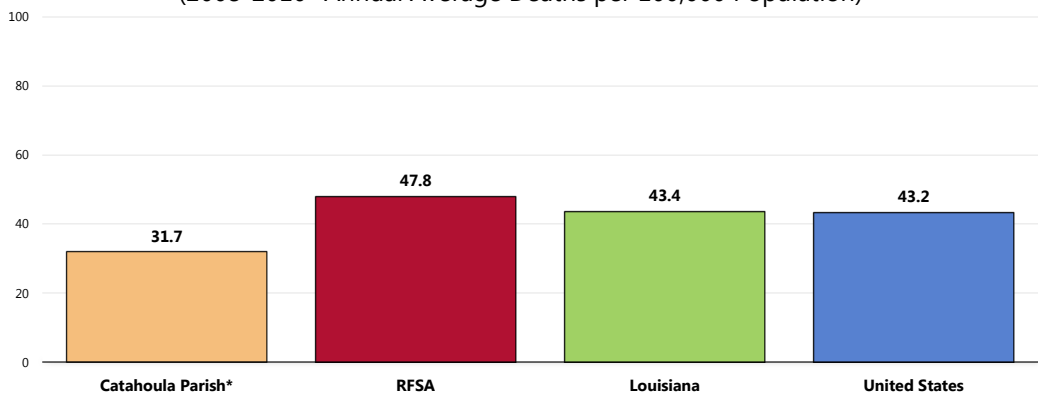
Note: What was previously termed COPD (chronic obstructive pulmonary disease) has been reclassified as CLRD (chronic lower respiratory disease).

Between 2008 and 2010, there was an annual average age-adjusted CLRD mortality rate of 31.7 deaths per 100,000 population in Catahoula Parish.

- Better than the regional (RFSA) rate.
- Better than found statewide.
- Better than 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.

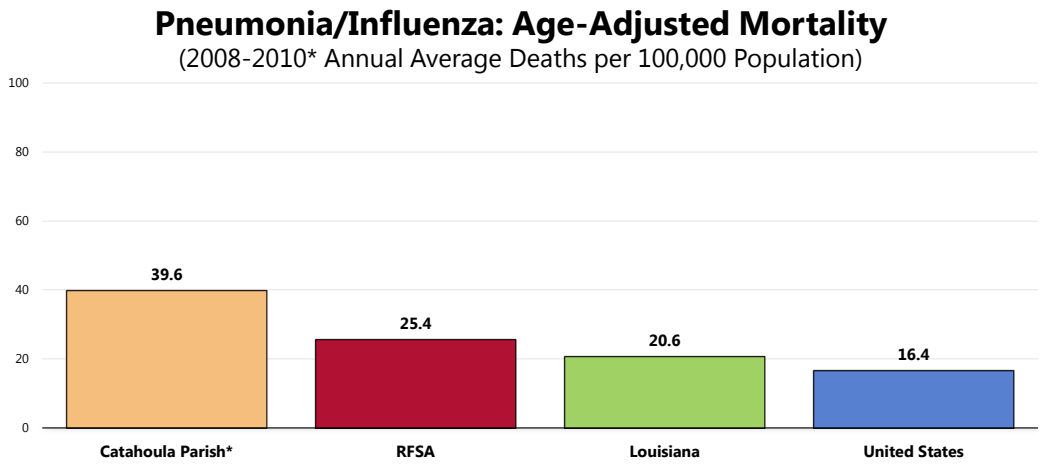
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- CLRD is chronic lower respiratory disease.
- * Due to low numbers of deaths: the rate for Catahoula Parish represents 2001-2010 data.
- 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 2008 and 2010, there was an annual average age-adjusted pneumonia/influenza mortality rate of 39.6 deaths per 100,000 population in Catahoula Parish.

- Higher than the RFSA rate.
- Higher than found statewide.
- More than twice the national 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.

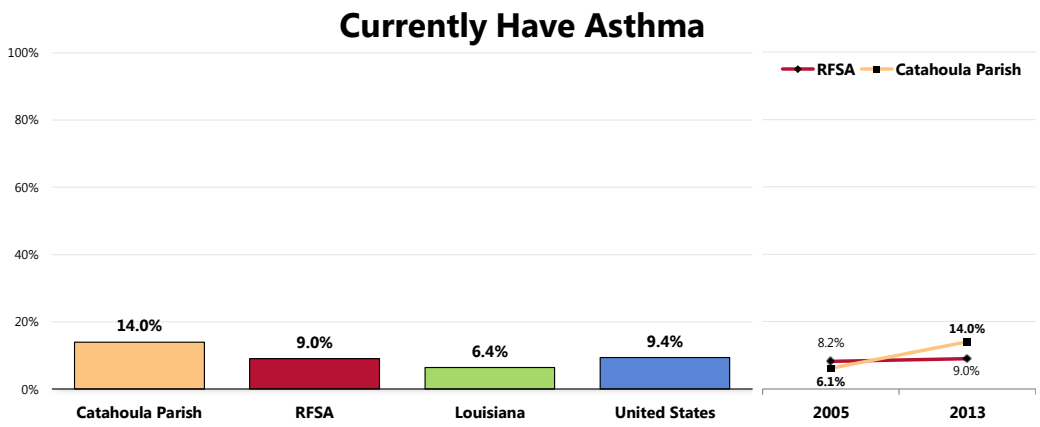
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- * Due to low numbers of deaths: the rate for Catahoula Parish represents 2001-2010 data.
- NOTE: 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 14.0% of Catahoula Parish adults currently suffer from asthma.

- Less favorable than regional (RFSA) findings.
- Less favorable than the percentage reported across the state.
- Less favorable than the percentage reported across the nation.
- The prevalence has more than doubled since 2005.

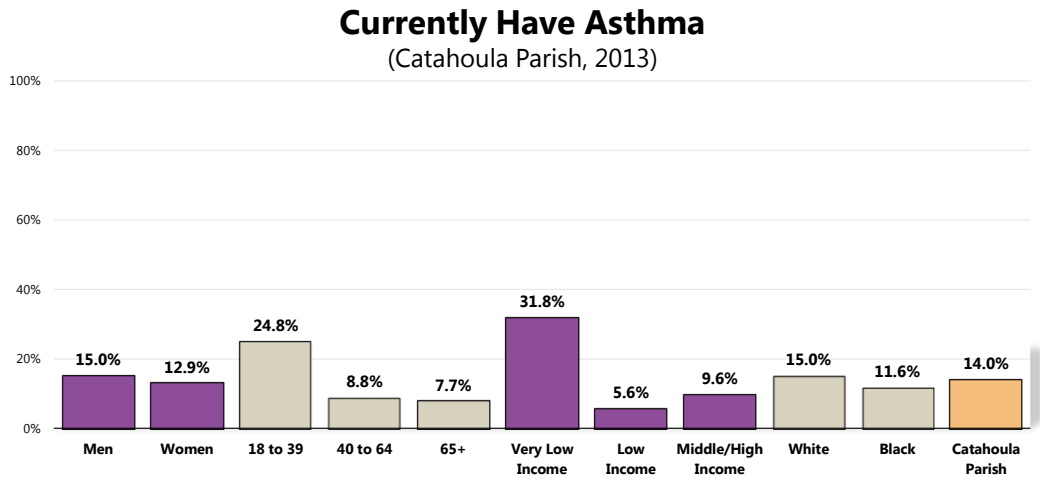


Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, 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:

- Young adults.
- Very low income residents.



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.

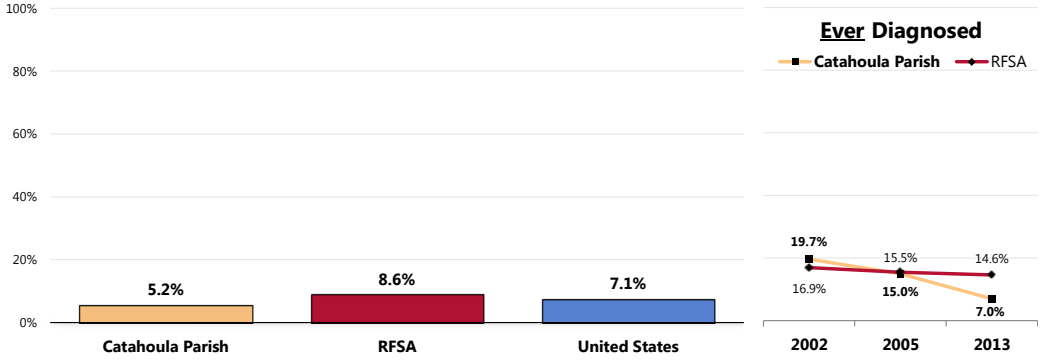
Children

A total of 5.2% of Catahoula Parish children currently suffer from asthma.

- Comparable to regional (RFSA) findings.
- Comparable to the percentage reported across the nation.
- The percentage of children who have ever been diagnosed with asthma has decreased significantly over time.

Child Currently Has Asthma

(Catahoula Parish Parents of Children <18, 2013)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 170]
- 2013 PRC National Health Survey, Professional Research Consultants.

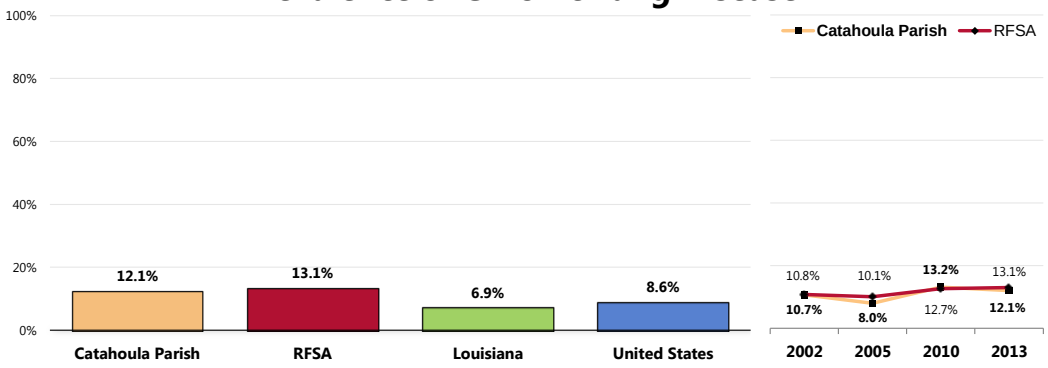
Notes:
- Asked of all respondents with children under 18 at home.

Prevalence of Chronic Lung Disease

A total of 12.1% of surveyed adults report suffering from chronic lung disease.

- Similar to regional (RFSA) findings.
- Higher than the state prevalence.
- Similar to the percentage reported across the nation.
- The prevalence of chronic lung disease in Catahoula Parish is unchanged over time.

Prevalence of Chronic Lung Disease



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

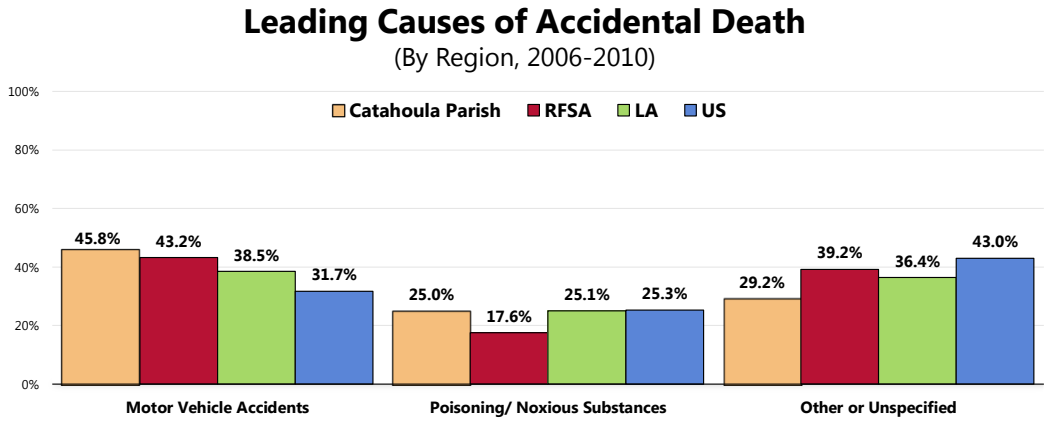
The risk of injury is so great that most persons sustain a significant injury at some time during their lives. Nevertheless, this widespread human damage too often is taken for granted, in the erroneous belief that injuries happen by chance and are the result of unpreventable "accidents." In fact, many 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 more than 45% of accidental Catahoula 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.

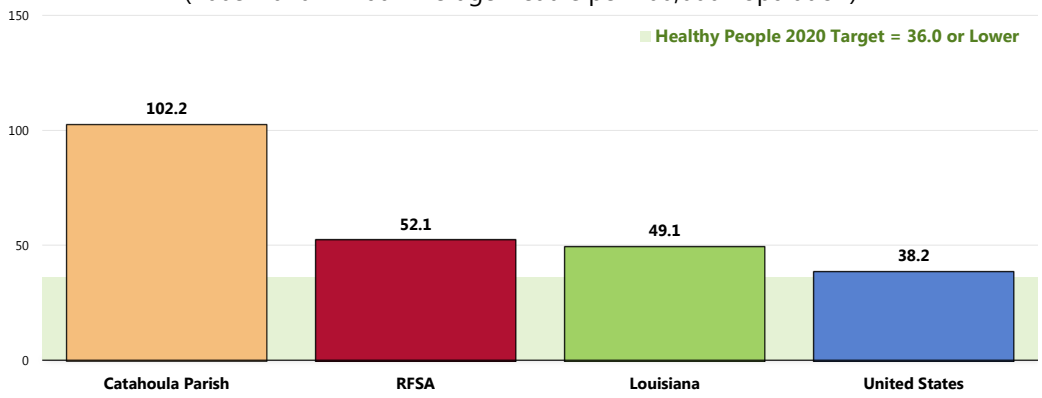
Age-Adjusted Unintentional Injury Deaths

Between 2008 and 2010, there was an annual average age-adjusted unintentional injury mortality rate of 102.2 deaths per 100,000 population in Catahoula Parish.

- Worse than the regional rate.
- Worse 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)



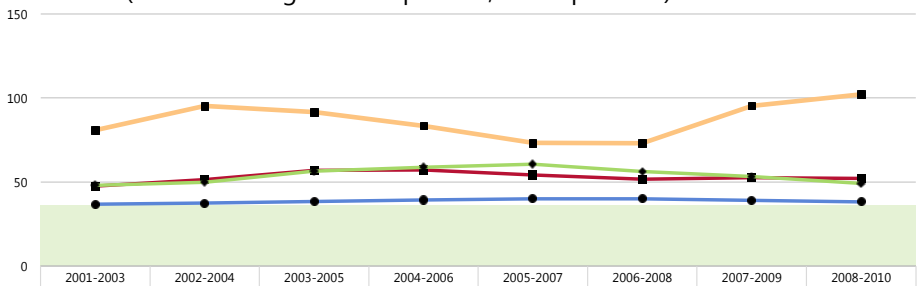
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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

The Catahoula Parish unintentional injury mortality rate has fluctuated over time, ultimately increasing from baseline reports.

Unintentional Injuries: 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
Healthy People 2020	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0
Catahoula Parish	80.9	95.2	91.6	83.4	73.3	73.1	95.4	102.2
RFSA	47.5	51.4	56.9	57.3	54.2	51.7	52.7	52.1
Louisiana	48.1	49.8	56.6	58.9	60.7	56.2	53.2	49.1
United States	36.8	37.6	38.4	39.3	40.0	39.9	39.0	38.2

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.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-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.

Motor Vehicle Safety

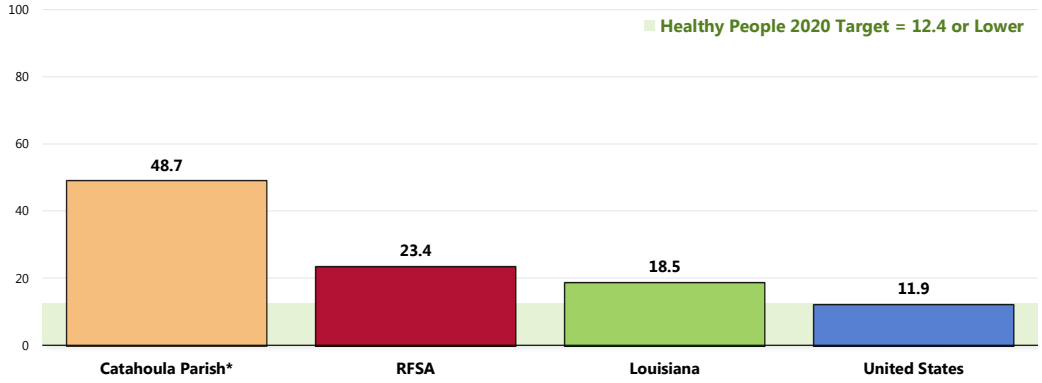
Age-Adjusted Motor-Vehicle Related Deaths

Between 2008 and 2010, there was an annual average age-adjusted motor vehicle crash mortality rate of 48.7 deaths per 100,000 population in Catahoula Parish.

- Worse than found regionally.
- Worse than found statewide.
- Worse 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]

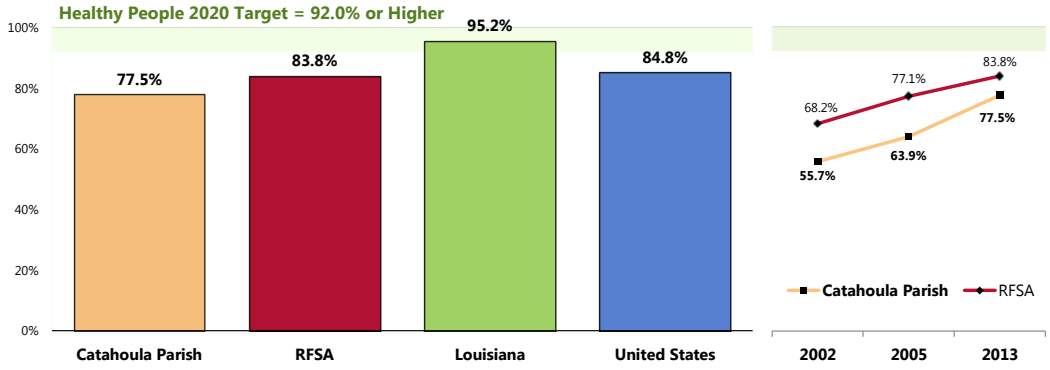
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- * Due to low numbers of deaths: the rates for Catahoula Parish represents 2006-2010 data.
- 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 Catahoula Parish adults (77.5%) report "always" wearing a seat belt when driving or riding in a vehicle.

- Lower than regional (RFSA) findings.
- Lower than the state percentage.
- Lower 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]

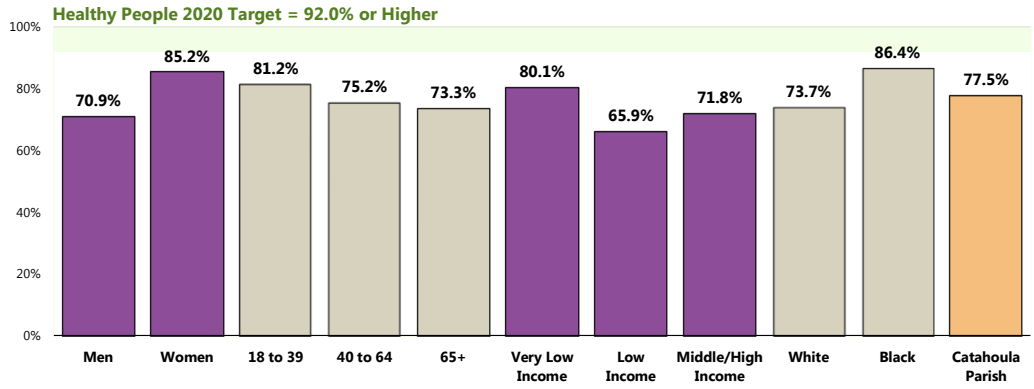
Notes:
- Asked of all respondents.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

These population segments are <u>less</u> likely to report consistent seat belt usage:

- Men.
- White adults.

"Always" Wear a Seat Belt When Driving or Riding in a Vehicle

(Catahoula 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.

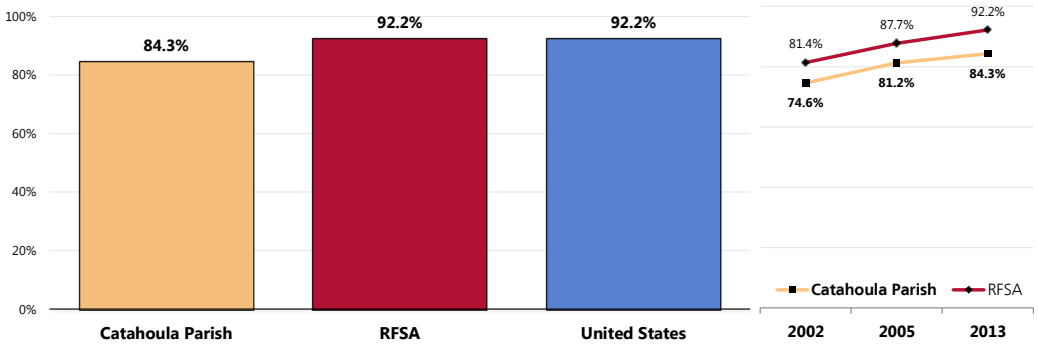
Children's Seat Belt/Car Seat Usage

A total of 84.3% of Catahoula 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.

- Similar to regional (RFSA) findings.
- Similar to what is found nationally.
- The increase over time is not statistically significant.

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

(Catahoula 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.

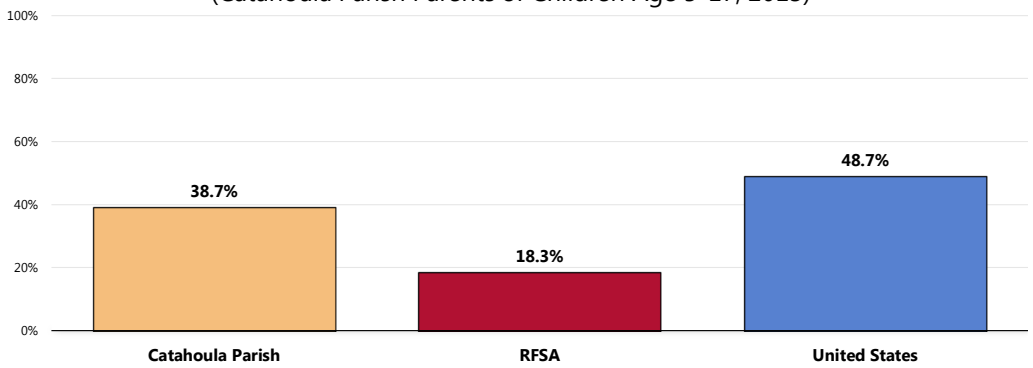
Bicycle Safety

A total of 38.7% of Catahoula Parish children age 5 to 17 are reported to "always" wear a helmet when riding a bicycle.

- Much higher than regional (RFSA) findings.
- Similar to the national prevalence.

Child "Always" Wears a Helmet When Riding a Bicycle

(Catahoula 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)

Violent Crime

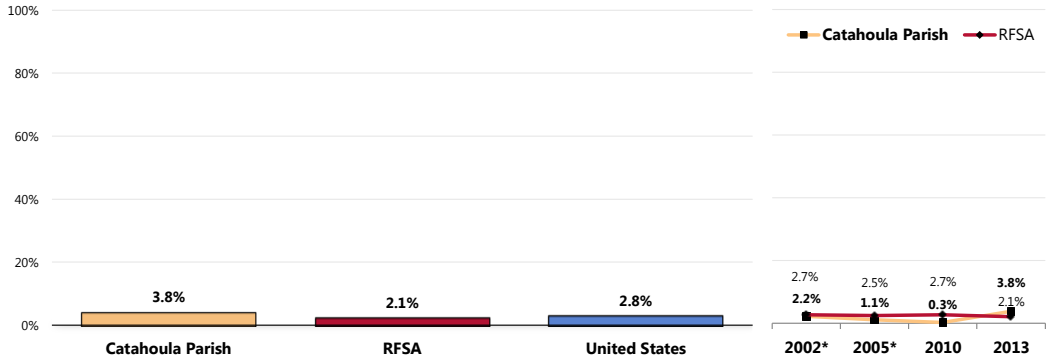
Self-Reported Violence

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

A total of 3.8% of Catahoula 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 has remained stable.

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

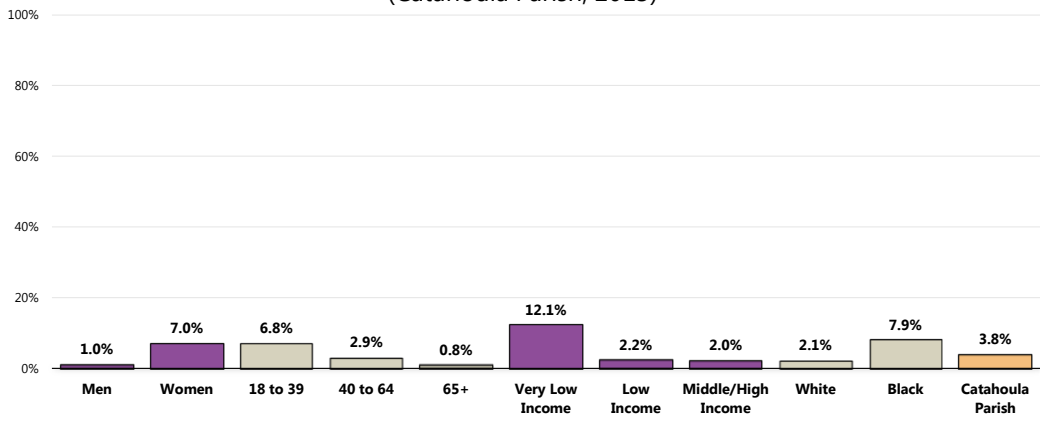


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 45]
- 2013 PRC National Health Survey, Professional Research Consultants.

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

Reports of violence are notably higher among women and residents with very low incomes.

Victim of a Violent Crime in the Past 5 Years
(Catahoula 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.

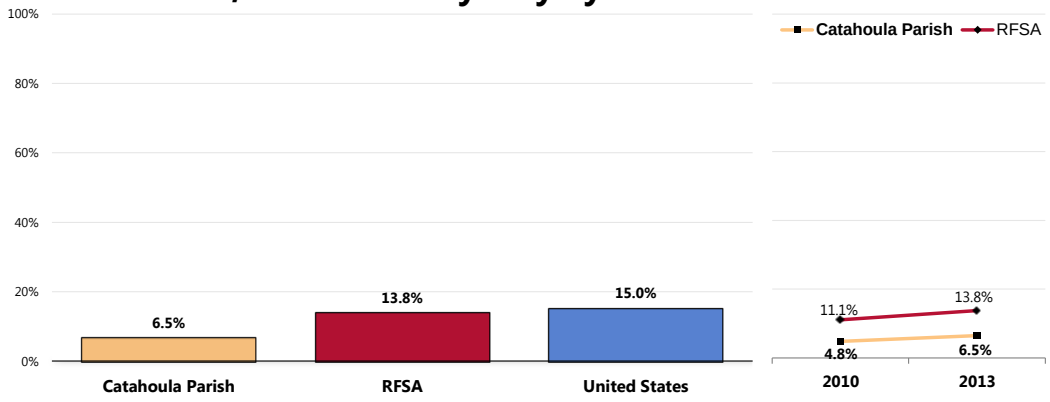
Respondents were told:

"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 6.5% of Catahoula Parish adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Well below the regional prevalence.
- Well below national findings.
- Statistically unchanged from 2010 survey results.

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

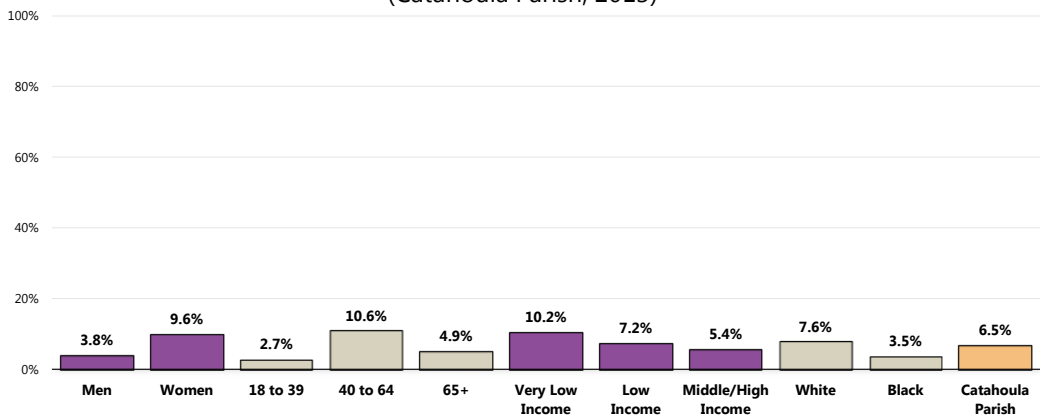


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 46]
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents.

Reports of domestic violence are notably higher among:

- Women.
- Adults age 40 to 64.

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

Presence of Firearms in Homes

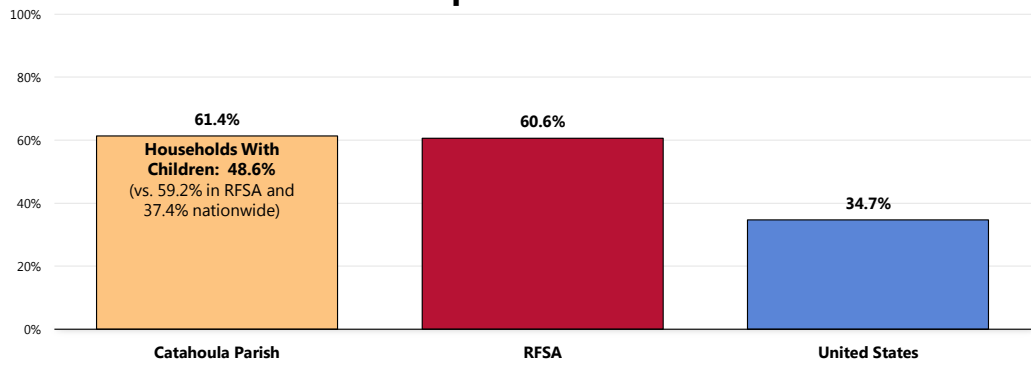
Survey respondents were further asked about the presence of weapons in the home:

"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 61.4% of Catahoula Parish adults have a firearm kept in or around their home.

- Similar to what is found regionally.
- Much higher than the national prevalence.
- Among Catahoula Parish households with children, 48.6% have a firearm kept in or around the house (statistically similar to 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.

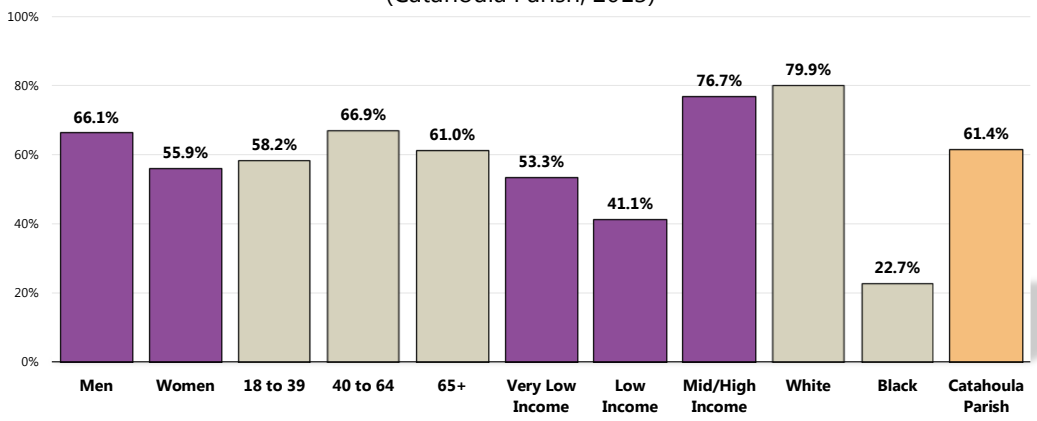
Notes:
- Asked of all respondents.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

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

- Higher-income households.
- White respondents.

Have a Firearm Kept in or Around the House

(Catahoula Parish, 2013)



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

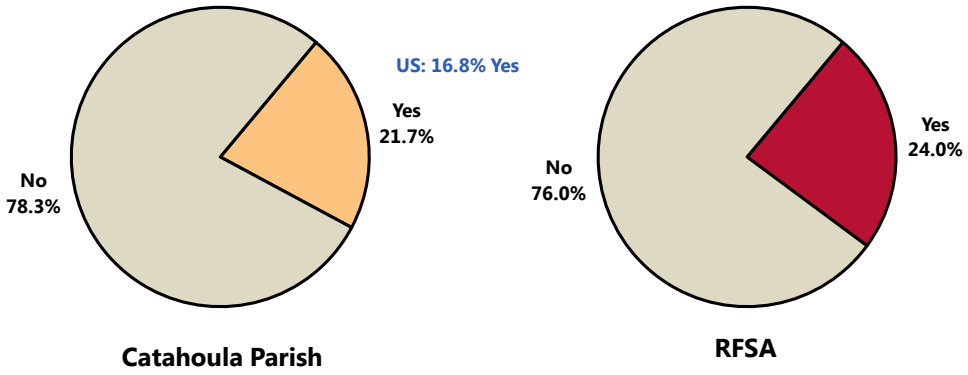
Notes:
- Asked of all respondents.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their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

Among Catahoula Parish households with firearms, 21.7% report that there is at least one weapon that is kept unlocked and loaded.

- Similar to the RFSA proportion.
- Similar to 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.

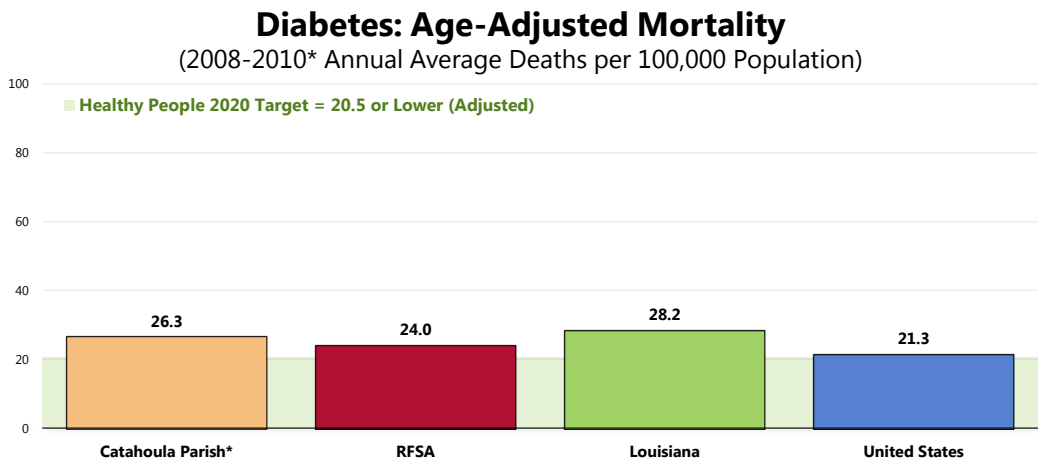
The direct and indirect costs of diabetes in America are nearly $100 billion a year.

– 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 26.3 deaths per 100,000 population in Catahoula Parish.

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



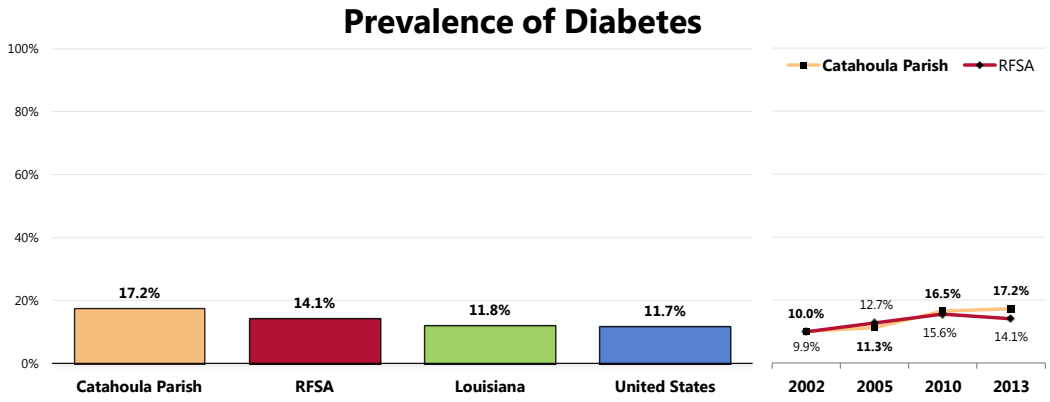
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective 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.
- * Due to low numbers of deaths, the Catahoula Parish rate represents 2001-2010 data.
- NOTE: 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 17.2% of Catahoula 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 <u>increased</u> significantly in Catahoula Parish since 2002.

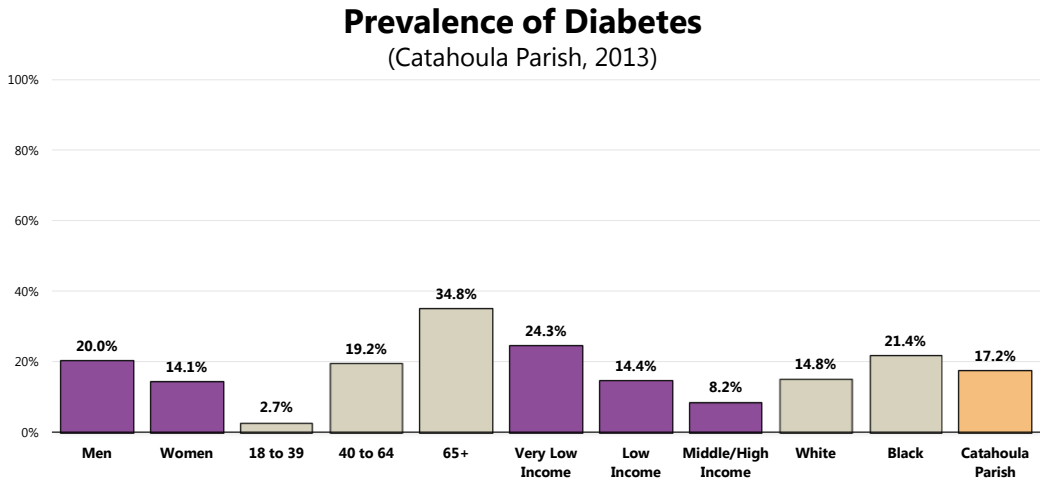


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 34]
- 2013 PRC National Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers 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 34.8% of seniors with diabetes).
- Very low income residents (negative correlation with income).



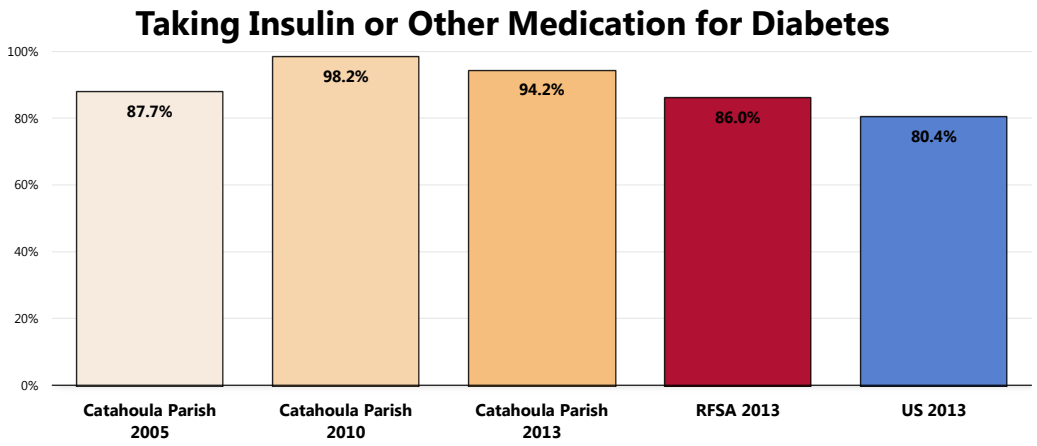
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 34]

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 (94.2%) are currently taking insulin or some type of medication to manage their condition.

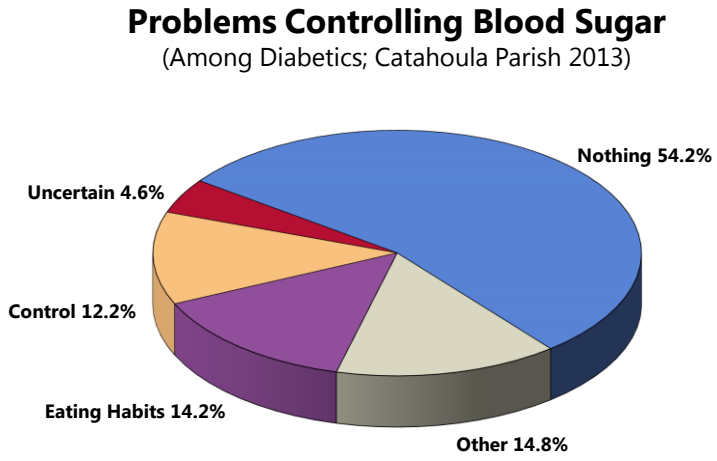
- Higher than the regional prevalence.
- Higher than the prevalence found nationally among diabetics.
- Marks an increase from 2005 survey findings.



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, 54.2% report not having any problem controlling their blood sugar.

- In 2005, 43.3% of Catahoula Parish diabetics reported having no problems controlling their blood sugar (not shown).



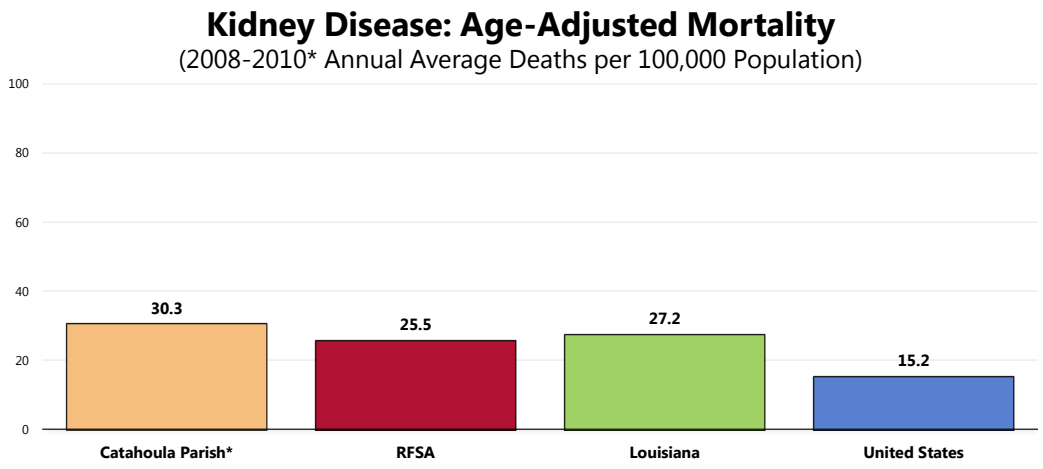
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
Notes: • Asked of all respondents.

Kidney Disease

Age-Adjusted Kidney Disease Deaths

Between 2008 and 2010, there was an annual average age-adjusted kidney disease mortality rate of 30.3 deaths per 100,000 population in Catahoula Parish.

- Less favorable than the regional rate.
- Less favorable than the rate found statewide.
- Less favorable than the national 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.

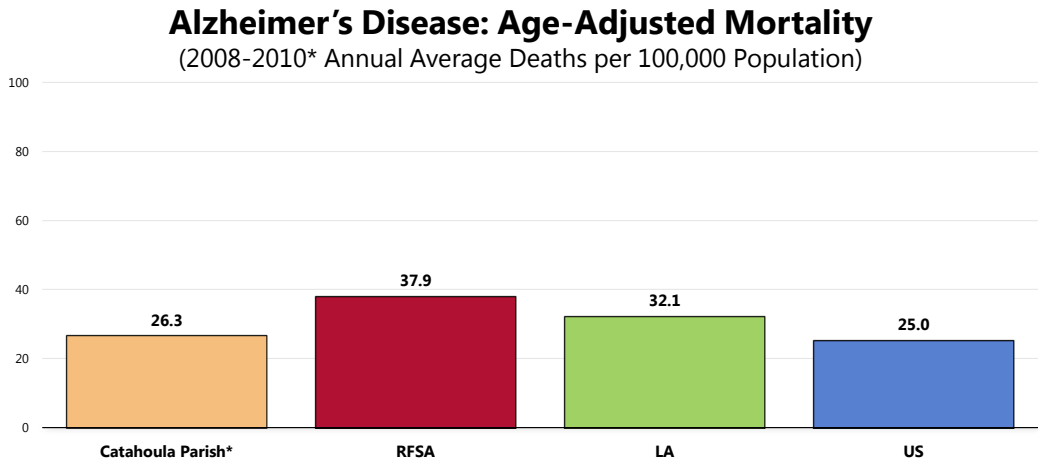
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- * Due to low numbers of deaths: the rate for Catahoula Parish represents 2001-2010 data.
- 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 26.3 deaths per 100,000 population in Catahoula Parish.

- Better than the regional rate.
- Better than the statewide rate.
- Comparable to the national 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.
- * Due to low numbers of deaths: the rate for Catahoula Parish represents 2001-2010 data.
- NOTE: 2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

Arthritis & Rheumatism

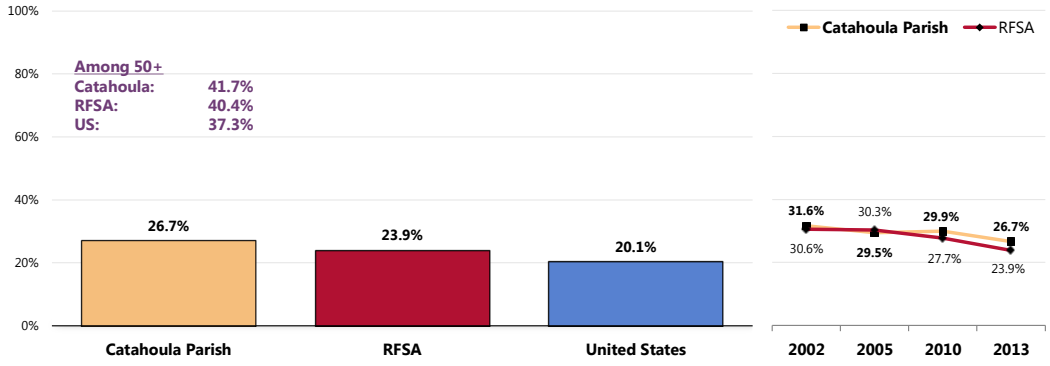
The current and projected growth in the number of people age 65 years and older in the United States has focused attention on preserving quality of life, as well as length of life. Chief among the factors involving preserving quality of life are the prevention and treatment of musculoskeletal conditions—the 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.

Just over one in four Catahoula Parish adults (26.7%) report suffering from arthritis or rheumatism.

- Similar to what is found regionally.
- Less favorable than that found nationwide.
- The decrease over time in Catahoula Parish is not statistically significant.
- Among Catahoula Parish adults age 50 and older, 41.7% have arthritis or rheumatism (comparable to the regional and national figures).

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.

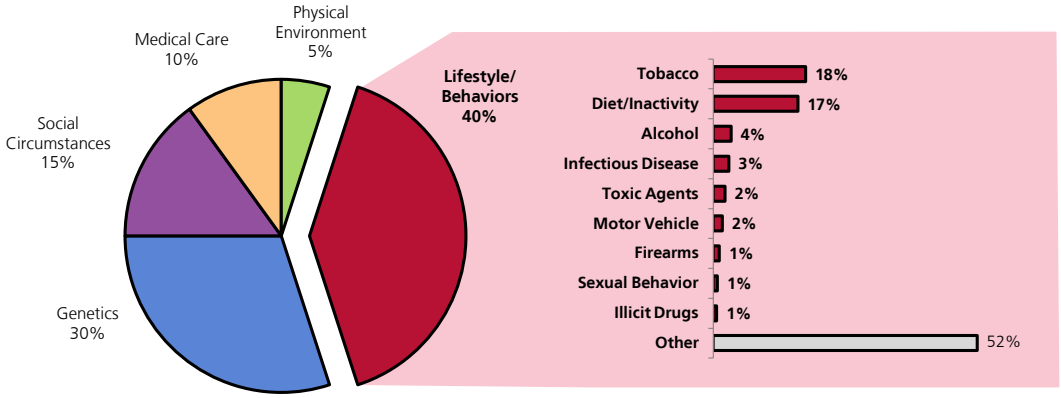
– Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

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.

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.

Nutrition

Adults

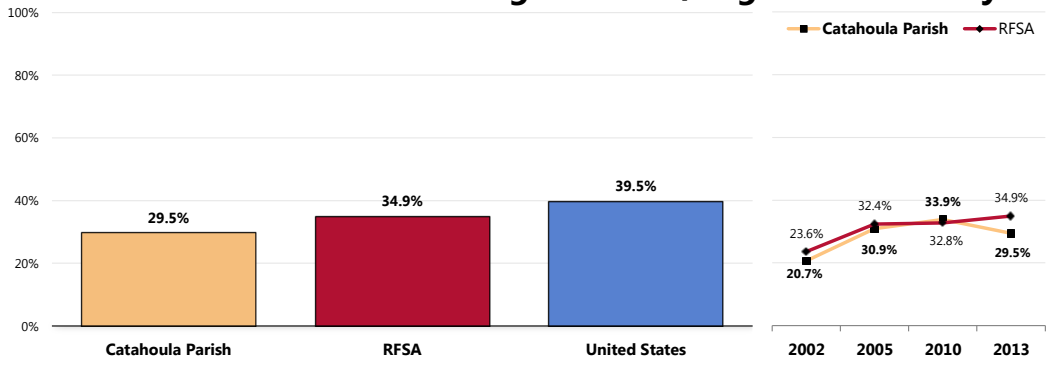
Daily Recommendation of Fruits/Vegetables

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 29.5% 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 Catahoula Parish since 2002.

Consume Five or More Servings of Fruits/Vegetables Per Day



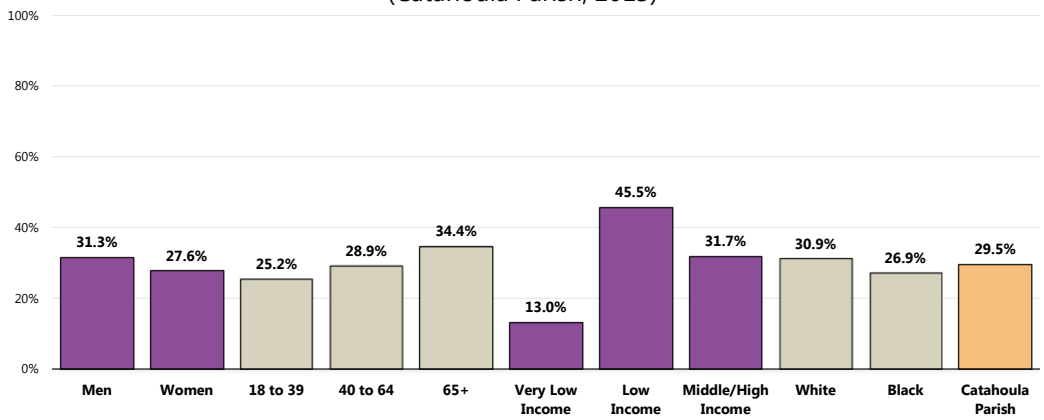
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 185]
- 2013 PRC National Health Survey, Professional Research Consultants.

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.

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



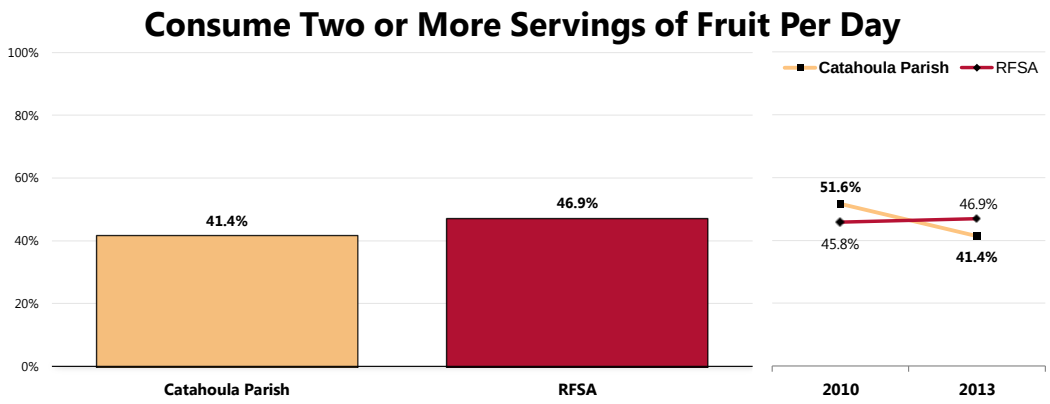
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 185]

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 41.4% of Catahoula Parish adults report eating at least two servings of fruit per day.

- Comparable to regional findings.
- Denotes a significant decrease over time.

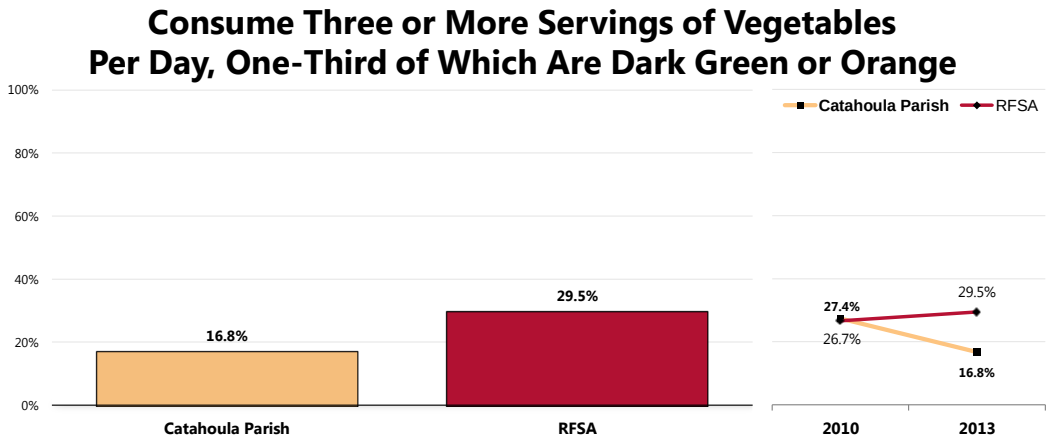


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 186]
Notes: • Asked of all respondents.
• For this issue, respondents were asked to recall their food intake on the previous day.

Vegetables

A total of 16.8% 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.

- Lower than regional findings.
- Denotes a significant decrease since 2010.



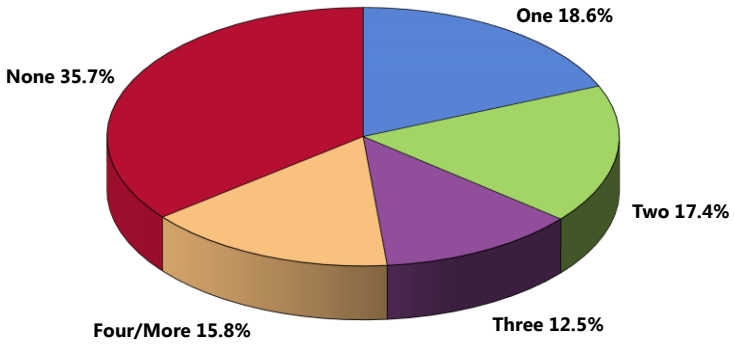
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 187]
Notes: • Asked of all respondents.
• For this issue, respondents were asked to recall their food intake on the previous day.

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.

Nearly two-thirds (64.3%) of Catahoula Parish adults drink at least one sugar-sweetened beverage per day.

Adults: Servings of Sugar-Sweetened Drinks Consumed Per Day

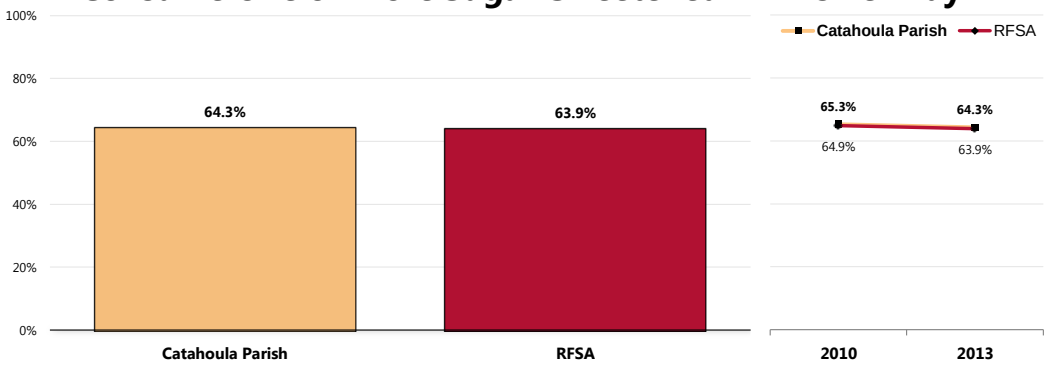
(Catahoula Parish, 2013)



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.

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

Consume One or More Sugar-Sweetened Drinks Per Day



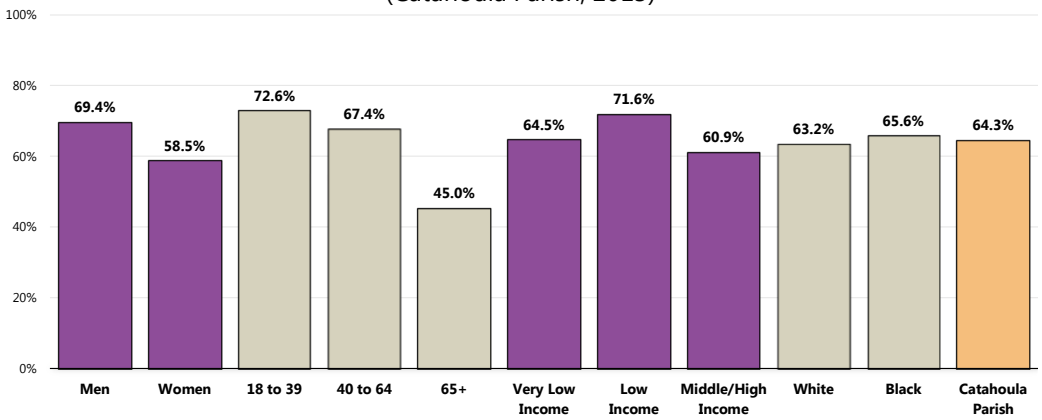
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 92]
Notes: • Asked of all respondents.
• For this issue, respondents were asked to recall their food intake on the previous day.

Respondents more likely to drink sugar-sweetened beverages include:

- Men.
- Residents under age 65.

Consume One or More Sugar-Sweetened Drinks Per Day

(Catahoula Parish, 2013)



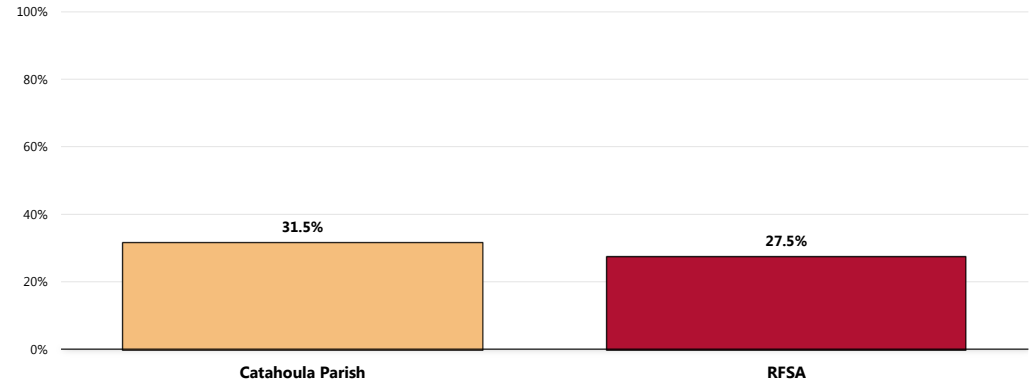
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 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 31.5% of Catahoula Parish adults report three or more meals in the past week from fast food restaurants.

- Comparable to regional findings.

Eat Three or More Fast Food Meals Per Week



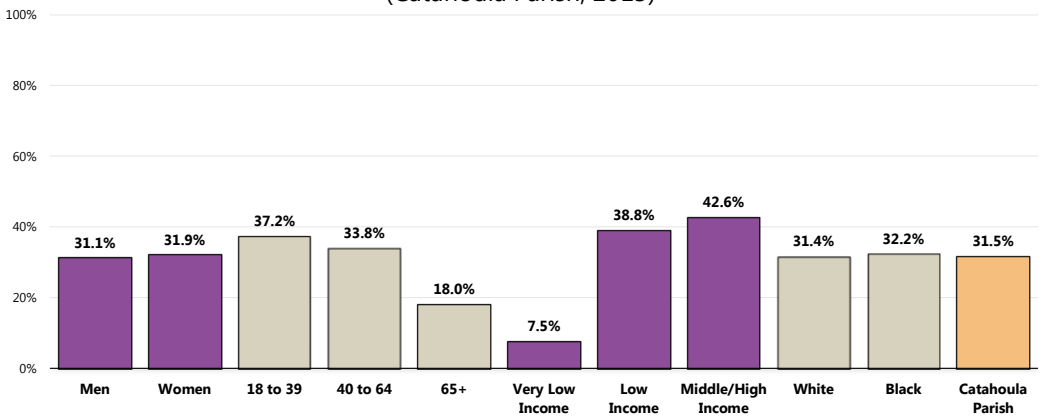
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 98]
Notes: ● Asked of all respondents.

Fast food consumption is more prevalent among:

- Adults under 65.
- Residents with higher incomes.

Eat Three or More Fast Food Meals Per Week

(Catahoula Parish, 2013)



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.

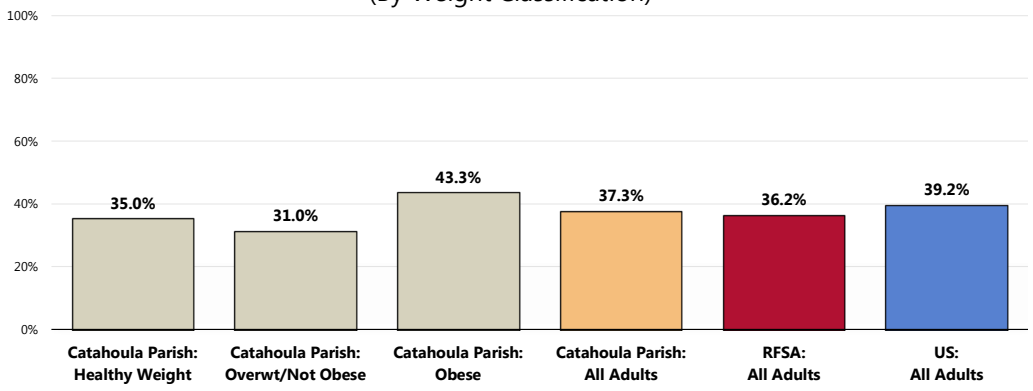
Health Advice About Diet & Nutrition

A total of 37.3% 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, 43.3% report receiving diet/nutrition advice (meaning that nearly 6 in 10 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.

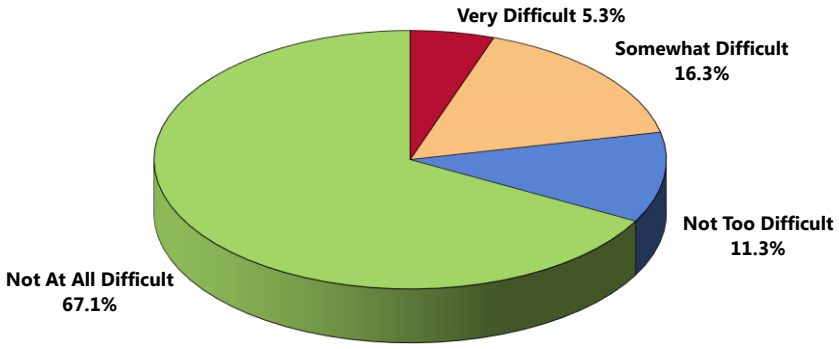
Difficulty Purchasing Fresh Produce

Two in three Catahoula Parish residents (67.1%) indicate that it is "not at all difficult" to buy fresh produce like fruits and vegetables in their community.

- Another 11.3% report this as "not too difficult."

Level of Difficulty in Purchasing Fresh Fruits & Vegetables in the Community

(Catahoula Parish, 2013)

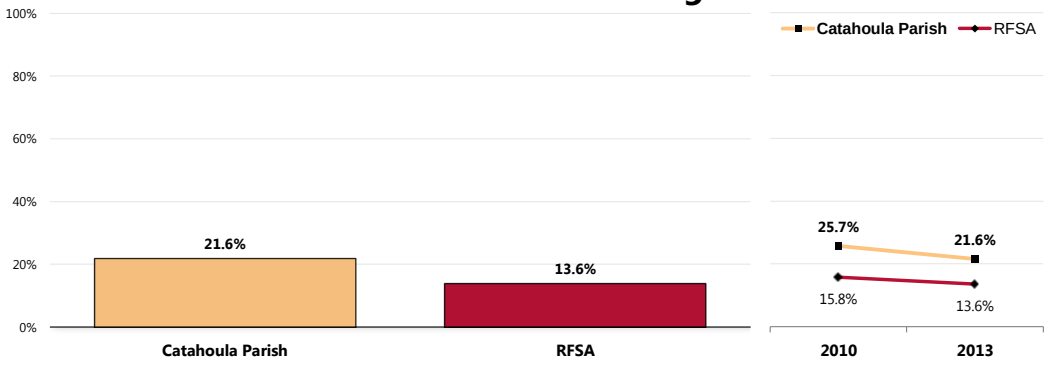


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 97]
Notes: • Asked of all respondents.

However, 16.3% of residents find the purchase of fresh fruits and vegetables to be "somewhat difficult," and 5.3% find it "very difficult."

- Higher than regional findings.
- Statistically unchanged from 2010 survey findings.

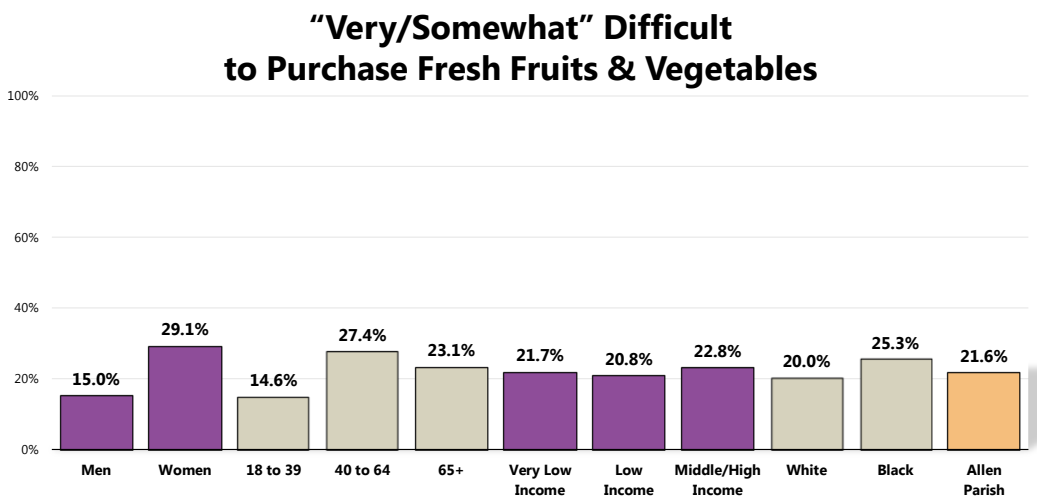
"Very/Somewhat" Difficult to Purchase Fresh Fruits & Vegetables



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

Higher among:

- Women.
- Adults age 40 to 64.



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

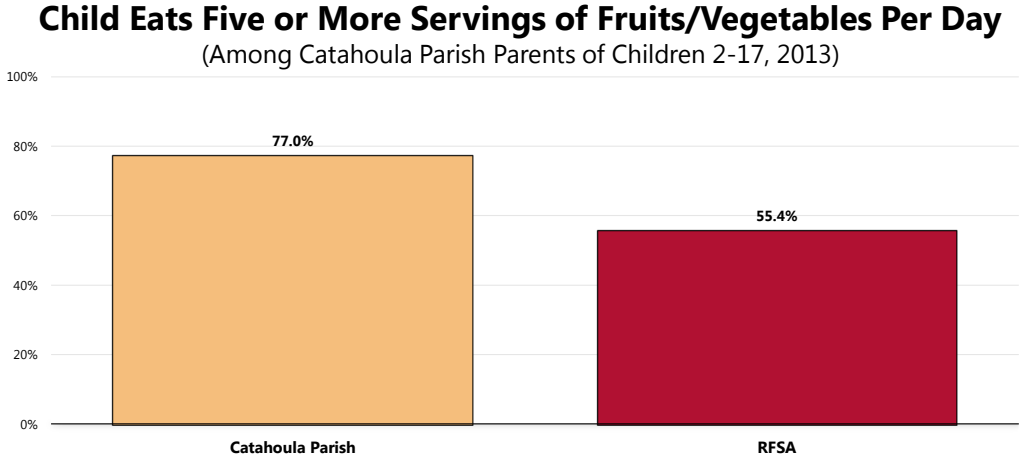
Children

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.

More than 3 in 4 (77.0%) Catahoula Parish parents of children age 2-17 report that their child has five or more servings of fruits/vegetables per day.

- Much higher than regional findings.



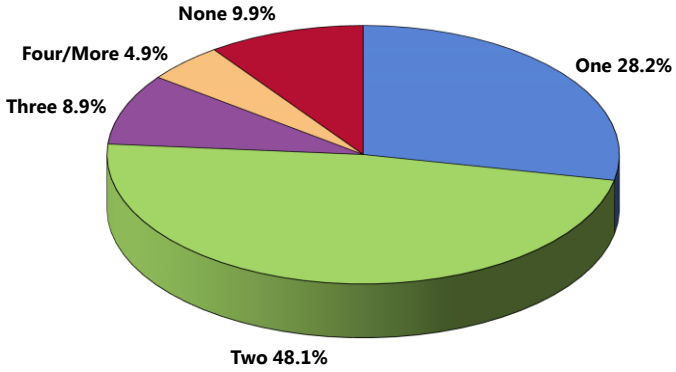
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 223]
Notes: • Asked of all respondents with children aged 2-17 at home.
• In this case, parents were asked to consider their child's food intake on the previous day.

While 9.9% of Catahoula Parish children age 2-17 typically do not drink any sugar-sweetened beverages, 28.2% drink one per day, and 48.1% drink two per day.

- 8.9% drink three sugar-sweetened beverages per day, and 4.9% drink four or more daily.

Children: Servings of Sugar-Sweetened Drinks Consumed Per Day

(Catahoula Parish Children 2-17, 2013)



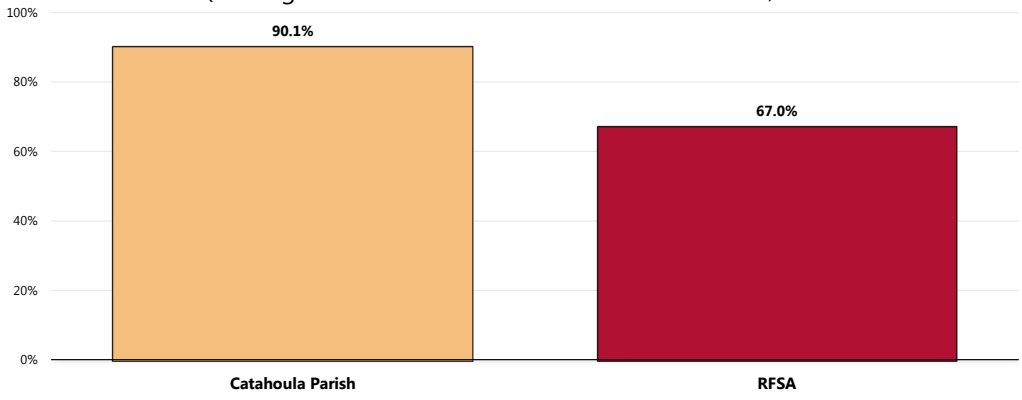
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]

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 much higher than regional findings.

Child Consumes One or More Sugar-Sweetened Drinks Per Day

(Among Catahoula Parish Parents of Children 2-17, 2013

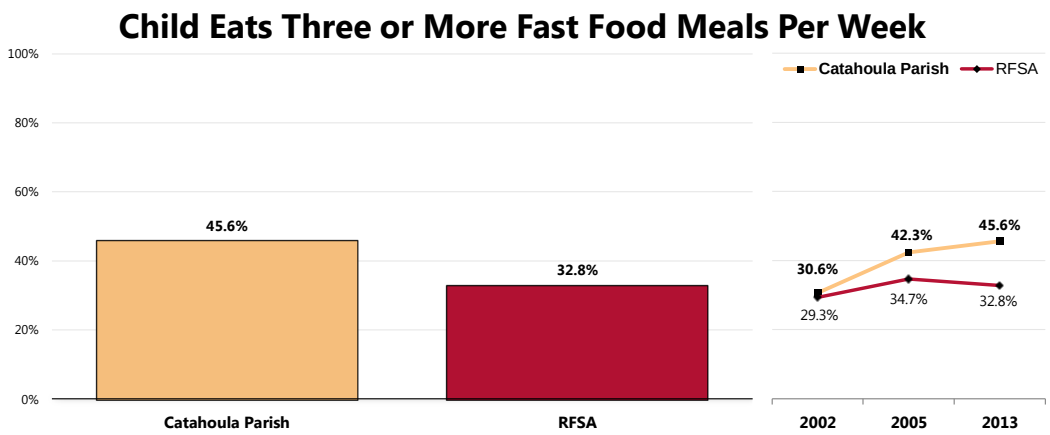


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 146]

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.

Just under one-half (45.6%) of area children age 5-17 is reported to have three or more fast food meals in an average week.

- Statistically comparable to regional findings.
- The increase over time is not statistically significant.



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 ($inches^2$)] 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 • ≥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 • ≥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.

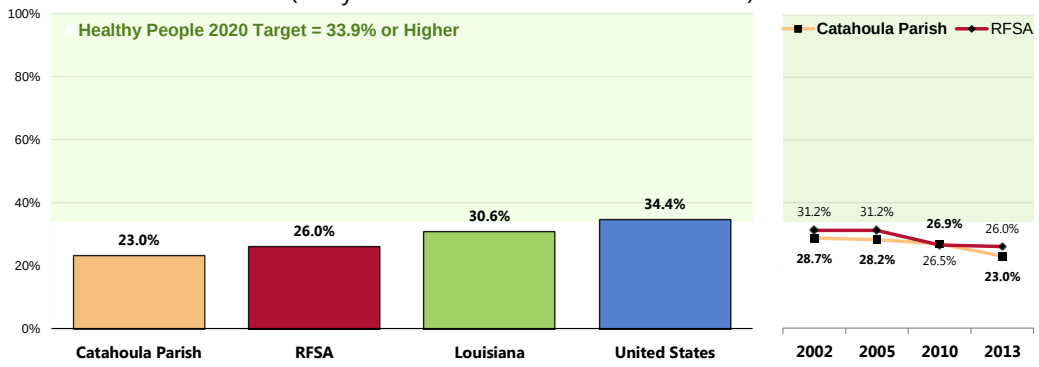
Healthy Weight

Based on self-reported heights and weights, only 23.0% of Catahoula 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.
- The decrease over time is not statistically significant.

Healthy Weight

(Body Mass Index Between 18.5 and 24.9)



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

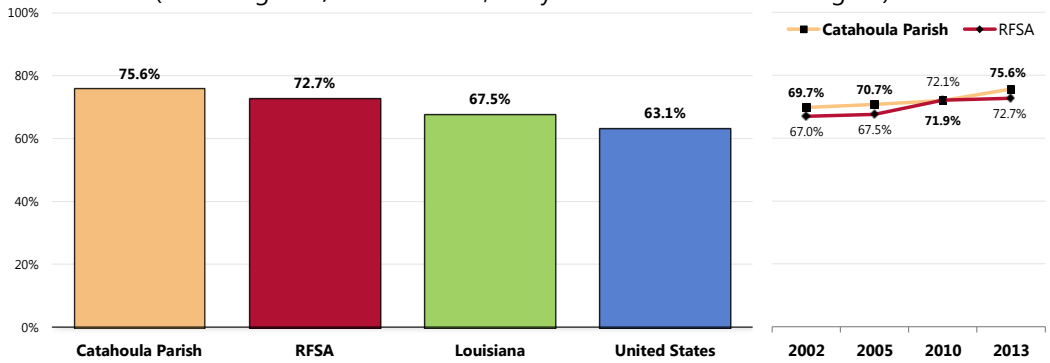
Adults

Based on self-reported heights and weights, 75.6% of Catahoula Parish adults are overweight or obese (BMI ≥25)**.**

- Similar to the regional prevalence.
- Higher than the Louisiana prevalence.
- Higher than the US prevalence.
- Statistically unchanged since 2002 among Catahoula Parish adults.

Prevalence of Total Overweight

(Overweight or/Obese Adults; Body Mass Index of 25.0 or Higher)



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.

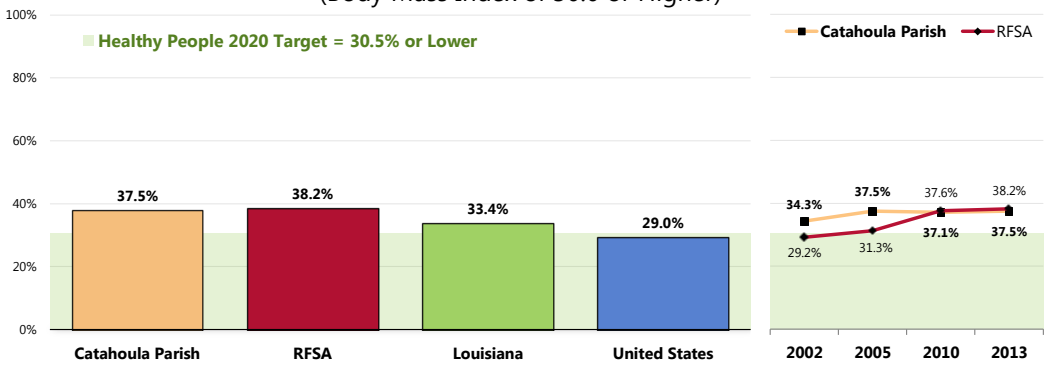
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater 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, 37.5% of Catahoula Parish adults are obese (BMI ≥30, also included in overweight prevalence discussed previously).

- Similar to the regional prevalence.
- Similar to the Louisiana percentage.
- Less favorable than US findings.
- Fails to satisfy the Healthy People 2020 target.
- No significant change over time.

Prevalence of Obesity

(Body Mass Index of 30.0 or Higher)



Sources:
- PRC Community Health Surveys, 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.

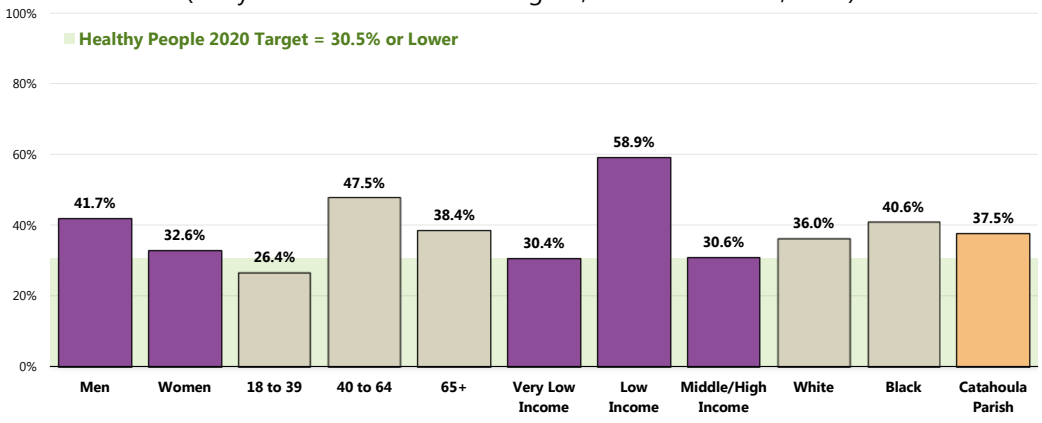
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
- Because the CDC implemented changes to the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

- Adults age 40 and older.
- Respondents living just above the federal poverty level.

Prevalence of Obesity

(Body Mass Index of 30.0 or Higher; Catahoula 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.

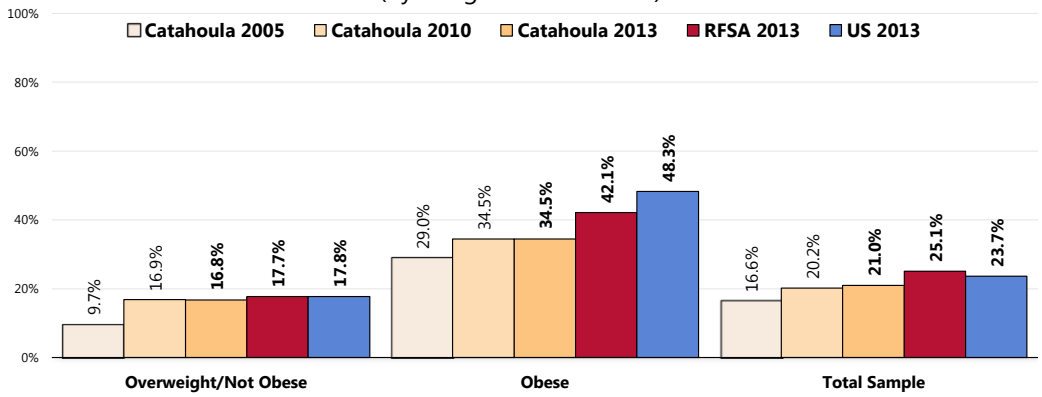
Weight Management

Health Advice About Weight Management

A total of 21.0% 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.
- Statistically similar to previous survey findings.
- Note that 34.5% of obese adults have been given advice about their weight by a health professional in the past year (while nearly two in three 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.

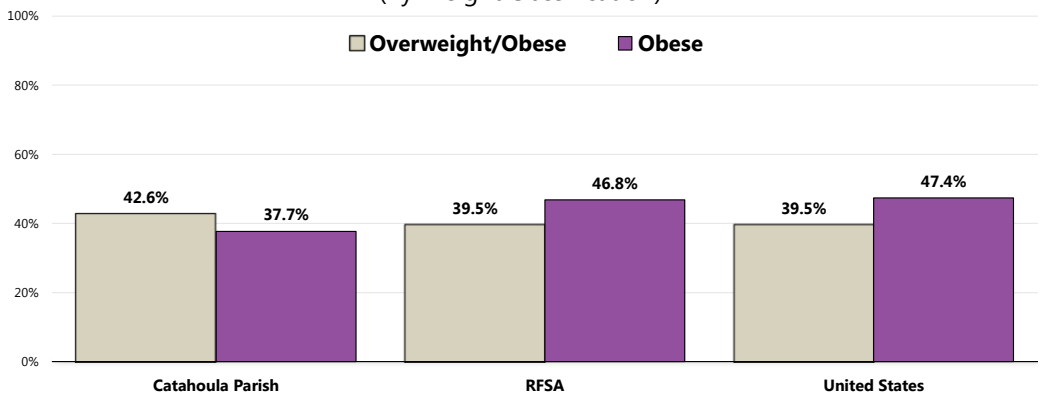
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

A total of 42.6% of Catahoula 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: 37.7% of Catahoula 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)



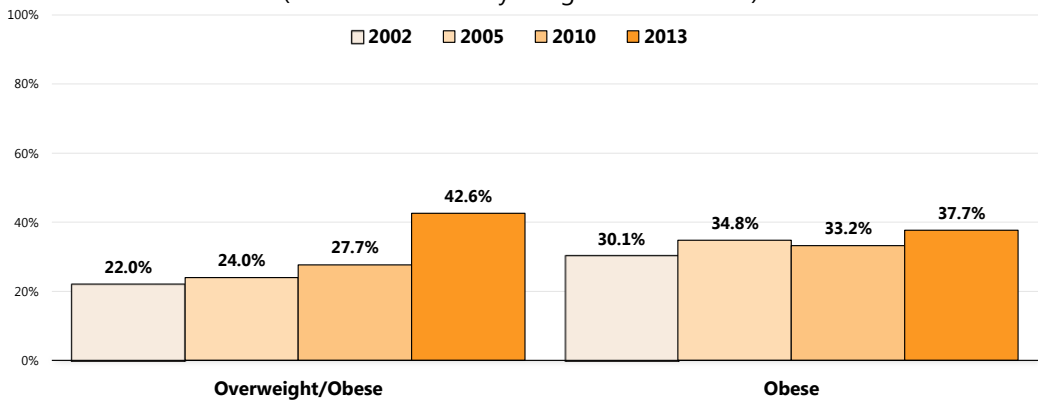
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 197]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.

The proportion of overweight and obese adults in Catahoula 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

(Catahoula Parish By Weight Classification)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 197]

Notes:
- 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.

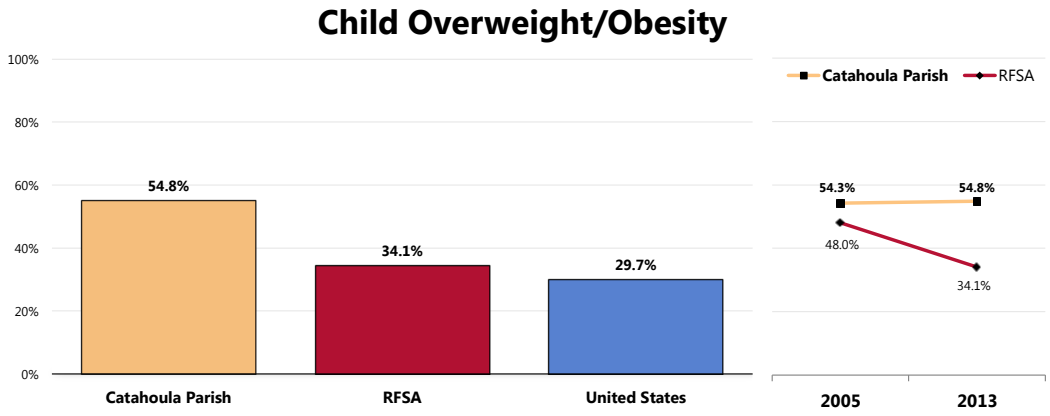
BMI-for-age weight status categories and the corresponding percentiles are shown below:

- 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, 54.8% of Catahoula Parish children age 6 to 17 are overweight or obese (≥85th percentile)**.**

- Higher than the regional prevalence.
- Higher than the prevalence reported nationally.
- Unchanged from the 2005 parish proportion.

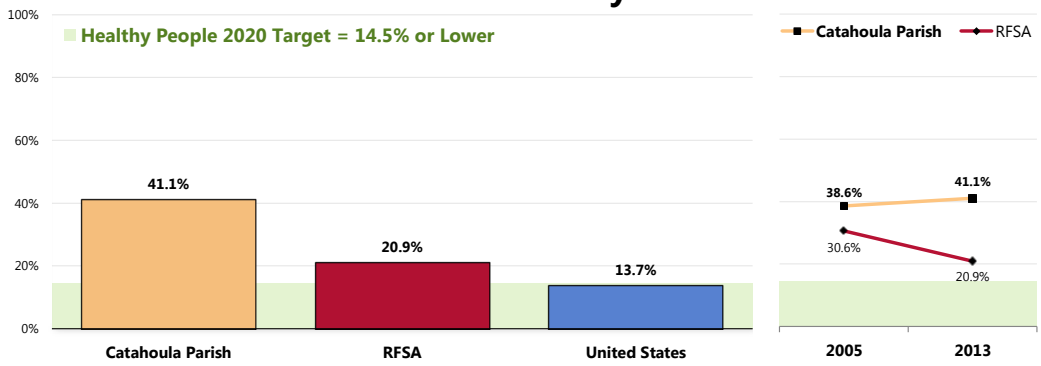


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 200]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children aged 6-17 at home.
• Overweight among children is estimated based on children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Specifically, 41.1% of area children age 6 to 17 are obese (≥95th percentile)**.**

- Higher than the regional prevalence.
- Higher than the national percentage.
- Fails to satisfy the Healthy People 2020 target.
- Statistically unchanged over time.

Child Obesity



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 200]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children aged 6-17 at home.
- Obesity among children is estimated based on children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

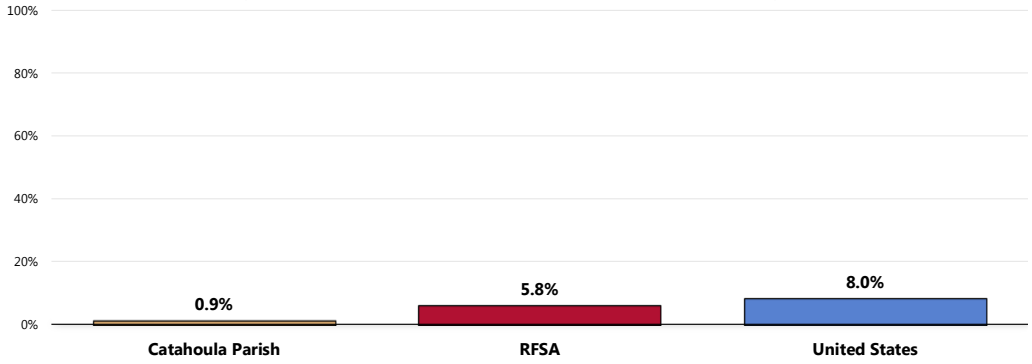
Notification of Child's Weight Status

Less than one percent of Catahoula Parish parents reports that, within the past year, a health professional or someone at their child's school has told them that their child was overweight.

- Well below the regional prevalence.
- Well below the national percentage.

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

(Catahoula 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: Nutrition and Obesity

Many focus group participants discussed nutrition and obesity, with emphasis on the following topics:

- Poor nutrition
- Food deserts
- Fast food establishments and microwavable meals
- Nutrition education
- Hunger and malnutrition concerns

Participants believe that residents have **poor nutritional habits** which contribute to the high prevalence of obesity in the community. Residents possess poor eating habits and lack access to fresh fruits and vegetables, 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 grocery stores. Even in the available grocery stores, the produce is not of good quality.

> *"Oftentimes when you get fresh, what should be fresh fruit and vegetables; it is not fresh fruit and vegetables. I don't know about you all's experiences, but my experience with these grocery stores is not a good one. You literally have to dig in order to find something that is consumable. "*
> *— Catahoula Parish Key Informant*

Other low income residents live in homes without water, or working appliances, which make it difficult to store, or prepare food:

> *"No water, maybe not even any sewer. No working refrigerator. Took fresh food to one place and it's like I've never seen anything like it. I mean when I was a kid and we went to the slums in Mexico to help assist people, I mean I really feel like in certain areas of this community the poverty is so bad that there is like 10, 15 people living in a trailer and the trailer is uninhabitable and yet It's being habited. And they have children. And it's tough. It really is tough." — Catahoula Parish Key Informant*
>
> *"And the other thing is I've been in a few of these mobile homes, like what I was saying earlier, they don't have access to a stove. There is no stove. You're lucky if there's even electric skillet in these places. I mean really, there's no refrigerator. I mean there are no working appliances for them to do any of this food preparation. Even if they had the knowledge and the tools to do it, they don't have the ability to do it." — Catahoula Parish Key Informant*

For other citizens, **fast food establishments or microwavable meals** represent the convenient, easy option. In addition, healthy foods cost more than heavily processed options. In Catahoula Parish, key informants feel that the extreme poverty means some families will never choose to purchase fresh foods, as a respondent explains:

> *"They're not going to get fresh fruits. They're not going get vegetables because those'll go bad and they'll waste the money on that. So they're going to get processed nasty quick food that is completely unhealthy with empty calories." — Catahoula Parish Key Informant*

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

On the other side of the obesity epidemic are **hunger and malnutrition concerns**. In Catahoula Parish, the Bread Crumb food bank operates and local faith-based organizations have food drives to help alleviate some of the need.

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.

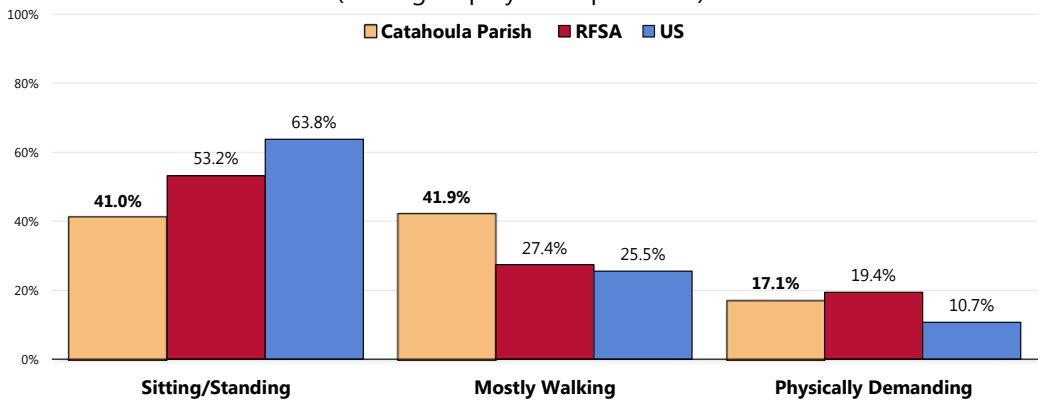
Adults' Physical Activity

Level of Activity at Work

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

- Just over 4 in 10 (41.0%) employed respondents report that their job entails mostly sitting or standing, lower than the regional and US figures.
- Another 41.9% report that their job entails mostly walking (much higher than the RFSA and US proportions among working adults).
- 17.1% report that their work is physically demanding (similar to regional findings but higher than the US figure).

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

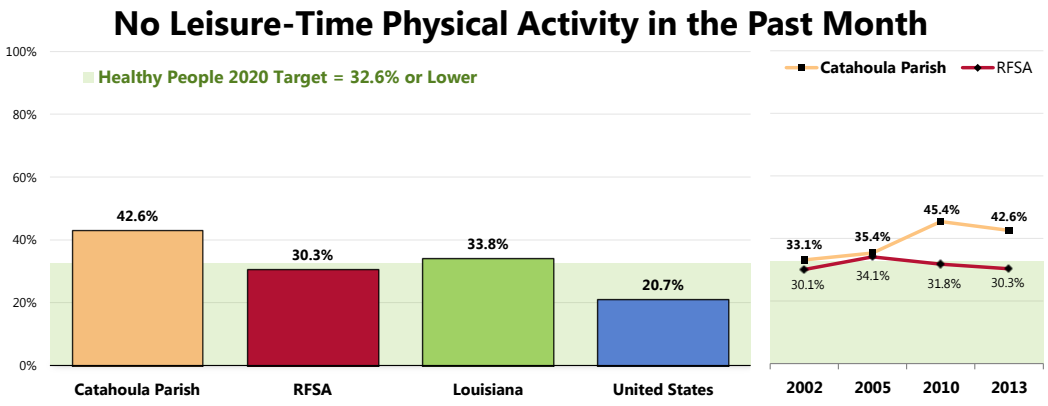
Effects of Physical Inactivity & Unhealthy Diets

- 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

More than 4 in 10 Catahoula Parish adults (42.6%) report no leisure-time physical activity in the past month.

- Worse than the regional prevalence.
- Worse than the percentage reported across Louisiana.
- Worse than national findings.
- Fails to satisfy the Healthy People 2020 objective.
- Lack of leisure-time physical activity has increased significantly from 2002 survey findings.



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]

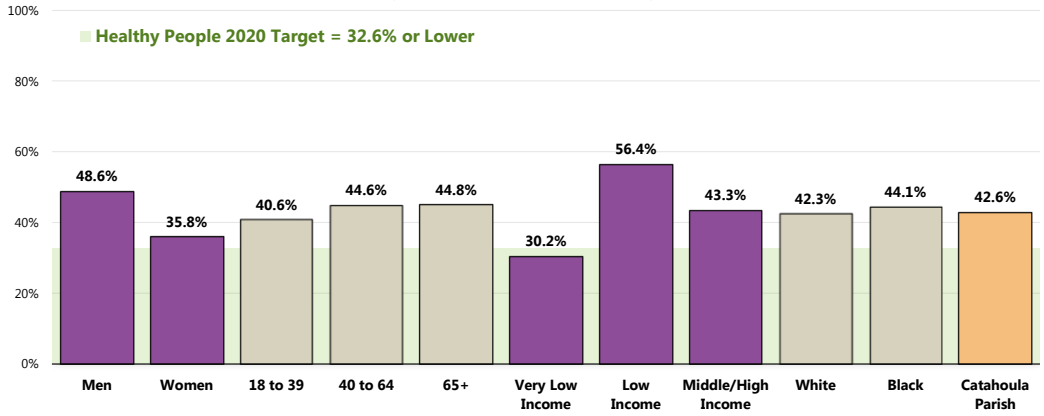
Notes:
- Asked of all respondents.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

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

- Men.
- Low income residents.

No Leisure-Time Physical Activity in the Past Month

(Catahoula 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.

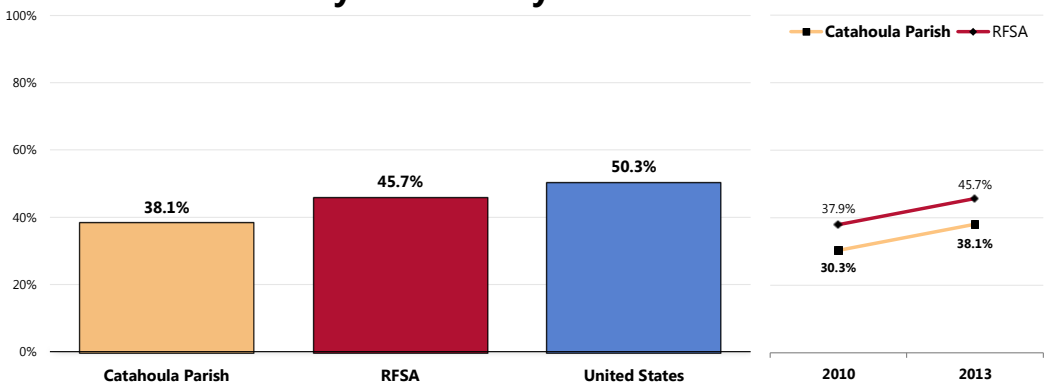
  – Healthy People 2020

Recommended Levels of Physical Activity

A total of 38.1% of Catahoula Parish adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Less favorable than the regional prevalence.
- Less favorable than national findings.
- Denotes a significant increase 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.

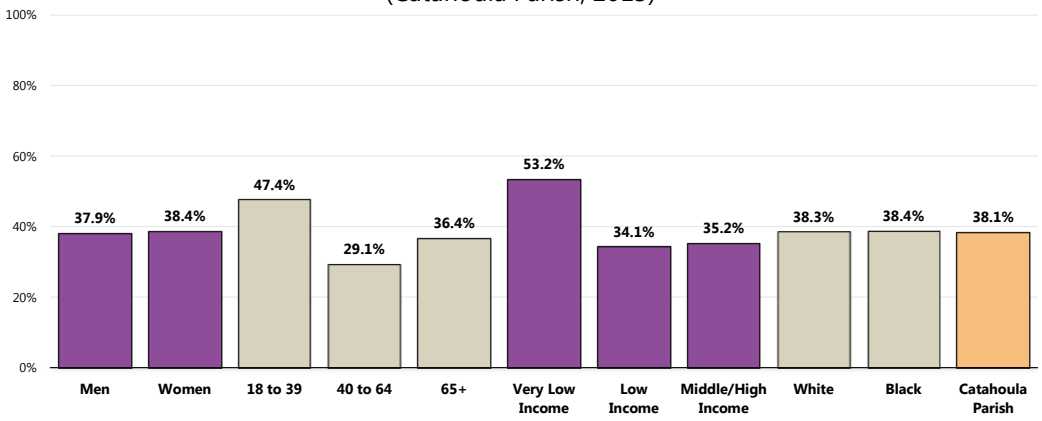
Notes:
- Asked of all respondents.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at 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 more likely to meet physical activity requirements include:

- Young adults.
- Residents with very low incomes.

Meets Physical Activity Recommendations

(Catahoula Parish, 2013)



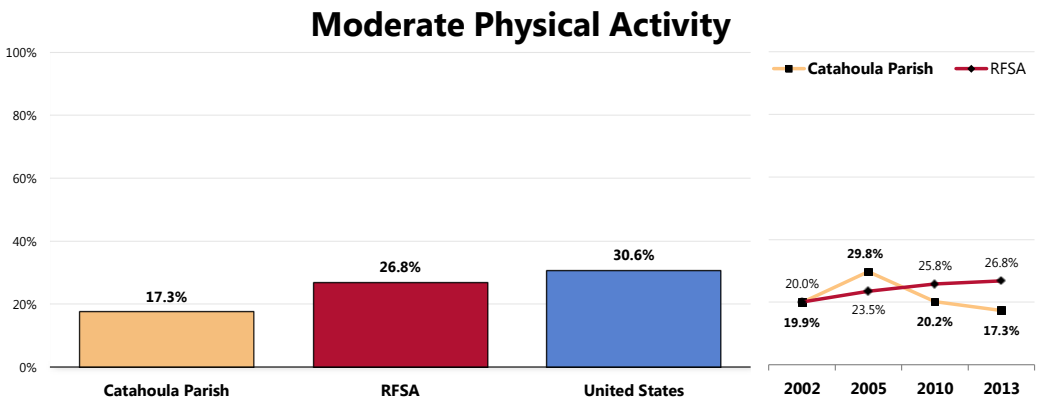
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 188]

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.

In the past month, 17.3% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

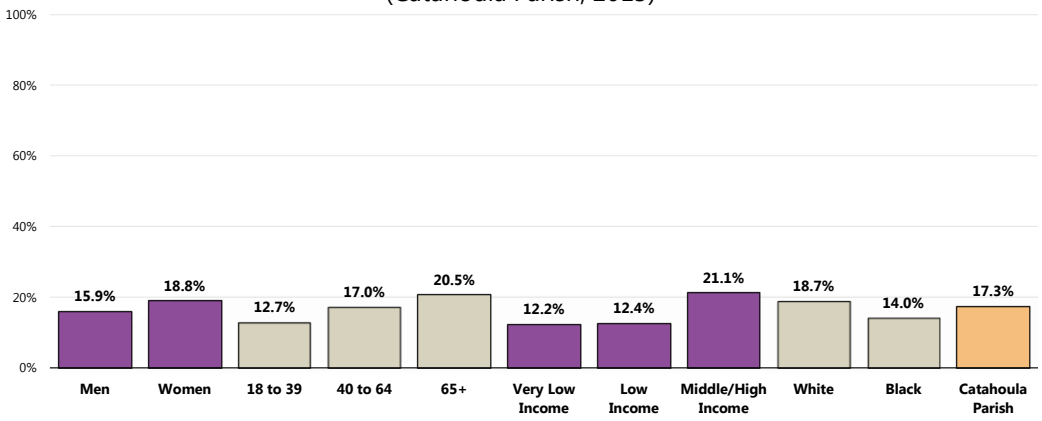
- Worse than found throughout the RFSA.
- Worse than the national figure.
- Participation in regular, moderate-intensity physical activity has not changed significantly in the service area since 2002.



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 does not vary significantly by demographic characteristics in Catahoula Parish.

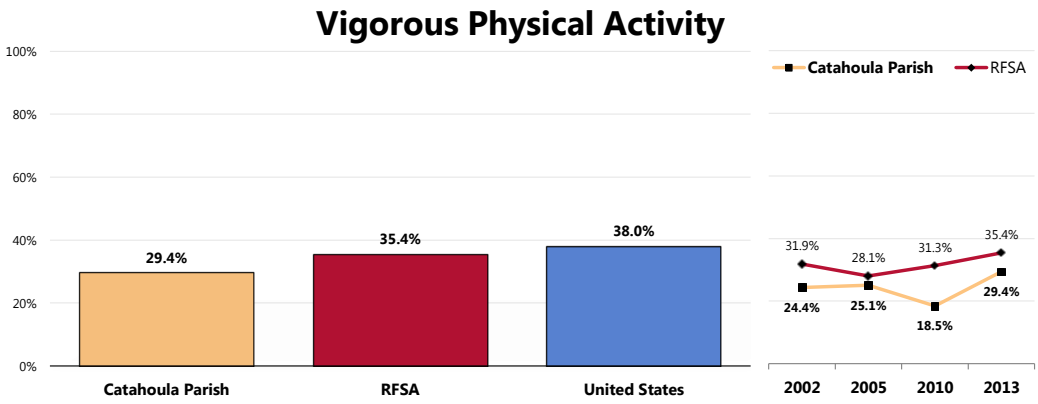


Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]

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 29.4% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

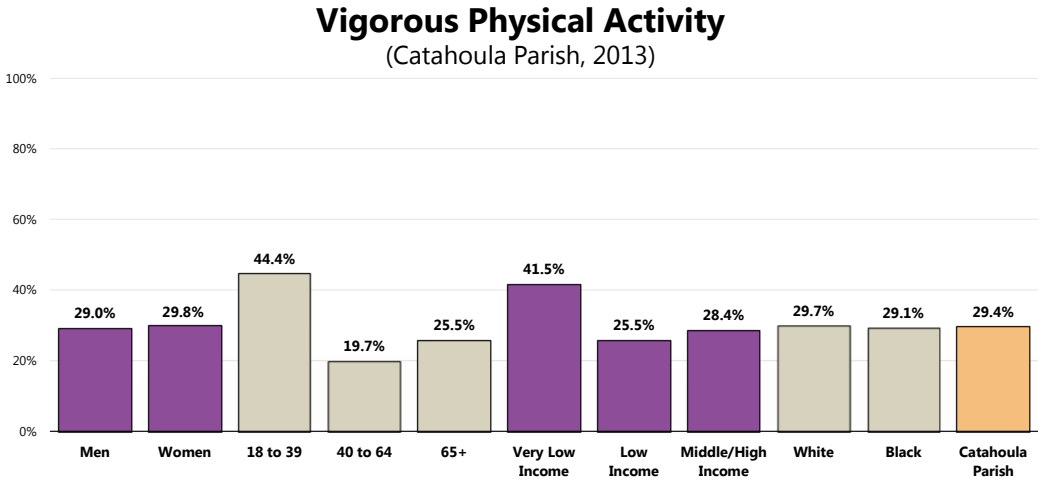
- Worse than found throughout the RFSA.
- Worse than the nationwide figure.
- Despite fluctuations over time, the prevalence is similar to 2002 survey findings.



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 higher among young adults and those living at very low income levels.



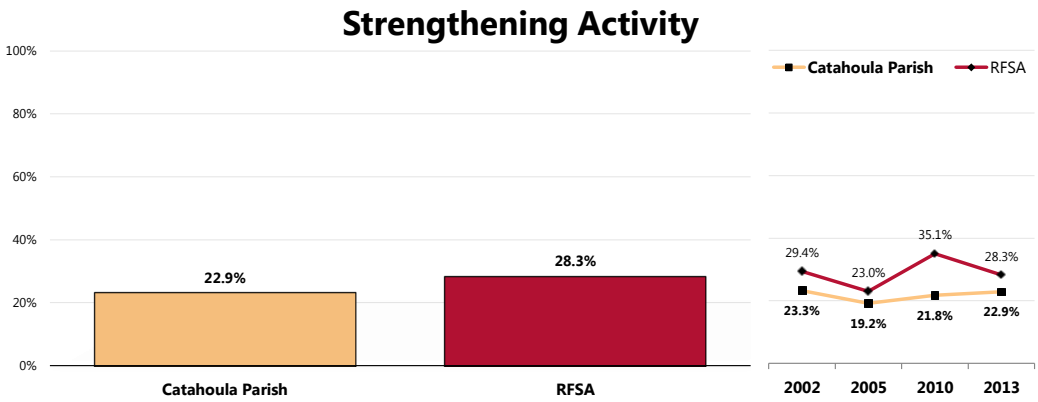
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 191]

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.

In the past month:

A total of 22.9% 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.**

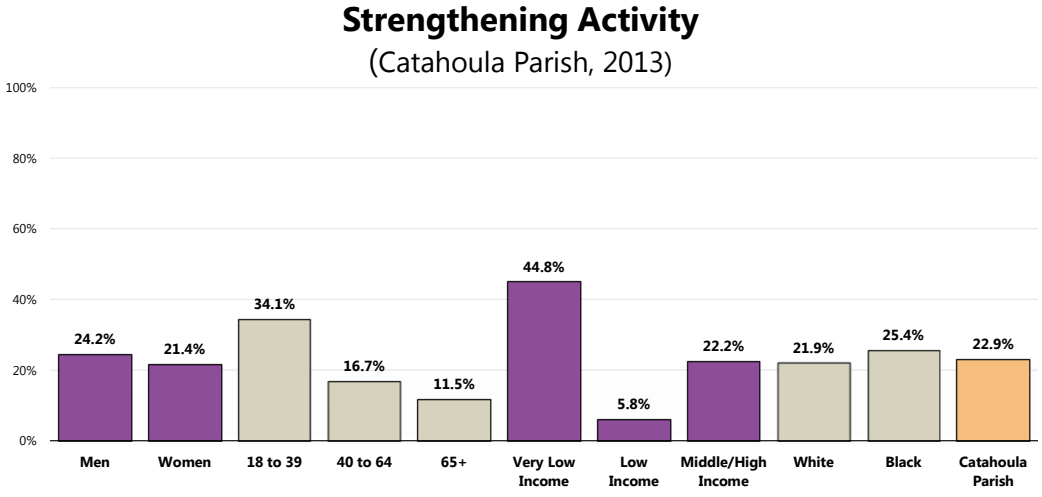
- Lower than found throughout the RFSA.
- Statistically unchanged over time.



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:

- Adults 40 and older.
- Those in households with low incomes (just above the federal poverty level).

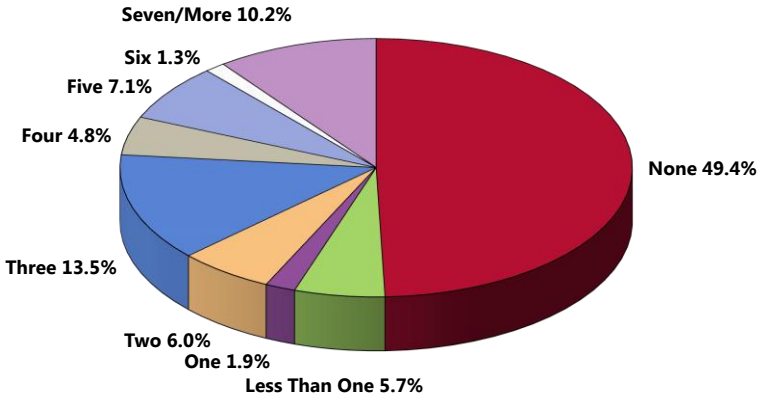


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; low income" = 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.

A total of 18.6% of Catahoula 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

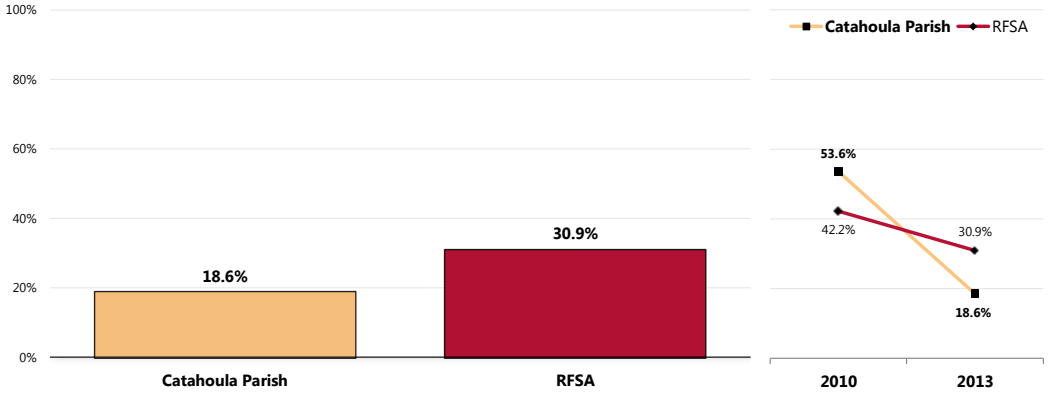
(Catahoula Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 104]
Notes: • Asked of all respondents.

- Much lower than regional findings.
- Marks a significant <u>decrease</u> over time.

Walk for More Than 10 Minutes at a Time at Least Five Times Per Week



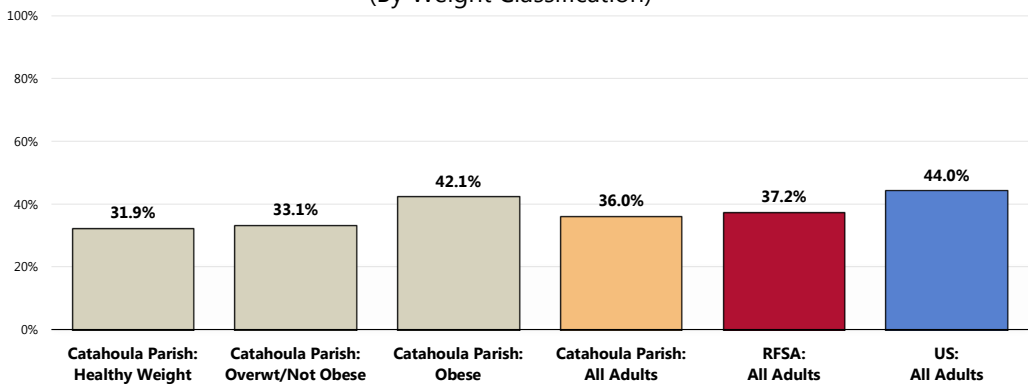
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 104]
Notes: • Asked of all respondents.

Health Advice About Physical Activity & Exercise

A total of 36.0% of Catahoula Parish adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Comparable to that found throughout the RFSA.
- Less favorable than the national average.
- Note: 42.1% of obese Catahoula 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

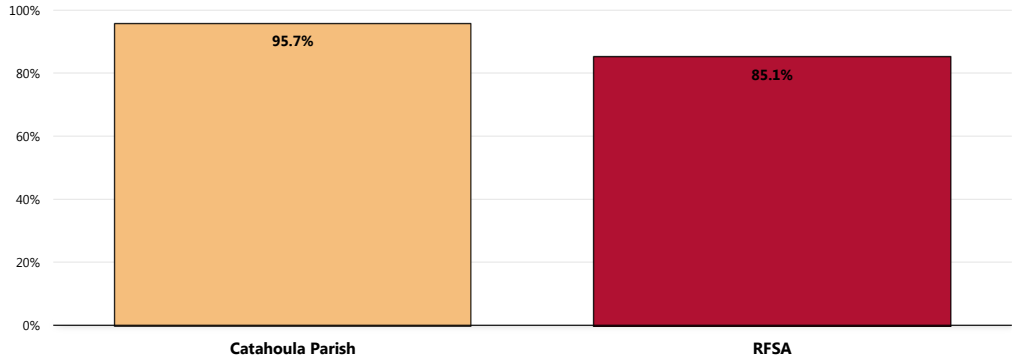
Participation in Physical Activity

Overall, 95.7% of Catahoula 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).

- Higher than regional (RFSA) findings.

Child Is Physically Active on a Regular Basis

(Among Catahoula 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.

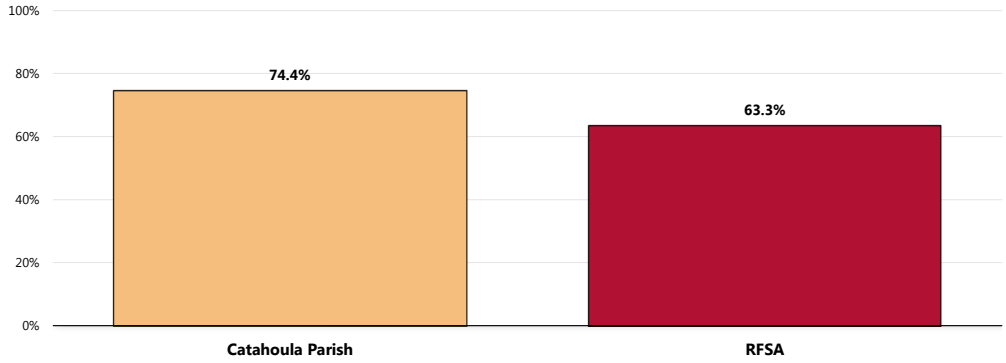
Children's Moderate Physical Activity

Nearly 3 in 4 (74.4%) children engage in regular moderate physical activity (5+ times per week for 30+ minutes at a time)**.**

- Comparable to regional (RFSA) findings.

Child Engages in Regular Moderate Physical Activity

(Among Catahoula 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.

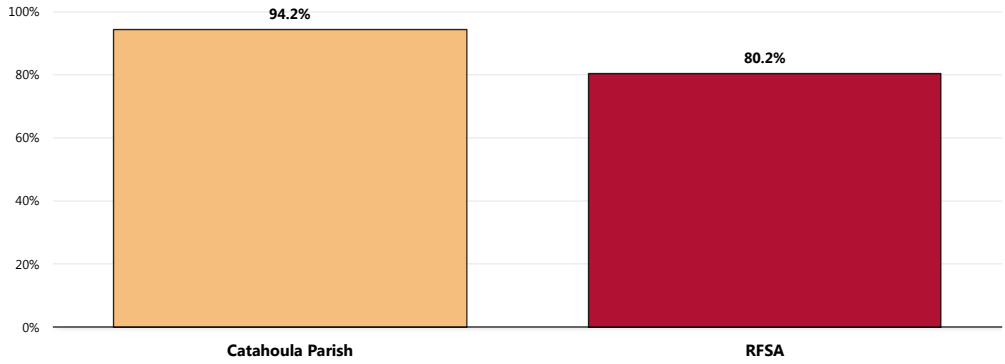
Children's Vigorous Physical Activity

Over 9 in 10 (94.2%) children engage in regular vigorous physical activity (3+ times per week for 20+ minutes at a time)**.**

- Higher than regional (RFSA) findings.

Child Engages in Regular Vigorous Physical Activity

(Among Catahoula 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.

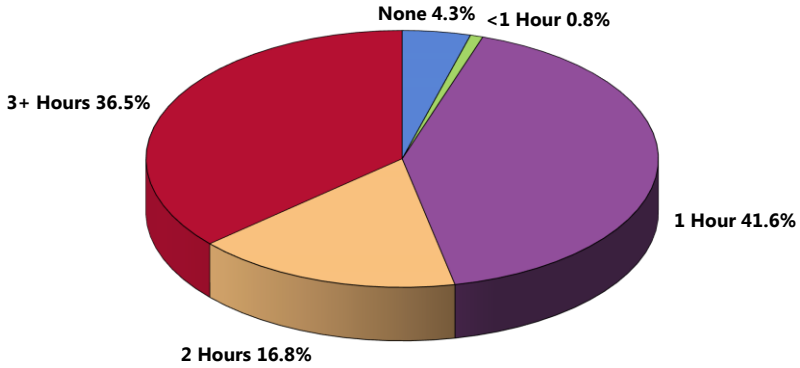
Children's Screen Time

Television Watching

In children age 5-17, 46.7% are reported to watch one hour or less of television per day; on the other hand, 36.6% are reported to watch 3+ hours of TV daily.

Children: Hours of Television Watching on a Typical School Day

(Catahoula Parish Parents of Children Ages 5-17, 2013)

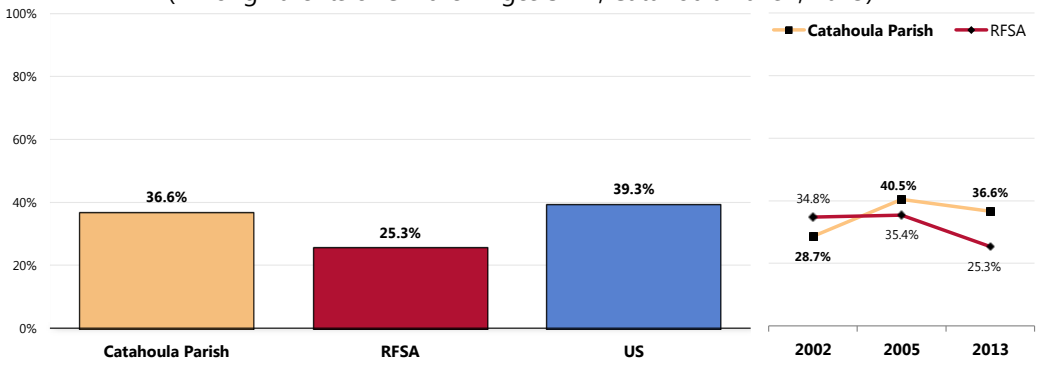


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
Notes: • Asked of respondents with children ages 5-17 at home.
• "1 Hour" = 60-119 minutes of reported television watching; "2 Hours" = 120-179 minutes; "3 Hours" = 180-239 minutes; etc.

- Statistically comparable to regional (RFSA) findings.
- Statistically comparable to the national prevalence.
- Statistically unchanged over time.

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

(Among Parents of Children Ages 5-17; Catahoula Parish, 2013)



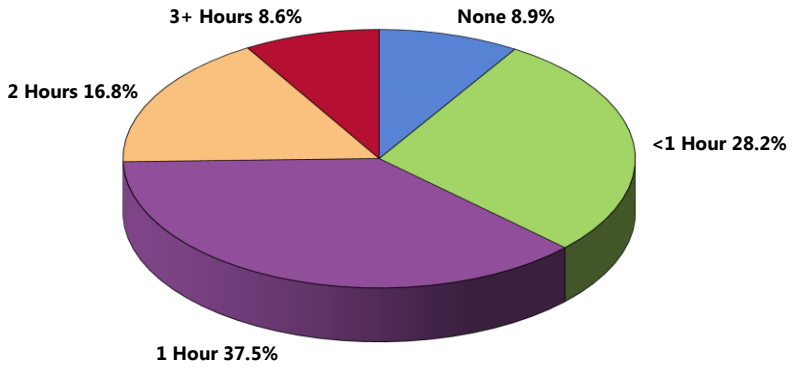
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 192]
• 2013 PRC National Children's Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of respondents with children ages 5-17 at home.

Other (Non-TV) Screen Time

Fewer area children age 5-17 (8.6%) 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

(Catahoula Parish Parents of Children Ages 5-17, 2013)

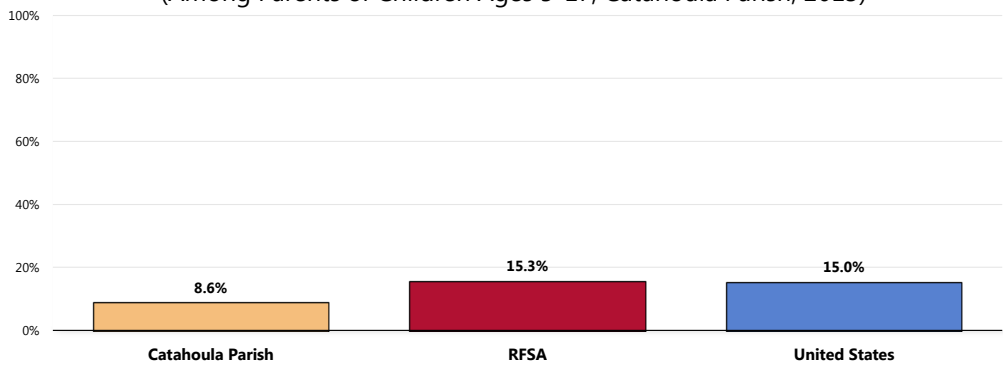


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
Notes: • Asked of respondents with children ages 5-17 at home.
• In this case, the term "screen time" includes video games and computer/Internet use for entertainment.
• "1 Hour" = 60-119 minutes of reported screen time; "2 Hours" = 120-179 minutes; "3 Hours" = 180-239 minutes; etc.

- Similar to regional (RFSA) findings.
- Similar to the national prevalence.

Child Has Three or More Hours of Non-TV Screen Time on a Typical School Day

(Among Parents of Children Ages 5-17; Catahoula 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.

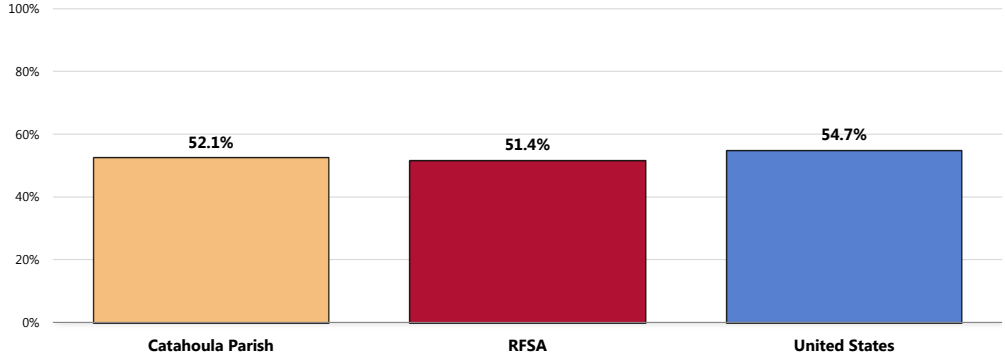
Total Screen Time

On a typical school day, 52.1% of school-age Catahoula Parish children spend 3+ hours watching television, playing video games, or using the computer/Internet for entertainment.

- Similar to regional (RFSA) findings.
- Similar to the US findings.

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 Surveys, 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.

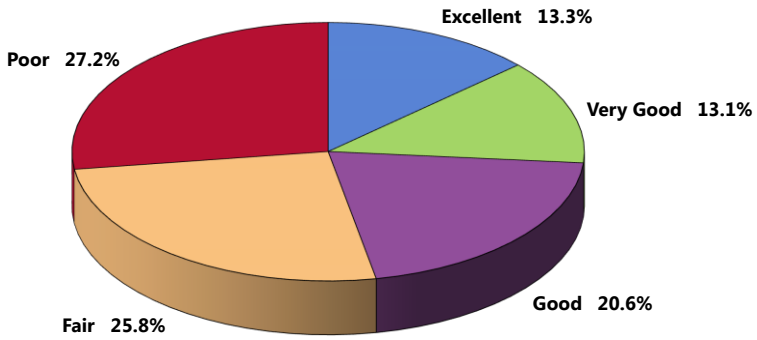
Availability of Opportunities for Physical Activity

A total of 26.4% of survey respondents give "excellent" or "very good" ratings of the availability of opportunites for physical activity in their community.

- Another 20.6% gave "good" ratings.

Rating of the Availability of Opportunities to Participate in Physical Activity in the Community

(Catahoula Parish, 2013)

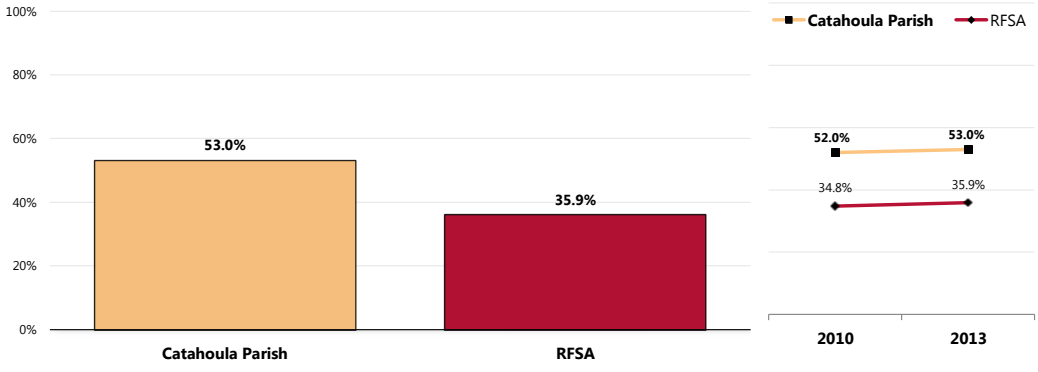


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
Notes: • Asked of all respondents.

In contrast, over one-half (53.0%) of Catahoula Parish adults gave "fair/poor" ratings of the availability of opportunities for physical activity within the community.

- Much higher than regional (RFSA) findings.
- Statistically unchanged since 2010.

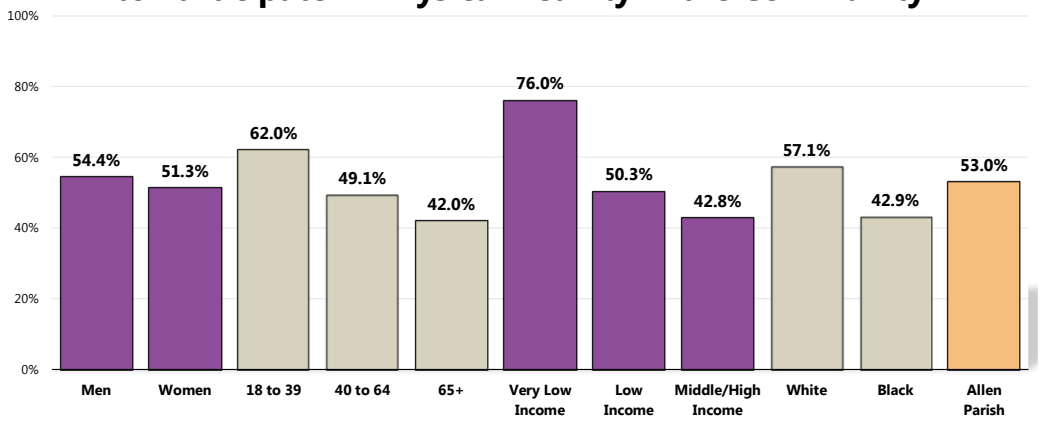
"Fair" or "Poor" Evaluations of the Availability of Opportunities to Participate in Physical Activity in the Community



Sources: • 2013 PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 106]
Notes: • Asked of all respondents.

- Three in four residents with very low incomes rate physical activity opportunities in their communities as "fair" or "poor," as do over half of Whites and young adults.

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



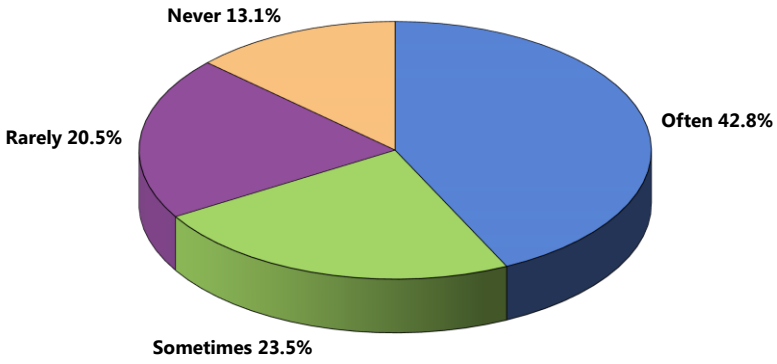
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
Notes: • Asked of all respondents.

Community Participation in Physical Activity

One in three Catahoula Parish adults (33.6%) reports that they "rarely" or "never" see others in their community being physically active, such as walking, jogging or biking.

- Another 23.5% reported "sometimes" seeing other community members being physically active.

Frequency of Seeing Others in the Community Being Physically Active
(Catahoula Parish, 2013)

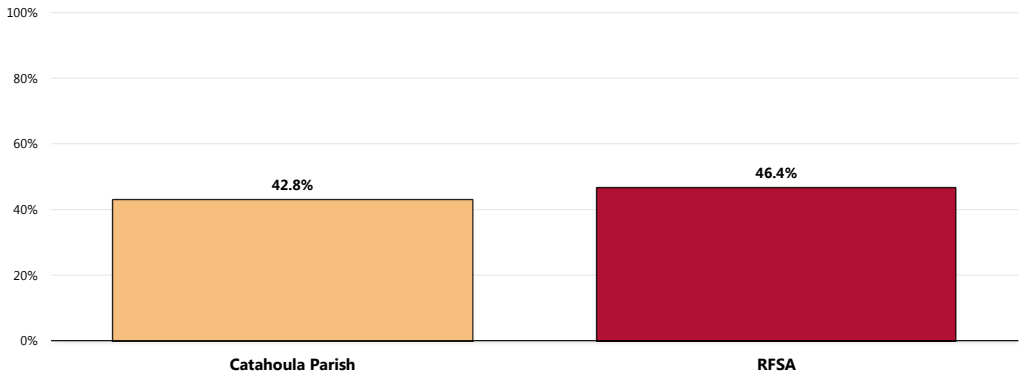


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
Notes: • Asked of all respondents.

A total of 42.8% 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

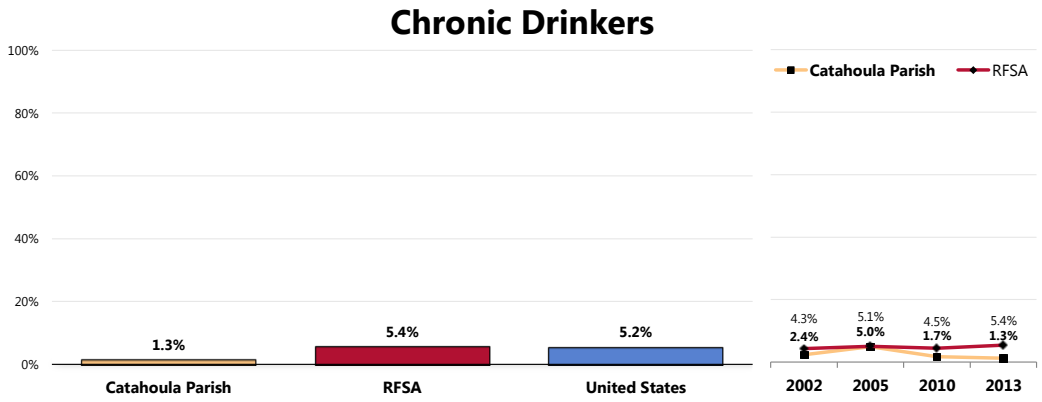
High-Risk Alcohol Use

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 1.3% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- More favorable than regional (RFSA) findings.
- More favorable than the national figure.
- The chronic drinking prevalence has not changed significantly since 2002.

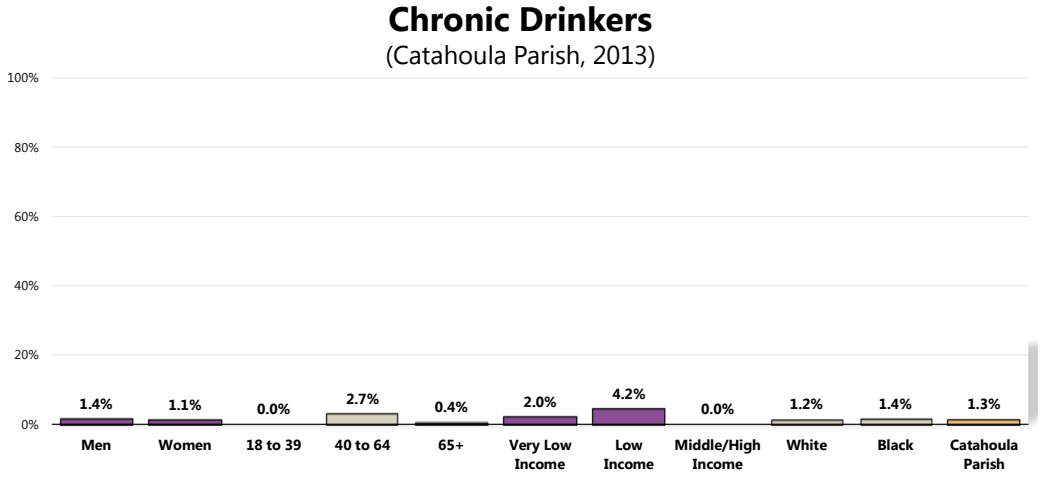


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 206]
- 2013 PRC National Health Survey, Professional Research Consultants.

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:

- Adults age 40 to 64.



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

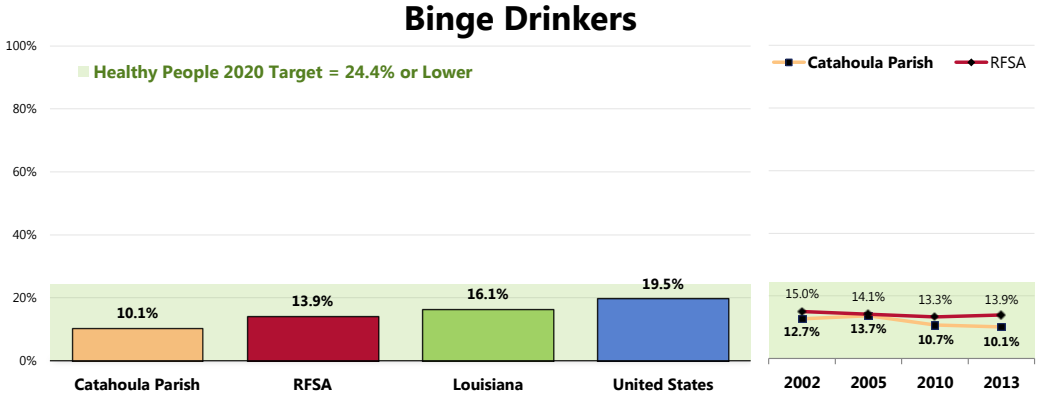
Binge drinkers include:

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.

A total of 10.1% of Catahoula Parish adults are binge drinkers.

- Lower than regional (RFSA) findings.
- Lower than the prevalence in Louisiana.
- Lower than the prevalence reported nationwide.
- Easily satisfies the Healthy People 2020 target.
- Statistically unchanged since 2002.

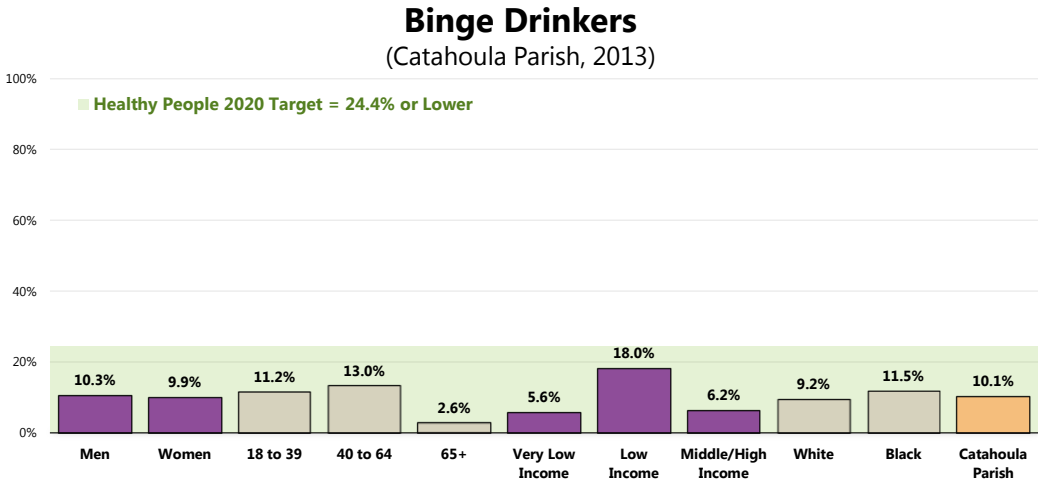


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 207]
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana data.
- 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:

- Adults under age 65.
- Residents living at low incomes.



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]

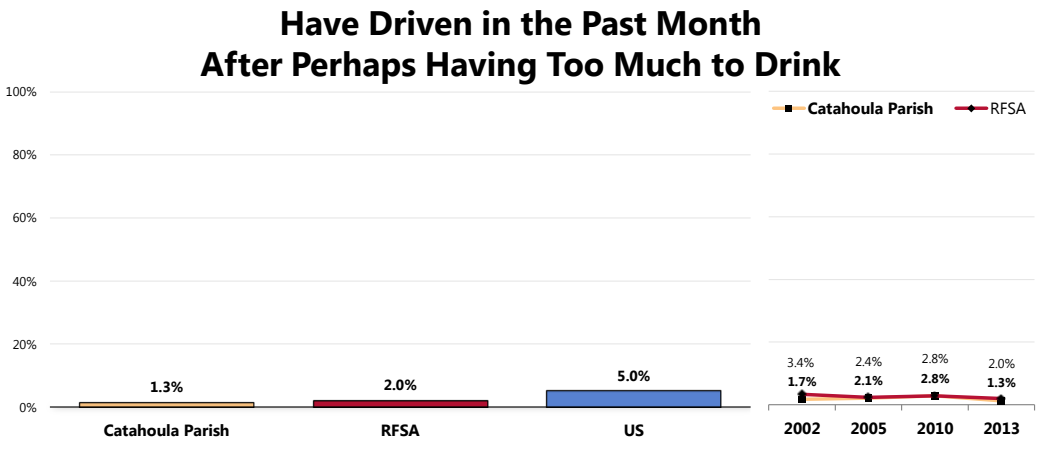
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion

Drinking & Driving

A total of 1.3% of Catahoula Parish adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Similar to that found regionally.
- Lower than the national figure.
- The drinking and driving prevalence has not changed significantly since 2002.

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.

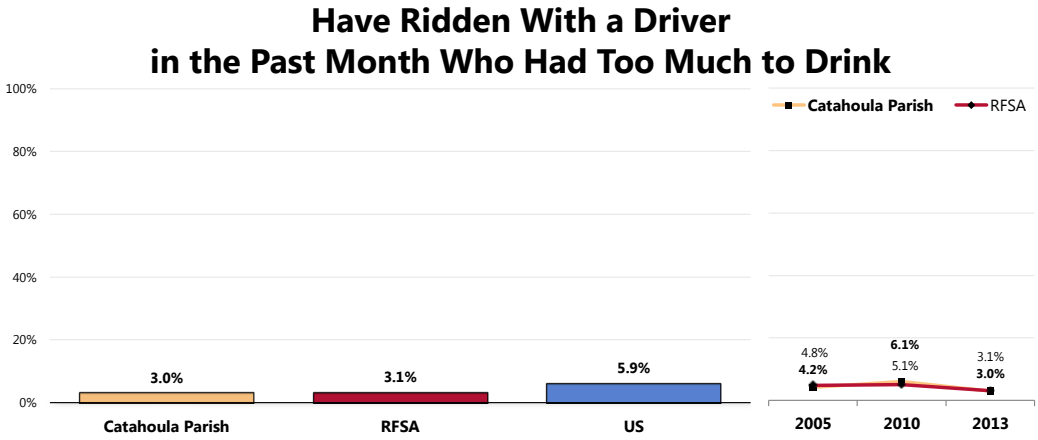


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 63]
- 2013 PRC National Health Survey, Professional Research Consultants.

Notes:
- Asked of all respondents.

In the past month, 3.0% of Catahoula Parish adults have ridden with a driver who had perhaps too much to drink.

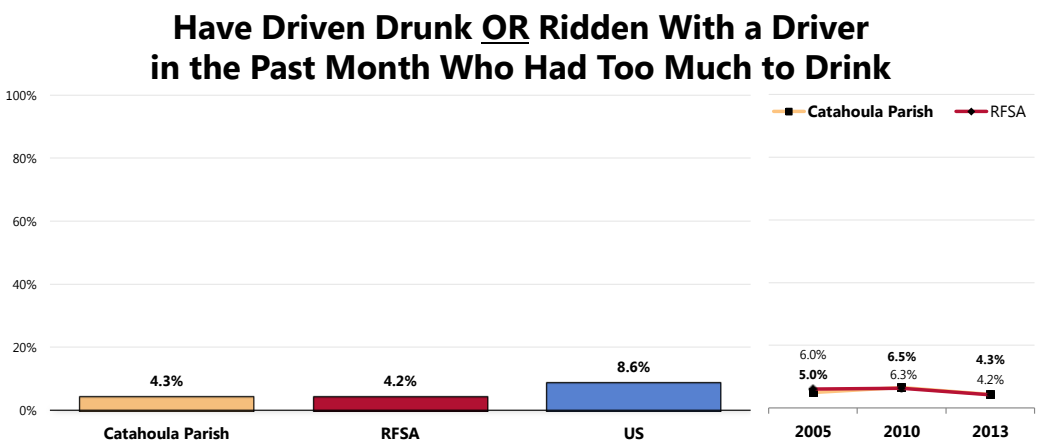
- Similar to regional (RFSA) findings.
- Lower than the national figure.
- The prevalence has not changed significantly from 2005 survey findings.



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 4.3% of Catahoula Parish adults acknowledge either drinking and driving or riding with a drunk driver in the past month.

- Similar to regional (RFSA) findings.
- Half the national percentage.
- Statistically unchanged over time.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 208]
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents.

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.

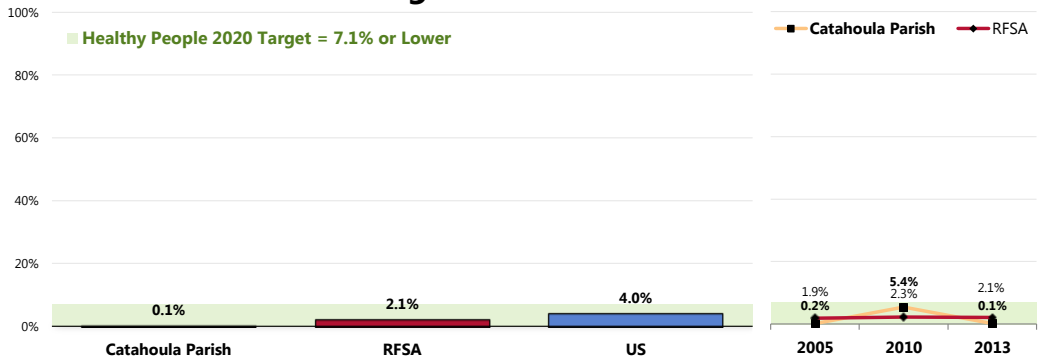
For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

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.

Almost no Catahoula Parish adults (0.1%) acknowledge using an illicit drug in the past month.

- Lower than regional (RFSA) findings.
- Lower than the percentage reported across the nation.
- Easily satisfies the Healthy People 2020 objective.
- No significant change from previous findings.

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.

Alcohol & Drug Treatment

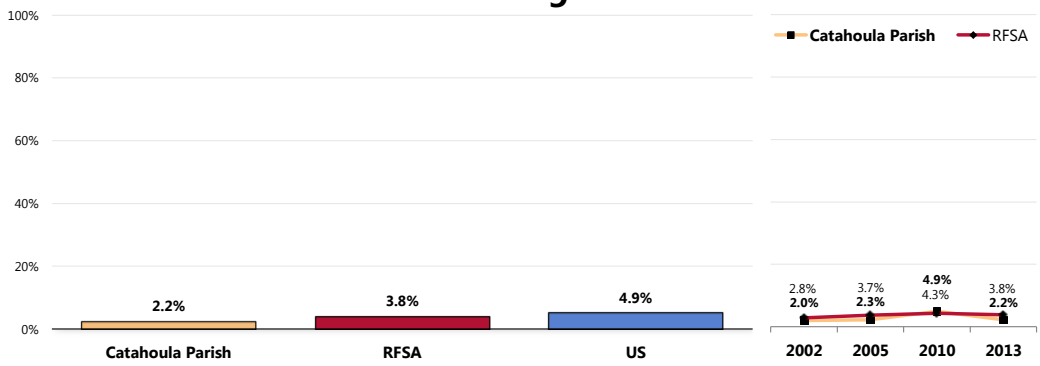
The stigma attached to substance abuse increases the severity of the problem. The hiding of substance abuse, for example, can prevent persons from seeking and continuing treatment and from having a productive attitude toward treatment. Compounding the problem is the gap between the number of available 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 2.2% of Catahoula 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.
- Lower than the prevalence reported across the nation.
- Statistically unchanged from 2005 survey findings in Catahoula Parish (but lower than the 2010 figure).

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



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
- Prescription medication
- High drug use and experimentation in youth
- The need for additional substance abuse treatment programs and facilities

A number of focus group participants worry about the **prevalence of drug use** in the parish. Drug use crosses socioeconomic statuses and age ranges. Attendees agree that substance use occurs across all demographics and worry specifically about alcohol, over-the-counter, and prescription drugs. Participants feel that many residents have easy access to **prescription medication**. **High drug use and experimentation in youth** also concerns focus group attendees.

Key informants agree that the community **needs additional substance abuse treatment programs and facilities**. Only a limited number of organizations provide substance abuse treatment. No inpatient options operate in the region. The parish does not have a detox facility and residents must travel for any type of inpatient care. Several participants explain the difficulties acquiring treatment for addicts:

> *"I don't have the ability to help my patients who have drug abuse and alcoholism issues other than to tell them to go to AA or call NA. I have a patient that came in yesterday that is addicted to drugs and is doing criminal behavior and wants to get help. It's very rare. I don't have anywhere to send her. She can't drive anywhere. There's a big drug problem." — Catahoula Parish Key Informant*

Focus group members did note that Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings are well attended in Catahoula Parish.

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.

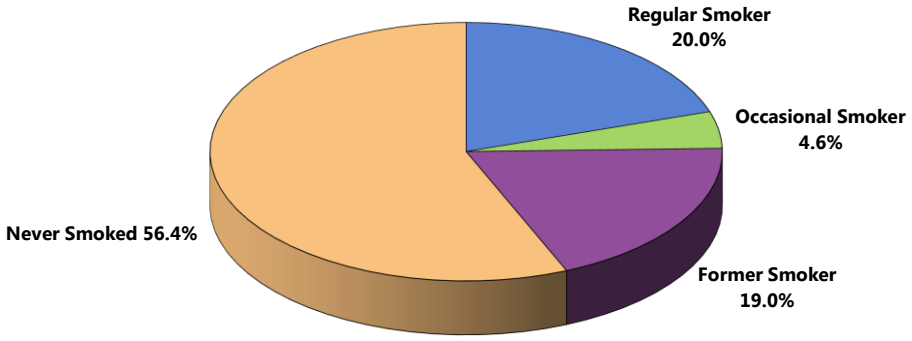
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 24.6% of Catahoula Parish adults currently smoke cigarettes, either regularly (20.0% every day) **or occasionally** (4.6% on some days)**.**

Cigarette Smoking Prevalence
(Catahoula Parish, 2013)

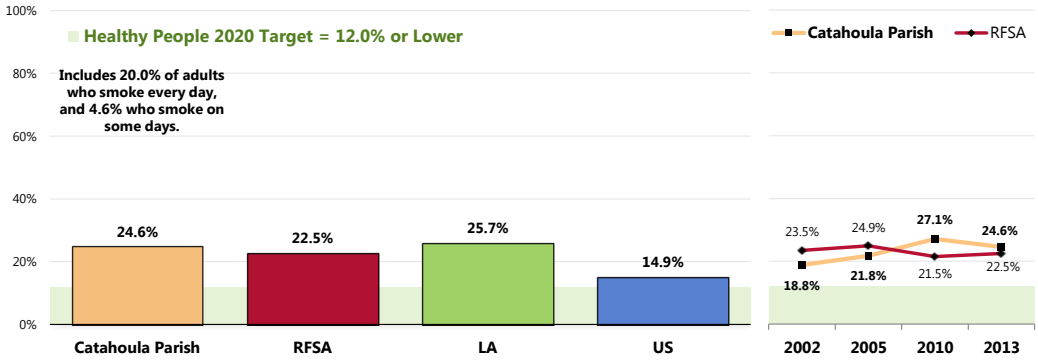


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 201]
Notes: • Asked of all respondents.

- Similar to the RFSA proportion.
- Similar to state findings.
- Higher than national findings.
- Fails to satisfy the Healthy People 2020 target.

- The increase in smoking over time in Catahoula Parish is not statistically significant.

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:

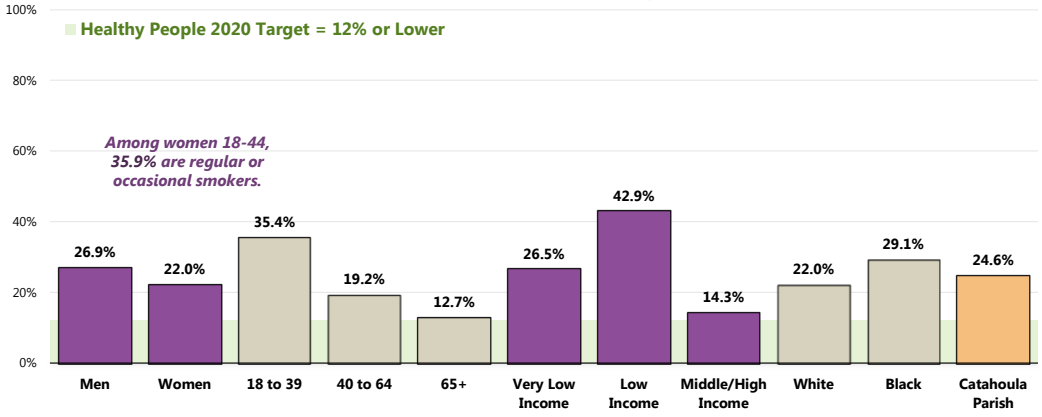
- Young adults.
- Low income residents.

Note also:

- 35.9% 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

(Catahoula Parish, 2013)



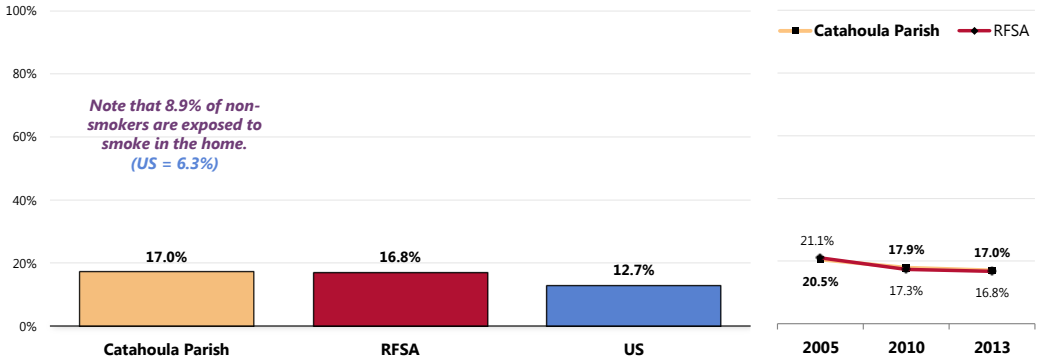
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 201-202]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

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.

A total of 17.0% of Catahoula 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.

- Comparable to the regional finding.
- Comparable to the national finding.
- Statistically unchanged over time.
- Note that 8.9% of Catahoula Parish non-smokers are exposed to cigarette smoke at home, similar to the US prevalence.

Member of Household Smokes at Home



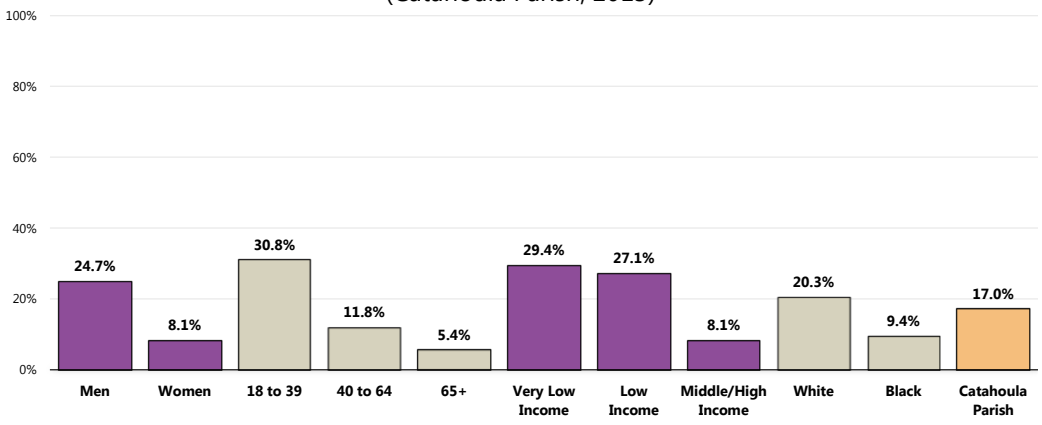
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 55, 203]
- 2013 PRC National Health Survey, Professional Research Consultants.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-14]

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 men, adults under age 40, residents living at lower incomes, and Whites.

Member of Household Smokes At Home

(Catahoula Parish, 2013)



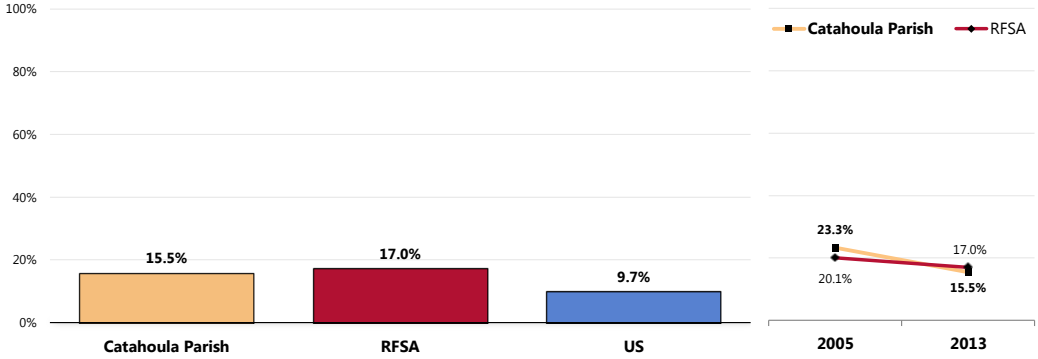
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 55]

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, 15.5% have someone who smokes cigarettes in the home.

- Similar to regional (RFSA) findings.
- Similar to national findings.
- The decrease over time is not statistically significant.

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.

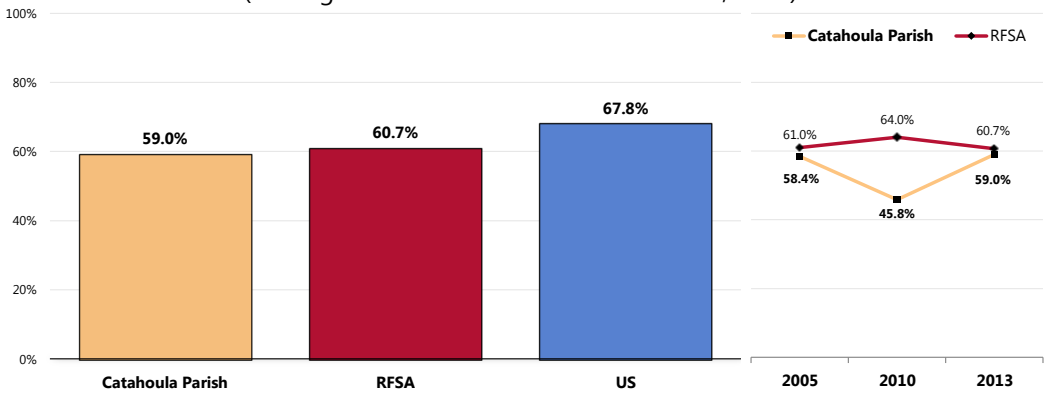
Smoking Cessation

Health Advice About Smoking Cessation

A total of 59.0% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Comparable to that found regionally.
- Comparable to the national percentage.
- Statistically unchanged from 2005 survey findings (but increasing since 2010).

Received Advice to Quit Smoking by a Healthcare Professional
(Among Catahoula 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.

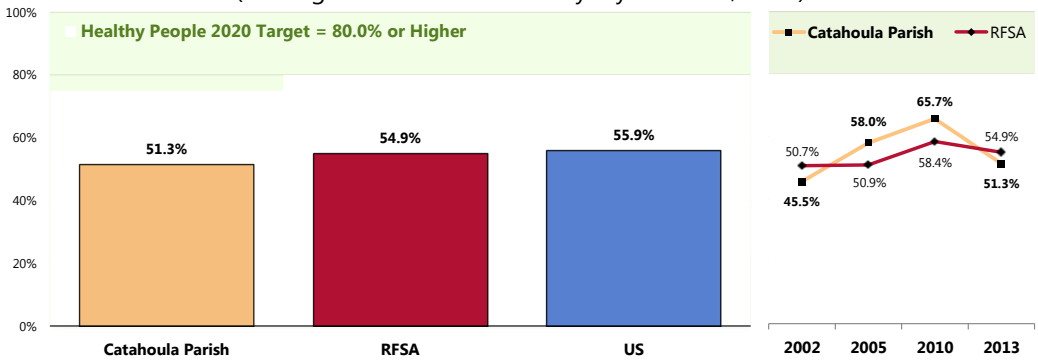
Smoking Cessation Attempts

A total of 51.3% 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 from 2002 survey results, but decreasing since 2010.

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking

(Among Catahoula 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.

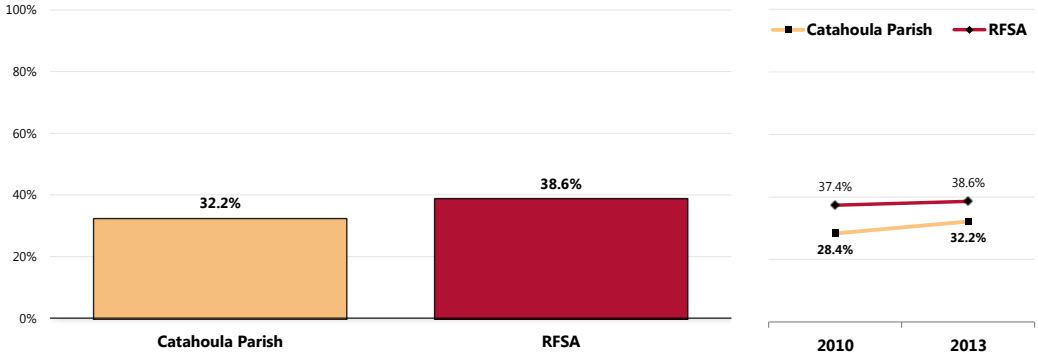
Education & Programming

A total of 32.2% of Catahoula Parish adults (including both smokers and non-smokers) are aware of services, programs, or classes to help smokers quit smoking.

- Lower 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

(Catahoula Parish, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 56]

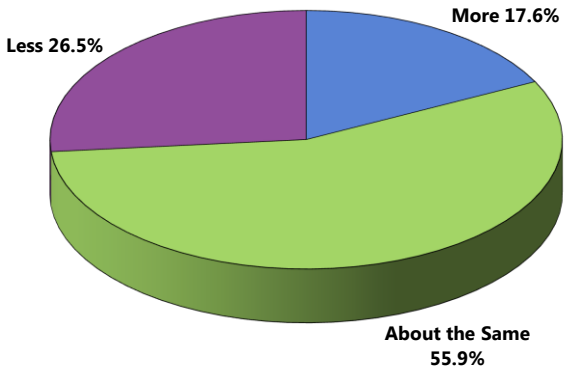
Notes:
- Asked of all respondents.

In the past year or so, just over one in four parents (26.5%) feel that their child has talked to them "less" about tobacco control activities in his or her school.

- 55.9% feel the amount of discussion has not changed over the past year or so ("about the same") while fewer (17.6%) 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

(Catahoula Parish Parents of Children Age 12-17, 2013)

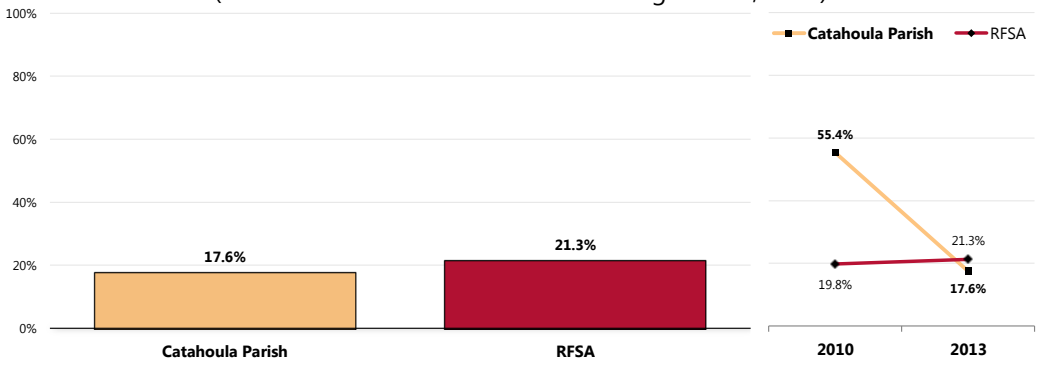


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]
Notes: • Asked of respondents with children ages 12-17 at home.

- Similar to regional (RFSA) findings.
- Marks a significant decrease over time.

Child Has Talked With Parents More in the Past Year or So Regarding School Tobacco Control Activities

(Catahoula 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.

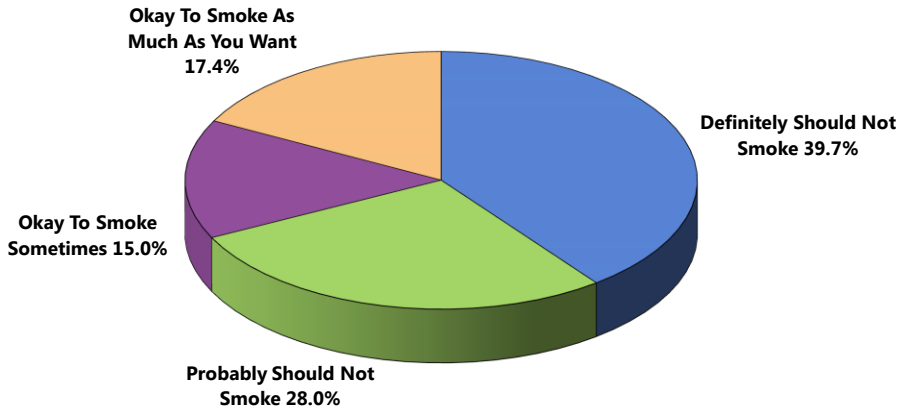
Public Perceptions of Smoking

The majority of Catahoula 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*" (28.0%).

- Another 15.0% believe that the general public opinion is that it is "*okay to smoke sometimes,*" and another 17.4% 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

(Catahoula Parish, 2013)

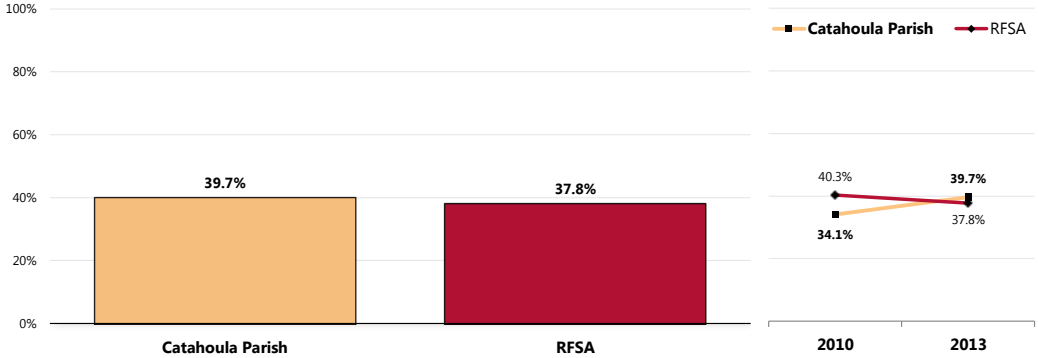


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 57]
Notes: • Asked of all respondents.

- 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

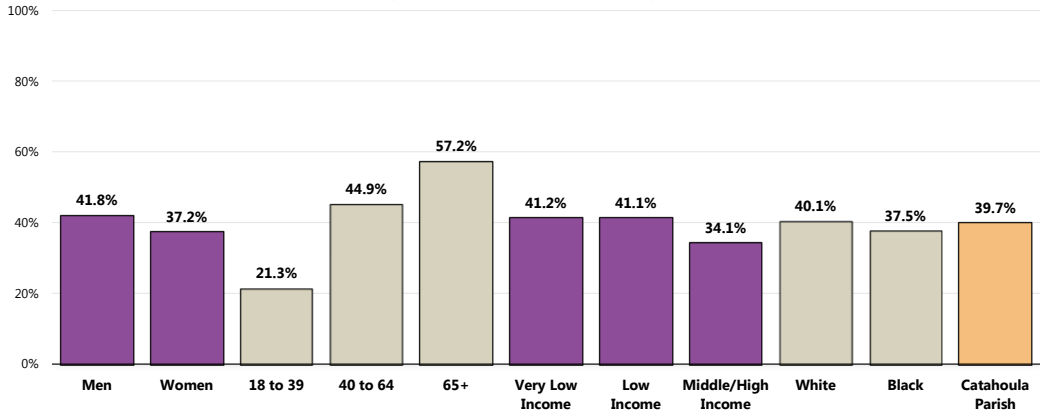
(Catahoula Parish, 2013)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 57]
Notes: • Asked of all respondents.

Respondents age 40+ are more likely to feel that most people believe that a person definitely should not smoke (note the positive correlation with age).

Respondent Perceives That Most People in the Community Believe That Adults Definitely Should Not Smoke
(Catahoula 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.

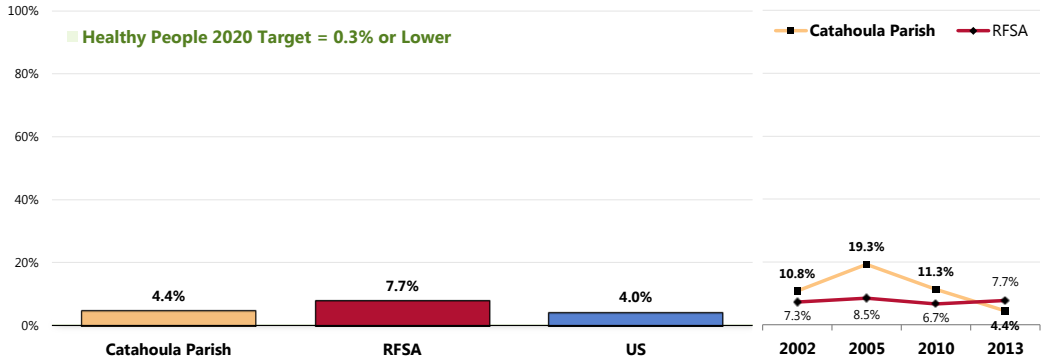
Other Tobacco Use

Smokeless Tobacco

A total of 4.4% of Catahoula Parish adults use chewing tobacco or snuff every day or on some days.

- Below that found throughout the RFSA.
- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target.
- Smokeless tobacco use in Catahoula Parish has declined significantly since 2002 (and especially since 2005).

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:

- Rural, "cowboy" culture lends itself to smokeless tobacco use
- Young adults
- Tobacco prevention education

Focus group participants worry about the negative health consequences of tobacco use and smokeless tobacco. Respondents believe that the **rural, "cowboy" culture lends itself to smokeless tobacco use** and that a number of **young adults** smoke cigarettes (some as early as middle school).

Attendees feel that many of these youth see parents smoking and think that tobacco use is permissive; smoking is possibly even encouraged in some families. Attendees would like to see more **tobacco prevention education** (i.e. Tar Wars) in a school setting and it to begin at an early age.

SELF-REPORTED HEALTH STATUS

Overall Health Status

Self-Reported Health Status

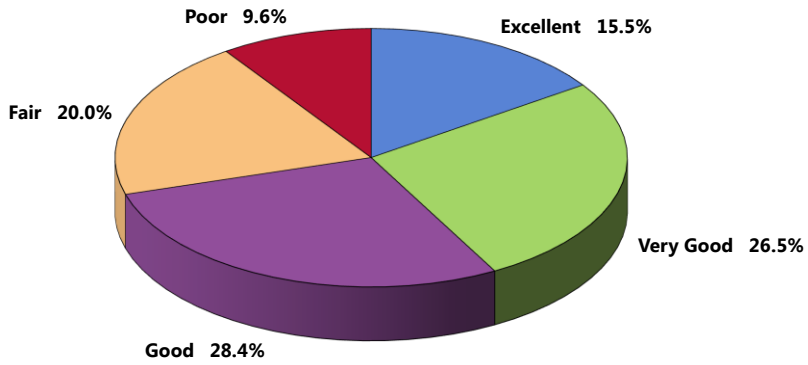
Respondents were asked the following:

"Would you say that in general your health is: excellent, very good, good, fair or poor?"

A total of 42.0% of Catahoula Parish adults rate their overall health as "excellent" or "very good."

- Another 28.4% gave "good" ratings of their overall health.

Self-Reported Health Status
(Catahoula Parish, 2013)

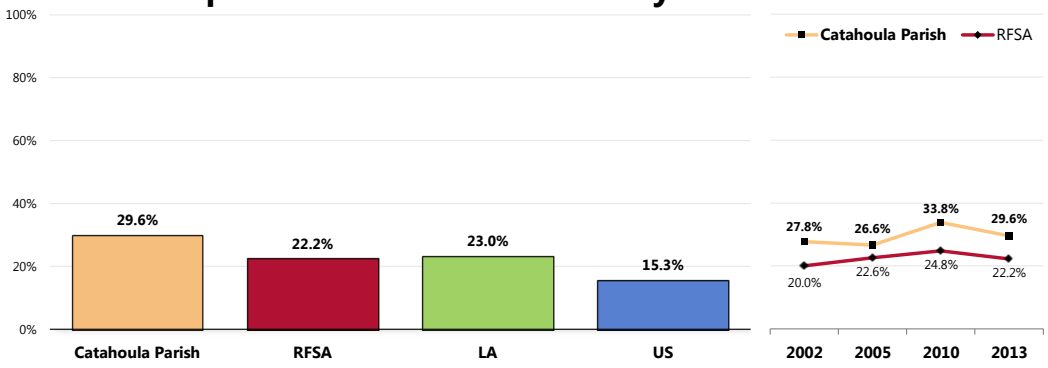


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

Three in 10 (29.6%) adults believes that their overall health is "fair" or "poor."

- Worse than regional (RFSA) findings.
- Worse than the Louisiana prevalence.
- Worse than the national percentage.
- Overall, "fair/poor" responses have not changed significantly since 2002.

Experience "Fair" or "Poor" Physical Health

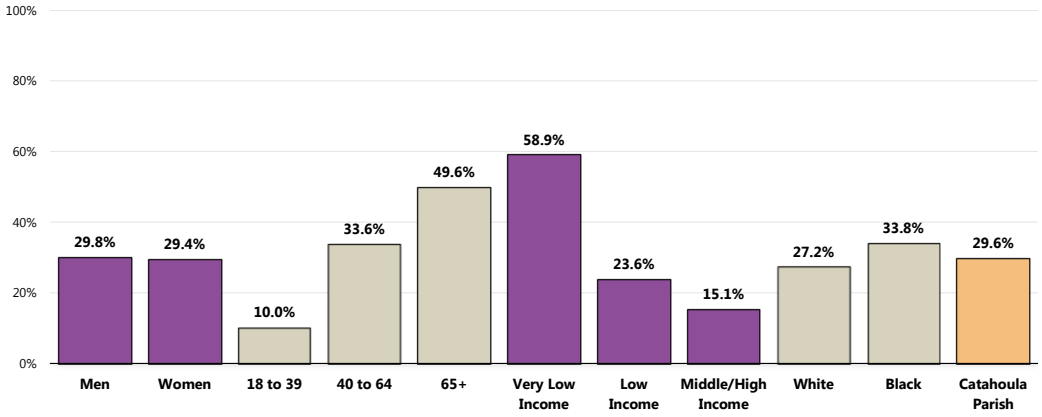


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana data.
• 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
(Catahoula 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.

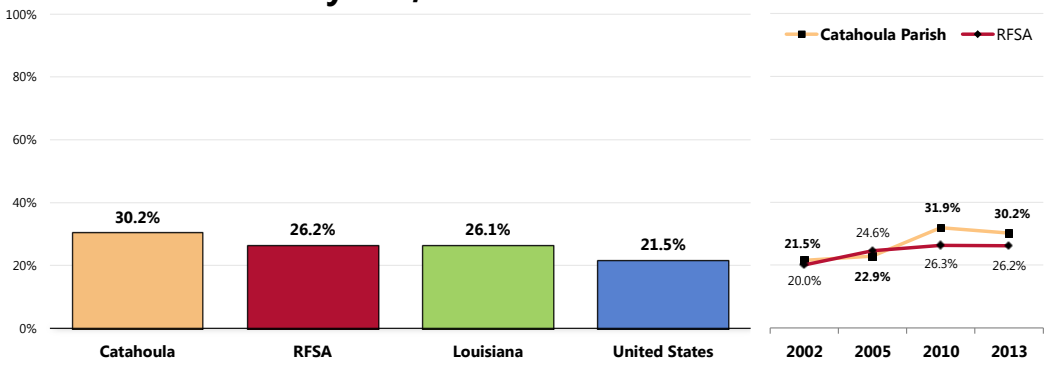
The health promotion and disease prevention needs of people with disabilities are not nullified because they are born with an impairing condition or have experienced a disease or injury that has long-term consequences. People with disabilities have increased health concerns and susceptibility to secondary 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 30.2% of Catahoula 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 Catahoula 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.

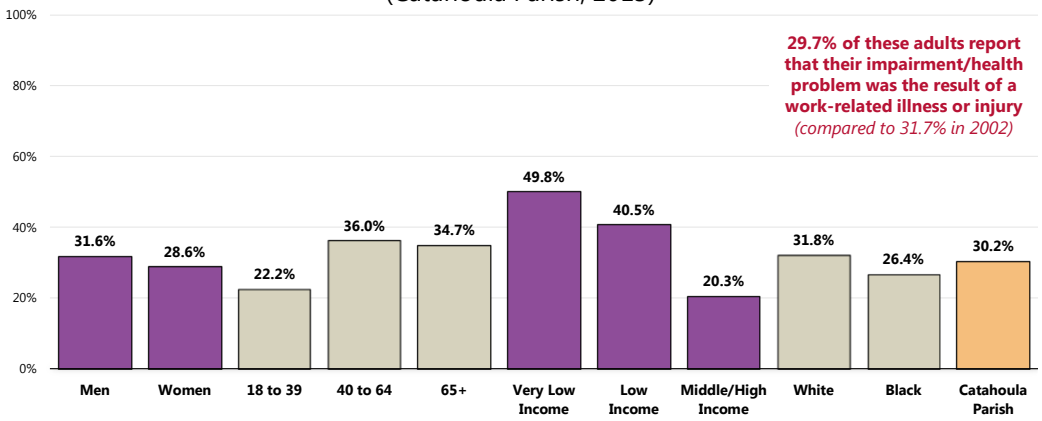
In looking at responses by key demographic characteristics, note the following:

- Adults age 40 or older are much more often limited in activities.
- Note also the negative correlation between limitations and household income.

A total of 29.7% of adults with activity limitations note that their impairment is due to a work-related illness or injury (similar to the 31.7% reported in 2002).

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

(Catahoula Parish, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 118, 120]

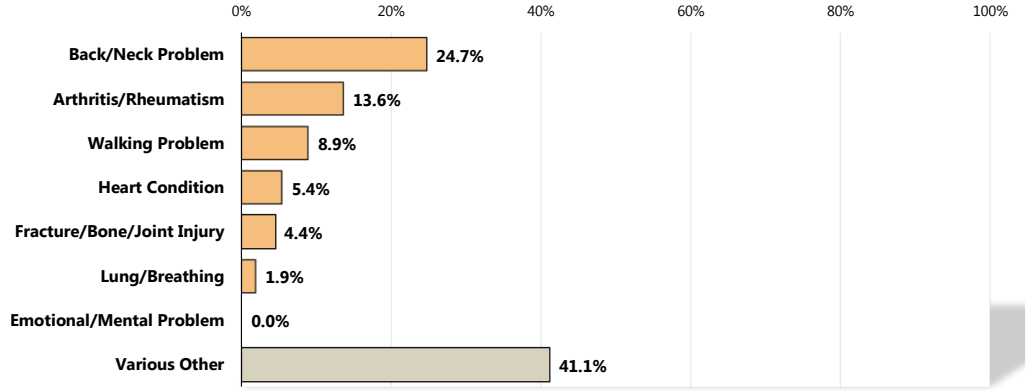
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as back/neck problems, arthritis/rheumatism, problems walking, or fractures/joint injuries.

Other problems mentioned with less frequency include heart conditions, lung/breathing problems, and emotional/mental problems.

Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; Catahoula Parish, 2013)



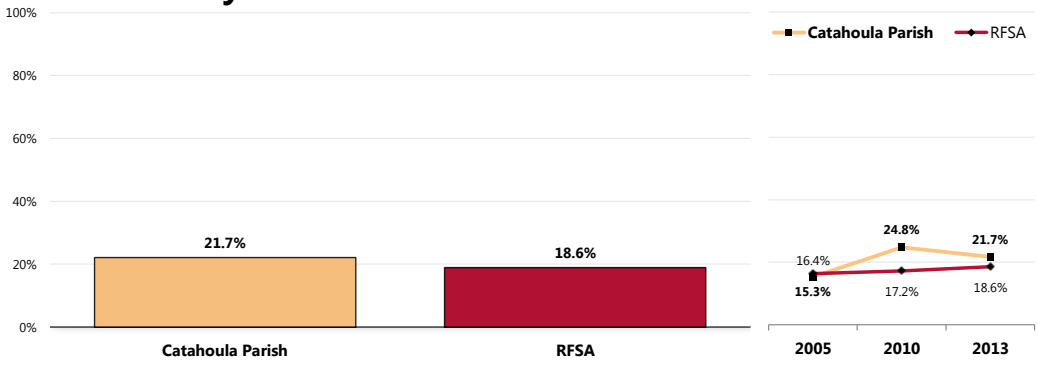
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]
Notes: • Asked of those respondents reporting activity limitations.

Days of Limited Activity

While 74.3% of Catahoula Parish adults report no days in the past month when poor physical or mental health prevented their usual activities, 21.7% report experiencing four or more such days.

- Close to regional findings.
- Marks a significant increase over time.

Experience Four or More Days in the Past Month on Which Physical or Mental Health Prevented Usual Activities



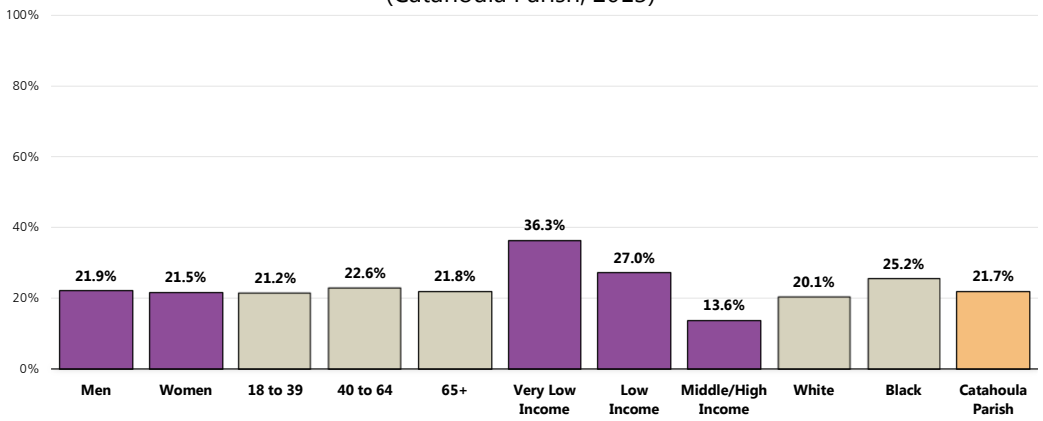
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 8]
Notes: • Asked of all respondents.

Adults more likely to indicate that health limited their usual activities include:

- Respondents with lower incomes (note the negative correlation).

Experience Four or More Days in the Past Month on Which Poor Physical/Mental Health Prevented Usual Activities

(Catahoula Parish, 2013)



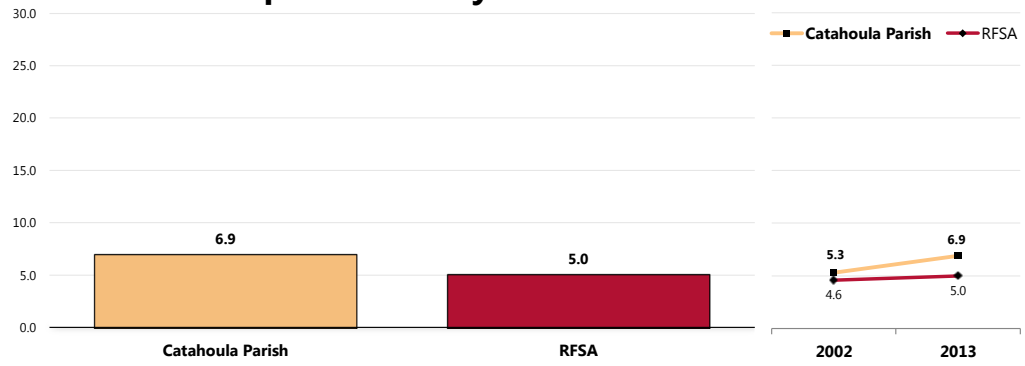
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 8]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Physical Health

In the past month, Catahoula Parish adults averaged 6.9 days on which their physical health was not good.

- Higher than the regional (RFSA) average.
- The current average is up from the 2002 average.

Average Number of Days in the Past Month on Which Respondents' Physical Health Was Not Good



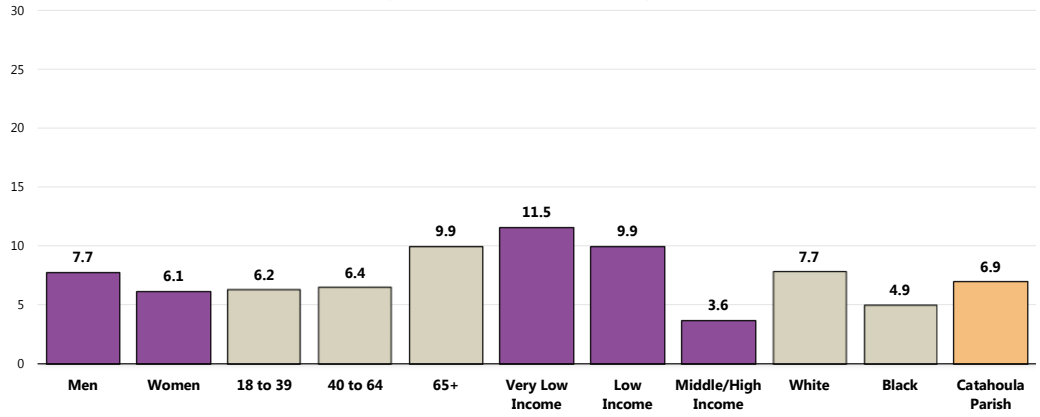
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

Adults more likely to report days when physical health was not good include:

- Seniors.
- Residents with lower incomes (negative correlation with income).
- Whites.

Average Number of Days in the Past Month on Which Respondents' Physical Health Was Not Good

(Catahoula 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

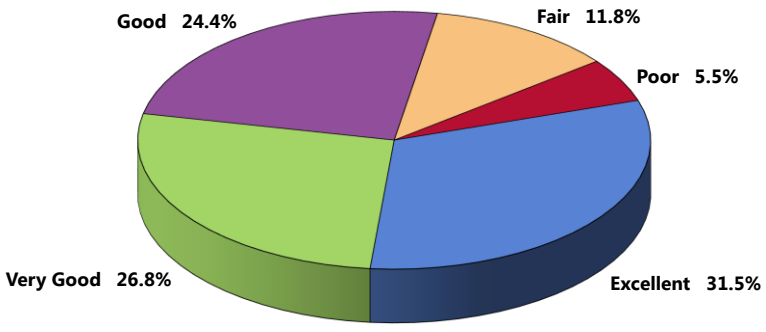
Self-Reported Mental Health Status

"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 58.3% of Catahoula Parish adults rate their overall mental health as "excellent" or "very good."

- Another 24.4% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status
(Catahoula Parish, 2013)

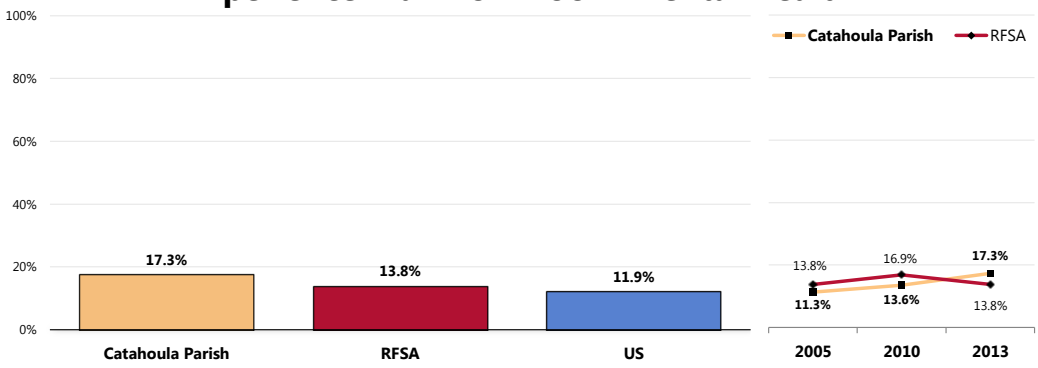


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
Notes: • Asked of all respondents.

A total of 17.3% of Catahoula Parish adults believe that their overall mental health is "fair" or "poor."

- Similar to what is found in the region (RFSA).
- Higher than the "fair/poor" percentage reported across the nation.
- Marks a significant increase over time.

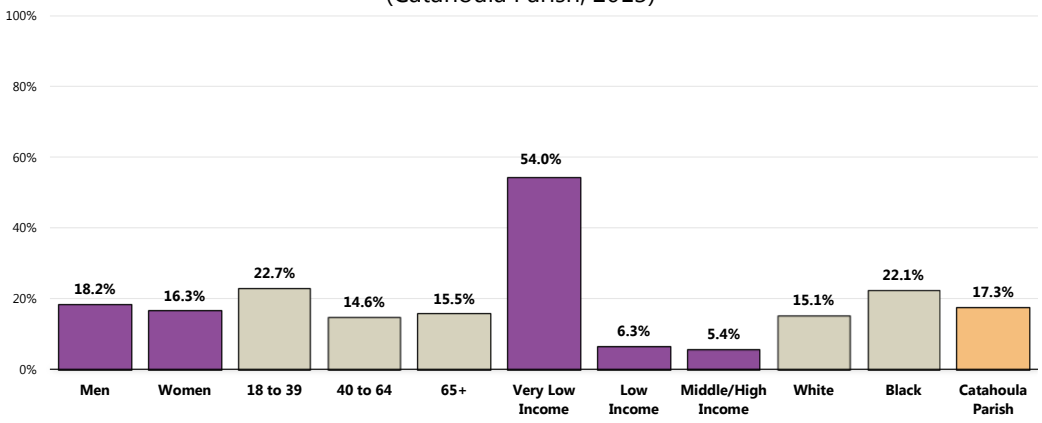
Experience "Fair" or "Poor" Mental Health



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 111]
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents.

Note that more than one-half of very low income adults report experiencing "fair" or "poor" mental health.

Experience "Fair" or "Poor" Mental Health
(Catahoula Parish, 2013)



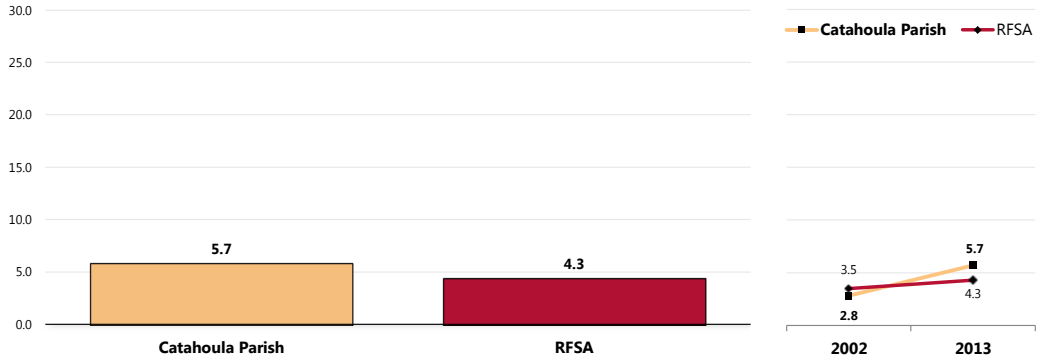
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Days of Poor Mental Health

In the past month, Catahoula Parish residents averaged 5.7 days on which their mental health was not good.

- Higher than the RFSA average.
- 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



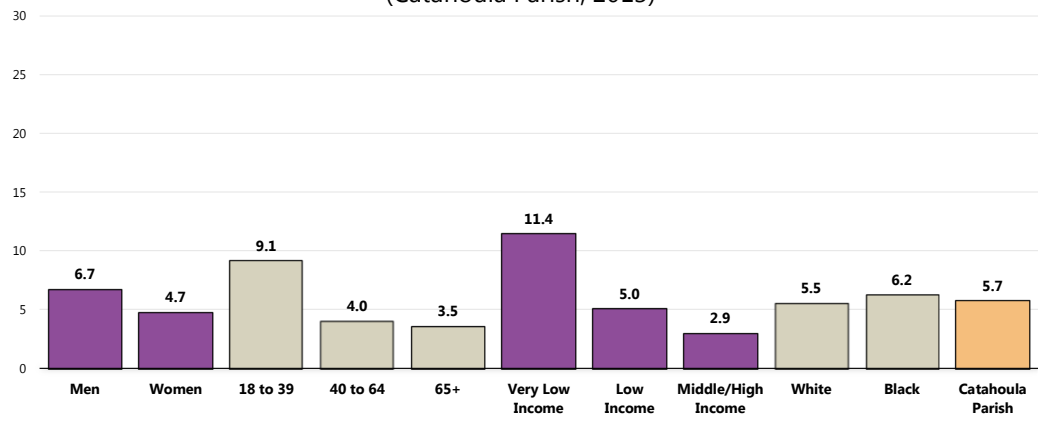
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 7]
Notes: • Asked of all respondents.

Adults more likely to report days when mental health was not good include:

- Young adults.
- Respondents with lower incomes (negative correlation with income).

Average Number of Days in the Past Month on Which Respondents' Mental Health Was Not Good

(Catahoula Parish, 2013)

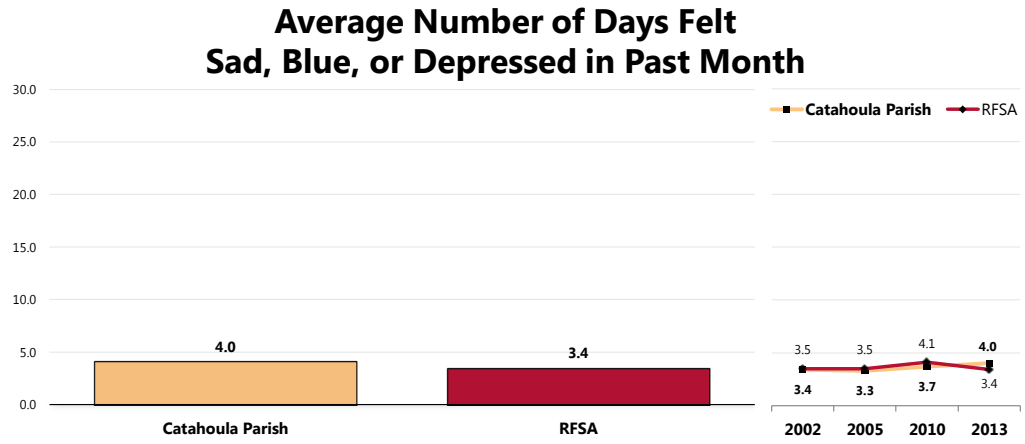


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 7]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Days of Feeling Sad, Blue or Depressed

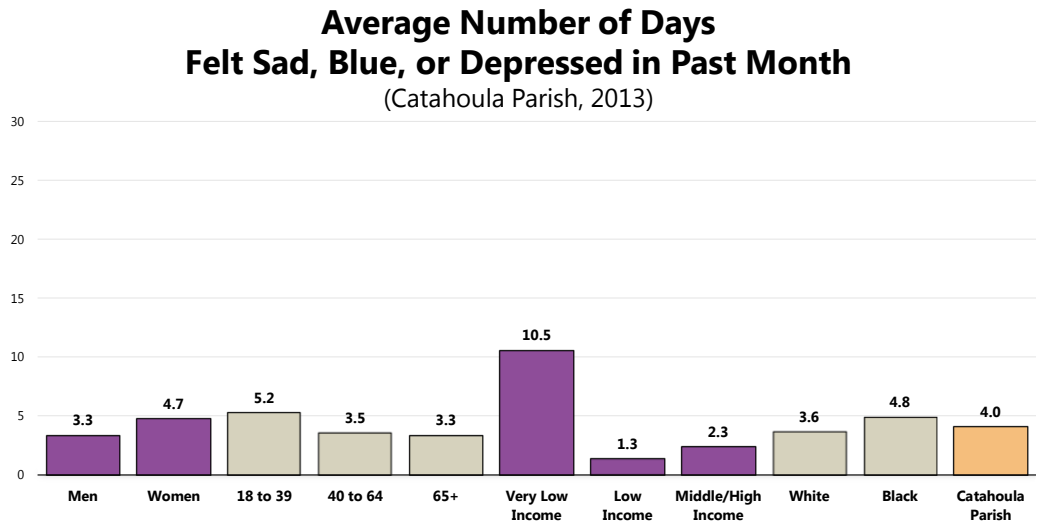
Catahoula Parish adults average 4.0 days per month when they felt sad, blue, or depressed.

- Compares to 3.4 in the RFSA.
- Up from an average of 3.4 in 2002 in Catahoula Parish.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 114]
Notes: • Asked of all respondents.

- Averages are higher among women, young adults, and parish residents living at very low incomes.



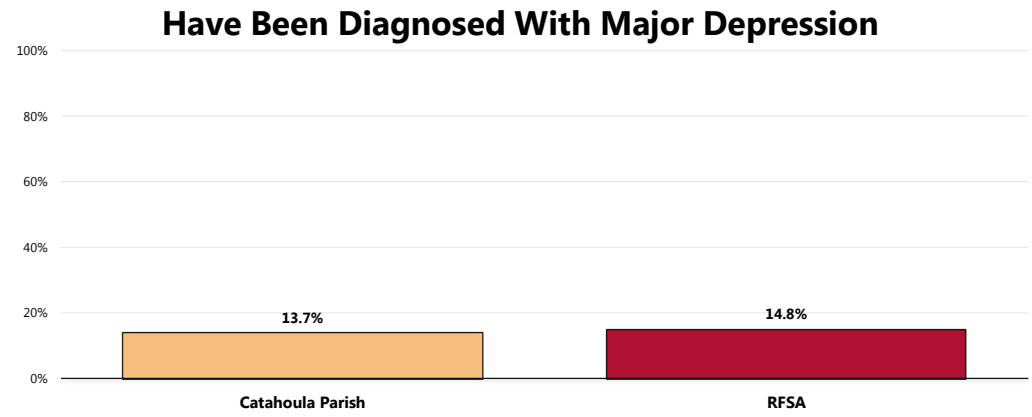
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 114]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Depression

Diagnosed Major Depression

A total of 13.7% of Catahoula Parish adults report having been diagnosed with major depression by a physician at some point in their lives.

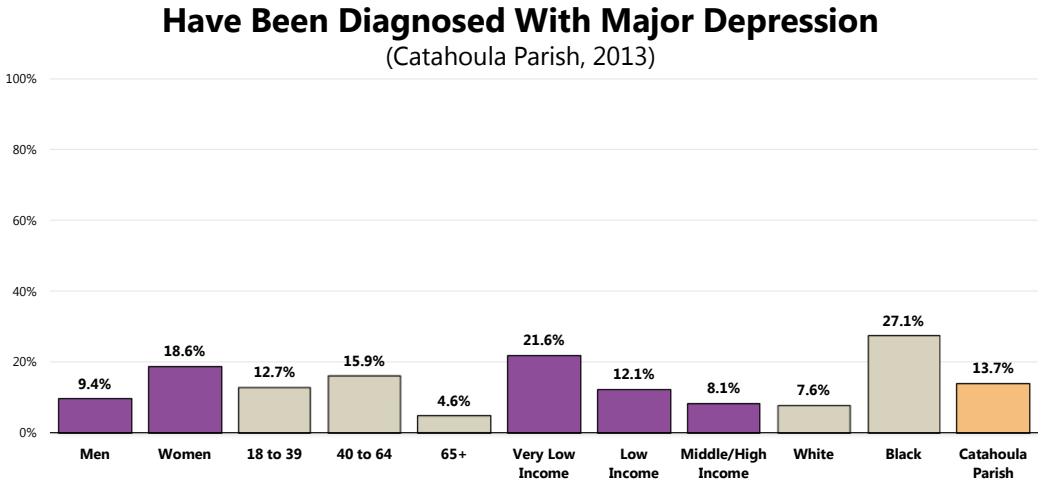
- Comparable to that found in the RFSA.



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 under age 65.
- Community members living at very low incomes (negative correlation with income).
- Black residents.



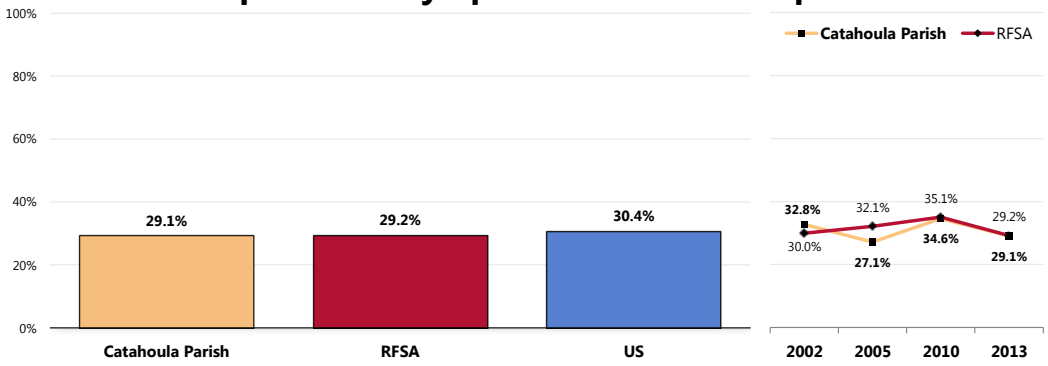
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Symptoms of Chronic Depression

A total of 29.1% of Catahoula 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.

- Almost identical to regional (RFSA) findings.
- Comparable to national findings.
- Fluctuating over time but similar to 2002 survey findings.

Have Experienced Symptoms of Chronic Depression

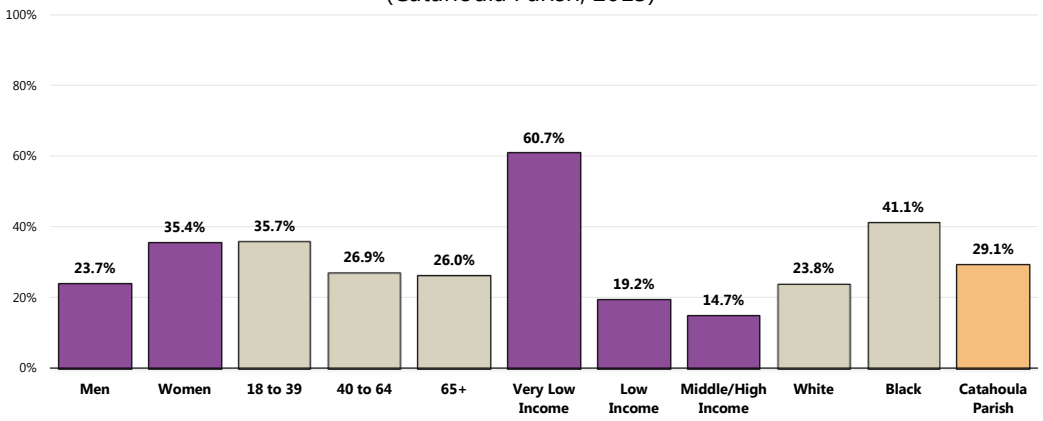


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 113]
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents.

Note that the prevalence of chronic depression is notably higher among:

- Women.
- Community members living on very low incomes.
- Blacks.

Have Experienced Symptoms of Chronic Depression
(Catahoula 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.

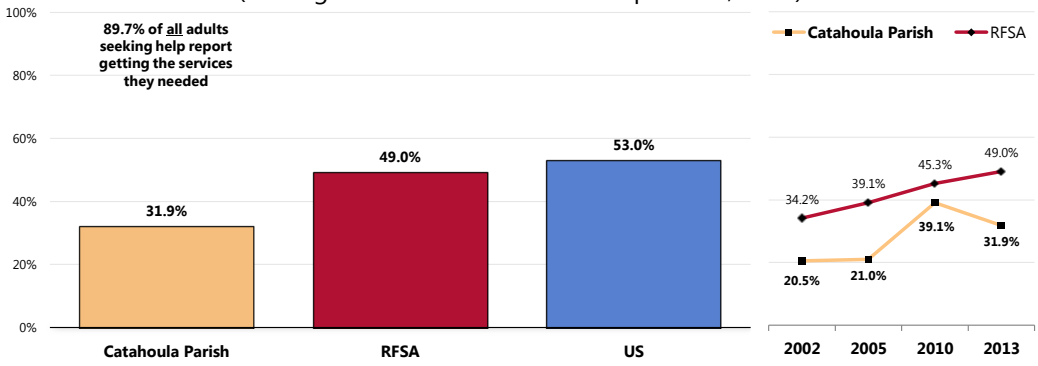
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Seeking Help

Among adults with chronic depression, 31.9% acknowledge that they have sought professional help for a mental or emotional problem.

- Below the corresponding regional (RFSA) findings.
- Below the national findings.
- Fluctuating over time in Catahoula Parish but similar to baseline survey results.
- Of those seeking help, 89.7% report getting the services they needed.

Have Sought Professional Help for a Mental or Emotional Problem
(Among Residents With Chronic Depression, 2013)



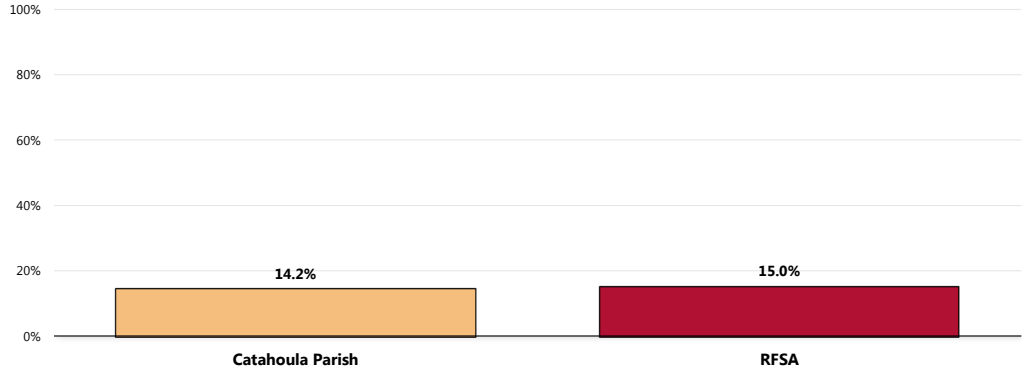
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 115-116]
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of those respondents who have experienced chronic depression.

Taking Medication and/or Receiving Treatment

A total of 14.2% of Catahoula Parish adults are currently taking medication or receiving treatment from a doctor or other health professional for some type of mental health condition or emiotional problem.

- Similar to regional (RFSA) findings.

Currently Taking Medication or Receiving Treatment for a Mental Health Condition or Emotional Problem



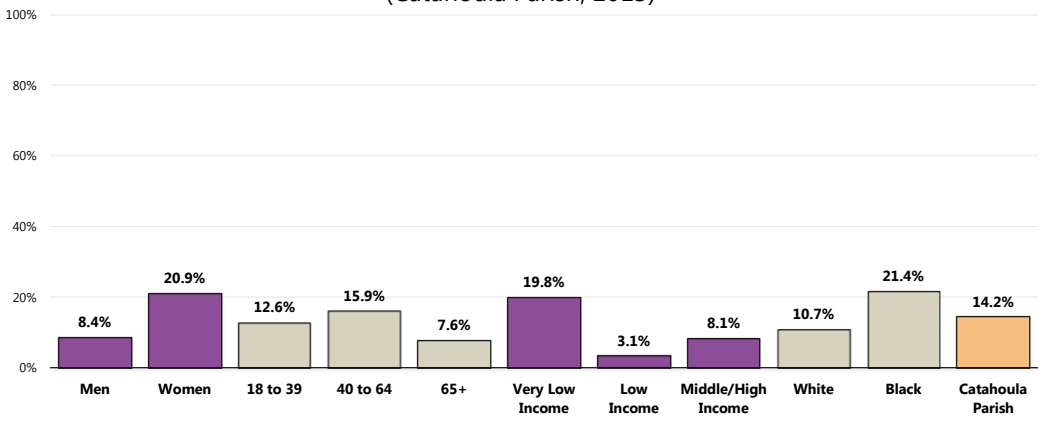
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
Notes: • Asked of all respondents.

Note that mental health treatment is more common among:

- Women.
- Adults age 40 to 64.
- Very low income residents.

Currently Taking Medication or Receiving Treatment for a Mental Health Condition or Emotional Problem

(Catahoula 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.

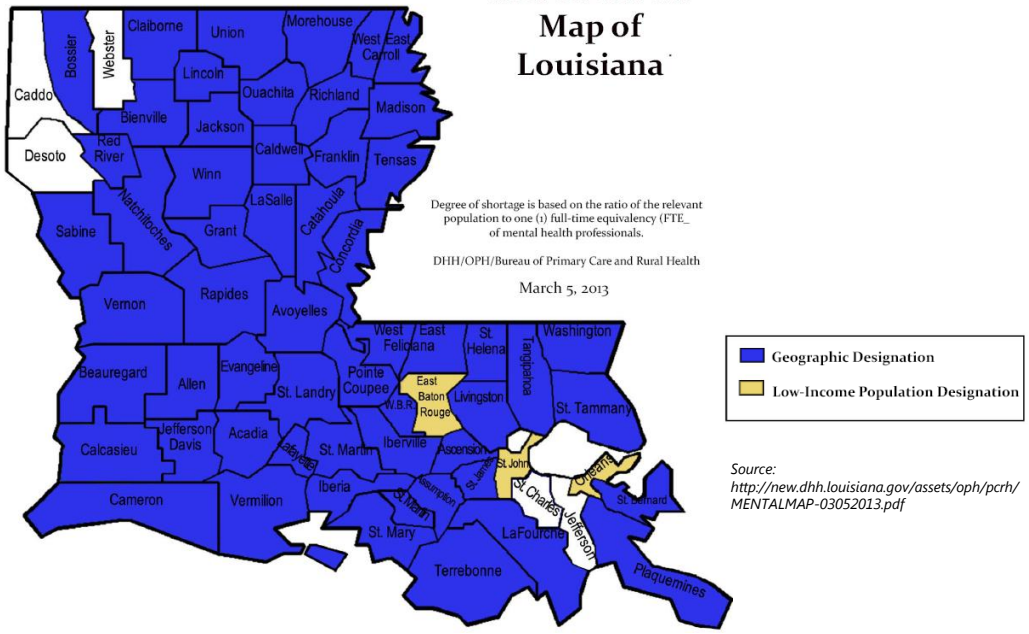
Health Professional Shortage Areas: Mental Health Care

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 (BPCRH) 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.

Catahoula Parish is a geographically designated HPSAs for mental health.



Source: http://new.dhh.louisiana.gov/assets/oph/pcrh/MENTALMAP-03052013.pdf

Related Focus Group Findings: Mental Health

Focus group members discussed the fragmented mental health system and the limited services available to residents, with focus on:

- Inadequate number of psychiatrists, counselors, and treatment facilities
- Outpatient mental health clinics
- Suicide

During the focus group, issues surrounding mental health services arose several times. Overall, the community suffers due to an **inadequate number of psychiatrists, counselors, and treatment facilities** available to address residents' behavioral health needs, even for those with insurance. An **outpatient mental health clinic** operates out of the local hospital, but is not well received. A key informant describes the residents' negative perception of the clinic:

> *"They don't ever do anything. The actual – I'm not talking with the patient, I'm talking about the actual mental health place. They don't actually ever make an appointment or nobody ever goes. They never go back. Basically you get the $4.00 drug at Wal-Mart. They get some medicines. There's no counseling." — Catahoula Parish Key Informant*

Participants also feel that **suicide** affects their young population, but no screening or prevention services exist at this time. A key informant explains the importance of mental health prevention programming in schools:

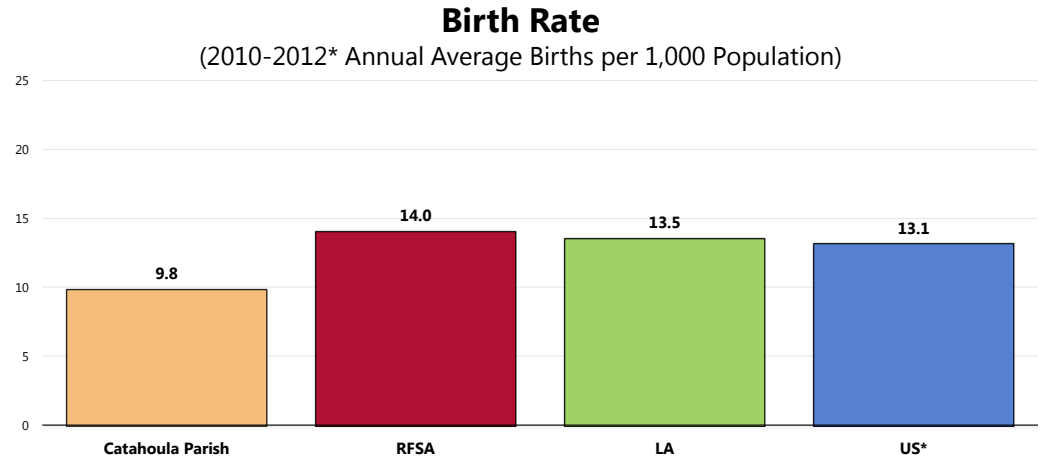
> *"I think that's where the lack of mental health services and screening in the school system, it just needs to be there. I mean people who care. To see what's going on." — Catahoula Parish Key Informant*

BIRTHS

Birth Rates

Between 2010 and 2012, Catahoula Parish reported 9.8 births per 1,000 population.

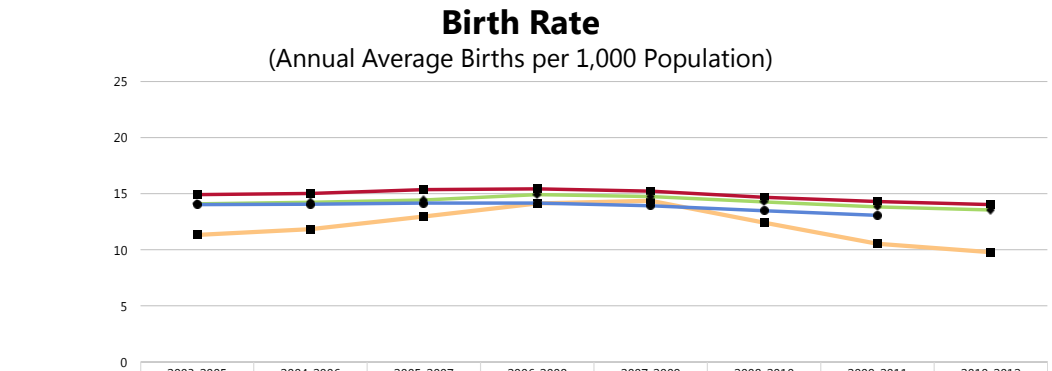
- Lower than found throughout the RFSA.
- Lower than the rate reported statewide.
- Lower than the national birth rate (which reflects 2009-2011 data).



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.

After increasing for a period of time, the Catahoula Parish birth rate decreased in recent years; rates decreased over the past decade for the region, state, and US overall.



	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012
Catahoula Parish	11.3	11.8	13.0	14.1	14.4	12.4	10.5	9.8
RFSA	14.9	15.0	15.4	15.4	15.2	14.7	14.3	14.0
Louisiana	14.1	14.2	14.4	14.9	14.8	14.3	13.8	13.5
United States	14.0	14.1	14.2	14.2	13.9	13.5	13.1	

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.

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

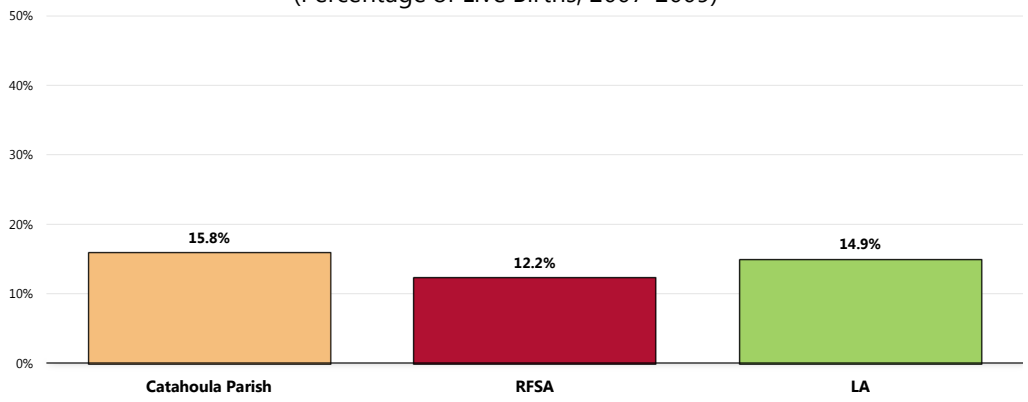
Here, the Kotelchuck Index is used to measure early and adequate prenatal care. "Early and Adequate Prenatal Care" means that prenatal care began in month 1, 2, 3, or 4 of pregnancy, and that 80% or more of expected prenatal care visits were received.

Between 2007 and 2009, 15.8% of Catahoula Parish births did not receive early and adequate prenatal care.

- Less favorable than the regional proportion.
- Less favorable than the Louisiana proportion.

Mothers Not Receiving Early and Adequate Prenatal Care

(Percentage of Live Births, 2007-2009)



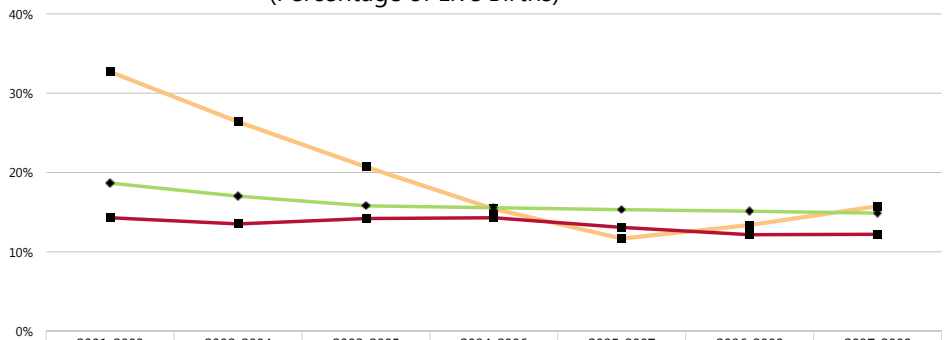
Sources:
- Agenda for Children and KIDS COUNT Data Center: http://datacenter.kidscount.org.

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.

- Receipt of early and adequate prenatal care in Catahoula Parish has improved notably over time, more so than the regional and statewide trends.

Mothers Not Receiving Early and Adequate Prenatal Care

(Percentage of Live Births)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
Catahoula Parish	32.7	26.4	20.7	15.4	11.7	13.4	15.8
RFSA	14.3	13.5	14.2	14.3	13.1	12.2	12.2
Louisiana	18.7	17.0	15.8	15.6	15.3	15.1	14.9

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.

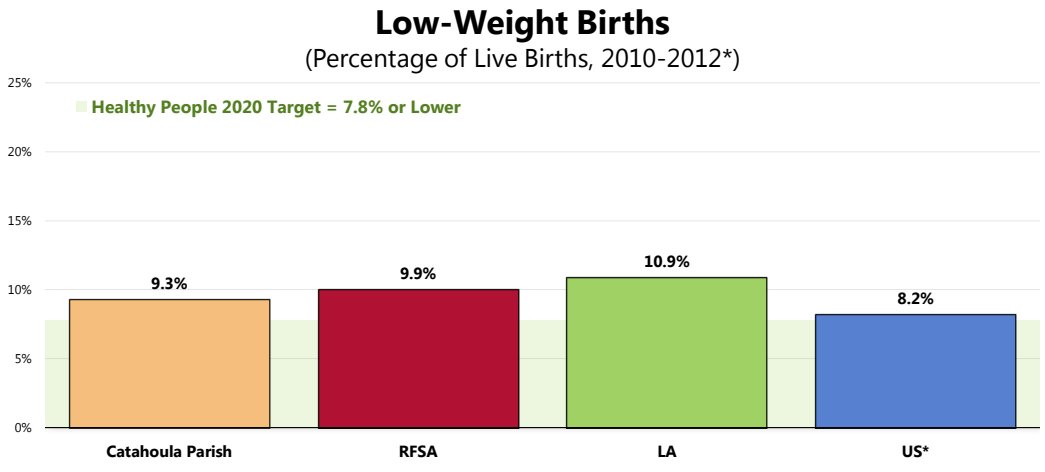
Low-Weight Births

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 9.3% of 2010-2012 Catahoula Parish births were low weight.

- More favorable than 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.



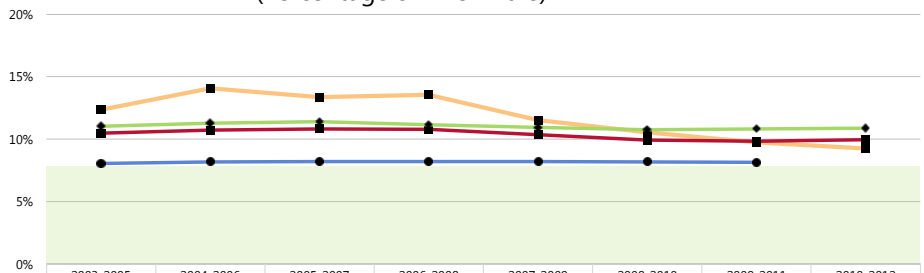
Sources:
- Louisiana State Center for Health Statistics and Louisiana Center for Records and Statistics.
- Centers for Disease Control and Prevention, National Vital Statistics System.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective 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 decreased in Catahoula Parish in recent years, echoing the regional trend; the state and US proportions have been stable.

Low-Weight Births

(Percentage of Live Births)



	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012
Healthy People 2020	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%
Catahoula Parish	12.3%	14.1%	13.4%	13.6%	11.5%	10.5%	9.7%	9.3%
RFSA	10.5%	10.7%	10.8%	10.8%	10.4%	9.9%	9.8%	9.9%
Louisiana	11.0%	11.3%	11.4%	11.2%	10.9%	10.8%	10.8%	10.9%
United States	8.1%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	

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.

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

Nearly one-half (47.9%) of 2010-2012 births were to women who were not married at the time.

- Similar to regional (RFSA) findings.
- Lower than the percentage reported statewide.
- Higher than that found nationally.

Births to Unwed Mothers

(Percentage of Live Births, 2010-2012*)

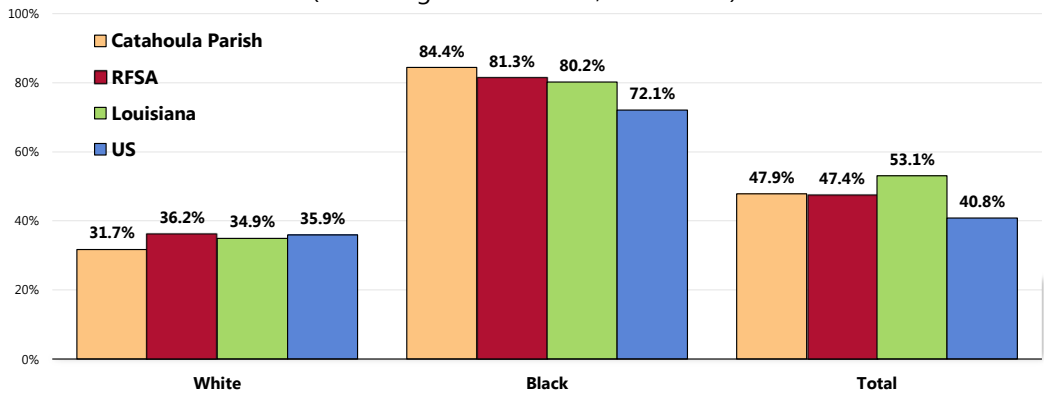
Sources:
- Louisiana State Center for Health Statistics and Louisiana Center for Records and Statistics.
- Centers for Disease Control and Prevention, National Vital Statistics System.

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 Catahoula Parish is more than twice as high in the Black population.

Births to Unwed Mothers by Race

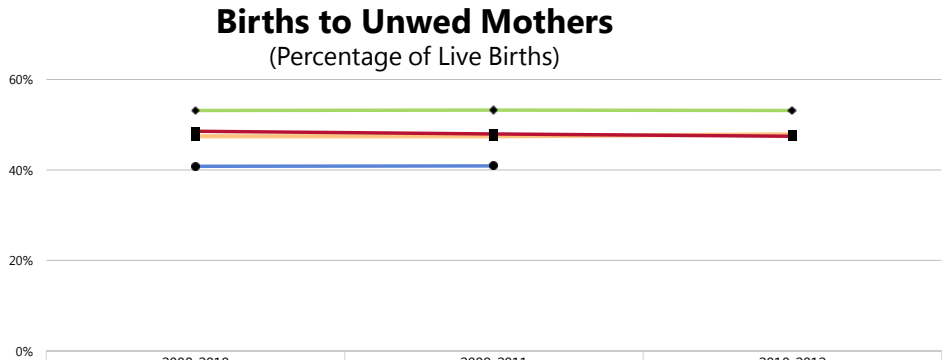
(Percentage of Live Births, 2010-2012)



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 Catahoula Parish has been stable over time, echoing the regional, state, and national trends.



	2008-2010	2009-2011	2010-2012
Catahoula Parish	47.4%	47.4%	47.9%
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" Catahoula 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.

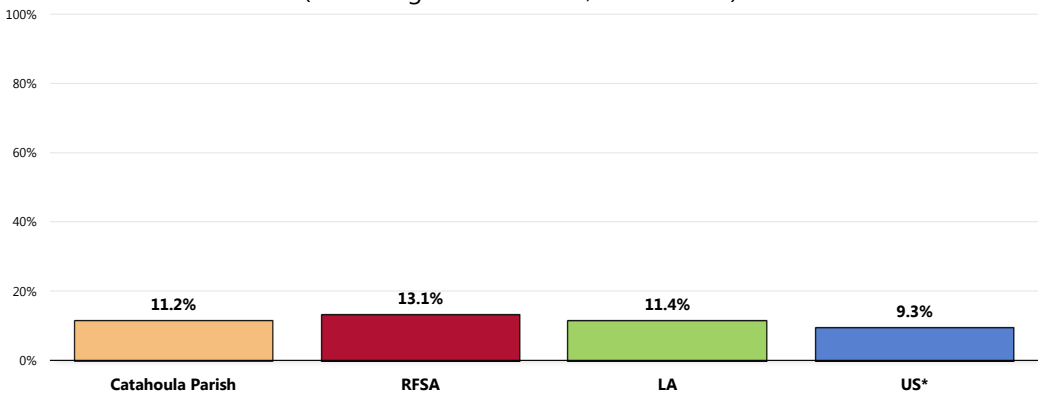
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

A total of 11.2% of 2010-2012 births were to mothers under the age of 20.

- More favorable than regional (RFSA) findings.
- Almost identical to the percentage reported across Louisiana.
- Higher than the percentage found nationally.

Births to Mothers Under Age 20

(Percentage of Live Births, 2010-2012*)



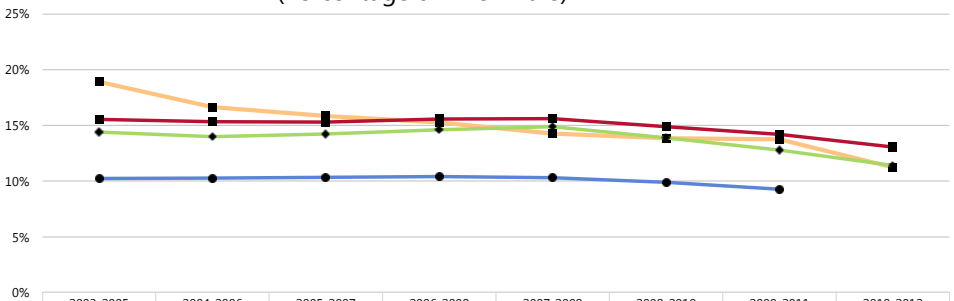
Sources:
- Louisiana State Center for Health Statistics and Louisiana Center for Records and Statistics.
- Centers for Disease Control and Prevention, National Vital Statistics System.

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 Catahoula Parish has decreased over time, echoing the regional, state, and national trends.

Births to Mothers Under Age 20

(Percentage of Live Births)



	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012
Catahoula Parish	18.9%	16.6%	15.8%	15.3%	14.3%	13.8%	13.7%	11.2%
RFSA	15.6%	15.3%	15.3%	15.6%	15.6%	14.9%	14.2%	13.1%
Louisiana	14.4%	14.0%	14.2%	14.6%	14.9%	13.9%	12.8%	11.4%
United States	10.2%	10.3%	10.3%	10.4%	10.3%	9.9%	9.3%	

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

"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.

Measles, Mumps, Rubella

Between 2010 and 2012, there were no reported cases of measles, mumps, or rubella in Catahoula Parish.

Reported Case Rates for Vaccine-Preventable Diseases

(Incidence per 100,000 Population; 2010-2012*)

	Catahoula 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	**0.0**	**0.1**	**0.9**	**6.9***

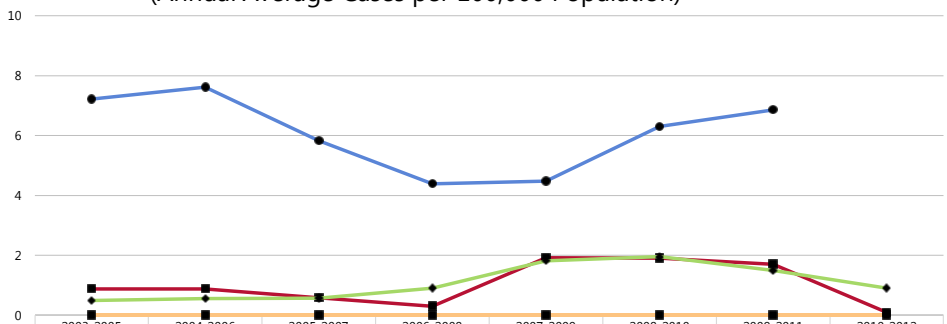
Sources: ● Louisiana Department of Health and Hospitals Office of Public Health.
● Centers for Disease Control and Prevention, Division of Public Health Surveillance and Informatics. Epidemiology Program Office.
Notes: ● Rates are annual average new cases per 100,000 population.
● *US rates represent 2009-2011 data. United States measles cases only include those infected while in the United States.

Pertussis

No cases of pertussis have been reported in Catahoula Parish over the past decade.

Pertussis Incidence

(Annual Average Cases per 100,000 Population)



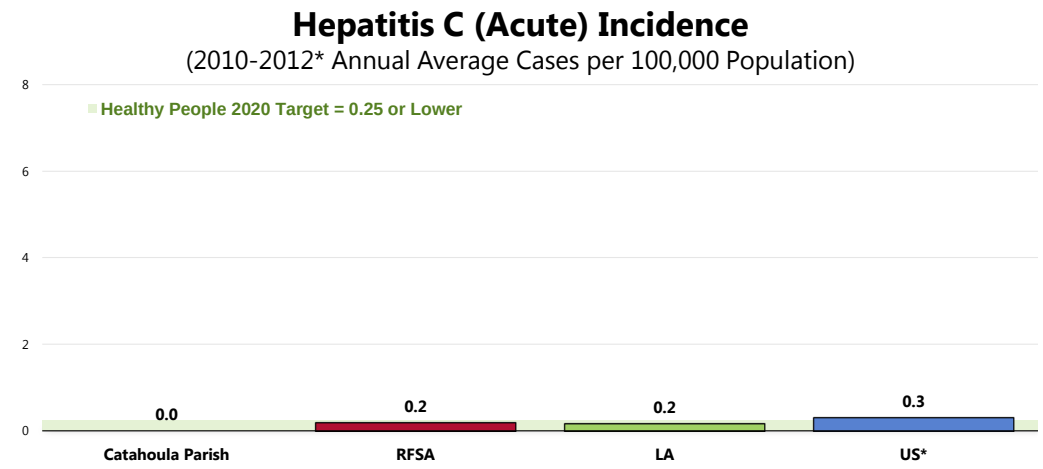
	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012
Catahoula Parish	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
RFSA	0.9	0.9	0.6	0.3	1.9	1.9	1.7	0.1
Louisiana	0.5	0.6	0.6	0.9	1.8	1.9	1.5	0.9
United States	7.2	7.6	5.8	4.4	4.5	6.3	6.9	

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 C

There were no incidences of acute hepatitis C between 2010 and 2012 in Catahoula Parish.

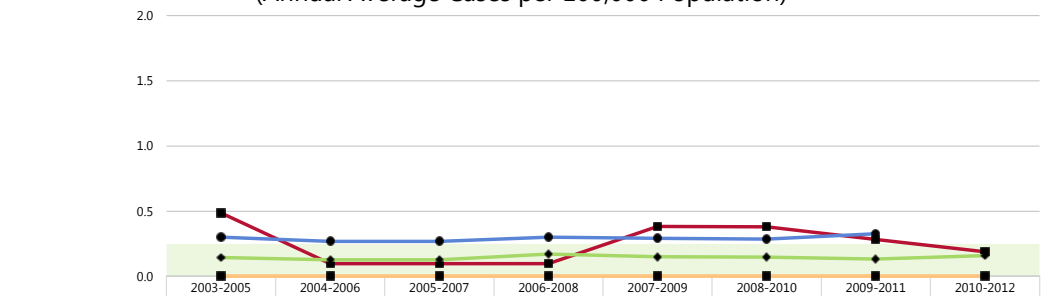
- The Catahoula Parish rate is lower than the regional, state, and US rates (the US rate reflects 2009-2011 data).
- The Catahoula Parish rate satisfies the Healthy People 2020 target.



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.

The parish has not reported any cases of hepatitis C in the past decade.



	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012
Healthy People 2020	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25
Catahoula Parish	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
RFSA	0.5	0.1	0.1	0.1	0.4	0.4	0.3	0.2
Louisiana	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.2
United States	0.3	0.3	0.3	0.3	0.3	0.3	0.3	

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

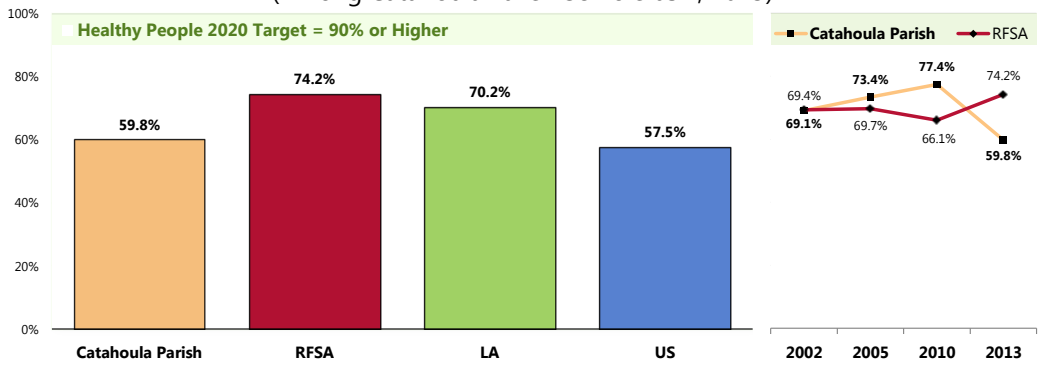
Flu Shots

Among adults age 65 and older, a total of 6 in 10 (59.8%) received a flu shot within the past year.

- Lower than RFSA findings.
- Lower than Louisiana findings.
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target.
- Although fluctuating over time, the prevalence is statistically unchanged from 2002 survey findings.

Have Had a Flu Shot in the Past Year

(Among Catahoula 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.

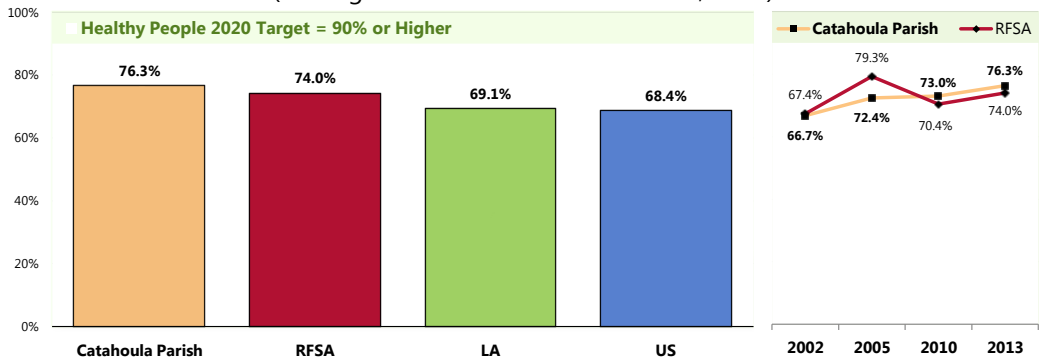
Pneumonia Vaccination

Among adults age 65 and older, 76.3% have received a pneumonia vaccination at some point in their lives.

- Similar to regional (RFSA) findings.
- Similar to Louisiana findings.
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 objective.
- The increase over time is not statistically significant.

Have Ever Had a Pneumonia Vaccine

(Among Catahoula 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.

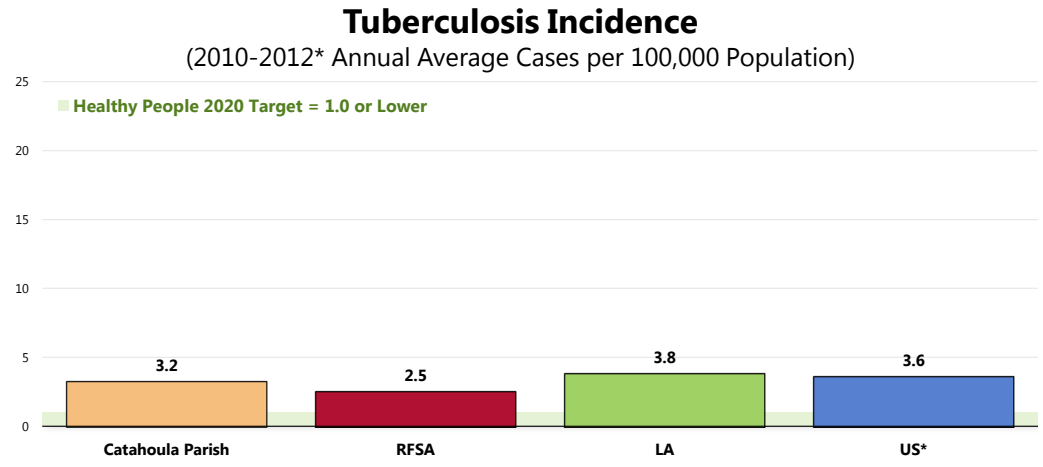
The Institute of Medicine (IOM), an arm of the National Academy of Sciences, released a report in May 2000 that lays out an action plan for eliminating tuberculosis in the United States … As a key part of the plan, new TB treatment and prevention strategies must be developed that are tailored to the 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 3.2 cases per 100,000 population in Catahoula Parish.

- Higher than the regional incidence rate.
- Lower than the Louisiana incidence rate.
- Lower than the national incidence rate (which reflects 2009-2011 data).
- Fails to satisfy the Healthy People 2020 target.



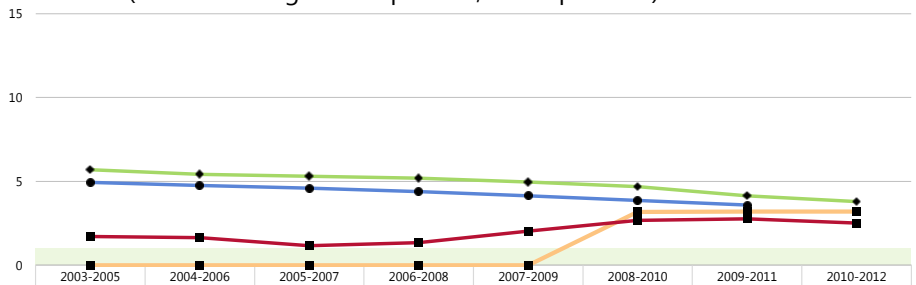
Sources:
- Louisiana Department of Health and Human Services.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-29]

Notes:
- Rates are annual average new cases per 100,000 population.
- *US rate represents 2009-2011 data.

Tuberculosis incidence in Catahoula Parish has increased in recent years, in contrast to the decreasing trend noted across Louisiana and the US as well.

Tuberculosis Incidence

(Annual Average Cases per 100,000 Population)



	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012
Healthy People 2020	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Catahoula Parish	0.0	0.0	0.0	0.0	0.0	3.2	3.2	3.2
RFSA	1.7	1.6	1.2	1.4	2.0	2.7	2.8	2.5
Louisiana	5.7	5.4	5.3	5.2	5.0	4.7	4.1	3.8
United States	4.9	4.8	4.6	4.4	4.1	3.9	3.6	

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]

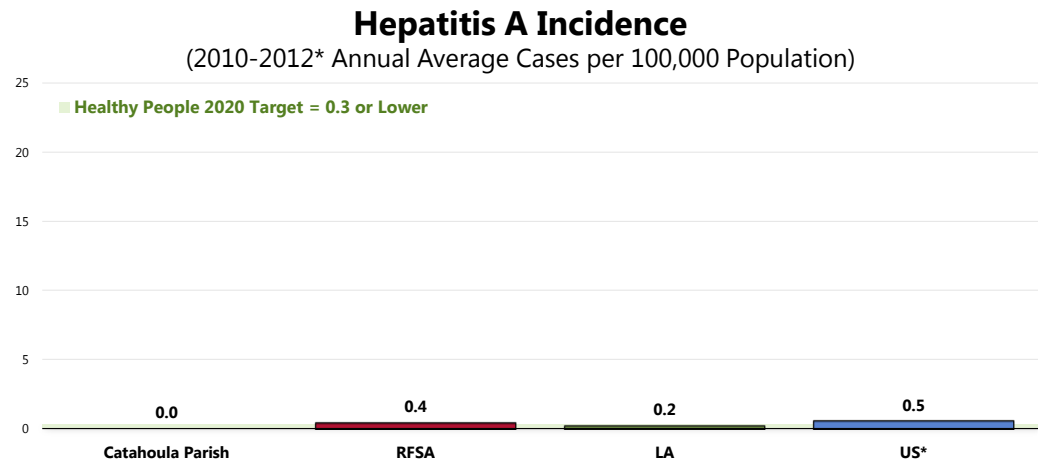
Notes:
- Rates are annual average new cases per 100,000 population.

Enteric Disease

Acute Hepatitis A

Between 2010 and 2012, the parish reported no cases of acute hepatitis A.

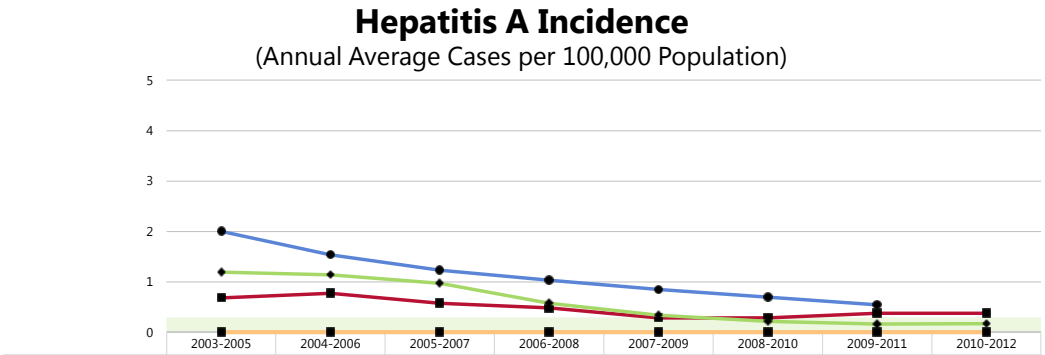
- Lower than the regional incidence rate.
- Lower than the Louisiana incidence rate.
- Lower than the national incidence rate (which reflects 2009-2011 data).
- Satisfies the Healthy People 2020 target.



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.

Catahoula Parish has not reported any cases of hepatitis A in the past decade.



	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012
Healthy People 2020	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3
Catahoula Parish	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
RFSA	0.7	0.8	0.6	0.5	0.3	0.3	0.4	0.4
Louisiana	1.2	1.1	1.0	0.6	0.3	0.2	0.2	0.2
United States	2.0	1.5	1.2	1.0	0.9	0.7	0.5	

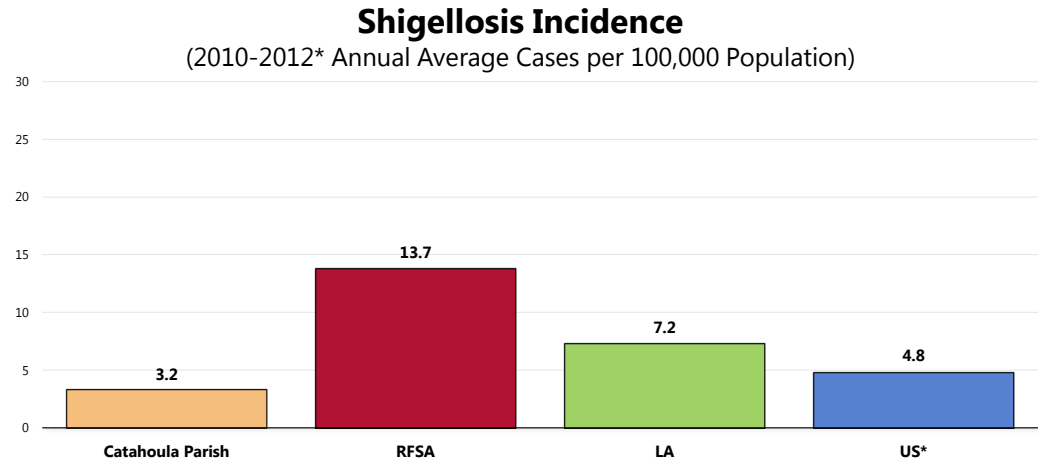
Sources:
- Louisiana Department of Health and Hospitals Office of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-23]

Notes:
- Rates are annual average new cases per 100,000 population.

Shigellosis

Between 2010 and 2012, the annual average shigellosis rate was 3.2 cases per 100,000 population in Catahoula Parish.

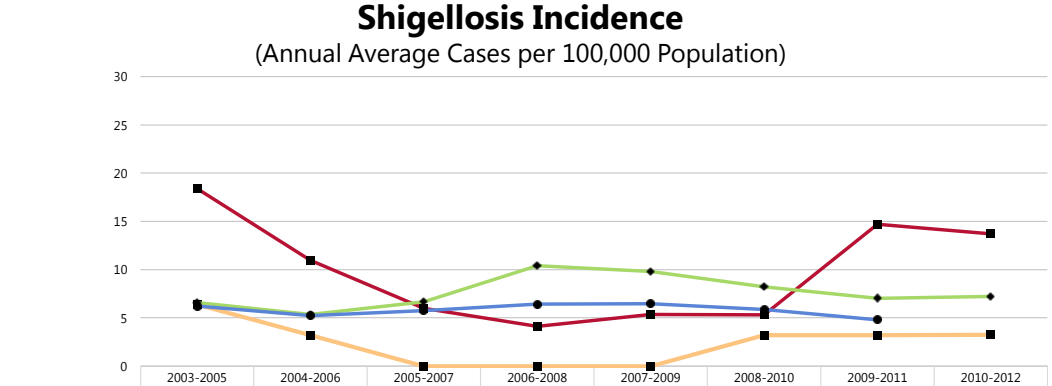
- Well below the regional incidence rate.
- Below the Louisiana incidence rate.
- Below the US rate (which reflects 2009-2011 data).



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, echoing the regional trend.



	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012
Catahoula Parish	6.4	3.2	0.0	0.0	0.0	3.2	3.2	3.2
RFSA	18.4	10.9	6.0	4.1	5.4	5.3	14.7	13.7
Louisiana	6.6	5.4	6.7	10.4	9.8	8.2	7.0	7.2
United States	6.2	5.2	5.8	6.4	6.4	5.9	4.8	

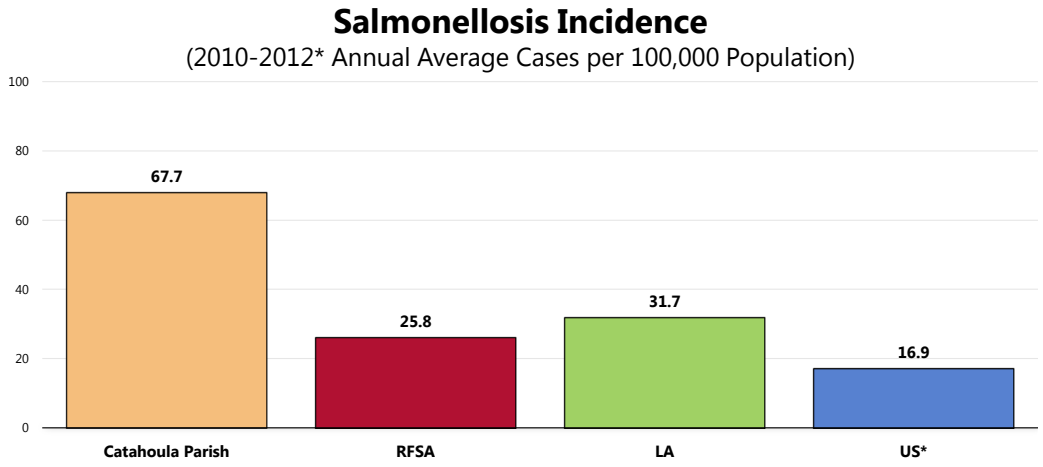
Sources:
- Louisiana Department of Health and Hospitals Office of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- Rates are annual average new cases per 100,000 population.

Salmonellosis

The 2010-2012 salmonellosis incidence rate in Catahoula Parish was 67.7 per 100,000 population.

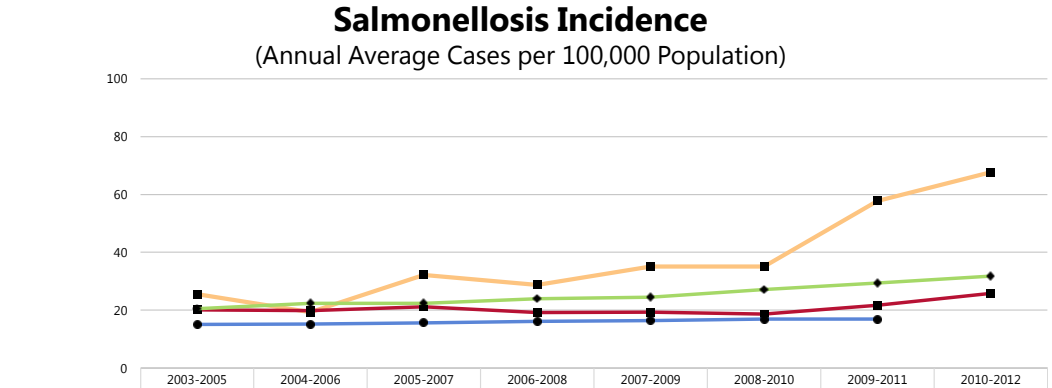
- Well above the regional incidence rate.
- Well above the state rate.
- Well above the national rate (which reflects 2009-2011 data).



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 generally increased over time in Catahoula Parish, echoing the regional and state trends. Incidence has increased nationally as well, although less sharply.



	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012
Catahoula Parish	25.6	19.3	32.2	28.8	35.0	35.1	57.7	67.7
RFSA	20.1	19.9	21.2	19.1	19.3	18.6	21.7	25.8
Louisiana	20.5	22.4	22.3	23.9	24.4	27.2	29.4	31.7
United States	15.0	15.1	15.6	16.1	16.4	16.9	16.9	

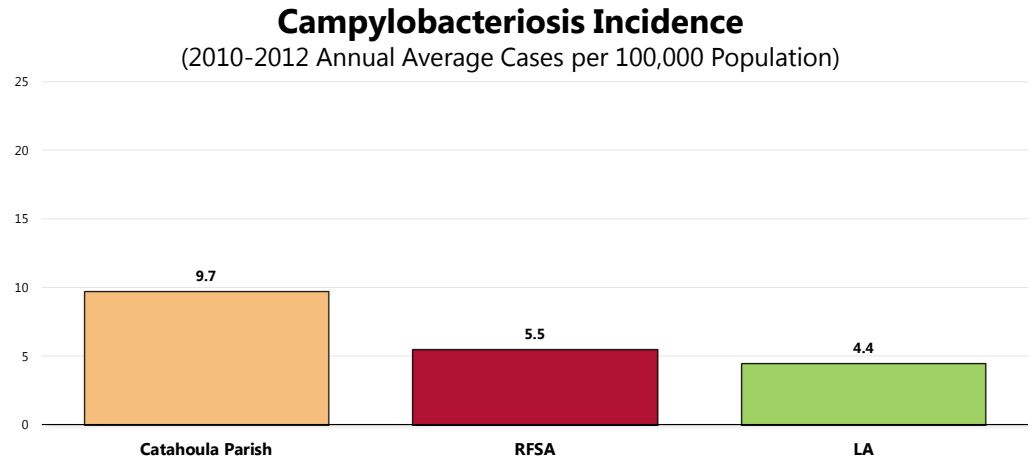
Sources:
- Louisiana Department of Health and Hospitals Office of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- Rates are annual average new cases per 100,000 population.

Campylobacteriosis

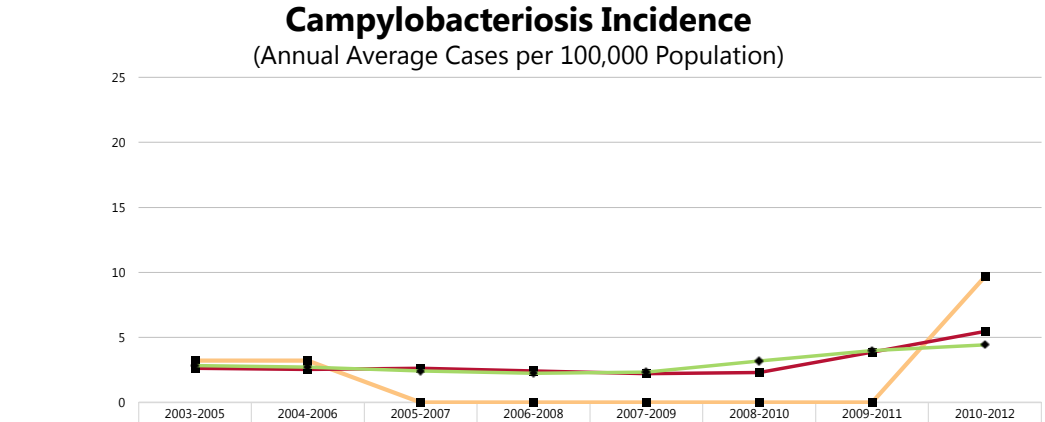
Between 2010 and 2012, Catahoula Parish reported a campylobacteriosis incidence rate of 9.7 cases per 100,000 population.

- 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.

Note that Catahoula Parish did not report any cases of campylobacteriosis for much of the past decade.



	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012
Catahoula Parish	3.2	3.2	0.0	0.0	0.0	0.0	0.0	9.7
RFSA	2.6	2.5	2.6	2.4	2.2	2.3	3.9	5.5
Louisiana	2.8	2.7	2.4	2.2	2.3	3.2	4.0	4.4

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.

HIV

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.

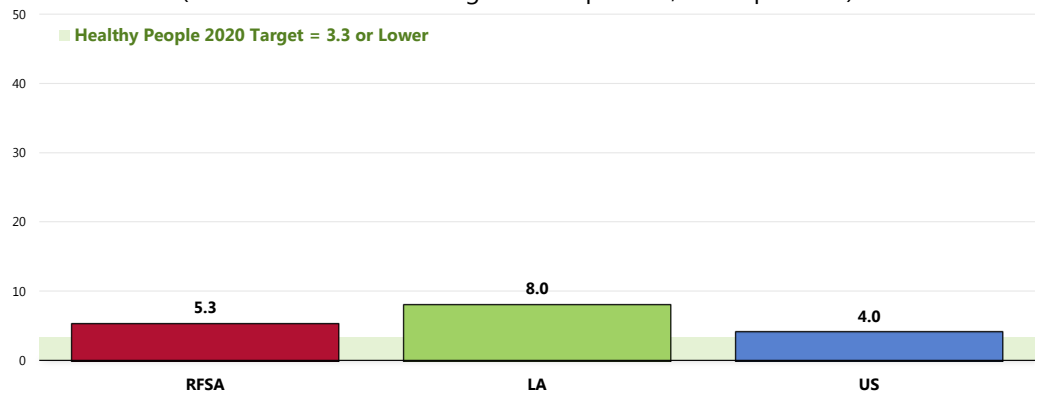
Age-Adjusted HIV/AIDS Deaths

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)



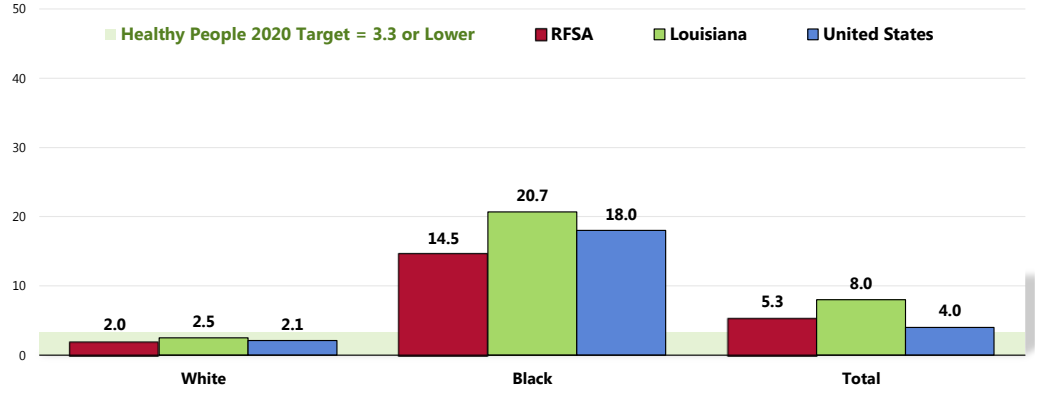
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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

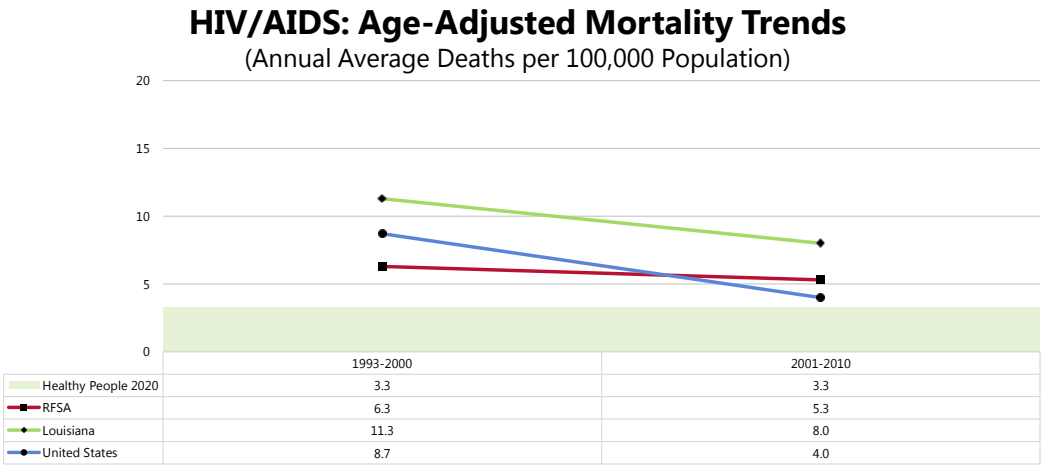
(2001-2010 Annual Average Deaths per 100,000 Population)



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.



	1993-2000	2001-2010
Healthy People 2020	3.3	3.3
RFSA	6.3	5.3
Louisiana	11.3	8.0
United States	8.7	4.0

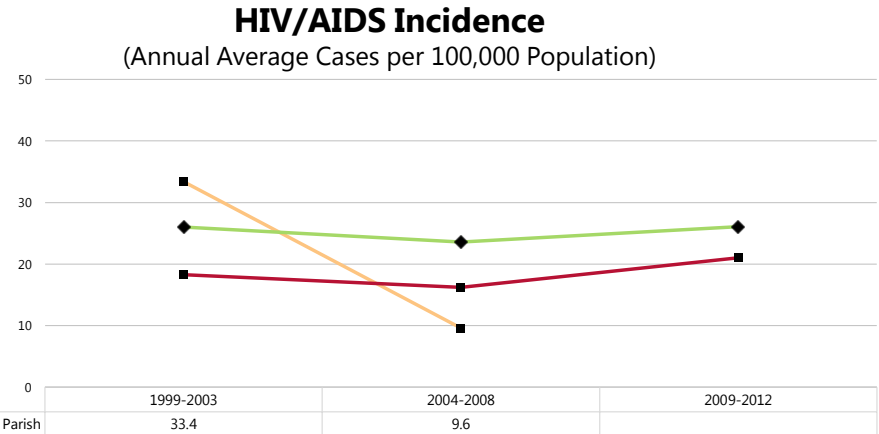
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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

- Due to low counts, the most recent data available for HIV/AIDS incidence in Catahoula Parish is for the 2004-2008 reporting period, as shown below.



	1999-2003	2004-2008	2009-2012
Catahoula Parish	33.4	9.6	
RFSA	18.3	16.2	21.0
Louisiana	26.0	23.6	26.1

Sources:
- Louisiana Department of Health and Hospitals Office of Public Health.

Notes:
- Rates are annual average new cases per 100,000 population.

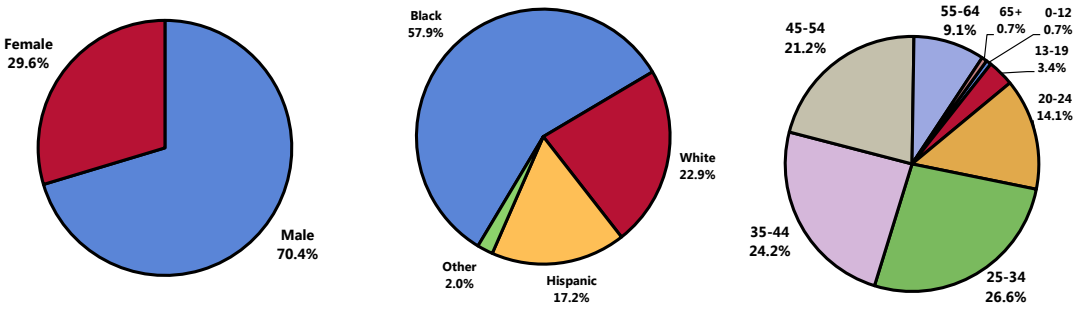
HIV/AIDS Characteristics

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.

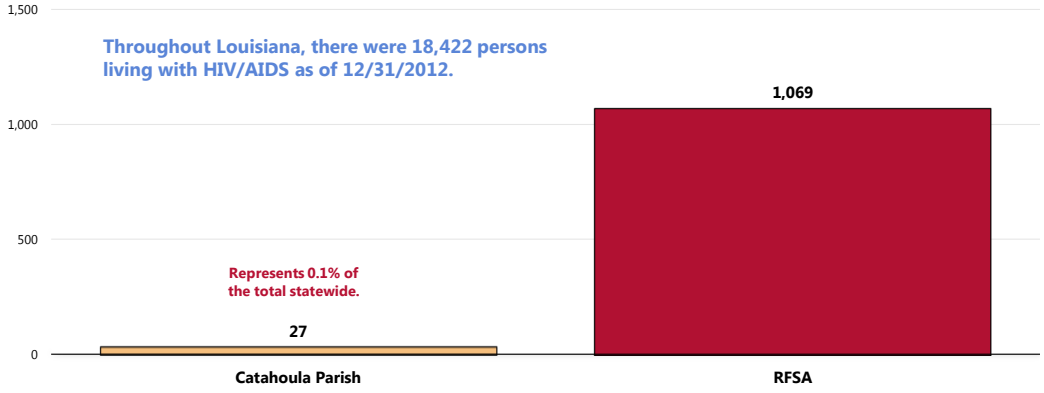
Persons Living With HIV/AIDS (PLWHA)

As of the end of 2012, there were 27 Catahoula Parish residents living with HIV/AIDS.

- This represents just 0.1% of the state's 18,422 persons living with HIV/AIDS.

Persons Living With HIV/AIDS

(As of December 31, 2012)



Sources: • Louisiana Department of Health and Hospitals Office of Public Health.

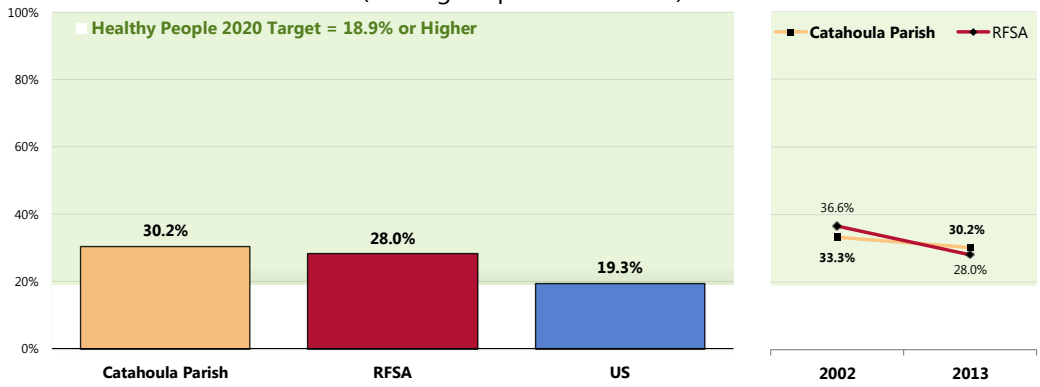
HIV Testing

Among Catahoula Parish adults age 18-44, 30.2% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Similar to the regional proportion.
- Similar to the proportion found nationwide.
- Similar to the Healthy People 2020 target.
- Statistically similar to 2002 survey findings.

Tested for HIV in the Past Year

(Among Respondents 18-44)



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.

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.

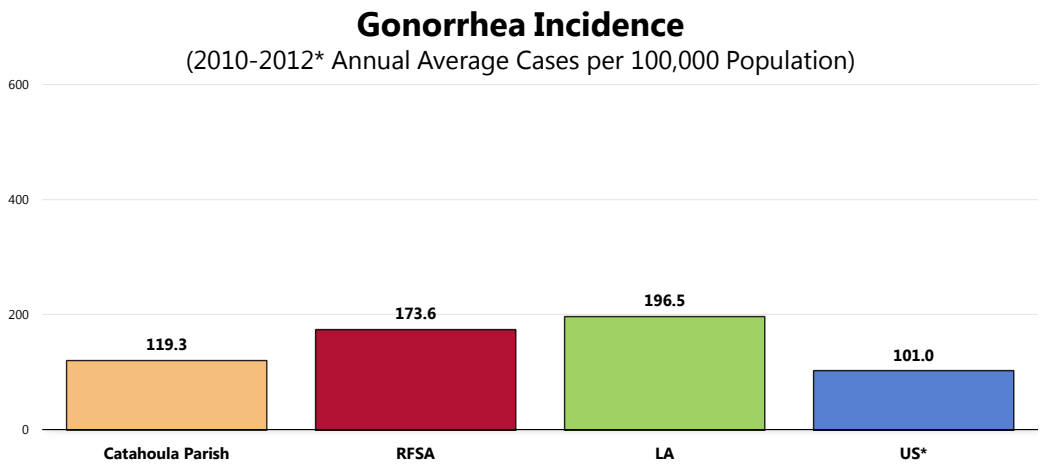
Despite the burdens, costs, complications, and preventable nature of STDs, they remain a significant public health problem, largely unrecognized by the public, policymakers, and public health and healthcare professionals in the United States. STDs cause many harmful, often irreversible, and costly clinical 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 119.3 cases per 100,000 population in Catahoula Parish.

- Lower than the regional incidence rate.
- Lower than the Louisiana rate.
- Higher than the national incidence rate (which reflects 2009-2011 data).

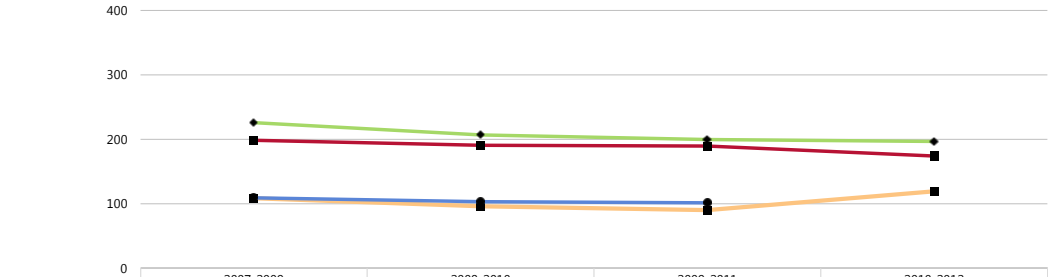


Sources:
- Louisiana Department of Health and Hospitals Office of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- Rates are annual average new cases per 100,000 population.
- *US rate represents 2009-2011 data.

- The gonorrhea rate has increased over time in Catahoula Parish, in contrast to the decreasing trends reported regionally, statewide, and nationally.

Gonorrhea Incidence
(Annual Average Cases per 100,000 Population)



	2007-2009	2008-2010	2009-2011	2010-2012
Catahoula Parish	108.3	95.6	89.8	119.3
RFSA	198.2	190.6	189.3	173.6
Louisiana	225.9	206.3	199.3	196.5
United States	108.9	103.2	101.0	

Sources:
- Louisiana Department of Health and Hospitals Office of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

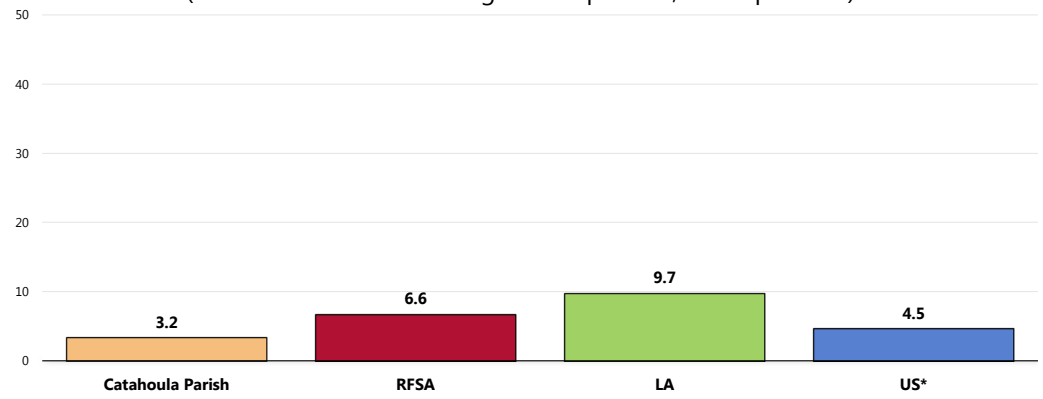
Notes:
- Rates are annual average new cases per 100,000 population.

Syphilis

Between 2010 and 2012, the annual average primary/secondary syphilis incidence rate was 3.2 cases per 100,000 population in Catahoula Parish.

- Lower than the regional incidence rate.
- Lower than the Louisiana incidence rate.
- Lower than the national incidence rate (which reflects 2009-2011 data).

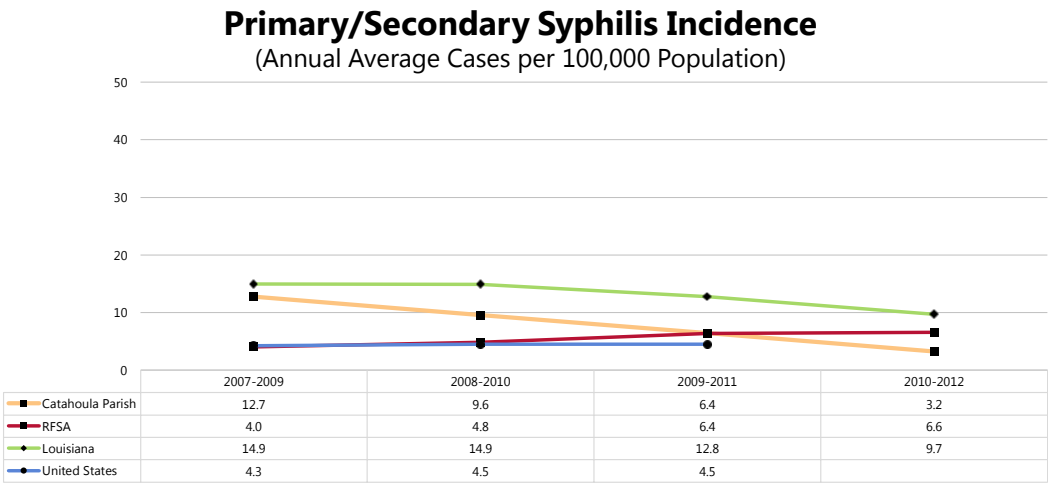
Primary/Secondary Syphilis Incidence
(2010-2012* Annual Average Cases per 100,000 Population)



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.

The Catahoula Parish syphilis incidence has decreased over time.



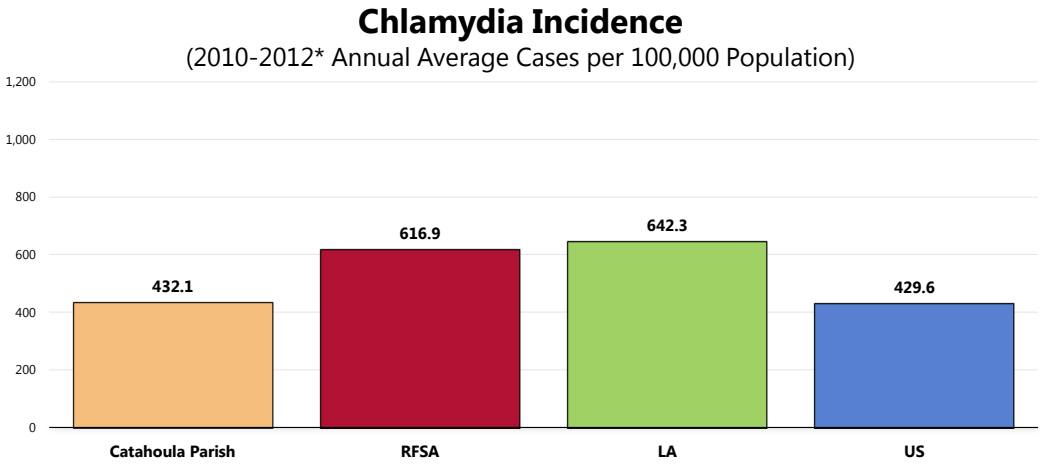
	2007-2009	2008-2010	2009-2011	2010-2012
Catahoula Parish	12.7	9.6	6.4	3.2
RFSA	4.0	4.8	6.4	6.6
Louisiana	14.9	14.9	12.8	9.7
United States	4.3	4.5	4.5	

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 432.1 cases per 100,000 population in Catahoula Parish.

- Better than the regional incidence rate.
- Better than the state rate.
- Comparable to the national incidence rate (which reflects 2009-2011 data).

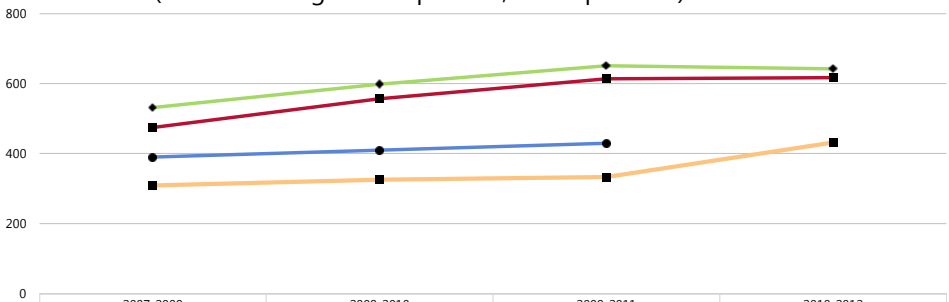


Sources: ● Louisiana Department of Health and Hospitals Office of Public Health.
● Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: ● Rates are annual average new cases per 100,000 population.
● *US rate represents 2009-2011 data.

Chlamydia incidence has increased in recent years across Catahoula Parish, echoing the trends across the RFSA, Louisiana, and the US overall.

Chlamydia Incidence

(Annual Average Cases per 100,000 Population)



	2007-2009	2008-2010	2009-2011	2010-2012
Catahoula Parish	308.8	325.1	333.5	432.1
RFSA	474.5	556.7	613.8	616.9
Louisiana	532.1	598.4	650.9	642.3
United States	390.3	409.8	429.6	

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.

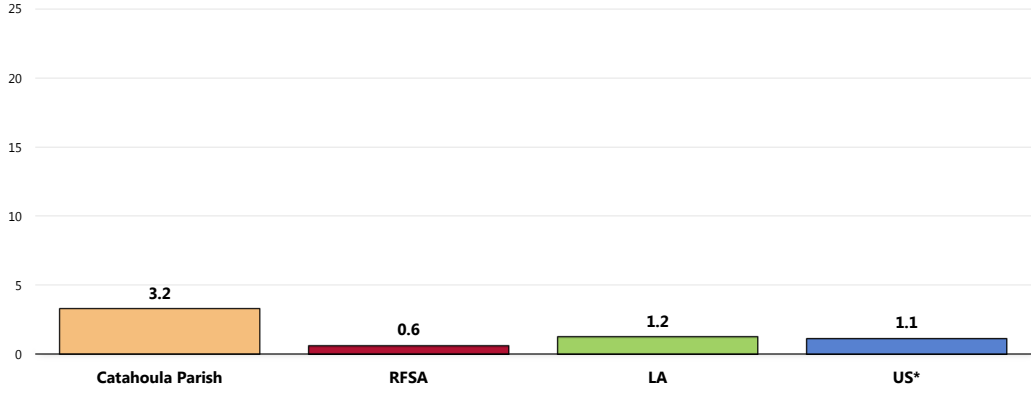
Acute Hepatitis B

Between 2010 and 2012, the annual average hepatitis B incidence rate was 3.2 cases per 100,000 population in Catahoula Parish.

- Above the regional (RFSA) rate.
- Above the state rate.
- Above the national rate (which reflects 2009-2011 data).

Hepatitis B (Acute) Incidence

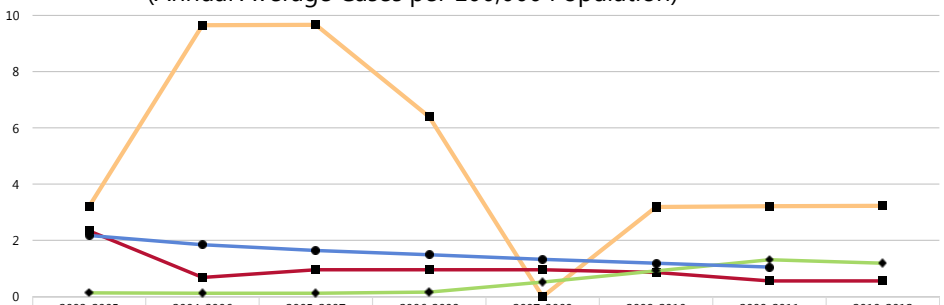
(2010-2012* Annual Average Cases per 100,000 Population)



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 Catahoula Parish incidence rate has fluctuated considerably over the past decade.

Hepatitis B (Acute) Incidence
(Annual Average Cases per 100,000 Population)



	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012
Catahoula Parish	3.2	9.7	9.7	6.4	0.0	3.2	3.2	3.2
RFSA	2.3	0.7	1.0	1.0	1.0	0.9	0.6	0.6
Louisiana	0.1	0.1	0.1	0.2	0.5	0.9	1.3	1.2
United States	2.2	1.8	1.6	1.5	1.3	1.2	1.1	

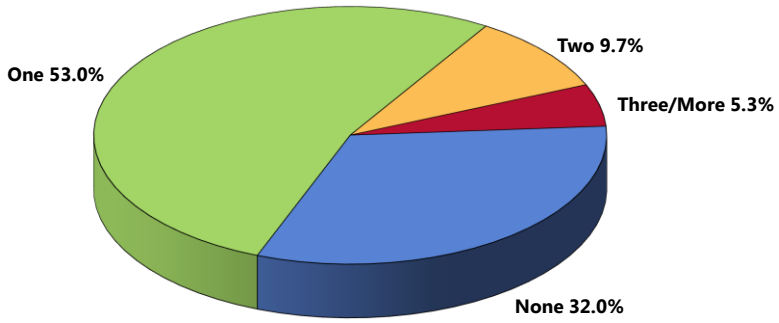
Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.

Safe Sexual Practices

Sexual Partners

Among unmarried Catahoula Parish adults under age 65, the vast majority cites having one (53.0%) or no (32.0%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months
(Among Unmarried Adults 18-64; Catahoula Parish, 2013)



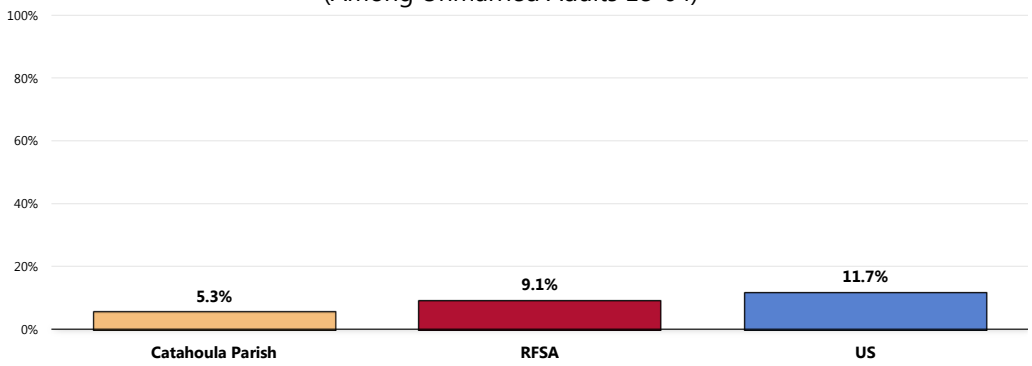
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
Notes: • Asked of all unmarried respondents under the age of 65.

However, 5.3% report three or more sexual partners in the past year.

- Statistically similar to regional (RFSA) findings.
- Statistically similar 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.

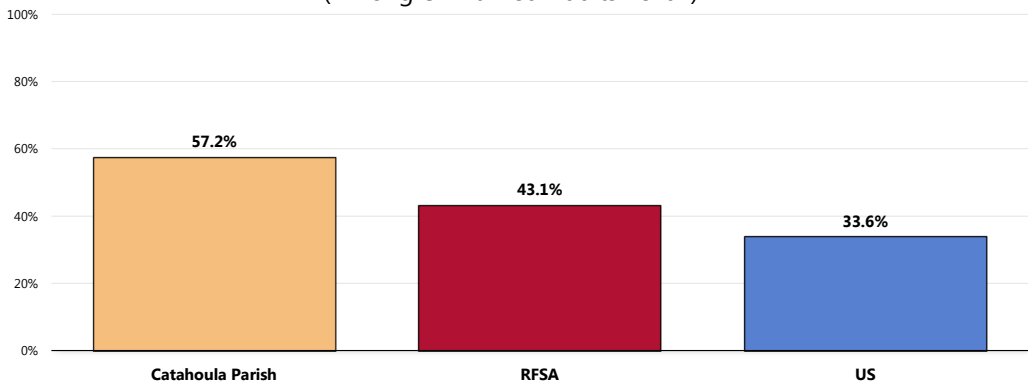
Condom Use

Among Catahoula Parish adults who are under age 65 and unmarried, 57.2% report that a condom was used during their last sexual intercourse.

- Higher than regional (RFSA) findings.
- Higher than 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.

HOUSING

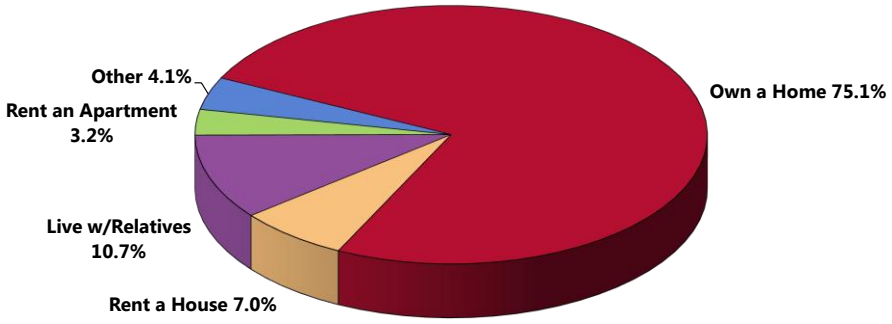
Housing Conditions

Type of Dwelling

Three in four Catahoula Parish residents (75.1%) own their own home, while 10.2% rent a house or apartment.

- Another 10.7% live with family members.

Type of Dwelling
(Catahoula Parish, 2013)



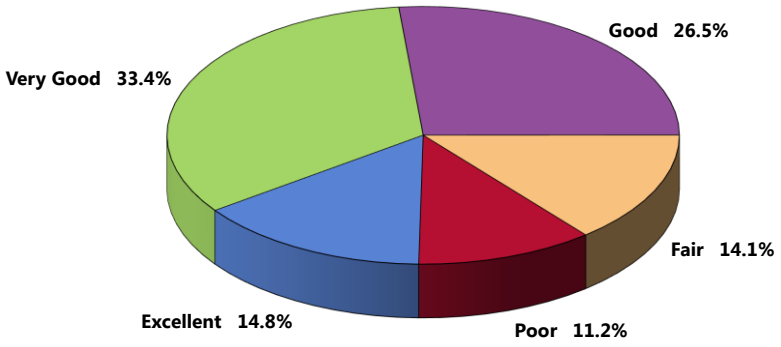
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]
Notes: • Asked of all respondents.

Condition of Local Housing

Just less than one-half (48.2%) of survey respondents considers the condition of homes in their neighborhoods to be "excellent" or "very good."

- Another 26.5% gave good ratings.

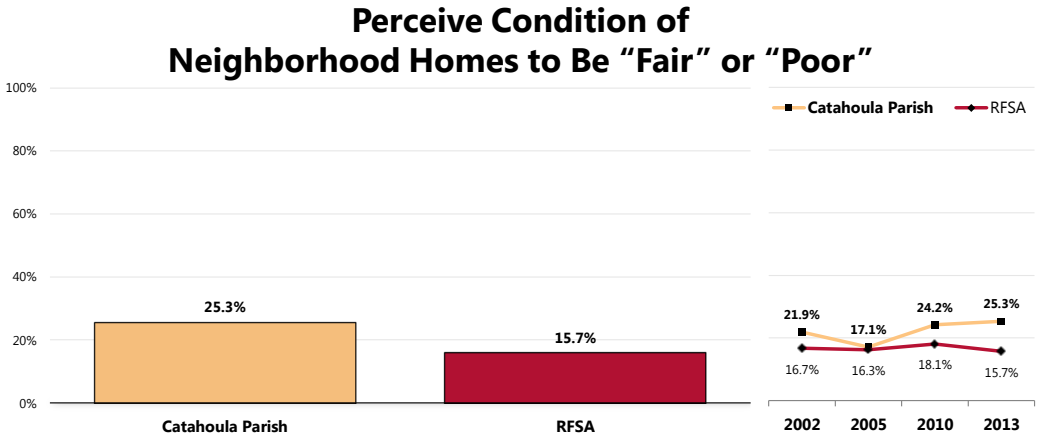
Rating of Condition of Neighborhood Homes
(Catahoula Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]
Notes: • Asked of all respondents.

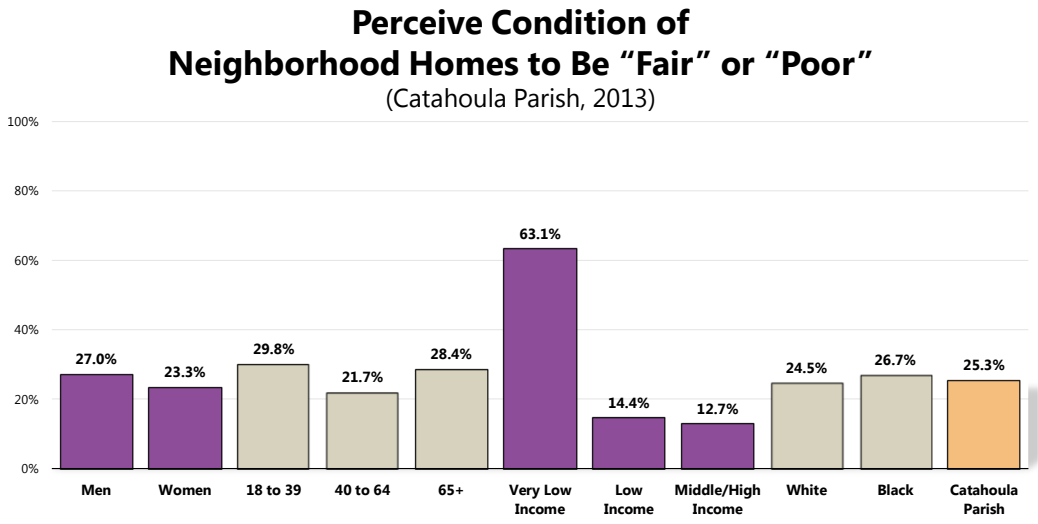
However, 25.3% of Catahoula Parish residents consider the condition of homes in their neighborhoods to be only "fair" or "poor."

- Less favorable than regional (RFSA) findings.
- This indicator remains statistically unchanged since 2005.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 130]
Notes: • Asked of all respondents.

- Residents living at very low income levels are notably more likely to give low ratings of the condition of neighborhood homes.



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.

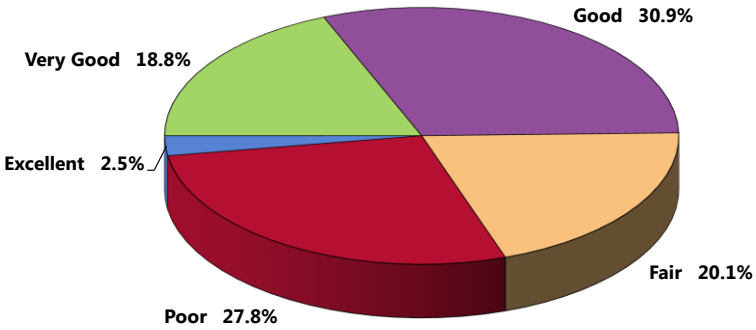
Housing Affordability

Availability of Affordable Housing

When asked to rate the availability of affordable local housing, just over one-fifth (21.3%) of survey respondents gave "excellent" or "very good" opinions.

- Another 30.9% gave "good" ratings.

Rating of the Availability of Affordable Local Housing
(Catahoula Parish, 2013)

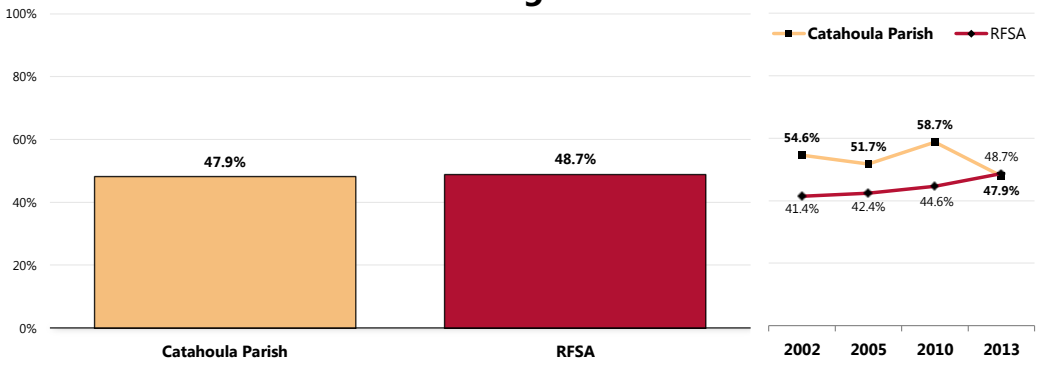


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
Notes: • Asked of all respondents.

However, 47.9% of Catahoula Parish residents consider the availability of affordable housing in their areas to be "fair" or "poor."

- Similar to regional (RFSA) findings.
- Statistically unchanged from 2005 survey findings.

Perceive the Availability of Affordable Local Housing to Be "Fair" or "Poor"

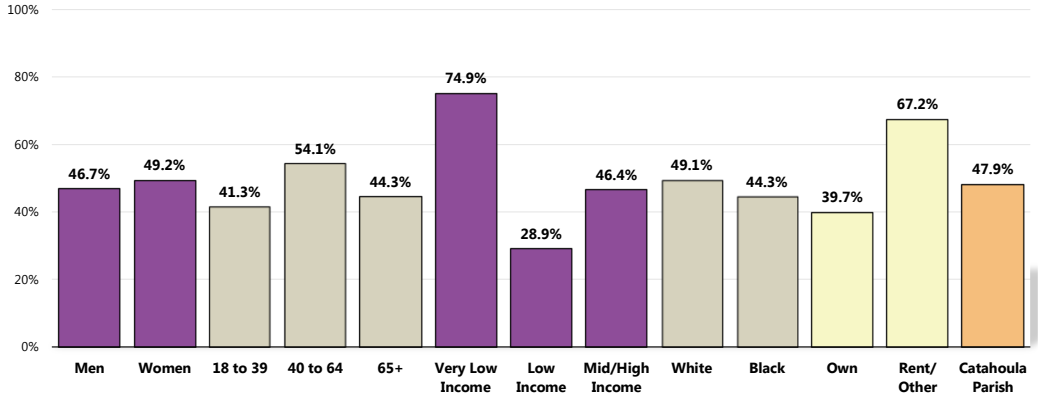


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]
Notes: • Asked of all respondents.

Segmented by demographic characteristic, residents more likely to give low ratings of the availability of affordable homes in the community include:

- Very low income residents.
- As might be expected, survey respondents who rent are more likely to give low ratings than those who own their own homes.

Perceive the Availability of Affordable Local Housing to Be "Fair" or "Poor"
(Catahoula Parish, 2013)



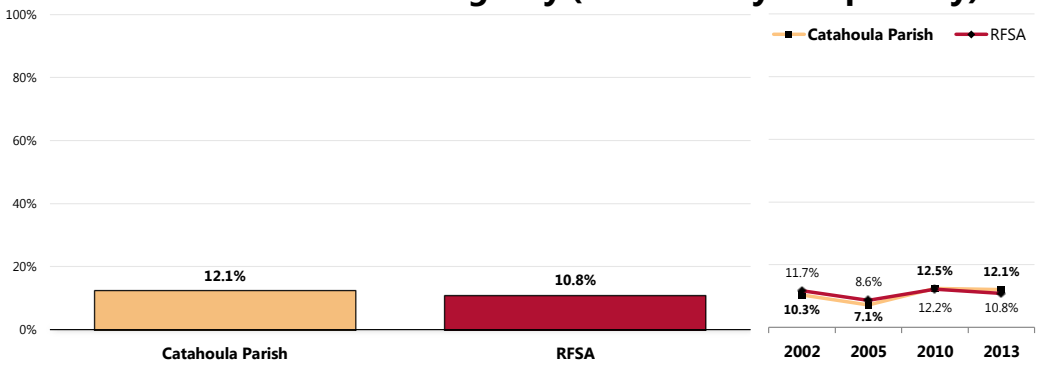
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Housing Displacement

A total of 12.1% 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.
- Statistically unchanged over time.

Had to Live With a Friend/Relative in the Past Two Years Due to an Emergency (Even if Only Temporarily)



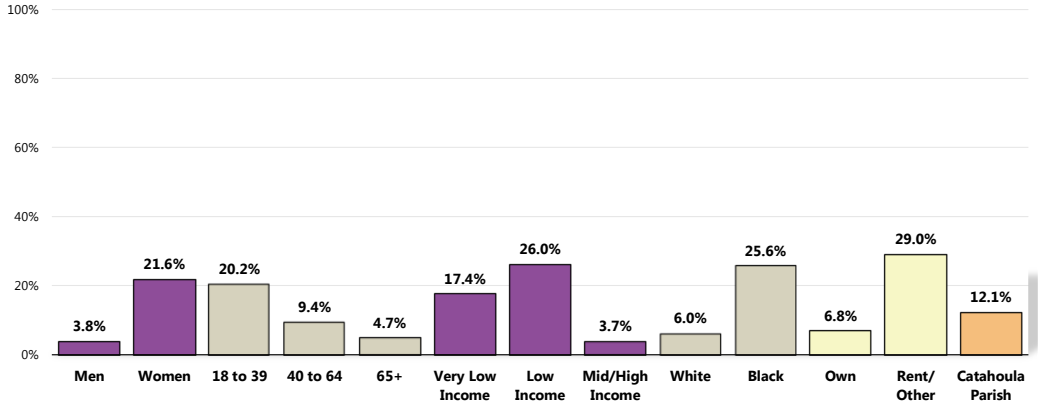
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 128]
Notes: • Asked of all respondents.

Segmented by demographic characteristic, those more likely to report having to live with a friend or relative in the past two years include:

- Women.
- Young adults (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)

(Catahoula 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

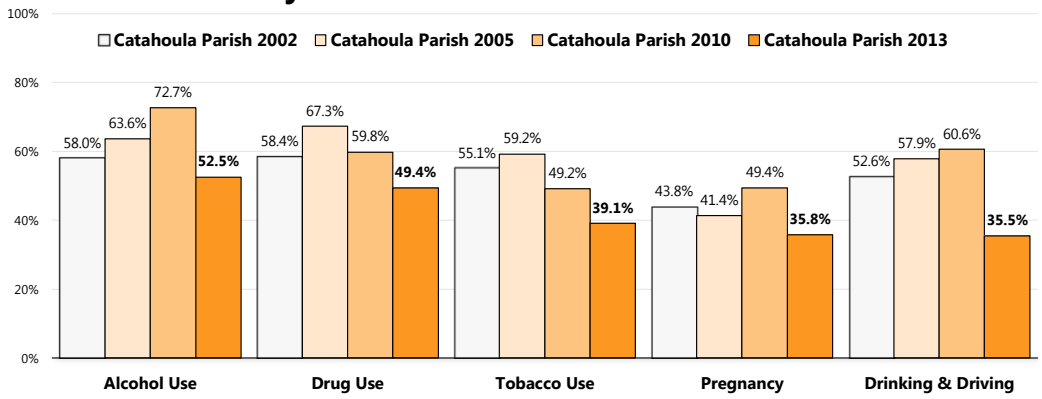
Issues Perceived by Residents as "Major Problems" for Teens

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.

Of five tested issues, teenage alcohol use and drug use are viewed by surveyed adults as the biggest concerns facing teens in Catahoula Parish (about half 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 Catahoula Parish



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 122-126]
Notes: • Asked of all respondents.

OTHER ISSUES

Collaboration

Related Focus Group Findings

Participants spent time discussing the lack of collaboration occurring in the community between non-profit organizations, schools, healthcare providers and hospitals. The issues surrounding collaboration were:

- Negative opinions on the level of collaboration
- Resource guide

Attendees had **negative opinions on the level of collaboration** occurring in the community, but all would like coordination and collaborative efforts to occur.

Catahoula Parish key informants do not believe that collaboration occurs in the community at all. Resources are not well known and racial tensions still exist. Attendees want to change the "we against them" attitude and build connections among community members through community forums.

> *"But then there is also a lot of division within the community where people do not get along. And really there is a line, whether you want to talk about it or not. That people may be nice to you face to face but yet when it comes time, push comes to shove to help or figure out a solution, it's like dead air. Nothing really gets going. And that's kind of a frustration." — Catahoula Parish Key Informant*

Respondents also think that agencies and hospitals need to communicate more effectively about available resources, but they struggle with funding constraints. Key informants feel that a **resource guide** needs to be created. Focus group members agree that the resource guide could be a critical link between community members and the organizations operating in the area, could increase awareness and also facilitate coordination.

Older Adults

Related Focus Group Findings

Many focus group participants discussed the limited number of services available to senior citizens, with emphasis on the following:

- Limited number of resources available to seniors
- Need more assisted living facilities

Respondents worry about the health of senior citizens living in the region, with only a **limited number of resources available to** seniors. Attendees believe that an adequate number of nursing homes are accessible, but not enough **assisted living facilities** exist in the parish and current facilities have wait lists.

> *"The other problem is elder housing. Like there is one in Harrisonburg. It's an apartment complex for elderly people so that they don't have to go to the nursing home. They're not bad enough to the nursing home yet but they can't stay at home and they want to be at a community where they can live with other people and get help when they need it. Well, we don't have access to that cause Harrisonburg just has a few spots." — Catahoula Parish Key Informant*

Quality of Life

Related Focus Group Findings

Many focus group participants discussed the quality of life in the Catahoula Parish and the factors that contribute to it:

- Poverty
- Employment options

Focus group attendees had negative opinions about the quality of life in Catahoula Parish. Several of the focus group attendees do not actually live in Catahoula Parish, but commute from nearby parishes. A high number of residents that reside in the parish live in **poverty**.

Education, cotton gins, and healthcare represent the main industries in the parish. In Catahoula Parish, while there are many positions available at the cotton gins, the working conditions are dangerous. In general, the **employment options** in the parish are discouraging for residents.

> *"There are job opportunities here. It depends on what that person's skills are. Of course this is an agricultural area. So you have folks that will go into certain areas and they will make quite a bit of money at certain times. But they're working in gins where they're breathing all of this crap … Those are dangerous jobs. I've treated quite a few of them that have been hurt. Those guys don't have insurance." — Catahoula Parish Key Informant*

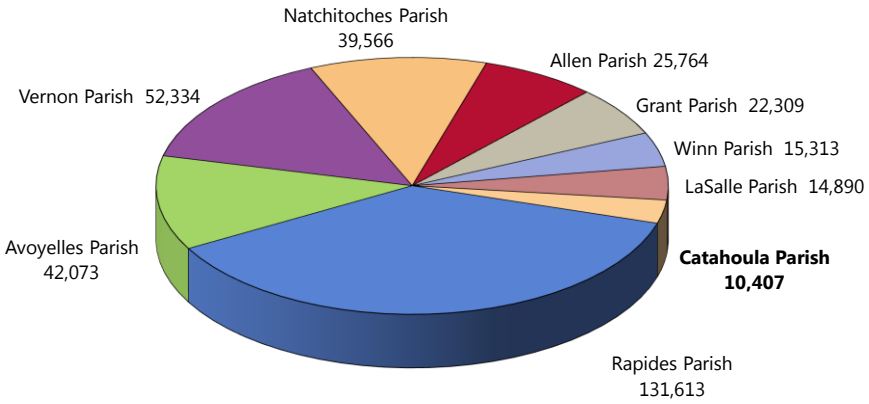
DEMOGRAPHIC PROFILE

Population

The 2010 census population for Catahoula Parish was 10,407, comprising 2.9% of the nine-parish Rapides Foundation Service Area.

Population Distribution of the RFSA

(2010 Population)

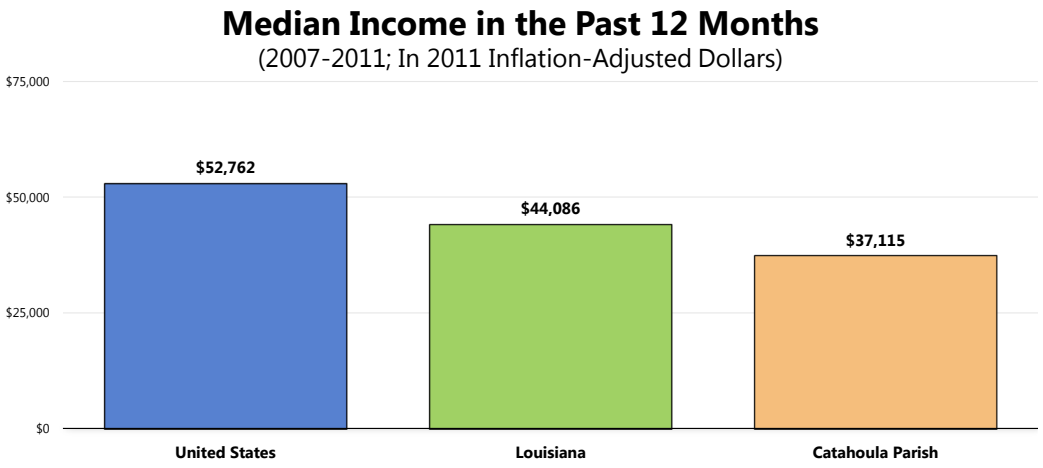


Sources:
- U.S. Census Bureau, Profile of General Population and Housing Characteristics: 2010. 2010 Census Summary File 1.

Income

The median income in Catahoula Parish in 2011 (in inflation-adjusted dollars) was $37,115.

- Substantially below the US median income of $52,762.

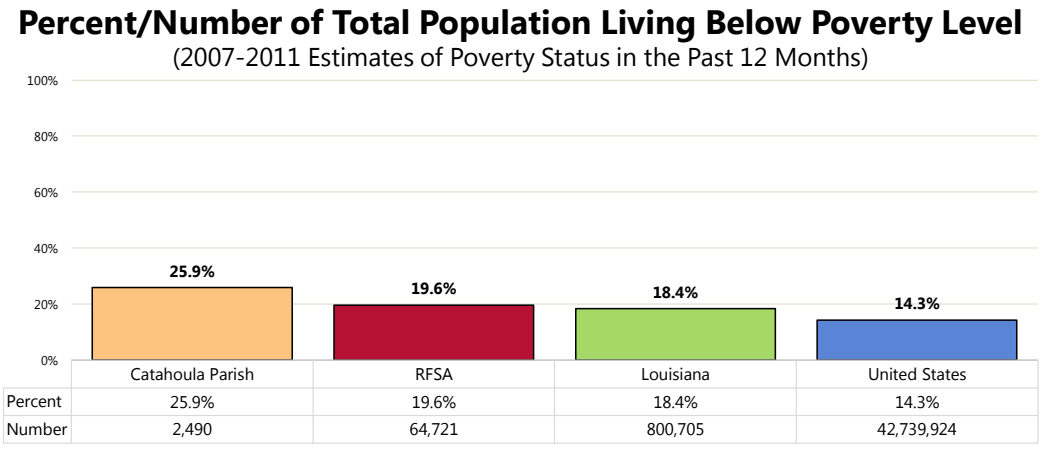


Sources: • U.S. Census Bureau, 2007-2011 American Community Survey. 5-Year Estimates.

Note the following breakout of 2007-2011 estimates of poverty status.

One in four Catahoula Parish residents (25.9%) lives below the federal poverty level.

- This is considerably higher than found nationally.

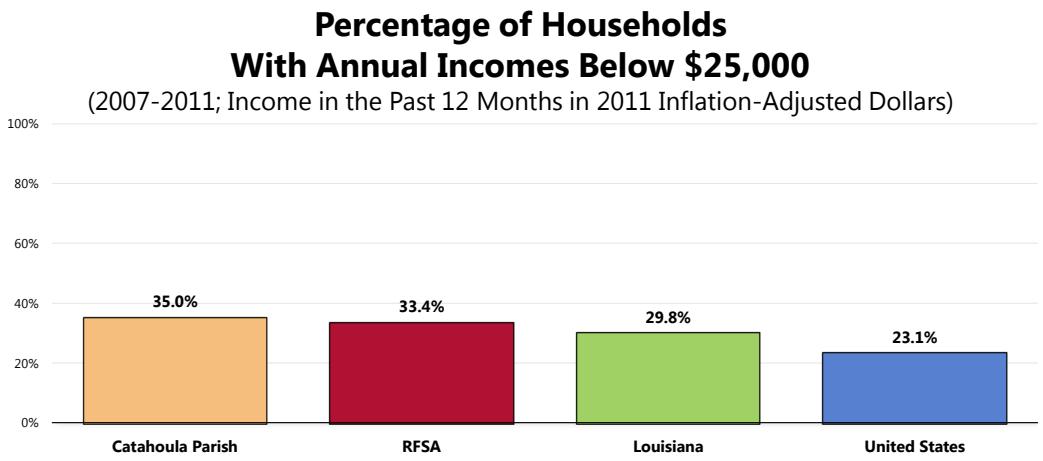


	Catahoula Parish	RFSA	Louisiana	United States
Percent	25.9%	19.6%	18.4%	14.3%
Number	2,490	64,721	800,705	42,739,924

Sources: • U.S. Census Bureau, 2007-2011 American Community Survey. 5-Year Estimates.

In all, 35.0% of Catahoula Parish households have annual incomes below $25,000.

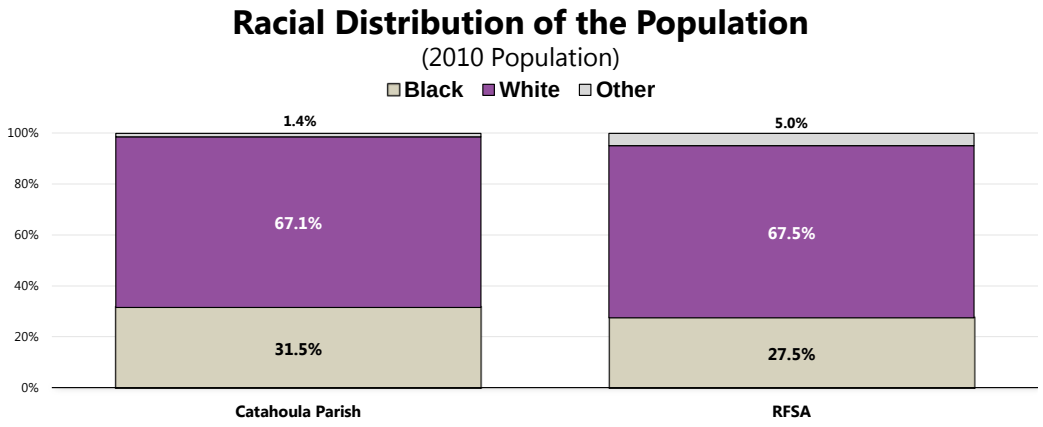
- Much higher than found nationally.



Sources: • U.S. Census Bureau, 2007-2011 American Community Survey. 5-Year Estimates.

Race

A total of 67.1% of Catahoula Parish population is White, while 31.5% is Black/African American, and 1.4% is other races.

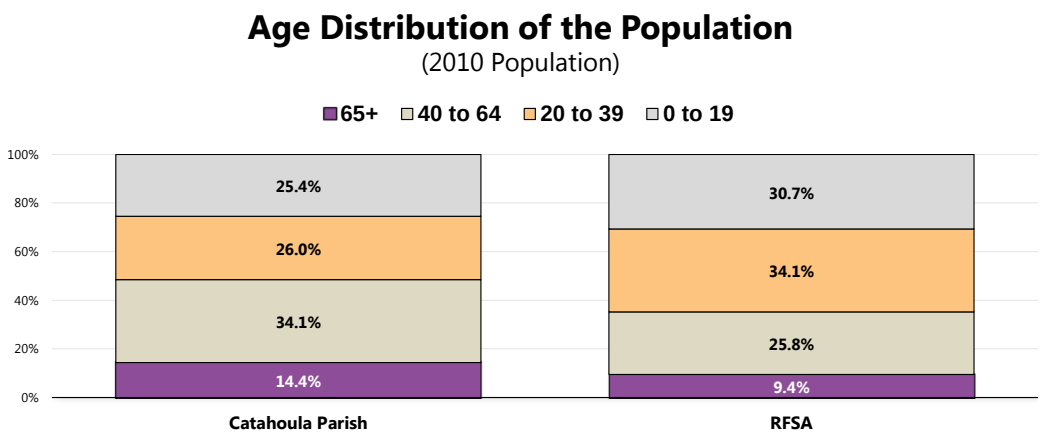


Sources: • U.S. Census Bureau, Profile of General Population and Housing Characteristics: 2010. 2010 Census Summary File 1.
Notes: • Race includes Hispanics who also identify with a race category (White, Black, Other).
"Other" includes those reporting multiple races, as well as races other than White or Black/African American.

Age

In Catahoula Parish, 25.4% of the population is under the age of 20 years. Another 26.0% of residents are 20 to 39, and 34.1% are between 40 and 64 years of age.

A total of 14.4% of Catahoula Parish population is age 65 or older.



Sources: • U.S. Census Bureau, Profile of General Population and Housing Characteristics: 2010. 2010 Census Summary File 1.