2013 PRC Community Health Needs Assessment Report

Grant Parish, Louisiana

Funded by
The Rapides Foundation

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INTRODUCTION

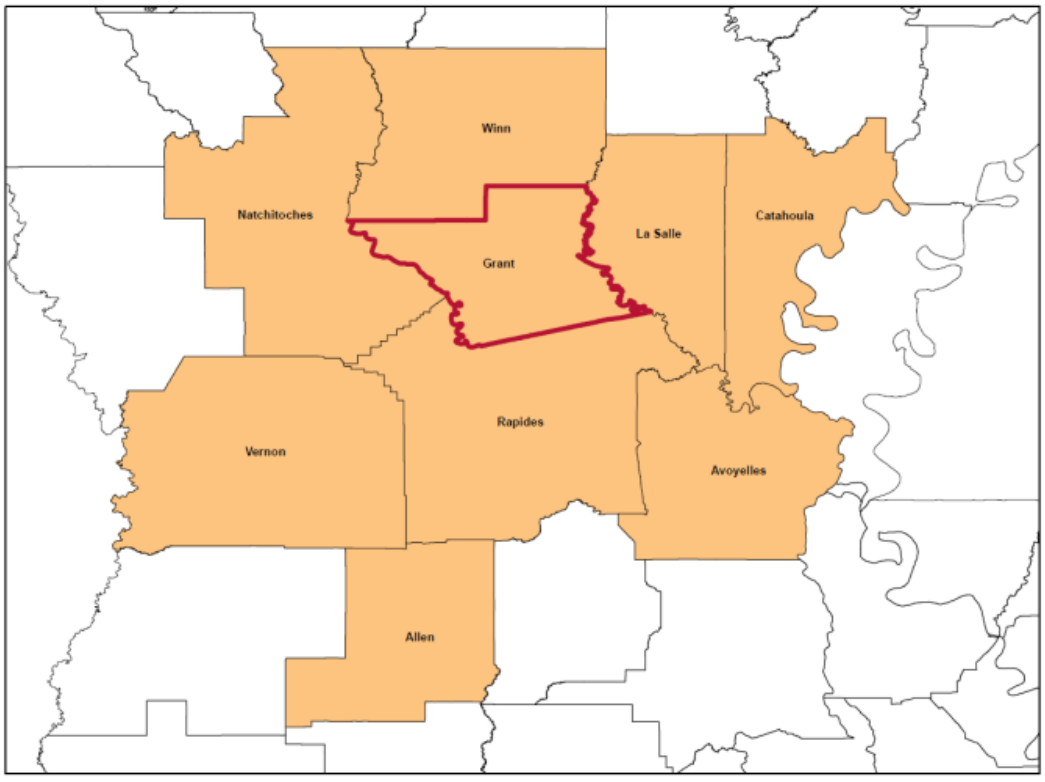
Project Overview

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 Grant 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 Grant 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.

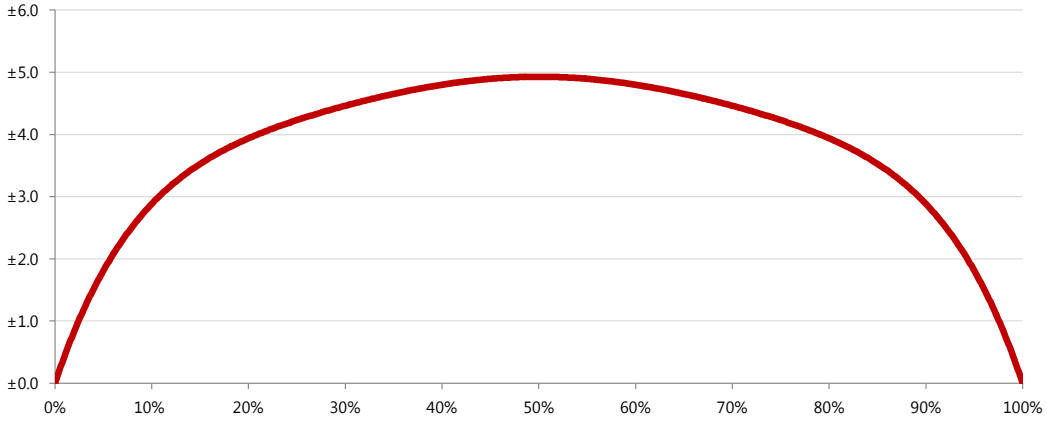
The sample design used for this effort consisted of a random sample of 402 adults age 18 and older in Grant Parish. In total, 3,742 surveys were completed across the Rapides Foundation Service Area; once these data were collected, the sample was weighted in proportion to the actual population distribution 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 402 respondents is ±4.9% at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 402 Respondents at the 95 Percent Level of Confidence

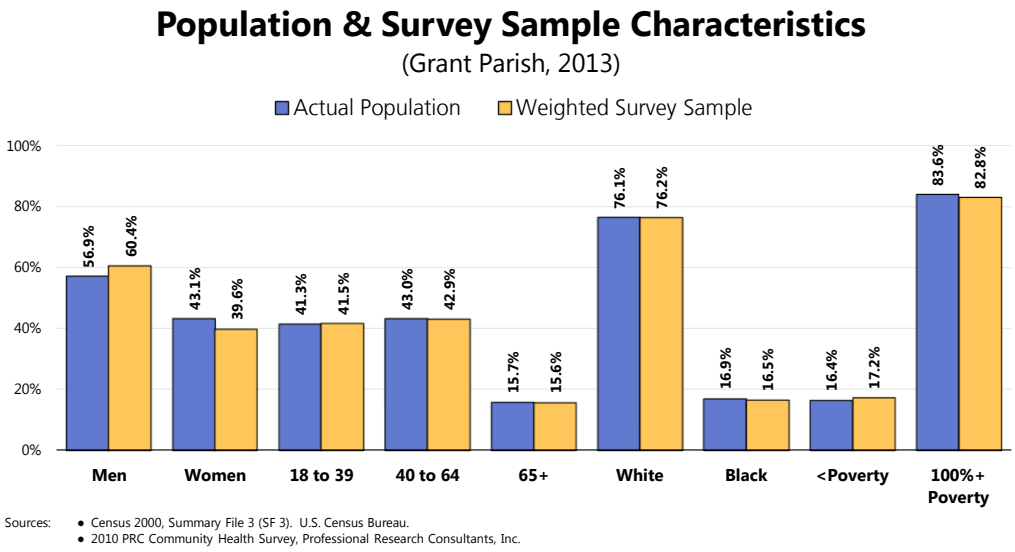


Note: • The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 402 respondents answered a certain question with a "yes," it can be asserted that between 7.1% and 12.9% (10% ± 2.9%) 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 45.1% and 54.9% (50% ± 4.9%) 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 Grant 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 2000, Summary File 3 (SF 3). U.S. Census Bureau.
- 2010 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 Grant 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 September 13, 2012. The focus group participants were comprised of 8 key informants, including representatives from public health, 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 week 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 Grant 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	• Lack of Healthcare Coverage (18-64) • Difficulties Accessing Care • Cost as a Barrier to Prescriptions • Difficulty Getting a Medical Appt • Children's Routine Checkups • Recent Eye Exams	• Difficulty Finding a Physician • Difficulty Getting Child's Healthcare
Arthritis	• Prevalence of Arthritis	
Cancer	• Cancer Deaths • Sigmoidoscopies/Colonoscopies	• Prevalence of Cancer • Cervical Cancer Screenings • Blood Stool Exams
Diabetes	• Diabetes Deaths	• Prevalence of Diabetes
Heart Disease	• Heart Disease Deaths • Stroke Deaths • Cholesterol Screenings • Cardiovascular Risk Factors	• High Blood Cholesterol
Immunization & Infectious Disease	• Hepatitis C Incidence	
Injury & Violence	• Use of Seat Belts (Adults & Children)	
HIV	• HIV Incidence	
Housing		• "Fair/Poor" Neighborhood Homes • Homelessness
Infant Health	• Prenatal Care • Low Birthweight	
Mental Health	• Chronically Depressed Seeking Help	• Symptoms of Chronic Depression
Nutrition & Overweight	• Consumption of Fruits/Vegetables • Overweights Trying to Lose Weight	
Overall Health	• Death Rate for All Causes	• Activity Limitations • 4+ Days of Restricted Activities
Physical Activity & Fitness	• Leisure-Time Physical Activity • Moderate/Vigorous Physical Activity	• Regular Walking for Exercise
Respiratory Disease		• Adult Asthma
STDs	• Gonorrhea, P/S Syphilis, and Chlamydia Incidence Hepatitis B Incidence	
Substance Abuse	• Seeking Professional Help	• Chronic Drinking • Binge Drinking

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. **Mental Health**
2. **Obesity, including Nutrition**
3. **Health Education**

Comparisons With Benchmark Data

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

Reading the Summary Tables

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

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

The pink column (far right) provides trending results. Symbols indicate whether Grant 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	Grant Parish	Grant Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	23.6	22.1	26.8	15.1	0.0	34.6
% [65+] With Medicare Supplement Insurance	61.9	65.4		68.1		62.5
% [Insured/No Medicare] Insurance Covers Prescriptions	95.0	94.5				93.5
[Insured] Insurance Covers Both Dr/Hosp Visits	95.8	97.9				97.9
% Difficulty Accessing Healthcare in Past Year (Composite)	37.8	36.8		39.9		45.7
% Inconvenient Hrs Prevented Dr Visit in Past Year	13.6	11.2		15.4		16.4
% Cost Prevented Getting Prescription in Past Year	13.6	16.7		15.8		22.5
% Cost Prevented Physician Visit in Past Year	22.8	15.7		18.2		17.9
% Difficulty Getting Appointment in Past Year	13.7	13.4		17.0		21.6
% Difficulty Finding Physician in Past Year	15.4	10.9		11.0		10.0
% Transportation Hindered Dr Visit in Past Year	9.1	8.5		9.4		8.0
% Difficulty Getting Child's Healthcare in Past Year	10.0	2.2		6.0		2.0
% [Age 18+] Have a Specific Source of Ongoing Care	68.4	73.8		76.3	95.0	73.0
% [Age 18-64] Have a Specific Source of Ongoing Care	66.4	72.3		75.6	89.4	
% [Age 65+] Have a Specific Source of Ongoing Care	79.6	80.7		80.0	100.0	
% Have Had Routine Checkup in Past Year	75.1	70.1		65.0		71.4
% Child Has Had Checkup in Past Year	91.3	89.7		84.1		78.0
% Two or More ER Visits in Past Year	14.3	12.2		8.9		12.3
			better	similar	worse	

Vision	Grant Parish	Grant Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% Eye Exam in Past 2 Years	55.9	56.9		56.8		41.0
			better	similar	worse	

Oral Health	Grant Parish	Grant Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% [Age 18+] Dental Visit in Past Year	47.3	52.0	63.9	65.9	49.0	53.2
% Child [Age 2-17] Dental Visit in Past Year	77.0	85.6		81.5	49.0	81.8
			better	similar	worse	

Heart Disease & Stroke	Grant Parish	Grant Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	156.3	246.6	232.6	184.7	158.9	279.9
Stroke (Age-Adjusted Death Rate)	39.8	49.4	47.0	40.3	33.8	74.5
% Heart Disease (Heart Attack, Angina, Coronary Disease)	11.2	9.8		6.1		11.1
% Stroke	3.6	4.2	3.8	3.9		3.7
% Blood Pressure Checked in Past 2 Years	94.4	96.1		91.0	92.6	96.4
% Told Have High Blood Pressure (Ever)	42.5	44.3	38.4	34.1	26.9	36.8
% [HBP] Taking Action to Control High Blood Pressure	89.1	93.0		89.2		94.5
% Cholesterol Checked in Past 5 Years	91.2	86.7	74.1	86.6	82.1	79.7
% Told Have High Cholesterol (Ever)	35.8	33.8	38.8	29.9	13.5	23.7
% [HBC] Taking Action to Control High Blood Cholesterol	89.5	86.4		81.4		82.3
% 1+ Cardiovascular Risk Factor	88.4	90.3		82.3		94.5
			better	similar	worse	

Cancer	Grant Parish	Grant Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
Cancer (Age-Adjusted Death Rate)	214.6	203.6	200.6	174.2	160.6	226.6
Lung Cancer (Age-Adjusted Death Rate)	77.9	65.3	62.7	51.6	45.5	
Prostate Cancer (Age-Adjusted Death Rate)	32.7	28.9	29.5	25.0	21.2	
Female Breast Cancer (Age-Adjusted Death Rate)	19.0	23.8	27.5	23.9	20.6	
Colorectal Cancer (Age-Adjusted Death Rate)	22.8	21.6	20.8	17.7	14.5	
% Cancer	11.1	6.7				5.4
% [Men 50+] Prostate Exam in Past 2 Years	68.0	73.8		75.0		78.3
% [Women 50-74] Mammogram in Past 2 Years	73.7	73.5	78.5	83.6	81.1	83.6
% [Women 21-65] Pap Smear in Past 3 Years	75.1	78.5	83.1	83.9	93.0	87.4
% [Age 50+] Sigmoid/Colonoscopy Ever	63.4	69.3	60.8	75.2		47.6
% [Age 50+] Blood Stool Test in Past 2 Years	28.4	31.7	19.1	36.9		42.6
% [Age 50-75] Colorectal Cancer Screening	64.2	67.7		75.1	70.5	
			better	similar	worse	

Respiratory Diseases	Grant Parish	Grant Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
CLRD (Age-Adjusted Death Rate)	65.0	47.8	43.4	43.2		67.5
Pneumonia/Influenza (Age-Adjusted Death Rate)	21.3	25.4	20.6	16.4		
% Chronic Lung Disease	13.2	13.1	6.9	8.6		9.9
% [Adult] Currently Has Asthma	11.6	9.0	6.4	9.4		7.2
% Child [Age 0-17] Asthma (Ever Diagnosed)	17.3	14.6		12.5		12.7
% [Child 0-17] Currently Has Asthma	13.2	8.6		7.1		
			better	similar	worse	

Injury & Violence Prevention	Grant Parish	Grant Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
Unintentional Injury (Age-Adjusted Death Rate)	83.5	52.1	49.1	38.2	36.0	
Motor Vehicle Crashes (Age-Adjusted Death Rate)	31.6	23.4	18.5	11.9	12.4	
% "Always" Wear Seat Belt	76.0	83.8	95.2	84.8	92.0	67.9
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	96.4	92.2		92.2		88.3
% Child [Age 5-17] "Always" Wears Bicycle Helmet	16.4	18.3		48.7		
Firearm-Related Deaths (Age-Adjusted Death Rate)	13.6	13.4	18.6	10.2	9.2	
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	34.4	24.0		16.8		
% Victim of Violent Crime in Past 5 Years	4.5	2.1		2.8		3.1
% Victim of Domestic Violence (Ever)	13.7	13.8		15.0		12.9
			better	similar	worse	

Diabetes	Grant Parish	Grant Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
Diabetes Mellitus (Age-Adjusted Death Rate)	48.5	24.0	28.2	21.3	20.5	58.4
% Diabetes/High Blood Sugar	19.5	14.1	11.8	11.7		11.9
			better	similar	worse	

Chronic Kidney Disease	Grant Parish	Grant Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
Kidney Disease (Age-Adjusted Death Rate)	30.7	25.5	27.2	15.2		
			better	similar	worse	

Alzheimer's Disease	Grant Parish	Grant Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
Alzheimer's Disease (Age-Adjusted Death Rate)	45.4	37.9	32.1	25.0		
			better	similar	worse	

Arthritis	Grant Parish	Grant Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% Arthritis/Rheumatism	24.6	23.9		20.1		32.6
% [50+] Arthritis/Rheumatism	41.0	40.4		37.3		
			better	similar	worse	

Nutrition & Weight Status	Grant Parish	Grant Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% Eat 5+ Servings of Fruit or Vegetables per Day	39.3	34.9		39.5		28.6
% Eat 2+ Servings of Fruit per Day	49.7	46.9				43.1
% Eat 3+ Servings of Vegetables per Day	33.6	29.5				31.1
% Difficulty Getting Fresh Fruits & Vegetables	19.9	13.6				19.7
% [Adult] Has 1+ Sugar-Sweetened Drink per Day	61.4	63.9				65.7
% [Adult] Has 3+ Fast Food Meals per Week	27.4	27.5				
% Child [Age 2-17] Eats 5+ Fruits/Vegetables per Day	55.4	55.4				
% Child [Age 2-17] Has 1+ Sugar-Sweetened Drink per Day	66.2	67.0				
% Child [Age 5-17] Has 3+ Fast Food Meals per Week	24.6	32.8				29.2
% Medical Advice on Nutrition in Past Year	37.1	36.2		39.2		
% Healthy Weight (BMI 18.5-24.9)	29.5	26.0	30.6	34.4	33.9	27.5

	Grant	Grant Parish vs. Benchmarks

Nutrition & Weight Status (continued)	Parish	vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% Overweight	68.8	72.7	67.5	63.1		70.7
% Obese	34.6	38.2	33.4	29.0	30.5	33.3
% Medical Advice on Weight in Past Year	28.7	25.1		23.7		19.5
% [Obese Adults] Counseled About Weight in Past Year	48.0	42.1		48.3		
% [Overweights] Trying to Lose Weight Both Diet/Exercise	45.2	39.5		39.5		29.1
% Children [Age 6-17] Overweight	19.4	34.1		29.7		25.3
% Children [Age 6-17] Obese	10.0	20.9		13.7	14.5	10.1
			better	similar	worse	

Physical Activity	Grant Parish	Grant Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% [Employed] Job Entails Mostly Sitting/Standing	45.4	53.2		63.8		49.4
% No Leisure-Time Physical Activity	24.5	30.3	33.8	20.7	32.6	31.4
% Meeting Physical Activity Guidelines	49.9	45.7		50.3		45.0
% Moderate Physical Activity	29.1	26.8		30.6		19.9
% Vigorous Physical Activity	39.6	35.4		38.0		31.3
% Strengthening Activity (2+ Times/Week)	28.1	28.3				23.8
% Walk Regularly (5+ Times Per Week For >10 Minutes)	37.5	30.9				47.7
% Medical Advice on Physical Activity in Past Year	41.2	37.2		44.0		
% Child [Age 5-17] Physically Active on a Regular Basis	77.5	85.1				
% Child [Age 5-17] Moderate Physical Activity	56.7	63.3				
% Child [Age 5-17] Vigorous Physical Activity	75.8	80.2				

Physical Activity (continued)	Grant Parish	Grant Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% Child [Age 5-17] Watches TV 3+ Hours per Day	34.6	25.3		39.3		27.2
% Child [Age 5-17] Non-TV Screen Time 3+ Hours per Day	25.2	15.3		15.0		
% Child [Age 5-17] 3+ Hours per Day of Total Screen Time	63.3	51.4		54.7		
% "Fair/Poor" Local Physical Activity Opportunities	49.9	35.9				47.5
			better	similar	worse	

Substance Abuse	Grant Parish	Grant Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	12.3	9.0	8.0	9.2	8.2	
% Chronic Drinker (Average 2+ Drinks/Day)	7.2	5.4		5.2		2.4
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	16.4	13.9	16.1	19.5	24.4	8.5
% Drinking & Driving in Past Month	3.0	2.0		5.0		2.4
% Driving Drunk or Riding with Drunk Driver	5.6	4.2		8.6		5.8
Drug-Induced Deaths (Age-Adjusted Death Rate)	13.0	13.7	14.5	12.7	11.3	
% Illicit Drug Use in Past Month	2.5	2.1		4.0	7.1	2.1
% Ever Sought Help for Alcohol or Drug Problem	6.5	3.8		4.9		2.8
			better	similar	worse	

Tobacco Use	Grant Parish	Grant Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% Current Smoker	25.7	22.5	25.7	14.9	12.0	22.1
% Someone Smokes at Home	22.2	16.8		12.7		24.6
% [Non-Smokers] Someone Smokes in the Home	16.3	8.2		6.3		
% [Household With Children] Someone Smokes in the Home	25.3	17.0		9.7		24.4
% [Smokers] Received Advice to Quit Smoking	64.4	60.7		67.8		63.6
% [Smokers] Have Quit Smoking 1+ Days in Past Year	53.2	54.9		55.9	80.0	62.2
% Aware of Smoking Cessation Services/Programs	33.1	38.6				37.0
% Believe Most People Think "Definitely Should Not Smoke"	31.1	37.8				33.6
% Use Smokeless Tobacco	10.6	7.7		4.0	0.3	8.2
			better	similar	worse	

General Health Status	Grant Parish	Grant Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% "Fair/Poor" Overall Health	24.8	22.2	23.0	15.3		25.5
% Activity Limitations	30.2	26.2	26.1	21.5		21.1
% 4+ Days Health Prevented Usual Activities	25.4	18.6				16.8
Mortality, All Causes (Age-Adjusted Death Rate)	938.0	929.7	919.2	757.2		1048.9
			better	similar	worse	

Mental Health & Mental Disorders	Grant Parish	Grant Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	18.6	13.8		11.9		16.1
% Major Depression	22.5	14.8				
% Symptoms of Chronic Depression (2+ Years)	34.0	29.2		30.4		27.2
Suicide (Age-Adjusted Death Rate)	13.9	11.4	11.1	11.8	10.2	
% [Those With Chronic Depression] Seeking Help	70.1	49.0		53.0	64.6	26.4
			better	similar	worse	

Maternal, Infant & Child Health	Grant Parish	Grant Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% Less Than Adequate Prenatal Care	4.7	12.2	14.9			9.1
% of Low Birthweight Births	7.5	9.9	10.9	8.2	7.8	9.8
Infant Death Rate	10.5	6.7	8.5	6.5	6.0	
			better	similar	worse	

Family Planning	Grant Parish	Grant Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% of Births to Unwed Mothers	44.5	47.4	53.1	40.8		46.3
% Births to Teenagers	15.5	13.1	11.4	9.3		15.6
			better	similar	worse	

Immunization & Infectious Diseases	Grant Parish	Grant 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	1.8
% [Age 65+] Flu Shot in Past Year	71.1	74.2	70.2	57.5	90.0	76.1
% [High-Risk 18-64] Flu Shot in Past Year	49.6	46.1		45.9	90.0	
% [Age 65+] Pneumonia Vaccine Ever	76.7	74.0	69.1	68.4	90.0	76.7
% [High-Risk 18-64] Pneumonia Vaccine Ever	51.2	41.6		41.9	60.0	
Tuberculosis Incidence per 100,000	0.0	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	Grant Parish	Grant Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
Gonorrhea Incidence per 100,000	45.1	173.6	196.5	101.0		71.2
Primary & Secondary Syphilis Incidence per 100,000	1.5	6.6	9.7	4.5		1.6
Chlamydia Incidence per 100,000	245.1	616.9	642.3	429.6		276.7
Hepatitis B Incidence per 100,000	0.0	0.6	1.2	1.1		1.8
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	16.9	9.1		11.7		
% [Unmarried 18-64] Using Condoms	39.9	43.1		33.6		
			better	similar	worse	

HIV	Grant Parish	Grant Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
HIV/AIDS Incidence per 100,000	7.9	21.0	26.1			12.8
% [Age 18-44] HIV Test in the Past Year	33.7	28.0		19.3	18.9	25.7
			better	similar	worse	

Housing	Grant Parish	Grant Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% “Fair/Poor” Condition of Neighborhood Homes	22.3	15.7				16.5
% "Fair/Poor" Availability of Affordable Housing	55.2	48.7				50.2
% Displaced From Housing in Past 2 Years	13.2	10.8				7.0
			better	similar	worse	

ACCESS TO HEALTHCARE SERVICES

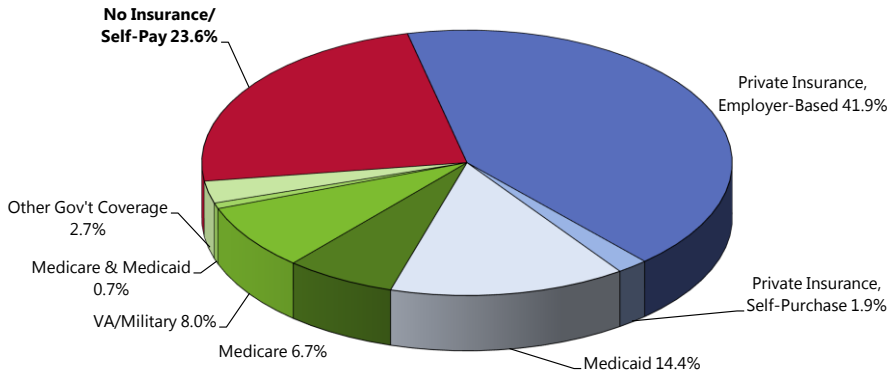
Health Insurance Coverage

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 43.8% of Grant Parish adults age 18 to 64 report having healthcare coverage through private insurance. Another 32.5% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage
(Among Adults Age 18 to 64; Grant Parish, 2013)



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

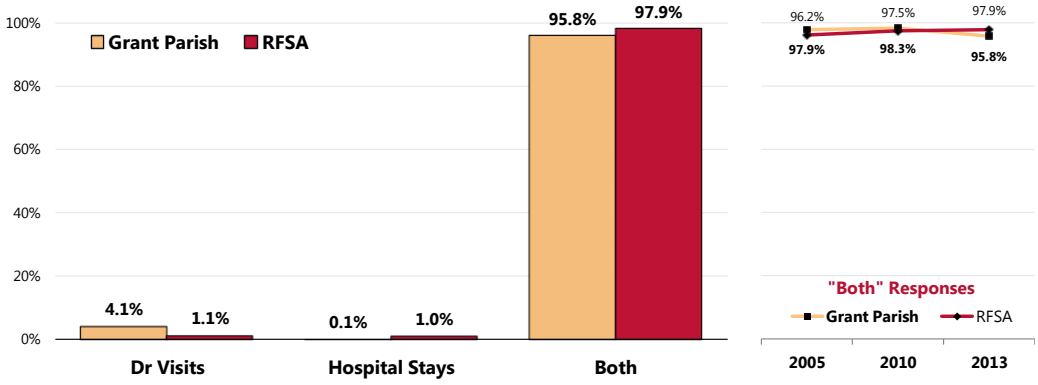
Hospital & Physician Coverage

Among insured adults, the vast majority (95.8%) are at least partially covered for both physician and hospital visits.

- Statistically similar to the regional (RFSA) prevalence.
- Statistically unchanged 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).

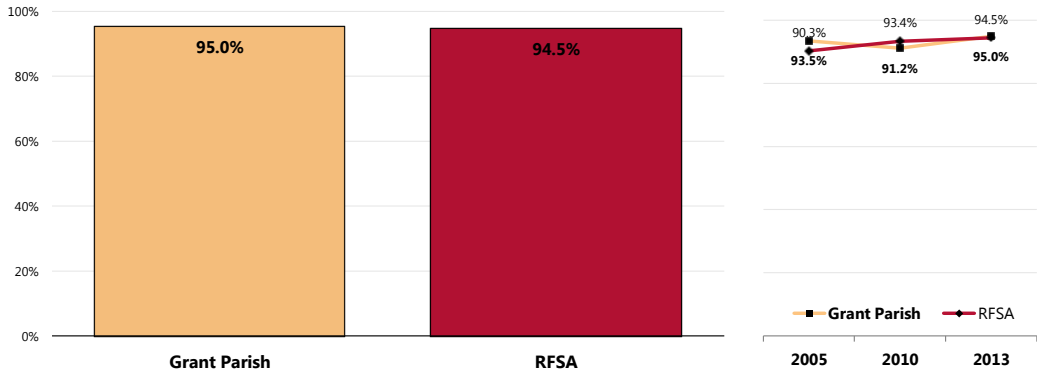
Prescription Drug Coverage

Among insured adults (excluding those with Medicare), 95.0% report having prescription coverage as part of their insurance plan.

- Similar to the RFSA figure.
- Statistically unchanged over time.

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.

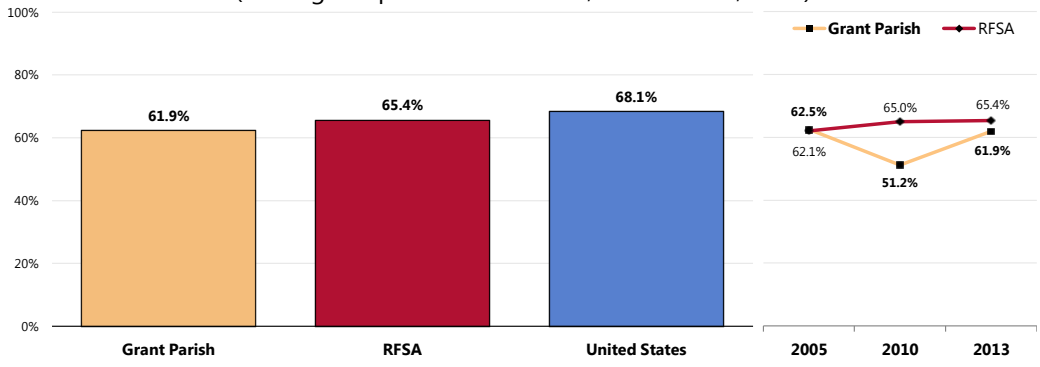
Supplemental Medicare Coverage

Among Medicare recipients, 61.9% 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 Grant Parish from 2005 survey results (but increasing since 2010).

Have Additional Supplemental Coverage

(Among Recipients of Medicare; Grant 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

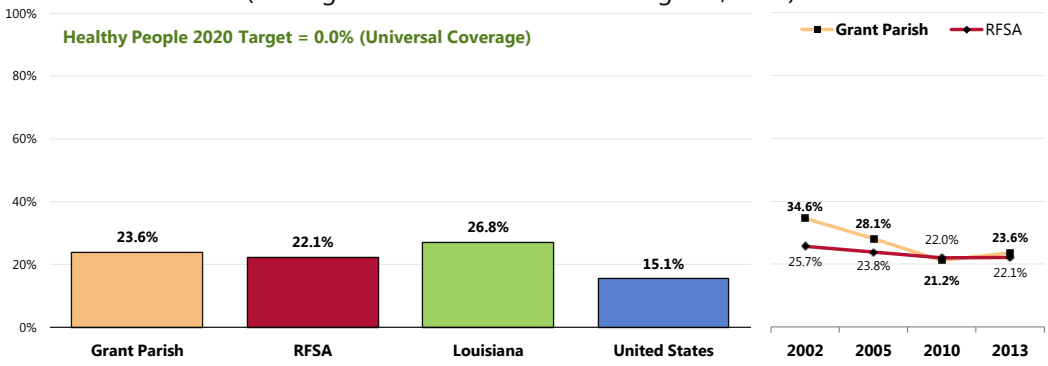
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 23.6% report having no insurance coverage for healthcare expenses.

- Similar to that found regionally.
- Similar to 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 improved significantly in Grant Parish since 2002.

Lack of Healthcare Insurance Coverage

(Among Grant Parish Adults Under Age 65, 2013)



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

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

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

- Residents living at lower incomes (note the 46.8% uninsured prevalence among those adults living just above the federal poverty level, aka "the working poor").

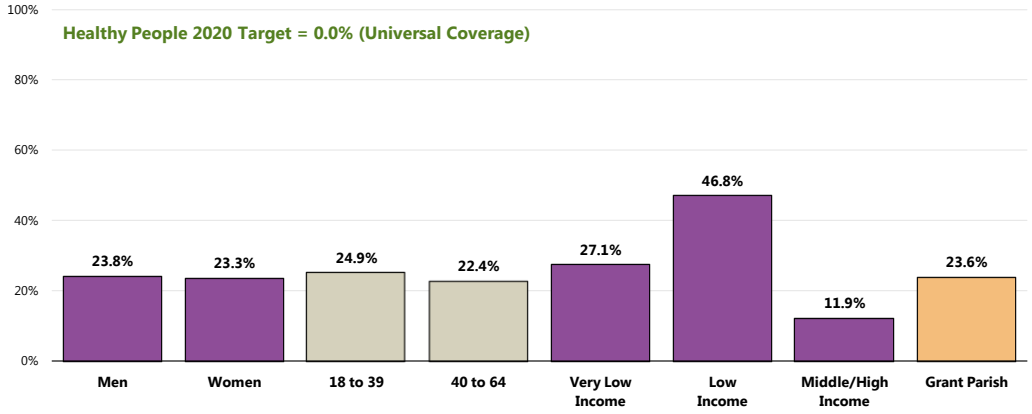
Charts throughout this report (such as shown here at right) detail survey findings among key demographic groups – namely by gender, age groups, income (based on poverty status), and race.

NOTE

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

Lack of Healthcare Insurance Coverage

(Grant 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]

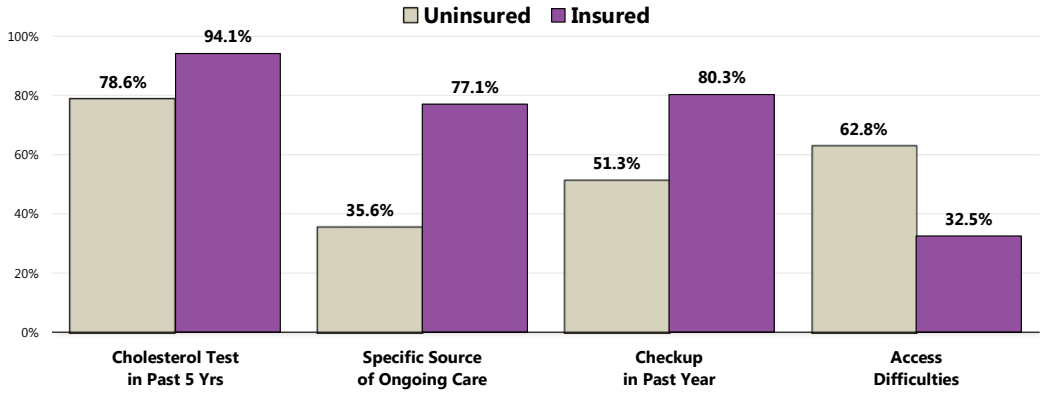
Notes:
- Asked of all respondents under the age of 65.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Impact of Poor Access

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

Preventive Healthcare

(By Insured Status; Grant Parish, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 18, 23, 40, 43, 210, 213]

Notes:
- Asked of all respondents.

Difficulties Accessing Healthcare

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

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

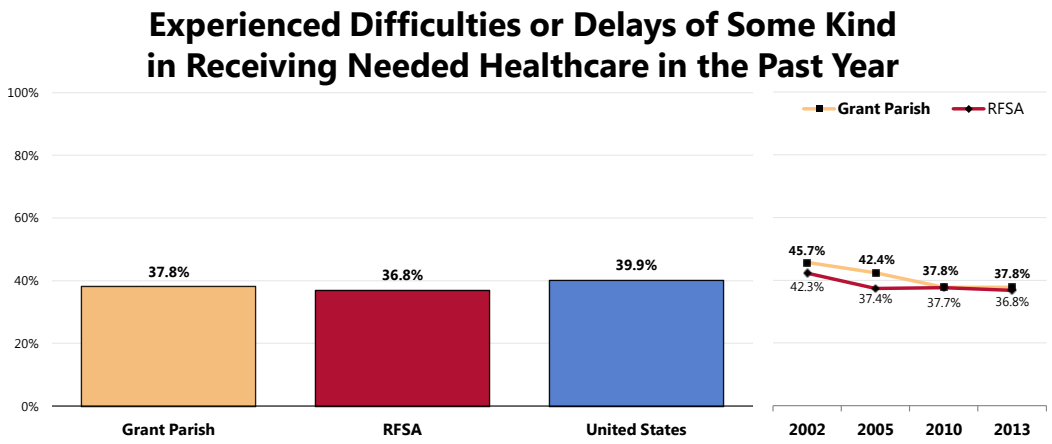
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Difficulties Accessing Services

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

A total of 37.8% of Grant Parish adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Comparable to that found throughout the RFSA.
- Comparable to the national figure.
- Denotes a statistically significant improvement since 2002.



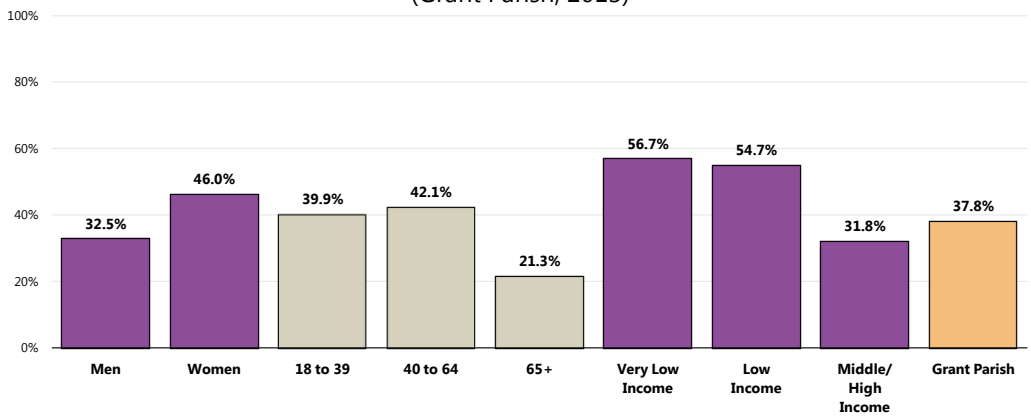
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 213]
- 2013 PRC National Health Survey, Professional Research Consultants.

Notes:
- Asked of all respondents.

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

- Women.
- Adults under the age of 65.
- Residents in households with low incomes.

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

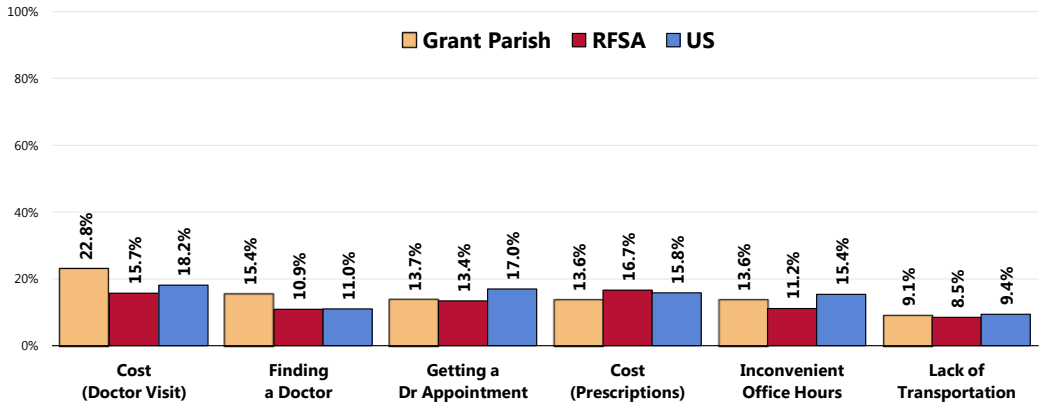
To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

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 Grant Parish adults (22.8% say that cost prevented them from visiting a doctor at some point in the past year).

- Compared with regional data, Grant Parish residents are more often impacted by these barriers: cost of physician visits and difficulty finding a physician.
- The proportion of Grant Parish adults impacted was statistically comparable to or better than that found nationwide for **each** of the tested barriers, with the exception of difficulty finding a physician (Grant Parish fared worse).

Barriers to Access Have Prevented Medical Care in the Past Year



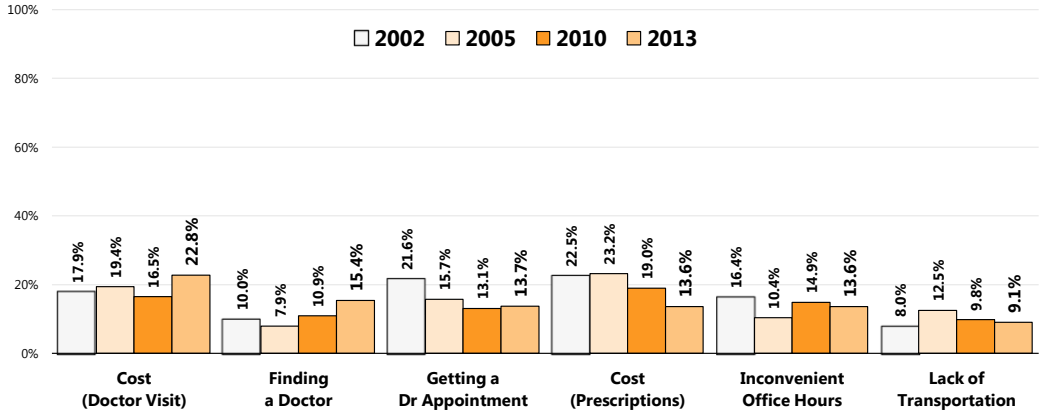
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 9-14]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Compared to baseline 2002 data, Grant Parish has <u>improved</u> for the barriers of prescription costs and difficulty getting a medical appointment, while <u>worsening</u> for the barrier of finding a physician.

Trend in Access Barriers

(Grant Parish)



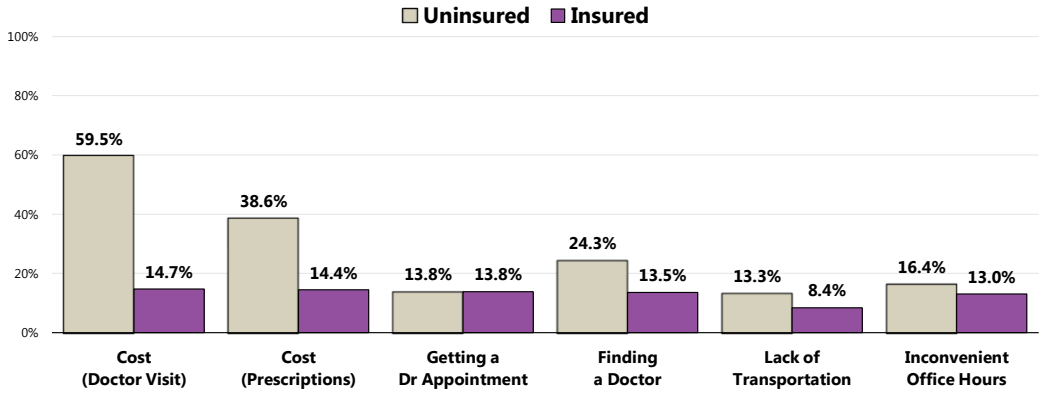
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 9-14]

Notes:
- Asked of all respondents.

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

Barriers to Healthcare Access

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



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

Accessing Healthcare for Children

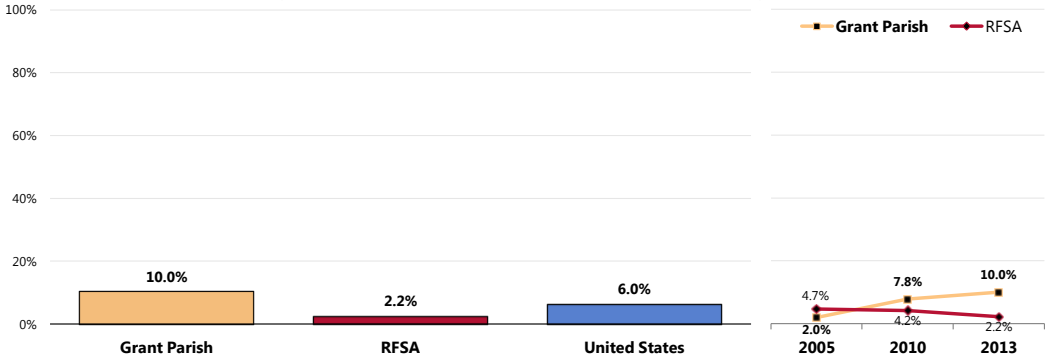
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

A total of 10.0% 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.

- Much higher than what is found throughout the RFSA.
- Similar to the percentage reported nationwide.
- Marks a significant increase over time.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Grant Parish Parents of Children <18, 2013)



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

Related Focus Group Findings: Access to Healthcare Services

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

- Barriers to accessing healthcare
    - Poverty
    - Physician office hours
    - Limited number of medical providers
    - 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 income and race. Residents who live in **poverty** and cannot meet their basic needs; do not think about long-term health consequences or the importance of preventative healthcare. As a respondent explains:

> *"Most of the families, 90 percent of the families in Head Start have to be at or below the poverty income guidelines. These are typically people who only go to the doctor when they're sick. So they don't have an understanding of the need for preventative care. They don't go unless somebody's bleeding out their eyeball. Because they don't understand that there should be an ongoing source of wellness. And that that actually is less expensive." — Grant Parish Key Informant*

Attendees also think that many community members do not access healthcare services until they become very ill because of the fear of diagnosis:

> *"I see people in my age group who are sick and hurting and they don't want to go the doctor. Why? Cause he may say the C word. Well, if the C word is what he says and if there's nothing that can be done, you can at least be made comfortable. You don't have to be suffering and you don't have to be in pain. If it is the C word, then there are all kinds of things that are within the power of the medical community to treat you if you go in and see to it. And they would rather not know." — Grant Parish Key Informant*

Physician office hours can delay a resident's ability to access healthcare. These residents do not want to miss work because of the dock in pay.

Overall there **are a limited number of medical providers** working in Grant parish because it is a rural community, so even for those residents with insurance finding a provider may prove difficult. In addition, key informants feel that the community needs at the very least an emergency room, or small hospital as the parish does not currently have either.

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. Residents must travel outside of the area to obtain specialty care. This distance may discourage people from even attempting to access care.

Lastly, **transportation** can act as a barrier because many families do not have a personal vehicle, or only possess one car for the entire family. Head Start provides transportation to their recipients, but one must provide notice. In rural areas friends, family, or a church may be the only transportation option. An attendee describes her own experience accessing healthcare from Grant Parish:

> *"We have limited access to good healthcare. We have to travel so far to get – as for me, myself, I'm a cancer survivor. I had to travel to Rapides every day for radiation for six weeks. And it's very costly. And with us being a moderately low income parish, that really knocks on your household budget." — Grant 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.

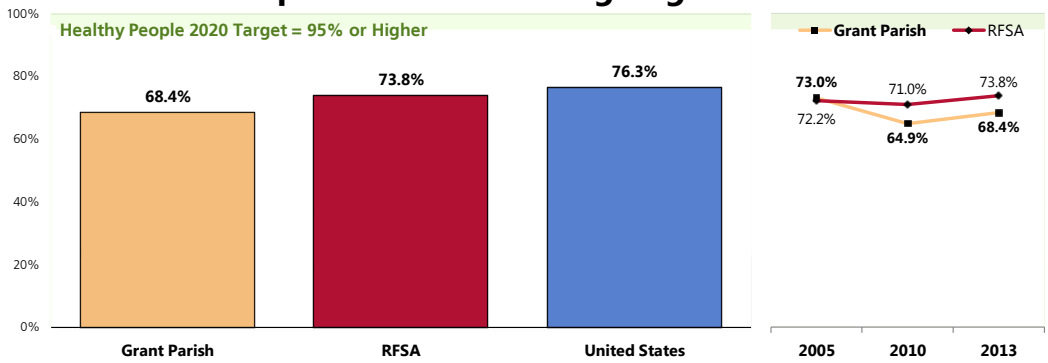
Specific Source of Ongoing Care

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 <u>not</u> considered a source of ongoing care in this instance.

A total of 68.4% of Grant Parish adults were determined to have a specific source of ongoing medical care.

- Less favorable than regional (RFSA) findings.
- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target.
- Statistically unchanged in Grant 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.

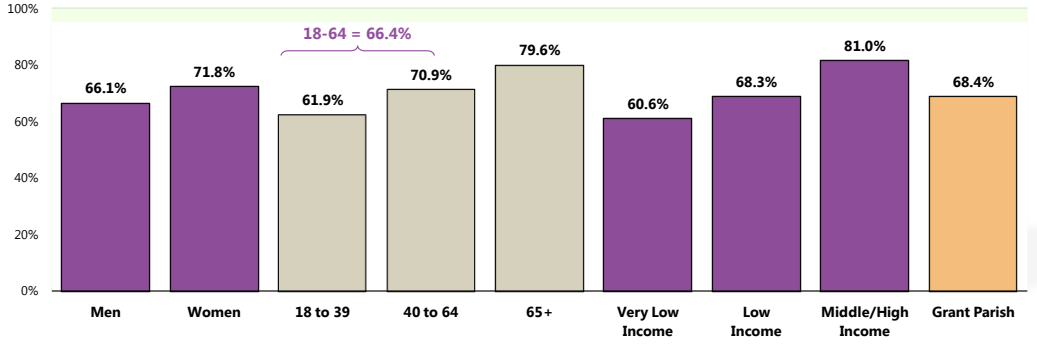
When viewed by demographic characteristics, the following population segments are <u>less likely</u> to have a specific source of care:

- Young adults (under age 40); note the positive correlation with age.
- Low income adults (positive correlation with income).

Have a Specific Source of Ongoing Medical Care

(Grant Parish, 2013)

Healthy People 2020 Target = 95.0% or Higher
[18-64] Healthy People 2020 Target = 89.4% or Higher
[65+] Healthy People 2020 Target = 100%



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 210-212]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives AHS-5.1, 5.3, 5.4]

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

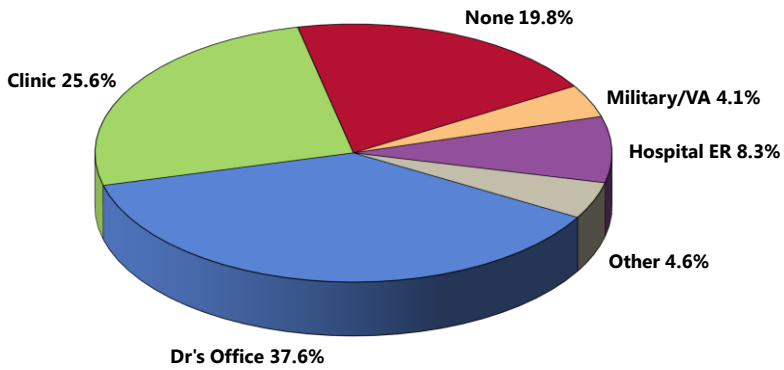
Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (37.6%) identified a particular doctor's office (lower than the 45.8% reported nationwide)**.**

A total of 25.6% say they usually go to some type of clinic (similar to the 26.2% across the US)**, while 8.3% rely on a hospital emergency room** (higher than the 2.7% US figure) and **4.1% visit some type of military/VA facility** (compared with the 3.1% national prevalence).

Particular Place Utilized for Medical Care

(Grant Parish, 2013)



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

Notes:
- Asked of all respondents.

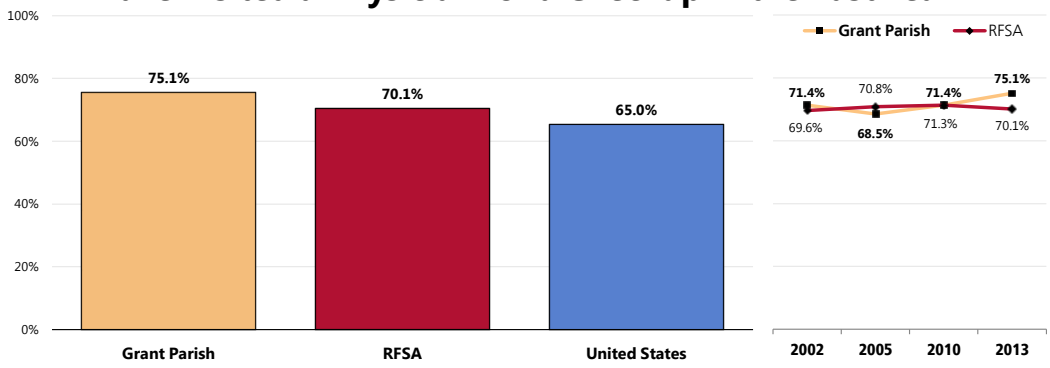
Routine Medical Care

Adults

A total of 75.1% of adults visited a physician for a routine checkup in the past year.

- Better than regional (RFSA) findings.
- Better than national findings.
- Statistically unchanged from baseline findings.

Have Visited a Physician for a Checkup in the Past Year



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

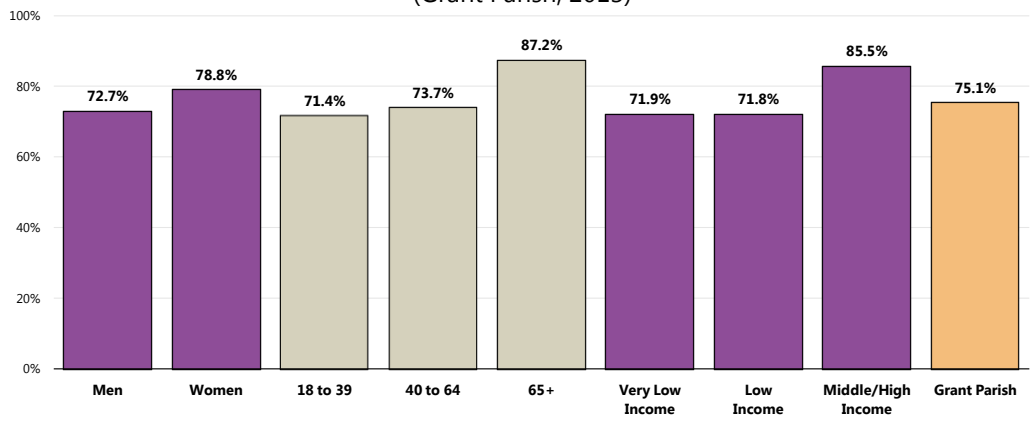
Notes:
- Asked of all respondents.

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

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

Have Visited a Physician for a Checkup in the Past Year

(Grant Parish, 2013)



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

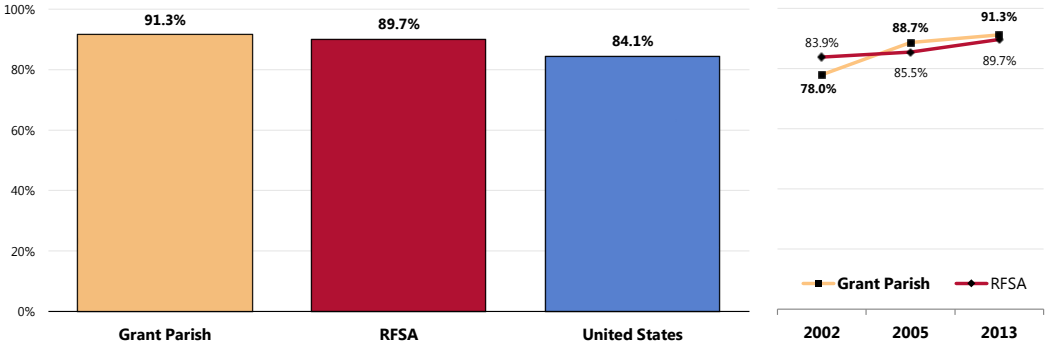
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Among surveyed parents, 91.3% report that their child has had a routine checkup in the past year.

- Comparable to regional findings.
- Higher than national findings.
- Note the consistent and significant <u>increase</u> in the proportion of children's routine checkups since 2002.

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

(Grant Parish Parents of Children <18, 2013)

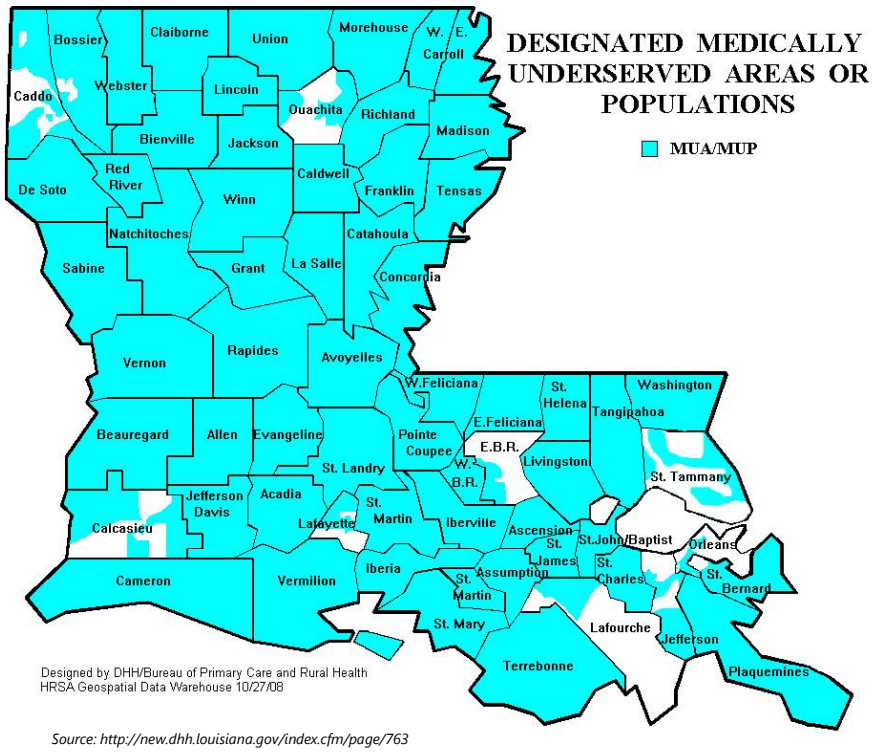


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 137]
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents with children under 18 at home.

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 Grant 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.

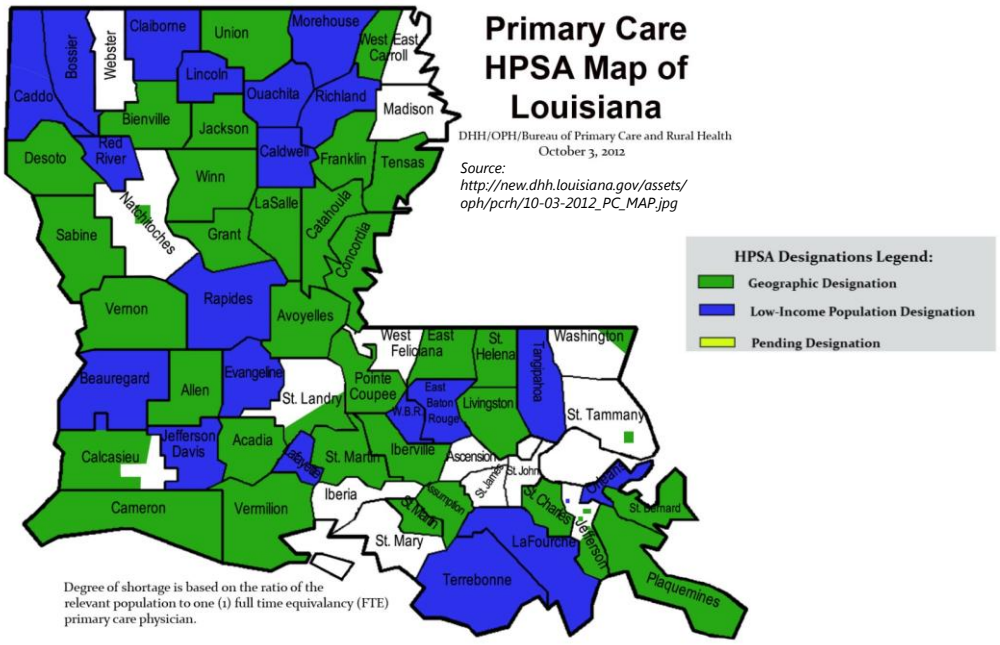
Primary Care designations pertain to an area's access to physicians that practice principally in one of the following: family practice, general practice, internal medicine, pediatrics, and OB/GYN. A ratio is used to measure the level of primary care access. To be

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.

Grant Parish is a geographically designated HPSA.

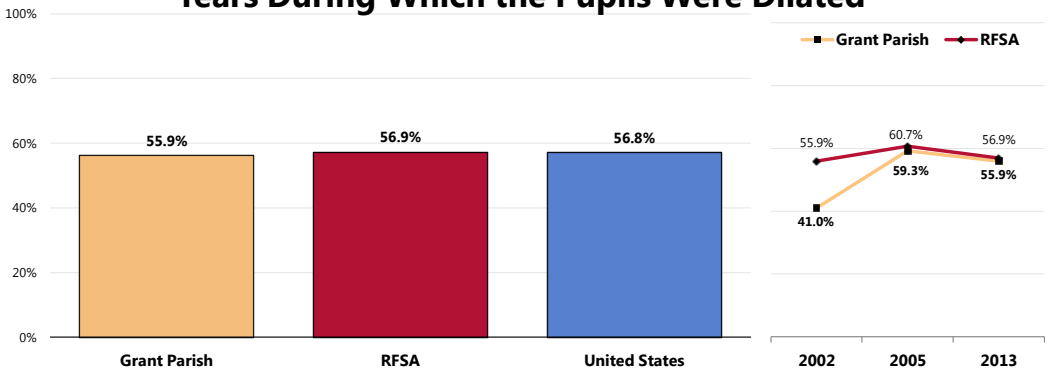


Vision Care

A total of 55.9% of Grant 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.
- Denotes a significant increase over time.

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



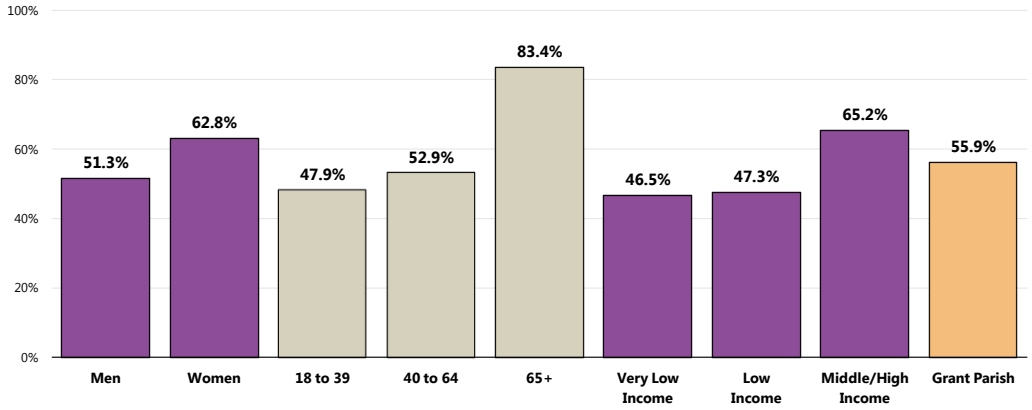
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Recent vision care is less often reported among:

- Men
- Young adults.
- Residents with lower incomes.

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

(Grant Parish, 2013)



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

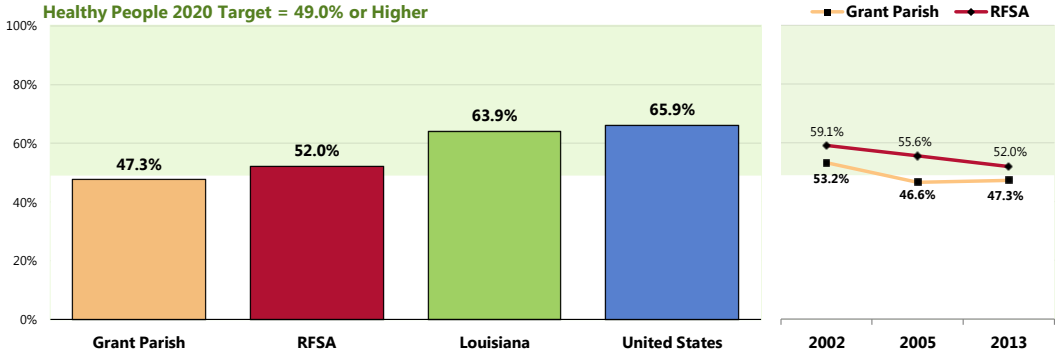
Dental Care

Adults

A total of 47.3% of Grant Parish adults have visited a dentist or dental clinic within the past year.

- Similar to 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 Grant Parish has not changed significantly since 2002.

Have Visited a Dentist or Dental Clinic Within the Past Year

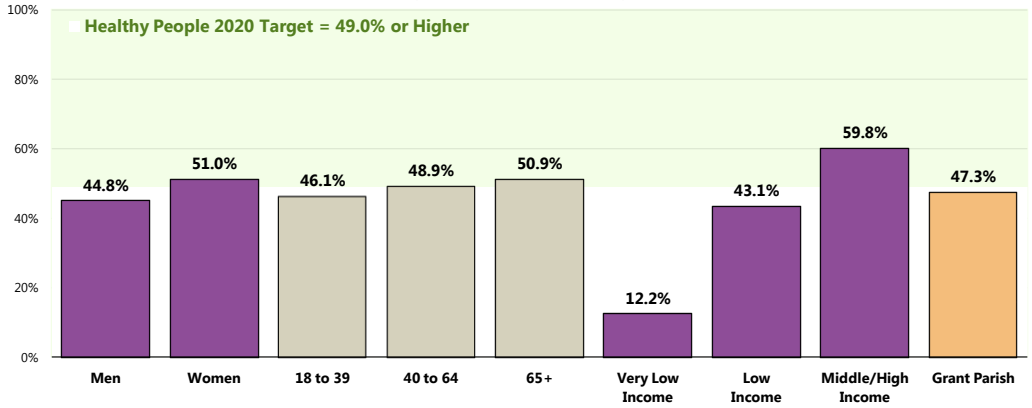


Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.

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

Note the positive correlation between income and recent dental care.

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



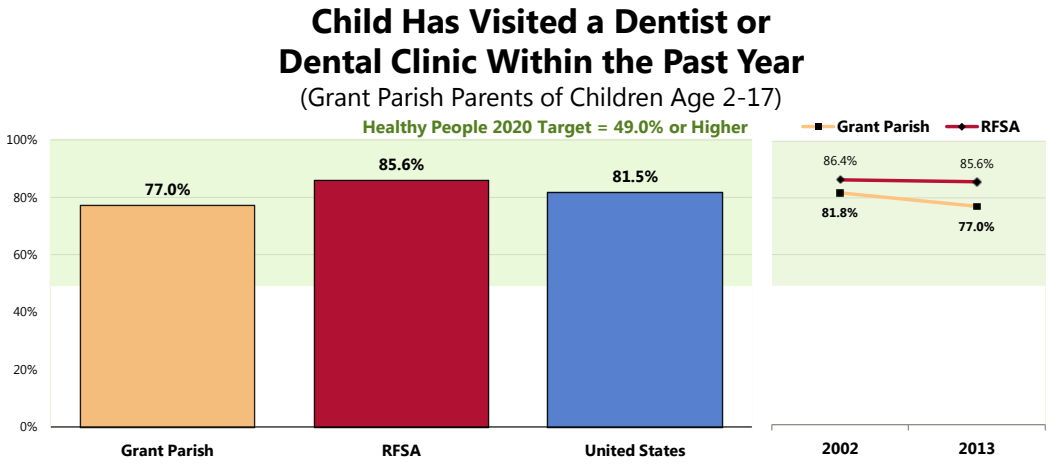
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

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

Children

A total of 77.0% of Grant Parish parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

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



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

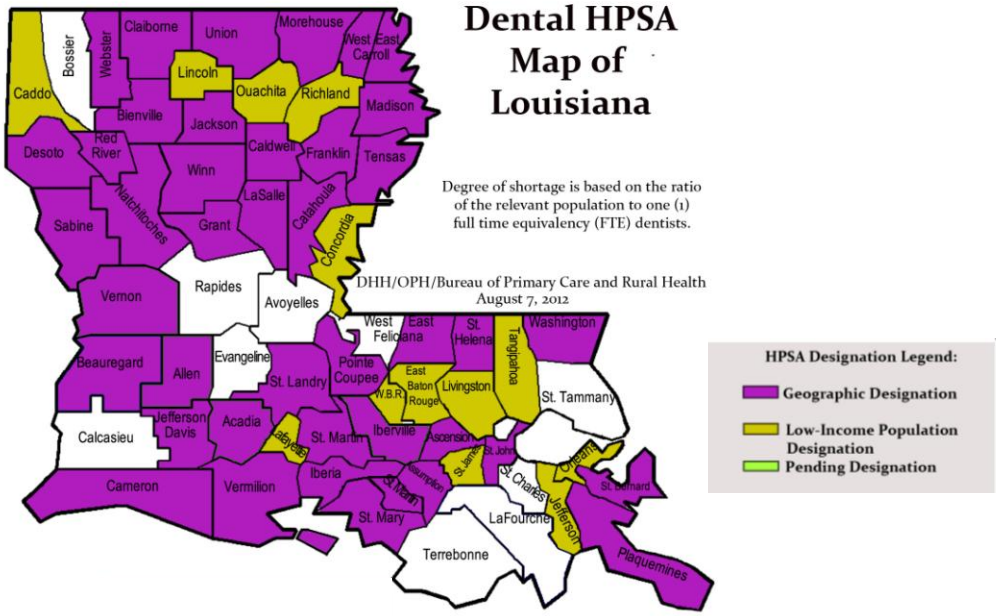
Health Professional Shortage Area (HPSA) designations are approved by the federal Office of Shortage Designation (OSD) in the Health Resources and Services Administration (HRSA) located in Rockville, Maryland. Louisiana's Bureau of Primary Care and Rural Health (BPCRH) typically submits requests pertaining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

Grant Parish is a geographically designated HPSA for dental care.



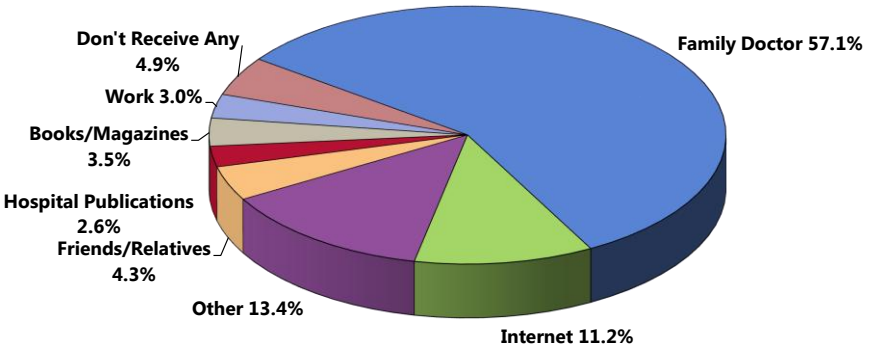
Healthcare Information Sources

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

- 57.1% of adults cited their **family physician** as their primary source of healthcare information.
- 11.2% 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 5.8% in 2002 (not shown in the following chart).

Primary Source of Healthcare Information

(Grant 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

Focus group attendees agree that health education is a critical component in maintaining a healthy lifestyle. Primary concerns among focus group participants include:

- Cultural traditions
- Prevention
- Must provide education where people live, work and play

Barriers to good health stem from unhealthy **cultural traditions** and participants recognize it can take generations to change people and culture. Currently, the community still functions with old wives tales or hearsay from neighbors. Overall, respondents agree that community members remain apathetic toward their own health, and participants express frustration by the community's lack of effort toward making positive health choices.

Focus group participants feel that health education is an important aspect of **prevention** and improving the overall health of community members. The current prevention programming appears broad, not deep, and poorly funded. With limited funds, many agencies find it difficult to focus on prevention.

Focus group members stress that agencies must **provide education where people live, work, play, and pray**. Life Skills represents one program that provides prevention education to third through fifth grade. A key informant explains the program:

> *"It's a national program and it's called Life Skills. But we're working under – they have grants to it so we get a little money for it. It's not a salary. And we just do one hour for each class eight sessions. And then once we're done with that session then we move to the next grade. So it's not every day all the time." — Grant Parish Key Informant*

Focus group attendees also believe that local non-profits need to capitalize on relationships that the faith-based organizations have with the community. Key

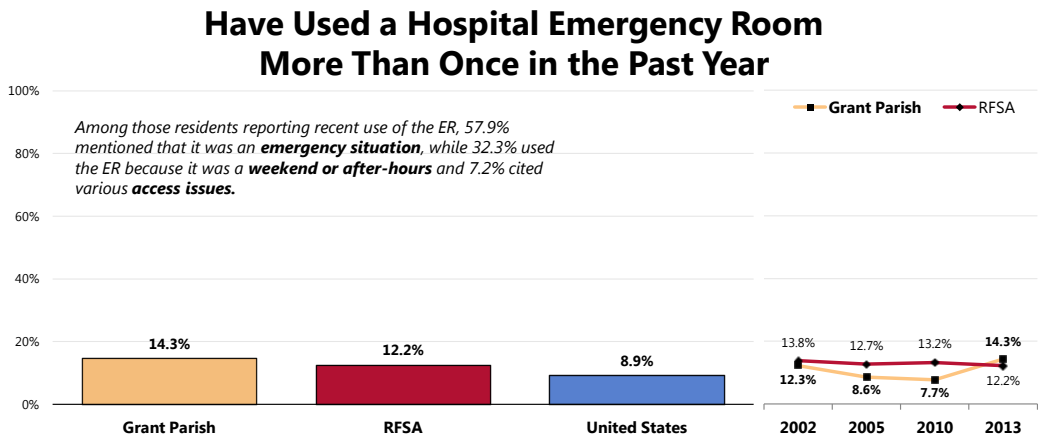
informants think that that faith-based organizations could help deliver messages about physical health and healthy living, but historically churches have not been willing to talk about health issues. Agencies must work to change this precedent and educate between services.

Other respondents feel that health fairs must provide food and door prizes to get people to the door, but attendees have mixed feelings about the attendance at health fairs and whether they actually make an impact.

Emergency Room Services

A total of 14.3% of adults throughout Grant Parish have gone to a hospital emergency room more than once in the past year about their own health.

- Similar to the regional (RFSA) prevalence.
- Higher than the national prevalence.
- Statistically unchanged from the 2002 findings.



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.

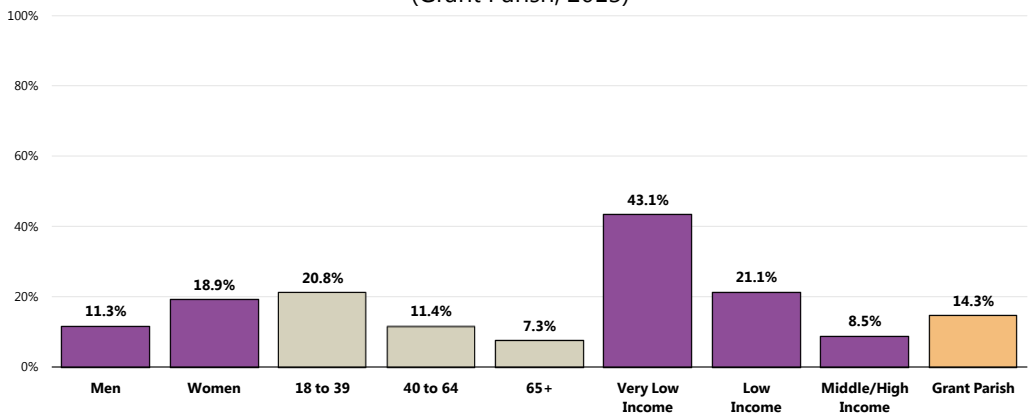
When asked why they used the ER instead of a doctor's office, 57.9% say this was due to an **emergency or life-threatening situation** (lower than the 67.5% reported nationally), while 32.3% indicated that the visit was during **after-hours or on the weekend** (higher than the 17.9% across the US) and 7.2% cited some type of primary care **access barrier** (compared to 6.2% nationally).

Note that multiple ER visits were most often noted among:

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

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

(Grant Parish, 2013)



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

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

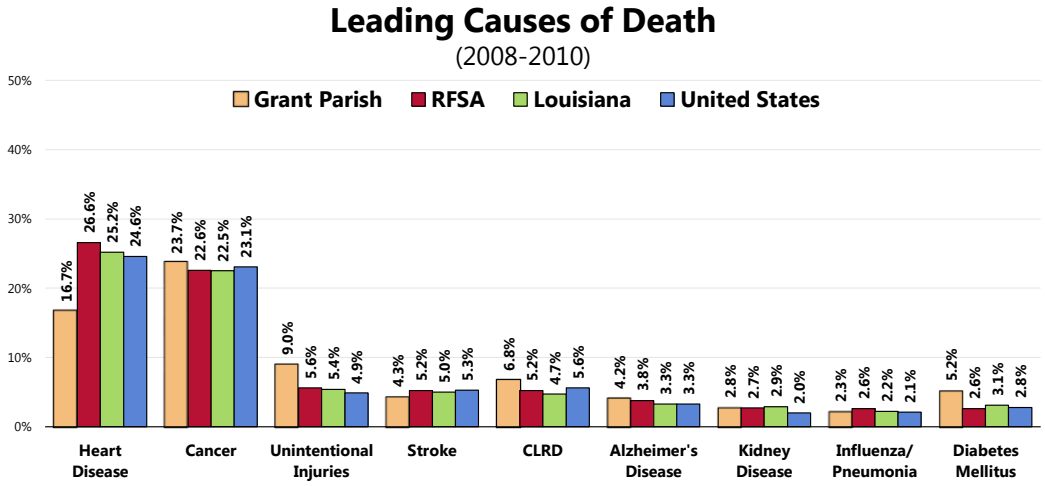
DEATH & DISABILITY

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (including both heart disease and stroke) and cancers accounted for over 4 in 10 deaths in Grant Parish between 2008 and 2010.

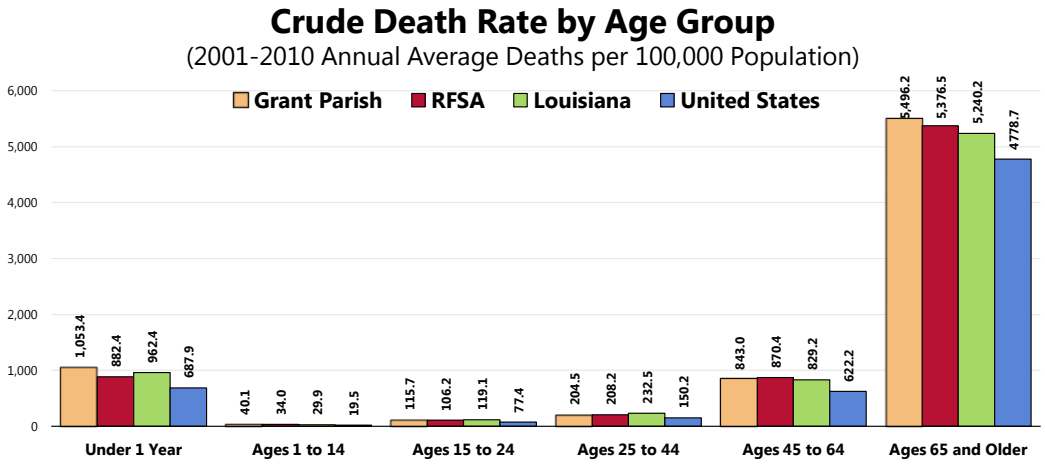
- Note the lower proportion of Grant Parish deaths attributed to heart disease when compared to the regional, state, and US overall.



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 Grant 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 nation, Grant Parish mortality rates are higher for each age breakout illustrated, especially among infants (under age 1), adults age 45 to 64, and seniors (age 65+).



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

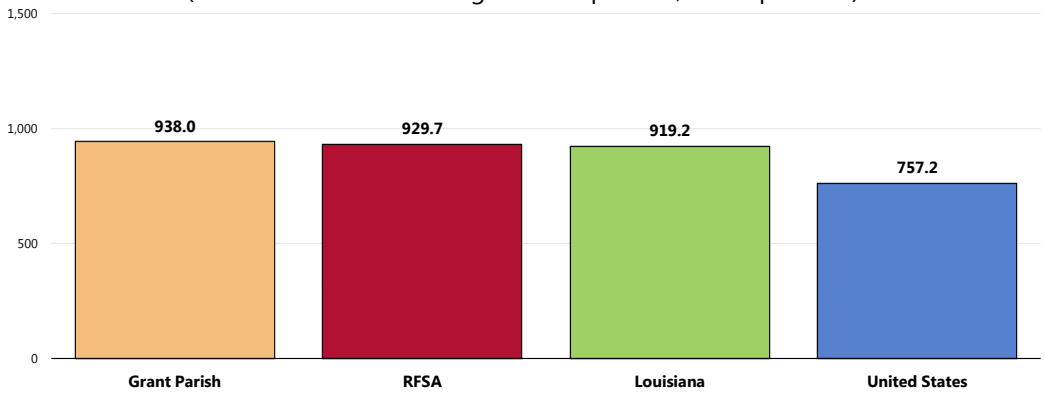
In order to compare rates among localities (parish to parish, as well as against Louisiana and United States rates) without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides 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 938.0 age-adjusted deaths per 100,000 population.

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

All Causes: Age-Adjusted Mortality

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



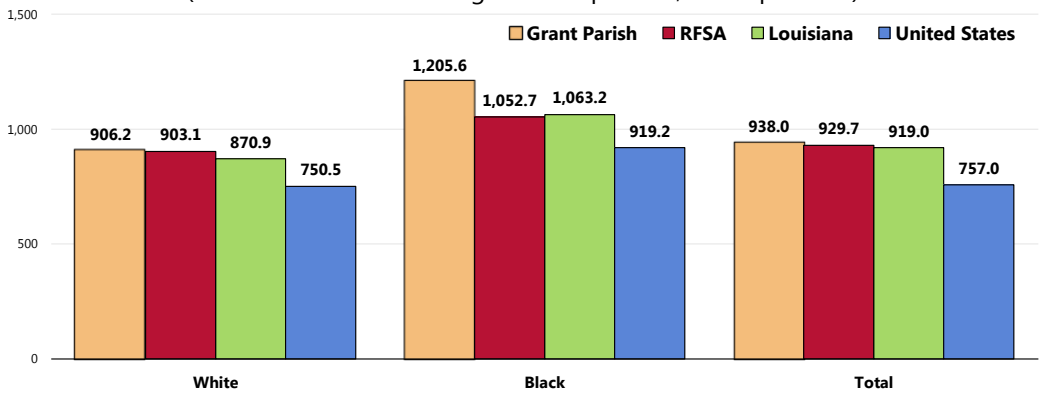
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.

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.

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

All Causes: Age-Adjusted Mortality by Race

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



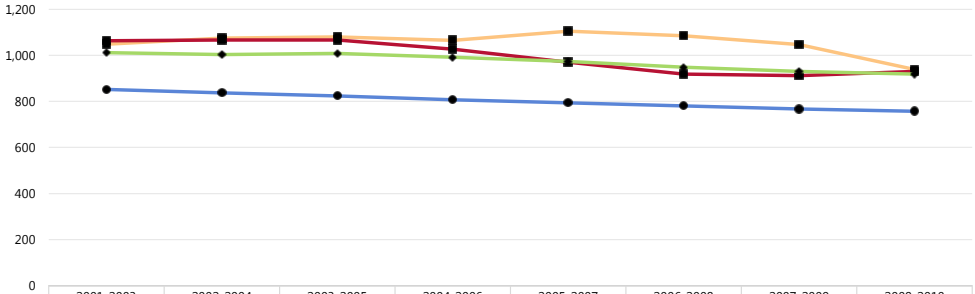
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.

Note the overall decreasing trend in age-adjusted mortality for all causes in Grant Parish. This downward trend can also be seen regionally, 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
Grant Parish	1048.9	1075.9	1080.1	1064.9	1106	1085.9	1047.7	938.0
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 Grant Parish.

Note that, with the exceptions of heart disease, stroke, and drug-related deaths, Grant Parish death rates are worse than US rates for each of the selected causes.

Grant Parish death rates also fail to meet the available Healthy People 2020 objectives for all available targets (with the exception of heart disease).

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

Age-Adjusted Death Rates for Selected Causes

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

	Grant Parish	RFSA	LA	US	HP2020
Malignant Neoplasms (Cancers)	**214.6**	**203.6**	**200.6**	**174.2**	**160.6**
Diseases of the Heart	**156.3**	**246.6**	**232.6**	**184.7**	**158.9***
Unintentional Injuries	**83.5**	**52.1**	**49.1**	**38.2**	**36.0**
Chronic Lower Respiratory Disease (CLRD)	**65.0**	**47.8**	**43.4**	**43.2**	n/a
Diabetes Mellitus	**48.5**	**24.0**	**28.2**	**21.3**	**20.5***
Alzheimer's Disease	**45.4**	**37.9**	**32.1**	**25.0**	n/a
Cerebrovascular Disease (Stroke)	**39.8**	**49.4**	**47.0**	**40.3**	**33.8**
Motor Vehicle Deaths	**31.6**	**23.4**	**18.5**	**11.9**	**12.4**
Kidney Diseases	**30.7**	**25.5**	**27.2**	**15.2**	n/a
Pneumonia/Influenza	**21.3**	**25.4**	**20.6**	**16.4**	n/a
Intentional Self-Harm (Suicide)	**13.9**	**11.4**	**11.1**	**11.8**	**10.2**
Firearm-Related	**13.6**	**13.4**	**18.6**	**10.2**	**9.2**
Drug-Induced	**13.0**	**13.7**	**14.5**	**12.7**	**11.3**
Cirrhosis/Liver Disease	**12.3**	**9.0**	**8.0**	**9.2**	**8.2**

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.
- 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, Grant Parish rates for suicide, cirrhosis, and drug-induced deaths represent 2001-2010 data; rates for kidney disease and pneumonia/influenza represent 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):

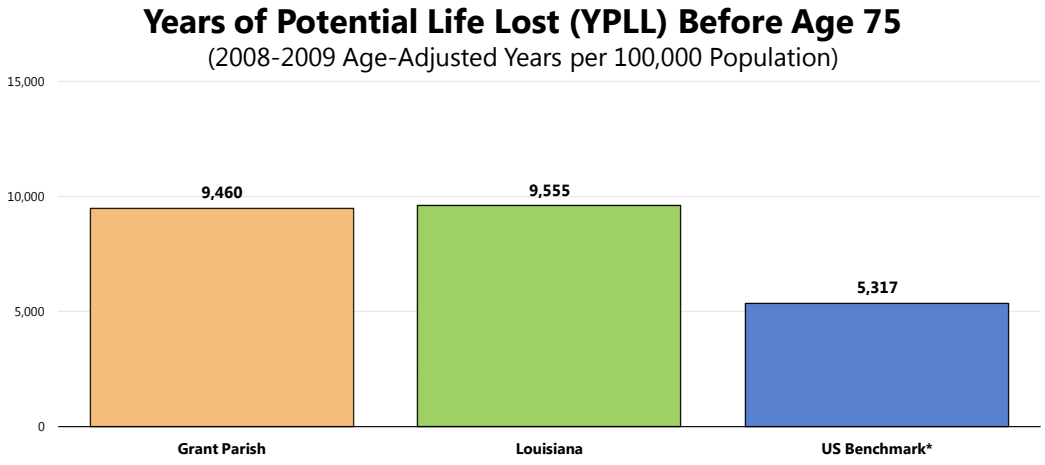
YPLL is a widely used measure of the rate and distribution of premature mortality. The measure was introduced mainly because simple mortality rates do not fully address the issue of premature death, the impact of disease and death, and their cost to society.

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 Grant Parish in 2008-2009, there was an age-adjusted rate of 9,460 years of potential life lost (before age 75) per 100,000 population.

- Comparable to 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.

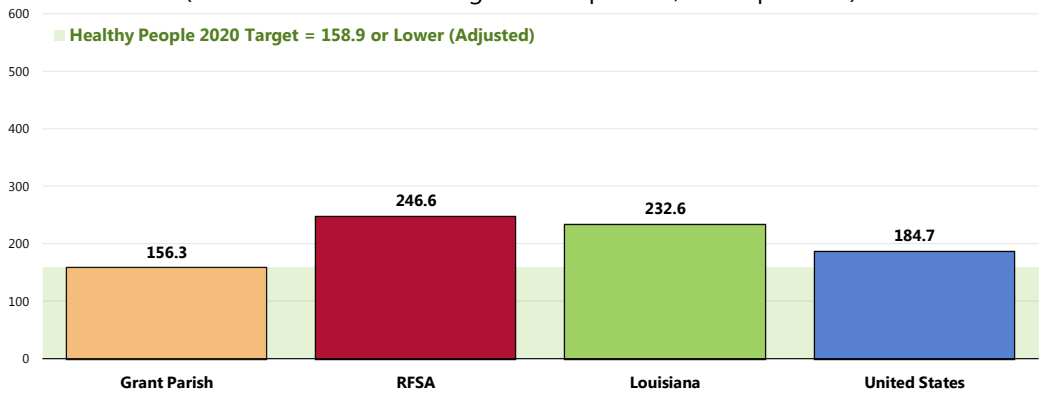
Heart Disease Deaths

Between 2008 and 2010, there was an annual average age-adjusted heart disease mortality rate of 156.3 deaths per 100,000 population in Grant Parish.

- Well below the regional rate.
- Well below that found statewide.
- Well below the national rate.
- Similar to 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)



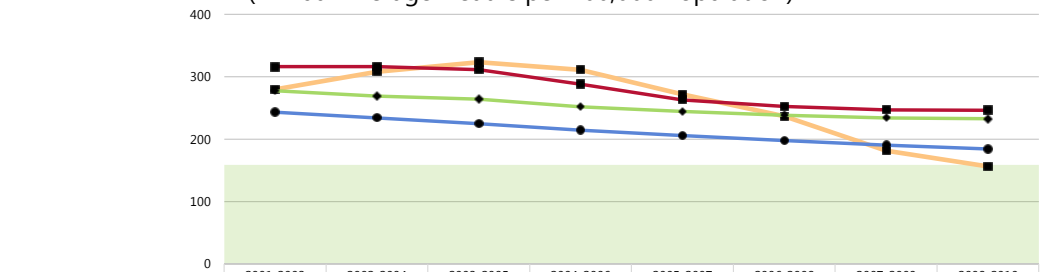
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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

Mortality rates have <u>decreased</u> across Grant Parish over time, more significantly than 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
Grant Parish	279.9	308.1	323.5	311.3	271.9	236.8	181.9	156.3
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

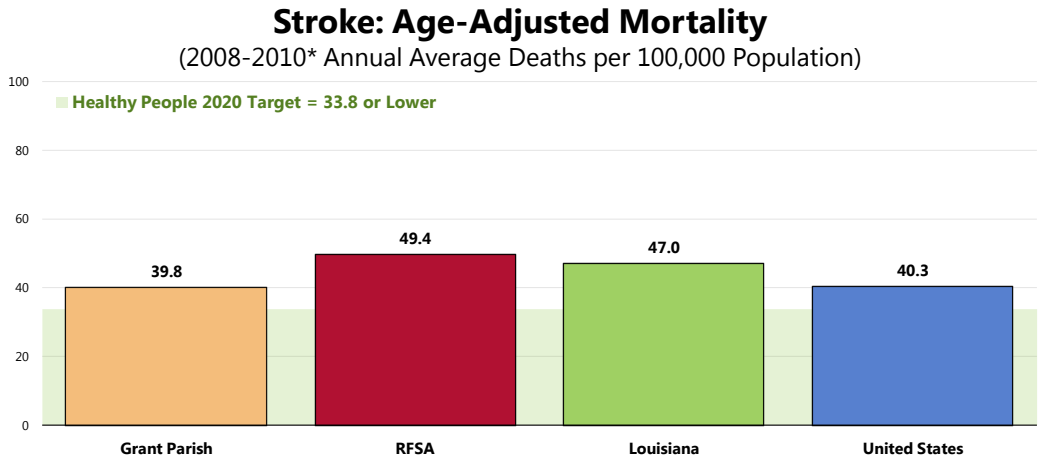
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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

Stroke Deaths

Between 2008 and 2010, there was an annual average age-adjusted stroke mortality rate of 39.8 deaths per 100,000 population in Grant Parish.

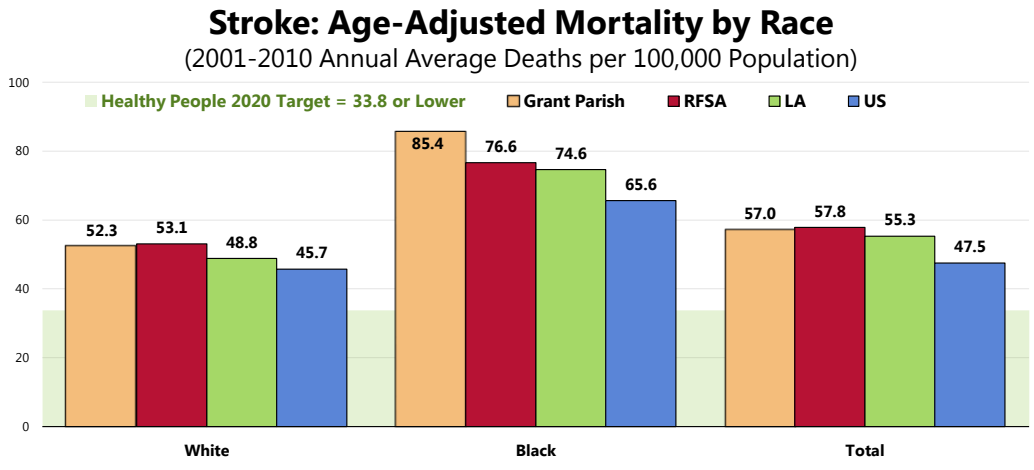
- Better than the regional rate.
- Better than the Louisiana rate.
- Comparable to the national rate.
- Fails to satisfy the Health People 2020 target.



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 HDS-3]

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

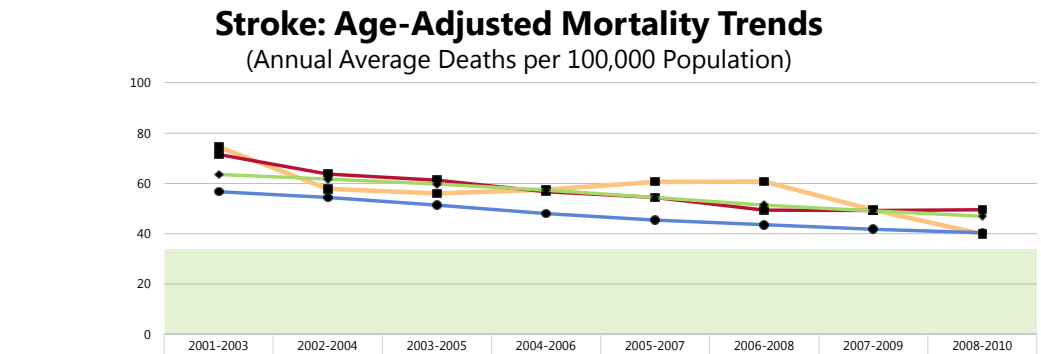
Stroke deaths are notably higher in the Black population.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

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

- Stroke mortality rates have declined considerably over the years.



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	33.8	33.8	33.8	33.8	33.8	33.8	33.8	33.8
Grant Parish	74.5	57.8	55.9	57.5	60.6	60.7	49.4	39.8
RFSA	71.4	63.7	61.2	56.7	54.4	49.3	49.2	49.4
Louisiana	63.5	61.7	59.7	57.2	54.4	51.3	49.1	47.0
United States	56.7	54.3	51.3	48.0	45.4	43.5	41.7	40.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

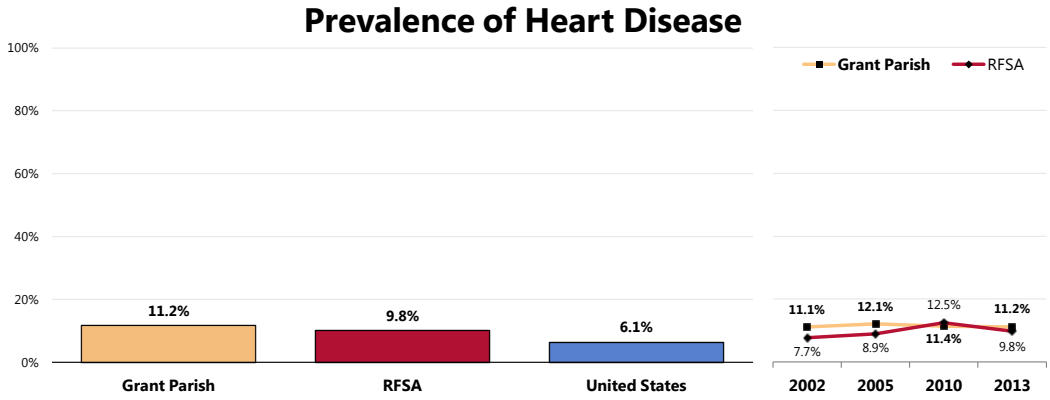
Notes:
- Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
-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

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 11.2% of area adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to regional findings.
- Worse than the national prevalence.
- The prevalence of chronic heart disease in Grant Parish is unchanged from 2002 survey findings.

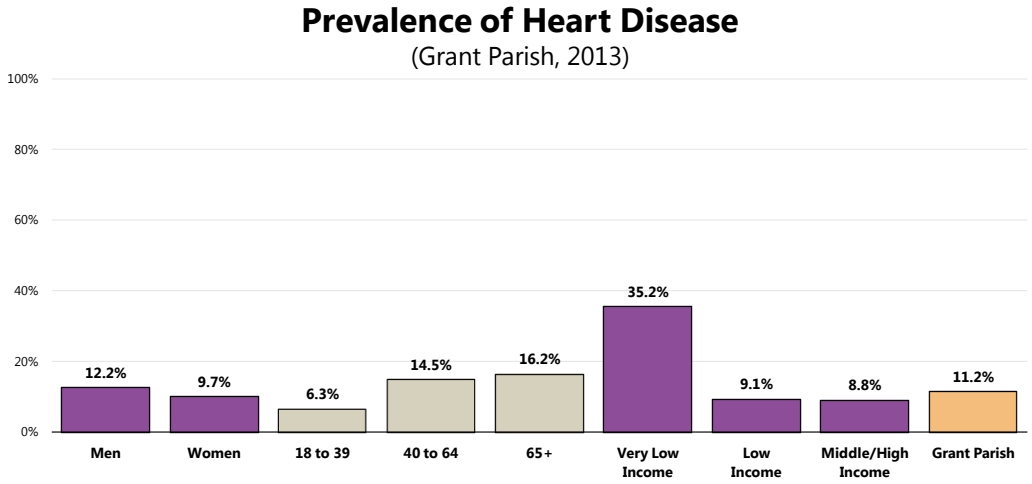


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 158]
- 2013 PRC National Health Survey, Professional Research Consultants.

Notes:
- Asked of all respondents.

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

- Adults age 40 and older.
- Residents living at very low incomes.

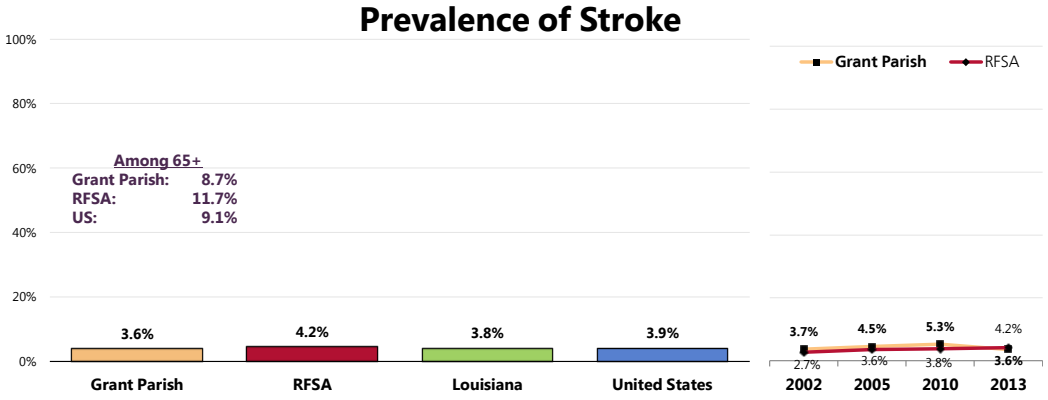


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income"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

Prevalence of Stroke

A total of 3.6% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to regional findings.
- Similar to statewide findings.
- Similar to national findings.
- The prevalence of stroke in Grant Parish has not changed significantly over time.
- Note the stroke prevalence among Grant Parish seniors (8.7%), 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.

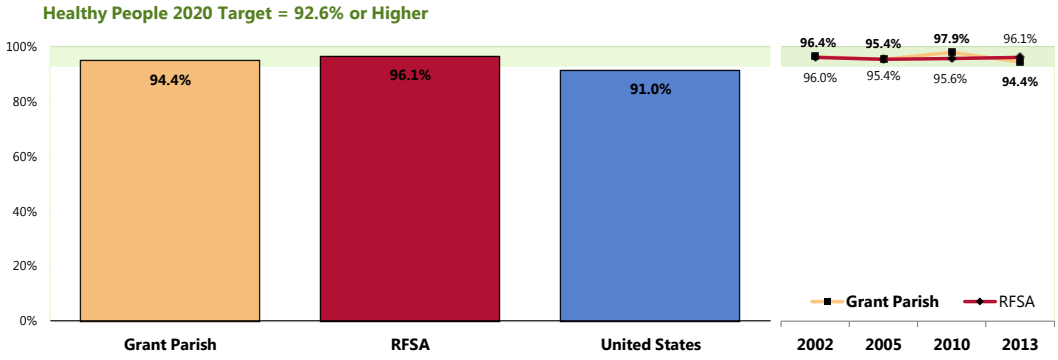
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

High Blood Pressure Testing

A total of 94.4% of Grant Parish adults have had their blood pressure tested within the past two years.

- Similar to regional findings.
- Higher than national findings.
- Similar to the Healthy People 2020 target.
- Hypertension screening has remained statistically unchanged in Grant 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]

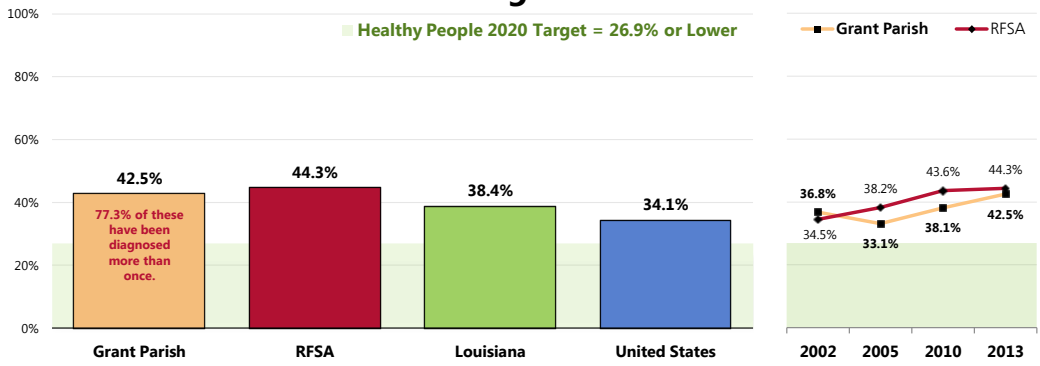
Notes:
- Asked of all respondents.

Prevalence of Hypertension

A full 42.5% of adults have been told at some point that their blood pressure was high.

- Comparable to the RFSA prevalence.
- Comparable to the Louisiana prevalence.
- Less favorable than the national prevalence.
- Far from satisfying the Healthy People 2020 target.
- Although fluctuating, the Grant Parish prevalence of hypertension has not changed significantly from 2002 survey findings.
- Note that 77.3% 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]

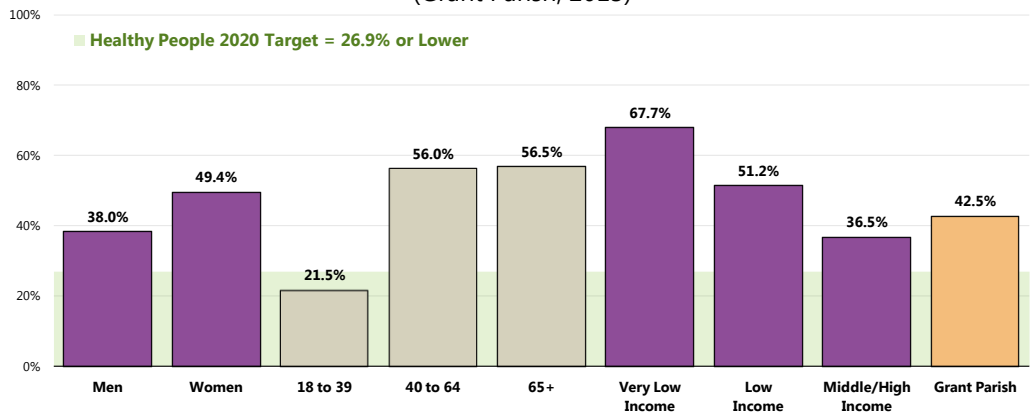
Notes:
- Asked of all respondents.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Hypertension diagnoses are higher among:

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

Prevalence of High Blood Pressure

(Grant Parish, 2013)



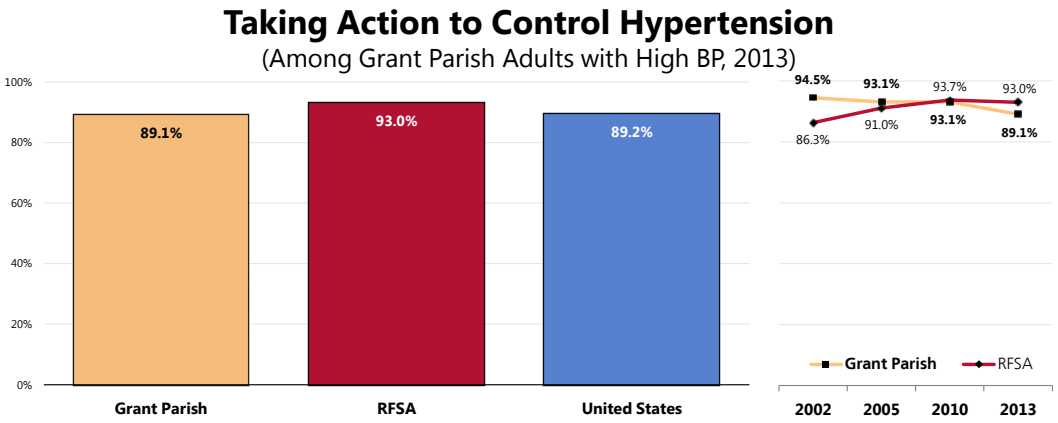
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

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, 89.1% report that they are currently taking actions to control their condition, such as through medication, diet and/or exercise.

- Similar to regional findings.
- Similar to national findings.
- Over time, the prevalence of hypertensive adults in Grant Parish who are taking action to control their high blood pressure has not changed significantly.



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.

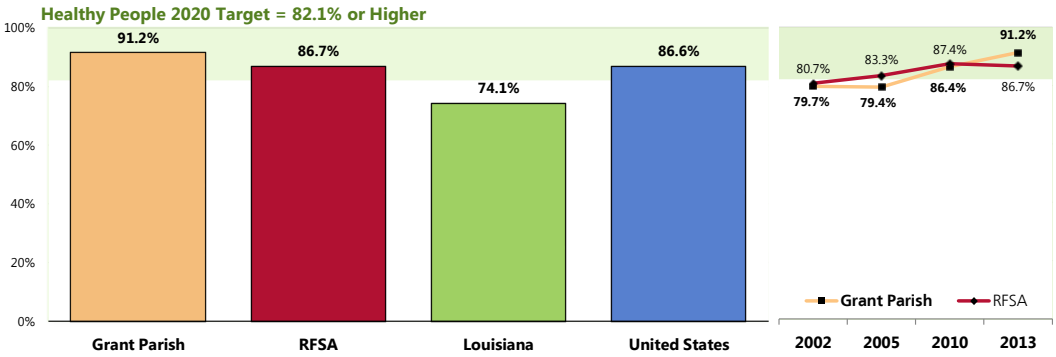
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Blood Cholesterol Testing

A total of 91.2% of Grant Parish adults have had their blood cholesterol checked within the past five years.

- More favorable than regional findings.
- More favorable than Louisiana findings.
- More favorable than the national percentage.
- Satisfies the Healthy People 2020 target.
- Since 2002, the prevalence of Grant Parish adults with recent cholesterol screenings has <u>increased</u> significantly.

Have Had Blood Cholesterol Levels Checked in the Past 5 Years



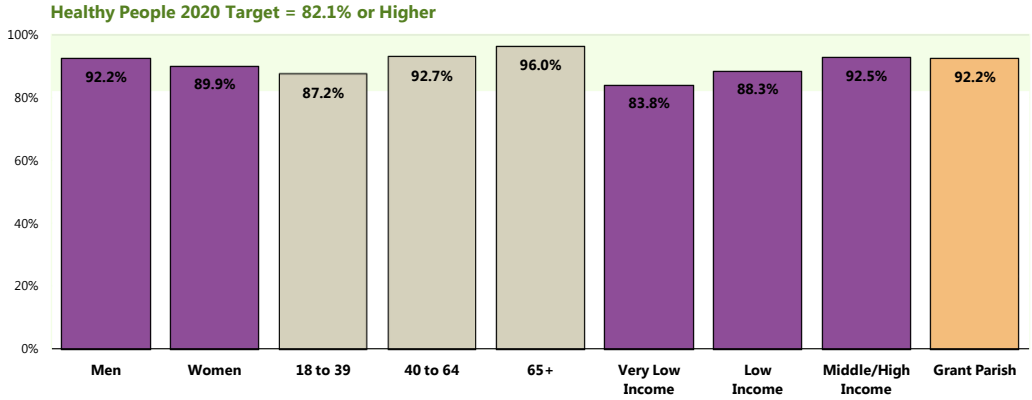
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 43]
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana data.
- 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.

No significant variance by demographic characteristics.

Have Had Blood Cholesterol Levels Checked in the Past 5 Years

(Grant Parish, 2013)



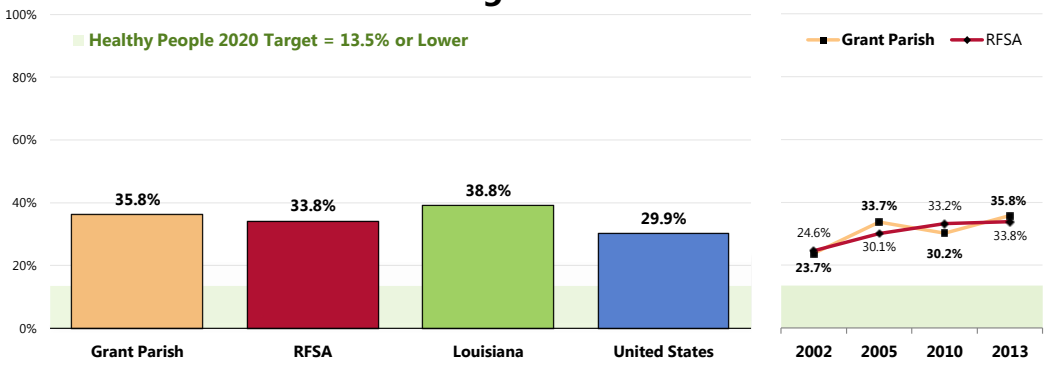
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

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.

Over one-third (35.8%) of adults have been told by a health professional that their cholesterol level was high (an additional 14.6% have not had their cholesterol tested in the past five years).

- Similar to regional findings.
- Similar to Louisiana findings.
- Less favorable than the national prevalence.
- Fails to satisfy the Healthy People 2020 target.
- Since 2002, the Grant Parish prevalence of high cholesterol has increased significantly.

Prevalence of High Blood Cholesterol

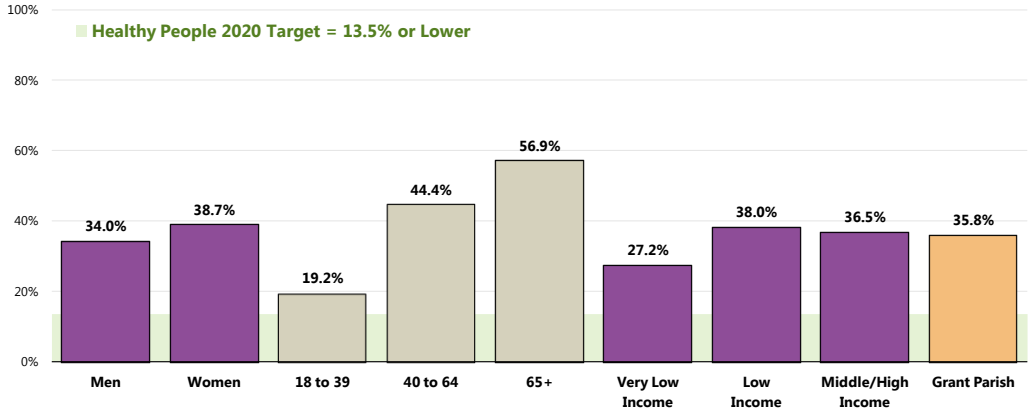


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana data.
- 2013 PRC National Health Survey, Professional Research Consultants.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.
- *The Louisiana data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

- Note the positive correlation between age and high blood cholesterol diagnoses.
- 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
(Grant 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]

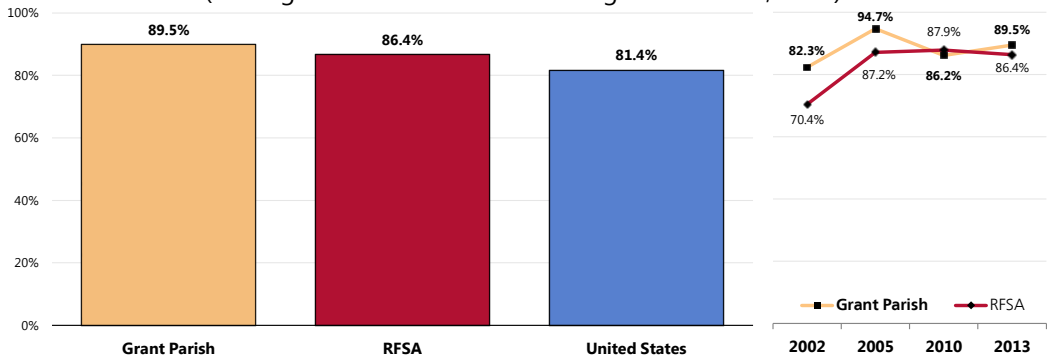
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Among adults who have been told that their blood cholesterol was high, 89.5% report that they are currently taking actions to control their cholesterol levels, such as through medication, diet and/or exercise.

- Similar to regional findings.
- Statistically better than the national percentage.
- Fluctuating over time, but statistically unchanged from 2002 survey findings.

Taking Action to Control High Blood Cholesterol Levels

(Among Grant 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

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

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

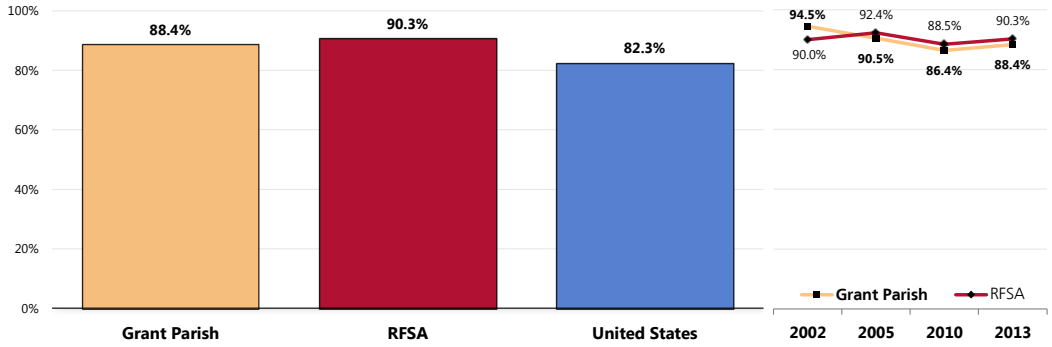
Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as 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 88.4% of Grant Parish adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Similar to regional findings.
- Less favorable than national findings.
- Marks a significant decrease over time.

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.

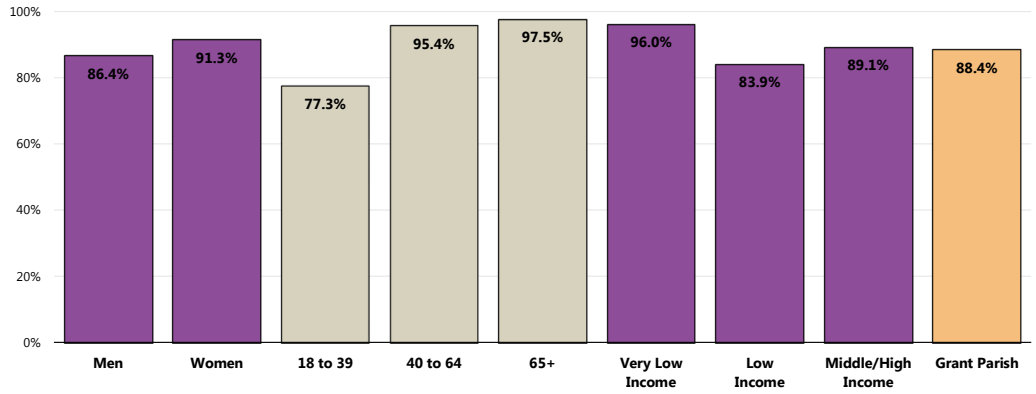
Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- Adults age 40 and older.
- Very low income residents.

Present One or More Cardiovascular Risks or Behaviors

(Grant 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.

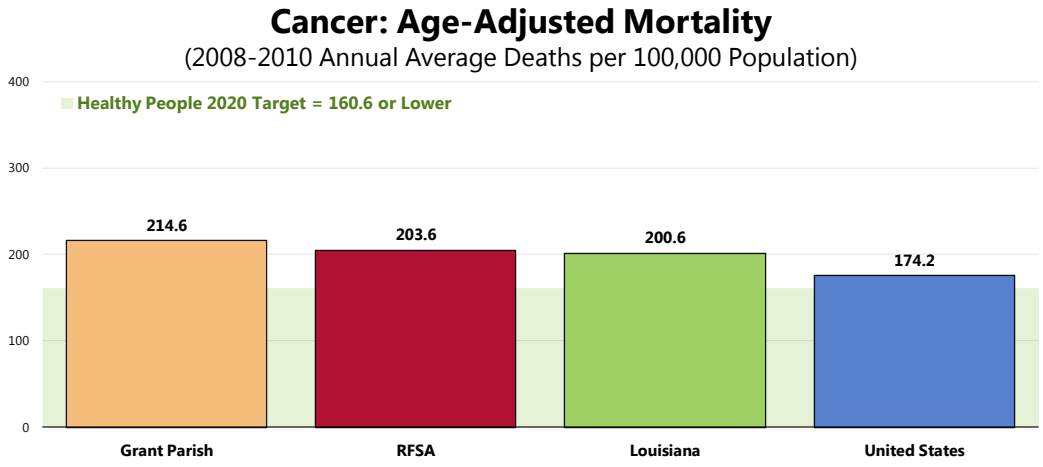
– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2008 and 2010, there was an annual average age-adjusted cancer mortality rate of 214.6 deaths per 100,000 population in Grant Parish.

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



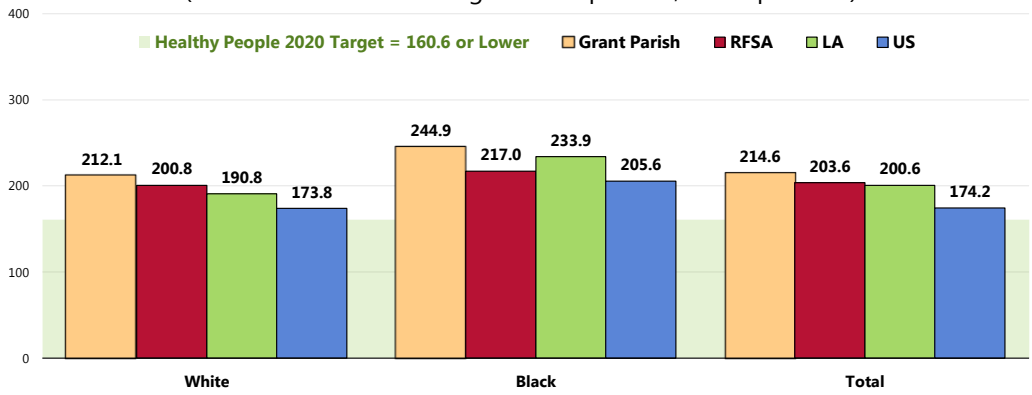
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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

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

Cancer deaths are higher among Blacks than among Whites in Grant Parish.

Cancer: Age-Adjusted Mortality by Race

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



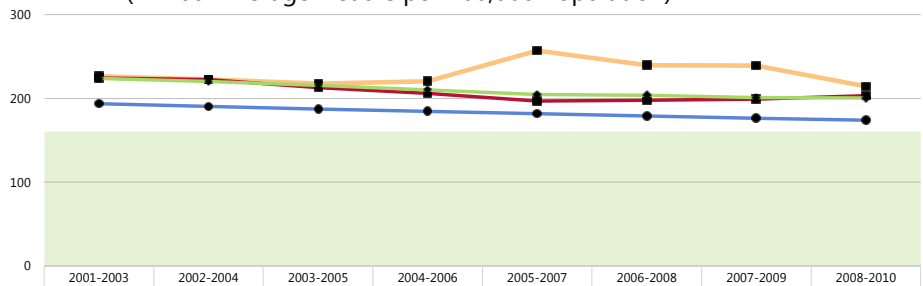
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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

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

Cancer mortality rates have <u>decreased</u> from baseline reports, although fluctuating in Grant Parish over the past decade.

Cancer: 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	160.6	160.6	160.6	160.6	160.6	160.6	160.6	160.6
Grant Parish	226.6	222.7	218.0	220.8	257.1	239.9	239.4	214.6
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 Grant Parish.

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

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

- The Grant Parish **lung, prostate, and colorectal cancer** death rates are each less favorable than the respective regional, state, and national rates.
- The Grant Parish **female breast cancer** death rate is lower than the regional, state, and US rates.

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

Age-Adjusted Cancer Death Rates by Site

(2001-2010)

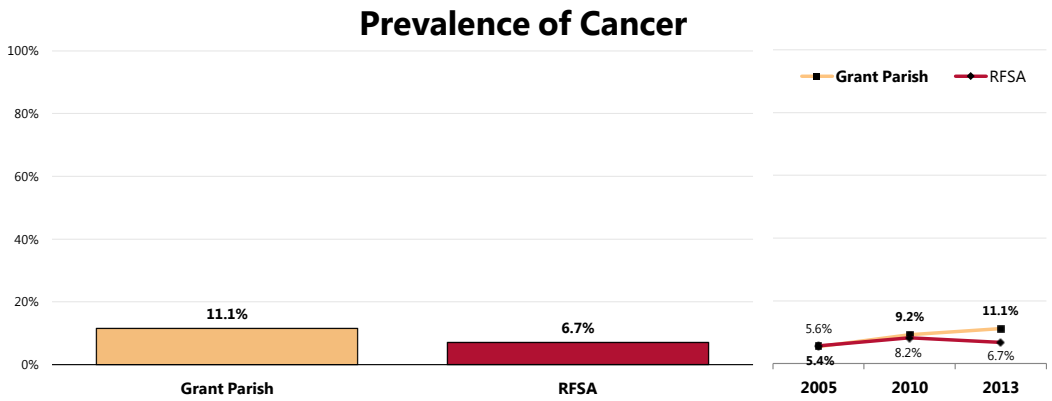
	Grant Parish	RFSA	LA	US	HP2020
Lung Cancer	**77.9**	**65.3**	**62.7**	**51.6**	**45.5**
Prostate Cancer	**32.7**	**28.9**	**29.5**	**25.0**	**21.2**
Colorectal Cancer	**22.8**	**21.6**	**20.8**	**17.7**	**14.5**
Female Breast Cancer	**19.0**	**23.8**	**27.5**	**23.9**	**20.6**

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

Prevalence of Cancer

A total of 11.1% of surveyed Grant Parish adults report having been diagnosed with some type of cancer.

- Higher than regional findings.
- The prevalence of cancer in Grant Parish has increased significantly since the 2005 survey was conducted.



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

Cancer Risk

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

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

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

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

Cancer Screenings

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

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

Prostate Cancer Screenings

PROSTATE CANCER

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

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

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

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

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

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

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

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

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

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

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

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

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

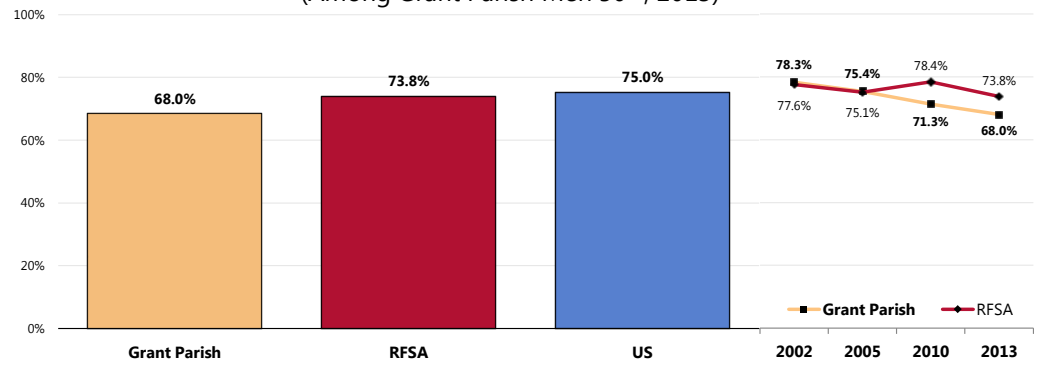
PSA Testing and/or Digital Rectal Examination

Among men age 50 and older, more than 2 in 3 (68.0%) have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

- Comparable to regional findings.
- Comparable to national findings.
- The decrease over time is not statistically significant.

Have Had a Prostate Screening in the Past 2 Years

(Among Grant 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.

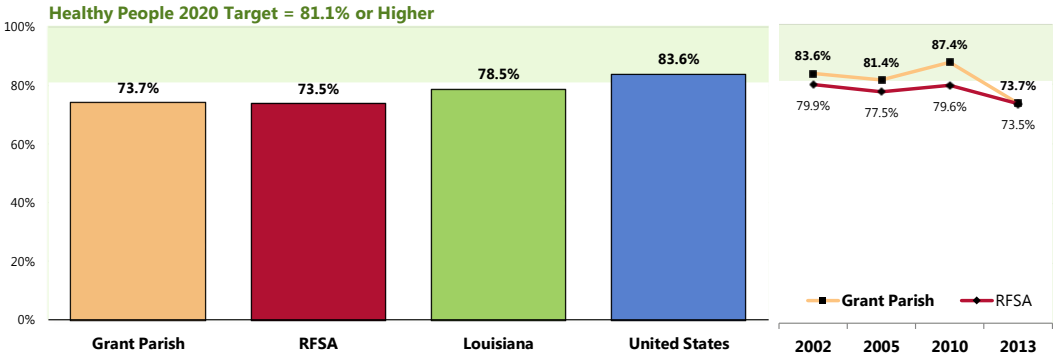
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Among women age 50 to 74, 73.7% have had a mammogram within the past two years.

- Similar to regional findings.
- Similar to the statewide figure (which represents all women 50 and older).
- Lower than national findings.
- Fails to satisfy the Healthy People 2020 target.
- Since 2002, the prevalence of Grant Parish women age 50 to 74 who received a mammogram in the past two years has not changed significantly.

Have Had a Mammogram in the Past Two Years

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



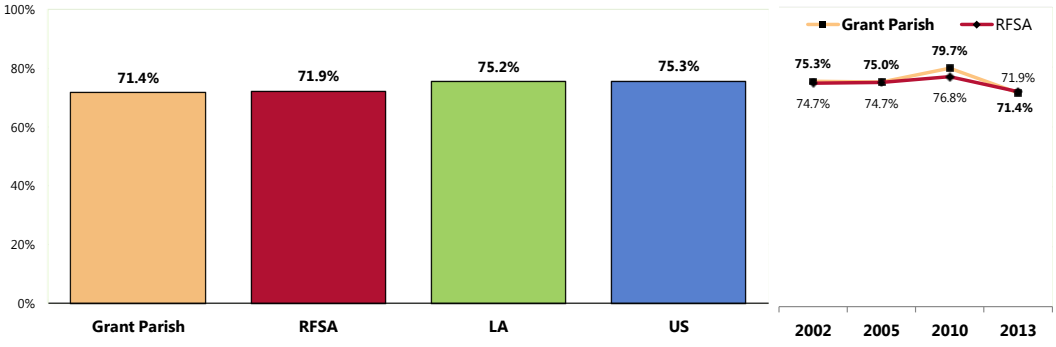
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 163]
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.
- 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, 71.4% had a mammogram in the past two years.

Have Had a Mammogram in the Past Two Years

(Among Grant 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.

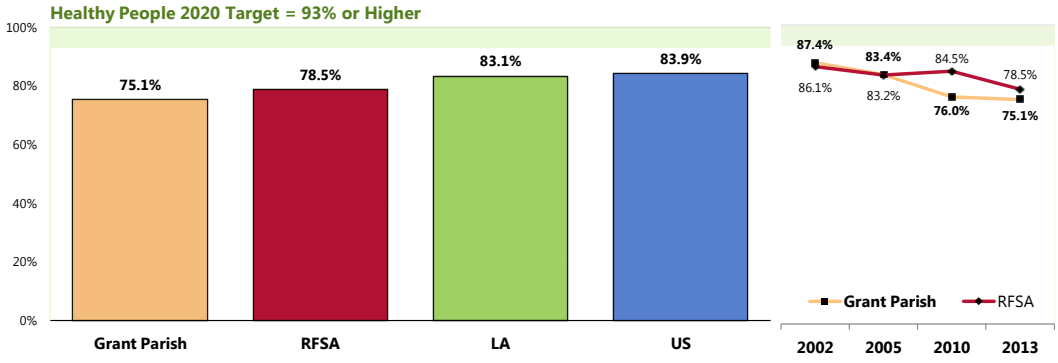
Pap Smear Testing

Among women age 21 to 65, 75.1% have had a Pap smear within the past three years.

- Comparable to the regional percentage.
- Less favorable than the Louisiana percentage, which represents all women 18+.
- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target.
- Marks a significant decrease over time.

Have Had a Pap Smear in the Past 3 Years

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



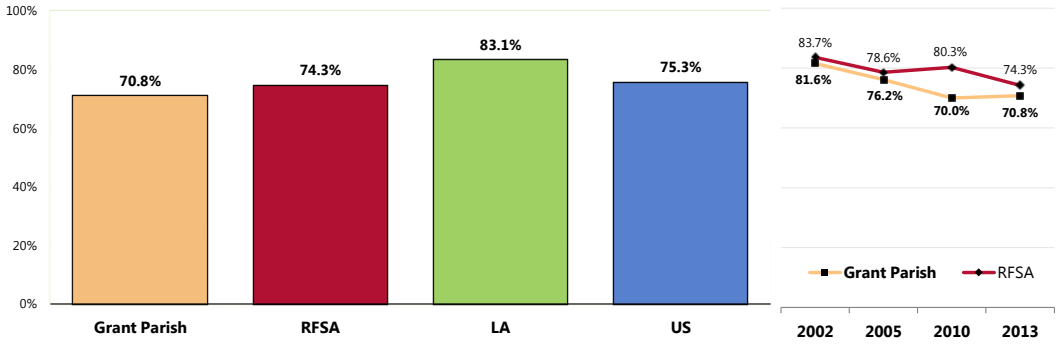
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 164]
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.
- 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, 70.8% had a Pap smear in the past three years.

Have Had a Pap Smear in the Past 3 Years

(Among Grant 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.

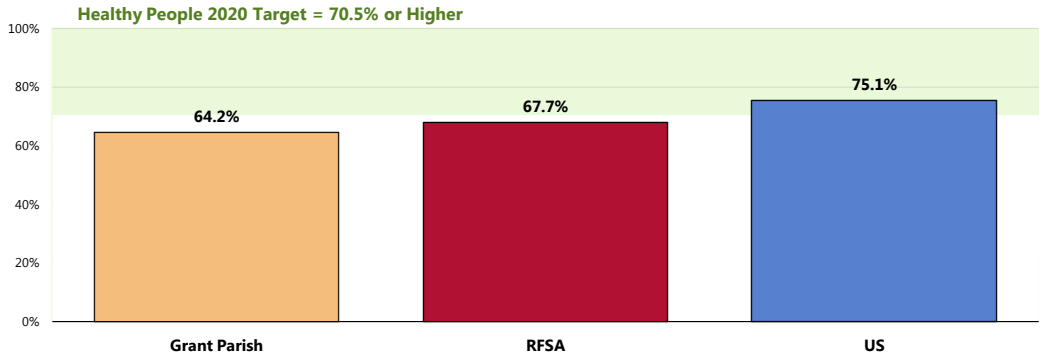
Colorectal Cancer Screening

Among Grant Parish adults age 50-75, nearly two-thirds (64.2%) have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

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

Have Had a Colorectal Cancer Screening

(Among Adults Age 50-75)



Sources:
- 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-16]

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

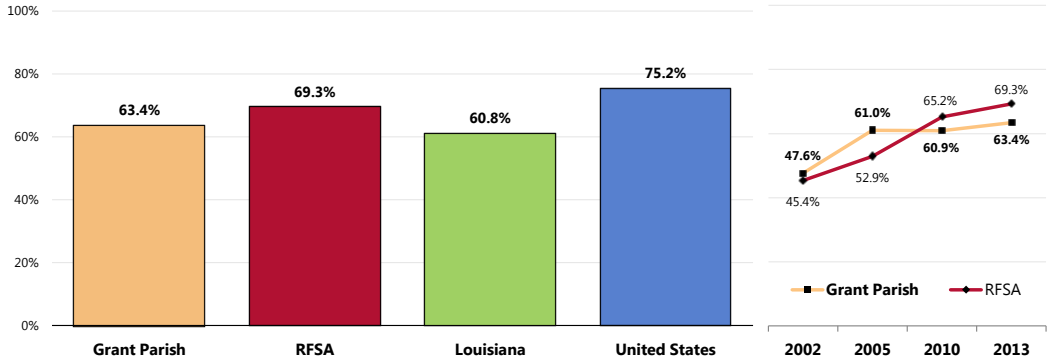
Sigmoidoscopy/Colonoscopy

Among adults age 50 and older, 63.4% have had a sigmoidoscopy or colonoscopy at some point in their lives.

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

Have Ever Had a Lower Endoscopy Exam

(Among Grant Parish Adults 50+, 2013)



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

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

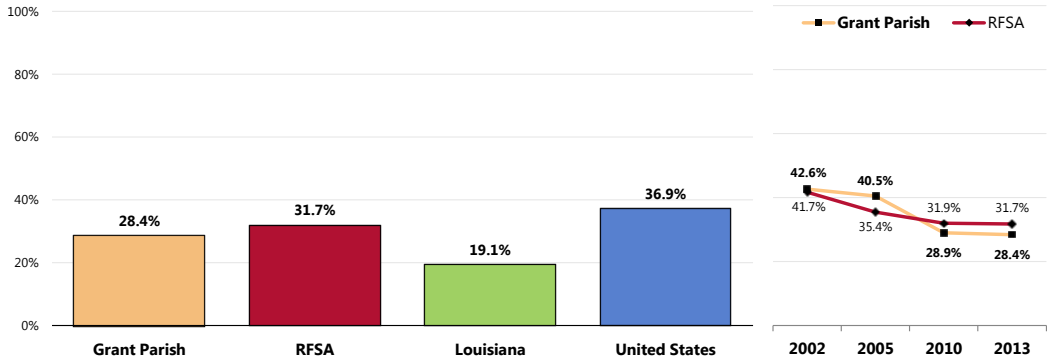
Blood Stool Testing

Among adults age 50 and older, 28.4% 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.
- Less favorable than national findings.
- Since 2002, the prevalence of recent blood stool exams has decreased significantly.

Have Had a Blood Stool Test in the Past 2 Years

(Among Grant Parish Adults 50+, 2013)



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

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

Respiratory Disease

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

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

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

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

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

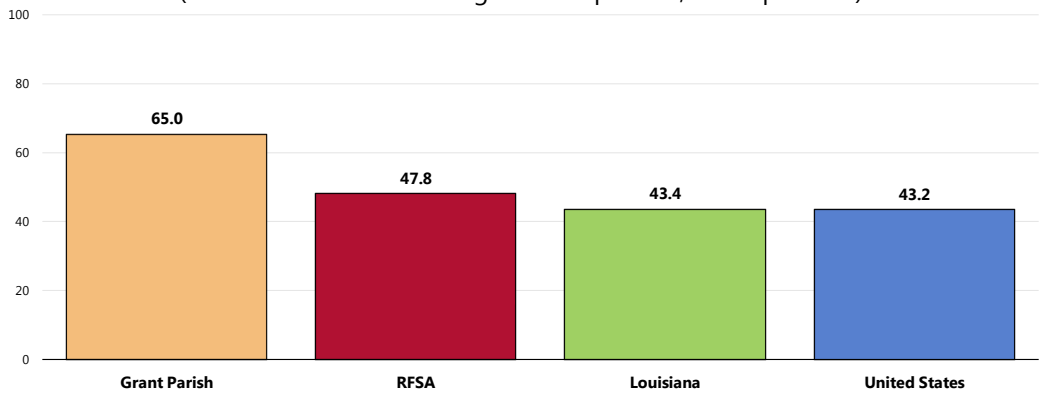
Note: What was previously termed COPD (chronic obstructive pulmonary disease) has been reclassified as CLRD (chronic lower respiratory disease).

Between 2008 and 2010, there was an annual average age-adjusted CLRD mortality rate of 65.0 deaths per 100,000 population in Grant Parish.

- Higher than the regional (RFSA) rate.
- Higher than found statewide.
- Higher than the national rate.

CLRD: Age-Adjusted Mortality

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



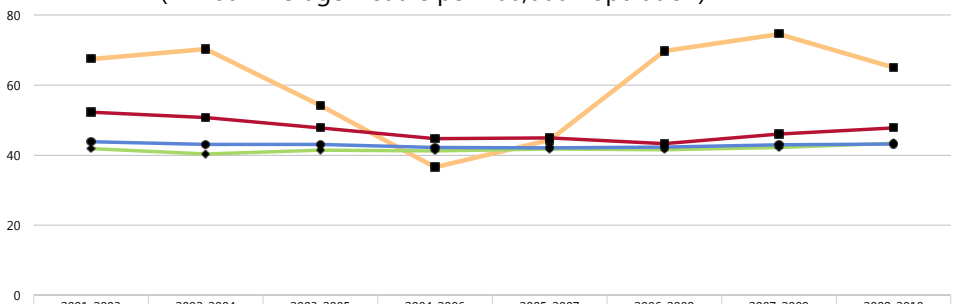
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.

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.
- NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

Despite fluctuations, CLRD mortality in Grant Parish is virtually unchanged from baseline data.

CLRD: 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
Grant Parish	67.5	70.3	54.2	36.6	44.3	69.7	74.6	65.0
RFSA	52.3	50.8	47.8	44.7	45.0	43.3	46.0	47.8
Louisiana	41.9	40.3	41.5	41.3	41.8	41.6	42.2	43.4
United States	43.8	43.1	43.1	42.2	42.1	42.4	42.9	43.2

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.
- CLRD is chronic lower respiratory disease.
- NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

Pneumonia/Influenza Deaths

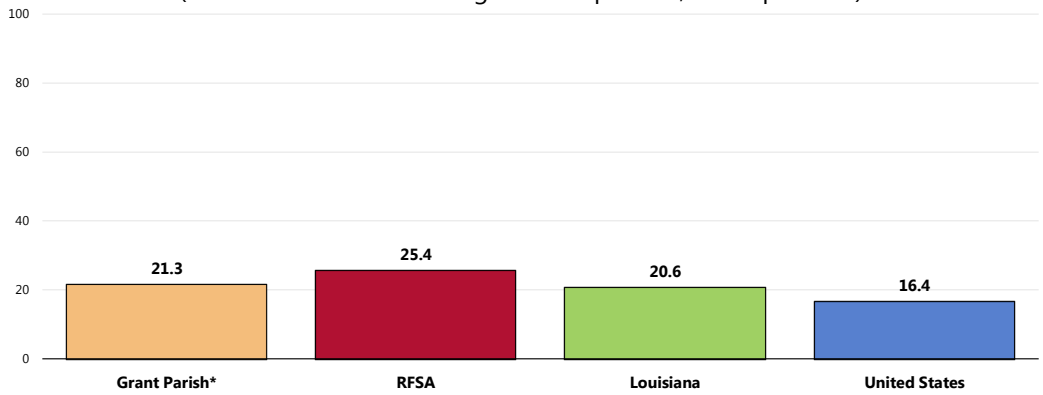
For prevalence of vaccinations for pneumonia and influenza, see also "Immunization & Infectious Disease."

Between 2008 and 2010, there was an annual average age-adjusted pneumonia/influenza mortality rate of 21.3 deaths per 100,000 population in Grant Parish.

- Lower than the RFSA rate.
- Similar to that found statewide.
- Much higher than the national rate.

Pneumonia/Influenza: Age-Adjusted Mortality

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



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

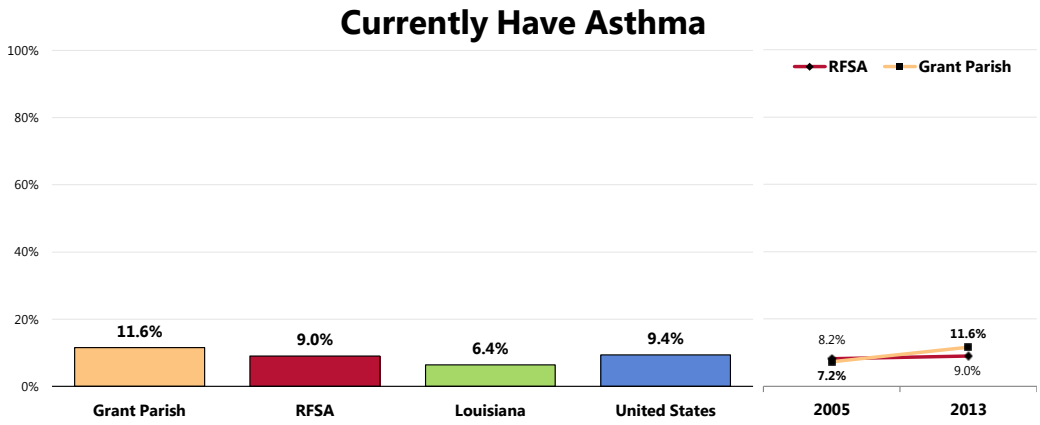
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- * Due to low numbers of deaths, the rate for Grant Parish represents 2006-2010 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 11.6% of Grant Parish adults currently suffer from asthma.

- Comparable to regional (RFSA) findings.
- Higher than the percentage reported across the state.
- Similar to the percentage reported across the nation.
- Denotes a significant increase from 2005 survey findings.

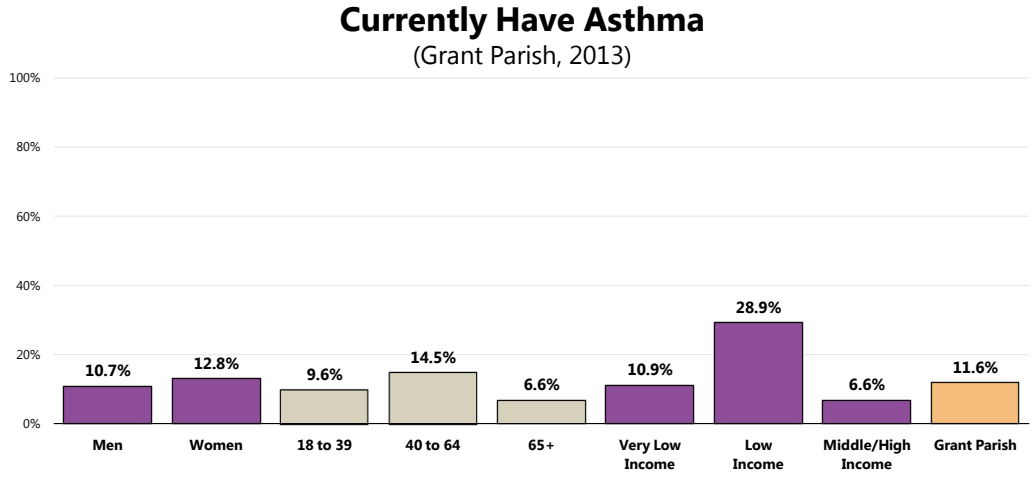


Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana data.

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

The following adults are more likely to suffer from asthma:

- Adults age 40 to 64.
- Residents living just above the federal poverty level (aka "the working poor").



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.

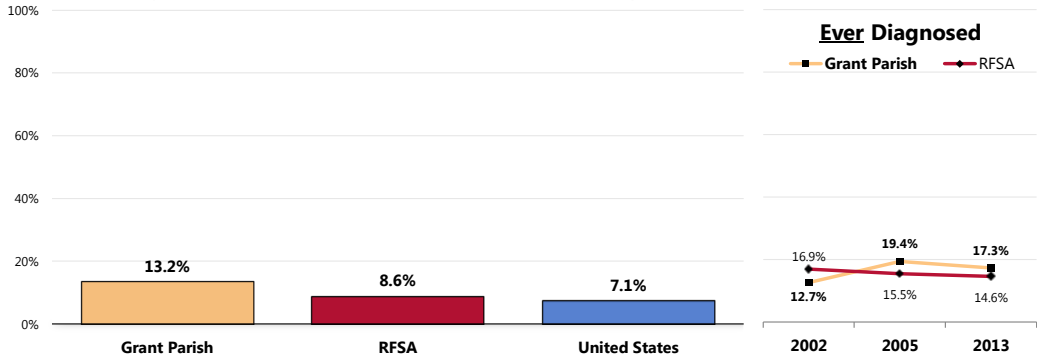
Children

A total of 13.2% of Grant Parish children currently suffer from asthma.

- Similar to regional (RFSA) findings.
- Similar to the percentage reported across the nation.
- The percentage of children who have ever been diagnosed with asthma is statistically unchanged over time.

Child Currently Has Asthma

(Grant 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.

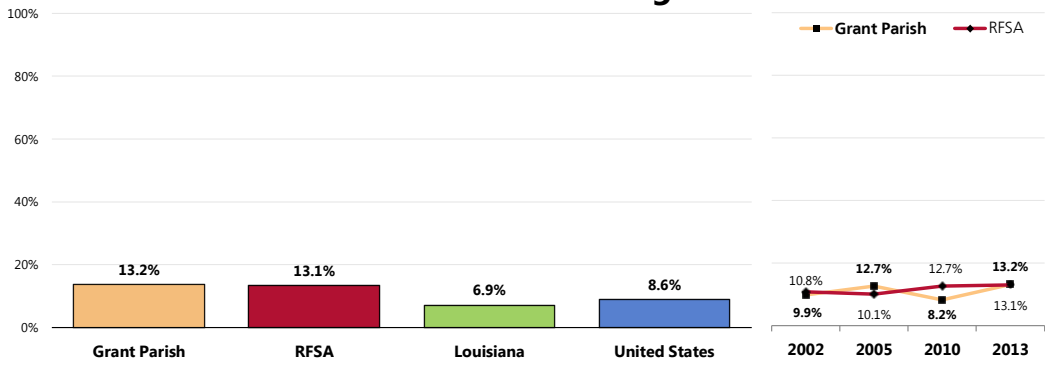
Notes:
- Asked of all respondents with children under 18 at home.

Prevalence of Chronic Lung Disease

A total of 13.2% of surveyed adults report suffering from chronic lung disease.

- Similar to regional (RFSA) findings.
- Higher than the state prevalence.
- Higher than the percentage reported across the nation.
- The prevalence of chronic lung disease in Grant Parish has not changed significantly since 2002.

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

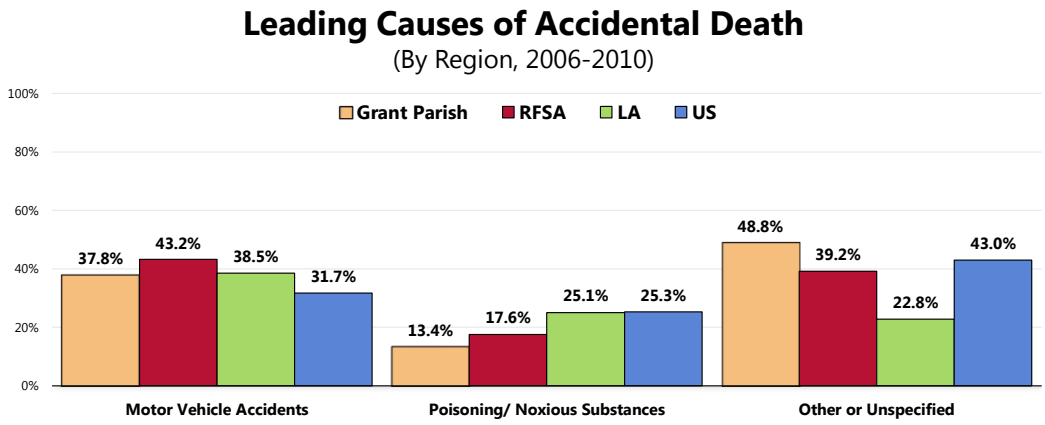
The risk of injury is so great that most persons sustain a significant injury at some time during their lives. Nevertheless, this widespread human damage too often is taken for granted, in the erroneous belief that injuries happen by chance and are the result of unpreventable "accidents." In fact, many 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 37% of accidental Grant 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.

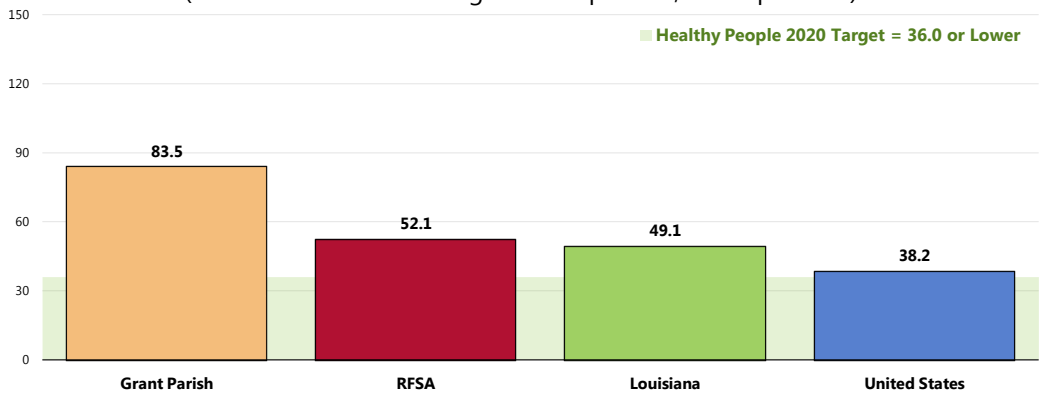
Age-Adjusted Unintentional Injury Deaths

Between 2008 and 2010, there was an annual average age-adjusted unintentional injury mortality rate of 83.5 deaths per 100,000 population in Grant 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)



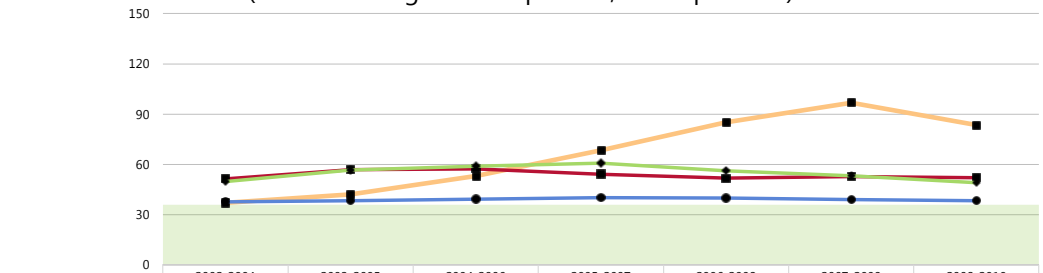
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [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 Grant Parish unintentional injury mortality rate has increased over time, while regional, state, and US rates were stable.

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	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
Grant Parish	37.0	42.0	53.0	68.3	85.1	96.8	83.5
RFSA	51.4	56.9	57.3	54.2	51.7	52.7	52.1
Louisiana	49.8	56.6	58.9	60.7	56.2	53.2	49.1
United States	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

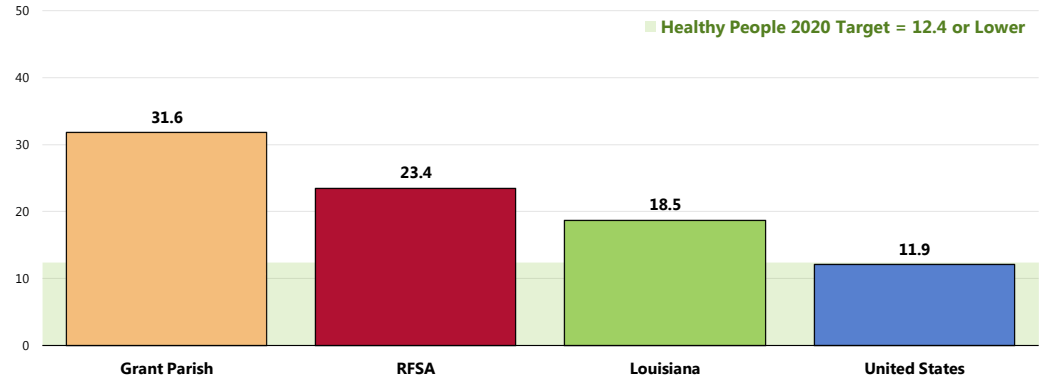
Age-Adjusted Motor-Vehicle Related Deaths

Between 2008 and 2010, there was an annual average age-adjusted motor vehicle crash mortality rate of 31.6 deaths per 100,000 population in Grant 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]

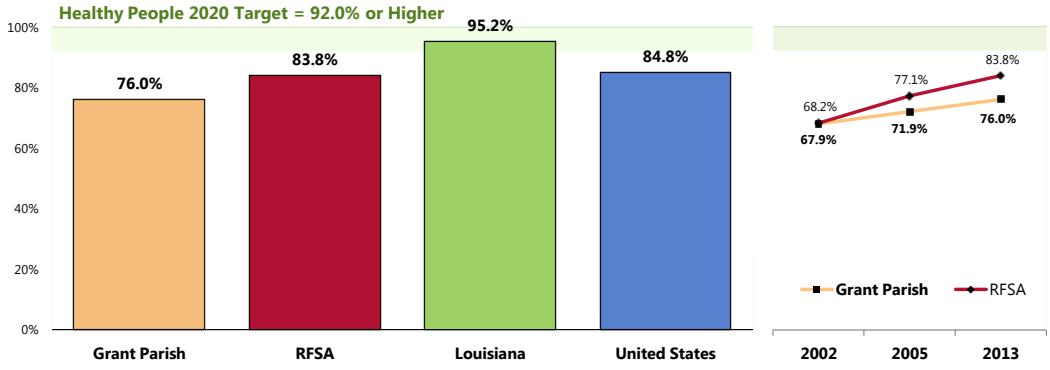
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- NOTE: 2006-2008 deaths for the RFSA are underreported due to problems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

Seat Belt Usage - Adults

Most Grant Parish adults (76.0%) report "always" wearing a seat belt when driving or riding in a vehicle.

- Below the regional (RFSA) findings.
- Well below the state percentage.
- Below the percentage found nationally.
- Fails to satisfy the Healthy People 2020 target of 92.0% or higher.
- However, 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]

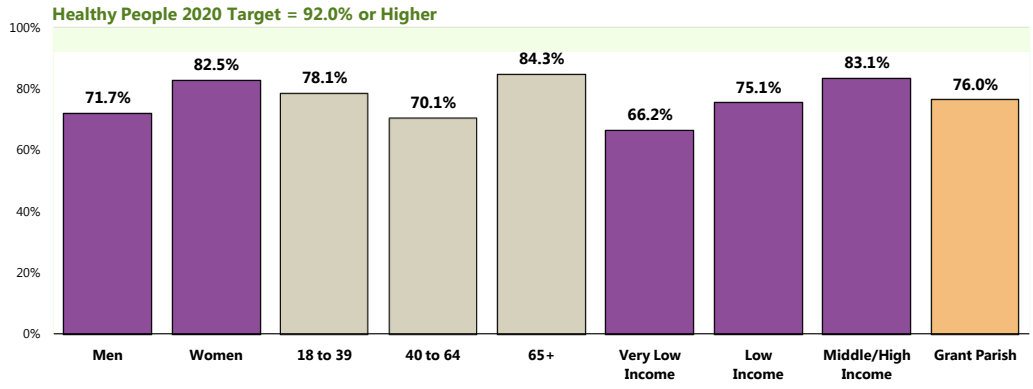
Notes:
- Asked of all respondents.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

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

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

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

(Grant 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.

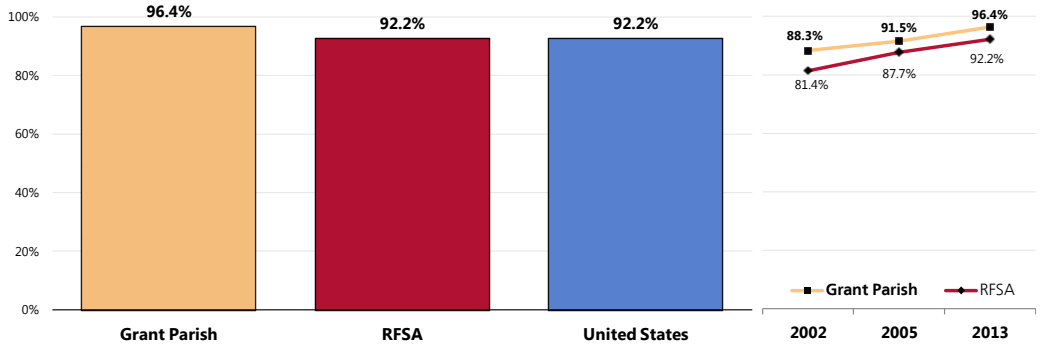
Children's Seat Belt/Car Seat Usage

A total of 96.4% of Grant 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.

- Better than regional (RFSA) findings.
- Comparable to what is found nationally.
- Marks a significant increase from 2002 survey findings.

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

(Grant 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.

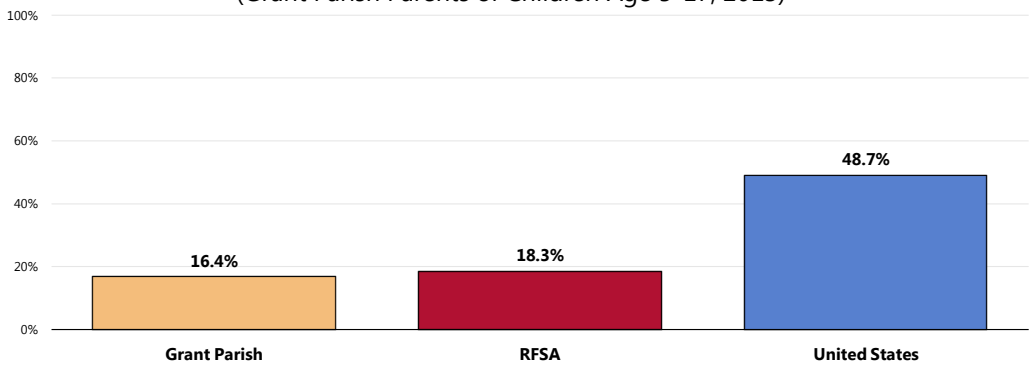
Bicycle Safety

A total of 16.4% of Grant Parish children age 5 to 17 are reported to "always" wear a helmet when riding a bicycle.

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

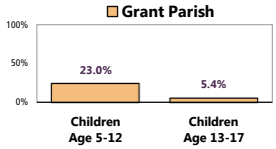
Child "Always" Wears a Helmet When Riding a Bicycle

(Grant 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)

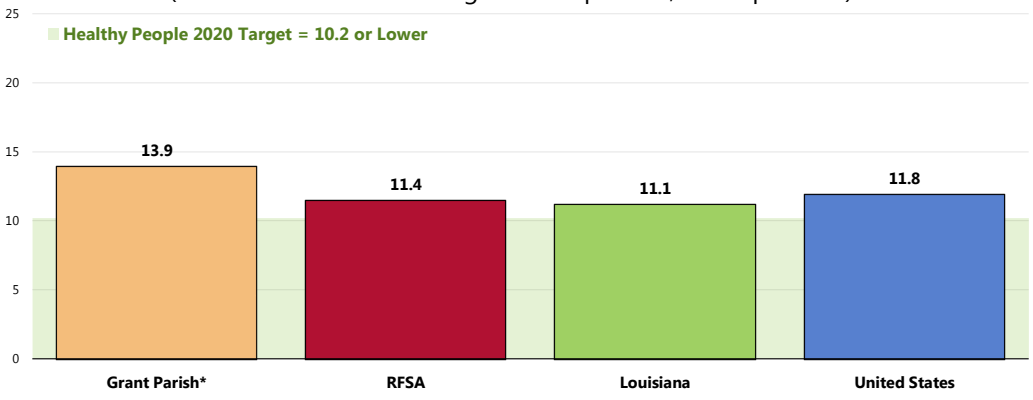
Suicide

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

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

Suicide: Age-Adjusted Mortality

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



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

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

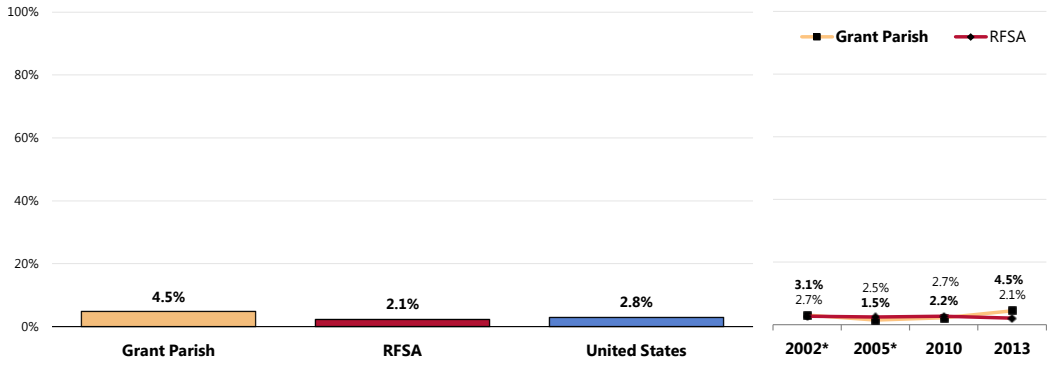
Self-Reported Violence

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

A total of 4.5% of Grant Parish adults acknowledge being the victim of a violent crime in the past five years.

- Worse than 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

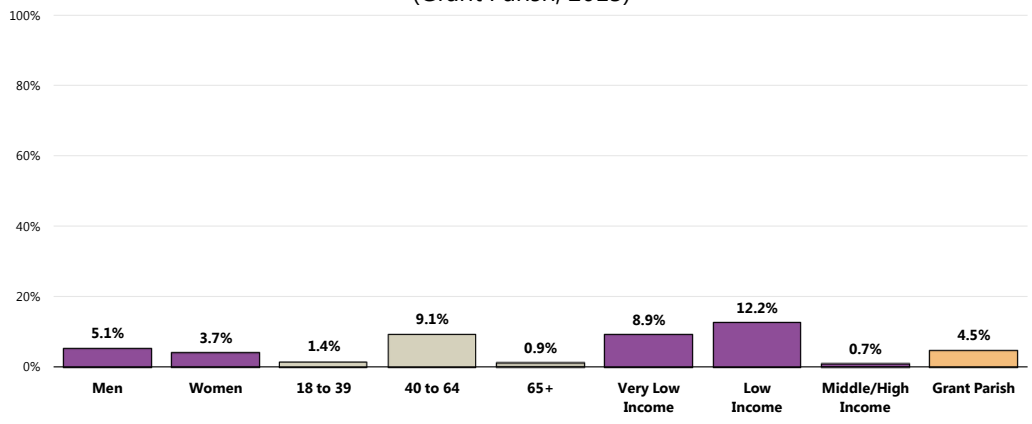


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 45]
- 2013 PRC National Health Survey, Professional Research Consultants.

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

- Reports of violence are notably higher among residents age 40 to 64 and those with low and very low incomes.

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

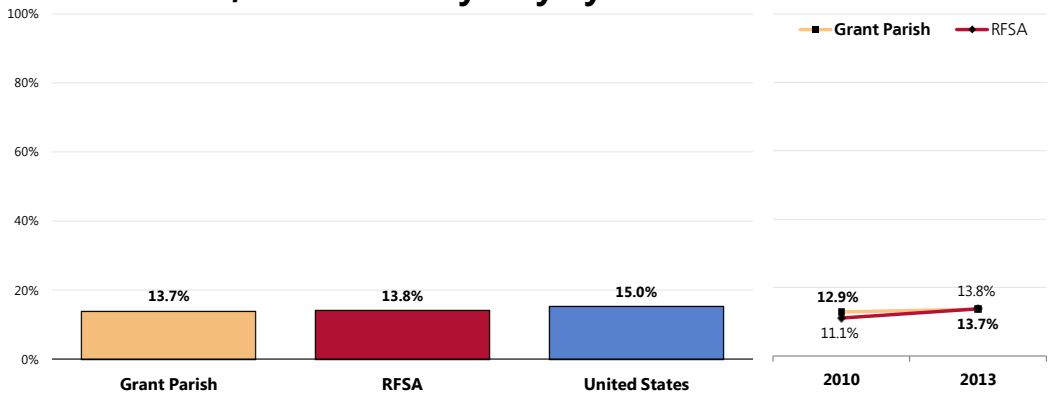
Respondents were told:

"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 13.7% of Grant Parish adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Comparable to the regional prevalence.
- Comparable to national findings.
- Unchanged from 2010 survey results.

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

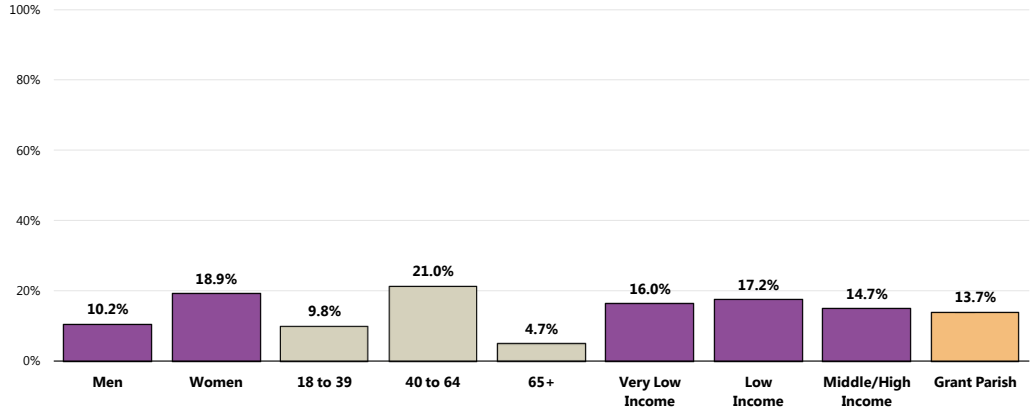


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 46]
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents.

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
(Grant Parish, 2013)



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

Firearm Safety

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."

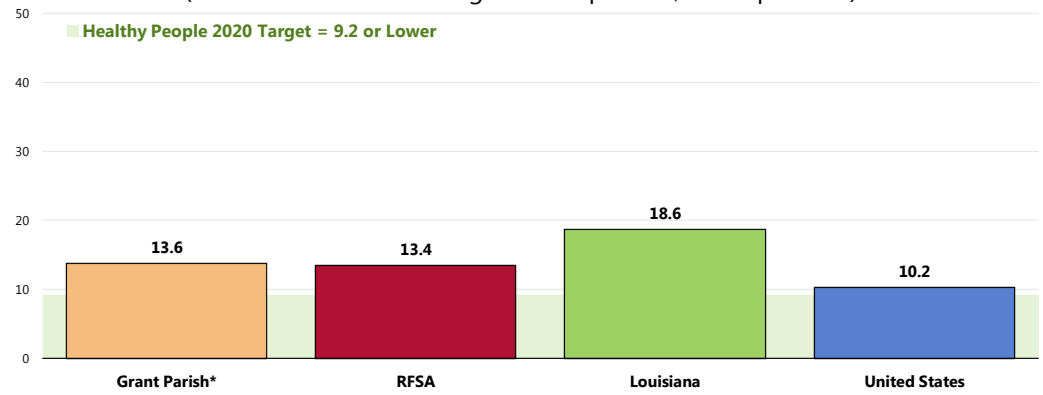
Age-Adjusted Firearm-Related Deaths

Between 2008 and 2010, there was an annual average age-adjusted rate of 13.6 deaths per 100,000 population due to firearms in Grant Parish.

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

Firearms-Related Deaths: Age-Adjusted Mortality

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



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IPV-30]

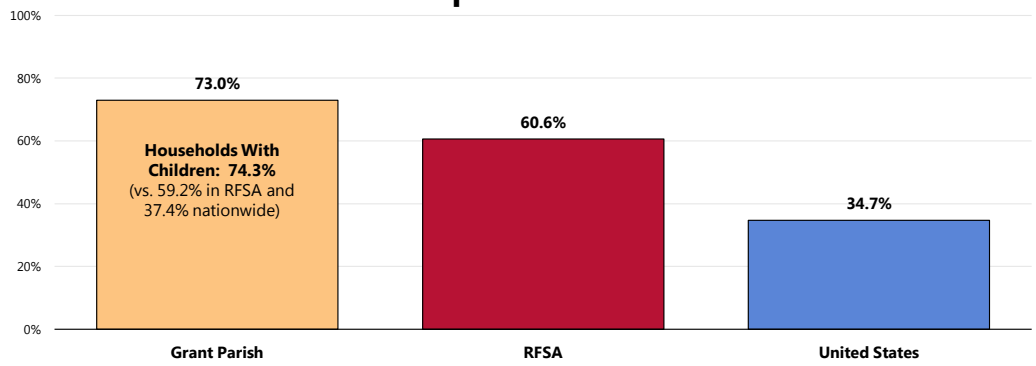
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- *Due to low numbers of deaths, the Grant Parish rate represents 2001-2010 data.
- NOTE: 2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

Presence of Firearms in Homes

A total of 73.0% of Grant Parish adults have a firearm kept in or around their home.

- Higher than what is found regionally.
- Much higher than the national prevalence.
- Among Grant Parish households with children, 74.3% have a firearm kept in or around the house (well above that reported regionally and nationally).

Have a Firearm Kept in or Around the Home



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

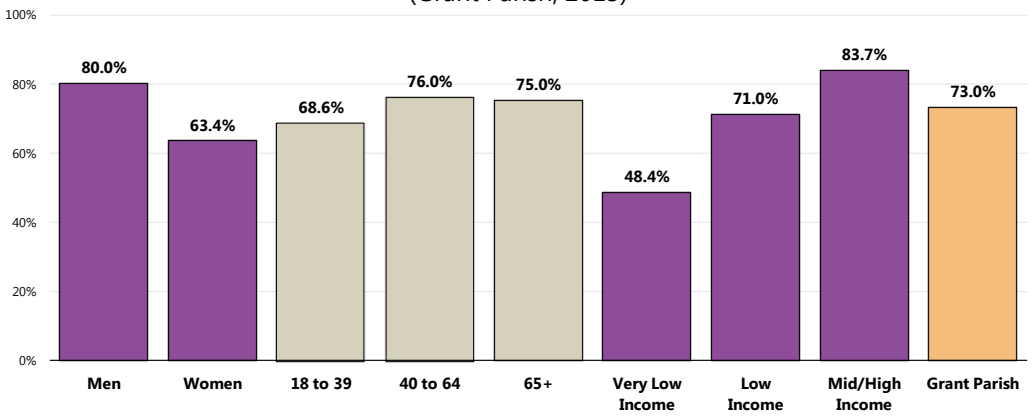
Notes:
- Asked of all respondents.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

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

- Men.
- Higher-income households (positive correlation with income).

Have a Firearm Kept in or Around the House

(Grant Parish, 2013)



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

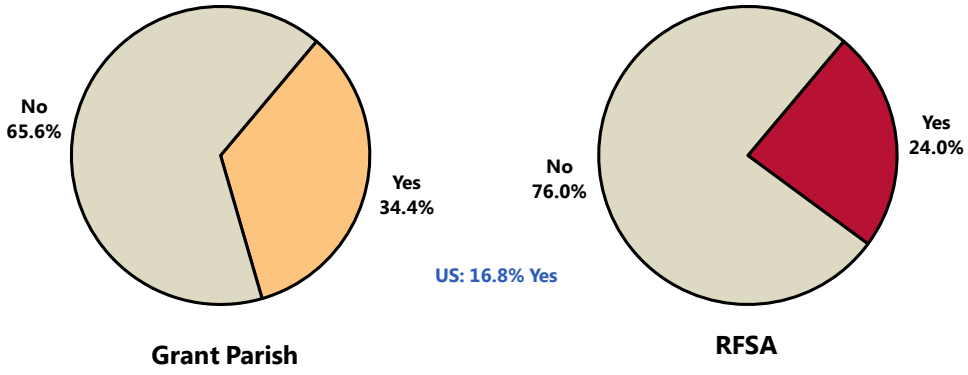
Notes:
- Asked of all respondents.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their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

Among Grant Parish households with firearms, 34.4% report that there is at least one weapon that is kept unlocked and loaded.

- Higher than the regional prevalence.
- Higher than that found nationally.

Household Has An Unlocked, Loaded Firearm

(Among Respondents Reporting a Firearm in or Around the Home)



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

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

Diabetes

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

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

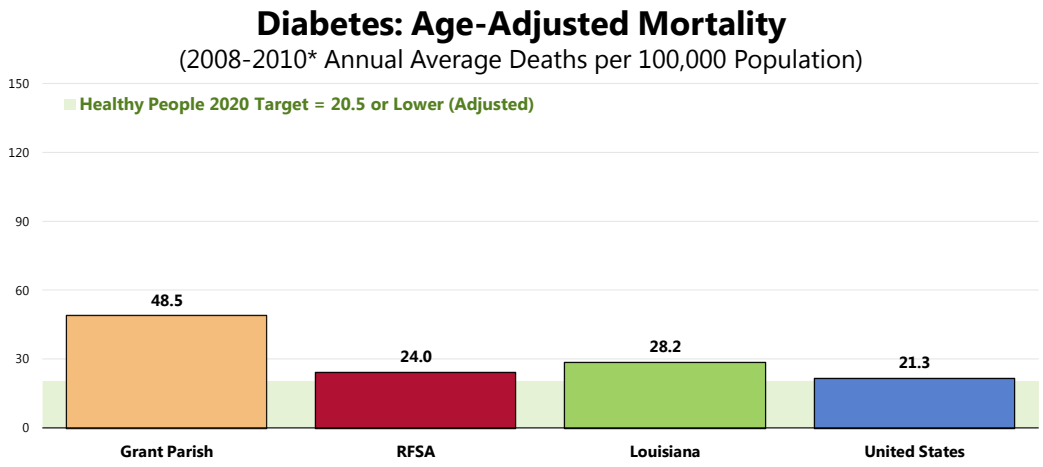
The direct and indirect costs of diabetes in America are nearly $100 billion a year.

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

Age-Adjusted Diabetes Mellitus Deaths

Between 2008 and 2010, there was an annual average age-adjusted diabetes mortality rate of 48.5 deaths per 100,000 population in Grant Parish.

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



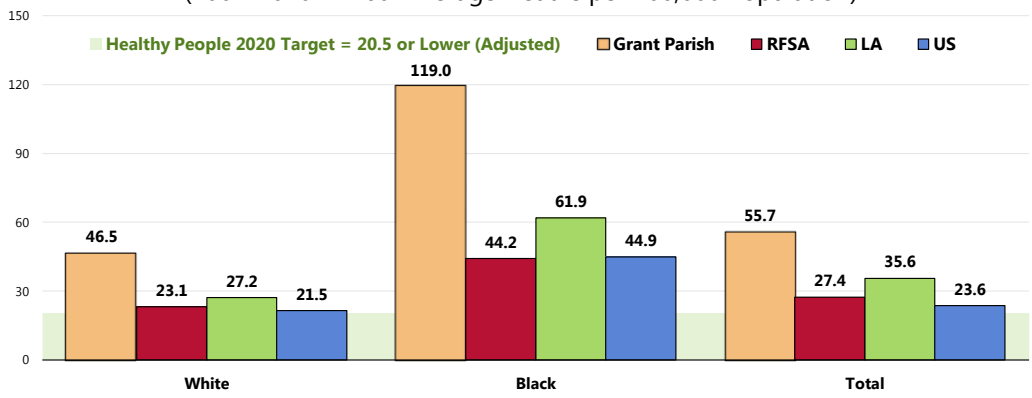
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [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.
- NOTE: 2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

The diabetes mortality rate is more than twice as high in Grant Parish's Black population than among Whites.

Diabetes: Age-Adjusted Mortality by Race

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



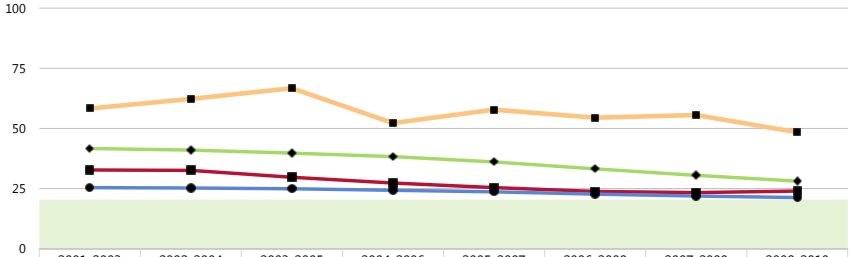
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
- NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

Diabetes mortality rates have declined in recent years.

Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
HP2020 (Adjusted)	20.5	20.5	20.5	20.5	20.5	20.5	20.5	20.5
Grant Parish	58.4	62.4	66.8	52.3	57.8	54.5	55.7	48.5
RFSA	32.8	32.7	29.8	27.3	25.4	23.9	23.3	24.0
Louisiana	41.7	41.0	39.8	38.3	36.1	33.3	30.5	28.2
United States	25.5	25.3	25.0	24.4	23.8	22.8	21.9	21.3

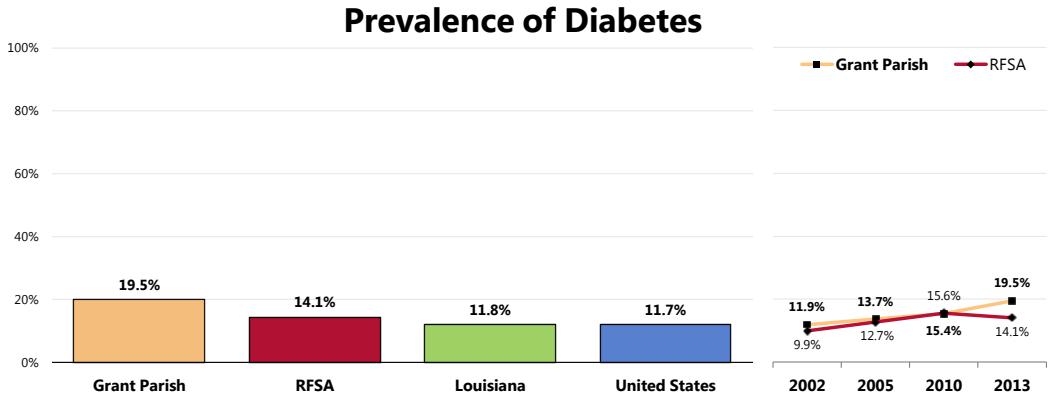
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

A total of 19.5% of Grant Parish adults report having been diagnosed with diabetes.

- Higher than what is found regionally.
- Higher than the proportion statewide.
- Higher than the national proportion.
- The diabetes prevalence has <u>increased</u> significantly in Grant Parish since 2002.

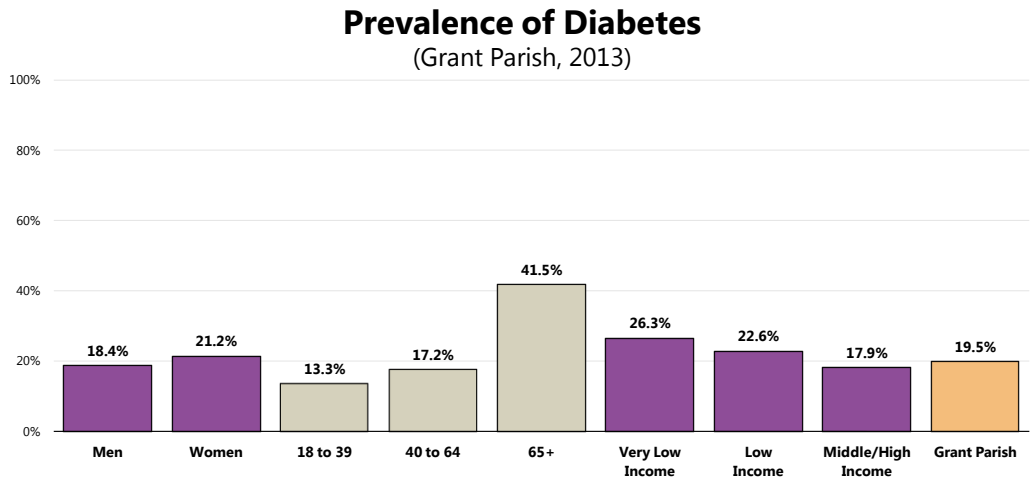


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 34]
- 2013 PRC National Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers 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:

- Seniors (note the 41.5% prevalence among adults age 65+).



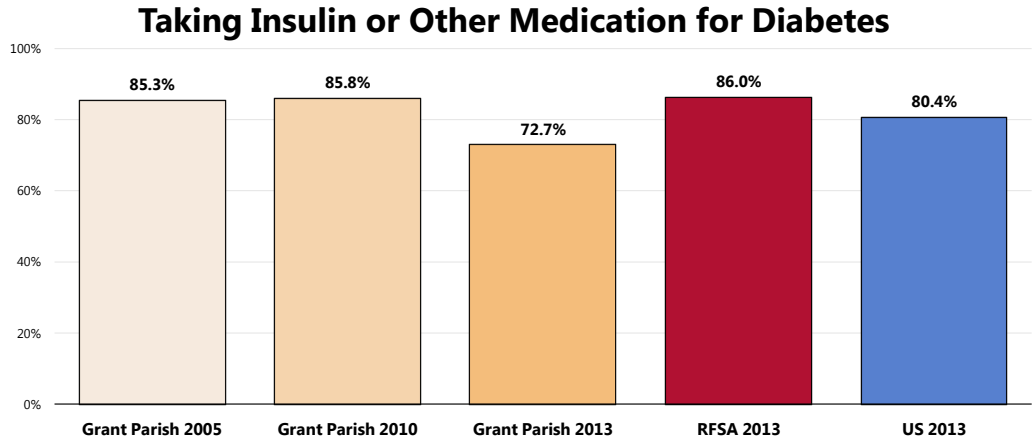
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 34]

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 (72.7%) are currently taking insulin or some type of medication to manage their condition.

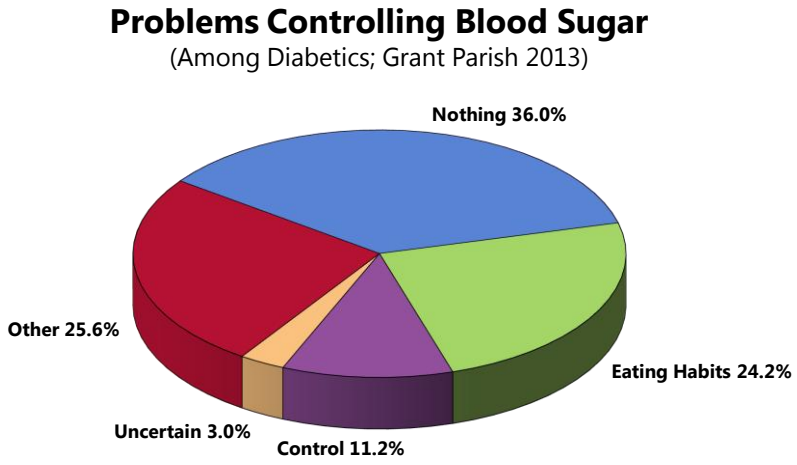
- Below the regional prevalence.
- Statistically comparable to the prevalence found nationally among diabetics.
- Marks a statistically significant decrease from previous survey findings in Grant Parish.



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, 36.0% report not having any problem controlling their blood sugar.

- In 2005, 65.1% of Grant Parish diabetics reported having no problems controlling their blood sugar (not shown).



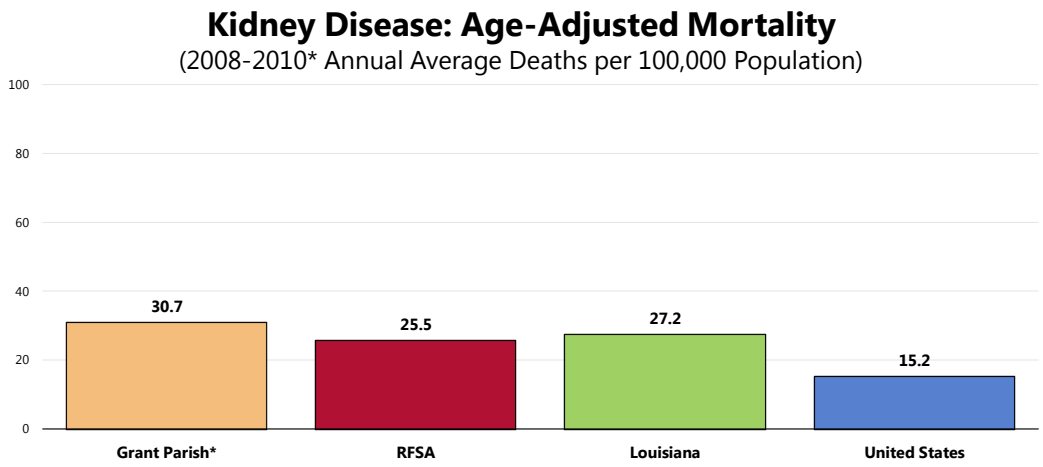
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
Notes: • Asked of all respondents.

Kidney Disease

Age-Adjusted Kidney Disease Deaths

Between 2008 and 2010, there was an annual average age-adjusted kidney disease mortality rate of 30.7 deaths per 100,000 population in Grant 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.

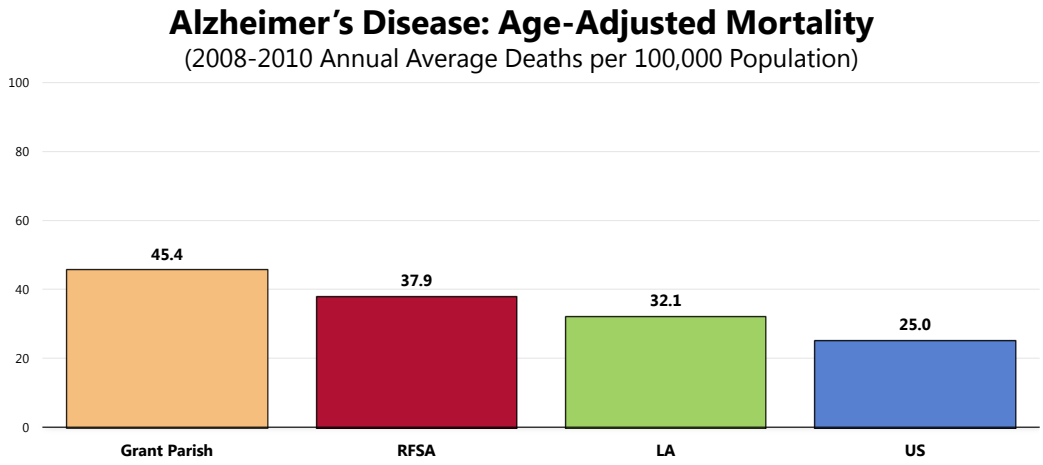
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- * Due to low numbers of deaths, the rate for Grant Parish represents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

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 45.4 deaths per 100,000 population in Grant Parish.

- Less favorable than the regional rate.
- Less favorable than the statewide rate.
- 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.
- NOTE: 2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

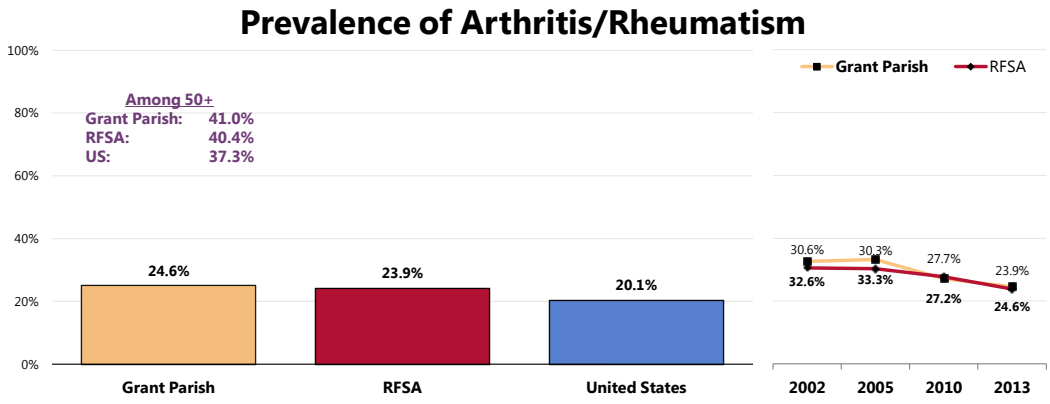
Arthritis & Rheumatism

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.

Nearly one in four Grant Parish adults (24.6%) reports suffering from arthritis or rheumatism.

- Similar to what is found regionally.
- Similar to that found nationwide.
- The prevalence of arthritis/rheumatism in Grant Parish has decreased significantly over time.
- Among Grant Parish adults age 50 and older, 41.0% have arthritis or rheumatism (comparable to the regional and national figures).



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.

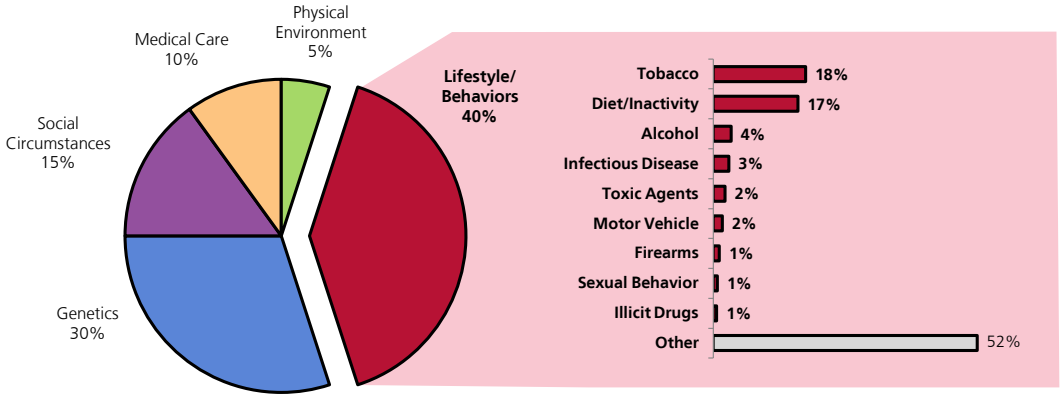
– Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

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

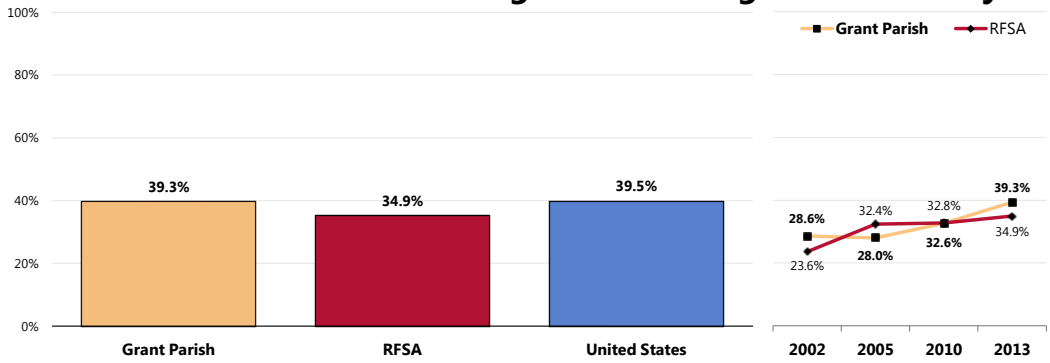
Daily Recommendation of Fruits/Vegetables

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 39.3% of area adults report eating five or more servings of fruits and/or vegetables per day.

- Comparable to regional findings.
- Comparable to national findings.
- Marks a statistically significant increase in fruit/vegetable consumption in Grant 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.

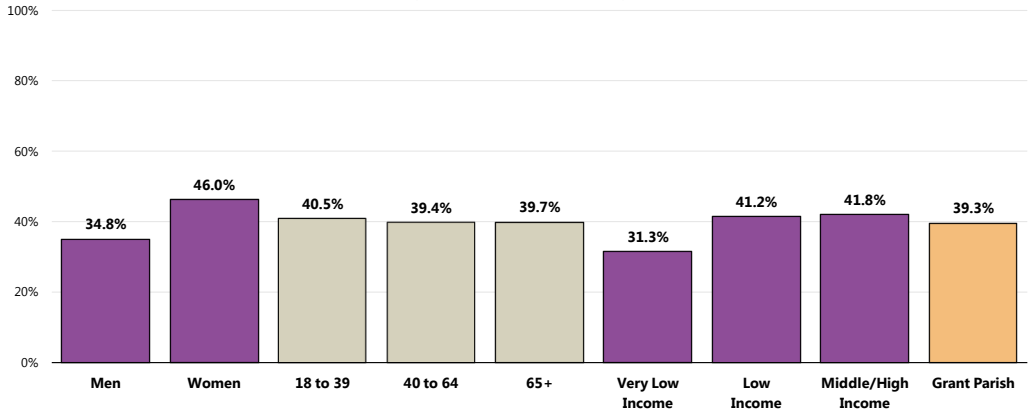
Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

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

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

Consume Five or More Servings of Fruits/Vegetables Per Day

(Grant Parish, 2013)



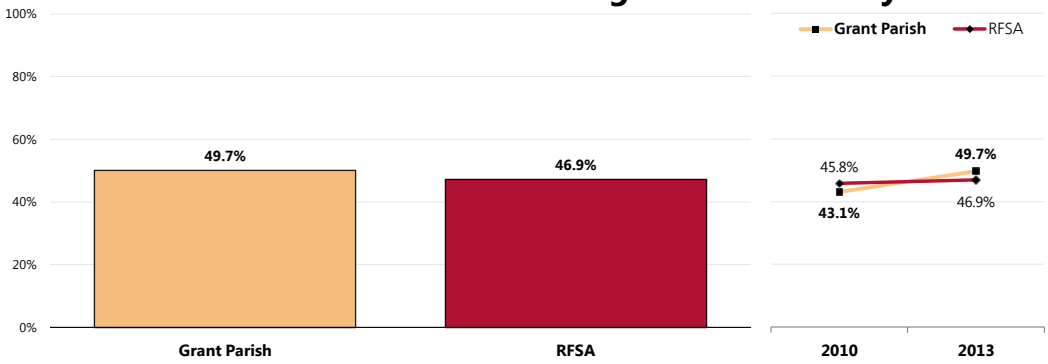
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 185]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 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

One in two (49.7%) Grant Parish adults reports eating at least two servings of fruit per day.

- Comparable to regional findings.
- No significant change since 2010.

Consume Two or More Servings of Fruit Per Day



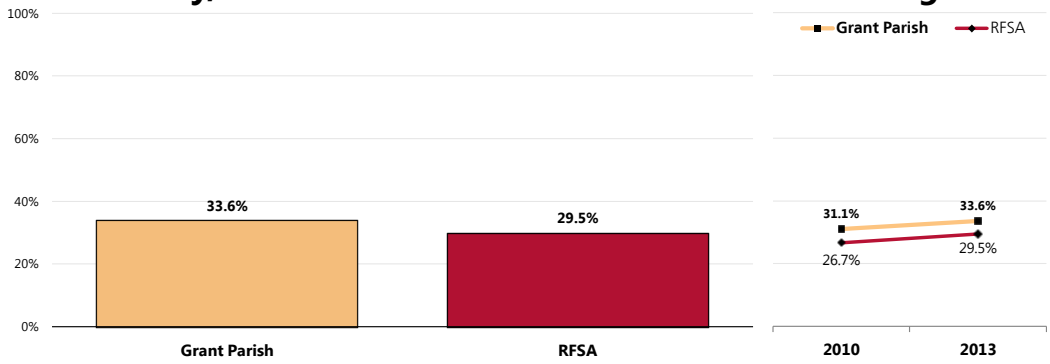
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 186]
Notes: • Asked of all respondents.
• For this issue, respondents were asked to recall their food intake on the previous day.

Vegetables

One in three (33.6%) survey respondents reports eating three or more servings of vegetables per day, at least one-third of which are dark green or orange vegetables.

- Comparable to regional findings.
- Unchanged from 2010 survey findings.

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



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

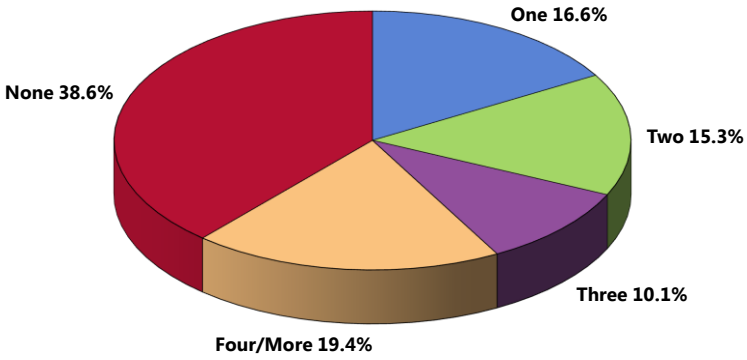
Consumption of Sugar-Sweetened Beverages

More than 6 in 10 (61.4%) Grant Parish adults drink at least one sugar-sweetened beverage per day.

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

Adults: Servings of Sugar-Sweetened Drinks Consumed Per Day

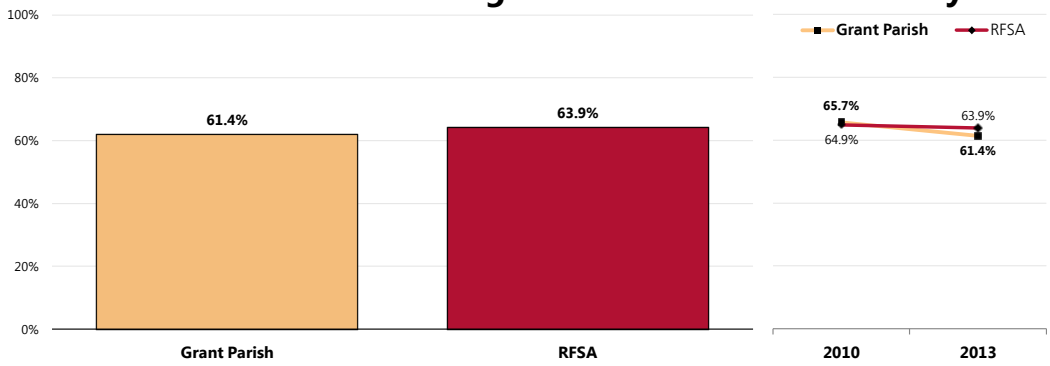
(Grant Parish, 2013)



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



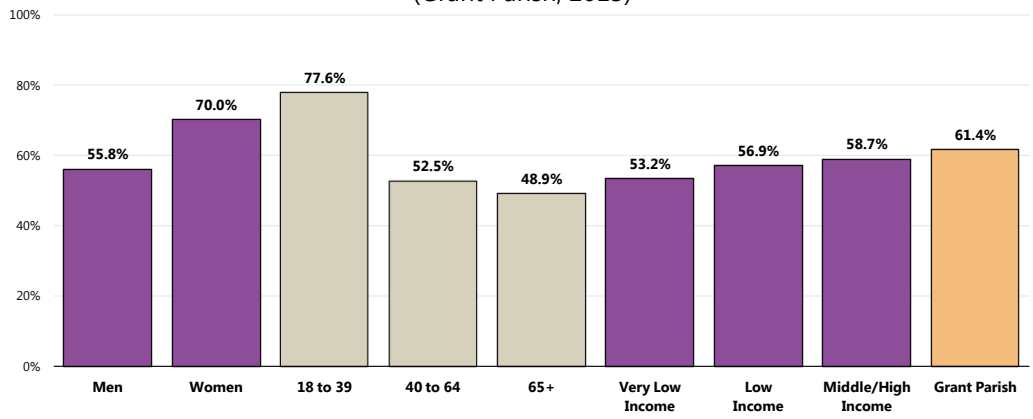
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 92]
Notes: • Asked of all respondents.
• For this issue, respondents were asked to recall their food intake on the previous day.

Respondents more likely to drink sugar-sweetened beverages include:

- Women.
- Young adults (under age 40).

Consume One or More Sugar-Sweetened Drinks Per Day

(Grant Parish, 2013)



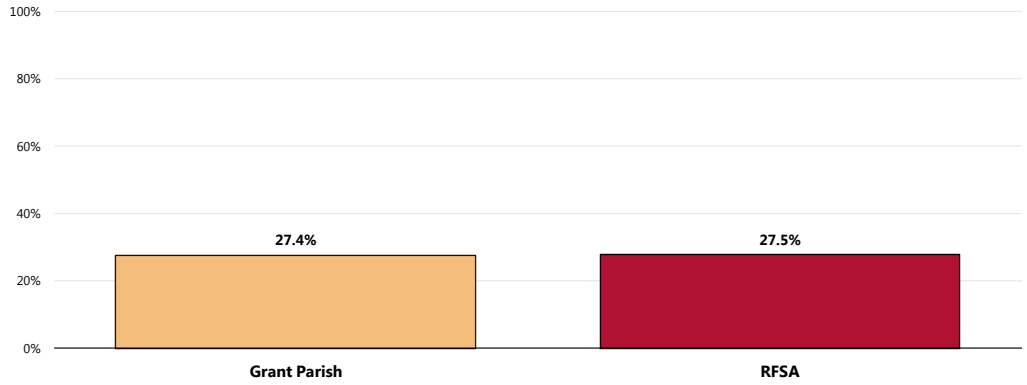
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 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 27.4% of Grant Parish adults report three or more meals in the past week from fast food restaurants.

- Nearly identical to regional findings.

Eat Three or More Fast Food Meals Per Week

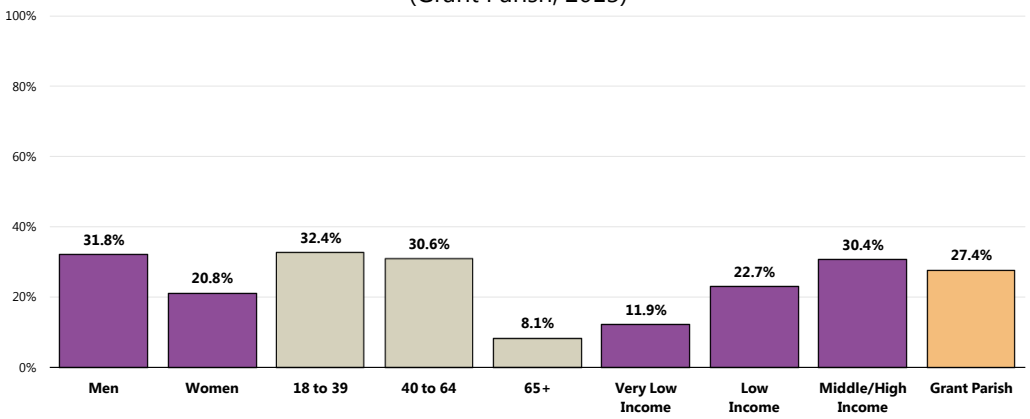


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 98]
Notes: • Asked of all respondents.

Fast food consumption is more prevalent among:

- Men.
- Adults under 65.
- Residents with higher incomes (note the positive correlation with income).

Eat Three or More Fast Food Meals Per Week
(Grant 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.

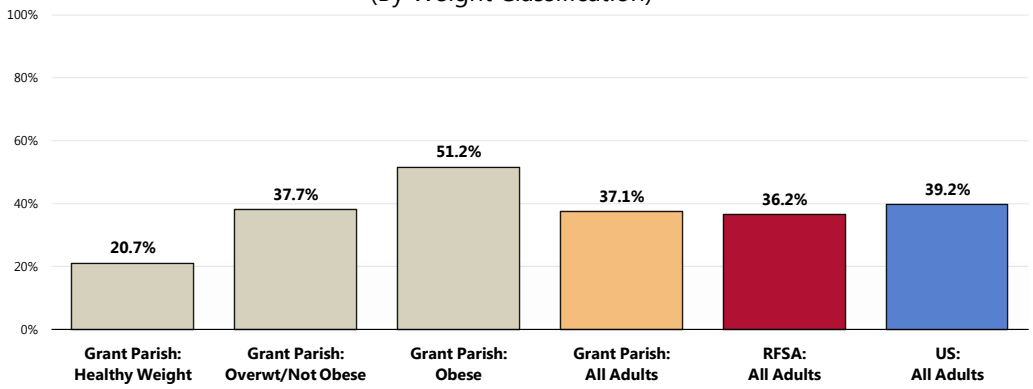
Health Advice About Diet & Nutrition

A total of 37.1% 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, 51.2% report receiving diet/nutrition advice (meaning that nearly one-half did not.

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

(By Weight Classification)



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

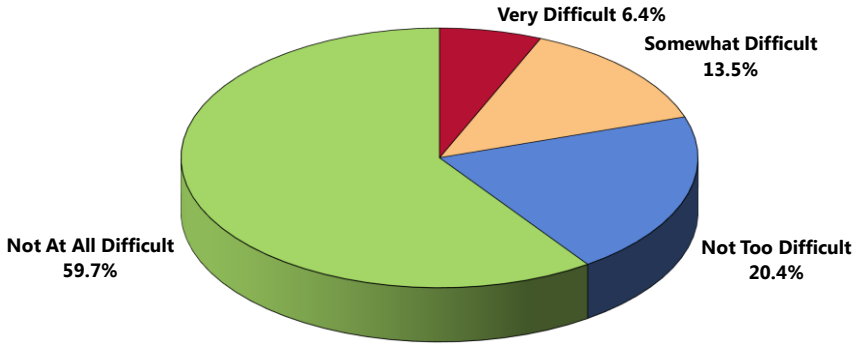
Difficulty Purchasing Fresh Produce

A total of 6 in 10 Grant Parish residents (59.7%) indicate that it is "not at all difficult" to buy fresh produce like fruits and vegetables in their community.

- Another 20.4% report this as "not too difficult."

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

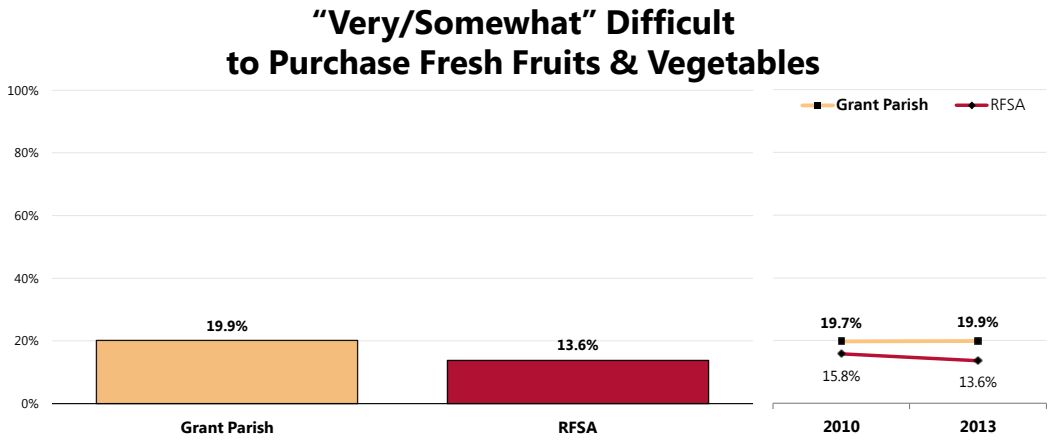
(Grant Parish, 2013)



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

However, 13.5% of residents find the purchase of fresh fruits and vegetables to be "somewhat difficult," and 6.4% find it "very difficult."

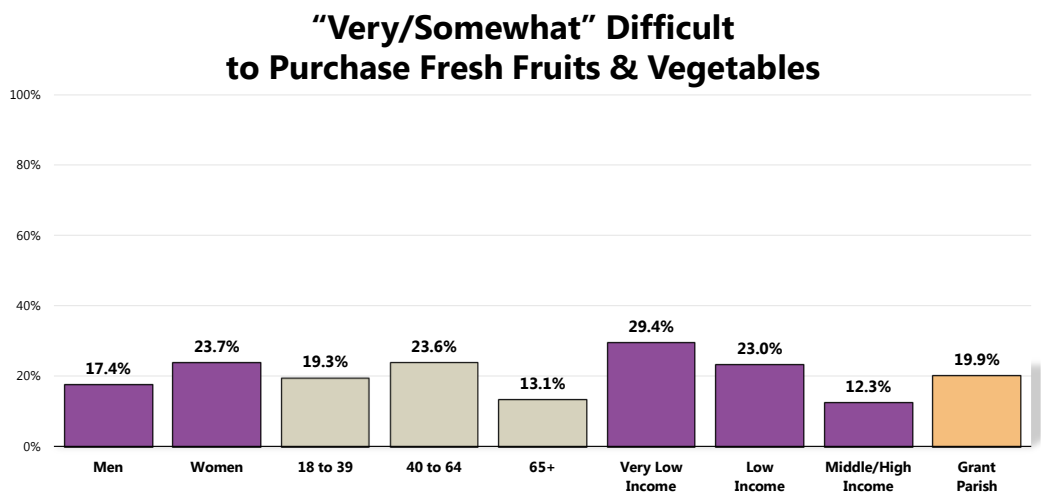
- Less favorable than the combined regional findings.
- No change from 2010 survey findings.



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

Higher among:

- Adults age 40 to 64.
- Lower-income residents (negative correlation with income).



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

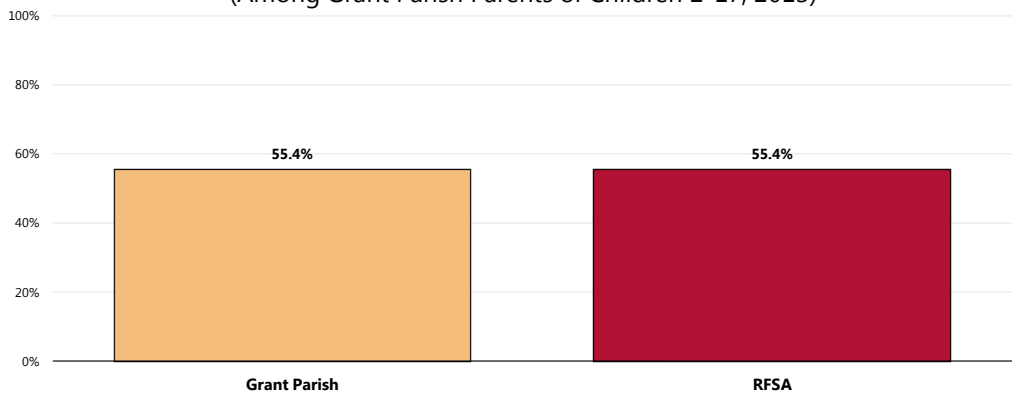
To measure children's food and beverage consumption, parents were asked specifically about the foods and drinks their child consumed on the day prior to the interview.

Over one-half (55.4%) of Grant Parish parents of children age 2-17 reports that their child has five or more servings of fruits/vegetables per day.

- Identical to regional findings.

Child Eats Five or More Servings of Fruits/Vegetables Per Day

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



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.

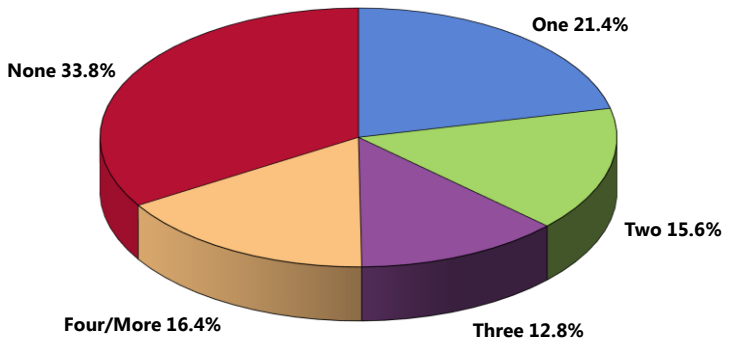
Children & Sugar-Sweetened Beverages

While 33.8% of Grant Parish children age 2-17 typically do not drink any sugar-sweetened beverages, 21.4% drink one per day, and 15.6% drink two per day.

- 12.8% drink three per day, and 16.4% drink four or more daily.

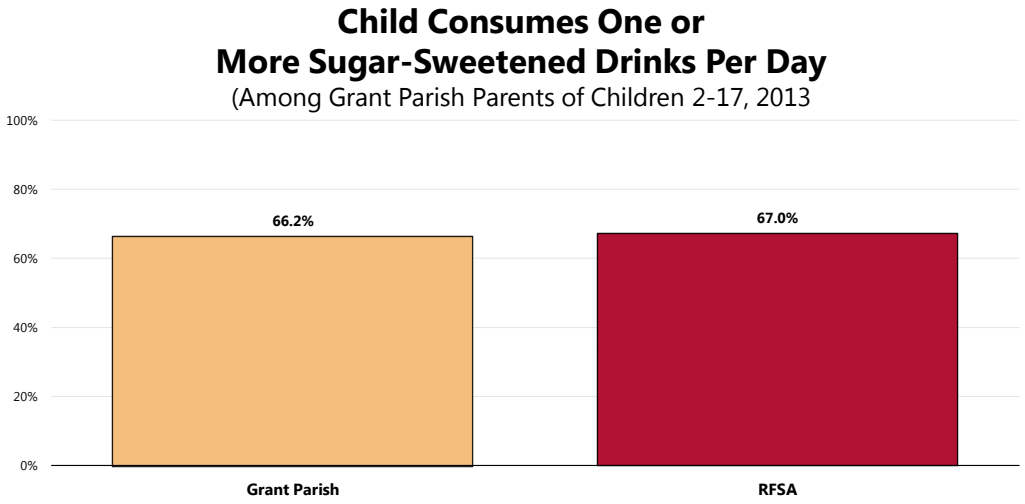
Children: Servings of Sugar-Sweetened Drinks Consumed Per Day

(Grant 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 (two in three children age 2-17) is comparable to regional findings.

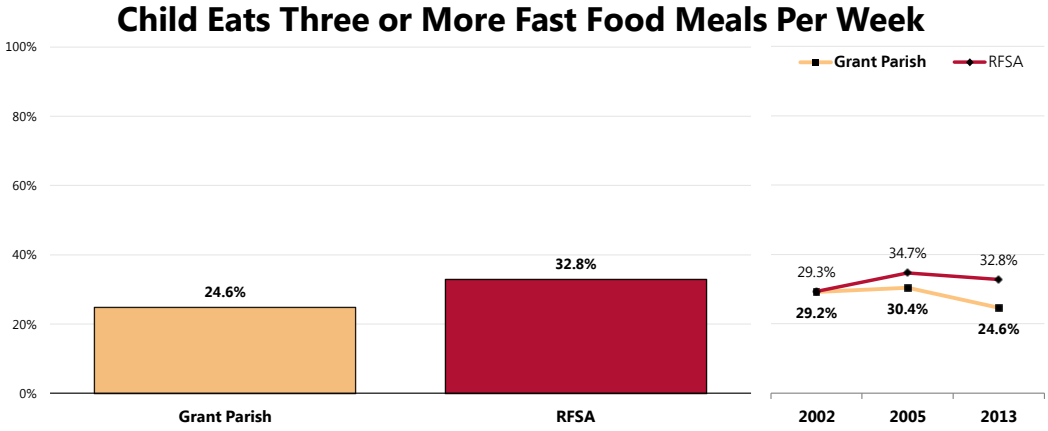


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 146]
Notes: • Asked of all respondents with children aged 2-17 at home.
• In this case, respondents were asked to consider their child's beverage consumption from the previous day.
• Sugar-sweetened drinks include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

Children & Fast Food

One in four (24.6%) area children age 5-17 is reported to have three or more fast food meals in an average week.

- Statistically comparable to regional findings.
- Statistically unchanged from 2002 survey findings.



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.

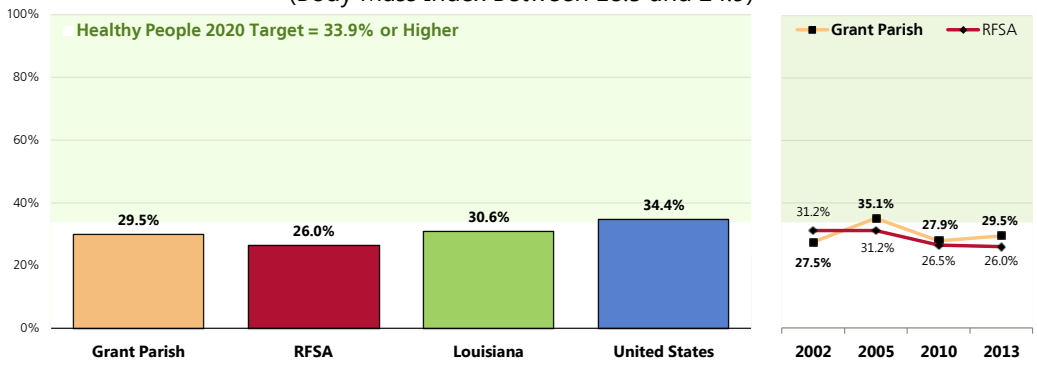
Healthy Weight

Based on self-reported heights and weights, only 29.5% of Grant Parish adults are at a healthy weight (neither underweight nor overweight, BMI = 18.5-24.9).

- Comparable to the regional (RFSA) percentage.
- Comparable to the Louisiana percentage.
- Comparable to national findings.
- Comparable to the Healthy People 2020 target.
- Statistically unchanged from 2002 survey findings.

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

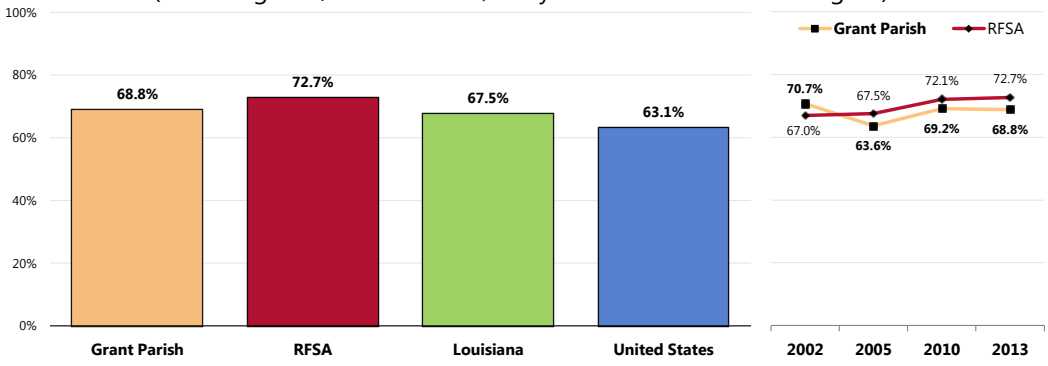
Adults

Based on self-reported heights and weights, 68.8% of Grant Parish adults are overweight or obese (BMI ≥25).

- Similar to the regional prevalence.
- Similar to the Louisiana prevalence.
- Higher than the US prevalence.
- No significant difference in overweight prevalence since 2002 among Grant 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.

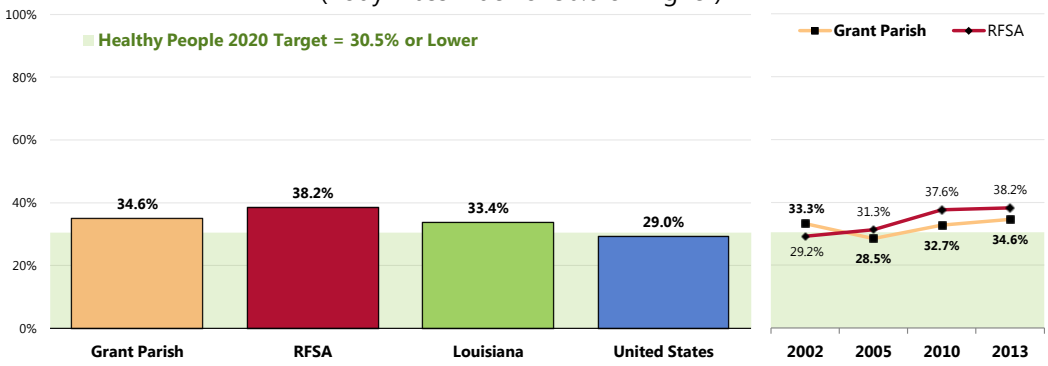
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater 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, 34.6% of Grant 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.
- Similar to the Healthy People 2020 target.
- Statistically unchanged 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.

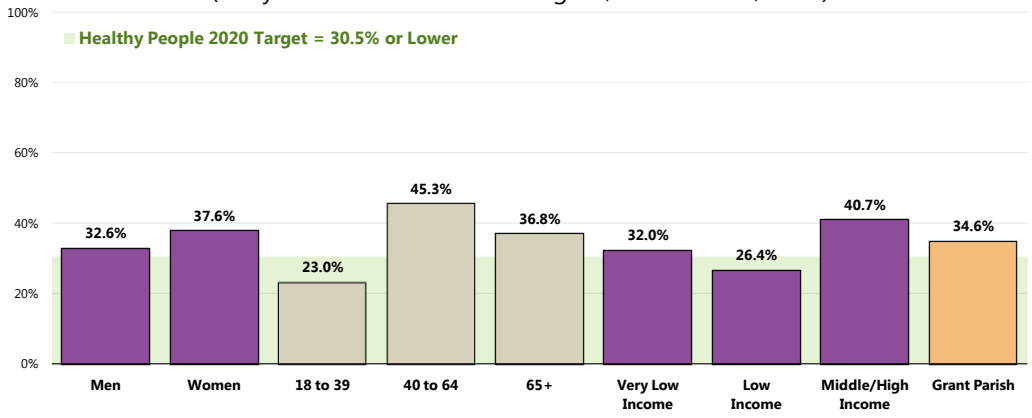
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
- Because the CDC implemented changes to the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

Prevalence of Obesity

(Body Mass Index of 30.0 or Higher; Grant 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

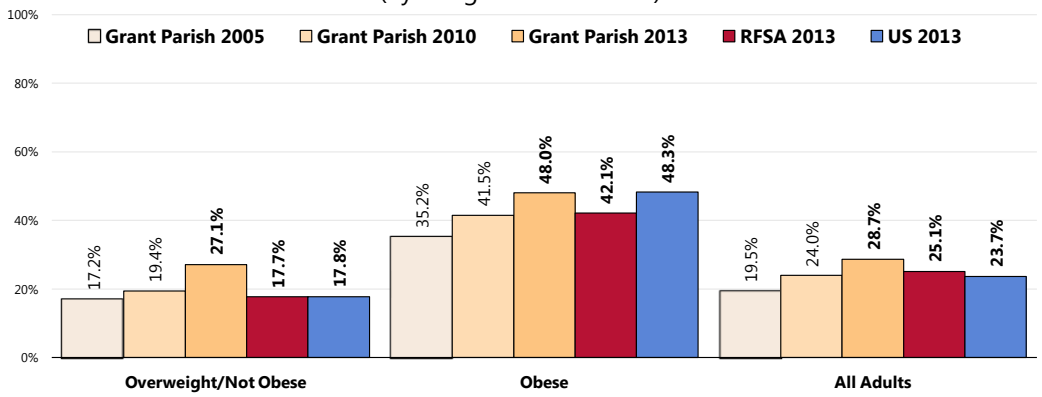
Health Advice About Weight Management

A total of 28.7% 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.
- Better than national findings.
- Marks a statistic improvement over time.
- Note that 48.0% of obese adults have been given advice about their weight by a health professional in the past year (while over one-half has 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.

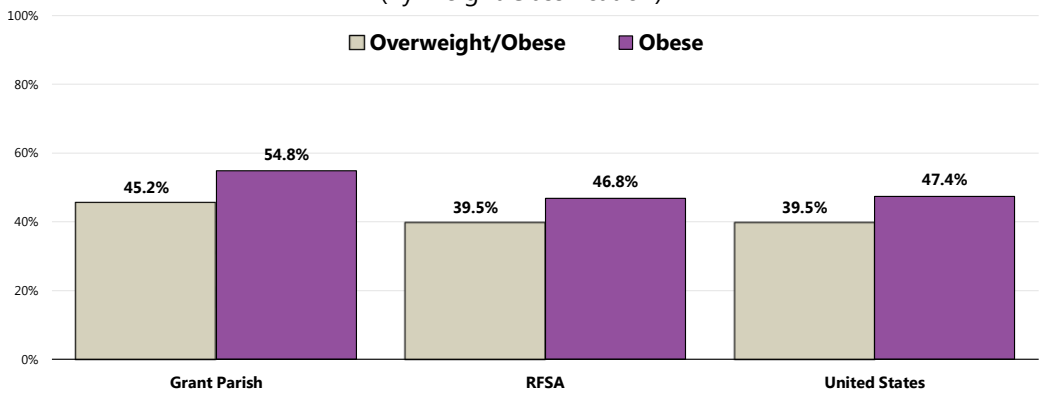
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

A total of 45.2% of Grant 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: 54.8% of Grant 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)



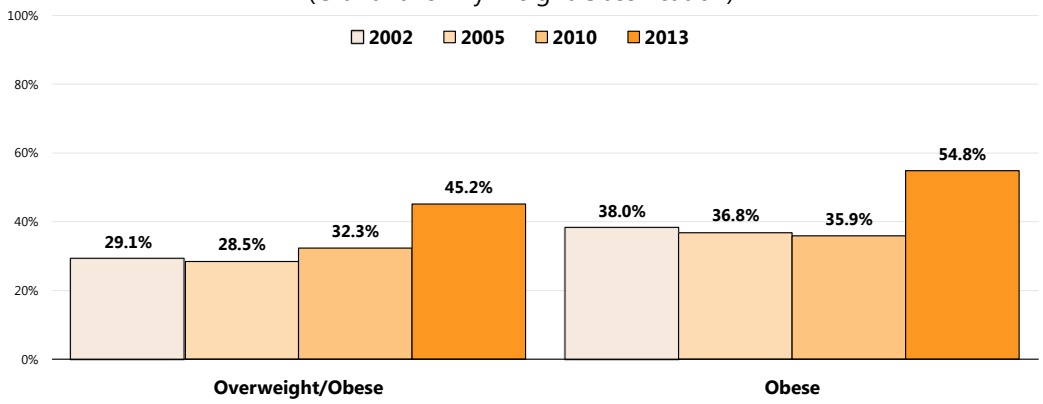
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 197]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

The proportion of overweight and obese adults in Grant Parish who are using diet and exercise to try to lose weight has <u>improved</u> over time.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity

(Grant Parish By Weight Classification)



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

Notes:
- Asked of all respondents.

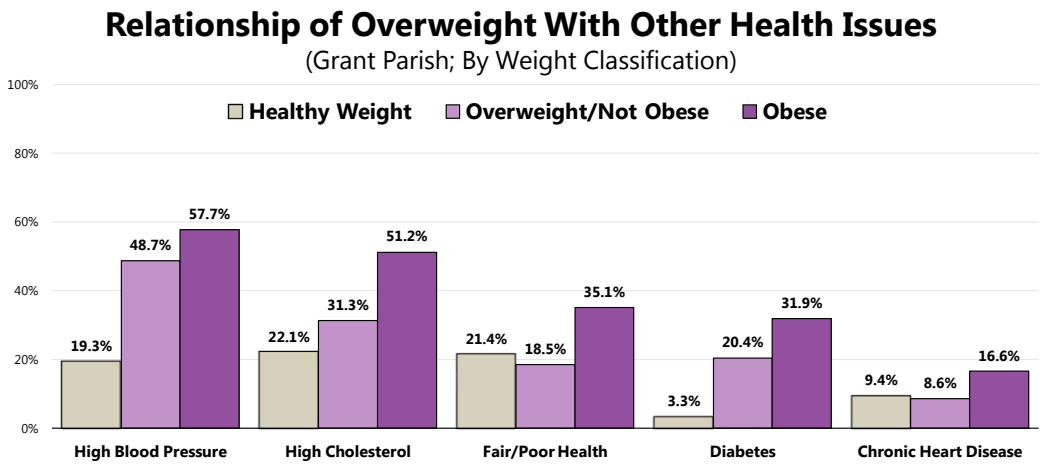
Relationship of Overweight With Other Health Issues

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

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

These include:

- Hypertension (high blood pressure).
- High cholesterol.
- "Fair/poor" physical health.
- Diabetes.
- Chronic heart disease.



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

Childhood Overweight & Obesity

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

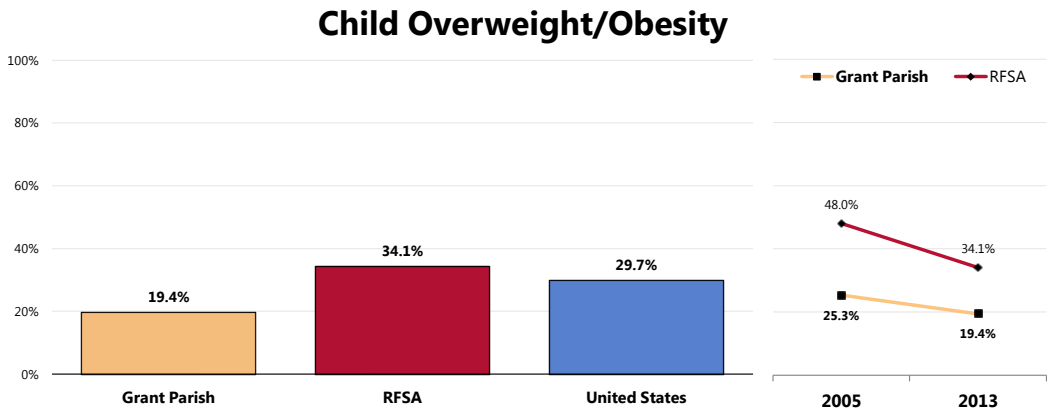
BMI-for-age weight status categories and the corresponding percentiles are shown below:

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

– Centers for Disease Control and Prevention.

Based on the heights/weights reported by surveyed parents, 19.4% of Grant Parish children age 6 to 17 are overweight or obese (≥85th percentile).

- Better than the regional prevalence.
- Better than the prevalence reported nationally.
- In Grant Parish, no significant change over time in childhood overweight/obesity since 2005.

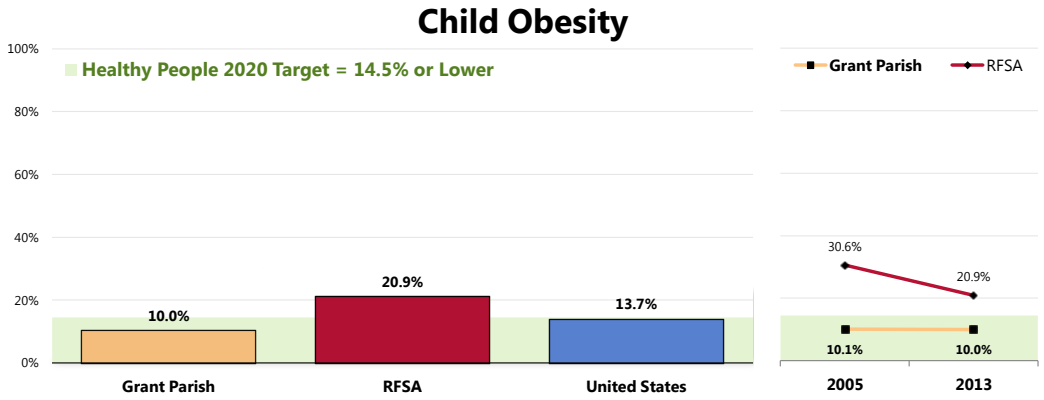


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 200]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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, 10.0% of area children age 6 to 17 are <u>obese</u> (≥95th percentile).

- Well below the regional prevalence.
- Comparable to the national percentage.
- Comparable to the Healthy People 2020 target.
- No change from 2005 survey findings in Grant Parish.



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.

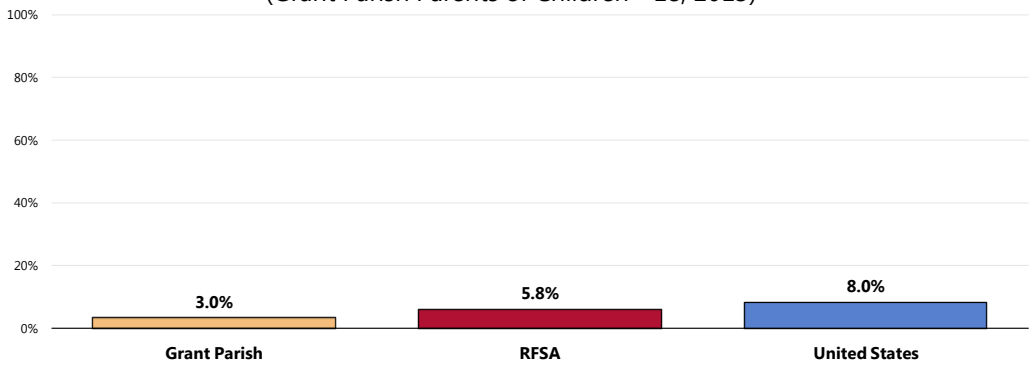
Notification of Child's Weight Status

A total of 3.0% of Grant Parish parents report that, within the past year, a health professional or someone at their child's school has told them that their child was overweight.

- Comparable to the regional figure.
- Lower than the national figure.

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

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

- Poor nutrition
  - Cultural traditions
  - Food deserts
  - Fast food establishments, or microwavable meals
  - Nutrition education
  - Hunger

Participants believe that residents have **poor nutrition,** which contributes to the high prevalence of obesity in the community. Key informants worry about the number of overweight and obese children in the community. Attendees feel that the Southern **cultural traditions** influence the level of obesity in the community due to the poor diet and prevalence of fried foods.

Some residents live in neighborhoods classified as **food deserts**, wherein community members do not have easy access to a grocery store and the available food is not of good quality.

For other citizens, **fast food establishments, or microwavable meals,** represent the convenient option for their busy lifestyle.

> *"I would go back to time. Everybody's in so much of a lifestyle now is busy, busy, busy. And it is so much easier in the morning just to throw a pop tart at a student or when you get home just something quick and easy because things are busy. Everyone's busy." — Grant Parish Key Informant*

In addition, when available, fresh fruits and vegetables cost more than heavily processed options.

> *"Studies have proved that it's cheaper to buy fatty foods and junk food. You get more food that way. Than it is to buy the organic or healthy type foods and they're not plentiful. You know you're buying half as much for twice the price basically." — Grant Parish Key Informant*

The Louisiana Agriculture Center provides nutrition education, but focus group attendees believe that more **nutrition education** needs to occur because many households lack basic knowledge about preparing nutritious meals, portion sizes, and/or making healthy food choices.

> *"And if you cook, even if you cook red beans and rice in the south and put seasoning meat in it. You can put sausage in it. People are still waiting for a pork chop or a chicken breast on the side cause where's the rest of my meal. And then without realizing that the beans themselves are protein." — Grant Parish Key Informant*

Some parents also do not realize that they can control what their child eats and/or how much, which in turn impacts the child's weight. By involving the child in meal preparation the parent can help create a positive relationship between the child and food.

> *"You know there are mamas who come in and say, 'He's three years old but he eats more than his seven year old brother.' You're giving it to him. And they don't realize that they have some control. They don't realize that I can give my child a meal. Give him the correct, what the proper proportions are and what should be on the plate. And then if he asks for more, offer him more vegetables. Don't offer him a hunk of red velvet cake. That fruit can be the dessert…Grow a garden. Have a garden; they're more likely to eat it. It's that simple." — Grant Parish Key Informant*

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

> *"Some of the elementary schools on the weekends will send like a backpack of food home with them. Its cheese crackers. It's a thing of peanut butter. It's quick and easy. Cheap. We have kids that we know are going to be hungry because they just get meals at school and maybe little snacks at home and things like that. We see a lot of that. If you're hungry, you can't learn." — Grant Parish Key Informant*
>
> *"So one of the things that our head cook does and has always done, she makes sure that Monday morning they get a big breakfast. Because some of our children come in very hungry. And she*

makes sure that one her heavier meals for lunch is what they get on a Friday. Because they may not get a good home cooked meal." — Grant Parish Key Informant

Physical Activity & Fitness

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

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

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

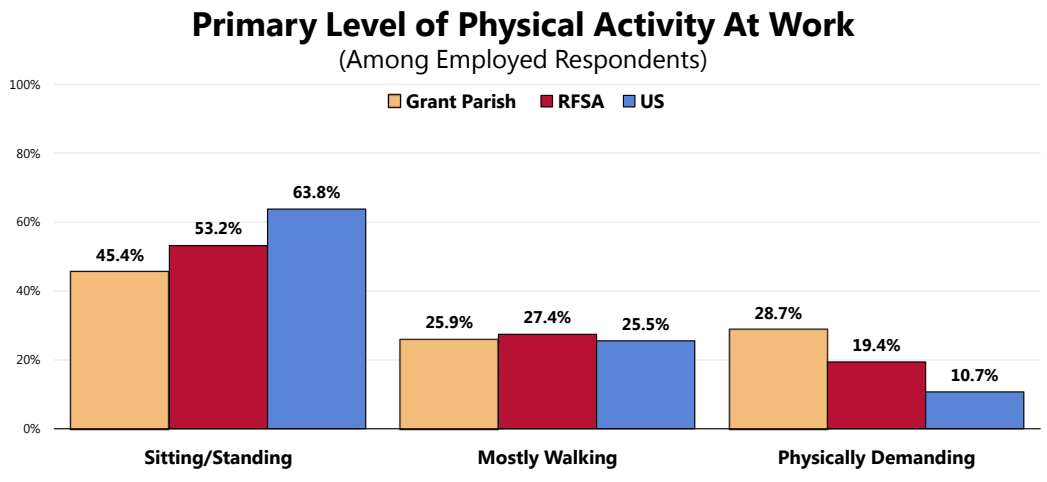
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Adults' Physical Activity

Level of Activity at Work

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

- Nearly one-half (45.4%) of employed respondents reports that their job entails mostly sitting or standing, much lower than the US figure.
- 25.9% report that their job entails mostly walking (similar to the figure reported nationally).
- 28.7% report that their work is physically demanding (higher than the US figure).



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

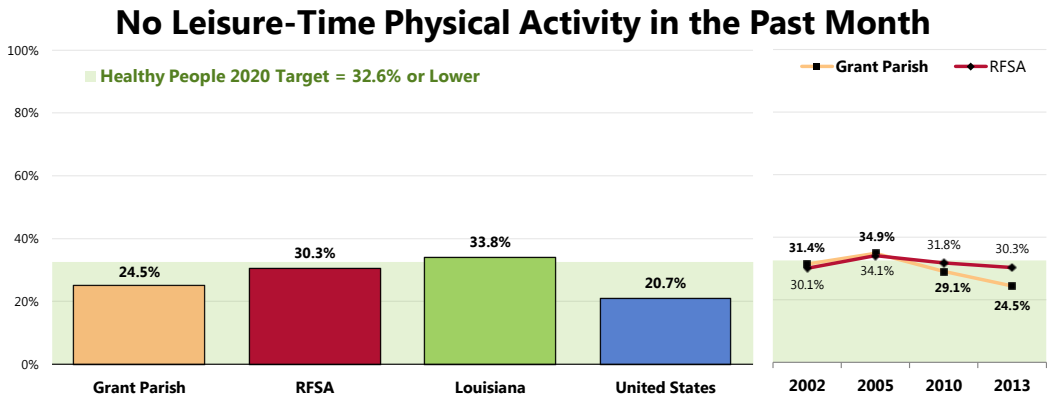
Effects of Physical Inactivity & Unhealthy Diets

- 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

One in four Grant Parish adults (24.5%) reports no leisure-time physical activity in the past month.

- Better than the regional prevalence.
- Better than the percentage reported across Louisiana.
- Similar to national findings.
- Satisfies the Healthy People 2020 objective.
- Lack of leisure-time physical activity has <u>improved</u> over time.



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]

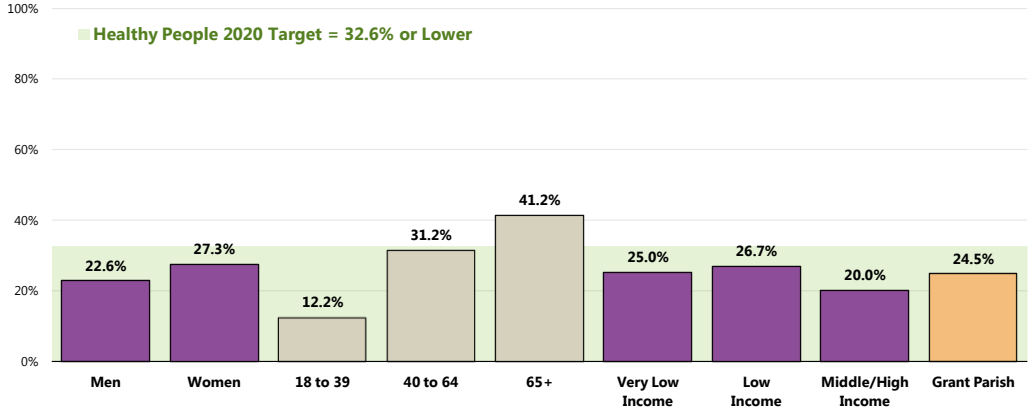
Notes:
- Asked of all respondents.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

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

- Adults age 40 and older (positive correlation with age).

No Leisure-Time Physical Activity in the Past Month

(Grant 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.

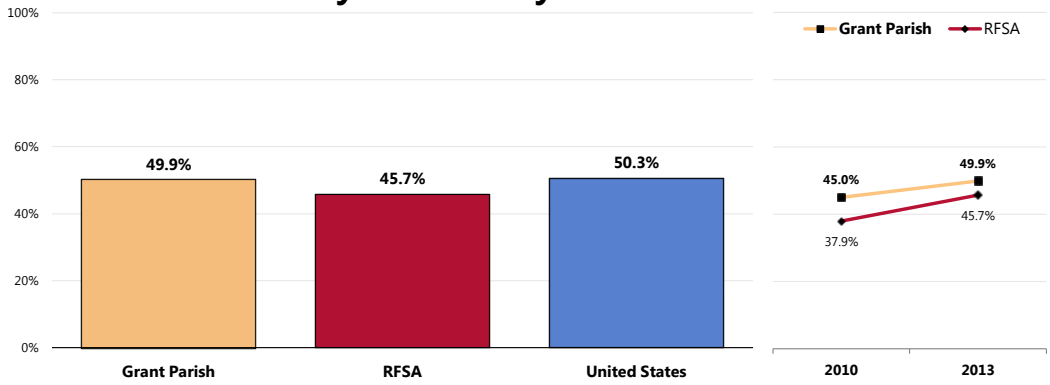
  – Healthy People 2020

Recommended Levels of Physical Activity

One-half (49.9%) of Grant Parish adults participates in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Similar to the regional prevalence.
- Similar to national findings.
- Similar to 2010 survey findings in Grant Parish.

Meets Physical Activity Recommendations



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

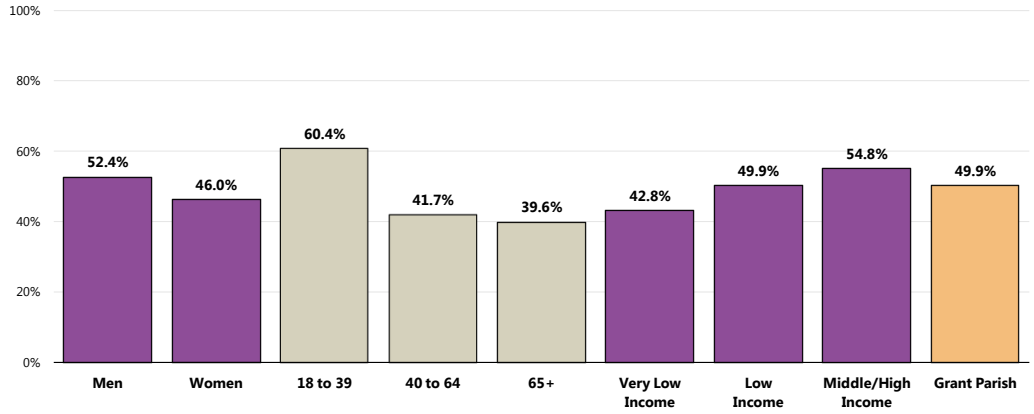
Notes:
- Asked of all respondents.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Adults less likely to meet physical activity requirements include:

- Adults age 40+.

Meets Physical Activity Recommendations

(Grant Parish, 2013)



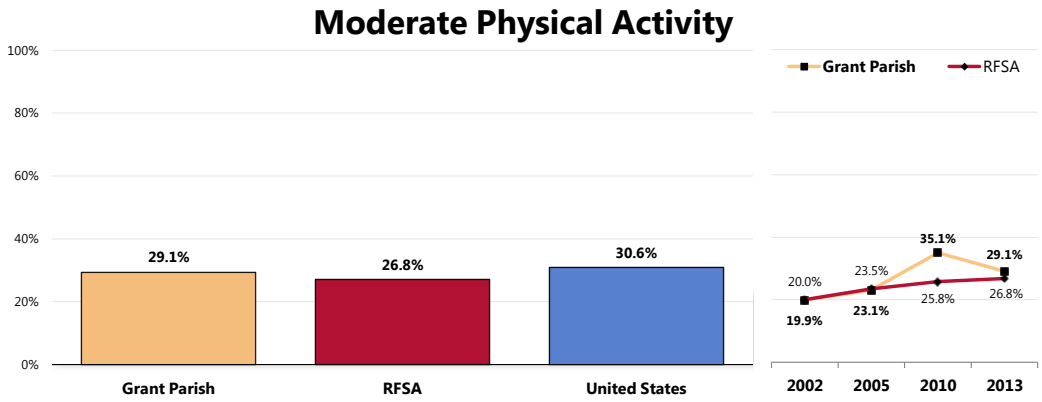
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 188]

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, 29.1% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

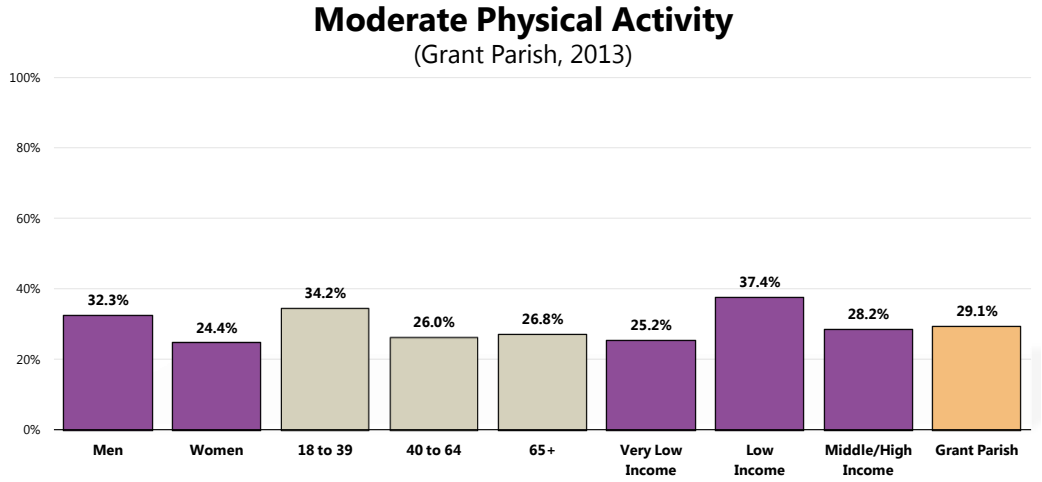
- Comparable to that found throughout the RFSA.
- Comparable to the national figure.
- Participation in regular, moderate-intensity physical activity has <u>improved</u> significantly in the service area since 2002.



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 by demographic characteristics in Grant Parish.

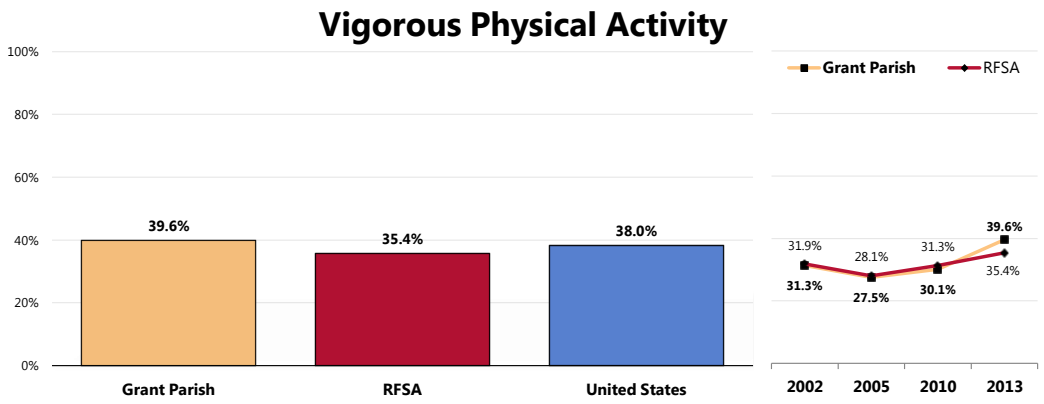


Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]

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 39.6% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

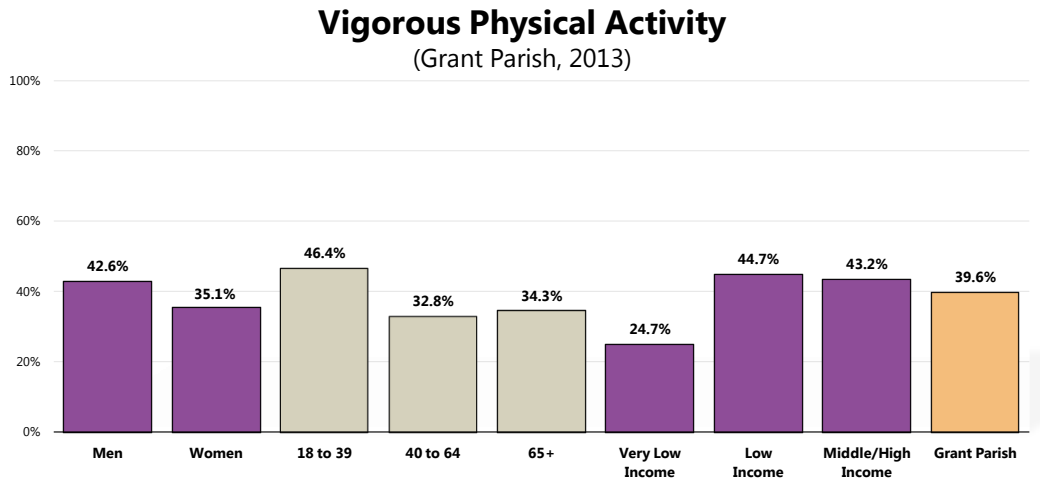
- Similar to that found throughout the RFSA.
- Similar to the nationwide figure.
- This marks a significant increase over time.



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 upper-income residents.



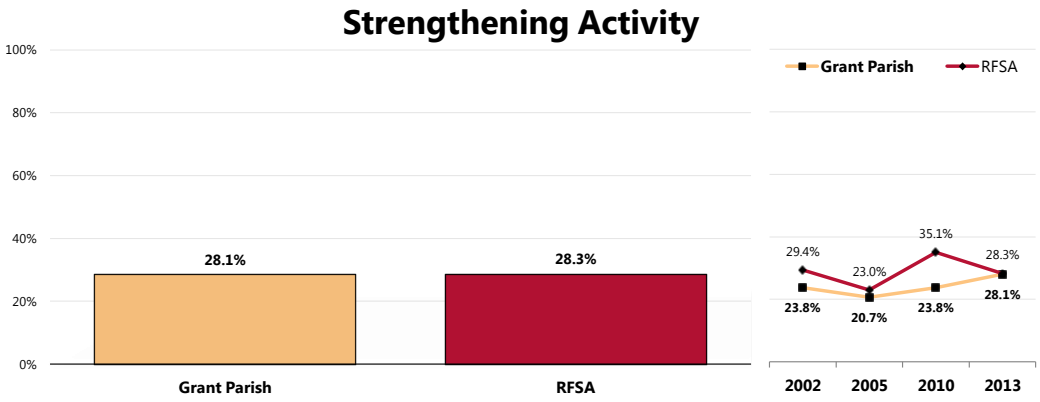
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 191]

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 28.1% of adults regularly participate in strengthening activities (at least twice weekly) **– these are activities designed to strengthen muscles, such as lifting weights or doing calisthenics.**

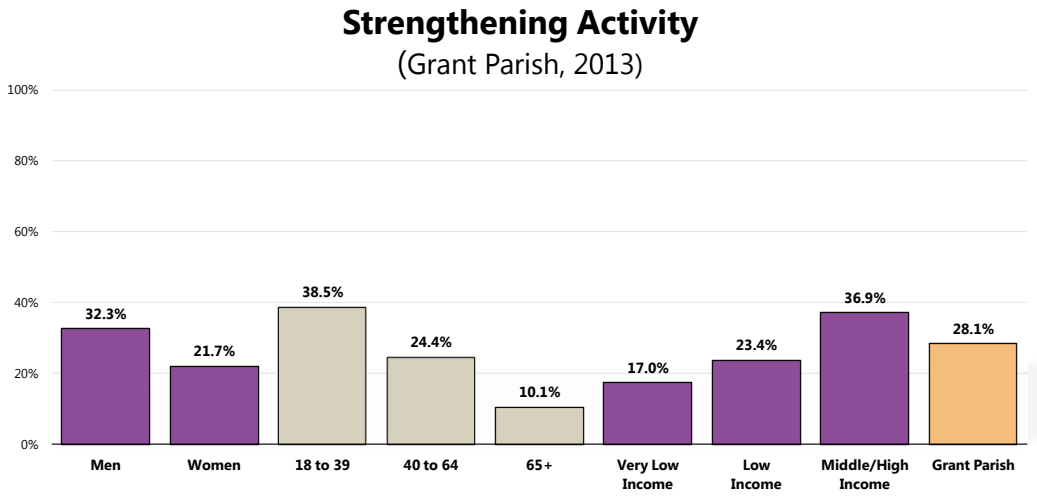
- Nearly identical to that found throughout the RFSA.
- Statistically unchanged from 2002 survey findings.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 103]
Notes: • Asked of all respondents.
• Takes part in activities that are specifically designed to strengthen muscles, such as lifting weights or performing calisthenics, at least twice weekly.

Adults less likely to report participating in strengthening exercises at least twice weekly include:

- Women.
- Adults 40 and older (negative correlation).
- Those in households with lower incomes (positive correlation).

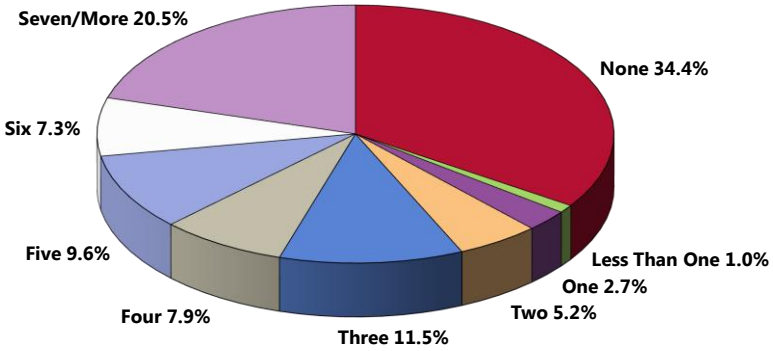


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; low income" = 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 37.5% of Grant 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

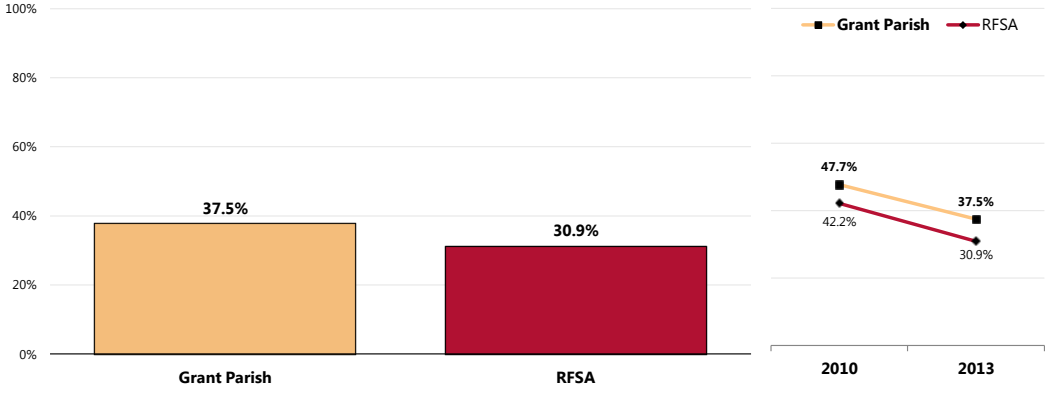
(Grant Parish, 2013)



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

- Better than regional findings.
- Marks a significant decrease over time.

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



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

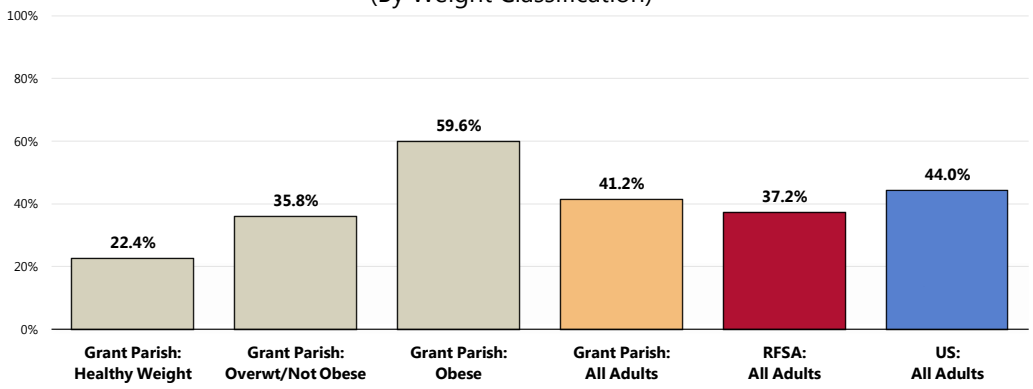
Health Advice About Physical Activity & Exercise

A total of 41.2% of Grant 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.
- Comparable to the national average.
- Note: 59.6% of obese Grant Parish respondents say that they have talked with their doctor about physical activity/exercise in the past year, comparable to that 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

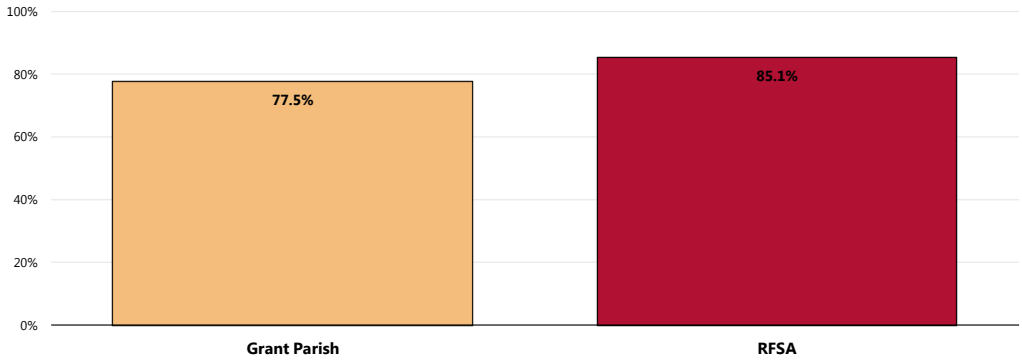
Participation in Physical Activity

Overall, 77.5% of Grant Parish parents of children 5-17 report that their child is physically active on a regular basis (defined as 3+ days per week of vigorous physical activity or 5+ days per week of moderate activity).

- Comparable to regional (RFSA) findings.

Child Is Physically Active on a Regular Basis

(Among Grant 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.

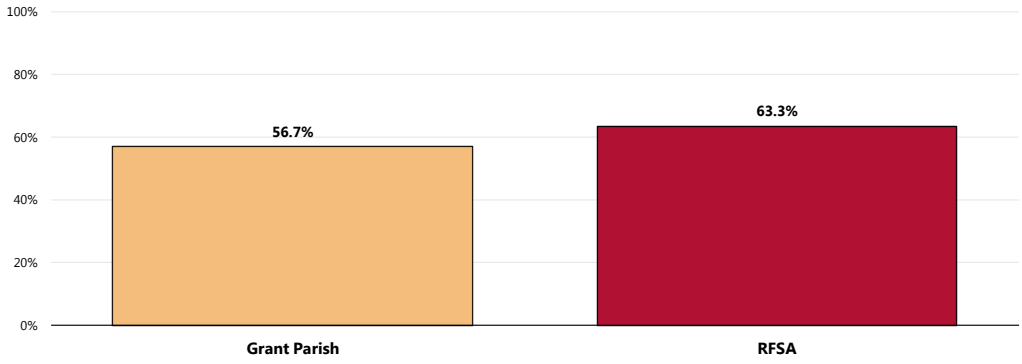
Children's Moderate Physical Activity

Over one-half (56.7%) of 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 Grant Parish Parents of Children Aged 5-17, 2013)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 153]
Notes: • Asked of all respondents with children aged 5-17 at home.
• Takes part in activities that produce some increase in breathing or heart rate at least 5 times a week for at least 30 minutes per time.

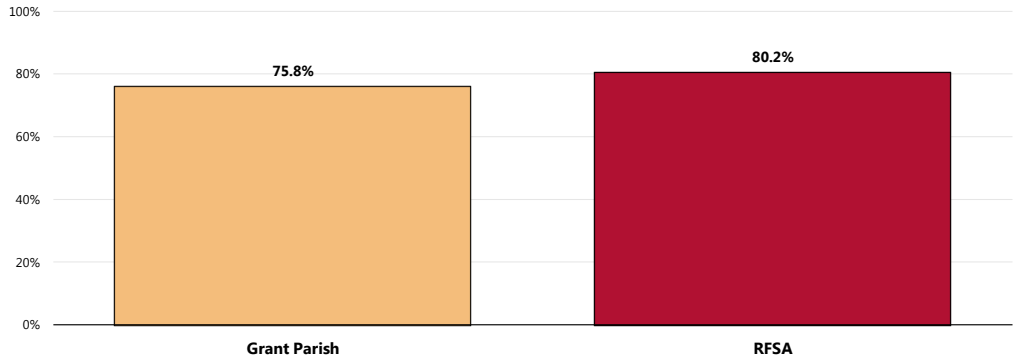
Children's Vigorous Physical Activity

A total of 3 in 4 (75.8%) children engage in regular vigorous physical activity (3+ times per week for 20+ minutes at a time).

- Comparable to regional (RFSA) findings.

Child Engages in Regular Vigorous Physical Activity

(Among Grant 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.

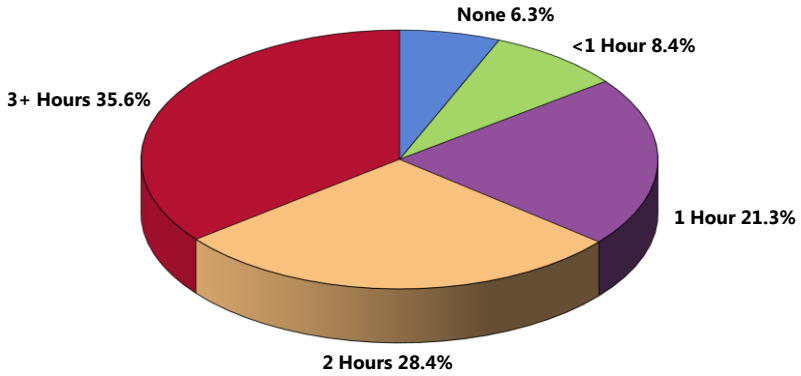
Children's Screen Time

Television Watching

In children age 5-17, 36.0% are reported to watch one hour or less of television per day; on the other hand, 35.6% are reported to watch 3+ hours of TV daily.

Children: Hours of Television Watching on a Typical School Day

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

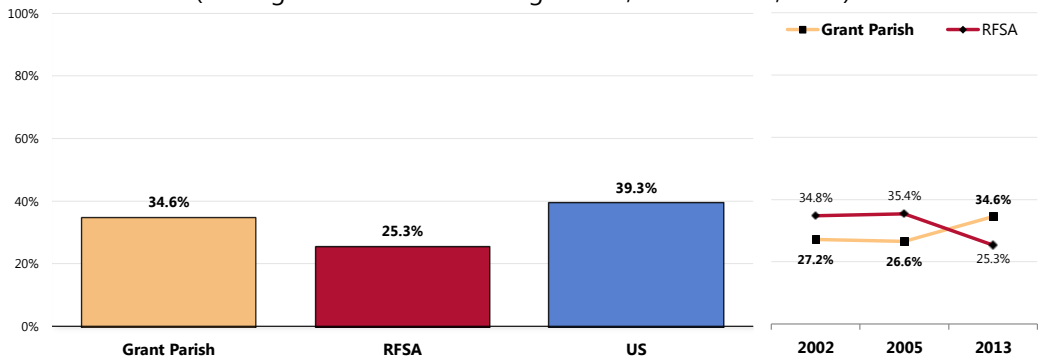


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
Notes: • Asked of respondents with children ages 5-17 at home.
• "1 Hour" = 60-119 minutes of reported television watching; "2 Hours" = 120-179 minutes; "3 Hours" = 180-239 minutes; etc.

- 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; Grant Parish, 2013)



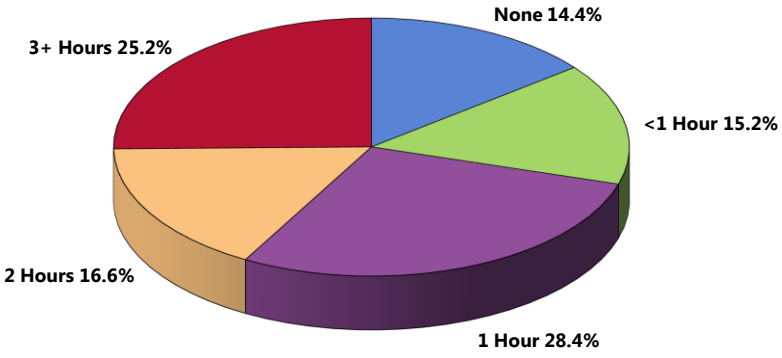
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 192]
• 2013 PRC National Children's Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of respondents with children ages 5-17 at home.

Other (Non-TV) Screen Time

Fewer area children age 5-17 (25.2%) 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

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

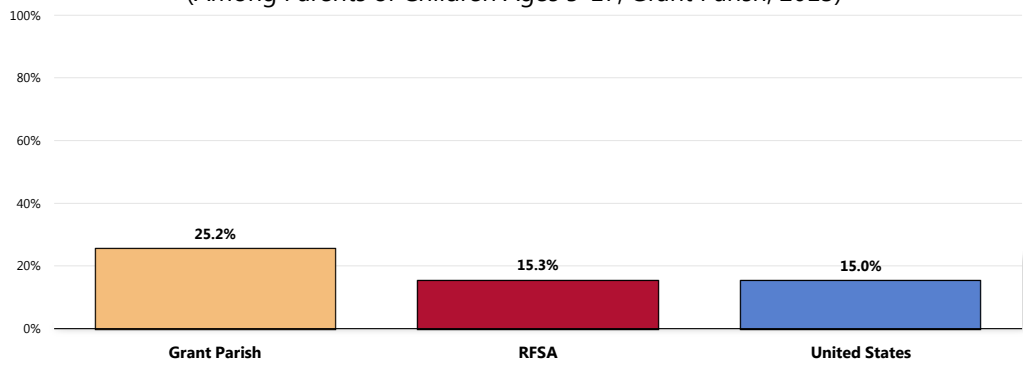


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
Notes: • Asked of respondents with children ages 5-17 at home.
• In this case, the term "screen time" includes video games and computer/Internet use for entertainment.
• "1 Hour" = 60-119 minutes of reported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

- Less favorable than regional (RFSA) findings.
- Less favorable than 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; Grant 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.

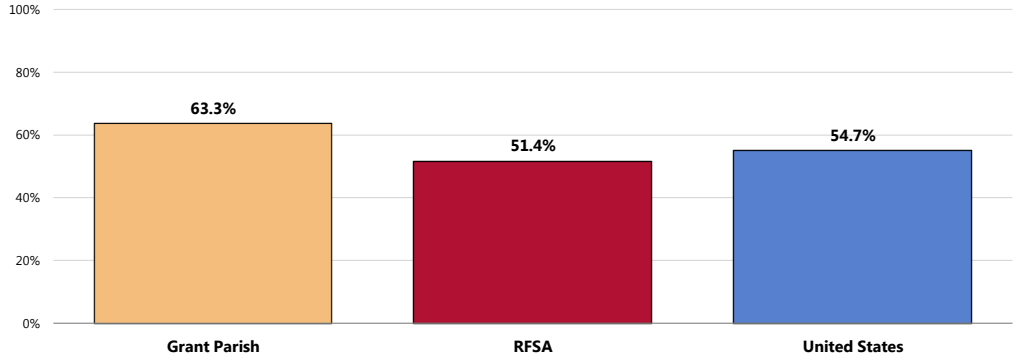
Total Screen Time

On a typical school day, 63.3% of school-age Grant Parish children spend 3+ hours watching television, playing video games, or using the computer/Internet for entertainment.

- Less favorable than regional (RFSA) findings.
- Statistically 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.

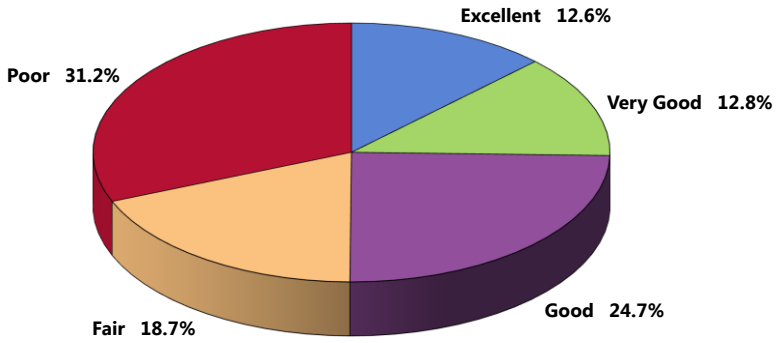
Availability of Opportunities for Physical Activity

A total of 25.4% of survey respondents give "excellent" or "very good" ratings of the availability of opportunites for physical activity in their community.

- Another 24.7% gave "good" ratings.

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

(Grant Parish, 2013)

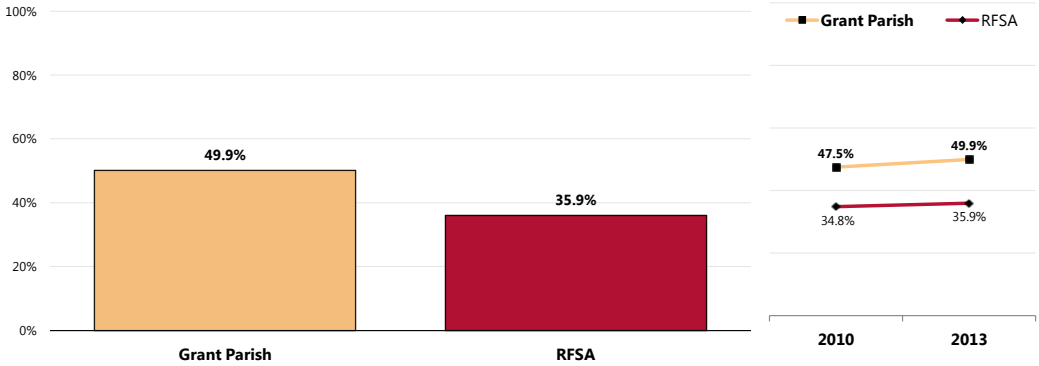


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
Notes: • Asked of all respondents.

In contrast, one-half (49.9%) of Grant Parish adults gave "fair/poor" ratings of the availability of opportunities for physical activity within the community.

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

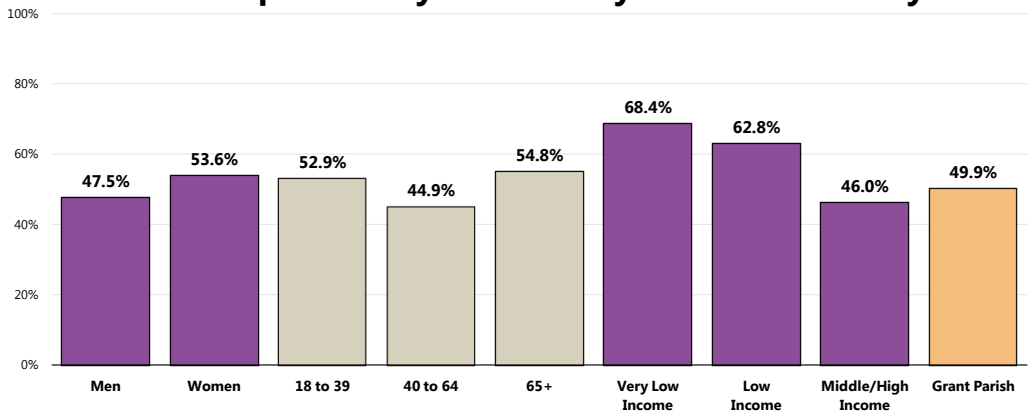
"Fair" or "Poor" Evaluations of the Availability of Opportunities to Participate in Physical Activity in the Community



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

- Over 6 in 10 residents with low incomes rate physical activity opportunities in their communities as "fair" or "poor."

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



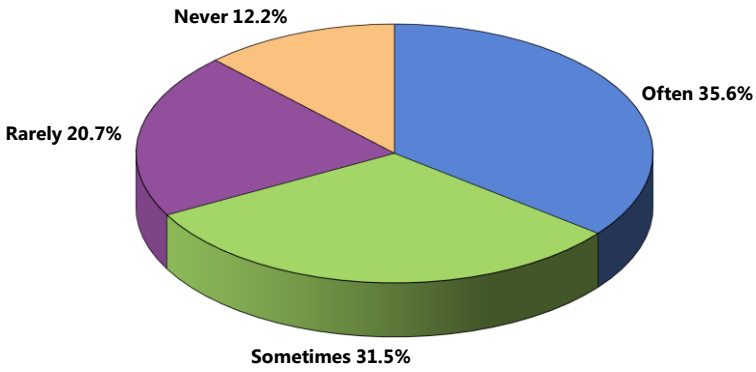
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
Notes: • Asked of all respondents.

Community Participation in Physical Activity

Many Grant Parish adults (32.9%) report that they "rarely" or "never" see others in their community being physically active, such as walking, jogging or biking.

- Another 31.5% reported "sometimes" seeing other community members being physically active.

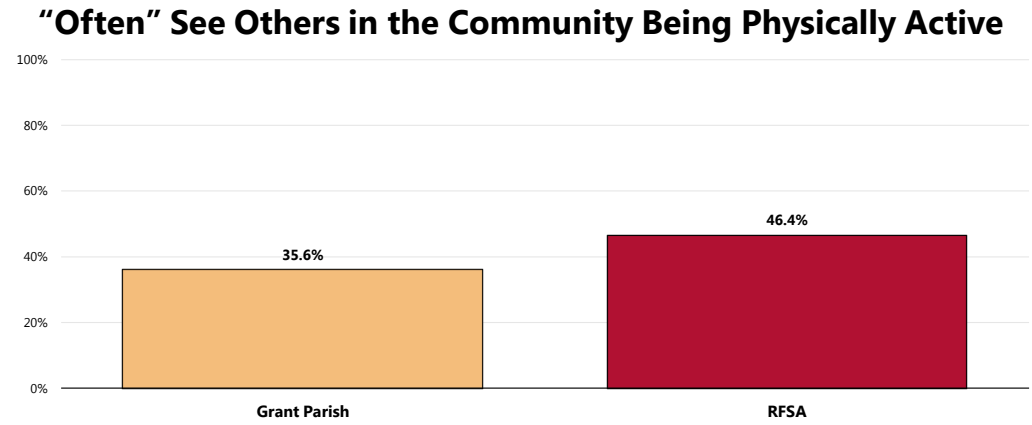
Frequency of Seeing Others in the Community Being Physically Active
(Grant Parish, 2013)



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

A total of 35.6% say they "often" see others in their community being physically active, such as walking, jogging or biking.

- Lower than regional (RFSA) findings.



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

Related Focus Group Findings: Physical Activity

Many focus group participants discussed the importance of physical activity. The main discussion centered on:

- Low physical activity levels

Focus group attendees believe that **low physical activity** levels increase the obesity rates in the parish. Participants agree that many community members live sedentary lifestyles, which is influenced by the limited physical activity resources in Grant Parish. A respondent explains:

> *"I got to go to Alexandria to go to a real park. When my sister and aunt were here with their family, they had to go to Alexandria to take the five, seven, eight, nine year olds to really have fun." — Grant Parish Key Informant*

The parish does have a walking trail, but extreme heat conditions may cause some residents to not participate.

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

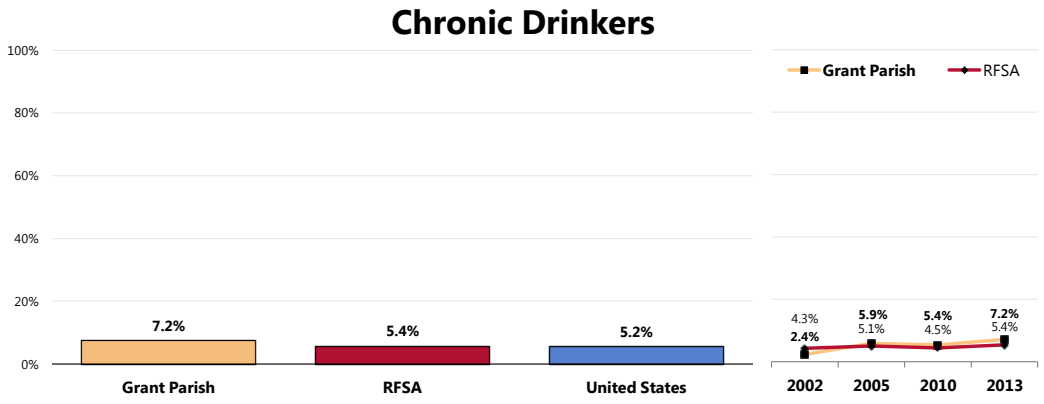
High-Risk Alcohol Use

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 7.2% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- Similar to regional (RFSA) findings.
- Similar to the national figure.
- The chronic drinking prevalence has <u>increased</u> significantly since 2002.

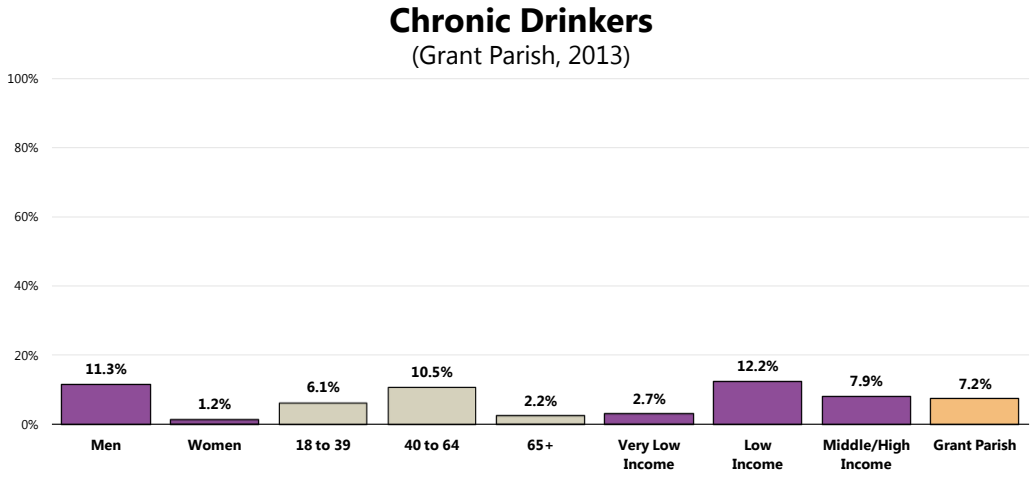


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 206]
- 2013 PRC National Health Survey, Professional Research Consultants.

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:

- Men.
- Adults under 65.
- Residents living just above the federal poverty level (aka "the working poor").



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 206]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
• Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.

Binge Drinking

A total of 16.4% of Grant Parish adults are binge drinkers.

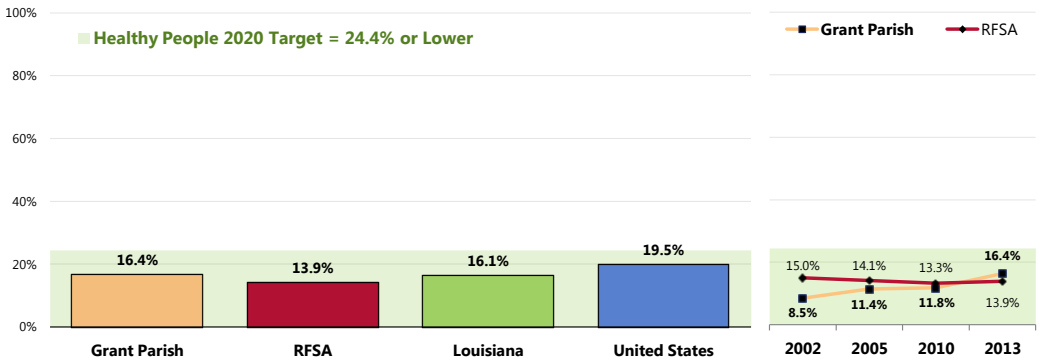
- Similar to regional (RFSA) findings.
- Similar to the prevalence in Louisiana.
- Similar to the prevalence reported nationwide.
- Satisfies the Healthy People 2020 target.
- Denotes a significant increase over time.

Binge drinkers include:

1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and

2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during the past month.

Binge Drinkers



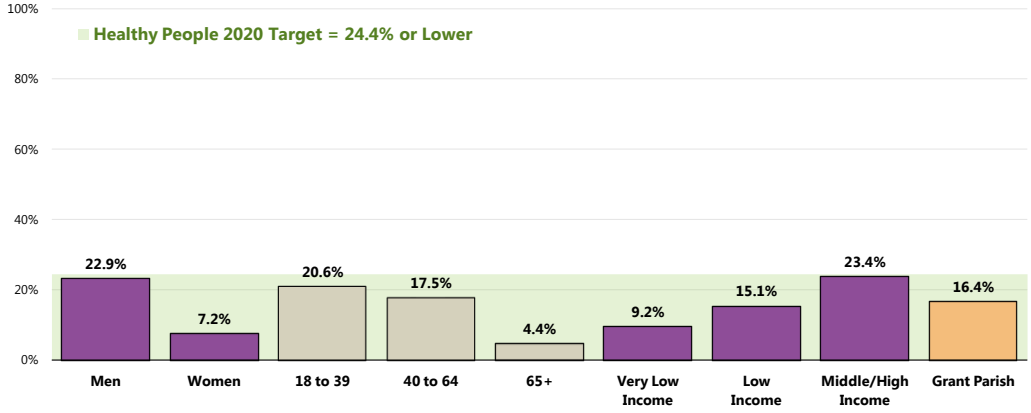
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 207]
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana data.
- 2013 PRC National Health Survey, Professional Research Consultants.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]

Notes:
- Asked of all respondents.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Binge drinking is more prevalent among:

- Men.
- Adults under age 65 (negative correlation).
- Residents living at higher incomes (positive correlation).

Binge Drinkers
(Grant Parish, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 207]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]

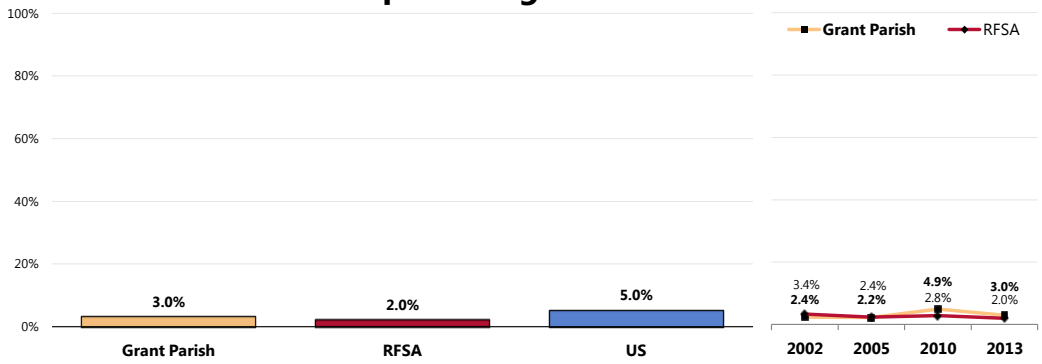
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
- Binge drinkers are defined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

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.

A total of 3.0% of Grant Parish adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

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

Have Driven in the Past Month After Perhaps Having Too Much to Drink

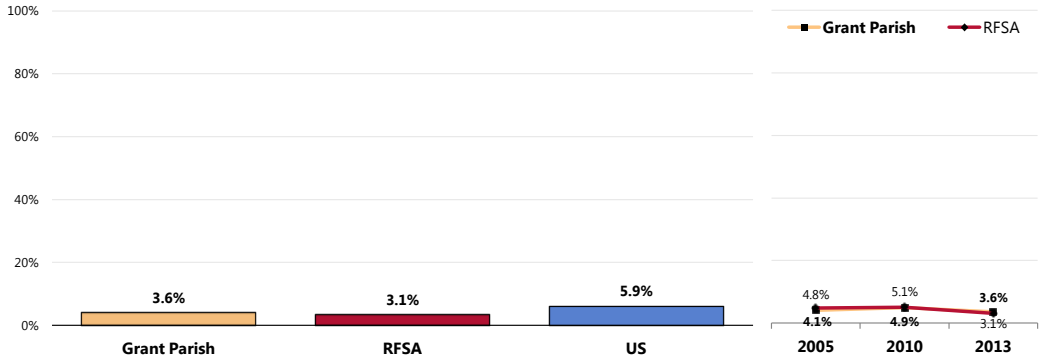


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 63]
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents.

In the past month, 3.6% of Grant Parish adults have ridden with a driver who had perhaps too much to drink.

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

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

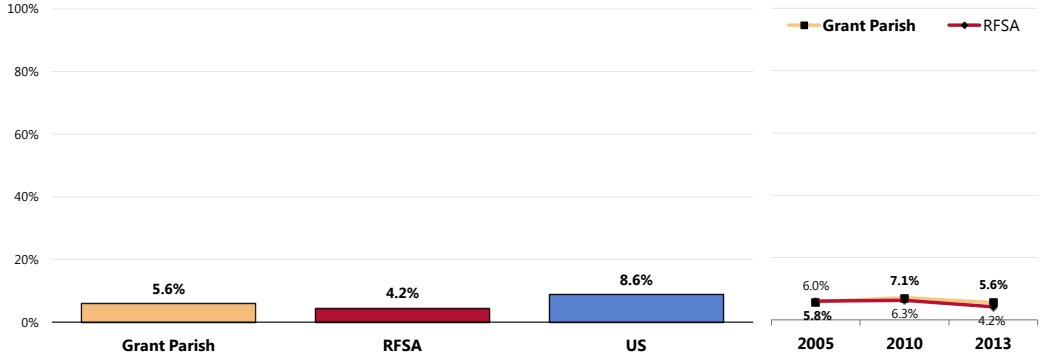


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 64]
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents.

A total of 5.6% of Grant Parish adults acknowledge either drinking and driving or riding with a drunk driver in the past month.

- Similar to regional (RFSA) findings.
- More favorable than the national percentage.
- Unchanged over time.

Have Driven Drunk OR Ridden With a Driver in the Past Month Who Had Too Much to Drink



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 208]
- 2013 PRC National Health Survey, Professional Research Consultants.

Notes:
- Asked of all respondents.

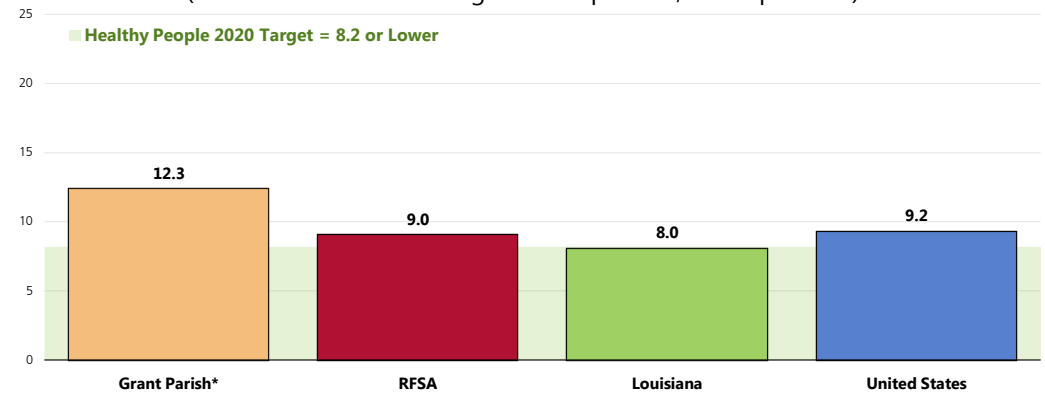
Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2008 and 2010, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 12.3 deaths per 100,000 population in Grant Parish.

- Worse than the regional (RFSA) rate.
- Worse than the rate reported across Louisiana.
- Worse than the national rate.
- Fails to satisfy the Health People 2020 target.

Cirrhosis/Liver Disease: Age-Adjusted Mortality

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



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- * Due to low numbers of deaths: the rates for Grant Parish represent 2001-2010 data.
- NOTE: 2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

Illicit Drug Use

Illegal use of drugs, such as heroin, marijuana, cocaine, and methamphetamine, is associated with other serious consequences, including injury, illness, disability, and death, as well as crime, domestic violence, and lost workplace productivity. Drug users and persons with whom they have sexual contact run high risks of contracting gonorrhea, syphilis, hepatitis, tuberculosis, and human immunodeficiency virus (HIV). The relationship between injection drug use and HIV/AIDS transmission is well known. Injection drug use also is associated with hepatitis B and C infections. Long-term consequences, such as chronic depression, sexual dysfunction, and psychosis, may result from drug use.

Although there has been a long-term drop in overall use, many people in the United States still use illicit drugs. Drug use among adolescents age 12 to 17 years doubled between 1992 and 2005. Drug and alcohol use by youth also is associated with other forms of unhealthy and unproductive behavior, including delinquency and high-risk sexual activity.

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

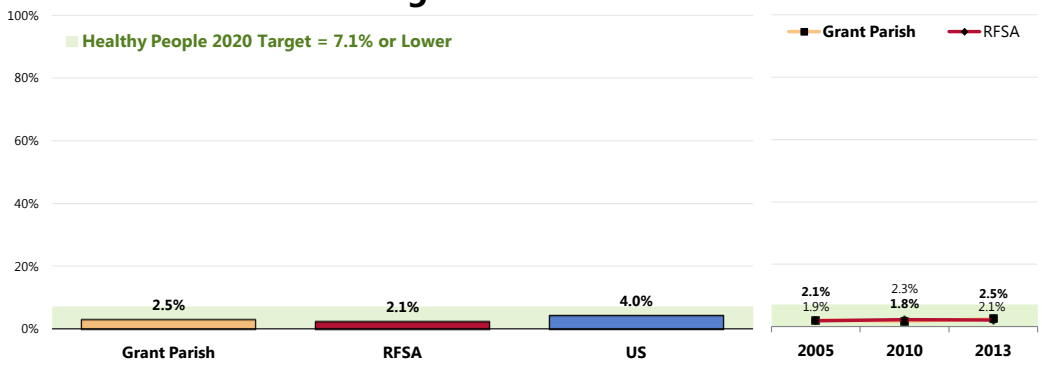
For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

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.

A total of 2.5% of Grant Parish adults acknowledge using an illicit drug in the past month.

- Similar to regional (RFSA) findings.
- Similar to the percentage reported across the nation.
- Satisfies the Healthy People 2020 objective.
- No significant change from previous findings.

Illicit Drug Use in the Past Month



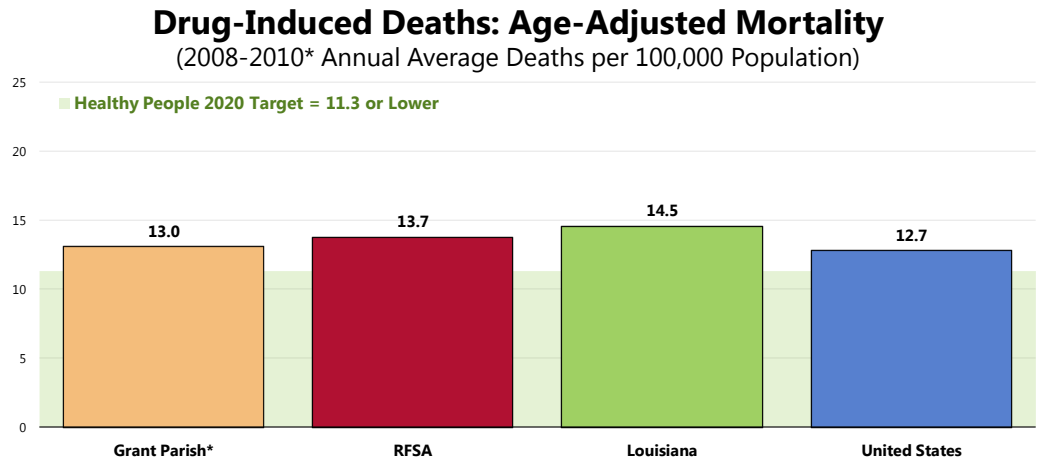
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 65]
- 2013 PRC National Health Survey, Professional Research Consultants.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

Notes:
- Asked of all respondents.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

Age-Adjusted Drug-Induced Deaths

Between 2008 and 2010, there was an annual average age-adjusted drug-induced mortality rate of 13.0 deaths per 100,000 population in Grant Parish.

- Lower than the regional (RFSA) rate.
- Lower than the statewide rate.
- Similar to the national rate.
- Fails to satisfy the Healthy 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 SA-12]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple three-year averages.
- * Due to low numbers of deaths: the rates for Grant Parish represent 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.

Alcohol & Drug Treatment

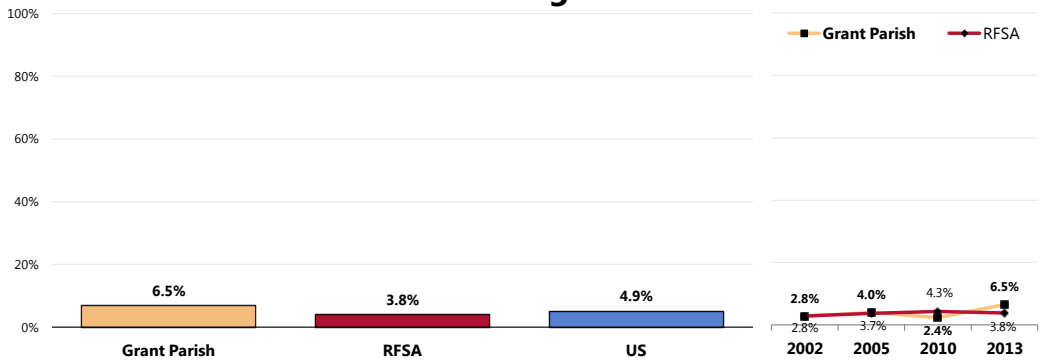
The stigma attached to substance abuse increases the severity of the problem. The hiding of substance abuse, for example, can prevent persons from seeking and continuing treatment and from having a productive attitude toward treatment. Compounding the problem is the gap between the number of available 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 6.5% of Grant Parish adults say that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Higher than regional (RFSA) findings.
- Similar to the prevalence reported across the nation.
- Marks a statistically significant increase over time in Grant Parish.

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
- Need additional substance abuse treatment programs and facilities
- High drug use and experimentation in youth
    - Learned behavior

A number of focus group participants worry about the **prevalence of drug use** because it impacts every aspect of a person's life. In addition, participants worry about drinking and driving. Attendees feel that substance use occurs across all demographics and worry specifically about alcohol, marijuana, and prescription drugs. Participants believe that many residents have easy access to prescription medication. The selling of drugs has become commonplace and occurs everywhere, as a participant recalls:

> *"They come to the library and make their drug deals. It was during the pecan festival we saw a transaction happen right outside the door of the library. And it was like; you know they don't have any respect anymore." — Grant Parish Key Informant*

Attendees agree that the community **needs additional substance abuse treatment programs and facilities**. No inpatient options operate in the community. Additionally, due to the size of the community, residents maybe too embarrassed to seek treatment due to the stigma attached to addiction. One attendee recalls her experience:

> *"We're very small insular communities. So if there's a 12 step program anywhere in Colfax, everybody in Colfax knows that you went. They may not know that you went because you're intervening on behalf of a family member. Which my mother did actually because we had an issue with addiction with another family member. And before I knew it, five people had called and said, 'Oh, poor, Ms. Mack. I didn't know she was drinking.'" — Grant Parish Representative*

High drug use and experimentation in youth also concerns focus group attendees. Participants worry that parents think that alcohol use is an accepted part of adolescents. Other attendees describe that drug us is a **learned behavior** and young children see their parents using drugs and copy the behavior. A Head Start employee describes how children act out their home life in her classroom:

> *"We're seeing them three and four year olds in Head Start and going, 'Oh, my god, he's in the center, in the domestic play center pretending to role joints.' They know the names of all the mixed drinks. And if that's their play, they're not playing mommy and daddy or they're playing the version of mommy and daddy that they see." — Grant Parish Key Informant*

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.

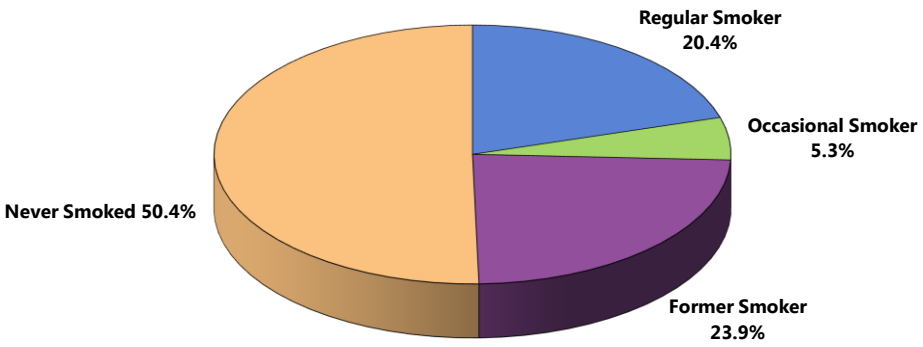
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 25.7% of Grant Parish adults currently smoke cigarettes, either regularly (20.4% every day) **or occasionally** (5.3% on some days)**.**

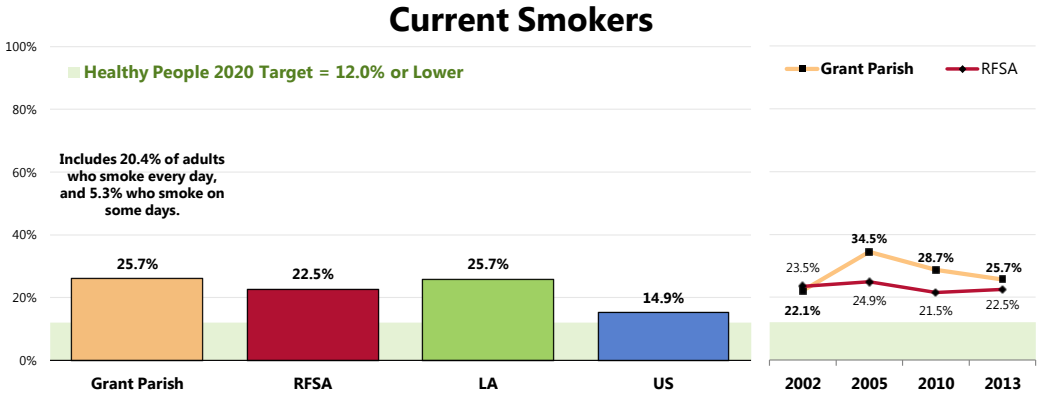
Cigarette Smoking Prevalence
(Grant Parish, 2013)



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

- Comparable to that found throughout the RFSA.
- Comparable to state findings.
- Higher than national findings.
- Fails to satisfy the Healthy People 2020 target.

- The current smoking percentage is statistically similar to that reported in Grant Parish in 2002 (although decreasing from the 2005 prevalence).



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]

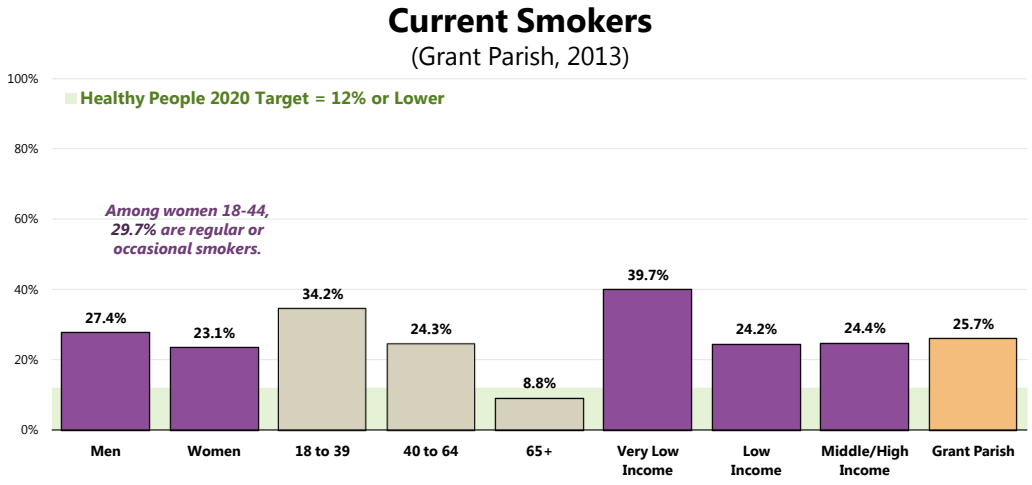
Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Cigarette smoking is more prevalent among:

- Young adults (under 40); note the negative correlation with age.
- Very low income residents.

Note also:

- 29.7% 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.



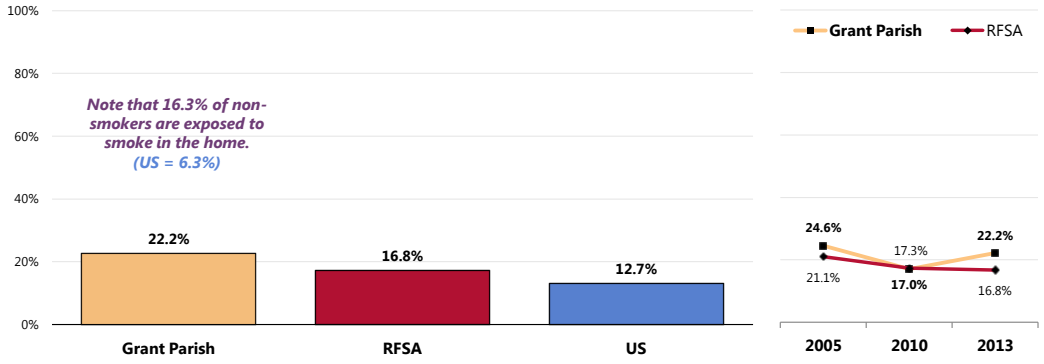
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 201-202]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

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 22.2% of Grant 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.

- Worse than the regional finding.
- Worse than the national finding.
- This indicator has not changed from 2005 survey findings (but note the decrease in 2010).
- Note that 16.3% of Grant Parish non-smokers are exposed to cigarette smoke at home, higher than the regional and national findings.

Member of Household Smokes at Home



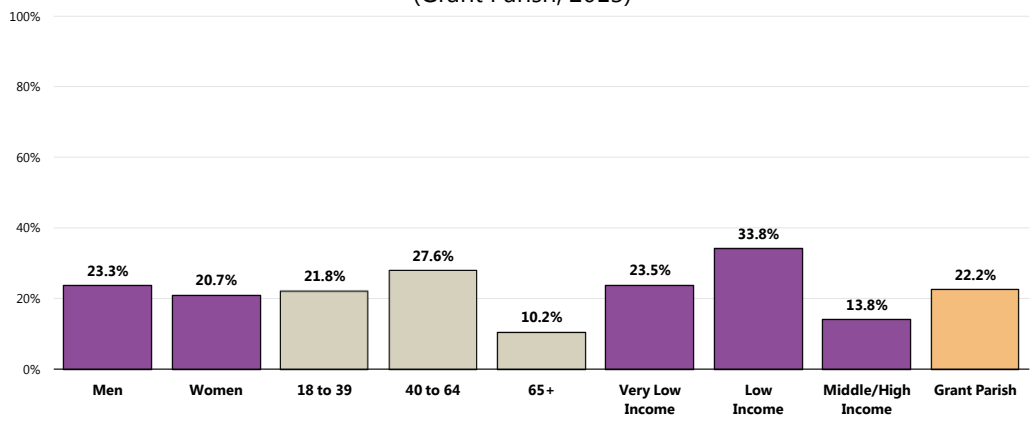
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 55, 203]
- 2013 PRC National Health Survey, Professional Research Consultants.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-14]

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 adults age 40 to 64 and residents living at lower incomes.

Member of Household Smokes At Home

(Grant Parish, 2013)

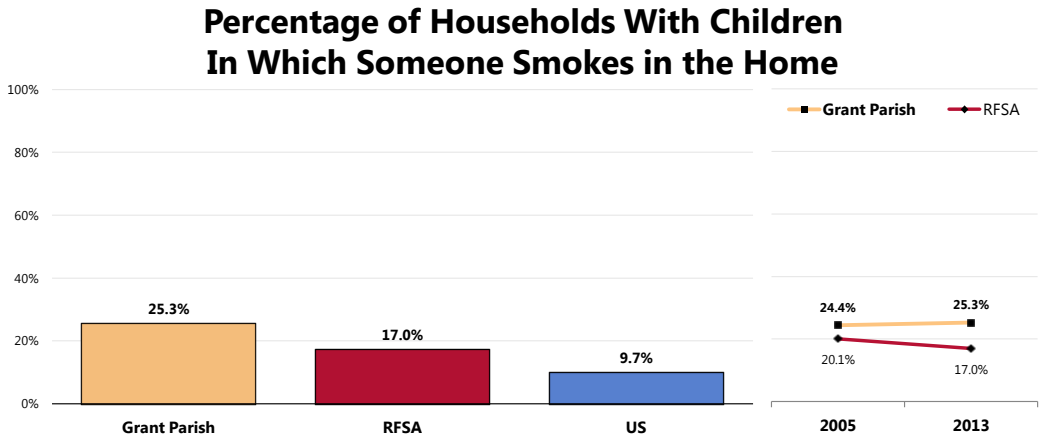


Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 55]

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, 25.3% have someone who smokes cigarettes in the home.

- Similar to regional (RFSA) findings.
- Higher than national findings.
- No change from 2005 survey findings in Grant Parish.



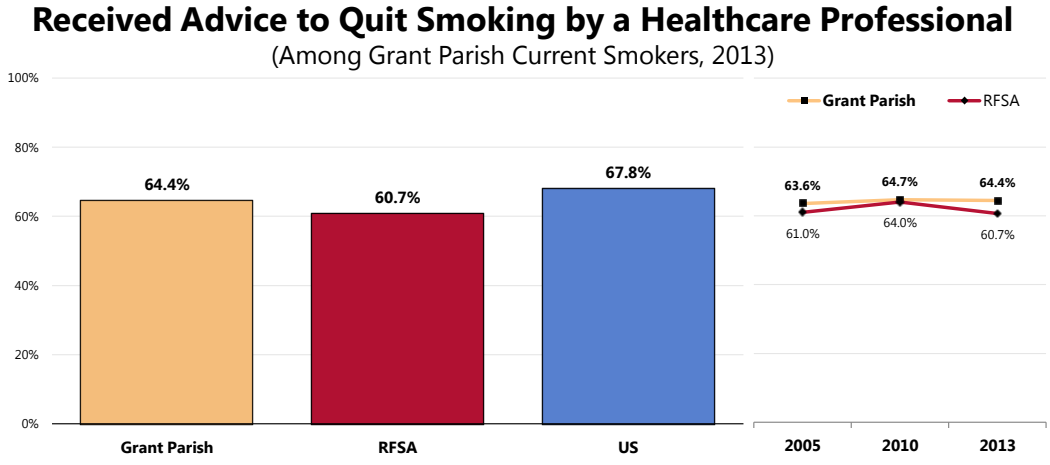
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 204]
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of respondents with children ages 0-17 at home.
• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

Health Advice About Smoking Cessation

A total of 64.4% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Statistically comparable to the percentage found regionally.
- Statistically comparable to the national percentage.
- Statistically unchanged in Grant Parish since 2005.



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.

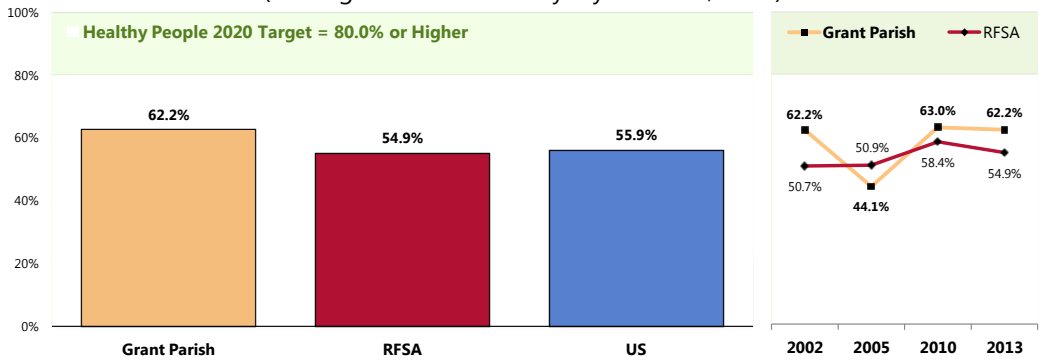
Smoking Cessation Attempts

A total of 62.2% 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.
- No change from 2002 baseline findings (but increasing since 2005).

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

(Among Grant 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.

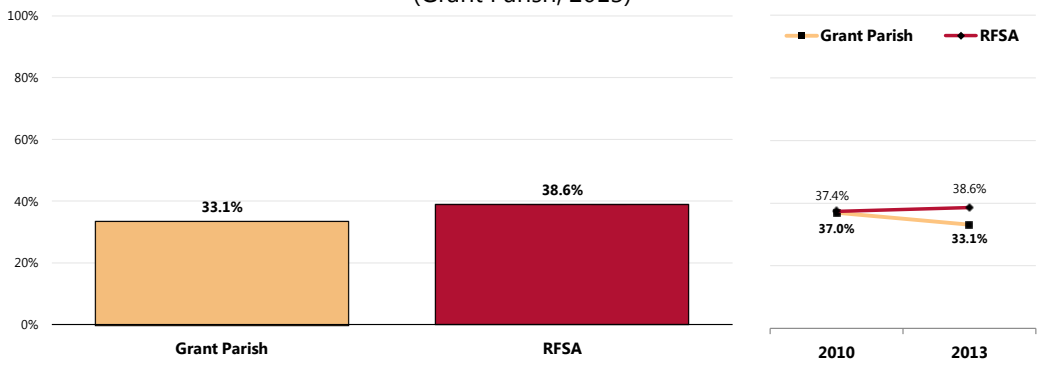
Education & Programming

A total of 33.1% of Grant Parish adults (including both smokers and non-smokers) are aware of services, programs, or classes to help smokers quit smoking.

- Less favorable 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

(Grant Parish, 2013)



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

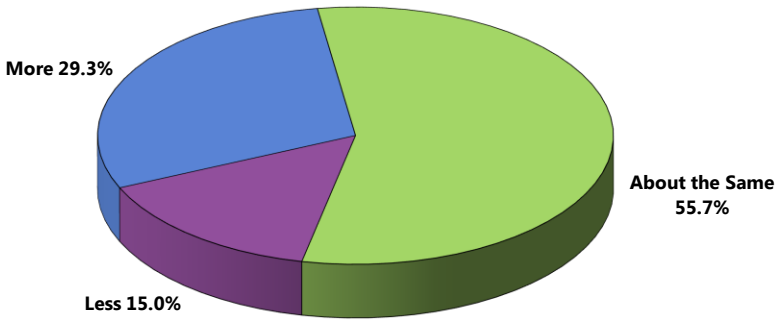
Notes:
- Asked of all respondents.

In the past year or so, a total of 15.0% of Grant parents feel that their child (age 12-17) has talked to them "less" about tobacco control activities in his or her school.

- 55.7% feel the amount of discussion has not changed over the past year or so ("about the same") while fewer (29.3%) 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

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

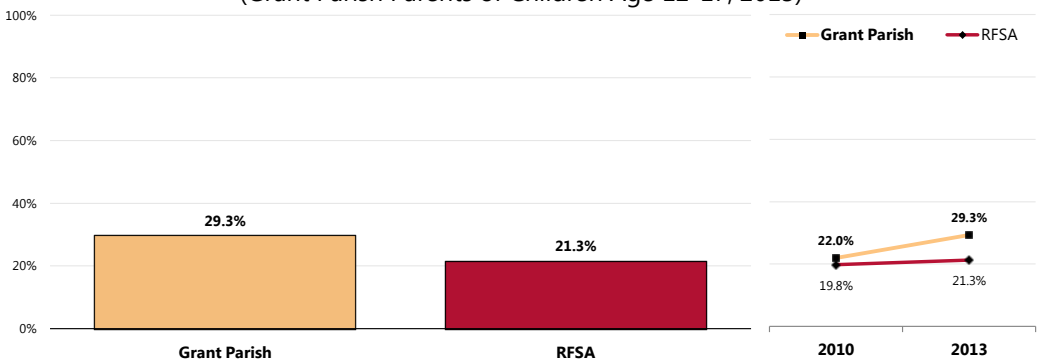


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]
Notes: • Asked of respondents with children ages 12-17 at home.

- Statistically similar to regional (RFSA) findings.
- Statistically unchanged from 2010 survey findings.

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

(Grant 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.

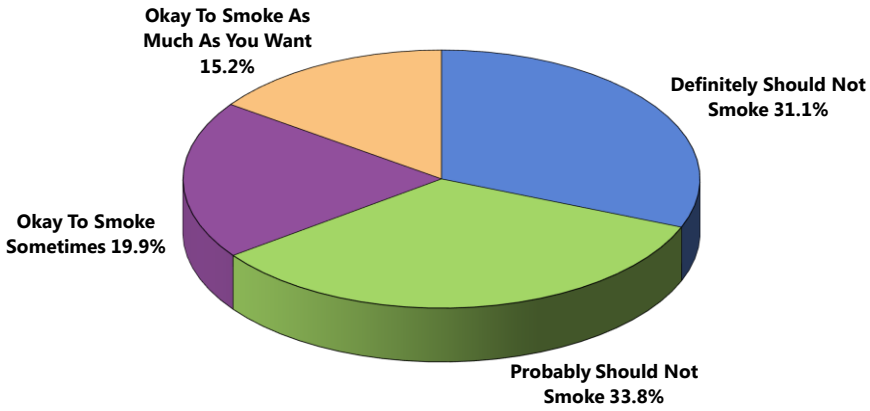
Public Perceptions of Smoking

The majority of Grant Parish survey respondents believes that most people are against smoking, indicating that the public feels a person "*definitely should not smoke*" (31.1%) or "*probably should not smoke*" (33.8%).

- Another 19.9% believe that the general public opinion is that it is "*okay to smoke sometimes,*" and another 15.2% 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

(Grant Parish, 2013)

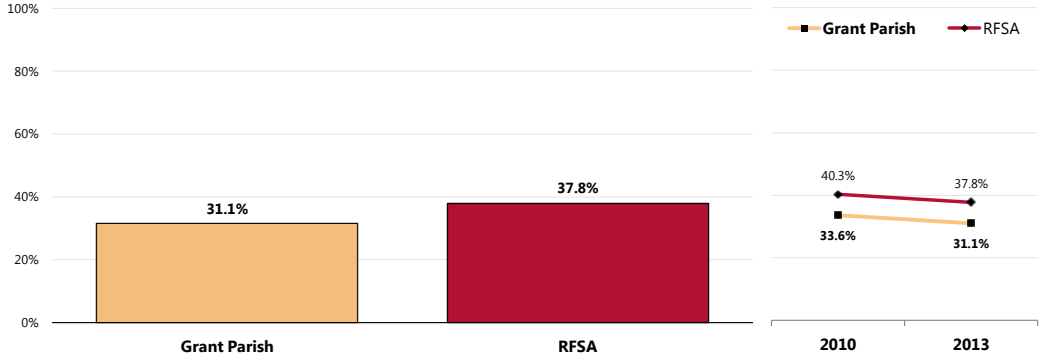


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 57]
Notes: • Asked of all respondents.

- The proportion of respondents who feel that people "definitely should not smoke" (31.1%) is lower than regional (RFSA) findings.
- No change from 2010 survey findings.

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

(Grant Parish, 2013)

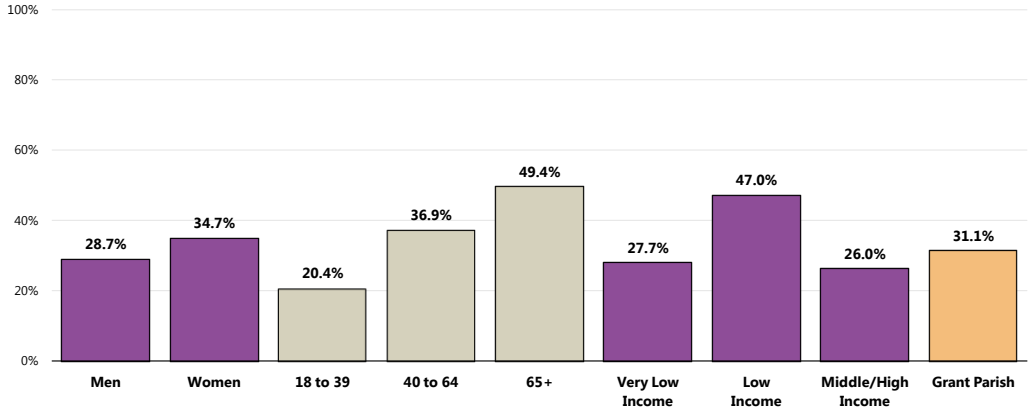


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 57]
Notes: • Asked of all respondents.

Respondents age 40+ and residents living just above the poverty level are more likely to feel that most people believe that a person definitely should not smoke.

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

(Grant 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.

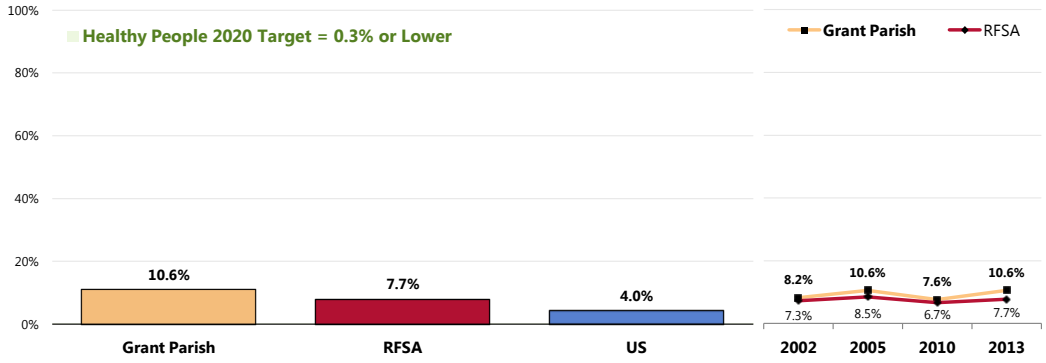
Other Tobacco Use

Smokeless Tobacco

A total of 10.6% of Grant Parish adults use chewing tobacco or snuff every day or on some days.

- Comparable to that found throughout the RFSA.
- Significantly higher than the national percentage.
- Fails to satisfy the Healthy People 2020 target.
- Smokeless tobacco use in Grant Parish remains statistically unchanged since 2002.

Use of Smokeless Tobacco



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 58]
• 2013 PRC National Health Survey, Professional Research Consultants.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.2]
Notes: • Asked of all respondents.
• Smokeless tobacco includes chewing tobacco or snuff.

SELF-REPORTED HEALTH STATUS

Overall Health Status

Self-Reported Health Status

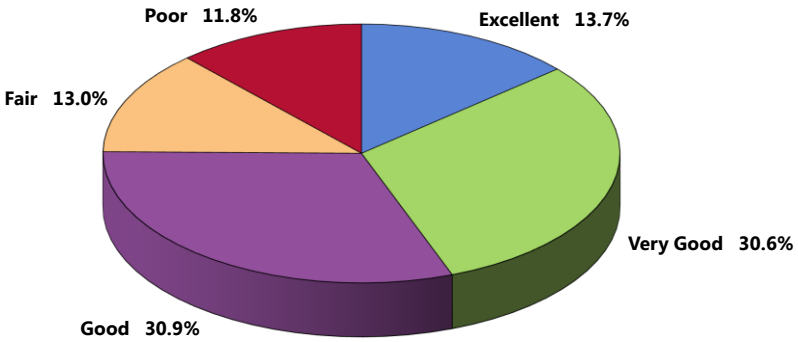
Respondents were asked the following:

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

A total of 44.3% of Grant Parish adults rate their overall health as "excellent" or "very good."

- Another 30.9% gave "good" ratings of their overall health.

Self-Reported Health Status
(Grant Parish, 2013)

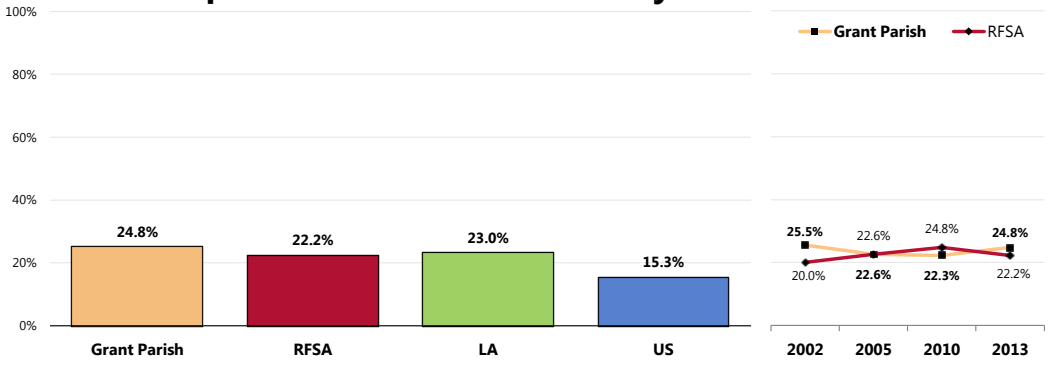


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

One-fourth (24.8%) of adults believes that their overall health is "fair" or "poor."

- Similar to regional (RFSA) findings.
- Similar to the Louisiana prevalence.
- Higher than the national percentage.
- Responses have not changed in Grant Parish since the 2002 survey.

Experience "Fair" or "Poor" Physical Health

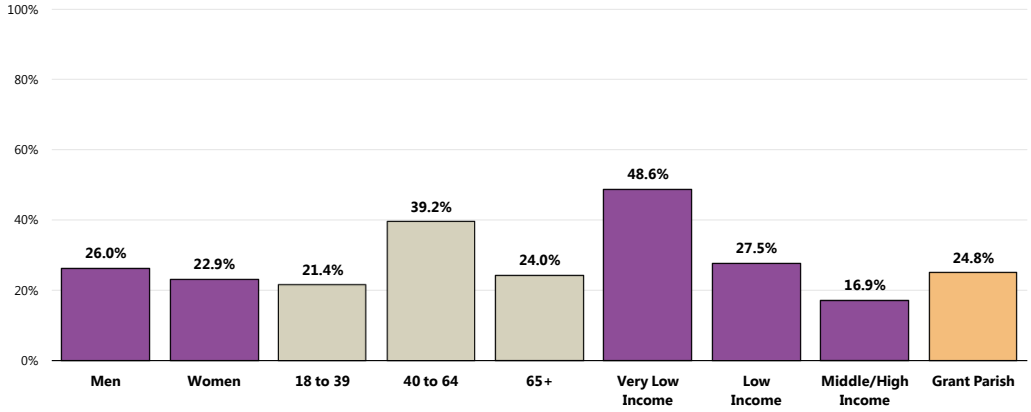


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana data.
• 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 to 64.
- Residents living below the federal poverty level (note the negative correlation with income).

Experience "Fair" or "Poor" Physical Health
(Grant 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.

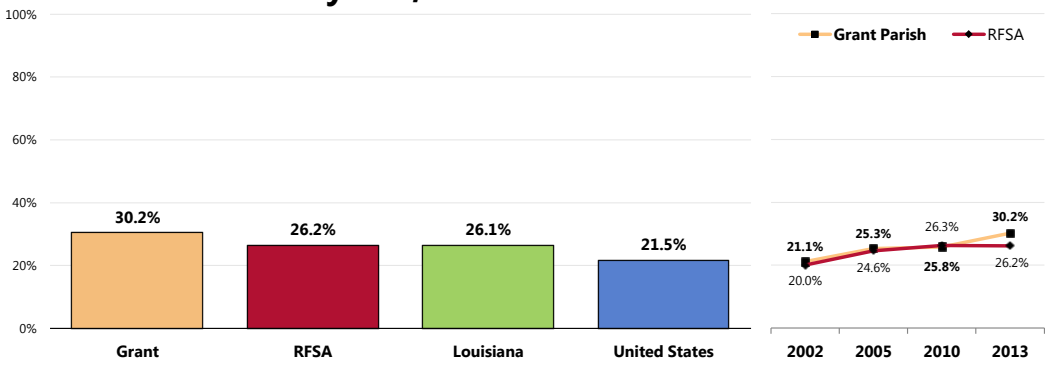
The health promotion and disease prevention needs of people with disabilities are not nullified because they are born with an impairing condition or have experienced a disease or injury that has long-term consequences. People with disabilities have increased health concerns and susceptibility to secondary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

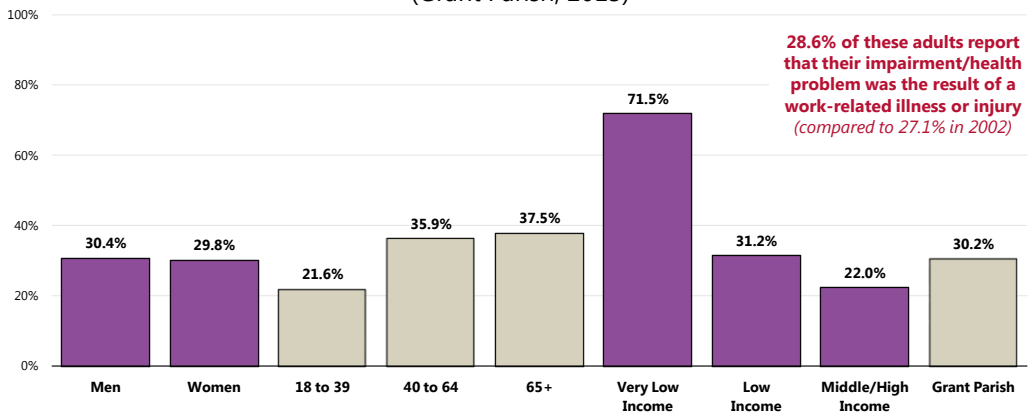
In looking at responses by key demographic characteristics, note the following:

- Adults age 40 or older are much more often limited in activities.
- Adults in households with very low incomes are also much more likely to report the prevalence of some type of activity limitation.

A total of 28.6% of adults with activity limitations note that their impairment is due to a work-related illness or injury (similar to the 27.1% reported in 2002).

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

(Grant Parish, 2013)



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

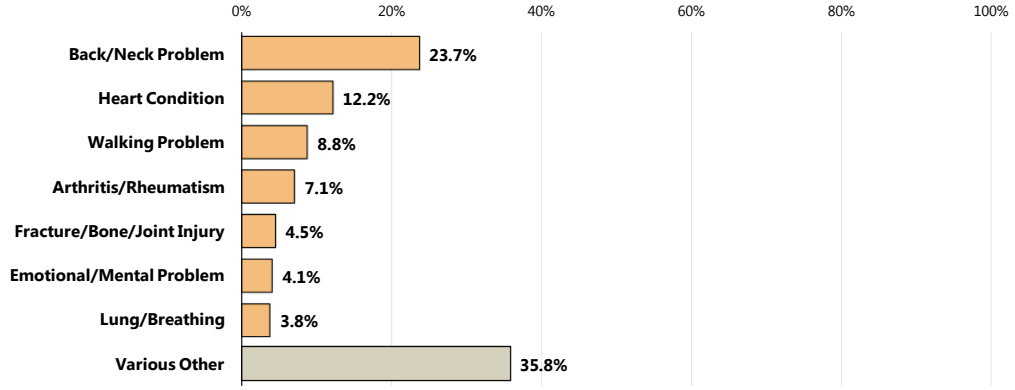
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

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

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

Type of Problem That Limits Activities

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



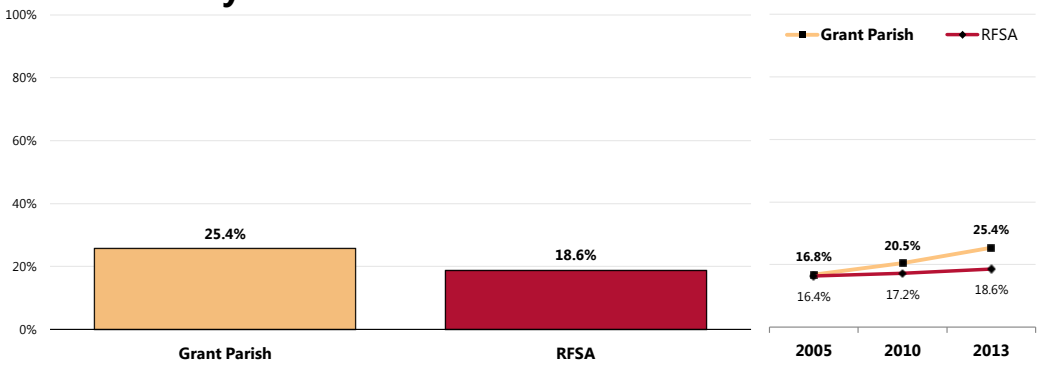
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]
Notes: • Asked of those respondents reporting activity limitations.

Days of Limited Activity

While 66.9% of Grant Parish adults report no days in the past month when poor physical or mental health prevented their usual activities, 25.4% report experiencing four or more such days.

- Less favorable than 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



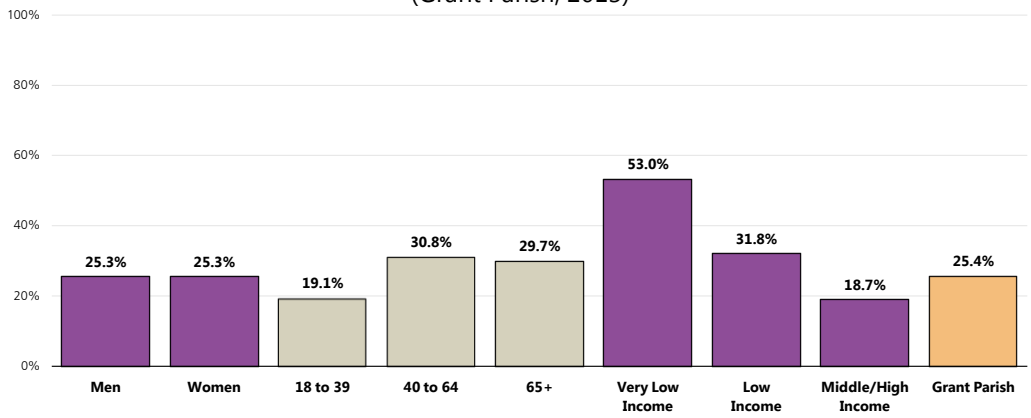
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 8]
Notes: • Asked of all respondents.

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

- Residents age 40 and older.
- 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

(Grant Parish, 2013)



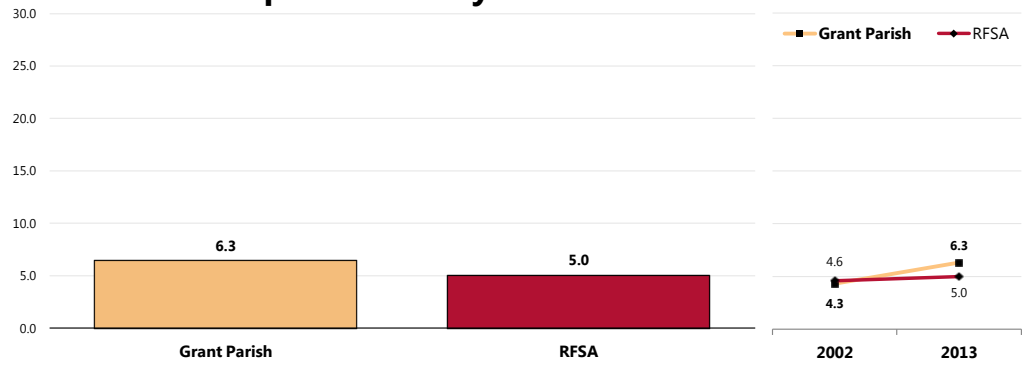
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 8]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" =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

Physical Health

In the past month, Grant Parish adults averaged 6.3 days on which their physical health was not good.

- Compares to 5.0 days in the RFSA.
- The current average is up from the 2010 average.

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



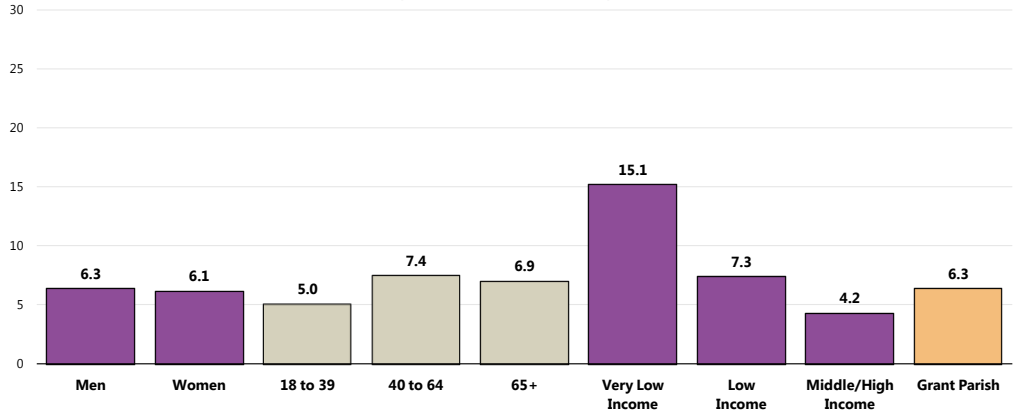
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

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

- Residents age 40 and older.
- Residents with lower incomes (negative correlation with income).

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

(Grant 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

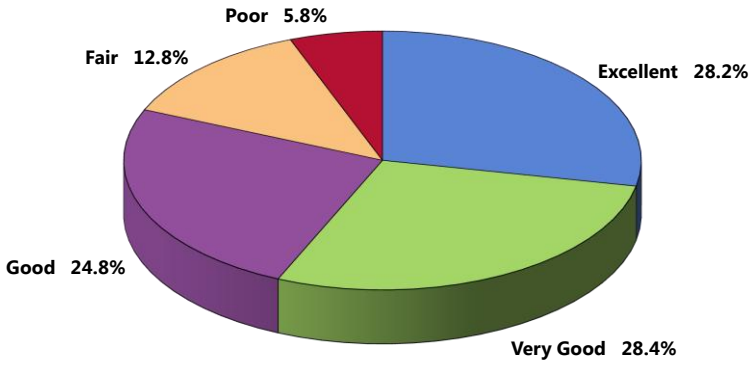
Self-Reported Mental Health Status

"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 56.6% of Grant Parish adults rate their overall mental health as "excellent" or "very good."

- Another 24.8% gave "good" ratings of their own mental health status.

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

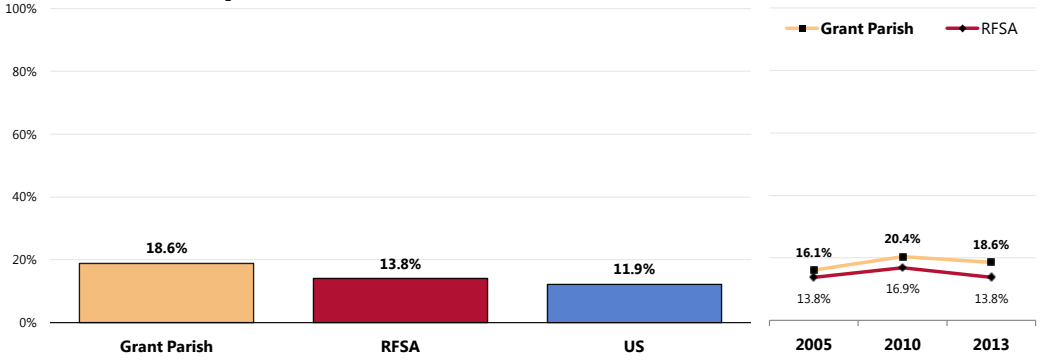


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
Notes: • Asked of all respondents.

A total of 18.6% of Grant Parish adults believe that their overall mental health is "fair" or "poor."

- Higher than what is found in the region (RFSA).
- Higher than the "fair/poor" percentage reported across the nation.
- Statistically similar to baseline 2005 findings.

Experience "Fair" or "Poor" Mental Health

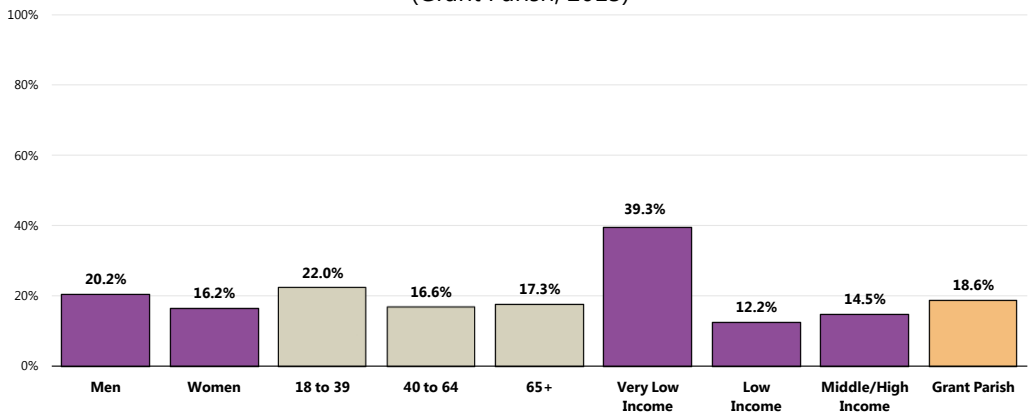


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 111]
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents.

Adults more likely to report experiencing "fair" or "poor" mental health include:

- Residents living below the federal poverty level.

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



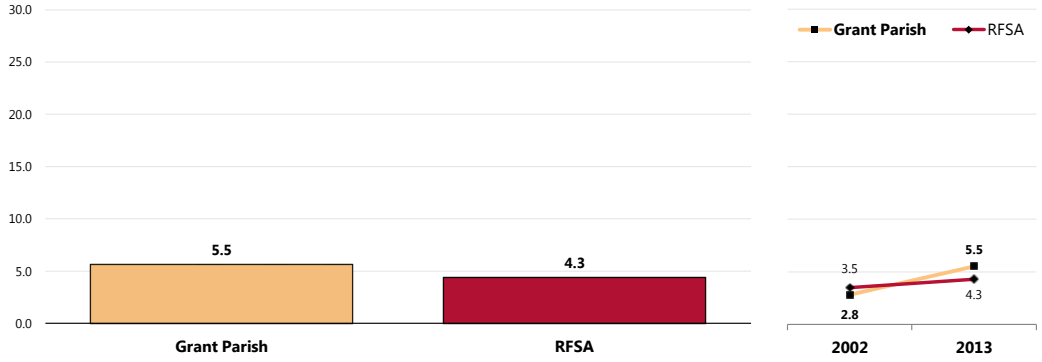
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income"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

Days of Poor Mental Health

In the past month, Grant Parish residents averaged 5.5 days on which their mental health was not good.

- Compares to a regional average of 4.3 days.
- 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



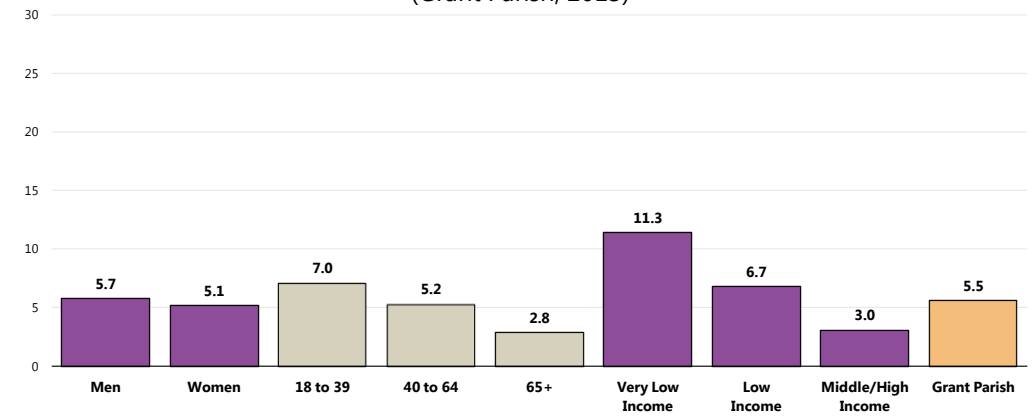
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 7]
Notes: • Asked of all respondents.

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

- Residents under age 65 (note the strong negative correlation).
- Respondents with lower incomes (strong negative correlation).

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

(Grant Parish, 2013)



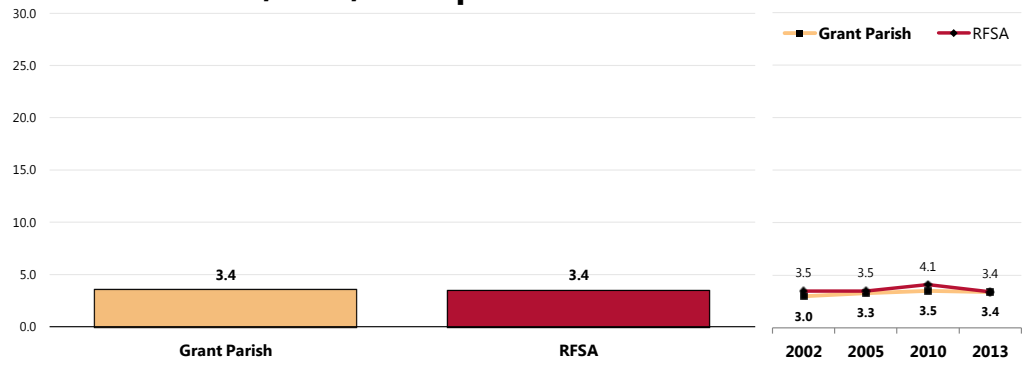
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 7]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" =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

Days of Feeling Sad, Blue or Depressed

Grant Parish adults average 3.4 days per month when they felt sad, blue, or depressed.

- Identical to regional (RFSA) findings.
- Similar to prior survey findings.

Average Number of Days Felt Sad, Blue, or Depressed in Past Month

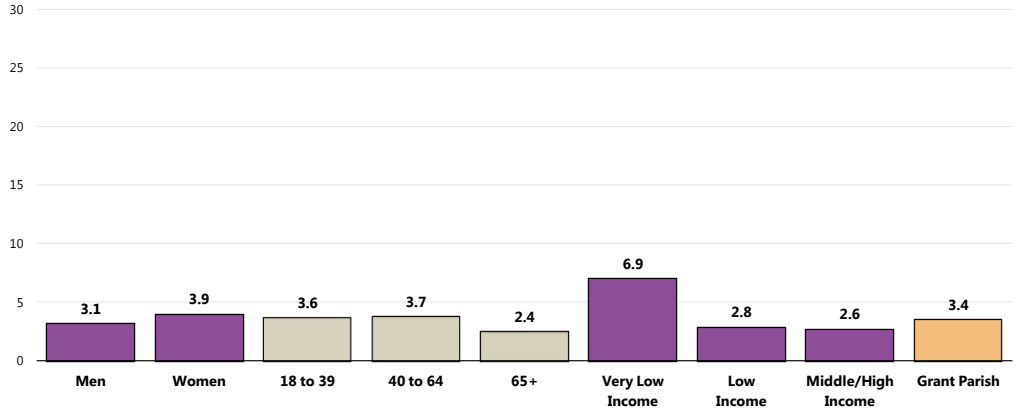


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 114]
Notes: • Asked of all respondents.

- Averages are higher among adults under 65 and residents living on very low incomes.

Average Number of Days Felt Sad, Blue, or Depressed in Past Month

(Grant Parish, 2013)



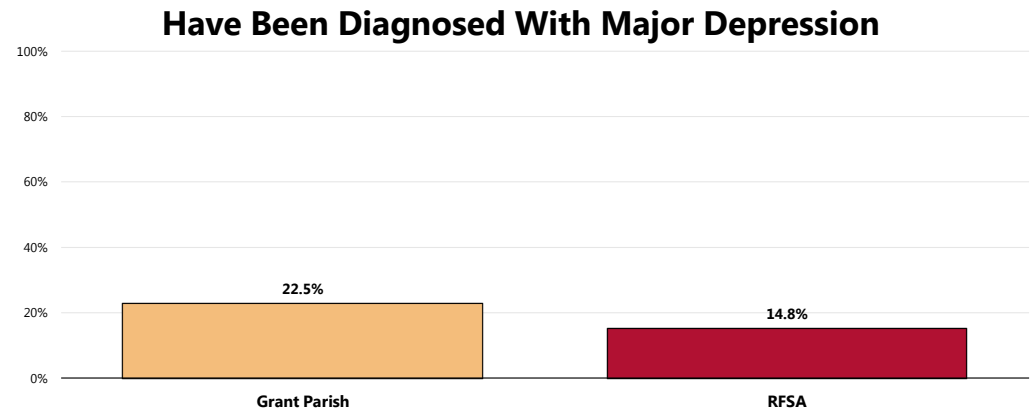
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 114]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income"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

Depression

Diagnosed Major Depression

A total of 22.5% of Grant Parish adults report having been diagnosed with major depression by a physician at some point in their lives.

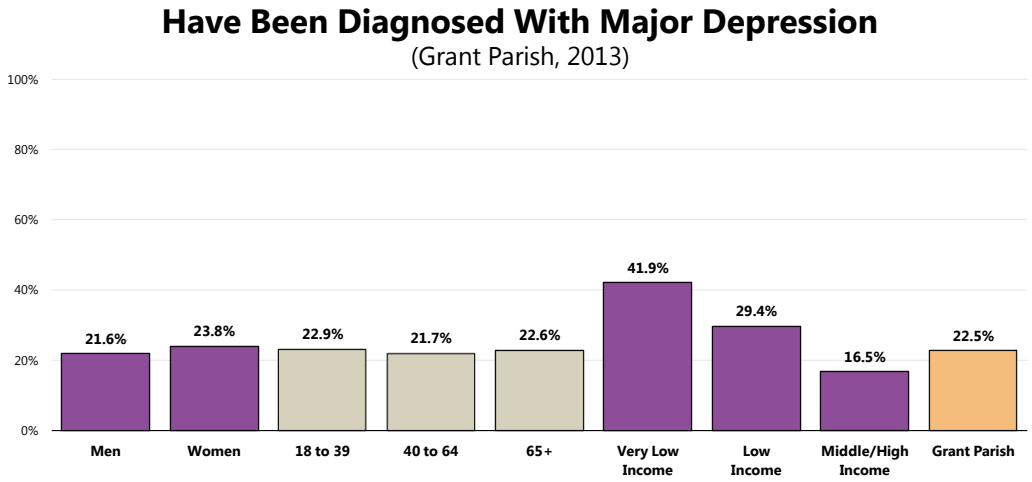
- Higher than found in the RFSA.



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 higher among:

- Community members living at lower income levels (note the negative correlation).



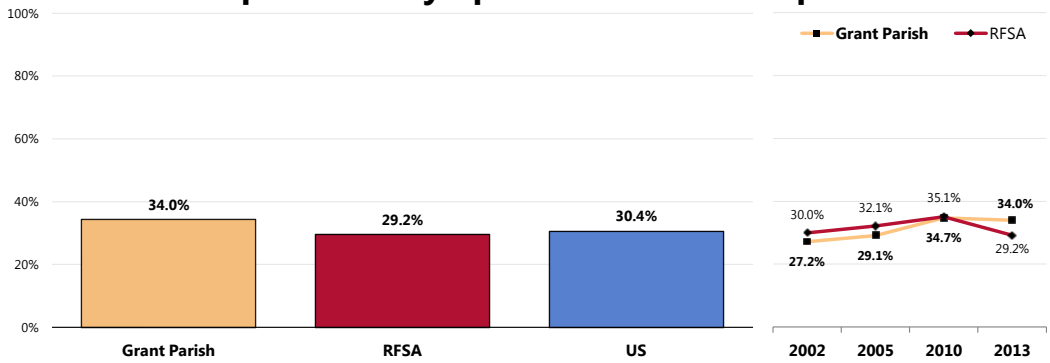
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income"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

Symptoms of Chronic Depression

A total of 34.0% of Grant Parish adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes.

- Comparable to regional (RFSA) findings.
- Comparable to national findings.
- Marks a statistically significant increase over time.

Have Experienced Symptoms of Chronic Depression

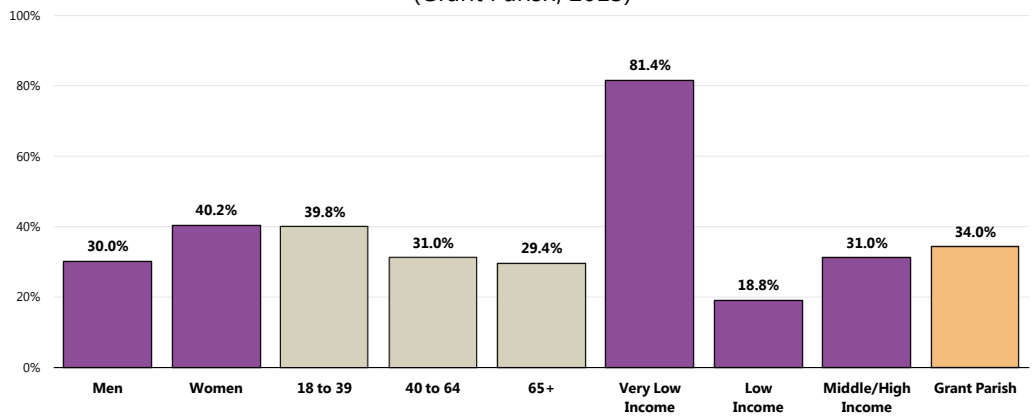


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 113]
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents.

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

- Women.
- Young adults.
- Community members living at very low income levels (note the 81.4% prevalence).

Have Experienced Symptoms of Chronic Depression
(Grant 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.

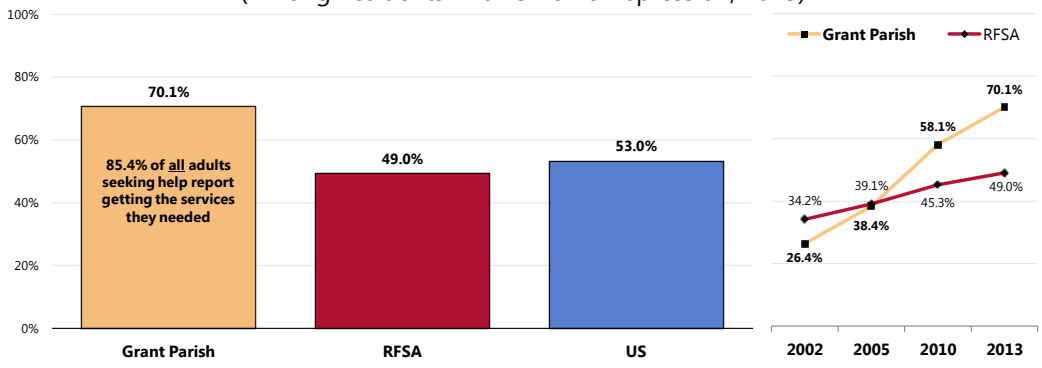
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Seeking Help

Among adults with chronic depression, 70.1% acknowledge that they have sought professional help for a mental or emotional problem.

- Better than corresponding regional (RFSA) findings.
- Better than national findings.
- Note the steady and statistically significant increase in the percentage of Grant Parish adults with chronic depression who sought professional help in the past year.
- Of those seeking help (not just those with depression), 85.4% report getting the services they needed.

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



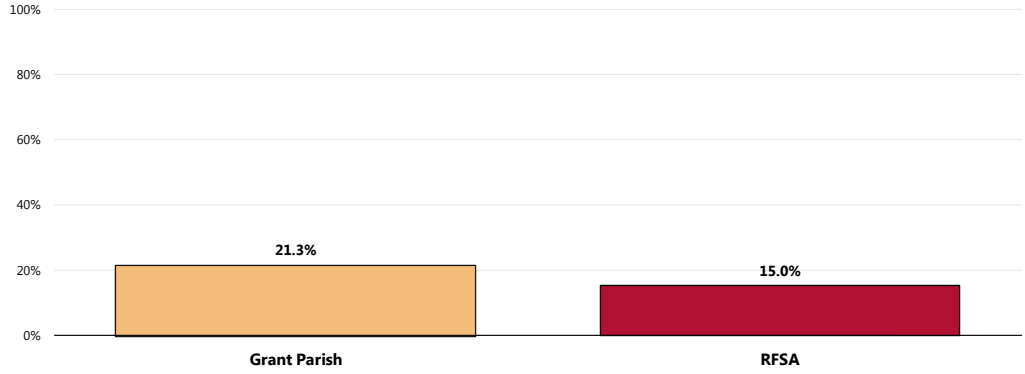
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 115-116]
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of those respondents who have experienced chronic depression.

Taking Medication and/or Receiving Treatment

A total of 21.3% of Grant 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.

- Higher than regional (RFSA) findings.

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



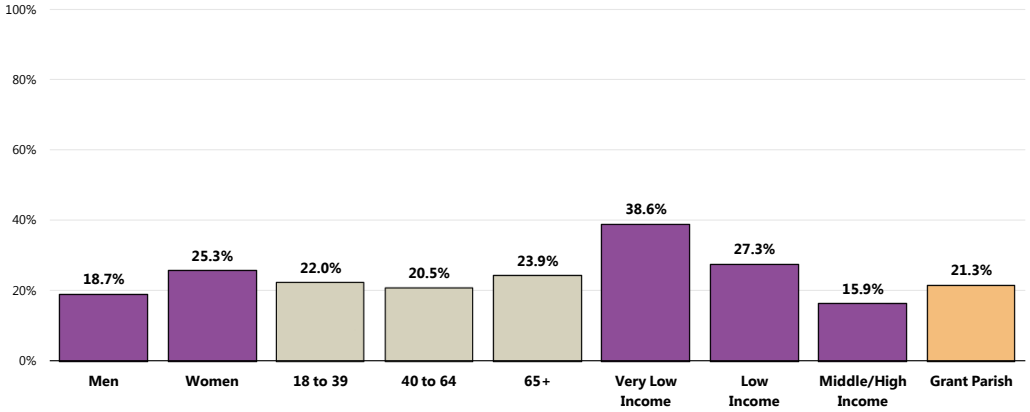
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
Notes: • Asked of all respondents.

Note that mental health treatment is more common among:

- Lower income residents (negative correlation).

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

(Grant 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.

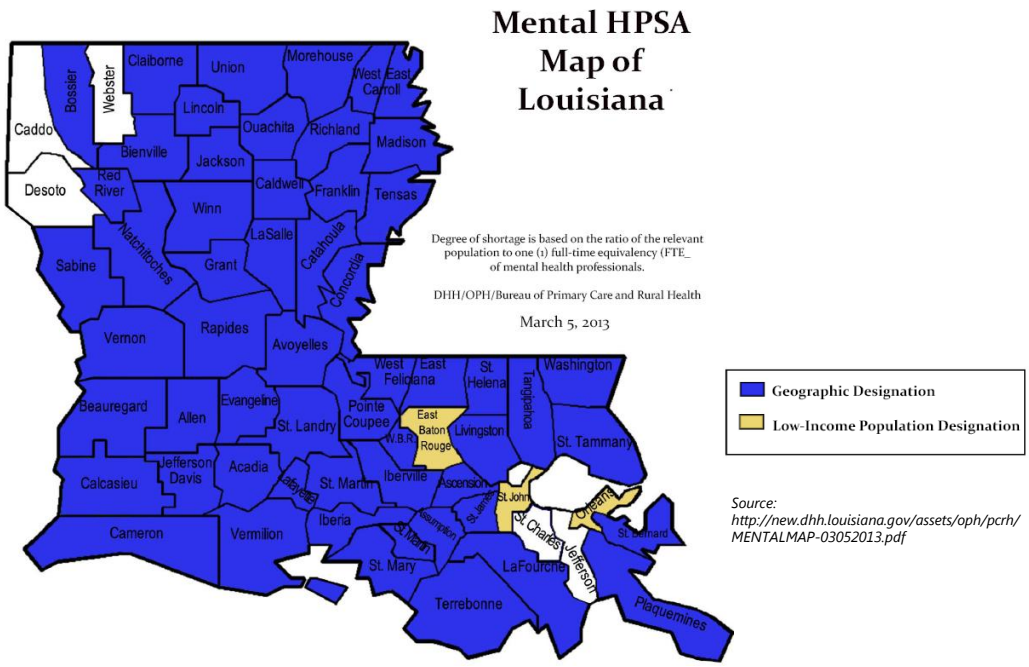
Health Professional Shortage Areas: Mental Health Care

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.

Grant Parish is a geographically designated HPSAs for mental health.



Related Focus Group Findings: Mental Health

Focus group members discussed the fragmented mental health system and the limited services available to residents. The main issues included:

- Co-occurring substance abuse
- Stigma
- Inadequate number of psychiatrists and treatment facilities
- Psychiatric services for youth

During the focus group, issues surrounding mental health services came up several times. Respondents worry because many who suffer from mental illness have **co-occurring substance abuse** issues; these individuals self-medicate with drugs or alcohol. As a participant describes:

> *"And also the thing with the mental illness is that folks are self-medicating. That's why we see addiction of all sorts prevailing in the community. Because they are trying to fix it on their own. It's not okay to say, you know I can break a bone and go to the doctor, but if something is broken in my psyche I'm supposed to just pray about it and get up and go on." — Grant Parish Key Informant*

Participants also think that **stigma** impacts resident's willingness to access behavioral healthcare. The small size of the community means gossip travels fast and mental illness is not seen as a medical condition.

The families of mentally ill residents also are affected by the illness. Respondents believe that the community needs more support groups like the National Alliance on Mental Illness (NAMI). An attendee explains the value of these groups:

> *"I am an advocate of support groups. I was in the Dallas area for about 20 years. And I went to support groups. Support group can even be at your church. I went to learn the tools to help that family member. So we don't even have support groups here. There are tools they can teach you that will help you address these people with the problems so you won't confront them or go after them in the wrong way." — Grant Parish Key Informant*

Overall, the community suffers due to an **inadequate number of psychiatrists and treatment facilities** available to address residents' behavioral health needs. Respondents feel strongly that the emergency room is not an appropriate place for mentally ill patients, but that the current involuntary hold time is inadequate compared to previous years. A respondent describes the situation:

> *"Well, we're beginning to see the hospitals are reducing that number to start it at 48 hours, and now we're getting down to 24 hours. And most of the time we use Huey P. Long in Pineville. And it's about numbers. When we would pick someone up for an order of protective custody, it was a 72 hour evaluation period. They were put in a psychiatric unit and professionals that knew what they were doing could assess this patient and decide if they need more or if they're okay to go back into society. Well, now this three day window is getting smaller and smaller because of money." — Grant Parish Key Informant*

Participants think that not enough services for behavioral healthcare exists in the community and attendees could not recall any group homes or housing options, so very ill patients return to the community. Limited transportation options also affect a person's ability to acquire services.

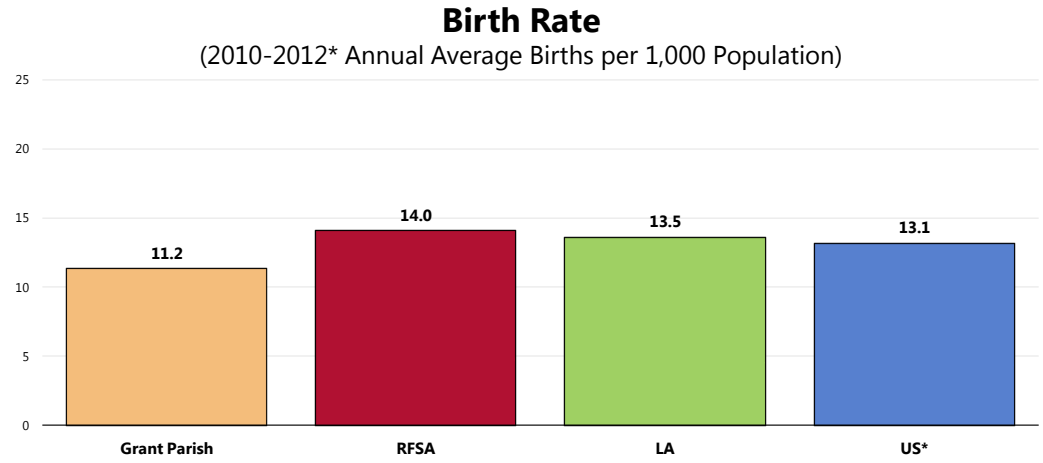
Psychiatric services for youth also experience high demand, but few resources exist for the community's adolescent population. In conjunction with Christus St. Frances Cabrini, Avoyelles Parish schools provide psychiatric services on campus and Grant Parish representatives would like to see a similar system in their community.

BIRTHS

Birth Rates

Between 2010 and 2012, Grant Parish reported 11.2 births per 1,000 population.

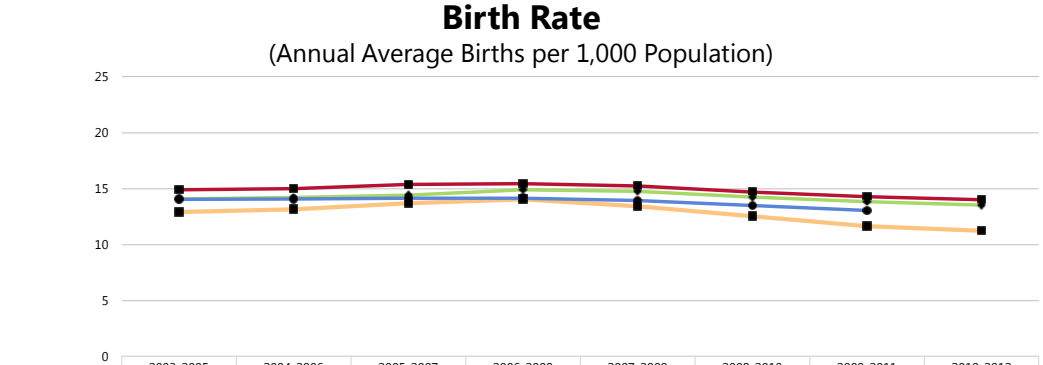
- Lower than found throughout the RFSA.
- Lower than the rate reported statewide.
- Lower than the national birth rate (which reflects 2009-2011 data).



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.

The Grant Parish birth rate has decreased somewhat over time, similar to regional, state, and national trends.



	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012
Grant Parish	12.9	13.2	13.7	14.0	13.4	12.6	11.6	11.2
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.

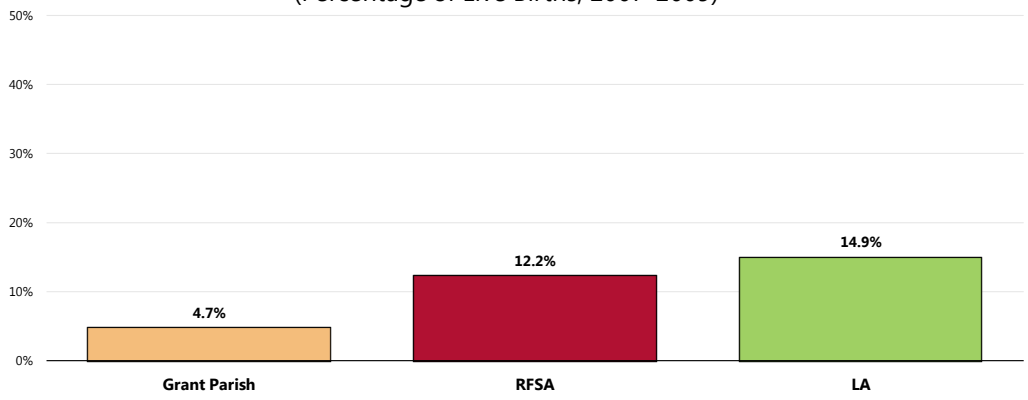
Here, the Kotelchuck Index is used to measure early and adequate prenatal care. "Early and Adequate Prenatal Care" means that prenatal care began in month 1, 2, 3, or 4 of pregnancy, and that 80% or more of expected prenatal care visits were received.

Between 2007 and 2009, just 4.7% of Grant Parish births did not receive early and adequate prenatal care.

- Well below the regional proportion.
- Well below the Louisiana proportion.

Mothers Not Receiving Early and Adequate Prenatal Care

(Percentage of Live Births, 2007-2009)

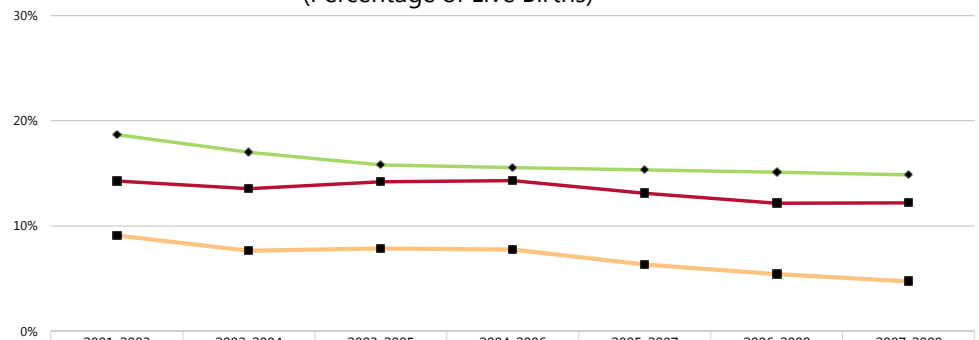


Sources:
Note:
- Agenda for Children and KIDS COUNT Data Center: http://datacenter.kidscount.org.
- Represents the percentage of all live births within each population who did not receive early and adequate prenatal care.
- The Kotelchuck Index is used to measure early and adequate prenatal care. "Early 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 Grant Parish has improved over time, echoing 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
Grant Parish	9.1	7.7	7.9	7.7	6.3	5.4	4.7
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.

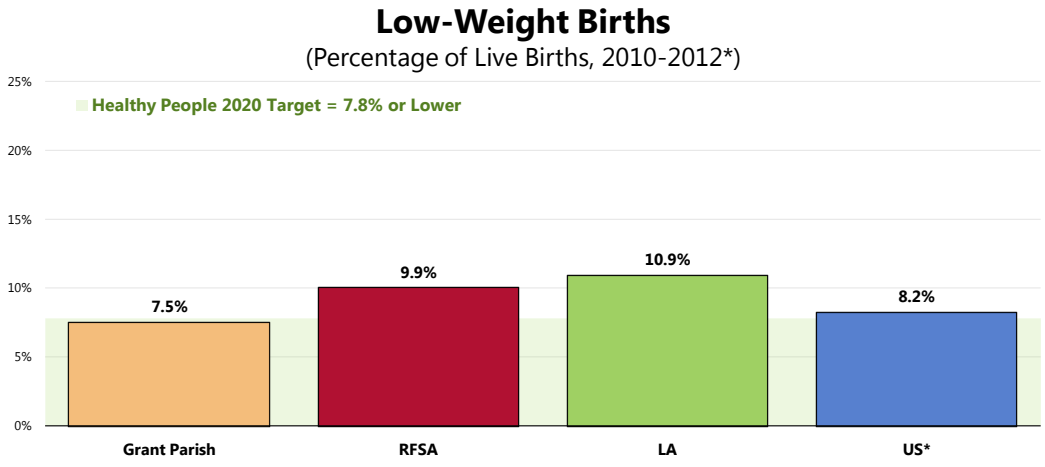
Low-Weight Births

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 7.5% of 2010-2012 Grant Parish births were low weight.

- More favorable than found regionally.
- More favorable than the Louisiana proportion.
- More favorable than the national proportion (which reflects 2009-2011 data).
- Similar to the Healthy People 2020 target.



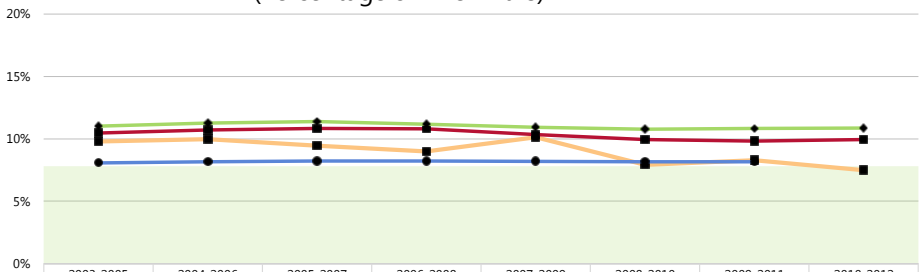
Sources:
- Louisiana State Center for Health Statistics and Louisiana Center for Records and Statistics.
- Centers for Disease Control and Prevention, National Vital Statistics System.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective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

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%
Grant Parish	9.8%	10.0%	9.4%	9.0%	10.1%	7.9%	8.3%	7.5%
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.

Infant Mortality

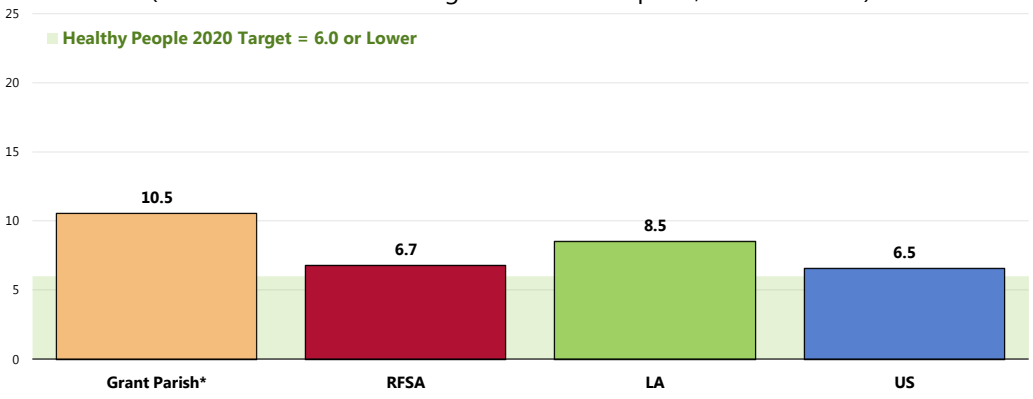
Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2008 and 2010, there was an annual average of 10.5 infant deaths per 1,000 live births.

- Worse than the regional (RFSA) rate.
- Worse than the state rate.
- Worse than the national rate.
- Fails to satisfy the Healthy People 2020 goal.

Infant Mortality Rate

(2008-2010* Annual Average Infant Deaths per 1,000 Live Births)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.
- * Due to low numbers of deaths: the rates for Grant Parish represent 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.

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.

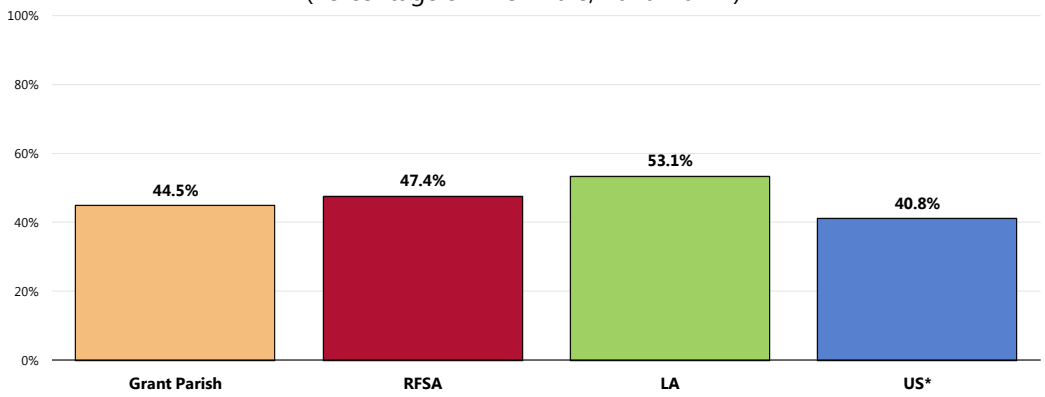
Births to Unwed Mothers

Over 4 in 10 (44.5%) 2010-2012 births were to women who were not married at the time.

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

Births to Unwed Mothers

(Percentage of Live Births, 2010-2012*)



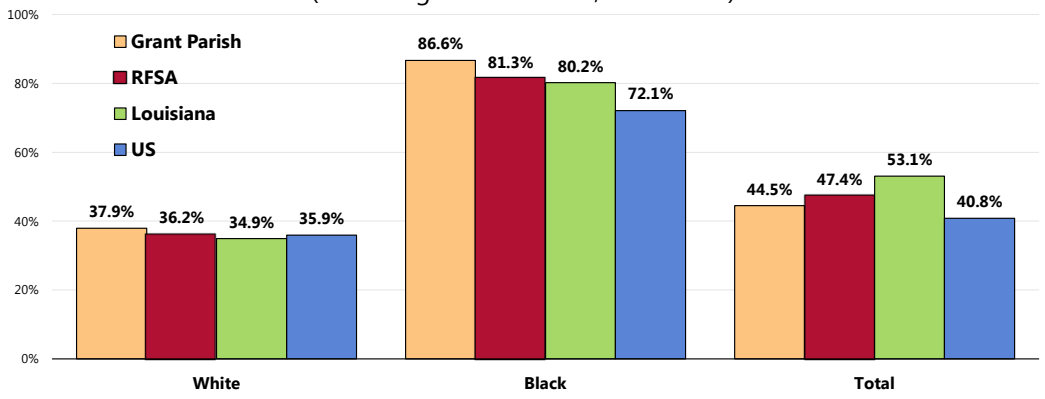
Sources:
- Louisiana State Center for Health Statistics and Louisiana Center for Records and Statistics.
- Centers for Disease Control and Prevention, National Vital Statistics System.

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 Grant Parish is dramatically higher in the Black population.

Births to Unwed Mothers by Race

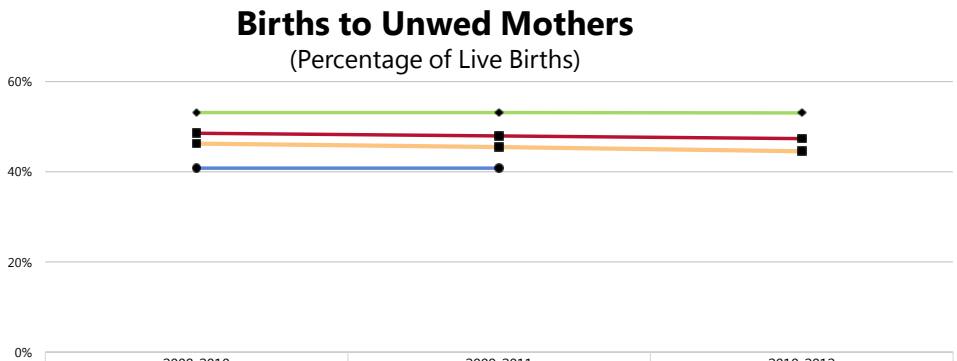
(Percentage of Live Births, 2010-2012)



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

Note:
- Numbers are a percentage of all live births within each population.
- Regional and statewide data for 2012 represent preliminary data.

The percentage of births to unwed mothers in Grant Parish has been stable over time, echoing the regional, state, and national trends.



	2008-2010	2009-2011	2010-2012
Grant Parish	46.3%	45.5%	44.5%
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" Grant 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.

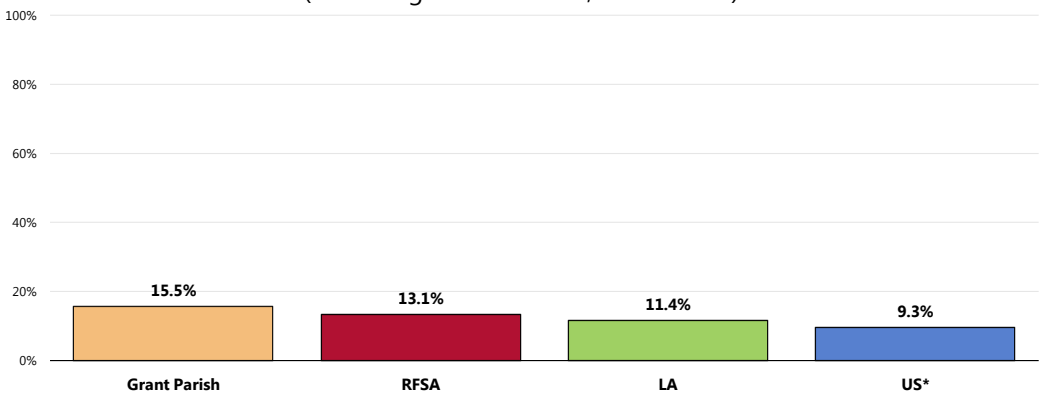
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

A total of 15.5% of 2010-2012 births were to mothers under the age of 20.

- Higher than regional (RFSA) findings.
- Higher than the percentage reported across Louisiana.
- Higher than the percentage found nationally.

Births to Mothers Under Age 20

(Percentage of Live Births, 2010-2012*)



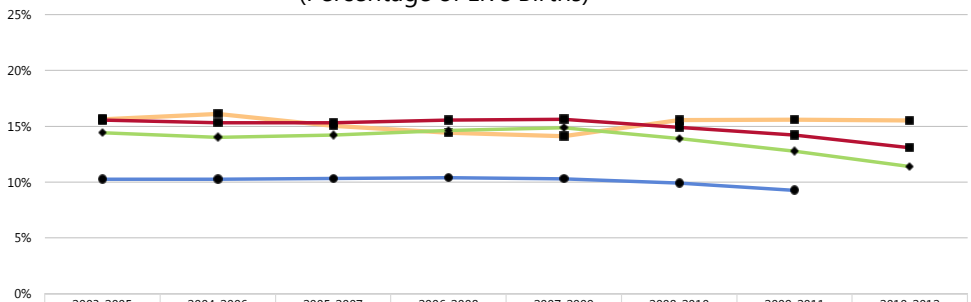
Sources:
- Louisiana State Center for Health Statistics and Louisiana Center for Records and Statistics.
- Centers for Disease Control and Prevention, National Vital Statistics System.

Note:
- Numbers are a percentage of all live births within each population.
- Regional and statewide data for 2012 represent preliminary data.
- *US rate represents 2009-2011 data.

The percentage of births to mothers under age 20 in Grant Parish has not changed significantly from baseline findings, while the regional, state, and national percentages have decreased over time.

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
Grant Parish	15.6%	16.1%	15.1%	14.4%	14.1%	15.6%	15.6%	15.5%
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 Grant Parish.

Reported Case Rates for Vaccine-Preventable Diseases

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

	Grant 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.

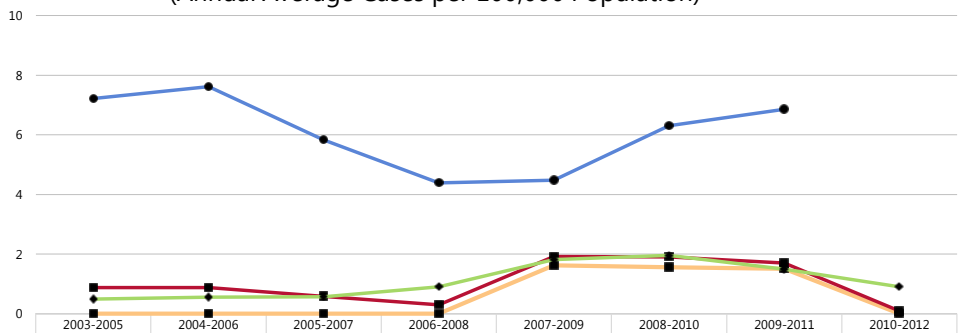
Pertussis

Between 2010 and 2012, no cases of pertussis were reported in Grant Parish.

- Lower than regional (RFSA) incidence.
- Lower than the Louisiana incidence rate.
- Much lower than the national incidence rate (2009-2011 data).
- Incidence rates have fluctuated broadly over the past several years in Grant Parish.

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
Grant Parish	0.0	0.0	0.0	0.0	1.6	1.6	1.5	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	

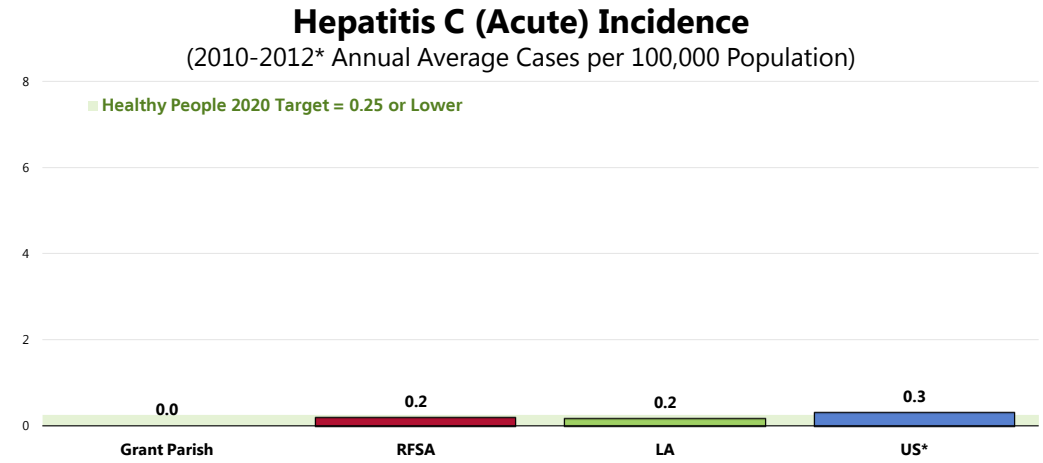
Sources:
- Louisiana Department of Health and Hospitals Office of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

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

Acute Hepatitis C

There were no cases of acute hepatitis C between 2010 and 2012 in Grant Parish.

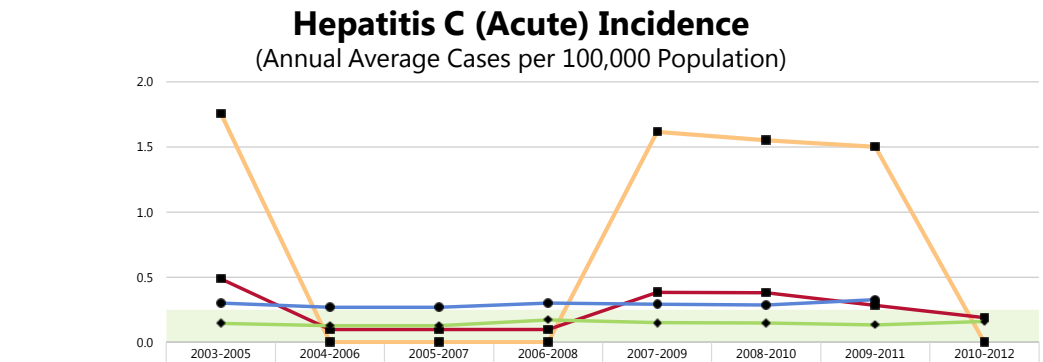
- Lower than the regional, state, and US rates (the US rate reflects 2009-2011 data).
- The parish rate easily satisfies the Healthy People 2020 target.



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.

Hepatitis C incidence has fluctuated considerably over time in Grant Parish.



	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
Grant Parish	1.8	0.0	0.0	0.0	1.6	1.6	1.5	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

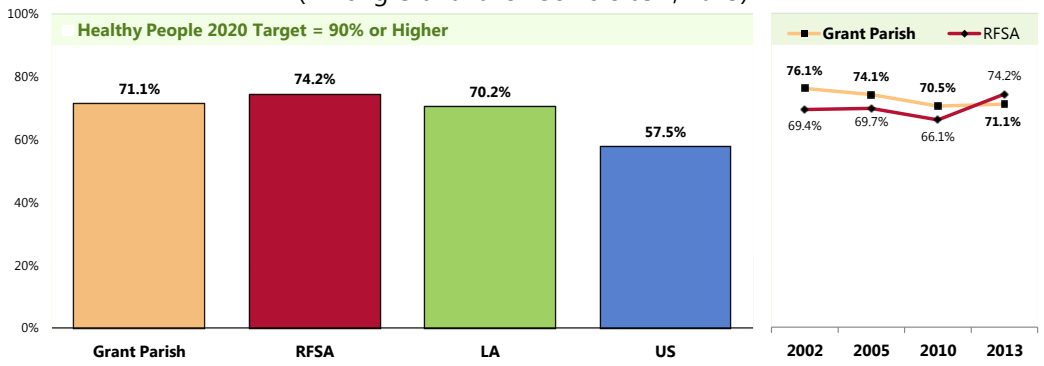
Flu Shots

Among adults age 65 and older, just over 7 in 10 (71.1%) received a flu shot within the past year.

- Similar to RFSA findings.
- Similar to Louisiana findings.
- Higher than national findings.
- Fails to satisfy the Healthy People 2020 target.
- The decrease over time is not statistically significant.

Have Had a Flu Shot in the Past Year

(Among Grant 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.

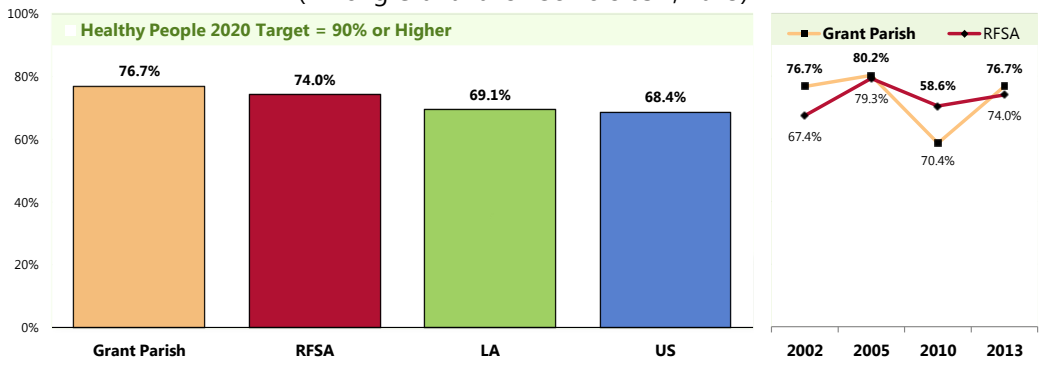
Pneumonia Vaccination

Among adults age 65 and older, 76.7% 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.
- Although fluctuating over time, the prevalence is identical to the baseline 2002 survey findings.

Have Ever Had a Pneumonia Vaccine

(Among Grant 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.

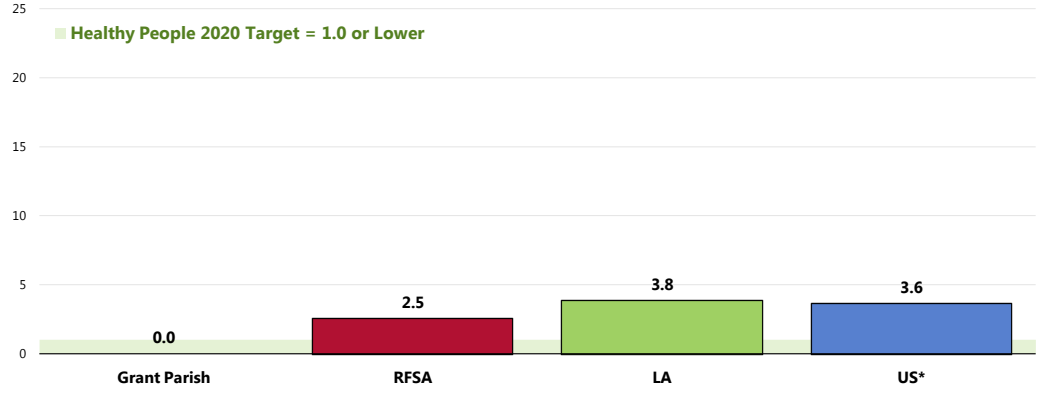
– Ending Neglect: The Elimination Of Tuberculosis In The United States. National Academy of Sciences, Institute of Medicine. Funded by the Centers for Disease Control and Prevention. 2000.

Between 2010 and 2012, Grant Parish reported no tuberculosis cases.

- 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.

Tuberculosis Incidence

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



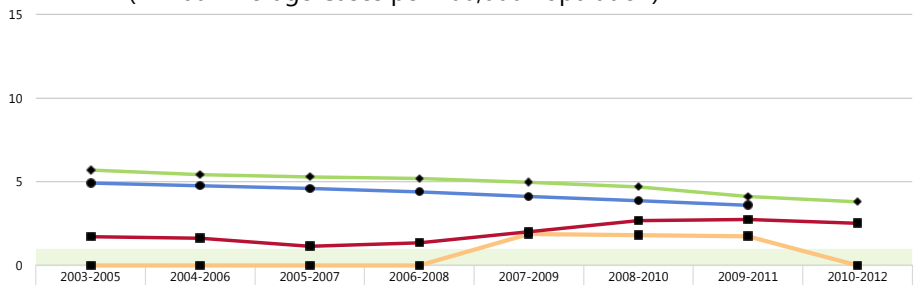
Sources:
- Louisiana Department of Health and Human Services.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-29]

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

Tuberculosis incidence in Grant Parish has fluctuated in recent years. The regional rate has increased, while the Louisiana and US rates have decreased over time.

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
Grant Parish	0.0	0.0	0.0	0.0	1.9	1.8	1.8	0.0
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]

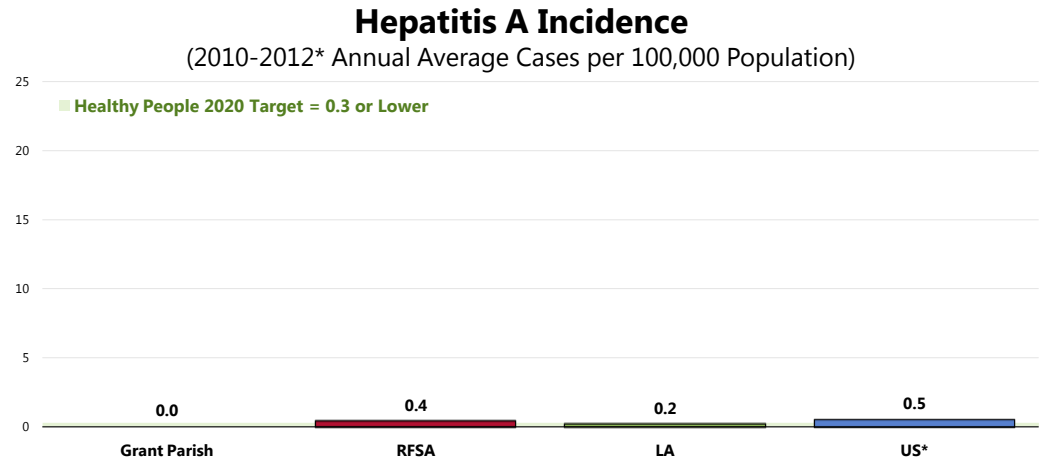
Notes:
- Rates are annual average new cases per 100,000 population.

Enteric Disease

Acute Hepatitis A

Between 2010 and 2012, Grant Parish reported no cases of hepatitis A.

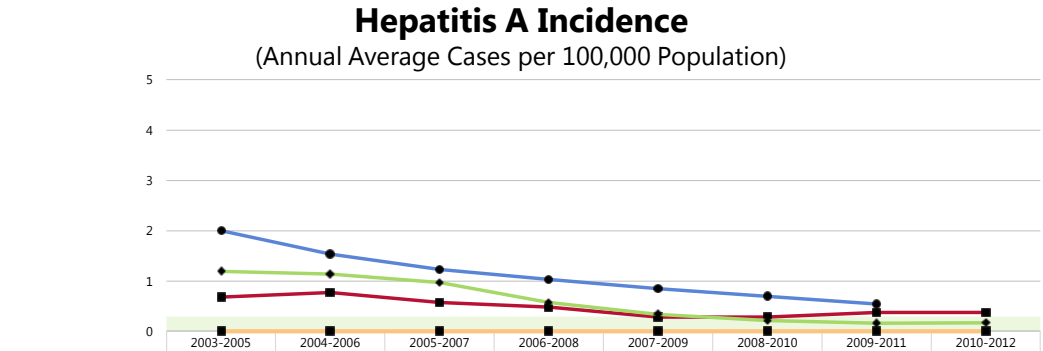
- Better than the regional incidence rate.
- Better than the Louisiana incidence rate.
- Better than the national incidence rate (which reflects 2009-2011 data).
- Satisfies the Healthy People 2020 target.



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.

In fact, Grant 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
Grant 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.

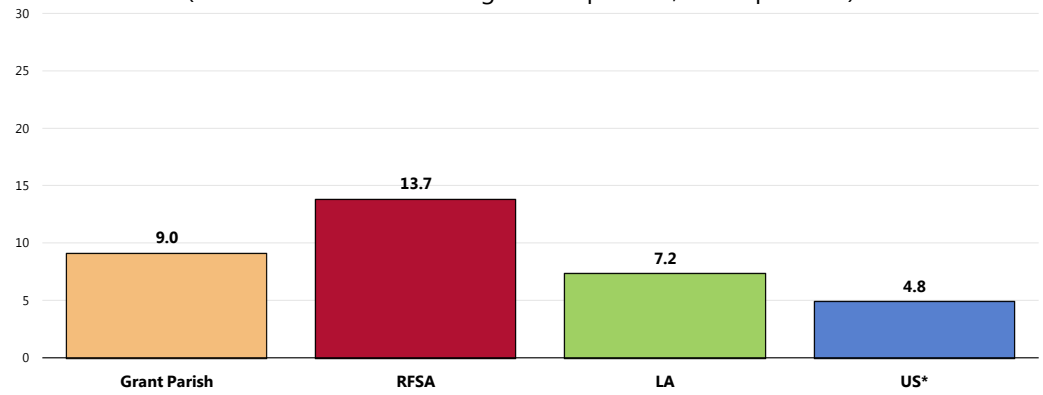
Shigellosis

Between 2010 and 2012, the annual average shigellosis rate was 9.0 cases per 100,000 population in Grant Parish.

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

Shigellosis Incidence

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



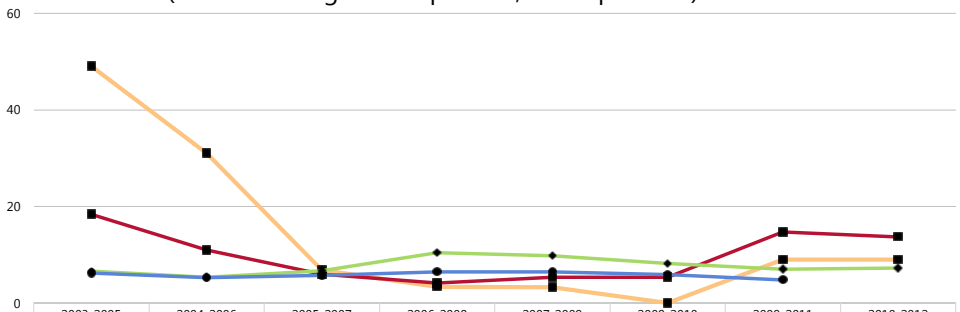
Sources:
- Louisiana Department of Health and Hospitals Office of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

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

Shigellosis incidence has fluctuated considerably over time, showing no clear trend.

Shigellosis Incidence

(Annual Average Cases per 100,000 Population)



	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012
Grant Parish	49.1	31.0	6.8	3.4	3.2	0.0	9.0	9.0
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	

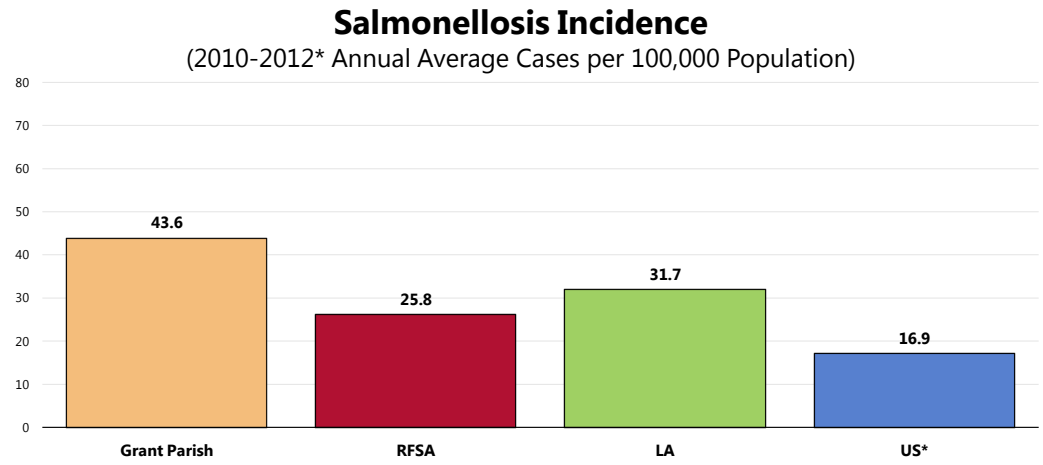
Sources:
- Louisiana Department of Health and Hospitals Office of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

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

Salmonellosis

The 2010-2012 salmonellosis incidence rate in Grant Parish was 43.6 per 100,000 population.

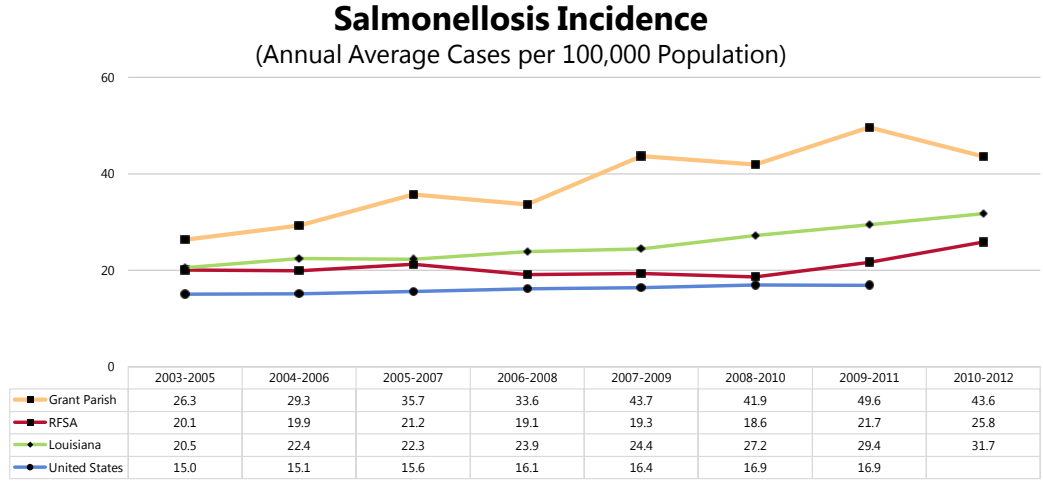
- Higher than the regional incidence rate.
- Higher than the state rate.
- Higher than the national rate (which reflects 2009-2011 data).



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

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

Salmonellosis incidence has generally increased over time in Grant 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
Grant Parish	26.3	29.3	35.7	33.6	43.7	41.9	49.6	43.6
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	

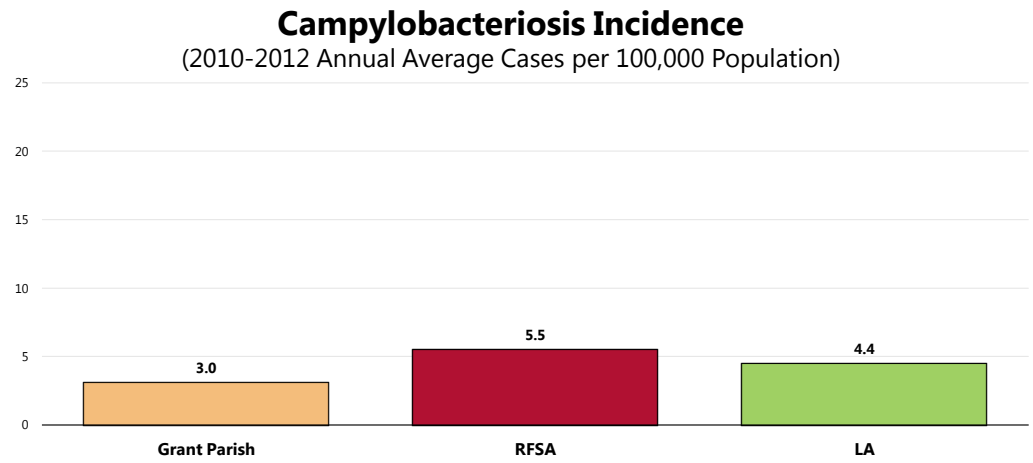
Sources:
- Louisiana Department of Health and Hospitals Office of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

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

Campylobacteriosis

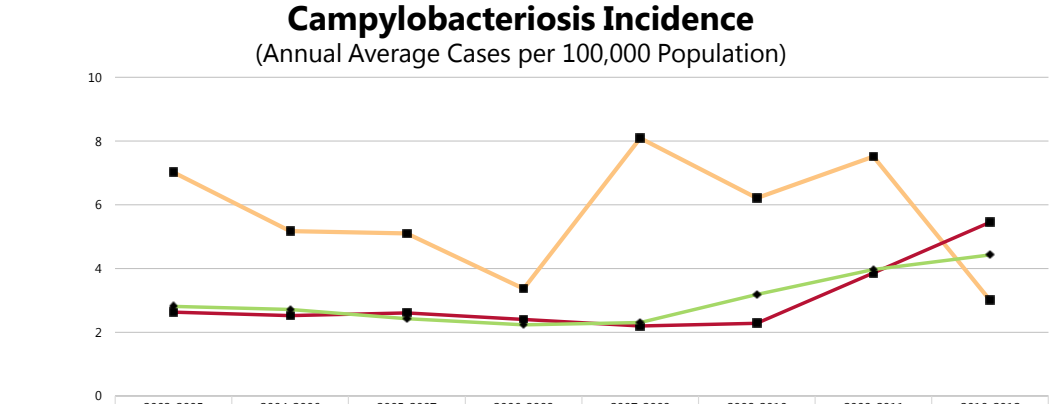
Between 2010 and 2012, Grant Parish reported a campylobacteriosis incidence rate of 3.0 cases per 100,000 population.

- Lower than the regional incidence rate.
- Lower than the Louisiana rate. (A national incidence rate is not available.)



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

Campylobacteriosis incidence has fluctuated broadly over the past decade in Grant Parish.



	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012
Grant Parish	7.0	5.2	5.1	3.4	8.1	6.2	7.5	3.0
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.

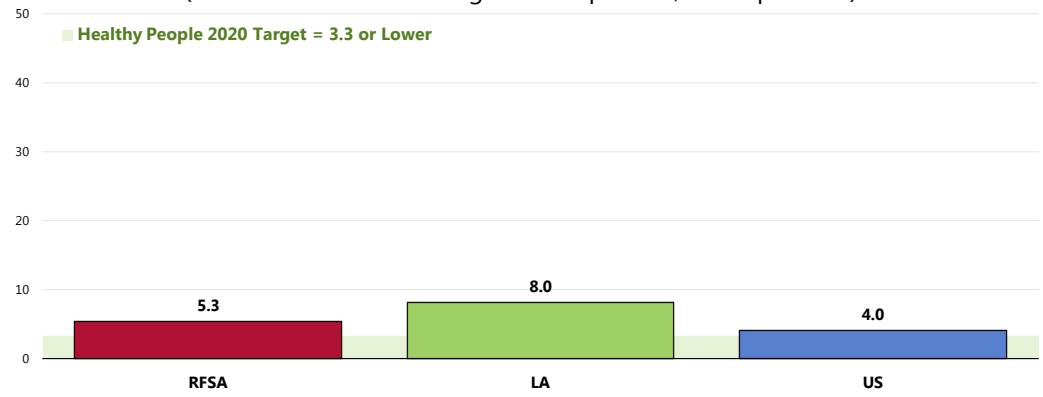
Age-Adjusted HIV/AIDS Deaths

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)



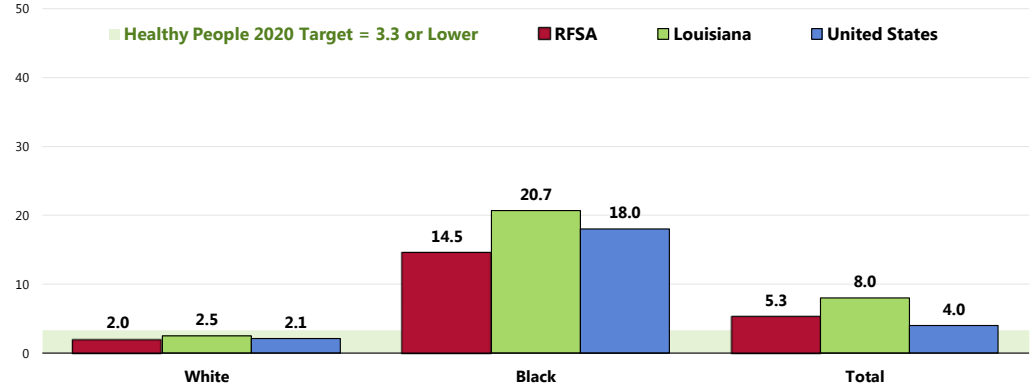
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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

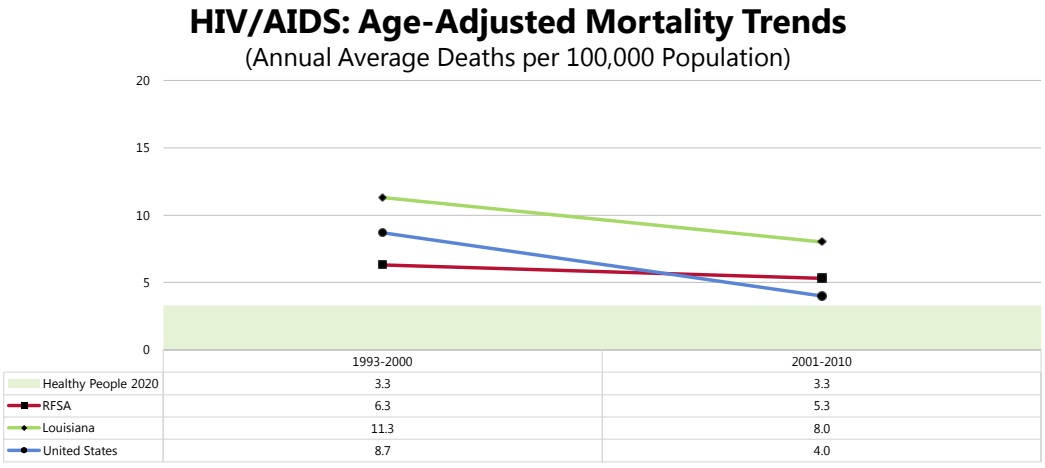
(2001-2010 Annual Average Deaths per 100,000 Population)



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.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-12]

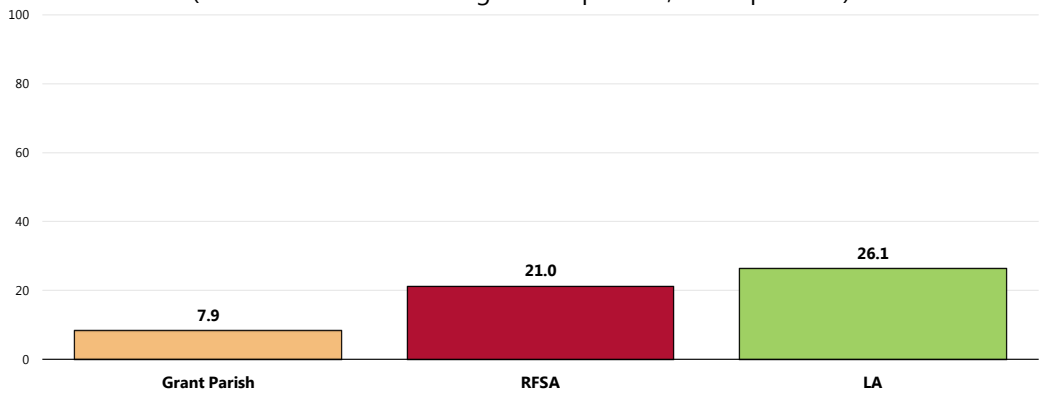
Notes:
- Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
-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

HIV/AIDS Cases

HIV/AIDS Incidence

Between 2009 and 2012, there was an annual average of 7.9 new HIV/AIDS cases per 100,000 population in Grant Parish.

- Lower than the RFSA incidence rate.
- Lower than the Louisiana incidence rate.

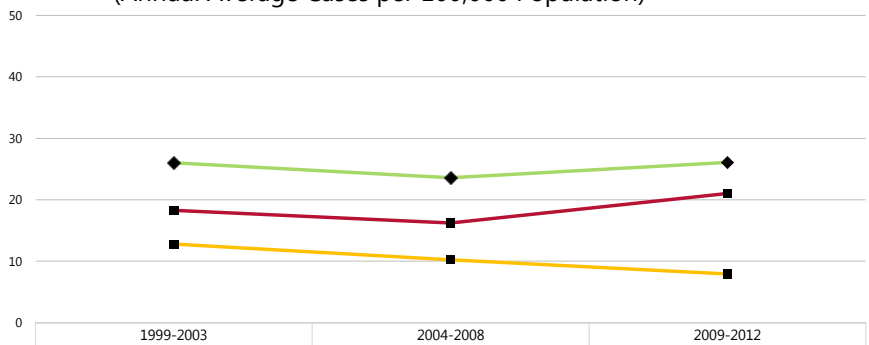


Sources:
- Louisiana Department of Health and Hospitals Office of Public Health.

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

- HIV/AIDS incidence has decreased over time in Grant Parish.

HIV/AIDS Incidence
(Annual Average Cases per 100,000 Population)



	1999-2003	2004-2008	2009-2012
Grant Parish	12.8	10.2	7.9
RFSA	18.3	16.2	21.0
Louisiana	26.0	23.6	26.1

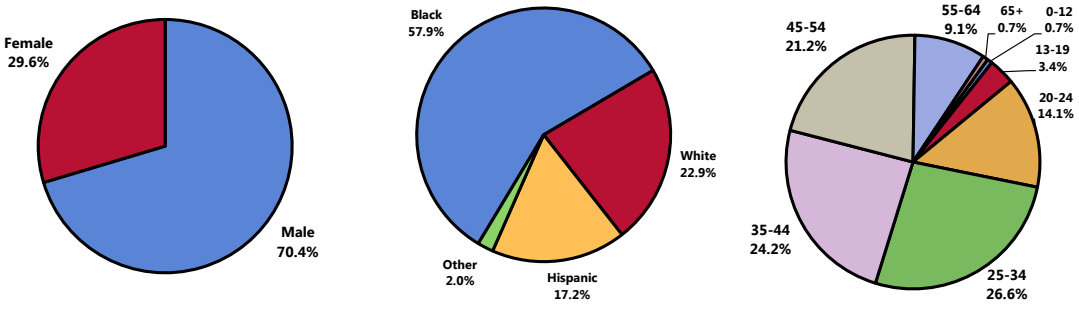
Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
Notes: • Rates are annual average new cases per 100,000 population.

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)



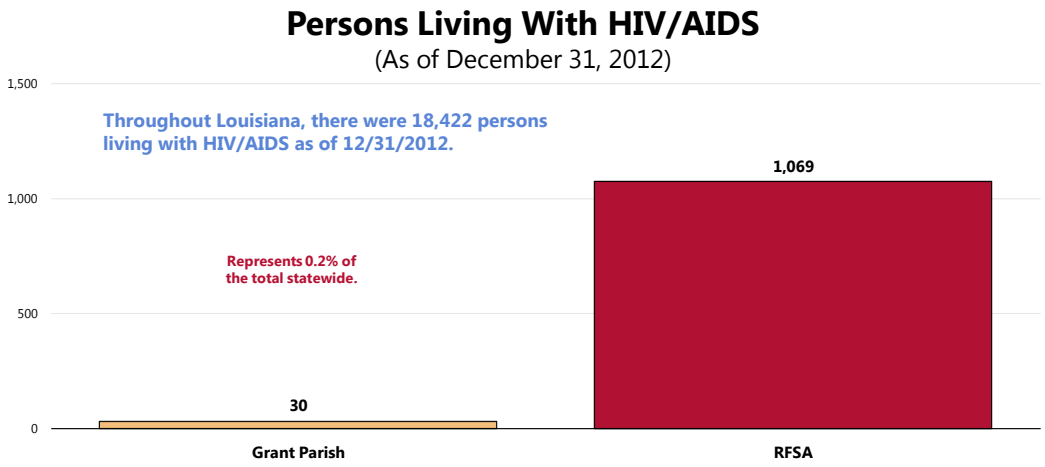
Gender **Race/Ethnicity** **Age**

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 30 Grant Parish residents living with HIV/AIDS.

- This represents 0.2% of the state's 18,422 persons living with HIV/AIDS.

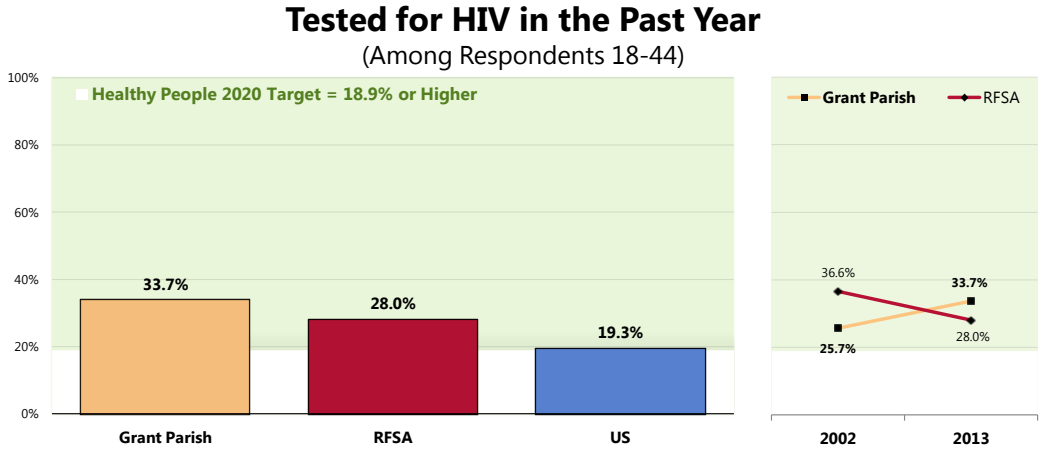


Sources: • Louisiana Department of Health and Hospitals Office of Public Health.

HIV Testing

Among Grant Parish adults age 18-44, 33.7% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Similar to the regional prevalence.
- Higher than the proportion found nationwide.
- Satisfies the Healthy People 2020 target.
- Statistically unchanged over time.



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.

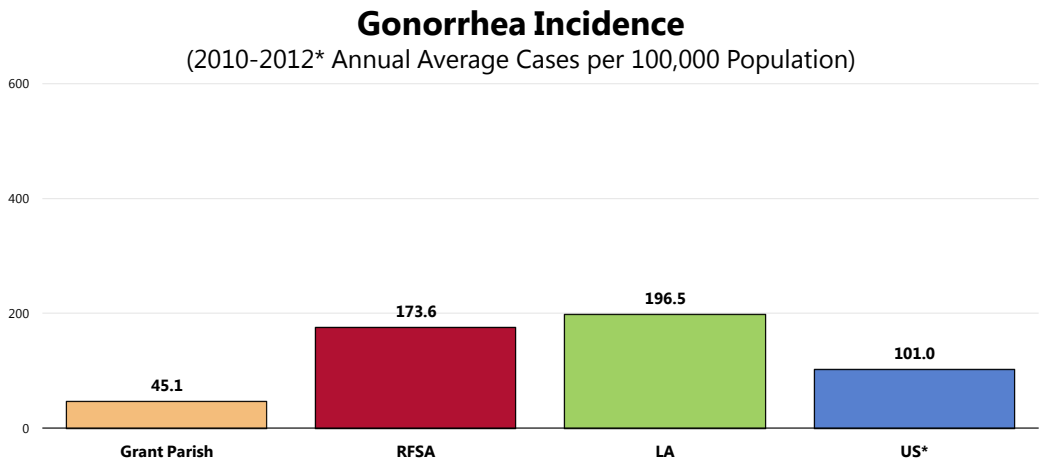
Despite the burdens, costs, complications, and preventable nature of STDs, they remain a significant public health problem, largely unrecognized by the public, policymakers, and public health and healthcare professionals in the United States. STDs cause many harmful, often irreversible, and costly clinical 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 45.1 cases per 100,000 population in Grant Parish.

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



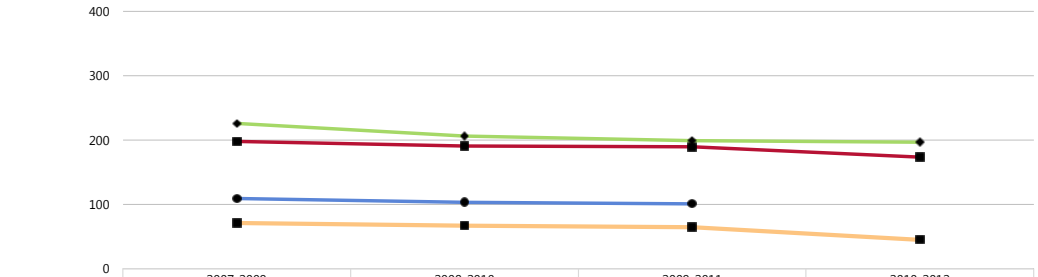
Sources:
- Louisiana Department of Health and Hospitals Office of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

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

Gonorrhea rates have decreased in recent years.

Gonorrhea Incidence

(Annual Average Cases per 100,000 Population)



	2007-2009	2008-2010	2009-2011	2010-2012
Grant Parish	71.2	66.8	64.6	45.1
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.

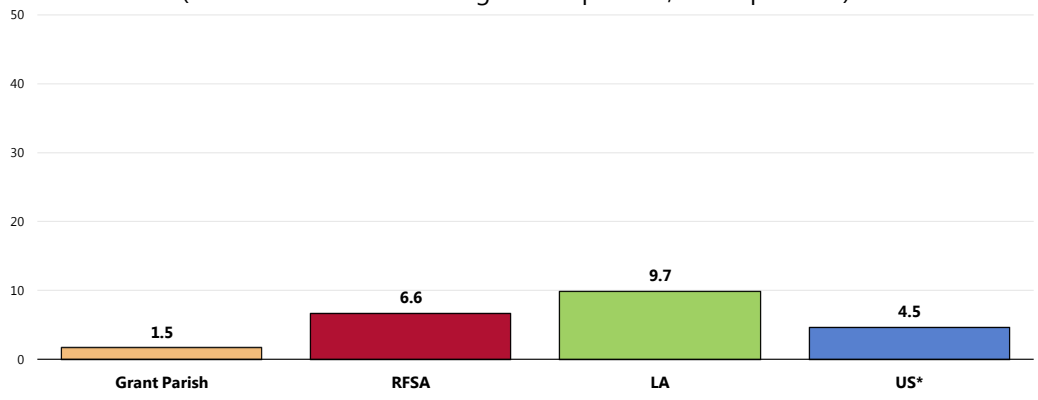
Syphilis

Between 2010 and 2012, the annual average primary/secondary syphilis incidence rate was 1.5 cases per 100,000 population in Grant Parish.

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

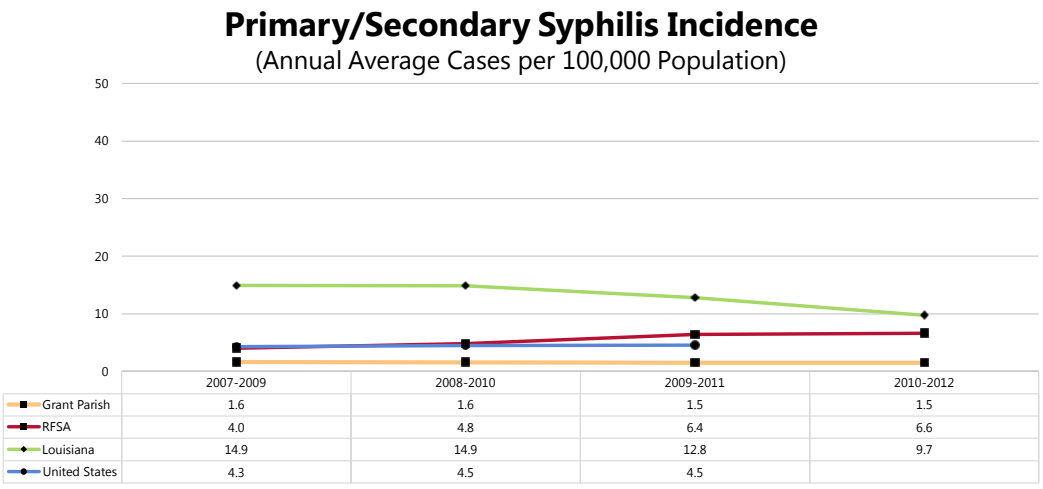
Primary/Secondary Syphilis Incidence

(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.

Grant Parish syphilis incidence has not changed in recent years.



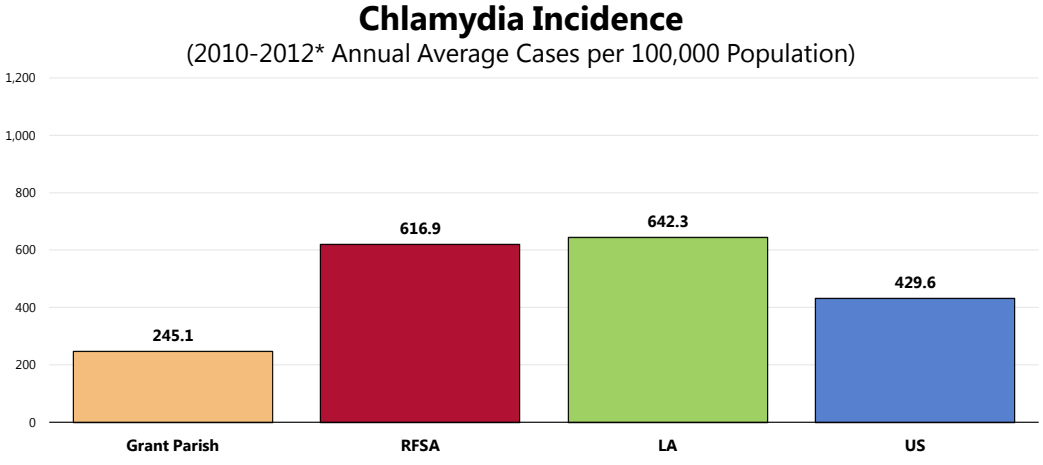
	2007-2009	2008-2010	2009-2011	2010-2012
Grant Parish	1.6	1.6	1.5	1.5
RFSA	4.0	4.8	6.4	6.6
Louisiana	14.9	14.9	12.8	9.7
United States	4.3	4.5	4.5	

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 245.1 cases per 100,000 population in Grant Parish.

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

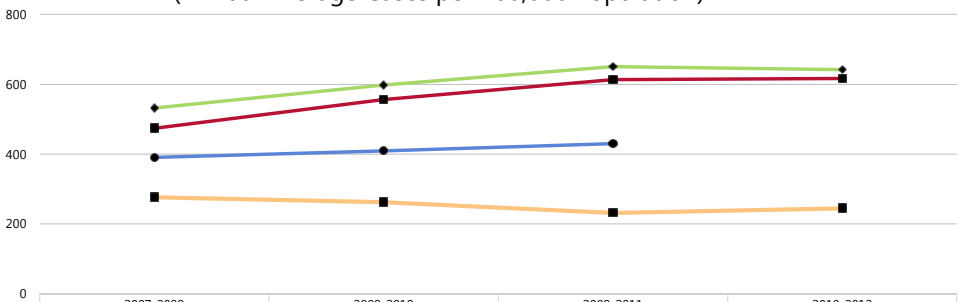


Sources: ● Louisiana Department of Health and Hospitals Office of Public Health.
● Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: ● Rates are annual average new cases per 100,000 population.
● *US rate represents 2009-2011 data.

Chlamydia incidence has decreased in recent years across Grant Parish, in contrast to the increasing trends reported regionally and across Louisiana and the US overall.

Chlamydia Incidence

(Annual Average Cases per 100,000 Population)



	2007-2009	2008-2010	2009-2011	2010-2012
Grant Parish	276.7	262.5	231.5	245.1
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.

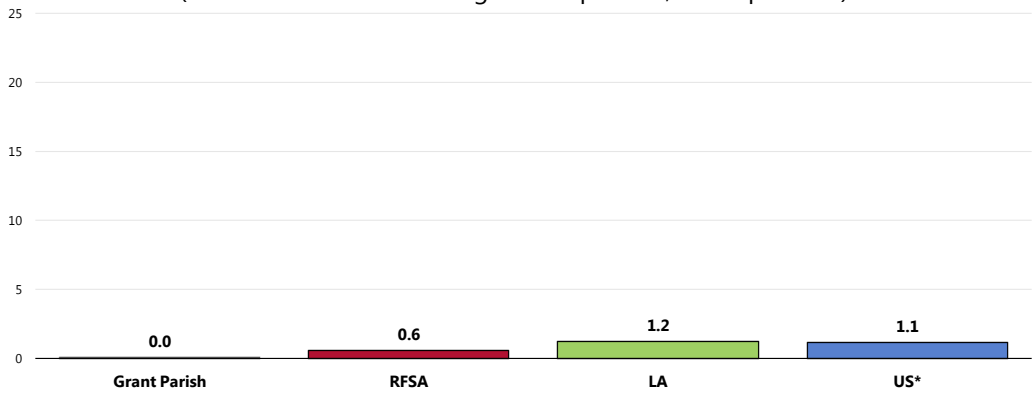
Acute Hepatitis B

Between 2010 and 2012, Grant Parish did not report any cases of hepatitis B.

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

Hepatitis B (Acute) Incidence

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

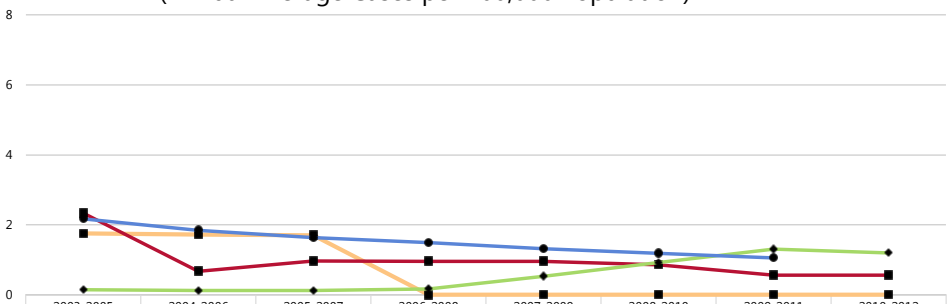


Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.
• *US rate represents 2009-2011 data.

- The most recently reported cases in Grant Parish were during the 2005-2007 reporting period.

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
Grant Parish	1.8	1.7	1.7	0.0	0.0	0.0	0.0	0.0
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.

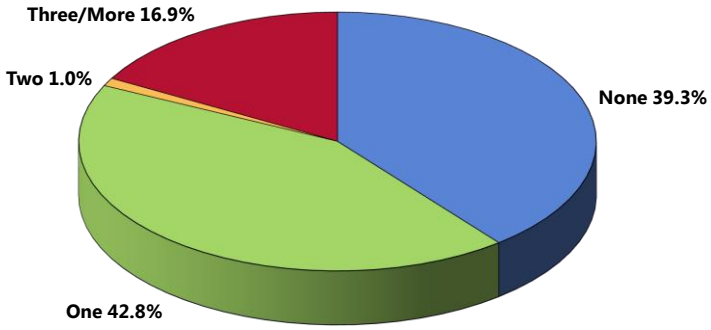
Safe Sexual Practices

Sexual Partners

Among unmarried Grant Parish adults under age 65, the vast majority cites having one (42.8%) or no (39.3%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months

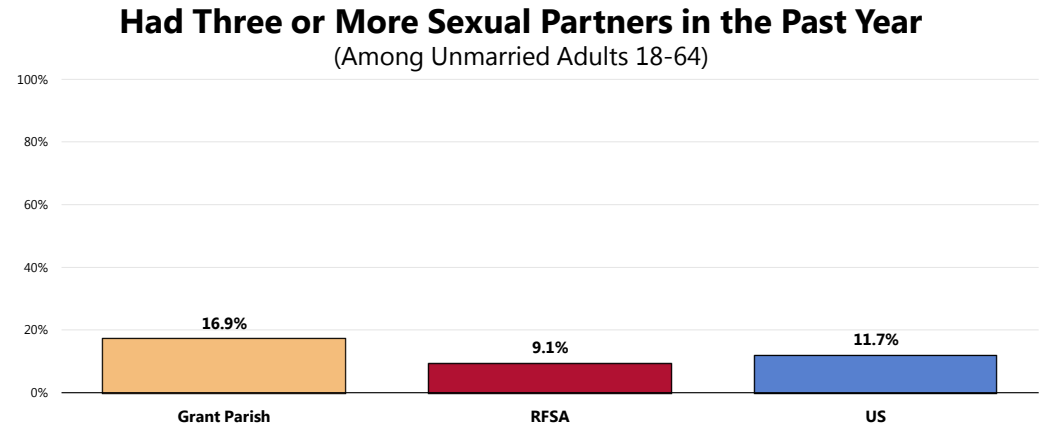
(Among Unmarried Adults 18-64; Grant Parish, 2013)



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

However, 16.9% report three or more sexual partners in the past year.

- Similar to regional (RFSA) findings.
- Similar to that reported nationally.

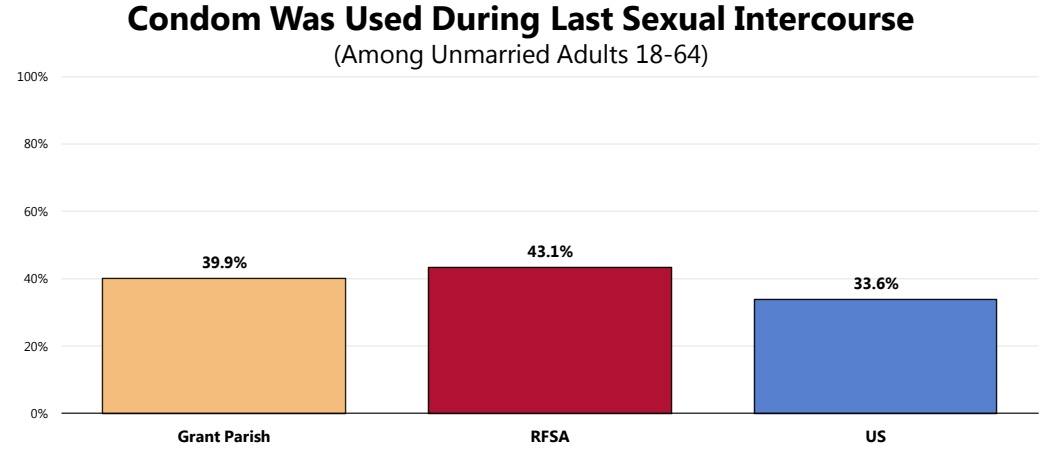


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all unmarried respondents under the age of 65.

Condom Use

Among Grant Parish adults who are under age 65 and unmarried, 39.9% report that a condom was used during their last sexual intercourse.

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



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.

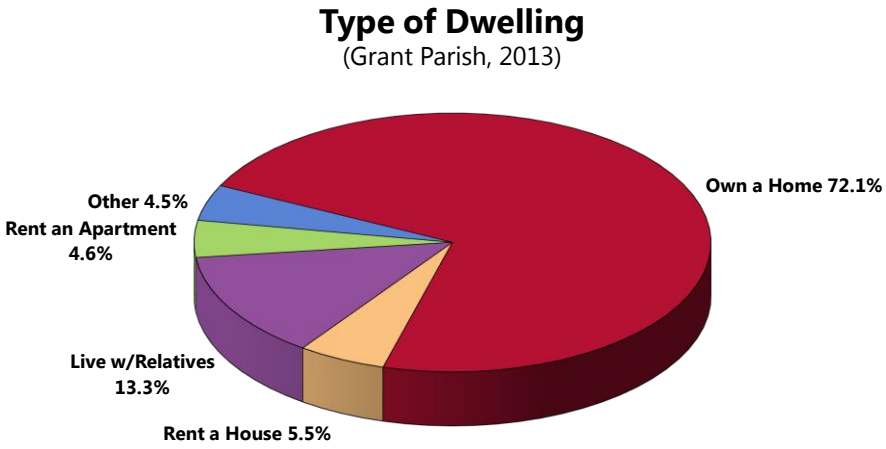
HOUSING

Housing Conditions

Type of Dwelling

The majority of Grant Parish residents (72.1%) owns their own home, while 10.1% rent a house or apartment.

- Another 13.3% live with family members.

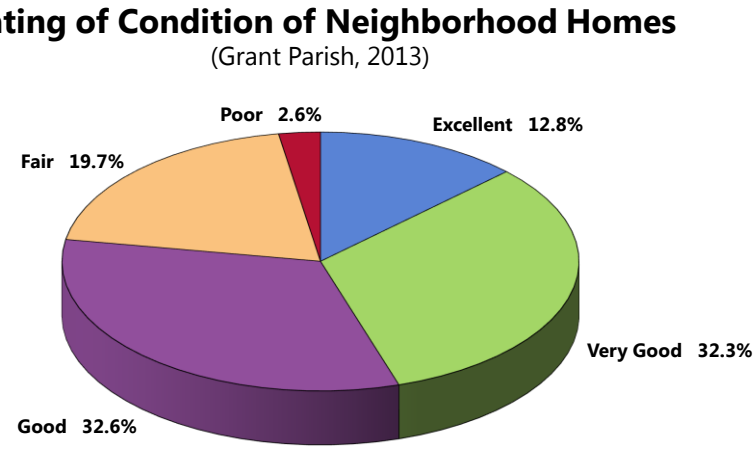


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]
Notes: • Asked of all respondents.

Condition of Local Housing

Just less than one-half (45.1%) of survey respondents consider the condition of homes in their neighborhoods to be "excellent" or "very good."

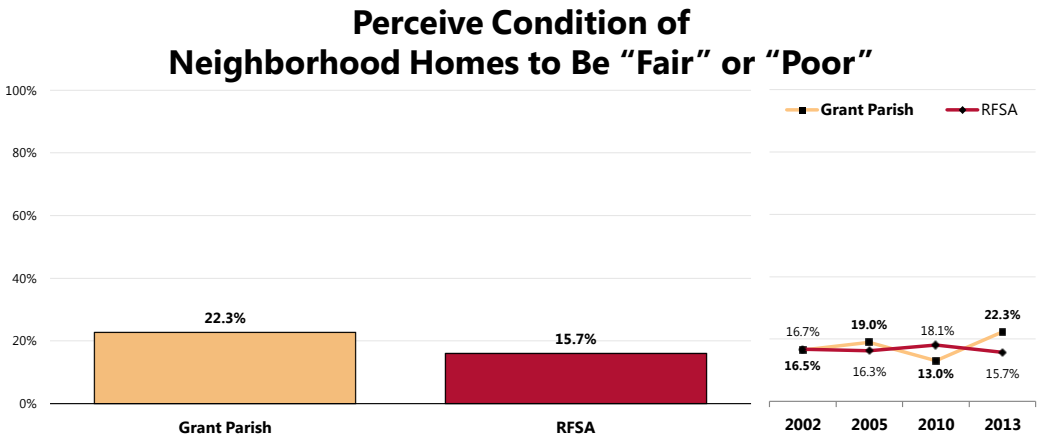
- Another 32.6% gave good ratings.



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

However, 22.3% of Grant Parish residents consider the condition of homes in their neighborhoods to be only "fair" or "poor."

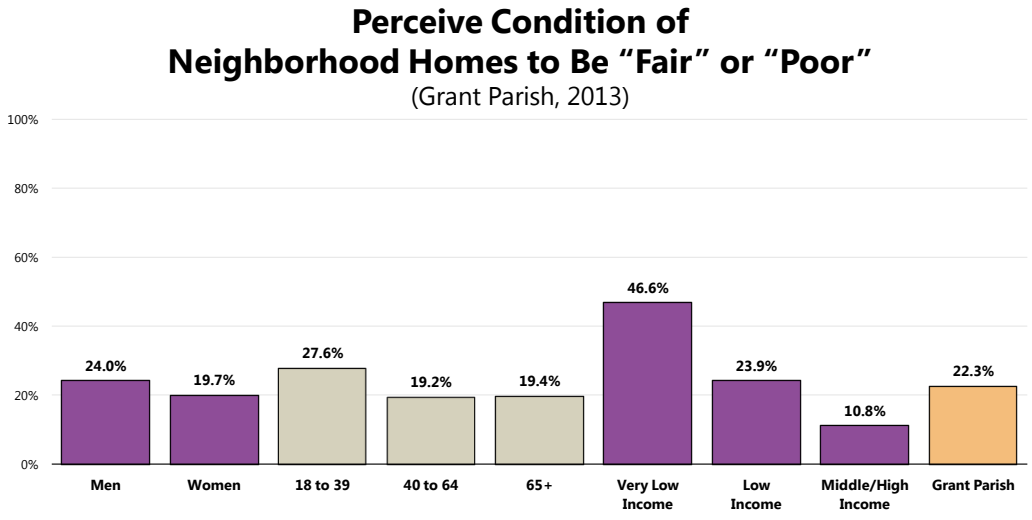
- Less favorable than regional (RFSA) findings.
- Marks a significant <u>increase</u> since 2005.



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

Viewed by demographic segments, those residents <u>more</u> likely to give low ratings of the condition of neighborhood homes include the following:

- Young adults.
- Residents living at lower incomes (note the strong negative correlation).



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.

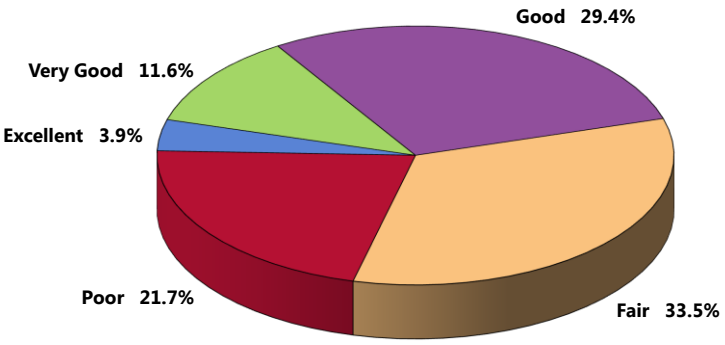
Housing Affordability

Availability of Affordable Housing

When asked to rate the availability of affordable local housing, a total of 15.5% of survey respondents gave "excellent" or "very good" opinions.

- Another 29.4% gave "good" ratings.

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

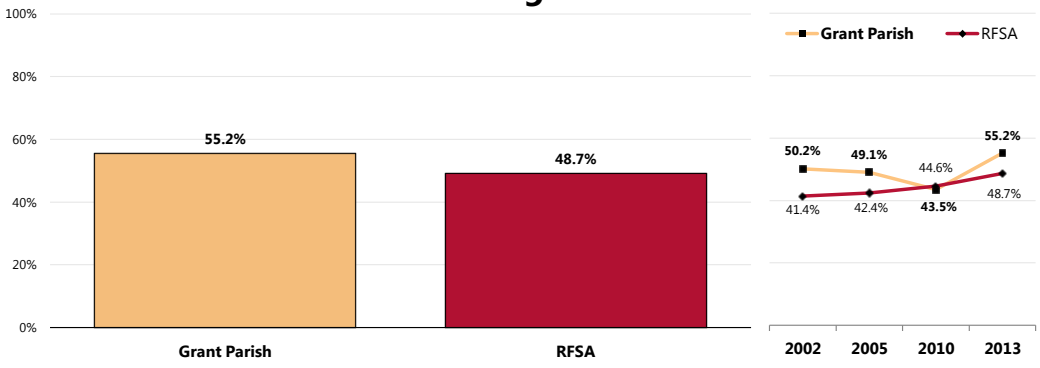


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
Notes: • Asked of all respondents.

However, 55.2% of Grant Parish residents consider the availability of affordable housing in their areas to be "fair" or "poor."

- Less favorable than regional (RFSA) findings.
- Although fluctuating over time, the percentage is similar to baseline survey results.

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

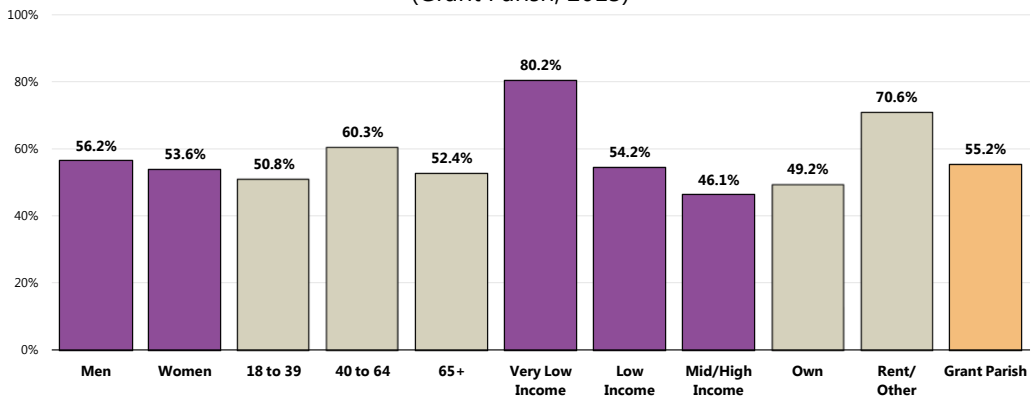


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]
Notes: • Asked of all respondents.

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"
(Grant Parish, 2013)



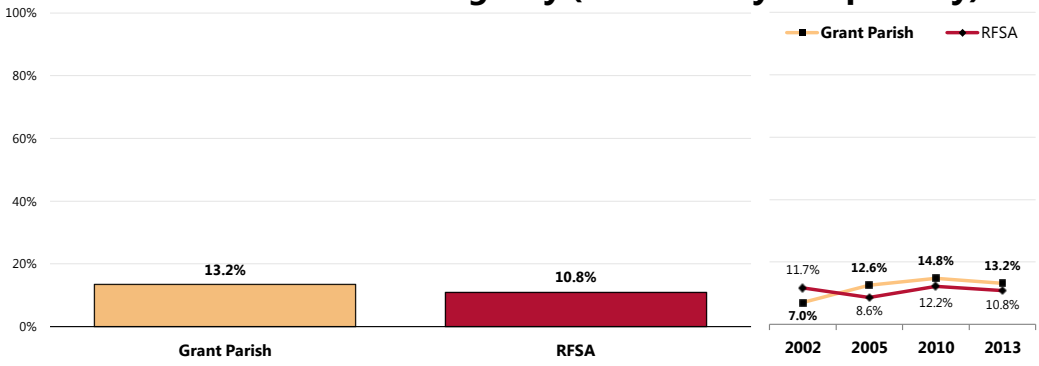
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income"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

Housing Displacement

A total of 13.2% 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.
- Denotes a significant increase over time.

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



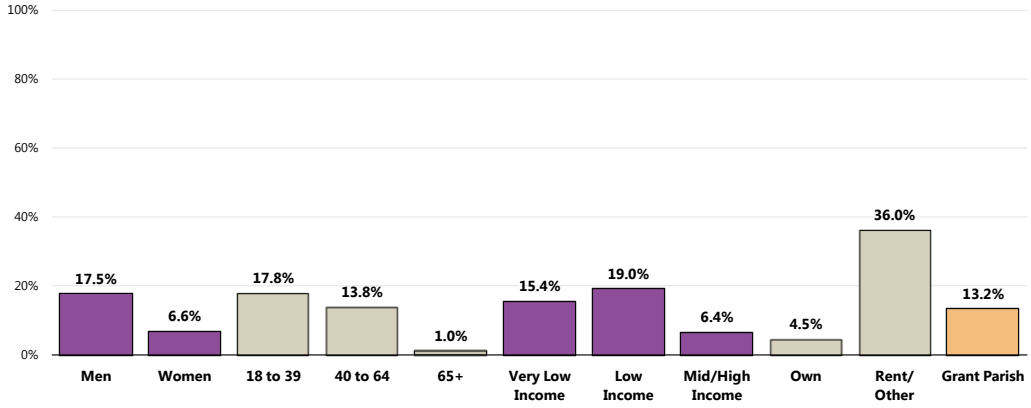
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 128]
Notes: • Asked of all respondents.

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

- Men.
- Adults under age 65.
- Respondents with low or very low incomes.
- Renters (vs. homeowners).

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

(Grant 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

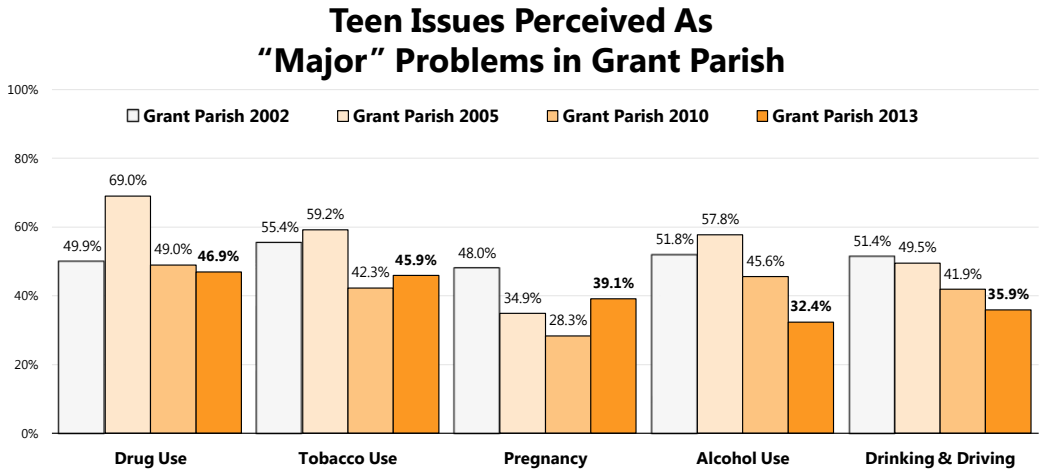
Teen Issues

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 drug use and tobacco use are viewed by surveyed adults as the biggest concerns facing teens in Grant Parish (45% or more of survey respondents rate these as "major problems" for teens in their own community).

- Note that evaluations of **each** issue have decreased significantly since 2002 (meaning that fewer residents now consider each to be a "major problem").



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 varying levels of collaboration occurring in the community between non-profit organizations, schools, healthcare providers and hospitals. The issues surrounding collaboration were:

- Varying opinions on the level of collaboration
- Need to communicate about resources

Attendees had **varying opinions on the level of collaboration** occurring in the community. Some participants spoke about the excellent coordination occurring among non-profit organizations, including a recent collaborative effort – the Grant Parish Healthy Initiatives Coalition. Participants feel that many community members throughout the parish now work together to improve the health of the residents.

> *"For the first time in a long time we have a group of progressive people that are willing to work together. It's easy to say things. It's a completely different story to do it. And over the last nine months they've provided that, in my opinion. That they are here for the right reason. To try to make things better in this parish. And to do things that are going to benefit everybody in Grant Parish." — Grant Parish Key Informant*

Other participants agree that organizations in the parish collaborate to some degree, but that this remains an area in need of improvement. Respondents believe that agencies and hospitals **need to communicate** more effectively about the available resources, but struggle because of funding constraints. Additionally, the large geographic area of the parish makes it difficult to coordinate with every agency.

Older Adults

Related Focus Group Findings

Many focus group participants discussed the limited number of services available to senior citizens. The main issues included:

- Limited number of resources available to seniors

Participants worry about the health of senior citizens living in Grant Parish. Only a **limited number of resources are available to seniors**. Many seniors have multiple healthcare needs, but do not know about the available services and are reluctant to ask for assistance. Participants believe that senior citizens will listen to physicians and nurses, but many times do not want to admit a problem exists. Grant Parish respondents describe the sheriff's department annual October fish fry as an opportunity to educate senior citizens. A law enforcement representative welcomes any agency to come and speak at the event and describes the day's events:

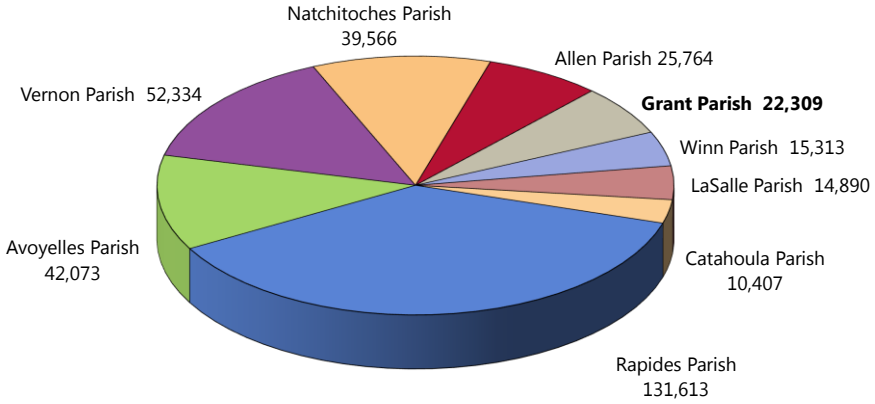
> *"We'll have entertainment for them and door prizes and feed them some food. We also have the local pharmacist that's going to come and speak to them. Kind of some preventative maintenance I suppose. To give them some ideas on medication, how to be careful with medication. Not to overmedicate yourself by you know if I take one pill for my blood pressure, well, it's really high today; two's got to be better." — Grant Parish Key Informant*

DEMOGRAPHIC PROFILE

Population

The 2010 census population for Grant Parish was 22,309, comprising 6.3% of the nine-parish Rapides Foundation Service Area:

Population Distribution of the RFSA
(2010 Population)

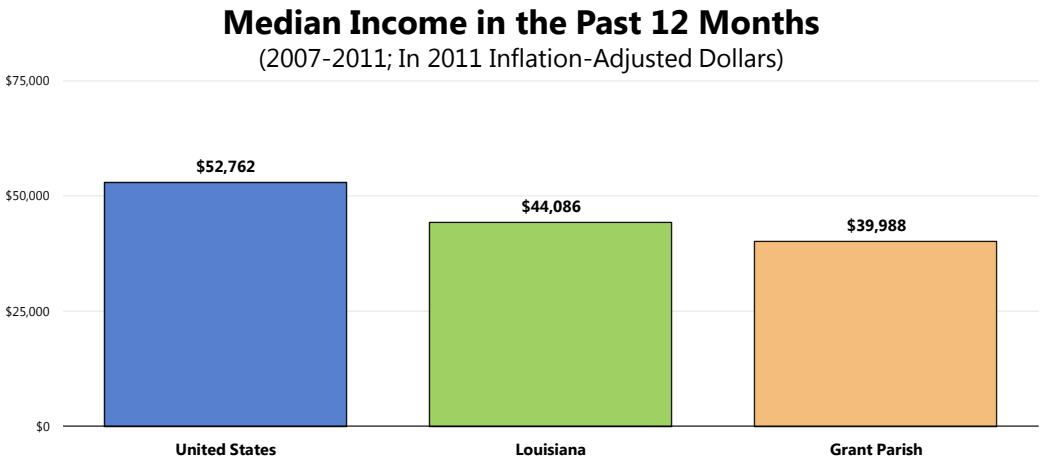


Sources: • U.S. Census Bureau, Profile of General Population and Housing Characteristics: 2010. 2010 Census Summary File 1.

Income

The median income in Grant Parish in 2011 (in inflation-adjusted dollars) was $39,988.

- Note that this is substantially below the US median income of $52,762.

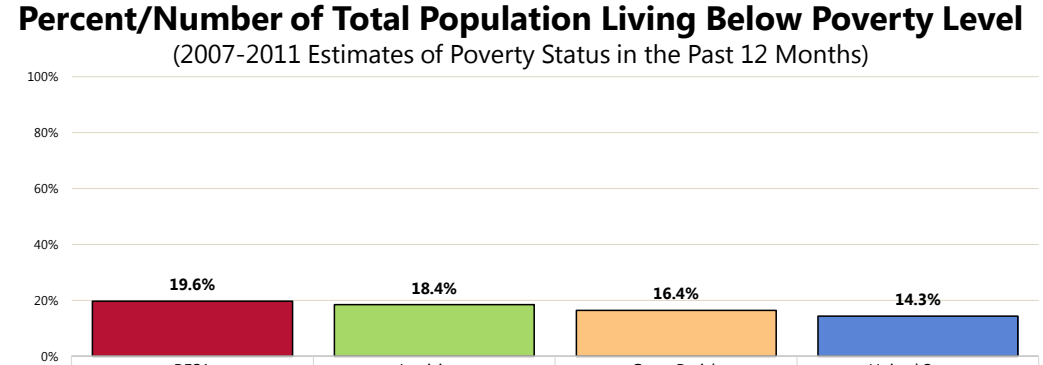


Sources: • U.S. Census Bureau, 2007-2011 American Community Survey. 5-Year Estimates.

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

A total of 16.4% of Grant Parish residents live below the federal poverty level.

- This is higher than found nationally but lower than regional and state proportions.

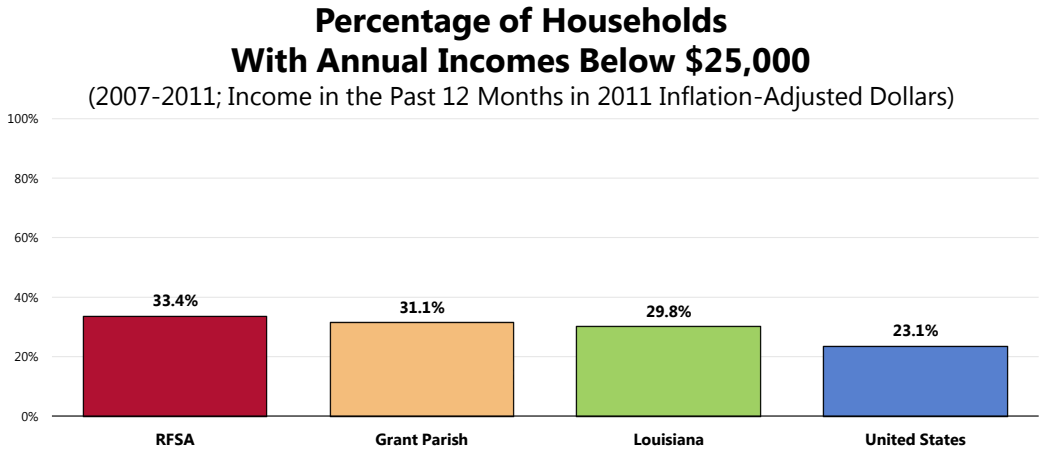


	RFSA	Louisiana	Grant Parish	United States
Percent	19.6%	18.4%	16.4%	14.3%
Number	64,721	800,705	3,217	42,739,924

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

In all, 31.1% of Grant Parish households have annual incomes below $25,000.

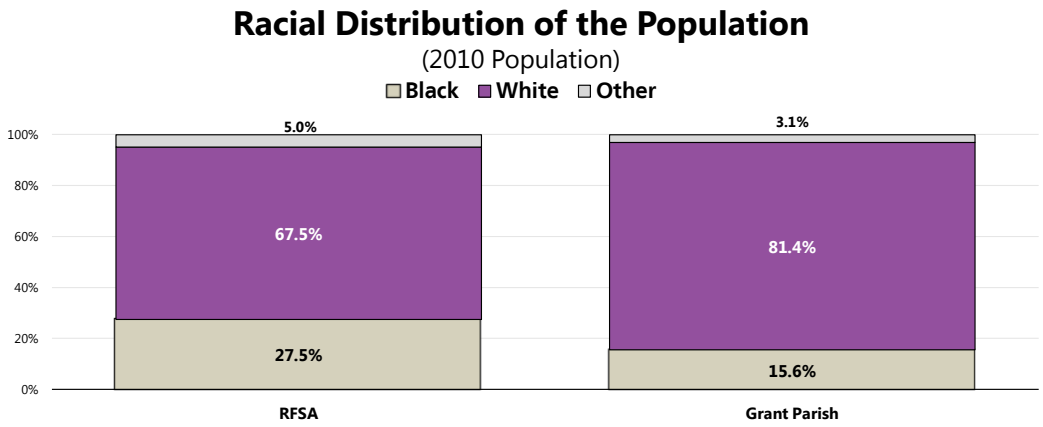
- Much higher than found nationally.



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

Race

A total of 81.4% of the Grant Parish population is White, while 15.6% is Black/African American and 3.1% of the population is made up of other races.

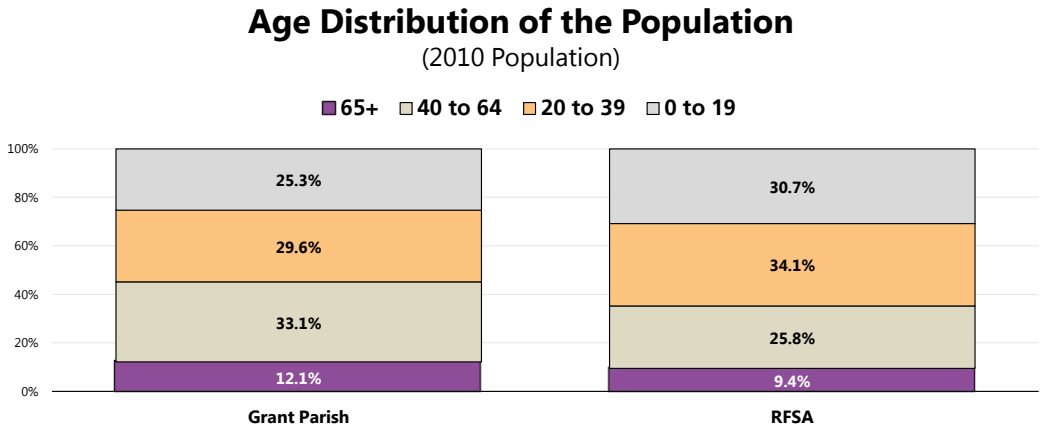


Sources: • U.S. Census Bureau, Profile of General Population and Housing Characteristics: 2010. 2010 Census Summary File 1.
Notes: • Race includes Hispanics who also identify with a race category (White, Black, Other).
"Other" includes those reporting multiple races, as well as races other than White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

Age

In Grant Parish, 25.3% of the population is under the age of 20 years. Another 29.6% of residents are 20 to 39, and 33.1% are between 40 and 64 years of age.

A total of 12.1% of Grant 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.