2013 PRC Community Health Needs Assessment Report

Winn Parish, Louisiana

Funded by
The Rapides Foundation

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INTRODUCTION

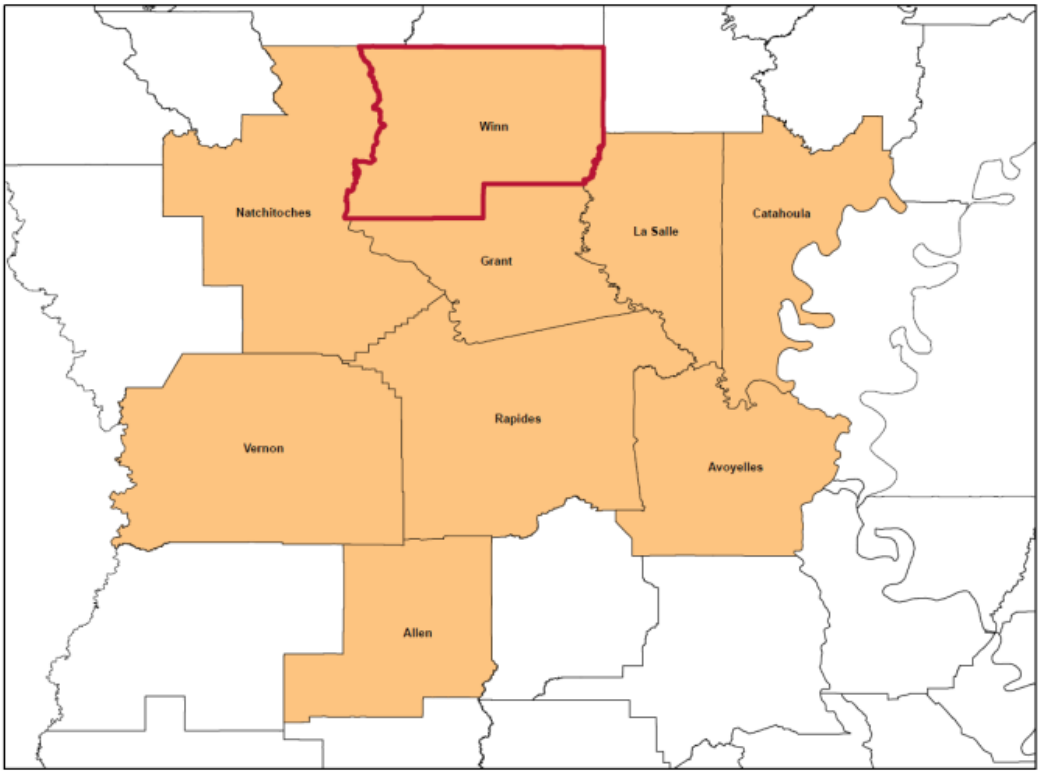
Project Overview

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 Winn 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 Winn 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.

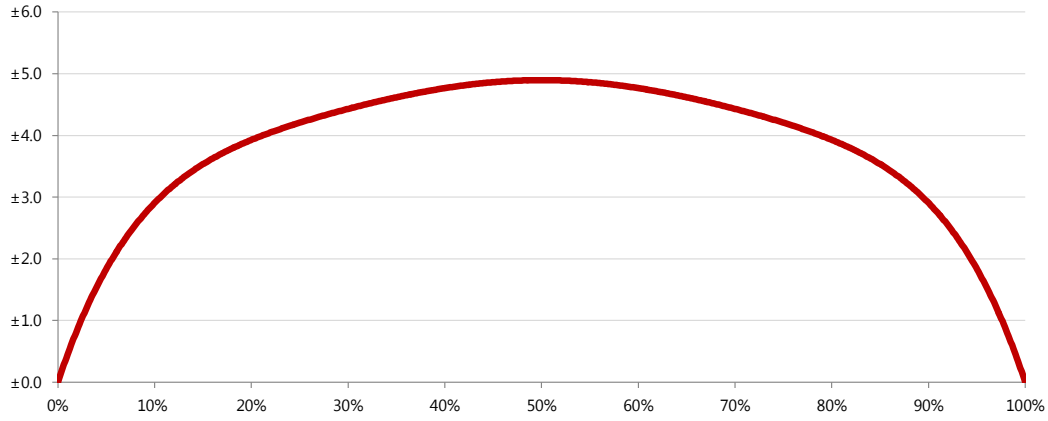
The sample design used for this effort consisted of a random sample of 401 adults age 18 and older in Winn Parish. In total, 3,742 surveys were completed across the Rapides Foundation Service Area; once these data were collected, the sample was weighted in proportion to the actual population distribution 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 401 respondents is ±4.9% at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 401 Respondents at the 95 Percent Level of Confidence

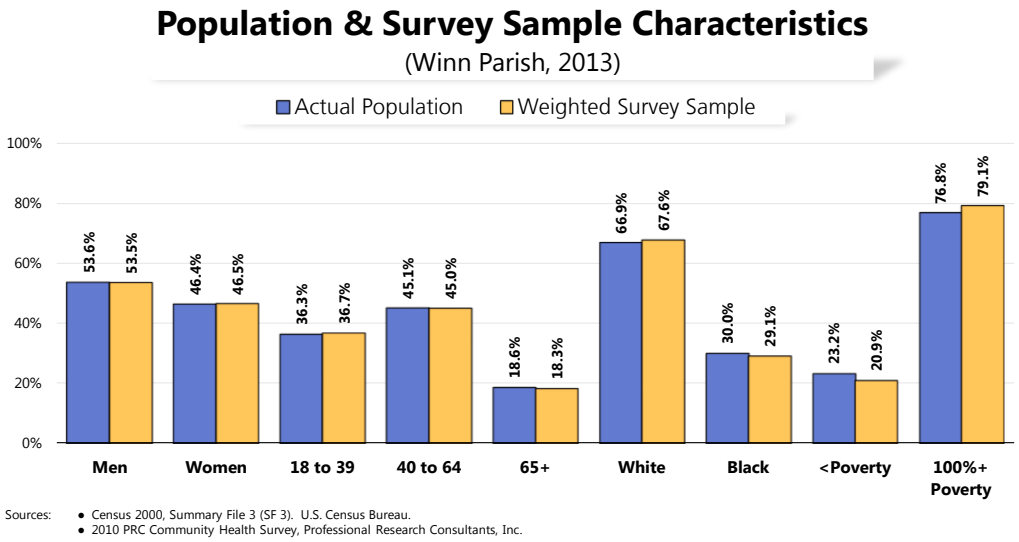


Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 401 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 Winn 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 Winn Parish were obtained from the following sources (specific citations are included with the graphs throughout this report):

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

Benchmark Data

Trending

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

RFSA Risk Factor Data

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

Louisiana Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local findings. These data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. NOTE: Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Nationwide Risk Factor Data

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

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

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

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

Key Informant Focus group

As part of the community health assessment, one focus group was held on March 19, 2013. Focus group participants included 7 key informants: physicians, other health professionals, social service providers, and other community leaders.

A list of recommended participants for the focus group was provided by the sponsors. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Participants included a representative of public health, as well as several individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions.

Focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend. Confirmation calls were placed the day before the group was scheduled to insure a reasonable turnout.

Audio from the focus group session was recorded, from which verbatim comments in this report are taken. There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

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

Information Gaps

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

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

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

Summary of Findings

Significant Trends in Winn 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	• Health Insurance Coverage • Prescription Coverage • Difficulty Accessing Healthcare • Barriers to Healthcare (Office Hours, Cost of Prescriptions, Getting Doctor's Appointments, and Finding Doctors)	
Arthritis	• Arthritis/Rheumatism Prevalence	
Cancer	• Cancer Deaths • Sigmoidoscopies/Colonoscopies	• Blood Stool Tests
Heart Disease	• Heart Disease Deaths • Cholesterol Screenings • Controlling High Cholesterol	• Hypertension
HIV/AIDS		• HIV Tests
Injury & Violence	• Unintentional Injury Deaths • Seat Belt Usage (Adults)	• Domestic Violence
Housing		• Availability of Affordable Housing • Housing Displacement
Infant Health	• Prenatal Care • Low Birthweight	
Mental Health	• Those With Depression Seeking Help	
Oral Health		• Recent Dental Visits for Children
Nutrition & Overweight	• Fruit/Vegetable Consumption (Adults) • Overweight Adults Trying to Lose Weight With Diet/Exercise	• Obesity (Adults)
Overall Health	• Overall Mortality Rate	• Fair/Poor Health • Activity Limitations
Physical Activity & Fitness	• Lack of Leisure Time Activity	• Walking Regularly • Local Physical Activity Opportunities
Respiratory Disease		• CLRD Deaths • Chronic Lung Disease Prevalence
STDs	• Gonorrhea Incidence • Syphilis Incidence • Hepatitis B Incidence	
Substance Abuse	• Drunk Driving	• Smoking Cessation Attempts

Top Community Health Concerns Among Focus Group Participants

Among Community Key Informants

At the conclusion of each 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. **Access, including Transportation**
2. **Substance Abuse**
3. **Education**

Comparisons With Benchmark Data

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

Reading the Summary Tables

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

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

The pink column (far right) provides trending results. Symbols indicate whether Winn 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	Winn Parish	Winn Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	19.3	22.1	26.8	15.1	0.0	34.4
% [65+] With Medicare Supplement Insurance	61.5	65.4		68.1		50.5
% [Insured/No Medicare] Insurance Covers Prescriptions	95.0	94.5				90.2
[Insured] Insurance Covers Both Dr/Hosp Visits	97.0	97.9				95.5
% Difficulty Accessing Healthcare in Past Year (Composite)	37.5	36.8		39.9		47.8
% Inconvenient Hrs Prevented Dr Visit in Past Year	10.4	11.2		15.4		16.6
% Cost Prevented Getting Prescription in Past Year	10.4	16.7		15.8		25.8
% Cost Prevented Physician Visit in Past Year	17.7	15.7		18.2		21.5
% Difficulty Getting Appointment in Past Year	14.2	13.4		17.0		20.4
% Difficulty Finding Physician in Past Year	9.3	10.9		11.0		14.0
% Transportation Hindered Dr Visit in Past Year	11.6	8.5		9.4		13.1
% Difficulty Getting Child's Healthcare in Past Year	5.1	2.2		6.0		8.7
% [Age 18+] Have a Specific Source of Ongoing Care	73.3	73.8		76.3	95.0	68.5
% [Age 18-64] Have a Specific Source of Ongoing Care	70.8	72.3		75.6	89.4	
% [Age 65+] Have a Specific Source of Ongoing Care	85.2	80.7		80.0	100.0	

Access to Health Services (continued)	Winn Parish	Winn Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% Have Had Routine Checkup in Past Year	71.7	70.1		65.0		67.7
% Child Has Had Checkup in Past Year	83.1	89.7		84.1		88.9
% Two or More ER Visits in Past Year	10.9	12.2		8.9		13.9
			better	similar	worse	

Vision	Winn Parish	Winn Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% Eye Exam in Past 2 Years	46.5	56.9		56.8		40.4
			better	similar	worse	

Oral Health	Winn Parish	Winn Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% [Age 18+] Dental Visit in Past Year	50.3	52.0	63.9	65.9	49.0	51.0
% Child [Age 2-17] Dental Visit in Past Year	61.1	85.6		81.5	49.0	77.3
			better	similar	worse	

Heart Disease & Stroke	Winn Parish	Winn Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	283.5	246.6	232.6	184.7	158.9	375.7
Stroke (Age-Adjusted Death Rate)	40.5	49.4	47.0	40.3	33.8	
% Heart Disease (Heart Attack, Angina, Coronary Disease)	10.0	9.8		6.1		8.4
% Stroke	5.5	4.2	3.8	3.9		3.5
% Blood Pressure Checked in Past 2 Years	94.1	96.1		91.0	92.6	93.6
% Told Have High Blood Pressure (Ever)	53.8	44.3	38.4	34.1	26.9	41.1

Heart Disease & Stroke (continued)	Winn Parish	Winn Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% [HBP] Taking Action to Control High Blood Pressure	90.1	93.0		89.2		86.5
% Cholesterol Checked in Past 5 Years	83.8	86.7	74.1	86.6	82.1	76.2
% Told Have High Cholesterol (Ever)	31.6	33.8	38.8	29.9	13.5	25.4
% [HBC] Taking Action to Control High Blood Cholesterol	87.8	86.4		81.4		72.0
% 1+ Cardiovascular Risk Factor	94.6	90.3		82.3		96.5
			better	similar	worse	

Cancer	Winn Parish	Winn Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
Cancer (Age-Adjusted Death Rate)	218.7	203.6	200.6	174.2	160.6	240.3
Lung Cancer (Age-Adjusted Death Rate)	69.2	65.3	62.7	51.6	45.5	
Prostate Cancer (Age-Adjusted Death Rate)	48.4	28.9	29.5	25.0	21.2	
Female Breast Cancer (Age-Adjusted Death Rate)	28.8	23.8	27.5	23.9	20.6	
Colorectal Cancer (Age-Adjusted Death Rate)	19.5	21.6	20.8	17.7	14.5	
% Cancer	9.1	6.7				6.7
% [Men 50+] Prostate Exam in Past 2 Years	75.3	73.8		75.0		73.1
% [Women 50-74] Mammogram in Past 2 Years	69.9	73.5	78.5	83.6	81.1	76.9
% [Women 21-65] Pap Smear in Past 3 Years	81.8	78.5	83.1	83.9	93.0	79.9
% [Age 50+] Sigmoid/Colonoscopy Ever	69.2	69.3	60.8	75.2		49.2
% [Age 50+] Blood Stool Test in Past 2 Years	26.5	31.7	19.1	36.9		36.6
% [Age 50-75] Colorectal Cancer Screening	67.3	67.7		75.1	70.5	
			better	similar	worse	

Respiratory Diseases	Winn Parish	Winn Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
CLRD (Age-Adjusted Death Rate)	61.5	47.8	43.4	43.2		56.8
Pneumonia/Influenza (Age-Adjusted Death Rate)	37.3	25.4	20.6	16.4		
% Chronic Lung Disease	11.0	13.1	6.9	8.6		7.0
% [Adult] Currently Has Asthma	5.3	9.0	6.4	9.4		8.7
% Child [Age 0-17] Asthma (Ever Diagnosed)	16.4	14.6		12.5		17.3
% [Child 0-17] Currently Has Asthma	6.1	8.6		7.1		
			better	similar	worse	

Injury & Violence Prevention	Winn Parish	Winn Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
Unintentional Injury (Age-Adjusted Death Rate)	48.3	52.1	49.1	38.2	36.0	54.8
Motor Vehicle Crashes (Age-Adjusted Death Rate)	24.6	23.4	18.5	11.9	12.4	
% "Always" Wear Seat Belt	72.3	83.8	95.2	84.8	92.0	58.7
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	80.0	92.2		92.2		73.6
% Child [Age 5-17] "Always" Wears Bicycle Helmet	16.0	18.3		48.7		
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	24.1	24.0		16.8		
% Victim of Violent Crime in Past 5 Years	2.5	2.1		2.8		1.2
% Victim of Domestic Violence (Ever)	8.1	13.8		15.0		2.3
			better	similar	worse	

Diabetes

	Winn Parish	Winn Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
Diabetes Mellitus (Age-Adjusted Death Rate)	48.7	24.0	28.2	21.3	20.5	
% Diabetes/High Blood Sugar	16.0	14.1	11.8	11.7		13.2
			better	similar	worse	

Chronic Kidney Disease

	Winn Parish	Winn Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
Kidney Disease (Age-Adjusted Death Rate)	25.7	25.5	27.2	15.2		
			better	similar	worse	

Alzheimer's Disease

	Winn Parish	Winn Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
Alzheimer's Disease (Age-Adjusted Death Rate)	23.3	37.9	32.1	25.0		
			better	similar	worse	

Arthritis

	Winn Parish	Winn Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% Arthritis/Rheumatism	26.5	23.9		20.1		36.9
% [50+] Arthritis/Rheumatism	44.0	40.4		37.3		
			better	similar	worse	

Nutrition & Weight Status

	Winn Parish	Winn Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% Eat 5+ Servings of Fruit or Vegetables per Day	32.1	34.9		39.5		22.9
% Eat 2+ Servings of Fruit per Day	42.9	46.9				
% Eat 3+ Servings of Vegetables per Day	25.6	29.5				
% Difficulty Getting Fresh Fruits & Vegetables	12.8	13.6				11.3

Nutrition & Weight Status (continued)	Winn Parish	Winn Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% [Adult] Has 1+ Sugar-Sweetened Drink per Day	69.9	63.9				69.9
% [Adult] Has 3+ Fast Food Meals per Week	24.1	27.5				
% Child [Age 2-17] Eats 5+ Fruits/Vegetables per Day	56.4	55.4				
% Child [Age 2-17] Has 1+ Sugar-Sweetened Drink per Day	63.8	67.0				
% Child [Age 5-17] Has 3+ Fast Food Meals per Week	37.1	32.8				41.4
% Medical Advice on Nutrition in Past Year	35.7	36.2		39.2		
% Healthy Weight (BMI 18.5-24.9)	23.9	26.0	30.6	34.4	33.9	27.6

Nutrition & Weight Status	Winn Parish	Winn Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% Overweight	74.9	72.7	67.5	63.1		71.2
% Obese	44.6	38.2	33.4	29.0	30.5	33.4
% Medical Advice on Weight in Past Year	22.7	25.1		23.7		18.7
% [Obese Adults] Counseled About Weight in Past Year	35.4	42.1		48.3		
% [Overweights] Trying to Lose Weight Both Diet/Exercise	37.1	39.5		39.5		20.9
% Children [Age 6-17] Overweight	36.1	34.1		29.7		44.6
% Children [Age 6-17] Obese	21.0	20.9		13.7	14.5	30.4
			better	similar	worse	

Physical Activity	Winn Parish	Winn Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% [Employed] Job Entails Mostly Sitting/Standing	57.7	53.2		63.8		54.9
% No Leisure-Time Physical Activity	30.0	30.3	33.8	20.7	32.6	38.3
% Meeting Physical Activity Guidelines	41.4	45.7		50.3		45.6
% Moderate Physical Activity	25.8	26.8		30.6		25.8
% Vigorous Physical Activity	32.0	35.4		38.0		28.8
% Strengthening Activity (2+ Times/Week)	28.9	28.3				30.0
% Walk Regularly (5+ Times Per Week For >10 Minutes)	27.4	30.9				50.9
% Medical Advice on Physical Activity in Past Year	34.3	37.2		44.0		
% Child [Age 5-17] Physically Active on a Regular Basis	94.0	85.1				
% Child [Age 5-17] Moderate Physical Activity	73.0	63.3				
% Child [Age 5-17] Vigorous Physical Activity	89.6	80.2				
% Child [Age 5-17] Watches TV 3+ Hours per Day	32.5	25.3		39.3		43.3
% Child [Age 5-17] Non-TV Screen Time 3+ Hours per Day	12.4	15.3		15.0		
% Child [Age 5-17] 3+ Hours per Day of Total Screen Time	58.2	51.4		54.7		
% "Fair/Poor" Local Physical Activity Opportunities	44.3	35.9				35.9
			better	similar	worse	

Substance Abuse	Winn Parish	Winn Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	11.3	9.0	8.0	9.2	8.2	
% Current Drinker	32.7	44.6	49.6	56.5		
% Chronic Drinker (Average 2+ Drinks/Day)	3.6	5.4		5.2		4.9

Substance Abuse (continued)	Winn Parish	Winn Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	12.4	13.9	16.1	19.5	24.4	14.5
% Drinking & Driving in Past Month	0.9	2.0		5.0		3.7
% Driving Drunk or Riding with Drunk Driver	2.9	4.2		8.6		5.5
Drug-Induced Deaths (Age-Adjusted Death Rate)	20.9	13.7	14.5	12.7	11.3	
% Illicit Drug Use in Past Month	3.1	2.1		4.0	7.1	5.1
% Ever Sought Help for Alcohol or Drug Problem	3.7	3.8		4.9		1.6
			better	similar	worse	

Tobacco Use	Winn Parish	Winn Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% Current Smoker	23.7	22.5	25.7	14.9	12.0	22.7
% Someone Smokes at Home	18.7	16.8		12.7		22.9
% [Non-Smokers] Someone Smokes in the Home	10.8	8.2		6.3		
% [Household With Children] Someone Smokes in the Home	16.5	17.0		9.7		24.5
% [Smokers] Received Advice to Quit Smoking	63.2	60.7		67.8		54.4
% [Smokers] Have Quit Smoking 1+ Days in Past Year	40.6	54.9		55.9	80.0	56.7
% Aware of Smoking Cessation Services/Programs	22.5	38.6				21.6
% Believe Most People Think "Definitely Should Not Smoke"	43.4	37.8				39.8
% Use Smokeless Tobacco	15.4	7.7		4.0	0.3	11.5
			better	similar	worse	

General Health Status	Winn Parish	Winn Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% "Fair/Poor" Overall Health	26.8	22.2	23.0	15.3		20.7
% Activity Limitations	26.4	26.2	26.1	21.5		19.2
% 4+ Days Health Prevented Usual Activities	18.1	18.6				19.2
Mortality, All Causes (Age-Adjusted Death Rate)	997.3	929.7	919.2	757.2		1172.2
			better	similar	worse	

Mental Health & Mental Disorders	Winn Parish	Winn Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	10.7	13.8		11.9		12.2
% Major Depression	11.2	14.8				
% Symptoms of Chronic Depression (2+ Years)	31.1	29.2		30.4		34.4
% [Those With Chronic Depression] Seeking Help	49.7	49.0		53.0	64.6	21.3
			better	similar	worse	

Maternal, Infant & Child Health	Winn Parish	Winn Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% Less Than Adequate Prenatal Care	15.9	12.2	14.9			18.7
% of Low Birthweight Births	11.9	9.9	10.9	8.2	7.8	13.2
			better	similar	worse	

Family Planning	Winn Parish	Winn Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% of Births to Unwed Mothers	55.4	47.4	53.1	40.8		54.7
% Births to Teenagers	14.8	13.1	11.4	9.3		14.8
			better	similar	worse	

Immunization & Infectious Diseases	Winn Parish	Winn 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	
% [Age 65+] Flu Shot in Past Year	68.1	74.2	70.2	57.5	90.0	65.9
% [High-Risk 18-64] Flu Shot in Past Year	56.3	46.1		45.9	90.0	
% [Age 65+] Pneumonia Vaccine Ever	65.4	74.0	69.1	68.4	90.0	72.0
% [High-Risk 18-64] Pneumonia Vaccine Ever	48.1	41.6		41.9	60.0	
Tuberculosis Incidence per 100,000	4.3	2.5	3.8	3.6	1.0	
Hepatitis A Incidence per 100,000	0.0	0.4	0.2	0.5	0.3	0.0
			better	similar	worse	

Sexually Transmitted Diseases	Winn Parish	Winn Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
Gonorrhea Incidence per 100,000	105.8	173.6	196.5	101.0		179.3
Primary & Secondary Syphilis Incidence per 100,000	2.2	6.6	9.7	4.5		4.3
Chlamydia Incidence per 100,000	385.7	616.9	642.3	429.6		367.2
Hepatitis B Incidence per 100,000	0.0	0.6	1.2	1.1		2.1
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	8.4	9.1		11.7		
% [Unmarried 18-64] Using Condoms	51.5	43.1		33.6		
			better	similar	worse	

HIV	Winn Parish	Winn Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% [Age 18-44] HIV Test in the Past Year	23.4	28.0		19.3	18.9	36.0
			better	similar	worse	

Housing	Winn Parish	Winn Parish vs. Benchmarks				
		vs. RFSA	vs. LA	vs. US	vs. HP2020	TREND
% “Fair/Poor” Condition of Neighborhood Homes	22.3	15.7				20.7
% "Fair/Poor" Availability of Affordable Housing	50.9	48.7				42.9
% Displaced From Housing in Past 2 Years	13.2	10.8				8.8
			better	similar	worse	

ACCESS TO HEALTHCARE SERVICES

Health Insurance Coverage

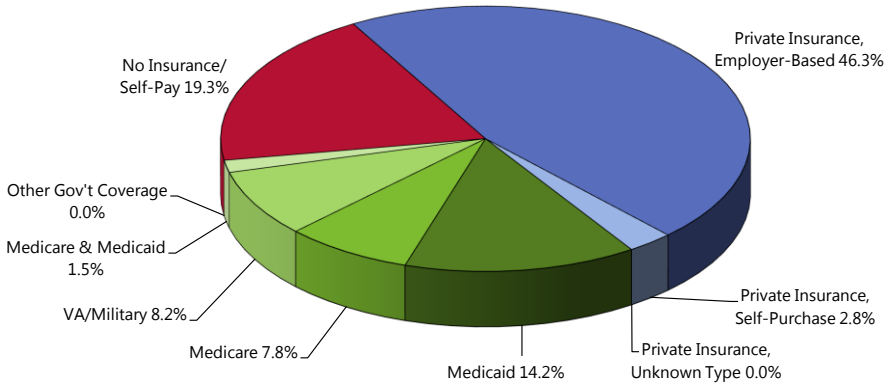
Type of Healthcare Coverage

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 49.1% of Winn Parish adults age 18 to 64 report having healthcare coverage through private insurance. Another 31.6% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage

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



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

Hospital & Physician Coverage

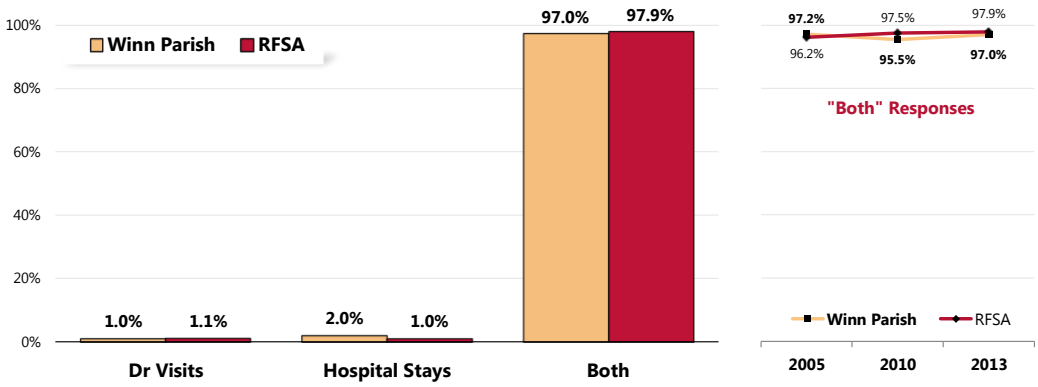
Among insured adults, the vast majority (97.0%) are at least partially covered for both physician and hospital visits.

- Statistically similar to what was found regionally (i.e., in the RFSA).
- This is statistically similar to 2005.

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).

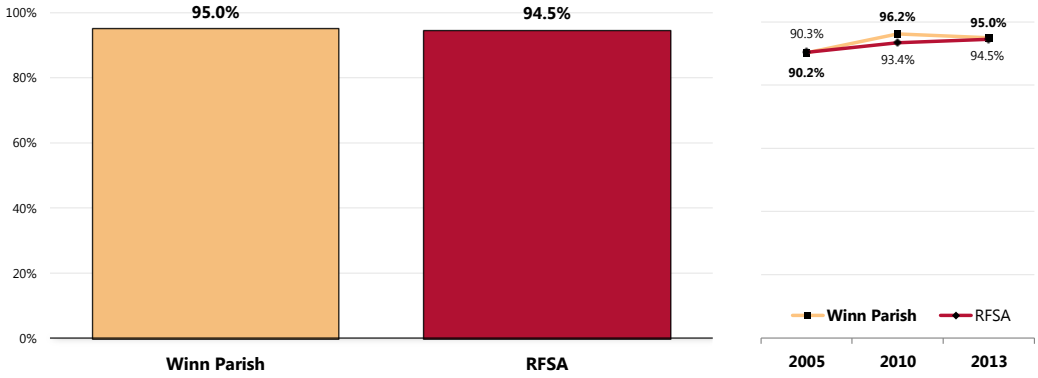
Prescription Drug Coverage

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

- Statistically similar to what was found regionally (i.e., in the RFSA).
- Marks a statistically significant increase since 2005.

Insurance Covers At Least Partial Prescriptions

(Among Insured Respondents, Excluding Those With Medicare; 2013)



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

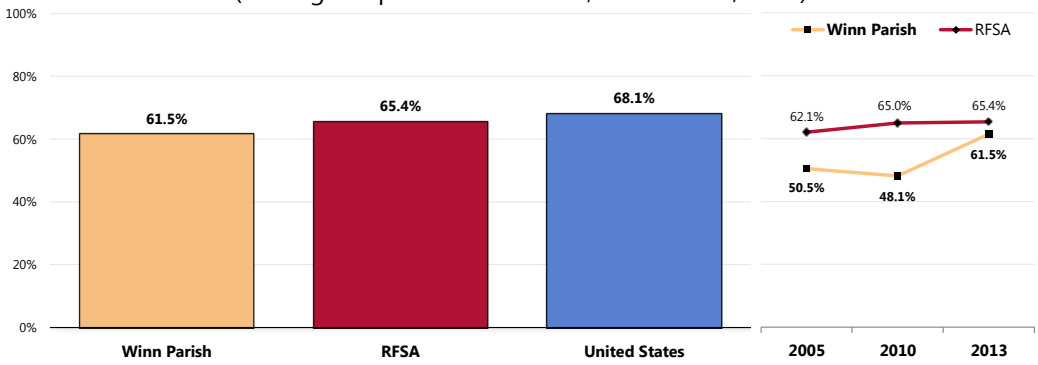
Supplemental Medicare Coverage

Among Medicare recipients, 61.5% 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 Winn Parish since the 2005 survey.

Have Additional Supplemental Coverage

(Among Recipients of Medicare; Winn 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

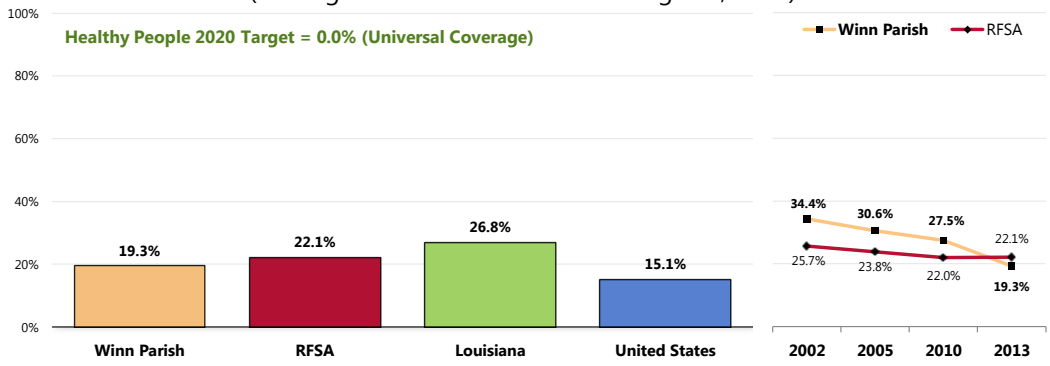
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 19.3% report having no insurance coverage for healthcare expenses.

- Statistically similar to what was found regionally (i.e., in the RFSA).
- More favorable than the state finding.
- Statistically similar to 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 Winn Parish since 2002.

Lack of Healthcare Insurance Coverage

(Among Winn 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 Black residents are more likely to be without healthcare insurance coverage.
- There are no statistically significant differences between any other demographics.

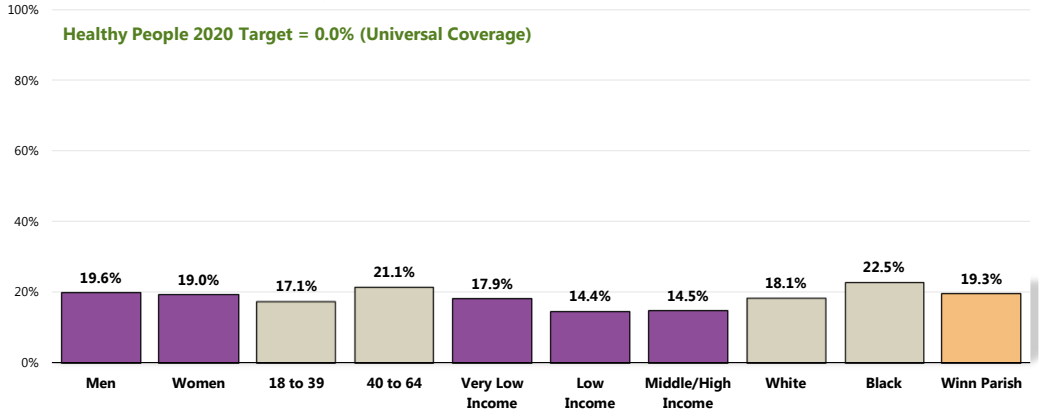
Charts throughout this report (such as shown here at right) detail survey findings among key demographic groups – namely by gender, age groups, income (based on poverty status), and race.

NOTE

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

Lack of Healthcare Insurance Coverage

(Winn 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]

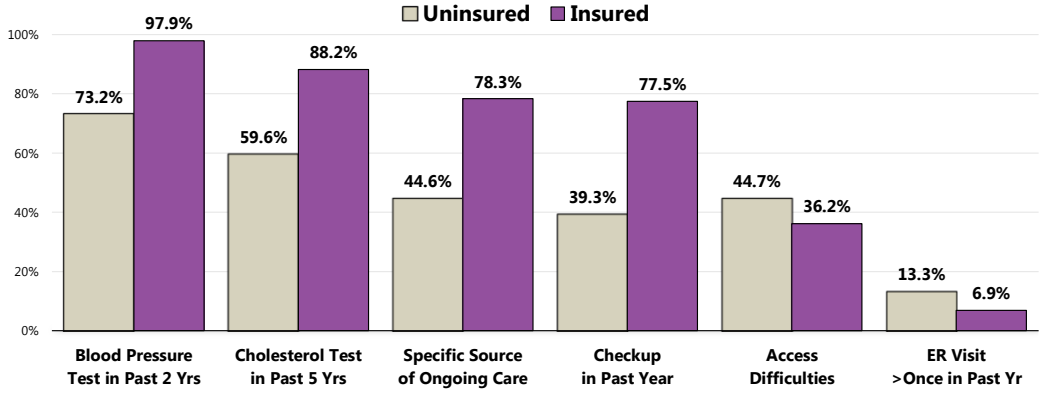
Notes:
- Asked of all respondents under the age of 65.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Impact of Poor Access

Uninsured adults in Winn Parish are much less likely to receive routine care and preventive health screenings or have a specific source of ongoing care, and more likely to encounter healthcare access difficulties.

Preventive Healthcare

(By Insured Status; Winn 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.

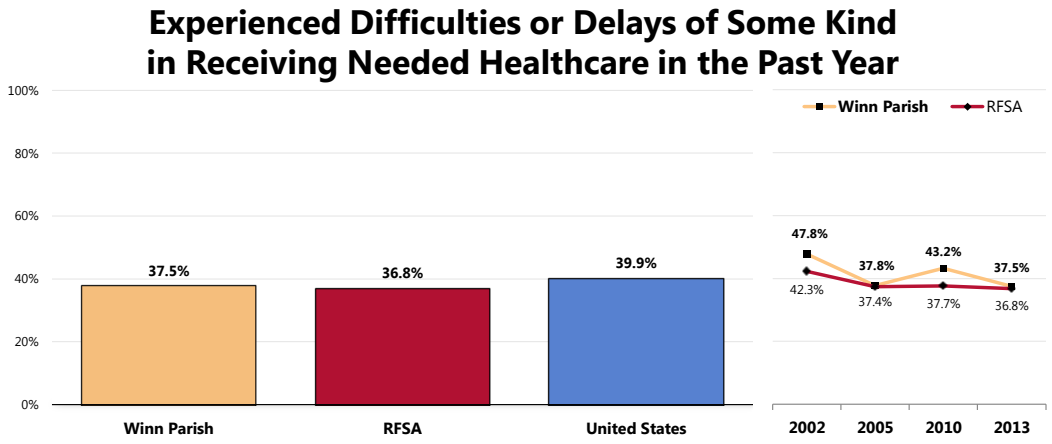
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

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 37.5% of Winn Parish adults report some type of difficulty or delay in obtaining healthcare services in the past year.

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



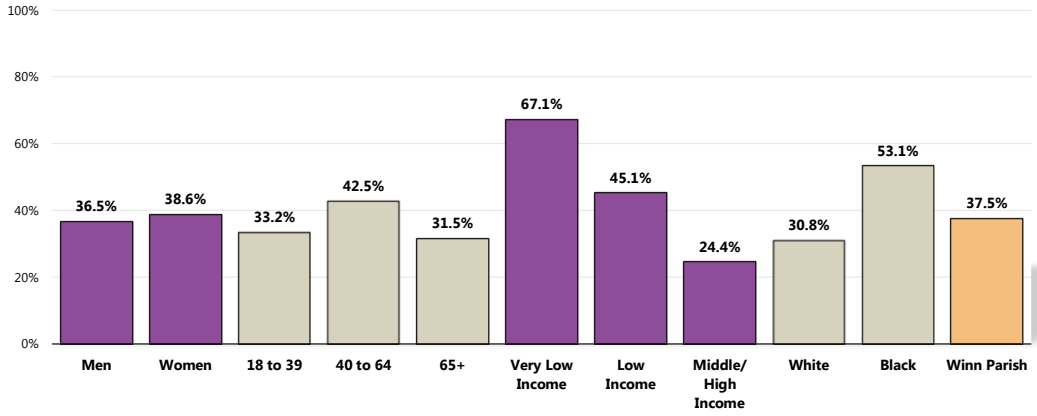
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 213]
- 2013 PRC National Health Survey, Professional Research Consultants.

Notes:
- Asked of all respondents.

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

- Adults age 40 to 64.
- Low income, and especially very low income residents.
- Blacks.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year
(Winn 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 a doctor visit impacted the greatest share of Winn Parish adults (17.7% say that cost prevented them from a physician visit in the past year).

The proportion of Winn Parish adults impacted was statistically more favorable than that found regionally for:

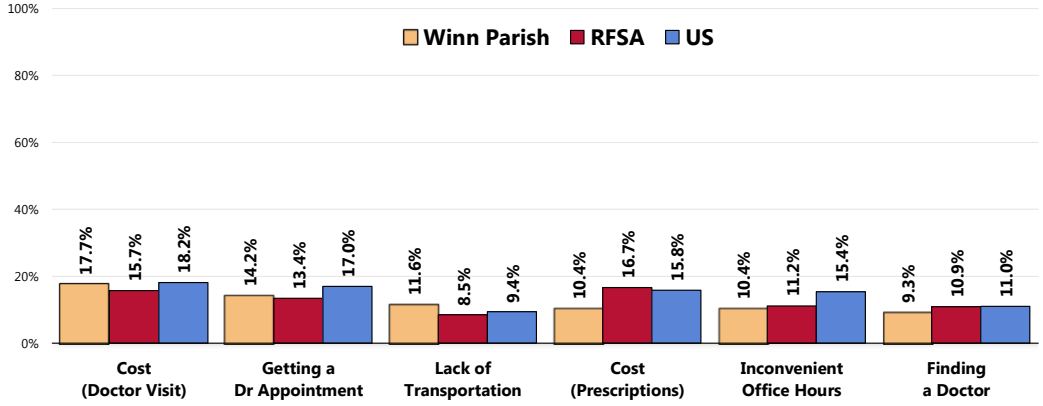
- Cost of Prescription Medicine

In addition, the proportion of Winn Parish adults impacted was statistically more favorable than that found nationwide for each of the following tested barriers:

- Inconvenient Office Hours
- Cost of Prescription Medicine

The remaining tested barriers were statistically similar compared to regional and national data.

Barriers to Access Have Prevented Medical Care in the Past Year



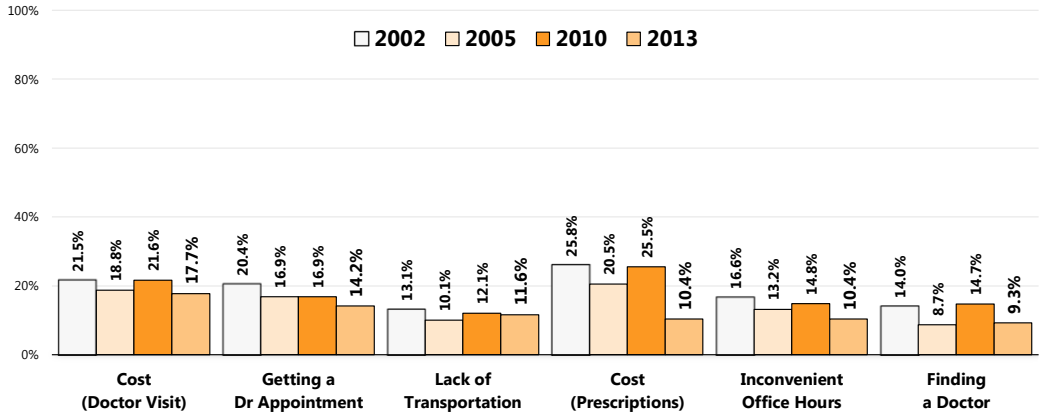
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 9-14]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Compared to baseline 2002 data, Winn Parish has <u>improved</u> for **each** of the surveyed barriers, with the exception of cost of doctor visit and lack of transportation (for which the results were stable over time).

Trend in Access Barriers

(Winn Parish)



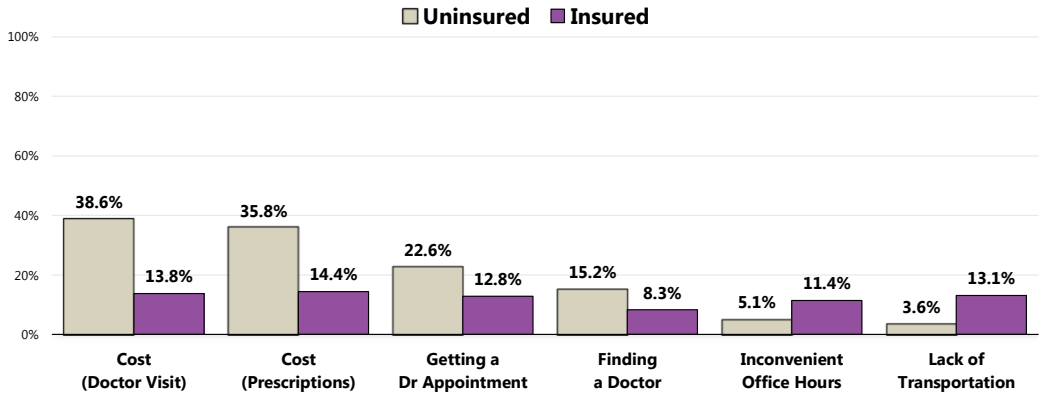
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 9-14]

Notes:
- Asked of all respondents.

Those without health insurance are much more likely to report cost of doctor's visits, cost of prescriptions, and being able to get an appointment as access barriers when compared to the insured population in Winn Parish.

Barriers to Healthcare Access

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



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

Accessing Healthcare for Children

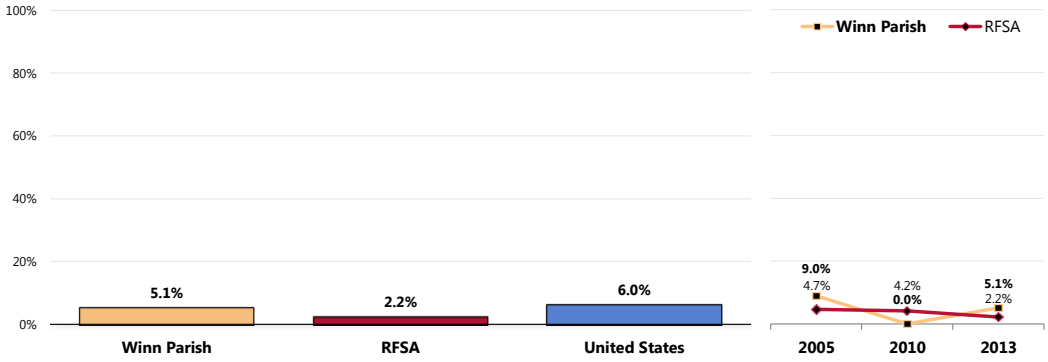
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

A total of 5.1% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Comparable to what is found throughout the RFSA.
- Comparable to the percentage reported nationwide.
- Statistically similar compared to 2005.

Had Trouble Obtaining Medical Care for Child in the Past Year

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

- Barriers to accessing healthcare
- Poverty
- Under-insured or uninsured population

- Medicaid reimbursement rate
- Overall limited number of physicians
- Cost of prescription drugs
- Specialists
- Transportation

Focus group participants agree that residents encounter several **barriers** when trying to **access healthcare services** in the community. Attendees believe that health disparities exist based upon residents' income and education. The perception is that residents who live in **poverty** cannot meet their basic needs. Many residents are also undereducated and do not think about long-term health consequences or the importance of preventative healthcare. One respondent explains:

> *"We're a poor parish. We've been that way for as long as I can remember, and a lot of our people in our parish are – how can I say – not well educated. But just things are not important to them that would be important to other people and maybe don't have access to it because of that." — Winn Parish Key Informant*

Focus group members feel that many residents are also **under-insured or uninsured,** limiting their access to healthcare services. The underinsured population includes the working poor, those individuals who may qualify for employer insurance but the deductibles are too high or the monthly employee cost too much, so they elect to go without. Winn Community Health Center offers sliding-fee scale office visits and medication to community members and other private practices exist, but participants would like to see more clinics for the under/uninsured population.

Some residents may qualify for **Medicaid**, but finding a provider who accepts that insurance can prove difficult. Attendees agree that the number of physicians who accept Medicaid has decreased in recent years, due to the low **reimbursement rate** and amount of complicated paperwork required. Many physicians will have trouble keeping the doors open if they accept a large number of Medicaid patients or if they operate their practice based on reimbursement guidelines. A physician explains his frustrations:

> *"I don't think we have anybody but your clinic that accepts them. I take them at my office, but honestly, it's enough to make you just want to say, 'I don't want to do it,' because you just throw up your hands and, 'How many entities (governmental) do I have to deal with?'" — Winn Parish Key Informant*

Overall, a **limited number of primary care providers** exist in the parish because of the area's rural nature, so even those residents with insurance may find it difficult to locate a provider. Attendees worry that when the current, older physicians retire, no younger providers will take their place. Additionally, hospital systems struggle to recruit physicians because of the limited payer mix, lower starting salary, and lack of entertainment, or cultural opportunities for spouses.

> *"Two family practice physicians were brought to town. One stayed for a little while and bailed and left town. You've got to make sure that both components of that family are happy, and if the spouse isn't happy in the community, then the physician is not going to be happy in the community. So it gets back to what do you have to offer for that spouse. Do you have a suitable*

> *job for the spouse? Do you have entertainment? And schools and everything else all get wrapped up into that." — Winn Parish Key Informant*

The **cost of prescription drugs** may also impact a community member's ability to access critical healthcare services and provide continuity in medication.

In addition to struggling with overall access to healthcare services, many participants worry that residents do not have access to **specialists** due to the low number of local specialty providers. Several specialty providers' work in Winn Parish, but these specialists will only see patients that have a health concern in their related field. A key informant explains the issue:

> *"Now general surgeons are a complete misnomer. They're an abdominal surgeon. That's what they are. They're not a general surgeon. So you get the newly trained guys. You bring them to town. And if you have something going on in your belly, they'll work on it. Other than that, they're not going to touch it. They don't do hysterectomies. They don't do urology procedures like guys used to do in those days. And so the access to specialists in communities like this is very lacking." — Winn Parish Key Informant*

Transportation can also act as a barrier, with many local families depending on one car for the entire family, and others do not have any personal vehicles. An attendee describes the difficulties and negative outcomes encountered due to limited transportation:

> *"It's a fairly large parish. You've got people living out in the pine trees, and they don't have the ability to get to town on a routine basis to receive the kind of healthcare they need. So the folks who have transportation issues to start with, not only can they not get to Winnfield. They're not able to get to Alex or Ruston or Natchitoches or wherever they can for that specialty coverage. So when they do hit our emergency room, they're an absolute train wreck. So we see a lot sicker patient in the emergency department than we would like." — Winn 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.

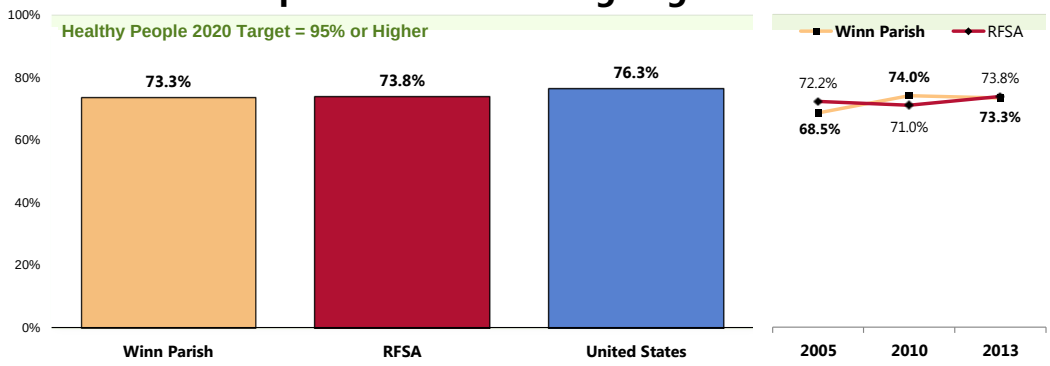
Specific Source of Ongoing Care

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 73.3% of Winn Parish adults were determined to have a specific source of ongoing medical care.

- Similar to regional (RFSA) findings.
- Statistically similar to national findings.
- Fails to satisfy the Healthy People 2020 target.
- Statistically unchanged in Winn 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]

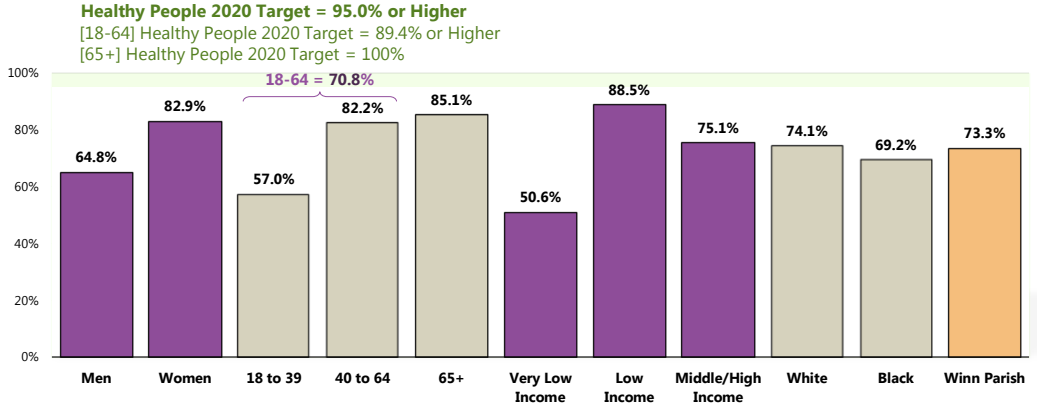
Notes:
- Asked of all respondents.

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

- Men.
- Young adults (under age 40).
- Very low income adults.
- Blacks.

Have a Specific Source of Ongoing Medical Care

(Winn Parish, 2013)



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

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

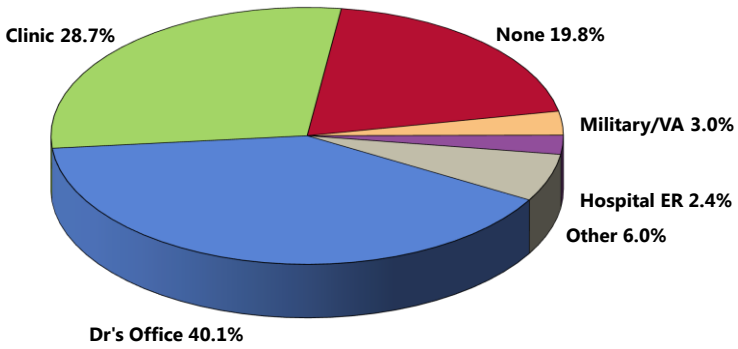
Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (40.1%) identified a particular doctor's office (statistically similar to the 45.8% reported nationwide)**.**

A total of 28.7% say they usually go to some type of clinic (comparable the 26.2% across the US)**, while 3.0% visit some type of military/VA facility** (comparable to the 3.1% national prevalence) **and 2.4% rely on a hospital emergency room** (comparable to the 2.7% US figure)**.**

Particular Place Utilized for Medical Care

(Winn Parish, 2013)



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

Notes:
- Asked of all respondents.

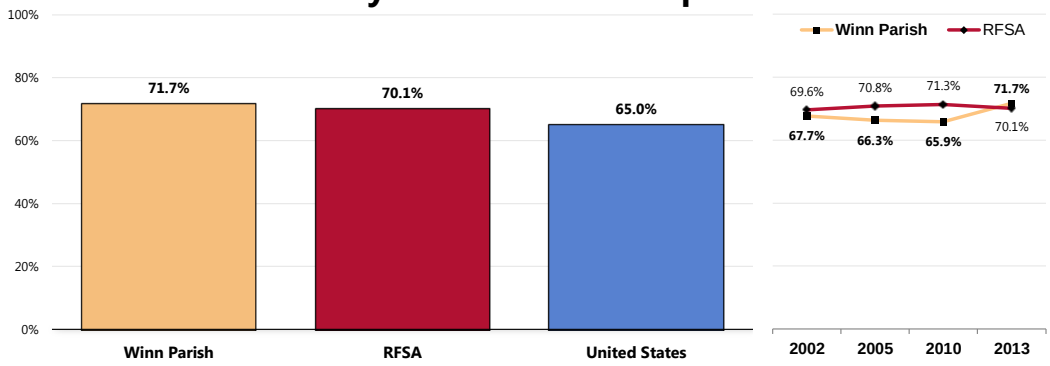
Routine Medical Care

Adults

A total of 71.7% of adults visited a physician for a routine checkup in the past year.

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

Have Visited a Physician for a Checkup in the Past Year



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

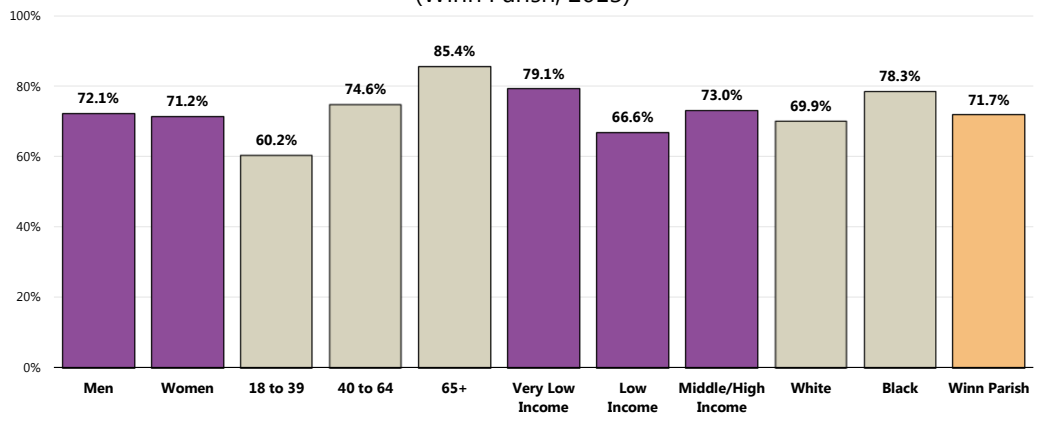
Notes:
- Asked of all respondents.

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

- Younger residents (note the positive correlation with age).
- White residents.

Have Visited a Physician for a Checkup in the Past Year

(Winn Parish, 2013)



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

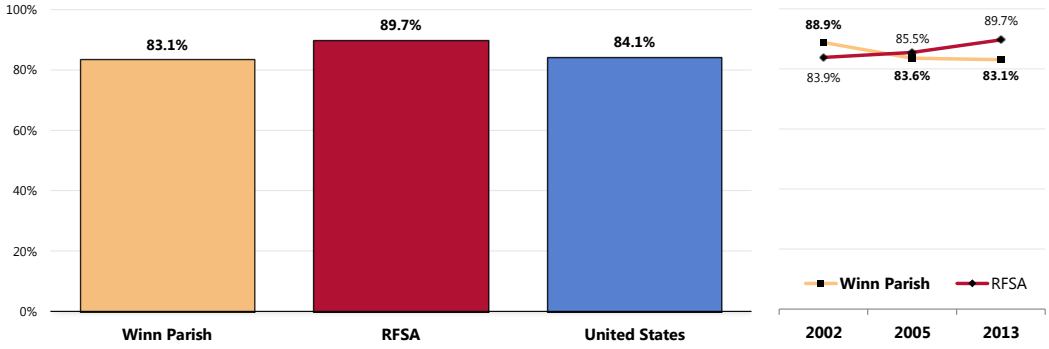
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Among surveyed parents, 83.1% report that their child has had a routine checkup in the past year.

- Similar to regional findings.
- Similar to national findings.
- Statistically unchanged since 2002.

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

(Winn Parish Parents of Children <18, 2013)



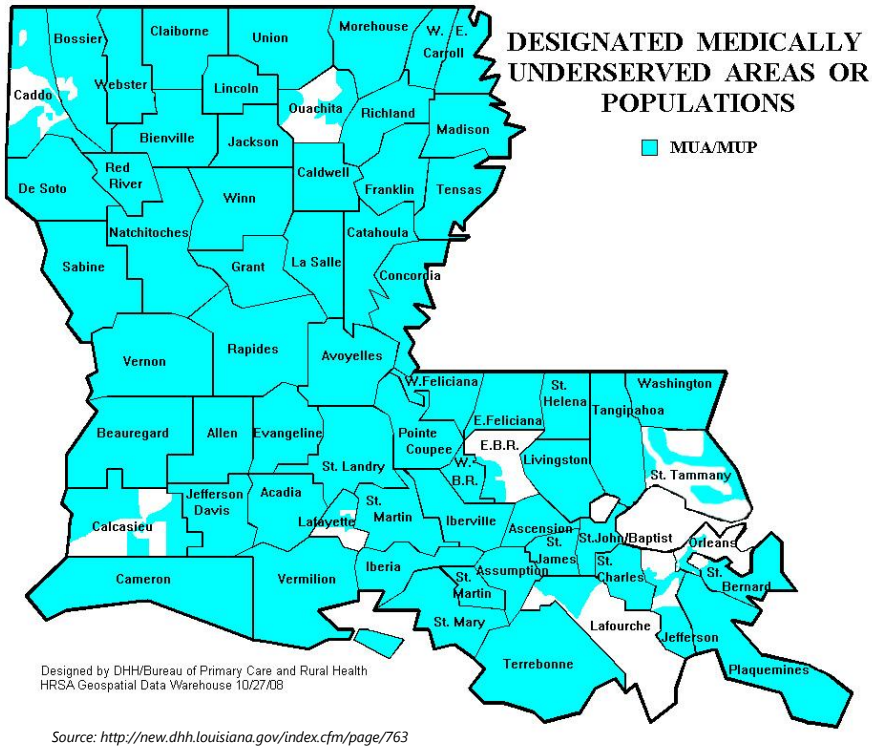
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 137]
- 2013 PRC National Health Survey, Professional Research Consultants.

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 Winn 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.

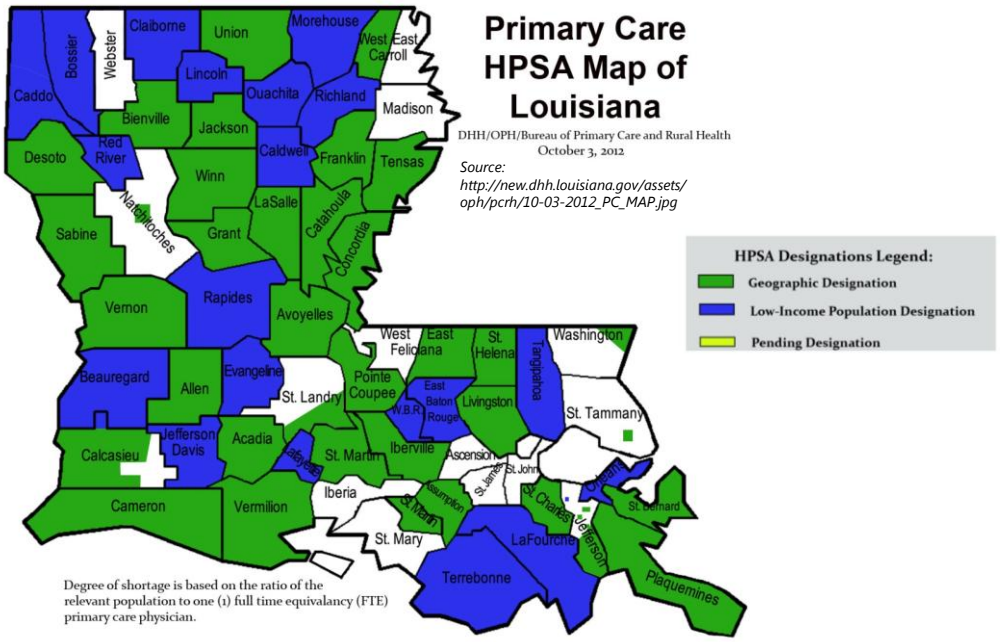
Primary Care designations pertain to an area's access to physicians that practice principally in one of the following: family practice, general practice, internal medicine, pediatrics, and OB/GYN. A ratio is used to measure the level of primary care access. To be

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.

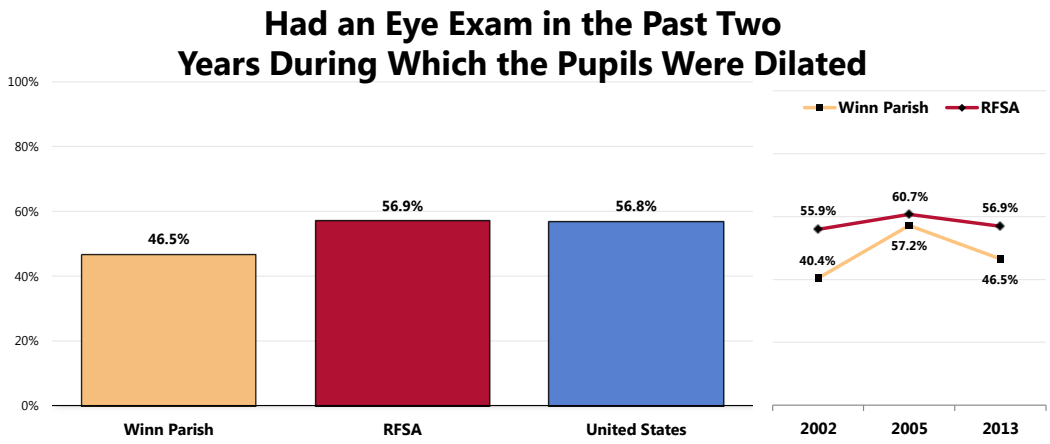
Winn Parish is a geographically designated HPSA.



Vision Care

A total of 46.5% of Winn Parish adults have had an eye exam in the past two years during which their pupils were dilated.

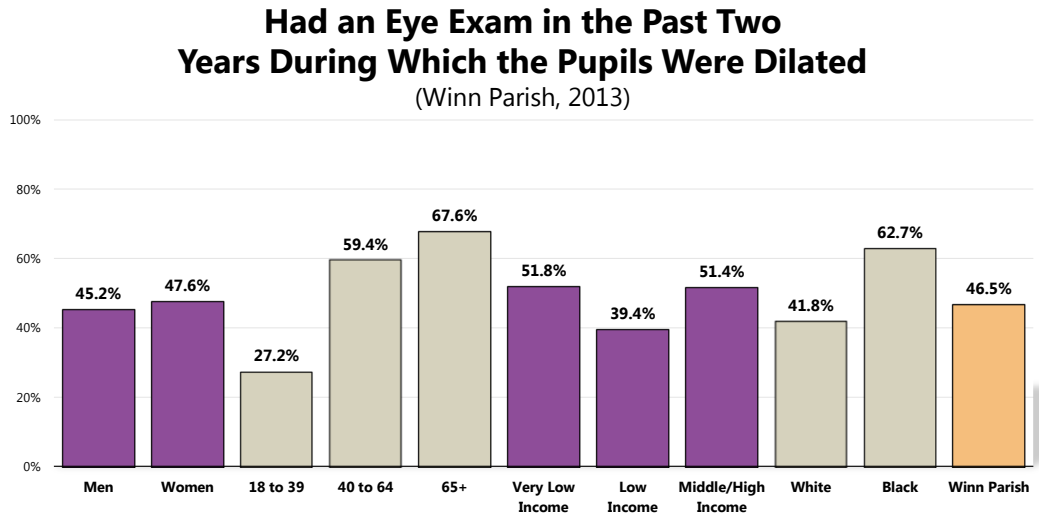
- Statistically lower than the regional (RFSA) findings.
- Statistically lower than the national findings.
- No real change since 2002.



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

Recent vision care is less often reported among:

- Young adults.
- White residents.



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.

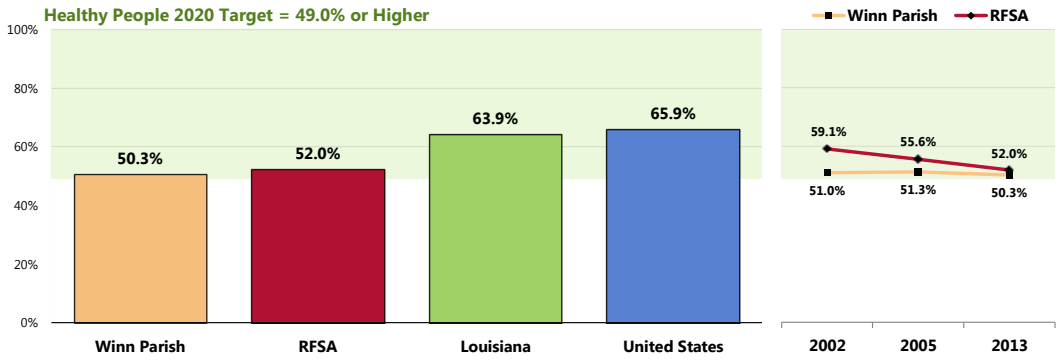
Dental Care

Adults

A total of 50.3% of Winn 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).
- No real change over time.

Have Visited a Dentist or Dental Clinic Within the Past Year



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

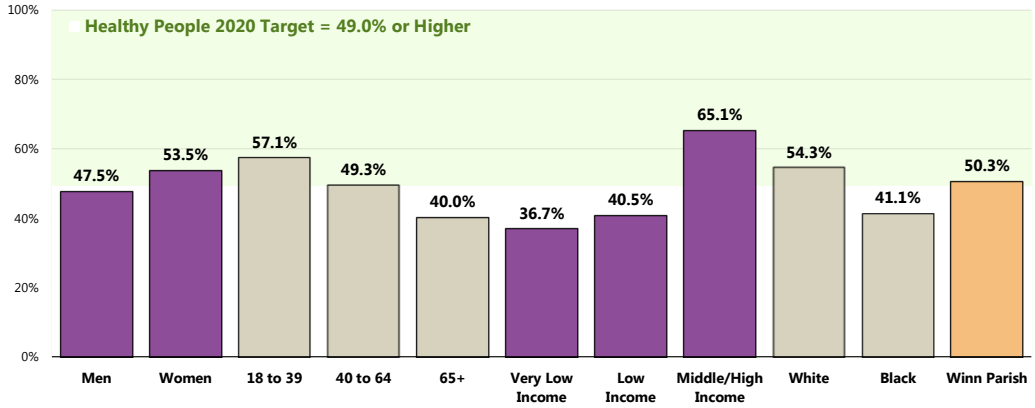
Notes:
- Asked of all respondents.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Recent dental care is <u>more</u> often reported among:

- Young adults (under age 40).
- Residents living with middle to high income.
- White residents.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Winn 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.

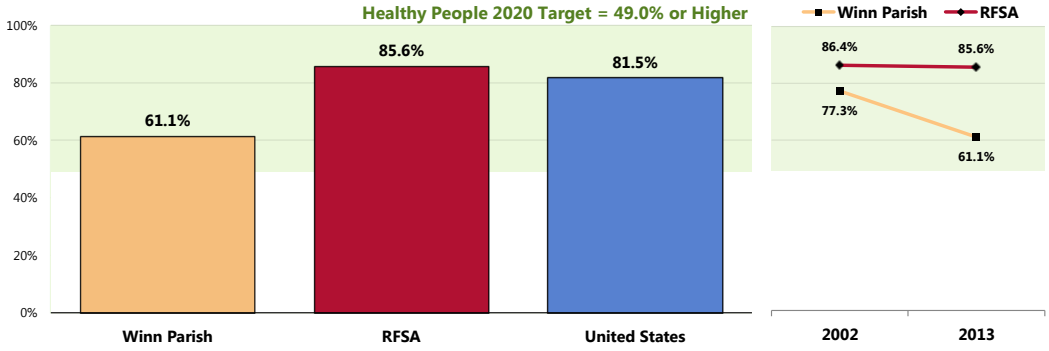
Children

A total of 61.1% of Winn Parish parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Statistically lower than the regional (RFSA) findings.
- Statistically lower than the national findings.
- Satisfies the Healthy People 2020 target of 49.0%
- Statistically lower than 2002.

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

(Winn Parish Parents of Children Age 2-17)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents with children aged 2-17 at home.

Health Professional Shortage Areas: Dental Care

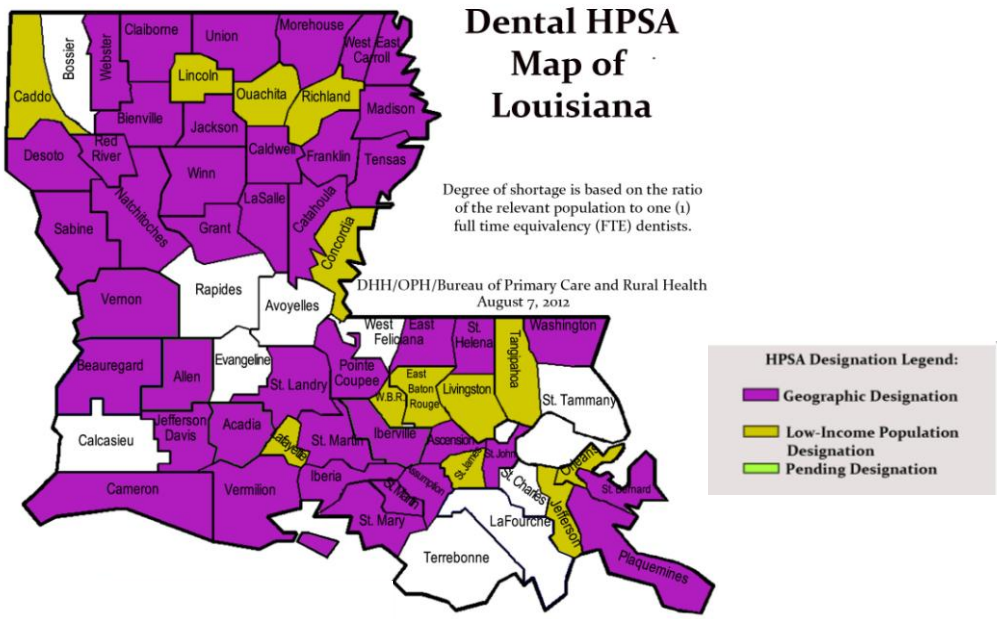
Health Professional Shortage Area (HPSA) designations are approved by the federal Office of Shortage Designation (OSD) in the Health Resources and Services Administration (HRSA) located in Rockville, Maryland. Louisiana's Bureau of Primary Care and Rural Health (BPCRH) typically submits requests pertaining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

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

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

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

Winn Parish is a geographically designated HPSA for dental care.



Related Focus Group Findings: Oral Health

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

- Importance of regular preventative dental care
- Winn Community Health Center
- Few pediatric dentists

Focus group participants agree that neglect of oral health can result in a significant decrease in a person's overall health, increase the chances of poor health outcomes, and result in chronic pain. Attendees recognize the **importance of regular preventative dental care**; however, many residents face barriers in accessing dental treatment without dental insurance.

For residents without dental insurance, many cannot afford basic care and do not obtain any dental care. In Winn Parish, the **Winn Community Health Center** has a full-time dentist and two part-time hygienists. That clinic operates with a wait list for cleanings, but hopes to increase the hygienists' hours soon.

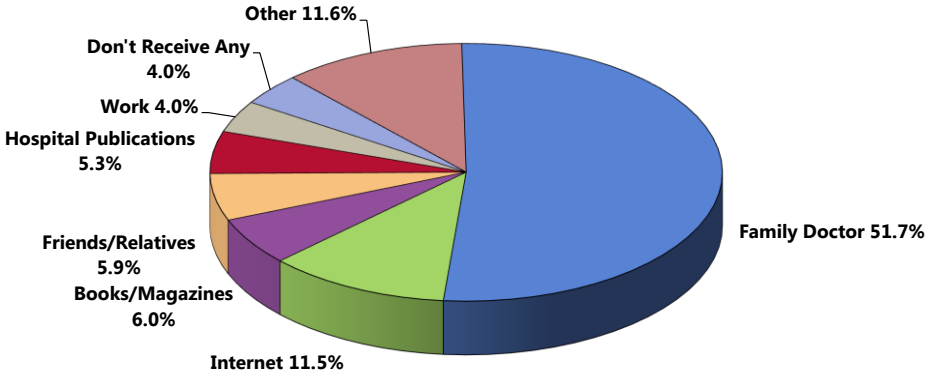
In addition, respondents could only recall one **pediatric dentist** that works in the parish and accepts Medicaid recipients. Many times other dentists do not want to see Medicaid patients due to the low reimbursement rates and the high no show rate.

Healthcare Information Sources

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

- 51.7% of adults cited their **family physician** as their primary source of healthcare information.
- 11.5% of adults cited the **Internet** as their primary source of healthcare information.

Primary Source of Healthcare Information
(Winn Parish, 2013)



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

Related Focus Group Findings: Health Education & Prevention

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

- Overall low educational attainment
- Cultural traditions

Focus group participants agree that health education is an important aspect of prevention and improving the overall health of community members, but recognize that the community also suffers from **low educational attainment**. Organizations need to first work to improve the level of education residents possess in order to make a long-term impact on health.

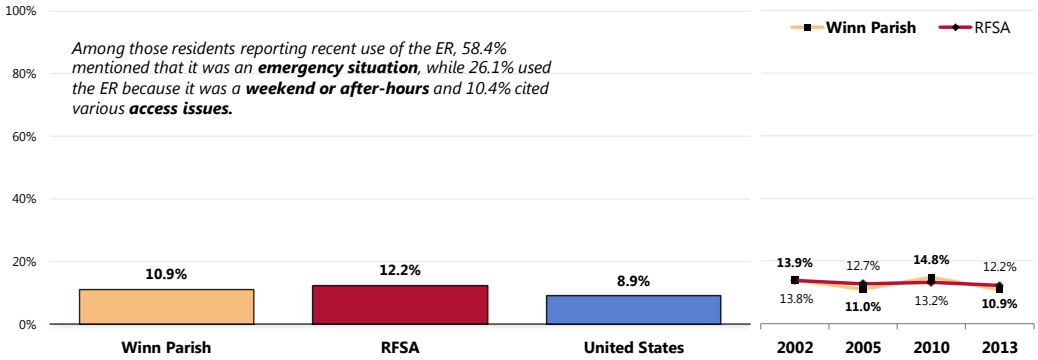
Additional barriers to good health stem from **cultural traditions** and participants feel that it can take generations to change people and the cultural norms. In general, respondents agree that community members remain apathetic toward their own health, and participants express frustration because of the community's lack of effort toward making positive health choices.

Emergency Room Services

A total of 10.9% of adults throughout Winn Parish have gone to a hospital emergency room more than once in the past year about their own health.

- Statistically similar to the regional (RFSA) prevalence.
- Statistically similar to the national prevalence.
- Statistically unchanged from the previous findings.

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



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

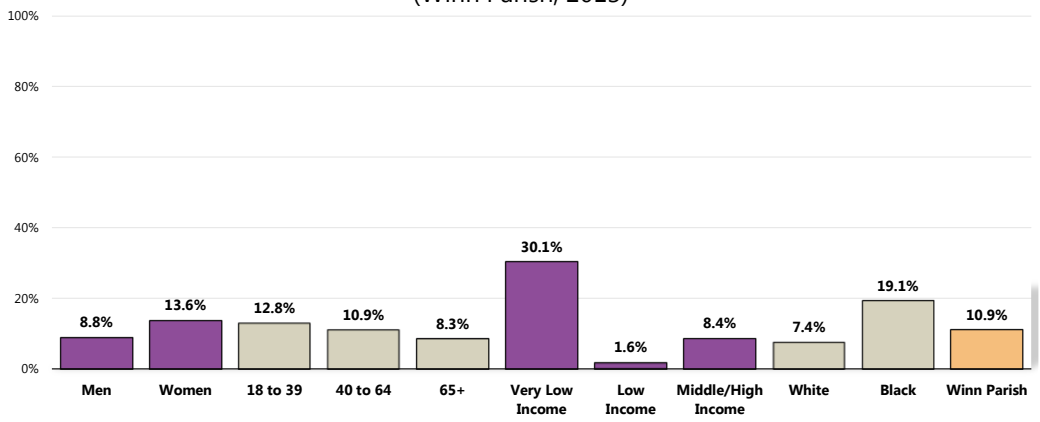
When asked why they used the ER instead of a doctor's office, 58.4% say this was due to an **emergency or life-threatening situation** (statistically similar to the 67.5% reported nationally), while 26.1% indicated that the visit was during **after-hours or on the weekend** (statistically similar to the 17.9% across the US) and 10.4% cited some type of primary care **access barrier** (statistically similar to the 6.2% nationally).

Note that multiple ER visits were most often noted among:

- Residents living at very low incomes.

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

(Winn Parish, 2013)



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

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

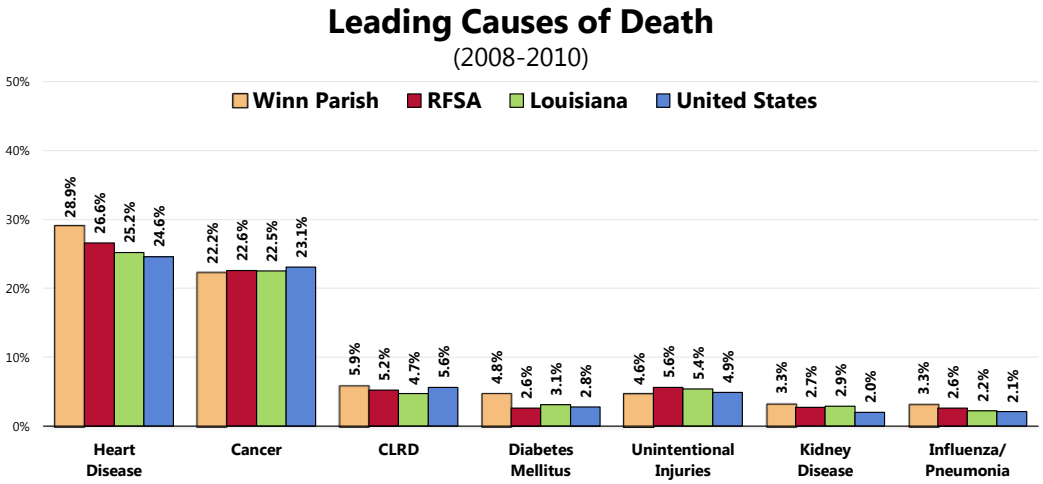
DEATH & DISABILITY

Leading Causes of Death

Distribution of Deaths by Cause

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

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



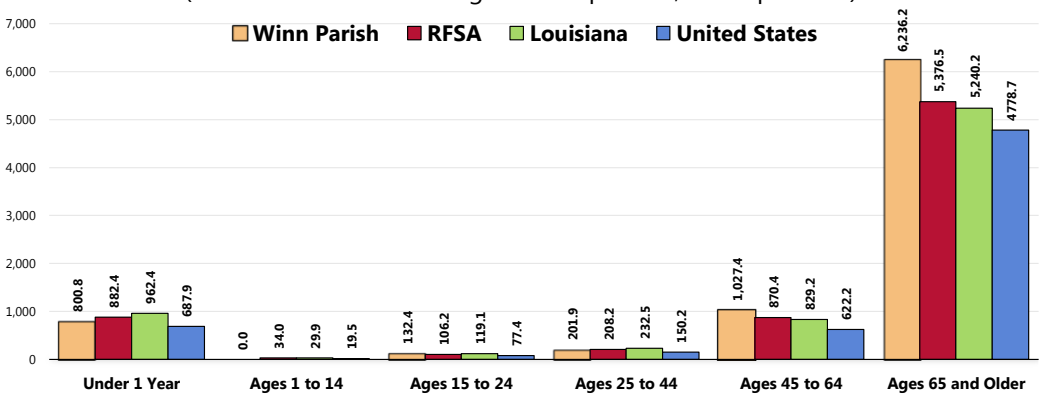
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases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

The following chart shows crude mortality (death) rates by age groups in Winn 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 regional, state and national rates, Winn Parish mortality rates among adults age 45-64 and among 65+ are particularly higher.
- Infant deaths (under age 1) are also notably higher compared to the nation.

Crude Death Rate by Age Group

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



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

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Crude rates are not age-adjusted.

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

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

Leading Causes of Death by Age Group

(Rapides Foundation Service Area, 2008-2010 Deaths)

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

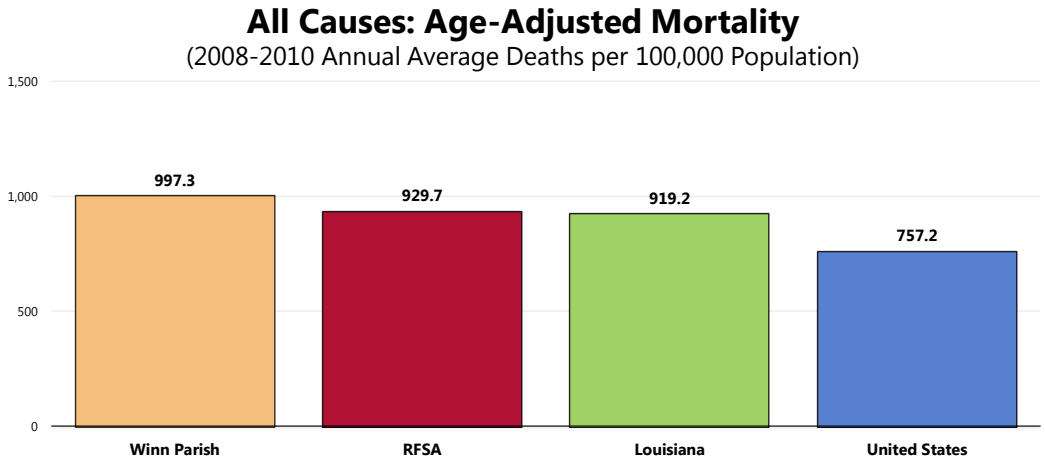
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.

Age-Adjusted Death Rates: All Causes

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

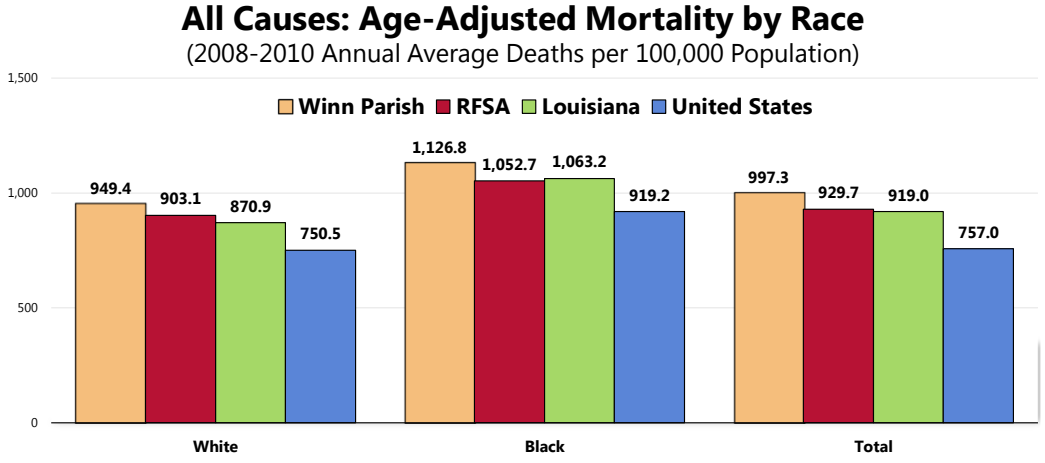
Between 2008-2010, there was an annual average of 997.3 age-adjusted deaths per 100,000 population.

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



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

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

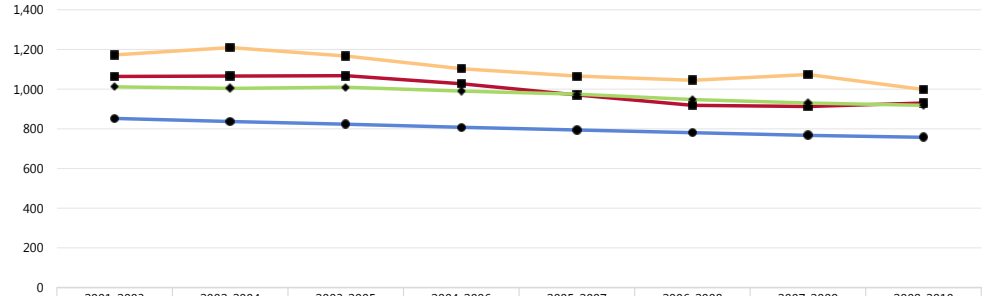


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases 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 Winn Parish. This downward trend can also be seen 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
Winn Parish	1172.2	1209.4	1167.5	1103.1	1065.2	1044.5	1073.8	997.3
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 annual average age-adjusted death rates per 100,000 population for selected causes of death in Winn Parish.

Note that Winn Parish death rates are worse than US rates for most of the selected causes. Winn Parish death rates also fail to meet all of the available Healthy People 2020 targets.

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

Age-Adjusted Death Rates for Selected Causes

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

	Winn Parish**	RFSA	LA	US	HP2020
Diseases of the Heart	**283.5**	**246.6**	**232.6**	**184.7**	**158.9***
Malignant Neoplasms (Cancers)	**218.7**	**203.6**	**200.6**	**174.2**	**160.6**
Chronic Lower Respiratory Disease (CLRD)	**61.5**	**47.8**	**43.4**	**43.2**	n/a
Diabetes Mellitus	**48.7**	**24.0**	**28.2**	**21.3**	**20.5***
Unintentional Injuries	**48.3**	**52.1**	**49.1**	**38.2**	**36.0**
Cerebrovascular Disease (Stroke)	**40.5**	**49.4**	**47.0**	**40.3**	**33.8**
Pneumonia/Influenza	**37.3**	**25.4**	**20.6**	**16.4**	n/a
Kidney Disease	**25.7**	**25.5**	**27.2**	**15.2**	n/a
Motor Vehicle Accidents	**24.6**	**23.4**	**18.5**	**11.9**	**12.4**
Alzheimer's Disease	**23.3**	**37.9**	**32.1**	**25.0**	n/a
Drug-Induced	**20.9**	**13.7**	**14.5**	**12.7**	**11.3**
Cirrhosis/Liver Disease	**11.3**	**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.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.
- **Due to low numbers of deaths, Winn Parish rates for kidney disease, motor vehicle accidents, drug-induced deaths, and cirrhosis represent 2001-2010 data; the rates for stroke, pneumonia/influenza, and Alzheimer's disease represent 2006-2010 data.

Years of Potential Life Lost (YPLL)

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

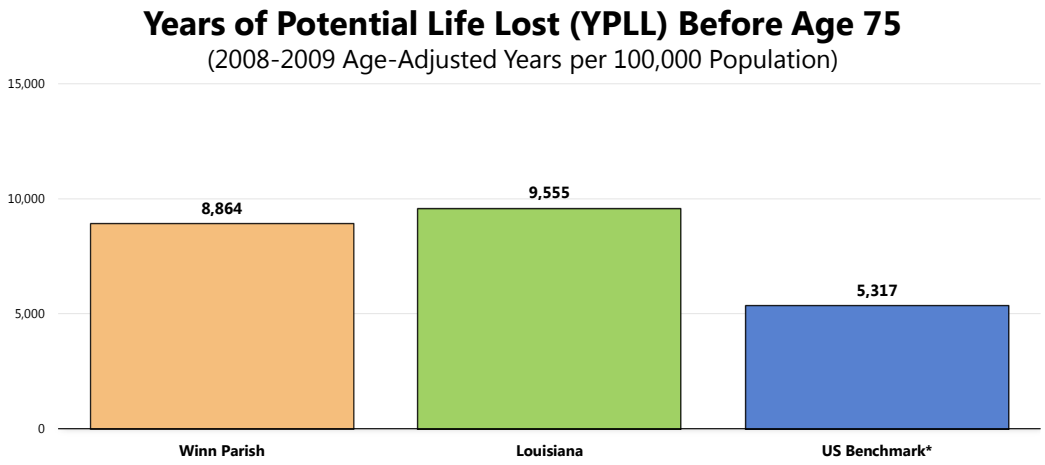
YPLL is a widely used measure of the rate and distribution of premature mortality. The measure was introduced mainly because simple mortality rates do not fully address the issue of premature death, the impact of disease and death, and their cost to society.

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 Winn Parish in 2008-2009, there was an age-adjusted rate of 8,864 years of potential life lost (before age 75) per 100,000 population.

- Below the statewide 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.

Related Focus Group Findings: Chronic Disease

All participants agree that chronic disease conditions persist in the community, and that many of these are preventable. Focus group participants mentioned the following chronic health conditions which continue to affect the community: diabetes, obesity, cardiovascular diseases, and cancer.

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.

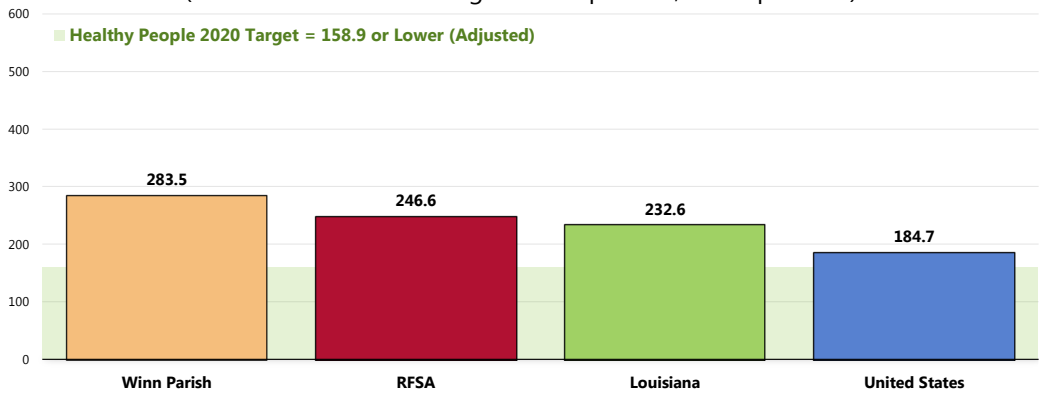
Heart Disease Deaths

Between 2008 and 2010, there was an annual average age-adjusted heart disease mortality rate of 283.5 deaths per 100,000 population in Winn Parish.

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

Heart Disease: Age-Adjusted Mortality

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



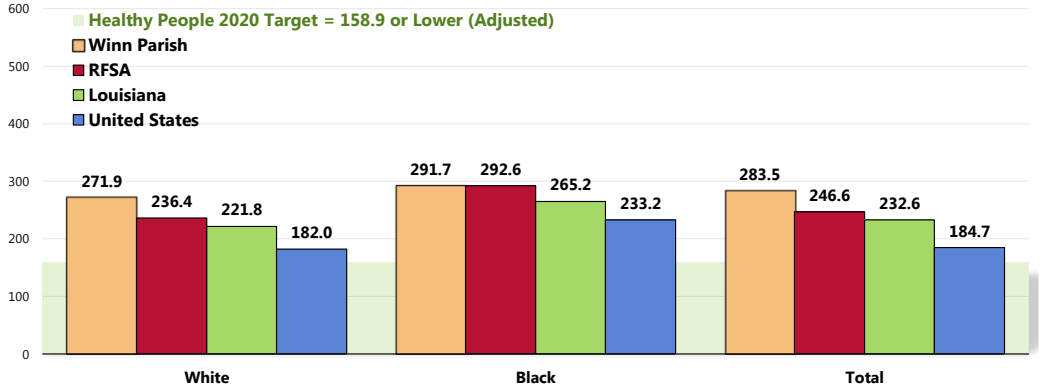
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

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

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

Heart Disease: Age-Adjusted Mortality by Race

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



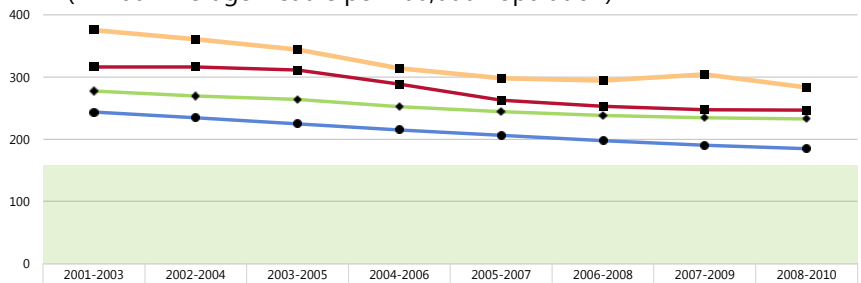
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

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

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

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	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
Winn Parish	375.7	360.5	344.0	313.8	298.3	294.2	304.2	283.5
RFSA	316.1	316.4	311.4	288.2	262.7	252.8	247.2	246.6
Louisiana	277.5	269.3	264.1	252.1	244.4	238.3	234.4	232.6
United States	243.5	234.2	224.9	214.6	206.1	197.9	190.3	184.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

Notes:
- Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- State and national data are simple three-year averages; the RFSA three-year average is weighted by population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.
- NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

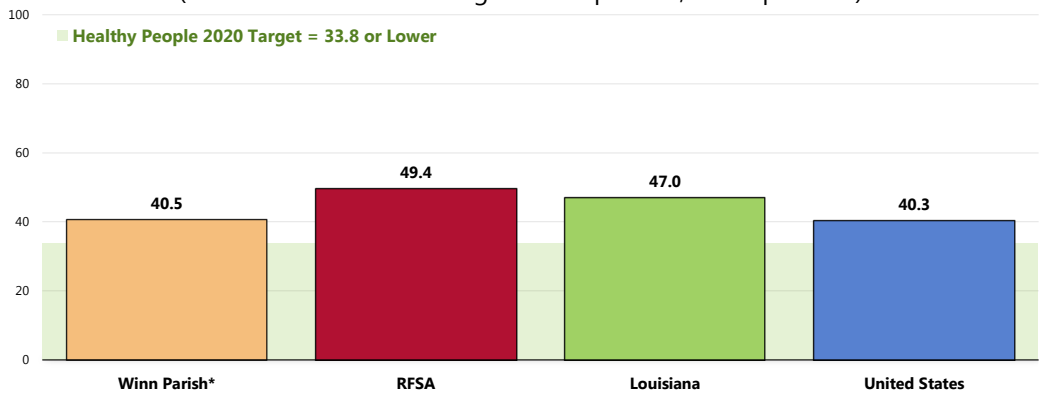
Stroke Deaths

Between 2008 and 2010, there was an annual average age-adjusted stroke mortality rate of 40.5 deaths per 100,000 population in Winn Parish.

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

Stroke: Age-Adjusted Mortality

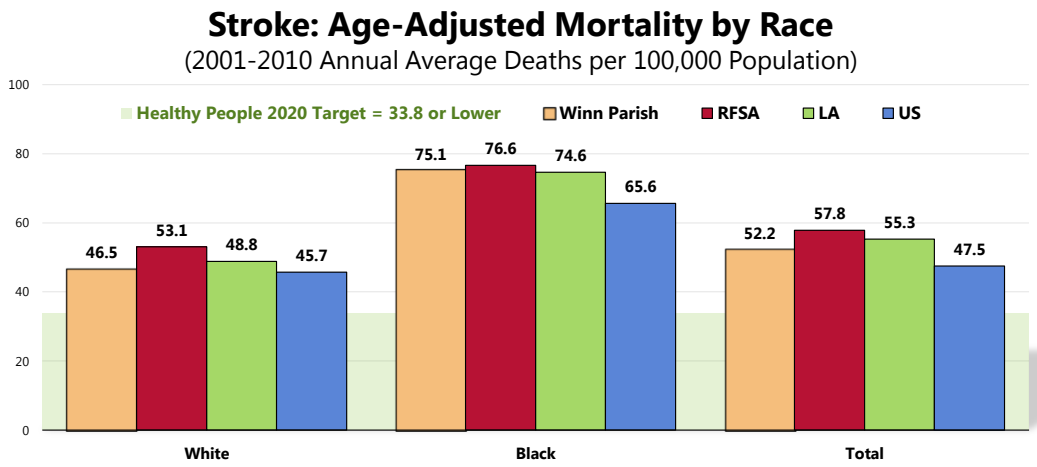
(2008-2010* Annual Average Deaths per 100,000 Population)



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

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

Stroke deaths are notably higher in the Black population.



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

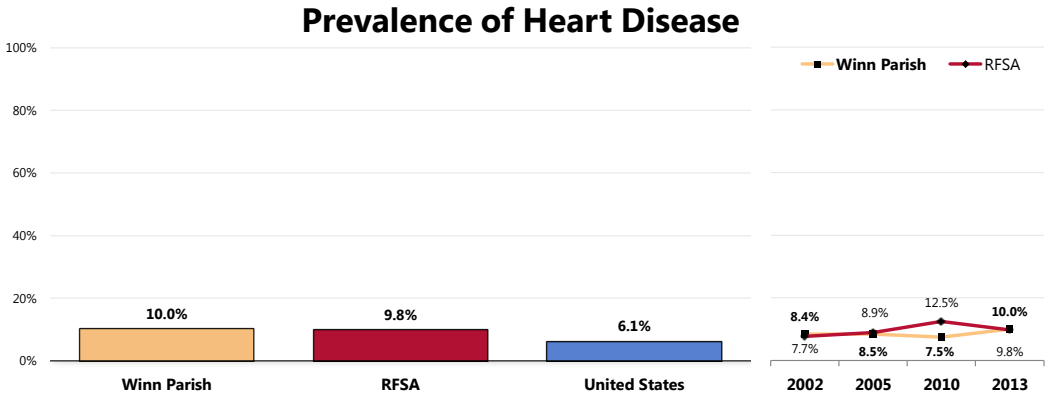
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- NOTE: 2006-2008 deaths for the RFSA are underreported due to problems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

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 10.0% 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 Winn Parish has not changed significantly since the 2002 survey was conducted.

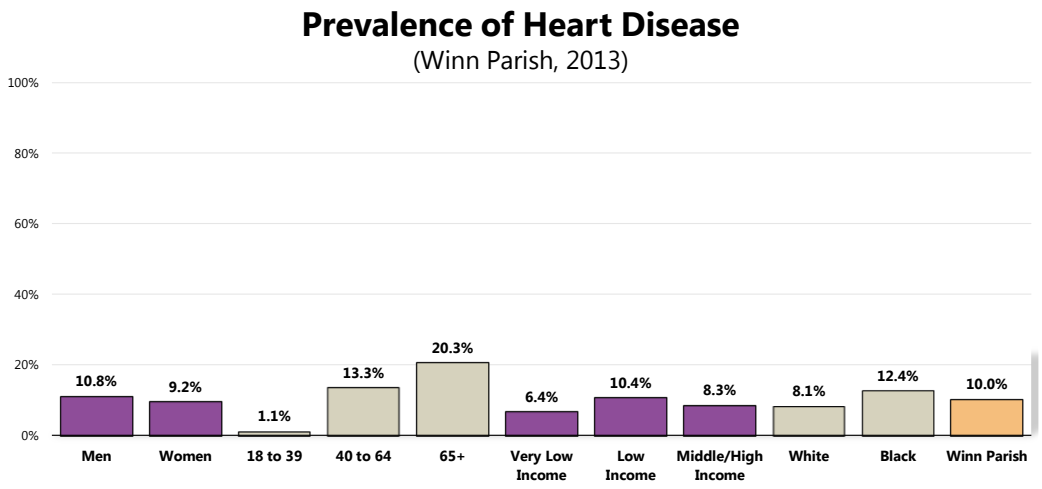


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 158]
- 2013 PRC National Health Survey, Professional Research Consultants.

Notes:
- Asked of all respondents.

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

- Young adults (under age 40).

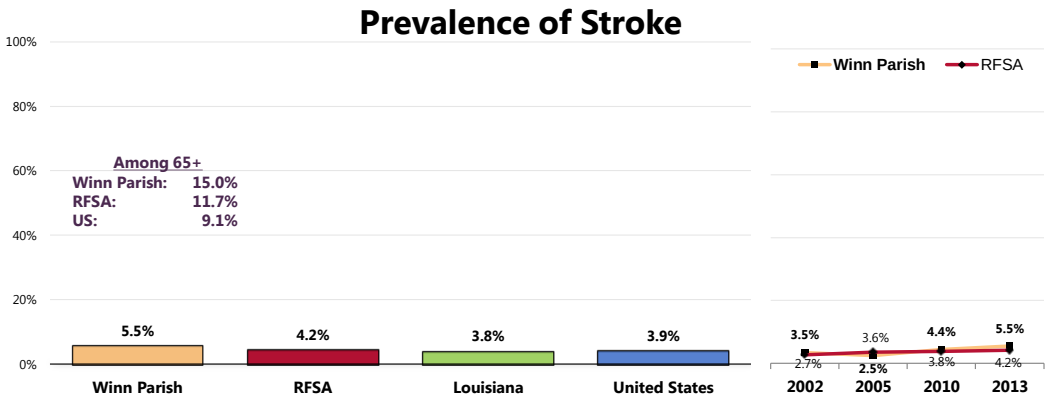


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income"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

Prevalence of Stroke

A total of 5.5% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to regional findings.
- Similar to statewide findings.
- Similar to national findings.
- Statistically unchanged since 2002.
- Note the stroke prevalence among Winn Parish seniors (15.0%), 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.

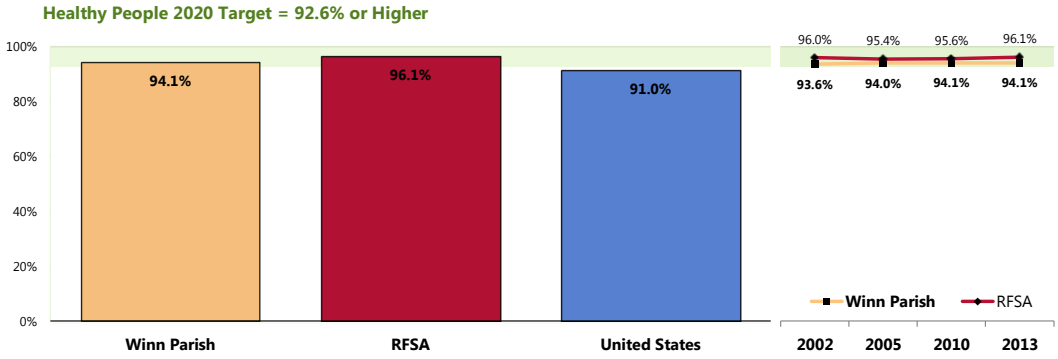
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

High Blood Pressure Testing

A total of 94.1% of Winn 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 Winn 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]

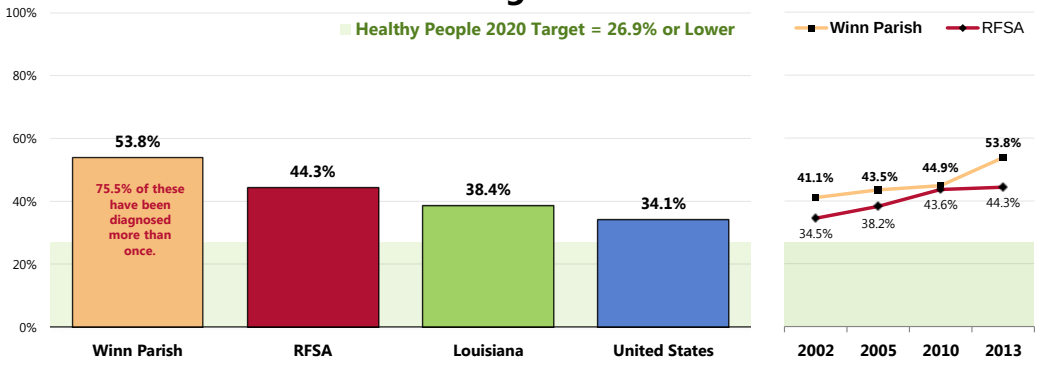
Notes:
- Asked of all respondents.

Prevalence of Hypertension

A full 53.8% of adults have been told at some point that their blood pressure was high (an additional 1.8% have not been tested in the past five years)**.**

- Less favorable than the RFSA prevalence.
- Less favorable than the Louisiana prevalence.
- Less favorable than the national prevalence.
- Far from satisfying the Healthy People 2020 target.
- Since 2002, the Winn Parish prevalence of hypertension has increased significantly.
- Note that 75.5% of hypertensive residents have been diagnosed *more than once*.

Prevalence of High Blood Pressure



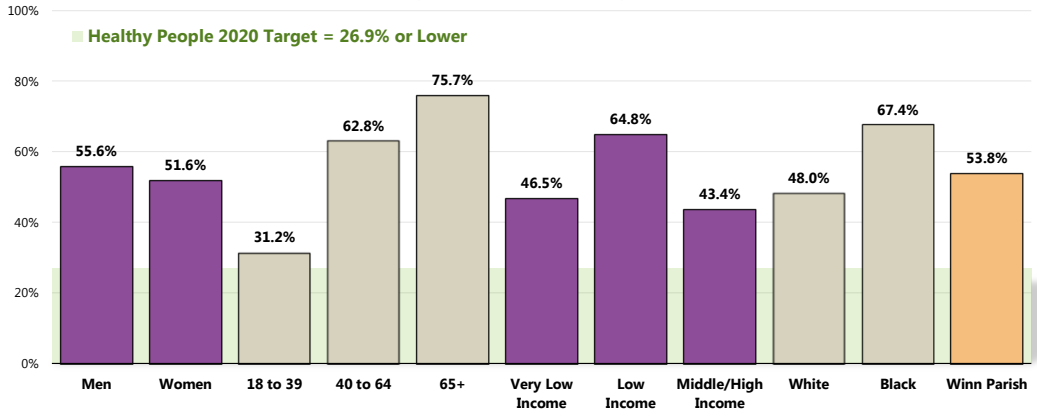
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 38, 159]
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana data.
- 2013 PRC National Health Survey, Professional Research Consultants.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

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

Hypertension diagnoses are higher among:

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

Prevalence of High Blood Pressure
(Winn 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.

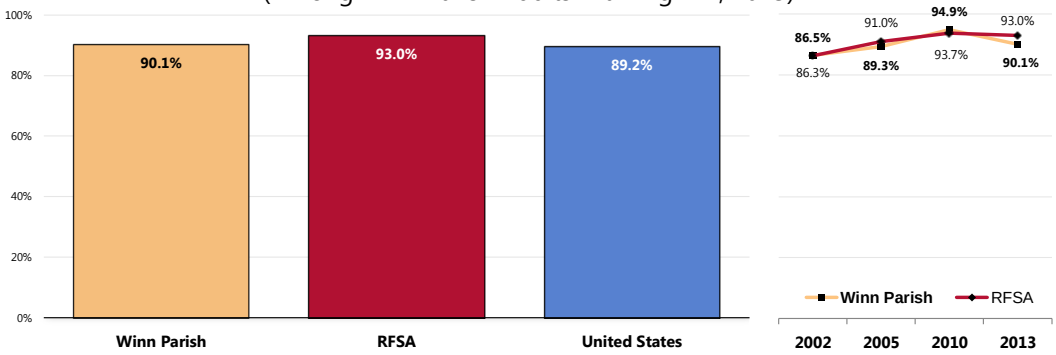
Hypertension Management

Among respondents who have been told that their blood pressure was high, 90.1% 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 Winn Parish who are taking action to control their high blood pressure has remained statistically unchanged.

Taking Action to Control Hypertension

(Among Winn Parish Adults with High BP, 2013)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 39]
- 2013 PRC National Health Survey, Professional Research Consultants.

Notes:
- Asked of all respondents who have been diagnosed with high blood pressure.
- In this case, the term "action" refers to medication, change in diet, and/or exercise.

High Blood Cholesterol

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

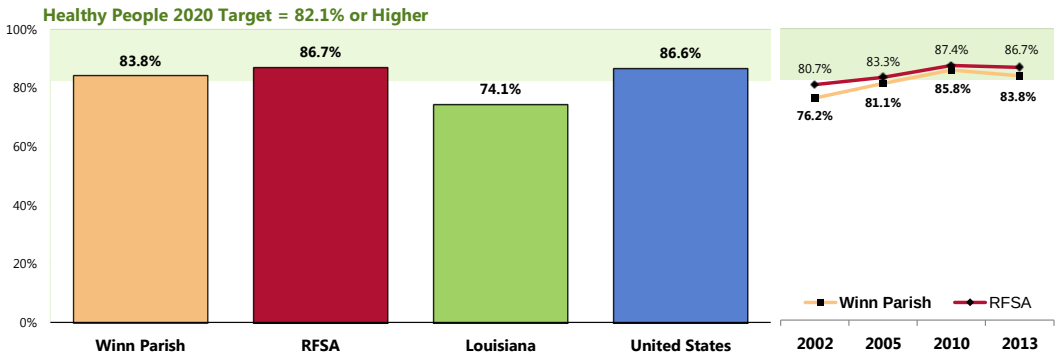
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

Blood Cholesterol Testing

A total of 83.8% of Winn Parish adults have had their blood cholesterol checked within the past five years.

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

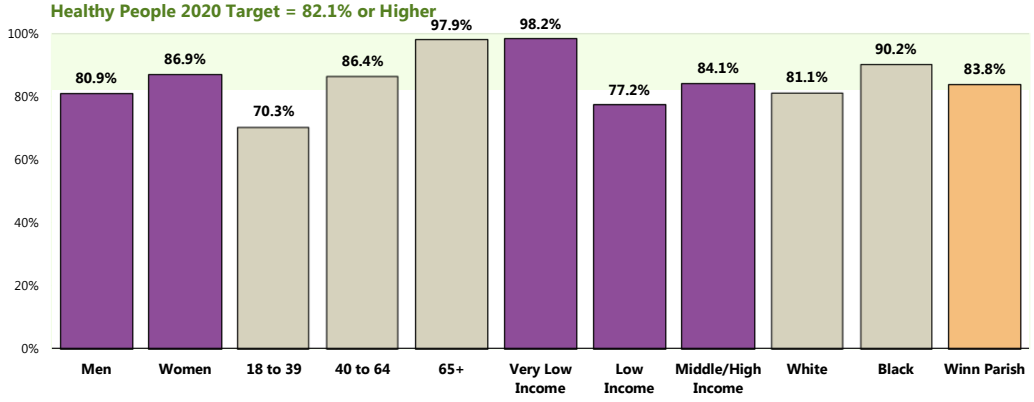
Notes:
- Asked of all respondents.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

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

- Adults age 40 and older (note the very strong positive correlation with age).
- Residents with very low incomes.
- Black residents.

Have Had Blood Cholesterol Levels Checked in the Past 5 Years

(Winn Parish, 2013)



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

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

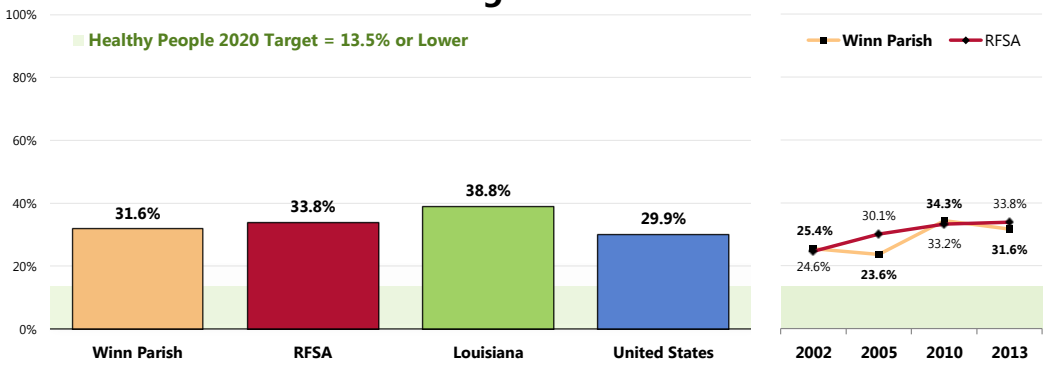
Self-Reported High Blood Cholesterol

Nearly one-third (31.6%) of adults have been told by a health professional that their cholesterol level was high (an additional 23.9% have not had their cholesterol tested in the past five years)**.**

- Similar to regional findings.
- More favorable than Louisiana findings.

- Similar to the national prevalence.
- More than twice the Healthy People 2020 target.
- Since 2002, the Winn Parish prevalence of high cholesterol has remained statistically unchanged.

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]

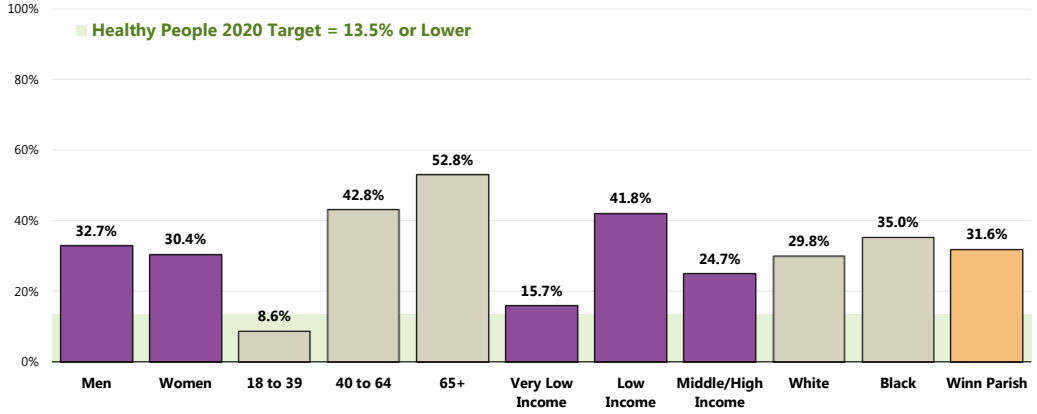
Notes:
- Asked of all respondents.
- *The Louisiana data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional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

High cholesterol is more prevalent among:

- Adults age 40 plus.
- Low income residents.

Prevalence of High Blood Cholesterol

(Winn 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]

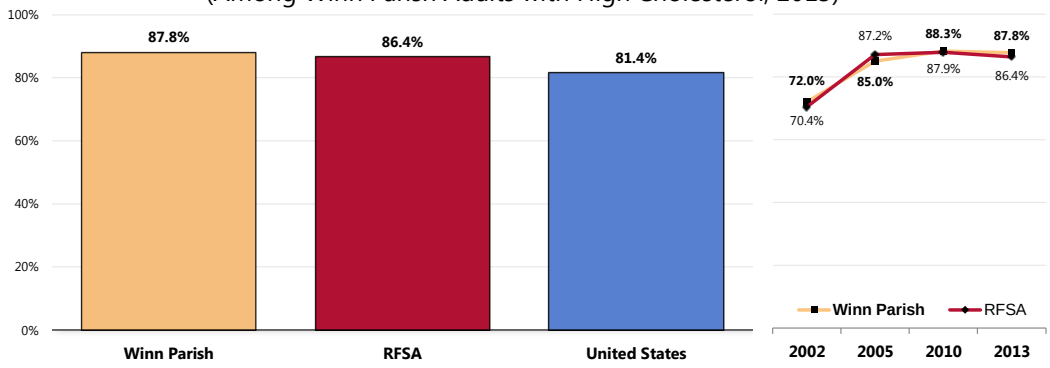
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

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

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

Taking Action to Control High Blood Cholesterol Levels

(Among Winn 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

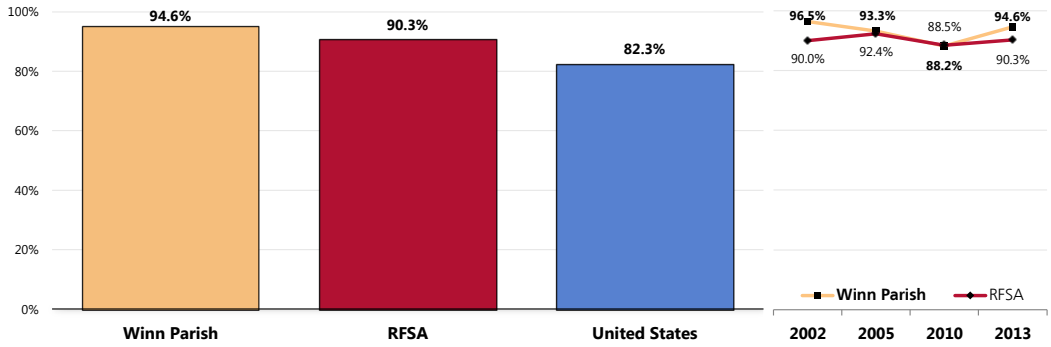
include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

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

A total of 94.6% of Winn Parish adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Less favorable than regional findings.
- Less favorable than national findings.
- No change from 2002 survey findings.

Present One or More Cardiovascular Risks or Behaviors



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

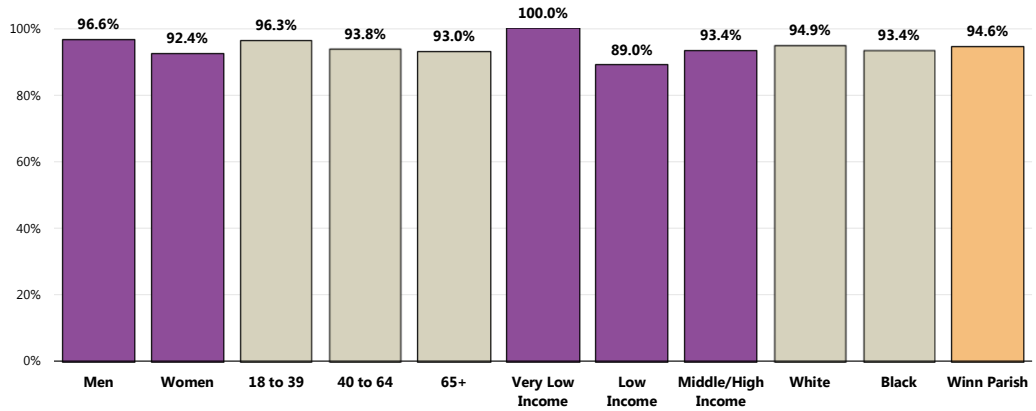
Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- Very low income residents.

Present One or More Cardiovascular Risks or Behaviors

(Winn 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.

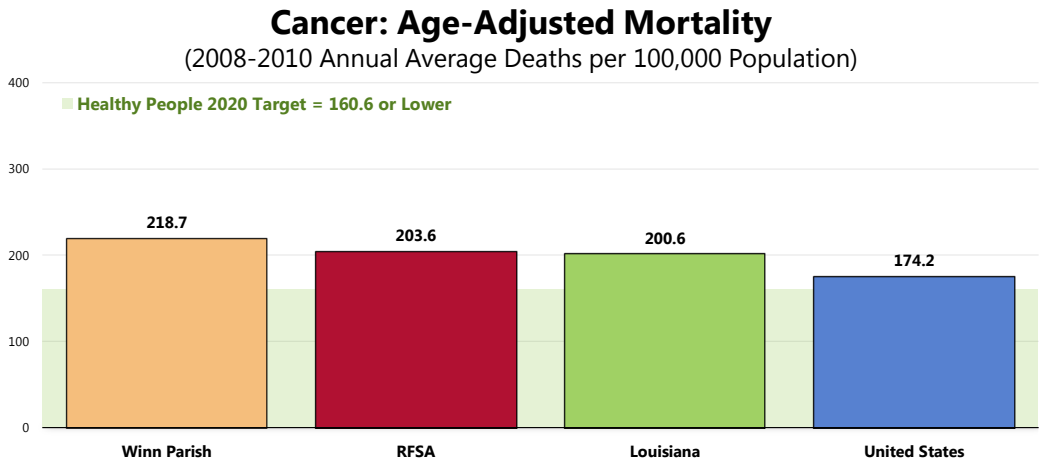
– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2008 and 2010, there was an annual average age-adjusted cancer mortality rate of 218.7 deaths per 100,000 population in Winn 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.



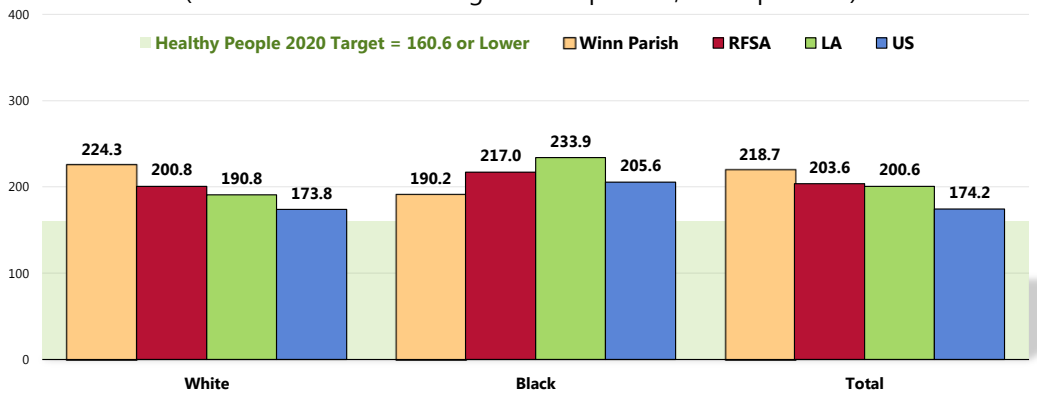
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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

Cancer: Age-Adjusted Mortality by Race

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



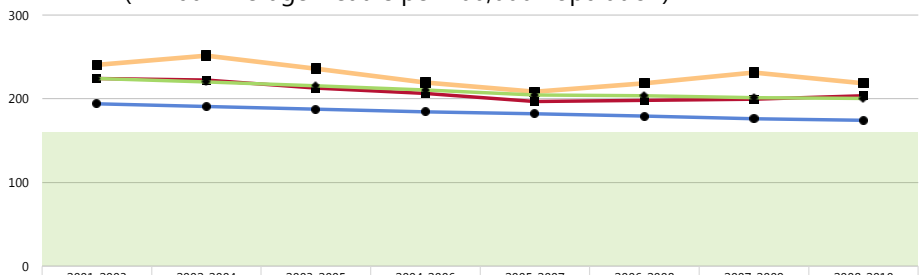
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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

Overall, cancer mortality rates have overall <u>decreased</u> in 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
Winn Parish	240.3	251.5	236.0	219.3	208.4	218.6	231.5	218.7
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 Winn 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 Winn Parish **female breast cancer** rate is similar to state rate, but less favorable than the regional and national rates.
- The Winn Parish **prostate and lung cancer** death rate is less favorable than the respective regional, state and national rates.
- The Winn Parish **colorectal cancer** death rate is more favorable than the respective regional and state rates, but less favorable than the national rate.

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

To look at site-specific cancer mortality by parish, it is necessary to look at a longer time frame. For that reason, 2001-2010 rates are used here.

Age-Adjusted Cancer Death Rates by Site

(2001-2010)

	Winn Parish	RFSA	LA	US	HP2020
Lung Cancer	**69.2**	**65.3**	**62.7**	**51.6**	**45.5**
Prostate Cancer	**48.4**	**28.9**	**29.5**	**25.0**	**21.2**
Female Breast Cancer	**28.8**	**23.8**	**27.5**	**23.9**	**20.6**
Colorectal Cancer	**19.5**	**21.6**	**20.8**	**17.7**	**14.5**

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

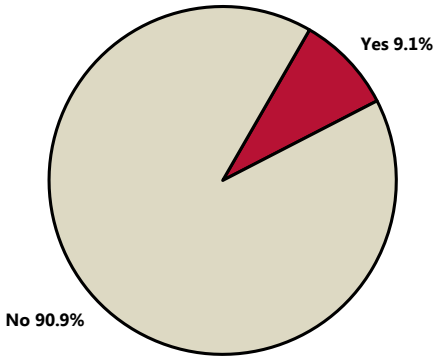
Prevalence of Cancer

A total of 9.1% of surveyed Winn Parish adults report having been diagnosed with some type of cancer.

- Similar to regional findings.
- Among these respondents, **female breast cancer** was most often reported (20.4% of responses), followed by **prostate cancer** (14.4% of responses).

Have Been Diagnosed With Cancer

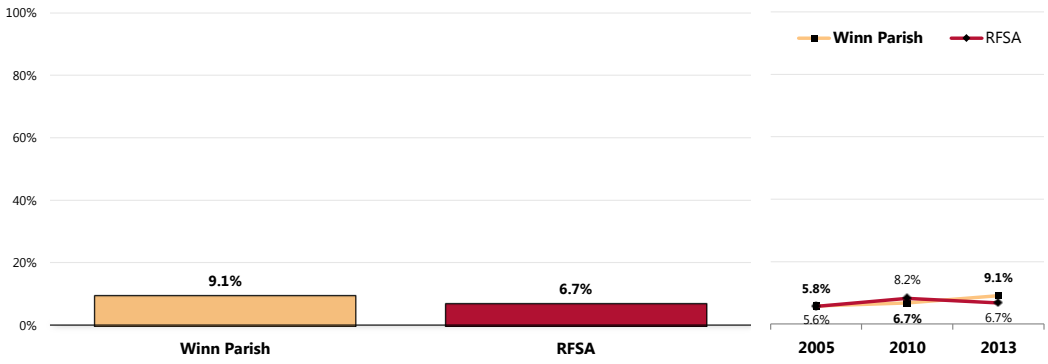
(Winn Parish, 2013)



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

- The prevalence of cancer in Winn Parish has remained statistically unchanged since the 2002 survey was conducted.

Prevalence of Cancer



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

Cancer Risk

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

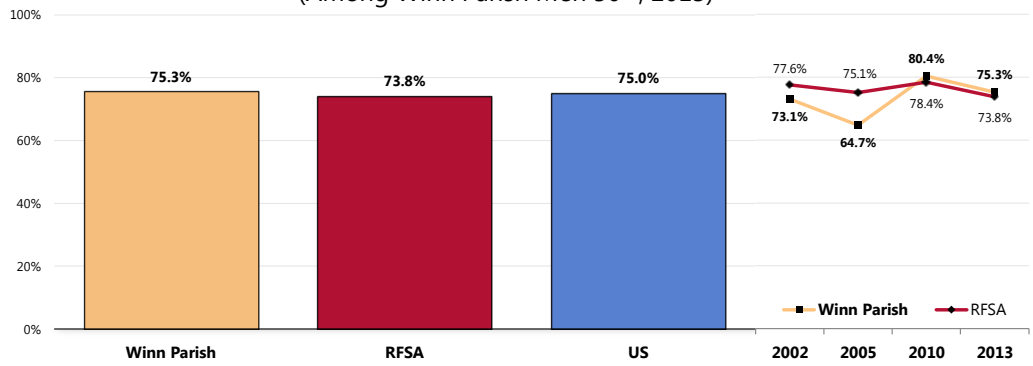
Note: Due to recent (2008) changes in clinical recommendations against routine PSA testing, it is anticipated that testing levels will begin to decline.

Among men age 50 and older, three in four (75.3%) have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

- Similar to regional findings.
- Comparable to national findings.
- Statistically unchanged over time.

Have Had a Prostate Screening in the Past 2 Years

(Among Winn Parish Men 50+, 2013)



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

Female Breast Cancer Screening

FEMALE BREAST CANCER

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

Many breast cancer risk factors, such as age, family history of breast cancer, reproductive history, mammographic densities, previous breast disease, and race and ethnicity, are not subject to intervention. However, being overweight is a well-established breast cancer risk for postmenopausal women that can be

addressed. Avoiding weight gain is one method by which older women may reduce their risk of developing breast cancer.

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

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

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

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

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

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

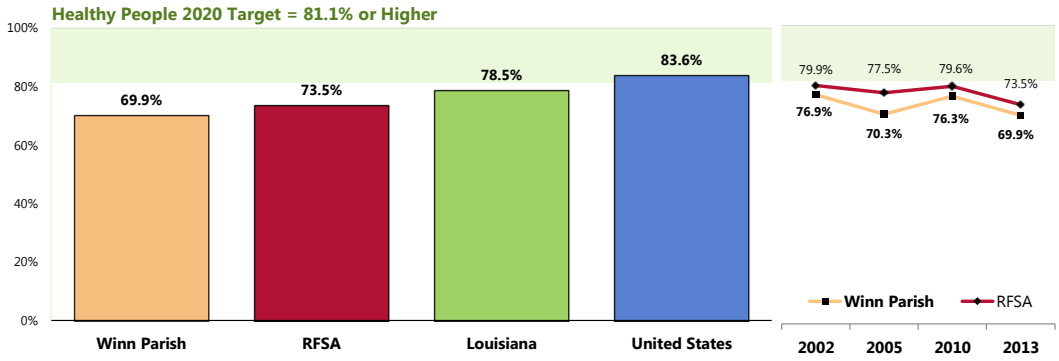
Mammography

Among women age 50 to 74, 69.9% have had a mammogram within the past two years.

- Similar to regional findings.
- Lower than the statewide figure (which represents all women 50 and older).
- Lower than national findings.
- Fails to satisfy the Healthy People 2020 target.
- Statistically unchanged over time.

Have Had a Mammogram in the Past Two Years

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

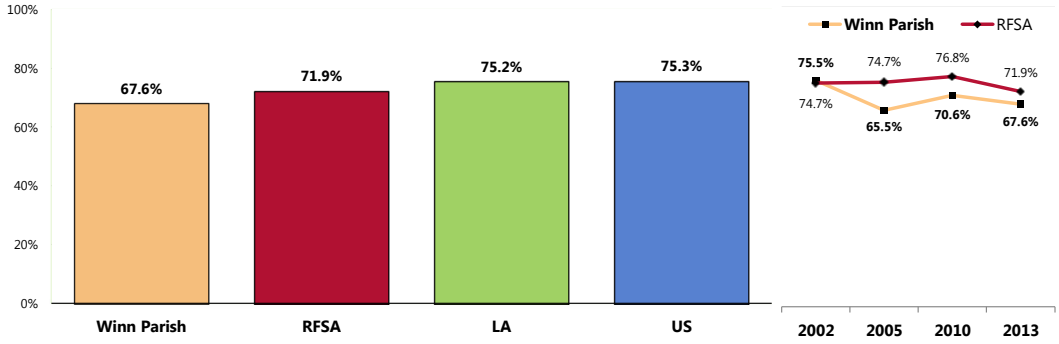


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 163]
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.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

Have Had a Mammogram in the Past Two Years

(Among Winn 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.

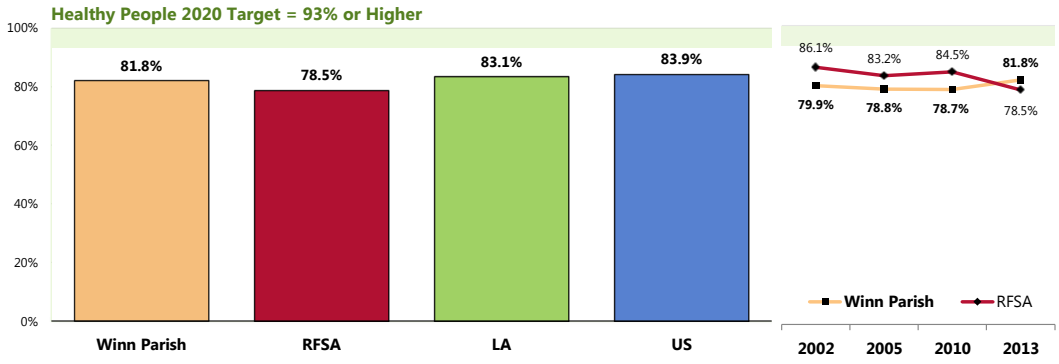
Pap Smear Testing

Among women age 21 to 65, 81.8% have had a Pap smear within the past three years.

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

Have Had a Pap Smear in the Past 3 Years

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

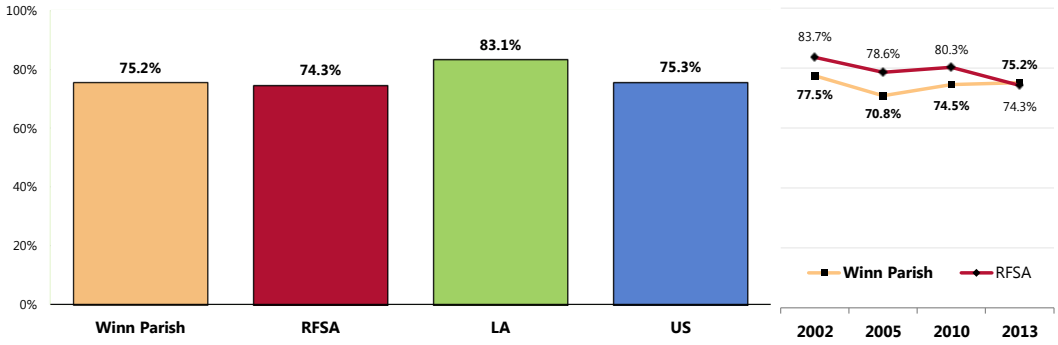


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 164]
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 Louisiana data.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

Have Had a Pap Smear in the Past 3 Years

(Among Winn 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.

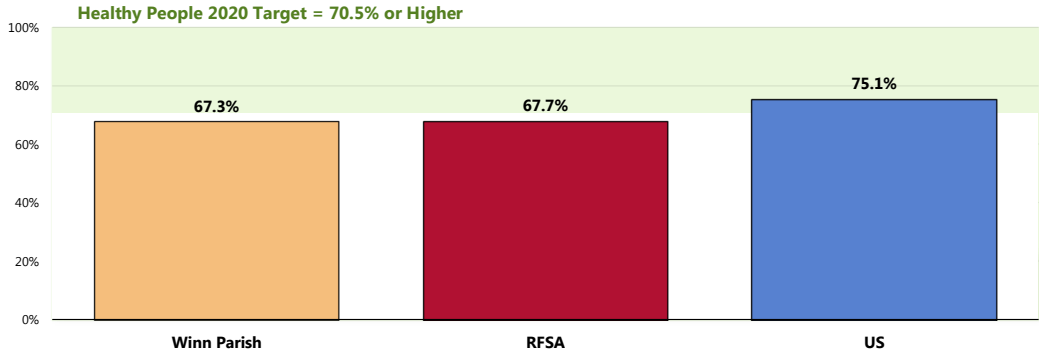
Colorectal Cancer Screening

Among Winn Parish adults age 50-75, two-thirds (67.3%) have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

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

Have Had a Colorectal Cancer Screening

(Among Adults Age 50-75)



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

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

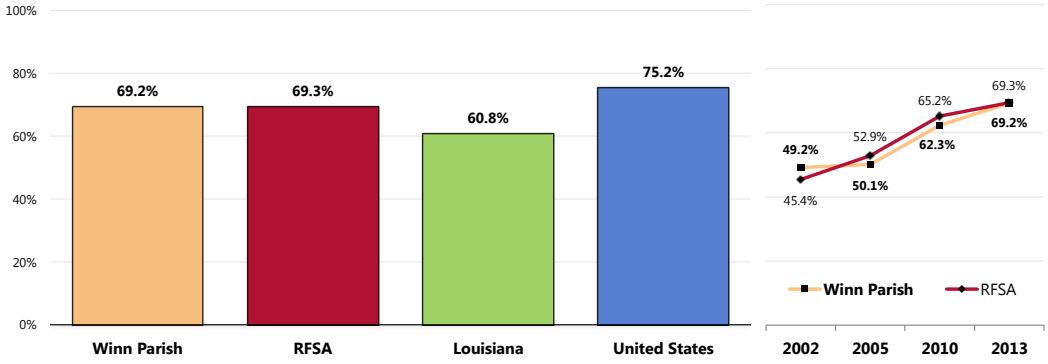
Sigmoidoscopy/Colonoscopy

Among adults age 50 and older, 69.2% have had a sigmoidoscopy or colonoscopy at some point in their lives.

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

Have Ever Had a Lower Endoscopy Exam

(Among Winn 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.

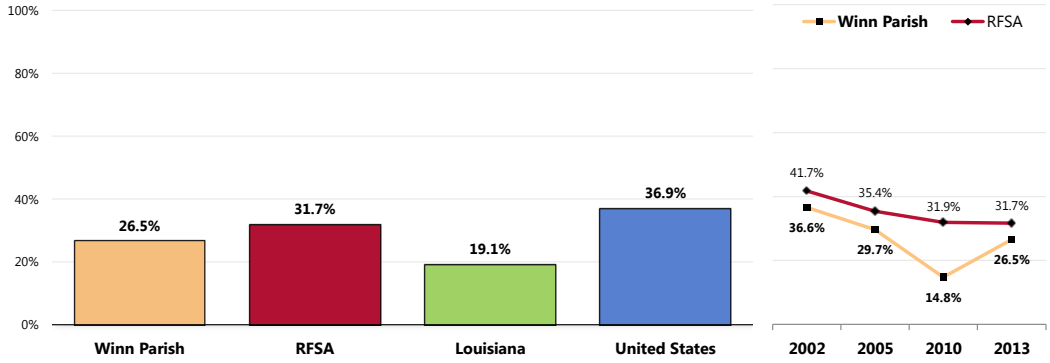
Notes:
- Asked of all respondents 50+.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

Among adults age 50 and older, 26.5% 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 <u>decreased</u> significantly.

Have Had a Blood Stool Test in the Past 2 Years

(Among Winn 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)

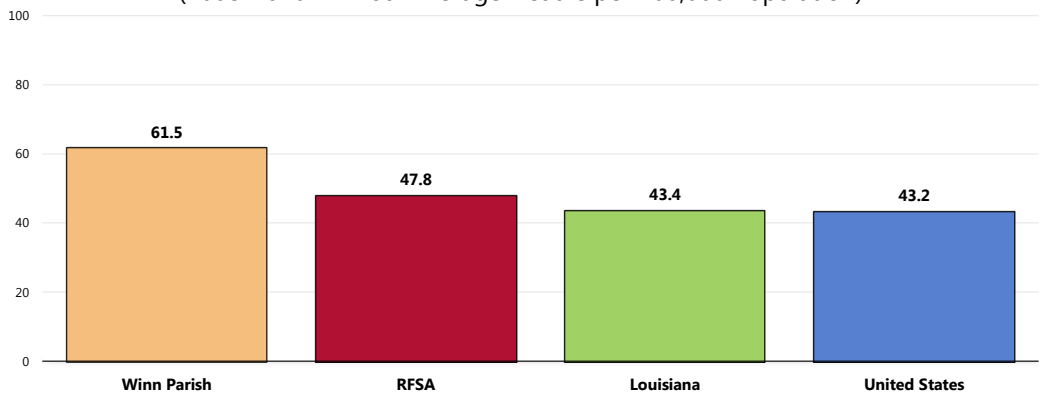
Note: What was previously termed COPD (chronic obstructive pulmonary disease) has been reclassified as CLRD (chronic lower respiratory disease).

Between 2008 and 2010, there was an annual average age-adjusted CLRD mortality rate of 61.5 deaths per 100,000 population in Winn 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)



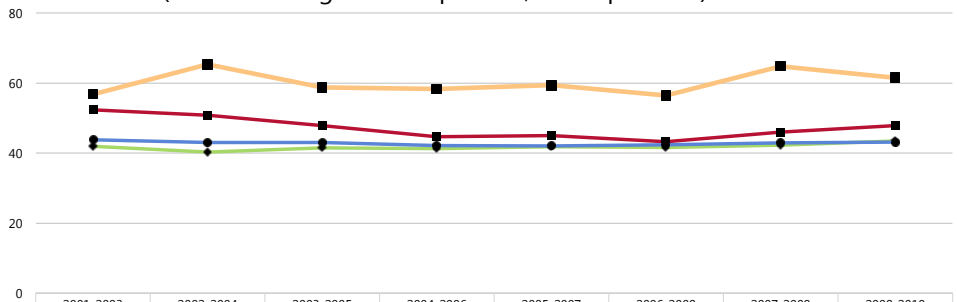
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.

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.

CLRD mortality in Winn Parish has overall increased from baseline 2001-2003 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
Winn Parish	56.8	65.3	58.7	58.3	59.4	56.5	64.8	61.5
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

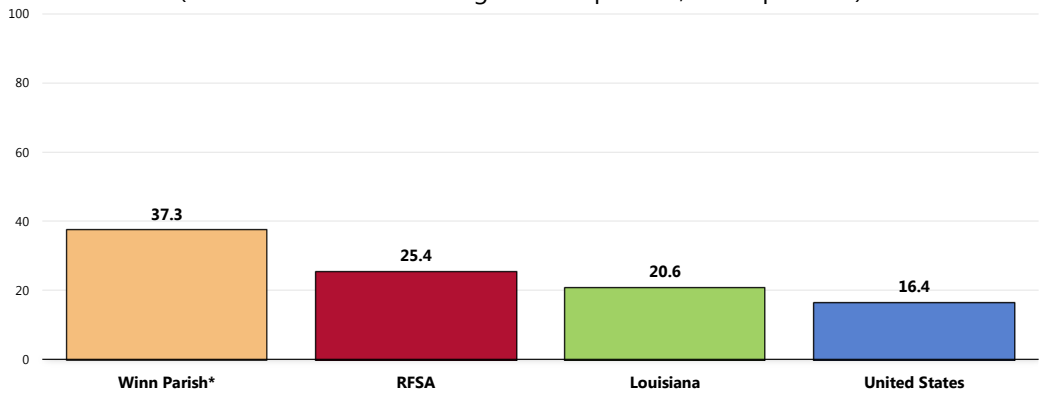
For prevalence of vaccinations for pneumonia and influenza, see also "Immunization & Infectious Disease."

Between 2008 and 2010, there was an annual average age-adjusted pneumonia/influenza mortality rate of 37.3 deaths per 100,000 population in Winn Parish.

- Higher than the RFSA rate.
- Higher than found statewide.
- Much higher than the national rate.

Pneumonia/Influenza: Age-Adjusted Mortality

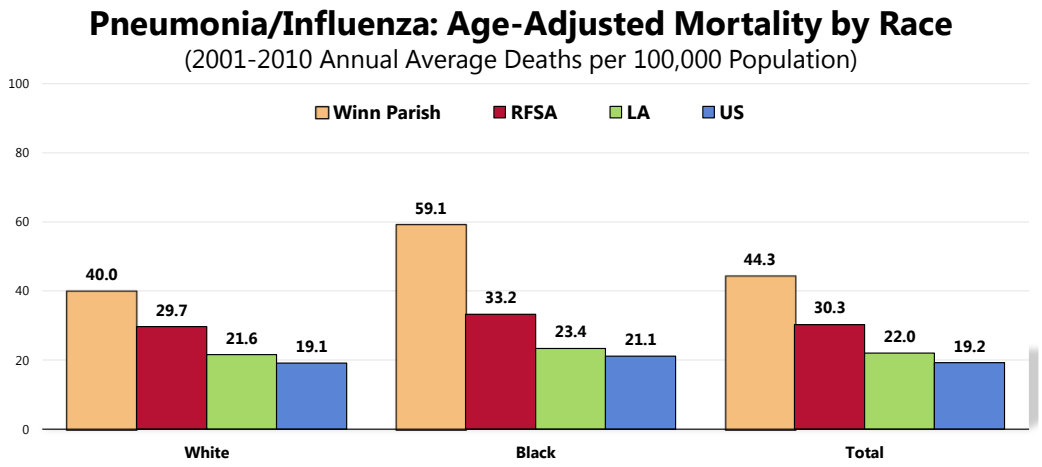
(2008-2010* Annual Average Deaths per 100,000 Population)



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 Winn 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.

Mortality rates are higher among Blacks in Winn Parish.



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

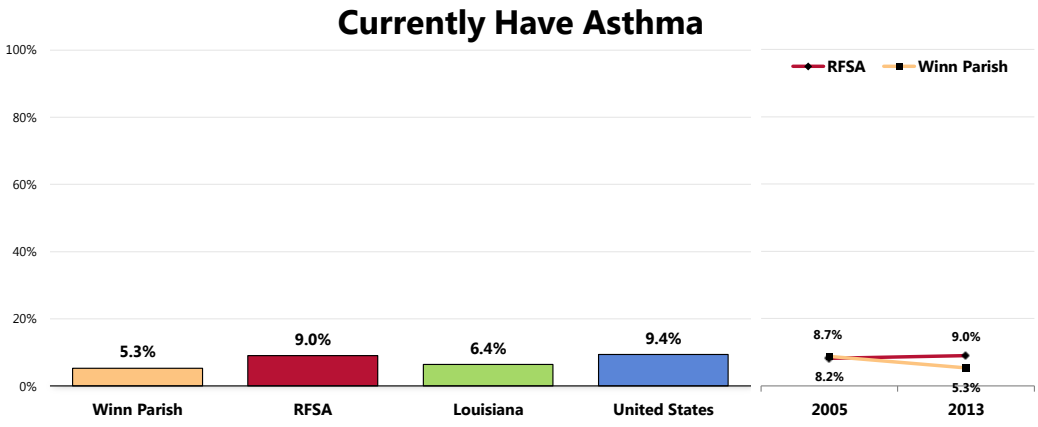
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- NOTE: 2006-2008 deaths for the RFSA are underreported due to problems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

Prevalence of Asthma

Adults

A total of 5.3% of Winn Parish adults currently suffer from asthma.

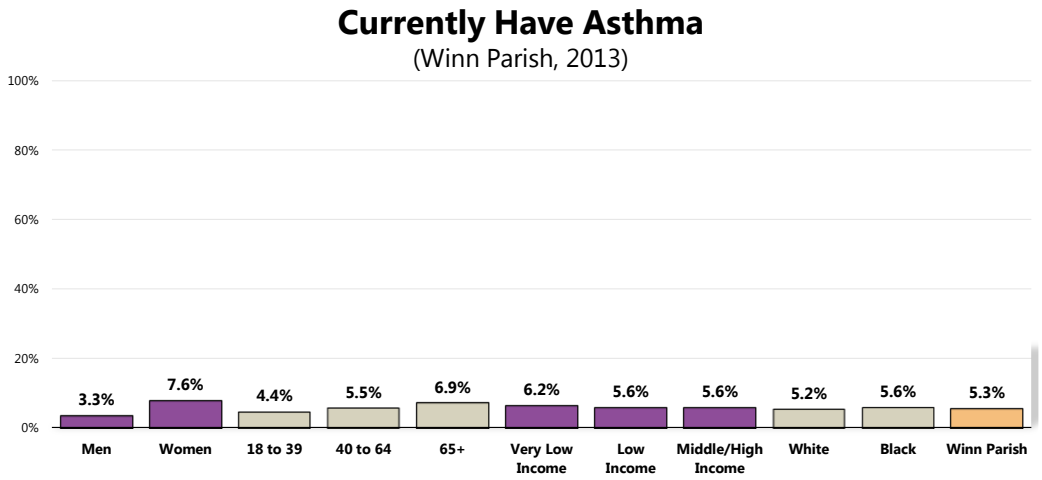
- Lower than regional (RFSA) findings.
- Similar to the percentage reported across the state.
- Lower than the percentage reported across the nation.
- Statistically unchanged over time.



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.

There are no significant differences among demographic groups.

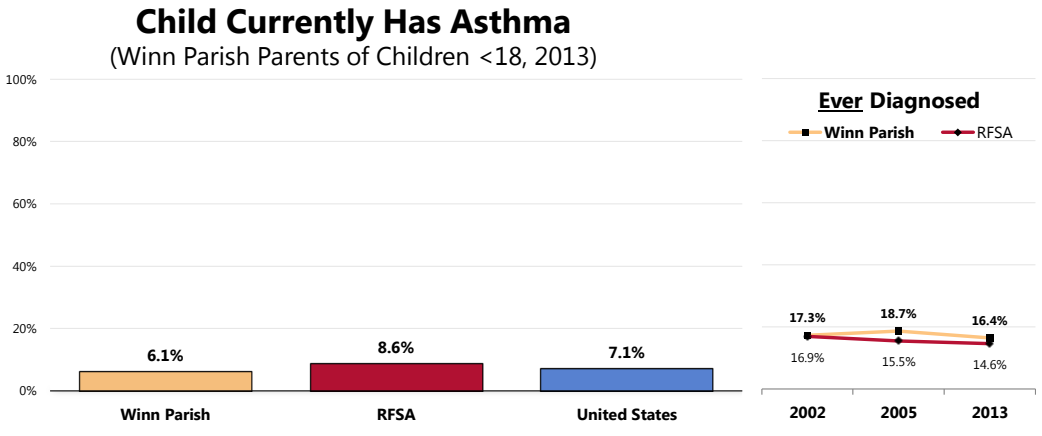


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income"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

Children

A total of 6.1% of Winn Parish children currently suffer from asthma.

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

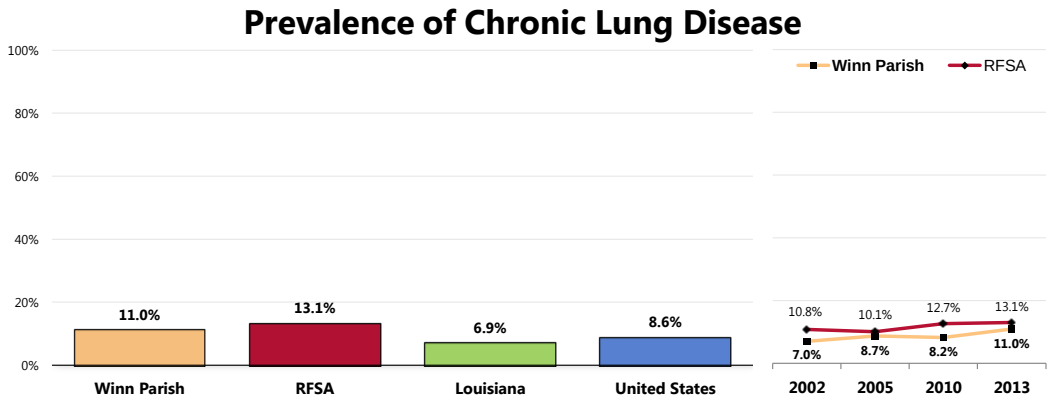


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 170]
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents with children under 18 at home.

Prevalence of Chronic Lung Disease

A total of 11.0% of surveyed adults report suffering from chronic lung disease.

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



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

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

Injury & Violence

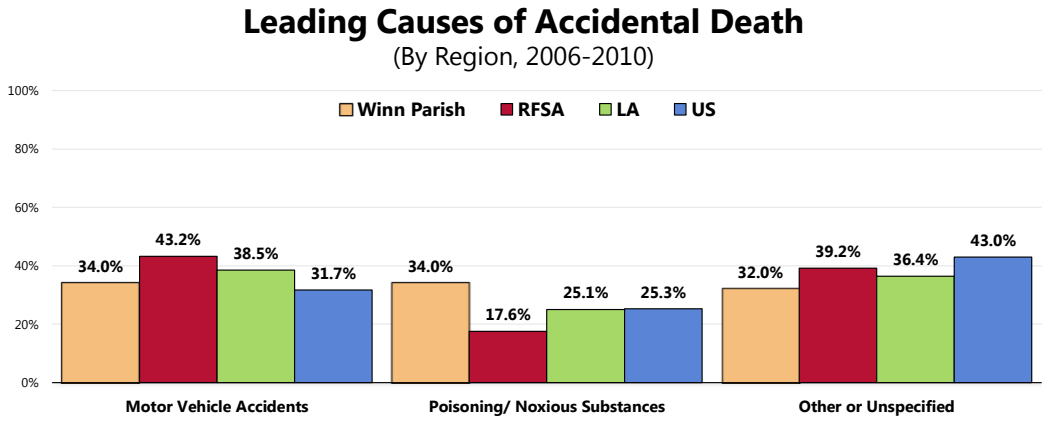
The risk of injury is so great that most persons sustain a significant injury at some time during their lives. Nevertheless, this widespread human damage too often is taken for granted, in the erroneous belief that injuries happen by chance and are the result of unpreventable "accidents." In fact, many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

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

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

Leading Causes of Accidental Death

Motor vehicle accidents accounted for 34.0% of accidental Winn Parish deaths between 2006 and 2010. Poisoning (including accidental drug overdoses) also accounted for 34.0%.



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

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.

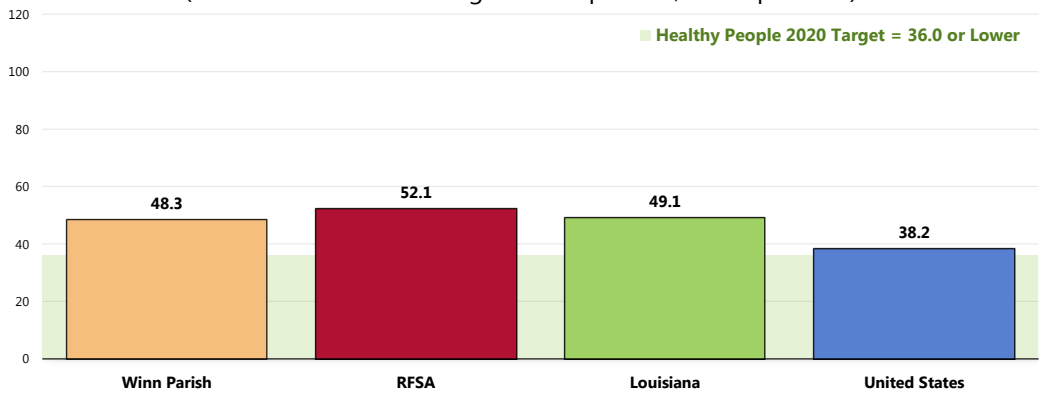
Age-Adjusted Unintentional Injury Deaths

Between 2008 and 2010, there was an annual average age-adjusted unintentional injury mortality rate of 48.3 deaths per 100,000 population in Winn Parish.

- Better than the regional rate.
- Similar to 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)



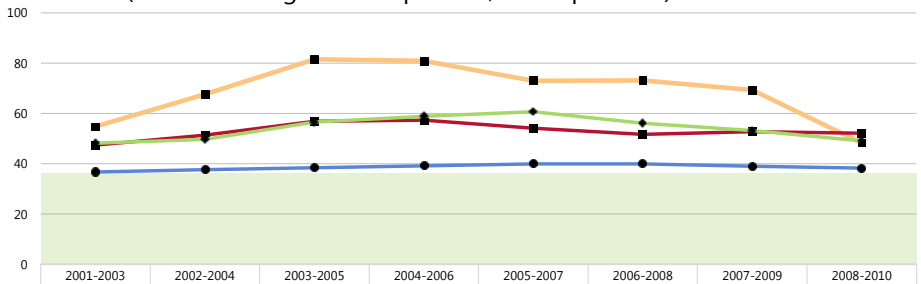
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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

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

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0
Winn Parish	54.8	67.7	81.5	80.9	73.0	73.2	69.3	48.3
RFSA	47.5	51.4	56.9	57.3	54.2	51.7	52.7	52.1
Louisiana	48.1	49.8	56.6	58.9	60.7	56.2	53.2	49.1
United States	36.8	37.6	38.4	39.3	40.0	39.9	39.0	38.2

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

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

Motor Vehicle Safety

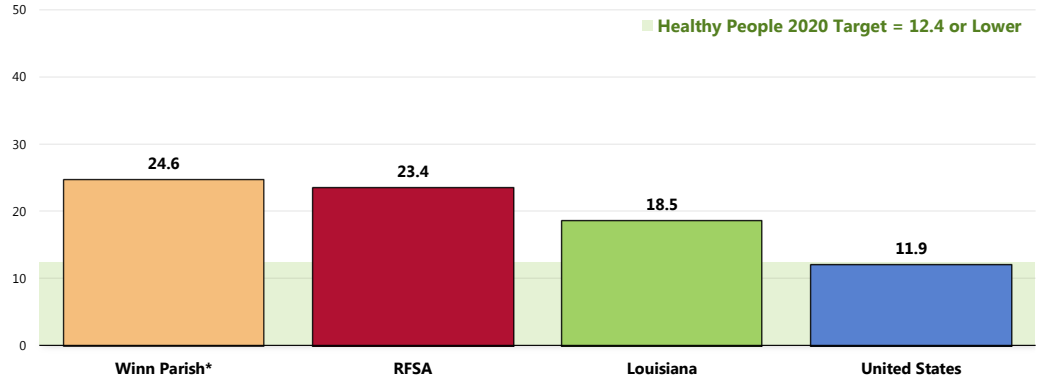
Age-Adjusted Motor-Vehicle Related Deaths

Between 2008 and 2010, there was an annual average age-adjusted motor vehicle crash mortality rate of 24.6 deaths per 100,000 population in Winn Parish.

- Similar to the regional rate.
- Higher than found statewide.
- Much higher than the national rate.
- Fails to satisfy the Health People 2020 target.

Motor Vehicle Crashes: Age-Adjusted Mortality

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



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1]

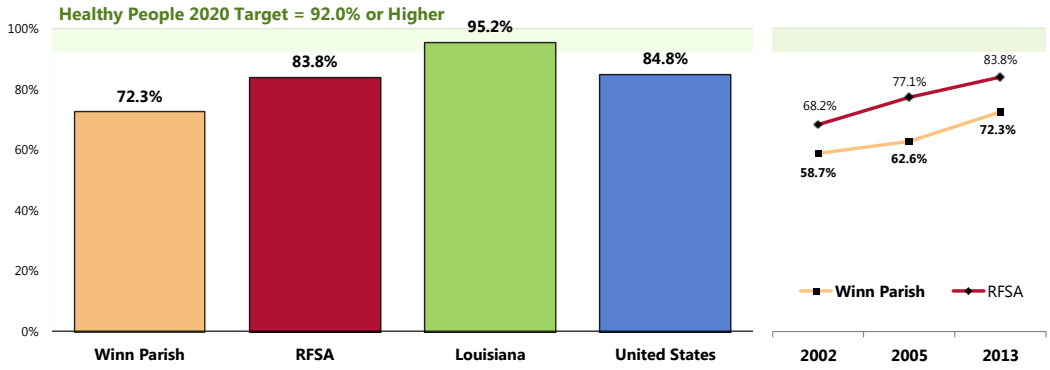
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- * Due to low numbers of deaths: the rate for Winn Parish represents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

Seat Belt Usage - Adults

Most Winn Parish adults (72.3%) report "always" wearing a seat belt when driving or riding in a vehicle.

- Lower than regional (RFSA) findings.
- Well below the state percentage.
- Lower than the percentage found nationally.
- Fails to satisfy the Healthy People 2020 target of 92.0% or higher.
- Denotes a significant increase in seat belt usage since 2002.

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



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

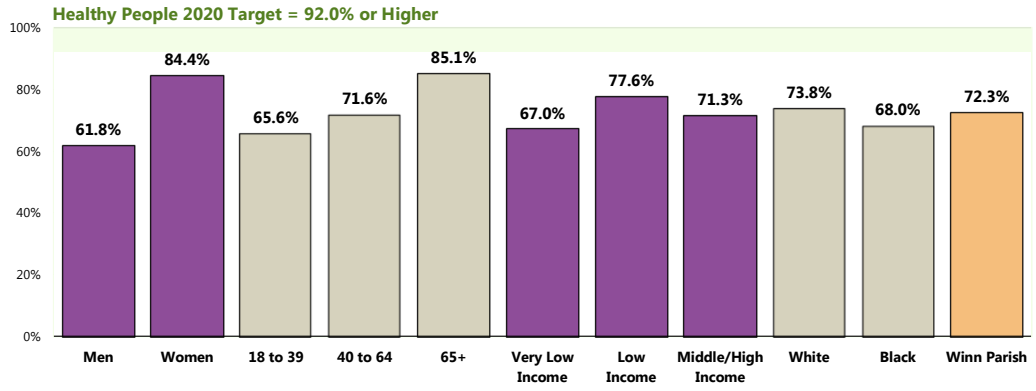
Notes:
- Asked of all respondents.
- Because the CDC implemented changes to the BRFSS weighting methodology in 2011, state findings might not be directly comparable to the regional or national findings outlined in this report.

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

- Men.
- Adults under age 65.

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

(Winn 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.

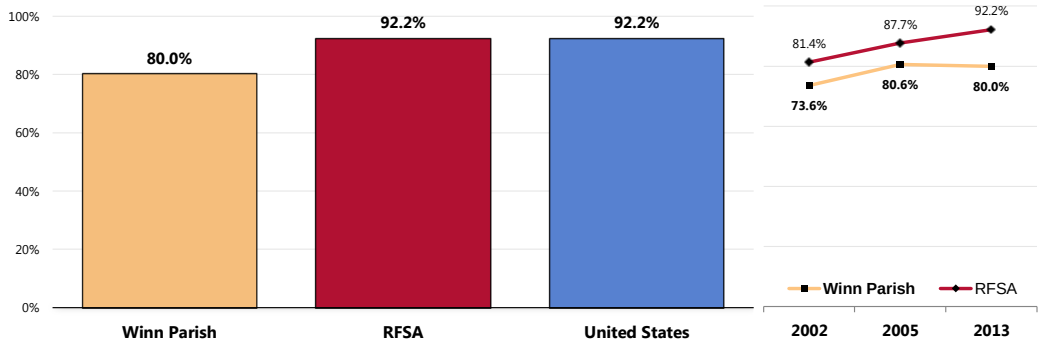
Children's Seat Belt/Car Seat Usage

A total of 80.0% of Winn 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.

- Lower than regional (RFSA) findings.
- Lower than what is found nationally.
- Statistically similar to 2002 survey findings.

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

(Winn 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.

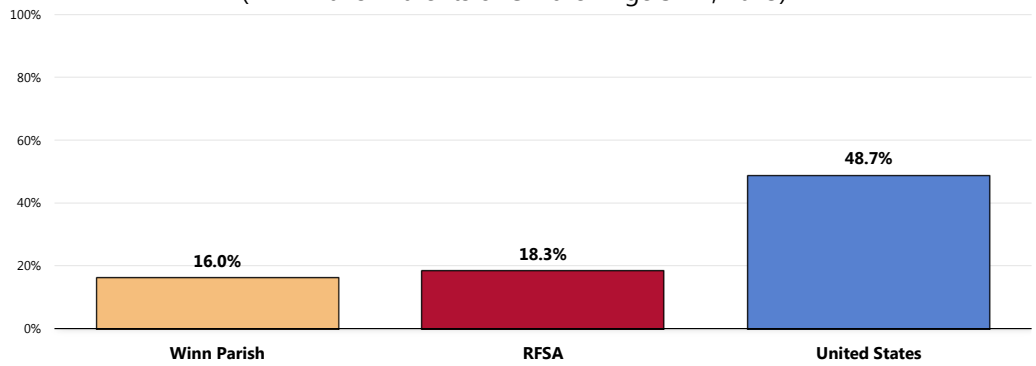
Bicycle Safety

A total of 16.0% of Winn 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.

Child "Always" Wears a Helmet When Riding a Bicycle

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



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents with children age 5-17 at home.

Intentional Injury (Violence)

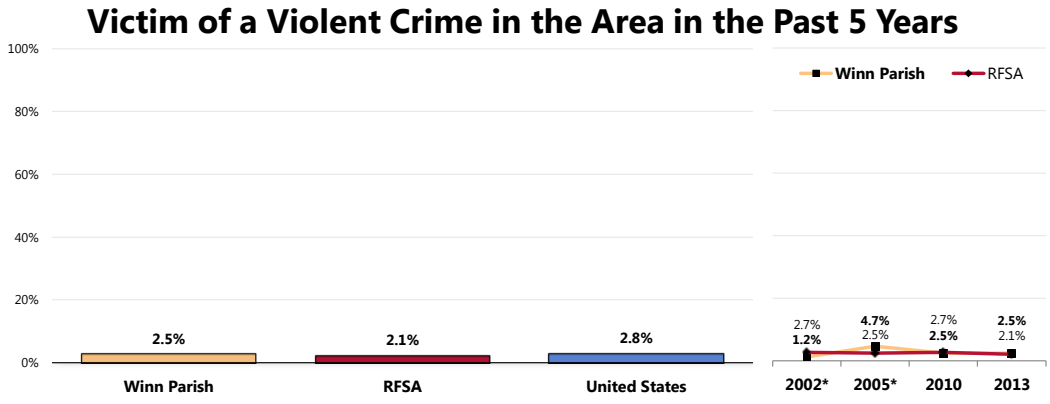
Violent Crime

Self-Reported Violence

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

A total of 2.5% of Winn Parish adults acknowledge being the victim of a violent crime in the past five years.

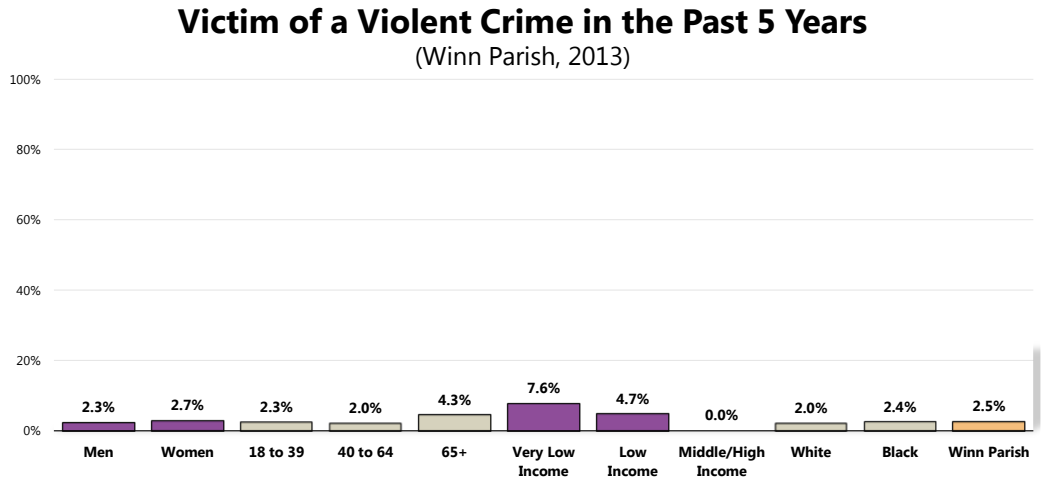
- Comparable to the regional prevalence.
- Comparable to the national prevalence.
- The prevalence of residents who have been victims of a violent crime in the past 5 years has remained stable.



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 Winn Parish survey did not ask if the crime occurred locally ("in your area").

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



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.

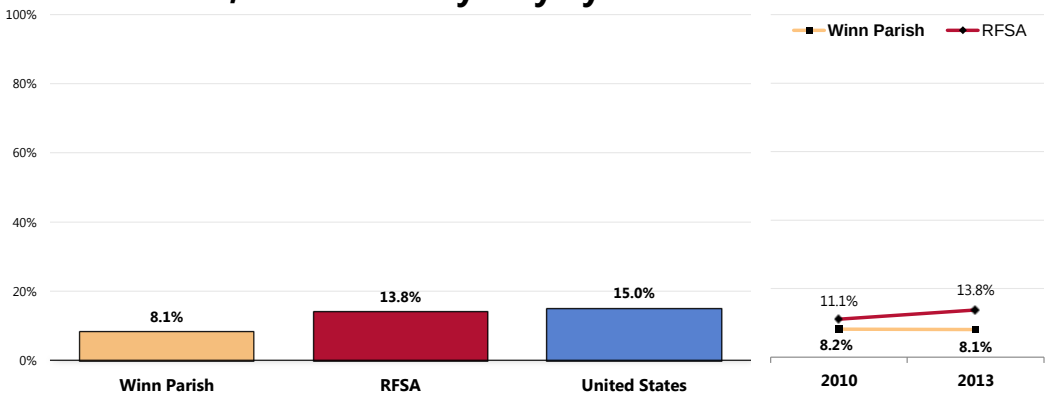
Respondents were told:

"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 8.1% of Winn Parish adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- More favorable than the regional prevalence.
- More favorable than national findings.
- Similar to 2010 survey results.

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

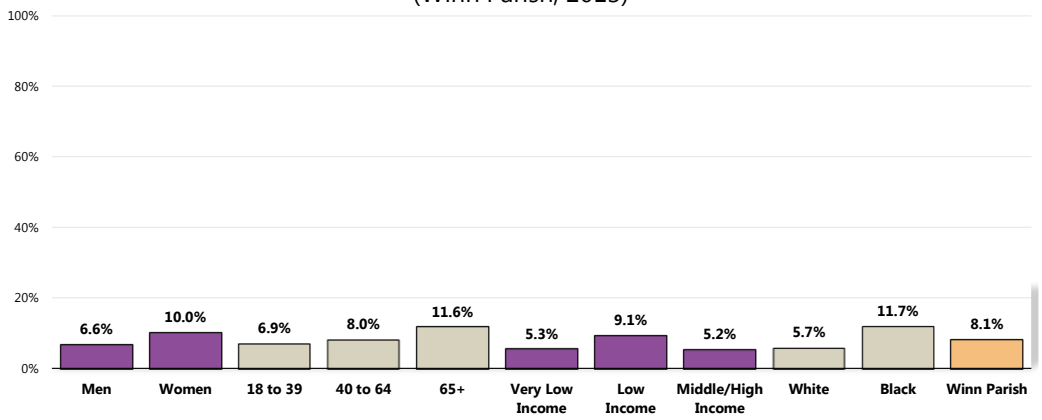


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 46]
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents.

There are no significant differences among demographic groups.

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

(Winn 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

Presence of Firearms in Homes

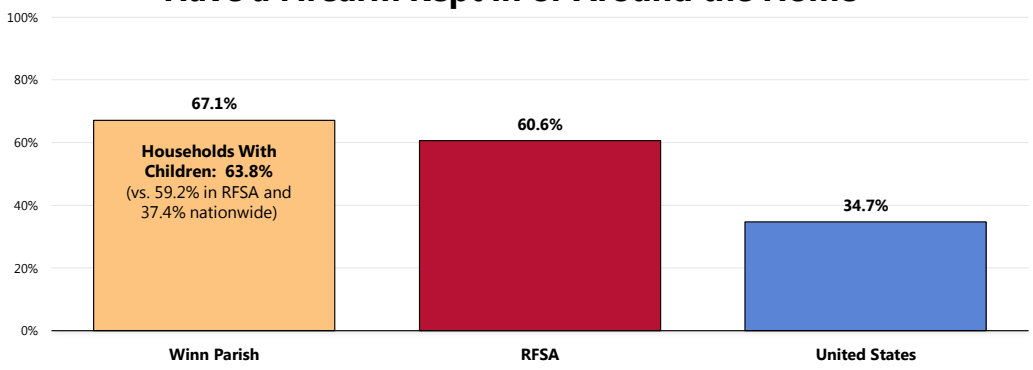
Survey respondents were further asked about the presence of weapons in the home:

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

A total of 67.1% of Winn Parish adults have a firearm kept in or around their home.

- Higher than the regional prevalence.
- Much higher than the national prevalence.
- Among Winn Parish households with children, 63.8% have a firearm kept in or around the house (well above that reported nationally).

Have a Firearm Kept in or Around the Home



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

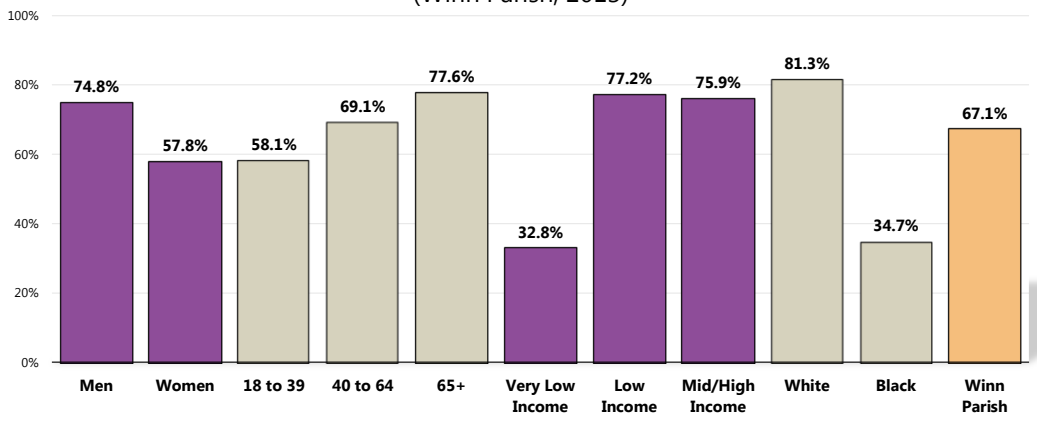
Notes:
- Asked of all respondents.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

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

- Women.
- Young adults (under age 40).
- Very low income households.
- Black respondents.

Have a Firearm Kept in or Around the House

(Winn Parish, 2013)

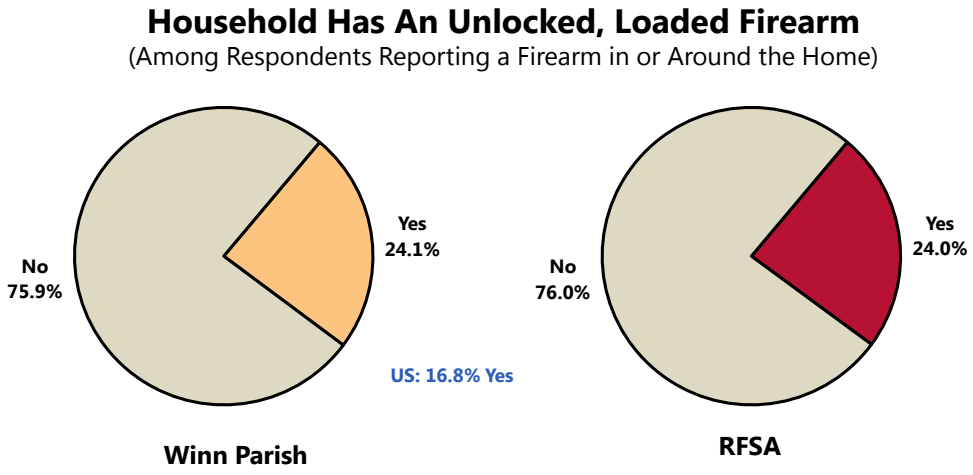


Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]

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 Winn Parish households with firearms, 24.1% report that there is at least one weapon that is kept unlocked and loaded.

- Higher than that found nationally.



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.

Related Focus Group Findings: Injury & Violence

Many focus group participants are concerned with injury and violence in the community. The main issues included:

- Prevalence of firearms
- Gun safety training

Attendees in Winn Parish worry about the **prevalence of firearms** in the community. Hunting is prevalent in the community and key informants believe that many households promote gun use but do not provide adequate **safety training**. Injury and accidents related to gun use have occurred in Winn Parish.

Several participants feel that gun safety classes need to be a requirement to own a firearm.

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.

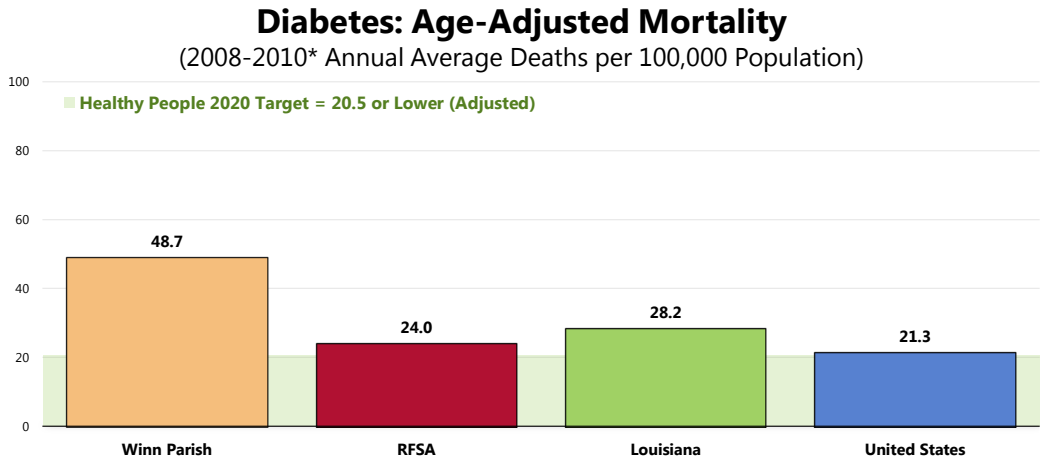
The direct and indirect costs of diabetes in America are nearly $100 billion a year.

– 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 48.7 deaths per 100,000 population in Winn Parish.

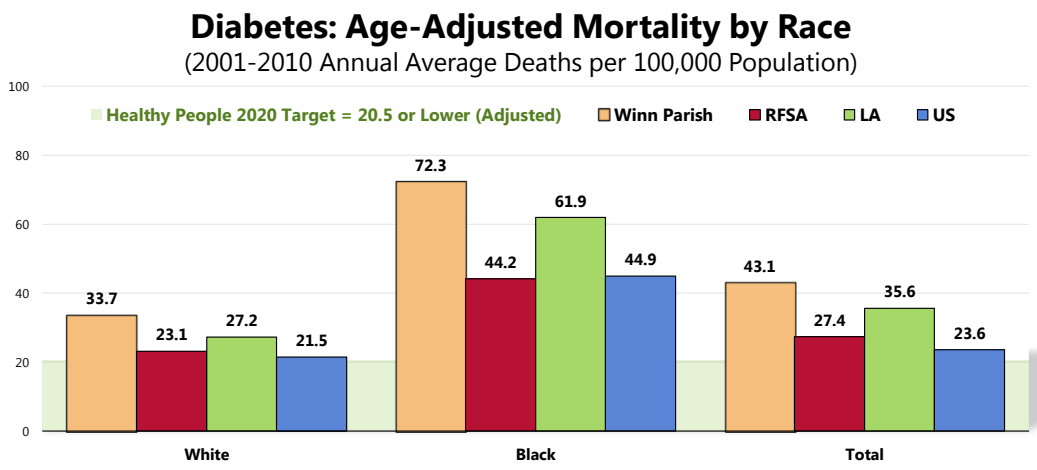
- Higher than the regional rate.
- Higher than the Louisiana rate.
- Higher than the national rate.
- Fails to satisfy the Health People 2020 target.



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.

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



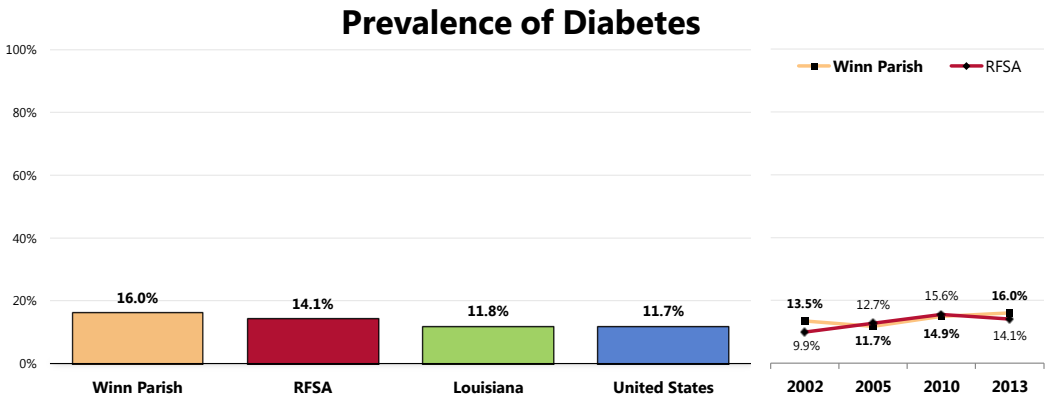
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2013.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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

Prevalence of Diabetes

A total of 16.0% of Winn Parish adults report having been diagnosed with diabetes.

- Similar to what is found regionally.
- Higher than the proportion statewide.
- Higher than the national proportion.
- The diabetes prevalence has remained statistically unchanged in Winn Parish since 2002.

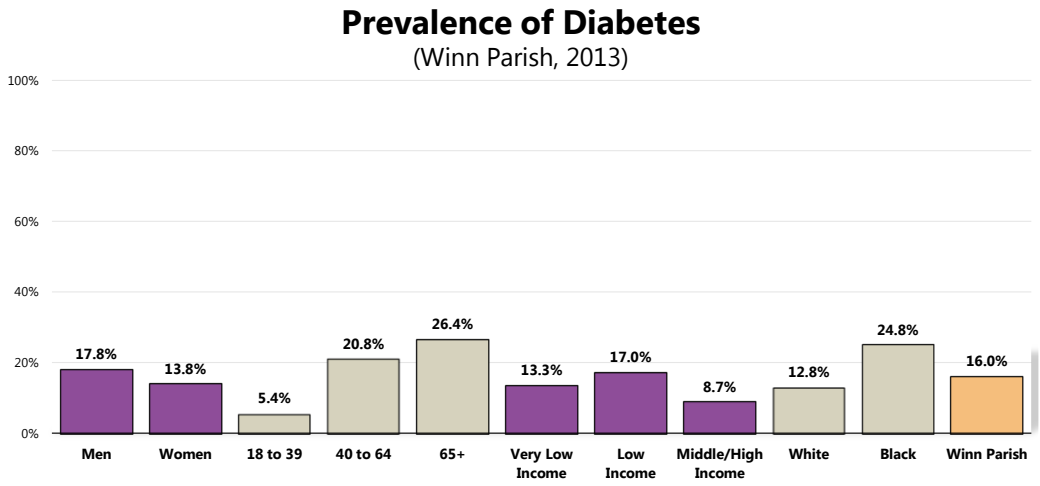


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 34]
- 2013 PRC National Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers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

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

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

- Adults age 40 and older.
- Black adults.

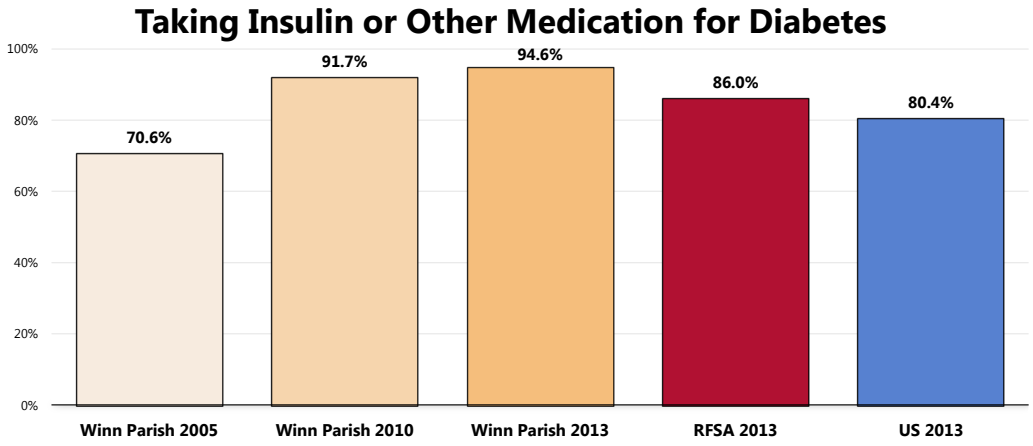


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 34]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income"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

Diabetes Treatment

Among adults with diabetes, most (94.6%) are currently taking insulin or some type of medication to manage their condition.

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



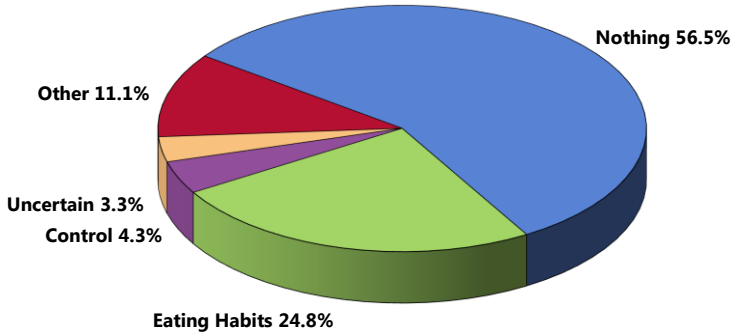
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 35]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all diabetic respondents.

Among diabetics, 56.5% report not having any problem controlling their blood sugar.

- In 2005, 46.9% of Winn Parish diabetics reported having no problems controlling their blood sugar.

Problems Controlling Blood Sugar

(Among Diabetics; Winn Parish 2013)



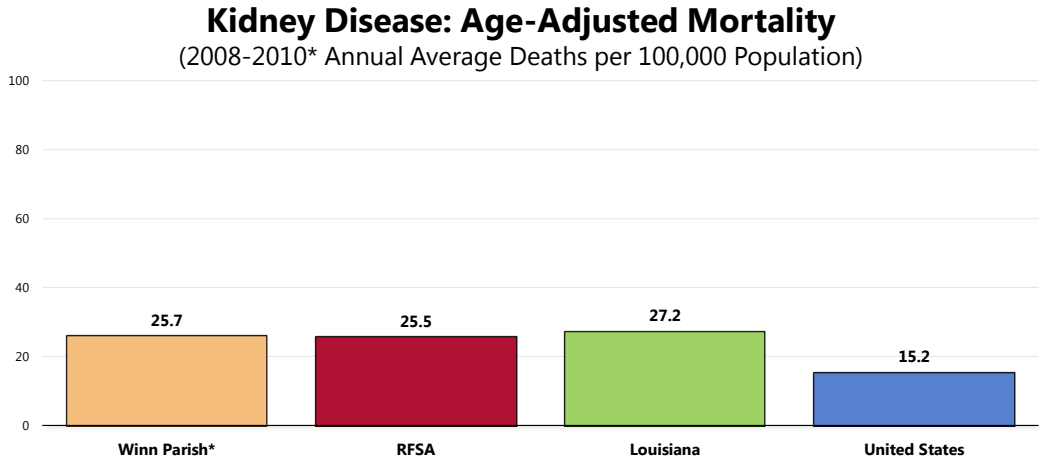
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
Notes: • Asked of all respondents.

Kidney Disease

Age-Adjusted Kidney Disease Deaths

Between 2008 and 2010, there was an annual average age-adjusted kidney disease mortality rate of 25.7 deaths per 100,000 population in Winn Parish.

- Similar to the regional rate.
- Better than the rate found statewide.
- Much 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.

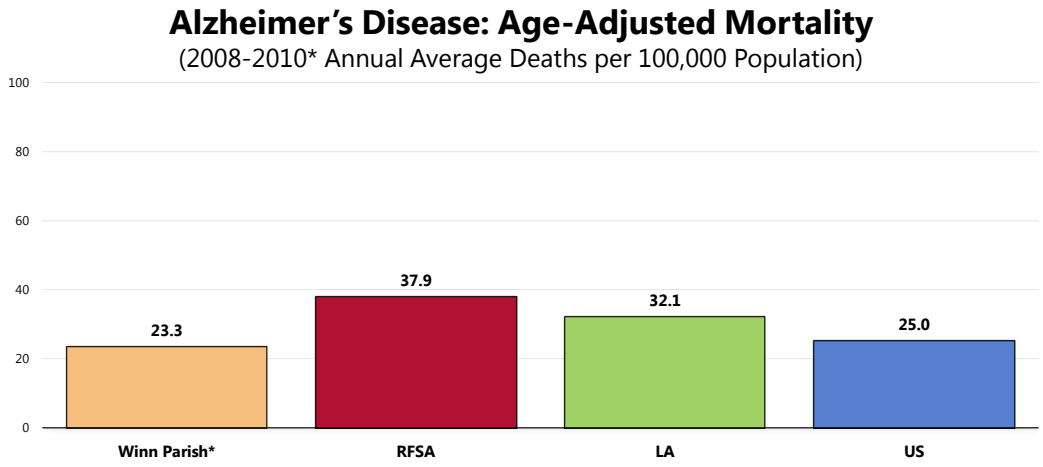
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- * Due to low numbers of deaths: the rate for Winn Parish represents 2001-2010 data.
- NOTE: 2006-2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

Alzheimer's Disease

Age-Adjusted Alzheimer's Disease Deaths

Between 2008 and 2010, there was an annual average age-adjusted Alzheimer's disease mortality rate of 23.3 deaths per 100,000 population in Winn Parish.

- Lower than the regional rate.
- Lower than the statewide rate.
- Lower 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 Winn 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.

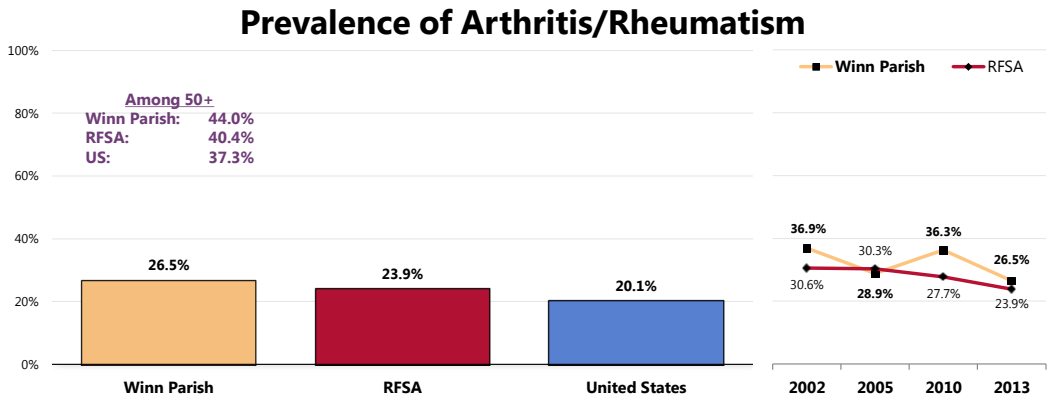
Arthritis & Rheumatism

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 Winn Parish adults (26.5%) report suffering from arthritis or rheumatism.

- Similar to what is found regionally.
- Less favorable than that found nationwide.
- Among Winn Parish adults age 50 and older, 44.0% have arthritis or rheumatism (comparable to the national prevalence).
- The prevalence of arthritis/rheumatism in Winn Parish has <u>decreased</u> significantly over time.



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

MODIFIABLE HEALTH RISK BEHAVIORS

Actual Causes Of Death

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

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

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

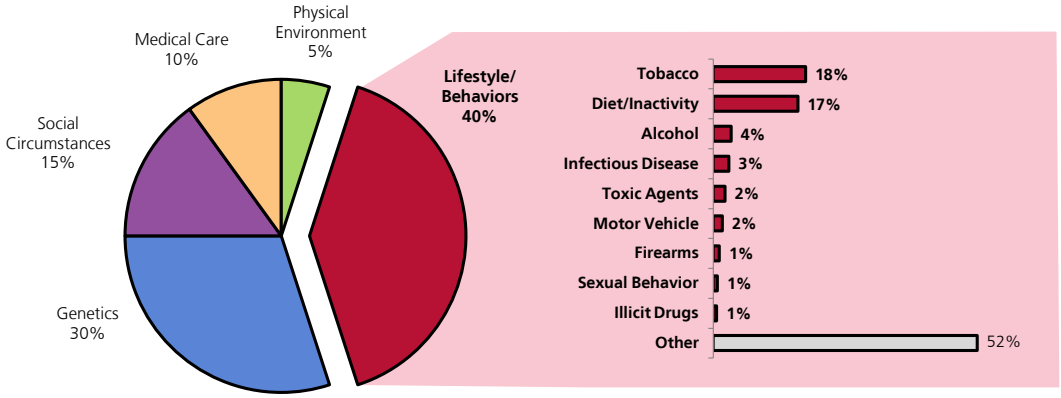
– Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

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

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

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.

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

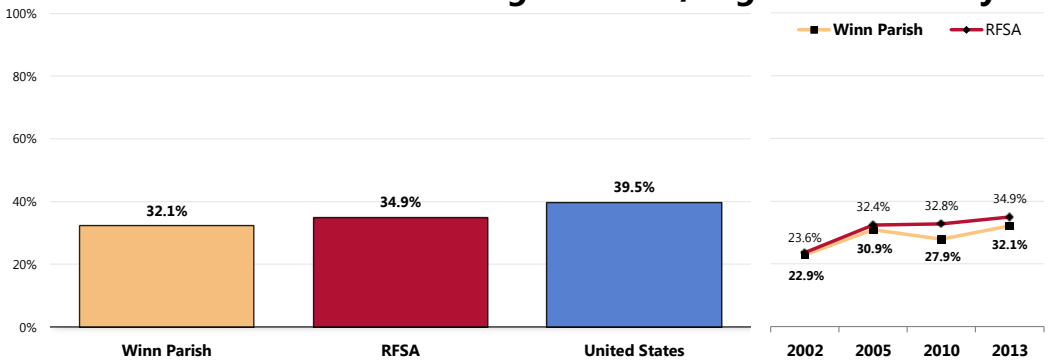
Daily Recommendation of Fruits/Vegetables

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 32.1% of area adults report eating five or more servings of fruits and/or vegetables per day.

- Comparable to regional findings.
- Lower than national findings.
- Marks a statistically significant increase in Winn Parish since 2002.

Consume Five or More Servings of Fruits/Vegetables Per Day



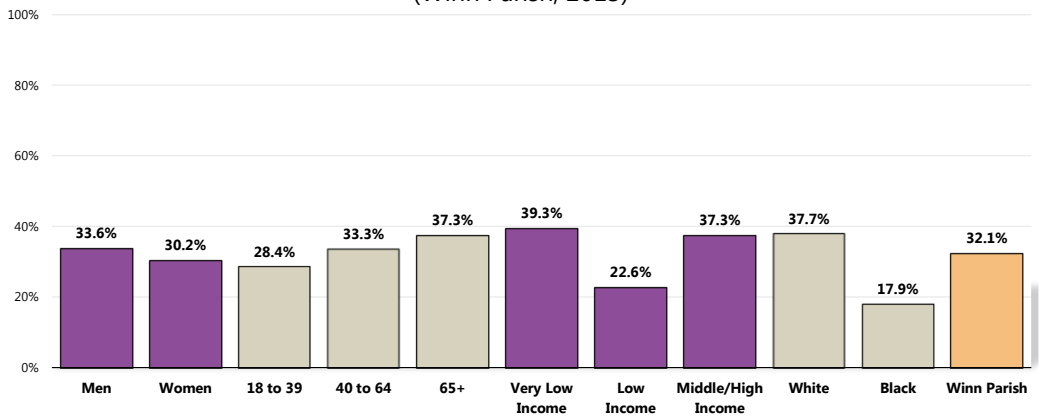
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 185]
- 2013 PRC National Health Survey, Professional Research Consultants.

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

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

- Residents in households with low incomes.
- Blacks.

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



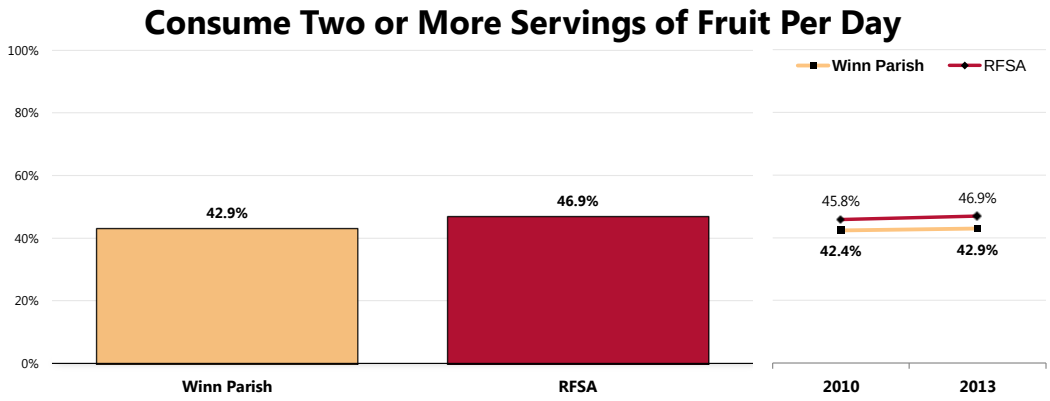
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 185]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
- For this issue, respondents were asked to recall their food intake on the previous day.

Fruits

A total of 42.9% of Winn Parish adults report eating at least two servings of fruit per day.

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

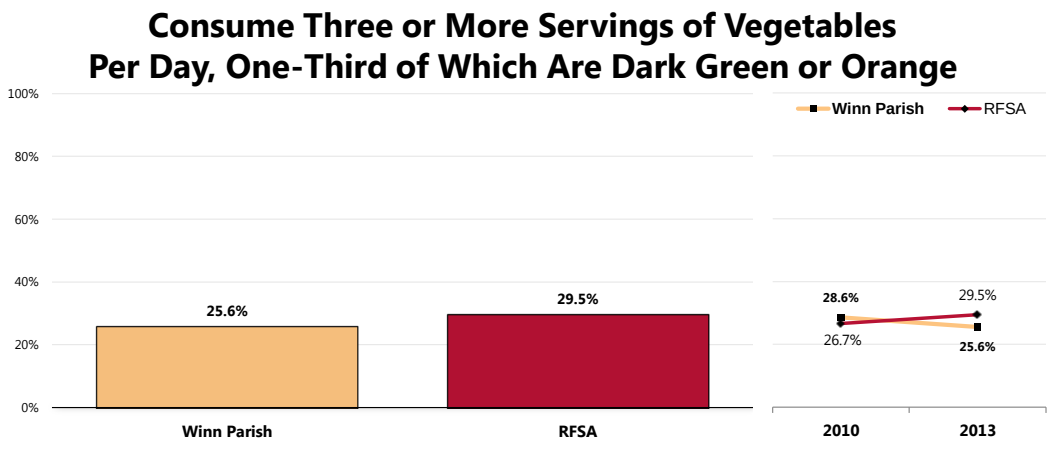


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 186]
Notes: • Asked of all respondents.
• For this issue, respondents were asked to recall their food intake on the previous day.

Vegetables

A total of 25.6% of survey respondents report eating three or more servings of vegetables per day, at least one-third of which are dark green or orange vegetables.

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



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

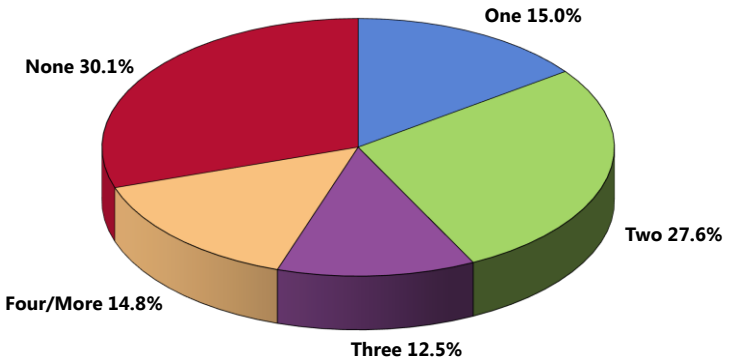
In this instance, sweetened drinks include, but are not limited to, non-diet soda, sweet tea, Gatorade, Monster or "power" drinks, and specialty coffee drinks in 12-ounce servings.

7 out of 10 (69.9%) of Winn Parish adults drink at least one sugar-sweetened beverage per day.

- Higher than the regional findings.

Adults: Servings of Sugar-Sweetened Drinks Consumed Per Day

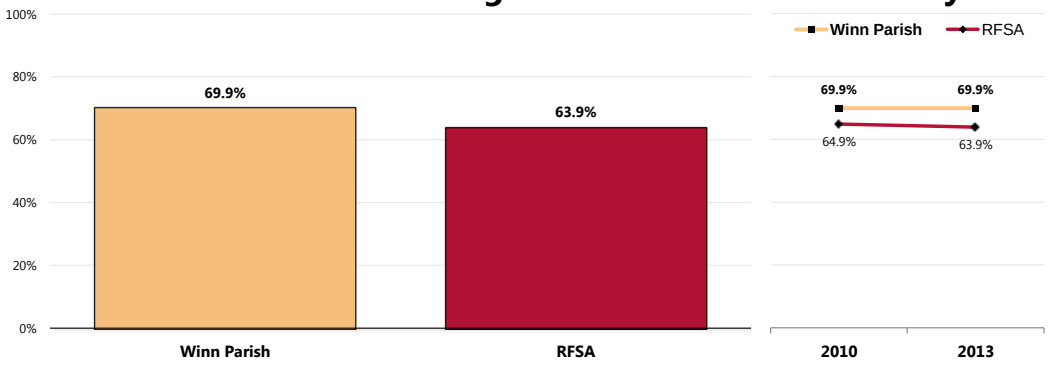
(Winn Parish, 2013)



Sources:
Notes:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
- 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.

- Statistically unchanged since first measured in 2010.

Consume One or More Sugar-Sweetened Drinks Per Day



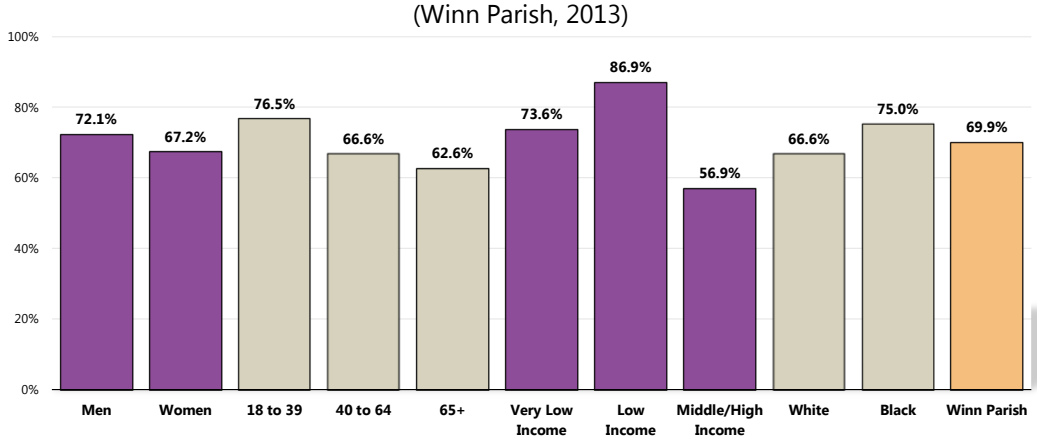
Sources:
Notes:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 92]
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

Respondents less likely to drink sugar-sweetened beverages include:

- Seniors (age 65 and older).

Consume One or More Sugar-Sweetened Drinks Per Day

(Winn Parish, 2013)



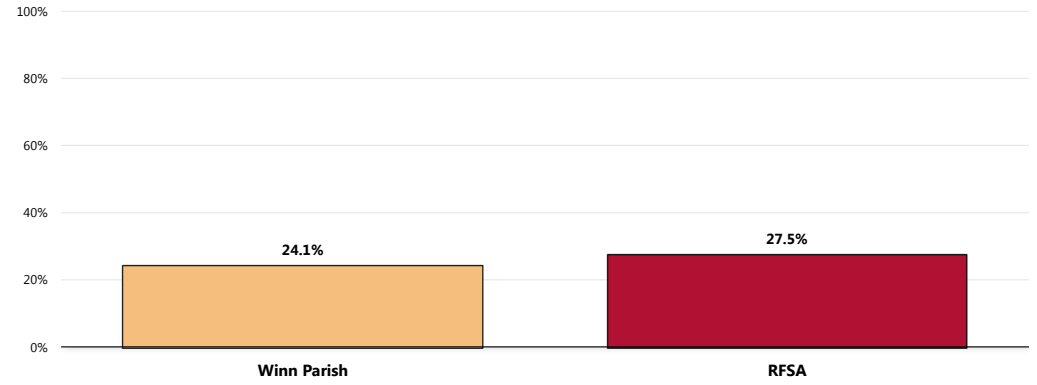
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 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 24.1% of Winn Parish adults report three or more meals in the past week from fast food restaurants.

- Comparable to regional findings.

Eat Three or More Fast Food Meals Per Week



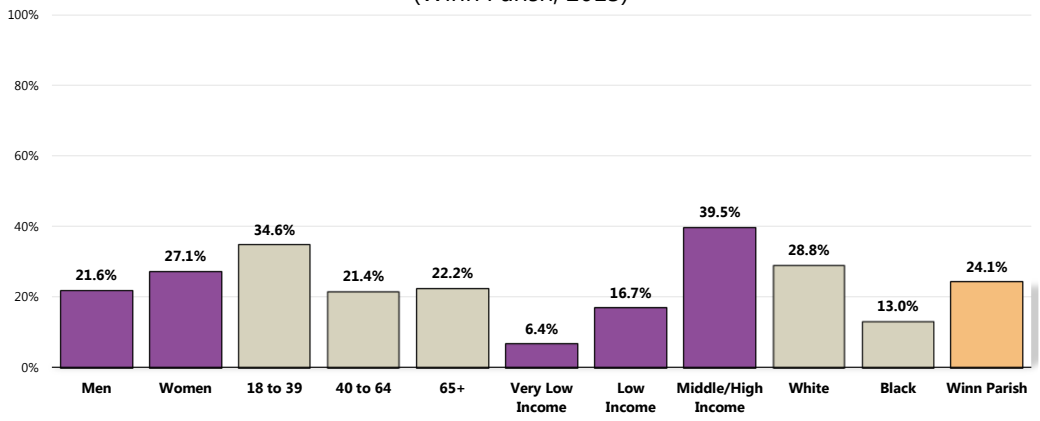
Sources: ● 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 98]
Notes: ● Asked of all respondents.

Fast food consumption is more prevalent among:

- Residents with higher incomes.
- White residents.

Eat Three or More Fast Food Meals Per Week

(Winn 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.

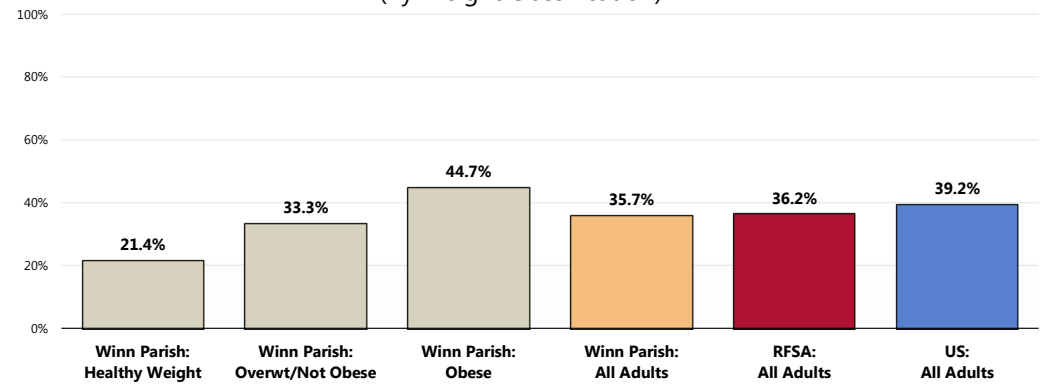
Health Advice About Diet & Nutrition

A total of 35.7% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Comparable to national findings.
- Among obese respondents, 44.7% report receiving diet/nutrition advice (meaning that over one-half did not).

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

(By Weight Classification)



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

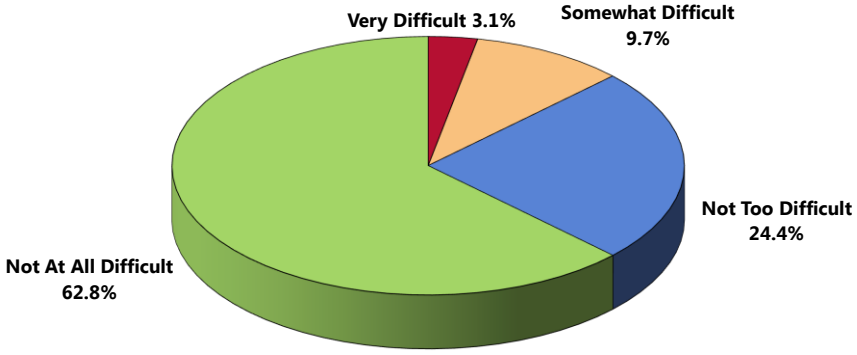
Difficulty Purchasing Fresh Produce

Nearly two in three Winn Parish residents (62.8%) indicate that it is "not at all difficult" to buy fresh produce like fruits and vegetables in their community.

- Another 24.4% report this as "not too difficult."

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

(Winn Parish, 2013)

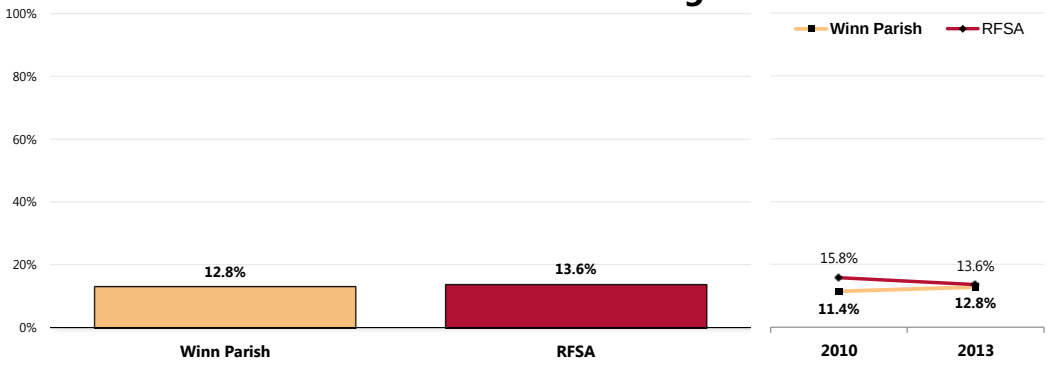


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 97]
Notes: • Asked of all respondents.

However, 9.7% of residents find the purchase of fresh fruits and vegetables to be "somewhat difficult," and 3.1% find it "very difficult."

- Comparable to regional findings.
- Statistically unchanged from 2010 survey findings.

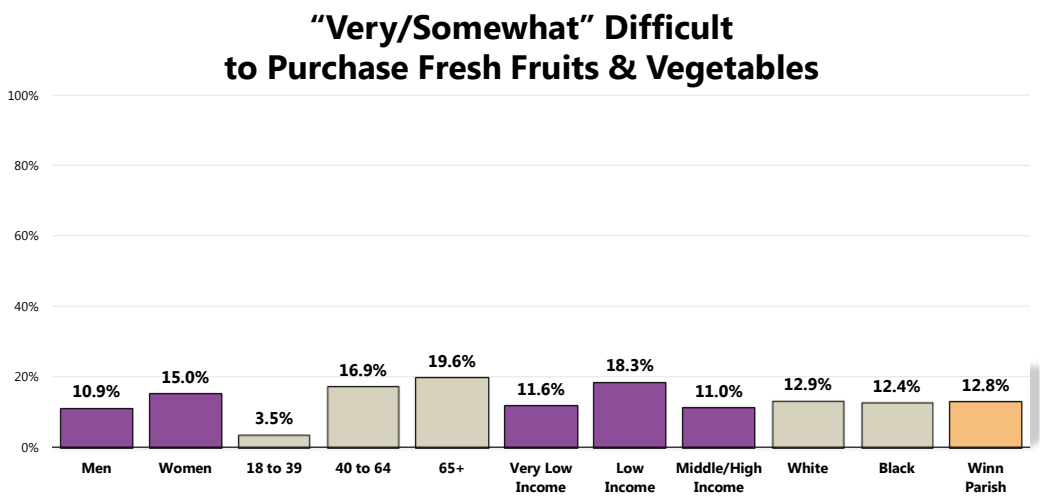
"Very/Somewhat" Difficult to Purchase Fresh Fruits & Vegetables



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

Lower among:

- Young adults (under age 40).



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

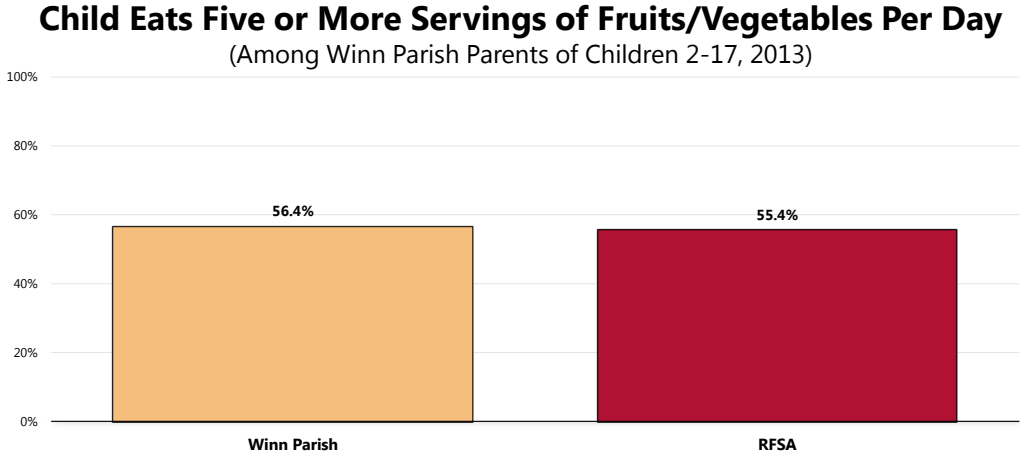
Children

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 (56.4%) of Winn Parish parents of children age 2-17 reports that their child has five or more servings of fruits/vegetables per day.

- Comparable to regional findings.



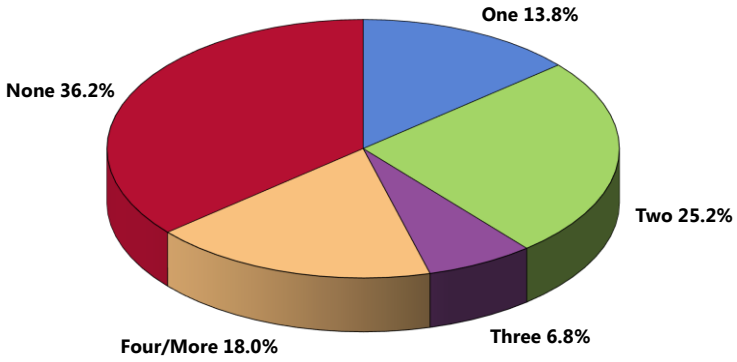
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 223]
Notes: • Asked of all respondents with children aged 2-17 at home.
• In this case, parents were asked to consider their child's food intake on the previous day.

While 36.2% of Winn Parish children age 2-17 typically do not drink any sugar-sweetened beverages, 13.8% drink one per day, and 25.2% drink two per day.

- 6.8% drink three per day, and 18.0% drink four or more daily.

Children: Servings of Sugar-Sweetened Drinks Consumed Per Day

(Winn Parish Children 2-17, 2013)

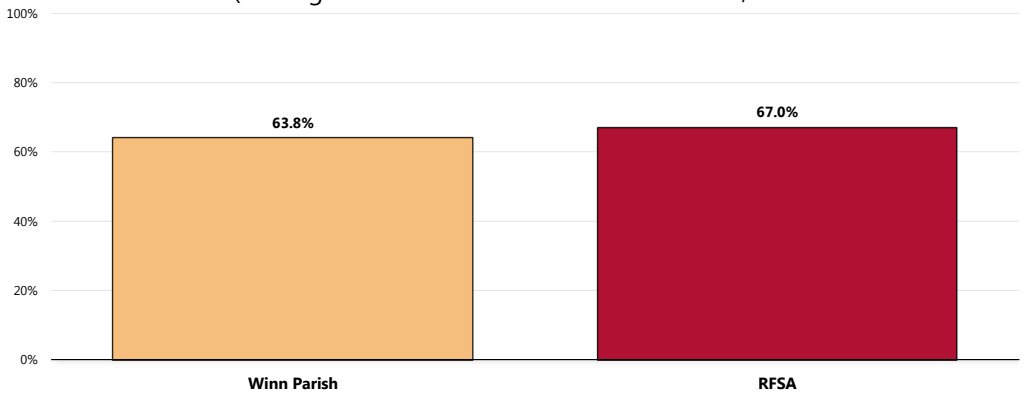


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
Notes: • Asked of all respondents with children aged 2-17 at home.
• In this case, respondents were asked to consider their child's beverage consumption from the previous day.
• Sugar-sweetened drinks include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

- Comparable to regional findings.

Child Consumes One or More Sugar-Sweetened Drinks Per Day

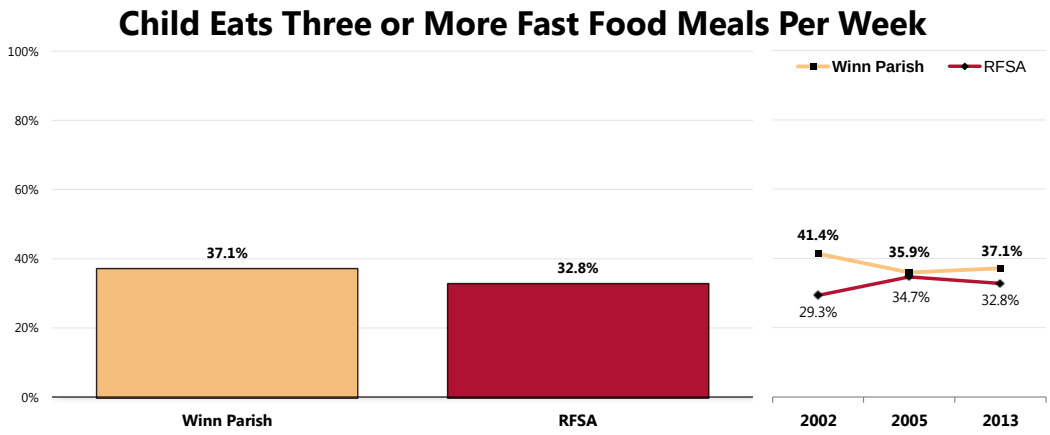
(Among Winn Parish Parents of Children 2-17, 2013



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

More than one-third (37.1%) of area children age 5-17 is reported to have three or more fast food meals in an average week.

- Comparable to regional findings.
- 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.

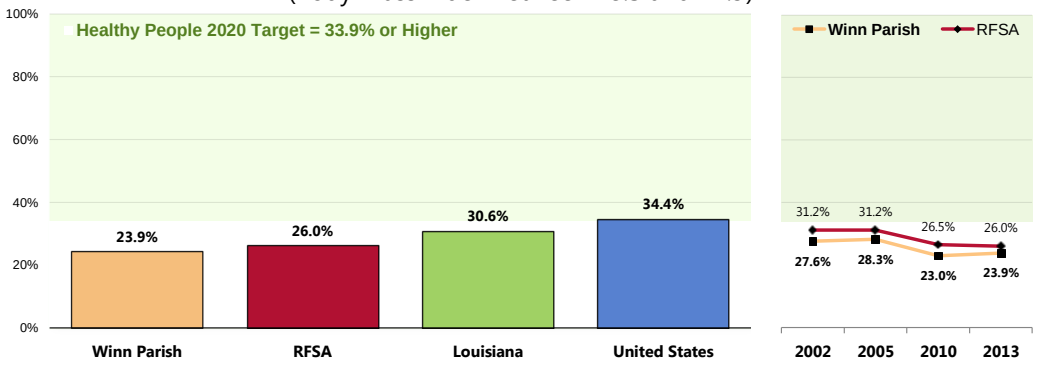
Healthy Weight

Based on self-reported heights and weights, only 23.9% of Winn Parish adults are at a healthy weight (neither underweight nor overweight, BMI = 18.5-24.9).

- Similar to the regional (RFSA) percentage.
- Less favorable than the Louisiana percentage.
- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target.
- Statistically unchanged over time.

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

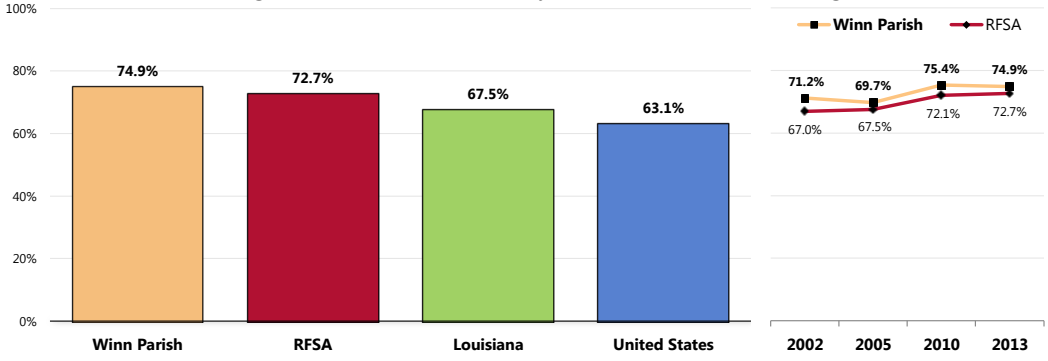
Adults

Based on self-reported heights and weights, 74.9% of Winn Parish adults are overweight or obese (BMI ≥25)**.**

- Similar to the regional prevalence.
- Higher than the Louisiana prevalence.
- Higher than the US prevalence.
- Statistically unchanged since 2002.

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.

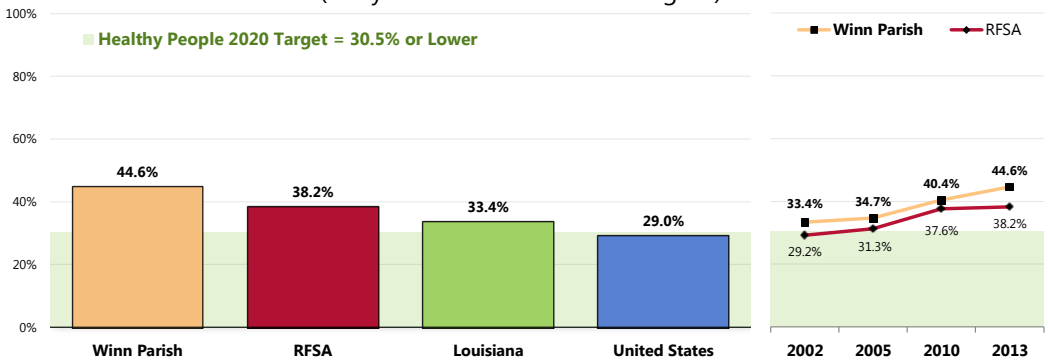
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater 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, 44.6% of Winn Parish adults are obese (BMI ≥30, also included in overweight prevalence discussed previously).

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

Prevalence of Obesity

(Body Mass Index of 30.0 or Higher)



Sources:
- PRC Community Health 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.

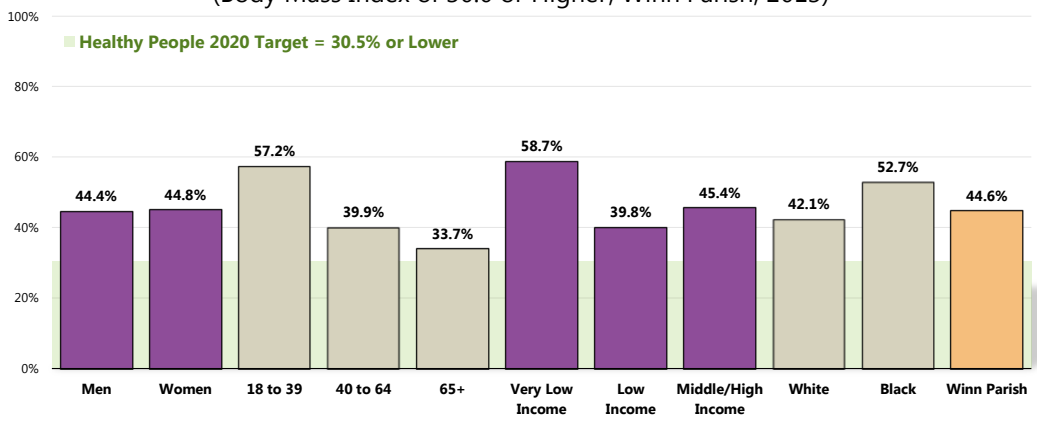
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
- Because the CDC implemented changes to the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

- Young adults (under age 40).
- Respondents with very low incomes.

Prevalence of Obesity

(Body Mass Index of 30.0 or Higher; Winn 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.

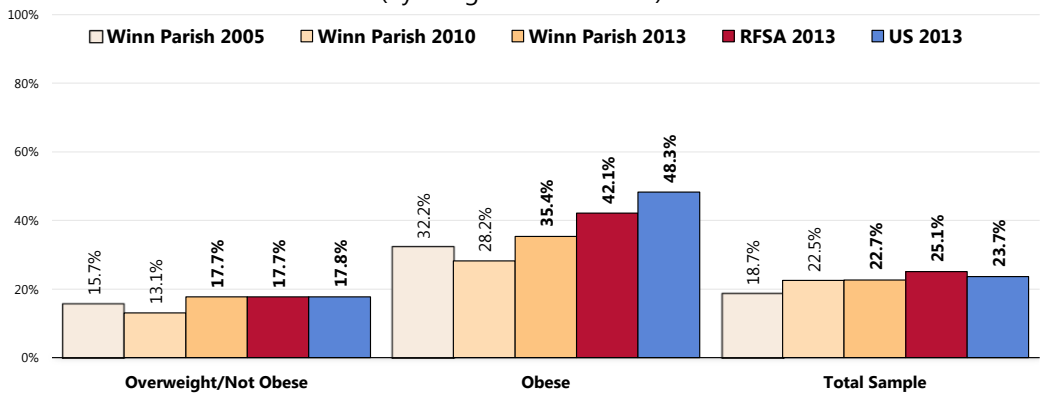
Weight Management

Health Advice About Weight Management

A total of 22.7% 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.
- Comparable to the national findings.
- Statistically unchanged over time.
- Note that 35.4% of obese adults have been given advice about their weight by a health professional in the past year (while nearly two-thirds 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.

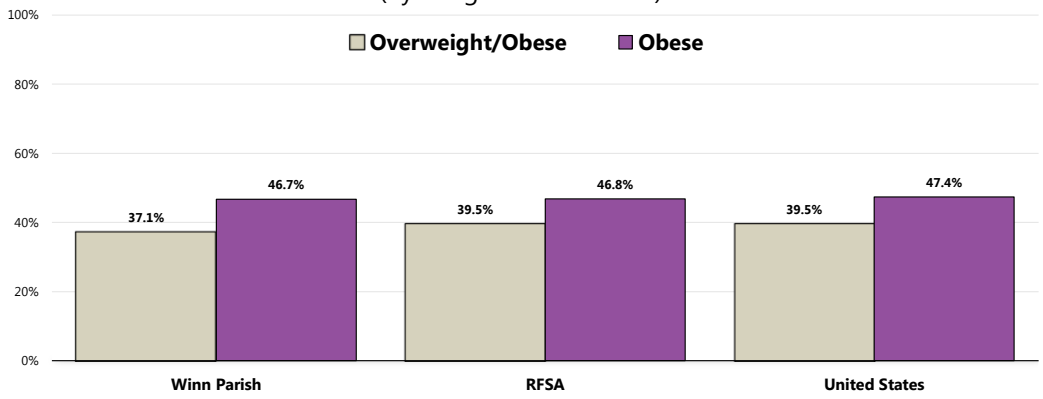
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

A total of 37.1% of Winn 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: 46.7% of Winn Parish adults who are obese report that they are trying to lose weight through a combination of diet and exercise, statistically similar to the 47.4% across the nation.

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

(By Weight Classification)

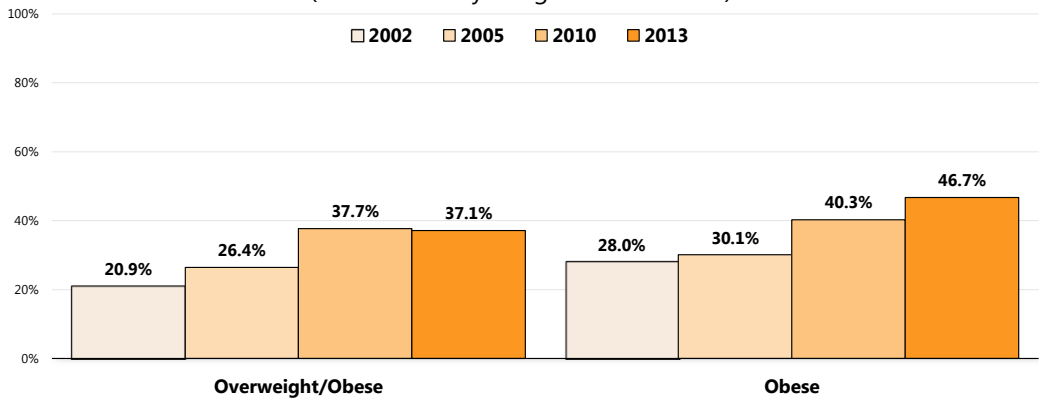


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 197]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Based on reported heights and weights, asked of all respondents.

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

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

(Winn Parish By Weight Classification)



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

Childhood Overweight & Obesity

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

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

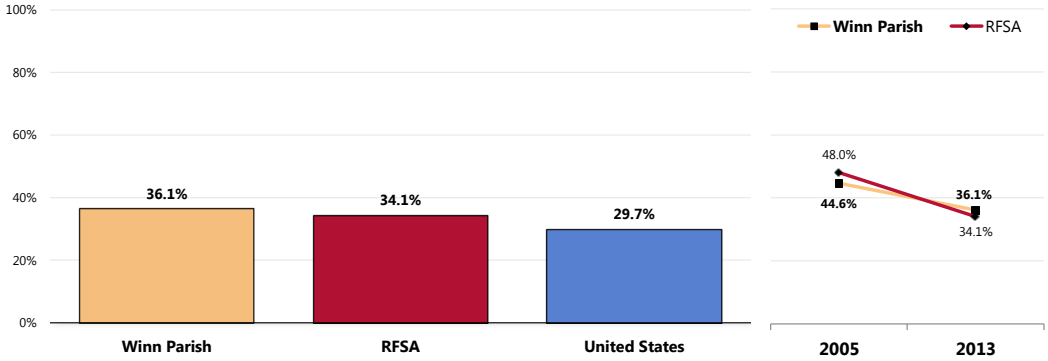
- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

– Centers for Disease Control and Prevention.

Based on the heights/weights reported by surveyed parents, 36.1% of Winn Parish children age 6 to 17 are overweight or obese (≥85th percentile).

- Similar to the regional prevalence.
- Similar to the prevalence reported nationally.
- In Winn Parish, overall childhood overweight/obesity is statistically unchanged since 2005.

Child Overweight/Obesity



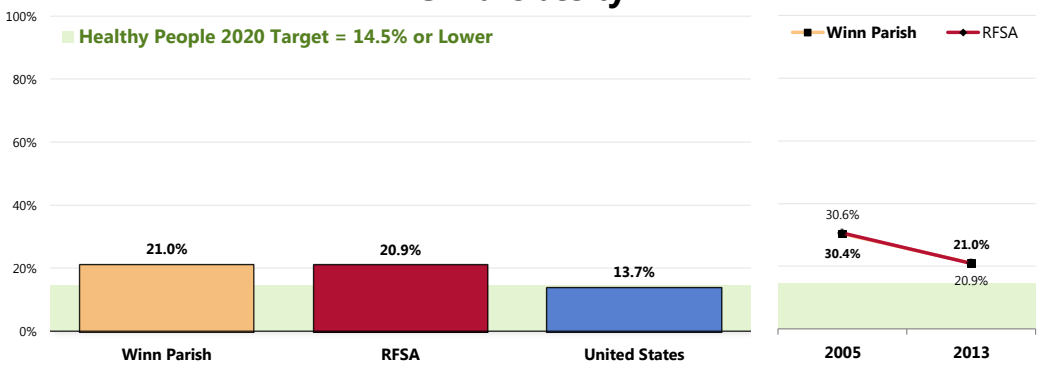
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 200]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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, 21.0% of area children age 6 to 17 are <u>obese</u> (≥95th percentile).

- Similar to the regional prevalence.
- Similar to the national percentage.
- Similar to the Healthy People 2020 target.
- Statistically unchanged since 2005.

Child Obesity

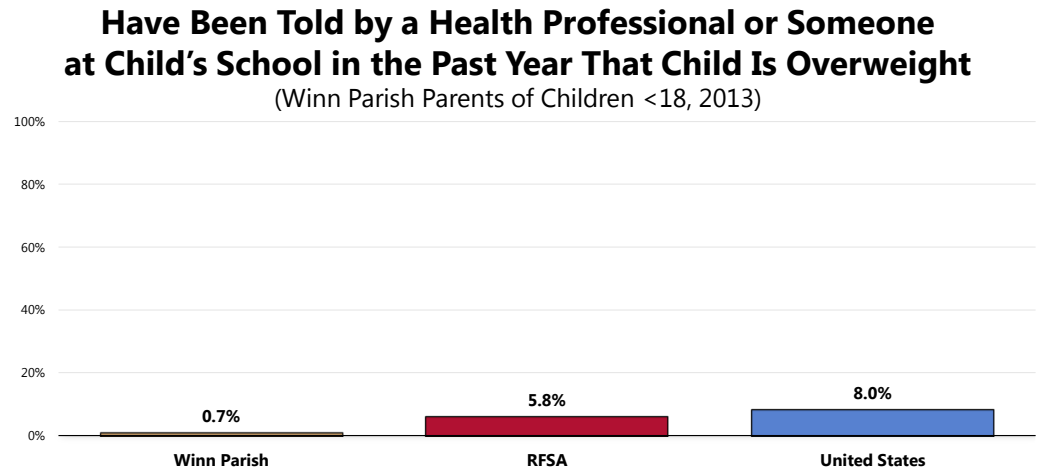


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 200]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

Notification of Child's Weight Status

A total of 0.7% of Winn 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.



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

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

Related Focus Group Findings: Nutrition and Obesity

Many focus group participants discussed nutrition and obesity. The main findings include:

- Poor nutrition
- Food deserts
- Fast food establishments
- Nutrition education

Participants believe that residents have **poor nutrition** which contributes to the high prevalence of obesity in the community. Overweight and obese residents are more likely to suffer from chronic diseases and have additional health issues.

Residents possess poor eating habits and lack access to fresh fruits and vegetables, which contribute to the high obesity levels. Some residents live in neighborhoods classified as **food deserts**, wherein community members do not have easy access to grocery stores. Even in the available grocery stores, the produce is not of good quality.

> *"It's what we have to choose from. You go to a larger city, Shreveport in which I – I mean I want shop at home, but it's nice to be able to go somewhere and be able to have a choice of fresh vegetables, fresh fruit, fresh fish. We don't have that choice here. You know? And everything we get comes from Indonesia, Taiwan, Mexico, China, you know, our fruit and our vegetable." — Winn Parish Key Informant*

Residents throughout the parish may not have personal transportation, so the only option is a corner store. For other citizens, **fast food establishments or microwavable meals** represent the convenient, easy option.

> *"I guess this is basically, other than the Chinese – there's a Chinese place, the Mexican place, but the rest of them fast foods. But even here, we're still talking about everything on the menu is fried just about, I guess. I know you can get grilled fish and some grilled pork chops, grilled chicken. There's certain things you can get, but still most places – we live in a community – we live in a world of instant gratification, quick food, make a kid happy." — Winn Parish Key Informant*

Attendees feel that food stamp recipients need to be educated about healthy choices and potentially limited in what unhealthy options they can purchase with their food stamps. Overall, focus group members think that **nutrition education** needs to occur more frequently in the community.

Physical Activity & Fitness

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

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

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

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

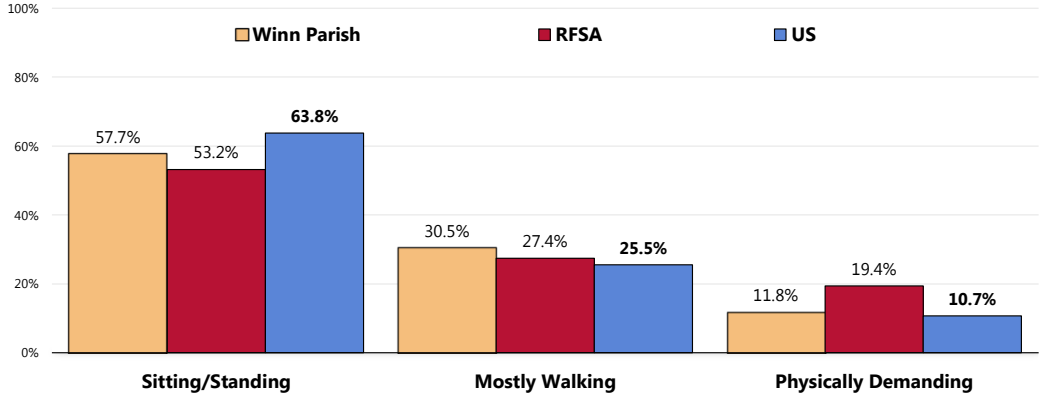
Adults' Physical Activity

Level of Activity at Work

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

- Over one-half (57.7%) of employed respondents reports that their job entails mostly sitting or standing, similar to the US figure.
- 30.5% report that their job entails mostly walking (similar to the figure reported nationally).
- 11.8% report that their work is physically demanding (similar to the US figure).

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



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of those respondents who are employed for wages.

Leisure-Time Physical Activity

Effects of Physical Inactivity & Unhealthy Diets

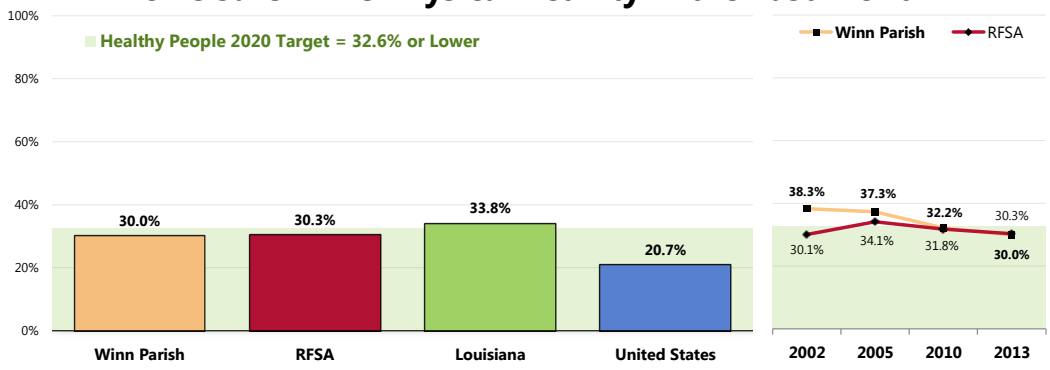
- Poor diet and physical inactivity lead to 300,000 deaths each year—second only to tobacco use.
- People who are overweight or obese increase their risk for heart disease, diabetes, high blood pressure, arthritis-related disabilities, and some cancers.
- Not getting an adequate amount of exercise is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

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

Three in 10 Winn Parish adults (30.0%) report no leisure-time physical activity in the past month.

- Similar to the regional prevalence.
- Similar to the percentage reported across Louisiana.
- Worse than national findings.
- Similar to the Healthy People 2020 objective.
- Lack of leisure-time physical activity has statistically <u>decreased</u> from 2002 survey findings.

No Leisure-Time Physical Activity in the Past Month



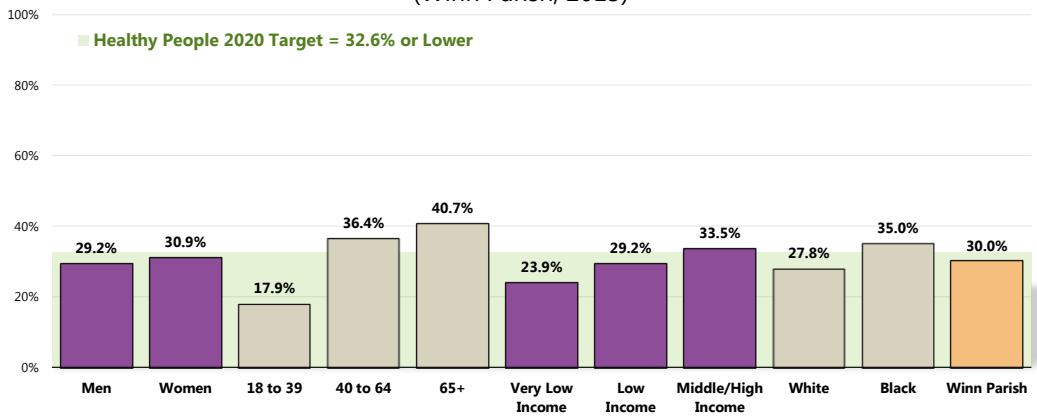
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 100]
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana data.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

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

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

- Young adults (under age 40.)

No Leisure-Time Physical Activity in the Past Month
(Winn Parish, 2013)



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

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

Activity Levels

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

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

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

  OR

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

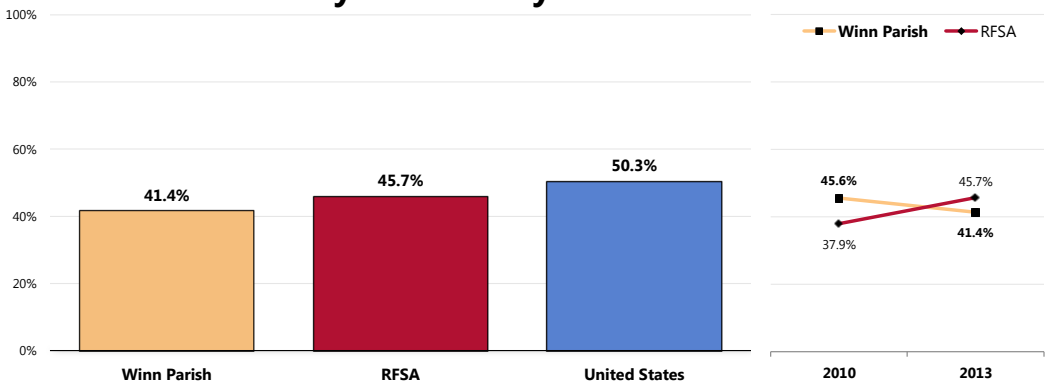
  – Healthy People 2020

Recommended Levels of Physical Activity

A total of 41.4% of Winn Parish adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Similar to the regional prevalence.
- Less favorable than national findings.
- Statistically unchanged over time.

Meets Physical Activity Recommendations



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

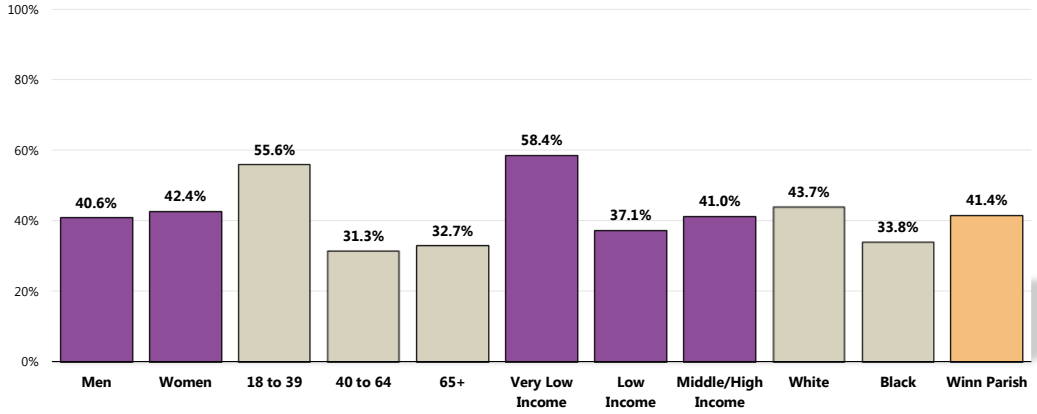
Notes:
- Asked of all respondents.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at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

Adults more likely to meet physical activity requirements include:

- Young adults (under age 40).
- Residents with very low incomes.

Meets Physical Activity Recommendations

(Winn Parish, 2013)



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

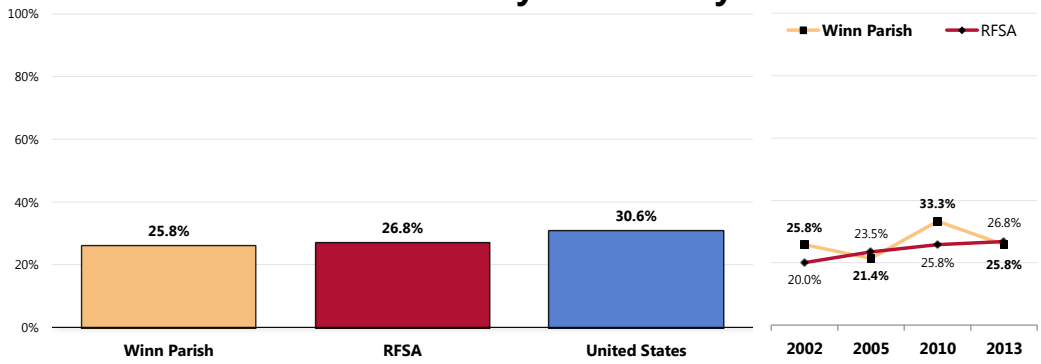
Notes:
- Asked of all respondents.
- FPL = Federal Poverty Level based on household income and number of household members [US Department of Health & Human Services poverty guidelines].
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household 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, 25.8% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

- Similar to the regional figure.
- Similar to the national figure.
- Statistically unchanged since 2002.

Moderate Physical Activity



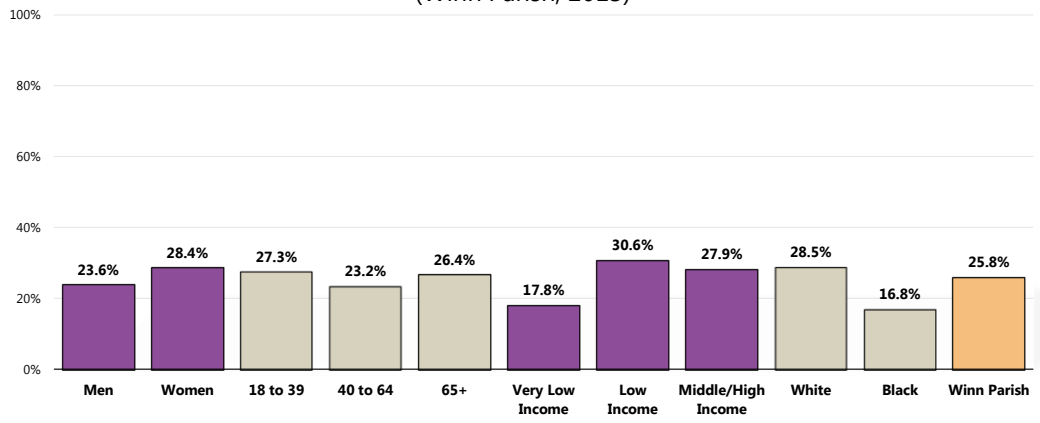
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 190]
- 2013 PRC National Health Survey, Professional Research Consultants.

Notes:
- Asked of all respondents.
- Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times a week for at least 30 minutes per time.

Moderate physical activity is statistically lower among Blacks.

Moderate Physical Activity

(Winn Parish, 2013)



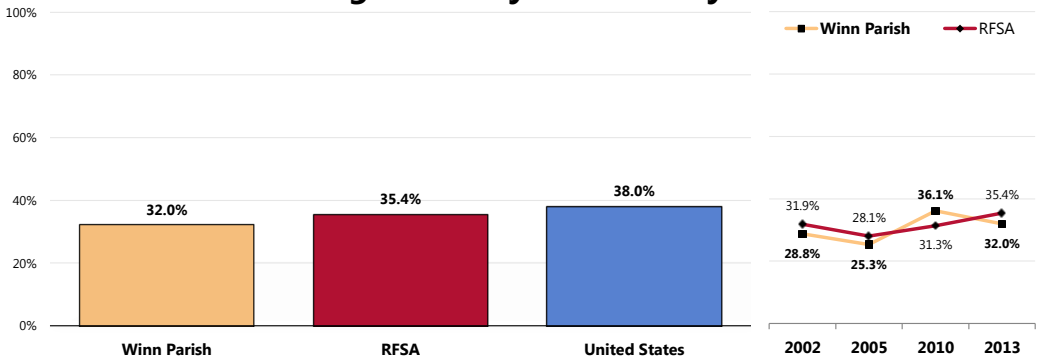
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
- Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times a week for at least 30 minutes per time.

A total of 32.0% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- Comparable to the regional figure.
- Less favorable than the nationwide figure.
- Despite a dip in 2005, this is statistically unchanged over time.

Vigorous Physical Activity

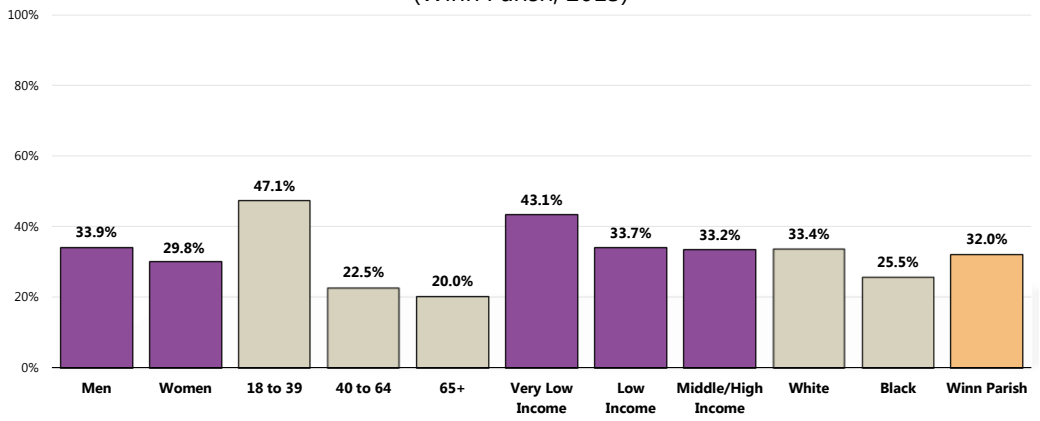


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 191]
- 2013 PRC National Health Survey, Professional Research Consultants.

Notes:
- Asked of all respondents.
- Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for 20 minutes each time.

Vigorous physical activity is statistically lower among adults age 40+.

Vigorous Physical Activity
(Winn Parish, 2013)



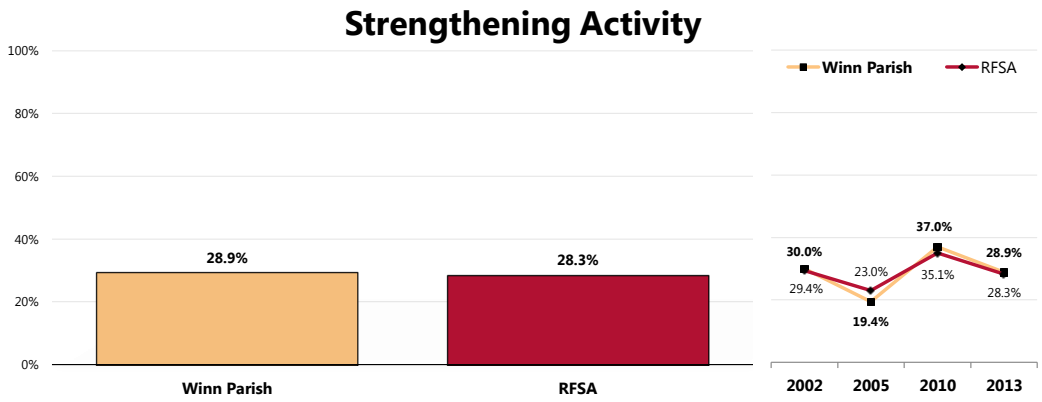
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 191]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
- Takes part in activities that produce heavy sweating or large increases in breathing or heart rate at least 3 times per week for 20 minutes each time.

In the past month:

A total of 28.9% of adults regularly participate in strengthening activities (at least twice weekly) **– these are activities designed to strengthen muscles, such as lifting weights or doing calisthenics.**

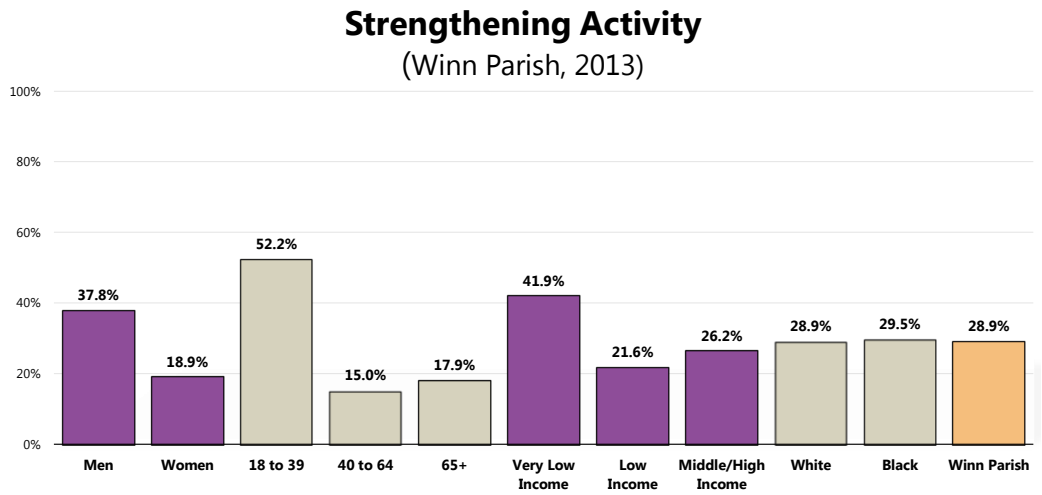
- Similar to the regional figure.
- Statistically unchanged from 2002 survey findings, but fluctuating over time.



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

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

- Men.
- Young adults (under age 40).
- Those in households with very low incomes.



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
• Takes part in activities that are specifically designed to strengthen muscles, such as lifting weight or performing calisthenics, at least twice weekly.

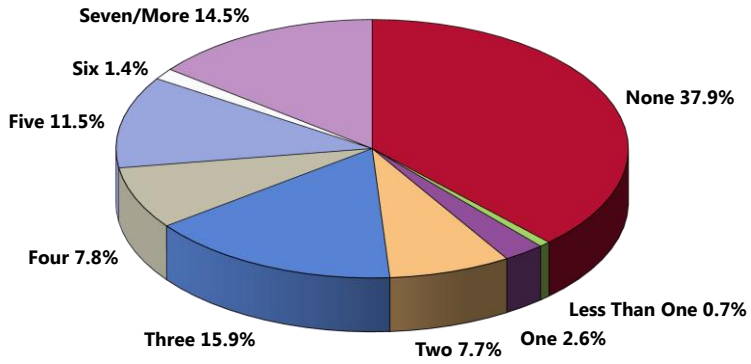
Walking

A total of 27.4% of Winn Parish adults typically walk regularly (at least five times per week for more than 10 minutes at a time)**.**

- Similar to regional findings.

Average Number of Days Per Week on Which Respondent Walks for More Than 10 Minutes at a Time

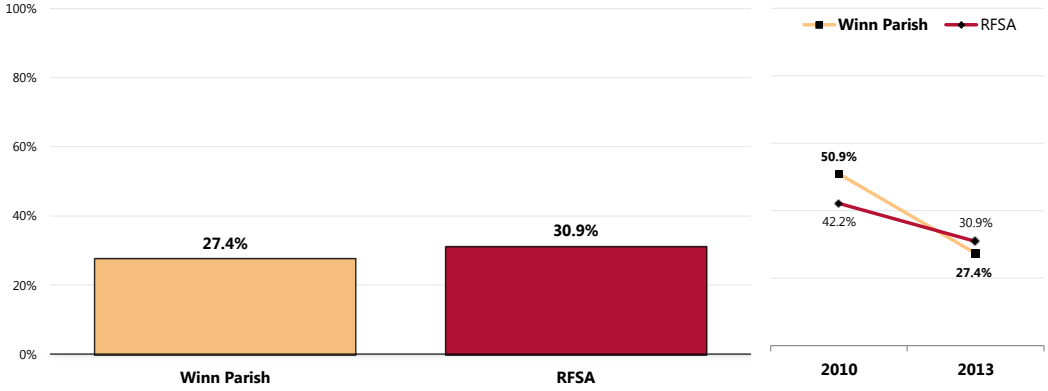
(Winn Parish, 2013)



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

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.

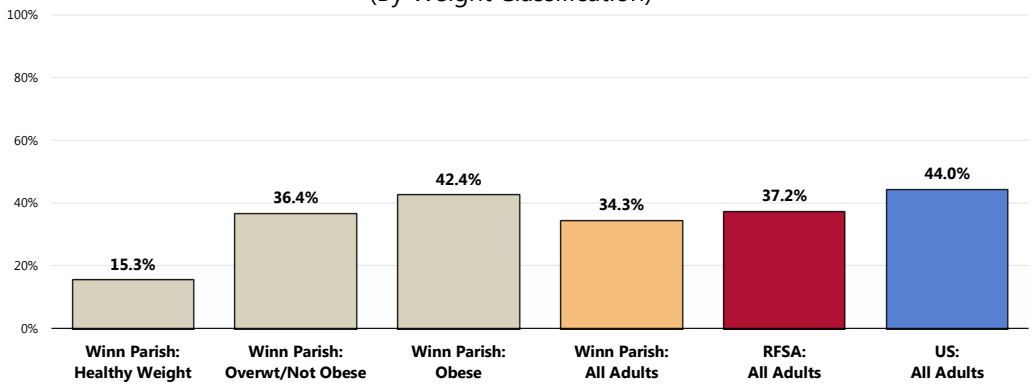
Health Advice About Physical Activity & Exercise

A total of 34.3% of Winn Parish adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Similar to what was found throughout the RFSA.
- Less favorable than the national average.

Note: only 42.4% of obese Winn Parish respondents say that they have talked with their doctor about physical activity/exercise in the past year, lower than found nationally (60.6%).

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



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

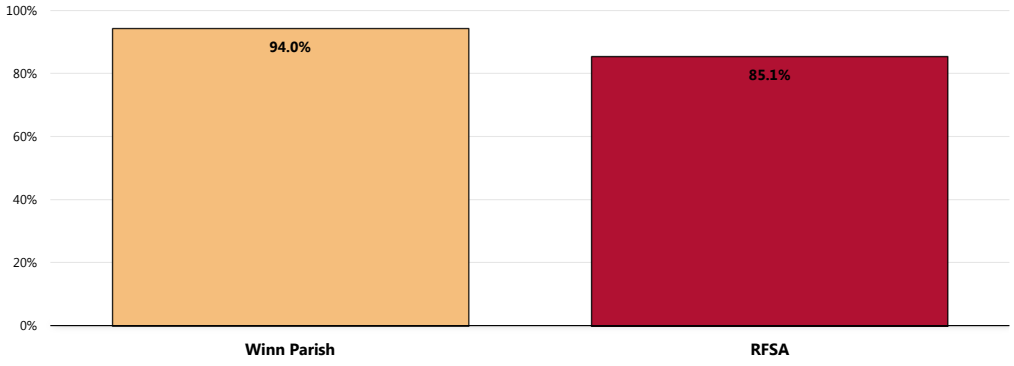
Children's Physical Activity

Participation in Physical Activity

Overall, 94.0% of Winn 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).

- Better than the regional (RFSA) findings.

Child Is Physically Active on a Regular Basis
(Among Winn 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.

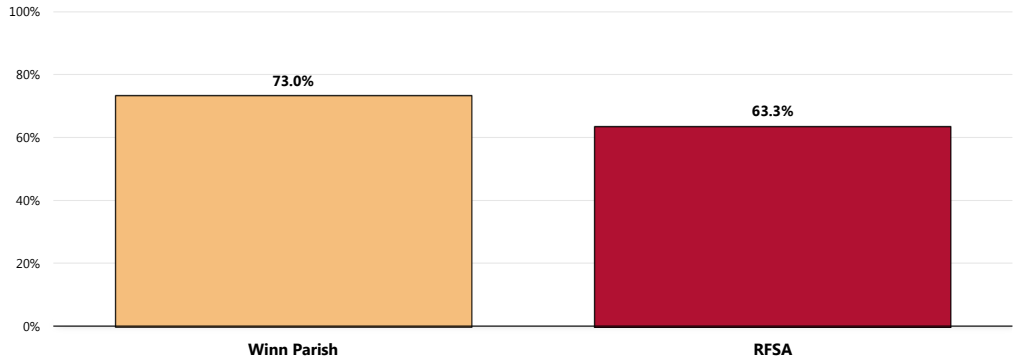
Children's Moderate Physical Activity

More than 7 out of 10 (73%) 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 Winn 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.

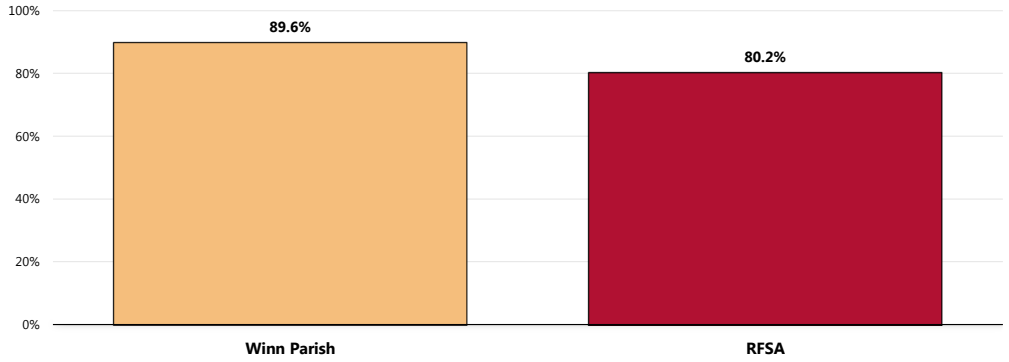
Children's Vigorous Physical Activity

Nearly 9 in 10 (89.6%) children engage in regular vigorous physical activity (3+ times per week for 20+ minutes at a time).

- Higher than the regional (RFSA) findings.

Child Engages in Regular Vigorous Physical Activity

(Among Winn Parish Parents of Children Aged 5-17, 2013)



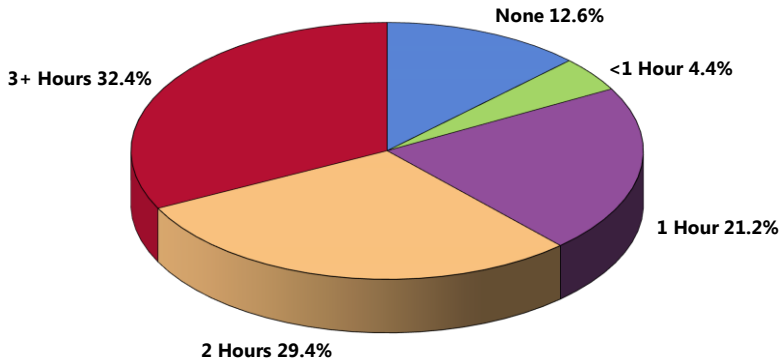
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 152]
Notes: • Asked of all respondents with children aged 5-17 at home.
• Takes part in activities that make him/her sweat or breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing or similar aerobic activities at least 3 times a week for at least 20 minutes per time.

Television Watching

In children age 5-17, 17.0% are reported to watch one hour or less of television per day; on the other hand, 32.5% are reported to watch 3+ hours of TV daily.

Children: Hours of Television Watching on a Typical School Day

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

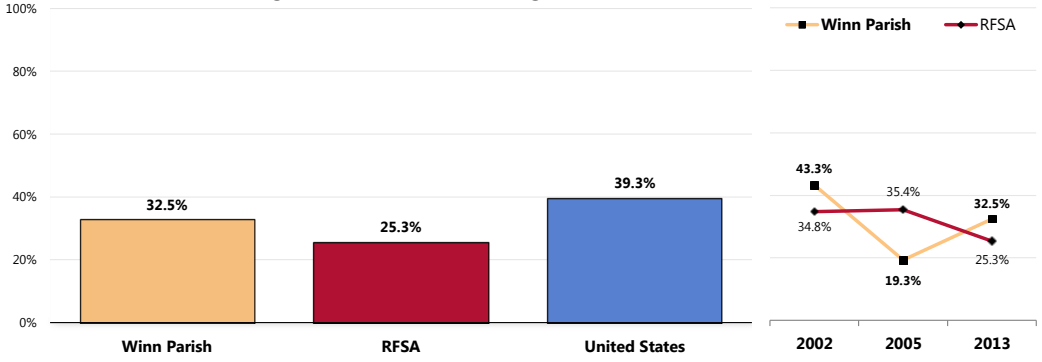


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
Notes: • Asked of respondents with children ages 5-17 at home.
• "1 Hour" = 60-119 minutes of reported television watching; "2 Hours" = 120-179 minutes; "3 Hours" = 180-239 minutes; etc.

- Statistically comparable to regional (RFSA) findings.
- Statistically comparable to the national prevalence.
- Statistically unchanged from 2002 findings.

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

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

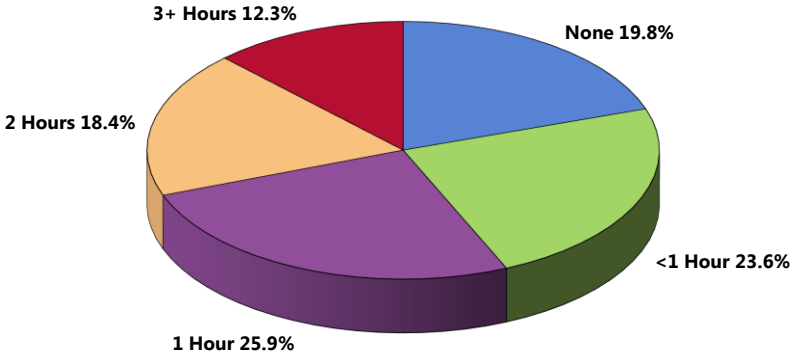


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 192]
• 2013 PRC National Children's Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of respondents with children ages 5-17 at home.

Fewer area children age 5-17 (12.4%) 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

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



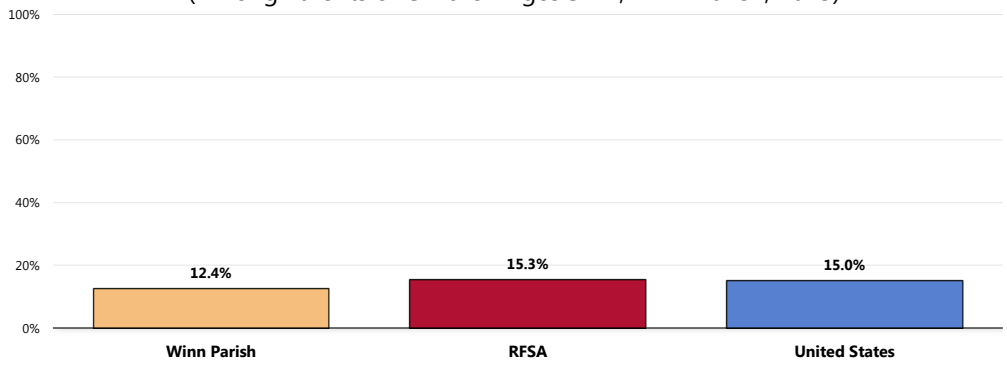
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]

Notes:
- Asked of respondents with children ages 5-17 at home.
- In this case, the term "screen time" includes video games and computer/Internet use for entertainment.
- "1 Hour" = 60-119 minutes of reported screen time; "2 Hours" = 120-179 minutes; "3 Hours" = 180-239 minutes; etc.

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

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

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

On a typical school day, 58.2% of school-age Winn Parish children spend 3+ hours watching television, playing video games, or using the computer/Internet for entertainment.

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

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.

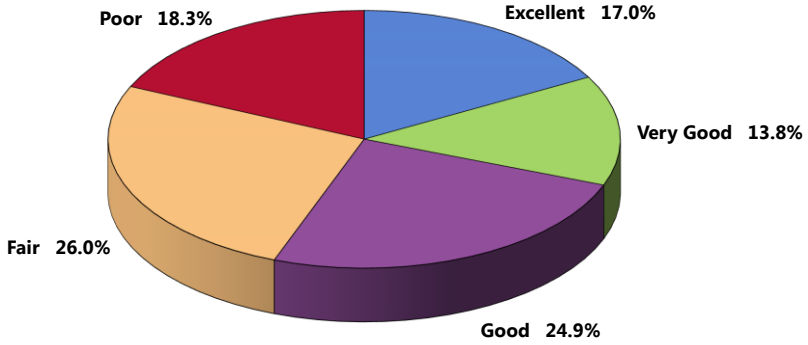
Availability of Opportunities for Physical Activity

A total of 30.8% of survey respondents give "excellent" or "very good" ratings of the availability of opportunites for physical activity in their community.

- Another 24.9% gave "good" ratings.

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

(Winn Parish, 2013)



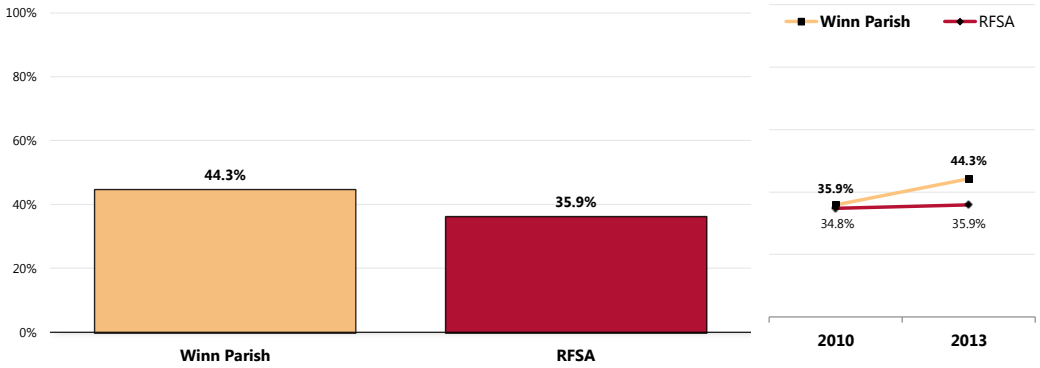
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]

Notes:
- Asked of all respondents.

In contrast, 44.3% of Winn Parish adults gave "fair/poor" ratings of the availability of opportunities for physical activity within the community.

- Less favorable than the regional (RFSA) findings.
- Statistically increased since 2010.

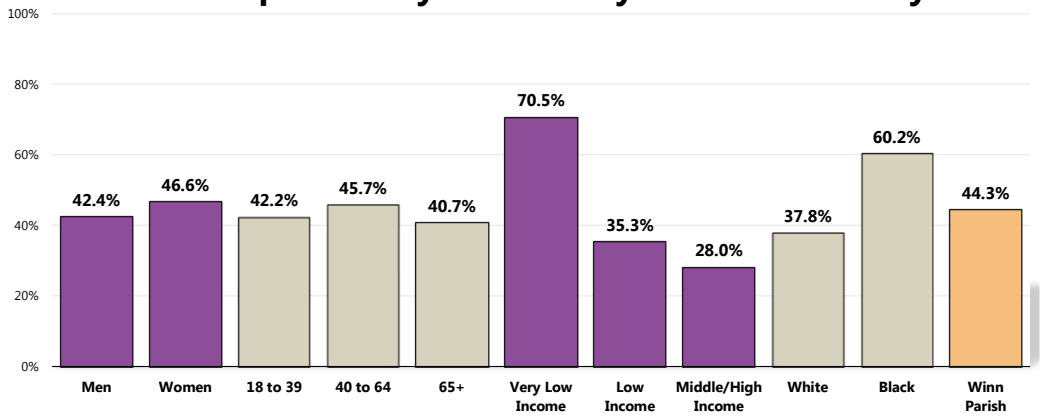
"Fair" or "Poor" Evaluations of the Availability of Opportunities to Participate in Physical Activity in the Community



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

- 70.5% of residents with very low incomes rate physical activity opportunities in their communities as "fair" or "poor".
- Note also the higher prevalence among Black residents.

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



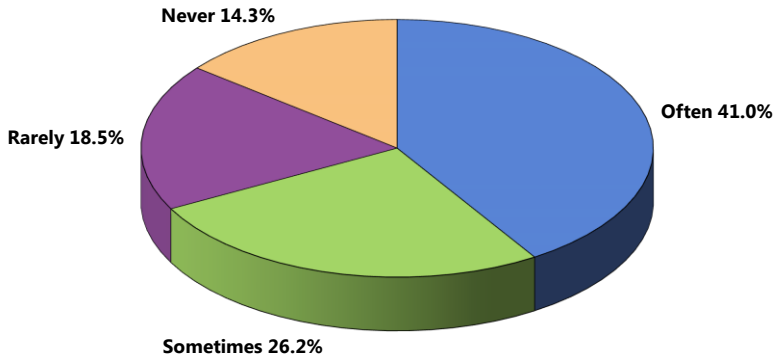
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
Notes: • Asked of all respondents.

Many Winn Parish adults (32.8%) report that they "rarely" or "never" see others in their community being physically active, such as walking, jogging or biking.

- Another 26.2% reported "sometimes" seeing other community members being physically active.

Frequency of Seeing Others in the Community Being Physically Active

(Winn Parish, 2013)

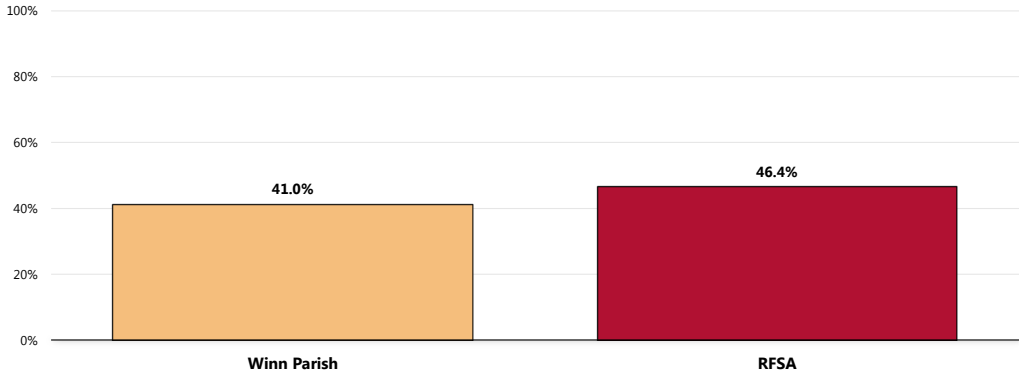


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
Notes: • Asked of all respondents.

A total of 41.0% say they "often" see others in their community being physically active, such as walking, jogging or biking.

- Similar to regional (RFSA) findings.

"Often" See Others in the Community Being Physically Active



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

Related Focus Group Findings: Physical Activity

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

- Low physical activity levels
- Built environment and lack of sidewalks
- Physical education classes

Focus group attendees feel that **low physical activity levels** increase the obesity rates in the parish. Participants agree that many community members live sedentary lifestyles. The **built environment and lack of sidewalks** in some areas of the parish discourages active lifestyles; however, residents do utilize the walking paths.

Youth also no longer have to **participate in physical education** in school because of the increased emphasis on testing. Key informants think that the limited physical education negatively impacts the youth's knowledge about wellness and ways to lead a healthy life.

> *"When I grew up we had physical education. We took a physical test at the beginning of the year and we took one at the end of every six weeks to see how we progressed. We actually did calisthenics. We actually ran. We actually did physical things, and they would check your progression through the year, and you got graded on that. You just didn't get A for physical education. If you didn't progress, you got a D or an F or whatever. But we have no physical education in our schools anymore." — Winn Parish Key Informant*

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

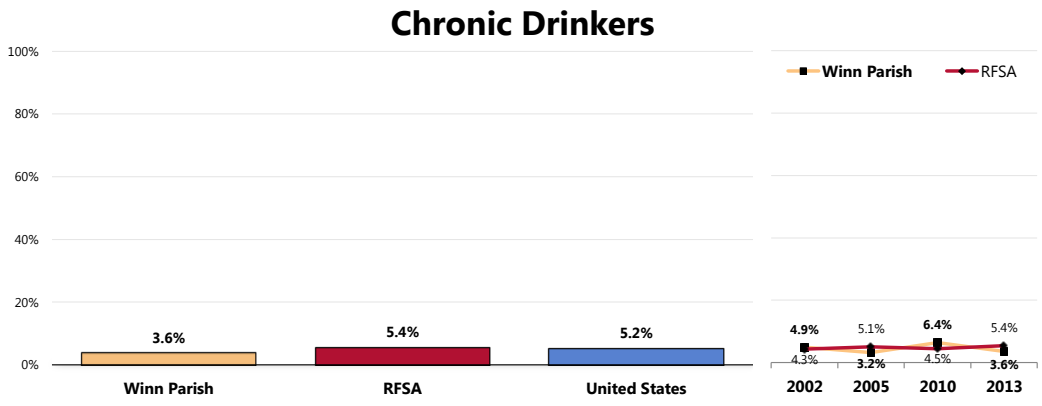
High-Risk Alcohol Use

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 3.6% 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 not changed since 2002.



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

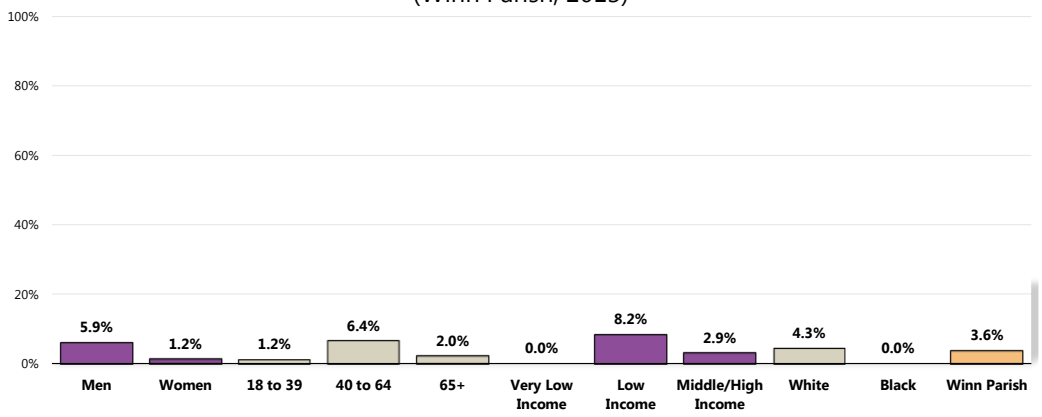
Notes:
- Asked of all respondents.
- Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.

Chronic drinking is most prevalent among:

- Men.
- Adults age 40 to 65.

- Adults with low income.
- Whites.

Chronic Drinkers
(Winn Parish, 2013)



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

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
- Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.

Binge Drinking

A total of 12.4% of Winn Parish adults are binge drinkers.

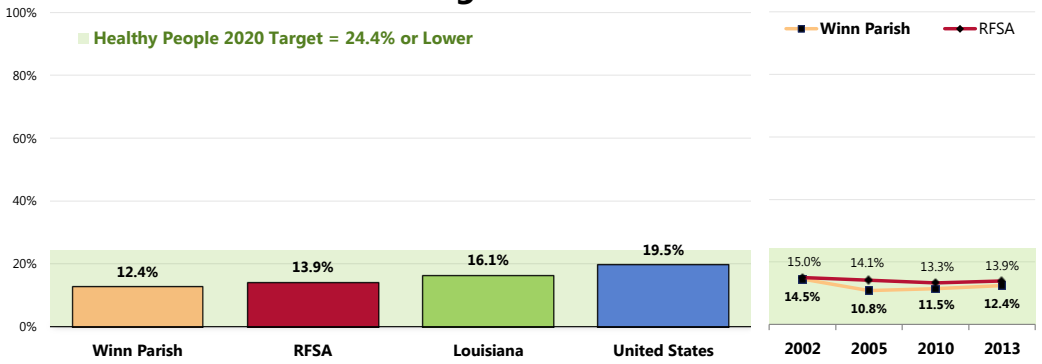
- Similar to regional (RFSA) findings.
- Lower than the prevalence in Louisiana.
- Lower than the prevalence reported nationwide.
- Satisfies the Healthy People 2020 target.
- Statistically unchanged since 2002.

Binge drinkers include:

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

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

Binge Drinkers



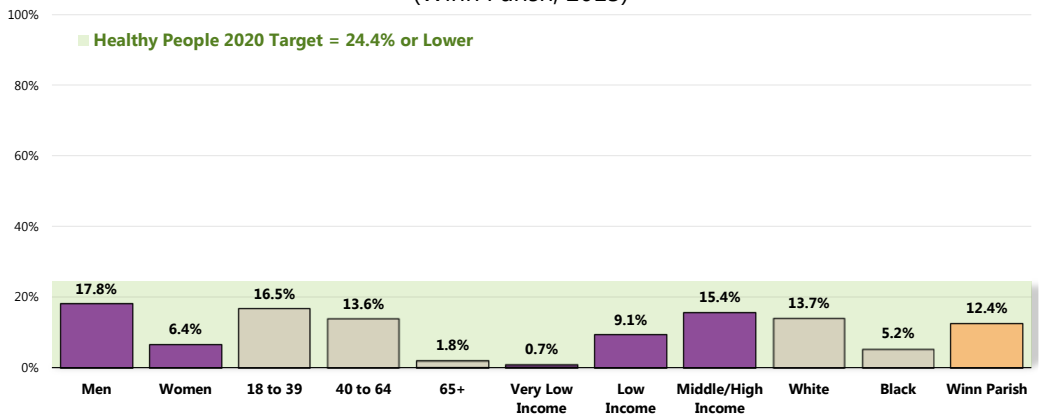
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 207]
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana data.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

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

Binge drinking is more prevalent among:

- Men.
- Adults under age 65.
- Residents living at higher incomes.
- Whites.

Binge Drinkers
(Winn Parish, 2013)



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

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

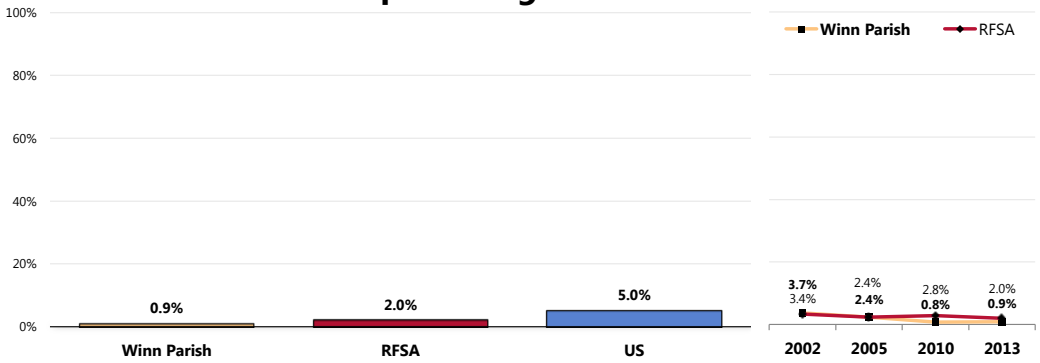
Drinking & Driving

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 0.9% of Winn Parish adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Better than found regionally.
- Lower than the national figure.
- The drinking and driving prevalence has <u>decreased</u> since 2002.

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

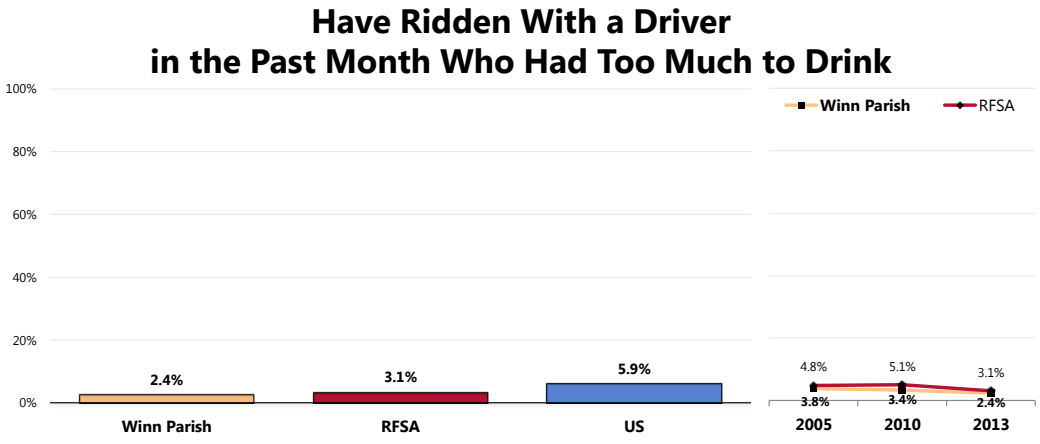


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 63]
- 2013 PRC National Health Survey, Professional Research Consultants.

Notes:
- Asked of all respondents.

In the past month, 2.4% of Winn Parish adults have ridden with a driver who had perhaps too much to drink.

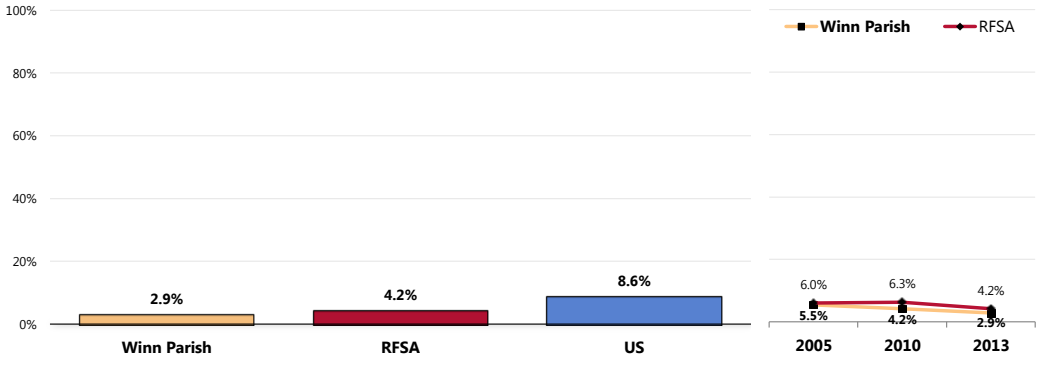
- Similar to regional (RFSA) findings.
- Similar to the national figure.
- Statistically unchanged since 2005.



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 2.9% of Winn Parish adults acknowledge either drinking and driving or riding with a drunk driver in the past month.

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



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

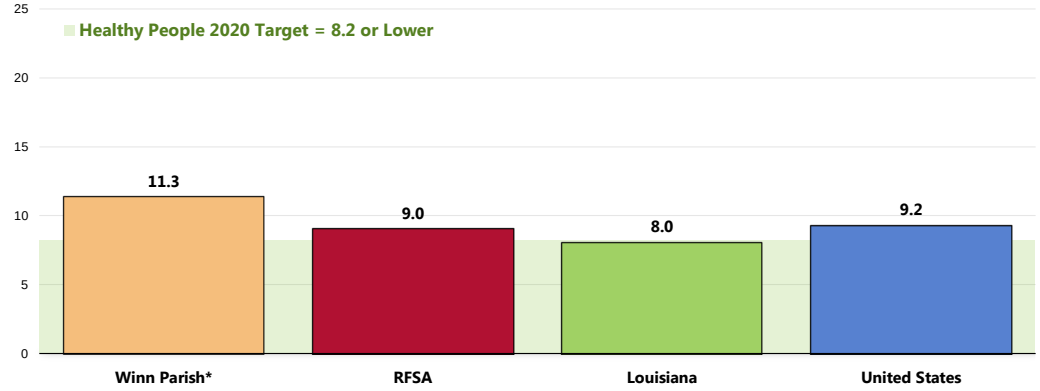
Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2008 and 2010, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 11.3 deaths per 100,000 population in Winn Parish.

- Worse than the regional (RFSA) rate.
- Higher than the rate reported across Louisiana.
- Higher 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 rate for Winn Parish represents 2001-2010 data.
- NOTE: 2008 deaths for the RFSA are underreported due to problems registering Allen Parish deaths with the Louisiana Vital Statistics Office.

Illicit Drug Use

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

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

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

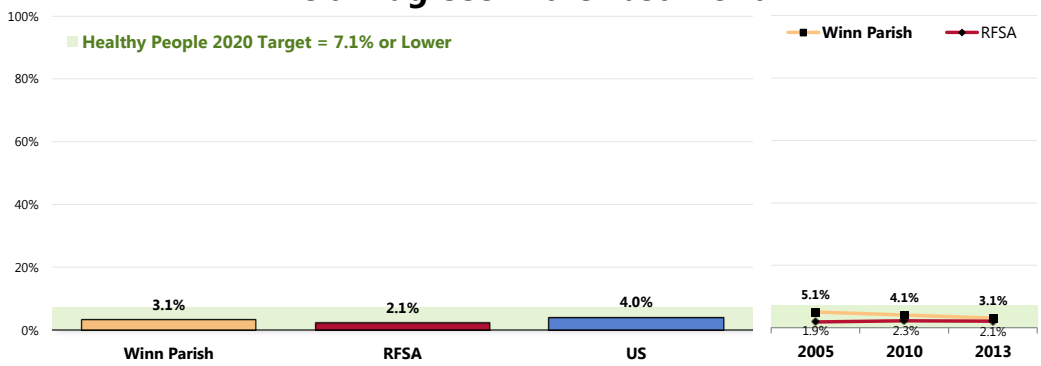
A total of 3.1% of Winn Parish adults acknowledge using an illicit drug in the past month.

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

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

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

Illicit Drug Use in the Past Month



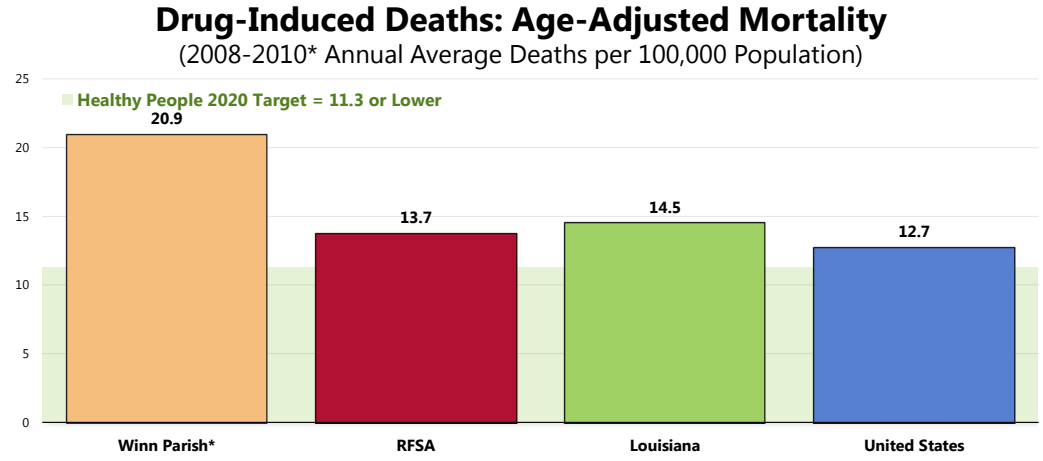
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 65]
- 2013 PRC National Health Survey, Professional Research Consultants.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

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

Age-Adjusted Drug-Induced Deaths

Between 2008 and 2010, there was an annual average age-adjusted drug-induced mortality rate of 20.9 deaths per 100,000 population in Winn Parish.

- Higher than the regional (RFSA) rate.
- Higher than the statewide rate.
- Higher than 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 rate for Winn 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.

Alcohol & Drug Treatment

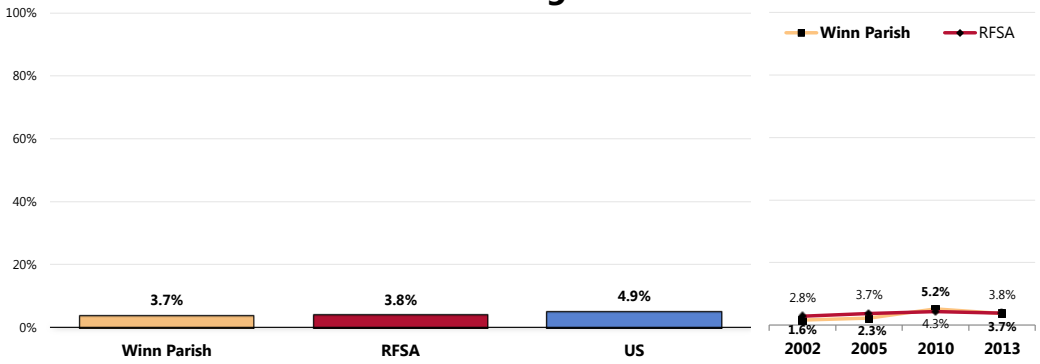
The stigma attached to substance abuse increases the severity of the problem. The hiding of substance abuse, for example, can prevent persons from seeking and continuing treatment and from having a productive attitude toward treatment. Compounding the problem is the gap between the number of available 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 3.7% of Winn Parish adults say that they have sought professional help for an alcohol or drug problem at some point in their lives.

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

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

A number of focus group participants worry about the **prevalence of drug use** in the parish because it negatively impacts every aspect of a person's life. Drug use crosses socioeconomic statuses and age ranges. The large number of youth who use drugs and experiment concerns focus group attendees. Respondents believe that the high substance use rates in the community contribute to a number of negative health and lifestyle outcomes.

Attendees agree that substance use occurs across all demographics and worry specifically about alcohol, methamphetamines, crack cocaine, marijuana, synthetic drugs, inhalants, over-the-counter, and prescription drugs. Key informants think that many youth get addicted early to marijuana and then the addiction turns them onto more dangerous drugs.

Attendees feel that the community **needs additional substance abuse treatment programs and facilities**. Only a limited number of organizations provide substance abuse treatment. A counseling clinic recently shut down because the only people attending sessions were court-ordered and did not really want to quit using drugs, as a respondent explains:

> *"My wife had a clinic here. She was a board certified alcohol and drug abuse counselor. And when she shut that down, it pretty much shut down…She got tired. I tell you why. She shut it down because everything that she was getting was court mandated, and they would come to her because of the court mandate, and then when that was over she had very few people that wanted to come for help." — Winn 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.

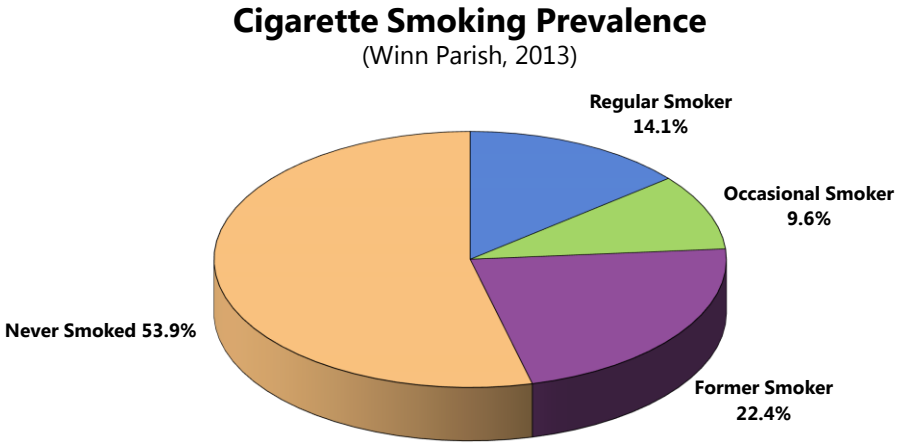
Evidence is accumulating that shows maternal tobacco use is associated with mental retardation and birth defects such as oral clefts. Exposure to secondhand smoke also has serious health effects. Researchers have identified more than 4,000 chemicals in tobacco smoke; of these, at least 43 cause cancer 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

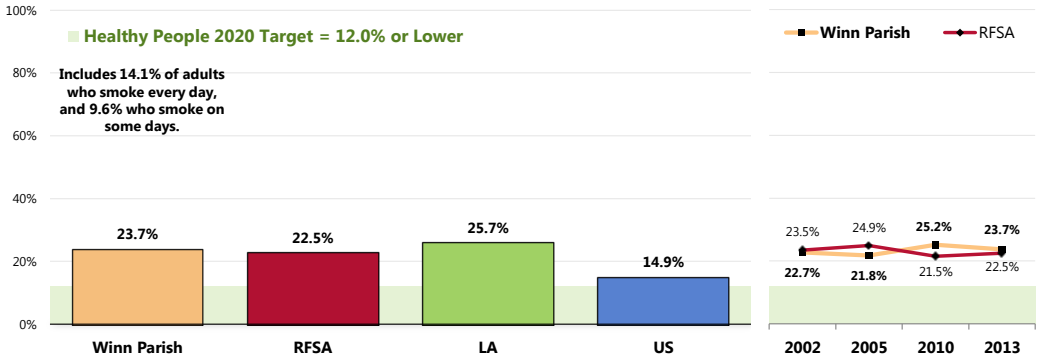
A total of 23.7% of Winn Parish adults currently smoke cigarettes, either regularly (14.1% every day) **or occasionally** (9.6% on some days)**.**



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

- Similar to what was found throughout the RFSA.
- Similar 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 Winn Parish in 2002.

Current Smokers



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 201]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana Data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

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

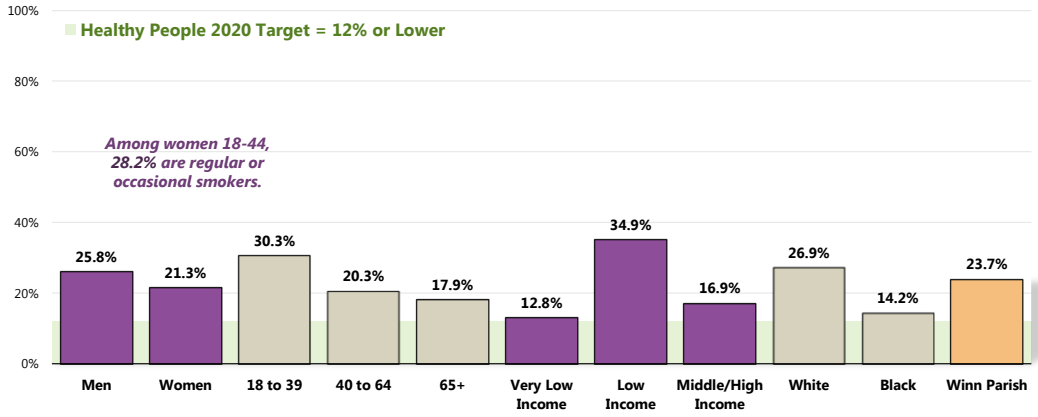
Cigarette smoking is more prevalent among:

- Low income residents.
- White residents.

Note also:

- 28.2% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

Current Smokers
(Winn Parish, 2013)



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

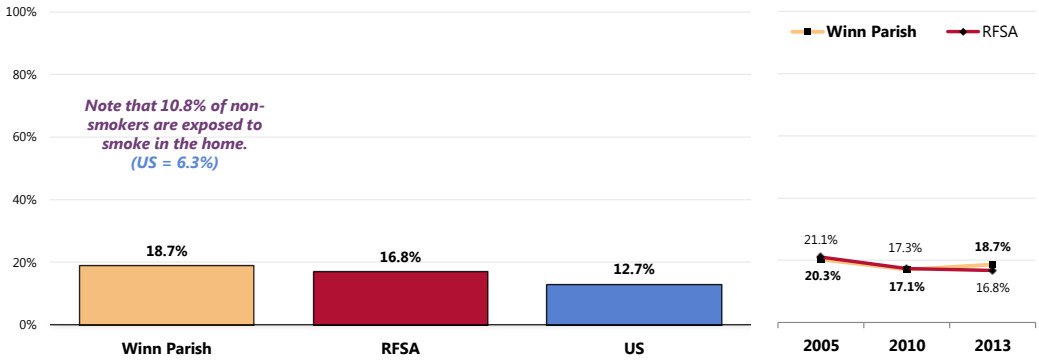
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Environmental Tobacco Smoke

A total of 18.7% of Winn Parish adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home in the past month an average of four or more times per week.

- Similar to the regional finding.
- Worse than the national finding.
- Note that 10.8% of Winn Parish non-smokers are exposed to cigarette smoke at home.
- This indicator has not changed over time.

Member of Household Smokes at Home



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

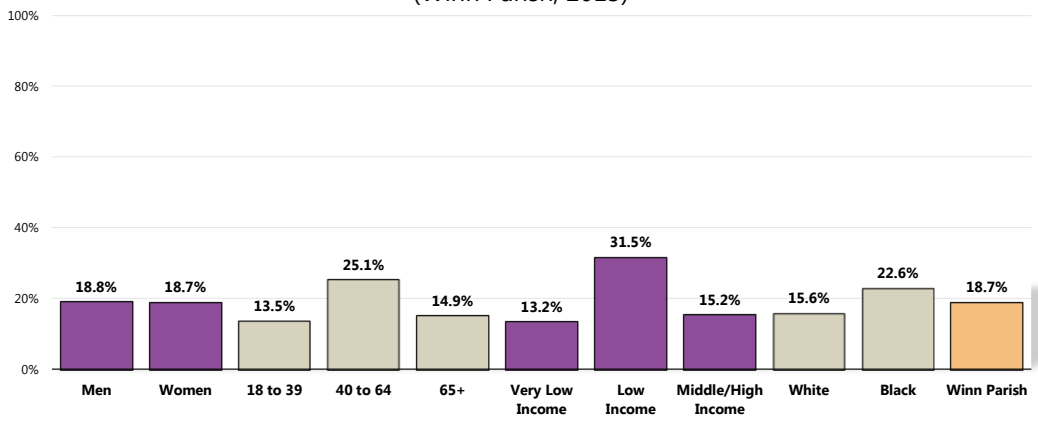
Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Notably higher among:

- Adults age 40 to 65.
- Low income residents.

Member of Household Smokes At Home

(Winn Parish, 2013)



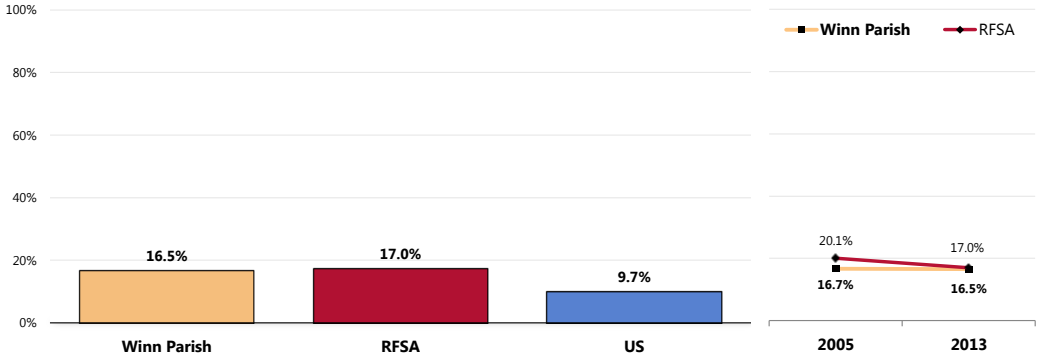
Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 55]

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, 16.5% have someone who smokes cigarettes in the home.

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

Percentage of Households With Children In Which Someone Smokes in the Home



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 204]
- 2013 PRC National Health Survey, Professional Research Consultants.

Notes:
- Asked of respondents with children ages 0-17 at home.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

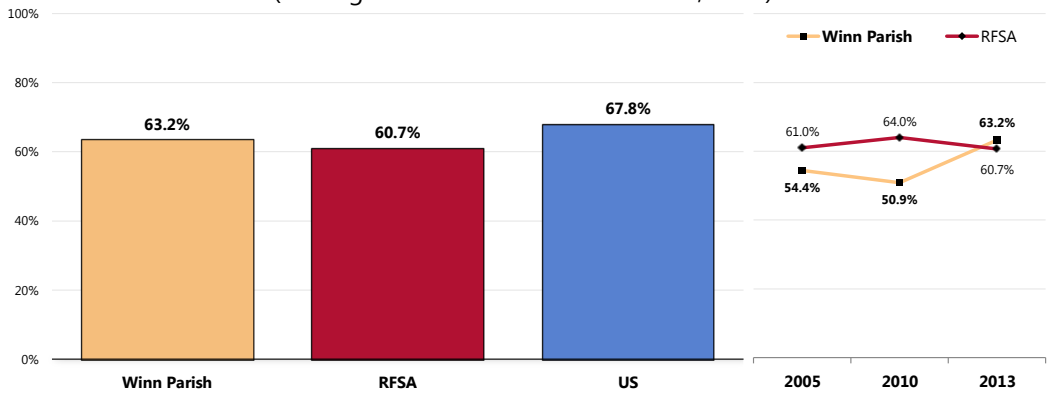
Health Advice About Smoking Cessation

A total of 63.2% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Statistically comparable to what was found regionally.
- Statistically comparable to the national percentage.
- Statistically unchanged in Winn Parish since 2005.

Received Advice to Quit Smoking by a Healthcare Professional

(Among Winn Parish Current Smokers, 2013)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 54]
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all current smokers.

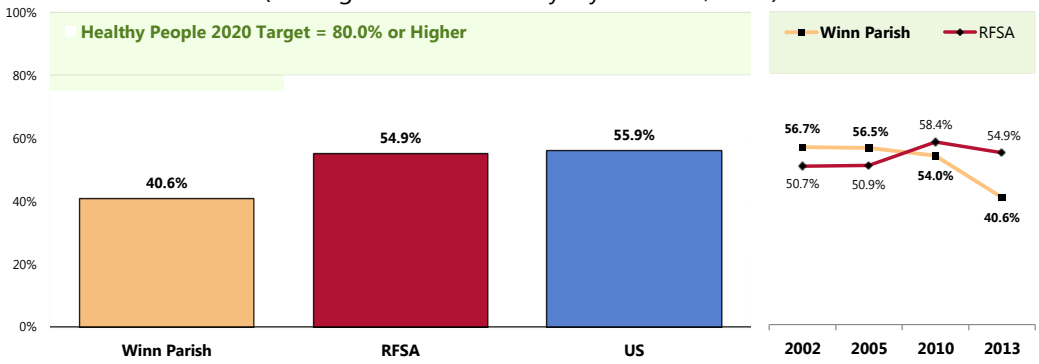
Smoking Cessation Attempts

A total of 40.6% of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Lower than the regional (RFSA) findings.
- Lower than the national percentage.
- Fails to satisfy the Healthy People 2020 target.
- Statistically decreased over time.

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

(Among Winn 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.

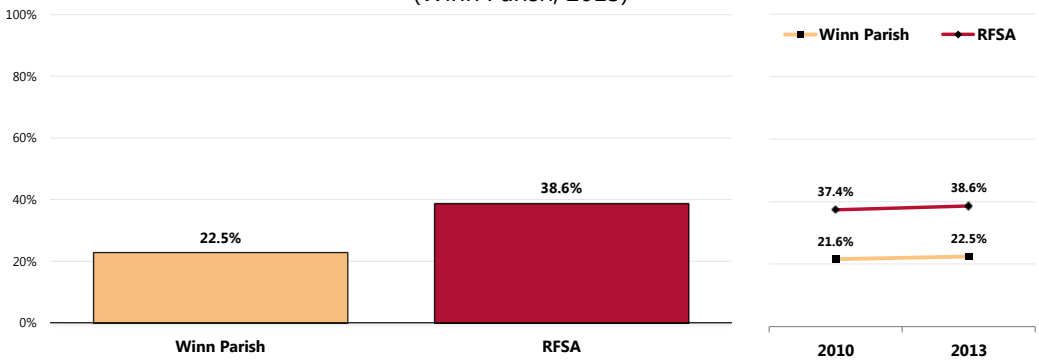
Education & Programming

A total of 22.5% of Winn Parish adults (including both smokers and non-smokers) are aware of services, programs, or classes to help smokers quit smoking.

- Lower than the regional (RFSA) findings.
- No significant change since this was first measured in 2010.

Aware of Services, Programs or Classes to Help Smokers Quit Smoking

(Winn Parish, 2013)



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

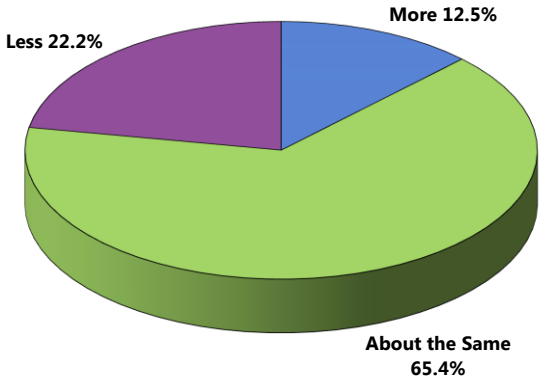
Notes:
- Asked of all respondents.

In the past year or so, less than one in four parents (22.2%) feels that their child has talked to them "less" about tobacco control activities in his or her school.

- 65.4% feel the amount of discussion has not changed over the past year or so ("about the same") while fewer (12.5%) believe that their child has talked with them "more" about school tobacco control activities.

In the Past Year or So, Child Has Talked With Parents More/Less/Same Regarding School Tobacco Control Activities

(Winn 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.

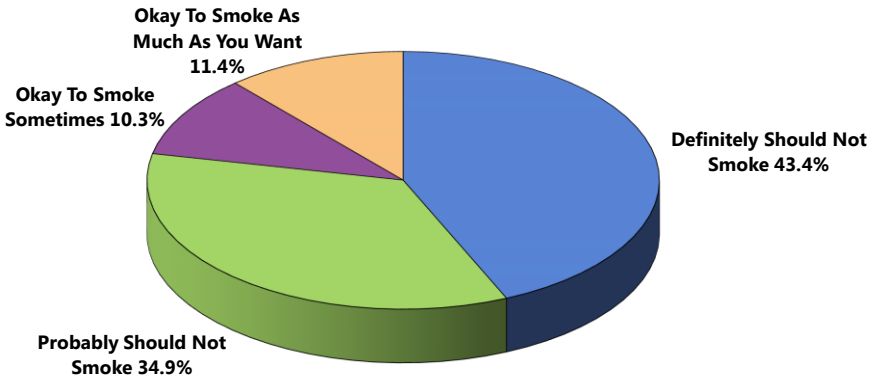
Public Perceptions of Smoking

The majority of Winn Parish survey respondents believes that most people are against smoking, indicating that the public feels a person "*definitely should not smoke*" (43.4%) or "*probably should not smoke*" (34.9%).

- Another 10.3% believe that the general public opinion is that it is "*okay to smoke sometimes,*" and another 11.4% believe that public opinion says it is okay to smoke "*as much as a person wants*."

Perception of How Most People in the Community Feel About Adults Smoking

(Winn Parish, 2013)

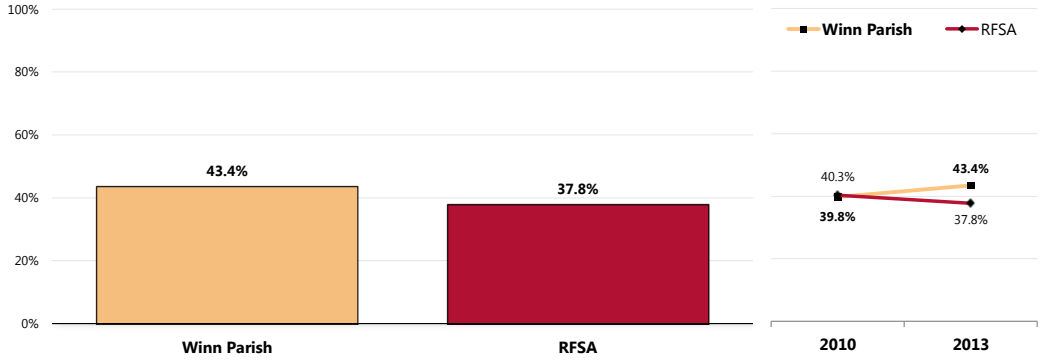


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 57]
Notes: • Asked of all respondents.

- Better than regional (RFSA) findings.
- Statistically unchanged over time.

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

(Winn Parish, 2013)



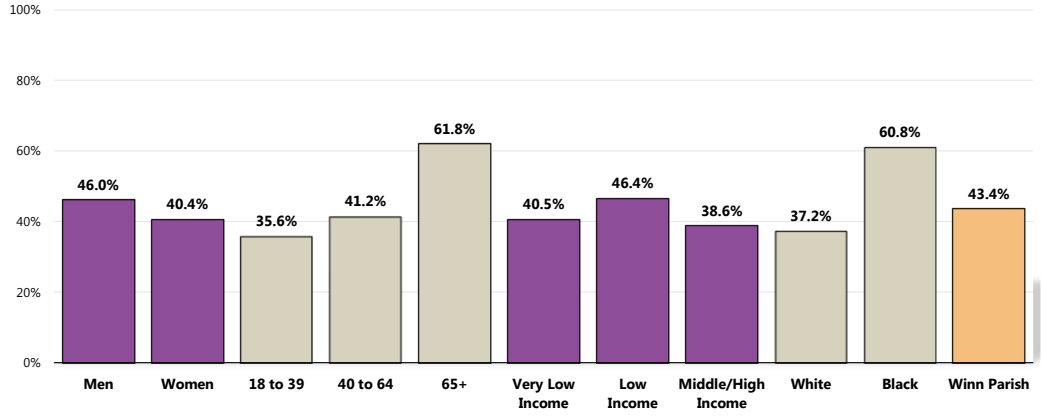
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 57]
Notes: • Asked of all respondents.

Residents more likely to feel that most people believe that a person definitely should not smoke include:

- Seniors.
- Black residents.

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

(Winn 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.

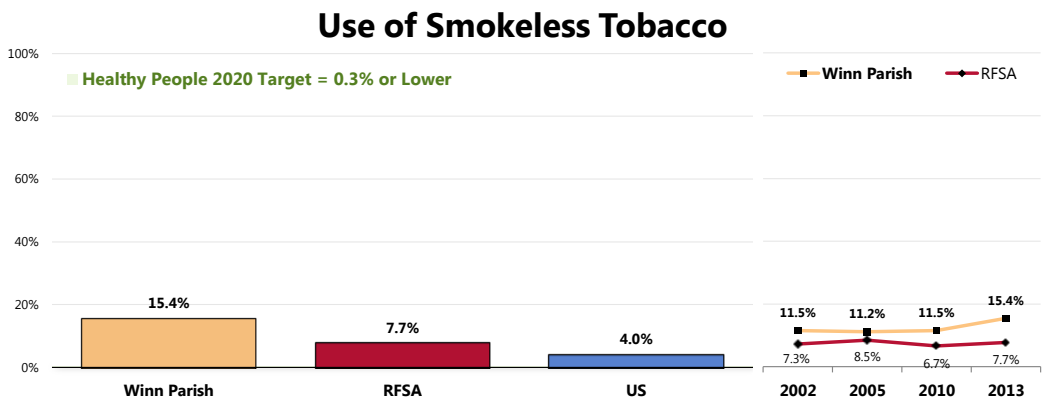
Other Tobacco Use

Smokeless Tobacco

A total of 15.4% of Winn Parish adults use chewing tobacco or snuff every day or on some days.

- Higher than found throughout the RFSA.
- Significantly higher than the national percentage.
- Fails to satisfy the Healthy People 2020 target.

Smokeless tobacco use in Winn Parish remains statistically unchanged since 2002.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 58]
- 2013 PRC National Health Survey, Professional Research Consultants.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.2]

Notes:
- Asked of all respondents.
- Smokeless tobacco includes chewing tobacco or snuff.

Related Focus Group Findings: Tobacco

Many focus group participants are concerned with tobacco use in the community:

- Rural, "cowboy" culture lends itself to smokeless tobacco use
- Females cigarette usage
- Winn Parish Medical Center smoking cessation program
- Smoking cessation program

Focus group participants worry about the negative health consequences of tobacco use, smokeless tobacco, and second-hand smoke inhalation. Respondents believe that the **rural, "cowboy" culture lends itself to smokeless tobacco use** and note that a number of **females continue to smoke cigarettes**.

Attendees recognize the addictive nature of tobacco products, but think that changing public policies may help people change their behavior. Key informants describe a positive step toward curbing tobacco use, which occurred at the **Winn Parish Medical Center**. The hospital recently initiated a **smoking cessation program** for their employees. A respondent explains the rationale for the program:

> *"I know at the hospital we're initiating a smoking cessation program for our employees for two reasons. They need to be healthy. We need them at work. We don't need them at home sick with all the things that – obviously when you don't take care of your body, it breaks down and you're more susceptible to about everything. But also it's a poor example that we set for our community to come to the hospital and your nurse – your nurse is outside smoking or your respiratory therapist comes into your room and smells like a cigarette." — Winn Parish Key Informant*

SELF-REPORTED HEALTH STATUS

Overall Health Status

Self-Reported Health Status

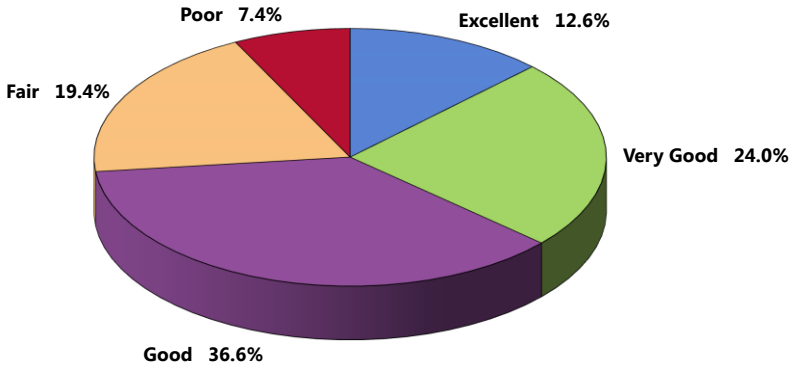
Respondents were asked the following:

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

A total of 36.6% of Winn Parish adults rate their overall health as "excellent" or "very good."

- Another 36.6% gave "good" ratings of their overall health.

Self-Reported Health Status
(Winn Parish, 2013)

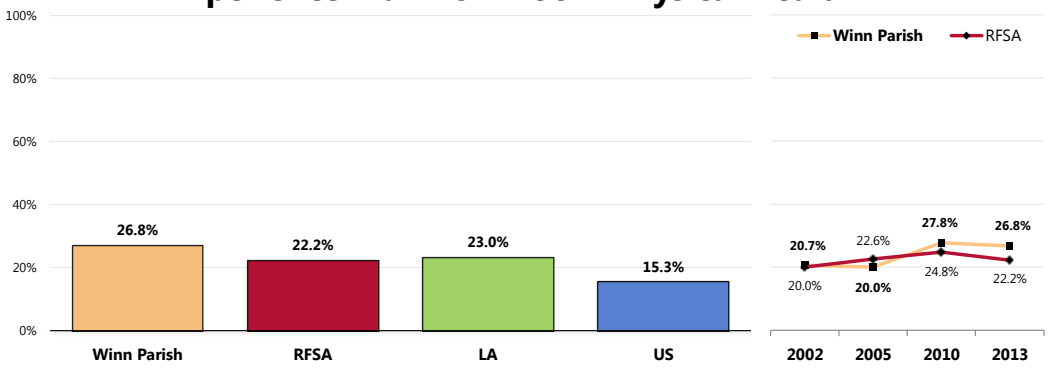


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

A total of 26.8% of adults believes that their overall health is "fair" or "poor."

- Higher than the regional (RFSA) findings.
- Similar to the Louisiana prevalence.
- Higher than the national percentage.
- Overall, "fair/poor" responses have increased in Winn Parish since the 2002 survey.

Experience "Fair" or "Poor" Physical Health

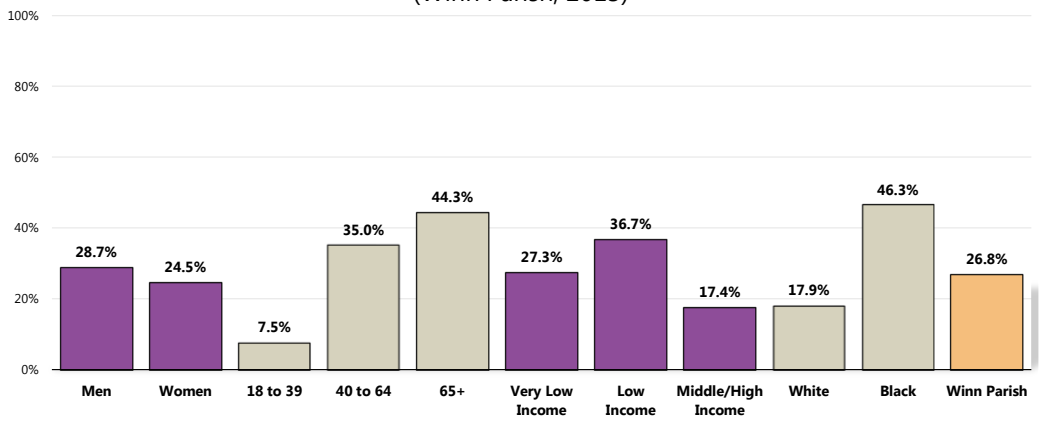


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana data.
• 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 and older (note the positive correlation with age).
- Residents living at low incomes.
- Blacks.

Experience "Fair" or "Poor" Physical Health
(Winn Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Activity Limitations

An estimated 54 million persons in the United States currently live with disabilities. The increase in disability among all age groups indicates a growing need for public health programs serving people with disabilities.

The direct medical and indirect annual costs associated with disability [in the US] are more than $300 billion, or 4 percent of the gross domestic product. This total cost includes $160 billion in medical care expenditures (1994 dollars) and lost productivity costs approaching $155 billion.

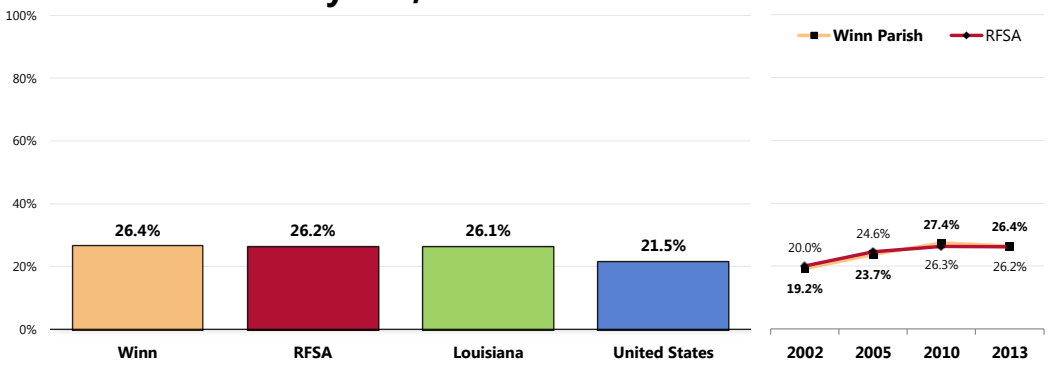
The health promotion and disease prevention needs of people with disabilities are not nullified because they are born with an impairing condition or have experienced a disease or injury that has long-term consequences. People with disabilities have increased health concerns and susceptibility to secondary conditions. Having a long-term condition increases the need for health promotion that can be medical, physical, social, emotional, or societal.

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

A total of 26.4% of Winn 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 Winn 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.

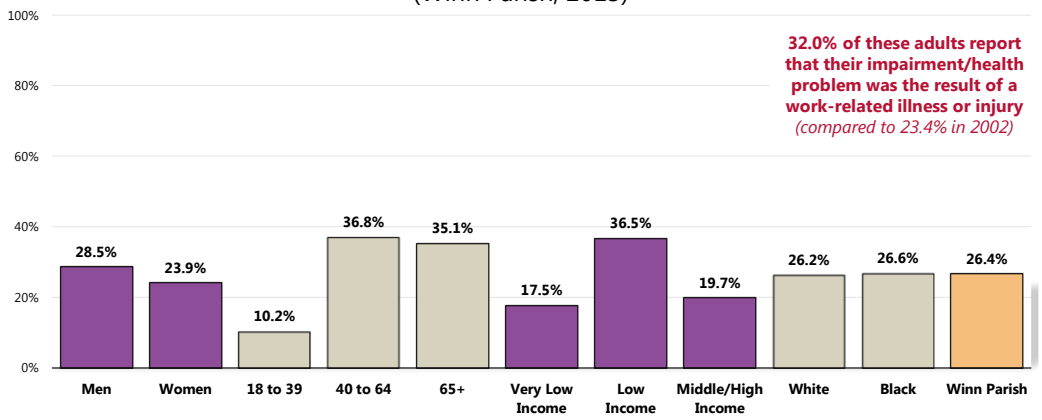
In looking at responses by key demographic characteristics, residents more often limited in activities include:

- Adults age 40 or older.
- Low income residents.

A total of **32.0%** of adults with activity limitations note that their impairment is due to a work-related illness or injury (compared to the **23.4%** reported in 2002).

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

(Winn Parish, 2013)



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

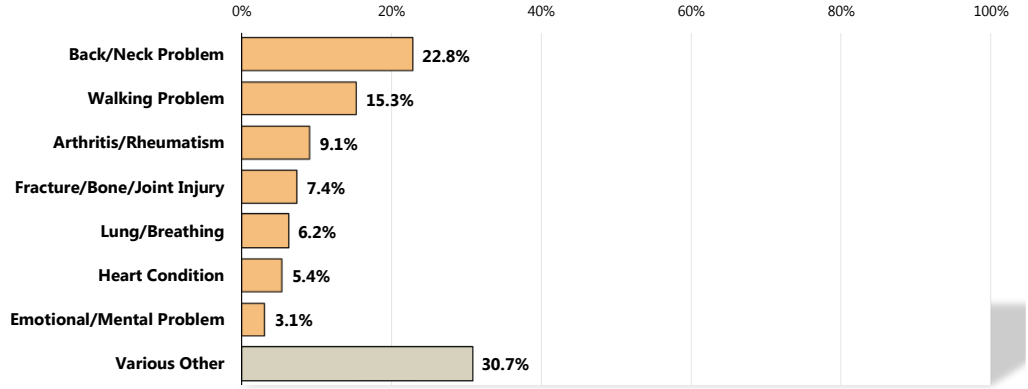
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

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

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

Type of Problem That Limits Activities

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



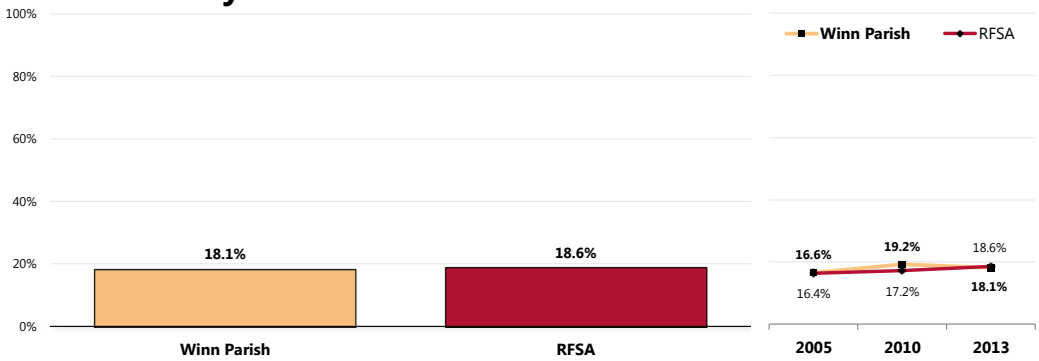
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]
Notes: • Asked of those respondents reporting activity limitations.

Days of Limited Activity

While 74.5% of Winn Parish adults report no days in the past month when poor physical or mental health prevented their usual activities, 18.1% report experiencing four or more such days.

- Close to regional findings.
- Statistically unchanged over time.

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



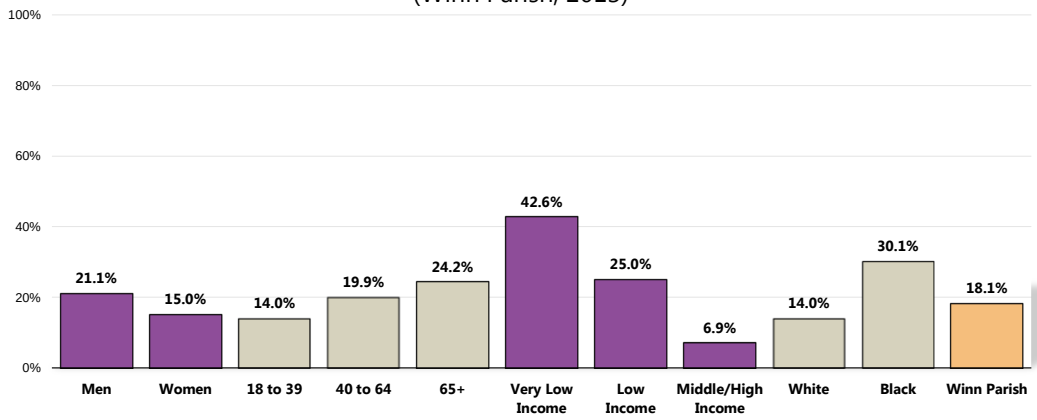
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 8]
Notes: • Asked of all respondents.

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

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

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

(Winn Parish, 2013)



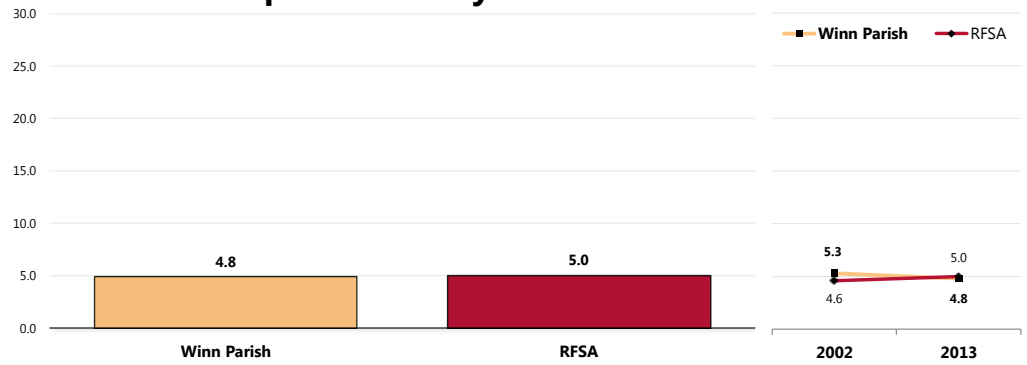
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 8]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" =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

Physical Health

In the past month, Winn Parish adults averaged 4.8 days on which their physical health was not good.

- Similar to regional (RFSA) findings.
- Similar to the average reported in 2010.

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



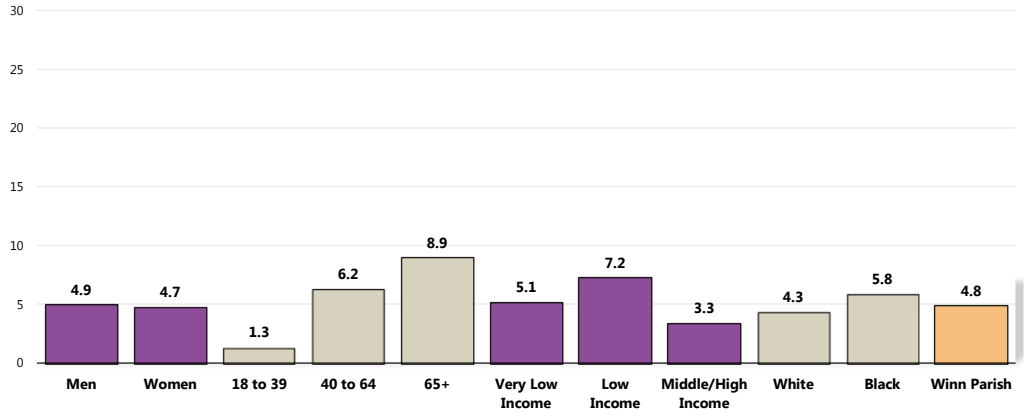
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

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

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

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

(Winn Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof), which are associated with distress and/or impaired functioning and spawn a host of human problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders.

Mental disorders generate an immense public health burden of disability. The World Health Organization, in collaboration with the World Bank and Harvard University, has determined that the impact of mental illness on overall health and productivity in the United States and throughout the world often is profoundly underrecognized [Global Burden of Disease study]. In established market economies such as the United States, mental illness is on a par with heart disease and cancer as a cause of disability. Suicide—a major public health problem in the US—occurs most frequently as a consequence of a mental disorder.

Mental disorders occur across the lifespan, affecting persons of all racial and ethnic groups, both genders, and all educational and socioeconomic groups.

As the life expectancy of individuals continues to grow longer, the sheer number—although not necessarily the proportion—of persons experiencing mental disorders of late life will expand. This trend will present society with unprecedented challenges in organizing, financing, and delivering effective preventive and treatment services for mental health.

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

Mental Health Status

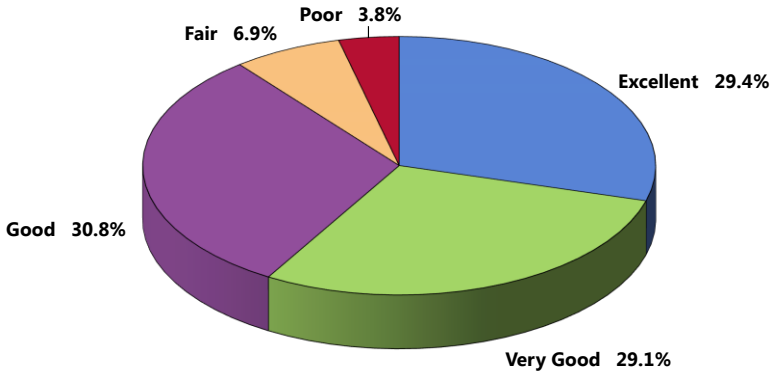
Self-Reported Mental Health Status

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

A total of 58.5% of Winn Parish adults rate their overall mental health as "excellent" or "very good."

- Another 30.8% gave "good" ratings of their own mental health status.

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

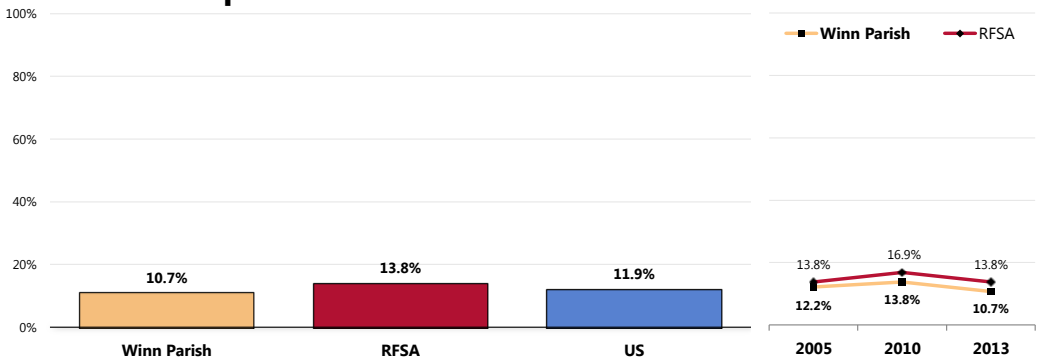


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
Notes: • Asked of all respondents.

A total of 10.7% of Winn Parish adults believe that their overall mental health is "fair" or "poor."

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

Experience "Fair" or "Poor" Mental Health



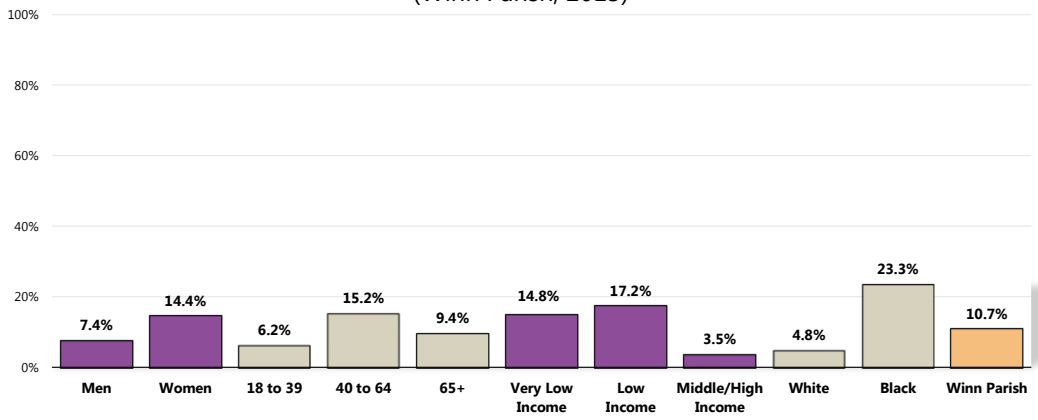
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 111]
• 2013 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents.

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

- Men.
- Young adults (under age 40).
- Residents at middle to high incomes.
- Whites.

Experience "Fair" or "Poor" Mental Health

(Winn Parish, 2013)



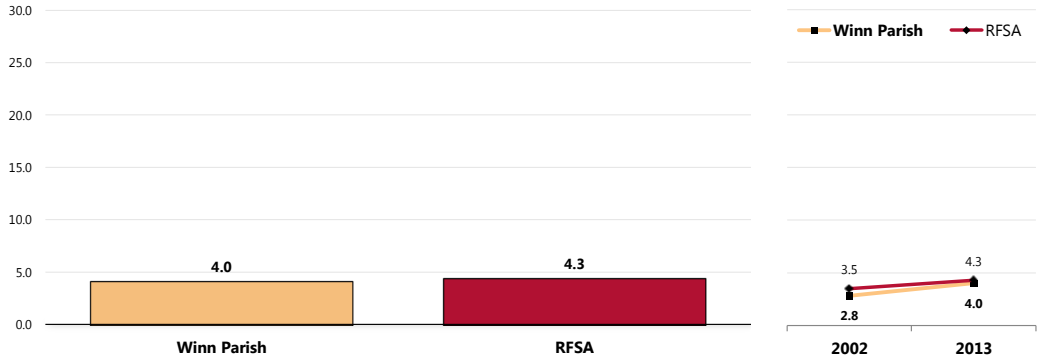
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income"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

Days of Poor Mental Health

In the past month, Winn Parish residents averaged 4.0 days on which their mental health was not good.

- Similar to regional (RFSA) findings.
- The current average is up from the 3.5 average reported in 2010.

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

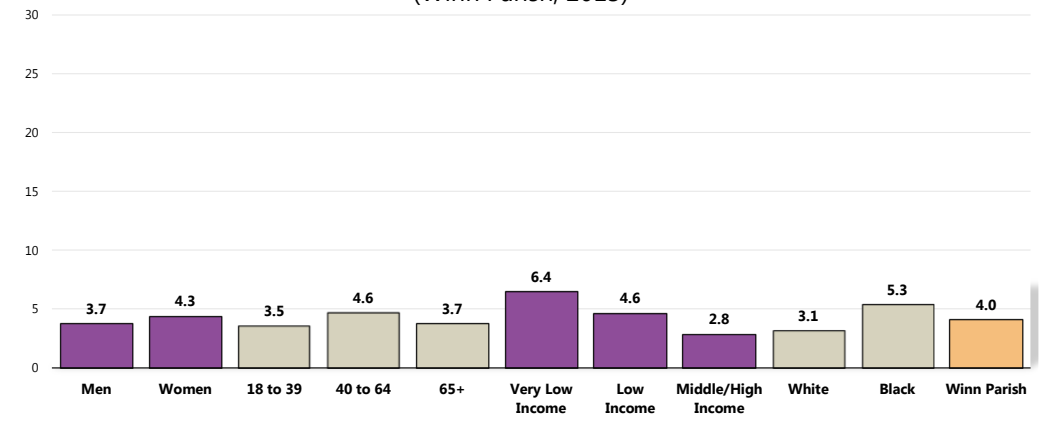


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 7]
Notes: • Asked of all respondents.

- Shares as strong correlation with income.

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

(Winn Parish, 2013)

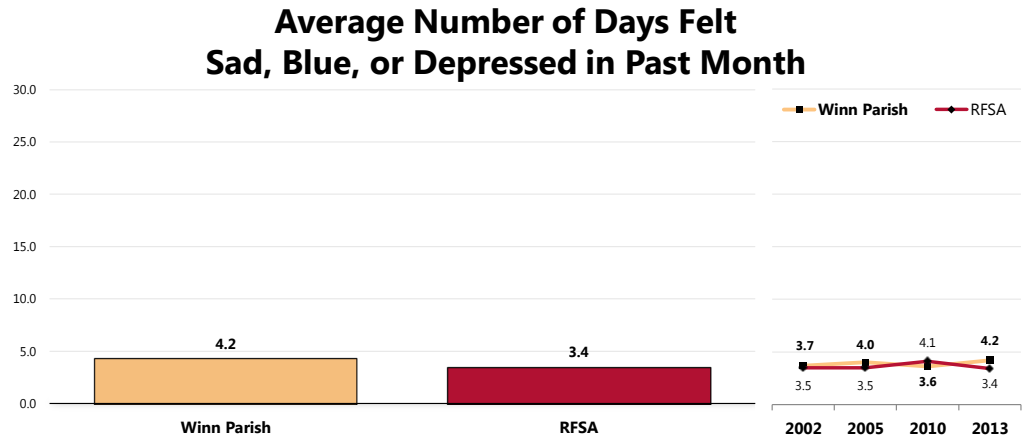


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 7]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" =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

Days of Feeling Sad, Blue or Depressed

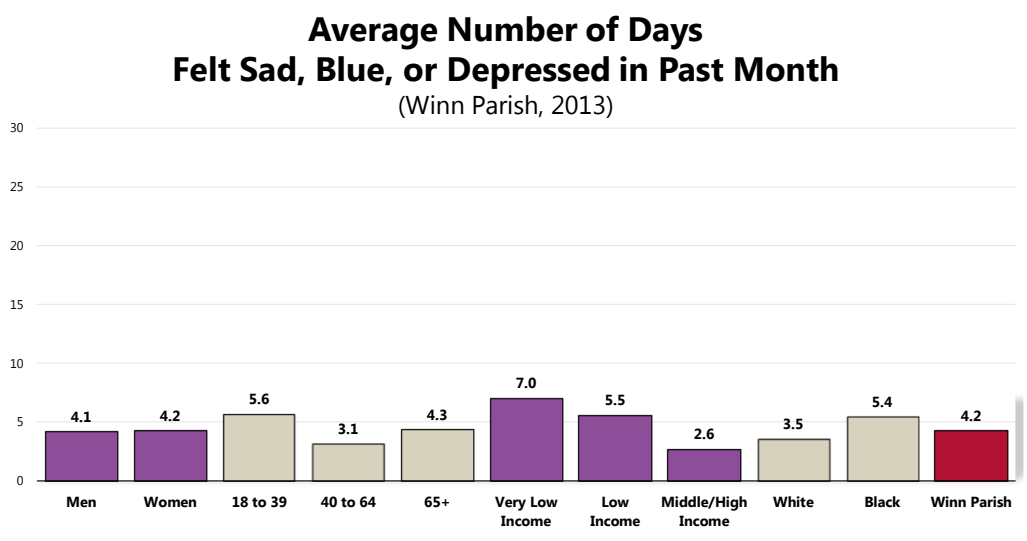
Winn Parish adults average 4.2 days per month when they felt sad, blue, or depressed.

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



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

- Shares as strong correlation with income.



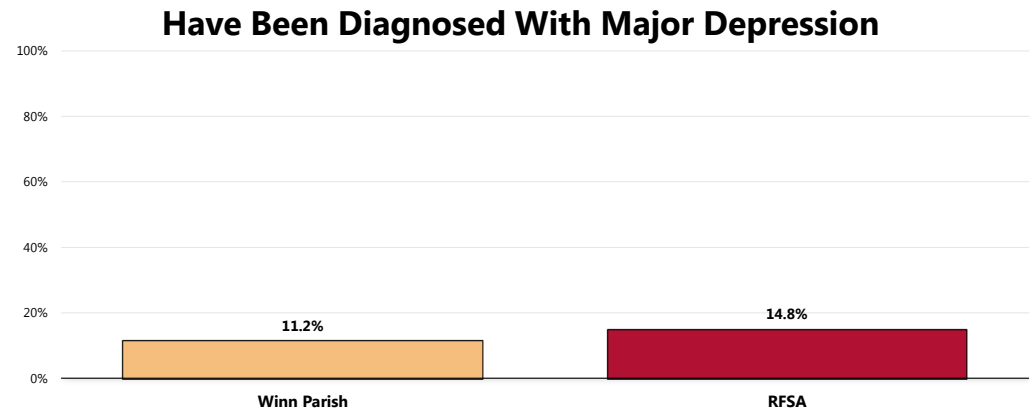
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 114]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income"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

Depression

Diagnosed Major Depression

A total of 11.2% of Winn Parish adults report having been diagnosed with major depression by a physician at some point in their lives.

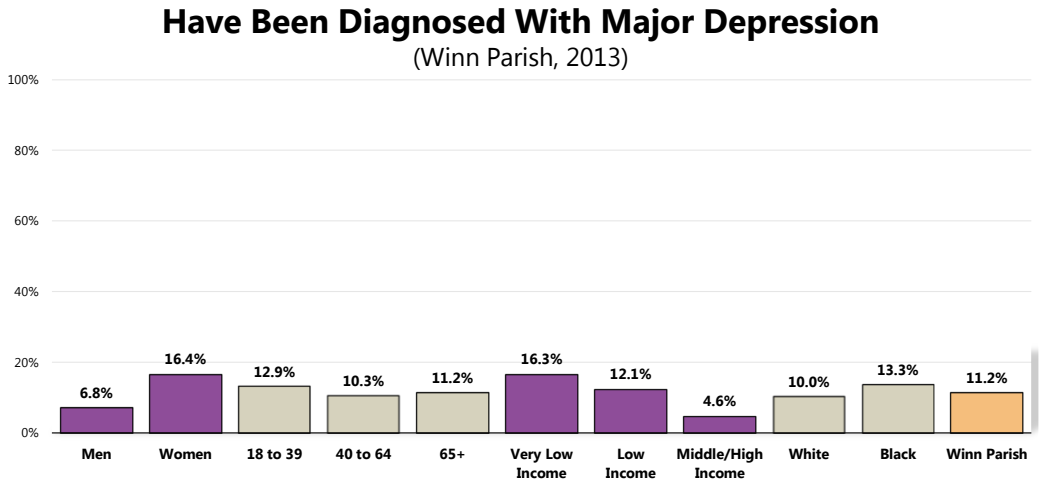
- Lower than found in the RFSA.



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 notably higher among:

- Women.
- Community members living at very low income levels.



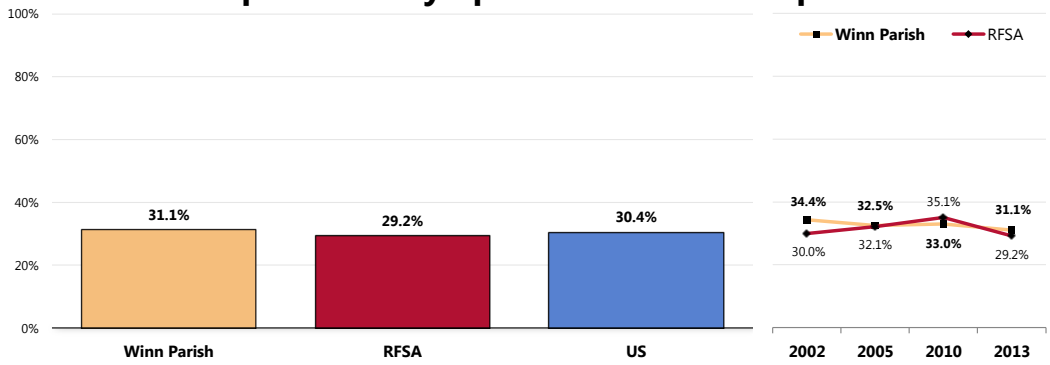
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income"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

Symptoms of Chronic Depression

A total of 31.1% of Winn Parish adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes.

- Comparable to regional (RFSA) findings.
- Comparable to national findings.
- Statistically unchanged from 2002 survey findings.

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.

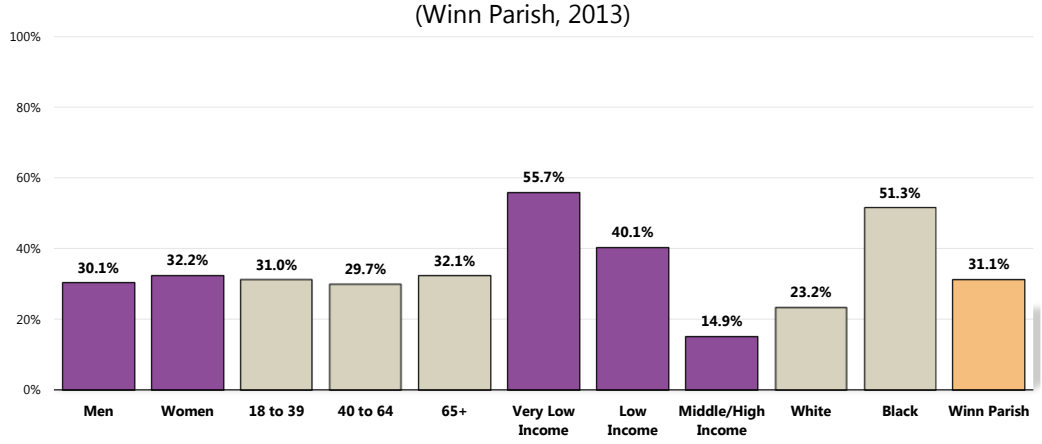
Notes:
- Asked of all respondents.

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

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

Have Experienced Symptoms of Chronic Depression

(Winn Parish, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 113]

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

Mental Health Treatment

Modern treatments for mental disorders are highly effective, with a variety of treatment options available for most disorders, [however], the majority of persons with mental disorders do not receive mental health services.

Evidence that mental disorders are legitimate and highly responsive to appropriate treatment promises to be a potent antidote to stigma. Stigma creates barriers to providing and receiving competent and effective mental health treatment and can lead to inappropriate treatment, unemployment, and homelessness.

The co-occurrence of addictive disorders among persons with mental disorders is gaining increasing attention from mental health professionals. Having both mental and addictive disorders is a particularly significant clinical treatment issue, complicating treatment for each disorder.

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

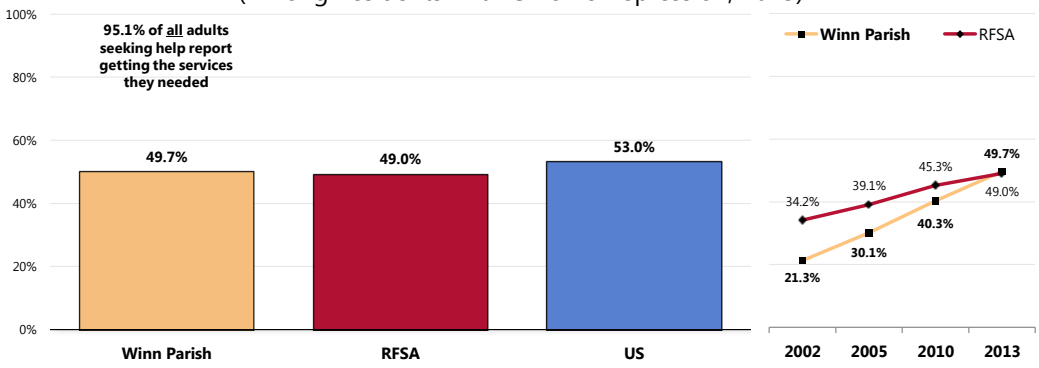
Seeking Help

Among adults with chronic depression, 49.7% acknowledge that they have sought professional help for a mental or emotional problem.

- Similar to corresponding regional (RFSA) findings.
- Similar to national findings.
- Note the statistically significant increase in the percentage of Winn Parish adults with chronic depression who sought professional help in the past year.
- Of those seeking help, 95.1% 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.

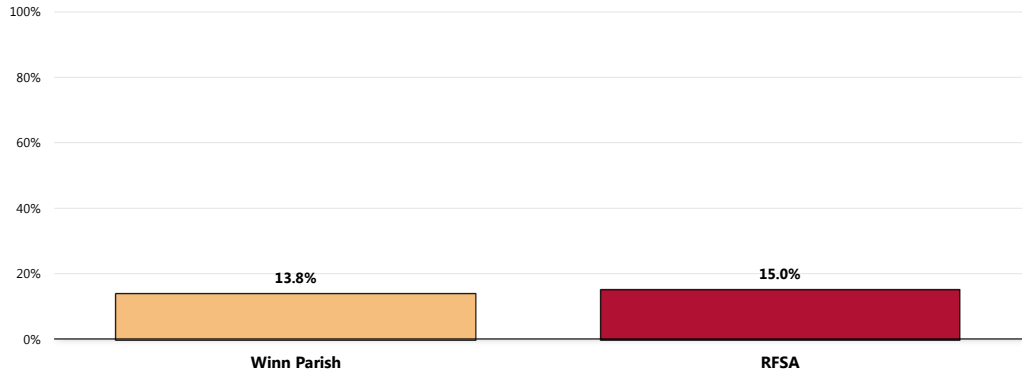
Notes:
- Asked of those respondents who have experienced chronic depression.

Taking Medication and/or Receiving Treatment

A total of 13.8% of Winn Parish adults are currently taking medication or receiving treatment from a doctor or other health professional for some type of mental health condition or emiotional problem.

- Similar to regional (RFSA) findings.

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

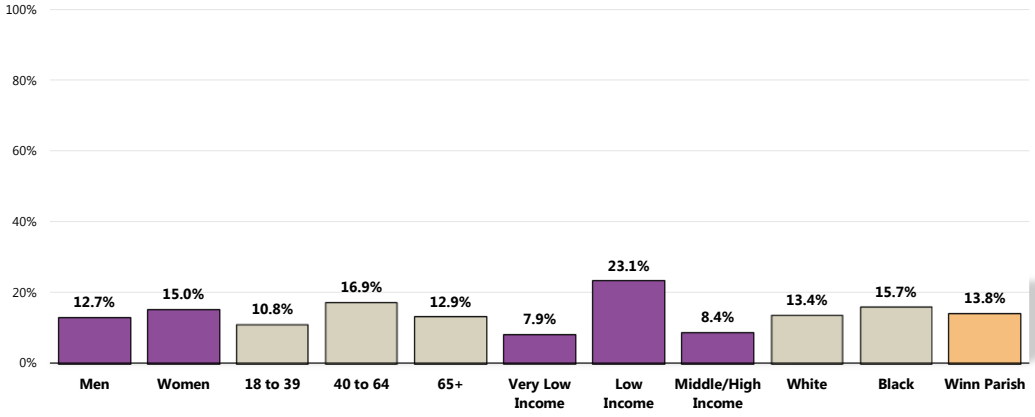


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
Notes: • Asked of all respondents.

Note that mental health treatment is more common among:

- Low income residents.

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

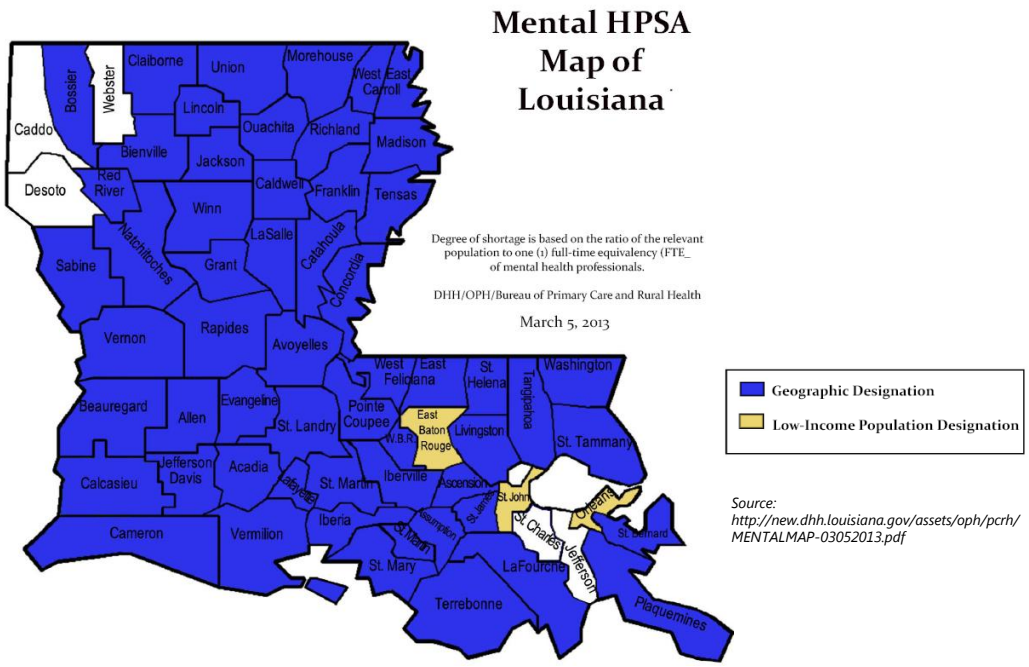
Health Professional Shortage Areas: Mental Health Care

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.

Winn Parish is a geographically designated HPSA for mental health.



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

Related Focus Group Findings: Mental Health

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

- Inadequate number of psychiatrists and treatment facilities
- Emergency rooms
- Suicide

During the focus group, issues surrounding mental health services arose several times. Overall, attendees think that the community suffers due to an **inadequate number of psychiatrists, counselors, and treatment facilities** available to address residents' behavioral health needs, even for those with insurance. The limited funding negatively impacts behavioral healthcare services in the parish. However, Winn Parish does have a 19-bed inpatient facility for residents 50 years of age or older. The facility serves Winn Parish and surrounding areas. Winn Parish also received a two year telepsychiatry grant, but remain unsure how to fund the program, as a participant explains:

> *"We got a grant through the Rapides Foundation to put in telepsych. They're hooking us up with a psychiatrist out of Tulane, and that's a two-year program. We're just six months into it, gearing up toward it with our LCSW. But in the state of Louisiana, when you do telemedicine, the host site, which would be our clinic, is not reimbursed anything. So the psychiatrist on the other end will be making his money and my staff will be working for nothing. So I mean it gets to be a point of – other than doing the patient a service, you still have to be able to pay for your operation in order to provide that service." — Winn Parish Key Informant*

Respondents feel strongly that the **emergency room** is not an appropriate place for mentally ill patients. Other healthcare organization express frustration because if a patient receives an involuntary psychiatric hold the hospital must keep them for several weeks, but at times no psychiatric treatment is given, as an attendee explains:

> *"We're stuck with them for 16 days. And so we babysit this patient for 16 days and then act like they're all better at the end of basically 2 weeks. They've had no mental health at all other than lying in a bed watching TV and eating meals. So it's a definite concern of ours." — Winn Parish Key Informant*

Attendees also worry that **suicide** disproportionately affects their population, but no screening, or prevention services exist at this time.

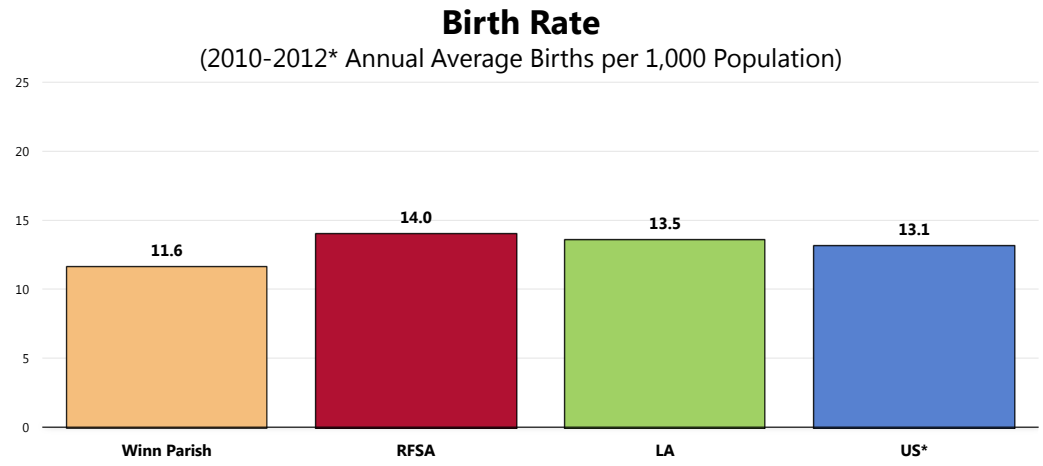
> *"There's no funding now for mental and behavioral health. We have a high rate per capita for suicide, depression. Working on a grant application to put a clinic in Grant Parish right now and I was surprised. Their suicide rate is double ours, and ours is higher than what it ought to be. So I don't know how 20 miles, 30 miles makes a difference." — Winn Parish Key Informant*

BIRTHS

Birth Rates

Between 2010 and 2012, Winn Parish experienced 11.6 births per 1,000 population.

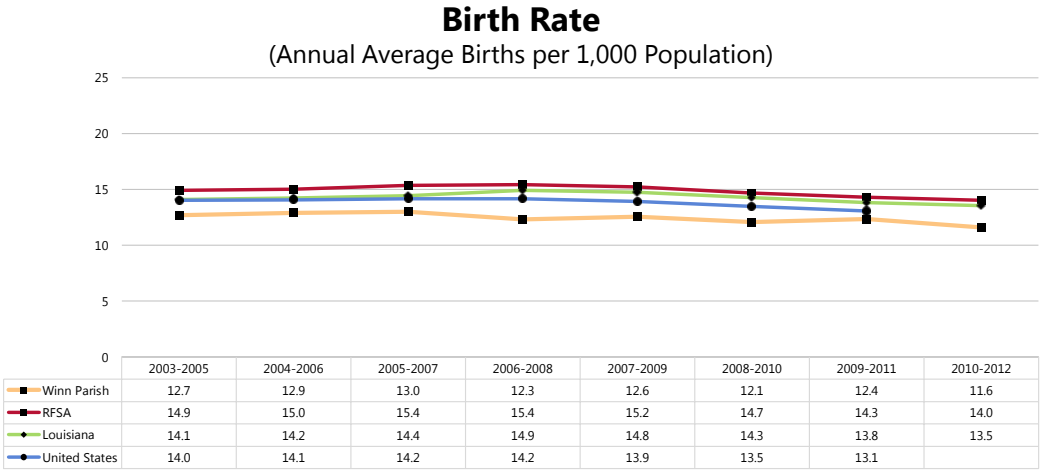
- Lower than the regional rate.
- Lower than the statewide rate.
- Lower than the national rate.



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 Winn Parish birth rate has decreased slightly over time, similar to state and national trends.



	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012
Winn Parish	12.7	12.9	13.0	12.3	12.6	12.1	12.4	11.6
RFSA	14.9	15.0	15.4	15.4	15.2	14.7	14.3	14.0
Louisiana	14.1	14.2	14.4	14.9	14.8	14.3	13.8	13.5
United States	14.0	14.1	14.2	14.2	13.9	13.5	13.1	

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

Notes:
- Rates are births per 1,000 population.
- Regional and statewide data for 2012 represent preliminary data.

Prenatal Care

Many risk factors can be mitigated or prevented with good pre-conception and prenatal care. Prenatal visits offer an opportunity to provide information about the adverse effects of substance use, including alcohol and tobacco during pregnancy, and serve as a vehicle for referrals to treatment services. The use of timely, high-quality prenatal care can help to prevent poor birth outcomes and improve maternal health by identifying women who are at particularly high risk and taking steps to mitigate risks, such as the risk of high blood pressure or other maternal complications.

African American and Hispanic women also are less likely than Whites to enter prenatal care early. For both African American and White women, the proportion entering prenatal care in the first trimester rises with maternal age until the late thirties, then begins to decline … Women in certain racial and ethnic groups also are less likely than White women to breastfeed their infants..

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

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

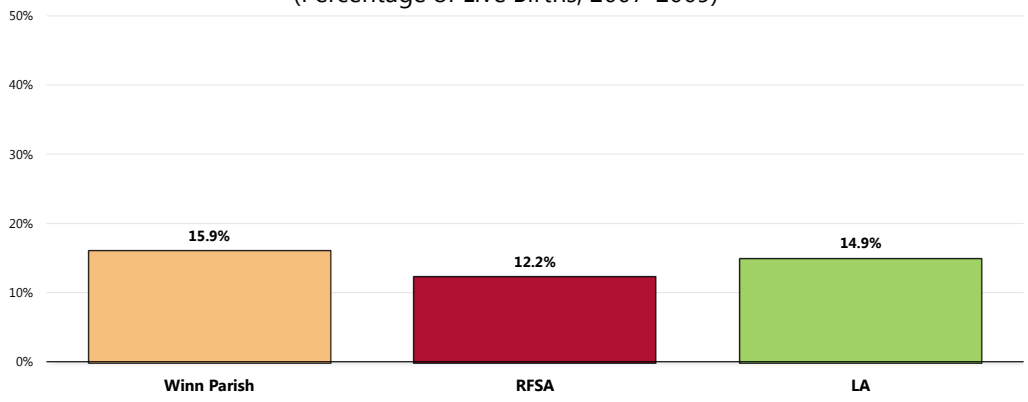
Here, the Kotelchuck Index is used to measure early and adequate prenatal care. "Early and Adequate Prenatal Care" means that prenatal care began in month 1, 2, 3, or 4 of pregnancy, and that 80% or more of expected prenatal care visits were received.

Between 2007 and 2009, 15.9% of Winn Parish births did not receive early and adequate prenatal care.

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

Mothers Not Receiving Early and Adequate Prenatal Care

(Percentage of Live Births, 2007-2009)



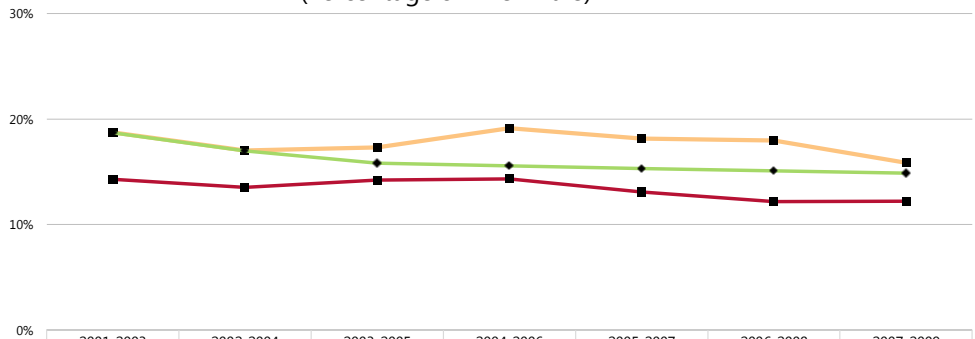
Sources:
- Agenda for Children and KIDS COUNT Data Center: http://datacenter.kidscount.org.

Note:
- Represents the percentage of all live births within each population who did not receive early and adequate prenatal care.
- The Kotelchuck Index is used to measure early and adequate prenatal care. "Early and Adequate Prenatal Care" means that prenatal care began in month 1, 2, 3, or 4 of pregnancy, and that 80% or more of expected prenatal care visits were received.

- The receipt of early and adequate prenatal care in Winn Parish has improved in the more recent reporting years.

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
Winn Parish	18.7	17.0	17.3	19.1	18.2	18.0	15.9
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.

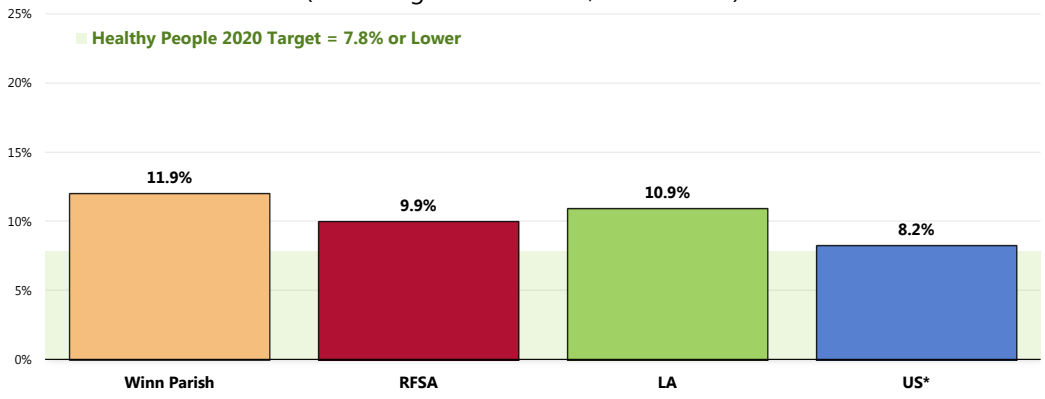
Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 11.9% of 2010-2012 Winn Parish births were low weight.

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

Low-Weight Births

(Percentage of Live Births, 2010-2012*)



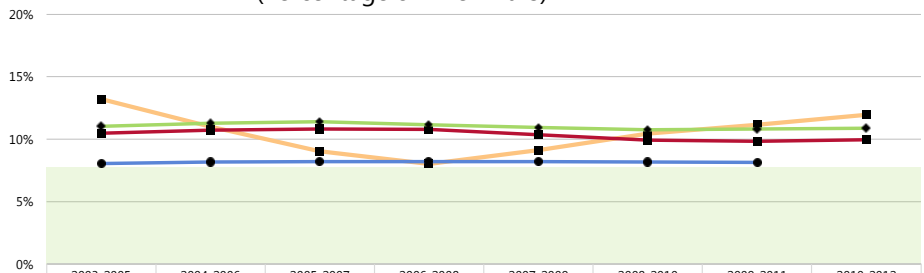
Sources:
- Louisiana State Center for Health Statistics and Louisiana Center for Records and Statistics.
- Centers for Disease Control and Prevention, National Vital Statistics System.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective 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 fluctuated in Winn Parish in recent years but is still significantly lower than the baseline 2003-2005 proportion.

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%
Winn Parish	13.2%	11.0%	9.0%	8.0%	9.1%	10.5%	11.1%	11.9%
RFSA	10.5%	10.7%	10.8%	10.8%	10.4%	9.9%	9.8%	9.9%
Louisiana	11.0%	11.3%	11.4%	11.2%	10.9%	10.8%	10.8%	10.9%
United States	8.1%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	

Sources:
- Louisiana State Center for Health Statistics and Louisiana Center for Records and Statistics.
- Centers for Disease Control and Prevention, National Vital Statistics System.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

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

Family Planning

In an era when technology should enable couples to have considerable control over their fertility, half of all pregnancies in the United States are unintended. Although between 1987 and 1994 the proportion of pregnancies that were unintended declined in the United States from 57 to 49 percent, other industrialized nations report fewer unintended pregnancies, suggesting that the number of unintended pregnancies can be reduced further. Family planning remains a keystone in attaining a national goal aimed at achieving planned, wanted pregnancies and preventing unintended pregnancies.

Socially, the costs can be measured in unintended births, reduced educational attainment and employment opportunity, greater welfare dependency, and increased potential for child abuse and neglect. Economically, healthcare costs are increased … The consequences of unintended pregnancy are not confined to those occurring in teenagers or unmarried couples. In fact, unintended pregnancy can carry serious consequences at all ages and life stages.

With an unintended pregnancy, the mother is less likely to seek prenatal care in the first trimester and more likely not to obtain prenatal care at all. She is less likely to breastfeed and more likely to expose the fetus to harmful substances, such as tobacco or alcohol. The child of such a pregnancy is at greater risk of low birth weight, dying in its first year, being abused, and not receiving sufficient resources for healthy development. A disproportionate share of the women bearing children whose conception was unintended are unmarried or at either end of the reproductive age span—factors that, in themselves, carry increased medical and social burdens for children and their parents. Pregnancy begun without some degree of planning often prevents individual women and men from participating in preconception risk identification and management.

Unintended pregnancies occur among females of all socioeconomic levels and all marital status and age groups, but females under age 20 years and poor and African American women are especially likely to become pregnant unintentionally. More than 4 in 10 pregnancies to White and Hispanic females [nationwide] are unintended; 7 in 10 pregnancies to African American females [nationwide] are unintended. Poverty is strongly related to greater difficulty in using reversible contraceptive methods successfully, with these females also the least likely to have the resources necessary to access family planning services and the most likely to be affected negatively by an unintended pregnancy.

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

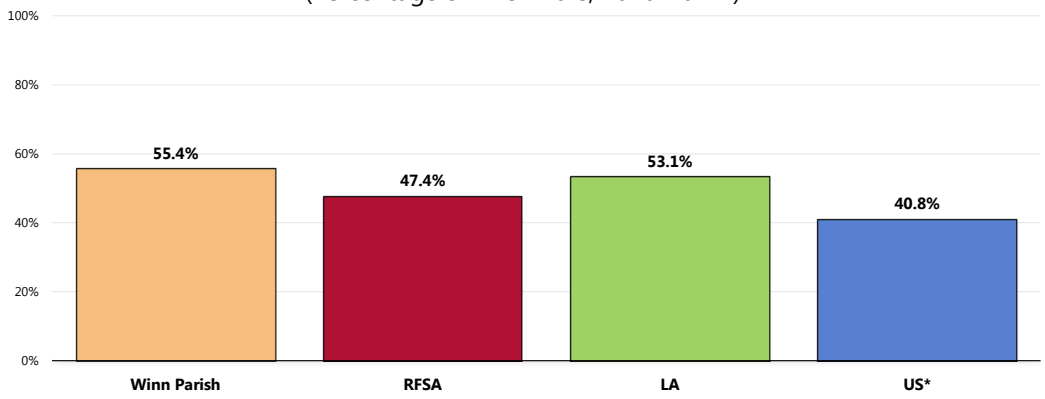
Births to Unwed Mothers

More than one-half (55.4%) of 2007-2009 births were to women who were not married at the time.

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

Births to Unwed Mothers

(Percentage of Live Births, 2010-2012*)



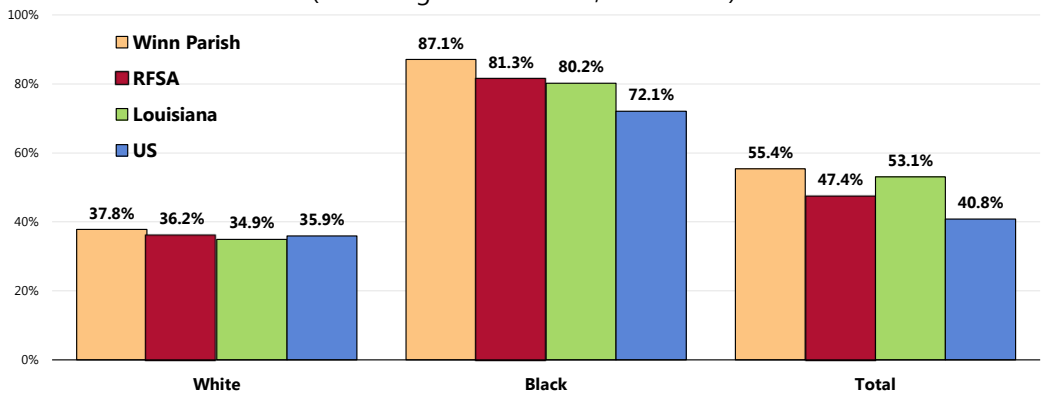
Sources:
- Louisiana State Center for Health Statistics and Louisiana Center for Records and Statistics.
- Centers for Disease Control and Prevention, National Vital Statistics System.

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

The percentage of births to unwed mothers in Winn Parish is dramatically higher in the Black population.

Births to Unwed Mothers by Race

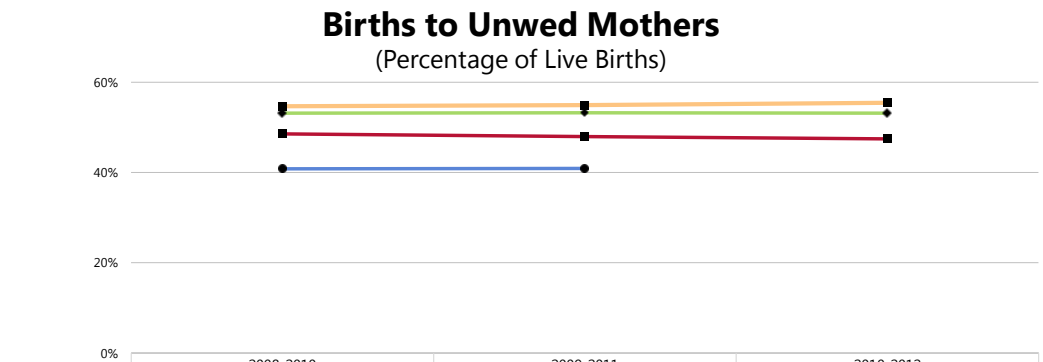
(Percentage of Live Births, 2010-2012)



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 Winn Parish has remained level over time.



	2008-2010	2009-2011	2010-2012
Winn Parish	54.7%	54.9%	55.4%
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" Winn 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.

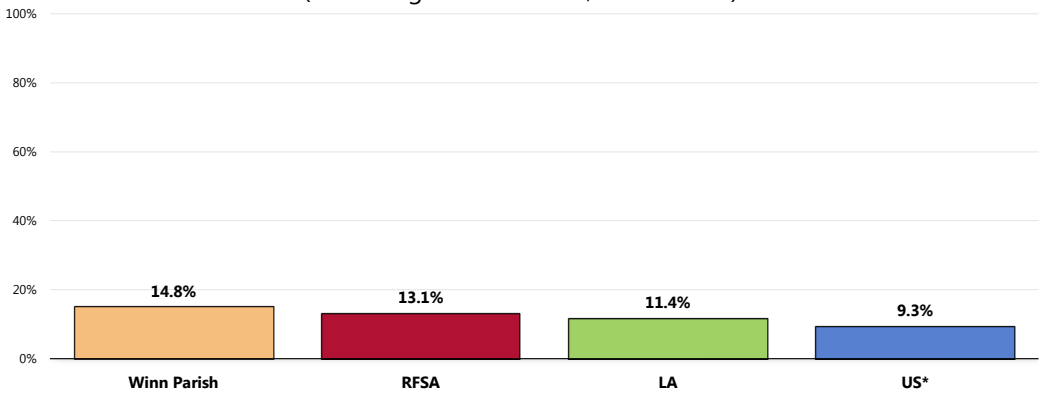
– Healthy People 2020, 2nd Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

A total of 14.8% of 2010-2012 births were to mothers under the age of 20.

- Higher than the 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*)



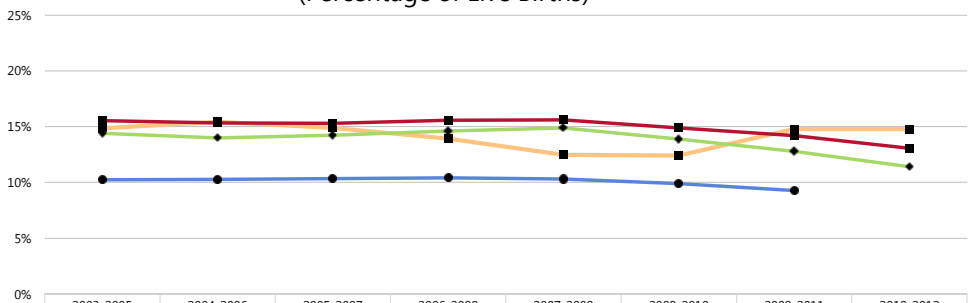
Sources:
- Louisiana State Center for Health Statistics and Louisiana Center for Records and Statistics.
- Centers for Disease Control and Prevention, National Vital Statistics System.

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 Winn Parish is the same as reported in baseline 2003-2005 findings.

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
Winn Parish	14.8%	15.4%	14.9%	13.9%	12.5%	12.4%	14.8%	14.8%
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 Winn Parish.

Reported Case Rates for Vaccine-Preventable Diseases

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

	Winn 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.

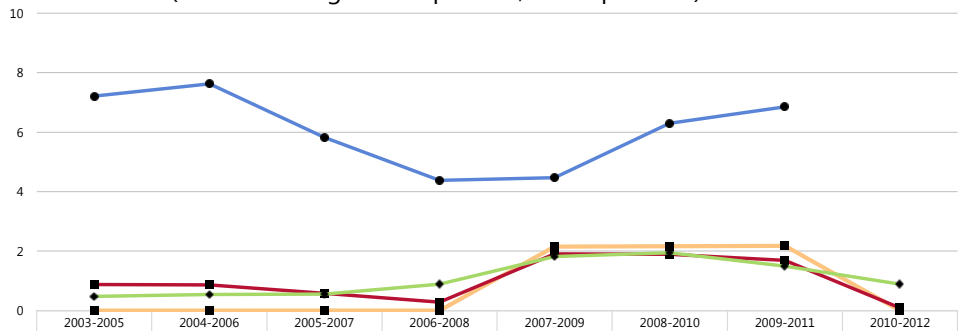
Pertussis

Between 2010 and 2012, there were no reported cases of pertussis in Winn 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 over the past several years in Winn Parish.

Pertussis Incidence

(Annual Average Cases per 100,000 Population)



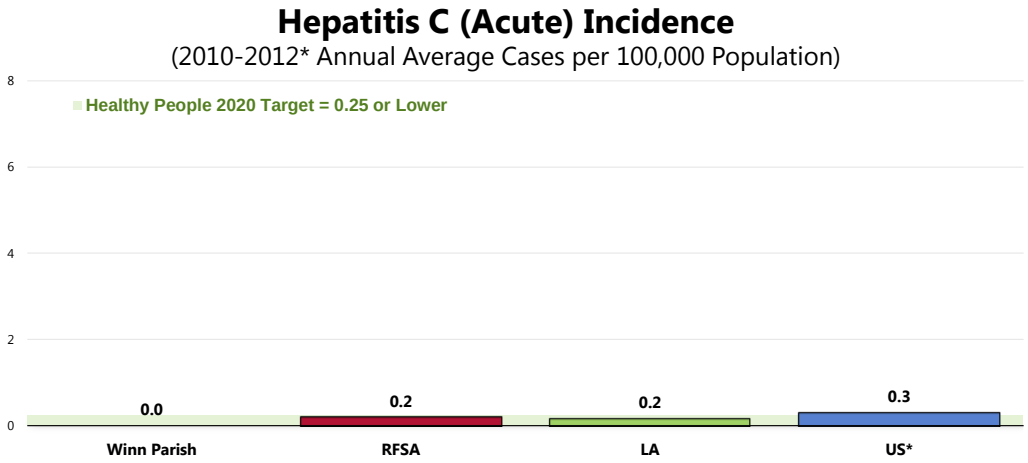
	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012
Winn Parish	0.0	0.0	0.0	0.0	2.2	2.2	2.2	0.0
RFSA	0.9	0.9	0.6	0.3	1.9	1.9	1.7	0.1
Louisiana	0.5	0.6	0.6	0.9	1.8	1.9	1.5	0.9
United States	7.2	7.6	5.8	4.4	4.5	6.3	6.9	

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

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

Acute Hepatitis C

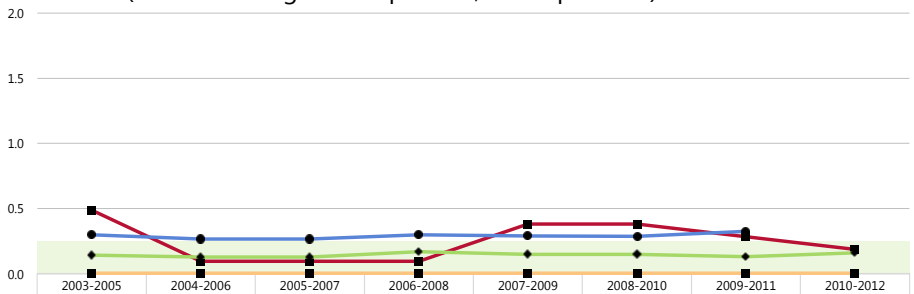
There were no incidences of acute hepatitis C between 2010 and 2012 in Winn Parish.



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.

There has been no reported Hepatitis C incidence since 2003 in Winn 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
Winn Parish	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
RFSA	0.5	0.1	0.1	0.1	0.4	0.4	0.3	0.2
Louisiana	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.2
United States	0.3	0.3	0.3	0.3	0.3	0.3	0.3	

Sources:
- Louisiana Department of Health and Hospitals Office of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-26]

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

Influenza & Pneumonia Vaccination

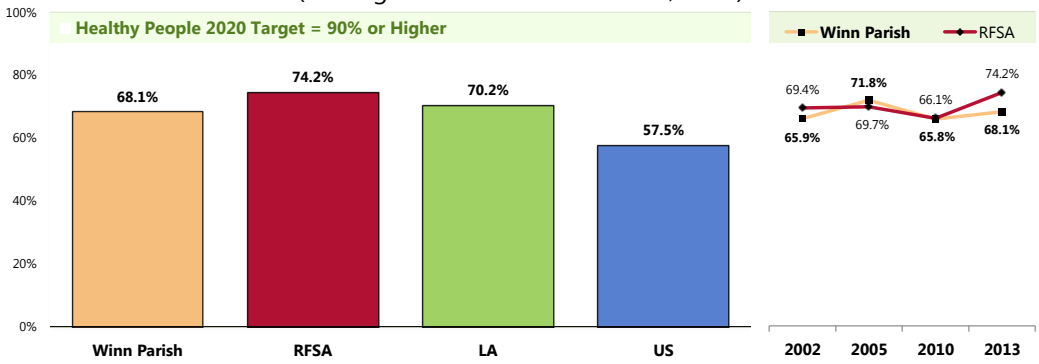
Flu Shots

Among adults age 65 and older, two-thirds (68.1%) received a flu shot within the past year.

- Comparable to RFSA findings.
- Comparable to Louisiana findings.
- Higher than national findings.
- Fails to satisfy the Healthy People 2020 target.
- Statistically unchanged over time.

Have Had a Flu Shot in the Past Year

(Among Winn 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.

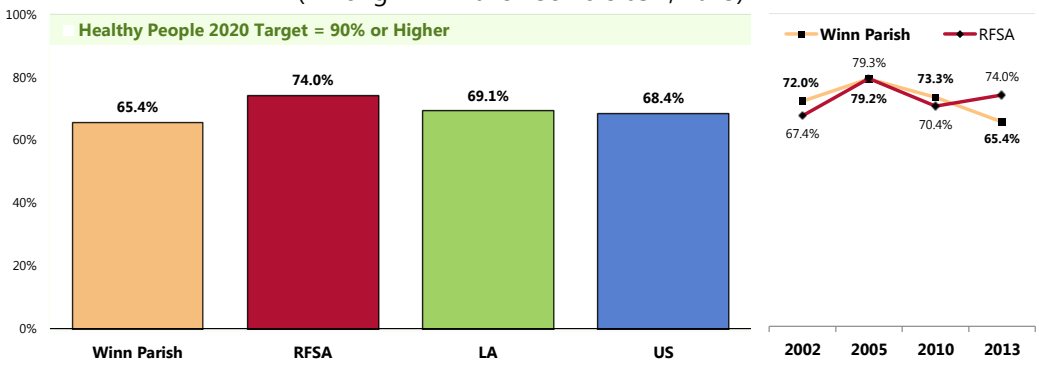
Pneumonia Vaccination

Among adults age 65 and older, 65.4% have received a pneumonia vaccination at some point in their lives.

- Lower than the regional (RFSA) findings.
- Statistically comparable to Louisiana findings.
- Statistically comparable to national findings.
- Fails to satisfy the Healthy People 2020 objective.
- Statistically unchanged since 2002..

Have Ever Had a Pneumonia Vaccine

(Among Winn Parish Seniors 65+, 2013)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 179]
- 2013 PRC National Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System (BRFSS) Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2011 Louisiana data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-13.1]

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

Tuberculosis

Tuberculosis (TB) is an infectious disease caused by a type of bacteria called Mycobacterium tuberculosis. TB is spread from person to person through the air, as someone with active tuberculosis of the respiratory tract coughs, sneezes, yells, or otherwise expels bacteria-laden droplets.

The Institute of Medicine (IOM), an arm of the National Academy of Sciences, released a report in May 2000 that lays out an action plan for eliminating tuberculosis in the United States … As a key part of the plan, new TB treatment and prevention strategies must be developed that are tailored to the current environment. Among today's hallmarks:

- Tuberculosis now occurs in ever-smaller numbers in most regions of the country.
- Foreign-born people (both legal and undocumented immigrants) coming to the United States from countries with high rates of TB now account for nearly half of all TB cases.
- Higher numbers of cases are concentrated in pockets located in major metropolitan areas, and this increased prevalence is due, in large part, to the increased number of people with or at risk for HIV/AIDS infection.
- Other groups, such as HIV-infected people and the growing population of prison inmates, the homeless, and intravenous drug abusers, are emerging as being at high risk.

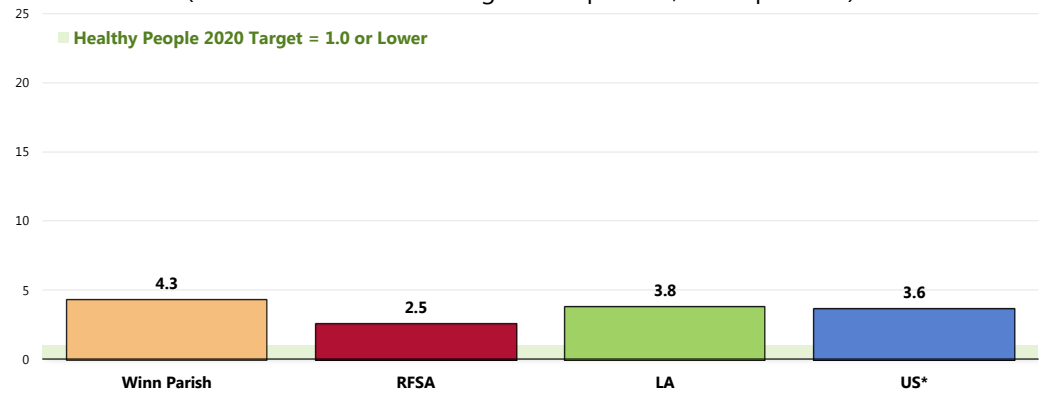
– Ending Neglect: The Elimination Of Tuberculosis In The United States. National Academy of Sciences, Institute of Medicine. Funded by the Centers for Disease Control and Prevention. 2000.

Between 2010 and 2012, the annual average tuberculosis incidence rate (new cases per year) was 4.3 cases per 100,000 population in Winn Parish.

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

Tuberculosis Incidence

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



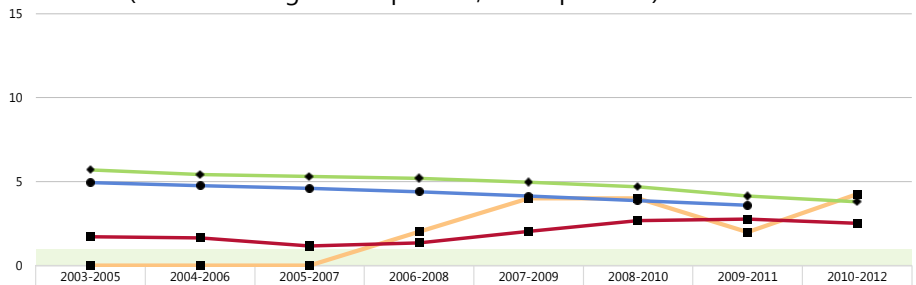
Sources:
- Louisiana Department of Health and Human Services.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-29]

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

Tuberculosis incidence in Winn Parish has increased since 2003-2005.

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
Winn Parish	0.0	0.0	0.0	2.0	4.0	4.0	2.0	4.3
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

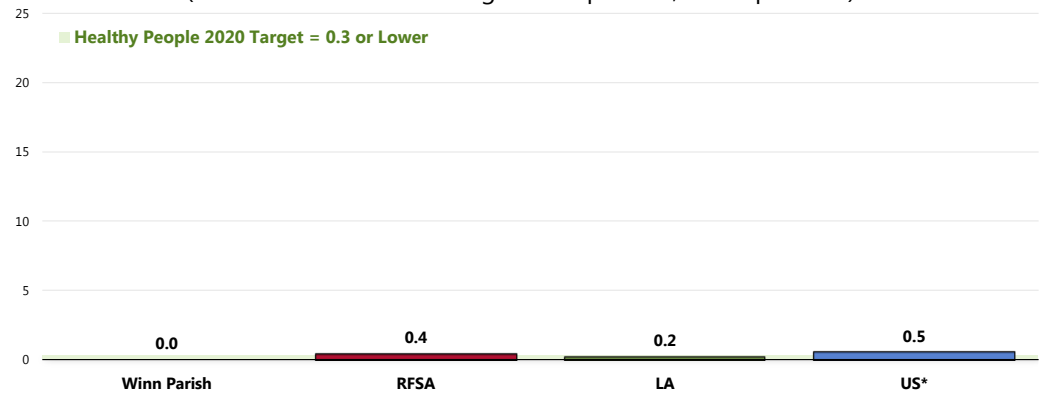
Acute Hepatitis A

Between 2010 and 2012, there were no reported cases of hepatitis A in Winn Parish.

- 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.

Hepatitis A Incidence

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

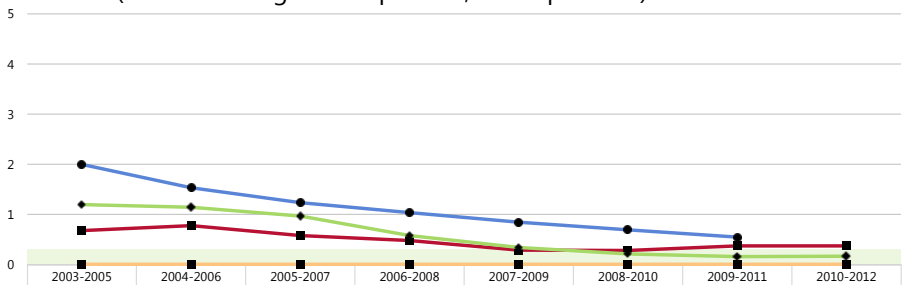


Sources:
- Louisiana Department of Health and Hospitals Office of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-23]

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

Hepatitis A Incidence

(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	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3
Winn 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.

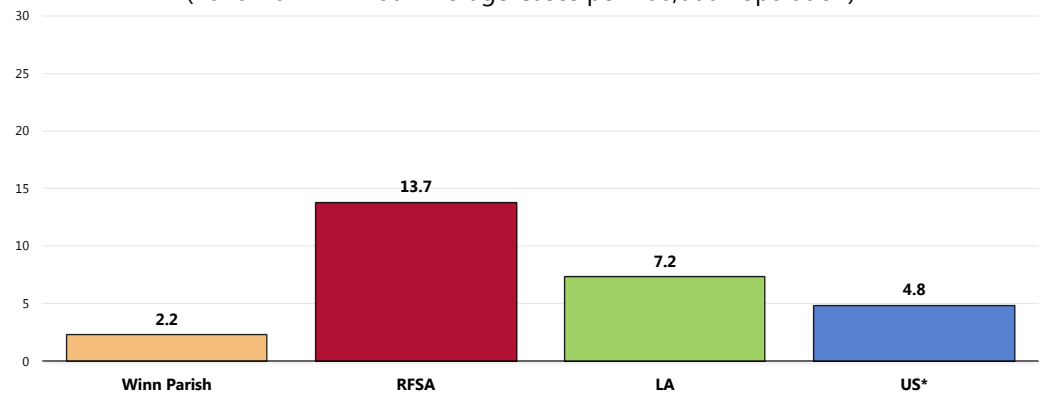
Shigellosis

Between 2010 and 2012, the annual average shigellosis rate was 2.2 cases per 100,000 population in Winn Parish.

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

Shigellosis Incidence

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



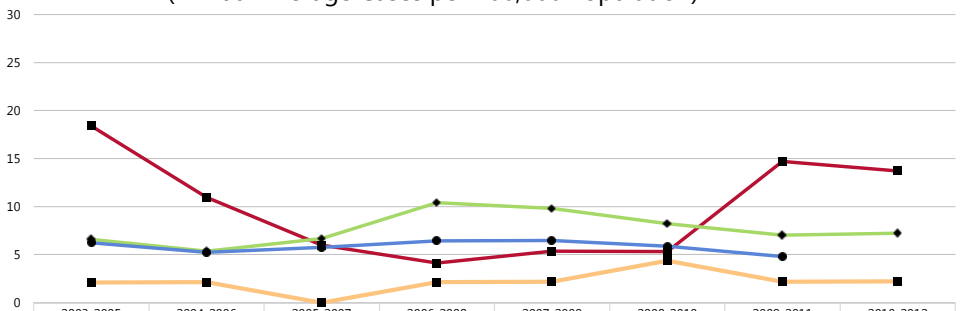
Sources:
- Louisiana Department of Health and Hospitals Office of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

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

Shigellosis incidence has fluctuated considerably over time.

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
Winn Parish	2.1	2.1	0.0	2.1	2.2	4.3	2.2	2.2
RFSA	18.4	10.9	6.0	4.1	5.4	5.3	14.7	13.7
Louisiana	6.6	5.4	6.7	10.4	9.8	8.2	7.0	7.2
United States	6.2	5.2	5.8	6.4	6.4	5.9	4.8	

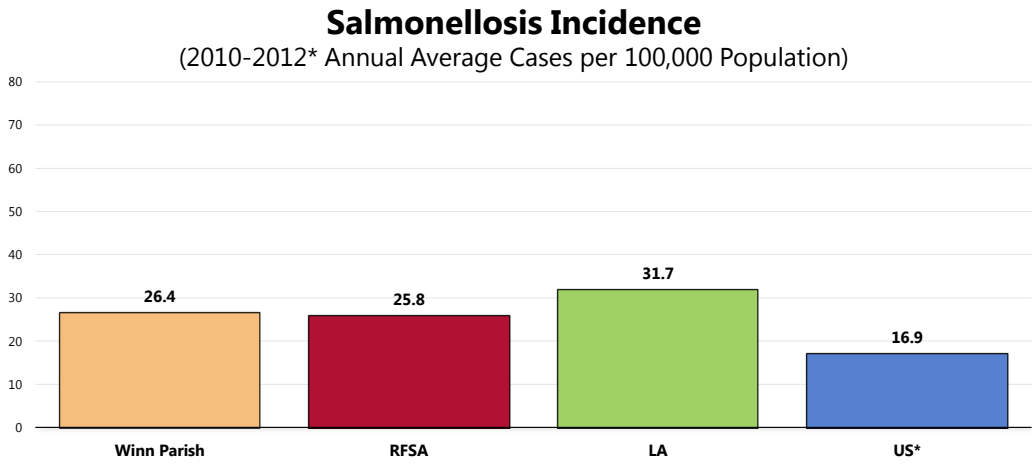
Sources:
- Louisiana Department of Health and Hospitals Office of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

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

Salmonellosis

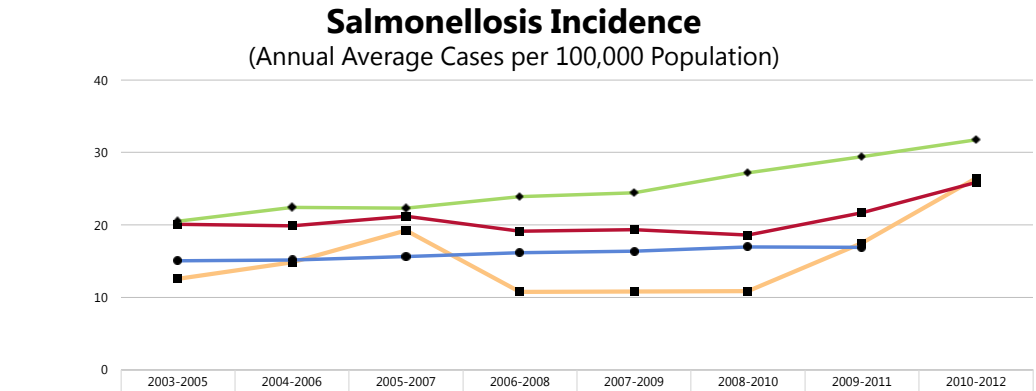
The 2010-2012 salmonellosis incidence rate in Winn Parish was 26.4 per 100,000 population.

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



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

Salmonellosis incidence has generally increased over time in Winn Parish, echoing the state trend. Incidence has increased nationally as well, although less sharply.



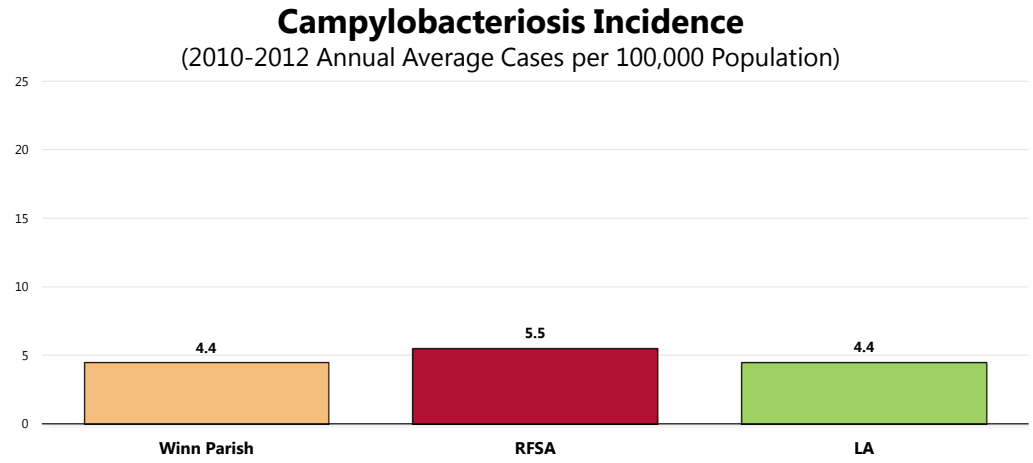
	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012
Winn Parish	12.6	14.8	19.2	10.7	10.8	10.9	17.5	26.4
RFSA	20.1	19.9	21.2	19.1	19.3	18.6	21.7	25.8
Louisiana	20.5	22.4	22.3	23.9	24.4	27.2	29.4	31.7
United States	15.0	15.1	15.6	16.1	16.4	16.9	16.9	

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

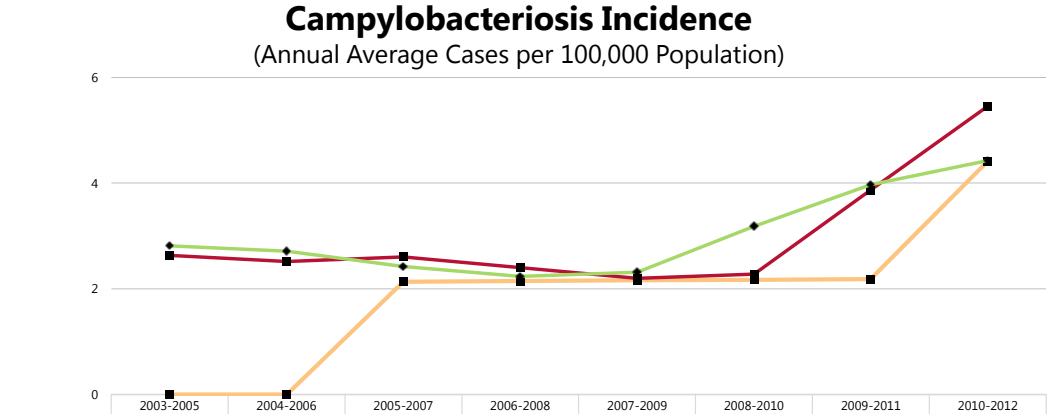
Between 2010 and 2012, Winn Parish reported a campylobacteriosis incidence rate of 4.4 cases per 100,000 population.

- Similar to the regional incidence rate.
- Similar to the Louisiana rate. (A national incidence rate is not available.)



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

- Campylobacteriosis incidence has increased in recent years in Winn Parish, as it has statewide.



	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012
Winn Parish	0.0	0.0	2.1	2.1	2.2	2.2	2.2	4.4
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:

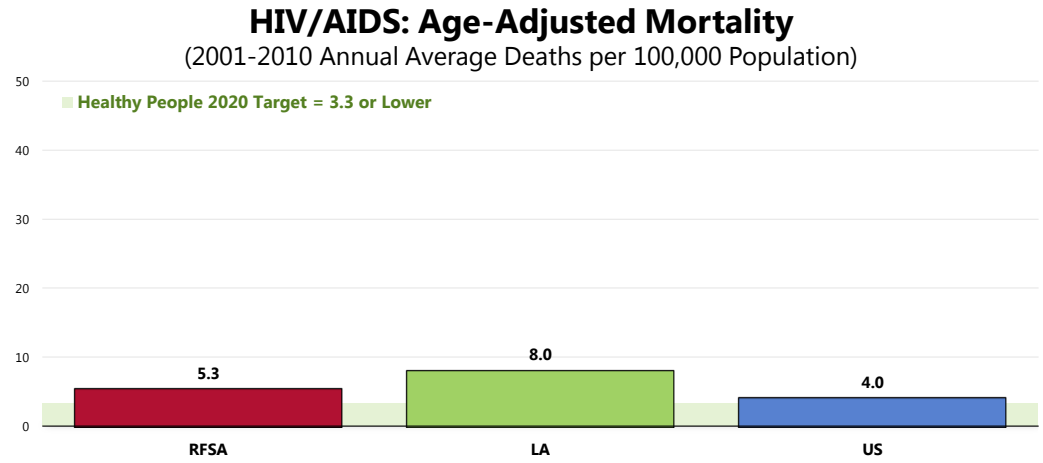
- Because of the long period of time from initial HIV infection to AIDS and because highly active antiretroviral therapy (HAART) has slowed the progression to AIDS, new cases of AIDS no longer provide accurate information about the current HIV epidemic in the United States.
- Because of a lack of awareness 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).

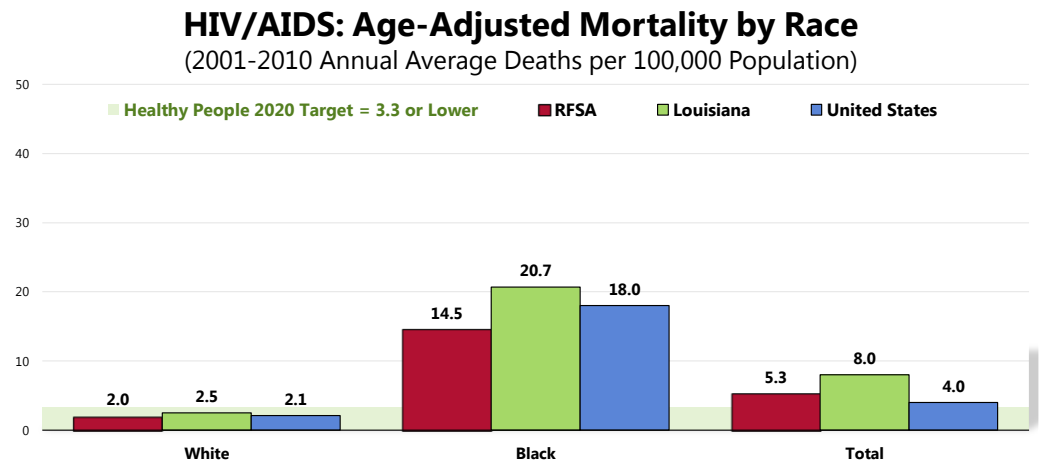
- Lower than found statewide.
- Higher than found nationally.
- Fails to satisfy the Health People 2020 target.



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.

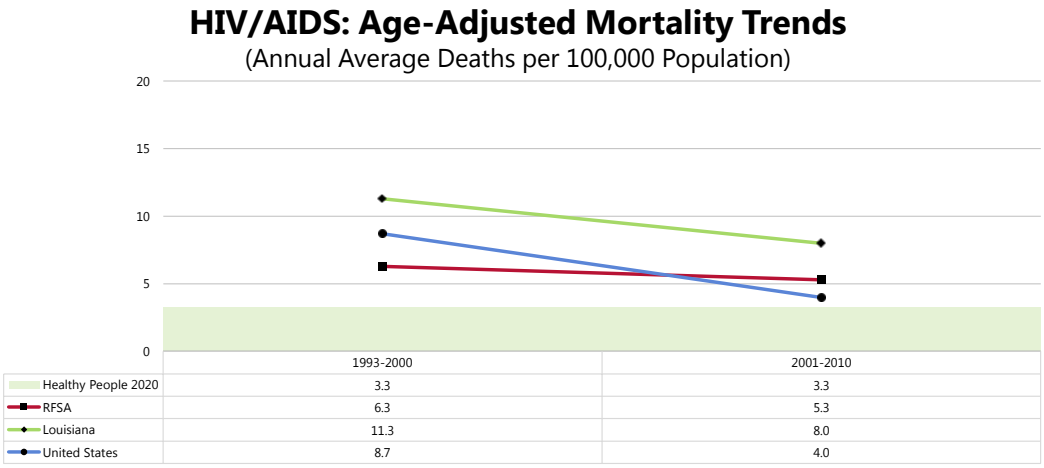
HIV/AIDS mortality is dramatically higher among Blacks in the RFSA when compared with Whites (more than seven times higher, in fact). This disparity is also seen — and to an even greater degree — both statewide and nationally.



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

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

- HIV/AIDS mortality has decreased over time in the RFSA, echoing the state and national trends.



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

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

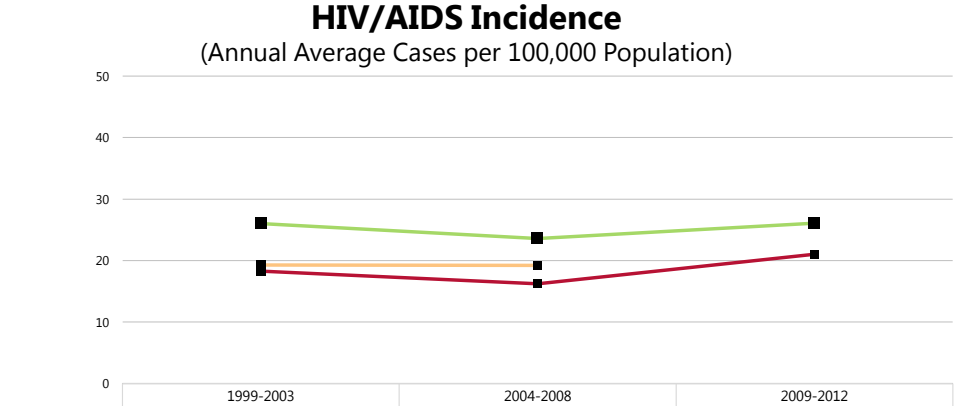
Notes:
- Deaths from 1999 forward are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10); pre-1999 data were coded using ICD-9 coding.
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
-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

HIV/AIDS Cases

HIV/AIDS Incidence

Due to low case counts, the most recent data available for HIV/AIDS incidence in Winn Parish reflects the 2004-2008 reporting period.

- The rate was unchanged over time for Winn Parish, as shown.



	1999-2003	2004-2008	2009-2012
Winn Parish	19.3	19.2	
RFSA	18.3	16.2	21.0
Louisiana	26.0	23.6	26.1

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

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

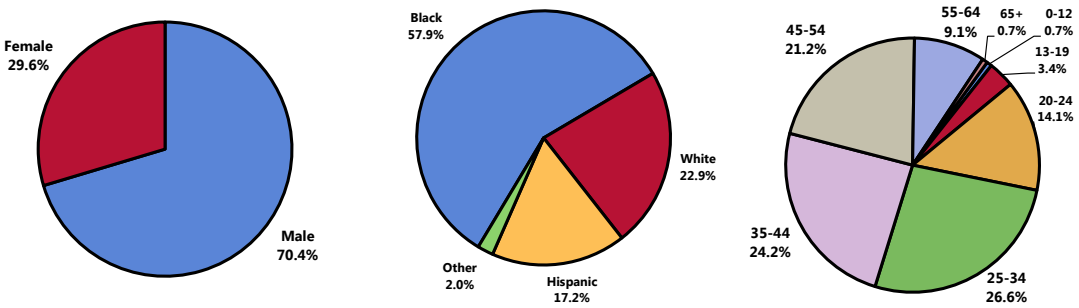
HIV/AIDS Characteristics

The following chart provides an illustration of the demographic characteristics of new HIV/AIDS cases (2009-2012) in the RFSA. Note:

- Incidence was more prevalent in **males**.
- **Black** residents made up the majority of new cases.
- The greatest proportion of new cases occurred in the **25-44** age groups.

Characteristics of New HIV Cases

(Rapides Foundation Service Area, 2009-2012)



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

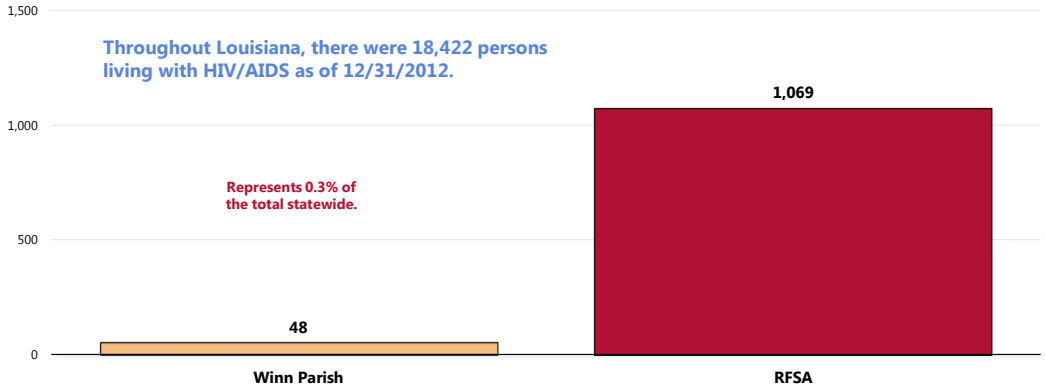
Persons Living With HIV/AIDS (PLWHA)

As of the end of 2012, there were 48 Winn Parish residents living with HIV/AIDS.

- This represents 0.3% of the state's 18,422 persons living with HIV/AIDS.

Persons Living With HIV/AIDS

(As of December 31, 2012)



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

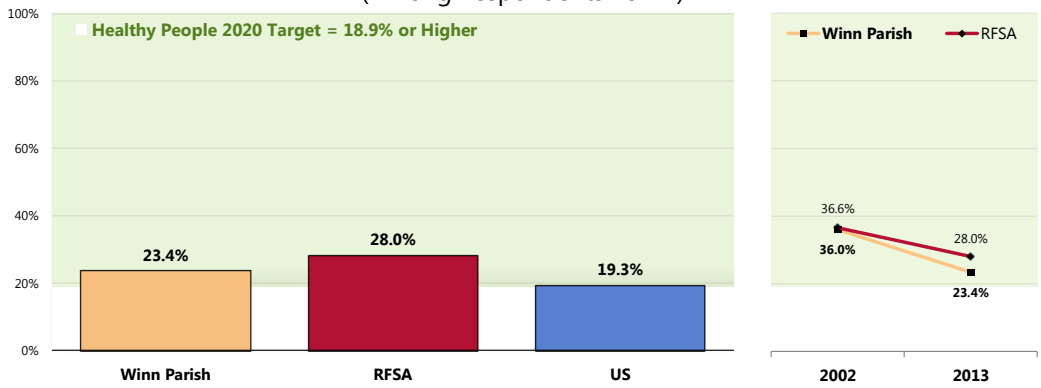
HIV Testing

Among Winn Parish adults age 18-44, 23.4% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Similar to the proportion found nationwide.
- Similar to the Healthy People 2020 target.
- Denotes a significant decrease from 2002 survey findings. Note that the national trend is downward as well.

Tested for HIV in the Past Year

(Among Respondents 18-44)



Sources:
- 2013 PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 183]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-14.1]

Notes:
- Reflects respondents age 18 to 44.
- Note that the Healthy People 2020 objective is for ages 15-44.

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) refer to the more than 25 infectious organisms transmitted primarily through sexual activity. STDs are among many related factors that affect the broad continuum of reproductive health agreed on in 1994 by 180 governments at the International Conference on Population and Development (ICPD). At ICPD, all governments were challenged to strengthen their STD programs. STD prevention as an essential primary care strategy is integral to improving reproductive health.

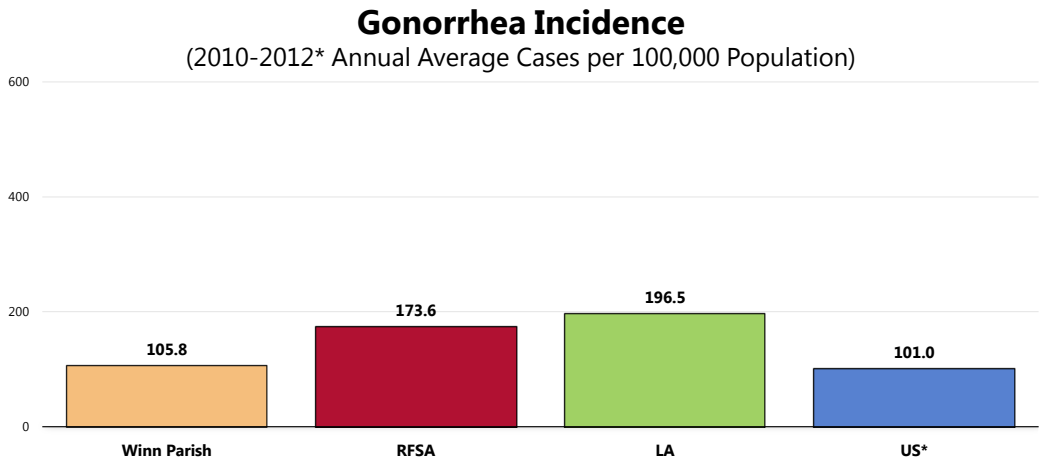
Despite the burdens, costs, complications, and preventable nature of STDs, they remain a significant public health problem, largely unrecognized by the public, policymakers, and public health and healthcare professionals in the United States. STDs cause many harmful, often irreversible, and costly clinical complications, such as reproductive health problems, fetal and perinatal health problems, and cancer. In addition, studies of the worldwide human immunodeficiency virus (HIV) pandemic link other STDs to a causal chain of events in the sexual transmission of HIV infection.

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

Gonorrhea

Between 2010 and 2012, the annual average gonorrhea incidence rate was 105.8 cases per 100,000 population in Winn Parish.

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



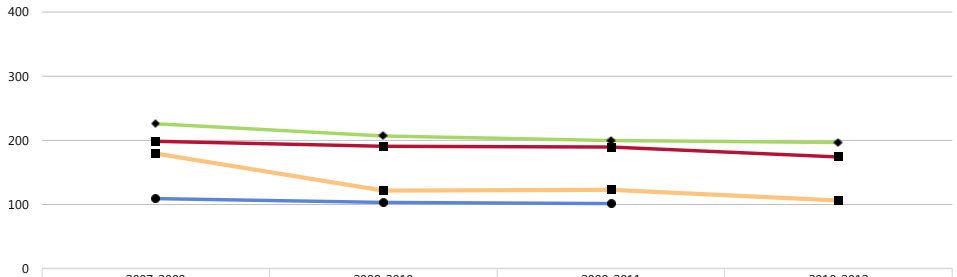
Sources:
- Louisiana Department of Health and Hospitals Office of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

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

Gonorrhea rates decreased significantly across Winn Parish since 2007-2009. Note the decreasing trends reported both statewide and nationwide.

Gonorrhea Incidence

(Annual Average Cases per 100,000 Population)



	2007-2009	2008-2010	2009-2011	2010-2012
Winn Parish	179.3	121.5	122.4	105.8
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.

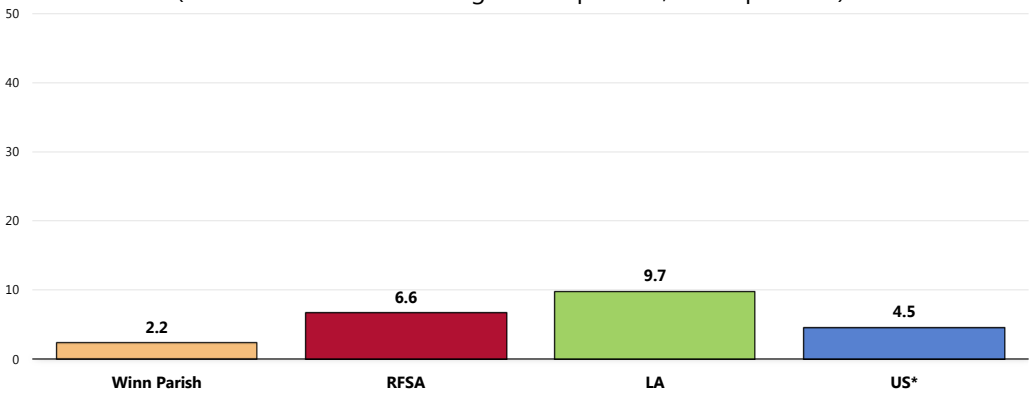
Syphilis

Between 2010 and 2012, the annual average primary/secondary syphilis incidence rate was 2.2 cases per 100,000 population in Winn Parish.

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

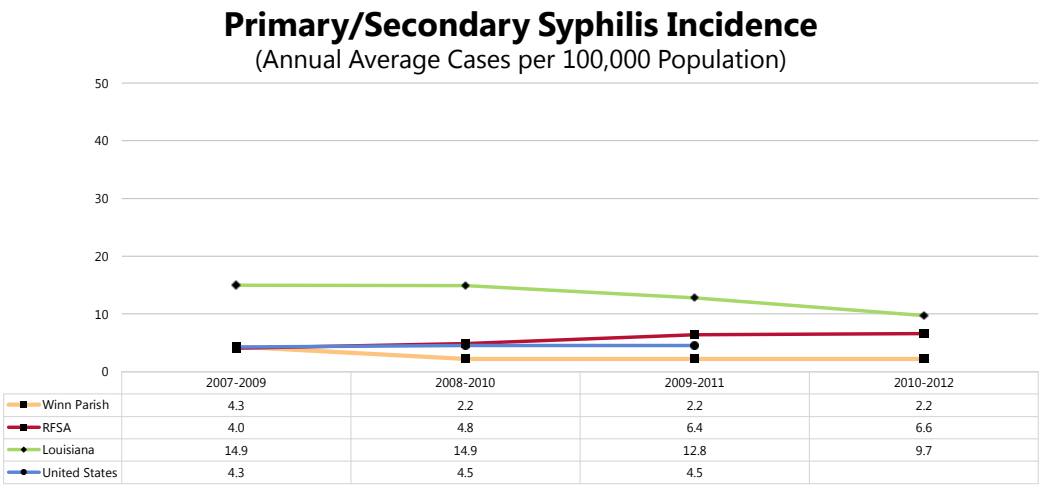
Primary/Secondary Syphilis Incidence

(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.

Syphilis incidence has decreased since 2007-2009.



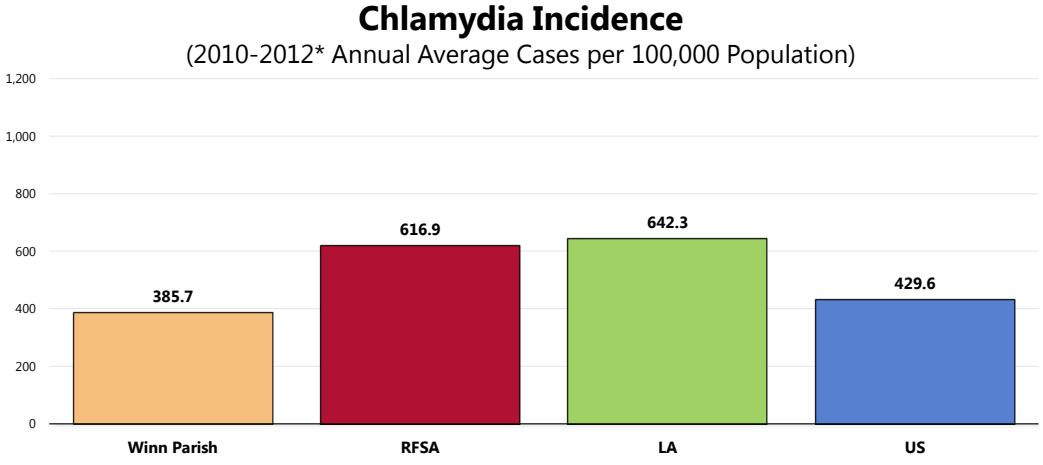
	2007-2009	2008-2010	2009-2011	2010-2012
Winn Parish	4.3	2.2	2.2	2.2
RFSA	4.0	4.8	6.4	6.6
Louisiana	14.9	14.9	12.8	9.7
United States	4.3	4.5	4.5	

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

Chlamydia

Between 2010 and 2012, the annual average chlamydia incidence rate was 385.7 cases per 100,000 population in Winn Parish.

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

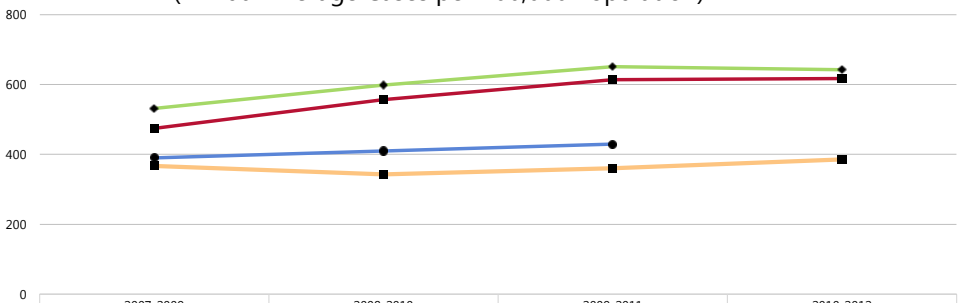


Sources: ● Louisiana Department of Health and Hospitals Office of Public Health.
● Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: ● Rates are annual average new cases per 100,000 population.
● *US rate represents 2009-2011 data.

Chlamydia incidence has increased overall in Winn Parish.

Chlamydia Incidence

(Annual Average Cases per 100,000 Population)



	2007-2009	2008-2010	2009-2011	2010-2012
Winn Parish	367.2	343.0	360.5	385.7
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.

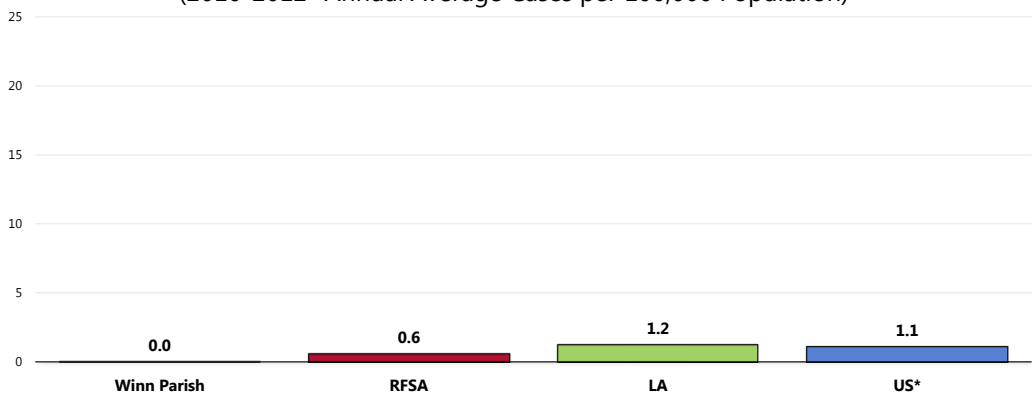
Acute Hepatitis B

Between 2010 and 2012, no cases of hepatitis B incidence were reported in Winn Parish.

- 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)

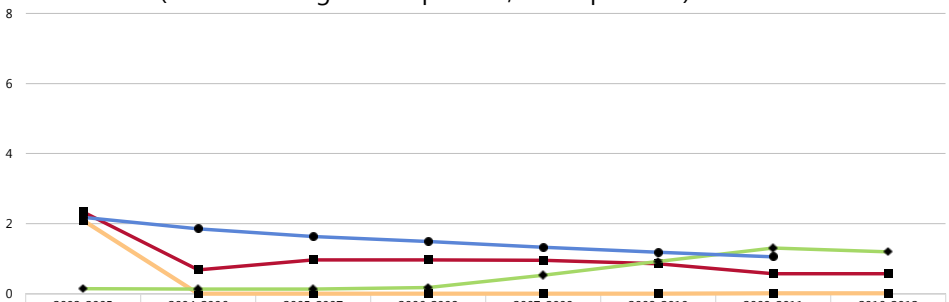


Sources: • Louisiana Department of Health and Hospitals Office of Public Health.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
Notes: • Rates are annual average new cases per 100,000 population.
• *US rate represents 2009-2011 data.

The last incidence of hepatitis B in Winn Parish was in 2003.

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
Winn Parish	2.1	0.0	0.0	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.

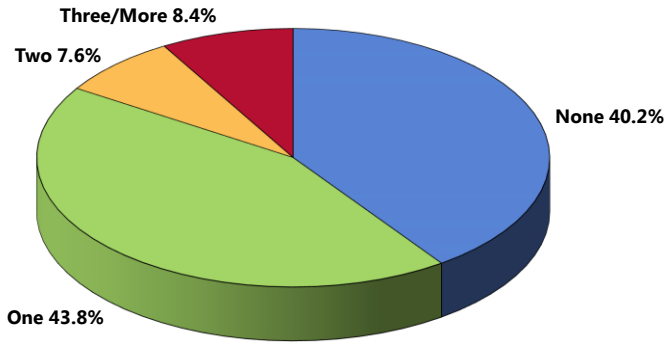
Safe Sexual Practices

Sexual Partners

Among unmarried Winn Parish adults under age 65, the vast majority cites having one (43.8%) or no (40.2%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months

(Among Unmarried Adults 18-64; Winn Parish, 2013)



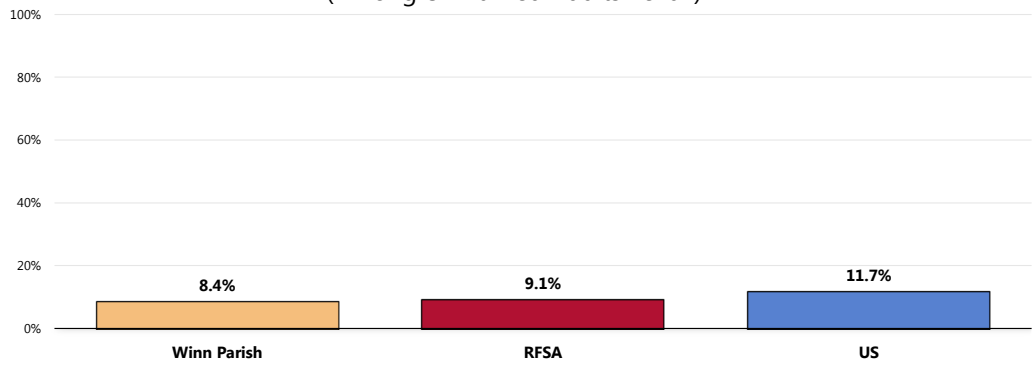
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
Notes: • Asked of all unmarried respondents under the age of 65.

However, 8.4% report three or more sexual partners in the past year.

- Similar to regional (RFSA) findings.
- Comparable to that reported nationally.

Had Three or More Sexual Partners in the Past Year

(Among Unmarried Adults 18-64)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

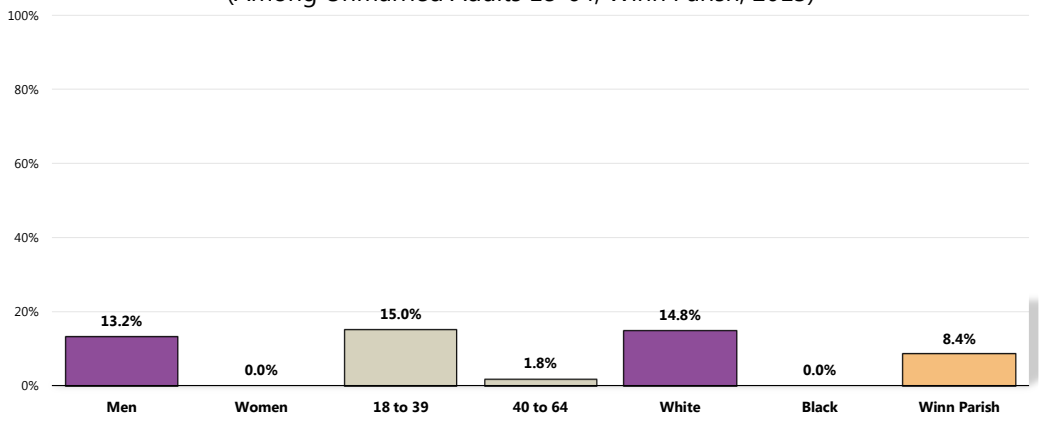
Notes:
- Asked of all unmarried respondents under the age of 65.

Unmarried adults (under the age of 65) who are more likely to report three or more sexual partners in the past year include:

- Men.
- Residents age 18 to 39.
- Whites.

Had Three or More Sexual Partners in the Past Year

(Among Unmarried Adults 18-64; Winn Parish, 2013)



Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]

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

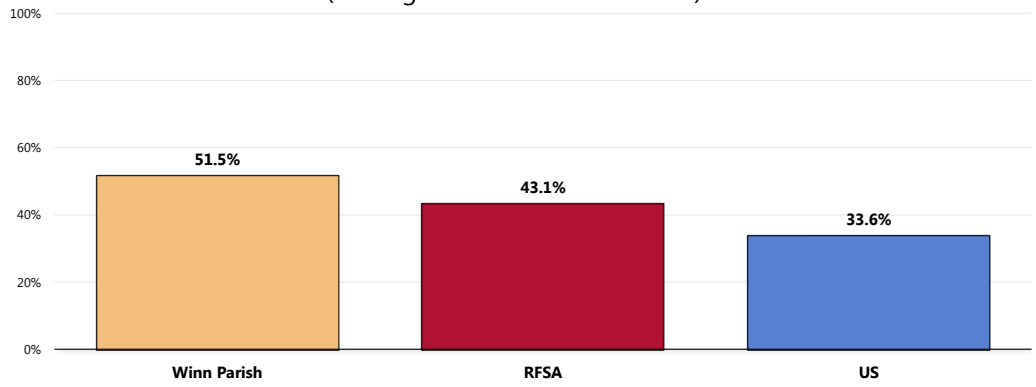
Condom Use

Among Winn Parish adults who are under age 65 and unmarried, 51.5% report that a condom was used during their last sexual intercourse.

- Similar to regional (RFSA) findings.
- Higher than national findings.

Condom Was Used During Last Sexual Intercourse

(Among Unmarried Adults 18-64)



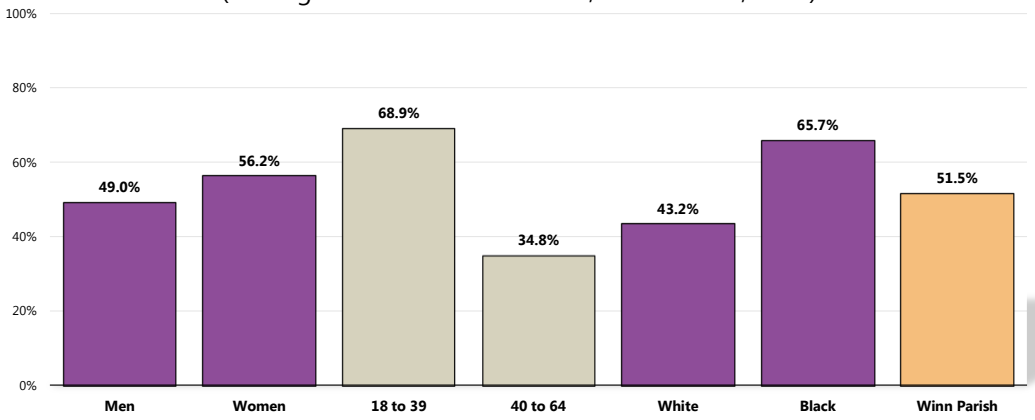
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 90]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all unmarried respondents under the age of 65.

Those less likely to report that a condom was used during their last sexual intercourse include:

- Residents age 40 through 64.
- White residents.

Condom Was Used During Last Sexual Intercourse

(Among Unmarried Adults 18-64; Winn Parish, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 90]
Notes: • Asked of all unmarried respondents under the age of 65.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 100% to 200% of poverty; "middle/high income" = over 200% of poverty.

HOUSING

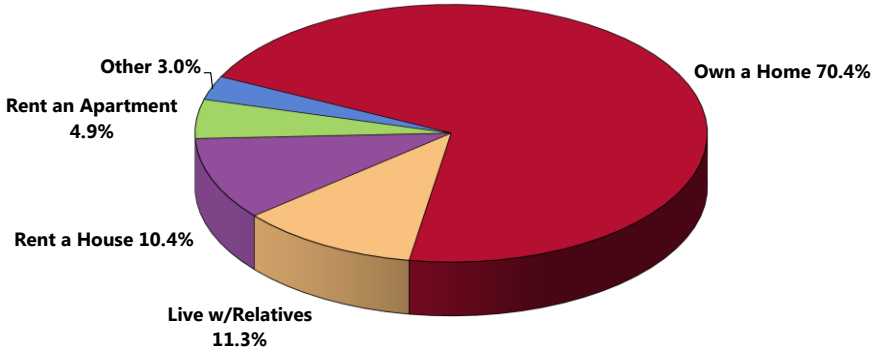
Housing Conditions

Type of Dwelling

The majority of Winn Parish residents (70.4%) owns their own home, while 15.3% rent a house or apartment.

- Another 11.3% live with family members.

Type of Dwelling
(Winn Parish, 2013)



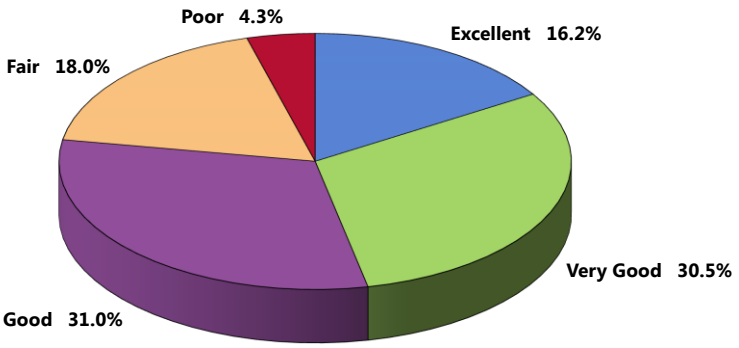
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]
Notes: • Asked of all respondents.

Condition of Local Housing

Just under one-half (46.7%) of survey respondents consider the condition of homes in their neighborhoods to be "excellent" or "very good."

- Another 31.0% gave good ratings.

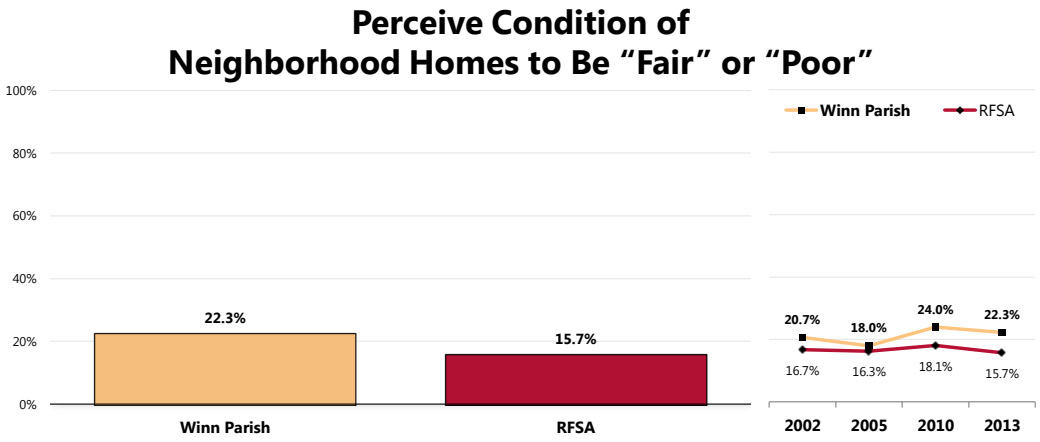
Rating of Condition of Neighborhood Homes
(Winn Parish, 2013)



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

However, 22.3% of Winn Parish residents consider the condition of homes in their neighborhoods to be only "fair" or "poor."

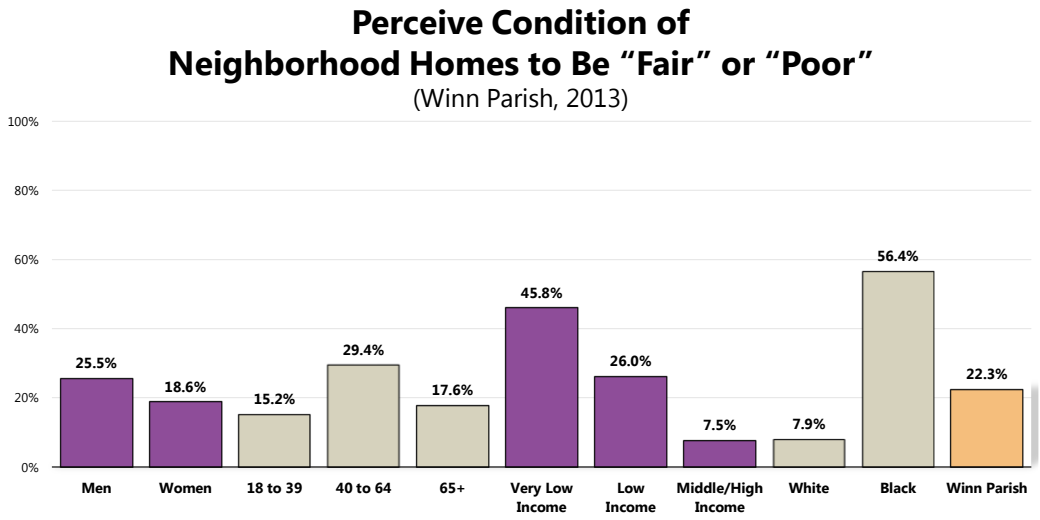
- Higher than regional (RFSA) findings.
- This indicator remains statistically unchanged since 2005.



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

Viewed by demographic segments, those residents more likely to give low ratings of the condition of neighborhood homes include the following:

- Adults age 40 to 64.
- Residents living at lower incomes (note the strong negative correlation).
- Black residents of Winn Parish.



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.

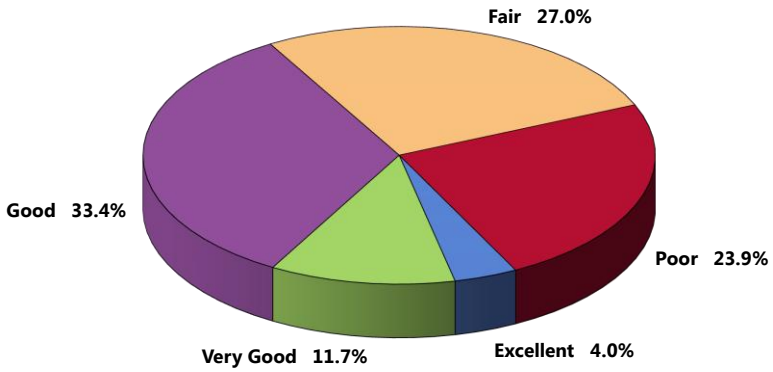
Housing Affordability

Availability of Affordable Housing

When asked to rate the availability of affordable local housing, 15.7% of survey respondents gave "excellent" or "very good" opinions.

- Another 33.4% gave "good" ratings.

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

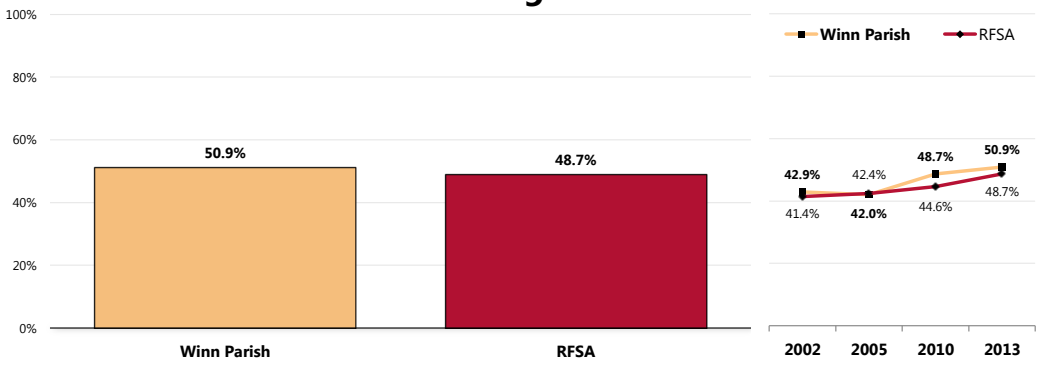


Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
Notes: • Asked of all respondents.

However, just over one half (50.9%) of Winn Parish residents consider the availability of affordable housing in their areas to be "fair" or "poor."

- Similar to regional (RFSA) findings.
- Unfavorably, this marks a significant <u>increase</u> in "fair/poor" ratings since this was first measured in 2002.

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

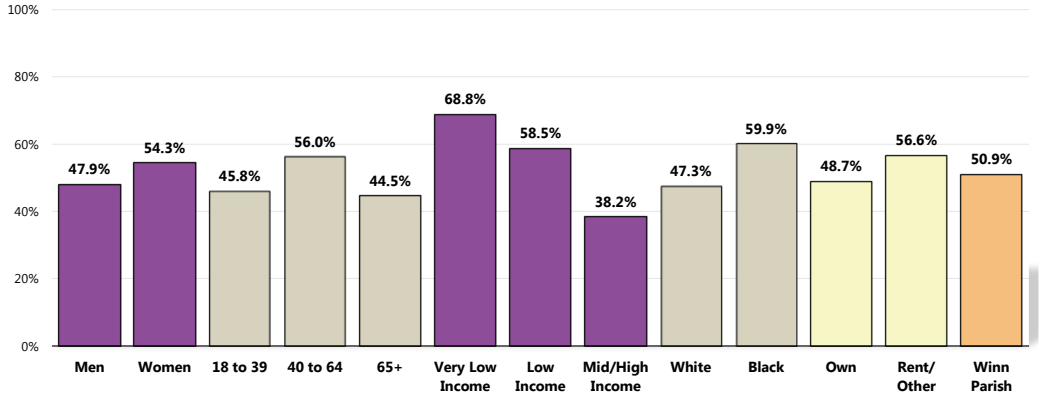


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]
Notes: • Asked of all respondents.

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

- Residents age 40 to 64.
- Lower income residents (note negative correlation).

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



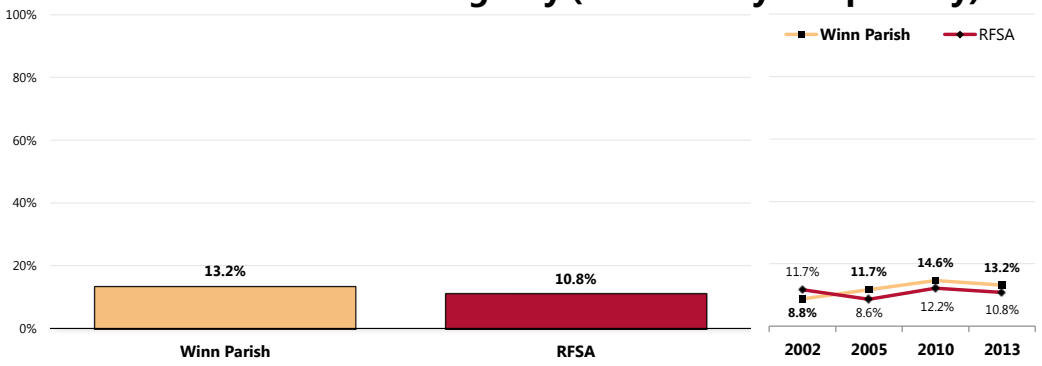
Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: very low income" = below poverty; "low income" = 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.
- Statistically higher since 2002.

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



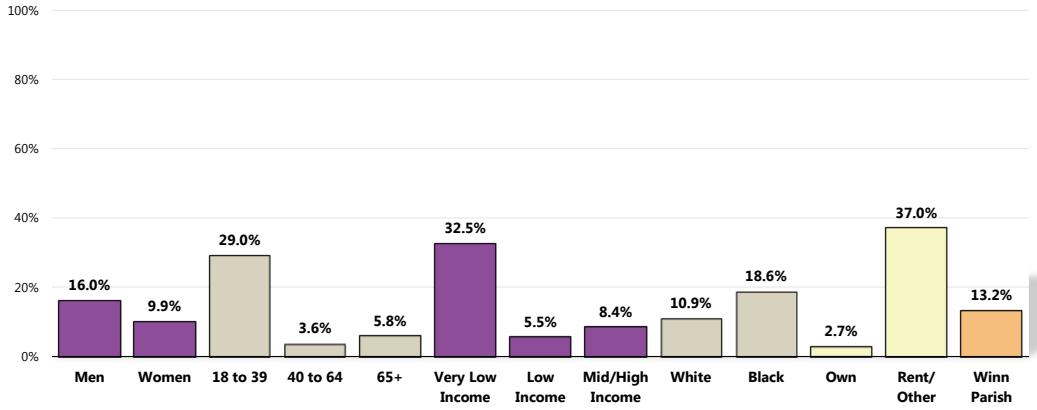
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 128]
Notes: • Asked of all respondents.

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

- Young adults.
- Respondents with 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)

(Winn 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

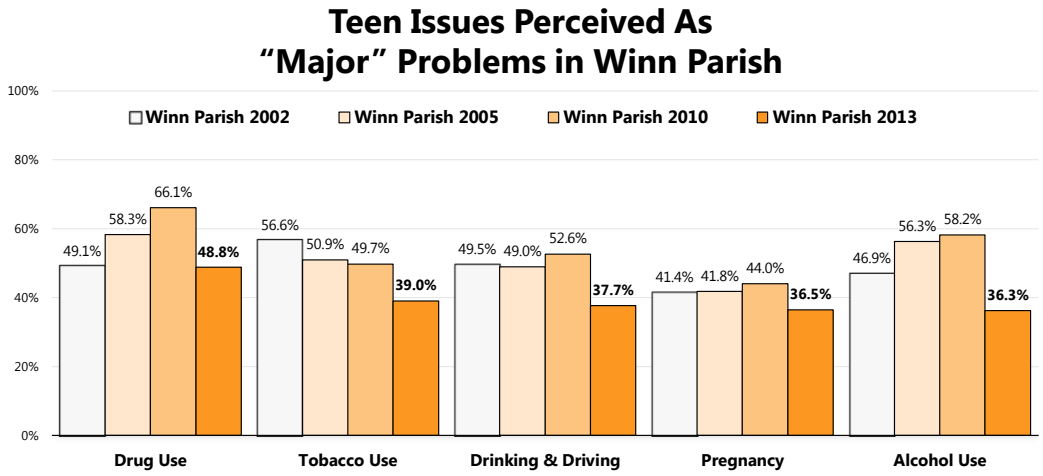
Teen Issues

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 Winn Parish.

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 level of collaboration occurring in the community between non-profit organizations, healthcare providers and hospitals. The themes surrounding collaboration were:

- Positive thoughts about the level of collaboration

Attendees had **positive thoughts about the level of collaboration** occurring in the community. Several participants spoke about the excellent coordination occurring between non-profit organizations and the larger healthcare system in the parish. The Winn Parish Medical Center also works closely with the Winn Community Health Center. In addition, due to the small size of the community, everyone knows what others are doing and collaboration occurs regardless if that was the original intent.

> *"We're small enough here that everybody pretty well knows everybody's business, so you don't have a whole lot of choice but to collaborate sometimes." — Winn Parish Key Informant*

Older Adults

Related Focus Group Findings

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

- Limited number of resources available to seniors
- Travel for care
- Need more assisted living facilities
- Seniors reluctance to ask for help

Participants believe that many communities have an aging population. Participants worry about the health of senior citizens living in the region, with only a **limited number of resources available to seniors** and services vary dependent on parish. Overall, the aging population is underserved, with few exceptions, and many geriatric residents have to **travel for specialty care services**. This travel can take several hours to a whole day and is often difficult for the resident.

Quality of Life

Related Focus Group Findings

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

- Negative reviews about the quality of life
- Poverty
- Lack cultural and entertainment opportunities, or outdoor recreation
- "Brain Drain"
- Economic development

Focus group attendees had **negative reviews about the quality of life** in Winn Parish. In general, the attendees enjoy living in the parish, but do not feel that the quality of life is high. Overall, a high number of residents live in **poverty** and many young people do not graduate high school. Key informants describe that the **parish does not have a lot to offer in cultural or entertainment opportunities, or outdoor recreation**. Nothing is available to attract, or retain the younger population.

> *"I think that's why we're losing the younger kids. There's nothing to attract, nothing to retain them. You know, they're looking for activities. And I've got a 23-year-old and a soon to be 18-year-old, and I know what they look for in life and what they want to do, and it's not hanging out on the back porch or on the front porch and visit with neighbors. They're constantly looking for something to do, and there's just not that opportunity here. If you like to hunt and fish, it's a great place to be. But if you like malls and shopping and movies and whatnot, you're not going to attract those people." — Winn Parish Key Informant*

This is reinforced by what attendees describe as the "**brain drain**," or the reality that many intelligent, ambitious young people leave the community after high school graduation:

> *"I look at it this way, B.R. Winnfield kindergarten school has 200 children or 220 children in that school every year that start in kindergarten, and we only graduate 80 to 85 at Winnfield Senior High School. We're left with that 120, 125 kids that dropped out of school. They don't go anywhere. Of the 85 that graduate, probably 50 of them go to college and get a degree and they move off somewhere else. So the kids we're left with are the ones that dropped out of school and the ones that didn't seek to go to college." — Winn Parish Key Informant*

Key informants did describe efforts to improve **economic development**, through a parish-wide Economic Development Council. However, employers struggle to open businesses in the parish because the non-educated workforce do not have the appropriate skills, and, or, cannot pass a drug test. Some employers who operate in the parish struggle to find qualified local employees, as a respondent explains:

> *"Union Tank Car. They build railroad tank cars in Alexandria. They needed to hire a bunch of welders. There's a very stringent welding test. The guys that could pass the welding test could not pass the written part of the test. They were old hand welders that could do hands-on welding, but could not read and pass that. The people that could pass the written part could not pass the technical part, the trade." — Winn Parish Key Informant*

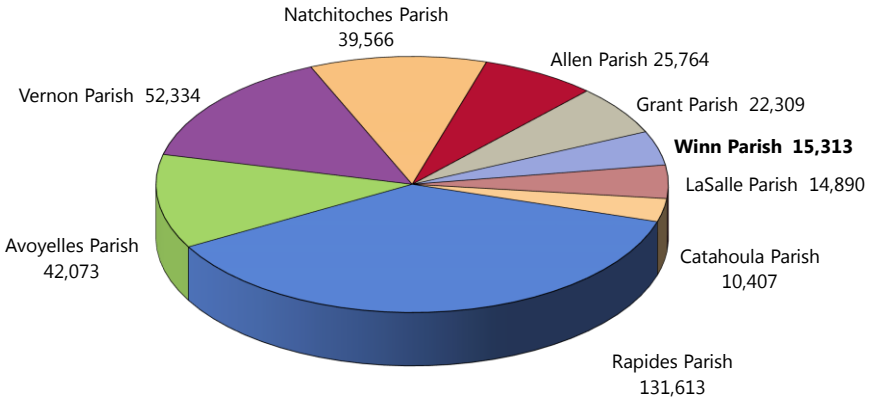
DEMOGRAPHIC PROFILE

Population

The 2010 census population for Winn Parish was 15,313, comprising 5.3% of the nine-parish Rapides Foundation Service Area:

Population Distribution of the RFSA

(2010 Population)

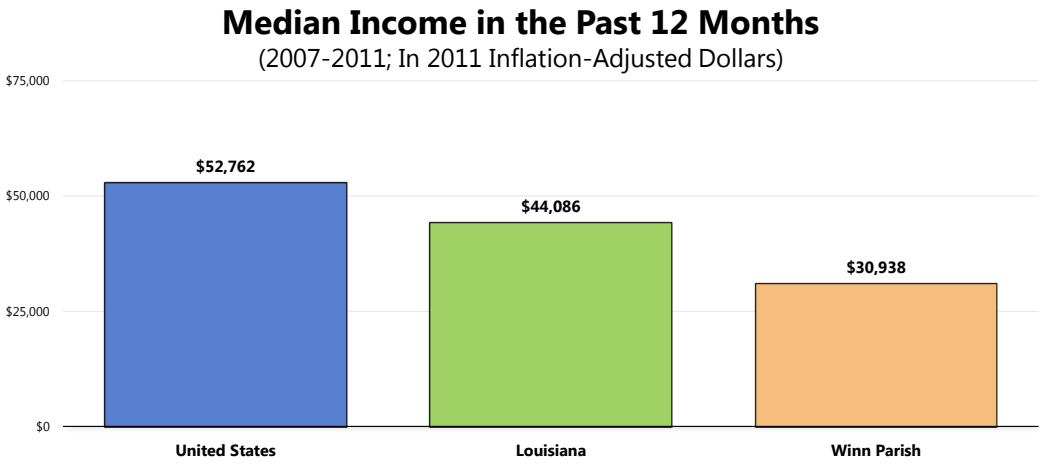


Sources: • U.S. Census Bureau, Profile of General Population and Housing Characteristics: 2010. 2010 Census Summary File 1.

Income

The median income in Winn Parish in 2011 (in inflation-adjusted dollars) as $30,938.

- However, note that this is substantially below the US median income of $52,762.

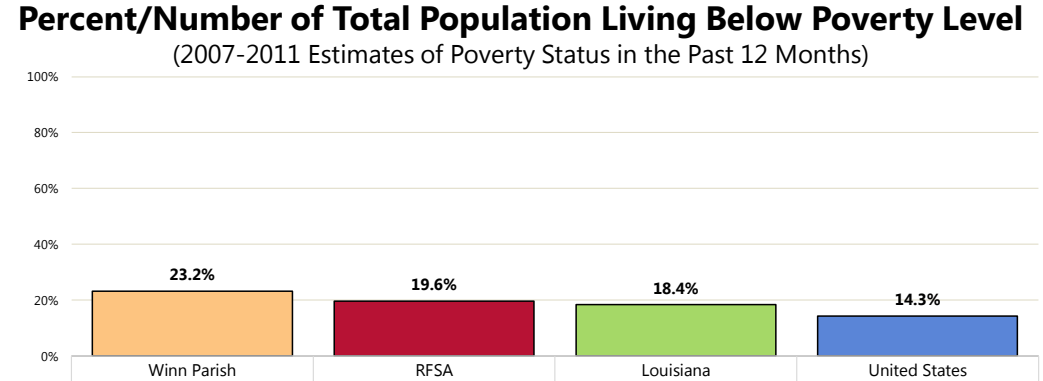


Sources: • U.S. Census Bureau, 2007-2011 American Community Survey. 5-Year Estimates.

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

Nearly one out of four Winn Parish residents (23.2%) lives below the federal poverty level.

- This is considerably higher than found nationally.

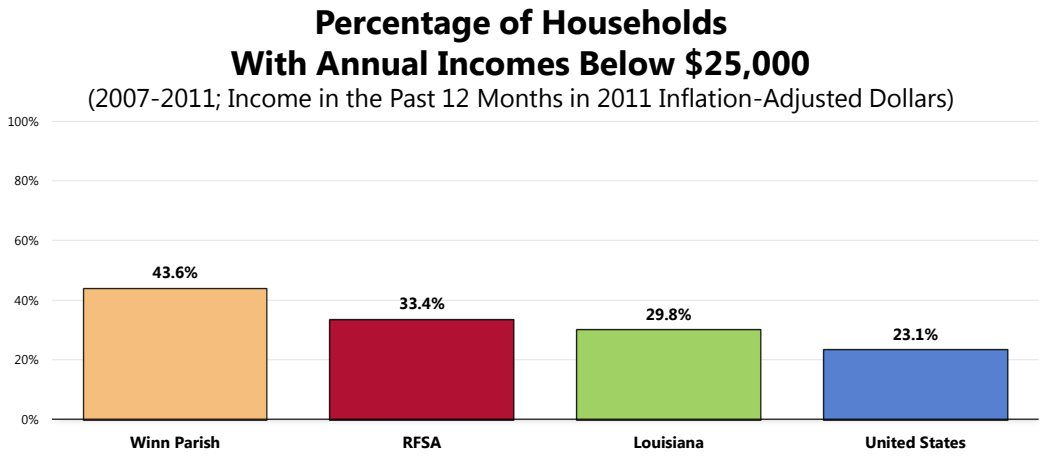


	Winn Parish	RFSA	Louisiana	United States
Percent	23.2%	19.6%	18.4%	14.3%
Number	3,093	64,721	800,705	42,739,924

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

In all, 43.6% Winn Parish households have annual incomes below $25,000.

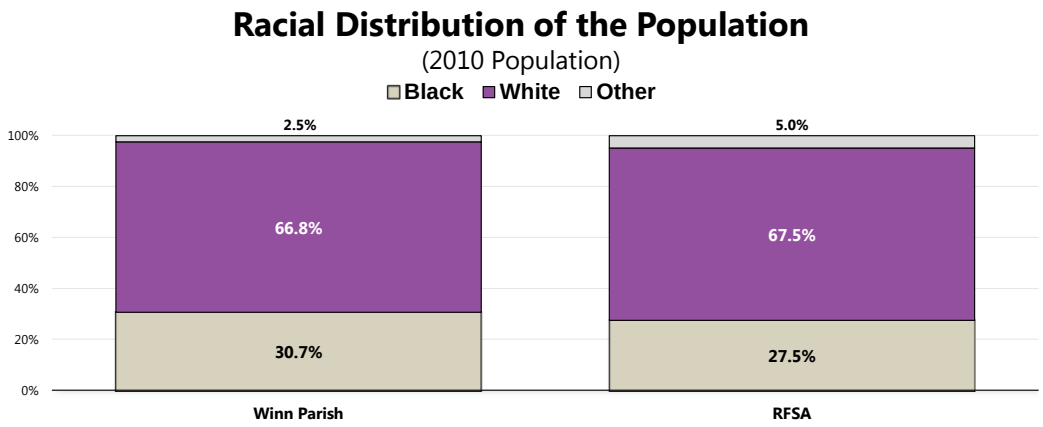
- Much higher than found nationally.



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

Race

A total of 66.8% of Winn Parish population is White, while 30.7% is Black/African American, and 2.5% is other races.

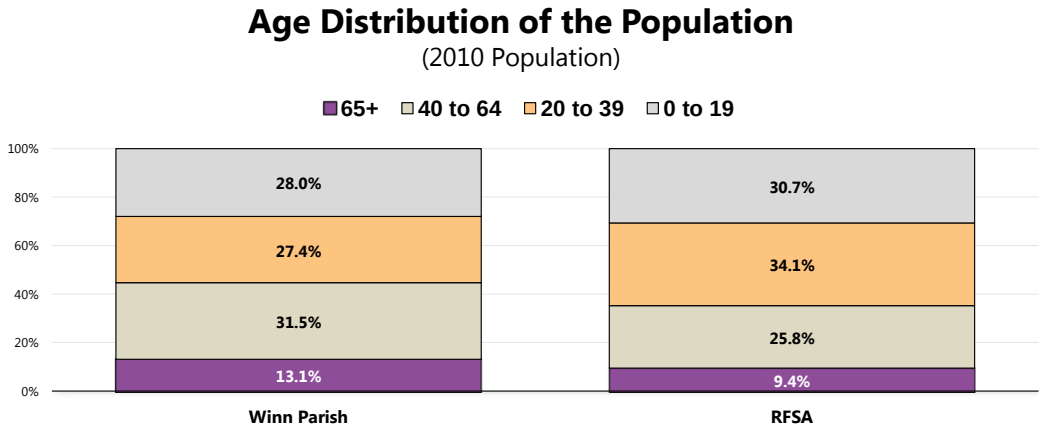


Sources: • U.S. Census Bureau, Profile of General Population and Housing Characteristics: 2010. 2010 Census Summary File 1.
Notes: • Race includes Hispanics who also identify with a race category (White, Black, Other).
"Other" includes those reporting multiple races, as well as races other than White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

Age

In Winn Parish, 28.0% of the population is under the age of 20 years. Another 27.4% of residents are 20 to 39, and 31.5% are between 40 and 64 years of age.

A total of 13.1% of Winn 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.