

Summary Report

2018 Community Health Needs Assessment Report

Rapides Parish

Prepared for:
The Rapides Foundation

By:
Professional Research Consultants, Inc.
11326 P Street Omaha, NE 68137-2316
www.PRCCustomResearch.com

2017-0620-02
© October 2018



Professional Research Consultants, Inc.

Table of Contents

Introduction	4
About This Assessment	5
Methodology	5
PRC Community Health Survey	5
Online Key Informant Survey	7
Public Health, Vital Statistics & Other Data	9
Benchmark Data	10
Determining Significance	11
Information Gaps	11
Summary of Findings	12
Key Data Findings	13
Perceptions of Key Informants	16
Significant Trends	17
Summary Tables	18
Comparisons With Benchmark Data	18
Summary of Key Informant Perceptions	33
Data Charts & Key Informant Input	34
Community Characteristics	35
Population Characteristics	35
Social Determinants of Health	37
General Health Status	40
Overall Health Status	40
Mental Health	44
Death, Disease, & Chronic Conditions	53
Leading Causes of Death	53
Cardiovascular Disease	54
Cancer	63
Respiratory Disease	72
Injury & Violence	77
Diabetes	84
Alzheimer's Disease	90
Kidney Disease	93
Potentially Disabling Conditions	95

Infectious Disease	99
Influenza & Pneumonia Vaccination	101
HIV	103
Sexually Transmitted Diseases	106
Births	109
Birth Outcomes & Risks	109
Family Planning	112
Modifiable Health Risks	115
Nutrition, Physical Activity, & Weight	115
Substance Abuse	130
Tobacco Use	138
Access to Health Services	145
Lack of Health Insurance Coverage (Age 18 to 64)	145
Difficulties Accessing Healthcare	147
Primary Care Services	152
Emergency Room Utilization	155
Oral Health	156
Vision Care	159
Local Resources	160
Perceptions of Local Healthcare Services	160
Quality of Life	161
Life in Central Louisiana	161
Charitable Contribution	162
Civic Participation	163

Introduction



Professional Research Consultants, Inc.

About This Assessment

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2002, 2005, 2010, and 2013, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Rapides Parish, as part of a larger study conducted by The Rapides Foundation. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

This assessment was conducted on behalf of The Rapides Foundation by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey of various community stakeholders.

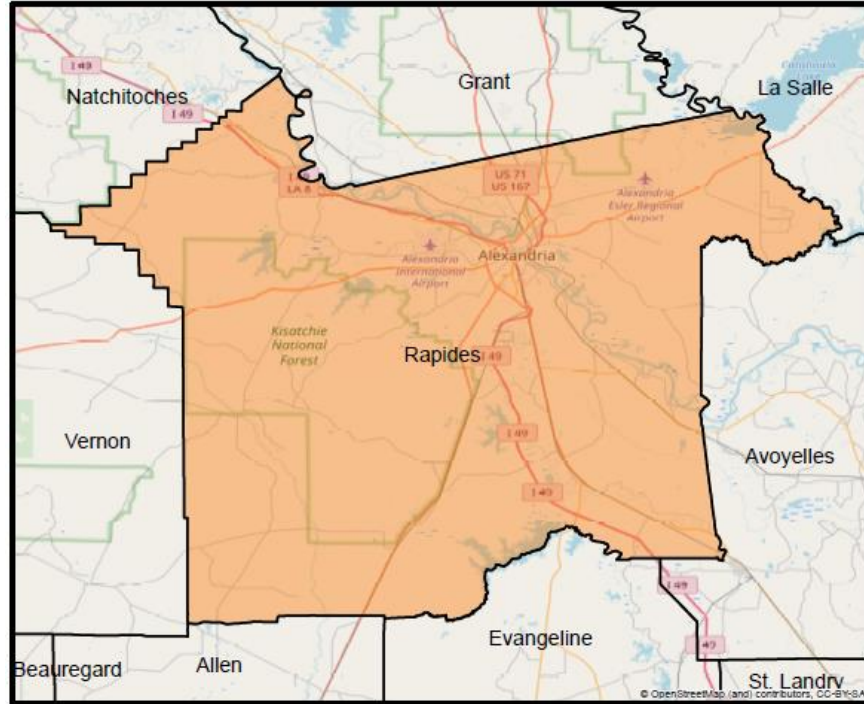
PRC Community Health Survey

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 PRC.

Community Defined for This Assessment

The focus of the data presented in this report is Rapides Parish, Louisiana.



Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The sample design used for this effort included a random sample of 773 individuals age 18 and older in Rapides Parish. All administration of the surveys, data collection and data analysis were conducted by PRC.

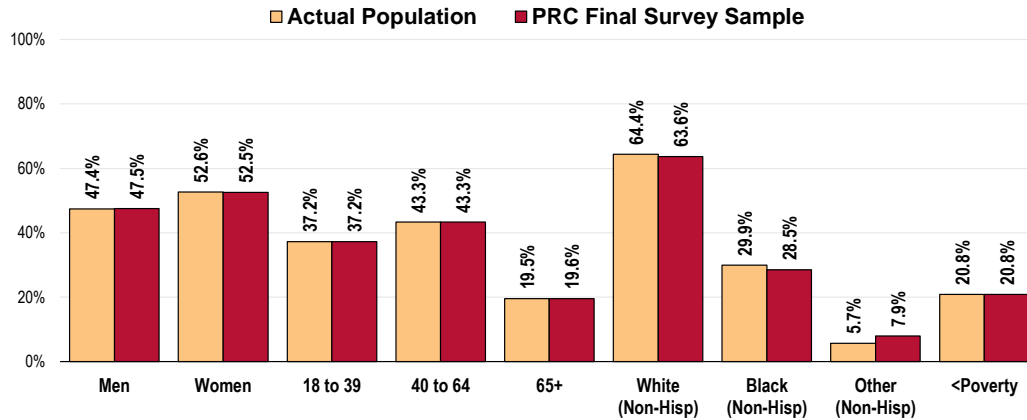
For statistical purposes, the maximum rate of error associated with a sample size of 773 respondents is $\pm 3.5\%$ at the 95 percent confidence level.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. 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 geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias.

The following chart outlines the characteristics of the Rapides Parish sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s healthcare needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics (Rapides Parish, 2018)



Sources: • 2011-2015 American Community Survey, US Census Bureau.
• 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 2018 guidelines place the poverty threshold for a family of four at \$25,100 annual household income or lower*). In sample segmentation: **“low income”** refers to community members living in a household with defined poverty status or living just above the poverty level and earning up to twice (<200% of) the poverty threshold; **“mid/high income”** refers to those households living on incomes which are twice or more ($\geq 200\%$ of) the federal poverty level.

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.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by The Rapides Foundation; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. 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.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 136 community stakeholders in Rapides Parish (and 1 who works more broadly throughout Central Louisiana) took part in the Online Key Informant Survey. Final participation included representatives of the organizations in the following list:

- 9th Judicial District Court-Drug Court
- Access Health Louisiana
- Alexandria Cardiology Clinic
- Alexandria Country Day School
- Alexandria Little League
- Alexandria Museum of Art
- American Cancer Society
- American Heart Association
- American Red Cross
- Arts Council of Central Louisiana
- AT&T
- BancorpSouth
- Boys & Girls Clubs of Central Louisiana, Inc.
- Canterbury House
- Capital One
- Cenla Children's Clinic
- Cenla Medication Access Program
- Central Louisiana AHEC (Area Health Education Center)
- Central Louisiana Arts & Healthcare, Inc.
- Central Louisiana Community Foundation
- Central Louisiana Economic Development Alliance
- Central Louisiana Homeless Coalition
- Central Louisiana Human Services District
- Central Louisiana Technical Community College
- Chess Research, LLC
- Children's Advocacy Network
- Christus Dubuis Hospital of Alexandria
- CHRISTUS St. Frances Cabrini Hospital
- City of Pineville
- City Park Players
- Cleco Corporate Holdings
- Cleco Corporation
- Community HealthWorx
- Crest Industries, LLC
- Diocese of Alexandria
- First United Methodist Church Pineville
- Food Bank of Central Louisiana
- Friends of the Alexandria Zoo
- Friendship House Adult Day Services, Inc.
- Front Porch Communities and Services
- Games Uniting Mind and Body
- Glenmora Community Service Council, Inc.
- Gold Weems
- Gulf Coast Teaching Family Services
- HCA – Huey P. Long / Rapides Medicine Clinic
- Hematology Oncology Life Center (HOLC)
- Inner-City Revitalization Corporation
- I-Walked-In Outreach Program
- Jewish Community
- Justice of the Peace District C
- JWBP Broadcasting
- Louisiana Department of Social Services, Alexandria
- Louisiana Office of Public Health, Region 6
- Lily of the Valley Ministries
- LongLeaf Hospital
- Louisiana Baptist Collegiate Ministries
- Louisiana Baptist Foundation
- Louisiana College
- Louisiana State University Ag Center
- Louisiana State University Family Practice
- Louisiana State University of Alexandria
- Montessori Education Center
- Moving Mountain Ministries
- Mt. Zion Development Corporation
- NextSTEPS
- Northwest Louisiana Human Services District
- Northwestern State University Nursing
- Pecan Grove Training Center
- Rapides Childrens Advocacy Center, Inc.
- Rapides Habitat for Humanity
- Rapides High School (RHS)

- Rapides Parish School Board
- Rapides Regional Medical Center
- Rapides Senior Citizen's Center
- Rapides Station Community Ministries
- Rapides Symphony Orchestra
- Red River Bank
- Red River Chorale
- Region 6 Office of Public Health
- Renaissance Home for Youth
- RoyOMartin
- Southern Forest Heritage Museum
- St. James Episcopal Day School
- St. Mary's Training School
- St. Michael's Baptist Church
- State of Louisiana
- T.R.E.E. House
- The Louisiana Campaign for Tobacco Free Living
- The ReDEFINED Project
- The Shepherd Center of Central Louisiana
- Tioga Historical Society, Inc.
- USDA Farm Service Agency
- Wesley Center
- Workforce Operations Department
- Zion Hill Church

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such, and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area. Thus, these findings are not necessarily based on fact.

Public Health, Vital Statistics & Other Data

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

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- Louisiana Department of Health

- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Trending

A similar survey was administered in Rapides Parish in 2002, 2005, 2010, and 2013 by PRC on behalf of The Rapides Foundation. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Regional Data

Because this Rapides Parish survey was part of a larger project covering much of Central Louisiana, comparisons can also be made for many indicators to the broader Rapides Foundation Service Area (referred to as the “RFSA” throughout this report). The RFSA is composed of data from nine Louisiana parishes: Allen, Avoyelles, Catahoula, Grant, LaSalle, Natchitoches, Rapides, Vernon, and Winn.

Louisiana Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey 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. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2017 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

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.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates. For the purpose of this report, "significance," of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 5% variation from the comparative measure.

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 medical conditions that are not specifically addressed.

Summary of Findings



Professional Research Consultants, Inc.

Key Data Findings

This summary presents key findings from the data collected for Rapides Parish for the 2018 Community Health Needs Assessment sponsored by The Rapides Foundation. These include data collected through a (phone and internet-based) random sample population survey, an internet-based survey of key informants, and a review of existing public health data.

Highlighted are differences found when comparing to national data, as well as changes that have occurred since a similar survey was first implemented in Rapides Parish in 2002.

HEALTH STATUS



Self-Reported Health Status. 20.1% of Rapides Parish adults characterize their overall health as “fair” or “poor.”

Activity Limitations. 26.3% of Rapides Parish adults are limited in some way in some activities because of a health-related issue. This is much higher than first found in 2002 (19.4%).

Mental Health. 36.0% of Rapides Parish residents have experienced bouts of depression lasting two or more years during their lives, higher than found nationwide (31.4%) and an increase from the 28.7% first reported in 2002. A total of 26.7% have been diagnosed with a depressive disorder by a healthcare professional (also at a higher prevalence than the national 21.6%). Overall, 33.9 % of the population have ever sought help for mental health, which has decreased since first measured (39.4%). A total of 5.9% of parish adults report a time in the past year when they needed such services but were unable to get them.

DEATH & CHRONIC DISEASE



Causes of Death. Cardiovascular disease (heart disease and stroke) and cancers are leading causes of death in Rapides Parish. Compared to US rates, age-adjusted death rates for most leading causes of death are generally higher in Rapides Parish (including heart disease, stroke, lung disease, pneumonia/ influenza, unintentional injuries [motor vehicle and firearm accidents], Alzheimer’s disease, kidney disease, HIV/AIDS, suicide, and homicide).

Cancer. A total of 7.2% of adults have ever been diagnosed with cancer.

Heart Disease & Stroke. 8.4% of Rapides Parish adults report having heart disease, and 3.9% have ever suffered from a stroke (an increase from the 1.9% in 2002).

Diabetes. A total of 15.3% of Rapides Parish adults have been diagnosed with diabetes. This has increased from the 10.1% reported in 2002.

Lung Disease. 14.7% of Rapides Parish residents have been diagnosed with chronic obstructive pulmonary disease (which includes chronic bronchitis and emphysema), a prevalence that is significantly above what is found nationally (8.6%) and has increased since 2002 (9.9%).

Overweight & Obesity. Based on reported heights and weights, a clear majority of Rapides Parish adults (73.0%) are overweight, including 39.0% who are obese. The prevalence of obesity in the parish is higher than the nation (32.8%) and has increased significantly since 2002 (28.3%).

INFANT HEALTH & FAMILY PLANNING



Birth Outcomes. Of all births in Rapides Parish, 10.7% are low-weight (under 2,500g), which is a higher proportion when compared to the nation (8.2%). Additionally, the parish experiences an infant mortality rate of 6.0 deaths for every 1,000 live births (deaths of infants before their first birthday).

Teen Births. The teen birth rate in Rapides Parish is high, with 57.8 births to girls age 15-19 for every 1,000 girls in this age group (nationally, the teen birth rate is much lower, at 36.6).

INJURY & VIOLENCE



Unintentional Injury. Death rates due to unintentional injuries (including motor vehicle-related and firearm accidents) are much higher than reported nationally (a rate of 59.0 versus 43.7 nationally).

Violence. Rates of violent crime are considerably worse in Rapides Parish than they are nationwide (902.3 violent crimes per 100,000 population versus 379.7, respectively); additionally, 3.4% of Rapides Parish adults report experiencing violent crime in the area in the past five years, and 16.9% report ever experiencing domestic violence.

MODIFIABLE HEALTH RISKS



Nutrition. Only 35.1% of Rapides Parish adults get the recommended 5 or more servings of fruits and vegetables per day; however, this is similar to what is found nationally (33.5%) and has improved since first measured (22.4%). It is important to note that 12.4% of parish adults report difficulty getting fresh produce, and 32.6% say they “sometimes” or “often” ran out of food in the past year before having money to buy more (a significant difference from the 18.0% nationally).

Physical Activity. Currently, only 19.1% of Rapides Parish adults meet physical activity guidelines. Further, 34.2% of parish adults report not engaging in any type of physical activity outside of work in the month before the survey interview; this level of inactivity is much higher than the 26.2% nationally.

Blood Pressure & Cholesterol. In comparison to the nation, Rapides Parish exhibits a significantly high proportion of adults reporting high blood pressure (45.0% versus 37.0% across the US). A total of 34.8% of parish adults report having high blood cholesterol. Each of these is significantly above what was first reported in 2002.

Tobacco Use. 23.4% of Rapides Parish adults currently smoke cigarettes, much higher than found nationally (16.3%). Another 5.6% use smokeless tobacco, and 6.3% use electronic cigarettes or vaping devices (versus 3.8% nationally).

Cardiovascular Risk. A high percentage of Rapides Parish adults (89.1%) present one or more risk factors or behaviors for heart disease and stroke (including smoking, not getting physical activity, being overweight, or

having high blood pressure or cholesterol); however, this has decreased since first measured (93.0%).

Substance Use. Regarding alcohol use, one in five parish adults (20.4%) are considered to be “binge drinkers,” having had a high number of drinks on a single occasion during the past month (an increase from 14.8% in 2002). Another 3.1% of adults report illicit drug use in the past month (use of illegal drugs or improper use of prescription drugs). A total of 26.2% have used prescription opiates (either legally or illegally) in the past year.

PREVENTION



Routine Medical Care. Four in five parish adults (80.4%) have been to a doctor or clinic for a routine checkup in the past year, much better than national findings (68.3%) and that reported in 2002 (69.6%).

Cancer Screenings. Cancer screening levels in Rapides Parish are fairly good, including for: *female breast cancer* (85.1% of women age 50-74 have had a mammogram in the past 2 years, compared to a much lower 77.0% nationally); *cervical cancer* (77.3% of women age 21-65 have had a Pap smear in the past 3 years, compared to 73.5% nationally); and *colorectal cancer* (77.3% of all adults age 50-75 have had appropriate screening, compared to 76.4% nationally). Note, however, that Pap testing has declined since 2002 (85.6%).

Dental Care. A total of 58.5% of adults in Rapides Parish have received dental care in the past year.

Vision Care. A total of 60.1% of Rapides Parish adults have had a comprehensive eye exam in the past two years – favorable when compared against the nation (55.3%) and 2002 findings (40.9%).

ACCESS



Health Insurance Coverage. One in 10 Rapides Parish adults between the ages of 18 and 64 (10.0%) are without any type of insurance coverage for health care, either through private or public sources. This is much better than the national average (13.7%) and a significant improvement from what was recorded in 2002 (25.4%). Still, cost remains a barrier preventing residents from getting medical care (15.7% did not get needed medical care in the past year because of the cost).

Difficulties/Delays in Accessing Health Care. A total of 38.2% of Rapides Parish adults have experienced some type of difficulty or delay in receiving health care in the past year, compared to 43.2% of adults nationwide. Difficulty getting timely appointments and cost are the barriers impacting the greatest shares of adults in Rapides Parish.

Cost of Prescriptions. A total of 16.4% of Rapides Parish adults have gone without a needed prescription in the past year because they could not afford it; this is much better than reported locally in 2002 (24.6%).

Emergency Room Utilization. The proportion of Rapides Parish adults who have used a local emergency room more than once in the past year (13.6%) is significantly worse than found nationwide (9.3%).

Perceptions of Key Informants

In an online survey of key informants in the area (e.g., public health professionals, physicians, other health providers, social services representatives, community leaders), the following health issues were most often characterized as “major problems” for Rapides Parish:

- Substance Abuse (70.5% said this is a “major problem” in Rapides Parish)
- Diabetes (65.1% “major problem”)
- Nutrition, Physical Activity, and Weight (60.6% “major problem”)
- Heart Disease and Stroke (55.1% “major problem”)
- Mental Health (55.0% “major problem”)
- Tobacco Use (54.1% “major problem”)

Significant Trends

The following tables highlight both positive and negative trends observed among the health indicators assessed in this project in comparison with baseline data.

- **Survey Data Indicators:** Trends for survey-derived indicators represent significant changes since 2002 (or 2005, 2010, or 2013 for questions not asked in earlier years).
- **Other Data Indicators:** Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of 10 to 15 years).

	○ FAVORABLE TRENDS	⬆ UNFAVORABLE TRENDS
Access to Healthcare Services	<ul style="list-style-type: none"> • Lack of Healthcare Coverage • Difficulty Accessing Healthcare (Composite) • Transportation Hindered Physician Visit • Cost of Prescriptions • Routine Checkups (Adults & Children) • Specific Source of Ongoing Care 	
Cancer	<ul style="list-style-type: none"> • [50-75] Colorectal Cancer Screening 	<ul style="list-style-type: none"> • [Women 21-65] Pap Smear • [Men 50+] Prostate Exam
Dementias		<ul style="list-style-type: none"> • Alzheimer's Disease Deaths
Diabetes	<ul style="list-style-type: none"> • Diabetes Deaths 	<ul style="list-style-type: none"> • Diabetes Prevalence
Heart Disease & Stroke	<ul style="list-style-type: none"> • Taking Action to Control High Blood Pressure • Cholesterol Screenings • Taking Action to Control High Blood Cholesterol • Cardiovascular Risk Factors 	<ul style="list-style-type: none"> • Stroke Prevalence • High Blood Pressure • High Blood Cholesterol
Infant Health & Family Planning	<ul style="list-style-type: none"> • Infant Death Rate 	
Injury & Violence	<ul style="list-style-type: none"> • Use of Seat Belts/Car Seats (Adults & Children) 	<ul style="list-style-type: none"> • Unintentional Injury Deaths • Homicide • Prevalence of Domestic Violence
Mental Health		<ul style="list-style-type: none"> • Symptoms of Chronic Depression • Suicide • Ever Sought Help for Mental Health • Taking Medication/Receiving Treatment
Nutrition, Overweight & Physical Activity	<ul style="list-style-type: none"> • Fruit & Vegetable Consumption • Overweight/Obesity (Children 5-17) • Medical Advice on Nutrition 	<ul style="list-style-type: none"> • Healthy Weight (Adults) • Overweight (Adults) • Obesity (Adults) • Time Spent on Screens (Children)
Potentially Disabling Conditions	<ul style="list-style-type: none"> • Eye Exams 	<ul style="list-style-type: none"> • Activity Limitations
Respiratory Diseases		<ul style="list-style-type: none"> • CLRD Deaths • COPD Prevalence
Substance Abuse		<ul style="list-style-type: none"> • Unintentional Drug-Related Deaths • Cirrhosis/Liver Disease Deaths • Binge Drinking • Rode with a Drunk Driver
Tobacco	<ul style="list-style-type: none"> • Someone Smokes in the Home 	

Summary Tables

Comparisons With Benchmark Data

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






Reading the Data Summary Tables
















■ In the following tables, Rapides Parish results are shown in the larger, blue column. *Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.*















■ The columns to the right of the Rapides Parish column provide trending comparisons (trending from the earliest data year available), as well as comparisons between local data and any available regional (RFSA), state (LA), and national findings, as well as Healthy People 2020 targets. Symbols indicate whether Rapides Parish compares favorably (☀️), unfavorably (☔️), or comparably (☁️) to these external data.






































Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.




Social Determinants	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Linguistically Isolated Population (Percent)	1.1	☔️ 0.8	☀️ 1.6	☀️ 4.5		
Population in Poverty (Percent)	20.1	☁️ 20.7	☁️ 19.7	☔️ 15.1		
Population Below 200% FPL (Percent)	41.4	☁️ 44.2	☁️ 39.8	☔️ 33.6		
Children Below 200% FPL (Percent)	52.1	☁️ 52.9	☁️ 49.9	☔️ 43.3		
No High School Diploma (Age 25+, Percent)	15.3	☀️ 18.0	☁️ 16.2	☁️ 13.0		
Unemployment Rate (Age 16+, Percent)	4.7	☁️ 4.9	☁️ 4.3	☁️ 4.1		
% Displaced From Housing in Past 2 Years	13.1	☁️ 13.5			☁️ 15.0	
% "Fair/Poor" Availability of Affordable Housing	39.2	☀️ 45.7			☁️ 40.1	

Social Determinants (continued)	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% "Fair/Poor" Condition of Neighborhood Homes	18.5	 20.3				 15.1
						
		better	similar	worse		

Overall Health	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% "Fair/Poor" Overall Health	20.1	 23.3	 21.9	 18.1		 17.5
% 3+ Days Poor Physical Health in Past Month	34.9	 35.4				
% Activity Limitations	26.3	 29.6	 23.0	 25.0		 19.4
% [Limited Activities] Impairment Is Work-Related	21.0	 21.8				
% 4+ Days Health Prevented Usual Activities	20.7	 22.0				 17.0
						
		better	similar	worse		


















Access to Health Services	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% [Age 18-64] Lack Health Insurance	10.0	 9.2	 16.7	 13.7	 0.0	 25.4
% Difficulty Accessing Healthcare in Past Year (Composite)	38.2	 40.1		 43.2		 43.5
% Difficulty Finding Physician in Past Year	11.2	 14.9		 13.4		 13.2
% Difficulty Getting Appointment in Past Year	15.8	 16.0		 17.5		 17.8



































Access to Health Services (continued)	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% Cost Prevented Physician Visit in Past Year	15.7	 16.6	 17.6	 15.4		 17.4
% Transportation Hindered Dr Visit in Past Year	7.5	 9.7		 8.3		 11.0
% Inconvenient Hrs Prevented Dr Visit in Past Year	10.7	 12.4		 12.5		 13.5
% Cost Prevented Getting Prescription in Past Year	16.4	 16.6		 14.9		 24.6
% Difficulty Getting Child's Healthcare in Past Year	6.0	 5.4		 5.6		 2.7
Primary Care Doctors per 100,000	96.6	 58.7	 78.7	 87.8		 94.5
% Have a Specific Source of Ongoing Care	76.3	 76.7		 74.1	 95.0	 69.0
% Have Had Routine Checkup in Past Year	80.4	 77.0	 72.1	 68.3		 69.6
% Child Has Had Checkup in Past Year	90.1	 86.4		 87.1		 81.3
% Child [Age 5-17] Has Discussed School's Health Ed Activities	59.6	 54.1				
% Two or More ER Visits in Past Year	13.6	 12.9		 9.3		 13.7
% Rate Local Healthcare "Fair/Poor"	15.1	 19.1		 16.2		














 better
  similar
  worse












Cancer	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Cancer (Age-Adjusted Death Rate)	171.6	184.4	179.4	158.5	161.4	189.4
Female Breast Cancer Incidence Rate	115.6	106.3	123.2	123.5		
Prostate Cancer Incidence Rate	159.7	140.9	144.4	114.8		
Lung Cancer Incidence Rate	68.9	76.0	70.5	61.2		
Colorectal Cancer Incidence Rate	49.4	52.3	47.8	39.8		
Cervical Cancer Incidence Rate	5.8		8.8	7.6		
% Cancer	7.2	8.5				5.5
% [Women 50-74] Mammogram in Past 2 Years	85.1	79.8	78.5	77.0	81.1	82.3
% [Women 21-65] Pap Smear in Past 3 Years	77.3	76.1	81.5	73.5	93.0	85.6
% [Men 50+] Prostate Exam in Past 2 Years	66.3	70.1				83.0
% [Age 50-75] Colorectal Cancer Screening	77.3	74.9	64.1	76.4	70.5	67.9
		better	similar	worse		














Dementias, Including Alzheimer's Disease	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Alzheimer's Disease (Age-Adjusted Death Rate)	60.3	50.3	41.2	28.4		43.9
		better	similar	worse		


















Diabetes	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Diabetes (Age-Adjusted Death Rate)	11.0	 23.2	 24.6	 21.1	 20.5	 14.7
% Diabetes/High Blood Sugar	15.3	 16.3	 12.1	 13.3		 10.1
% Borderline/Pre-Diabetes	6.5	 7.3		 9.5		
% [Diabetics] Taking Action to Control Diabetes	92.3	 94.4				
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	55.0	 53.9		 50.0		
		 better	 similar	 worse		


































Heart Disease & Stroke	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Diseases of the Heart (Age-Adjusted Death Rate)	255.6	 244.7	 213.8	 167.0	 156.9	 252.9
Stroke (Age-Adjusted Death Rate)	56.4	 55.9	 45.9	 37.1	 34.8	 64.6
% Heart Disease (Heart Attack, Angina, Coronary Disease)	8.4	 8.8		 8.0		 6.7
% Stroke	3.9	 4.5	 4.0	 4.7		 1.9
% Blood Pressure Checked in Past 2 Years	95.3	 94.2		 90.4	 92.6	 95.3
% Told Have High Blood Pressure (Ever)	45.0	 46.7	 39.3	 37.0	 26.9	 32.8
% [HBP] Taking Action to Control High Blood Pressure	94.7	 92.4		 93.8		 87.5
% Cholesterol Checked in Past 5 Years	88.5	 87.2	 77.7	 85.1	 82.1	 81.9

Heart Disease & Stroke (continued)	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% Told Have High Cholesterol (Ever)	34.8	 35.1		 36.2	 13.5	 27.1
% [HBC] Taking Action to Control High Blood Cholesterol	90.9	 90.5		 87.3		 68.3
% 1+ Cardiovascular Risk Factor	89.1	 91.3		 87.2		 93.0
		 better  similar  worse				

HIV	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
HIV/AIDS (Age-Adjusted Death Rate)	5.1	 4.0	 5.5	 2.5	 3.3	
HIV Prevalence Rate	417.7	 369.6	 502.3	 353.2	 22.1	
		 better  similar  worse				

Immunization & Infectious Diseases	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% [Age 65+] Flu Vaccine in Past Year	70.3	 70.9	 51.6	 76.8	 70.0	 69.4
% [Age 65+] Pneumonia Vaccine Ever	70.7	 71.8	 73.1	 82.7	 90.0	 63.1
		 better  similar  worse				











Infant Health & Family Planning	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Low Birthweight Births (Percent)	10.7	 10.3	 10.9	 8.2	 7.8	 10.9
Infant Death Rate	6.0	 7.6	 7.9	 5.9	 6.0	 9.0
Teen Births per 1,000 (Age 15-19)	57.8	 60.9	 50.2	 36.6		 62.1
						
		better	similar	worse		




























Injury & Violence	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Unintentional Injury (Age-Adjusted Death Rate)	59.0	 57.3	 54.0	 43.7	 36.4	 45.0
Motor Vehicle Crashes (Age-Adjusted Death Rate)	18.8	 20.9	 16.7	 11.0	 12.4	
% "Always" Wear Seat Belt	86.8	 83.1				 67.6
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	96.5	 92.5		 85.6		 80.6
[65+] Falls (Age-Adjusted Death Rate)	39.0	 37.5	 38.9	 60.6	 47.0	
Firearm-Related Deaths (Age-Adjusted Death Rate)	23.2	 19.6	 20.2	 11.0	 9.3	
Homicide (Age-Adjusted Death Rate)	12.8	 9.9	 12.8	 5.7	 5.5	 9.3
Violent Crime Rate	902.3	 590.3	 512.9	 379.7		
% Victim of Violent Crime in Past 5 Years	3.4	 3.3		 3.7		 3.5




































Injury & Violence (continued)	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% Victim of Domestic Violence (Ever)	16.9	17.4		14.2		12.4
% Victim of Domestic Violence in Past 5 Years	4.8	5.6				
		better	similar	worse		

Kidney Disease	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Kidney Disease (Age-Adjusted Death Rate)	19.3	19.9	23.6	13.2		17.7
		better	similar	worse		

Mental Health	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% "Fair/Poor" Mental Health	15.7	18.6		13.0		14.6
% 3+ Days Poor Mental Health in Past Month	32.1	33.0				
% Diagnosed Depression	26.7	27.9	19.9	21.6		
% Symptoms of Chronic Depression (2+ Years)	36.0	38.2		31.4		28.7
Suicide (Age-Adjusted Death Rate)	20.6	17.7	14.6	13.0	10.2	10.3
% Had Someone to Turn to "All/Most" of the Time in Past Month	83.5	81.8				
% Taking Rx/Receiving Mental Health Trtmt	23.2	21.1		13.9		15.8

Mental Health (continued)	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% Have Ever Sought Help for Mental Health	33.9	 34.1		 30.8		 39.4
% [Those With Diagnosed Depression] Seeking Help	86.1	 85.0		 87.1		
% Unable to Get Mental Health Svcs in Past Yr	5.9	 7.3		 6.8		
		 better  similar  worse				

Nutrition, Physical Activity & Weight	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% Eat 5+ Servings of Fruit or Vegetables per Day	35.1	 34.1		 33.5		 22.4
% [Adults] Eats 2+ Servings of Fruit per Day	47.7	 47.9				 45.6
% [Adults] Eats 3+ Servings of Vegetables per Day	28.7	 28.0				 28.8
% Child [Age 2-17] Eats 5+ Fruits/Vegetables per Day	53.9	 54.7				 51.2
% Difficulty Getting Fresh Fruits & Vegetables	12.4	 15.0				 13.7
% Medical Advice About Nutrition in Past Year	44.8	 44.0				 38.8
% "Often/Sometimes" Ran Out of Food in the Past Year	32.6	 32.9		 18.0		
Population With Low Food Access (Percent)	33.8	 31.5	 26.8	 22.4		
% No Leisure-Time Physical Activity	34.2	 30.3	 29.1	 26.2	 32.6	 33.7
% Meeting Physical Activity Guidelines	19.1	 19.9	 18.7	 22.8	 20.1	

Nutrition, Physical Activity & Weight (continued)	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% [Adults] Vigorous Physical Activity	27.7	 29.6				
% [Adults] Moderate Physical Activity	22.8	 23.7				
% Strengthening Activity	27.5	 28.6	 27.2	 33.8		 29.1
% Walk Regularly (5+ Times Per Week For >10 Minutes)	36.9	 40.1				 38.3
% "Often" See Others in Community Being Physically Active	46.1	 39.7				 50.2
% Child [Age 5-17] Vigorous Physical Activity	74.0	 70.9				 79.8
% Child [Age 5-17] Moderate Physical Activity	58.2	 57.7				 66.3
% Child [Age 5-17] Watches TV 3+ Hours per Day	35.8	 32.9				 35.3
% Child [Age 5-17] Non-TV Screen Time 3+ Hours per Day	39.6	 35.1				 12.2
% Child [Age 5-17] 3+ Hours per Day of Total Screen Time	73.8	 69.2				 45.7
% "Fair/Poor" Local Physical Activity Opportunities	28.3	 36.5				
Recreation/Fitness Facilities per 100,000	7.6	 4.8	 9.5	 11.0		
% Medical Advice About Exercise in Past Year	43.2	 44.4				 40.8
% Overweight (BMI 25+)	73.0	 75.3	 69.2	 67.8		 65.8
% Healthy Weight (BMI 18.5-24.9)	26.0	 23.4	 29.0	 30.3	 33.9	 31.9







































Nutrition, Physical Activity & Weight (continued)	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% [Overweights] Trying to Lose Weight Both Diet/Exercise	31.2	34.7				27.7
% Obese (BMI 30+)	39.0	41.4	35.5	32.8	30.5	28.3
% Medical Advice on Weight in Past Year	23.9	26.6		24.2		21.9
% [Overweights] Counseled About Weight in Past Year	29.3	32.3		29.0		
% Child [Age 5-17] Healthy Weight	49.5	49.7		58.4		
% Children [Age 5-17] Overweight (85th Percentile)	39.1	39.5		33.0		54.8
% Children [Age 5-17] Obese (95th Percentile)	24.6	25.0		20.4	14.5	38.9
% Have Been Told That Child [<18] Is Overweight	4.3	5.4				8.0
% Child [Age 2-17] Physically Active 1+ Hours per Day	52.8	52.1		50.5		
		better	similar	worse		




































Oral Health	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% [Age 18+] Dental Visit in Past Year	58.5	53.6	56.6	59.7	49.0	62.0
% Child [Age 2-17] Dental Visit in Past Year	88.9	84.6		87.0	49.0	87.2
		better	similar	worse		











Potentially Disabling Conditions	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% [50+] Arthritis/Rheumatism	44.7	45.6		38.3		
% [18+] Arthritis/Rheumatism	29.2	28.7		23.1		31.2
% Eye Exam in Past 2 Years	60.1	58.2		55.3		40.9
		better	similar	worse		

Respiratory Diseases	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
CLRD (Age-Adjusted Death Rate)	57.4	56.3	43.9	40.9		43.9
Pneumonia/Influenza (Age-Adjusted Death Rate)	27.5	25.5	15.7	14.6		25.5
% [Child 0-17] Currently Has Asthma	7.2	7.6		9.3		10.9
% COPD (Lung Disease)	14.7	14.7	8.3	8.6		9.9
		better	similar	worse		

Sexually Transmitted Diseases	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Chlamydia Incidence Rate	605.0	536.0	625.9	456.1		
Gonorrhea Incidence Rate	201.9	154.6	194.6	110.7		
		better	similar	worse		

Substance Abuse	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)	16.4	 11.7	 16.9	 14.3	 11.3	 5.5
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	9.5	 10.3	 10.0	 10.6	 8.2	 7.6
% Current Drinker	53.0	 49.0	 51.9	 55.0		
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	20.4	 22.1	 16.9	 20.0	 24.4	 14.8
% Excessive Drinker	22.7	 23.6		 22.5	 25.4	
% Drinking & Driving in Past Month	3.3	 3.8	 3.5	 5.2		 3.7
% Rode w/Drunk Driver in Past Month	6.6	 5.9				 3.2
% Illicit Drug Use in Past Month	3.1	 3.2		 2.5	 7.1	 2.0
% Have Used Prescription Opiates in Past Year	26.2	 25.0				
% Ever Sought Help for Alcohol or Drug Problem	3.9	 4.3		 3.4		 3.5
		 better	 similar	 worse		

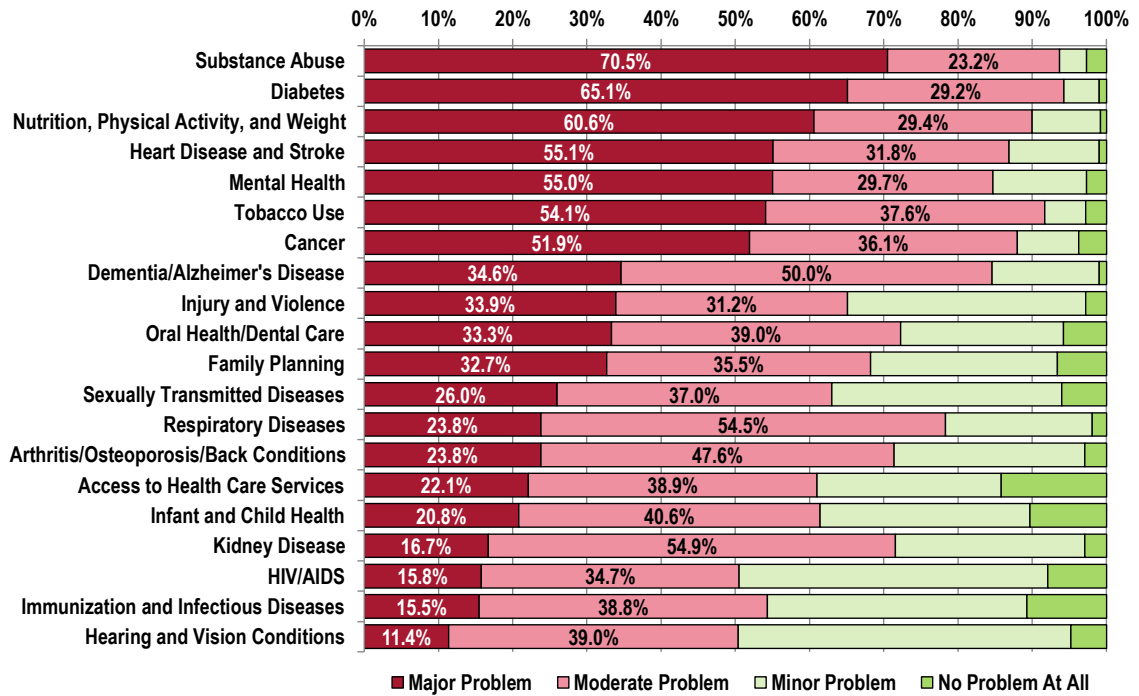
Tobacco Use	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% Current Smoker	23.4	 23.6	 22.8	 16.3	 12.0	 21.6
% Someone Smokes at Home	16.6	 16.6		 10.7		 22.5
% [Nonsmokers] Someone Smokes in the Home	7.0	 7.0		 4.0		
% [Household With Children] Someone Smokes in the Home	15.5	 16.3		 7.2		 21.9
% [Smokers] Have Quit Smoking 1+ Days in Past Year	52.2	 60.4		 34.7	 80.0	 45.8
% [Smokers] Received Advice to Quit Smoking	69.9	 65.8		 58.0		 65.3
% Aware of Smoking Cessation Services/Programs	49.1	 41.2				 45.4
% Community Believes Adults "Definitely" Should Not Smoke	45.8	 41.2				 41.8
% Currently Use Vaping Products	6.3	 5.6	 6.0	 3.8		
% Use Smokeless Tobacco	5.6	 7.2	 5.1	 4.4	 0.3	 4.3
						
		better	similar	worse		

Quality of Life	Rapides Parish	Rapides Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% "Fair/Poor" Overall Quality of Life in Central Louisiana	23.0	 28.2				
% Parish Life: Wrong Track and Getting Worse	12.7	 17.0				
% Know 10+ People Benefiting from Charities	37.2	 40.0				
% "Frequently/Sometimes" Donate to Charity	68.2	 67.4				
% Have Received Charitable Assistance in Past Year	5.4	 6.1				
% "Frequently/Sometimes" Volunteer	41.9	 40.9				
% Voted in Each of the Past 5 Elections	55.7	 54.5				
		 better	 similar	 worse		

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem,” or “no problem at all.” The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

Key Informants: Relative Position of Health Topics as Problems in the Community



Data Charts & Key Informant Input

The following sections present data from multiple sources, including the random-sample PRC Community Health Survey, public health and other existing data sets (secondary data), as well as qualitative input from the Online Key Informant Survey. Data indicators from these sources are intermingled and organized by health topic. To better understand the source data for specific indicators, please refer to the footnotes accompanying each chart.



Professional Research Consultants, Inc.

Community Characteristics

Population Characteristics

Land Area, Population Size & Density

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density.

Total Population
(Estimated Population, 2012-2016)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Rapides Parish	132,373	1,318.01	100.43
Louisiana	4,645,670	43,206.73	107.52
United States	318,558,162	3,532,068.58	90.19

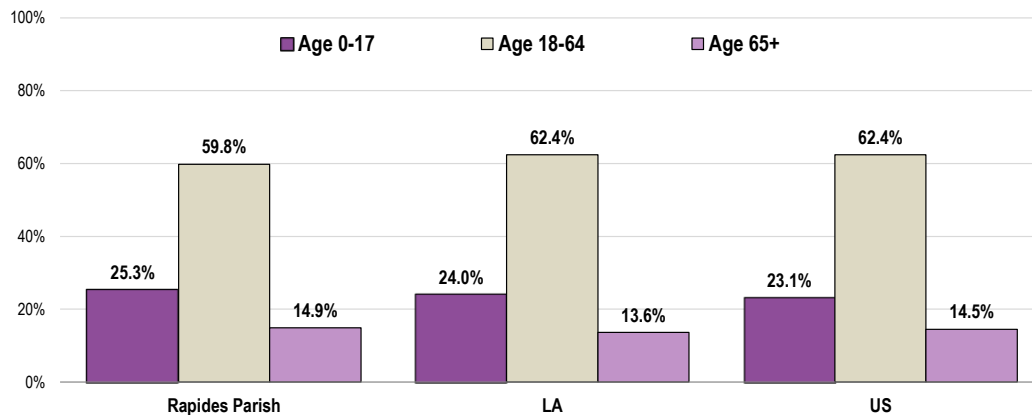
Sources:
 • US Census Bureau American Community Survey 5-year estimates.
 • Retrieved August 2018 from Community Commons at <http://www.chna.org>.

Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

- Rapides Parish has a higher proportion of seniors compared to Louisiana and the US.

Total Population by Age Groups, Percent
(2012-2016)



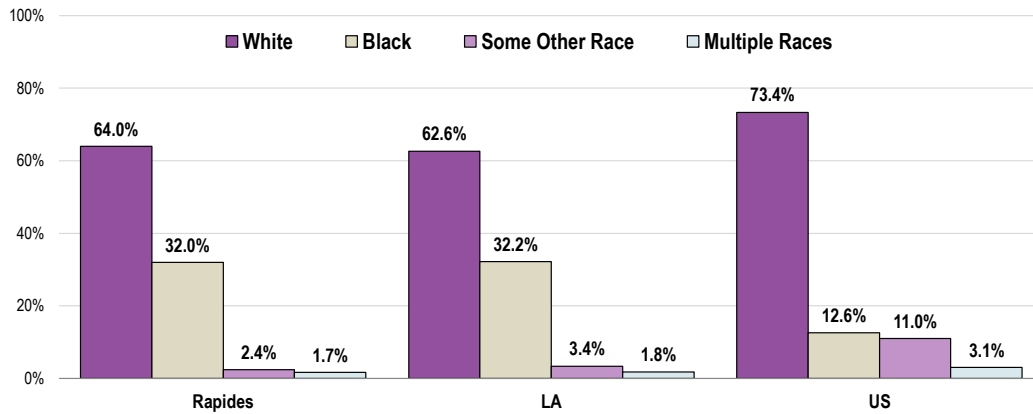
Sources:
 • US Census Bureau American Community Survey 5-year estimates.
 • Retrieved August 2018 from Community Commons at <http://www.chna.org>.

Race & Ethnicity

The following charts illustrate the racial and ethnic makeup of our community. Note that ethnicity (Hispanic or Latino) can be of any race.

- The Rapides Parish racial distribution is similar to that of Louisiana.
- The nation overall houses a proportionally larger White population and a smaller Black population.

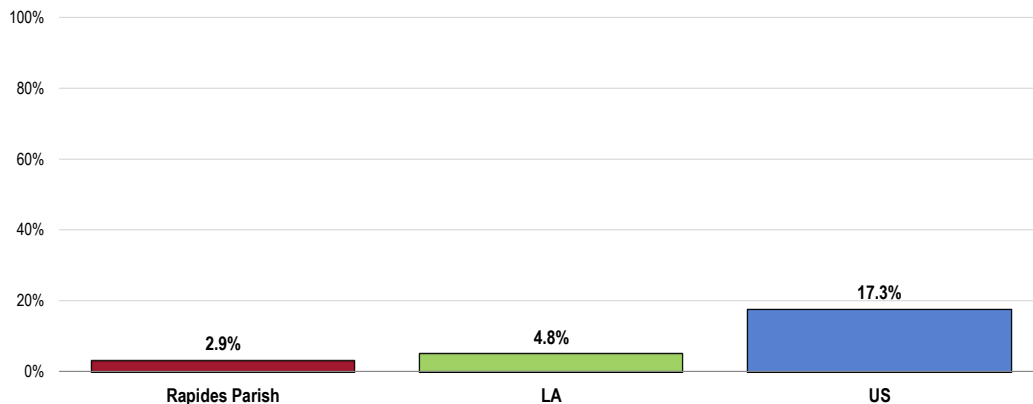
Total Population by Race Alone, Percent
(2012-2016)



Sources: • US Census Bureau American Community Survey 5-year estimates.
• Retrieved August 2018 from Community Commons at <http://www.chna.org>.

- The Rapides Parish Hispanic proportion is similar to the state but well below the US.

Hispanic Population
(2012-2016)



Sources: • US Census Bureau American Community Survey 5-year estimates.
• Retrieved August 2018 from Community Commons at <http://www.chna.org>.
Notes: • Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Social Determinants of Health

About Social Determinants

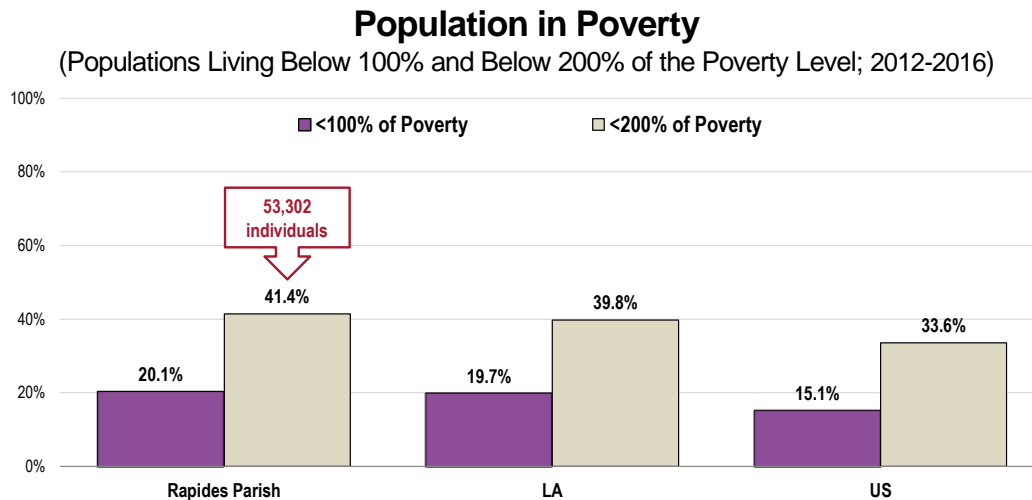
Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

- Healthy People 2020 (www.healthypeople.gov)

Poverty

The following chart outlines the proportion of our population below the federal poverty threshold, as well as below 200% of the federal poverty level, in comparison to state and national proportions.

- The proportion of the parish population living in poverty (both 100% and 200% of the federal level) is similar to the state but worse than the US overall.



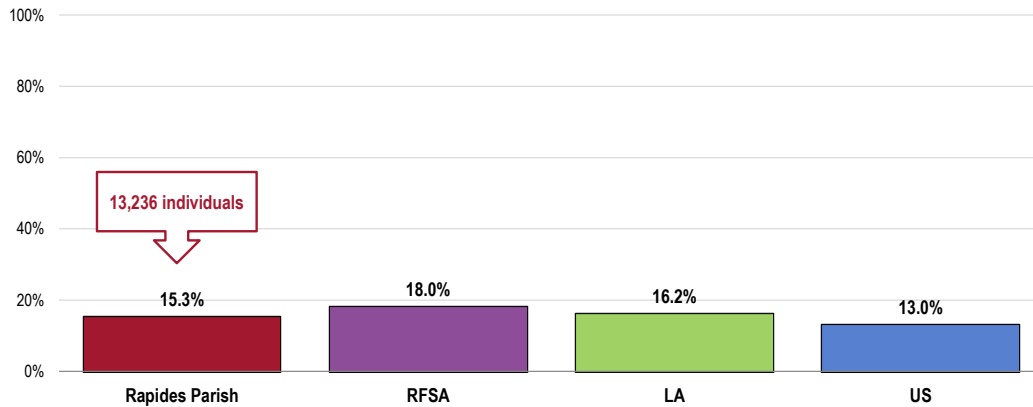
Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Retrieved August 2018 from Community Commons at <http://www.chna.org>.
 Notes: • Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Education

Education levels are reflected in the proportion of our population without a high school diploma:

- The proportion of Rapides Parish adults without a high school education is better than what is found throughout Central Louisiana but similar to what is found statewide and nationally.

Population With No High School Diploma (Population Age 25+ Without a High School Diploma or Equivalent, 2012-2016)



Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Retrieved August 2018 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator is relevant because educational attainment is linked to positive health outcomes.

Housing

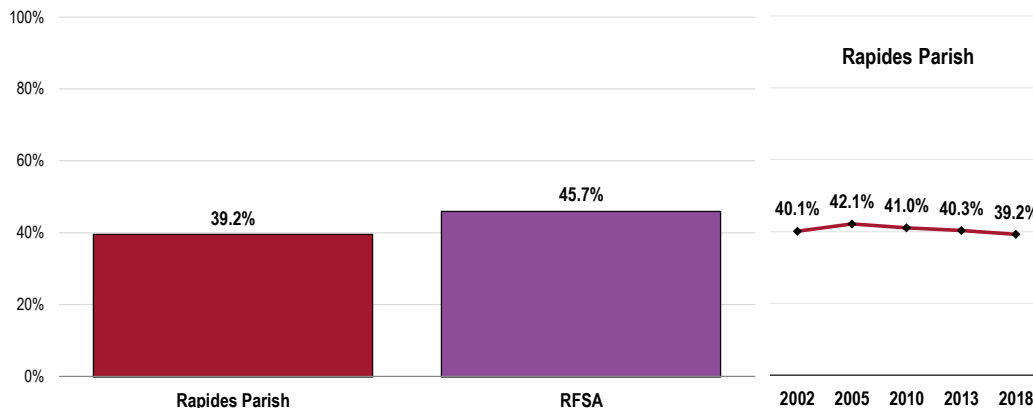
Survey respondents were asked:

“Overall, how would you rate the availability of affordable housing in your community? Would you say: excellent, very good, good, fair, or poor?”

“How would you describe the condition of the homes in your neighborhood? Would you say: excellent, very good, good, fair, or poor?”

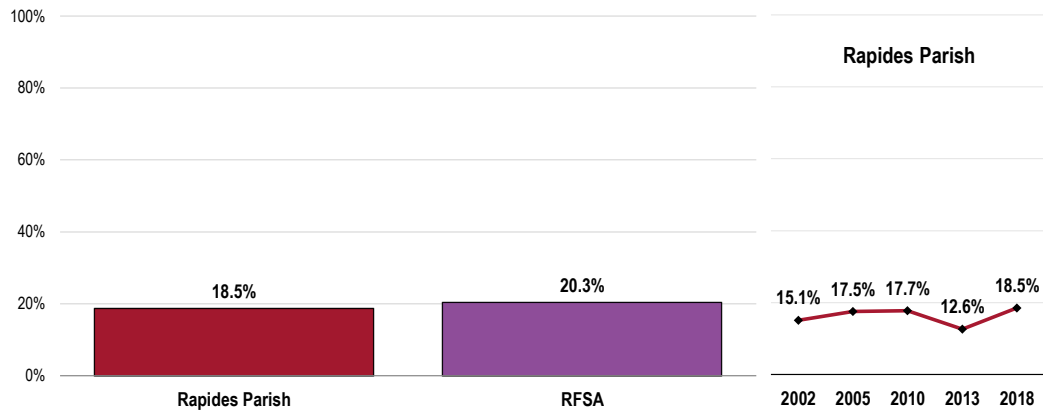
- Rapides Parish adults rate affordable housing availability more favorably than is found throughout the Rapides Foundation Service Area. However, their ratings of the condition of local housing is similar.
- “Fair/poor” responses regarding affordability and the condition of housing have not changed significantly over the years.

Perceive the Availability of Affordable Local Housing to be “Fair” or “Poor”



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 336]
 Notes: • Asked of all respondents.

Perceive the Condition of Neighborhood Homes to be “Fair” or “Poor”

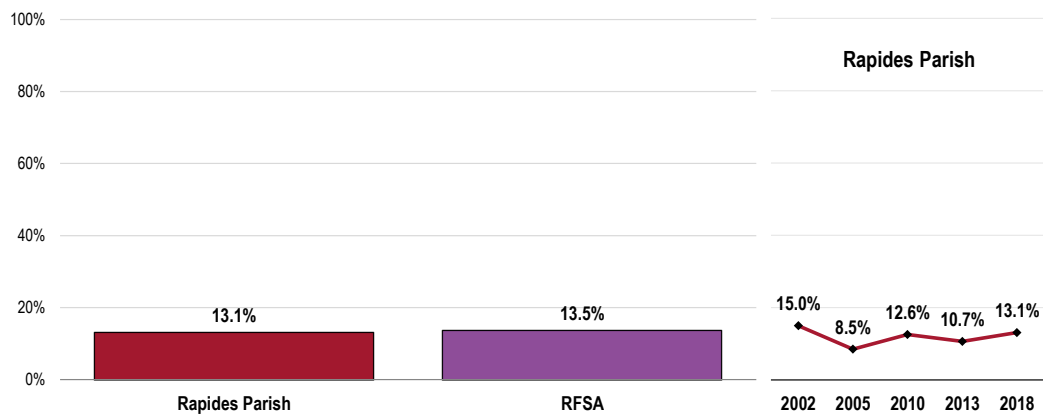


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 338]
 Notes: • Asked of all respondents.

“Because of an emergency, have you had to live with a friend or relative in the past two years, even if this was only temporary?”

- The current parish finding is similar to that found throughout the Rapides Foundation Service Area and has not changed significantly over the years.

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



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 337]
 Notes: • Asked of all respondents.

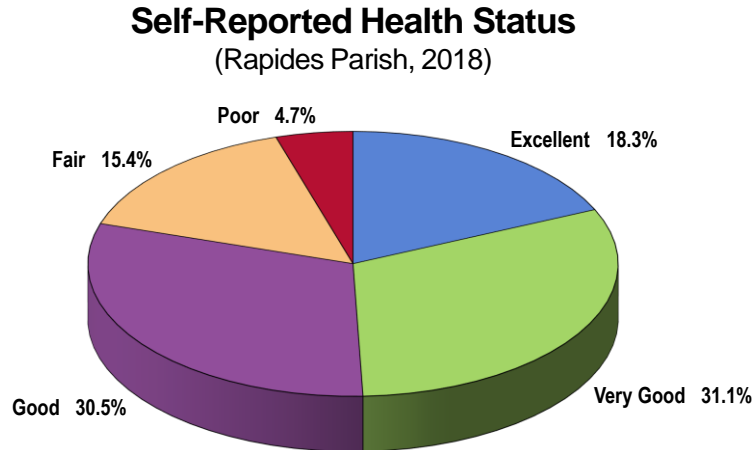
General Health Status

Overall Health Status

Self-Reported Health Status

The initial inquiry of the PRC Community Health Survey asked respondents the following:

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

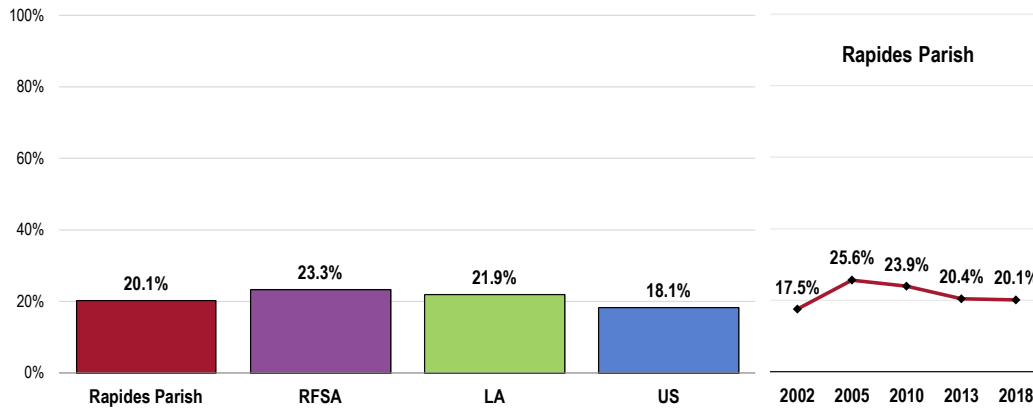


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

The following charts further detail “fair/poor” overall health responses in Rapides Parish in comparison to past findings and benchmark data, as well as by basic demographic characteristics (namely by sex, age groupings, and income [based on poverty status]).

- “Fair/poor” evaluations of overall health in Rapides Parish are similar to what is found regionally (RFSA), statewide, and nationally. The parish response has not varied significantly since the baseline 2002 assessment.

Experience “Fair” or “Poor” Overall Health

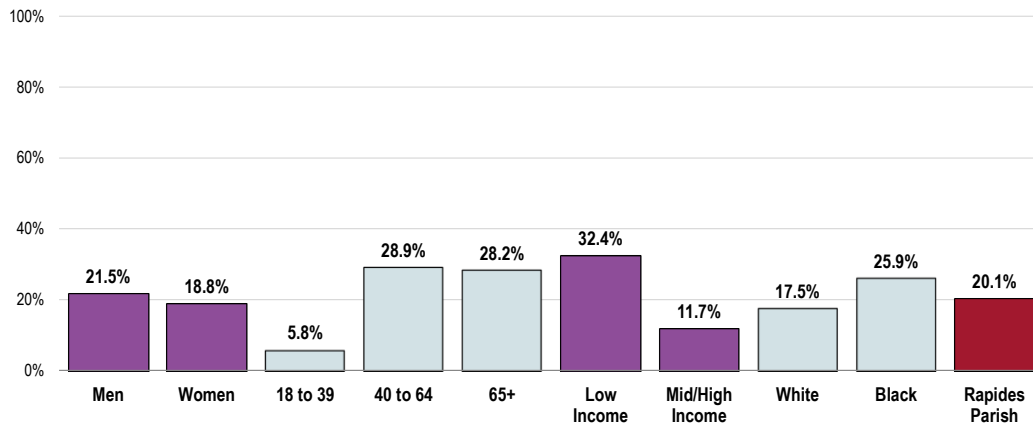


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 LA data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- “Fair/poor” health evaluations in Rapides Parish are considerably higher among adults age 40 and older and those with lower incomes. Differences by gender and race are not statistically significant.

Experience “Fair” or “Poor” Overall Health (Rapides Parish, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

Notes: • Asked of all respondents.
 • Race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

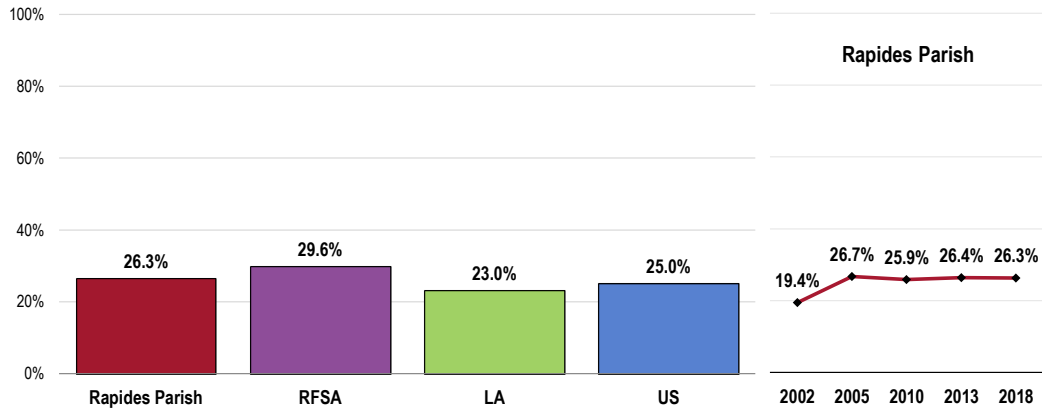
There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.
- Healthy People 2020 (www.healthypeople.gov)

“Are you limited in any way in any activities because of physical, mental, or emotional problems?”

- The proportion of Rapides Parish adults with activity limitations is similar to what is found across the region, state, and US. The parish rate is worse than the 2002 baseline rate.

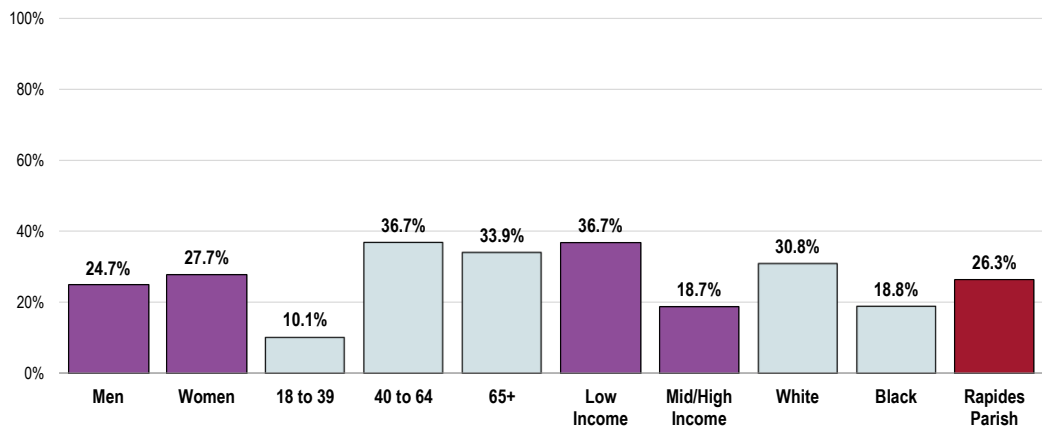
Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 LA data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- Those age 40 and older and lower-income residents are more likely to have activity limitations. There are no statistical differences within the other demographic groups.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Rapides Parish, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
 Notes: • Asked of all respondents.
 • Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Mental Health

About 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 challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

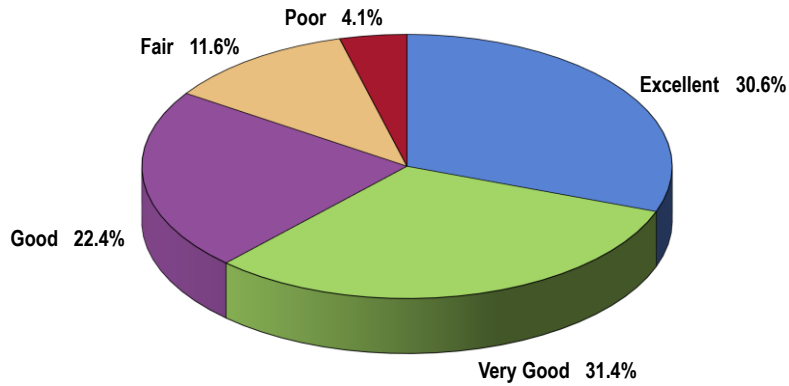
- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

- Healthy People 2020 (www.healthypeople.gov)

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?”

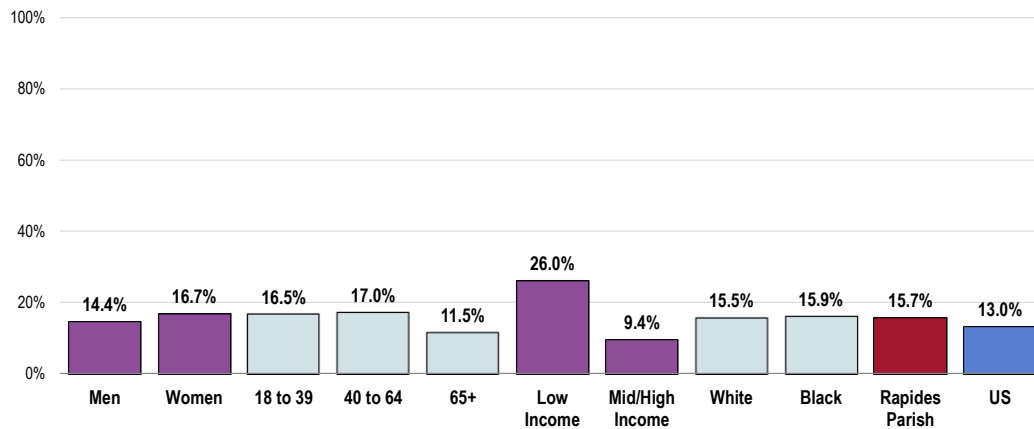
Self-Reported Mental Health Status (Rapides Parish, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
 Notes: • Asked of all respondents.

- The “fair/poor” response in Rapides Parish is similar to the national finding.
- Lower-income residents are much more likely than higher-income residents to rate their mental health as “fair” or “poor.” Differences by gender, age, and race are not statistically significant.

Experience “Fair” or “Poor” Mental Health (Rapides Parish, 2018)



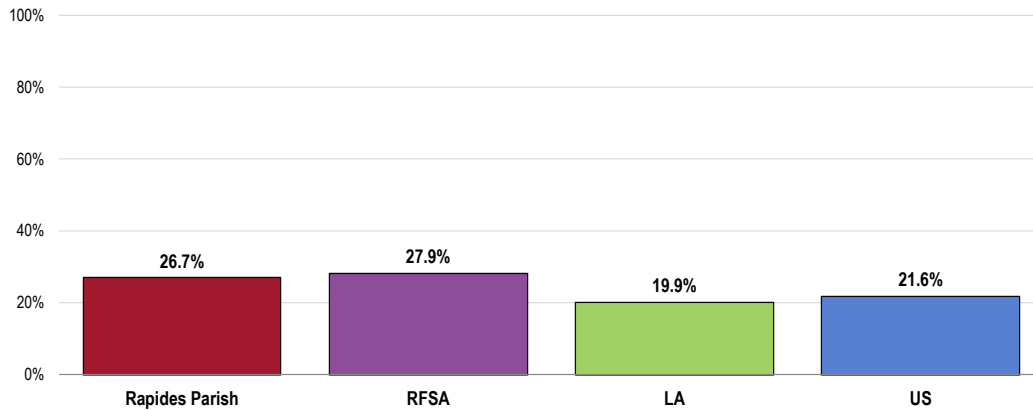
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
 Notes: • Asked of all respondents.
 • Race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Depression

Diagnosed Depression: “Has a doctor or other healthcare provider ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?”

- The proportion of parish adults with diagnosed depression is higher than found across the state and nation but similar to the service area.

Have Been Diagnosed With a Depressive Disorder



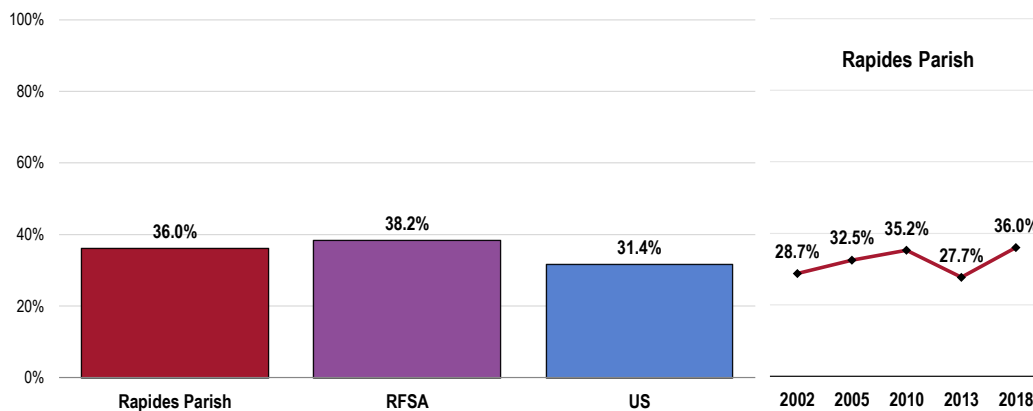
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 LA data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression: “Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?”

- Chronic depression is more prevalent in Rapides Parish than across the country but is similar to the Rapides Foundation Service Area. The parish rate has trended upward over time.

Have Experienced Symptoms of Chronic Depression

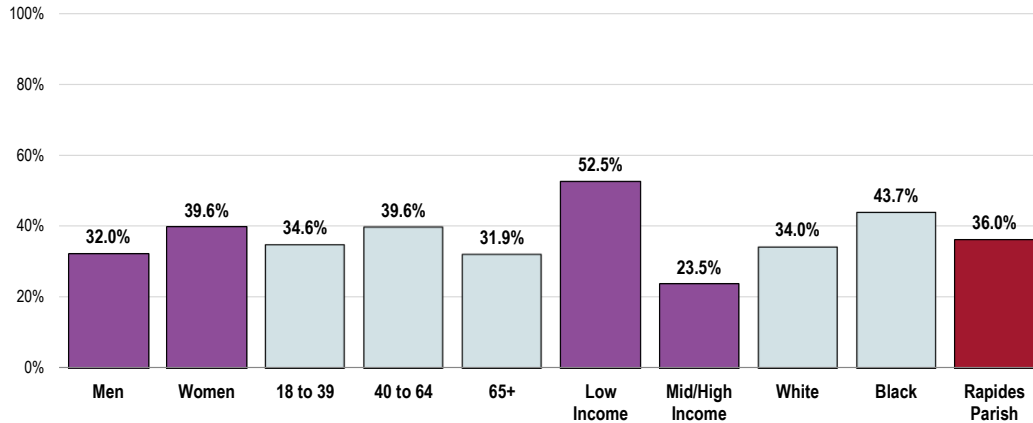


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

- Chronic depression is more prevalent among women and lower-income adults. There are no statistical differences within the other demographic groups.

Have Experienced Symptoms of Chronic Depression (Rapides Parish, 2018)



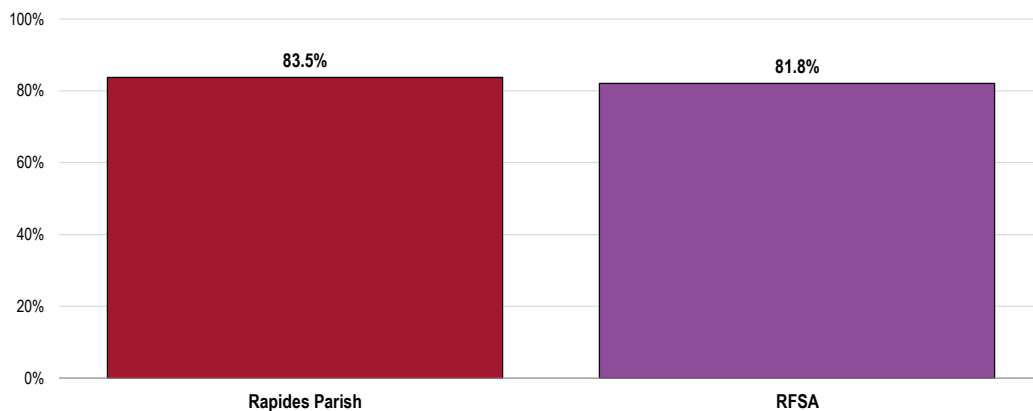
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
 • Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Emotional Support

"In the past month, how often have you had someone you could turn to if you needed or wanted help?
 Would you say: all of the time, most of the time, some of the time, little of the time, or none of the time?"

- The level of emotional support in the parish is comparable to the service area.

Had Someone to Turn to "All" or "Most" of the Time in the Past Month (Rapides Parish, 2018)



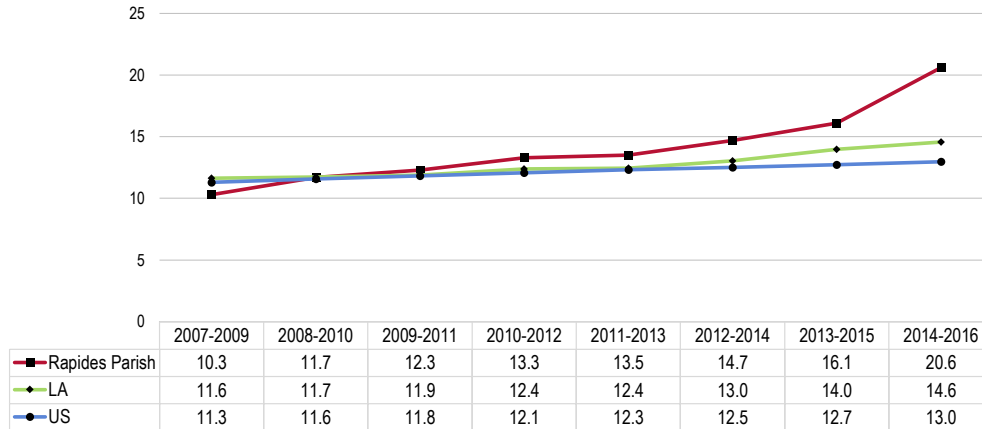
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 330]
 Notes: • Asked of all respondents.

Suicide

The following chart outlines the most current age-adjusted mortality rates attributed to suicide in our population. (Refer to “Leading Causes of Death” for an explanation of the use of age-adjusting for these rates.)

- The parish death rate is worse than found across Louisiana and the US and has increased over time.

Suicide: Age-Adjusted Mortality Trends
 (Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 10.2 or Lower



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]

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

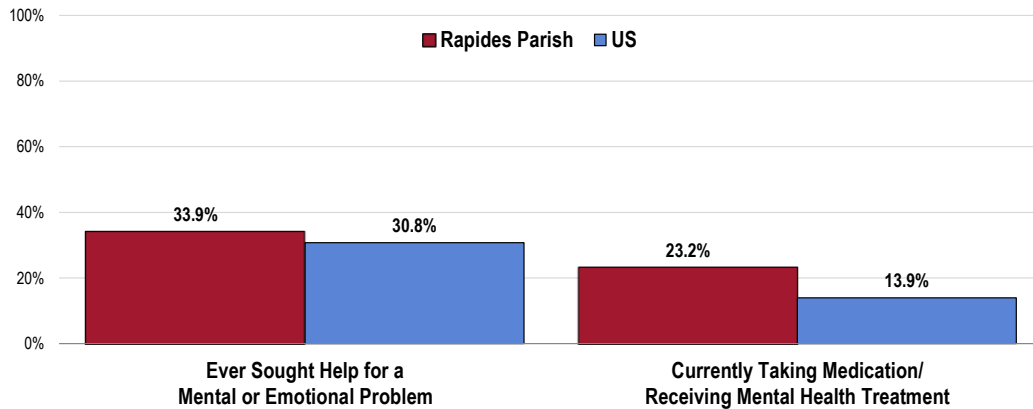
Mental Health Treatment

“Have you ever sought help from a professional for a mental or emotional problem?”

“Are you now taking medication or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?”

- Similar proportions of adults in the parish and nation have sought professional help, but a higher proportion of parish adults are taking medication/receiving treatment.

Mental Health Treatment

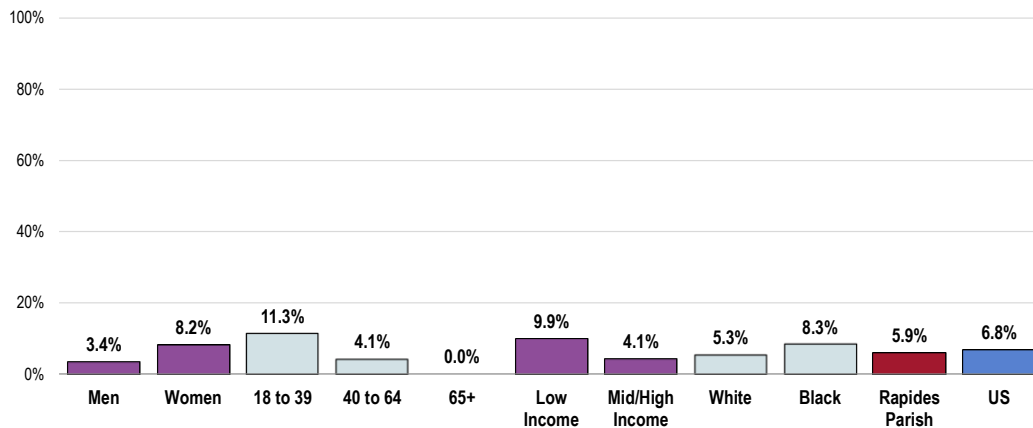


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 103-104]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects the total sample of respondents.

“Was there a time in the past 12 months when you needed mental health services but were not able to get them?”

- The parish response is comparable to the national finding.
- Women and those at lower incomes were more likely to report the inability to get services. Also, note the negative correlation with age. There is no significant difference by race.

Unable to Get Mental Health Services When Needed in the Past Year (Rapides Parish, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
 Notes: • Asked of all respondents.
 • Race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Mental Health

The following chart outlines key informants' perceptions of the severity of *Mental Health* as a problem in the community:

Perceptions of Mental Health as a Problem in the Community (Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Challenges

Among those rating this issue as a “major problem,” the following represent what key informants see as the main challenges for persons with mental illness:

Access to Care/Services

Years ago, I served on the Mental Health Advisory Council of Central Louisiana State Hospital (Central). Since that time, I have been concerned with the status of mental health services in not only our community, but also nationwide. I am nowhere near an expert in the mental health arena, but it seems to me that many of the psychiatric patients who are mainstreamed into the community need the kind of care and attention they received in state-run hospitals. The issues of mental health and violence, mental health and homelessness, and patient "dumping" of the mentally ill, continue to be subjects of national discussion. – Social Services Provider (Rapides Parish)

Lack of access to mental health services. In-patient and long-term treatment facilities are needed, as well as dual diagnosis clinics. Also, case management services to assist them once outpatient, to help with work, medication management, and daily living skills, as well as affordable housing. We have seen an increase in our homeless population, due to a variety of reasons, but a lot have mental health issues. – Other Health Provider (Rapides Parish)

Our community allows rehab centers to claim they provide mental health services. We see countless families complain about the overmedication of children, the under-qualified skill levels of practitioners, and hear the primary focus on such centers is geared towards third party reimbursement compliance and not client needs. – Social Services Provider (Rapides Parish)

This is anecdotal, but we hear of people who need help and cannot receive it now that our so-called charity hospitals are shuttered. – Social Services Provider (Rapides Parish)

Lack of facilities and doctors that are available for long-term care for the chronic mentally ill, especially those who receive Medicare benefits. – Social Services Provider (Rapides Parish)

Ever since the state did away with Central State Hospital Mental Unit, there is no place for people with mental health issues to turn; they just get medicated. – Social Services Provider (Rapides Parish)

One of the biggest challenges is access to medication and health care services. Other challenges include proper supportive services, the stigma associated with mental health, use of substances to self-medicate, and a lack of health insurance coverage. – Social Services Provider (Rapides Parish)

There are not enough beds of facilities to address the mental health needs of the population. It is unacceptable that people with mental illness are treated the same as criminals by our local system. – Social Services Provider (Rapides Parish)

Lack of support services, availability of inpatient and outpatient services, and social stigma. – Social Services Provider (Rapides Parish)

Lack of mental health care providers and access. Also costs of therapy. – Other Health Provider (Rapides Parish)

Obtaining treatment to the point of being able to overcome mental health challenges. – Public Health Representative (Rapides Parish)

There are no adequate, local resources so the people who have a need for some self-medicate with narcotics and end up in jail, instead of a mental health facility, which is what they need. – Social Services Provider (Rapides Parish)

Lack of resources for persons challenged with mental illness, to secure treatment on an ongoing basis. – Other Health Provider (Rapides Parish)

No adequate facilities, no funding to treat these people. There are many people with mental health issues living in the streets. – Social Services Provider (Rapides Parish)

Lack of inpatient beds for crisis management. Lack of resources for long-term management. – Other Health Provider (Rapides Parish)

Getting services, finding available beds in facilities in a timely manner when needed. – Social Services Provider (Rapides Parish)

Lack of available outpatient and inpatient services. Services available are limited to number of days versus care. – Social Services Provider (Rapides Parish)

Lack of resources and funding. Not enough inpatient beds. – Social Services Provider (Rapides Parish)

Not enough one-on-one to follow the consumer to continue care. – Social Services Provider (Rapides Parish)

Finding the right kind of help that is best for them. – Community Leader (Rapides Parish)

Outpatient and inpatient treatment facilities. – Other Health Provider (Rapides Parish)

Lack of care and education about these issues. – Public Health Representative (Rapides Parish)

Lack of access to care/treatment. – Other Health Provider (Rapides Parish)

Not enough resources. – Social Services Provider (Rapides Parish)

Lack of help. – Community Leader (Rapides Parish)

Lack of resources. – Social Services Provider (Rapides Parish)

Access to care. – Other Health Provider (Rapides Parish)

Access. – Community Leader (Rapides Parish)

Access to care. – Community Leader (Rapides Parish)

Health Education and Awareness

One in four families experiences some form of brain disorder, yet there are few educational sources which explain the treatment and recovery process. Burgeoning health care costs, limited access, potential "stigma", societal attitudes, and cultural mores are all factors which contribute to challenges for those facing mental health issues. – Social Services Provider (Rapides Parish)

I believe some of the biggest challenges for people with mental health issues is over-prescription of medicines, coupled with insufficient health and nutrition information and counseling. In addition, I believe facilities and training are insufficient in our community, and throughout our state, especially with the closing of so many state facilities and cutbacks on state services. In addition, health care costs are exorbitant, and our state's Medicaid and other health coverages are inadequate for this population. – Social Services Provider (Rapides Parish)

Education about what are mental health care options. We have qualified professionals, but most don't know who they are, or the affordability. Court-assigned mental health treatment is a major source, but pastors, community leaders, educators need more access to health care education forms. – Community Leader (Rapides Parish)

Preconceived notions and biases against the mentally ill, due to lack of knowledge about mental health issues and the stigmas that surround a diagnosis. – Social Services Provider (Rapides Parish)

Awareness of programs. Accessibility. – Social Services Provider (Rapides Parish)

Affordable Care/Services

Many people with a mental health diagnosis who are getting money from the government are living on their own and are not able to live well independently. They are often on drugs and cannot maintain a dwelling. – Other Health Provider (Rapides Parish)

Finding affordable and competent on-going treatment. – Social Services Provider (Rapides Parish)

There are no free or discounted mental health resources that are well-known or available. – Community Leader (Rapides Parish)

Able to afford medications, homelessness, staying on the right medication, receiving the help that they really need and following the program. – Social Services Provider (Rapides Parish)

Lack of Providers

Good doctors. Patient load is too big, insurance dictates who you see, even if it is not a good mental health doctor. – Community Leader (Rapides Parish)

There are not enough mental health providers available to meet the need and it takes too long to get appointments. – Social Services Provider (Rapides Parish)

Insufficient number of physicians specializing in mental health care and difficulty finding access. Also, the judiciary system does not seem to help. – Community Leader (Rapides Parish)

Access to high quality providers. – Other Health Provider (Rapides Parish)

Prevalence/Incidence

I'm beginning to see more and more people that seem to have mental health issues. – Community Leader (Rapides Parish)

Many patients seen at RRMC suffer from this condition, especially in the emergency room. – Physician (Rapides Parish)

See people in the community with the affliction. – Social Services Provider (Rapides Parish)

So many affected. – Social Services Provider (Rapides Parish)

Denial/Stigma

Individuals may not want to admit they need to talk to someone. They don't know who to trust with their issues. – Other Health Provider (Rapides Parish)

Stigma with respect to treatment still keeps many adults from adequate treatment. No money for treatment or for the necessary medication. Not being able to get treatment for a loved one, unless they are a danger to themselves or others immediately. – Social Services Provider (Rapides Parish)

Acceptance, stigma and education. – Community Leader (Rapides Parish)

Insurance Issues

Very limited access to providers for self-pay and Medicaid. Our only option is Caring Choices for outpatient services. If a patient does not like this option, they have to explore options out of town. Also, Caring Choices is not equipped to handle psych emergencies. This gets dumped on the emergency department, urgent, and primary care. – Other Health Provider (Rapides Parish)

Lack of access for vulnerable populations, most facilities will not treat the uninsured or those with Medicaid. – Community Leader (Rapides Parish)

Health insurances. – Social Services Provider (Rapides Parish)

Homelessness

Increased homeless population. Low number of mental health facilities. – Public Health Representative (Rapides Parish)

Homeless, no local facilities available for mental illness. – Social Services Provider (Rapides Parish)

From the homeless population and others with untreated mental issues. – Community Leader (Rapides Parish)

Diagnosis/Treatment

So many individuals may have mental disorders and not even know it. Many homeless individuals may have mental disorders, yet no knowledge of how to get help, nor transportation to access help. – Social Services Provider (Rapides Parish)

Dealing with the disease on a day-to-day basis. – Community Leader (Rapides Parish)

Transportation

Travel, insurance coverage. – Social Services Provider (Rapides Parish)

Transportation for those in rural areas, quantity of resources, lack of trained, experienced, licensed professionals. – Social Services Provider (Rapides Parish)

Drugs/Alcohol

Drug use. Mental health diagnosis. Many times, there is incarceration when mental health treatment is more appropriate. – Community Leader (Rapides Parish)

Poverty

All about the poverty, plus the stigmatism of mental health care in the United States. – Community Leader (Rapides Parish)

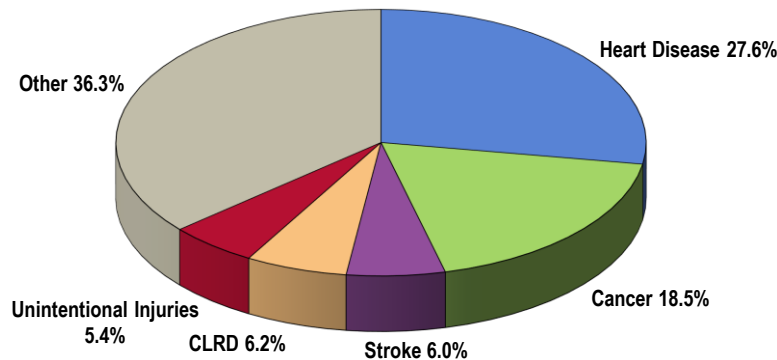
Death, Disease, & Chronic Conditions

Leading Causes of Death

Distribution of Deaths by Cause

Cancers and cardiovascular disease (heart disease and stroke) are leading causes of death in the community.

Leading Causes of Death
(Rapides Parish, 2014-2016)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- 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.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the region with other localities (in this case, the state and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

Charts throughout this report outline annual average age-adjusted death rates per 100,000 population for selected causes of death in the area. (For infant mortality data, see also *Birth Outcomes & Risks* in the **Births** section of this report.)

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than \$500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

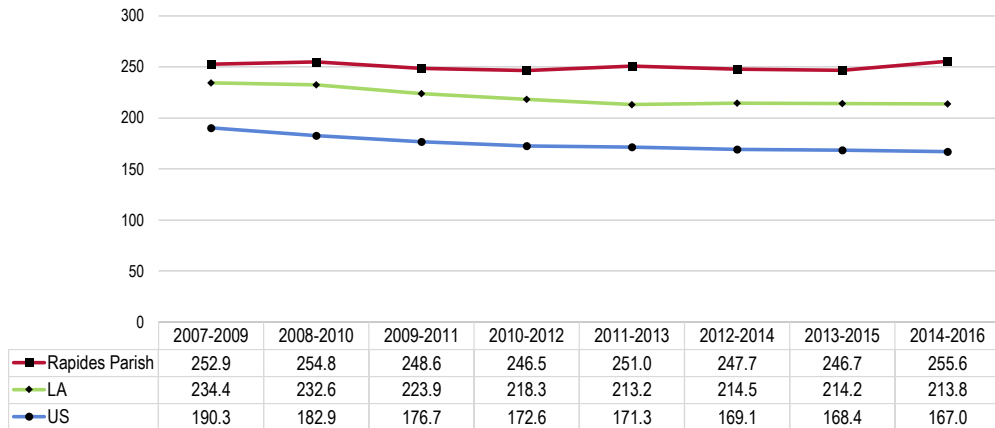
The greatest share of cardiovascular deaths is attributed to heart disease. The following charts outline age-adjusted mortality rates for heart disease and for stroke in our community.

- Heart disease deaths in the parish have consistently trended higher than the state and nation but have not varied statistically over time.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]

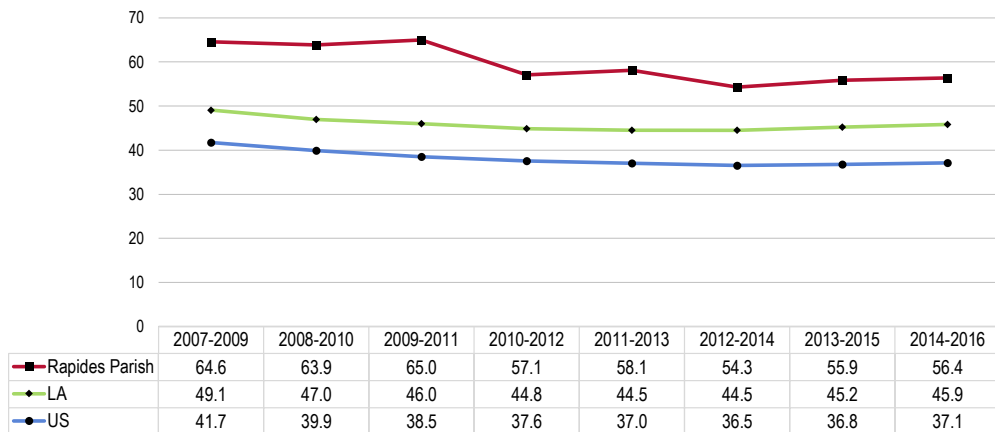
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 ● The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- Though trending downward, the parish death rate is significantly higher than Louisiana and the US.

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]

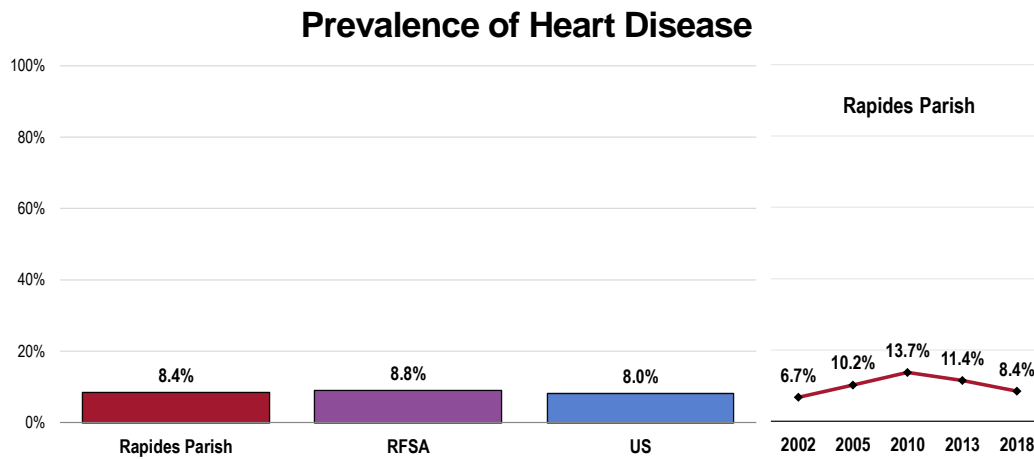
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Heart Disease & Stroke

“Has a doctor, nurse, or other health professional ever told you that you had: a heart attack, also called a myocardial infarction; or angina or coronary heart disease?” (Heart disease prevalence here is a calculated prevalence that includes those responding affirmatively to either.)

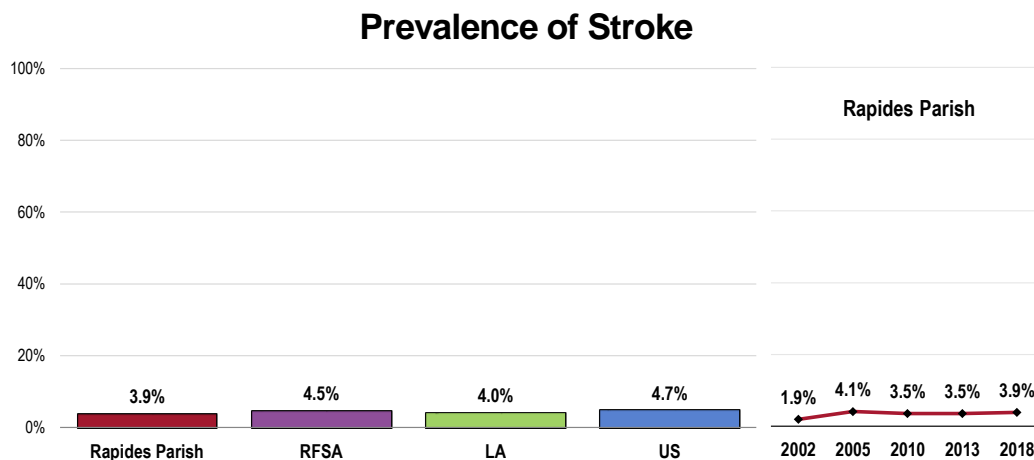
“Has a doctor, nurse, or other health professional ever told you that you had a stroke?”

- Prevalence of heart disease is similar among the parish, region, and nation. Though fluctuating over time, this year’s parish rate is similar to the baseline rate.



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina or coronary heart disease.

- Prevalence of stroke in Rapides Parish is similar to the service area, state, and nation. The parish rate is higher than the 2002 rate.



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 35]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 LA data.
 Notes: • Asked of all respondents.

Cardiovascular Risk Factors

About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

- Healthy People 2020 (www.healthypeople.gov)

High Blood Pressure & Cholesterol Prevalence

“Have you ever been told by a doctor, nurse, or other health care professional that you had high blood pressure?”

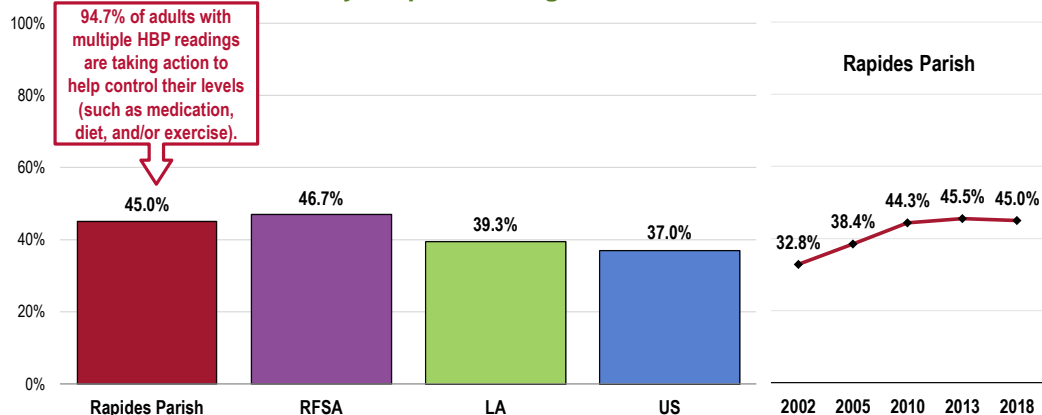
“Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?”

“Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health care professional that your blood cholesterol is high?”

“Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?”

- Prevalence of high blood pressure in Rapides Parish is worse than the state and nation but similar to the Rapides Foundation Service Area. The parish rate has increased significantly over time.

Prevalence of High Blood Pressure Healthy People 2020 Target = 26.9% or Lower



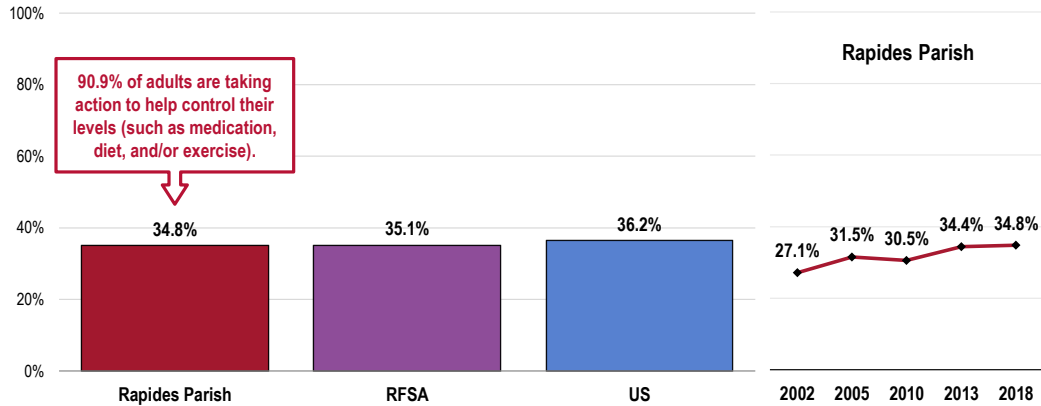
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 41, 129]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 LA data.
 • 2017 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 HDS-5.1]

Notes: • Asked of all respondents.

- Prevalence of high cholesterol in the parish is comparable to the regional and national prevalence. The parish rate has increased significantly over time.

Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 46, 148]
 • 2017 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 HDS-7]
 Notes: • Asked of all respondents.

About Cardiovascular Risk

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

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US.

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

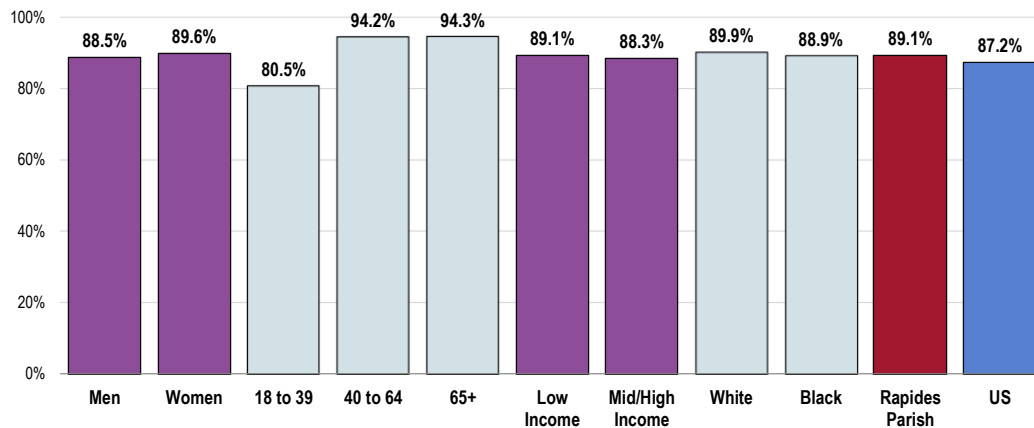
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Total Cardiovascular Risk

The following chart reflects the percentage of adults in the Rapides Parish who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or cholesterol. See also *Nutrition, Physical Activity, Weight Status, and Tobacco Use* in the **Modifiable Health Risks** section of this report.

- Cardiovascular risk is similar between the parish and the US.
- Cardiovascular risk is more prevalent among adults age 40 and older. There is no statistical difference within the other demographic groups.

Present One or More Cardiovascular Risks or Behaviors (Rapides Parish, 2018)

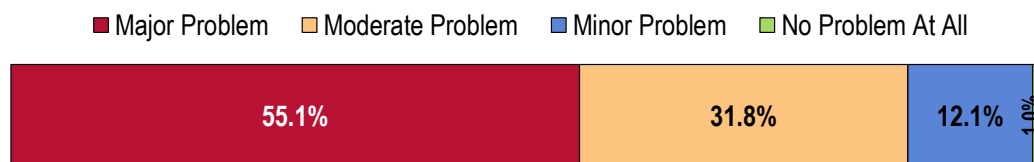


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
 Notes: • Asked of all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
 • Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

The following chart outlines key informants' perceptions of the severity of *Heart Disease & Stroke* as a problem in the community:

Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

Reports from others of family members, coworkers, or friends with heart ailments are frequent. Also, central Louisiana has high incidence of smokers, who suffer with heart disease at a higher rate. – Social Services Provider (Rapides Parish)

Heart disease and stroke are very prevalent in this community. Dietary choices, smoking and lifestyle choices are all risk factors that can be managed, but compliance with healthy behaviors seems very low. – Public Health Representative (Rapides Parish)

There are many people who suffer from some type of heart disease or stroke. – Social Services Provider (Rapides Parish)

The local hospitals have special units for this and publicize the need and availability. Many of the people I know have suffered from this. – Social Services Provider (Rapides Parish)

My father just died of heart disease, and my father-in-law and several of his church members had strokes all within 2 months of each other. Every day, I am hearing of someone else who had either had a heart attack or stroke. – Community Leader (Rapides Parish)

The number of persons being diagnosed with this disease and disorder. – Social Services Provider (Rapides Parish)

Many patients seen at RRMC have this condition. – Physician (Rapides Parish)

Again, this is a frequent matter of concern. – Community Leader (Rapides Parish)

I know a lot of people who have been affected by these issues. – Community Leader (Rapides Parish)

Statistics show this is a big problem for us. – Community Leader (Rapides Parish)

Seems to be prevalent. – Social Services Provider (Rapides Parish)

So many affected. – Social Services Provider (Rapides Parish)

Leading Cause of Death

Heart disease is among the top five causes of death in our community. Both heart disease and stroke are major problems because of the number of individuals with high blood pressure and lack of access to primary care. – Other Health Provider (Rapides Parish)

According to a 2014 survey by the National Center for Health Statistics, heart disease is the leading cause of death in Louisiana, with 10647 fatalities. A high percentage of residents live at or near the poverty line, making health care and educational resources out of reach. – Social Services Provider (Rapides Parish)

13,386, or 5.4% of adults aged 18 and older have ever been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks. (Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12). Within the report area, there are an estimated 49.7 deaths due to cerebrovascular disease (stroke) per 100,000 population. This is greater than the Healthy People 2020 target of less than or equal to 33.8. Rates are re-summarized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States. (Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2011-15). – Social Services Provider (Rapides Parish)

The high number of deaths caused by heart disease. A large percentage of the local population use tobacco products. We do not practice healthy eating habits. – Community Leader (Rapides Parish)

Continuing numbers of deaths and disabilities from this condition. – Community Leader (Rapides Parish)

Leading cause of death in this area. – Community Leader (Rapides Parish)

Through the years I have read and heard that annually heart disease kills the largest number of men and women in America. – Social Services Provider (Rapides Parish)

Lifestyle

I believe many people in our area suffer from various forms of heart disease, which can lead to higher incidences of stroke too. – Other Health Provider (Rapides Parish)

People smoke, drink, and are overweight. – Other Health Provider (Rapides Parish)

Smoking, lack of exercise, and unhealthy food choices. – Public Health Representative (Rapides Parish)

Mainly due to lifestyles, high smoking rates, bad food choice and poverty. – Community Leader (Rapides Parish)

In view of unhealthy life style, use of tobacco, lack of exercise, high consumption of fatty food etc. has led to increase in heart disease in the community. – Physician (Rapides Parish)

Unhealthy life choices and styles. – Community Leader (Rapides Parish)

Unhealthy lifestyles. – Community Leader (Rapides Parish)

Lifestyle of our community. – Community Leader (Rapides Parish)

Diet/Exercise

I believe some people don't think about their health as a priority. I don't think we do preventive measures. – Social Services Provider (Rapides Parish)

For this problem and almost all of the problems I identified as "major" I sincerely believe inflammation and autoimmune response is largely due to diet. There is a terrible lack in the balance of omega 3 fatty acids, plus overall overgrowth of harmful bacteria in gut flora. – Social Services Provider (Rapides Parish)

Many people do not follow a healthy diet. I believe with more education and awareness of the problem, people will be more educated of the risk heart disease that is not taken care of. – Community Leader (Rapides Parish)

Same as diabetes: poor diet and recreational opportunities. – Community Leader (Rapides Parish)

Fast food diets along with high incidence of smoking. Uncontrolled blood pressure. Non-compliance in healthy diets and high fat. – Other Health Provider (Rapides Parish)

Poor eating habits, lack of knowledge. – Social Services Provider (Rapides Parish)

Eating habits, poor lifestyle choices. – Social Services Provider (Rapides Parish)

Obesity

Heart disease is serious, and we have a lot of obesity in the community. People need to be more educated and aware how the heart works and what causes the heart to work overtime and not work at all. – Social Services Provider (Rapides Parish)

The percentages of our people that are overweight and inactive are alarming, as these are high risk factors for heart disease and strokes. This is another area where there seems to be an increase in numbers. – Social Services Provider (Rapides Parish)

Obesity, lack of exercise and lack of free facilities in which persons who are of meager means can go workout in. – Public Health Representative (Rapides Parish)

High obesity rate, patient diets, and family history. – Other Health Provider (Rapides Parish)

There are many overweight people in our community. – Social Services Provider (Rapides Parish)

Obesity, diet, and stress for whatever reason, and the obvious use of drugs and alcohol. – Community Leader (Rapides Parish)

Health Education and Awareness

There needs to be more education about not smoking and eating more nutritious foods. Fresh foods and produce can be expensive for a family. People need easier access to these foods, especially more affordable access. – Social Services Provider (Rapides Parish)

Poorly-educated individuals with poor diets and exercise routines. Lifestyle choices. – Social Services Provider (Rapides Parish)

Heart disease and stroke are major problems in our community. Main reason is education. – Other Health Provider (Rapides Parish)

Education and warning signs. – Community Leader (Rapides Parish)

Education, early detection and low income. – Social Services Provider (Rapides Parish)

Access to Care/Services

A lack of environments that support healthy lifestyles. The built environment does not support physical activity. – Community Leader (Rapides Parish)

Discussion with a local cardiologist. – Community Leader (Rapides Parish)

Co-Occurrences

With high rates of diabetes, with it comes heart disease and stroke. Add to it high tobacco use, poor nutritional choices, and lack of exercise, and it is a recipe for disease. – Community Leader (Rapides Parish)

High blood pressure is prevalent among the African-American population, as well as the lower income families. Proper diet, preventive screenings and availability of health care is a major barrier to good health. – Social Services Provider (Rapides Parish)

Family History

Problematic areas include: genetics, poor nutrition/diets, lack of access to health care, lack of insurance, use of tobacco and other substances, sedentary behaviors, and lack of education. – Social Services Provider (Rapides Parish)

| *Inherited problems and smoking. – Social Services Provider (Rapides Parish)*

Insurance Issues

| *Lack of insurance and lack of medical practitioners that specialize in this. – Community Leader (Rapides Parish)*

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

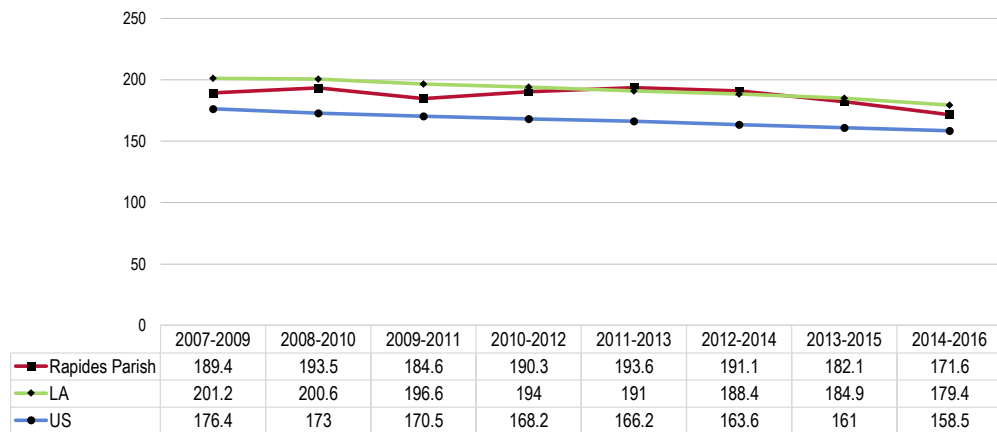
- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

The following chart illustrates age-adjusted cancer mortality (all types) in Rapides Parish.

- The parish death rate is comparable to Louisiana and the US and has not varied statistically over time.

Cancer: Age-Adjusted Mortality Trends
 (Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 161.4 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
 • 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 US Standard Population.

Cancer Risk

About Cancer Risk

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

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

Cancer Screenings

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

Screening levels in the community were measured in the PRC Community Health Survey relative to: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Female Breast Cancer Screening

About Screening for Breast Cancer

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.

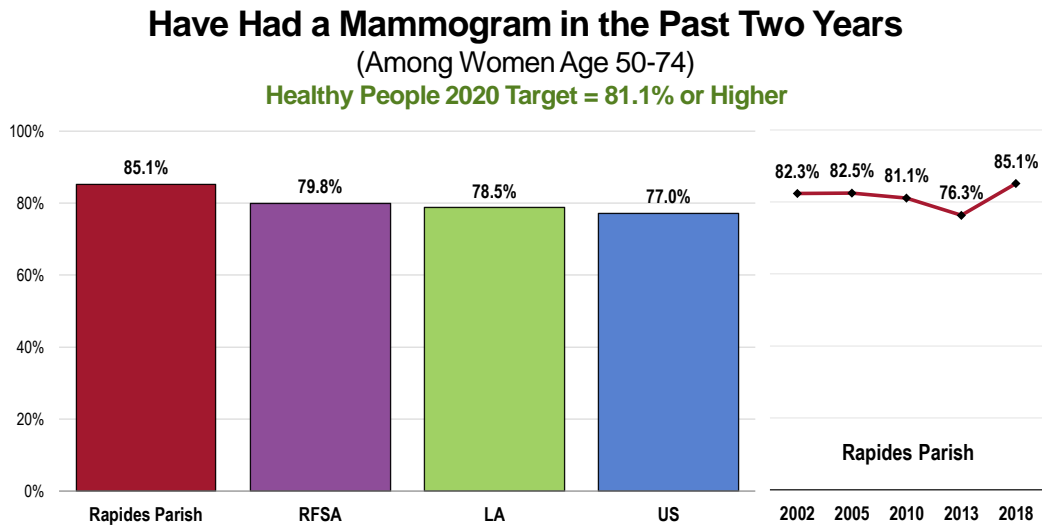
The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is 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.

Breast Cancer Screening: “A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?” (Calculated here among women age 50 to 74 who indicate screening within the past 2 years.)

- The rate of screenings in Rapides Parish is more favorable than found across the service area, state, and nation. The parish rate is similar to the baseline rate (increasing since 2013).



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 LA data.
 • 2017 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 C-17]

Notes: • Reflects female respondents 50-74.

Cervical Cancer Screenings

About Screening for 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

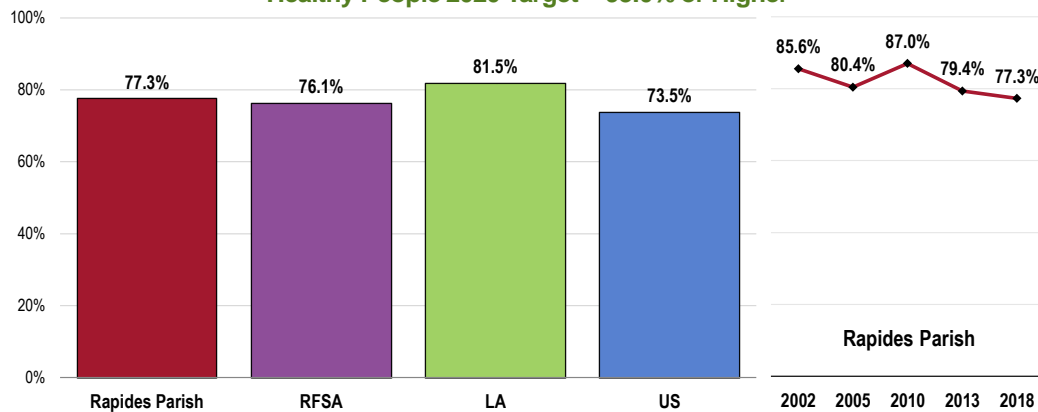
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Cervical Cancer Screening: “A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?” (Calculated here among women age 21 to 65 who indicate screening within the past 3 years.)

- Screenings in the parish are statistically comparable to all populations shown in the following chart. The parish rate is lower than the baseline rate.

Have Had a Pap Smear in the Past Three Years (Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Louisiana data.
 • 2017 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 C-15]

Notes: • Reflects female respondents age 21 to 65.

Prostate Cancer Screenings

About Screening for Prostate Cancer

Prostate cancer is one of the most common types of cancer that affects men. In the United States, the lifetime risk of being diagnosed with prostate cancer is approximately 11%, and the lifetime risk of dying of prostate cancer is 2.5%. Many men with prostate cancer never experience symptoms and, without screening, would never know they have the disease. In autopsy studies of men who died of other causes, more than 20% of men aged 50 to 59 years and more than 33% of men aged 70 to 79 years were found to have prostate cancer. In some men, the cancer is more aggressive and leads to death. The median age of death from prostate cancer is 80 years, and more than two-thirds of all men who die of prostate cancer are older than 75 years.

Screening for prostate cancer begins with a test that measures the amount of PSA protein in the blood. An elevated PSA level may be caused by prostate cancer but can also be caused by other conditions, including an enlarged prostate (benign prostatic hyperplasia) and inflammation of the prostate (prostatitis). Some men without prostate cancer may therefore have positive screening results (i.e., "false-positive" results). Men with a positive PSA test result may undergo a transrectal ultrasound-guided core-needle biopsy of the prostate to diagnose prostate cancer.

PSA-based screening for prostate cancer has both potential benefits and harms. The USPSTF *does not* recommend screening for prostate cancer unless men express a preference for screening after being informed of and understanding the benefits and risks. The decision about whether to be screened for prostate cancer requires that each man incorporate his own values about the potential benefits and harms. The potential harms of screening, diagnostic procedures, and treatment occur soon after screening takes place. Although the potential benefits may occur any time after screening, they generally occur years after treatment, because progression from asymptomatic, screen-detected cancer to symptomatic, metastasized cancer or death (if it occurs at all) may take years or decades to occur.

The USPSTF concludes with moderate certainty that the net benefit of PSA-based screening for prostate cancer in men aged 55 to 69 years is small for some men. How each man weighs specific benefits and harms will determine whether the overall net benefit is small.

The USPSTF concludes with moderate certainty that the potential benefits of PSA-based screening for prostate cancer in men 70 years and older do not outweigh the expected harms.

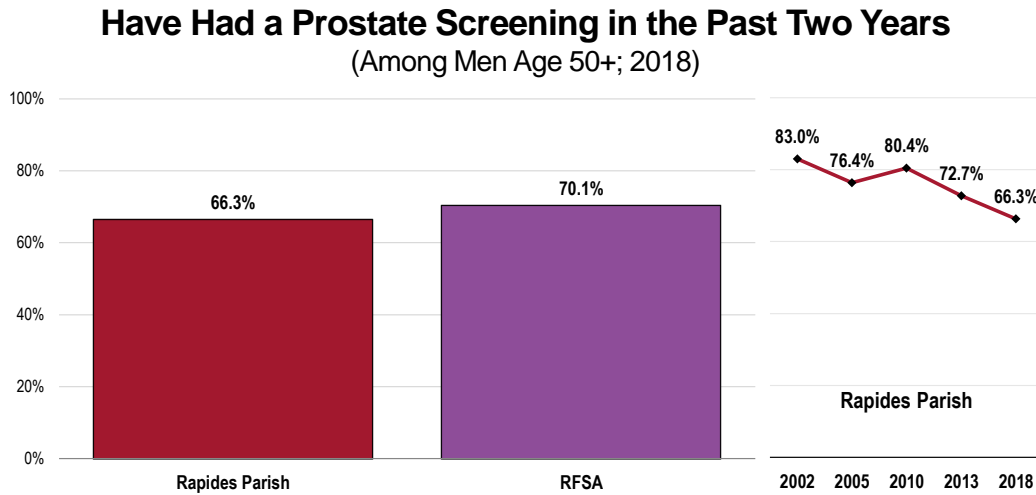
- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

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.

Prostate Cancer Screening: “A prostate-specific antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. How long has it been since you had your last PSA test?”

“A digital rectal exam is when a doctor, nurse or other health professional places a gloved finger in the rectum to feel the size, hardness and shape of the prostate gland. How long has it been since your last digital rectal exam?” (Calculated here among men age 50 and older who indicate either screening within the past 2 years.)

- Screenings are comparable between Rapides Parish and the Rapides Foundation Service Area. The parish rate has declined significantly over time.



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 360]
Notes: • Reflects male respondents age 50+.

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

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 (fecal occult blood testing, 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.

Colorectal Cancer Screening: “Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since your last sigmoidoscopy or colonoscopy?” and

“A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had your last blood stool test?”

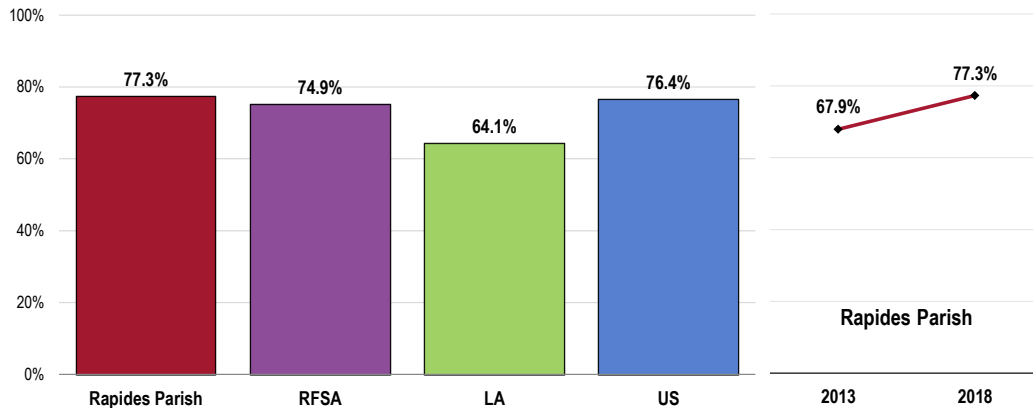
(Calculated here among both sexes age 50 to 75 who indicated fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years.)

- Screenings in the parish are higher than found across the state but similar to the service area and nation. Note the significant increase in screenings since 2013.

Have Had a Colorectal Cancer Screening

(Among Adults Age 50-75)

Healthy People 2020 Target = 70.5% or Higher

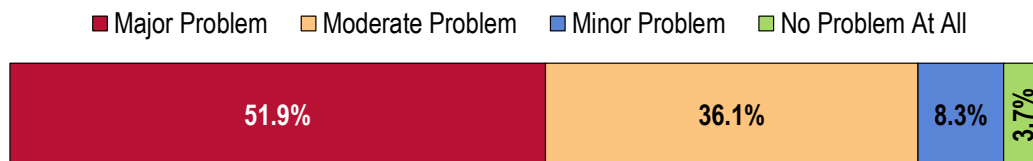


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 LA data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective 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.

Key Informant Input: Cancer

The following chart outlines key informants' perceptions of the severity of *Cancer* as a problem in the community:

Perceptions of Cancer as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

I know many who have faced cancer of all types recently, and all have gone to other areas- and most to other states- for improved treatment over what is available locally. – Community Leader (Rapides Parish)

It seems that there are higher incidences of cancer locally. Cancer screenings are offered in the hopes of early detection, but not enough people take advantage of them. – Social Services Provider (Rapides Parish)

I believe this disease is very prevalent everyone. No one is untouched, because we either know or have friends, family members, or acquaintances who have this disease in some form. I am a nurse and have encountered and helped to care for many patients with this problem. – Social Services Provider (Rapides Parish)

Not only does it seem to be of a relatively high incidence rate, it is incredibly expensive to treat, which is taxing on families. I assume lifestyles lead to high rates of cancer here. – Community Leader (Rapides Parish)

I think it is a problem nationwide. All the money that is raised for cancer research and we have not found a cure yet; very disappointing. – Social Services Provider (Rapides Parish)

So many affected. My sister died at the age of 55 from breast cancer. I am constantly getting calls from folks, wanting donations for cancer research causes, etc., but where is the cure? Cancer is a moneymaker, in my opinion. – Social Services Provider (Rapides Parish)

Everyone knows someone that cancer has touched. It is widespread within the community. – Community Leader (Rapides Parish)

Many people that I come in contact with have had colon cancer. I believe a lot of this is due to our diet. – Other Health Provider (Rapides Parish)

I know people and often hear about people who are being treated for or dying with cancer. It seems that no family is unaffected by cancer. – Social Services Provider (Rapides Parish)

Cancer is very prevalent in our community, and many travel to other cities for treatment and resources. – Public Health Representative (Rapides Parish)

It seems that very often during the year, someone will tell me that they or some member of their family has been diagnosed with cancer or is being treated for some form of cancer. – Community Leader (Rapides Parish)

It seems that we have a high number of cases of cancer in our community, and many residents don't take advantage of the available screenings. – Social Services Provider (Rapides Parish)

It is occurring with a rising commonality and generally devastates the families, not only emotionally, but financially as well. – Community Leader (Rapides Parish)

The cancer rate here is higher than in other areas, and preventive care and chronic disease education is needed. – Community Leader (Rapides Parish)

More and more people are being diagnosed with some sort of cancer, breast especially. – Community Leader (Rapides Parish)

Most everyone I know has experienced cancer themselves or they knew someone who developed cancer. – Social Services Provider (Rapides Parish)

In my sphere of acquaintance, there is always a story of someone's loved one being so afflicted. – Social Services Provider (Rapides Parish)

It affects all ages, races and genders. It doesn't discriminate. – Community Leader (Rapides Parish)

It just seems that everyone is affected in some way by cancer. – Social Services Provider (Rapides Parish)

In my part of the community, I see a great number of new diagnoses relating to cancer. – Community Leader (Rapides Parish)

The number of people diagnosed with this disease. – Social Services Provider (Rapides Parish)

I know a lot of people who have been affected by the disease. – Community Leader (Rapides Parish)

So many people have been afflicted with this disease. – Social Services Provider (Rapides Parish)

High cancer rates versus national average. – Community Leader (Rapides Parish)

Higher percentage of cancer patients per capita. – Other Health Provider (Rapides Parish)

Access to Care/Services

Cancer treatments are a very important need for our community. Affordable access to these treatments are a must. – Community Leader (Rapides Parish)

There does not appear to be the same access to treatment that there was when the "charity hospital" was functioning. – Community Leader (Rapides Parish)

Frequently, patients don't trust the local doctors and resources, and, instead, seek medical treatment in other states. – Community Leader (Rapides Parish)

Lack of trusted facilities. – Social Services Provider (Rapides Parish)

Leading Cause of Death

In my opinion, it is a leading cause of death and is an important public health issue, costing billions in health care costs and lost productivity at the workplace, as well as taking a physical and mental toll on patients and their loved ones. – Social Services Provider (Rapides Parish)

According to the American Cancer Society, Louisiana has one of the highest cancer mortality rates in the nation. Approximately 160 people die from cancer each week in Louisiana. – Social Services Provider (Rapides Parish)

The high number of cancer-related deaths in our community. – Community Leader (Rapides Parish)

Health Education and Awareness

Honestly, the lack of education for many would be the root of cancer cases. Many do not understand the association of poor nutrition, STIs, and the use of substances (i.e. alcohol, marijuana) as contributors of cancer. Many are deeply rooted in cultural traditions, which also revolves around poor food choices. – Social Services Provider (Rapides Parish)

Cancer is a concern, due to the lack of community education and preventive measures, such as access to affordable screening for the uninsured. – Social Services Provider (Rapides Parish)

There hasn't been a cure released, nor does the community have enough information on how to prevent cancer. – Social Services Provider (Rapides Parish)

Tobacco Use

Cancer is a major problem in the community, due to the large number of smokers in the community, as well as lack of access to primary physicians and specialists trained to diagnose the presence of cancer in an individual. – Other Health Provider (Rapides Parish)

We rank last in health rankings in the U.S. With our high tobacco use, poor nutrition, and obesity issues, cancer rates run high. – Community Leader (Rapides Parish)

Heavy smoking; not detected in time. The poor cannot afford good quality health care and let their symptoms go too long. – Social Services Provider (Rapides Parish)

Lifestyle

Lifestyle, which includes smoking in a large portion of the population. Lack of wellness checks by individuals. – Other Health Provider (Rapides Parish)

The lifestyle of our community. – Community Leader (Rapides Parish)

Diagnosis/Prevention

Early detection is often missing, and then the cost for those uninsured and/or underinsured. The treatment being offered is not always the same or as swift as necessary, depending upon the availability of insurance. – Social Services Provider (Rapides Parish)

Poor Nutrition

The number of people who smoke is a big factor as well as unhealthy food choices of communities in this region. – Public Health Representative (Rapides Parish)

Socioeconomic And Other Factors

Poor education, diets, physical activity, tobacco use, industrial chemical usage, carcinogenic industries in the state, general public apathy due to the fact that these kinds of industries bring "good jobs" to the state. – Social Services Provider (Rapides Parish)

Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at \$20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

- Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

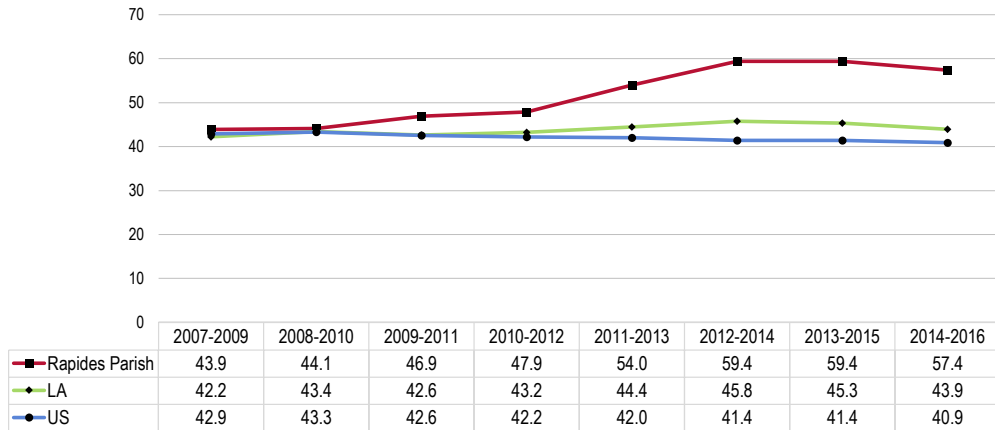
Age-Adjusted Respiratory Disease Deaths

Chronic lower respiratory diseases (CLRD) are diseases affecting the lungs; the most deadly of these is chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis.

Pneumonia and influenza mortality also is illustrated in the following chart. For prevalence of vaccinations against pneumonia and influenza, see also *Immunization & Infectious Diseases* in the **Infectious Disease** section of this report.

- The parish death rate has trended upward over time and is considerably higher than found across Louisiana and the US.

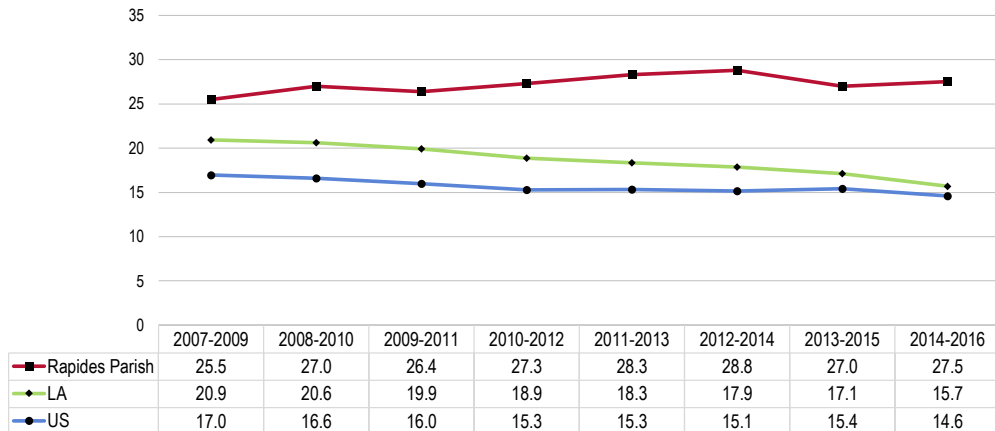
CLRD: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
 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.
 ● CLRD is chronic lower respiratory disease.

- The parish death rate has consistently trended higher than the state and national rates but has not varied statistically over time.

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



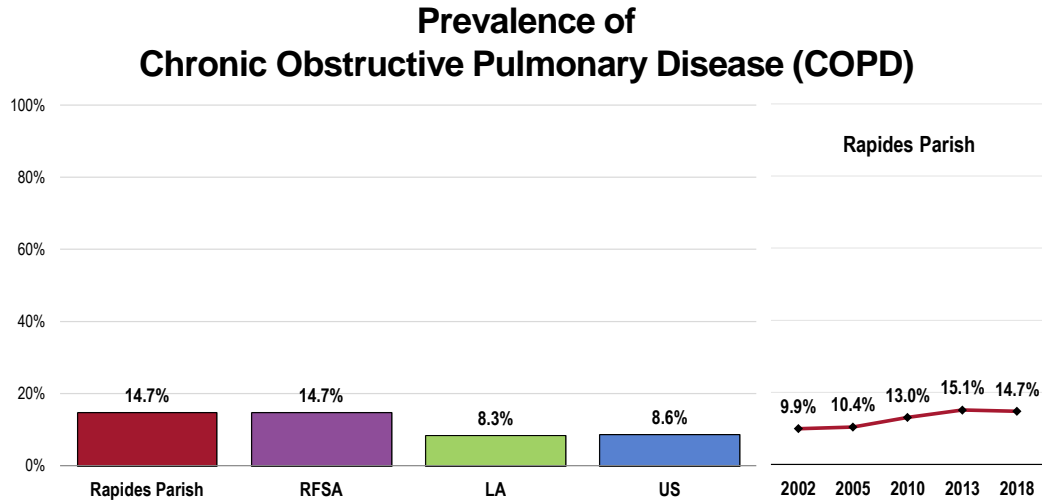
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Respiratory Diseases

COPD

“Would you please tell me if you have ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema?”

- Parish COPD prevalence is identical to the service area but less favorable than the state or nation. The parish rate has increased significantly over time.



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 LA data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

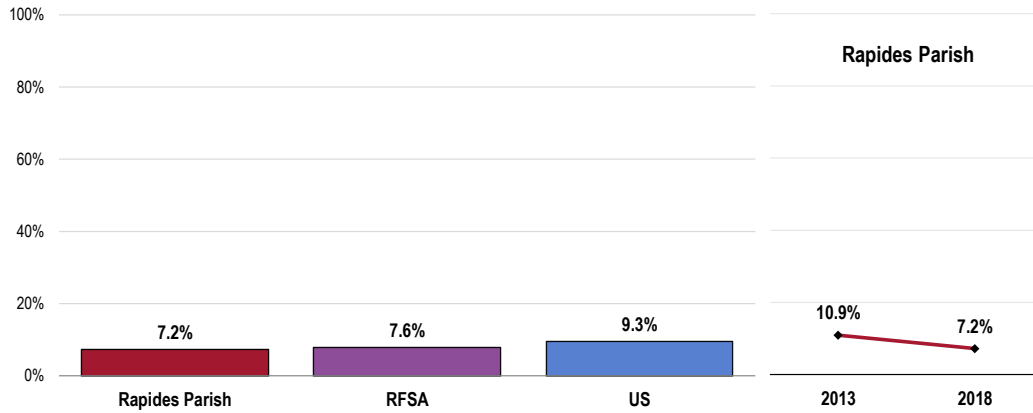
Notes: • Asked of all respondents.
 • Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
 • In prior data, the term "chronic lung disease" was used, which also included bronchitis or emphysema.

Asthma

Children: “Has a doctor or other health professional ever told you that this child had asthma?” and “Does this child still have asthma?” (Calculated here as a prevalence of all children who have ever been diagnosed with asthma and who still have asthma [“current asthma”].)

- Prevalence of childhood asthma in the parish is similar to the region and nation. The parish rate is similar to the 2013 rate.

Childhood Asthma: Current Prevalence (Among Parents of Children Age 0-17)

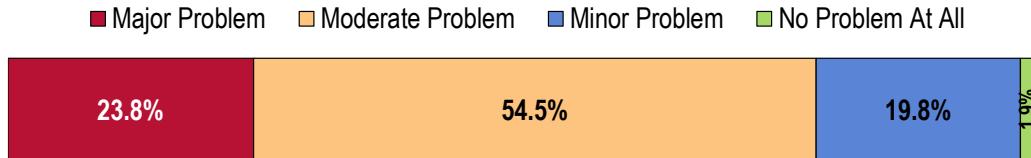


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.
 • Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Key Informant Input: Respiratory Disease

The following chart outlines key informants’ perceptions of the severity of *Respiratory Disease* as a problem in the community:

Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Tobacco Use

- High incidence of tobacco use, lack of adequate primary care services for low income, uninsured population. – Other Health Provider (Rapides Parish)
- Smoking continuously is an issue in the parish, and the more the smoking population ages, the higher increase in lung cancer and other related health issues associated with smoking. – Social Services Provider (Rapides Parish)
- Smoking continues to be a major problem in central Louisiana. – Social Services Provider (Rapides Parish)
- High smoking rates in the region and industrial pollution. – Social Services Provider (Rapides Parish)

The use of tobacco and other substances would probably be major contributors. – Social Services Provider (Rapides Parish)

Smoking is no longer the problem that it was. – Community Leader (Rapides Parish)

Smoking. – Social Services Provider (Rapides Parish)

Prevalence/Incidence

I see many people with oxygen tanks as I come and go in the community. There is also a prevalence of smoking in our community, which leads to respiratory ailments. Area industries, including chemical and timber plants might also be contributors. – Social Services Provider (Rapides Parish)

Allergies are a problem. – Other Health Provider (Rapides Parish)

Many patients seen at RRMC, especially in the emergency room. – Physician (Rapides Parish)

Just an illness I see constantly in the community. – Social Services Provider (Rapides Parish)

So many affected. – Social Services Provider (Rapides Parish)

Environmental Issues

Many individuals suffer with breathing issues related to environmental contributors. – Public Health Representative (Rapides Parish)

Local environmental issues related to manufacturing and farming. Factory emissions and agricultural chemicals. – Community Leader (Rapides Parish)

Lack of Providers

Access to health care providers who specialize in respiratory diseases is limited. – Social Services Provider (Rapides Parish)

Insurance Issues

Ongoing issue for uninsured, Medicaid, and Medicare patients. – Community Leader (Rapides Parish)

Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence.

Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

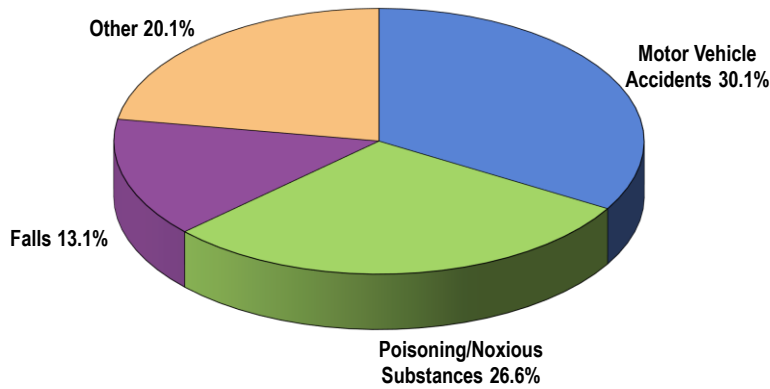
Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence
- Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Leading causes of accidental death in the area include the following:

Leading Causes of Accidental Death (Rapides Parish, 2014-2016)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

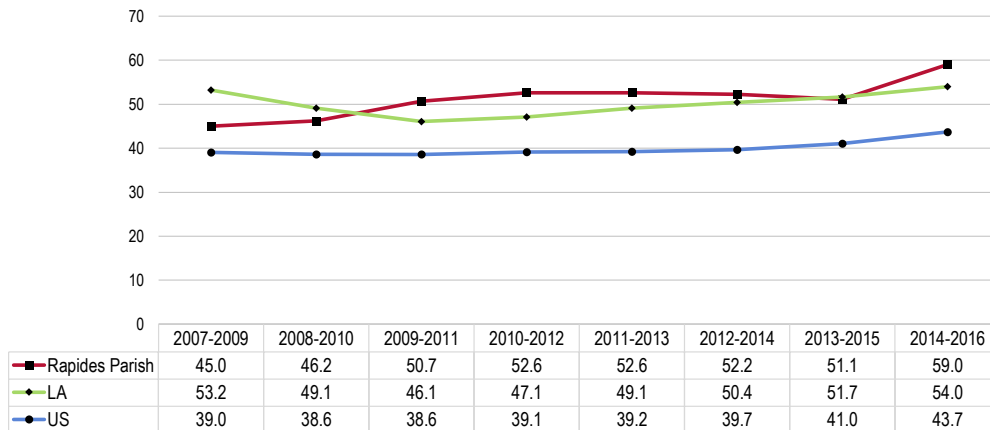
Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

The following chart outlines age-adjusted mortality rates for unintentional injury in the area.

- The parish death rate is higher than the US rate (similar to the statewide rate) and has increased over time.

Unintentional Injuries: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 36.4 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
 • 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 US Standard Population.

Intentional Injury (Violence)

Homicide

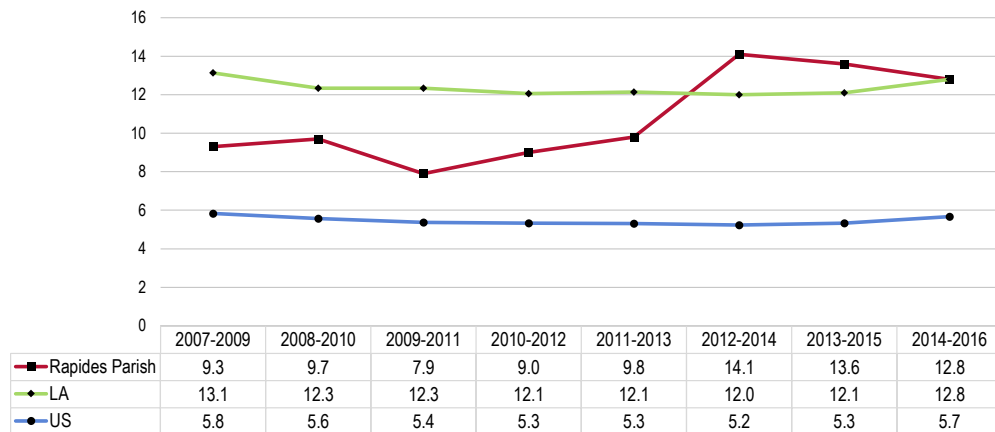
Age-adjusted mortality attributed to homicide is shown in the following chart.

- The parish homicide rate is considerably worse than the national rate (identical to the state rate) and has increased over time.

Homicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower



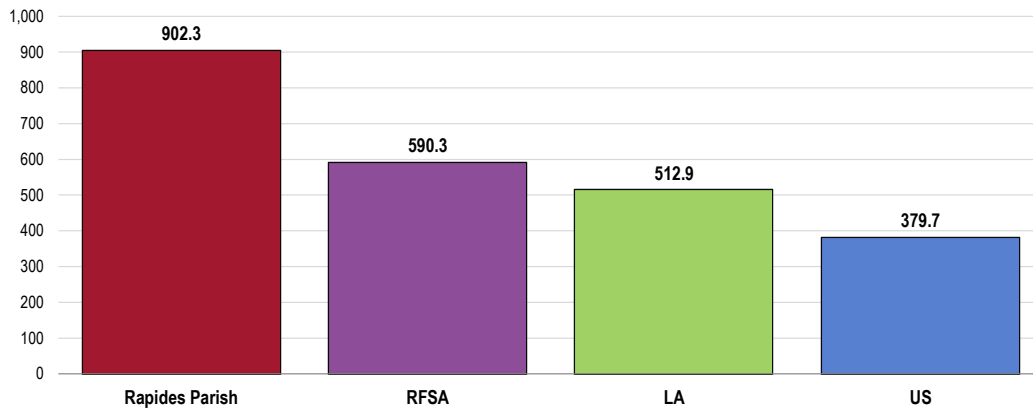
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Violent Crime

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault. Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

- The violent crime rate in Rapides Parish is considerably worse than found across the region, state, and nation.

Violent Crime (Rate per 100,000 Population, 2012-2014)

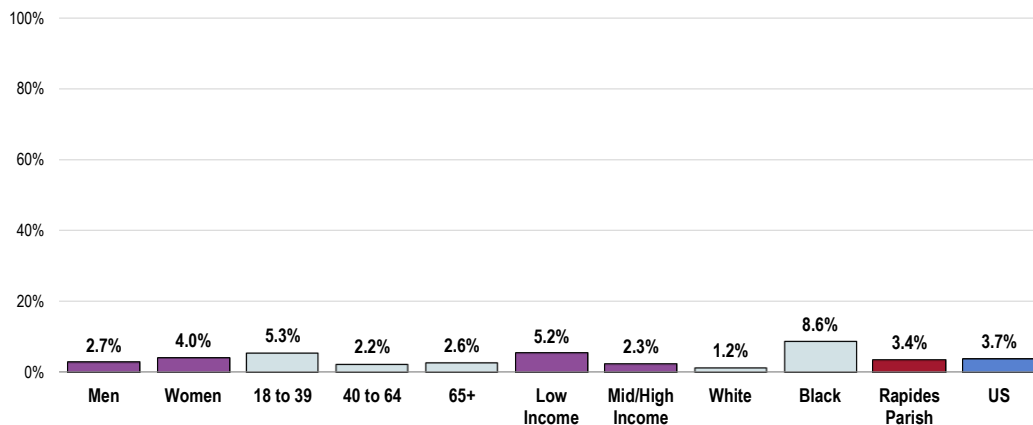


Sources: • Federal Bureau of Investigation, FBI Uniform Crime Reports.
 • Retrieved August 2018 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
 • Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Violent Crime Experience: "Have you been the victim of a violent crime in your area in the past 5 years?"

- The parish response is similar to the national response.
- Black residents are more likely than White residents to be a victim of violent crime. Differences by gender, age and income are not statistically significant.

Victim of a Violent Crime in the Past Five Years (Rapides Parish, 2018)

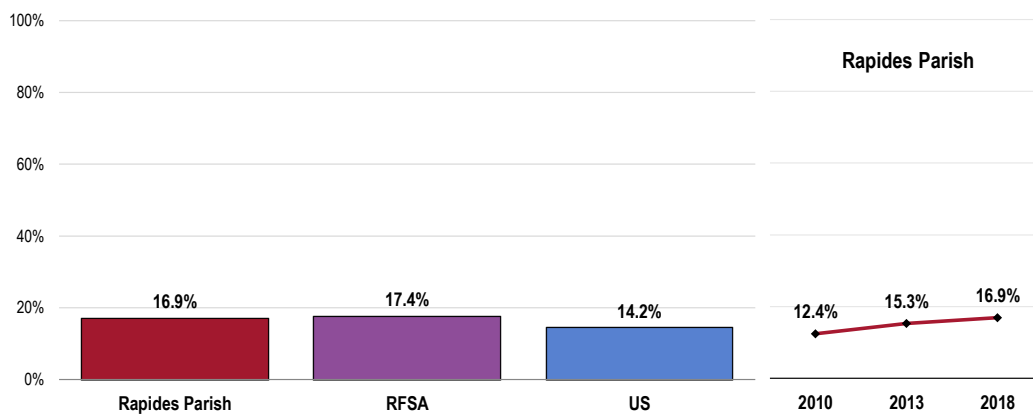


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
 Notes: • Asked of all respondents.
 • Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Intimate Partner Violence: “The next questions are about different types of violence in relationships with an intimate partner. 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. Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?”

- Prevalence of domestic violence in Rapides Parish is comparable to the service area and the nation. The parish rate has increased significantly over time.

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

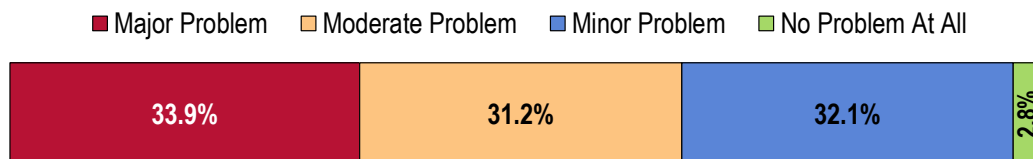


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Key Informant Input: Injury & Violence

The following chart outlines key informants’ perceptions of the severity of *Injury & Violence* as a problem in the community:

Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

Violent crime to include murder, attempted murder, and child abuse (sexual and physical) are increasing locally. The primary factors are tied directly and indirectly to the economy, decreased access to substance abuse treatment and effective mental health services for families. When people's stress levels increase and they turn towards unhealthy coping strategies, they hurt themselves and those around them – Social Services Provider (Rapides Parish)

Crimes among young African-American is at an all-time high and continues to rise. Lack of programs, jobs, dropout rate increases. Crimes are higher among lower-income families. – Social Services Provider (Rapides Parish)

Violence is increasing in our community. With the increase in violence, trauma induced in symptoms increase in our community. – Community Leader (Rapides Parish)

There are still reported and unreported acts of violence against individuals at every age occurring. – Public Health Representative (Rapides Parish)

Violence seems to be getting worse in the Alexandria general area. Just look at the news each evening. Human life seems so unimportant to many individuals. – Social Services Provider (Rapides Parish)

I hear television reports and anecdotal accounts of violent crime on the rise in our community. My daughter was mugged some time ago in a local restaurant parking lot. – Social Services Provider (Rapides Parish)

Prevalence estimates and closure of agencies dealing with it. – Social Services Provider (Rapides Parish)

We have a lot of crime, especially domestic violence here. – Social Services Provider (Rapides Parish)

Not enough police and other law enforcement officers to be in the community. – Social Services Provider (Rapides Parish)

Crime statistics. MVC, ATV, falls are just a few types of traumas that occur in this community. – Public Health Representative (Rapides Parish)

I know that this is a very bad problem in the Alexandria area and in Rapides Parish. – Community Leader (Rapides Parish)

From the many reports we see from the media and by personal experiences or first-hand knowledge of this problem. – Social Services Provider (Rapides Parish)

This community is steadily increasing in homicides and arrest in these areas. – Community Leader (Rapides Parish)

So much shooting in our communities and in our schools. – Social Services Provider (Rapides Parish)

Continued high levels of domestic abuse. – Community Leader (Rapides Parish)

The community has a high crime rate. – Community Leader (Rapides Parish)

Crime is on the increase. – Social Services Provider (Rapides Parish)

Crime rate and drug issues. – Social Services Provider (Rapides Parish)

Disproportionate crime rates, poor civic infrastructure. – Community Leader (Rapides Parish)

I see it on the news and read about it all day. – Social Services Provider (Rapides Parish)

So many affected. – Social Services Provider (Rapides Parish)

In the news every day. – Public Health Representative (Rapides Parish)

I, together with everyone, am very much aware of these issues. – Community Leader (Rapides Parish)

Death, the senseless violence. – Community Leader (Rapides Parish)

Inadequate Services

Emergency shelter and transitional housing for battered women. Hope House, central Louisiana's transitional housing program for homeless women, has a limited number of "beds" available for victims of intimate partner violence (IPV), but it is not nearly enough to meet the need in central Louisiana. Currently, victims in need of shelter in our eight-parish region must travel or be transported to Monroe, DeRidder, Lafayette or Ruston. According to CDC, IPV is a serious public health issue, which can lead to miscarriage/premature birth, mental health issues such as depression and suicidal thoughts/attempts, eating disorders, physical injury, and substance abuse. – Social Services Provider (Rapides Parish)

Our jails are full. We turn people that should be in jail back out on the street because our judges have so many cases to work through. – Community Leader (Rapides Parish)

Local shelters are always filled, overall lack of resources. – Community Leader (Rapides Parish)

Lack of support services. Identify problem such as mental health issues, socioeconomic, or social. – Social Services Provider (Rapides Parish)

Lack of good mental health. – Community Leader (Rapides Parish)

Other Factors

Major contributors include: lack of education, access to guns, poverty, use of substances, lack of concern for laws/rules/regulations, access to equipment in rural areas and stress. – Social Services Provider (Rapides Parish)

Gun ownership. – Physician (Rapides Parish)

Pride and anger. – Other Health Provider (Rapides Parish)

Violence, poor coping. – Other Health Provider (Rapides Parish)

Drugs/Alcohol

Because substance abuse is at an all-time high, which leads to more instances of injury and violence. – Social Services Provider (Rapides Parish)

Drugs, poverty, lack of education, and poor parental skills. – Social Services Provider (Rapides Parish)

Violence due to drugs, alcohol and unemployment. – Social Services Provider (Rapides Parish)

Domestic Violence

Domestic violence is a major problem that causes physical, emotional, and sexual injury and harm to women and children in this region. It is a problem that is generational and cyclical and has been a problem for some time. I believe this is due to an ingrained belief system that women are seen as property, and due to a deeply authoritarian mindset. Criminal violence has been a recurring problem for some time, due in part to the uptick in substance abuse, lack of educational/vocational and other economic opportunities for young people in the region. – Social Services Provider (Rapides Parish)

Physical abuse, above-average crime rates, spousal assaults and other factors. – Community Leader (Rapides Parish)

Unsafe Neighborhoods

There are some very unsafe neighborhoods in our area. – Other Health Provider (Rapides Parish)

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

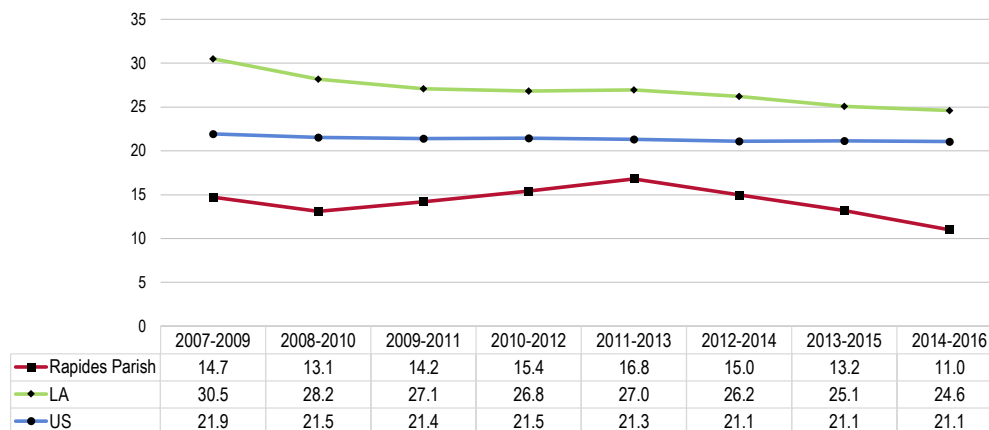
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Age-adjusted diabetes mortality for the area is shown in the following chart.

- Diabetes mortality in the parish has decreased over time, remaining below state and national rates.

Diabetes: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 20.5 or Lower (Adjusted)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.

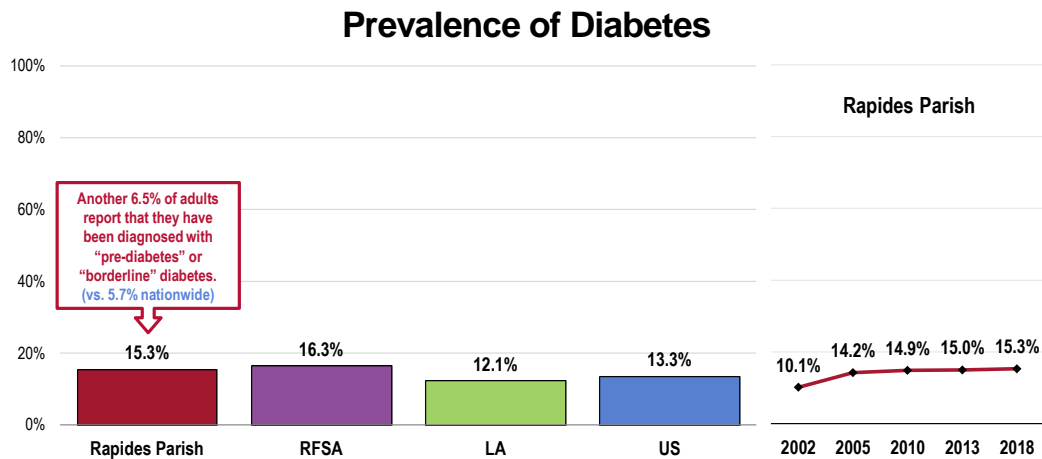
Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
• Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
• The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

“Have you ever been told by a doctor, nurse, or other health professional that you have diabetes? (If female, add: not counting diabetes only occurring during pregnancy?)”

“Have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes? (If female, add: other than during pregnancy?)”

- Diabetes prevalence in the parish is higher than the state but similar to the service area and the US. The parish rate has increased significantly over time.

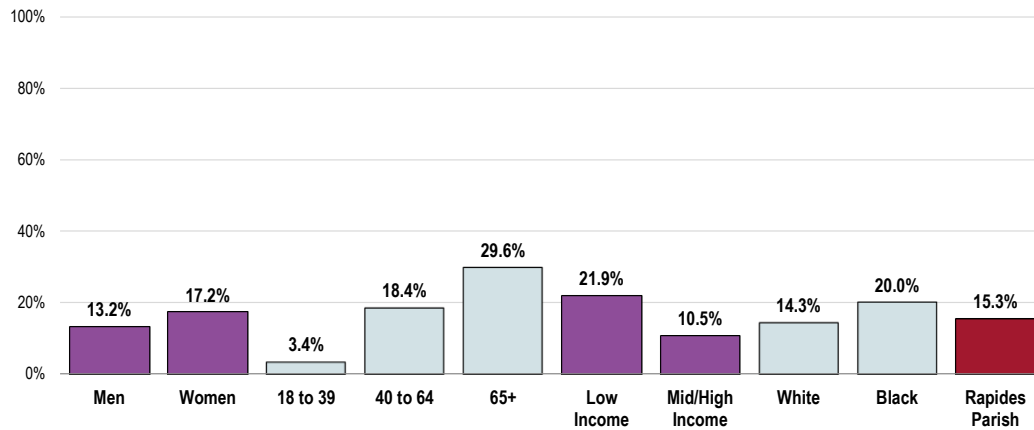


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 LA data.

Notes: • Asked of all respondents.

- Diabetes prevalence is higher among low-income adults and is positively correlated with age. There are no significant differences by gender or race.

Prevalence of Diabetes (Rapides Parish, 2018)



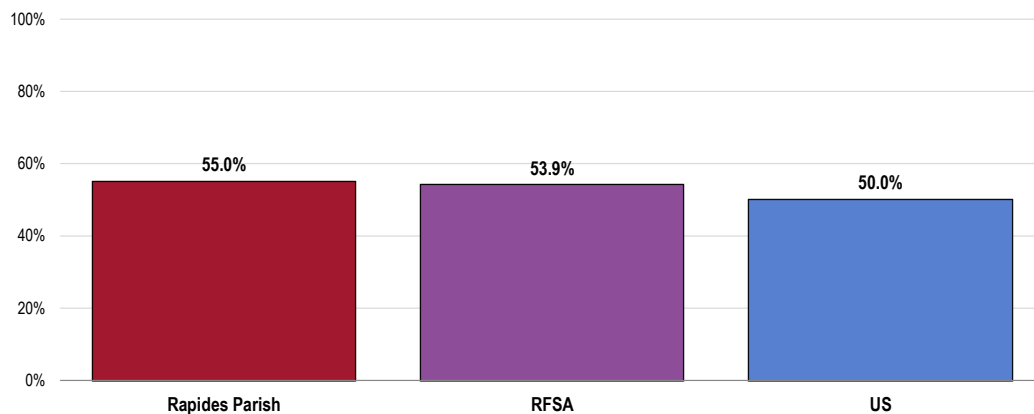
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
 Notes: • Asked of all respondents.
 • Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Excludes gestational diabetes (occurring only during pregnancy).

Diabetes Testing

Adults who do not have diabetes: "Have you had a test for high blood sugar or diabetes within the past three years?"

- Testing levels in the parish are comparable to the service area and nation.

Have Had Blood Sugar Tested in the Past Three Years (Among Nondiabetics)

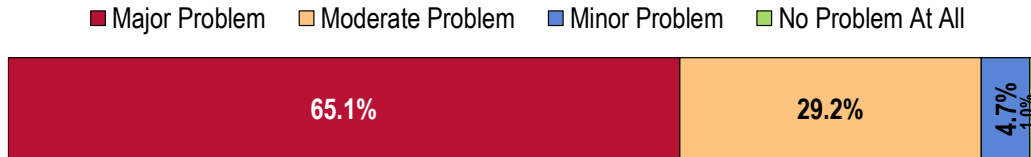


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents who have not been diagnosed with diabetes.

Key Informant Input: Diabetes

The following chart outlines key informants' perceptions of the severity of *Diabetes* as a problem in the community:

Perceptions of Diabetes as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Challenges

Among those rating this issue as a “major problem,” the biggest challenges for people with diabetes are seen as:

Health Education and Awareness

History of poorly educated people, history of ingrained culture of poor diets (with adults) - diets that are high in sodium and sugar, life-style choices, lack of exercise and unwillingness to move, lack of follow-through with dietary recommendations - not many effective programs to address these issues. Access to better healthcare for the poor and working poor and programs to encourage changes in the communities where they live and work. The better educated and financially stable people in this region are healthier than the poorly educated people who have less access to fresh foods and services that encourage improving their health. The change is going to have to come with the children growing up here unless some type of comprehensive/overarching/incentivizing program is developed to encourage poor adults to desire change. – Social Services Provider (Rapides Parish)

I believe many suffer with diabetes, due to lack of proper nutrition knowledge and information, or preventive care. – Social Services Provider (Rapides Parish)

Education is the biggest issue concerning diabetes and the risk for it, in my opinion. The consequences of this disease are tragic for those who choose to do nothing about it. – Social Services Provider (Rapides Parish)

A huge challenge is the lack of education on the detrimental effects of high and low blood sugar, when an individual continues to eat and drink without regard to what this is doing to his/her body. – Social Services Provider (Rapides Parish)

The biggest challenge for people with diabetes is the lack of education, and access to affordable healthier food choices and healthcare. – Social Services Provider (Rapides Parish)

Accessibility dietary education and preventive health screening available to low-income families. – Social Services Provider (Rapides Parish)

Getting the right information in order to better take care of themselves so they can make the right food/diet choices. – Community Leader (Rapides Parish)

Educating people on how to care for themselves, and prevention. – Community Leader (Rapides Parish)

Not enough education in the poverty level. – Social Services Provider (Rapides Parish)

Consistent education, lack of primary care physicians. – Social Services Provider (Rapides Parish)

Nutrition education and support. – Community Leader (Rapides Parish)

Education, lifestyle change, and obesity. – Community Leader (Rapides Parish)

Education, lifestyle modifications. – Other Health Provider (Rapides Parish)

Knowledge of the disease. – Social Services Provider (Rapides Parish)

Obesity and Lifestyle

Many of the poor in our community do not seem to follow dietary guidelines or regularly take appropriate medication, out of lack of funds or time/resources to go to the doctor. When their condition deteriorates, it is more expensive and results in more lost work than preventative care would take. – Social Services Provider (Rapides Parish)

Of course, the challenge would start with diet and exercise. Overall lifestyle change. I know of several in my acquaintance whose first answers when talking about their conditions is, "it has nothing to do with diet and exercise." Well, it couldn't hurt, that's for sure. – Social Services Provider (Rapides Parish)

A lack of environments that support healthy eating behaviors. It is easier to access unhealthy foods than health foods. – Community Leader (Rapides Parish)

Healthy eating and motivation to exercise. A culture of bad diet. – Community Leader (Rapides Parish)

Understanding how diet, exercise (even if limited), and lifestyle changes work together for optimum results. – Community Leader (Rapides Parish)

Many people are obese and don't want to change their eating habits. – Other Health Provider (Rapides Parish)

Pervasive obesity. – Physician (Rapides Parish)

Lifestyles, eating habits and high low-income levels. – Community Leader (Rapides Parish)

Not contracting the disease. Our lifestyles have made this a major health concern. – Social Services Provider (Rapides Parish)

Age and lifestyle of our community. – Community Leader (Rapides Parish)

Lifestyle, eating habits. – Social Services Provider (Rapides Parish)

Poor diet and a lack of recreational opportunities. – Community Leader (Rapides Parish)

Diet and medication non-compliance. – Other Health Provider (Rapides Parish)

Sticking to nutrition and fitness guidelines. – Social Services Provider (Rapides Parish)

Daily diet and lack of exercise. – Community Leader (Rapides Parish)

Poor nutrition. – Social Services Provider (Rapides Parish)

Weight loss. – Community Leader (Rapides Parish)

Prevalence/Incidence

This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. The biggest challenge for people with diabetes in this community would be access to and consumption of healthy foods. A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. 31.09% of the area's population is considered low-income with low good access. (Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015. Source geography: Tract). – Social Services Provider (Rapides Parish)

To me, it seems as though there is an increase in diabetes diagnoses in our community. I know a multitude of factors are to blame -- sedentary lifestyles, obesity, poor diets, empty calories, hidden sugar everywhere. I fear for the futures of young people, who get little exercise, eat an abundance of fast food, and are hooked to their electronic devices. – Social Services Provider (Rapides Parish)

Type 2 diabetes is rampant. Many are undiagnosed. Improvements could be made with lifestyle and nutritional changes, but people are non-compliant and resistant. – Community Leader (Rapides Parish)

The number of people living with the disease, keeping the disease under control, and the cost of testing supplies and medications- and also understanding the disease to better control the condition. – Other Health Provider (Rapides Parish)

Many patients seen at RRMC have this condition. – Physician (Rapides Parish)

I know a lot of people with diabetes. – Community Leader (Rapides Parish)

So many affected. – Social Services Provider (Rapides Parish)

Lack of Providers

Lack of endocrinologist in town. I find the hospitals/nursing homes do not really understand how to manage diabetes via diet, and their solution is just give insulin, even to someone who has not been diagnosed. – Social Services Provider (Rapides Parish)

Access to high quality primary care providers that have the additional capability of providing integrated behavioral health care services and can link the patient to pharmaceutical services. – Other Health Provider (Rapides Parish)

Good quality specialists in this field. – Social Services Provider (Rapides Parish)

Access to endocrinologist locally. – Other Health Provider (Rapides Parish)

Lack of endocrinologists. – Community Leader (Rapides Parish)

No endocrinologist in town. – Social Services Provider (Rapides Parish)

Access to Care/Services

Access to health care in the rural areas of the region as well as education regarding diabetes and its symptoms. – Public Health Representative (Rapides Parish)

Because of the lack of access to diagnosis and treatment, diabetes goes undetected for years in many in our community. This results in a large number of foot and leg amputations, as well as a large number of patients going on dialysis. Early detection and treatment of diabetes is a major problem in our community. – Other Health Provider (Rapides Parish)

Getting the care they need and the care they can afford, including needed transportation. – Community Leader (Rapides Parish)

Lack of specialized care. – Community Leader (Rapides Parish)

Disease Management

I think there are lots of resources here for diabetes. I just think that many people here have it and do not take care of themselves. – Social Services Provider (Rapides Parish)

Managing their sugar level. – Community Leader (Rapides Parish)

Control of the disease and education. – Social Services Provider (Rapides Parish)

Non-compliance. – Other Health Provider (Rapides Parish)

Diagnosis/Treatment

Understanding the long-term ramifications of the disease and the need for self-care. Early education about pre-diabetic conditions and how to prevent onset. – Community Leader (Rapides Parish)

Another undetected disease. – Community Leader (Rapides Parish)

Early detection and treatment. – Social Services Provider (Rapides Parish)

Affordable Care/Services

Cost of medications, lack of insight into the consequences of poor disease management. Unwilling to change dietary and physical activity. – Other Health Provider (Rapides Parish)

Medication and being able to afford it, diet. – Social Services Provider (Rapides Parish)

Access to Healthy Foods

Challenges include access to fresh fruits/vegetables, perceptions of parents regarding proper nutrition for children, access to unhealthy snacks in schools, poverty and a lack of funds for healthy food options, and a lack of education regarding proper care once diagnosed. – Social Services Provider (Rapides Parish)

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

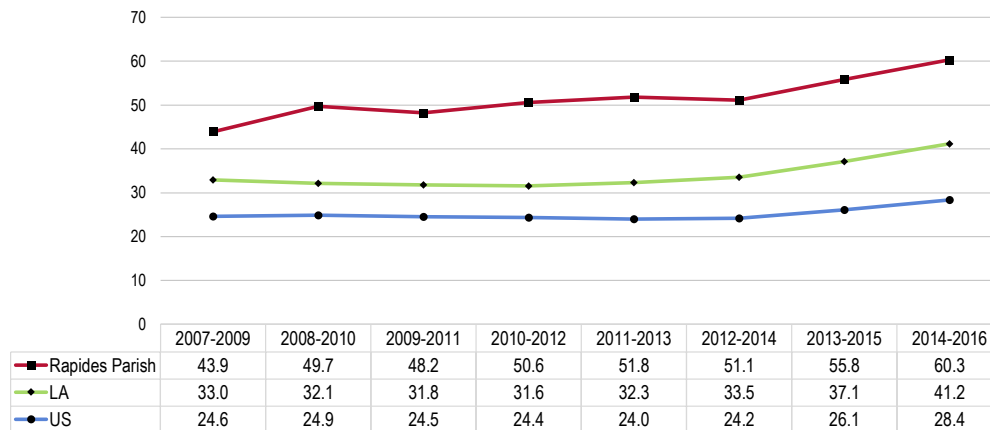
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Age-adjusted Alzheimer's disease mortality is outlined in the following chart.

- The parish death rate has increased significantly over time and is considerably worse than the state and nation.

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



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.

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.

Key Informant Input: Dementias, Including Alzheimer's Disease

The following chart outlines key informants' perceptions of the severity of *Dementias, Including Alzheimer's Disease* as a problem in the community:

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community (Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

My family and others I know are directly affected by dementia and Alzheimer's disease. The resources I have found are adequate, perhaps, at best. I have not found that there is cutting edge or perhaps even industry standard direct or ancillary care available in medical or assisted living/nursing home care. Also, the cost of care is exorbitant, leaving many with no resource for family or patient. Nor are there adequate or affordable support resources for family caretakers, such as myself. – Social Services Provider (Rapides Parish)

Have seen this disease in all walks of life. I work with people with developmental disabilities. As they age, they too are afflicted with dementia, which leads to behavioral issues that affect others around them. Also see this in other parts of the community. – Social Services Provider (Rapides Parish)

It seems to be becoming more prevalent, and families are at odds to determine and find the best course of action to deal with the difficult situation. – Community Leader (Rapides Parish)

Many patients seen at RRMC have this condition, also many nursing homes have entire units dedicated to this condition. – Physician (Rapides Parish)

We hear more and more about persons being diagnosed with dementia/Alzheimer's. More long-term health care facilities are developing Alzheimer's units dedicated to the specialized care these patients' need. – Community Leader (Rapides Parish)

The frequency of this disease has increased, along with other diseases. – Social Services Provider (Rapides Parish)

The growing number of persons diagnosed with this disease. – Social Services Provider (Rapides Parish)

So many affected. – Social Services Provider (Rapides Parish)

Aging Population

As the community continues to age, more and more seniors are suffering from this condition, and there are too few secure facilities where they can be given care. – Community Leader (Rapides Parish)

Dementia is a general term for a decline in mental ability severe enough to interfere with daily life. Growing elderly population, and sometimes it occurs after a stroke. – Community Leader (Rapides Parish)

We have many people in our area who are blessed with long life, and this is clearly a matter of concern. – Community Leader (Rapides Parish)

Growing number of elderly with little, if any, family support. – Other Health Provider (Rapides Parish)

The aging of our community. – Community Leader (Rapides Parish)

Our community is aging. – Social Services Provider (Rapides Parish)

Aging population. – Community Leader (Rapides Parish)

Impact on Caregivers/Families

In all cases, the one affected eventually requires more and more care than can be provided by family members, and there is no cure. Long-term facilities are costly, if available. – Social Services Provider (Rapides Parish)

It's major because people that have relatives really don't know how to address the issue and how to take care of that relative with this disease. Plus, they don't know how to handle their loved ones getting the disease. – Social Services Provider (Rapides Parish)

I believe dementia/Alzheimer's disease is a major problem in our community because of the amount of people, specifically elderly, that we are regularly notified have left their homes and have gone missing. – Community Leader (Rapides Parish)

I know of two church members who are taking care of immediate family with this condition. I'm sure there are more. – Other Health Provider (Rapides Parish)

Diagnosis/Treatment

First, it is difficult to diagnose. There are few real treatments available, and not many places to get help for caregivers or a place for those suffering from the diseases. – Community Leader (Rapides Parish)

Identification of early-onset treatment is limited, facilities not available for adequate housing and/or treatment. – Social Services Provider (Rapides Parish)

Trusted programs for early detection and treatment. – Social Services Provider (Rapides Parish)

Health Education and Awareness

Due to lack of knowledge concerning treatment and/or services available to assist those suffering with dementia and Alzheimer's. This leads to those suffering in silence, and the disease progresses. – Social Services Provider (Rapides Parish)

No consistent community education in hospitals or clinics. Lack of coordination between resources that are available. – Social Services Provider (Rapides Parish)

Lack of Specialists

There are few health providers who specialize in this area. – Social Services Provider (Rapides Parish)

Kidney Disease

About Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

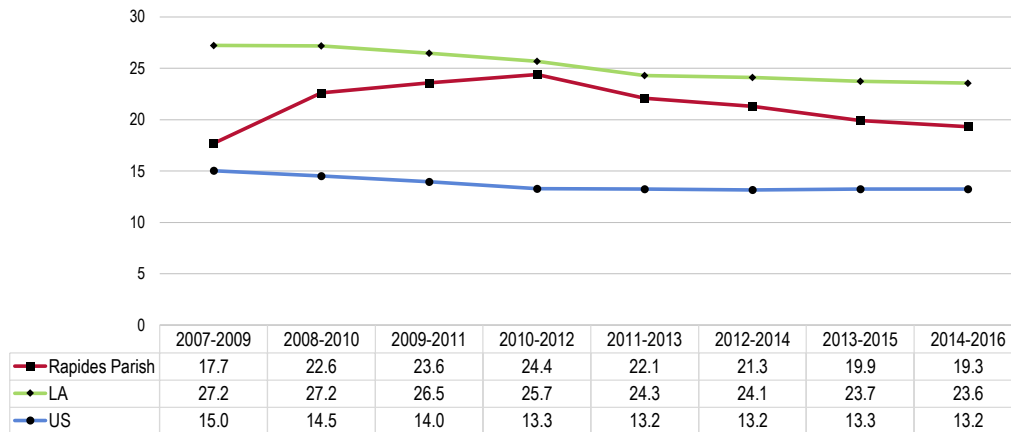
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Age-adjusted kidney disease mortality is described in the following chart.

- The parish death rate is better than the statewide rate but worse than the national rate. The parish rate is statistically similar to the baseline rate.

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



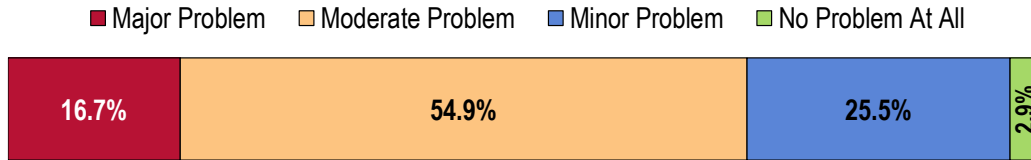
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.

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.

Key Informant Input: Kidney Disease

The following chart outlines key informants' perceptions of the severity of *Kidney Disease* as a problem in the community:

Perceptions of Kidney Disease as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

- I have never heard of chronic kidney disease quite as much as I've lately heard, say in the last 10 years. It's quite shocking how ill so many are. – Social Services Provider (Rapides Parish)*
- Based upon the amount of kidney treatment facilities in the area. – Community Leader (Rapides Parish)*
- From time-to-time, someone tells me about someone in their family having some form of kidney disease. – Community Leader (Rapides Parish)*
- I know a lot of people who are receiving dialysis on a weekly basis. – Community Leader (Rapides Parish)*
- Many patients seen at RRMC have this condition. – Physician (Rapides Parish)*
- So many affected. – Social Services Provider (Rapides Parish)*

Co-Occurrences

- Uncontrolled and undetected hypertension, along with poorly managed diabetes. – Other Health Provider (Rapides Parish)*
- So much of it starts with untreated high blood pressure. – Community Leader (Rapides Parish)*
- Smoking and diabetes. – Social Services Provider (Rapides Parish)*

Access to Care/Services

- Sending out patients frequently from our hospital for higher level of care. – Other Health Provider (Rapides Parish)*

Vulnerable Populations

- The African-American population is one of the majority in the parish, and we have a high rate of chronic kidney disease associated with diabetic disease. – Social Services Provider (Rapides Parish)*

Potentially Disabling Conditions

About Arthritis, Osteoporosis, & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than \$128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least \$50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

- Healthy People 2020 (www.healthypeople.gov)

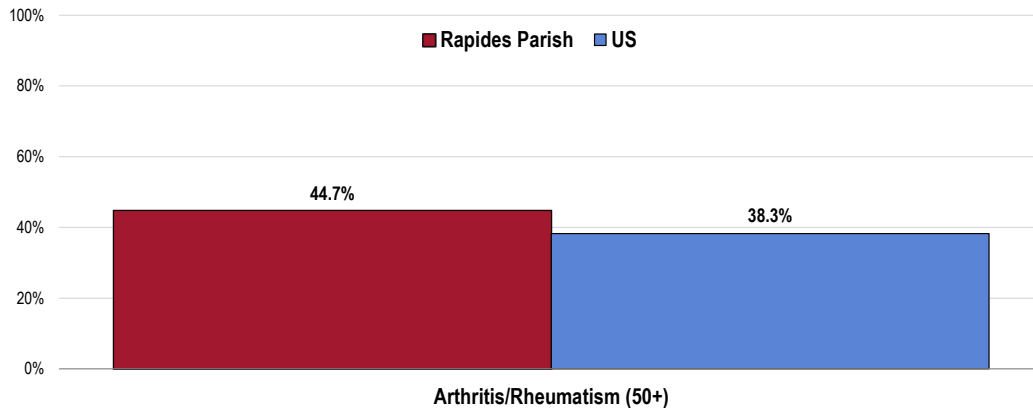
Arthritis

“Would you please tell me if you have ever suffered from or been diagnosed with arthritis or rheumatism?”

See also *Overall Health Status: Activity Limitations* in the **General Health Status** section of this report.

- Prevalence of arthritis/rheumatism among those age 50 and older in the parish is less favorable than found nationwide.

Prevalence of Potentially Disabling Conditions

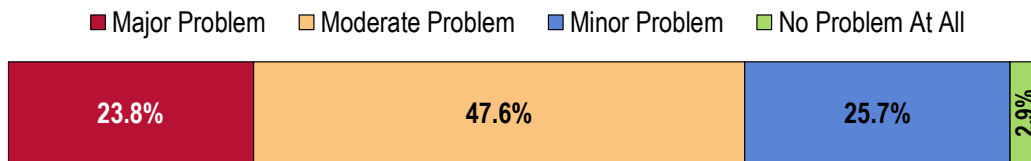


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 141]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]
 Notes: • Reflects adults age 50+.

Key Informant Input: Arthritis, Osteoporosis, & Chronic Back Conditions

The following chart outlines key informants’ perceptions of the severity of *Arthritis, Osteoporosis, & Chronic Back Conditions* as a problem in the community:

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

- I personally know several of my family members who complain of back problems or arthritis. I believe that undiagnosed conditions and lack of care for underserved also adds to the impact. – Community Leader (Rapides Parish)*
- Citizens in my community suffer with chronic back pain/arthritis and are on over-the-counter and prescription medicines for these conditions. – Community Leader (Rapides Parish)*
- Many people I come into contact with complain of pain in joints; some exhibit signs of discomfort, which sometimes interferes with their daily activity. – Social Services Provider (Rapides Parish)*
- Back pain is among one of the leading causes of pain and discomfort. I myself suffer from back conditions. It affects every community equally. – Community Leader (Rapides Parish)*
- Many affected. – Social Services Provider (Rapides Parish)*

Affordable Care/Services

No specialty clinic in this community to treat for this condition for the uninsured and/or underinsured. – Social Services Provider (Rapides Parish)

Elderly are limited to specialists and not able to afford the cost and the travel. – Social Services Provider (Rapides Parish)

The cost to access the care is expensive. – Social Services Provider (Rapides Parish)

Aging Population

We have an aging population in Rapides Parish, and one of the conditions of an aging population is arthritis. – Social Services Provider (Rapides Parish)

Many in our elderly community speak on their arthritis issues. – Other Health Provider (Rapides Parish)

The aging of our community. – Community Leader (Rapides Parish)

Diagnosis/Prevention

Arthritis/osteoporosis. Individuals not seeking proper screenings, poor diets. Back conditions, individuals not getting properly educated about working smarter, not harder. Poor health care in all of the above. – Social Services Provider (Rapides Parish)

Insufficient Physical Activity/Overweight

I think it's more of a problem today because young people are not as active today. More children and older people are overweight, and not by a few pounds. – Social Services Provider (Rapides Parish)

Poor Nutrition

For this problem and almost all of the problems I identified as "major," I sincerely believe inflammation and autoimmune response is largely due to diet. There is a terrible lack in the balance of omega 3 fatty acids, plus overall overgrowth of harmful bacteria in gut flora. – Social Services Provider (Rapides Parish)

Quality of Care

Through listening unintentionally, patients seem to be dissatisfied with care they have/are receiving, or their insurance limits their choices. – Community Leader (Rapides Parish)

Transportation

Most people have to travel to Shreveport, Louisiana, to get second opinions. We are limited here- starts out with physical therapy, then pain management, pills, and then surgery. We need more options. – Social Services Provider (Rapides Parish)

Work-Related

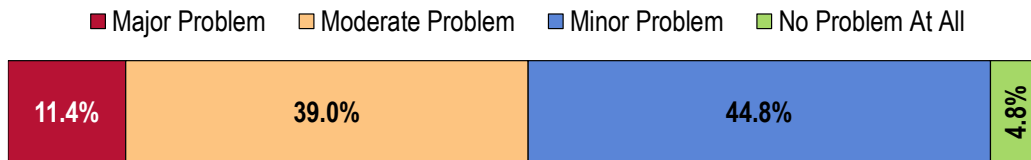
I see over 60% of patients with arthritis with manual labor jobs and poor body mechanics. – Other Health Provider (Rapides Parish)

Vision & Hearing Impairment

Key Informant Input: Vision & Hearing

The following chart outlines key informants' perceptions of the severity of *Vision & Hearing* as a problem in the community:

Perceptions of Vision and Hearing as a Problem in the Community
(Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

These services can be expensive, yet to my current knowledge, Medicaid does not cover vision and dental for adults over 21. I could be wrong, and I hope I am. – Social Services Provider (Rapides Parish)

I believe that there many children who don't know, or who don't have the resources to obtain aids to improve sight and hearing- in part because of poor student and school performance. – Public Health Representative (Rapides Parish)

Comorbidities

Many people with developmental disabilities have issues with their teeth and vision. – Social Services Provider (Rapides Parish)

Diagnosis/Treatment

The population not seeing doctors on a scheduled basis, and early detection. – Community Leader (Rapides Parish)

Prevalence/Incidence

Experience it daily. – Social Services Provider (Rapides Parish)

Infectious Disease

About Immunization & Infectious Diseases

The increase in life expectancy during the 20th century is largely due to improvements in child survival; this increase is associated with reductions in infectious disease mortality, due largely to immunization. However, infectious diseases remain a major cause of illness, disability, and death. Immunization recommendations in the United States currently target 17 vaccine-preventable diseases across the lifespan.

People in the US continue to get diseases that are vaccine-preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death across the nation and account for substantial spending on the related consequences of infection.

The infectious disease public health infrastructure, which carries out disease surveillance at the national, state, and local levels, is an essential tool in the fight against newly emerging and re-emerging infectious diseases. Other important defenses against infectious diseases include:

- Proper use of vaccines
- Antibiotics
- Screening and testing guidelines
- Scientific improvements in the diagnosis of infectious disease-related health concerns

Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. Childhood immunization programs provide a very high return on investment. For example, for each birth cohort vaccinated with the routine immunization schedule, society:

- Saves 33,000 lives.
- Prevents 14 million cases of disease.
- Reduces direct healthcare costs by \$9.9 billion.
- Saves \$33.4 billion in indirect costs.
- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Immunization & Infectious Diseases

The following chart outlines key informants' perceptions of the severity of *Immunization & Infectious Diseases* as a problem in the community:

Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Personal/Cultural Beliefs

I think that some parents are still fearful of the association between immunizations and autism, while other parents do not agree with the scheduling of immunizations (i.e. 3-4 immunizations per visit). Again, even if parents have health insurance for their children, it is a costly visit to the pediatrician, as they can no longer visit the local health unit. Infectious diseases are problematic, as individuals may not have health insurance, access to health care, or the finances to meet the insurance deductibles. – Social Services Provider (Rapides Parish)

So often people are not getting correct research-based information on immunizations and are relying on social media for medical information. I find it a problem that people are choosing not to immunize their children. – Other Health Provider (Rapides Parish)

I hear some in our community espousing the antivax propaganda. There is so much distrust of the medical community. In addition, I think many just do not have access to good childhood medical attention. Again, expense if the child is not currently ill, plus the money lost by missing work to take a child. Infectious diseases spread in school and workplaces when children and employees go when ill. The public schools will not allow work to be made up if there is no doctor's excuse. So, if your child is ill, but you don't think they need the doctor or cannot afford a visit, they must go ill. Same for working families. Missed work is not covered for something like the flu without a diagnosis. – Social Services Provider (Rapides Parish)

Many people are afraid of having their children vaccinated because of the rampant rumors of some vaccines causing autism and other issues. There needs to be more education about the benefits of all the vaccinations. – Social Services Provider (Rapides Parish)

People refuse to stay home, and continue to infect others with communicable diseases that are airborne. – Community Leader (Rapides Parish)

Prevalence/Incidence

My mother, sister-in-law, and best friend are all teachers, and one of their biggest complaints is that their students are not receiving immunizations/vaccines, either at all or much later than advised. – Community Leader (Rapides Parish)

Decline in vaccinations. Scientifically illiterate general population. – Community Leader (Rapides Parish)

Offered free flu vaccines to employees, and a limited amount took them. – Social Services Provider (Rapides Parish)

Too many not being immunized completely. – Social Services Provider (Rapides Parish)

Lack of adult immunizations seen, especially flu and pneumococcal. – Physician (Rapides Parish)

So many affected. – Social Services Provider (Rapides Parish)

A major concern, especially with flu. – Community Leader (Rapides Parish)

Lack of Funding

We are losing public funds to inform about the availability of shots. – Social Services Provider (Rapides Parish)

Lack of funds to provide all vaccines. Lack of parents allowing vaccines and education. – Social Services Provider (Rapides Parish)

Not enough funding, programs are always being cut on the state level. – Social Services Provider (Rapides Parish)

Lack of Providers

I have someone I care for, who has a chronic problem in this area; there is only one physician in town that I am aware of. Have been out of town, but treatments/procedures need follow-up visits, lots of travel. – Social Services Provider (Rapides Parish)

Access to infection disease physician. – Other Health Provider (Rapides Parish)

Lack of infectious disease doctors in the area. – Other Health Provider (Rapides Parish)

Health Education and Awareness

Flu, HPV, parents, more aware and educated, hospitals, institutions in the area, doctor's offices and people in general. The media. – Social Services Provider (Rapides Parish)

Not enough public education. – Social Services Provider (Rapides Parish)

Access to Care/Services

Lack of access to quality care for vulnerable populations. – Community Leader (Rapides Parish)

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

- Healthy People 2020 (www.healthypeople.gov)

Vaccinations

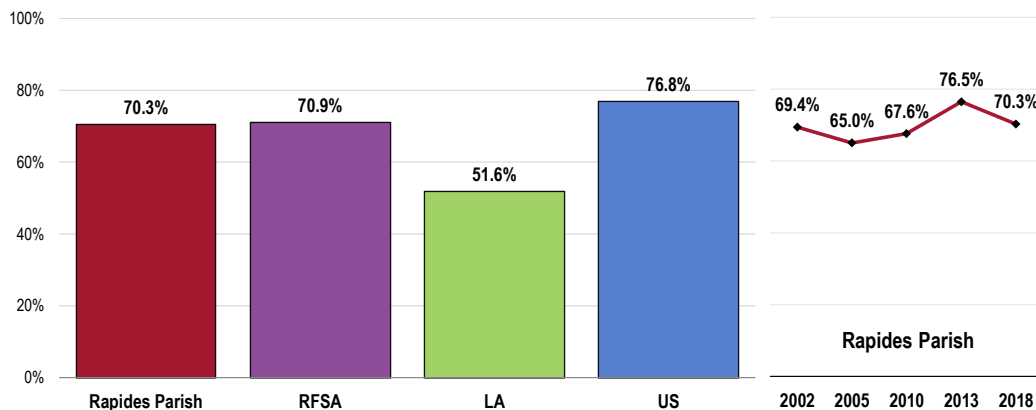
“During the past 12 months, have you had a flu shot?”

“A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person’s lifetime and is different from the seasonal flu shot. Have you ever had a pneumonia shot?”

Columns in the following chart show these findings among those age 65+.

- The flu vaccination rate among parish seniors is more favorable than what is found across Louisiana but is similar to the service area and US. The parish rate is similar to the 2002 rate.

Older Adults: Have Had a Flu Vaccination in the Past Year
(Among Adults Age 65+)
Healthy People 2020 Target = 70.0% or Higher



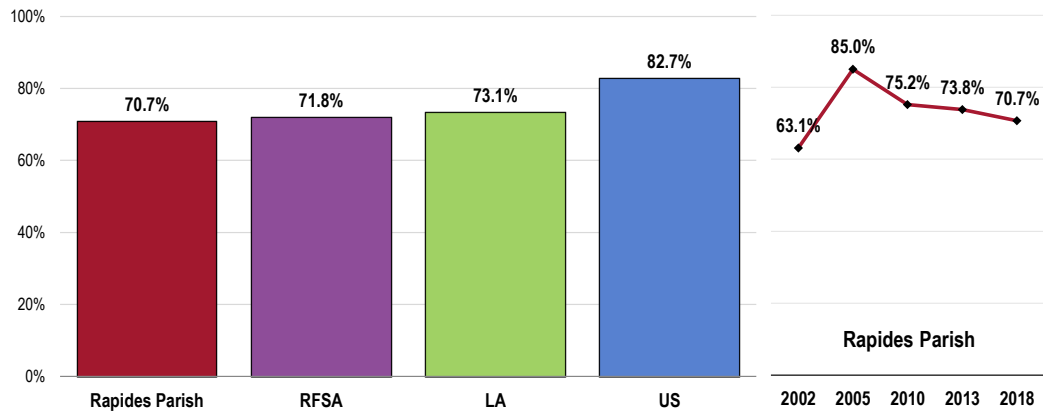
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 163-164]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 LA data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.12]
 Notes: • Reflects respondents 65 and older.

- The pneumonia vaccination rate among parish seniors is less favorable than found across the country but similar to the service area and state. Though fluctuating considerably over time, the parish rate is statistically similar to the 2002 baseline.

Older Adults: Have Ever Had a Pneumonia Vaccine

(Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 165-166]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 LA data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives IID-13.1, IID-13.2]
- Notes:
- Reflects respondents 65 and older.

HIV

About Human Immunodeficiency Virus (HIV)

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

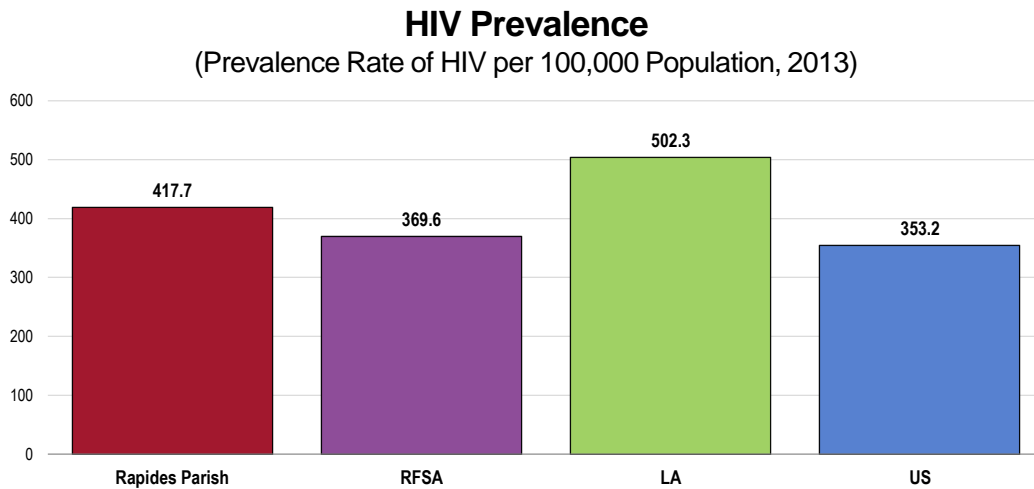
Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

- Healthy People 2020 (www.healthypeople.gov)

HIV Prevalence

The following chart outlines prevalence (current cases, regardless of when they were diagnosed) of HIV per 100,000 population in the area.

- HIV prevalence in Rapides Parish is better than found statewide, worse than found nationwide, and similar to that found regionally.



Sources:

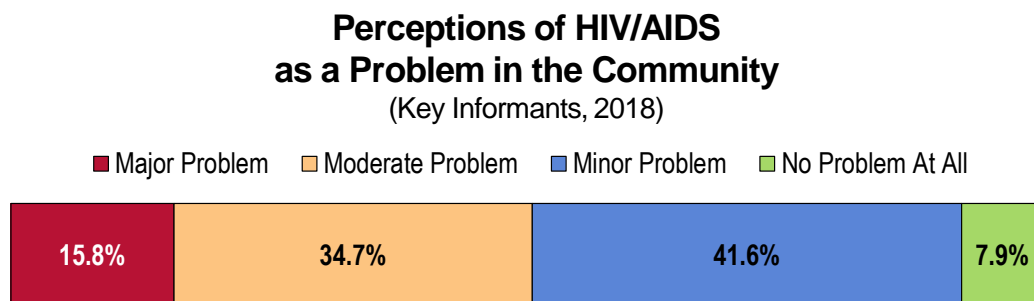
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved August 2018 from Community Commons at <http://www.chna.org>.

Notes:

- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Key Informant Input: HIV/AIDS

The following chart outlines key informants' perceptions of the severity of *HIV/AIDS* as a problem in the community:



Sources:

- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

According to statistics from the Office of Public Health for Rapides Parish, the prevalence of HIV/AIDS is high in our community. This may be connected to the large number of individuals on drugs throughout the region. – Other Health Provider (Rapides Parish)

Louisiana has a high incidence of HIV/AIDS. There is no reason for me to believe that central Louisiana is not similarly affected. – Social Services Provider (Rapides Parish)

Statistics show there are many people who are HIV positive. – Other Health Provider (Rapides Parish)

Rapides Parish ranks high in new detections of all STDs. – Community Leader (Rapides Parish)

There are still reported infection incidents occurring. – Public Health Representative (Rapides Parish)

We have high rates of sexually transmitted diseases. – Community Leader (Rapides Parish)

Prevalence surveys, compared to national statistics. – Social Services Provider (Rapides Parish)

Health Education and Awareness

Education, sexual behavior, low income, lack of visibility, and awareness of substance abuse. – Social Services Provider (Rapides Parish)

With the number of poor people here, many are uninformed about prevention. – Social Services Provider (Rapides Parish)

Sex between the youth; they need to be more educated. Also drug usage. – Social Services Provider (Rapides Parish)

Education, denial and compliance. – Other Health Provider (Rapides Parish)

People not taking advantage of available resources. – Social Services Provider (Rapides Parish)

Denial/Stigma

People who suffer with HIV/AIDS are afraid to get care here or get tested here for fear of retaliation or being outed if they are gay. – Social Services Provider (Rapides Parish)

Stigma, education, lifestyle change, and noncompliance. – Community Leader (Rapides Parish)

Substance Use

Major contributors include: use of substances, unsafe sexual practices, behaviors, lack of education regarding unsafe sexual practices/behaviors, lack of access to medical care, and lack of health education in the school systems. – Social Services Provider (Rapides Parish)

Drugs. – Social Services Provider (Rapides Parish)

Access to Care/Services

Another leading cause of untreated STD is due to lack of access to primary care. – Community Leader (Rapides Parish)

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic, and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

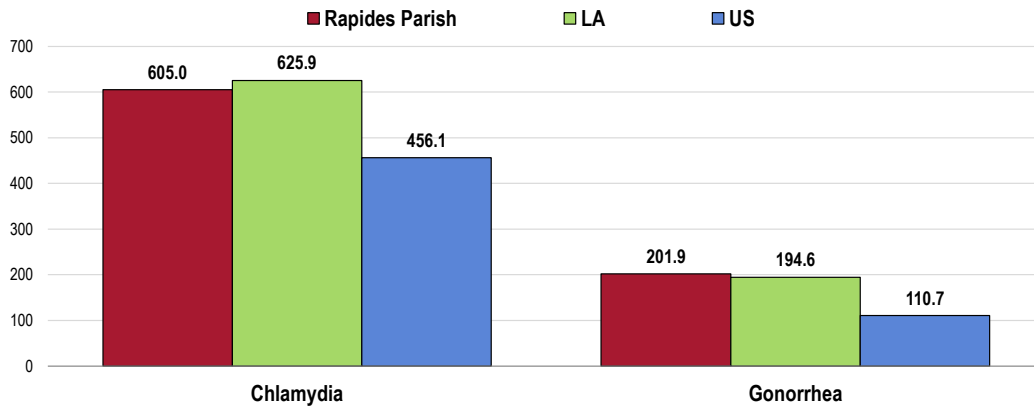
Chlamydia. Chlamydia is the most commonly reported STD in the United States; most people who have chlamydia are unaware, since the disease often has no symptoms.

Gonorrhea. Anyone who is sexually active can get gonorrhea. Gonorrhea can be cured with the right medication; left untreated, however, gonorrhea can cause serious health problems in both women and men.

The following chart outlines local incidence for these STDs.

- Parish incidence of chlamydia and gonorrhea are worse than found nationwide but similar to statewide rates.

Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2014)

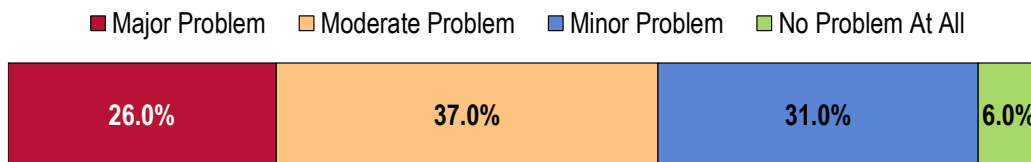


Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 • Retrieved August 2018 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexually Transmitted Diseases

The following chart outlines key informants' perceptions of the severity of *Sexually Transmitted Diseases* as a problem in the community:

Perceptions of Sexually Transmitted Diseases as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

- The number of people affected and lack of moral behavior. – Social Services Provider (Rapides Parish)*
- There are a growing number of statistics reported among teenagers, as well as adults, through various workshops. – Social Services Provider (Rapides Parish)*
- I have heard, anecdotally, of the prevalence of STD's in our community. I also have a family member who has been treated for an STD and reports of a high incidence among people they know. – Social Services Provider (Rapides Parish)*
- The reports regarding this issue state that STD's are very high and increasing in this area. – Social Services Provider (Rapides Parish)*
- Same as with HIV high detection rates in Rapides Parish. – Community Leader (Rapides Parish)*

Our state has one of the highest rates of infection in the country. – Social Services Provider (Rapides Parish)

Rapides Parish is number one in the state, according to OPH. – Social Services Provider (Rapides Parish)

Statistics show we have a high rate of STD's. – Other Health Provider (Rapides Parish)

I don't know a lot of people with these issues, but I believe that it is a bad problem in the Alexandria area. – Community Leader (Rapides Parish)

Reports indicate that Louisiana is very high on STD's per capita. – Social Services Provider (Rapides Parish)

Infections are still occurring. – Public Health Representative (Rapides Parish)

Multiple prevalence estimates. – Social Services Provider (Rapides Parish)

I read the statistics, and they are very high. – Community Leader (Rapides Parish)

It's a problem. – Physician (Rapides Parish)

Health Education and Awareness

Lack of education regarding the diseases and information about where to receive treatment. Education should be given to teens and young adults. – Public Health Representative (Rapides Parish)

Individuals lack of education (not because the information is available) and apathy. – Social Services Provider (Rapides Parish)

Lack of education and what is socially okay. – Social Services Provider (Rapides Parish)

Poverty

Poverty, lack of access to health care services, lack of education, lack of health education in the local school systems comes to mind. – Social Services Provider (Rapides Parish)

With the number of poor people we have, this is part of the territory. – Social Services Provider (Rapides Parish)

Substance Use

Drugs, homelessness, and mental illness. – Social Services Provider (Rapides Parish)

Drug-related. – Social Services Provider (Rapides Parish)

Vulnerable Populations

Statistics for the parish and close association with class and health unit for the parish shows that there is a high increase in sexually transmitted disease among African-Americans and the homeless. – Social Services Provider (Rapides Parish)

Births

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

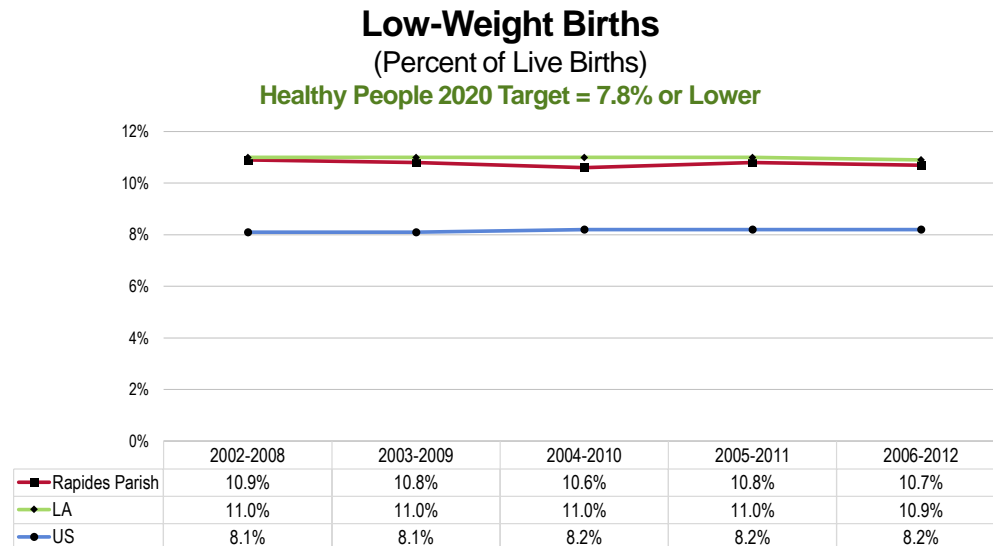
- Healthy People 2020 (www.healthypeople.gov)

Birth Outcomes & Risks

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. Births of low-weight infants are described in the following chart.

- The parish rate has trended comparably to the statewide rate; both are worse than the national rate.

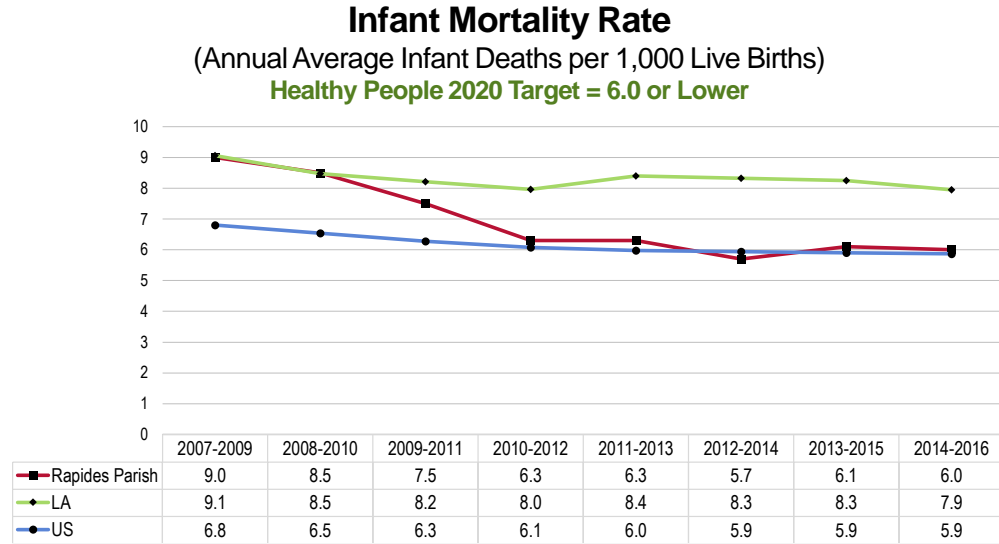


Sources:
 • Retrieved from Community Commons at <http://www.chna.org>.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]
 Note:
 • This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births. These rates are outlined in the following chart.

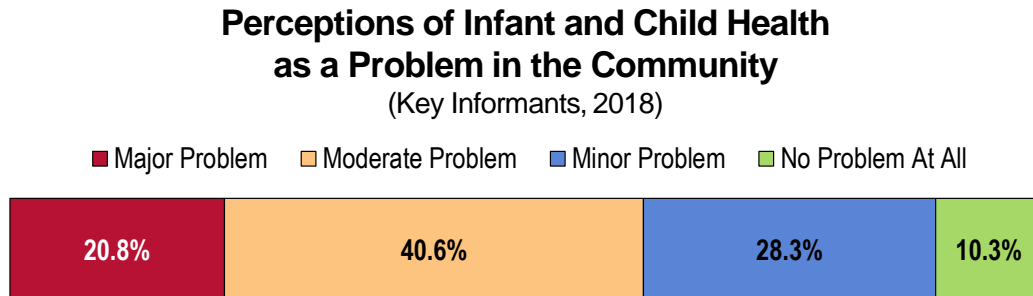
- The parish rate is more favorable than is found statewide but is nearly identical to the US. It has improved over time.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted August 2018.
 ● Centers for Disease Control and Prevention, National Center for Health Statistics.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
 Notes: ● Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Key Informant Input: Infant & Child Health

The following chart outlines key informants' perceptions of the severity of *Infant & Child Health* as a problem in the community:



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Poverty

Where do I start? Major contributors to the problem include: poverty, lack of education, lack of access to health care and health insurance, over-burdened Child Protective Services, substance abuse by the parents/caregivers, and to some degree, apathetic parents/caregivers. – Social Services Provider (Rapides Parish)

Poor prenatal care, due to poverty and/or teen parenting. In addition, children often have poor nutrition. Children are kept inside while parents work or because neighborhoods are unsafe. There is no recess or exercise in some schools. These factors combined lead to poor baseline health – Social Services Provider (Rapides Parish)

The number of poor people here assures we have under-served babies. – Social Services Provider (Rapides Parish)

Younger mothers and the poverty level. – Community Leader (Rapides Parish)

Poverty. – Community Leader (Rapides Parish)

Access to Care/Services

Some individuals with children may have the lack of easy transportation to get children into doctors. There may be a lack of education of common early childhood illnesses and treatments. – Social Services Provider (Rapides Parish)

Lack of access to care early on during pregnancy for many underserved individuals in the community. – Other Health Provider (Rapides Parish)

There are limited options for working parents to take their children to pediatricians. – Community Leader (Rapides Parish)

Not being taken care of, except through emergency rooms. – Social Services Provider (Rapides Parish)

Prevalence/Incidence

Multiple prevalence surveys. – Social Services Provider (Rapides Parish)

So many affected. – Social Services Provider (Rapides Parish)

Always a concern. – Community Leader (Rapides Parish)

Co-Occurrences

Poorly-educated individuals with inadequate skills to raise children, grandparents raising children, affordable housing, adequate affordable transportation, substance and alcohol abuse, child abuse, domestic violence, poor diets, lack of access to affordable fresh food, cultural cycles of all the above. – Social Services Provider (Rapides Parish)

An array of statistics points to needs surrounding infant and child health... For whatever reason, educational awareness and resources are not made available to those who might most benefit from them. – Social Services Provider (Rapides Parish)

Health Education and Awareness

Poor educational attainment and inherited multi-generational poverty and limited to no access to comprehensive health care, limited to damn near disgraceful access to affordable healthy foods create the next generation of un-well, un-educated, unhealthy adults. – Community Leader (Rapides Parish)

Apathy, lack of education. – Social Services Provider (Rapides Parish)

Budgeting

People often misuse money meant for their children on other items. – Other Health Provider (Rapides Parish)

Child Hunger

I believe the issue of childhood hunger in the community is high. Certain local agencies and schools fill a void and play a huge role addressing the issue, but nutrition at home is lacking. This problem carries over to health-related issues, as well as educational issues. – Community Leader (Rapides Parish)

Diagnosis/Treatment

Drug-exposed babies and newborns are not tested in a timely manner, due to results returning to hospital settings. – Community Leader (Rapides Parish)

Infant Mortality

Infant mortality rates. Lack of children on health insurance programs. – Community Leader (Rapides Parish)

Teen Pregnancies

Young people having babies and not educated on proper care of their child. – Social Services Provider (Rapides Parish)

Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

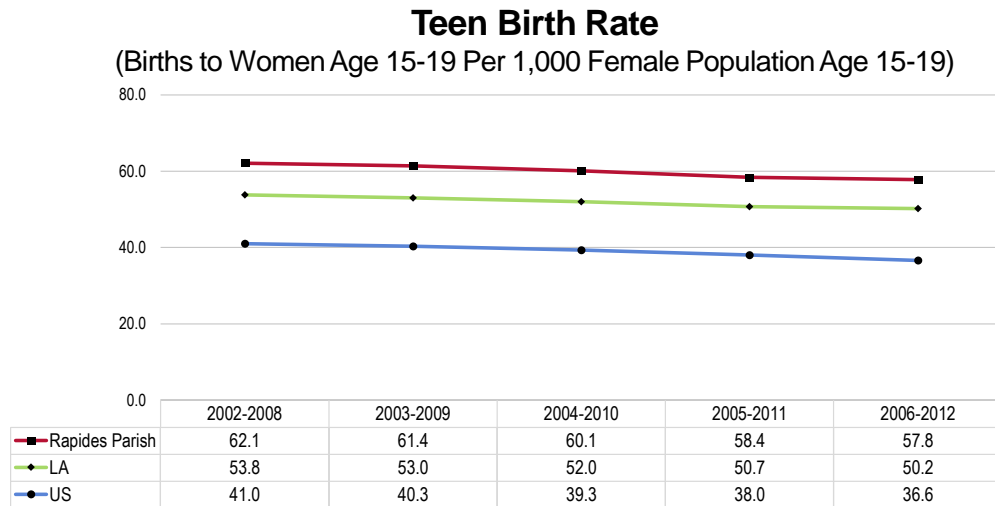
- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

- Healthy People 2020 (www.healthypeople.gov)

The following chart describes local teen births.

- The parish birth rate has consistently trended significantly higher than the national rate but is similar to the statewide rate. The decrease over time is not statistically significant.



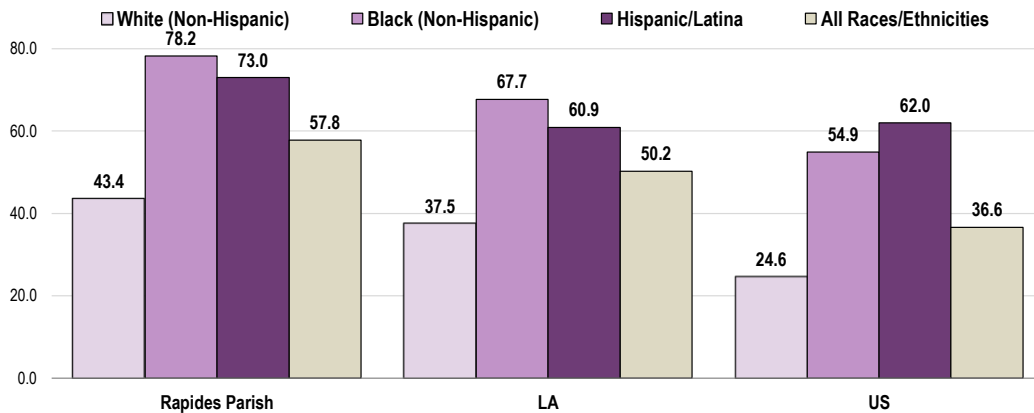
Sources: • Retrieved from Community Commons at <http://www.chna.org>.

Notes: • This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

- Note the disparity in teen birth rate by race/ethnicity across all populations.

Teen Birth Rate

(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19; Rapides Parish by Race/Ethnicity, 2006-2012)

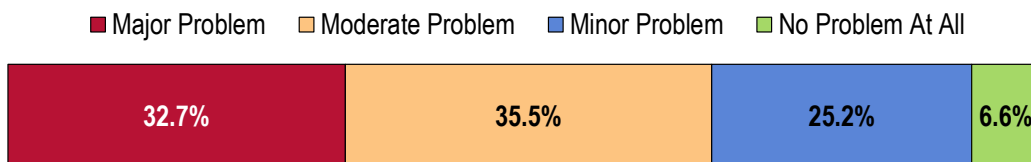


Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
 • Retrieved from Community Commons at <http://www.chna.org>.
 Notes: • This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Family Planning

The following chart outlines key informants’ perceptions of the severity of *Family Planning* as a problem in the community:

Perceptions of Family Planning as a Problem in the Community (Key Informants, 2018)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

The health unit is only available to individuals who do not have health insurance (as reported by students). Therefore, anyone who has insurance, but is unable to pay the deductible, do not have access to family planning services. I would also include a lack of transportation for rural areas, along with access for young mothers who have small children and no reliable transportation. – Social Services Provider (Rapides Parish)

Do we even have a planned parenthood? Or similar? In our overly "religious" community, family planning is actively silenced, and do we even teach honest sex education in schools? – Community Leader (Rapides Parish)

Women's health. As a new resident, it was difficult finding an OB/GYN accepting new patients, who were not pregnant, who could see you within 6-9 months. – Social Services Provider (Rapides Parish)

Pregnancy center has been open since December 2017 and should be supported and made available to women with unwanted pregnancy, who desire an alternative to abortion. – Physician (Rapides Parish)

We have a robust system of health units that do over 30% of contraceptive care. We also have the lowest infant mortality of any OPH Region. – Physician (Rapides Parish)

The majority of young pregnant women receive no prenatal care. – Community Leader (Rapides Parish)

Prevalence/Incidence

There has been a steady increase of teen and young adult pregnancies over the past few years. Family planning should assist young single mothers/fathers and couples in pediatric healthcare and safety, financial planning, affordable housing, etc. – Social Services Provider (Rapides Parish)

Anecdotally, I see and hear of many teenage parents. A young woman over the age of 20 without a child is considered unusual, rather than the norm. The question many young people are asked now is not "do you" have children, but "how many" children do you have. – Social Services Provider (Rapides Parish)

Underage pregnancies, unplanned yet 'wanted' pregnancies, healthcare commensurate with family size are issues. Each of these can have lingering challenges as a result of family planning. – Community Leader (Rapides Parish)

Because teenage and young adult pregnancy is on the rise, especially among the low-income population. – Social Services Provider (Rapides Parish)

The number of young women having children out of wedlock and at a very early age without support systems in place is astounding. – Social Services Provider (Rapides Parish)

The high number of teenage pregnancies, unwed mothers and single parent mothers, head of household. – Community Leader (Rapides Parish)

Teen pregnancy is an issue, due to lack of education at home and at school. – Community Leader (Rapides Parish)

Too many having children at a young age. – Social Services Provider (Rapides Parish)

Health Education and Awareness

There are too many precious babies being born to individuals who have no clue of how to care for an unborn child as he/she develops in the womb. These individuals have no idea what to do with newborns to help these babies thrive. – Social Services Provider (Rapides Parish)

Family planning, in my opinion, is a problem due to poorly educated people in central Louisiana regarding birth control for teens, cultural biases regarding birth control being taught in public schools (abstinence programs), and the favoring of youthful marriages in the cases of unplanned pregnancies. Deeply-held religious beliefs that do not favor the reproductive rights of women to choose how and when they reproduce children is another major factor in family planning in this region. – Social Services Provider (Rapides Parish)

People don't take advantage of resources. – Social Services Provider (Rapides Parish)

Not enough education to the public. – Social Services Provider (Rapides Parish)

Lack of education in our community. – Social Services Provider (Rapides Parish)

Cost of Caring for a Child

Many people are having children that they are not able to support. There is often not a positive male role model in these homes. – Other Health Provider (Rapides Parish)

We have a lot of poor people here who cannot afford best practices in birth control. – Social Services Provider (Rapides Parish)

The high poverty level and being a rural community. – Community Leader (Rapides Parish)

Substance Use

Consistent high numbers of drug-exposed newborns. – Community Leader (Rapides Parish)

Unmarried/Single Parent Families

Many children are born out of wedlock, due to poverty and educational rates. The government pays young women more Medicaid if they have more children, so they are incentivized to have more kids. – Community Leader (Rapides Parish)

Unplanned Pregnancies

I believe it is still a problem because of the unplanned, teen pregnancies and children being born out of wedlock. – Public Health Representative (Rapides Parish)

Modifiable Health Risks

Nutrition, Physical Activity, & Weight

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

Daily Recommendation of Fruits/Vegetables

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

“For the next questions, please think about the foods you ate yesterday. How many servings of fruit did you have yesterday?”

“How many servings of 100% fruit juice did you have yesterday?”

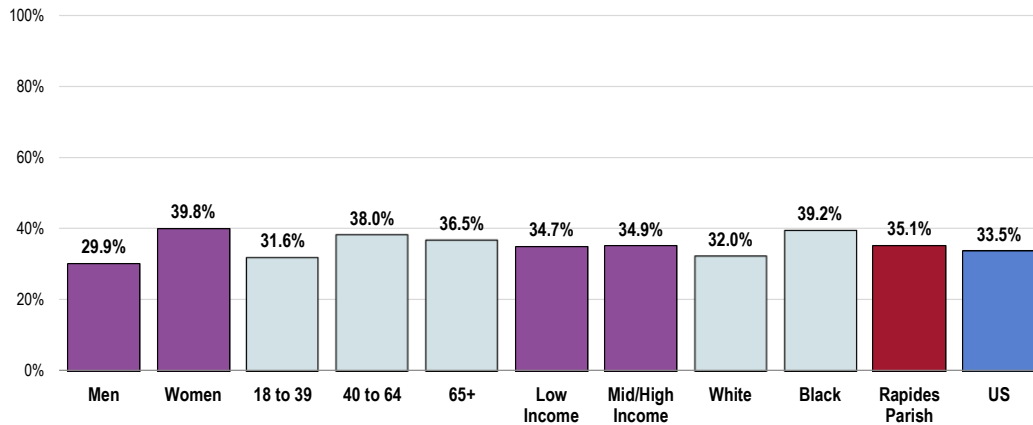
“How many servings of dark green or orange vegetables, such as carrots, broccoli, or sweet potatoes, did you have yesterday? (Examples of dark green vegetables are broccoli, spinach, collards, etc.) (Examples of orange vegetables are carrots and sweet potatoes, etc.)”

“How many servings of other vegetables did you have yesterday? (Examples are potatoes, corn, onions, peas, etc.)?”

The questions above are used to calculate daily fruit/vegetable consumption for respondents. The proportion reporting having 5 or more servings per day is shown here.

- Fruit and vegetable consumption is similar across the parish and nation.
- Men are less likely than women to consume the recommended amount of fruits and vegetables. There are no significant differences within the other demographic groups.

Consume Five or More Servings of Fruits/Vegetables Per Day (Rapides Parish, 2018)



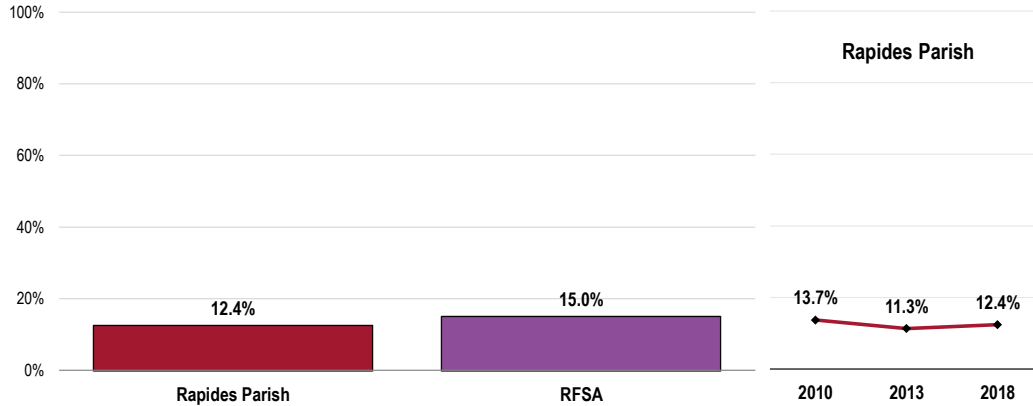
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 361]
- Notes:
- Asked of all respondents.
 - Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - For this issue, respondents were asked to recall their food intake on the previous day.

Access to Fresh Produce

“How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford — would you say: very difficult, somewhat difficult, not too difficult, or not at all difficult?”

- The parish response is comparable to the RFSA response and similar to the 2010 parish response.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce



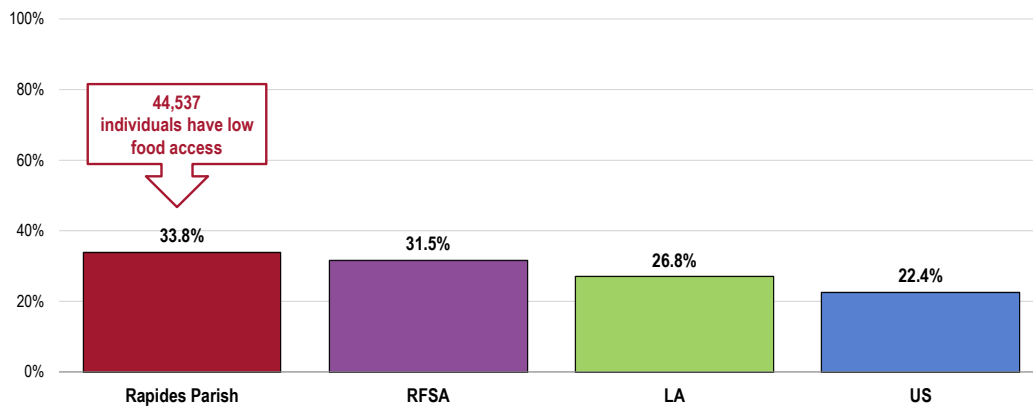
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 321]
 Notes: • Asked of all respondents.

A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This related chart is based on US Department of Agriculture data.

- The proportion of Rapides Parish residents with low food access is significantly higher than is found across the state and nation but is similar to the service area.

Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)



Sources: • US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
 • Retrieved August 2018 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

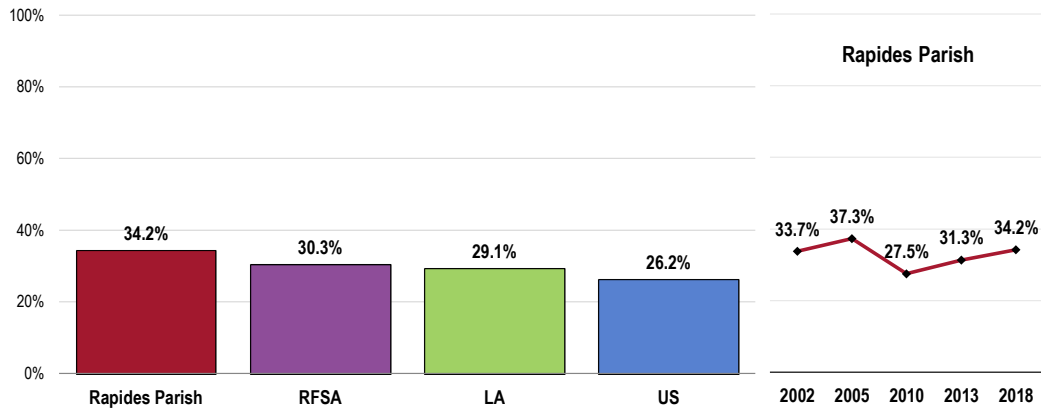
Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

“During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?”

- The proportion of Rapides Parish adults with no leisure-time activity is less favorable than found across the region, state, and nation. The parish rate is statistically similar to the baseline rate.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 LA data.
 • 2017 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 PA-1]

Notes: • Asked of all respondents.

Recommended Levels of Physical Activity

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do muscle-strengthening activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Meeting Physical Activity Recommendations

To measure physical activity frequency, duration and intensity, respondents were asked:

“During the past month, what type of physical activity or exercise did you spend the most time doing?”

“And during the past month, how many times per week or per month did you take part in this activity?”

“And when you took part in this activity, for how many minutes or hours did you usually keep at it?”

Respondents could answer the above series for up to two types of physical activity. The specific activities identified (e.g., jogging, basketball, treadmill, etc.) determined the intensity values assigned to that respondent when calculating total aerobic physical activity hours/minutes.

Respondents were also asked about strengthening exercises:

“During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? Do not count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups, or push-ups, and those using weight machines, free weights, or elastic bands.”

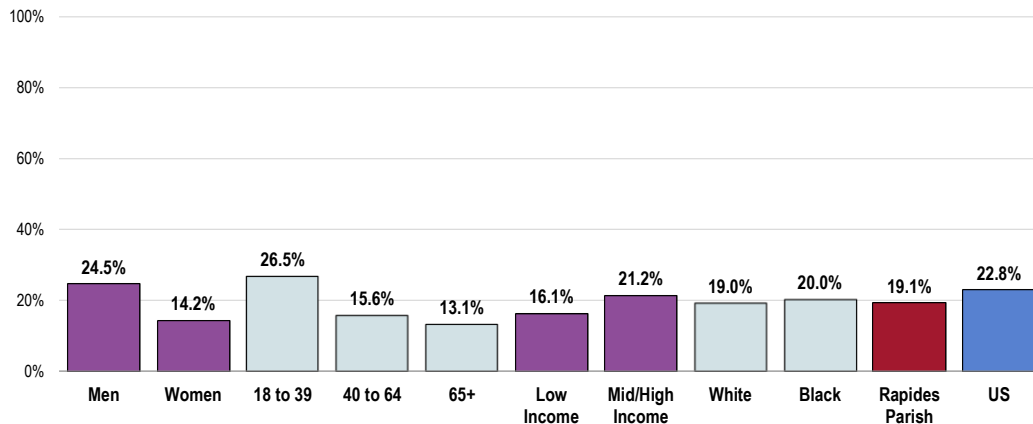
“Meeting physical activity recommendations” includes adequate levels of both aerobic and strengthening activity:

- Aerobic activity is at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous physical activity, or an equivalent combination of both;
- Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.
- The proportion of those in the parish who meet both recommendations is comparable to the national figure.
- Women and adults age 40 and older are less likely to meet both recommendations. There are no significant differences within the other groups.

Meets Physical Activity Recommendations

(Rapides Parish, 2018)

Healthy People 2020 Target = 20.1% or Higher



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]

 Notes:

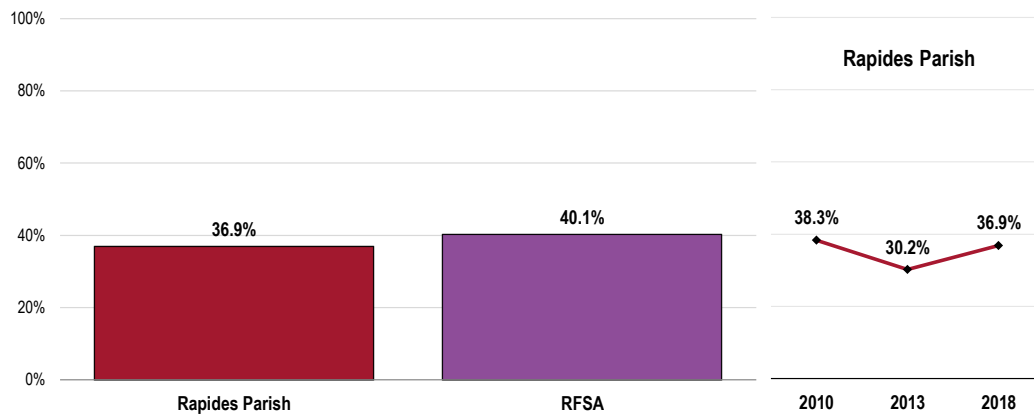
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

Walking

“How many days per week or per month do you walk for more than 10 minutes at a time?”

- The parish response is statistically similar to the service area response and the 2010 baseline.

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



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 366]
 Notes: • Asked of all respondents.

Children’s Physical Activity

“During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day?”

- Physical activity among parish children is comparable to regional and national proportions.

Child Is Physically Active for One or More Hours per Day (Among Children Age 2-17)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 142]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children age 2-17 at home.
 • Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Community Opportunities for Physical Activity

“How would you rate the availability of opportunities to participate in physical activity in your community? Would you say: excellent, very good, good, fair, or poor?”

- “Fair” and “poor” evaluations in Rapides Parish are considerably lower than found across the Rapides Foundation Service Area. The parish rate has not varied statistically since 2010.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

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 (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI ≥30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI ≥30 kg/m², 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/m².

- 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
Healthy Weight	18.5 – 24.9
Overweight, not Obese	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.

Adult Weight Status

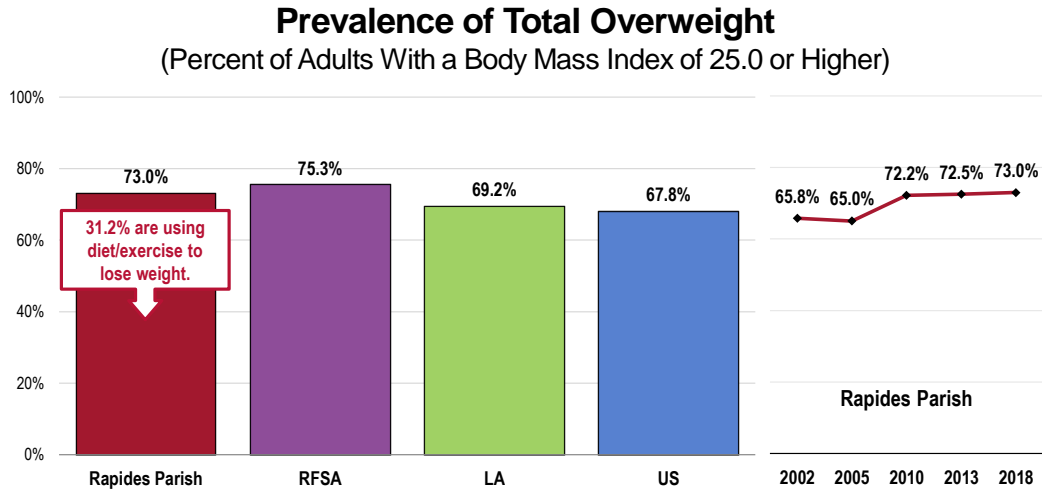
“About how much do you weigh without shoes?”

“About how tall are you without shoes?”

“Are you now trying to lose weight?”

Reported height and weight were used to calculate a Body Mass Index or BMI value (described above) for each respondent. This calculation allows us to examine the proportion of the population who is at a healthy weight, or who is overweight or obese (see table above).

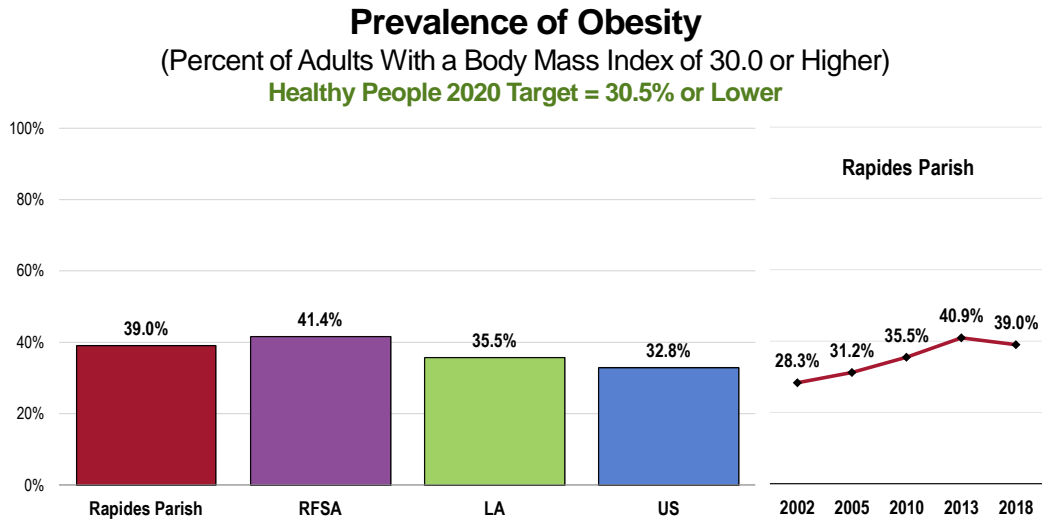
- Overweight status among parish adults is less favorable than found in Louisiana and the US but similar to the service area. The parish rate has increased significantly since 2002.



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 154, 367]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 LA 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.

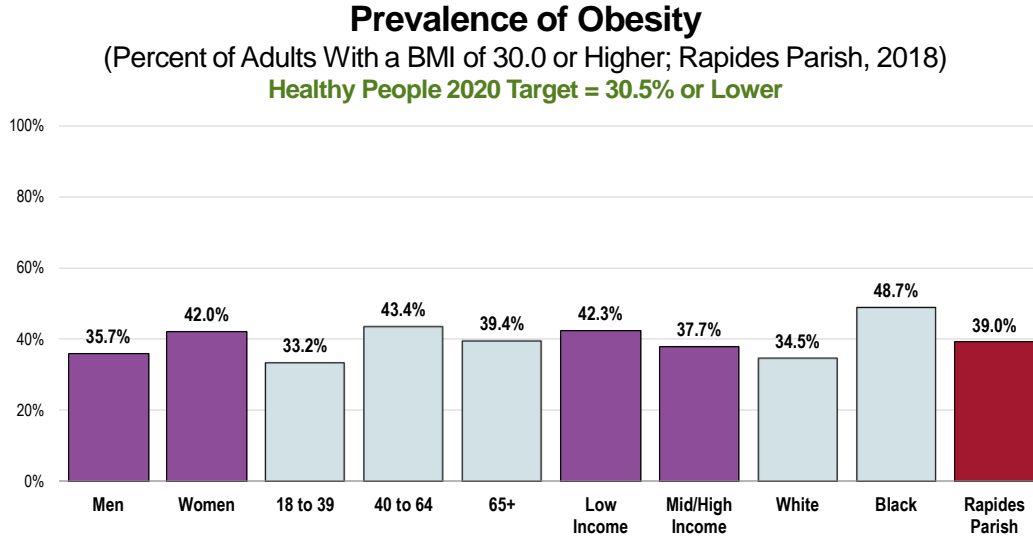
- Prevalence of obesity in Rapides Parish is less favorable than found across the US but similar to the service area and state. The parish rate has increased significantly since 2002.



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]
 • 2017 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 Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 LA 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.

- Adults ages 40 to 64 are considerably more likely than younger adults to be obese. Also, Black respondents are more likely than White respondents to be obese. There are no significant differences by gender or income.



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]

Notes:

- Based on reported heights and weights, asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- 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.

Childhood Overweight & Obesity

About Weight Status in Children & Teens

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

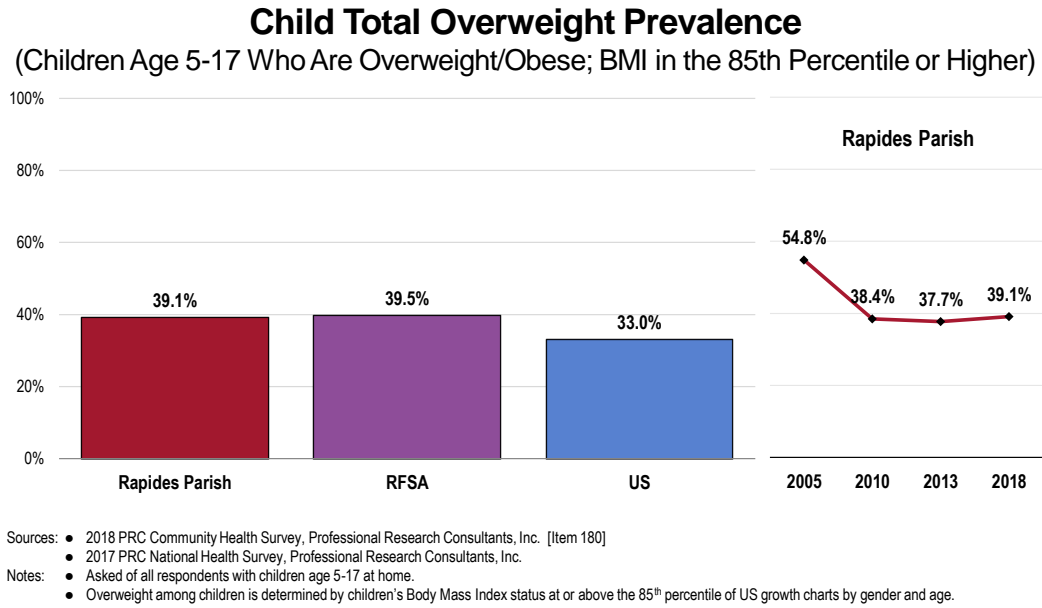
- Centers for Disease Control and Prevention

The following questions were used to calculate a BMI value (and weight classification as noted above) for each child represented in the survey:

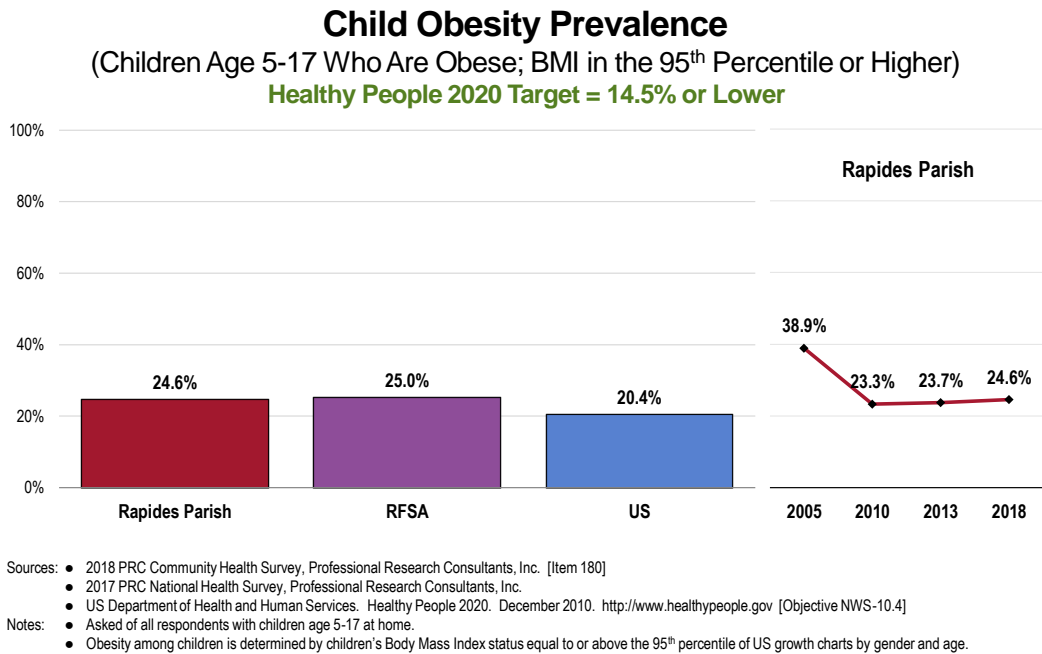
“How much does this child weigh without shoes?”

“About how tall is this child?”

- Overweight prevalence among parish children is statistically comparable to the regional and national rates. The parish rate has declined considerably since 2005.



- Obesity prevalence among parish children is similar to both the regional and national rates and is well below the 2005 survey results.



Key Informant Input: Nutrition, Physical Activity, & Weight

The following chart outlines key informants' perceptions of the severity of *Nutrition, Physical Activity, & Weight* as a problem in the community:

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community
(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Built Environment/Opportunity for Safe Physical Activity

A lack of environments and policies that support healthy lifestyles; siloed efforts among relevant organizations; efforts to combat nutrition and physical activity issues typically target individuals (not sustainable methods), rather than systems and policies (more sustainable methods). – Community Leader (Rapides Parish)

The majority of central Louisiana residents live in rural areas and may not have access to safe facilities to exercise, especially in the early morning or late afternoon/evening hours. Poverty, lack of education, lack of access to fresh fruits/vegetables, and sedentary jobs/lifestyles all contribute to unhealthy individuals. Again, cultural associations often provide the groundwork to our eating habits. – Social Services Provider (Rapides Parish)

There are not a lot of safe areas for people to get out and move their bodies. The downtown riverfront and rest of downtown Alexandria is not safe to walk alone. Many communities do not have even safe areas to walk on the streets or ride a bike. There are not adequate reach of fresh foods to neighborhoods without large grocery stores. – Social Services Provider (Rapides Parish)

Safe opportunities for recreation. A need exists to connect the communities with safer opportunities for bicyclists and pedestrians. With these safe and improved environments, habits will change. – Community Leader (Rapides Parish)

A community’s health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. Recreation and fitness facility access at 4.8. This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors. Grocery store access at 12.42. This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors. – Social Services Provider (Rapides Parish)

Lack of walking trails, nutritional education, rise in obesity in the parish. – Social Services Provider (Rapides Parish)

Somewhere that the residents can use to exercise and get the proper training needed. – Social Services Provider (Rapides Parish)

Culture/Societal Norms

According to America's Health Ranking, Louisiana is dead last in all health indicators. We love our food. It equates with home, family, friends and socializing. And, frankly, our Louisiana cuisine is not heart-healthy. We are lost when it comes to proper nutrition. We need more built environment to facilitate and encourage physical activity. – Community Leader (Rapides Parish)

The standard Southern American diet is terrible. Our communities and neighborhoods lack access to wholesome, fresh, affordable, high quality foods. – Community Leader (Rapides Parish)

I see a tradition of a food culture in this community that depends on the convenience of prepackaged, processed, or fast food establishments as a way of life. Many folks that I encounter no longer prepare food with fresh ingredients, either because they don't have the time, money, knowledge about nutritious food, or any incentive to help them see that providing more nutritious meals for themselves or their families will improve their health in the long run. I have found that we are not breaking the cycles of misinformation about how what we eat impacts our whole being - weight, physical activity and an overall sense of well-being. It also appears to me that good health in this community is a direct reflection of who has an education, money, and information about how nutrition and physical activity improves health. This divide needs to be bridged, and I personally think it is going to come about by breaking those generational notions about food and physical activity by committed people. – Social Services Provider (Rapides Parish)

Too much sugar everywhere. It is a part of the culture. And many families do not engage in physical activity. As a result, our population is overweight. – Community Leader (Rapides Parish)

This continues to be a major challenge for central Louisiana and the state as a whole. Changing a culture is difficult. – Social Services Provider (Rapides Parish)

Cultural eating habits of Louisiana citizens. Education, and socially okay. – Social Services Provider (Rapides Parish)

Emphasizing healthy eating and being physically fit. – Social Services Provider (Rapides Parish)

Health Education and Awareness

The biggest challenge I see is a lack of education for many people in our area. Education is needed to teach people why good nutrition, physical activity and maintaining healthy weights are so important in maintaining good overall health. – Social Services Provider (Rapides Parish)

Many people lack the proper information and background to make proper choices regarding food selection. – Other Health Provider (Rapides Parish)

Information, education, and engagement for nutrition, physical activity, and healthy weight control are inadequate for our community. I believe engagement is especially inadequate, due to the significant numbers of people I see and know with obesity, and who make chronic poor food choices. I have seen greater efforts and opportunities offered for fresh food choices and active lifestyles, but I have not seen a significant behavioral trend in that direction. – Social Services Provider (Rapides Parish)

The challenge is in early education. Young marrieds or engaged couples should also learn how crucial to their families' health and well-being is the nutrition they prepare for themselves and their children. Healthy nutritional habits must be learned and established. – Social Services Provider (Rapides Parish)

Getting persons to see the need to eat healthier, exercise, and providing the resources for them to eat healthier. Placing limitations on what can be bought with SNAP/WIC assistance, to force the purchase of healthy food alternatives. – Public Health Representative (Rapides Parish)

Lack of information on how to access education on this topic. – Community Leader (Rapides Parish)

Obesity

Obesity is a huge issue. Access to healthy foods. Food desserts are common in low-income, low-socioeconomic areas. The population lacks basic cooking skills and food preparation knowledge. – Community Leader (Rapides Parish)

Seriously overweight population with poor nutritional habits. Look in the shopping carts at Walmart, and you can see poor choices relative to healthy food. – Community Leader (Rapides Parish)

We have a weight issue. People are getting less and less exercise. – Social Services Provider (Rapides Parish)

I know a lot of people who are overweight and don't exercise or eat properly. – Community Leader (Rapides Parish)

Many overweight individuals who have trouble walking and moving. – Social Services Provider (Rapides Parish)

We are an obese community rearing obese children. – Community Leader (Rapides Parish)

Overweight individuals and unhealthy eating habits. – Social Services Provider (Rapides Parish)

One only needs to look around to see overweight people. – Social Services Provider (Rapides Parish)

Obesity, homelessness, and poverty. – Community Leader (Rapides Parish)

Obesity education. – Other Health Provider (Rapides Parish)

Access to Healthy Foods/Nutrition

Limited access to healthy foods and an overabundance of unhealthy, quick options available. While there are options for physical activity available, our overall culture does not effectively promote physical activity and weight reduction. In comparison to others locally, I look healthy; when traveling out of state to healthier communities, I recognize my obesity. – Social Services Provider (Rapides Parish)

Community needs more access to locally grown affordable organic vegetable/fruits garden. Needs more support for breastfeeding infants and their mothers. Safer driving habits and better roads. Education of the public about gun safety. – Physician (Rapides Parish)

More nutritional places to eat would be great, and not cost a small fortune for lunch. – Social Services Provider (Rapides Parish)

Access to health food for low income families and the preparation and benefits of eating healthy. Also, awareness of the need for physical activity. – Public Health Representative (Rapides Parish)

Lack of fresh vegetables in poor areas of town, and sedentary lifestyles. – Social Services Provider (Rapides Parish)

Poverty

Poverty, low educational levels, lack of physical activity and exercise, too many government handouts of welfare, food stamps without a reciprocal requirement to work. – Community Leader (Rapides Parish)

Poor economic families do not have access to diet and exercise and proper nutrition education. – Social Services Provider (Rapides Parish)

Poverty and the terrible education system that perpetuate a culture of hopelessness. – Community Leader (Rapides Parish)

Families living in poverty, and poor eating habits. – Community Leader (Rapides Parish)

Too many overweight in poverty-level income. – Social Services Provider (Rapides Parish)

Lifestyle

Sedentary lifestyles. Tired, stressed working mothers depending on an over-abundance of fast food. Too much time on electronic devices, unhealthy snacking on empty calories. – Social Services Provider (Rapides Parish)

People eating right and sticking to a healthy diet. Having time to work out and taking time. – Social Services Provider (Rapides Parish)

Insufficient attention paid to using these lifestyle choices to prevent disease. – Physician (Rapides Parish)

Lifestyle choices, poverty, lack of education, and apathy. – Social Services Provider (Rapides Parish)

Lifestyle of the community. – Community Leader (Rapides Parish)

Poor Nutrition

Nutrition: Cheap, high carbohydrate, high calorie, high fat foods are inexpensive and over-marketed. Physical activity: Time on screens (phones, tv, computer) and indoor leisure has taken away from outdoor activity and life balance with exercise. Weight: Because of the above, weight has increased over time and over lifetime. – Community Leader (Rapides Parish)

How people think about food. How people use food for enjoyment or comfort, rather than essential fuel for the body to function. Portion size and nutritional content of the food they eat, vs. taste and satisfaction. Even when health is negatively affected, the food addiction continues. The bad eating habits continue without change, but medications are added. Doctors do not address the person's lifestyle, the doctors only prescribe pharmaceuticals to treat the symptoms, rather than treat the source of the problem, which is lifestyle. – Community Leader (Rapides Parish)

Statistics show that a large part of our community does not eat nutritious food and get very little physical activity. – Other Health Provider (Rapides Parish)

Lack of Programs

There are far more restaurants than there are activities for people to engage in, especially for youth. Healthy eating is cost-prohibitive for the people who need to adopt a healthy lifestyle. – Social Services Provider (Rapides Parish)

After-school snacks and lack of opportunities for underprivileged children to participate in athletic programs. – Social Services Provider (Rapides Parish)

Family Life

I believe the problem is two-fold. First, the breakdown of the family has caused an erosion in our children's well-being. Parents must make the decision to limit technology exposure, encourage physical activity and teach healthy lifestyles, including proper nutrition. The problem is many parents do not have these skills. Second, for families on limited incomes, eating healthy is beyond their budgets. Also, fast food is convenient and less expensive in many cases. I do think -- either by choice or mandate -- some fast food restaurants are attempting to somewhat improve. – Community Leader (Rapides Parish)

Prevalence/Incidence

So many affected. – Social Services Provider (Rapides Parish)

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

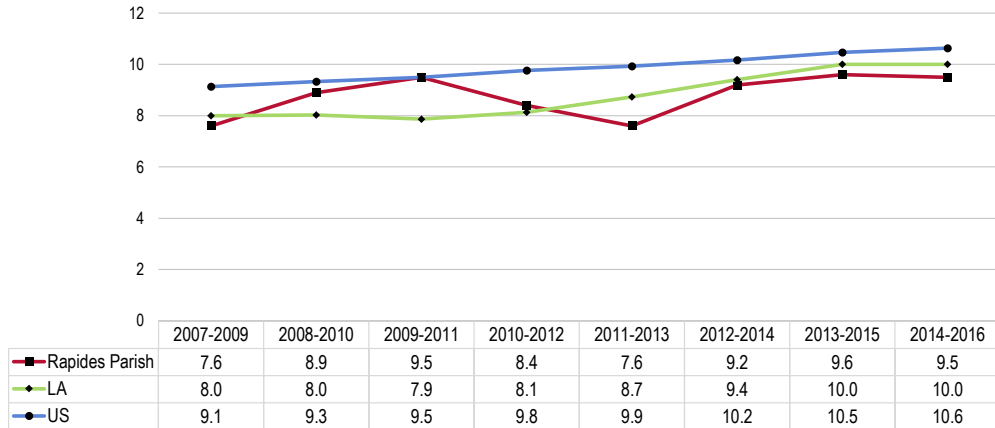
Related Age-Adjusted Mortality

Cirrhosis/Liver Disease. Heavy alcohol use contributes to a significant share of liver disease, including cirrhosis. The following chart outlines age-adjusted mortality for cirrhosis/liver disease in the area.

Unintentional Drug-Related Deaths. Unintentional drug-related deaths include all deaths, other than suicide, for which drugs are the underlying cause. A "drug" includes illicit or street drugs (e.g., heroin and cocaine), as well as legal prescription and over-the-counter drugs; alcohol is not included. The following chart outlines local age-adjusted mortality for unintentional drug-related deaths.

- The cirrhosis/liver disease death rate in the parish is comparable to state and national rates. The parish rate is less favorable than the baseline.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 8.2 or Lower

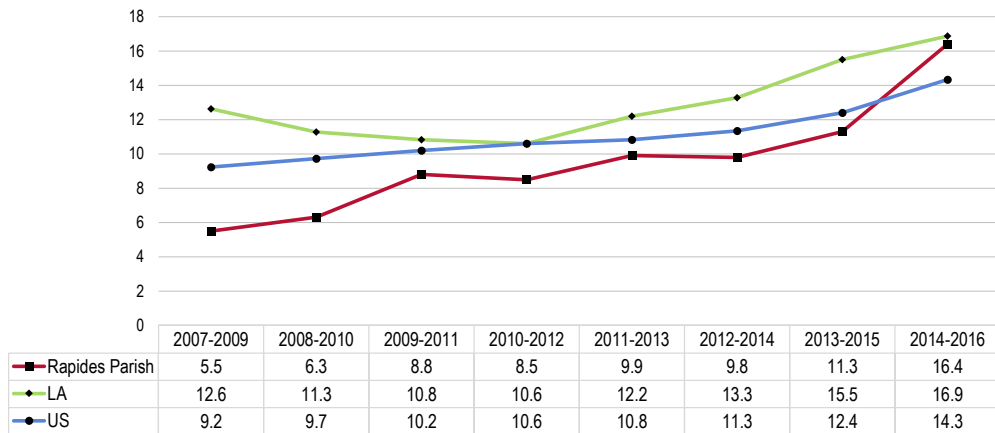


Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [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 US Standard Population.

- Drug-related deaths in the parish are similar to what is found across the state and nation and have increased over time.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 11.3 or Lower



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
● UD 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.

Alcohol Use

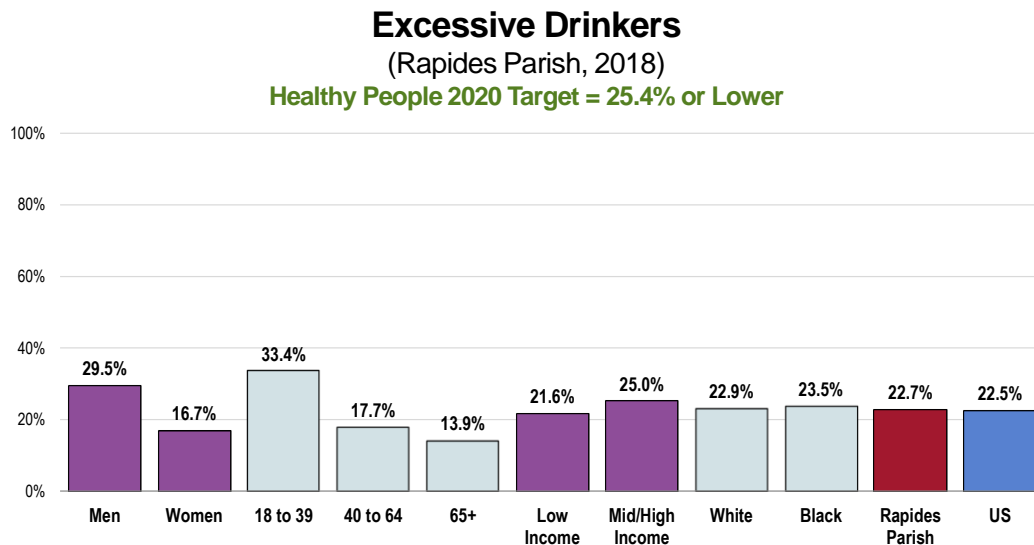
Excessive Drinkers. Excessive drinking reflects the number of adults (age 18+) who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women), or who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

“During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?”

“On the day(s) when you drank, about how many drinks did you have on the average?”

“Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 (if male)/4 (if female) or more drinks on an occasion?”

- The rate of excessive drinking in Rapides Parish is nearly identical to the national prevalence.
- Men and adults ages 18 to 39 are more likely to engage in excessive drinking. There is no statistical variance by income or race.



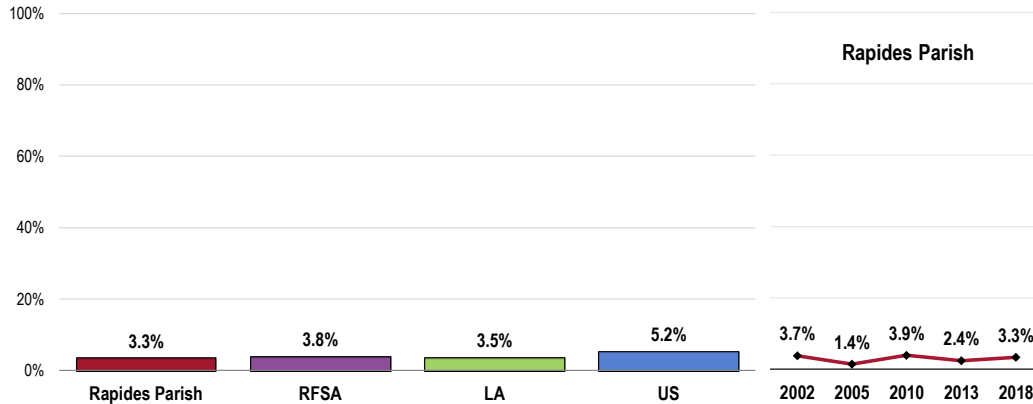
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]
- Notes:
- Asked of all respondents.
 - Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Drinking & Driving. 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.

“During the past 30 days, how many times have you driven when you've had perhaps too much to drink?”

- Drinking and driving prevalence in Rapides Parish is similar to that found across the service area, Louisiana, and the US, and statistically unchanged over time.

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



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 66]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 LA data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

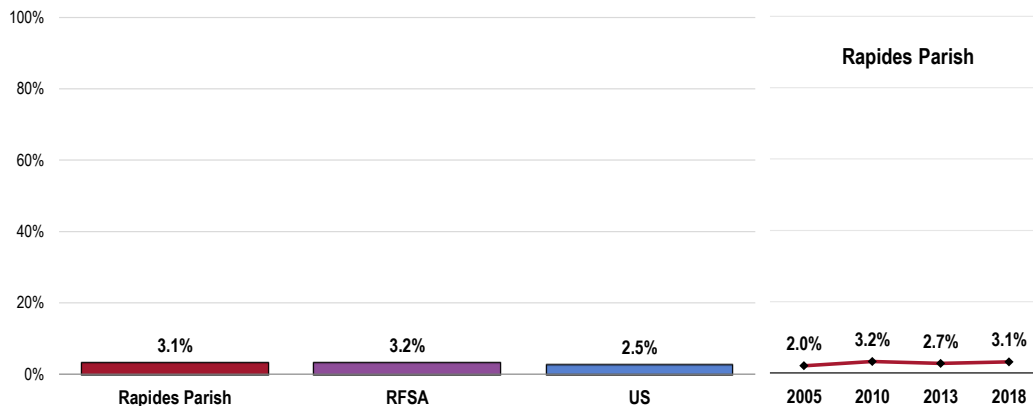
Illicit Drug Use

“During the past 30 days, have you used an illegal drug or taken a prescription drug that was not prescribed to you?”

- The parish response is similar to the state and nation and has not varied statistically over time.

Illicit Drug Use in the Past Month

Healthy People 2020 Target = 7.1% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]
 • 2017 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 SA-13.3]

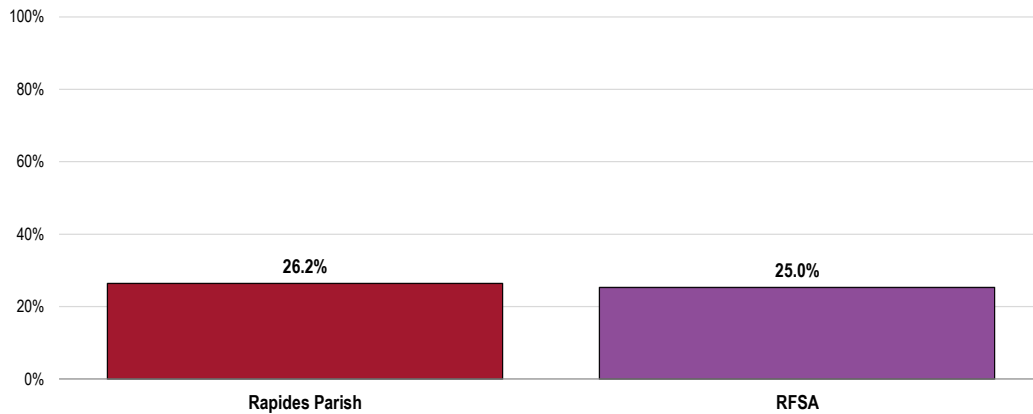
Notes: • Asked of all respondents.

Use of Opiates/Opioids

“Opiates or opioids are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. In the past year, have you used any of these prescription opiates, whether or not a doctor had prescribed them to you?”

- Prescription opioid use is similar between parish and service area adults.

Used Prescription Opioids or Opiates in the Past Year (Whether Prescribed or Not)
(Rapides Parish, 2018)



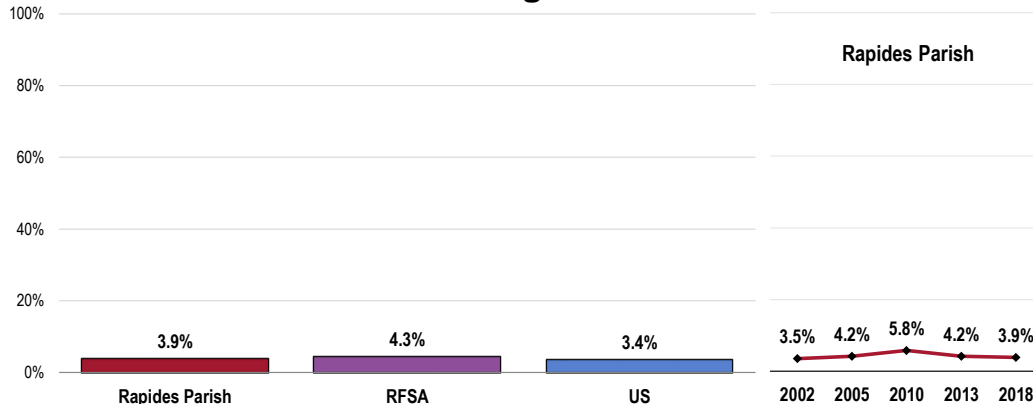
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 314]
 Notes: • Asked of all respondents.
 • Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl.

Alcohol & Drug Treatment

“Have you ever sought professional help for an alcohol or drug-related problem?”

- The proportion of parish adults seeking help is comparable to regional and national rates. It has not varied statistically over time.

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



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 68]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Key Informant Input: Substance Abuse

The following chart outlines key informants' perceptions of the severity of *Substance Abuse* as a problem in the community:

Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Barriers to Treatment

Among those rating this issue as a “major problem,” the greatest barriers to accessing substance abuse treatment are viewed as:

Access to Resources

There are very limited substance abuse options in Central Louisiana. Even less options for teenagers. With the loss of bed availability over the past several years and coupled with the increased access to opioids, our communities are impacted as crime rates rise, families are destroyed, and individuals die. – Social Services Provider (Rapides Parish)

Lack of resources in rural areas and transportation for the poor. – Social Services Provider (Rapides Parish)

By far, the most limited resource available. Especially for the underserved populations. – Other Health Provider (Rapides Parish)

Lack of treatment for adolescents and lack of knowledge concerning the treatment and recovery process. – Social Services Provider (Rapides Parish)

Lack of services and/or people don't want to get help. – Social Services Provider (Rapides Parish)

Lack of treatment options both short-term and long-term, as well as outpatient care. – Other Health Provider (Rapides Parish)

People do not stay in treatment long enough. – Other Health Provider (Rapides Parish)

Availability and follow-up services. – Community Leader (Rapides Parish)

Access to care and treatment. – Community Leader (Rapides Parish)

Denial/Stigma

Unfortunately, I believe the greatest barrier is the addict. Some do not wish to receive help, while others struggle with maintaining sobriety. That is the reason I believe education at an early age is so beneficial. However, the education must continue past elementary school. In addition, prescription medication abuse appears to be a growing concern, which is harder to address but must be included as part of education efforts. – Community Leader (Rapides Parish)

Desire to get off of the substances. Support structure to get away from a community of abusers/sellers if there is an inadequate income. Better quality of living/support structures might help some people to never start down that route. Low graduation rates and educational attainment go hand-in-hand with increased community substance abuse. – Social Services Provider (Rapides Parish)

Victims of substance abuse or embarrassed by their dependency and they are afraid of possible law enforcement actions. – Community Leader (Rapides Parish)

Lack of the will of the users to stop. Inability of family members to be able to get users into a facility. – Community Leader (Rapides Parish)

Health, crime, and other events related to community services (such as water and sewer) still strongly indicate a problem with this social ill. – Public Health Representative (Rapides Parish)

People not wanting to help themselves. – Social Services Provider (Rapides Parish)

Stigma. – Social Services Provider (Rapides Parish)

Lack of Facilities/Providers

Greatest barriers include lack of facilities, the cost of the available facilities, lack of state funding for access to facilities, and lack of insurance to cover the cost of the facilities. – Social Services Provider (Rapides Parish)

Perhaps not enough facilities to help with counseling. Perhaps Medicaid and Medicare can help with the costs to those with low to no income, who desperately need the help. – Social Services Provider (Rapides Parish)

Access. There are limited trained professionals in our area. – Social Services Provider (Rapides Parish)

Inadequate treatment facilities and mental health services. – Physician (Rapides Parish)

Lack of local facilities to provide support for substance abuse. – Other Health Provider (Rapides Parish)

Facilities, cost and insurance coverage/approval. – Social Services Provider (Rapides Parish)

Not enough beds available in inpatient treatment centers. – Social Services Provider (Rapides Parish)

Lack of facilities and licensed counselors. – Social Services Provider (Rapides Parish)

Adequate facilities and staff. – Community Leader (Rapides Parish)

Affordable Care/Services

Financing for these services. Most low-income people, even if insured, have limited coverage for this service. – Other Health Provider (Rapides Parish)

Financial resources and education are the greatest barriers. – Social Services Provider (Rapides Parish)

Not enough treatment centers that are affordable to the general public. – Social Services Provider (Rapides Parish)

Cost, stigma associated with substance abuse, and unwillingness of those needing treatment to seek care/treatment. – Other Health Provider (Rapides Parish)

Cost of treatment. Low number of inpatient facilities. – Other Health Provider (Rapides Parish)

There are no affordable treatment options. – Community Leader (Rapides Parish)

Cost and expertise in the area. – Community Leader (Rapides Parish)

Medicaid provides limited treatment. – Community Leader (Rapides Parish)

Prevalence/Incidence

Opioid epidemic. Alcohol use and DWI's, easy access and crime. – Community Leader (Rapides Parish)

I believe that this is a major problem in the Alexandria area. – Community Leader (Rapides Parish)

Many people in the emergency room at RPMC. – Physician (Rapides Parish)

Life, war, drugs, and disease. – Social Services Provider (Rapides Parish)

Opioid crisis. – Community Leader (Rapides Parish)

So many affected. – Social Services Provider (Rapides Parish)

Use. – Social Services Provider (Rapides Parish)

Health Education and Awareness

Due to the attention given to the high substance usage rates in our community, we do a fairly good job in this area. Of course, lack of education and information is always a challenge. – Social Services Provider (Rapides Parish)

Some people are not aware that they can turn down opioid pain killers at the hospital. They need some creative choices, not just punitive. – Community Leader (Rapides Parish)

Education regarding substance abuse and the stigma attached to this disease. – Public Health Representative (Rapides Parish)

Community education. Travel not available or cost attributed to travel. – Social Services Provider (Rapides Parish)

Lack of Funding

Lack of funding for treatment centers. – Social Services Provider (Rapides Parish)

Lack of funding to support treatment facilities. – Community Leader (Rapides Parish)

Funding. – Social Services Provider (Rapides Parish)

Funding. – Social Services Provider (Rapides Parish)

Co-Occurrences

This goes hand-in-hand with the violence problem, and we have opioid addictions. – Social Services Provider (Rapides Parish)

Mental health. – Social Services Provider (Rapides Parish)

Easily Accessible

Too easily accessible for children. Youth can purchase directly from stores. Store owners should be fined, and their license should be suspended. – Social Services Provider (Rapides Parish)

Easy to obtain. Lack of education, low income, and lack of affordable centers for uninsured/underinsured. – Social Services Provider (Rapides Parish)

Policies

Victims of substance abuse need to do meaningful work in community, whether it's a community garden, farm or Habitat For Humanity-type thing. They need to see that what they can contribute has significance. Need routine, community, and healthful work. – Social Services Provider (Rapides Parish)

Being illegal in many instances makes it a criminal matter, rather than a health matter. – Social Services Provider (Rapides Parish)

Culture/Social Norms

Much like tobacco, it is over-glamorized by media, entertainment, and is seen as an alternate lifestyle. The negative side effects are clear and unhealthy. – Community Leader (Rapides Parish)

Poverty

Substance abuse among the lower income and young adults are increasing, incidence is rising, and chronic abusers are a major part of our homeless population. – Social Services Provider (Rapides Parish)

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

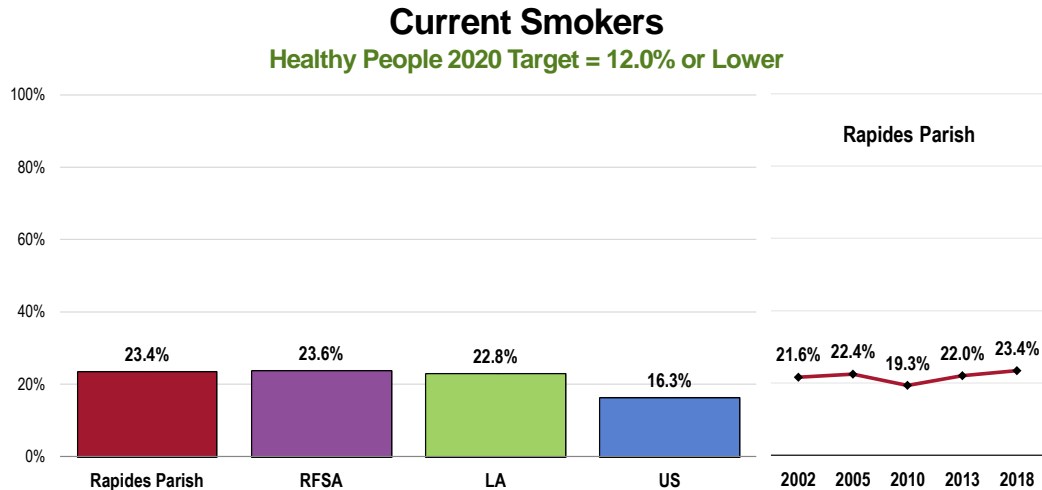
Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

“Do you now smoke cigarettes every day, some days, or not at all?”

- Cigarette smoking in Rapides Parish is higher than found nationally but similar to regional and statewide prevalence. The parish rate has not varied statistically over time.



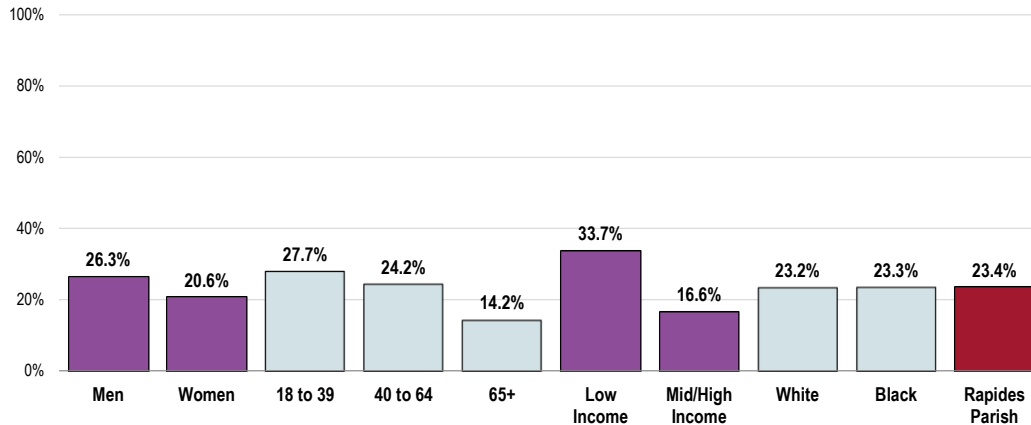
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 LA 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 (those who smoke cigarettes every day or on some days).

- Cigarette smoking is more prevalent among adults younger than 65 and lower-income residents. There are no significant differences within the other groups.

Current Smokers

(Rapides Parish, 2018)

Healthy People 2020 Target = 12.0% or Lower



- Sources:
- 2018 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 TU-1.1]
- Notes:
- Asked of all respondents.
 - Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Includes regular and occasion smokers (every day and some days).

Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

- Healthy People 2020 (www.healthypeople.gov)

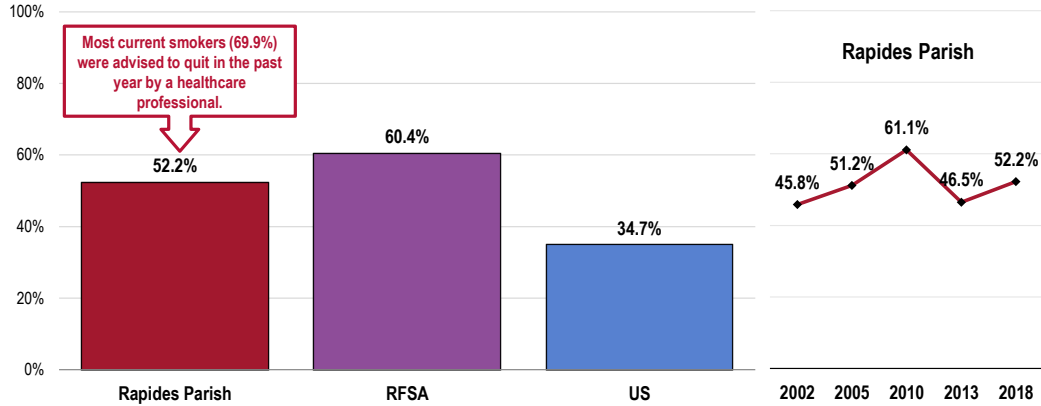
"In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?"
(Asked of respondents who smoke every day or on some days.)

"During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?" (Asked of respondents who smoke every day.)

- Smoking cessation attempts within the parish are considerably higher when compared to the US but statistically similar to the service area. Though fluctuating considerably over time, the parish rate is comparable to the baseline rate.

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking (Among Everyday Smokers)

Healthy People 2020 Target = 80.0% or Higher

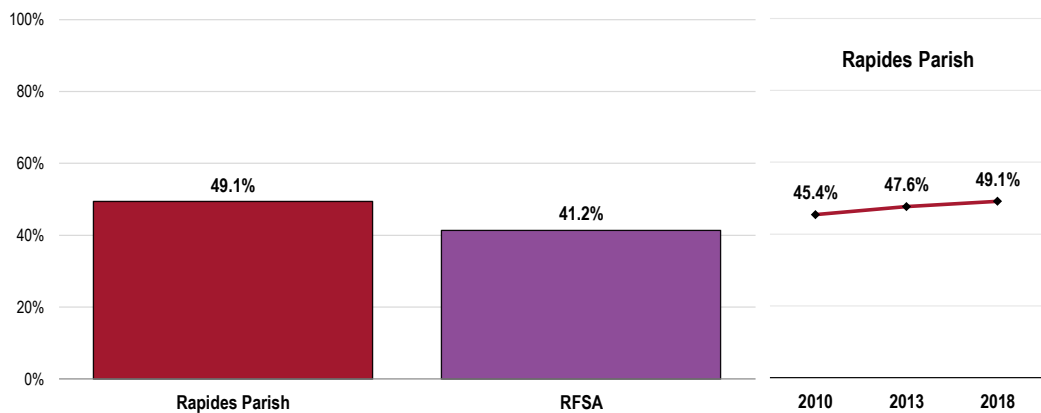


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 50-51]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-4.1]
 Notes: • Asked of respondents who smoke cigarettes every day.

“Are you aware of any services, programs or classes in your area to help smokers quit smoking?” (Asked of all respondents.)

- Awareness of smoking cessation programs in the parish is considerably higher than found across the Rapides Foundation Service Area. The increase over time is not statistically significant.

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



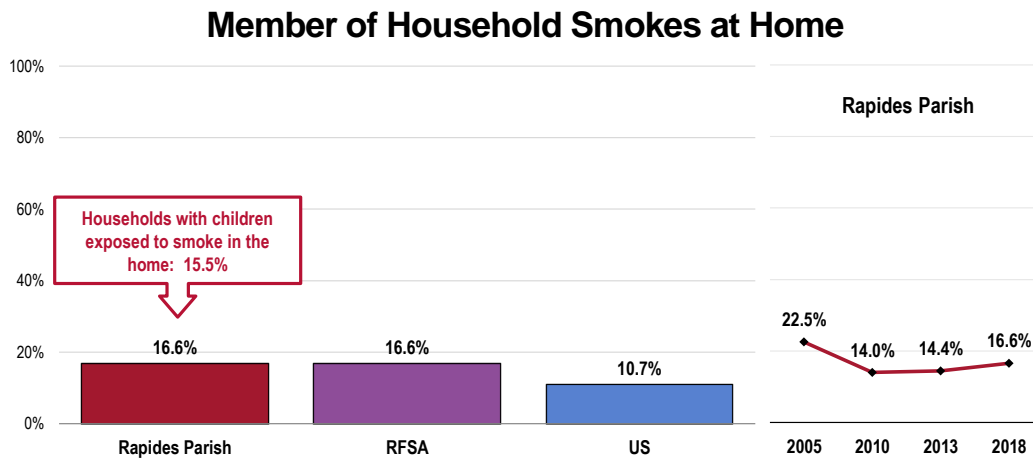
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]
 Notes: • Asked of all respondents.

Secondhand Smoke

“In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars or pipes anywhere in your home on an average of four or more days per week?”

The following chart details these responses among the total sample of respondents, as well as among only households with children (age 0-17).

- The parish proportion of households with a smoker is higher than the national proportion but identical to the service area finding. The parish rate is lower than the 2005 rate.



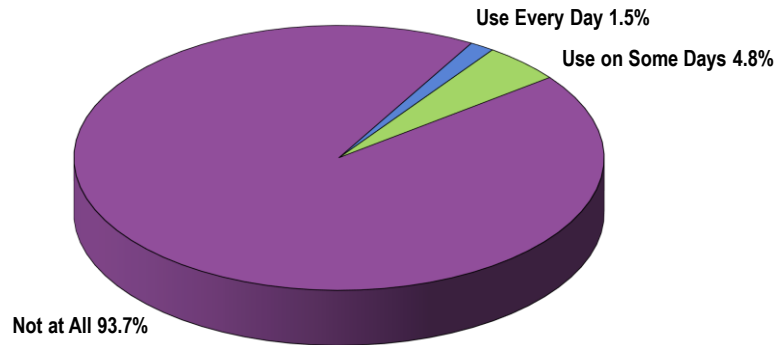
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 52, 162]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • “Smokes at home” refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Use of Vaping Products

“The next questions are about electronic vaping products, such as electronic cigarettes, also known as e-cigarettes. These are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. The cartridge or liquid “e-juice” used in these devices produces vapor and comes in a variety of flavors. Have you ever used an electronic vaping product, such as an e-cigarette, even just one time in your entire life?”

“Do you now use electronic vaping products, such as e-cigarettes, “every day,” “some days,” or “not at all”?”

Use Vaping Products (Rapides Parish, 2018)



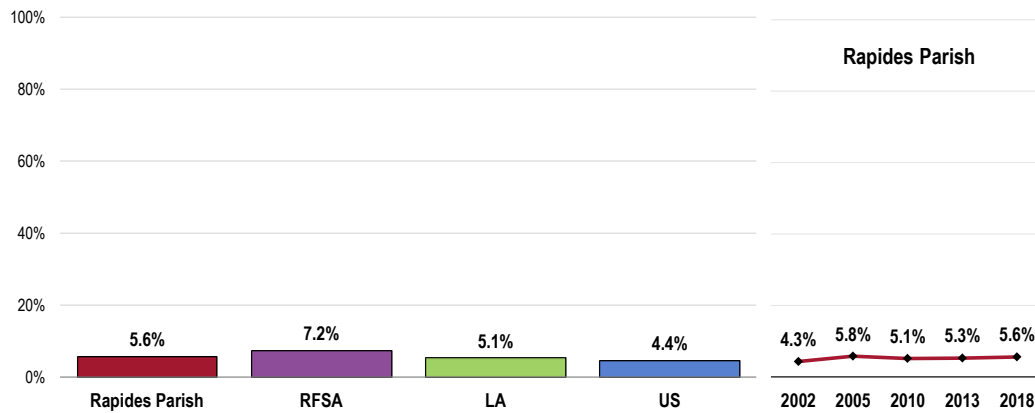
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54]
 Notes: • Asked of all respondents.

Smokeless Tobacco

“Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?”

- Use of smokeless tobacco in Rapides Parish is comparable to all populations shown. The parish rate has not varied statistically over time.

Use of Smokeless Tobacco Healthy People 2020 Target = 0.3% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Louisiana data.
 • 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.
 • Includes chewing tobacco, snuff, or snus.

Key Informant Input: Tobacco Use

The following chart outlines key informants' perceptions of the severity of *Tobacco Use* as a problem in the community:

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

There is a high incidence of smokers in our community. It is very visible. Recent efforts to eliminate smoking in public buildings, restaurants, and bars have been helpful. – Social Services Provider (Rapides Parish)

A lot of people smoke, dip, or vape. I see parents smoking with kids in the car, some kids are trying synthetic drugs as their gateway, and marijuana use among college students is staggeringly high. – Community Leader (Rapides Parish)

Lots of smokers and other tobacco users. It is nice, though, now to go out to restaurants and other places and not return home smelling of cigarette smoke. – Social Services Provider (Rapides Parish)

We still have a tobacco use issue in Louisiana... – Community Leader (Rapides Parish)

In the report area, an estimated 65,830, or 25% of adults age 18 or older self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. (Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12). – Social Services Provider (Rapides Parish)

Number of tobacco users in our community is high, but there is so much education and public service announcements pertaining to tobacco use. Just seem to not care. – Social Services Provider (Rapides Parish)

More people in this community are smoking and dying from illnesses related to smoking. – Social Services Provider (Rapides Parish)

Smoking seems to be on the increase, and health issues surrounding smoking are increasing. – Social Services Provider (Rapides Parish)

High levels of continued usage, despite warnings. High youth usage. – Community Leader (Rapides Parish)

High incidence rate of use, poverty leads to smoking and drug use, culture of smoking here. – Community Leader (Rapides Parish)

We have a high rate of people that use tobacco products. – Other Health Provider (Rapides Parish)

Statistics show many people use tobacco in our area. – Other Health Provider (Rapides Parish)

Conversation with a tobacco-free-living representative. – Community Leader (Rapides Parish)

High incidence of smoking and dipping of tobacco. – Other Health Provider (Rapides Parish)

Still see people smoking. Many seems to be less educated. – Community Leader (Rapides Parish)

Personally viewing so many smokers in the community. – Social Services Provider (Rapides Parish)

The number of people still using tobacco products. – Social Services Provider (Rapides Parish)

Frequency and use. – Social Services Provider (Rapides Parish)

Too many still using. – Social Services Provider (Rapides Parish)

So many affected. – Social Services Provider (Rapides Parish)

Culture/Social Norms

It is glamorized by media, commercials, and entertainment to be a life habit with little downside. Young people are overtly and subtly marketed to for smokeless and traditional tobacco. – Community Leader (Rapides Parish)

It is socially acceptable to smoke in our region, so a higher percentage of people use tobacco. – Other Health Provider (Rapides Parish)

Culture, and rural areas promote tobacco use in generations. – Public Health Representative (Rapides Parish)

Socially okay and lack of education advertisements. – Social Services Provider (Rapides Parish)

History and culture of tobacco use. – Social Services Provider (Rapides Parish)

Lifestyle of community. – Community Leader (Rapides Parish)

Easily Accessible

Tobacco is readily available in several forms. More education is needed to show smokers just what happens in their bodies when smoking, and what happens to those inhaling second-hand smoke. The tobacco companies push their products to younger people by making the products seem cool. – Social Services Provider (Rapides Parish)

Too many youth are socially engaged, and tobacco use is too accessible. – Social Services Provider (Rapides Parish)

Everyone in the community- from teens to adults- have access. – Social Services Provider (Rapides Parish)

Easily accessible to the young, habit forming and generational. – Social Services Provider (Rapides Parish)

Accessibility for teenagers. – Community Leader (Rapides Parish)

Cost is too affordable. – Community Leader (Rapides Parish)

Comorbidities

The effect tobacco has on our health as a population is significant. We have a high rate of cardiovascular disease, respiratory diseases, and cancer- All of which have been shown to be a byproduct of tobacco use. – Social Services Provider (Rapides Parish)

Tobacco-related disease and death are higher than average. – Other Health Provider (Rapides Parish)

High lung cancer rates. – Social Services Provider (Rapides Parish)

One of the leading causes of cancer. – Community Leader (Rapides Parish)

Cancer, heart disease, and stroke. – Social Services Provider (Rapides Parish)

Health Education and Awareness

Insufficient attention paid to stopping this lifestyle choice to prevent disease. – Physician (Rapides Parish)

Lack of education, influence of family and friends, and easy access to products. – Social Services Provider (Rapides Parish)

People don't think about the damage that it does. – Community Leader (Rapides Parish)

Addiction

Some people find it hard to function without a cigarette or some form of tobacco. It's their way of coping with life's issues. – Other Health Provider (Rapides Parish)

A lot of people seem to be addicted to tobacco. – Community Leader (Rapides Parish)

Policies

This is anecdotal, but just look around. Even the hospitals have places for employees to smoke. – Social Services Provider (Rapides Parish)

There is no accountability for people to stop. Where there is coffee, alcohol, food, there will be smokers. – Community Leader (Rapides Parish)

Teens/Young Adult Usage

Many young people in the region are smokers or chewers of tobacco/tobacco products. Also, many are using "vapor" products that are becoming more widely available in the community. – Other Health Provider (Rapides Parish)

New smokers in the youth population continue to be evident. – Public Health Representative (Rapides Parish)

Leading Cause of Death

Smoking kills people and has a negative impact, not only on the individual, but those around them, as well as taxpayers. – Social Services Provider (Rapides Parish)

Access to Health Services

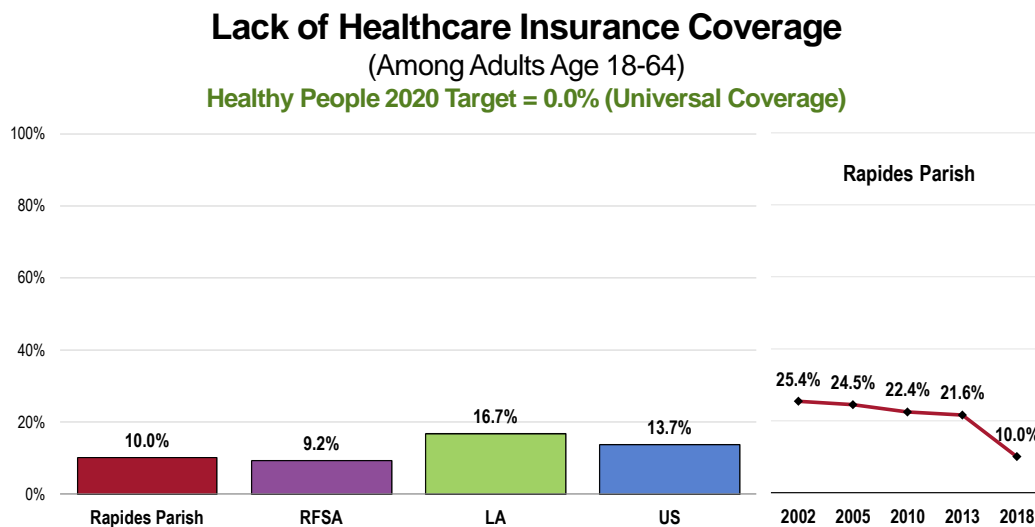
Lack of Health Insurance Coverage (Age 18 to 64)

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

“Do you have any government-assisted healthcare coverage, such as Medicare, Medicaid (or another state-sponsored program), or VA/military benefits?”

“Do you currently have: health insurance you get through your own or someone else's employer or union; health insurance you purchase yourself; or, you do not have health insurance and pay for health care entirely on your own?”

- The proportion of uninsured adults in Rapides Parish is similar to the service area but better than Louisiana and the US. The parish rate is considerably lower than the 2002 rate.

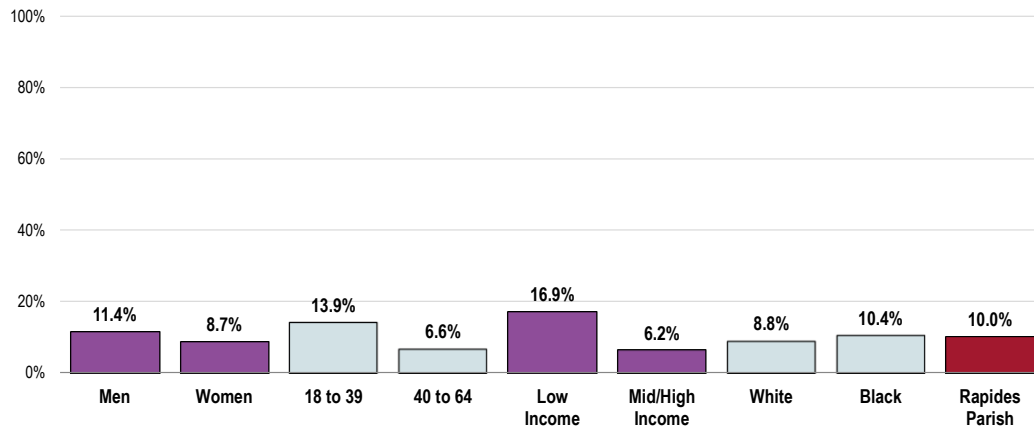


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 LA data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

Notes: • Asked of all respondents under the age of 65.

- Adults ages 18 to 39 and lower-income residents are more likely to be without healthcare coverage. There is no statistical variance by gender or race.

Lack of Healthcare Insurance Coverage (Among Adults Age 18-64; Rapides Parish, 2018) Healthy People 2020 Target = 0.0% (Universal Coverage)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
 - 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.
 - Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

Barriers to Healthcare Access

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

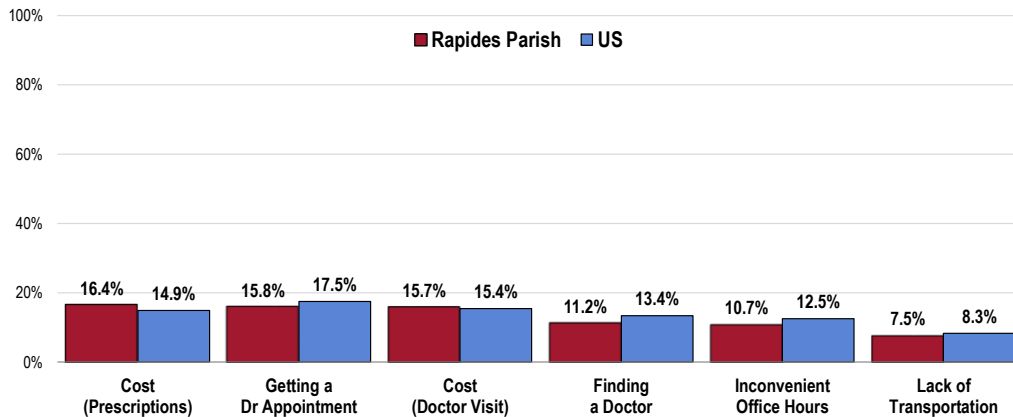
“Was there a time in the past 12 months when...

- ... you needed medical care, but had **difficulty finding a doctor?**”
- ... you had difficulty getting an **appointment** to see a doctor?”
- ... you needed to see a doctor, but could not because of the **cost?**”
- ... a **lack of transportation** made it difficult or prevented you from seeing a doctor or making a medical appointment?”
- ... you were not able to see a doctor because the **office hours were not convenient?**”
- ... you needed a **prescription medicine**, but did not get it because you could not afford it?”

The percentages shown in the following chart reflect the total population, regardless of whether medical care was needed or sought.

- All barriers to access shown below are statistically similar between the parish and US.

Barriers to Access Have Prevented Medical Care in the Past Year



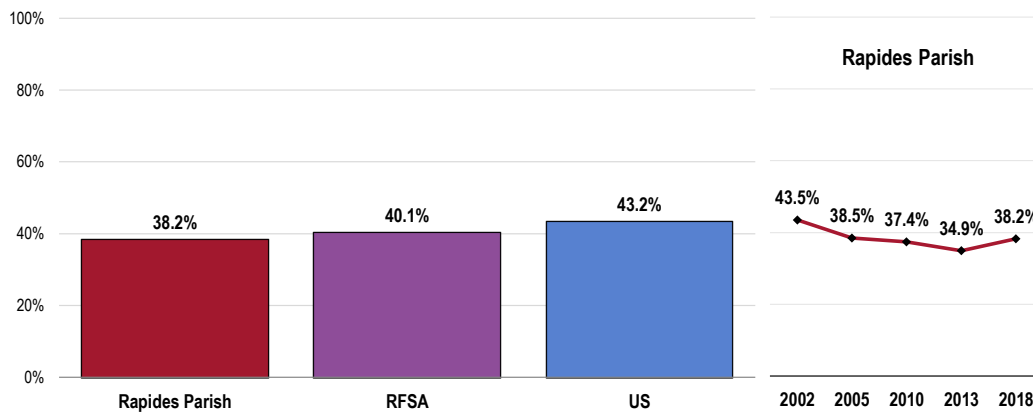
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-11, 13]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

The following charts reflect the composite percentage of the total population experiencing problems accessing healthcare in the past year (indicating one or more of the aforementioned barriers or any other problem not specifically asked), again regardless of whether they needed or sought care.

- The parish composite is more favorable than the US but similar to the service area. The parish rate has improved since 2002.

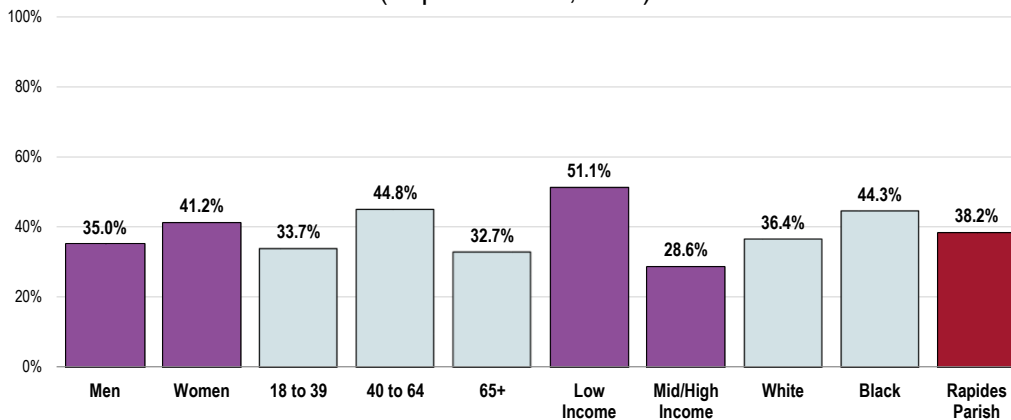
Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

- Adults ages 40 to 64 and lower-income residents are more likely to report difficulties receiving healthcare. There is no statistical variance within the other groups.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (Rapides Parish, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
 Notes: • Asked of all respondents; represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
 • Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

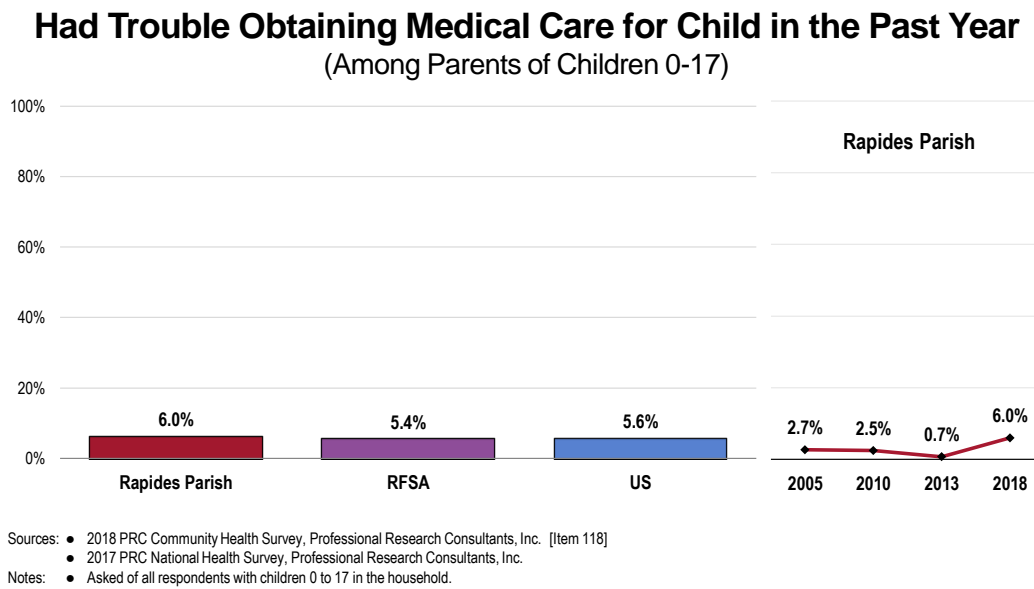
Accessing Healthcare for Children

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.

“Was there a time in the past 12 months when you needed medical care for this child, but could not get it?”

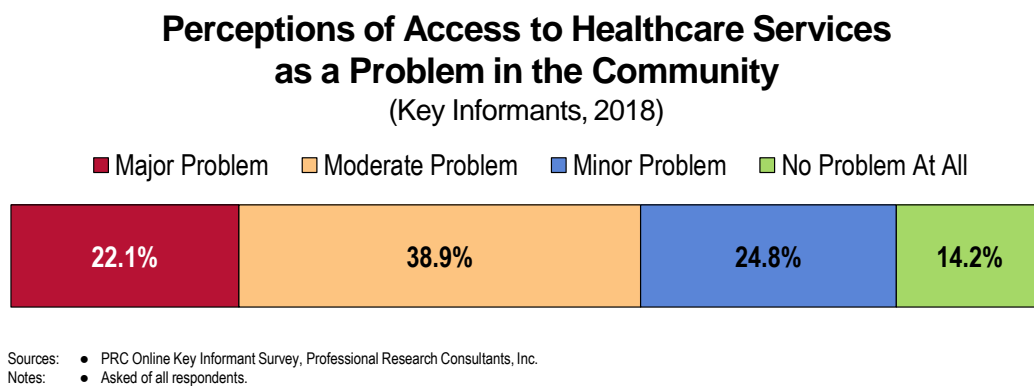
“What was the main reason you could not get medical care for this child?”

- The proportion of parents in Rapides Parish who had trouble obtaining pediatric care is statistically similar to regional and national levels. The parish rate has increased from previous survey findings.



Key Informant Input: Access to Healthcare Services

The following chart outlines key informants’ perceptions of the severity of *Access to Healthcare Services* as a problem in the community:



Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Affordable Care/Services

For people in my community who work for minimum wage (but are still below the poverty line) face the greatest challenges accessing health care. They do not qualify for Medicaid or Medicare, and they are not considered indigent, due to having a minimum wage job. These are the folks who cannot afford basic health care, nor preventative care. – Social Services Provider (Rapides Parish)

Health care cost too high, and availability of good doctors. Too few urgent cares are horrible. Hospital wait time and quality of care is horrible. – Community Leader (Rapides Parish)

Lack of providers willing to care for population without insurance, Medicaid, and Medicare with no supplemental insurance. Lack of providers accessible with clinic/office hours on evenings and weekends. – Other Health Provider (Rapides Parish)

Availability of primary care providers for the low-income, uninsured, or Medicaid adult population. Also, the geographical distribution of facilities and providers presents problems for access, due to the lack of available or reliable transportation. – Other Health Provider (Rapides Parish)

The need for more affordable or free health care with positive outcomes for all citizens, regardless of race or economic standing. – Social Services Provider (Rapides Parish)

Although there are many new clinics and doctor's offices, I believe co-pays and clinic charges are a problem for many people. – Social Services Provider (Rapides Parish)

The cost of health care and recognizing that mental health is an important part of health care, as well. – Social Services Provider (Rapides Parish)

Large segment of uninsured and underinsured. – Physician (Rapides Parish)

Access to Care/Services

The closure of Huey P Long Hospital has greatly increased the number of non-emergency visits to Rapides and Cabrini emergency rooms. Many people will not go to an urgent care facility; they choose to use the emergency room, which takes time away from true emergency situations. – Community Leader (Rapides Parish)

Access to health care. Vulnerable and poor populations are at risk for receiving poor medical care and treatment follow-up. Insured populations may receive better care than Medicaid or Medicare patients. Drug-exposed babies are being sent home, due to poor testing procedures. Having only two hospitals limits quality care options in central Louisiana – Community Leader (Rapides Parish)

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of un-insurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access. This indicator reports the number of primary care physicians per 100,000 population is 58.7. doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. Rapides Parish, LA, is the only parish where the of physician was higher at 96.61 per 100,000 population. (Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2014). – Social Services Provider (Rapides Parish)

Finding people to help, knowing where to go for help, and transportation. – Social Services Provider (Rapides Parish)

The lack of facilities, particularly after the closure of H.P. Long. – Community Leader (Rapides Parish)

Availability, cost, and transportation. – Social Services Provider (Rapides Parish)

For all to be able to access good health care availability. – Social Services Provider (Rapides Parish)

Transportation

Public transportation, especially in our more rural communities (which is most of the region) remains a significant challenge for those in need. – Community Leader (Rapides Parish)

Transportation to existing clinics/hospitals is a major issue for many in our community. Also, with the closure of Huey P. Long Hospital, there is a void of services to those previously served by that institution. – Other Health Provider (Rapides Parish)

Transportation is one of the biggest issues. Having school-based health centers would be a great asset to our community. – Other Health Provider (Rapides Parish)

Transportation and availability of services to underserved populations. – Community Leader (Rapides Parish)

No transportation. We live in a rural area; for a specialist, people have to go to a different parish to receive services. They have a hard time getting there. – Social Services Provider (Rapides Parish)

Transportation to existing facilities, cost, waiting time because there are not enough facilities or professionals. – Social Services Provider (Rapides Parish)

Transportation. – Community Leader (Rapides Parish)

Access to Behavioral Health Care

Mental illness and homelessness, so rampant in Alexandria, and in most states as a whole. People need to be more educated and really know the facts, and how to go about seeking help. – Social Services Provider (Rapides Parish)

I don't see a challenge related to accessing health care. However, there is a huge challenge related to accessing mental health care. – Social Services Provider (Rapides Parish)

Adults with mental health issues who have never seen a doctor, have a difficult time gaining access to mental healthcare providers. – Community Leader (Rapides Parish)

There is only one facility that house citizens with substance abuse issues here in Rapides Parish. They are always full and some citizens who want and need to get help are often turned away. – Community Leader (Rapides Parish)

Socioeconomic Factors

Poverty; you can't be healthy and be impoverished. – Community Leader (Rapides Parish)

Poverty/lack of money. – Community Leader (Rapides Parish)

Homelessness – Social Services Provider (Rapides Parish)

Health Education and Awareness

Lack of understanding about local resources. Too many patients do not understand the available resources out there. – Other Health Provider (Rapides Parish)

Lack of health literacy. Navigating the health system is difficult and there are minimal, or non-accessible, resources to assist. – Community Leader (Rapides Parish)

Insurance Issues

Health care is still linked to employment-based health insurance, and low wage workers aren't offered comprehensive (if any) health insurance. Since a significant percentage of our population is underemployed/unemployed, lack of insurance prevents access to care. – Community Leader (Rapides Parish)

Medicaid limits referrals to specialists and for diagnostic testing. – Other Health Provider (Rapides Parish)

Lack of Providers

The doctors currently only take patients when they desire. This limits folks with needs to be properly attended to in their time of need. – Social Services Provider (Rapides Parish)

Fewer providers in the community, and no medical coverage. – Social Services Provider (Rapides Parish)

Medicaid and Specialized Services

Medicaid cuts these services out first, and a major number of people who take strong medications to manage their health care have damage to their teeth. – Social Services Provider (Rapides Parish)

Vision Care. Again, Medicaid cuts out these services, and people still need. – Social Services Provider (Rapides Parish)

Chronic Disease Risk Factors

High blood pressure and hypertension. – Community Leader (Rapides Parish)

Collaboration

I have had a number of hospital stays with loved ones and two rounds at nursing home, and I just don't feel that the nurses/doctors/aides/physical therapists/staff work as a team. I have had great doctors, some good nurses, and some not; good doctor appointments at doctor's offices. But the overall interaction is a bit disjointed, and nothing is fast. – Social Services Provider (Rapides Parish)

Quality of Services

We need quality hospitals, and we need affordable health care for the elderly and mentally ill. We need Huey P Long back, or something similar that can help the welfare population; this population is going to the hospitals and can't pay their bills, which affects the quality of those who can. – Community Leader (Rapides Parish)

Services for Those With Disabilities

Services for the developmentally disabled. Transportation to and from doctor appointments, but also they need to grocery shop or get medicine filled. – Social Services Provider (Rapides Parish)

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

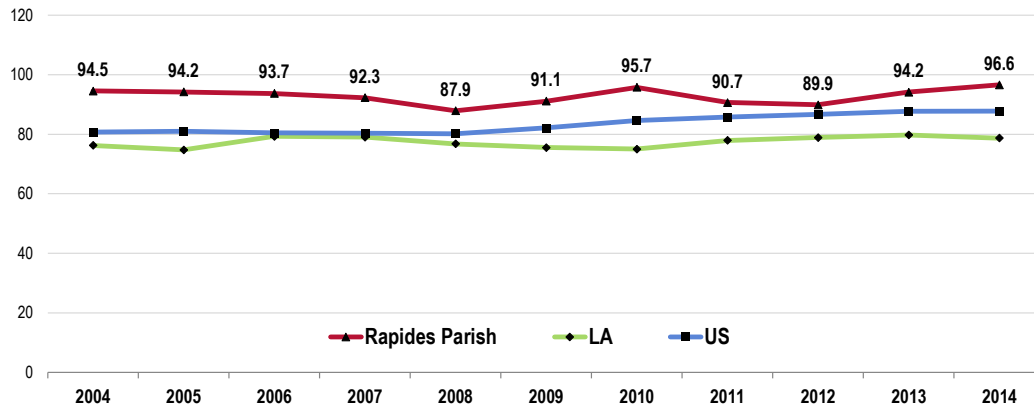
- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

- The proportion of primary care doctors in the parish is similar to the national rate but better than the statewide rate. The parish rate has not varied statistically over time.

Trends in Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population)



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
 - Retrieved August 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
 - These figures represent all primary care physicians practicing patient care, including hospital residents.

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. This resource is crucial to the concept of “patient-centered medical homes” (PCMH).

“Is there a particular place that you usually go to if you are sick or need advice about your health?”

“What kind of place is it: a medical clinic, an urgent care center/walk-in clinic, a doctor's office, a hospital emergency room, military or other VA healthcare, or some other place?”

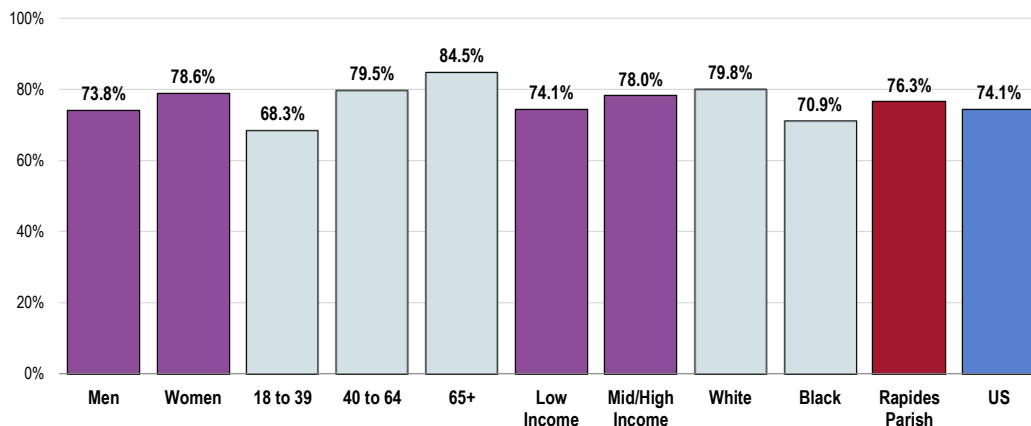
The following chart illustrates the proportion of Rapides Parish population with a specific source of ongoing medical care. Note that a hospital emergency room is not considered a specific source of ongoing care in this instance.

- The proportion of adults in the parish with a specific source of care is similar to the national figure.
- Adults ages 18 to 39 and Black residents are less likely to have a specific source of care. There are no significant differences within the other groups.

Have a Specific Source of Ongoing Medical Care

(Rapides Parish, 2018)

Healthy People 2020 Target = 95.0% or Higher



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
 • 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.
 • Race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

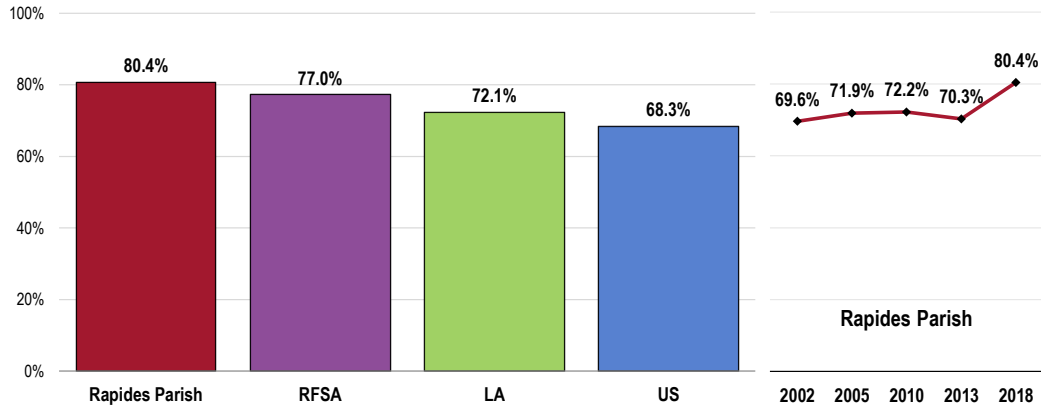
Utilization of Primary Care Services

Adults: “A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup?”

Children: “About how long has it been since this child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?”

- Adults in Rapides Parish are more likely than those across the region, state, and nation to have had a recent checkup. The parish rate is significantly higher than the 2002 rate.

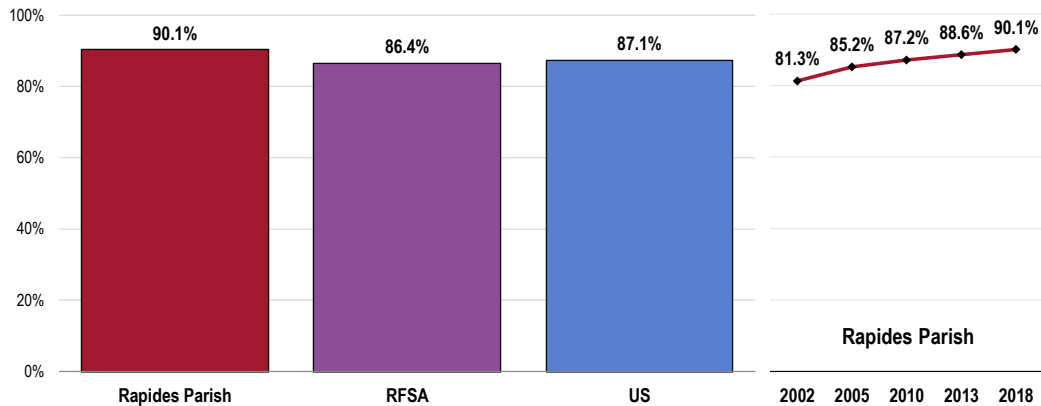
Have Visited a Physician for a Checkup in the Past Year



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 LA data.
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- The proportion of parish children who have had a recent checkup is comparable to regional and national findings. The parish rate has improved over time.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Among Parents of Children 0-17)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

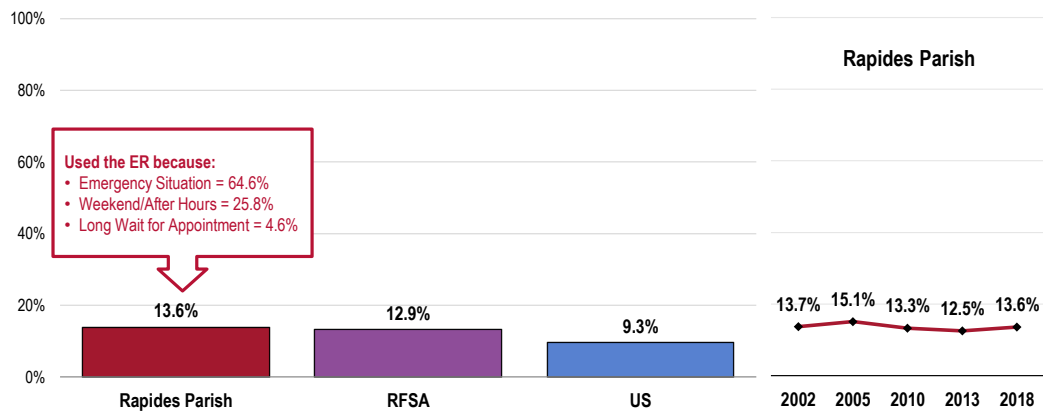
Emergency Room Utilization

“In the past 12 months, how many times have you gone to a hospital emergency room about your own health? This includes ER visits that resulted in a hospital admission.” (Responses here reflect the percentage with two or more visits in the past year.)

“What is the main reason you used the emergency room instead of going to a doctor’s office or clinic?”

- Emergency room utilization in Rapides Parish is higher than the national figure but similar to the regional finding. The parish rate has not varied statistically over time.

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



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 22-23]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use**; **excessive alcohol use**; and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
 - Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
 - Evaluating and improving methods of monitoring oral diseases and conditions.
 - Increasing the capacity of State dental health programs to provide preventive oral health services.
 - Increasing the number of community health centers with an oral health component.
- Healthy People 2020 (www.healthypeople.gov)

Dental Care

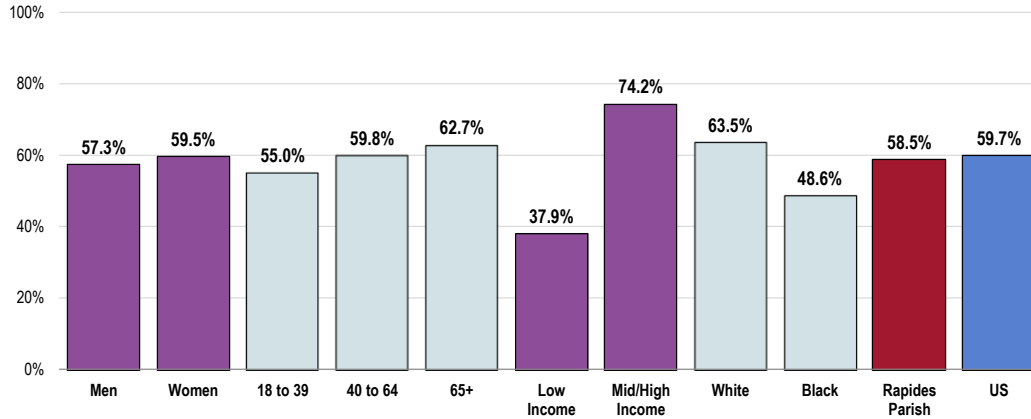
“About how long has it been since you last visited a dentist or a dental clinic for any reason?”

- The rate of recent dental visits is similar between Rapides Parish and the US.
- Lower-income residents and Black respondents are much less likely to have recently visited a dentist. There are no significant differences by gender or age.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Rapides Parish, 2018)

Healthy People 2020 Target = 49.0% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
- Notes:
- Asked of all respondents.
 - Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

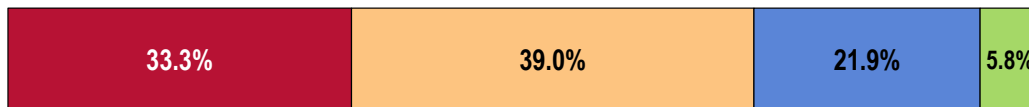
Key Informant Input: Oral Health

The following chart outlines key informants' perceptions of the severity of *Oral Health* as a problem in the community:

Perceptions of Oral Health as a Problem in the Community

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



- Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Affordable Care/Insurance Issues

Local individuals without dental insurance either pay out-of-pocket for services, or must visit a local emergency room to receive care. Since the state closed the LSU Dental Services at Huey P. Long, the community does not have access to free dental care. – Social Services Provider (Rapides Parish)

There is one community dental resource, but they won't assist people who have insurance, even if it's not dental. – Community Leader (Rapides Parish)

Lack of affordable services, education, and lack of insurance coverage for dental issues. – Social Services Provider (Rapides Parish)

High number of families living in poverty and cannot afford oral health/dental care. Lack of education regarding the importance of dental care. – Community Leader (Rapides Parish)

Cost factor and availability, especially for people with disabilities. Few dentists in the area willing to work with these individuals. – Social Services Provider (Rapides Parish)

Low-income people lack the resources to pay for high quality dental services. – Other Health Provider (Rapides Parish)

We do not have a public facility for the poor to receive this kind of care. – Social Services Provider (Rapides Parish)

Ongoing problem for the uninsured, and those with Medicaid receive limited care. – Community Leader (Rapides Parish)

Lack of assistance for individuals without dental insurance. – Community Leader (Rapides Parish)

There seems to be a lack of affordable care for the underinsured. – Social Services Provider (Rapides Parish)

No affordable insurance available. – Community Leader (Rapides Parish)

Too expensive. – Social Services Provider (Rapides Parish)

Health Education and Awareness

Good dental health affects a person's overall health. I don't think we have enough emphasis on good oral hygiene as a whole. – Social Services Provider (Rapides Parish)

A lack of education in how to properly take care of and maintain good oral hygiene in children and adults. And, as far as I know, neither Medicaid nor Medicare cover dental visits for people over 21. – Social Services Provider (Rapides Parish)

Lack of knowledge that oral health is very important and that it can cause other health issues. – Social Services Provider (Rapides Parish)

Great dental care is here in abundance. – Community Leader (Rapides Parish)

Prevalence/Incidence

We see horrible teeth every day. – Physician (Rapides Parish)

So many affected. – Social Services Provider (Rapides Parish)

Prioritization

Due to a change in health insurance, I recently visited a new dentist for a regular cleaning and checkup. The hygienist commented on how clean my teeth were. When I told her that I floss every day, she was surprised and said she had never had a patient who flossed. – Social Services Provider (Rapides Parish)

Many people are neglectful of taking care of their teeth. – Other Health Provider (Rapides Parish)

Access to Care/Services

Lack of access for patients in rural central Louisiana needing dental care. – Other Health Provider (Rapides Parish)

Comorbidities

Health issues directly attributable to poor dental hygiene. – Public Health Representative (Rapides Parish)

Poor Nutrition

Over-sugary foods and drinks, lack of maintenance, and cost of dental care work against dental health. – Community Leader (Rapides Parish)

Vulnerable Populations

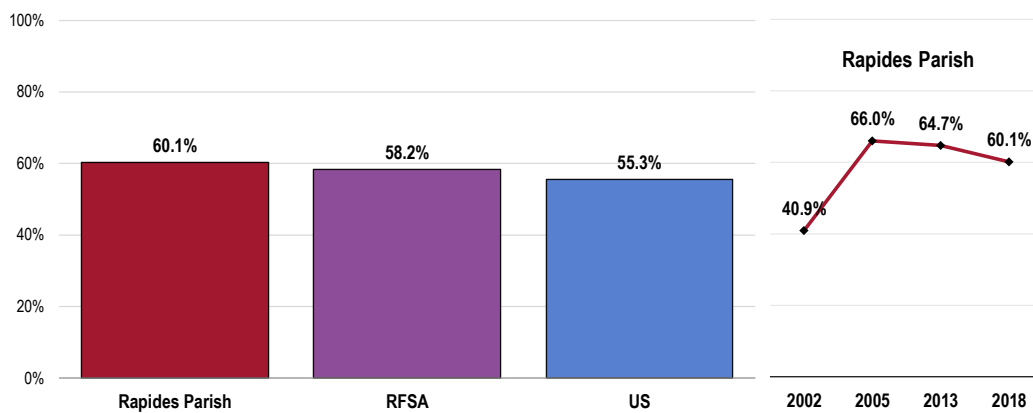
Need more of it for persons with disabilities. – Social Services Provider (Rapides Parish)

Vision Care

“When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.” (Responses in the following chart represent those with an eye exam within the past 2 years.)

- The proportion of parish adults receiving recent eye care is more favorable than the national finding but similar to the regional finding. Though decreasing in recent years, the parish rate has increased considerably since 2002.

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



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

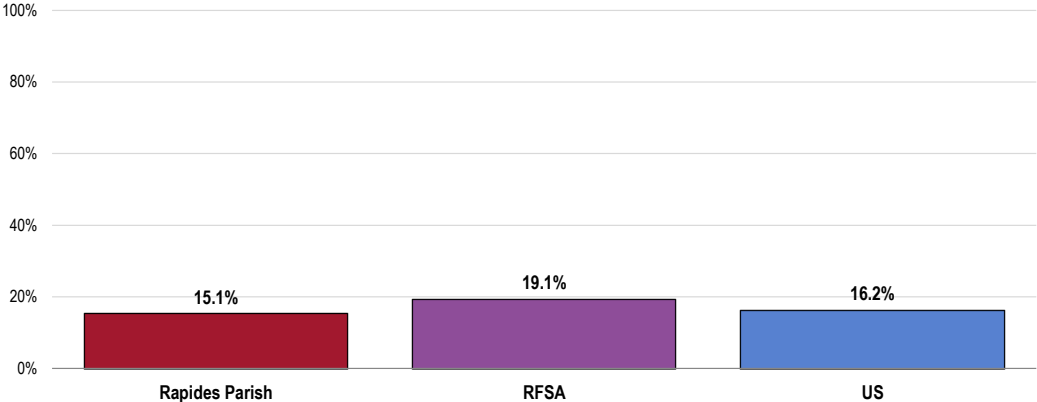
Local Resources

Perceptions of Local Healthcare Services

“How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair, or poor?”

- “Fair” and “poor” ratings in Rapides Parish are lower than found across the service area but similar to the US.

Perceive Local Healthcare Services as “Fair/Poor”



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

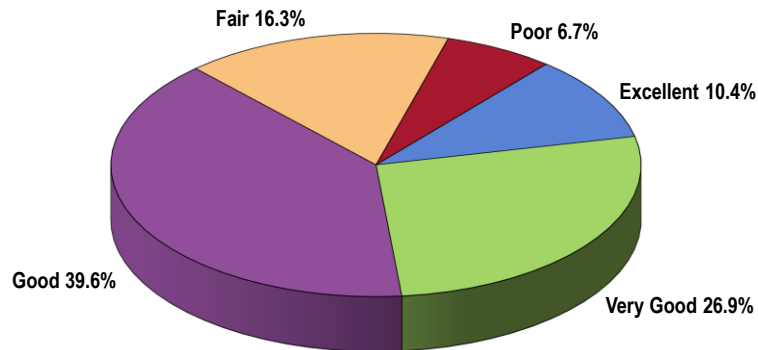
Notes: • Asked of all respondents.

Quality of Life

Life in Central Louisiana

“Now I would like to ask you some questions about this area in general. Would you say that the overall quality of life in Central Louisiana is: excellent, very good, good, fair, or poor?”

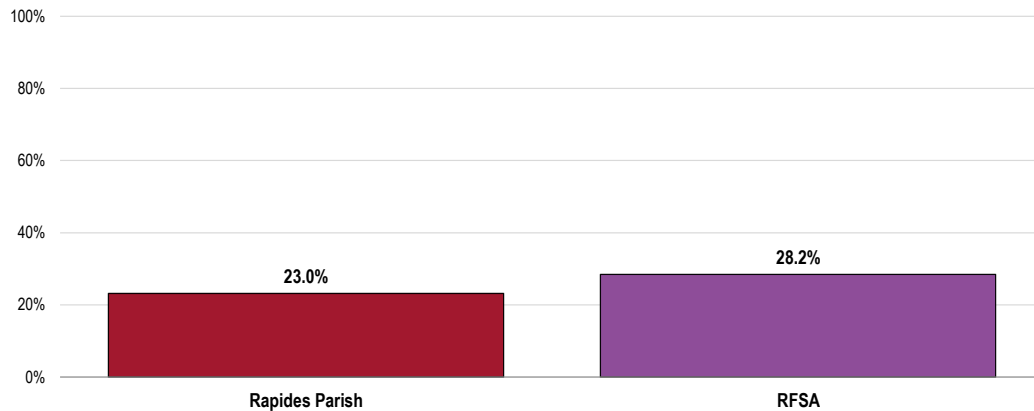
Rating of the Quality of Life in Central Louisiana
(Rapides Parish, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 333]
Notes: • Asked of all respondents.

- Those in Rapides Parish are much less likely than those across the service area to rate quality of life in Central Louisiana as “fair” or “poor.”

Quality of Life in Central Louisiana is “Fair” or “Poor”

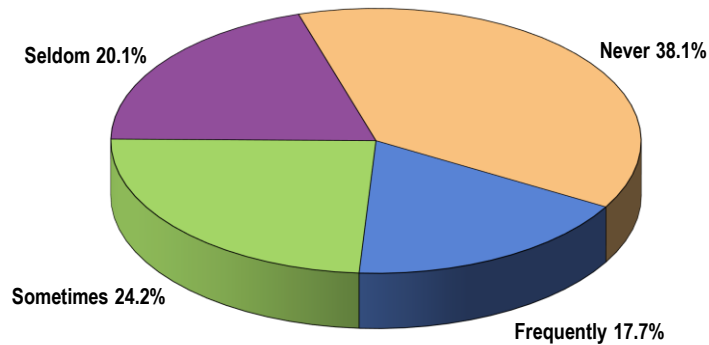


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 333]
Notes: • Asked of all respondents.

Charitable Contribution

“How often do you work as a volunteer for charitable organizations or community groups? Would you say: frequently, sometimes, seldom, or never?”

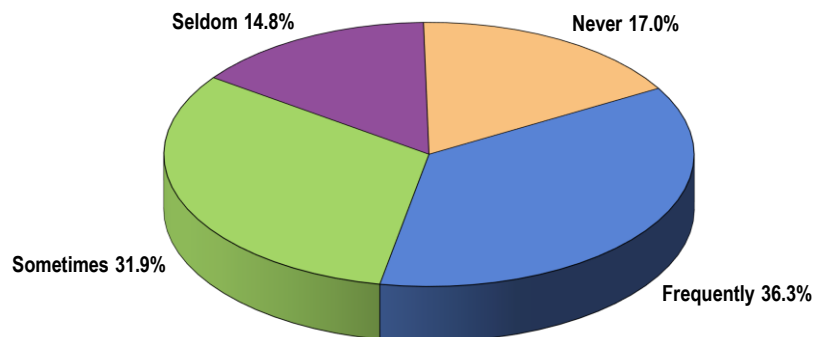
Frequency of Volunteering for Charitable Organizations or Community Groups
(Rapides Parish, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 339]
Notes: • Asked of all respondents.

“How often do you contribute money to charitable organizations or community groups? Would you say: frequently, sometimes, seldom, or never?”

Frequency of Contributing Money to Charitable Organizations or Community Groups
(Rapides Parish, 2018)

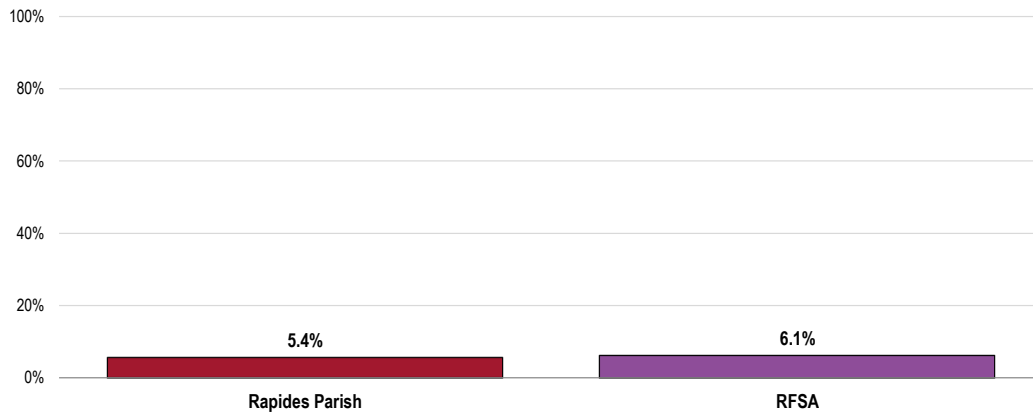


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 341]
Notes: • Asked of all respondents.

“In the past 12 months, have you received assistance from a local program, church, or charitable organization to help meet some of your basic needs such as food, clothing, transportation, or child care? Please do not include any government-sponsored program or service in your response.”

- The proportion of those receiving assistance in the parish is similar to the Rapides Foundation Service Area proportion.

Received Assistance from a Local Program, Church, or Charitable Organization in the Past Month



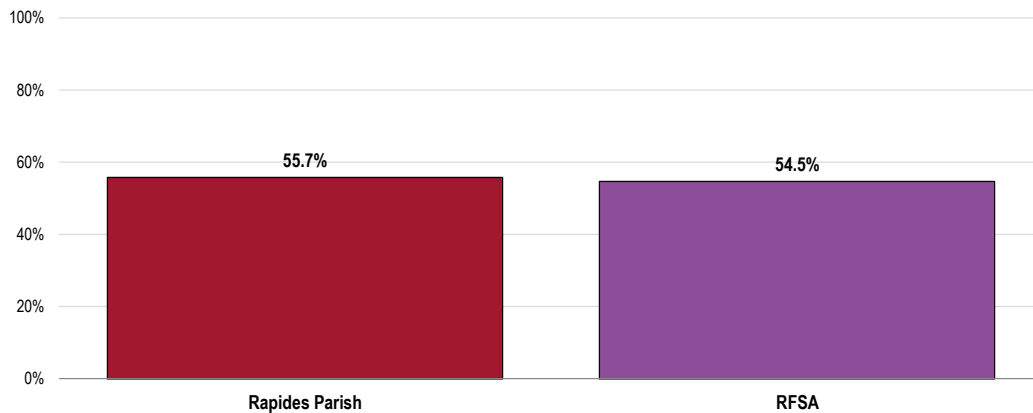
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 342]
 Notes: • Asked of all respondents.
 • In this case, assistance does not include government-sponsored programs or services.

Civic Participation

“For the last five times you were eligible to vote in a local, state, or national election, about how many times did you actually go and vote?”

- Similar proportions of active voters are found when comparing the parish and service area.

Voted in Each of the Past Five Voting Opportunities [Including Local, State, and National Elections]



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 344]
 Notes: • Asked of all respondents.