

# 2018 Community Health Needs Assessment Report

## Rapides Foundation Service Area Central Louisiana

*Allen Parish · Avoyelles Parish · Catahoula Parish · Grant Parish · LaSalle Parish  
· Natchitoches Parish · Rapides Parish · Vernon Parish · Winn Parish*

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The Rapides Foundation

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# Introduction



**Professional Research Consultants, Inc.**

## Project Overview

### Project Goals

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

### Methodology

#### 2018 PRC Community Health Survey

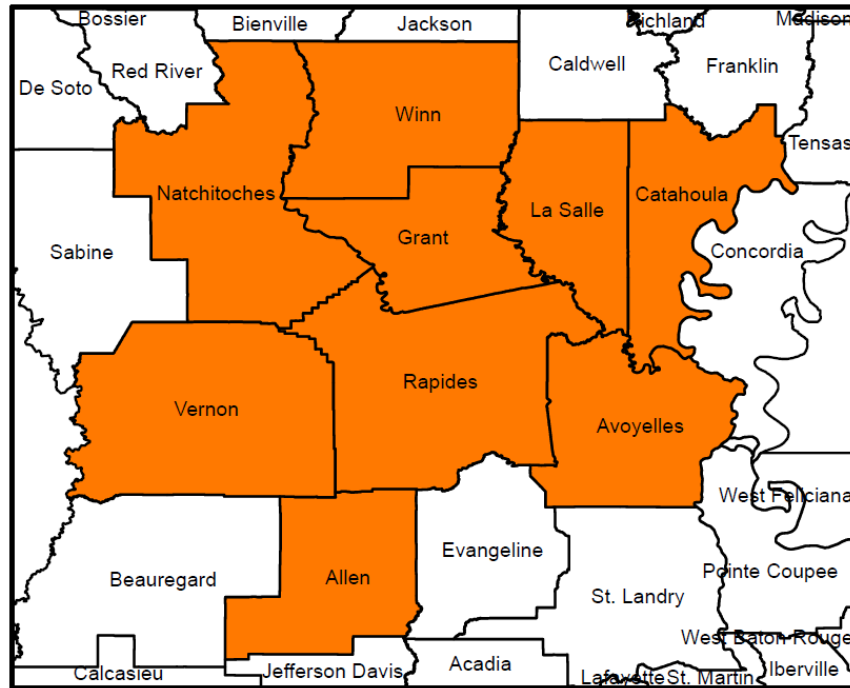
##### *Survey Instrument*

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 and is similar to the previous surveys used in the region, allowing for data trending.

##### *Community Defined for This Assessment*

The study area for this effort is defined as the nine-parish Rapides Foundation Service Area (RFSA) in Central Louisiana, including Allen, Avoyelles, Catahoula, Grant, LaSalle, Natchitoches, Rapides, Vernon, and Winn parishes. A geographical description of the study area is illustrated in the following map.





### *Sample Approach & Design*

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the 2018 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.

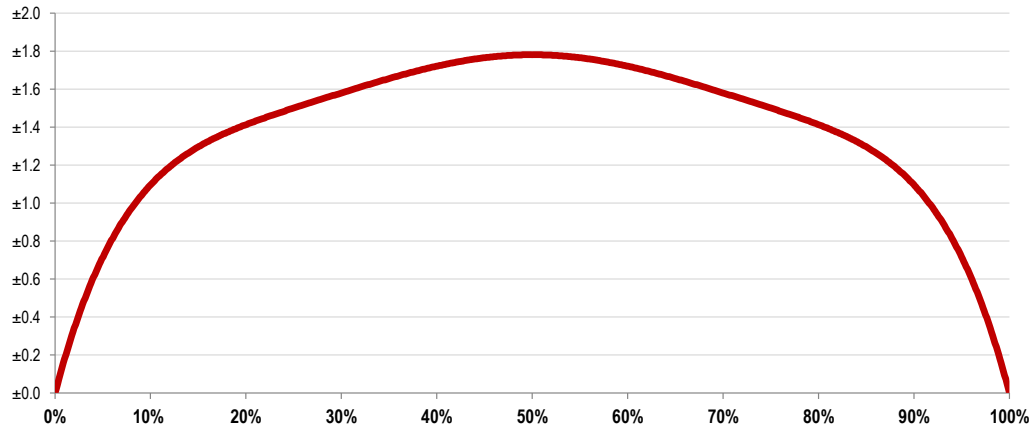
The sample design used for this effort consisted of a stratified random sample of 2,990 individuals age 18 and older. A total of 2,990 interviews were completed throughout the Rapides Foundation Service Area, with varying targets in each of the remaining parishes — the final numbers of interviews achieved are as follows: Allen Parish (203); Avoyelles Parish (400); Catahoula Parish (103); Grant Parish (285); LaSalle Parish (196); Natchitoches Parish (400); Rapides Parish (773); Vernon Parish (400); and Winn Parish (230). Once these data were collected, the sample was weighted in proportion to the actual population distribution at the parish level so that estimates better reflect the region as a whole. Population estimates were based on census data of adults age 18 and over provided through the US Census Bureau's 2011-2015 American Community Survey.

All administration of the surveys, data collection, and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

### Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 2,990 respondents is  $\pm 1.8\%$  at the 95 percent confidence level.

### Expected Error Ranges for a Sample of 2,990 Respondents at the 95 Percent Level of Confidence



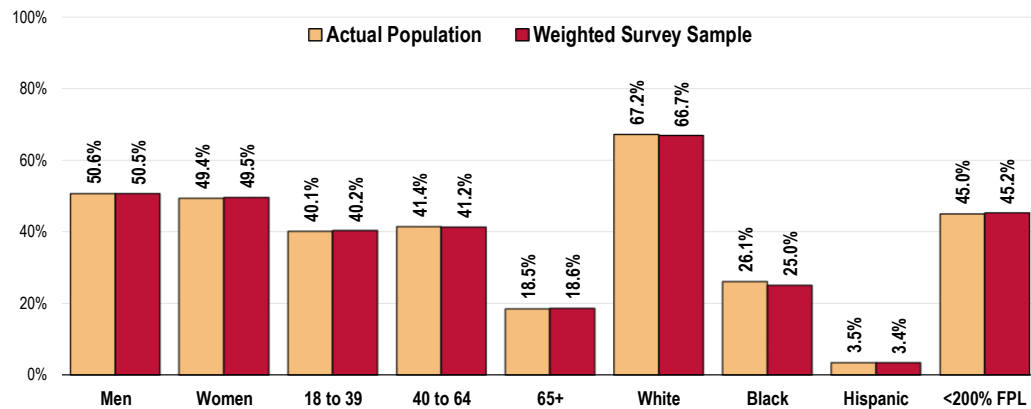
- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 2,990 respondents answered a certain question with a "yes," it can be asserted that between 9.9% and 11.1% ( $10\% \pm 1.1\%$ ) of the total population would offer this response.
  - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 48.2% and 51.8% ( $50\% \pm 1.8\%$ ) of the total population would respond "yes" if asked this question.

### Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. 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. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the nine-parish RFSA 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 Foundation Service Area, 2018)



Sources:   
 • Census 2010, Summary File 3 (SF 3). US Census Bureau.   
 • 2018 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: “**very low income**” refers to community members living in a household with defined poverty status; “**low income**” refers to households with incomes just above the poverty level and earning up to twice (100%-199%) the poverty threshold; and “**mid/high income**” refers to those households living on incomes which are twice or more ( $\geq 200\%$ ) 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, 224 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Physicians	14	5
Public Health Representatives	18	6
Other Health Providers	84	25
Social Services Providers	398	82
Other Community Leaders	370	95
Youth Representative	15	11

Final participation included representatives of the organizations outlined below.

- Access Health Louisiana
- Alexandria Country Day School (ACDS)
- Alexandria Museum of Art
- Allen Parish Hospital
- Allen Parish School System
- Alliance Compressors
- American Cancer Society
- American Heart Association
- American Red Cross
- Bank of Winnfield
- Baptist Collegiate Ministry at LSU of Alexandria
- Bunkie General Hospital/Clinics
- Bunkie Home Care
- Bureau of Family Health
- Campti Field of Dreams, Inc.
- Cane River Children's Services
- CASA
- Catahoula Parish Hospital District #2
- Central Louisiana Area Health Education Center
- Central Louisiana (GenLa) Children's Clinic and Associates
- Central Louisiana Community Foundation
- Central Louisiana Economic Development Alliance (CLEDA)
- Central Louisiana Human Service District
- Central Louisiana Technical Community College
- Children's Advocacy Network
- CHRISTUS Community Clinic—Alexandria
- CHRISTUS Dubuis Hospital of Alexandria
- City of Bunkie
- City of Pineville
- City of Winnfield
- Cleco
- CLHSD Advisory Council, NAMI (National Alliance on Mental Illness)

- CMAP (Cenla Medication Access Program)
- Community HealthWorx
- CP-TEL Network Services
- Creole Heritage Center
- Crest Industries, LLC
- District Eight Baptist Missions Office
- Eckerd Connects Wraparound Agency
- Families Helping Families
- Food Bank of Central Louisiana
- Friendship House Adult Day Services
- GAEDA Revitalization Corporation
- Get Healthy, LLC
- Good Food Project of the Food Bank of Central Louisiana
- Grace Presbyterian Church
- Hardtner Medical Center
- Hicks High School
- Inner-City Revitalization Corporation
- LaSalle Association for the Developmentally Delayed, Inc.
- LaSalle Economic Development District (LEDD)
- LaSalle General Hospital
- LaSalle Parish School Board (LSPB)
- LaSalle Parish School System
- LaSalle Recreation District No. 10
- Lily of the Valley Ministries, Inc.
- Louisiana Extended Care Hospital of Natchitoches
- Longleaf Hospital
- Louisiana Baptist Foundation
- Louisiana Forestry Association
- Louisiana Office of Public Health, Region IV
- Louisiana State University at Alexandria
- Louisiana Public Health Institute's Louisiana Campaign for Tobacco-Free Living (LPHI/TFL)
- Louisiana State University (LSU) Ag Center Nutrition & Health Services
- Louisiana State University (LSU) Department of Allied Health
- Move Bunkie Forward
- Natchitoches Association for Retarded Citizens (NARC)
- Natchitoches Parish Council on Aging
- Natchitoches Regional Medical Center
- NextSTEP of Central Louisiana, Inc.
- Northwest Louisiana Human Services District
- Northwestern State University
- Northwestern State University College of Nursing
- Oakdale Be Well Program
- Oakdale School-Based Health Center
- Office of Homeland Security and Emergency Preparedness (OHSEP)
- Office of Public Health (OPH)
- Optometry Association of Louisiana
- Outpatient Medical Center, Inc.
- Playground and Recreation Board
- Pleasant Full Gospel Baptist Church
- Rapides Habitat for Humanity
- Rapides Parish
- Rapides Parish Drug Court
- Rapides Parish School Board
- Rapides Regional Medical Center
- Rapides Senior Citizens Center
- Rapides Station Community Ministries (RSCM)
- Sankofa Cultural Collective
- The Health Enrichment Network
- Tioga Heritage Park and Museum
- Town of Dry Prong

- Town of Mansura
- Town of Oberlin
- Town of Olla
- Treehouse Children's Museum
- Vernon Baptist Association
- Vernon Parish Community Health Center
- Well-Ahead Louisiana
- Wesley Center
- Winn Community Health Center
- Winn Parish School System
- Zion Hill Health Ministry

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 that additional findings among youth representatives can be found in an appendix to this report.)

*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 Foundation Service Area 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
- 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*

Similar surveys were administered in the Rapides Foundation Service Area 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.

### *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 represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. 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.

### *US Peer Data*

To provide a benchmark that is perhaps more comparable, this assessment also includes comparisons of RFSA data to US Peer counties. These US Peer counties reflect an urban-rural mix that is very similar to that of the Rapides Foundation Service Area, as determined by the 2013 Urban-Rural Classification Scheme of the National Center for Health Statistics. To accomplish this, data from the 2017 PRC National Health Survey are extracted for those US counties with similar classifications as the nine parishes. Similarly, mortality data are likewise limited to these US counties for comparison as a US Peer group.

### *Healthy People 2020*

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:



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

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

### **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 15% 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

### Significant Trends in the RFSA

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

**TREND SUMMARY**  
(Current vs. Baseline Data)

**Survey Data Indicators:**  
Trends for survey-derived indicators represent significant changes since 2002 (or 2005, 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).

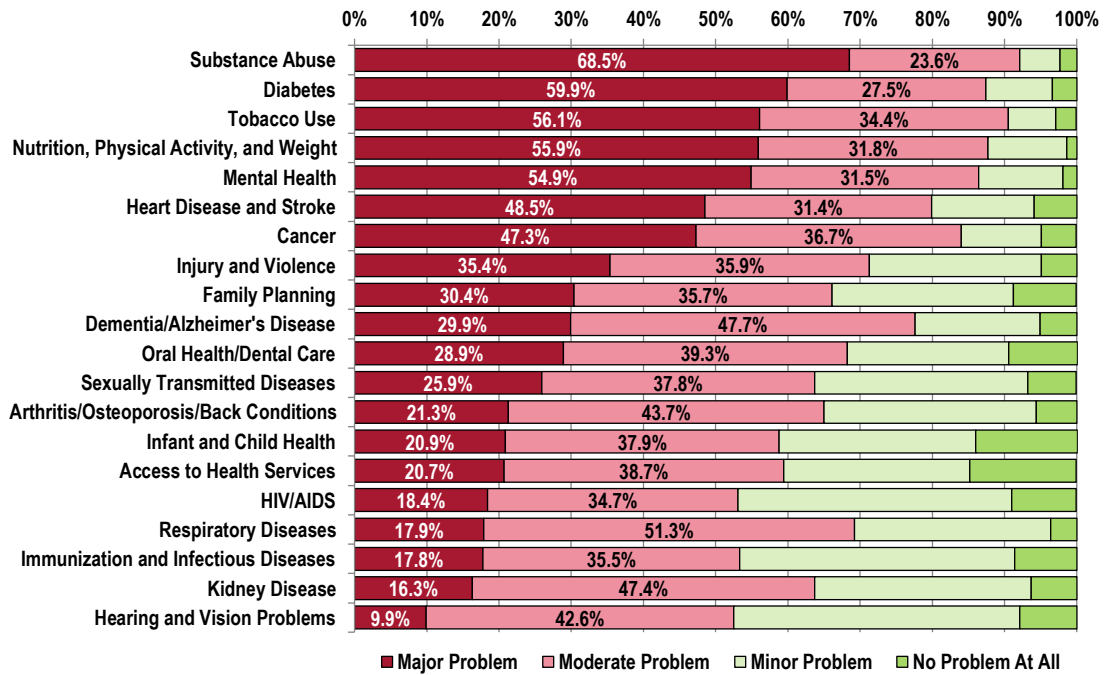
	○ FAVORABLE TRENDS	⬆ UNFAVORABLE TRENDS
<b>Access to Healthcare Services</b>	<ul style="list-style-type: none"> <li>Lack of Healthcare Coverage</li> <li>Cost of Prescriptions</li> <li>Specific Source of Ongoing Medical Care</li> <li>Routine Checkups (Adults)</li> </ul>	<ul style="list-style-type: none"> <li>Barrier to Care: Finding a Doctor</li> <li>Dental Visits (Adults)</li> </ul>
<b>Cancer</b>	<ul style="list-style-type: none"> <li>Colorectal Cancer Screenings</li> </ul>	<ul style="list-style-type: none"> <li>Cervical Cancer Screenings</li> <li>Prostate Cancer Screenings</li> </ul>
<b>Dementias</b>		<ul style="list-style-type: none"> <li>Alzheimer's Disease Deaths</li> </ul>
<b>Diabetes</b>		<ul style="list-style-type: none"> <li>Prevalence of Diabetes</li> </ul>
<b>Heart Disease &amp; Stroke</b>	<ul style="list-style-type: none"> <li>Taking Action to Control Hypertension</li> <li>Cholesterol Screenings</li> <li>Taking Action to Control High Blood Cholesterol</li> </ul>	<ul style="list-style-type: none"> <li>Prevalence of Stroke</li> <li>Hypertension Screenings</li> <li>Hypertension</li> <li>High Blood Cholesterol</li> </ul>
<b>Housing</b>		<ul style="list-style-type: none"> <li>Availability of Affordable Housing</li> <li>Housing Displacement</li> <li>Condition of Neighborhood Homes</li> </ul>
<b>Injury &amp; Violence</b>	<ul style="list-style-type: none"> <li>Seat Belt Usage (Adults &amp; Children)</li> </ul>	<ul style="list-style-type: none"> <li>Homicide Deaths</li> <li>Domestic Violence</li> </ul>
<b>Kidney Disease</b>	<ul style="list-style-type: none"> <li>Kidney Disease Deaths</li> </ul>	
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>Seeking Professional Help</li> <li>Unable to Get Needed Services</li> </ul>	<ul style="list-style-type: none"> <li>"Fair/Poor" Mental Health</li> <li>Symptoms of Chronic Depression</li> <li>Suicide Deaths</li> <li>Receiving Treatment for Mental Health</li> <li>3+ Days of Poor Mental Health</li> </ul>
<b>Nutrition, Overweight &amp; Physical Activity</b>	<ul style="list-style-type: none"> <li>Fruit &amp; Vegetable Consumption</li> <li>Medical Advice on Weight, Diet/Nutrition, Exercise</li> <li>Overweight/Obesity (Children)</li> <li>Trying to Lose Weight with Diet/Exercise (Overweights)</li> </ul>	<ul style="list-style-type: none"> <li>Overweight/Obesity (Adults)</li> <li>Frequency of Seeing Residents be Active</li> <li>Moderate &amp; Vigorous Physical Activity (Children)</li> <li>Screen Time (Children)</li> </ul>
<b>Potentially Disabling Conditions</b>		<ul style="list-style-type: none"> <li>"Fair/Poor" Physical Health</li> <li>3+ Days of Poor Physical Health</li> <li>Activity Limitations</li> <li>4+ Days of Limited Activities</li> </ul>
<b>Respiratory Disease</b>	<ul style="list-style-type: none"> <li>Childhood Asthma</li> <li>Pneumonia Vaccinations</li> </ul>	<ul style="list-style-type: none"> <li>Lung Disease Deaths</li> <li>Lung Disease Prevalence</li> </ul>
<b>Sexually Transmitted Diseases</b>		<ul style="list-style-type: none"> <li>Chlamydia Incidence Rate</li> </ul>
<b>Substance Abuse</b>	<ul style="list-style-type: none"> <li>Seeking Professional Help</li> </ul>	<ul style="list-style-type: none"> <li>Unintentional Drug-Related Deaths</li> <li>Cirrhosis/Liver Disease Deaths</li> <li>Binge Drinking</li> <li>Illicit Drug Use</li> <li>Riding with Drunk Drivers</li> </ul>
<b>Tobacco Use</b>	<ul style="list-style-type: none"> <li>Smoking in the Home (Including Homes w/Children)</li> <li>Smoking Cessation</li> <li>Awareness of Cessation Programs</li> </ul>	

## Top Community Concerns Among Key Informants

### Among Community Key Informants

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



### Among Youth Participants

Participants in a youth version of the Online Key Informant Survey ranked the following as the top concerns for adolescents in the region:

1. Tobacco Use
2. Nutrition, Physical Activity & Weight
3. Injury & Violence (tie)  
Substance Abuse

Findings from the youth version of the Online Key Informant Survey are provided as an appendix to this report.

## Summary Tables: Regional Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Rapides Foundation Service Area, as well as trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

### Reading the Summary Tables

■ In the following charts, Rapides Foundation Service Area results are shown in the larger, blue column. For survey-derived indicators, this column represents the ZIP Code–defined hospital service area; for data from secondary sources, this column represents findings for the nine-parish area as a whole. *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 Foundation Service Area column provide trending, as well as comparisons between RFSA data and any available “peer county” data, state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether Rapides Foundation Service Area 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.*

#### TREND SUMMARY






















(Current vs. Baseline Data)














#### Survey Data Indicators:












Trends for survey-derived indicators represent significant changes since 2002 (or earliest available data).

































#### Other (Secondary) 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 roughly a decade).






















Social Determinants	RFSA	RFSA vs. Benchmarks			TREND
		vs. US Peer Counties	vs. LA	vs. US	
Linguistically Isolated Population (Percent)	0.8		 1.6	 4.5	
Population in Poverty (Percent)	20.7		 19.7	 15.1	
Population Below 200% FPL (Percent)	44.2		 39.8	 33.6	
Children Below 200% FPL (Percent)	52.9		 49.9	 43.3	
% "Often/Sometimes" Ran Out of Food in the Past Year	32.9	 16.0		 18.0	
No High School Diploma (Age 25+, Percent)	18.0		 16.2	 13.0	
Unemployment Rate (Age 16+, Percent)	4.8		 4.0	 3.9	 3.9
% "Fair/Poor" Availability of Affordable Housing	45.7				 42.4
% Displaced From Housing in Past 2 Years	13.5				 11.7
% "Fair/Poor" Condition of Neighborhood Homes	20.3				 16.3
			 better	 similar	 worse

Overall Health	RFSA	RFSA vs. Benchmarks				TREND
		vs. US Peer Counties	vs. LA	vs. US	vs. HP2020	
% "Fair/Poor" Overall Health	23.3	 22.1	 21.9	 18.1	 20.0	
% 3+ Days Poor Physical Health in Past Month	35.4				 29.7	
% Activity Limitations	29.6	 20.8	 23.0	 25.0	 20.0	
% [Limited Activities] Impairment Is Work-Related	21.8					
% 4+ Days Health Prevented Usual Activities	22.0				 16.4	
		 better	 similar	 worse		





























Access to Health Services	RFSA	RFSA vs. Benchmarks				TREND
		vs. US Peer Counties	vs. LA	vs. US	vs. HP2020	
% [Age 18-64] Lack Health Insurance	9.2	 20.2	 16.7	 13.7	 0.0	 25.7
% Difficulty Accessing Healthcare in Past Year (Composite)	40.1	 41.3		 43.2		 42.3
% Difficulty Finding Physician in Past Year	14.9	 19.5		 13.4		 12.1








Access to Health Services (continued)	RFSA	RFSA vs. Benchmarks				TREND
		vs. US Peer Counties	vs. LA	vs. US	vs. HP2020	
% Difficulty Getting Appointment in Past Year	16.0	 20.1		 17.5	 16.8	
% Cost Prevented Physician Visit in Past Year	16.6	 17.2	 17.6	 15.4	 18.2	
% Transportation Hindered Dr Visit in Past Year	9.7	 7.0		 8.3	 10.1	
% Inconvenient Hrs Prevented Dr Visit in Past Year	12.4	 9.8		 12.5	 14.0	
% Cost Prevented Getting Prescription in Past Year	16.6	 19.4		 14.9	 22.8	
% Difficulty Getting Child's Healthcare in Past Year	5.4	 3.4		 5.6	 4.7	
Primary Care Doctors per 100,000	58.7		 78.7	 87.8	 59.9	
% Have a Specific Source of Ongoing Care	76.7	 79.0		 74.1	 95.0	
% Have Had Routine Checkup in Past Year	77.0	 63.1	 72.1	 68.3	 69.6	
% Child Has Had Checkup in Past Year	86.4	 84.7		 87.1	 83.9	

















Access to Health Services (continued)	RFSA	RFSA vs. Benchmarks				TREND
		vs. US Peer Counties	vs. LA	vs. US	vs. HP2020	
% Child [Age 5-17] Has Discussed School's Health Ed Activities	54.1					
% Two or More ER Visits in Past Year	12.9	 16.4		 9.3		 13.8
% Rate Local Healthcare "Fair/Poor"	19.1	 21.2		 16.2		
			 better	 similar	 worse	
















































Cancer	RFSA	RFSA vs. Benchmarks				TREND
		vs. US Peer Counties	vs. LA	vs. US	vs. HP2020	
Cancer (Age-Adjusted Death Rate)	184.4	 170.8	 179.4	 158.5	 161.4	 199.5
Lung Cancer (Age-Adjusted Death Rate)	50.9	 47.0	 49.5	 40.3	 45.5	
Prostate Cancer (Age-Adjusted Death Rate)	19.5	 14.3	 20.4	 19.0	 21.8	
Female Breast Cancer (Age-Adjusted Death Rate)	22.8	 22.5	 22.7	 20.3	 20.7	
Colorectal Cancer (Age-Adjusted Death Rate)	19.1	 15.6	 16.9	 14.1	 14.5	


























Cancer (continued)	RFSA	RFSA vs. Benchmarks				TREND
		vs. US Peer Counties	vs. LA	vs. US	vs. HP2020	
Female Breast Cancer Incidence Rate	106.3	 123.2	 123.5			
Prostate Cancer Incidence Rate	140.9	 144.4	 114.8			
Lung Cancer Incidence Rate	76.0	 70.5	 61.2			
Colorectal Cancer Incidence Rate	52.3	 47.8	 39.8			
% Cancer	8.5					 9.3
% [Men 50+] Prostate Exam in Past 2 Years	70.1					 77.6
% [Women 50-74] Mammogram in Past 2 Years	79.8	 78.8	 78.5	 77.0	 81.1	 79.9
% [Women 21-65] Pap Smear in Past 3 Years	76.1	 74.8	 81.5	 73.5	 93.0	 86.1
% [Age 50-75] Colorectal Cancer Screening	74.9	 73.0	 64.1	 76.4	 70.5	 67.7
		 better	 similar	 worse		
















Dementias, Including Alzheimer's Disease	RFSA	RFSA vs. Benchmarks				TREND
		vs. US Peer Counties	vs. LA	vs. US	vs. HP2020	
Alzheimer's Disease (Age-Adjusted Death Rate)	50.3	 30.5	 41.2	 28.4	 35.3	
						
		better	similar	worse		



















Diabetes	RFSA	RFSA vs. Benchmarks				TREND
		vs. US Peer Counties	vs. LA	vs. US	vs. HP2020	
Diabetes (Age-Adjusted Death Rate)	23.2	 24.3	 24.6	 21.1	 20.5	 23.3
% Diabetes/High Blood Sugar	16.3	 14.4	 12.1	 13.3	 9.9	
% Borderline/Pre-Diabetes	7.3	 16.6		 9.5		
% [Diabetics] Taking Action to Control Diabetes	94.4					
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	53.9	 48.4		 50.0		
						
		better	similar	worse		





















Heart Disease & Stroke	RFSA	RFSA vs. Benchmarks				TREND
		vs. US Peer Counties	vs. LA	vs. US	vs. HP2020	
Diseases of the Heart (Age-Adjusted Death Rate)	244.7	 186.7	 213.8	 167.0	 156.9	 247.2
Stroke (Age-Adjusted Death Rate)	55.9	 40.4	 45.9	 37.1	 34.8	 49.1
% Heart Disease (Heart Attack, Angina, Coronary Disease)	8.8	 10.7		 8.0		 7.7
% Stroke	4.5	 3.4	 4.0	 4.7		 2.7
% Blood Pressure Checked in Past 2 Years	94.2	 85.6		 90.4	 92.6	 96.0
% Told Have High Blood Pressure (Ever)	46.7	 44.4	 39.3	 37.0	 26.9	 34.5
% [HBP] Taking Action to Control High Blood Pressure	92.4	 94.0		 93.8		 86.3
% Cholesterol Checked in Past 5 Years	87.2	 83.2	 77.7	 85.1	 82.1	 80.7
% Told Have High Cholesterol (Ever)	35.1	 36.7		 36.2	 13.5	 24.6
% [HBC] Taking Action to Control High Blood Cholesterol	90.5	 88.0		 87.3		 70.4
% 1+ Cardiovascular Risk Factor	91.3	 92.8		 87.2		 90.0
						
			better	similar	worse	








HIV	RFSA	RFSA vs. Benchmarks				TREND
		vs. US Peer Counties	vs. LA	vs. US	vs. HP2020	
HIV/AIDS (Age-Adjusted Death Rate)	4.0	 1.2	 5.5	 2.5	 3.3	
HIV Prevalence Rate	369.6		 502.3	 353.2		 315.4
			 better	 similar	 worse	






























Immunization & Infectious Diseases	RFSA	RFSA vs. Benchmarks				TREND
		vs. US Peer Counties	vs. LA	vs. US	vs. HP2020	
% [Age 65+] Flu Vaccine in Past Year	70.9	 76.9	 51.6	 76.8	 70.0	 69.4
% [Age 65+] Pneumonia Vaccine Ever	71.8	 86.2	 73.1	 82.7	 90.0	 67.4
			 better	 similar	 worse	




















Infant Health & Family Planning	RFSA	RFSA vs. Benchmarks				TREND
		vs. US Peer Counties	vs. LA	vs. US	vs. HP2020	
Low Birthweight Births (Percent)	10.3	 10.9	 8.2	 7.8	 10.5	
Infant Death Rate	7.6	 6.8	 7.9	 5.9	 6.0	 7.5
Teen Births per 1,000 (Age 15-19)	60.9		 50.2	 36.6	 64.3	
						
		better	similar	worse		

Injury & Violence	RFSA	RFSA vs. Benchmarks				TREND
		vs. US Peer Counties	vs. LA	vs. US	vs. HP2020	
Unintentional Injury (Age-Adjusted Death Rate)	57.3	 53.5	 54.0	 43.7	 36.4	 52.7
Motor Vehicle Crashes (Age-Adjusted Death Rate)	20.9	 16.6	 16.7	 10.0	 12.4	
% "Always" Wear Seat Belt	83.1				 92.0	 68.2
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	92.5	 79.6		 85.6		 81.4
[65+] Falls (Age-Adjusted Death Rate)	37.5	 62.0	 38.9	 60.6	 47.0	


























Injury & Violence (continued)	RFSA	RFSA vs. Benchmarks				TREND
		vs. US Peer Counties	vs. LA	vs. US	vs. HP2020	
Firearm-Related Deaths (Age-Adjusted Death Rate)	19.6	 13.3	 20.2	 11.0	 9.3	
Homicide (Age-Adjusted Death Rate)	9.9	 4.8	 12.8	 5.7	 5.5	 6.7
Violent Crime Rate	590.3		 512.9	 379.7		
% Victim of Violent Crime in Past 5 Years	3.3	 2.2		 3.7		 2.7
% Victim of Domestic Violence (Ever)	17.4	 17.6		 14.2		 11.1
% Victim of Domestic Violence in Past 5 Years	5.6					
						
		better	similar	worse		


Kidney Disease	RFSA	RFSA vs. Benchmarks				TREND
		vs. US Peer Counties	vs. LA	vs. US	vs. HP2020	
Kidney Disease (Age-Adjusted Death Rate)	19.9	 15.2	 23.6	 13.2		 24.1
						
		better	similar	worse		






Mental Health	RFSA	RFSA vs. Benchmarks				TREND
		vs. US Peer Counties	vs. LA	vs. US	vs. HP2020	
% "Fair/Poor" Mental Health	18.6	 12.7		 13.0		 13.8
% 3+ Days Poor Mental Health in Past Month	33.0					 24.0
% Diagnosed Depression	27.9	 28.2	 19.9	 21.6		
% Symptoms of Chronic Depression (2+ Years)	38.2	 36.8		 31.4		 30.0
Suicide (Age-Adjusted Death Rate)	17.7	 16.9	 14.6	 13.0	 10.2	 9.3
% Had Someone to Turn to "All/Most" of the Time in Past Month	81.8					
% Taking Rx/Receiving Mental Health Trtmt	21.1	 17.9		 13.9		 15.0
% Have Ever Sought Help for Mental Health	34.1	 37.3		 30.8		 22.6
% [Those With Diagnosed Depression] Seeking Help	85.0	 91.7		 87.1		
% Unable to Get Mental Health Svcs in Past Yr	7.3	 9.7		 6.8		 13.3
			 better	 similar	 worse	













Nutrition, Physical Activity & Weight	RFSA	RFSA vs. Benchmarks				TREND
		vs. US Peer Counties	vs. LA	vs. US	vs. HP2020	
% Eat 5+ Servings of Fruit or Vegetables per Day	34.1	 30.9		 33.5		 23.6
% [Adults] Eats 2+ Servings of Fruit per Day	47.9					 45.8
% [Adults] Eats 3+ Servings of Vegetables per Day	28.0					 26.7
% Child [Age 2-17] Eats 5+ Fruits/Vegetables per Day	54.7					 51.5
% Difficulty Getting Fresh Fruits & Vegetables	15.0					 15.8
% Medical Advice About Nutrition in Past Year	44.0					 36.2
Population With Low Food Access (Percent)	31.5		 26.8	 22.4		
% No Leisure-Time Physical Activity	30.3	 28.5	 29.1	 26.2	 32.6	 30.1
% Meeting Physical Activity Guidelines	19.9	 24.3	 18.7	 22.8	 20.1	
% [Adults] Vigorous Physical Activity	29.6					
































Nutrition, Physical Activity & Weight (continued)	RFSA	RFSA vs. Benchmarks				TREND
		vs. US Peer Counties	vs. LA	vs. US	vs. HP2020	
% [Adults] Moderate Physical Activity	23.7					
% Strengthening Activity	28.6	 30.7	 27.2	 33.8		 29.4
% Walk Regularly (5+ Times Per Week For >10 Minutes)	40.1					 42.2
% "Often" See Others in Community Being Physically Active	39.7					 46.4
% "Fair/Poor" Local Physical Activity Opportunities	36.5					 34.8
Recreation/Fitness Facilities per 100,000	4.8		 9.5	 11.0		 4.8
% Medical Advice About Exercise in Past Year	44.4					 37.2
% Overweight (BMI 25+)	75.3	 77.5	 69.2	 67.8		 67.0
% Healthy Weight (BMI 18.5-24.9)	23.4	 20.8	 29.0	 30.3	 33.9	 31.2
% [Overweights] Trying to Lose Weight Both Diet/Exercise	34.7	 19.9		 29.0		 29.7
% Obese (BMI 30+)	41.4	 41.3	 35.5	 32.8	 30.5	 29.2










Nutrition, Physical Activity & Weight (continued)	RFSA	RFSA vs. Benchmarks				TREND
		vs. US Peer Counties	vs. LA	vs. US	vs. HP2020	
% Medical Advice on Weight in Past Year	26.6	 18.5		 24.2		 21.9
% [Overweights] Counseled About Weight in Past Year	32.3	 19.9		 29.0		
% Child [Age 5-17] Healthy Weight	49.7	 68.6		 58.4		
% Children [Age 5-17] Overweight (85th Percentile)	39.5	 21.6		 33.0		 48.0
% Children [Age 5-17] Obese (95th Percentile)	25.0	 13.0		 20.4	 14.5	 30.6
% Have Been Told That Child [<18] Is Overweight	5.4					 5.8
% Child [Age 2-17] Physically Active 1+ Hours per Day	52.1	 54.8		 50.5		
% Child [Age 5-17] Vigorous Physical Activity	70.9					 77.9
% Child [Age 5-17] Moderate Physical Activity	57.7					 67.7
% Child [Age 5-17] Watches TV 3+ Hours per Day	32.9					 34.8


























Nutrition, Physical Activity & Weight (continued)	RFSA	RFSA vs. Benchmarks				TREND
		vs. US Peer Counties	vs. LA	vs. US	vs. HP2020	
% Child [Age 5-17] Non-TV Screen Time 3+ Hours per Day	35.1					 9.9
% Child [Age 5-17] 3+ Hours per Day of Total Screen Time	69.2					 48.5
			 better	 similar	 worse	












Oral Health	RFSA	RFSA vs. Benchmarks				TREND
		vs. US Peer Counties	vs. LA	vs. US	vs. HP2020	
% [Age 18+] Dental Visit in Past Year	53.6	 52.9	 56.6	 59.7	 49.0	 59.1
% Child [Age 2-17] Dental Visit in Past Year	84.6	 87.0		 87.0	 49.0	 86.4
			 better	 similar	 worse	














Potentially Disabling Conditions	RFSA	RFSA vs. Benchmarks				TREND
		vs. US Peer Counties	vs. LA	vs. US	vs. HP2020	
% [50+] Arthritis/Rheumatism	45.6	 41.4		 38.3		
% Arthritis	28.7	 25.9		 23.1		 30.6
% Eye Exam in Past 2 Years	58.2	 55.2		 55.3		 55.9
			 better	 similar	 worse	




















Respiratory Diseases	RFSA	RFSA vs. Benchmarks				TREND
		vs. US Peer Counties	vs. LA	vs. US	vs. HP2020	
CLRD (Age-Adjusted Death Rate)	56.3	 51.4	 43.9	 40.9		 45.9
Pneumonia/Influenza (Age-Adjusted Death Rate)	25.5	 16.6	 15.7	 14.6		 25.4
% [Child 0-17] Currently Has Asthma	7.6	 14.5		 9.3		 16.9
% COPD (Lung Disease)	14.7	 8.5	 8.3	 8.6		 10.8
			 better	 similar	 worse	

Sexually Transmitted Diseases	RFSA	RFSA vs. Benchmarks				TREND
		vs. US Peer Counties	vs. LA	vs. US	vs. HP2020	
Chlamydia Incidence Rate	536.0	 625.9	 456.1		 367.9	
Gonorrhea Incidence Rate	154.6	 194.6	 110.7		 158.0	
		 better	 similar	 worse		


Substance Abuse	RFSA	RFSA vs. Benchmarks				TREND
		vs. US Peer Counties	vs. LA	vs. US	vs. HP2020	
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)	11.7	 14.2	 16.9	 14.3	 11.3	 9.5
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	10.3	 12.4	 10.0	 10.6	 8.2	 8.7
% Current Drinker	49.0	 50.7	 51.9	 55.0		
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	22.1	 22.7	 16.9	 20.0	 24.4	 15.0
% Excessive Drinker	23.6	 25.5		 22.5	 25.4	
% Drinking & Driving in Past Month	3.8	 4.0	 3.5	 5.2		 3.4


Substance Abuse (continued)	RFSA	RFSA vs. Benchmarks				TREND
		vs. US Peer Counties	vs. LA	vs. US	vs. HP2020	
% Rode w/Drunk Driver in Past Month	5.9					 4.8
% Illicit Drug Use in Past Month	3.2	 3.3		 2.5	 7.1	 1.9
% Have Used Prescription Opiates in Past Year	25.0					
% Ever Sought Help for Alcohol or Drug Problem	4.3	 3.7		 3.4		 2.8
			 better	 similar	 worse	


Tobacco Use	RFSA	RFSA vs. Benchmarks				TREND
		vs. US Peer Counties	vs. LA	vs. US	vs. HP2020	
% Current Smoker	23.6	 24.8	 22.8	 16.3	 12.0	 23.5
% Someone Smokes at Home	16.6	 12.6		 10.7		 21.1
% [Nonsmokers] Someone Smokes in the Home	7.0	 3.9		 4.0		
% [Household With Children] Someone Smokes in the Home	16.3	 10.8		 7.2		 25.8

Tobacco Use (continued)	RFSA	RFSA vs. Benchmarks				TREND
		vs. US Peer Counties	vs. LA	vs. US	vs. HP2020	
% [Smokers] Have Quit Smoking 1+ Days in Past Year	60.4	 25.2		 34.7	 80.0	 50.7
% [Smokers] Received Advice to Quit Smoking	65.8	 47.4		 58.0		 61.0
% Aware of Smoking Cessation Services/Programs	41.2					 37.4
% Community Believes Adults Should Not Smoke	41.2					 40.3
% Currently Use Vaping Products	5.6	 2.8		 3.8		
% Use Smokeless Tobacco	7.2	 3.5	 5.1	 4.4	 0.3	 7.3
			 better	 similar	 worse	

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

  
 better

  
 similar

  
 worse



## Summary Tables: Comparisons Among RFSA Parishes

The following tables provide comparisons for selected indicators among the nine parishes, identifying differences for each as “better than” (☀️), “worse than” (🌧️), or “similar to” (☁️) the combined opposing parishes.

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

Each Parish vs. Others Combined

Social Determinants	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Linguistically Isolated Population (Percent)	0.4	1.0	0.2	0.0	0.0	0.6	1.1	0.8	0.3
Population in Poverty (Percent)	15.9	23.1	20.5	19.0	23.1	29.8	20.1	14.5	25.6
Population Below 200% FPL (Percent)	42.4	48.3	45.3	43.9	45.0	52.3	41.4	41.4	48.0
Children Below 200% FPL (Percent)	49.5	56.3	49.7	52.1	46.9	58.8	52.1	50.8	57.2
% "Often/Sometimes" Ran Out of Food in the Past Year	29.9	32.9	46.1	26.0	30.3	37.1	32.6	31.5	35.1
No High School Diploma (Age 25+, Percent)	20.8	26.8	23.0	19.0	24.2	16.5	15.3	12.5	20.3
Unemployment Rate (Age 16+, Percent)	4.9	4.9	6.1	5.4	3.7	4.6	4.4	5.5	5.4
% "Fair/Poor" Availability of Affordable Housing	37.3	47.7	64.4	43.2	47.0	50.8	39.2	53.2	58.6
% Displaced From Housing in Past 2 Years	8.8	13.5	26.3	12.8	7.5	11.5	13.1	15.6	19.8
% "Fair/Poor" Condition of Neighborhood Homes	14.1	21.7	33.9	22.0	18.7	20.6	18.5	21.6	28.1
<p>Note: Each parish is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>							better	similar	worse







































































































Each Parish vs. Others Combined

Overall Health	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% "Fair/Poor" Overall Health	26.3	27.7	25.9	24.6	20.5	20.3	20.1	23.5	39.0
% 3+ Days Poor Physical Health in Past Month	35.6	37.6	48.3	38.3	25.6	30.2	34.9	35.4	43.1
% Activity Limitations	33.9	27.5	43.7	35.2	26.9	31.9	26.3	28.3	36.1
% [Limited Activities] Impairment Is Work-Related	21.6	25.3	14.7	20.7	24.0	16.1	21.0	29.0	19.7
% 4+ Days Health Prevented Usual Activities	29.0	23.6	42.8	24.4	18.5	16.6	20.7	17.9	30.0
Note: Each parish is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.									
							better	similar	worse






























































































Each Parish vs. Others Combined

Access to Health Services	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% [Age 18-64] Lack Health Insurance	7.8	7.6	12.6	11.2	10.3	10.3	10.0	5.8	13.0
% Difficulty Accessing Healthcare in Past Year (Composite)	39.8	40.4	44.7	40.0	40.8	43.1	38.2	39.5	45.6
% Difficulty Finding Physician in Past Year	14.1	16.0	22.1	11.2	18.8	19.1	11.2	17.7	21.2
% Difficulty Getting Appointment in Past Year	12.4	18.5	24.1	16.7	13.2	14.3	15.8	17.3	13.0










Each Parish vs. Others Combined

Access to Health Services (continued)	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Cost Prevented Physician Visit in Past Year	 16.2	 18.9	 18.8	 14.9	 16.7	 18.8	 15.7	 12.1	 28.4
% Transportation Hindered Dr Visit in Past Year	 13.6	 9.2	 21.5	 11.9	 10.0	 10.0	 7.5	 6.4	 21.2
% Inconvenient Hrs Prevented Dr Visit in Past Year	 11.8	 17.1	 14.5	 11.6	 8.7	 13.1	 10.7	 12.6	 15.7
% Cost Prevented Getting Prescription in Past Year	 13.4	 21.1	 22.6	 14.5	 18.8	 15.7	 16.4	 12.5	 24.6
% Difficulty Getting Child's Healthcare in Past Year	 6.2	 4.0	 11.2	 6.8	 0.0	 5.4	 6.0	 5.2	 0.7
Primary Care Doctors per 100,000	 35.0	 31.6	 9.9	 8.9	 47.2	 58.7	 96.6	 30.7	 54.3
% Have a Specific Source of Ongoing Care	 80.8	 75.5	 77.2	 77.5	 79.7	 74.2	 76.3	 78.2	 74.1
% Have Had Routine Checkup in Past Year	 82.4	 77.5	 85.7	 78.5	 73.1	 72.5	 80.4	 68.8	 71.5
% Child Has Had Checkup in Past Year	 90.4	 83.3	 90.5	 81.0	 76.3	 76.1	 90.1	 88.0	 87.8
% Two or More ER Visits in Past Year	 4.3	 14.4	 17.1	 11.9	 14.5	 14.7	 13.3	 10.7	 21.2
% Rate Local Healthcare "Fair/Poor"	 15.1	 20.6	 27.4	 18.2	 14.1	 27.5	 15.1	 18.7	 34.8
<p>Note: Each parish is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>									
							better	similar	worse















































Each Parish vs. Others Combined

Cancer	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Cancer (Age-Adjusted Death Rate)	 213.4	 187.3	 273.7	 165.1	 153.4	 186.7	 171.6	 208.0	 187.7
Female Breast Cancer Incidence Rate	 120.4	 96.4	 133.1	 67.4	 80.4	 115.3	 115.6	 100.1	 85.7
Prostate Cancer Incidence Rate	 109.0	 128.9	 187.2	 125.5	 127.4	 119.7	 159.7	 137.8	 129.9
Lung Cancer Incidence Rate	 70.6	 82.4	 93.2	 94.7	 82.5	 63.7	 68.9	 90.9	 76.9
Colorectal Cancer Incidence Rate	 58.5	 59.3	 74.4	 50.8	 39.1	 54.5	 49.4	 46.0	 56.5
% Cancer	 6.4	 9.2	 11.9	 8.4	 9.6	 10.1	 7.2	 8.7	 11.9
% [Men 50+] Prostate Exam in Past 2 Years	 75.1	 77.7	 75.2	 69.7	 74.7	 68.1	 66.3	 71.2	 69.4
% [Women 50-74] Mammogram in Past 2 Years	 73.7	 82.9	 49.5	 79.4	 75.0	 80.1	 85.1	 74.7	 76.6
% [Women 21-65] Pap Smear in Past 3 Years	 74.3	 75.3	 65.0	 70.6	 81.0	 82.2	 77.3	 69.5	 85.0
% [Age 50-75] Colorectal Cancer Screening	 69.9	 75.1	 75.2	 69.0	 66.2	 80.1	 77.3	 72.3	 72.8
<p>Note: Each parish is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>							 better	 similar	 worse







































































































Each Parish vs. Others Combined

Dementias, Including Alzheimer's Disease	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Alzheimer's Disease (Age-Adjusted Death Rate)	 38.5	 50.1		 61.8		 54.6	 60.3	 29.1	
Note: Each parish is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.							 better	 similar	 worse













Each Parish vs. Others Combined

Diabetes	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Diabetes (Age-Adjusted Death Rate)	 37.1	 21.0		 39.0	 44.9	 33.7	 11.0	 32.1	
% Diabetes/High Blood Sugar	 18.2	 17.0	 16.8	 18.0	 18.4	 13.3	 15.3	 16.2	 22.9
% Borderline/Pre-Diabetes	 6.0	 6.3	 13.0	 5.0	 5.3	 11.7	 6.5	 8.4	 4.6
% [Diabetics] Taking Action to Control Diabetes	 100.0	 97.1	 72.5	 93.1	 97.5	 96.8	 92.3	 96.8	 96.1
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	 49.3	 53.5	 55.8	 58.7	 62.1	 52.0	 55.0	 52.2	 47.2
Note: Each parish is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.							 better	 similar	 worse






















Each Parish vs. Others Combined

Heart Disease & Stroke	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Diseases of the Heart (Age-Adjusted Death Rate)	 206.3	 248.9	 371.7	 216.7	 142.8	 195.3	 255.7	 291.7	 287.0
Stroke (Age-Adjusted Death Rate)	 46.0	 71.2	 72.7	 35.2	 40.1	 70.6	 56.4	 45.5	 44.7
% Heart Disease (Heart Attack, Angina, Coronary Disease)	 9.8	 10.5	 16.0	 13.6	 10.3	 5.6	 8.4	 6.9	 6.7
% Stroke	 4.7	 5.6	 6.0	 7.3	 6.3	 2.9	 3.9	 3.9	 5.5
% Blood Pressure Checked in Past 2 Years	 91.0	 95.2	 99.6	 95.4	 97.8	 87.6	 95.3	 95.1	 93.4
% Told Have High Blood Pressure (Ever)	 47.9	 52.0	 55.7	 51.8	 51.9	 44.6	 45.0	 40.7	 50.7
% [HBP] Taking Action to Control High Blood Pressure	 93.7	 92.1	 89.4	 85.9	 92.2	 95.5	 94.7	 91.1	 84.3
% Cholesterol Checked in Past 5 Years	 83.9	 90.3	 84.6	 90.8	 84.8	 82.0	 88.5	 88.7	 82.7
% Told Have High Cholesterol (Ever)	 38.2	 38.3	 41.1	 39.6	 35.1	 34.4	 34.8	 29.8	 30.5
% [HBC] Taking Action to Control High Blood Cholesterol	 89.2	 94.7	 77.5	 82.4	 95.8	 89.7	 90.9	 94.2	 88.7
% 1+ Cardiovascular Risk Factor	 91.6	 91.3	 93.1	 93.9	 87.1	 96.9	 89.1	 91.5	 92.8
<p>Note: Each parish is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>						 better	 similar	 worse	















Each Parish vs. Others Combined

HIV	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
HIV Prevalence Rate	 582.7	 418.4	 267.7	 148.4	 662.6	 295.9	 417.7	 164.2	 448.5
Note: Each parish is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.							 better	 similar	 worse

Each Parish vs. Others Combined

Immunization & Infectious Diseases	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% [Age 65+] Flu Vaccine in Past Year	 64.7	 74.9	 64.8	 67.2	 72.0	 78.0	 70.3	 66.1	 75.7
% [Age 65+] Pneumonia Vaccine Ever	 77.9	 71.8	 36.8	 76.0	 79.5	 73.0	 70.7	 75.4	 75.5
Note: Each parish is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.							 better	 similar	 worse

Each Parish vs. Others Combined

Infant Health & Family Planning	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Low Birthweight Births (Percent)	 9.8	 11.0	 12.0	 8.6	 8.1	 12.0	 10.7	 8.8	 9.5
Infant Death Rate	 10.2	 8.5				 14.8	 6.0	 6.2	























































































Each Parish vs. Others Combined

Infant Health & Family Planning (continued)	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Teen Births per 1,000 (Age 15-19)	69.5	72.8	67.1	67.9	57.2	44.2	57.8	70.3	67.5
Note: Each parish is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.							better	similar	worse





























Each Parish vs. Others Combined

Injury & Violence	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Unintentional Injury (Age-Adjusted Death Rate)	64.6	68.5	63.2	60.6	81.4	48.3	59.0	44.6	44.8
% "Always" Wear Seat Belt	75.1	82.2	68.7	83.7	83.1	76.0	86.8	88.9	77.8
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	91.3	85.6	96.6	97.7	94.1	81.7	96.5	91.8	96.5
Violent Crime Rate	167.5	689.3	423.0	76.3	311.2	564.4	902.3	255.8	493.3
% Victim of Violent Crime in Past 5 Years	2.7	4.6	4.5	2.5	3.2	2.8	3.4	2.4	5.3
% Victim of Domestic Violence (Ever)	18.2	19.0	15.7	21.9	14.6	14.0	16.9	17.3	22.9
% Victim of Domestic Violence in Past 5 Years	6.6	5.9	7.7	2.3	8.0	7.1	4.8	4.2	10.1
Note: Each parish is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.							better	similar	worse













































































































Each Parish vs. Others Combined

Mental Health	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% "Fair/Poor" Mental Health	 18.6	 23.5	 37.1	 15.5	 19.1	 20.9	 15.7	 14.9	 26.7
% 3+ Days Poor Mental Health in Past Month	 34.1	 36.1	 43.4	 30.5	 31.0	 33.0	 32.1	 29.6	 39.8
% Diagnosed Depression	 29.1	 29.2	 33.2	 29.2	 19.1	 29.5	 26.7	 27.5	 31.9
% Symptoms of Chronic Depression (2+ Years)	 39.0	 42.1	 47.4	 40.4	 38.6	 42.9	 36.0	 31.4	 43.0
% Had Someone to Turn to "All/Most" of the Time in Past Month	 82.7	 84.5	 62.0	 88.4	 86.7	 78.7	 83.5	 79.9	 74.5
% Taking Rx/Receiving Mental Health Trtmt	 11.8	 25.9	 25.6	 21.9	 15.8	 18.0	 23.2	 19.0	 23.2
% Have Ever Sought Help for Mental Health	 28.6	 37.9	 34.1	 40.1	 35.3	 32.3	 33.9	 32.3	 35.1
% [Those With Diagnosed Depression] Seeking Help	 71.2	 90.3	 91.5	 92.6	 90.1	 76.3	 86.1	 86.1	 86.4
% Unable to Get Mental Health Svcs in Past Yr	 9.4	 5.9	 11.4	 4.4	 4.2	 12.7	 5.9	 6.0	 12.9
<p>Note: Each parish is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>							 better	 similar	 worse













Each Parish vs. Others Combined

Nutrition, Physical Activity & Weight	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Eat 5+ Servings of Fruit or Vegetables per Day	 40.5	 31.1	 40.5	 33.4	 40.2	 33.3	 35.1	 30.8	 24.9
% [Adults] Eats 2+ Servings of Fruit per Day	 48.0	 50.2	 49.0	 46.5	 51.5	 45.4	 47.7	 48.1	 48.6
% [Adults] Eats 3+ Servings of Vegetables per Day	 36.3	 22.9	 33.8	 27.8	 34.5	 30.8	 28.7	 23.0	 18.8
% Child [Age 2-17] Eats 5+ Fruits/Vegetables per Day	 47.2	 52.8	 75.7	 56.8	 54.9	 56.9	 53.9	 56.9	 45.7
% Difficulty Getting Fresh Fruits & Vegetables	 12.0	 16.4	 30.4	 11.5	 15.0	 19.7	 12.4	 16.2	 16.6
% Medical Advice About Nutrition in Past Year	 44.5	 46.4	 41.9	 45.1	 39.4	 44.1	 44.8	 43.7	 35.1
Population With Low Food Access (Percent)	 31.2	 16.4	 23.9	 19.5	 28.3	 32.8	 33.8	 48.9	 16.5
% No Leisure-Time Physical Activity	 29.0	 31.8	 37.3	 23.9	 27.5	 25.4	 34.2	 25.0	 33.3
% Meeting Physical Activity Guidelines	 18.9	 16.7	 12.6	 15.8	 17.2	 23.8	 19.1	 26.8	 18.9
% [Adults] Vigorous Physical Activity	 31.6	 25.2	 24.9	 39.7	 29.2	 29.5	 27.7	 33.3	 31.9
% [Adults] Moderate Physical Activity	 31.1	 25.9	 12.6	 21.6	 21.9	 19.9	 22.8	 27.6	 23.6
% Strengthening Activity	 29.6	 22.0	 29.4	 28.4	 25.5	 34.5	 27.5	 32.9	 26.3






















Each Parish vs. Others Combined

Nutrition, Physical Activity & Weight (continued)	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Walk Regularly (5+ Times Per Week For >10 Minutes)	 36.8	 44.7	 40.0	 45.4	 39.6	 37.1	 36.9	 45.2	 43.4
% "Often" See Others in Community Being Physically Active	 31.9	 32.9	 34.5	 28.9	 42.7	 47.1	 46.1	 34.2	 33.3
% "Fair/Poor" Local Physical Activity Opportunities	 27.9	 46.1	 68.9	 47.5	 33.1	 33.6	 28.3	 39.4	 54.2
Recreation/Fitness Facilities per 100,000	 3.9	 4.8	 0.0	 0.0	 6.7	 5.1	 7.6	 1.9	 0.0
% Medical Advice About Exercise in Past Year	 46.1	 48.8	 38.8	 50.4	 35.9	 48.1	 43.2	 41.4	 43.6
% Overweight (BMI 25+)	 69.7	 76.5	 73.2	 76.2	 75.4	 77.3	 73.0	 80.7	 78.3
% Healthy Weight (BMI 18.5-24.9)	 27.1	 22.8	 26.9	 21.4	 23.4	 22.1	 26.0	 17.3	 20.3
% [Overweights] Trying to Lose Weight Both Diet/Exercise	 36.0	 33.7	 37.7	 35.4	 41.1	 49.8	 31.2	 30.4	 27.9
% Obese (BMI 30+)	 41.0	 44.5	 43.0	 42.5	 37.3	 46.6	 39.0	 40.1	 44.6
% Medical Advice on Weight in Past Year	 32.3	 27.0	 37.6	 25.1	 29.0	 27.9	 23.9	 28.6	 21.1
% [Overweights] Counseled About Weight in Past Year	 42.1	 33.5	 43.1	 29.2	 32.4	 33.9	 29.3	 33.5	 25.1
% Have Been Told That Child [<18] Is Overweight	 6.4	 3.6	 0.0	 4.9	 4.5	 14.1	 4.3	 3.1	 8.9































Each Parish vs. Others Combined

Nutrition, Physical Activity & Weight (continued)	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Child [Age 2-17] Physically Active 1+ Hours per Day	 58.4	 57.9	 51.9	 51.3	 55.9	 49.3	 52.8	 46.4	 43.2
Note: Each parish is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.							 better	 similar	 worse





































Each Parish vs. Others Combined

Oral Health	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% [Age 18+] Dental Visit in Past Year	 45.3	 49.6	 39.0	 50.2	 65.0	 54.6	 58.5	 50.5	 49.0
% Child [Age 2-17] Dental Visit in Past Year	 90.7	 86.4	 74.6	 84.4	 87.3	 74.0	 88.9	 79.1	 85.1
Note: Each parish is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.							 better	 similar	 worse






















Each Parish vs. Others Combined

Potentially Disabling Conditions	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% [50+] Arthritis/Rheumatism	 50.7	 46.1	 51.7	 45.9	 48.7	 40.8	 44.7	 43.5	 51.4
% Arthritis	 29.2	 32.7	 37.8	 31.2	 29.5	 21.7	 29.2	 25.6	 31.2
% Eye Exam in Past 2 Years	 57.5	 64.7	 53.1	 54.2	 58.1	 61.7	 60.1	 51.3	 47.7
Note: Each parish is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.							 better	 similar	 worse












































































Each Parish vs. Others Combined

Respiratory Diseases	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
CLRD (Age-Adjusted Death Rate)	 51.9	 56.0	 49.1	 68.4	 74.8	 51.8	 57.4	 50.1	 45.1
Pneumonia/Influenza (Age-Adjusted Death Rate)		 21.4			 41.1	 19.7	 27.5	 20.8	 40.6
% [Child 0-17] Currently Has Asthma	 3.5	 4.8	 5.1	 6.0	 1.9	 15.8	 7.2	 9.3	 5.1
% COPD (Lung Disease)	 15.3	 20.0	 21.9	 13.4	 17.6	 11.2	 14.7	 11.5	 12.1
<p>Note: Each parish is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>									better similar worse












































































Each Parish vs. Others Combined

Sexually Transmitted Diseases	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
Chlamydia Incidence Rate	 223.2	 455.2	 273.5	 394.9	 351.9	 1045.0	 605.0	 395.4	 411.8
Gonorrhea Incidence Rate	 101.8	 145.3	 87.9	 54.5	 81.2	 250.4	 201.9	 83.6	 114.8
<p>Note: Each parish is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>									better similar worse

Each Parish vs. Others Combined



































































Substance Abuse	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Current Drinker	 44.2	 53.7	 36.4	 45.5	 38.1	 51.9	 53.0	 48.5	 29.0
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	 26.0	 26.2	 27.2	 21.0	 12.7	 22.7	 20.4	 25.3	 13.2
% Excessive Drinker	 26.9	 27.0	 27.8	 21.4	 13.5	 24.5	 22.7	 26.1	 15.3
% Drinking & Driving in Past Month	 6.1	 3.0	 4.4	 2.4	 4.7	 4.9	 3.4	 2.4	 7.8
% Rode w/Drunk Driver in Past Month	 11.1	 4.0	 9.9	 6.0	 5.8	 5.6	 6.5	 2.0	 7.1
% Illicit Drug Use in Past Month	 1.5	 3.1	 7.8	 4.9	 0.0	 3.6	 3.1	 1.9	 6.7
% Have Used Prescription Opiates in Past Year	 23.8	 18.3	 24.5	 33.3	 22.4	 28.0	 26.2	 21.9	 28.6
% Ever Sought Help for Alcohol or Drug Problem	 4.1	 4.8	 0.0	 6.4	 2.4	 3.5	 3.9	 6.0	 6.3
<p>Note: Each parish is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>							 better	 similar	 worse

Each Parish vs. Others Combined

Tobacco Use	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% Current Smoker	 22.3	 23.3	 21.8	 30.0	 14.9	 15.7	 23.4	 31.1	 25.5
% Someone Smokes at Home	 11.2	 15.2	 25.9	 20.1	 15.5	 12.9	 16.6	 19.6	 18.5
% [Nonsmokers] Someone Smokes in the Home	 4.3	 6.0	 8.0	 7.7	 7.8	 2.6	 7.0	 13.1	 6.0
% [Household With Children] Someone Smokes in the Home	 4.7	 13.9	 30.4	 17.8	 8.3	 19.6	 15.5	 23.6	 4.4
% Aware of Smoking Cessation Services/Programs	 30.8	 36.5	 24.5	 47.6	 25.7	 28.6	 49.1	 48.1	 32.0
% Community Believes Adults Should Not Smoke	 38.0	 50.6	 38.1	 36.5	 43.1	 45.9	 45.8	 23.7	 35.4
% Currently Use Vaping Products	 5.5	 1.6	 8.7	 6.6	 4.4	 6.9	 6.3	 4.5	 7.8
% Use Smokeless Tobacco	 10.1	 4.6	 7.8	 8.7	 9.9	 5.6	 5.6	 11.5	 6.2
<p>Note: Each parish is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>									
						better	similar	worse	



Each Parish vs. Others Combined

Quality of Life	Allen	Avoyelles	Catahoula	Grant	LaSalle	Natchitoches	Rapides	Vernon	Winn
% "Fair/Poor" Overall Quality of Life in Central Louisiana	 25.1	 32.1	 44.8	 26.2	 19.4	 27.3	 23.0	 35.9	 42.8
% Parish Life: Wrong Track and Getting Worse	 21.2	 22.3	 49.1	 15.4	 7.1	 17.5	 12.7	 12.0	 33.1
% Know 10+ People Benefiting from Charities	 43.2	 42.5	 32.4	 40.3	 44.3	 49.6	 37.2	 35.7	 42.2
% "Frequently/Sometimes" Donate to Charity	 70.6	 67.7	 66.4	 62.5	 67.6	 70.9	 68.2	 62.1	 69.6
% Have Received Charitable Assistance in Past Year	 7.5	 5.1	 18.3	 5.3	 8.5	 6.5	 5.4	 2.9	 12.8
% "Frequently/Sometimes" Volunteer	 42.0	 45.5	 34.2	 37.8	 36.1	 44.9	 41.9	 36.7	 35.0
% Voted in Each of the Past 5 Elections	 47.7	 59.5	 57.2	 52.1	 65.4	 53.9	 55.7	 44.9	 68.4
<p>Note: Each parish is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>							 better	 similar	 worse

# Community Description



**Professional Research Consultants, Inc.**

## Population Characteristics

### Total Population

The Rapides Foundation Service Area, the focus of this Community Health Needs Assessment, encompasses 8,418.2 square miles and houses a total population of 352,742 residents, according to latest census estimates.

**Total Population**  
(Estimated Population, 2012-2016)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Allen Parish	25,619	761.81	33.63
Avoyelles Parish	41,252	832.38	49.56
Catahoula Parish	10,145	708.03	14.33
Grant Parish	22,372	643.03	34.79
LaSalle Parish	14,927	624.68	23.90
Natchitoches Parish	39,258	1,252.26	31.35
Rapides Parish	132,373	1,318.01	100.43
Vernon Parish	52,101	1,327.91	39.24
Winn Parish	14,695	950.09	15.47
<b>Rapides Foundation Service Area</b>	<b>352,742</b>	<b>8,418.20</b>	<b>41.90</b>
<b>Louisiana</b>	<b>4,645,670</b>	<b>43,206.73</b>	<b>107.52</b>
<b>United States</b>	<b>318,558,162</b>	<b>3,532,068.58</b>	<b>90.19</b>

Sources: 

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

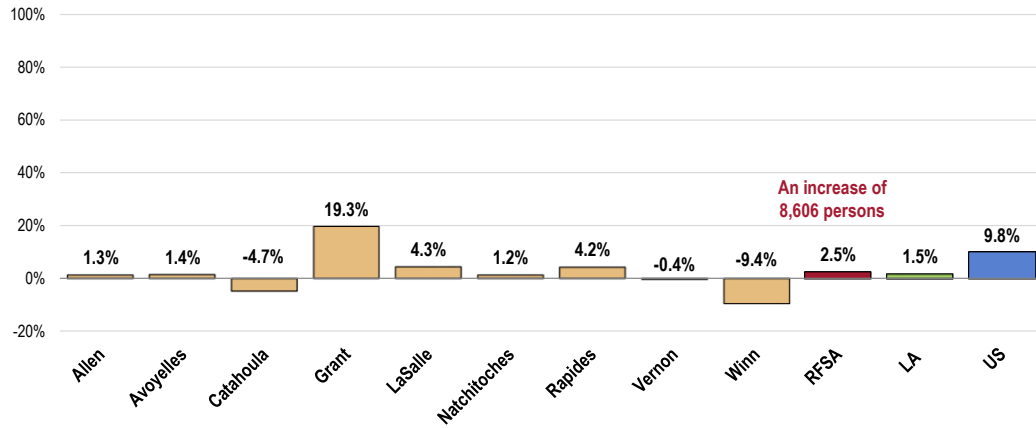
### Population Change 2000-2010

A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

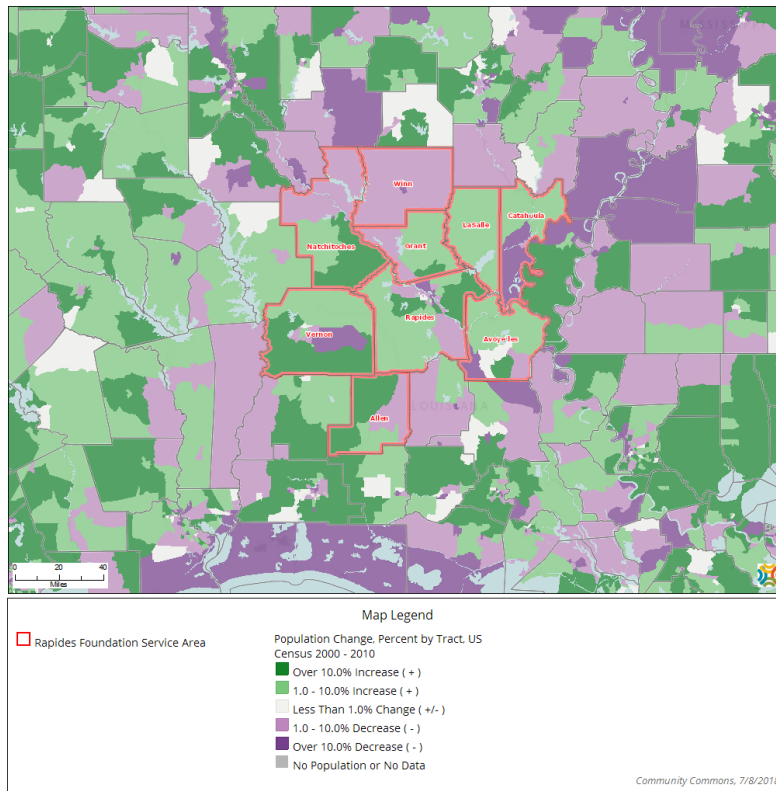
**Between the 2000 and 2010 US Censuses, the RFSA population increased by over 8,600 persons, or 2.5%.**

- A greater proportional increase than seen across the state.
- A lower proportional increase than reported nationally.
- Note the disparity in population shifts when viewed by parish.

### Change in Total Population (Percentage Change Between 2000 and 2010; by Parish)



- Sources:
- US Census Bureau Decennial Census (2000-2010).
  - Retrieved June 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

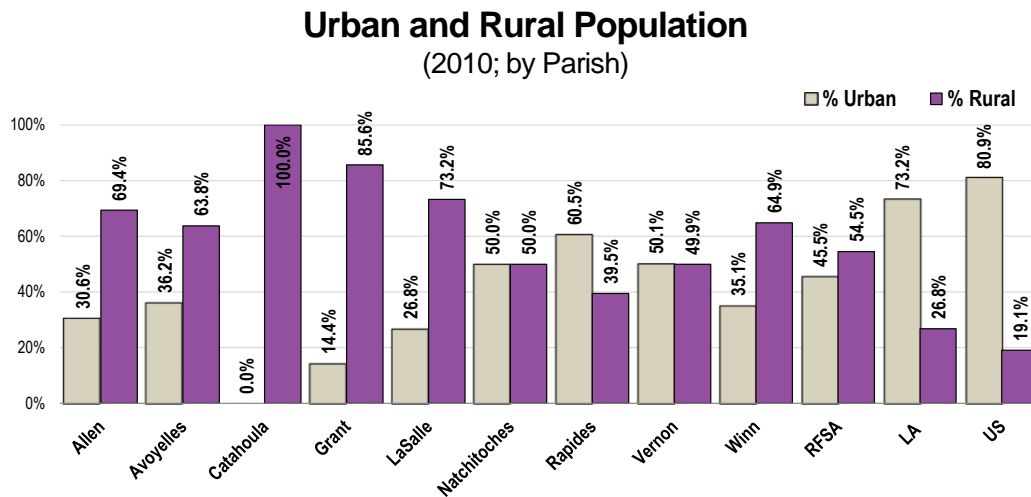


## Urban/Rural Population

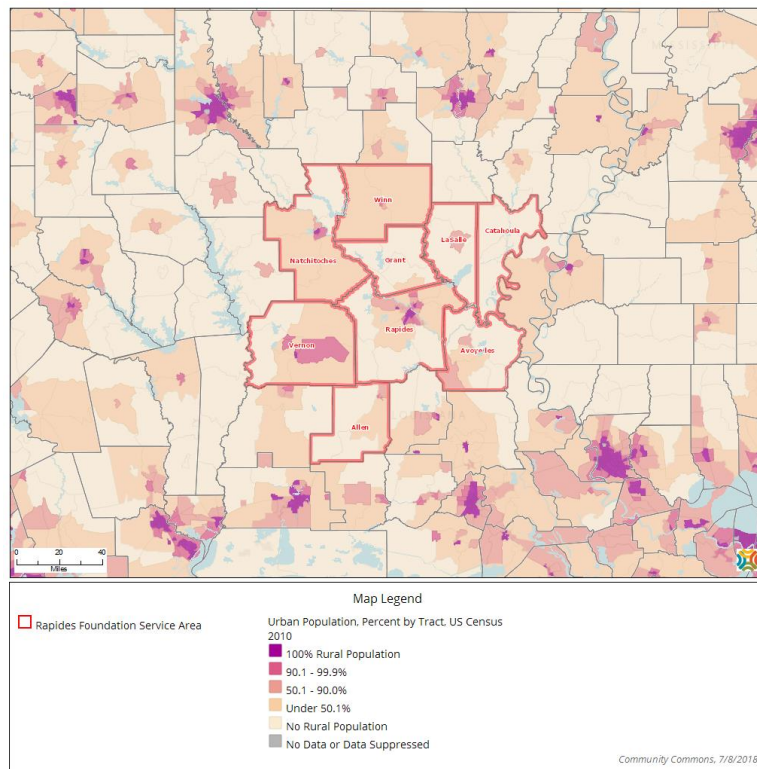
Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

**The Rapides Foundation Service Area is divided between urban and rural residents, with 45.5% of the population living in areas designated as urban and 54.5% considered to be rural.**

- Louisiana and the US overall are much more likely to be urban in population makeup.
- Note the differences by parish, ranging from Catahoula (which is 100% rural) to Rapides, which is 60.5% urban.



- Sources:
- US Census Bureau Decennial Census (2010).
  - Retrieved June 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.



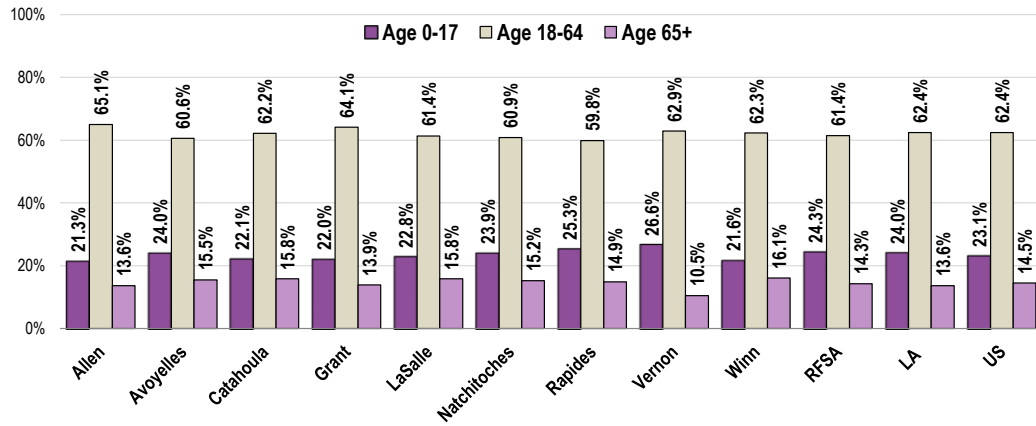
## Age

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.

**In the Rapides Foundation Service Area, 24.3% of the population are infants, children, or adolescents (age 0-17); another 61.4% are age 18 to 64, while 14.3% are age 65 and older.**

- The percentage of older adults (65+) is higher than that found statewide.
- The percentage of older adults is similar to the US figure.
- Seniors in the service area are more likely to live in Catahoula, LaSalle, and Winn parishes.

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

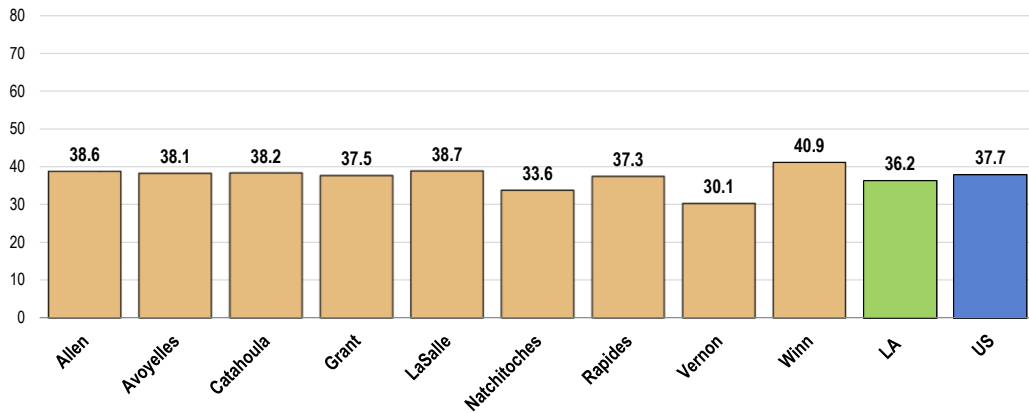


Sources:   
 • US Census Bureau American Community Survey 5-year estimates.   
 • Retrieved June 2018 from Community Commons at <http://www.chna.org>.

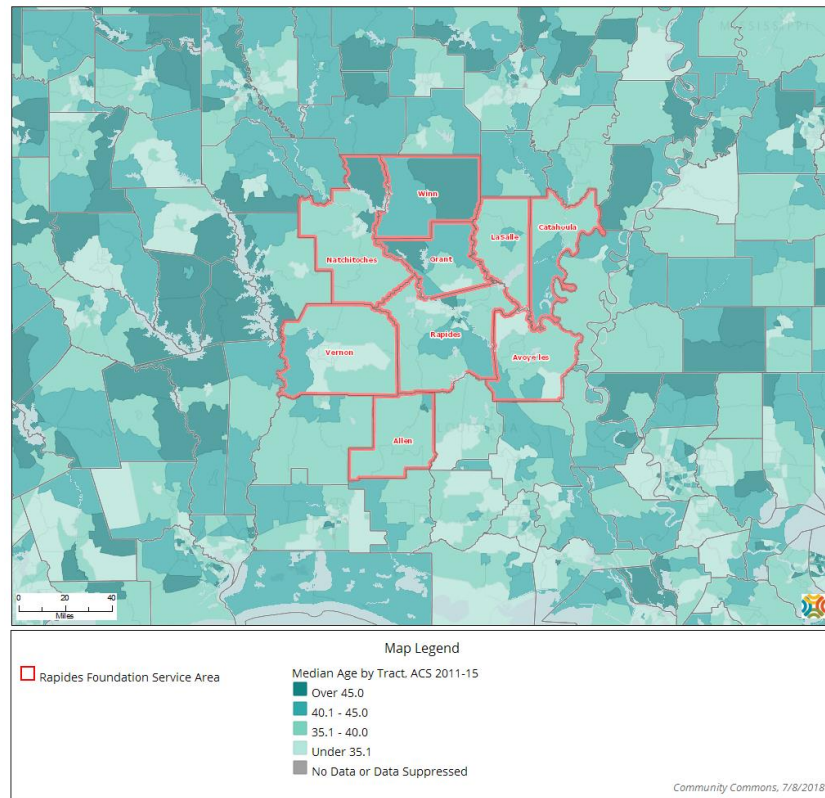
### Median Age

The median age of residents in the Rapides Foundation Service Area ranges considerably from 30.1 in Vernon Parish to 40.9 in Winn Parish.

### Median Age (2012-2016; by Parish)



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



## Race & Ethnicity

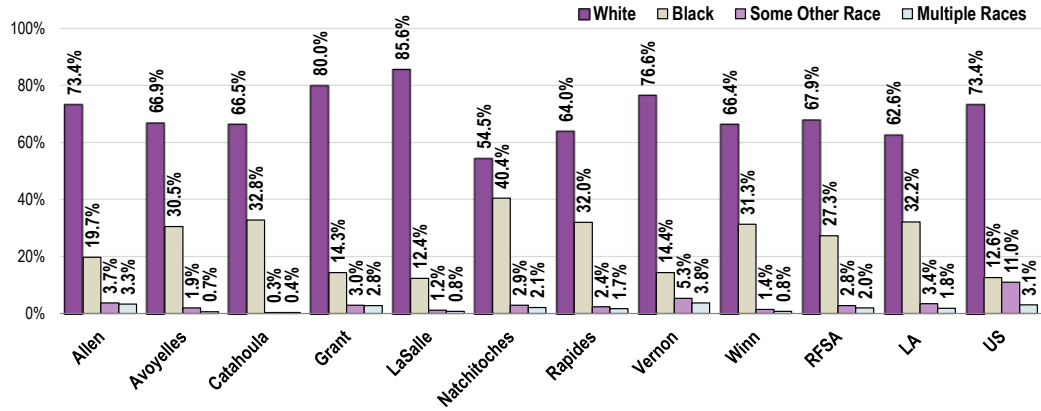
### Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 67.9% of RFSA residents are White and 27.3% are Black.

- This is somewhat more White and less Black than the state racial distribution.
- Nationally, the US population is more White, less Black, and more “other” race.



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



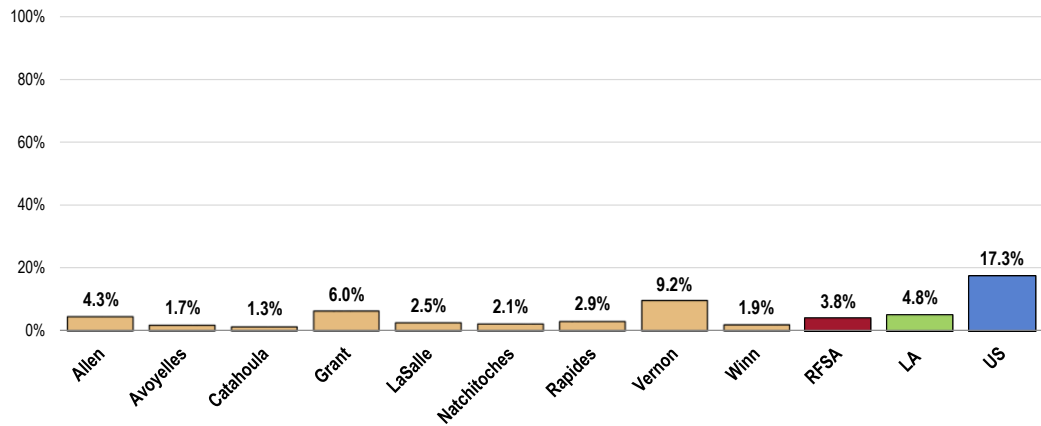
Sources:   
 • US Census Bureau American Community Survey 5-year estimates.   
 • Retrieved June 2018 from Community Commons at <http://www.chna.org>.

### Ethnicity

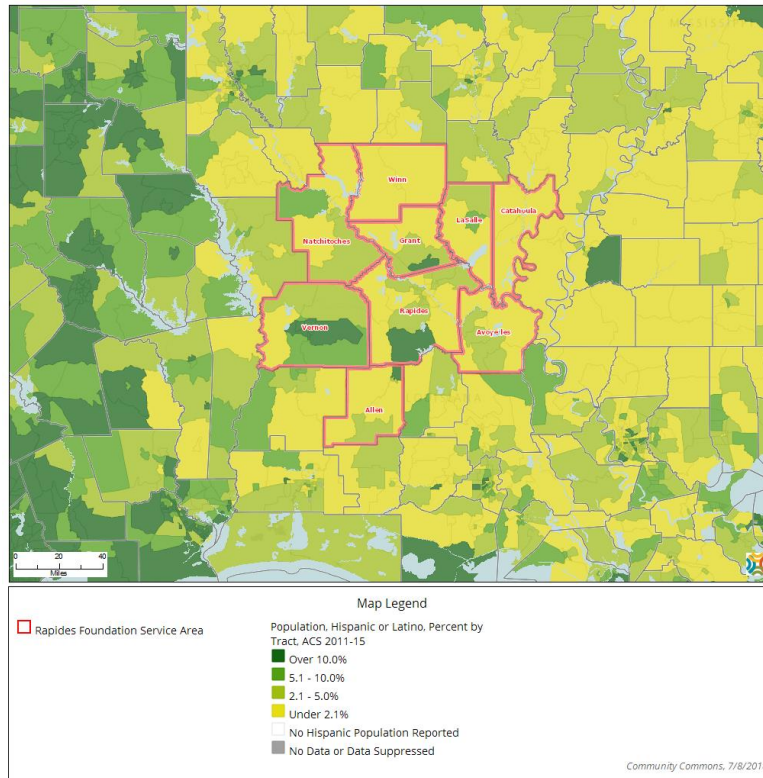
A total of 3.8% of Rapides Foundation Service Area residents are Hispanic or Latino.

- Lower than the state and especially the nationwide percentages.

### Hispanic Population (2012-2016; by Parish)

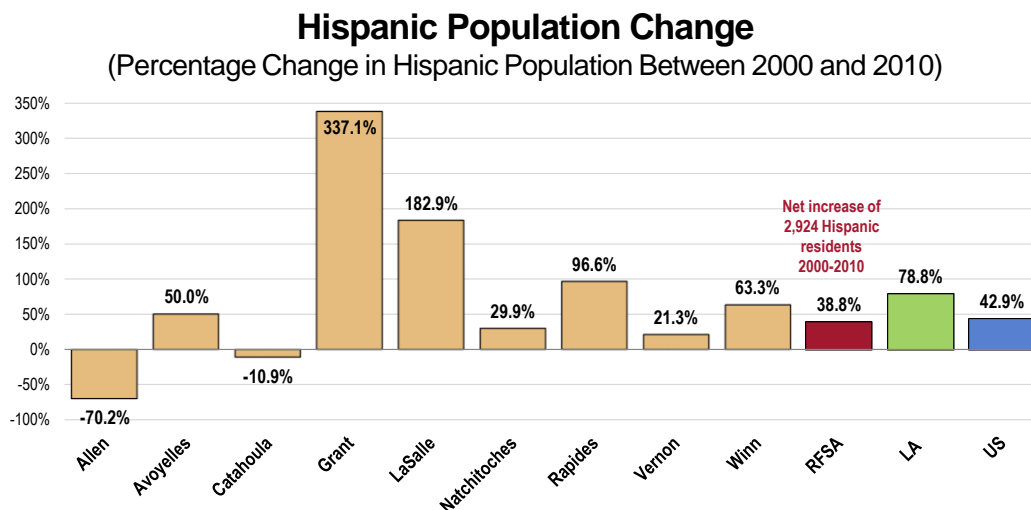


Sources:   
 • US Census Bureau American Community Survey 5-year estimates.   
 • Retrieved June 2018 from Community Commons at <http://www.chna.org>.   
 Notes:   
 • Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors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



**Between 2000 and 2010, the Hispanic population in the Rapides Foundation Service Area increased by 2,924 residents, or 38.8%**

- Lower (in terms of percentage growth) than found statewide.
- Closer to the US prevalence.
- Ranging significantly by parish: the Hispanic population decreased by over 70% in Allen Parish between 2000 and 2010 but increased by 337% in Grant Parish.



Sources:
 

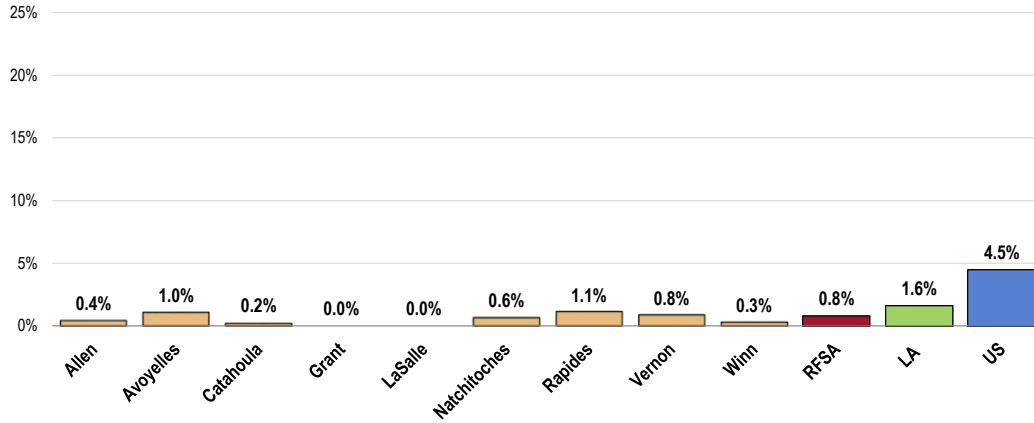
- US Census Bureau Decennial Census (2000-2010).
- Retrieved June 2018 from Community Commons at <http://www.chna.org>.

## Linguistic Isolation

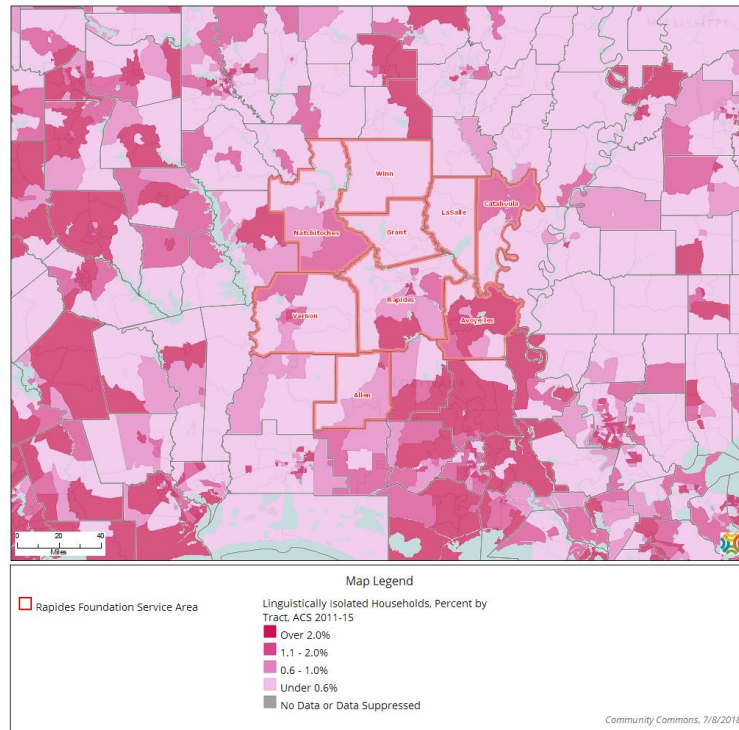
A total of 0.8% of those age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English “very well”).

- Lower than found statewide and especially nationally.
- The prevalence is highest in Avoyelles, Natchitoches, Rapides, and Vernon parishes.

### Linguistically Isolated Population (2012-2016; by Parish)



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
  - Retrieved June 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English “very well.”



## 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.

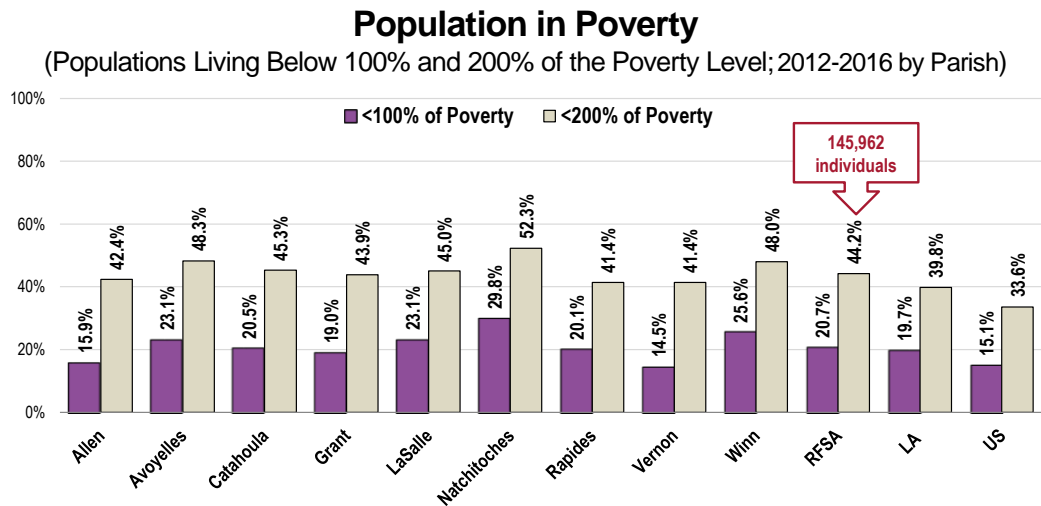
• Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Poverty

The latest census estimate shows 20.7% of the RFSA population living below the federal poverty level.

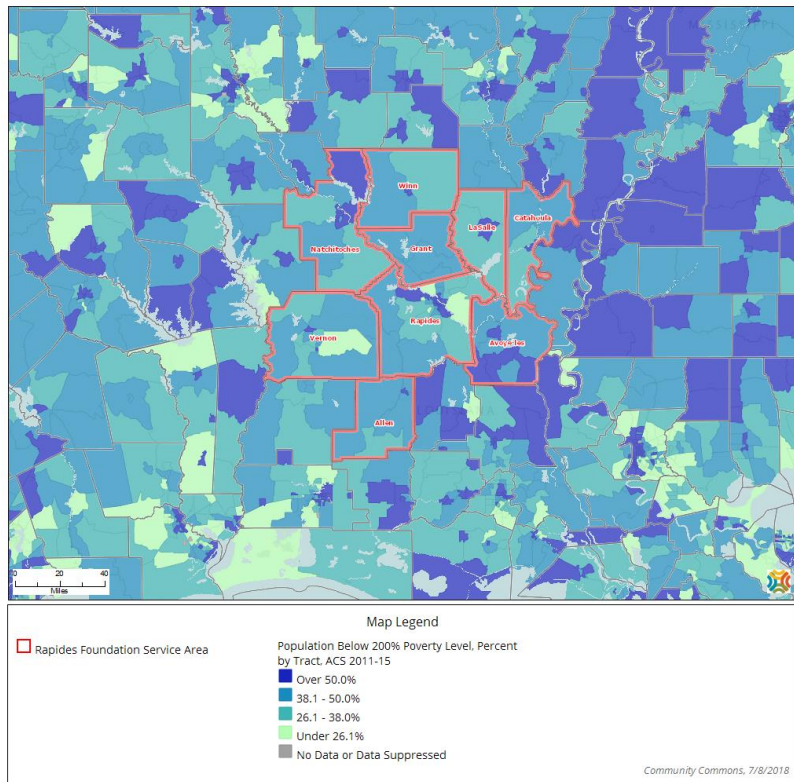
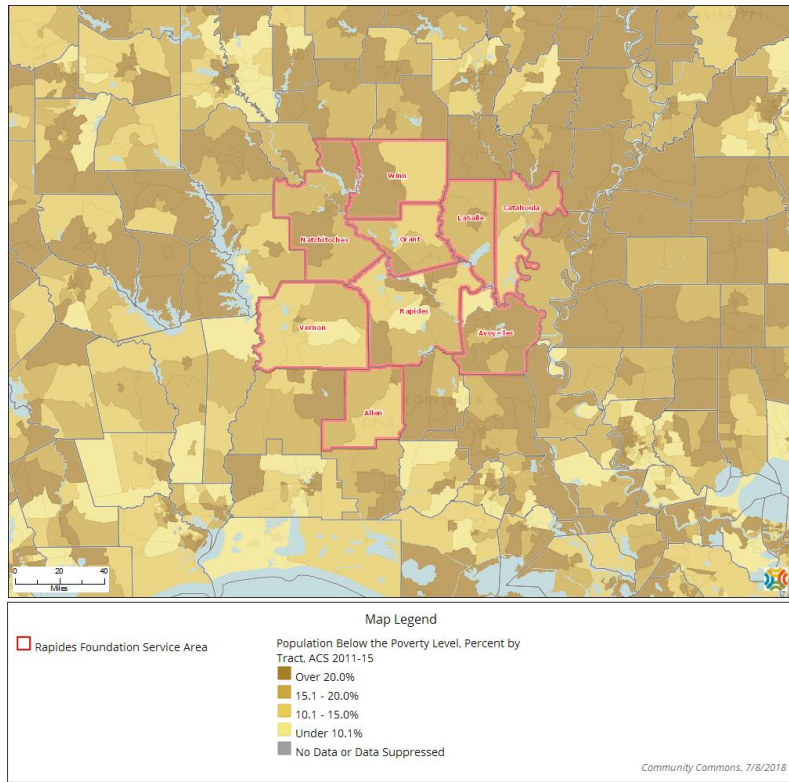
In all, 44.2% of area residents (an estimated 145,962 individuals) live below 200% of the federal poverty level.

- Comparable to the proportion reported statewide.
- Worse than that found nationally.
- Poverty is particularly high in Natchitoches Parish.



Sources: • US Census Bureau American Community Survey 5-year estimates.  
• Retrieved June 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.

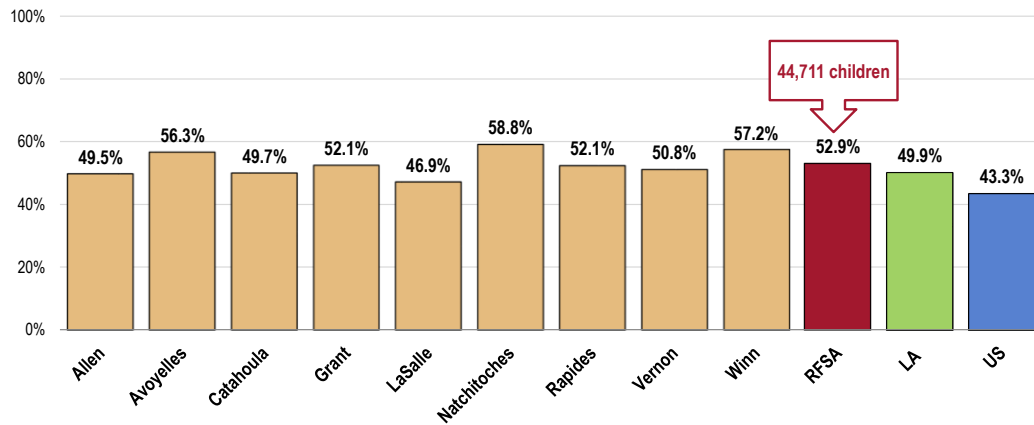


### Children in Low-Income Households

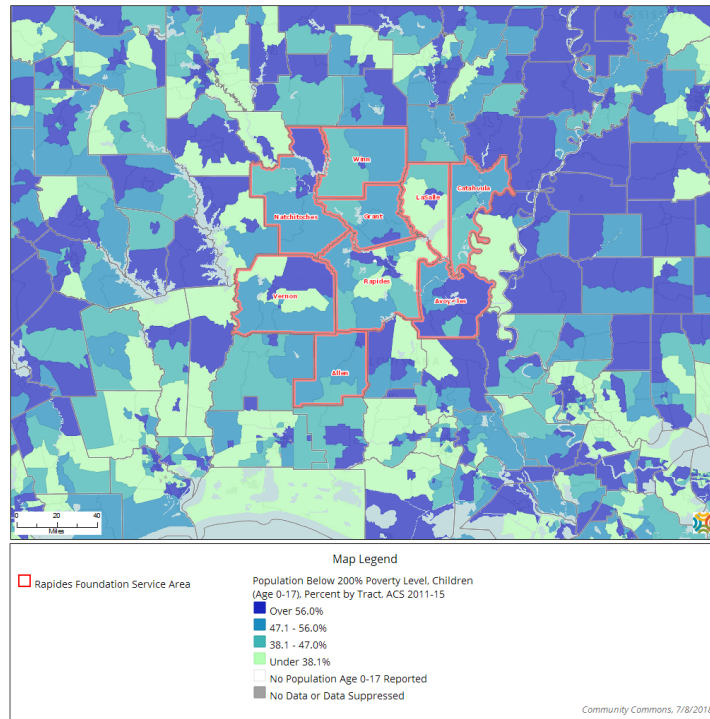
Additionally, 52.9% of Rapides Foundation Service Area children age 0-17 (representing an estimated 44,711 children) live below the 200% poverty threshold.

- Comparable to the proportion found statewide.
- Worse than the proportion found nationally.
- Natchitoches and Winn parishes report the highest percentages.

**Percent of Children in Low-Income Households**  
(Children 0-17 Living Below 200% of the Poverty Level, 2012-2016 by Parish)



Sources: • US Census Bureau American Community Survey 5-year estimates.  
 • Retrieved June 2018 from Community Commons at <http://www.chna.org>.  
 Notes: • This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

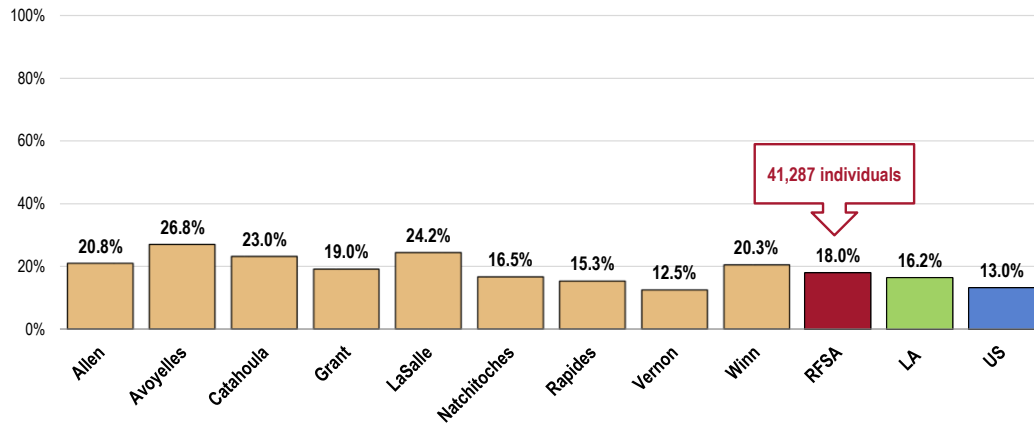


## Education

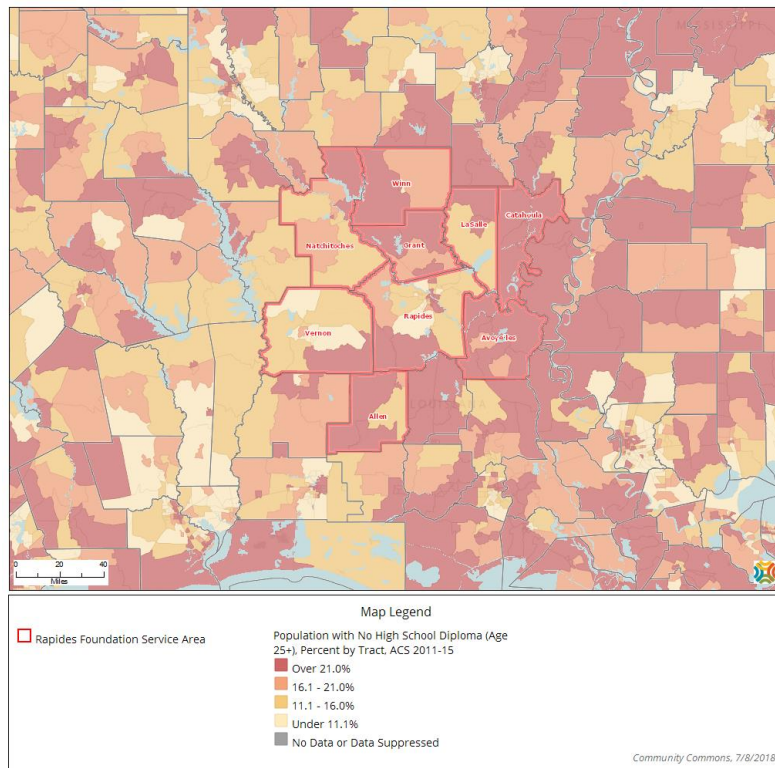
Among the RFSA population age 25 and older, an estimated 18.0% (over 41,000 people) do not have a high school education.

- Similar to that found statewide.
- Less favorable than found nationally.

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



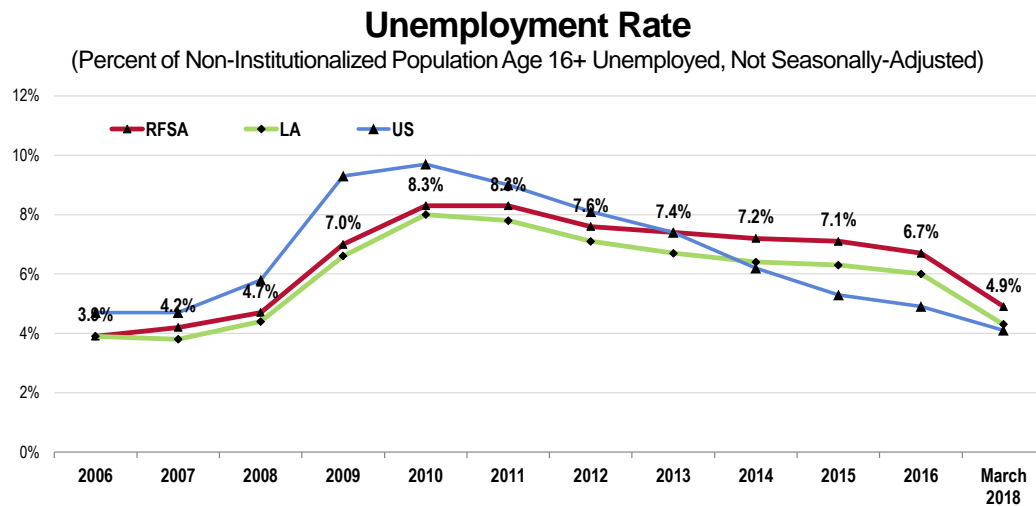
Sources: • US Census Bureau American Community Survey 5-year estimates.  
 • Retrieved June 2018 from Community Commons at <http://www.chna.org>.  
 Notes: • This indicator is relevant because educational attainment is linked to positive health outcomes.



## Employment

According to data derived from the US Department of Labor, the unemployment rate in the Rapides Foundation Service Area as of March 2018 was 4.9%.

- Less favorable than the state and national unemployment rates.
- TREND: Unemployment for Rapides Foundation Service Area has trended downward since 2011, echoing the state and national trends, but remains higher than the pre-recession prevalence.



Sources: • US Department of Labor, Bureau of Labor Statistics.  
 • Retrieved June 2018 from Community Commons at <http://www.chna.org>.  
 Notes: • This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

## Food Insecurity

In the past year, nearly one in three Rapides Foundation Service Area adults report a time in the past year (9.7% “often” or 23.2% “sometimes”) when the food they bought just did not last, and they did not have money to get more.

### NOTE:

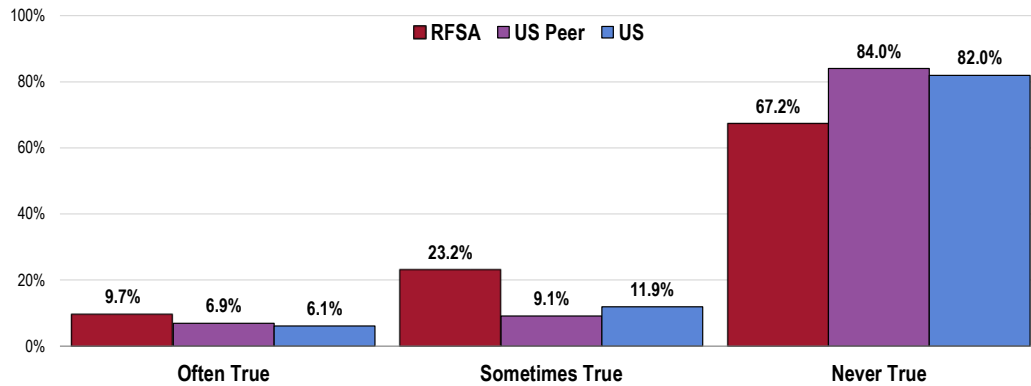
Differences noted in the text represent significant differences determined through statistical testing.

Where sample sizes permit, parish-level data are provided.

Where available, comparisons are made to PRC’s national data among respondents living in counties with an urban/rural mix similar to that of the service area (“US Peer”).



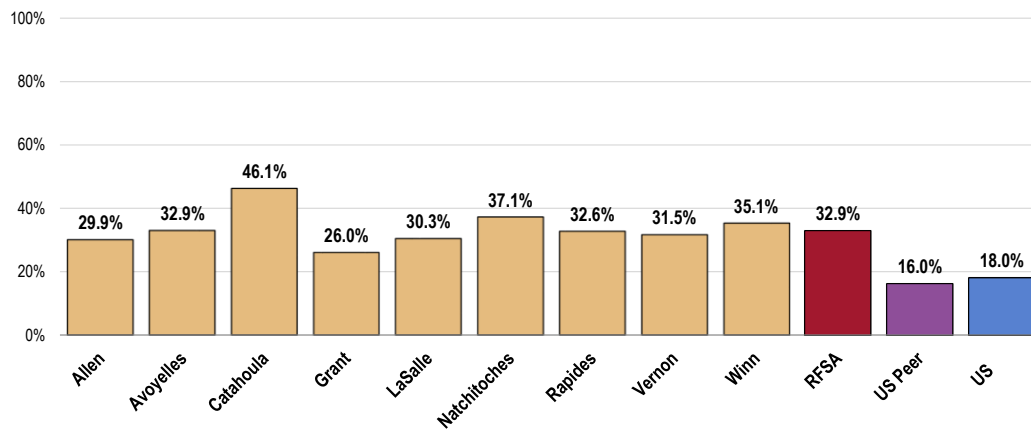
**“In the past year, the food we bought just did not last, and we did not have money for more.”**



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Reflects the total sample of respondents.
  - “US Peer” represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

- Compared to US data, respondents in the service area are much more likely to report “often” or “sometimes” running out of food in the past year.
- The RFSA prevalence is twice as high as PRC’s prevalence among peer counties nationwide.
- The prevalence is especially high in Catahoula Parish.

**“Often/Sometimes” Ran Out of Food in the Past Year**



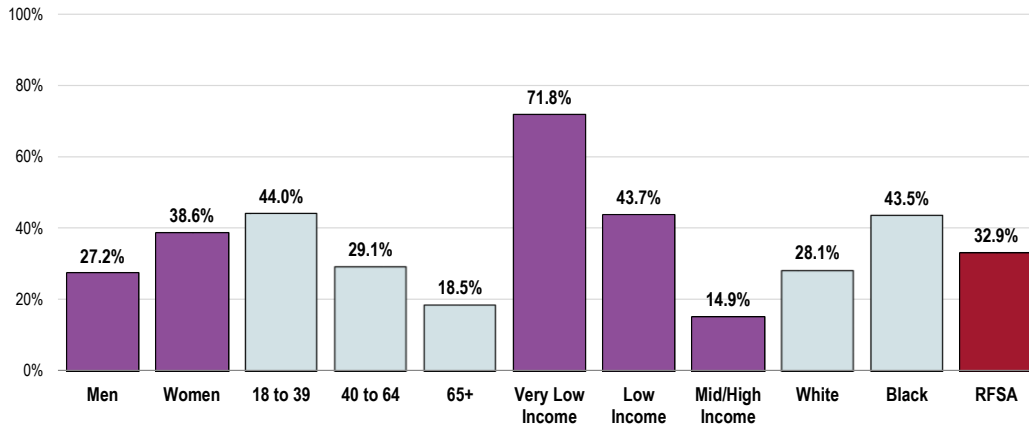
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Viewed by demographic segments, adults more likely affected include:

- Women.
- Young adults (note the negative correlation with age).
- Residents living at lower incomes (negative correlation).
- Black adults.

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

### “Often/Sometimes” Ran Out of Food in the Past Year (Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other 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. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.

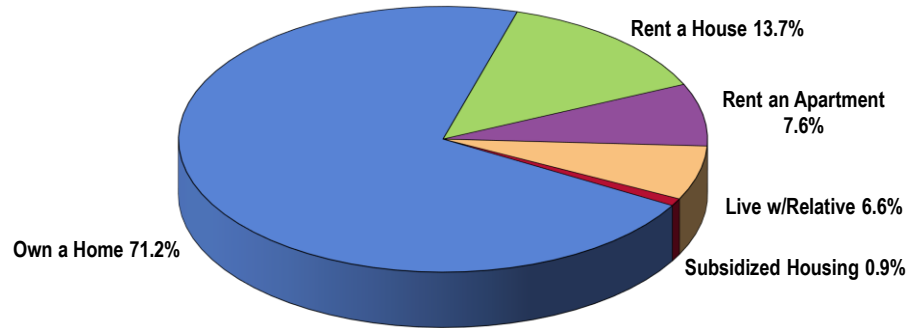
## Housing Conditions

### Type of Dwelling

A majority of RFSA residents (71.2%) owns their own home, while 21.3% rent a house or apartment.

- Another 6.6% live with **family** members, and 0.9% are in **subsidized housing**.

### Type of Dwelling (Rapides Foundation Service Area, 2018)



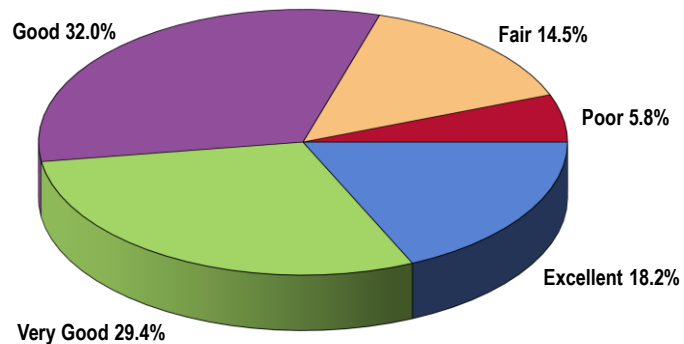
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]  
 Notes: • Asked of all respondents.

### Condition of Neighborhood Homes

Less than half (47.6%) of survey respondents consider the condition of homes in their neighborhoods to be “excellent” or “very good.”

- Another 32.0% gave “good” ratings.

### Rating of the Condition of Neighborhood Homes (Rapides Foundation Service Area, 2018)



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

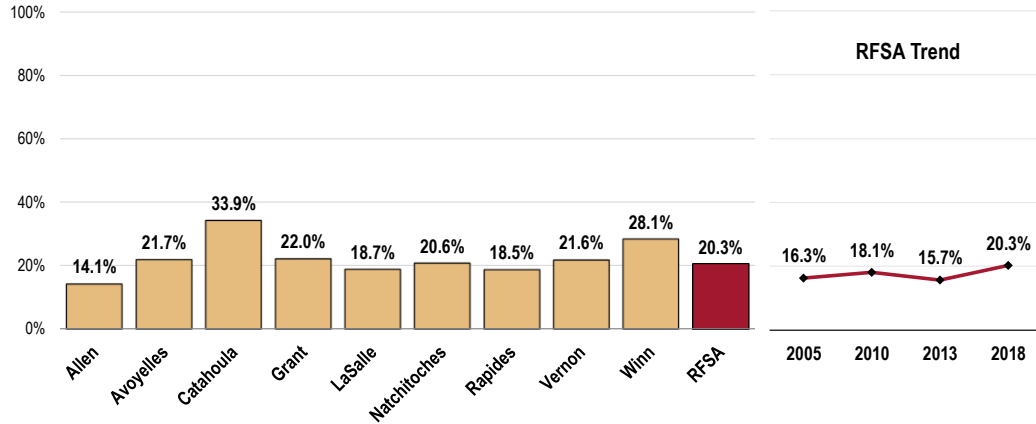
However, 20.3% of RFSA residents consider the condition of homes in their neighborhoods to be only “fair” or “poor.”

- Highest (least favorable) in Catahoula and Winn parishes; lowest in Allen Parish.
- TREND: The percentage marks a statistically significant increase from 2005 survey results.

NOTE:

Trends are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.

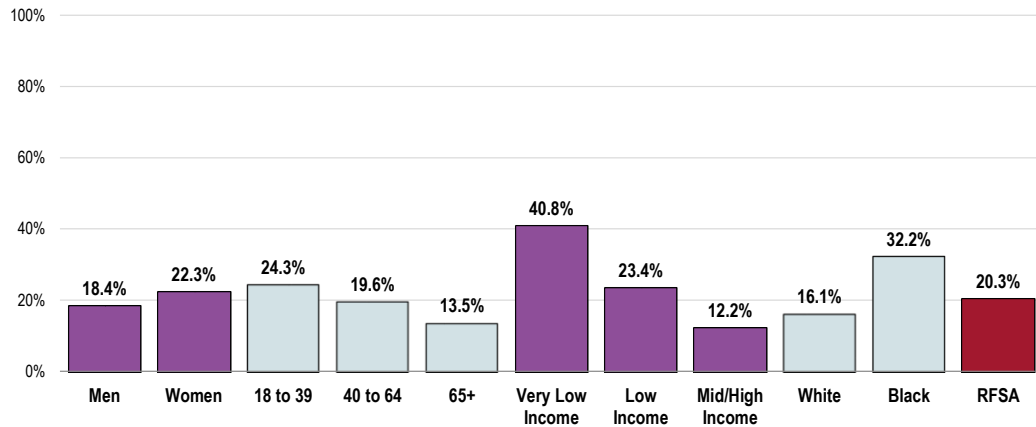
### Perceive the Condition of Neighborhood Homes to be “Fair” or “Poor”



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

- Adults more likely to give low ratings of the condition of neighborhood homes include women, young adults, residents living at lower incomes especially, and Blacks.

### Perceive the Condition of Neighborhood Homes to be “Fair” or “Poor” (Rapides Foundation Service Area, 2018)



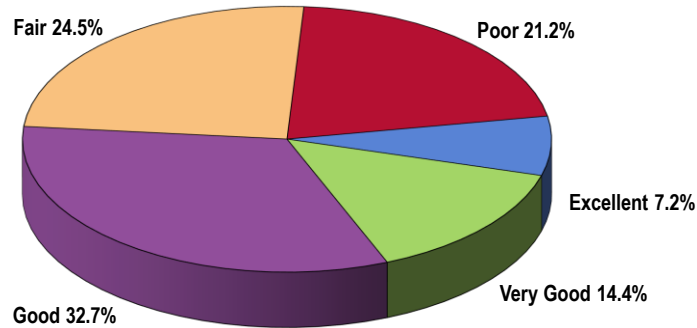
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 338]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.

### Availability of Affordable Housing

When asked to rate the availability of affordable local housing, only 21.6% of survey respondents gave “excellent” or “very good” opinions.

- Another 32.7% gave “good” ratings.

### Rating of the Availability of Affordable Local Housing (Rapides Foundation Service Area, 2018)

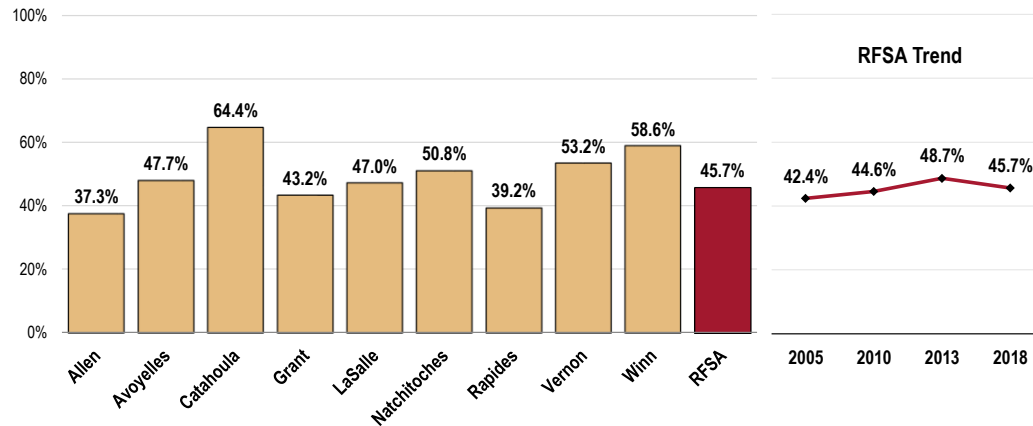


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 336]  
Notes: • Asked of all respondents.

However, 45.7% of survey respondents consider the availability of affordable housing in their areas to be “fair” or “poor.”

- Highest (least favorable) in Catahoula, Natchitoches, Vernon, and Winn parishes.
- TREND: Denotes a statistically significant increase from 2005 survey findings (but decreasing from the 2013 survey).

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



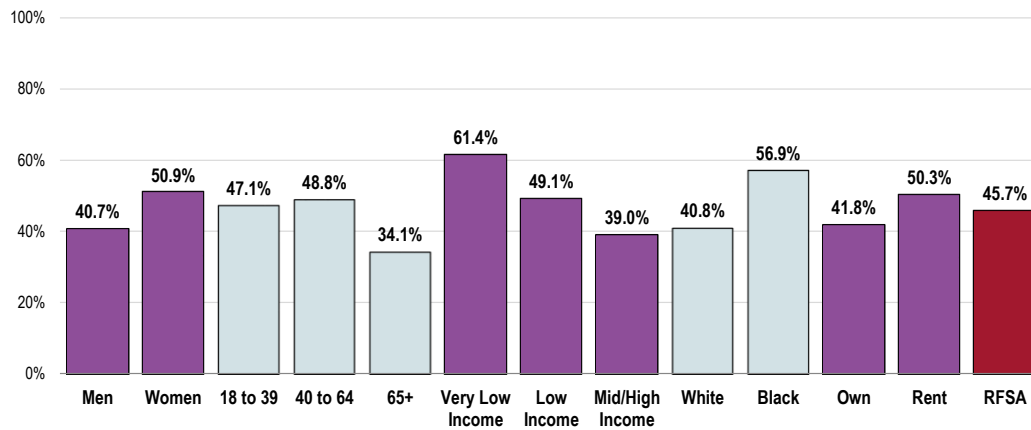
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 336]  
Notes: • Asked of all respondents.

Segmented by demographic characteristics, residents more likely to give low ratings of the

availability of affordable homes in the community include:

- Women.
- Residents under age 65.
- Low income and very low income residents.
- Black residents.
- As might be expected, survey respondents who rent are more likely to give low ratings than those who own their own homes.

### Perceive the Availability of Affordable Local Housing to be “Fair” or “Poor” (Rapides Foundation Service Area, 2018)



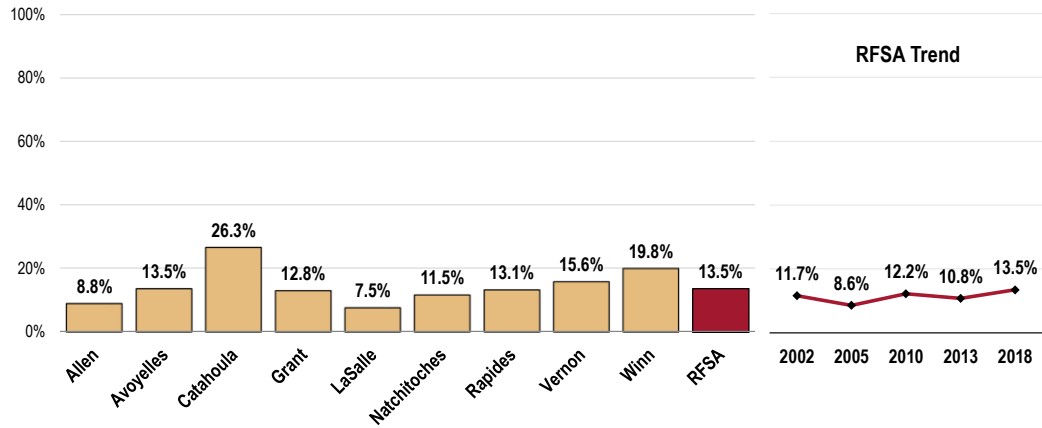
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 336]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

### Housing Displacement

A total of 13.5% of survey respondents report that they have had to go live with a friend or relative at some point in the past two years, even if only temporarily, because of an emergency.

- The prevalence is highest in Catahoula and Winn parishes.
- TREND: Marks a statistically significant increase over time.

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

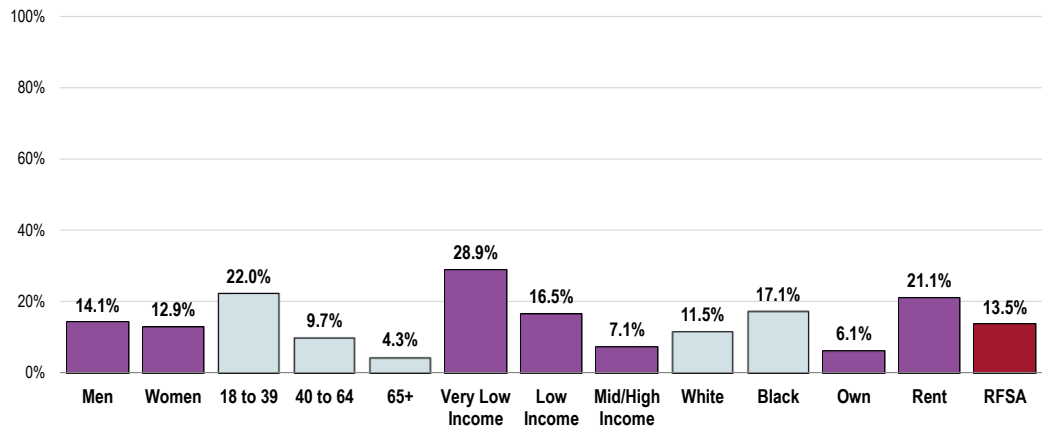


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 337]  
 Notes: • Asked of all respondents.

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

- Young adults.
- Respondents with low or very low incomes.
- Blacks.
- Renters (vs. homeowners).

### Had to Live With a Friend/Relative in the Past Two Years Due to an Emergency (Even if Only Temporarily) (Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 337]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other 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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

# General Health Status



Professional Research Consultants, Inc.



## Overall Health Status

### Evaluation of Health Status

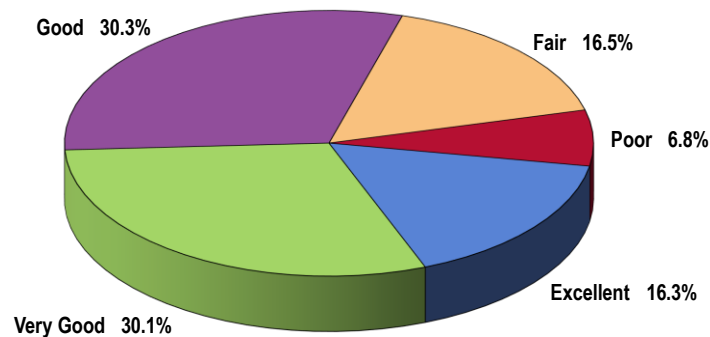
A total of 46.4% of Rapides Foundation Service Area adults rate their overall health as “excellent” or “very good.”

- Another 30.3% gave “good” ratings of their overall health.

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?”

**Self-Reported Health Status**  
(Rapides Foundation Service Area, 2018)

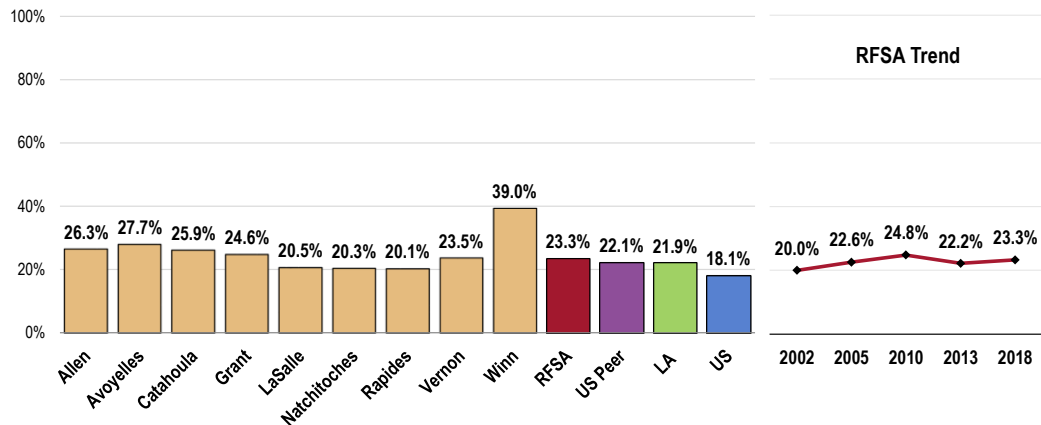


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]  
Notes: • Asked of all respondents.

However, 23.3% of Rapides Foundation Service Area adults believe that their overall health is “fair” or “poor.”

- Similar to US Peer and Louisiana findings.
- Less favorable than the national figure.
- Least favorable in Avoyelles and especially Winn parishes.
- TREND: Note the statistically significant increase that has occurred when comparing “fair/poor” overall health reports to 2002 survey results.

### Experience “Fair” or “Poor” Overall Health



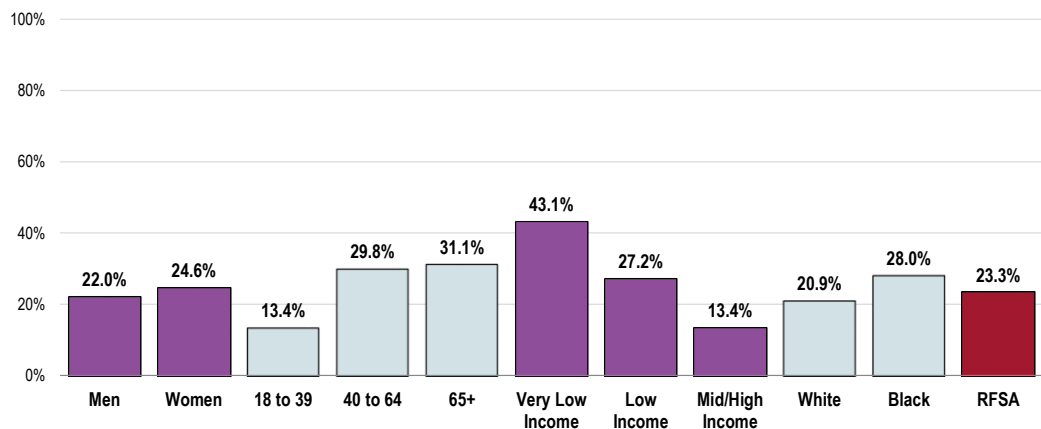
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Louisiana data.  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

Notes: • Asked of all respondents.  
 • “US Peer” represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

Adults more likely to report experiencing “fair” or “poor” overall health include:

- Adults age 40 and older.
- Residents living at lower incomes.
- Blacks.

### Experience “Fair” or “Poor” Overall Health (Rapides Foundation Service Area, 2018)



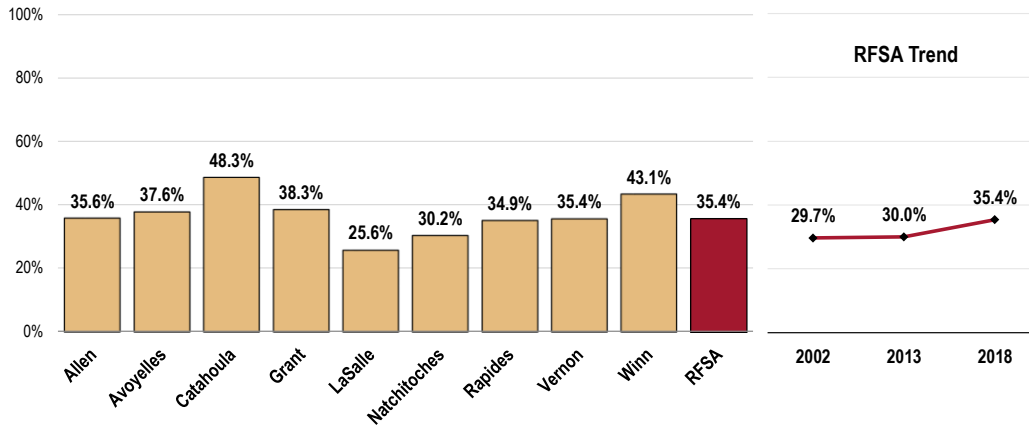
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.

## Days of Poor Physical Health

Among survey respondents, 35.4% report experiencing three or more days of poor physical health in the past month.

- Unfavorably high in Avoyelles and Winn parishes. (Although the highest percentage was among Catahoula Parish respondents, the lower sample size in Catahoula Parish causes the difference here to be not statistically significant.)
- TREND: Marks a statistically significant increase from previous survey findings.

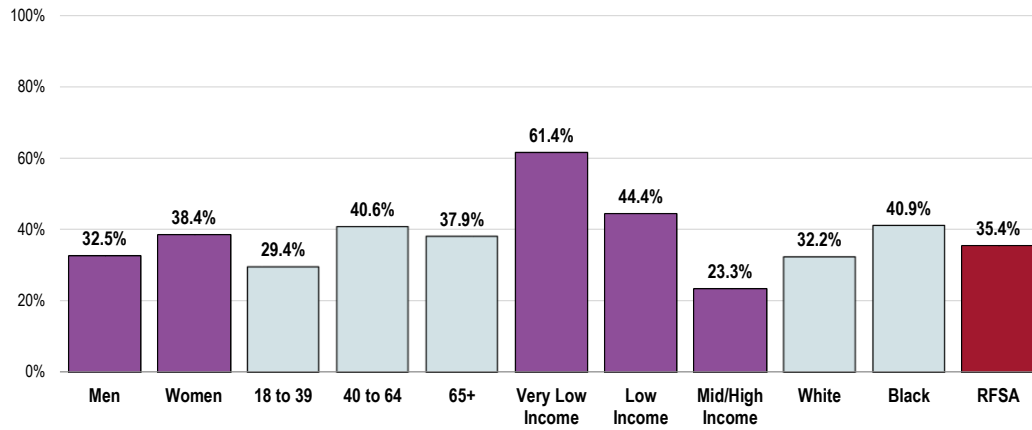
### Three or More Days of Poor Physical Health in the Past Month



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 357]  
 Notes: • Asked of all respondents.

- Adults more likely to report experiencing three or more days of poor physical health in the past month include women, residents age 40 to 64, those living at lower incomes especially, and Blacks.

### Three or More Days of Poor Physical Health in the Past Month (Rapides Foundation Service Area, 2018)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 357]
- Notes:
- Asked of all respondents.
  - Hispanics can be of any race. Other 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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over 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 healthcare 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 healthcare 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 healthcare professionals.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

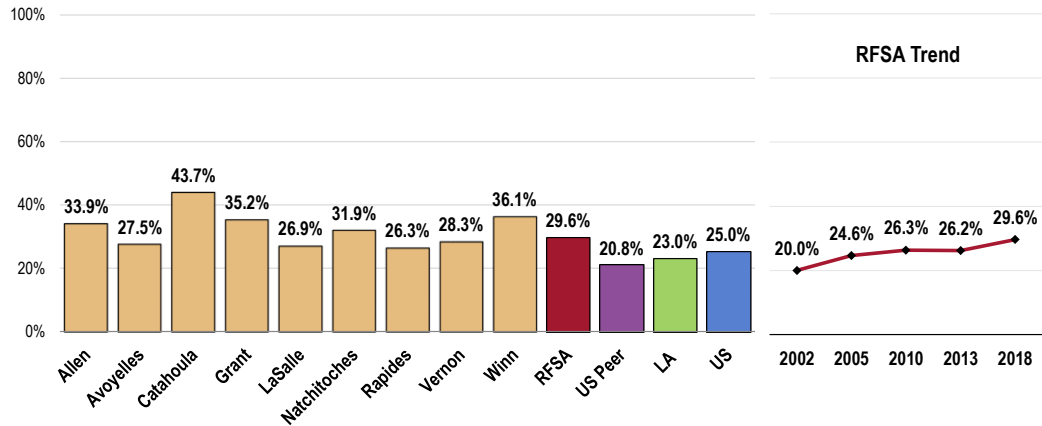
**A total of 29.6% of Rapides Foundation Service Area adults are limited in some way in some activities, due to a physical, mental, or emotional problem.**

- Less favorable than the percentages reported statewide and nationally.
- Less favorable than the prevalence among US Peer counties.
- Highest in Catahoula, Grant, and Winn parishes.
- TREND: Marks a statistically significant increase in activity limitations since 2002.

#### RELATED ISSUE:

See also *Potentially Disabling Conditions in the Death, Disease, & Chronic Conditions* section of this report.

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



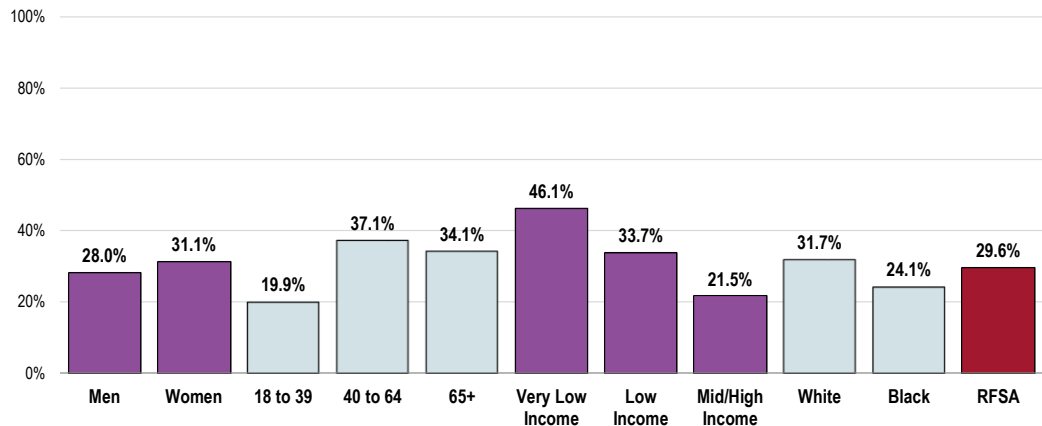
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2015 Louisiana data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

In looking at responses by key demographic characteristics, these adults are statistically more likely to report some type of activity limitation:

- Adults age 40 to 64.
- Very low and low income residents.
- Whites.

### Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Rapides Foundation Service Area, 2018)

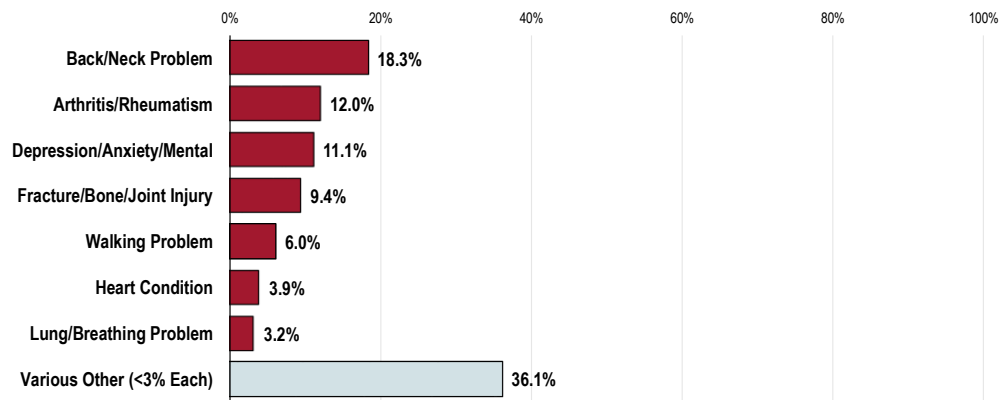


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

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

Other limitations noted with some frequency include those related to mental health (depression, anxiety), heart conditions, and lung/breathing problems.

**Type of Problem That Limits Activities**  
 (Among Those Reporting Activity Limitations; Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]  
 Notes: • Asked of those respondents reporting activity limitations.

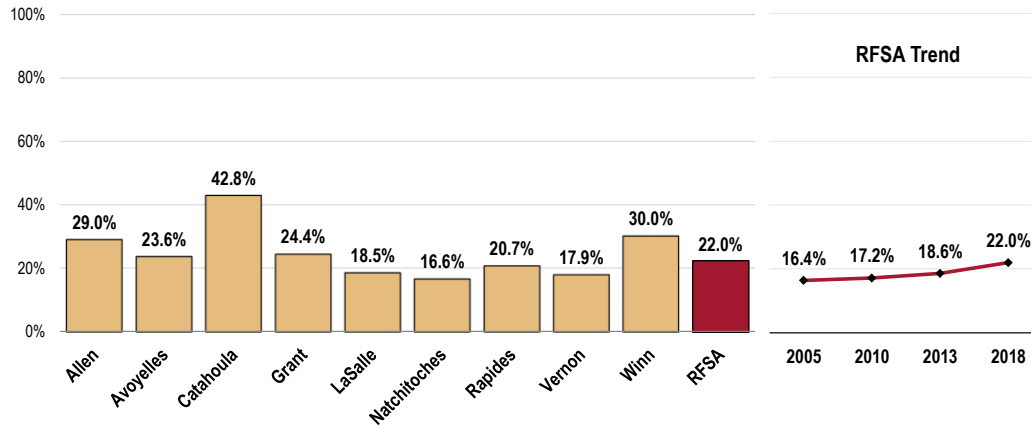
**Of the RFSA survey respondents with some type of activity limitation, 21.8% report that the problem is a result of a work-related illness or injury.**

### Days of Limited Activity

While most RFSA adults report no days in the past month when poor physical or mental health prevented their usual activities, 22.0% report experiencing four or more such days.

- The prevalence is highest in Allen, Winn, and especially Catahoula Parish.
- TREND: Denotes a statistically significant increase over time.

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

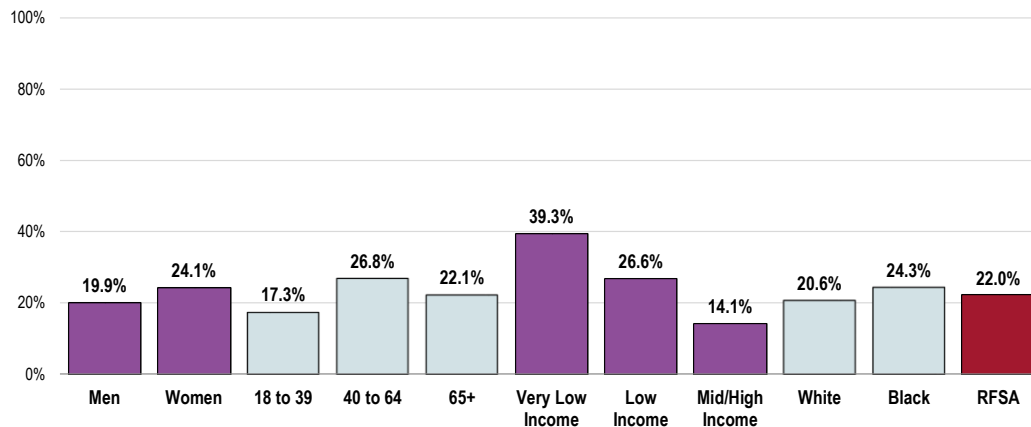


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 359]  
 Notes: • Asked of all respondents.

Adults more likely to indicate that health limited their usual activities for four or more days in the past month include:

- Women.
- Adults age 40 to 64.
- Residents living at lower incomes.

### Experience Four or More Days in the Past Month on Which Physical or Mental Health Prevented Usual Activities (Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 359]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other 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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over 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](http://www.healthypeople.gov))

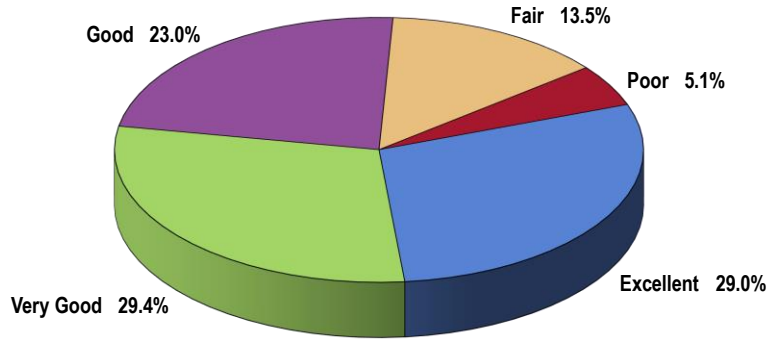
## Evaluation of Mental Health Status

A total of 58.4% of Rapides Foundation Service Area adults rate their overall mental health as “excellent” or “very good.”

- Another 23.0% gave “good” ratings of their own 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 Foundation Service Area, 2018)

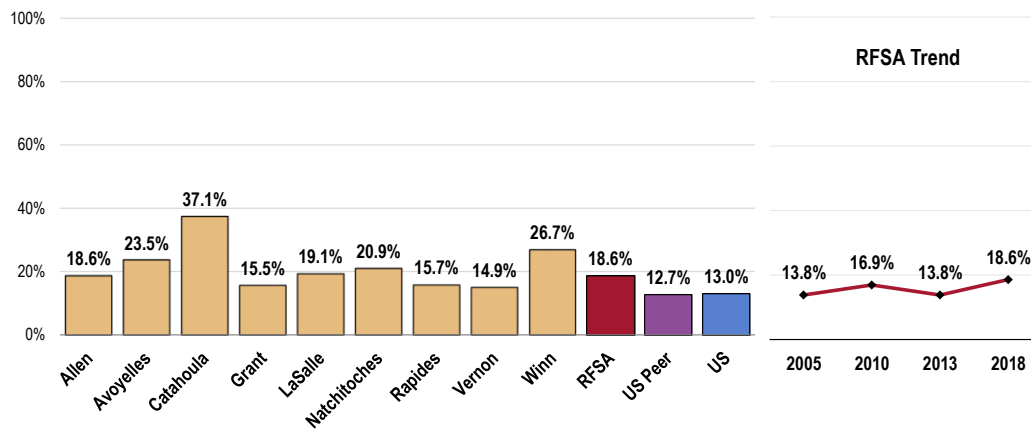


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]  
Notes: • Asked of all respondents.

A total of 18.6% of Rapides Foundation Service Area adults, however, believe that their overall mental health is “fair” or “poor.”

- Higher than the “fair/poor” response reported nationally.
- Higher than the prevalence among US Peer counties.
- Unfavorably high in Avoyelles, Catahoula, and Winn parishes.
- TREND: Marks a statistically significant increase over time.

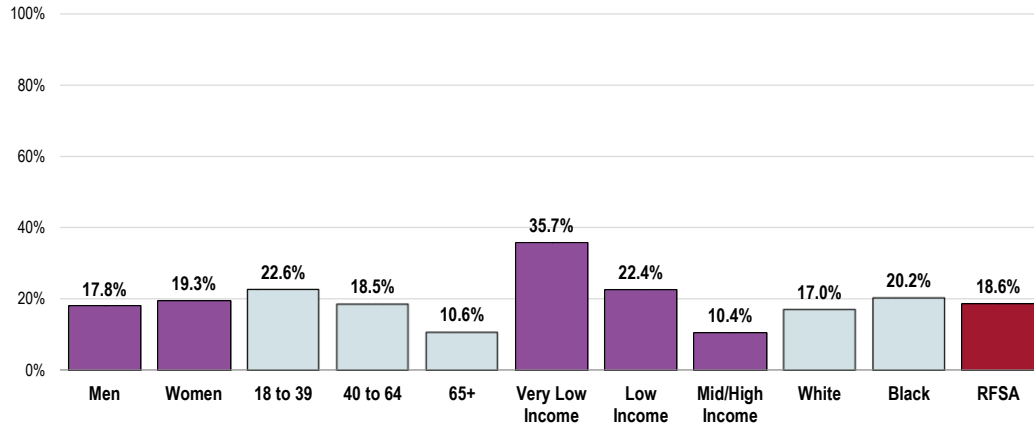
### Experience “Fair” or “Poor” Mental Health



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]  
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.  
• “US Peer” represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

- Note the negative correlations between poor mental health and both age and income.

### Experience “Fair” or “Poor” Mental Health (Rapides Foundation Service Area, 2018)



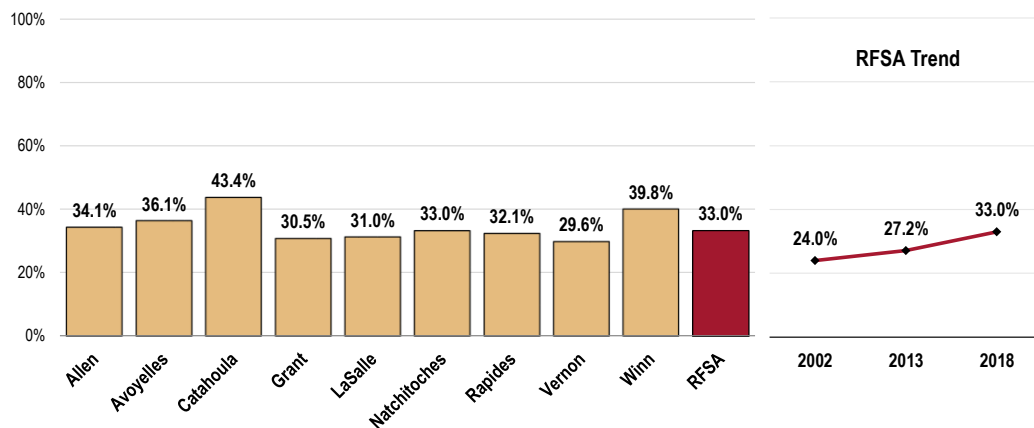
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

### Days of Poor Mental Health

Among survey respondents, 33.0% report experiencing three or more days of poor mental health in the past month.

- Unfavorably high in Avoyelles and Winn parishes. (The high Catahoula Parish finding is not statistically significant.)
- TREND: Denotes a statistically significant increase over time.

### Three or More Days of Poor Mental Health in the Past Month

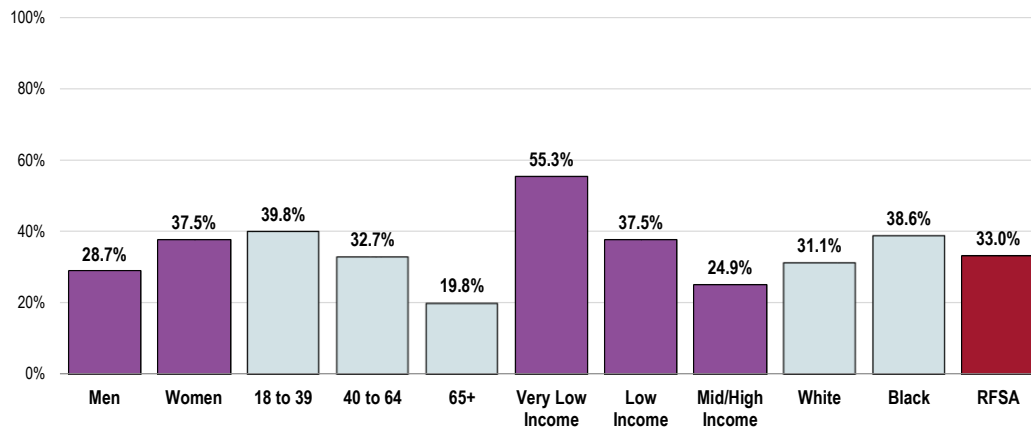


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 358]  
 Notes: • Asked of all respondents.

Adults more likely to report experiencing three or more days of poor mental health in the past month include:

- Women.
- Young adults (negative correlation with age).
- Residents living at lower incomes (negative correlation).
- Blacks.

**Average Number of Days in the Past Month on Which Respondents' Mental Health Was Not Good**  
(Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 358]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other 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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

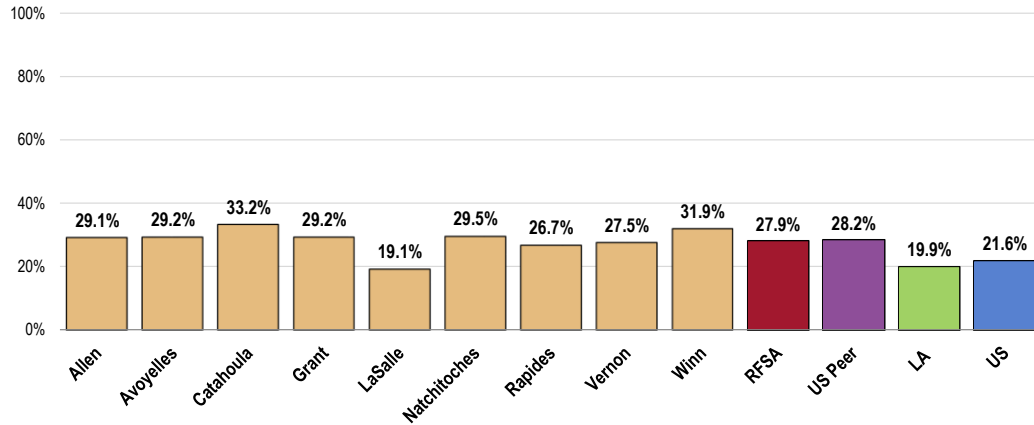
## Depression

### Diagnosed Depression

A total of 27.9% of Rapides Foundation Service Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Higher than state and US findings.
- Similar to the US Peer prevalence.
- Favorably low in LaSalle Parish.

## Have Been Diagnosed With a Depressive Disorder



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]  
 • 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.

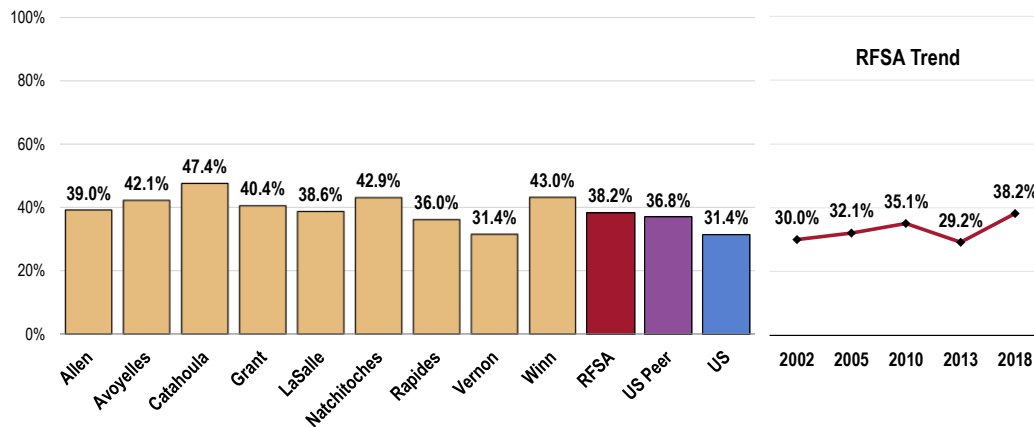
Notes: • Asked of all respondents.  
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

## Symptoms of Chronic Depression

**A total of 38.2% of Rapides Foundation Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).**

- Less favorable than national findings.
- Comparable to the US Peer percentage.
- Statistically highest (based on respondent sample size) in Natchitoches Parish.
- TREND: Marks a statistically significant increase over time.

## Have Experienced Symptoms of Chronic Depression



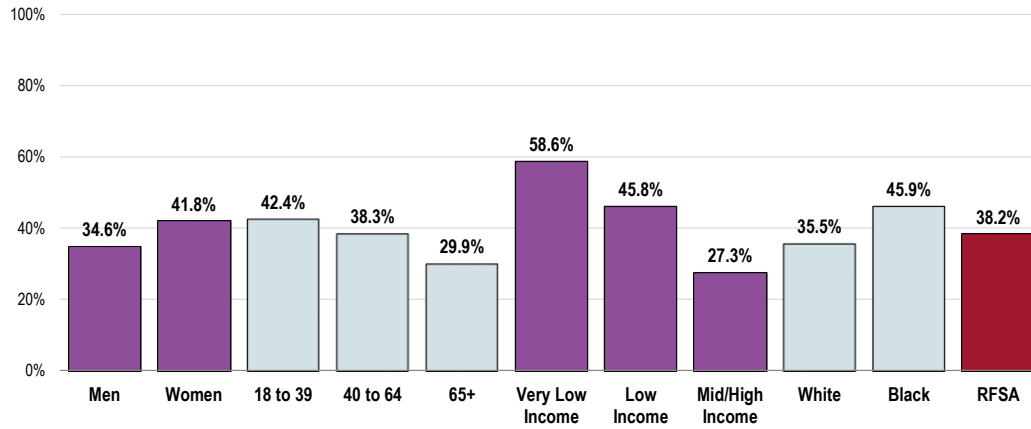
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

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

- Women.
- Adults under age 65.
- Adults with lower incomes.
- Black residents.

### Have Experienced Symptoms of Chronic Depression (Rapides Foundation Service Area, 2018)



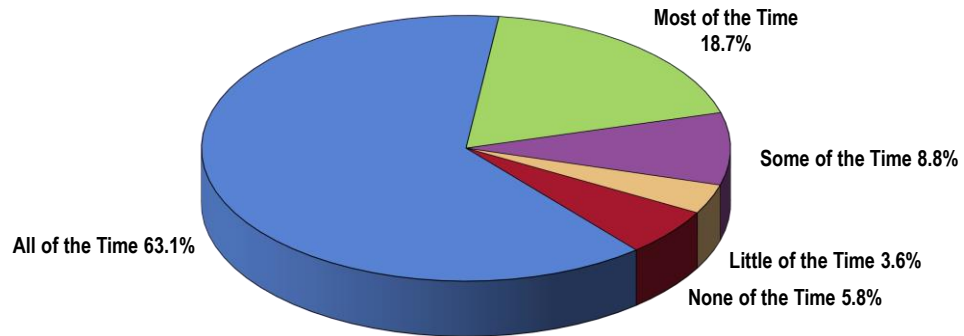
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]  
 Notes: • Asked of all respondents.  
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.  
 • Hispanics can be of any race. Other 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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

### Emotional Support

Most RFSA adults had someone to turn to "all" (63.1%) or "most" (18.7%) of the time in the past month.

- Another 8.8% of survey respondents say they had someone to turn to "some of the time" last month.
- On the other hand, 9.4% of survey respondents had someone to turn to for emotional support in the past month "little" or "none" of the time.

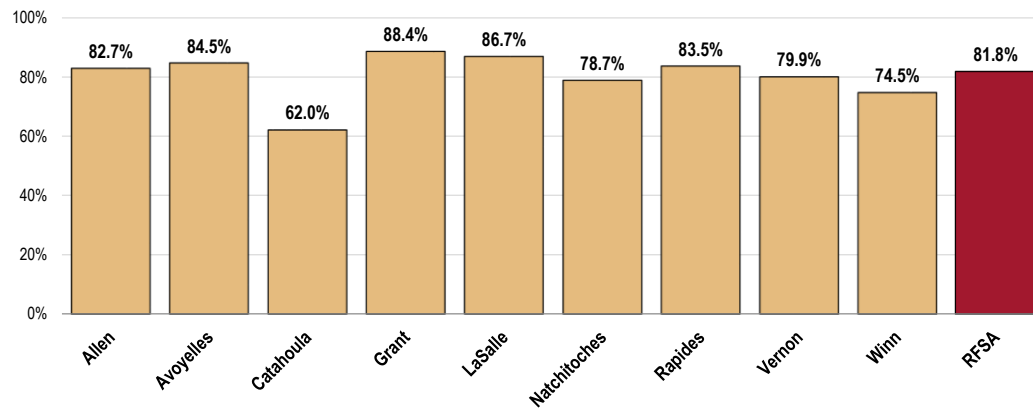
### Frequency of Having Someone to Turn to in the Past Month (Rapides Foundation Service Area, 2018)



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

- Viewed by parish, adults in Catahoula Parish are less likely to report having reliable emotional support.

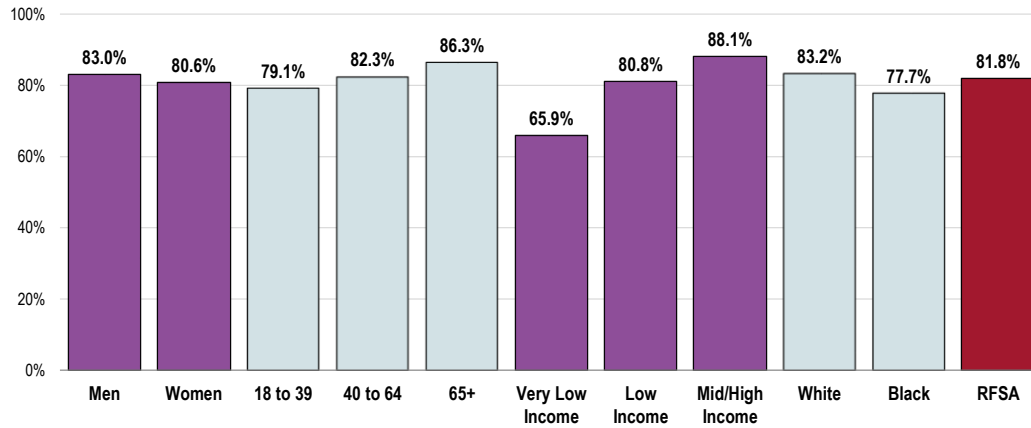
### Had Someone to Turn to “All” or “Most” of the Time in the Past Month (Rapides Foundation Service Area, 2018)



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

- Note that reliable emotional support is less prevalent among adults under age 65, lower income residents (especially very low income residents), and Black respondents.

### Had Someone to Turn to “All” or “Most” of the Time in the Past Month (Rapides Foundation Service Area, 2018)



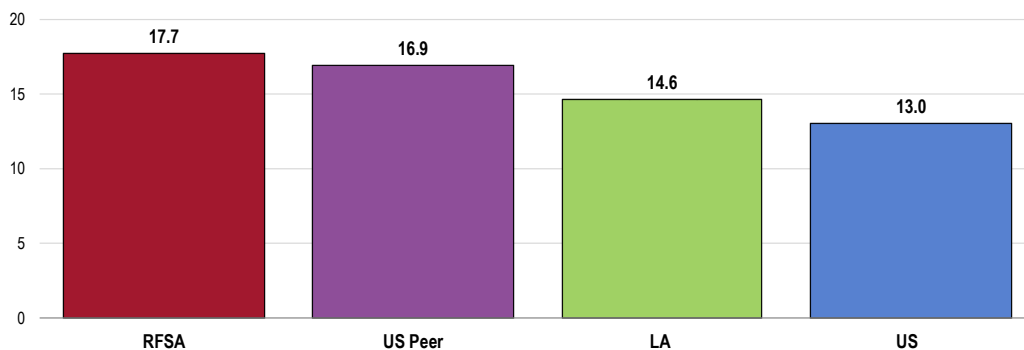
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 330]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.

### Suicide

Between 2014 and 2016, there was an annual average age-adjusted suicide rate of 17.7 deaths per 100,000 population in the nine-parish service area.

- Higher than the statewide and national rates.
- Comparable to the US Peer rate.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.

### Suicide: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 10.2 or Lower

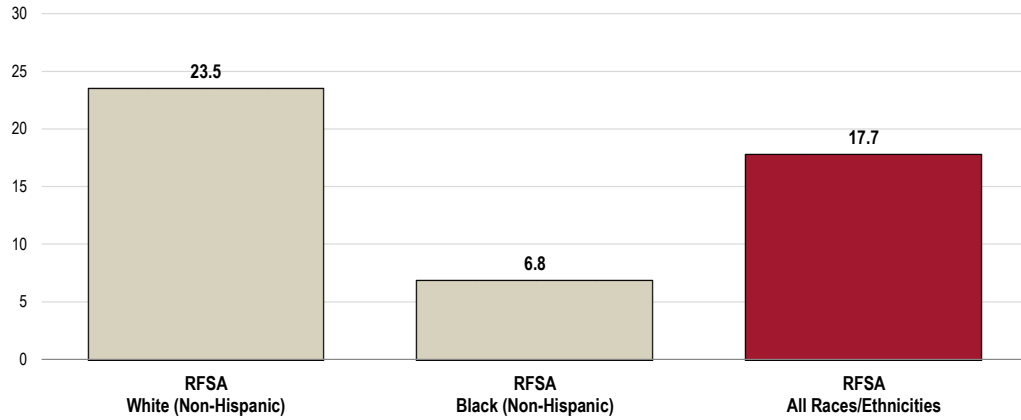


Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>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



- The RFSA suicide rate is dramatically higher among non-Hispanic Whites than among non-Hispanic Blacks.

**Suicide: Age-Adjusted Mortality by Race**  
 (2014-2016 Annual Average Deaths per 100,000 Population)  
 Healthy People 2020 Target = 10.2 or Lower



Sources:
 

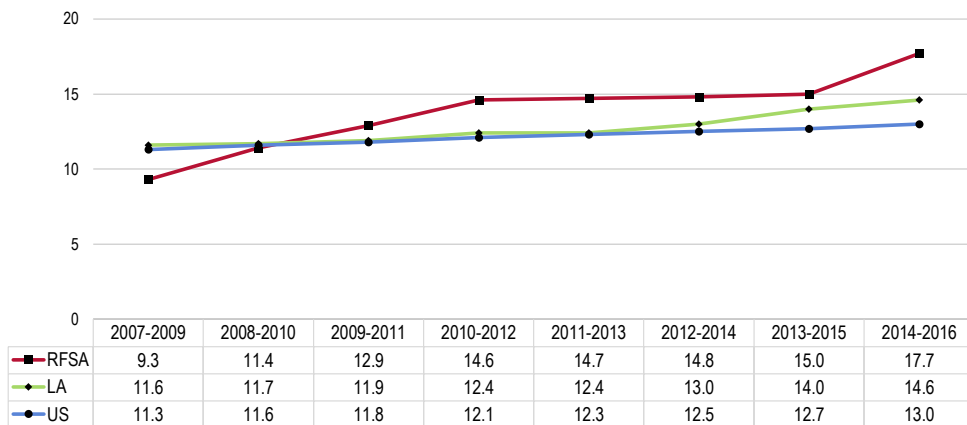
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>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

- TREND: The area suicide rate has overall trended upward.

**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 June 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.
- In 2007 and 2008, Allen County deaths were underreported in error.

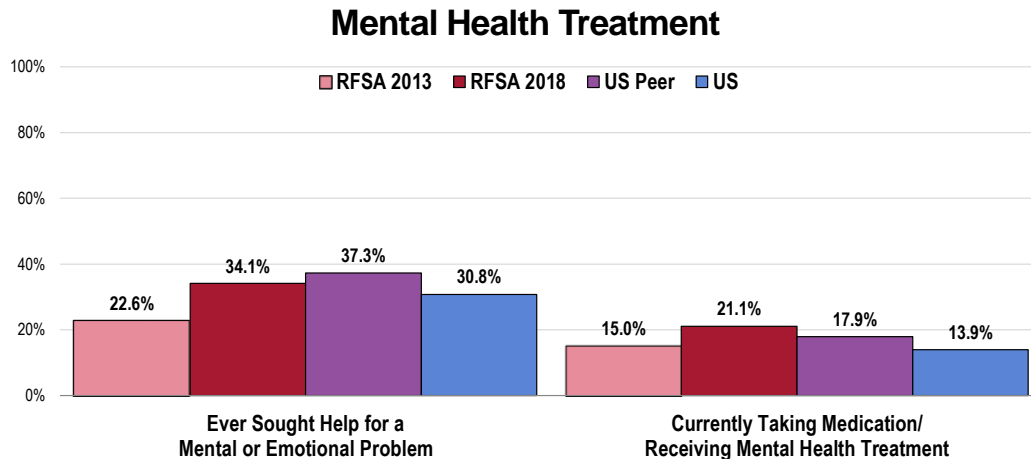
## Mental Health Treatment

A total of 34.1% of Rapides Foundation Service Area adults acknowledge having ever sought professional help for a mental or emotional problem.

- Comparable to national and US Peer findings.
- TREND: Denotes a statistically significant increase since 2013 (when this question was first asked).

A total of 21.1% are currently taking medication or receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

- Higher than the prevalence reported nationally.
- Comparable to the prevalence among US Peer counties.
- TREND: Marks a statistically significant increase since 2013.



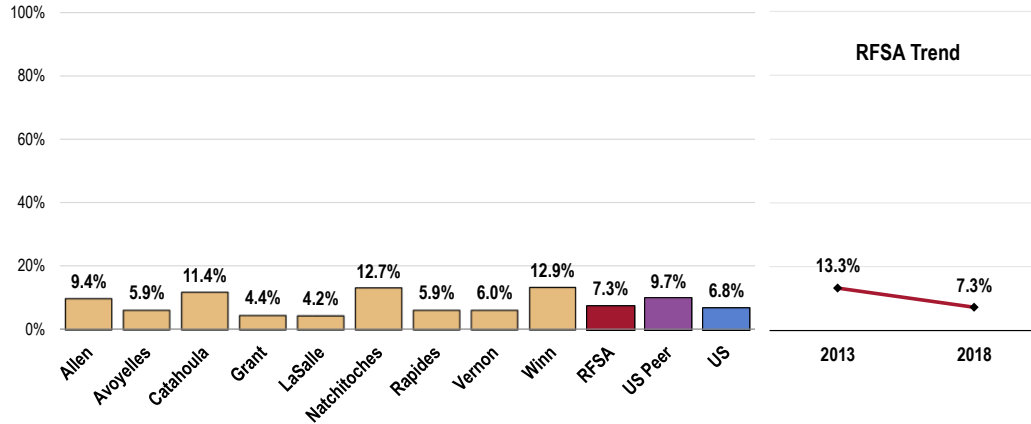
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 103-104]
  - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Reflects the total sample of respondents.
  - "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

## Difficulty Accessing Mental Health Services

A total of 7.3% of Rapides Foundation Service Area adults report a time in the past year when they needed mental health services, but were not able to get them.

- Similar to the national and US Peer findings.
- Unfavorably high in Natchitoches and Winn parishes.
- TREND: Marks a statistically significant improvement since 2013.

### Unable to Get Mental Health Services When Needed in the Past Year

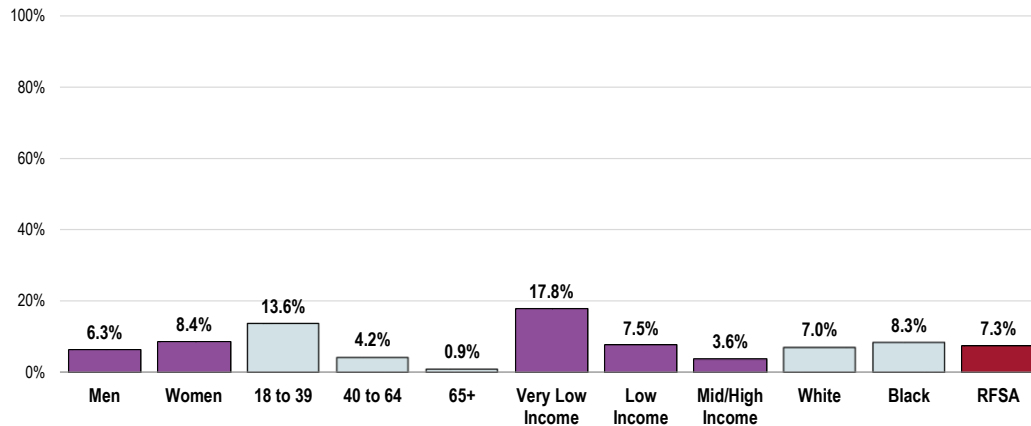


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

Note that access difficulty is notably more prevalent among:

- Adults under age 65.
- Adults with lower incomes.

### Unable to Get Mental Health Services When Needed in the Past Year (Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other 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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

Among persons citing difficulties accessing mental health services in the past year, these are predominantly attributed to **cost or insurance issues** (mentioned by 47.9%); barriers mentioned less frequently were primarily access-related, such as scheduling issues, lack of transportation, long waits for appointments, and inconvenience office locations.

## Key Informant Input: Mental Health

The greatest share of key informants taking part in an online survey characterized *Mental Health* as a “major 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.

## Top Concerns

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

### Access to Care/Services

*People with mental illness are not able to get mental health services unless they present a danger to themselves or others. This leaves a large number of people without care because their PCP's refuse to treat these issues, referring them to OBH and OBH won't take them if they aren't in crisis. – Social Services Provider (Natchitoches Parish)*

*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)*

*We are in a rural parish. Both hospitals have behavioral health units for senior adults only. There are no licensed mental health clinics available for adults. There are some services being provided to youth in the schools, outside contracted companies. – Community Leader (LaSalle Parish)*

*Mental health is an issue in our community, due to the lack of services available. There are almost no options in the parish available. – Community Leader (Winn 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)*

*Nowhere to get help, or not enough help available for the population that exists in Catahoula. – Public Health Representative (Catahoula 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)*

*No nearby mental health clinics or specialists in the area. – Social Services Provider (LaSalle Parish)*

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

*There are few resources for individuals and families with mental health. – Social Services Provider (Allen 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)*

*No mental health hospital. They just put them into prison. – Community Leader (Avoyelles 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)*

### **Lack of Providers**

*There is limited access to psychiatric care and medication management needs for children and youth. Natchitoches has experienced increased suicide rates among its population. Numerous reports have been encountered of parents seeking aftercare support and medication management for youth returning from psychiatric hospitalizations. Although a referral is given to the local mental health clinic, numerous people are turned away from the Office of Behavioral Health, as they do not have enough doctors to meet the need for services or to refill psychotropic medications. There is a large gap in*

services and a desperate need for a child psychiatrist in this area. This seems to be a community gap, with a shortage of services encountered across socioeconomic groups. – Social Services Provider (Natchitoches Parish)

Not enough psychiatric services. There is a huge shortage of child psychiatrists willing to treat children that are in the state system or on Medicaid; they simply will not accept Medicaid rates. – Social Services Provider (Natchitoches Parish)

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)

This appears to be the major problem. Access to counselors, psychologist and psychiatric services. – Community Leader (Natchitoches 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)

Not much of a selection of daily group therapy for young patients. – Social Services Provider (Avoyelles Parish)

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

No specialist to address issues. – Community Leader (Winn Parish)

### Health Education and Awareness

Many experience 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)

### Denial/Stigma

We still stigmatize mental illness and those who live with mental illness. People are often ashamed to reach out for assistance. Choices for treatment are mostly limited to pharmaceuticals. – Community Leader (Grant Parish)

Stigma. No way to talk about stressors like limited income, no job, inadequate shelter, etc. People underestimate the impact of depression. – Community Leader (Natchitoches Parish)

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)

Access to care and care that is paid for. Sensitivity to their mental issues and stigma associated with having mental health issues. – Other Health Provider (Natchitoches 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)

Stigma of diagnosis. Lack of wraparound services. – Other Health Provider (Winn Parish)

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

### Prevalence/Incidence

Most individuals deal with some form of mental health issues, even if it is temporary or minor depression. People tend to ignore this condition altogether, to avoid the stigmatism and labeling of mental illnesses. – Other Health Provider (Vernon Parish)

*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)*

### **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)*

### **Diagnosis/Treatment**

*Lack of diagnosis for mental issues and the social stigma that comes along with it. Also, isolation and a lack of social interaction, due to social media and high violence in video games. – Social Services Provider (Avoyelles Parish)*

*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)*

### **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)*

### **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)*

### **Drugs/Alcohol**

*Self-medication with drugs and alcohol. Over-prescription of drugs that cause suicidal and homicidal thoughts. Lack of affordable counseling services. Mental illness is so rampant that the behavior is often seen as the norm and seeking help as a weakness. – Social Services Provider (Vernon Parish)*

*Drug use. Mental health diagnosis. Many times, there is incarceration when mental health treatment is more appropriate. – 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)*

### **Impact on Caregivers/Families**

*Having worked in law enforcement and the Avoyelles Parish District's office, I have seen how mental illness affects families and our community. For years, I have said those with mental illness fall through the cracks in the mental health system. Lack of funding is also a contributing factor to lack of resources*

*for the mentally ill. I believe most people in our community do not have insurance to cover mental illness treatment. It basically falls on the shoulders of the state to provide the needed resources for the mentally ill. Unfortunately, many of the mentally ill fall victim to addiction. The state has limited resources, due to the lack of funding. Many who have severe mental illness need help and are dependent on someone else providing a roof over their head. Which is problematic due to them not having a place of their own and even being victimized by their family and vice versa; it's a double-edged sword. Their families don't want them, and neither does the criminal system. – Community Leader (Avoyelles 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

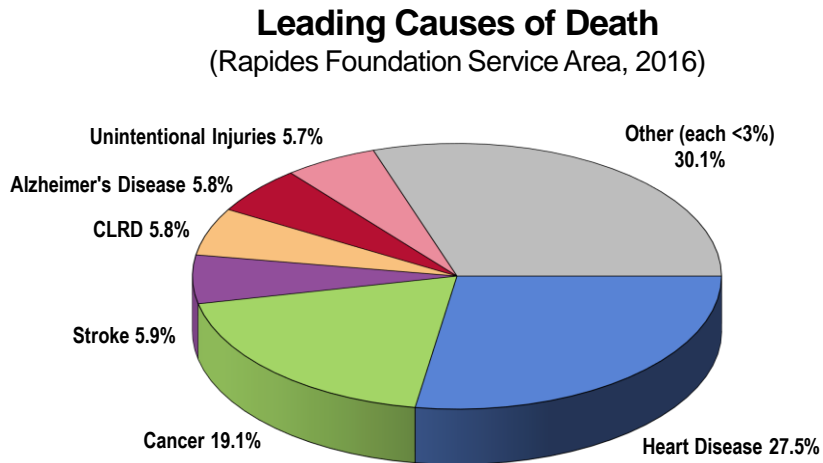


Professional Research Consultants, Inc.

## Leading Causes of Death

### Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for over half of all deaths in the Rapides Foundation Service Area in 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 June 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, US Peer counties, Louisiana, 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.

The following chart outlines 2014-2016 annual average age-adjusted death rates per 100,000 population for selected causes of death in the Rapides Foundation Service Area.

Each of these is discussed in greater detail in subsequent sections of this report.

For infant mortality data, see [Birth Outcomes & Risks](#) in the [Births](#) section of this report.

## Age-Adjusted Death Rates for Selected Causes (2014-2016 Deaths per 100,000 Population)

	RFSa	US Peer	LA	US	HP2020
Diseases of the Heart	244.7	186.7	213.8	167.0	156.9*
Malignant Neoplasms (Cancers)	184.4	170.8	179.4	158.5	161.4
Unintentional Injuries	57.3	53.5	54.0	43.7	36.4
Chronic Lower Respiratory Disease (CLRD)	56.3	51.4	43.9	40.9	n/a
Cerebrovascular Disease (Stroke)	55.9	40.4	45.9	37.1	000
Alzheimer's Disease	50.3	30.5	41.2	28.4	n/a
Pneumonia/Influenza	25.5	16.6	15.7	14.6	n/a
Diabetes Mellitus	23.2	24.3	24.6	21.1	20.5*
Motor Vehicle Deaths	20.9	16.6	16.7	10.0	12.4
Kidney Disease	19.9	15.2	23.6	13.2	n/a
Firearm-Related	19.6	13.3	20.2	11.0	9.3
Intentional Self-Harm (Suicide)	17.7	16.9	14.6	13.0	10.2
Unintentional Drug-Related Deaths	11.7	14.2	16.9	14.3	11.3
Cirrhosis/Liver Disease	10.3	12.4	10.0	10.6	8.2
Homicide/Legal Intervention	9.9	4.8	12.8	5.7	5.5
HIV/AIDS	4.0	1.5	5.5	2.5	3.3

Sources: 

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

Note: 

- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>.
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- \*The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.

## 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](http://www.healthypeople.gov))

## Age-Adjusted Heart Disease & Stroke Deaths

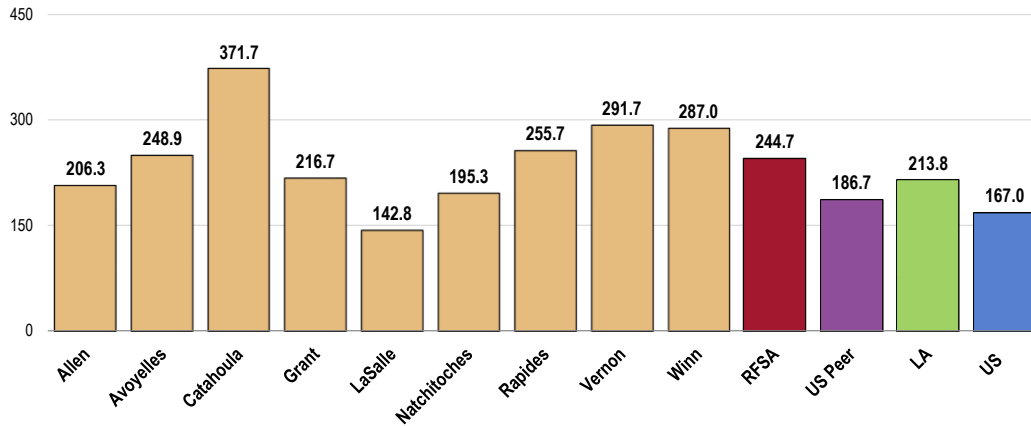
### Heart Disease Deaths

**Between 2014 and 2016 there was an annual average age-adjusted heart disease mortality rate of 244.7 deaths per 100,000 population in the Rapides Foundation Service Area.**

- Similar to the Louisiana rate.
- Higher than the national and US Peer rates.
- Fails to satisfy the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).
- Highest in Catahoula Parish; lowest in Allen, LaSalle, and Natchitoches parishes.

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

### Heart Disease: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 156.9 or Lower (Adjusted)



Sources: 

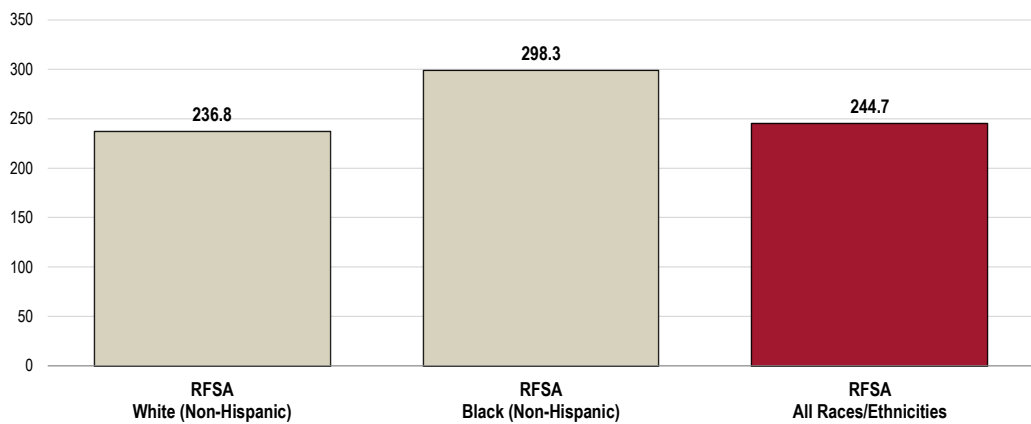
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>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

- By race, the heart disease mortality rate is notably higher among Blacks when compared with Whites in the Rapides Foundation Service Area.

### Heart Disease: Age-Adjusted Mortality by Race (2014-2016 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 June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]

Notes: 

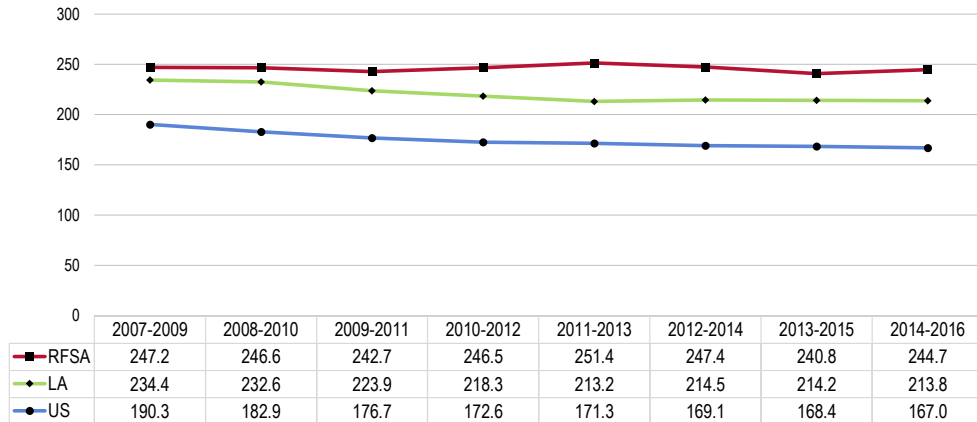
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for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

- **TREND:** The heart disease mortality rate has been stable over time in the Rapides Foundation Service Area; note the decreasing trends across Louisiana and the US overall.

### Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

**Healthy People 2020 Target = 156.9 or Lower (Adjusted)**



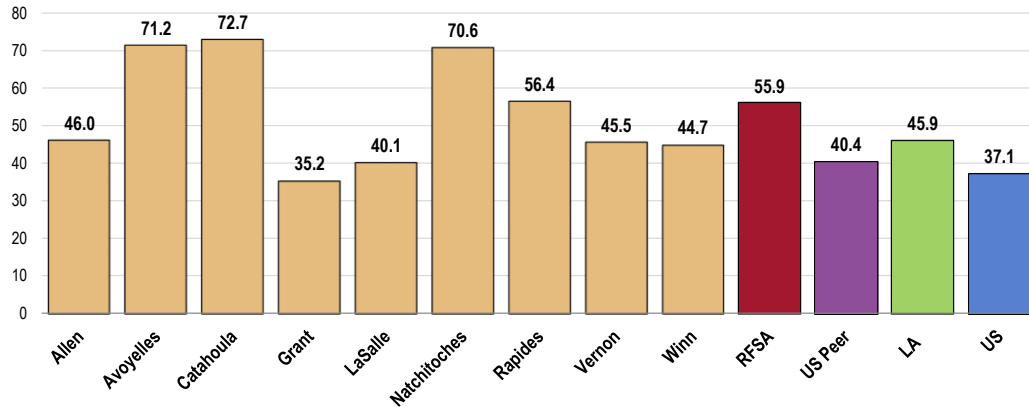
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [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.
  - In 2007 and 2008, Allen County deaths were underreported in error.

### Stroke Deaths

**Between 2014 and 2016, there was an annual average age-adjusted stroke mortality rate of 55.9 deaths per 100,000 population in the Rapides Foundation Service Area.**

- Worse than the US Peer, state, and national death rates.
- Fails to satisfy the Healthy People 2020 target of 34.8 or lower.
- Higher in Avoyelles, Catahoula, Natchitoches, and Rapides parishes.

### Stroke: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 34.8 or Lower



Sources: 

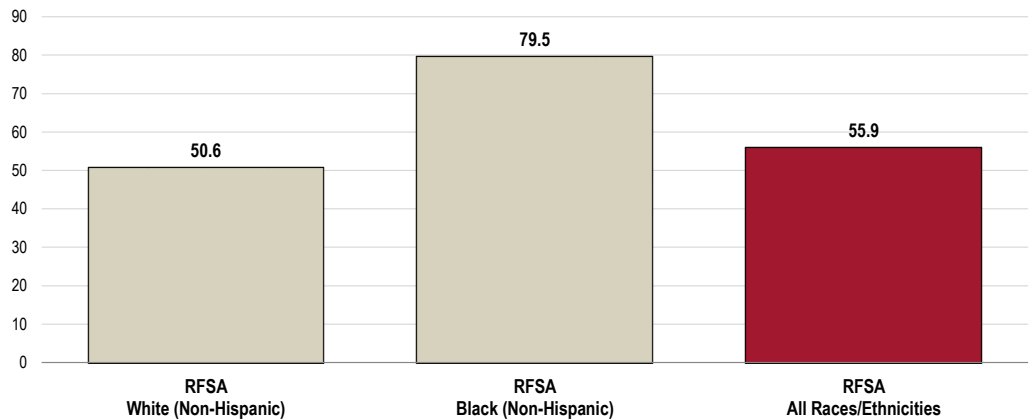
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>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

- Stroke mortality is higher among RFSA Blacks when compared with Whites in the service area.

### Stroke: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 34.8 or Lower



Sources: 

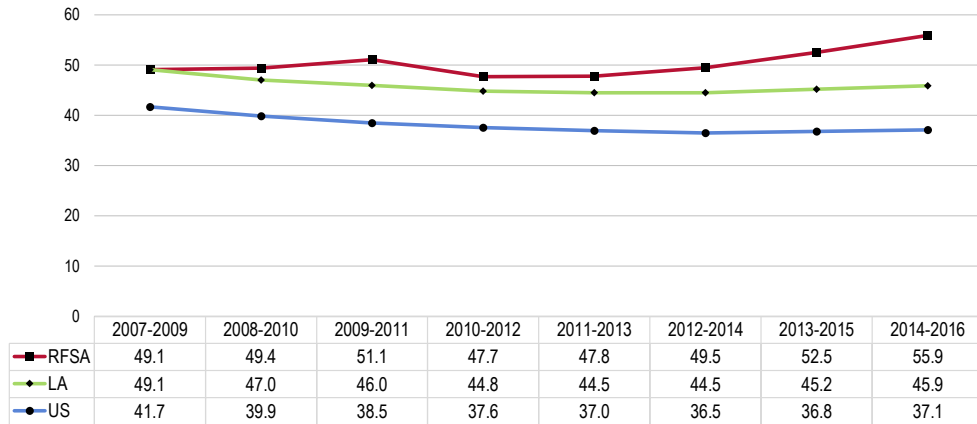
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>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

- **TREND:** The stroke rate has increased in recent years, in contrast to the decreasing trends reported statewide and nationally.

**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 June 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.  
 • In 2007 and 2008, Allen County deaths were underreported in error.

**Prevalence of Heart Disease & Stroke**

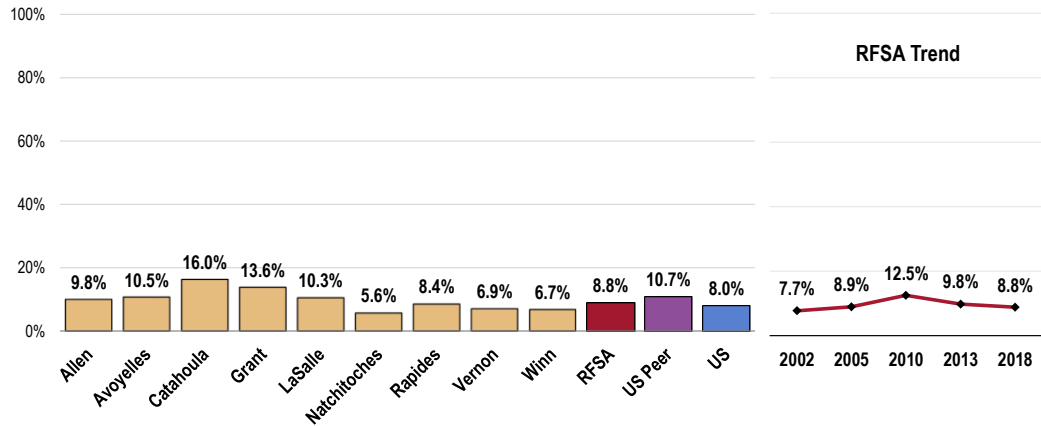
**Prevalence of Heart Disease**

**A total of 8.8% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.**

- Similar to the US Peer and national prevalence.
- Unfavorably high in Catahoula and Grant parishes; lowest in Natchitoches Parish.
- **TREND:** Although lower than the high reported in 2010, statistically unchanged from baseline 2002 survey findings.



### Prevalence of Heart Disease

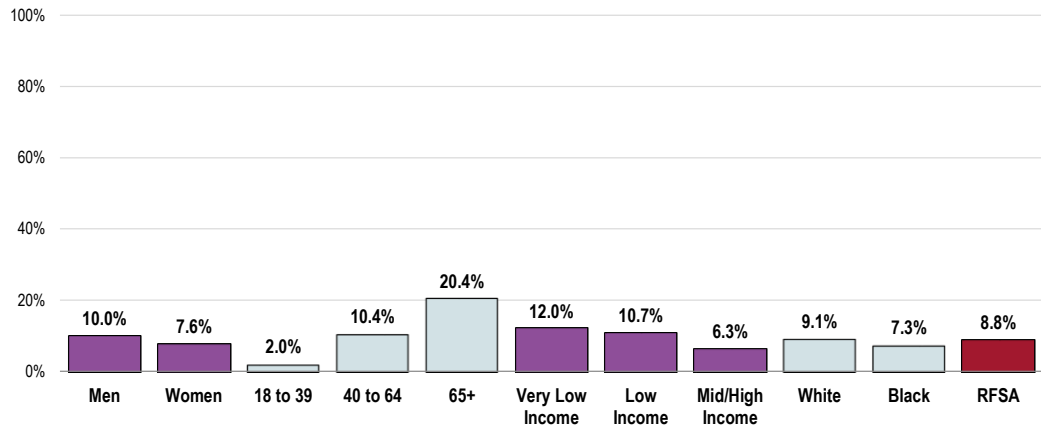


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • Includes diagnoses of heart attack, angina, or coronary heart disease.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

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

- Men.
- Seniors (correlates with age).
- Very low and low income residents.

### Prevalence of Heart Disease (Rapides Foundation Service Area, 2018)

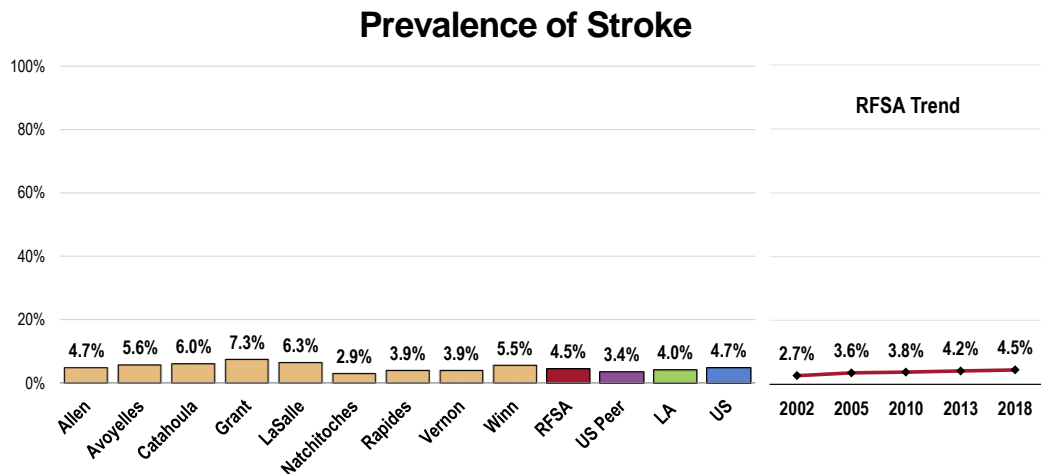


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]  
 Notes: • Asked of all respondents.  
 • Includes diagnoses of heart attack, angina, or coronary heart disease.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

### Prevalence of Stroke

A total of 4.5% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to peer, statewide, and national findings.
- Statistically similar findings by parish.
- TREND: Denotes a statistically significant increase in stroke prevalence over time.



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]  
 • 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.

Notes: • Asked of all respondents.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

## 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](http://www.healthypeople.gov))

## High Blood Pressure

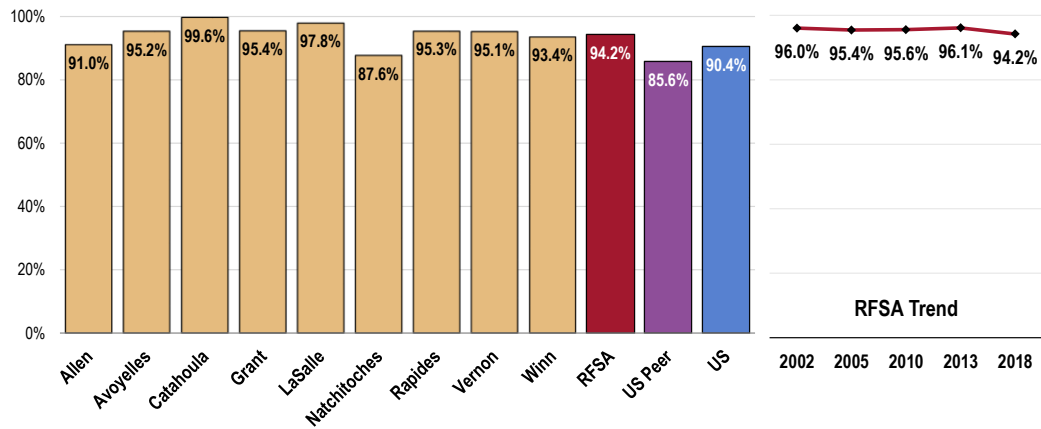
### High Blood Pressure Testing

**A total of 94.2% of Rapides Foundation Service Area adults have had their blood pressure tested within the past two years.**

- Higher than peer and national findings.
- Satisfies the Healthy People 2020 target (92.6% or higher).
- Prevalence is lowest among respondents in Natchitoches Parish.
- TREND: Denotes a statistically significant decrease since 2002.

### Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 42]
  - 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-4]
- Notes:
- Asked of all respondents.
  - "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

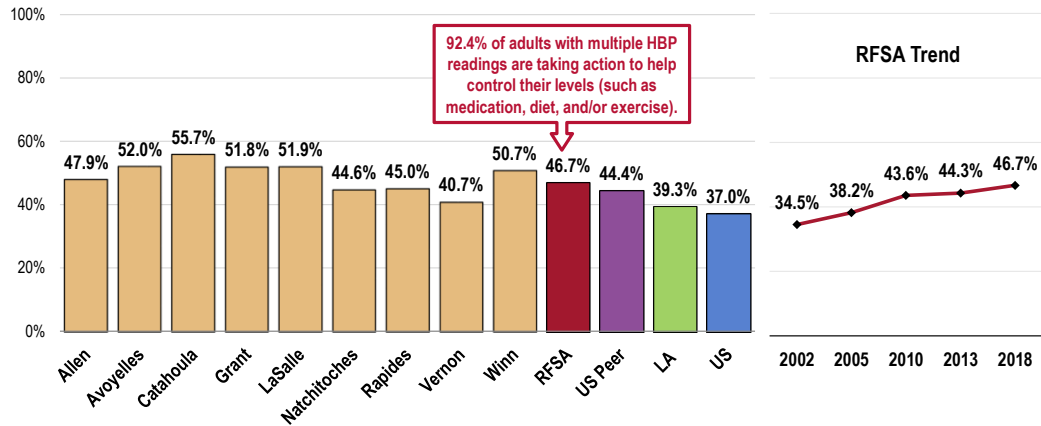
### Prevalence of High Blood Pressure

**A total of 46.7% of Rapides Foundation Service Area adults have been told at some point that their blood pressure was high.**

- Less favorable than the Louisiana and US percentages.
- Similar to the prevalence among peer counties.
- Far from satisfying the Healthy People 2020 target (26.9% or lower).
- Favorably low in Vernon Parish.
- TREND: Denotes a statistically significant increase since 2002.

Among adults with multiple high blood pressure readings, 92.4% are taking action to lower their blood pressure (such as medication, change in diet, and/or exercise).

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

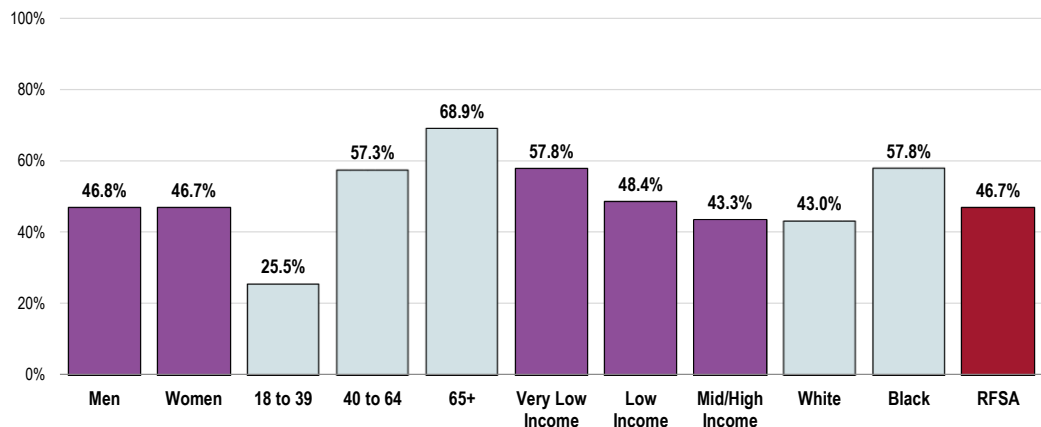


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 41, 129]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 Louisiana data.  
 • 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 HDS-5.1]  
 Notes: • Asked of all respondents.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

High blood pressure is more prevalent among:

- Adults age 40 and older, and especially those age 65+.
- Residents living at lower incomes.
- Blacks.

### Prevalence of High Blood Pressure (Rapides Foundation Service Area, 2018) Healthy People 2020 Target = 26.9% or Lower



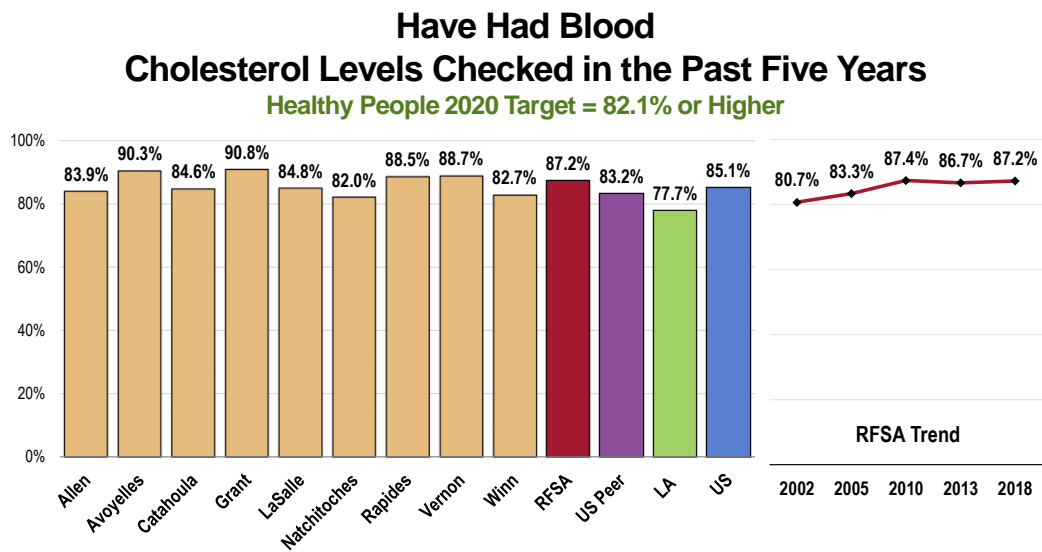
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other 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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

## High Blood Cholesterol

### Blood Cholesterol Testing

**A total of 87.2% of Rapides Foundation Service Area adults have had their blood cholesterol checked within the past five years.**

- Similar to the peer and national percentages.
- Higher than the Louisiana percentage.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- Lower in Natchitoches Parish.
- TREND: Denotes a statistically significant increase since 2002.



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]  
 • 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 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 HDS-6]

Notes: • Asked of all respondents.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

### Prevalence of High Blood Cholesterol

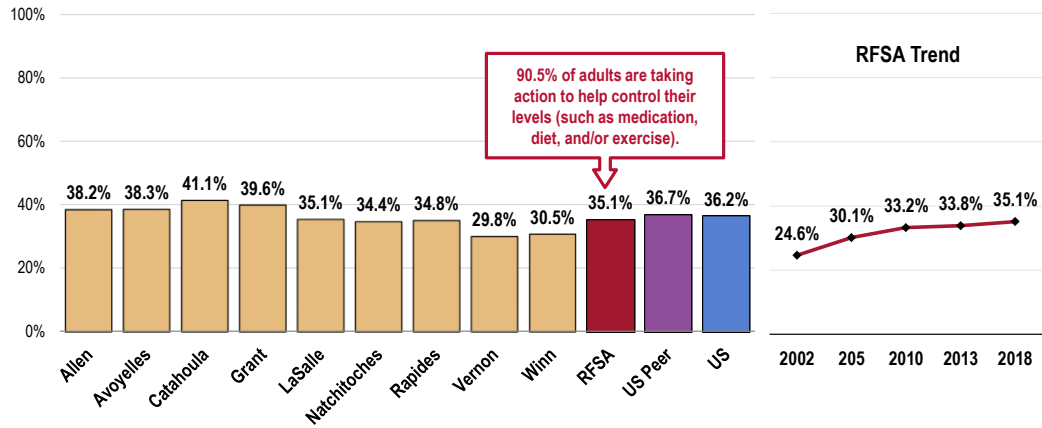
**A total of 35.1% of adults have been told by a health professional that their cholesterol level was high.**

- Similar to the US Peer and national prevalence.
- Over twice the Healthy People 2020 target (13.5% or lower).
- Lowest in Vernon Parish.
- TREND: Denotes a statistically significant increase since 2002.

Among adults with high blood cholesterol readings, 90.5% are taking action to lower their numbers (such as medication, change in diet, and/or exercise).

### Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 44, 130]  
 • 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.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

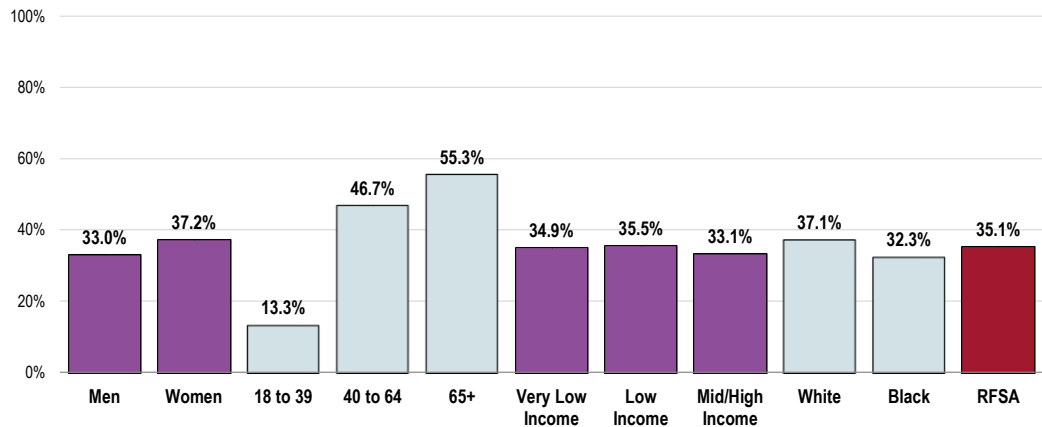
Further note the following:

- Women in the service area are more likely than men to have been diagnosed with high blood cholesterol levels.
- There is a strong, positive correlation between age and high blood cholesterol.

### Prevalence of High Blood Cholesterol

(Rapides Foundation Service Area, 2018)

Healthy People 2020 Target = 13.5% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other 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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

### 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

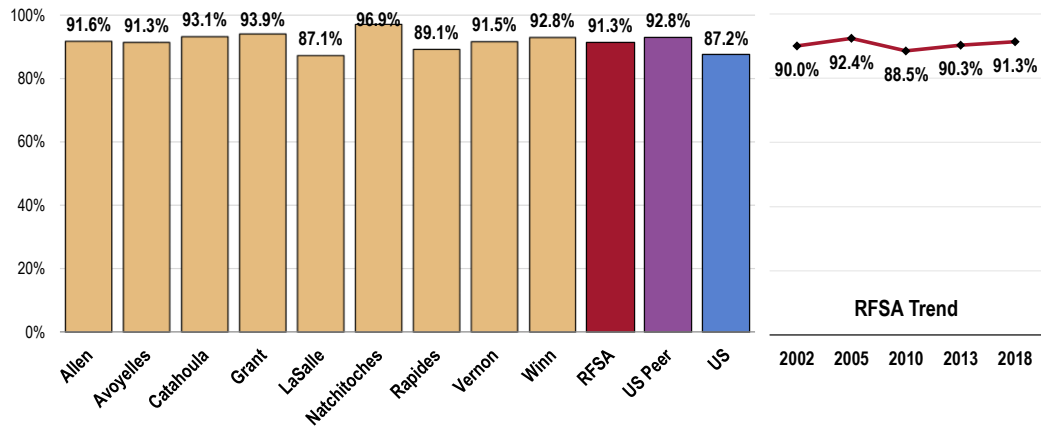
**A total of 91.3% of Rapides Foundation Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.**

- Higher than national findings.
- Comparable to the percentage among peer counties nationwide.
- The percentage is highest among respondents in Natchitoches Parish.
- TREND: Statistically unchanged over time.

#### RELATED ISSUE:

See also *Nutrition, Physical Activity, Weight Status, and Tobacco Use* in the **Modifiable Health Risks** section of this report.

### Present One or More Cardiovascular Risks or Behaviors



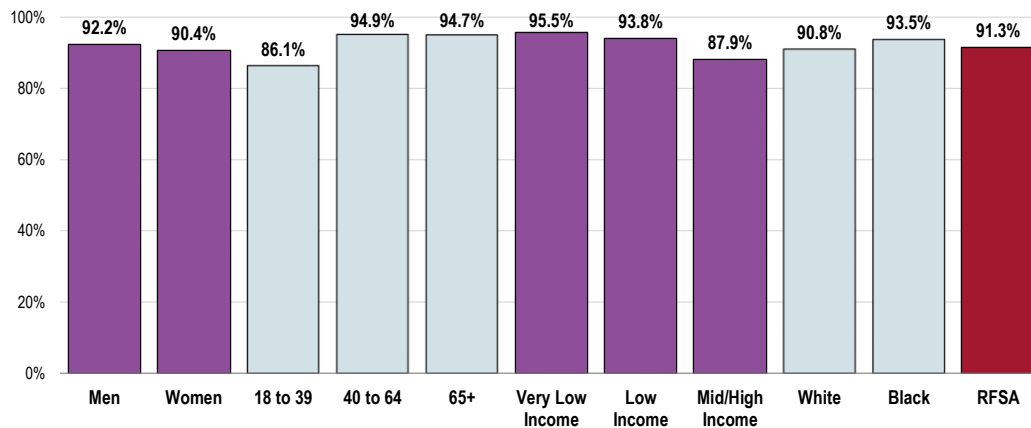
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

Residents more likely to exhibit cardiovascular risk factors include:

- Adults age 40 and older.
- Those at lower income levels.
- Blacks.

### Present One or More Cardiovascular Risks or Behaviors (Rapides Foundation Service Area, 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.  
 • Hispanics can be of any race. Other 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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

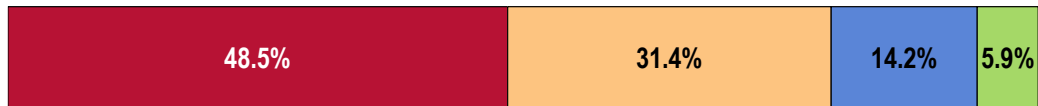


## Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a “major problem” in the community.

### Perceptions of Heart Disease and Stroke 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

*So many people in our community suffer from heart disease. There seems to be very little knowledge about how to avoid it, and obesity runs rampant. – Community Leader (LaSalle Parish)*

*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)*

*They are major problems in my community because of all the diagnoses of heart disease and stroke of which I hear, and the deaths related to those illnesses. – Community Leader (Grant Parish)*

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

*They affected almost every family in our community. I feel diet and exercise play major roles in this. – Community Leader (LaSalle Parish)*

*I work in home health, and previously in cardiac rehab. High instance of heart attack and stroke. – Social Services Provider (Avoyelles 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)*

*Someone we know needs stints every month. We have had friends and family members die of cardiovascular disease. – Social Services Provider (Vernon 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)

### 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)

Many individuals are obese, lack proper regiment of exercise, do not follow healthy eating life style, and are unaware of potential danger signs for the diseases. – Community Leader (Winn 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)

Too many people are obese, and too many people smoke. – Community Leader (Allen Parish)

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

Obesity. – Community Leader (Natchitoches 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)

Heart disease and stroke are a major problem because of bad diet, lack of exercise, poor lifestyle choices, such as drugs and tobacco. Also, we have a small rural hospital to treat these problems. When possible, the best options are out of town. – Community Leader (Winn 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)

Diet, nutrition, counseling, obesity rates, and tobacco use. – Public Health Representative (Catahoula Parish)

I would think that diet and lack of exercise, plus smoking, would be the major factors in heart disease in my area. – Social Services Provider (Grant Parish)

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

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

Diet. – Community Leader (Avoyelles 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)

Poor health habits, lack of education dealing with nutrition and exercise. – Social Services Provider (Grant 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)*

### **Leading Cause of Death**

*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)*

*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)*

*Both are listed as some of our parishes top disease mortality/morbidity challenges. – Other Health Provider (Natchitoches 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)*

*Lack of education, poor diet and limited education. – Other Health Provider (Avoyelles Parish)*

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

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

### **Access to Care/Services**

*Same barriers as with cancer and diabetes. Not enough physicians with expertise to care for the disease. Not enough patient education to help them properly manage the disease. Barriers to physical activity and proper nutrition education. – Community Leader (LaSalle Parish)*

*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)*

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

*Limited cardiology services. – Community Leader (Winn Parish)*

### **Contributing Factors**

*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)*

*High blood pressure and heart disease are a major problem in our community. The nurses at our school-based health center are seeing more of our children with high blood pressure at young ages. – Community Leader (Allen Parish)*

*Mainly because of the age of most of our residents, but also because of the diet of the majority of the resident. – Community Leader (Grant 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)*

*Family history, noncompliance with doctor appointments, medications, poor diet choices and no structured exercise regimen. – Social Services Provider (Avoyelles Parish)*

*Hereditary, but also dietary and environmental factors. – Other Health Provider (Vernon Parish)*

*Inherited problems and smoking. – Social Services Provider (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](http://www.healthypeople.gov))

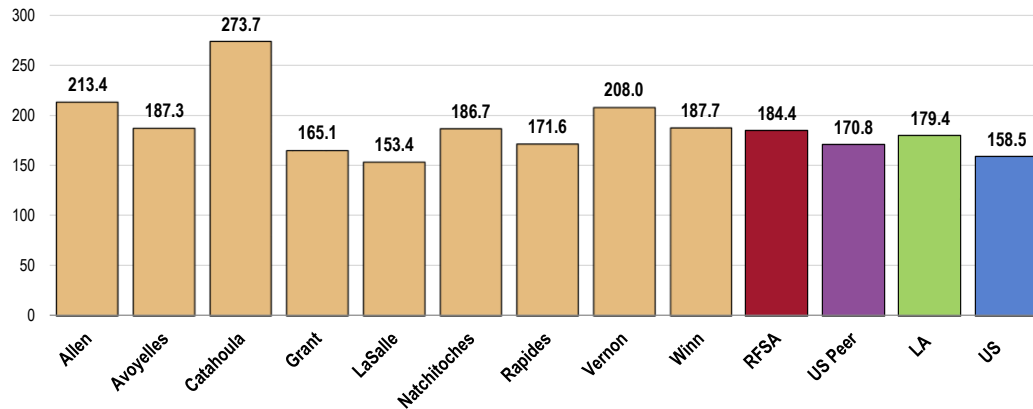
## Age-Adjusted Cancer Deaths

### All Cancer Deaths

**Between 2014 and 2016, there was an annual average age-adjusted cancer mortality rate of 184.4 deaths per 100,000 population in the Rapides Foundation Service Area.**

- Comparable to peer, state, and national death rates.
- Similar to the Healthy People 2020 target of 161.4 or lower.
- Notably higher in Catahoula Parish.

### Cancer: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 161.4 or Lower



Sources: 

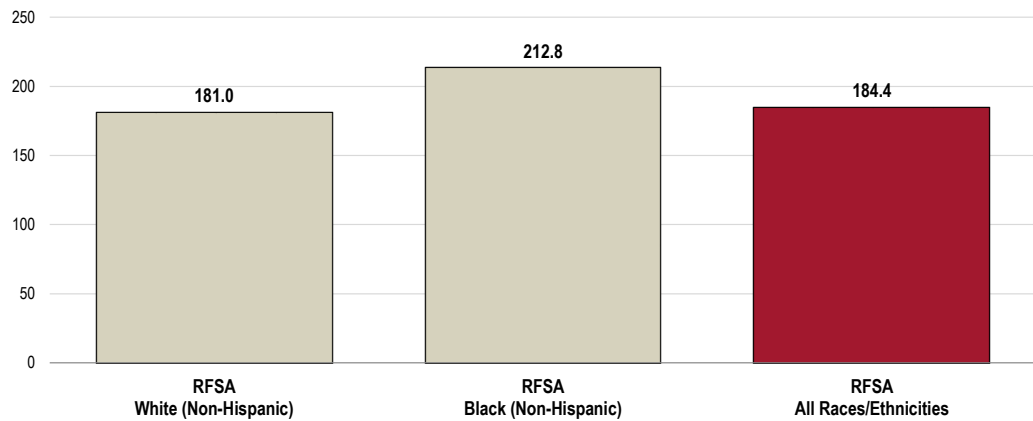
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>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

- The cancer mortality rate is notably higher among service area Blacks.

### Cancer: Age-Adjusted Mortality by Race (2014-2016 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 June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]

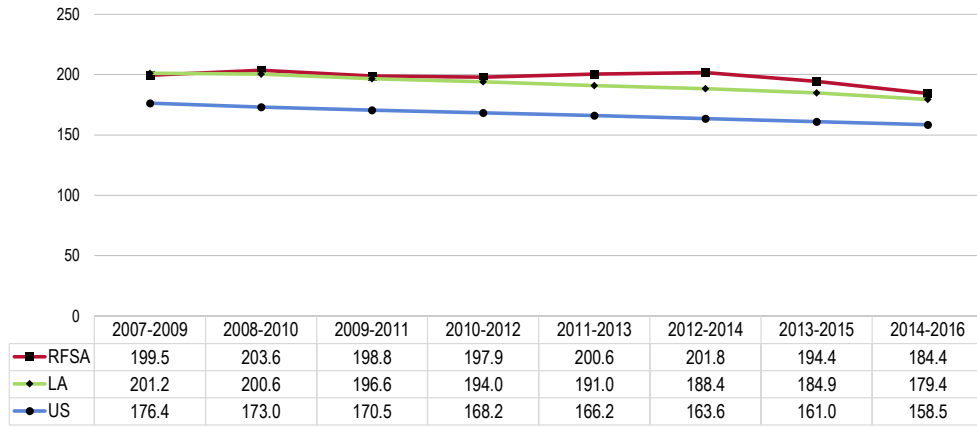
Notes: 

- 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.

- TREND: The decrease over time in service area cancer mortality is not statistically significant; cancer mortality has decreased both statewide and nationally, as shown.

## 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 June 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.
  - In 2007 and 2008, Allen County deaths were underreported in error.

### Cancer Deaths by Site

**Lung cancer is by far the leading cause of cancer deaths in the Rapides Foundation Service Area.**

Other leading sites include breast cancer among women, prostate cancer, and colorectal cancer (both sexes).

As evident in the following chart (referencing 2014-2016 annual average age-adjusted death rates):

- While each RFSA death rate listed is similar to the related state rate, the lung and colorectal cancer death rates are **worse than** their related national rates.
- The Rapides Foundation Service Area **prostate** and **colorectal cancer** death rates are worse than their related US Peer rates.
- With the exception of the colorectal cancer death rate (for which the RFSA rate is worse), each service area death rate is comparable to the related Healthy People 2020 target rate.

### Age-Adjusted Cancer Death Rates by Site (2014-2016 Annual Average Deaths per 100,000 Population)

	RFSa	US Peer	Louisiana	US	HP2020
<b>ALL CANCERS</b>	184.4	170.8	179.4	170.8	161.4
<b>Lung Cancer</b>	50.9	47.0	49.5	40.3	45.5
<b>Female Breast Cancer</b>	22.8	22.5	22.7	20.3	20.7
<b>Prostate Cancer</b>	19.5	14.3	20.4	19.0	21.8
<b>Colorectal Cancer</b>	19.1	15.6	16.9	14.1	14.5

Sources: 

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

### Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted.

Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time.

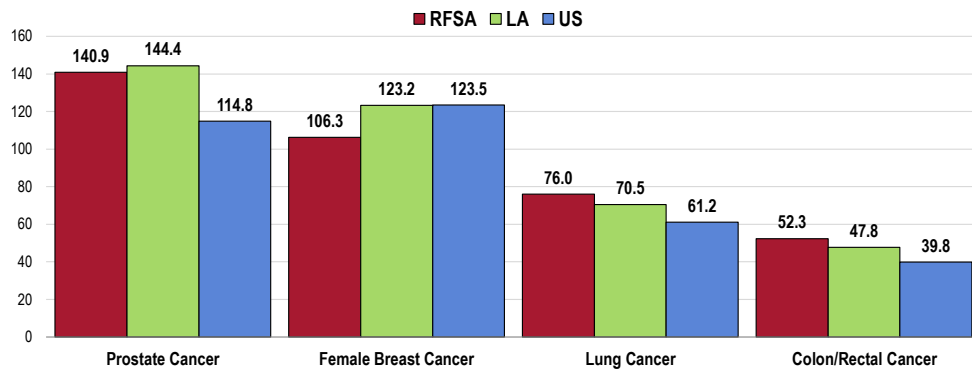
It is usually expressed as cases per 100,000 population per year.

The following 2010-2014 Rapides Foundation Service Area annual average age-adjusted cancer incidence rates are worse than US rates:

- Lung cancer.
- Prostate cancer.
- Colorectal cancer.

Cancer incidence rates are similar to (or better than) state rates for the same years.

### Cancer Incidence Rates by Site (Annual Average Age-Adjusted Incidence per 100,000 Population, 2010-2014)



Sources: 

- State Cancer Profiles.
- Retrieved June 2018 from Community Commons at <http://www.chna.org>.

  
 Notes: 

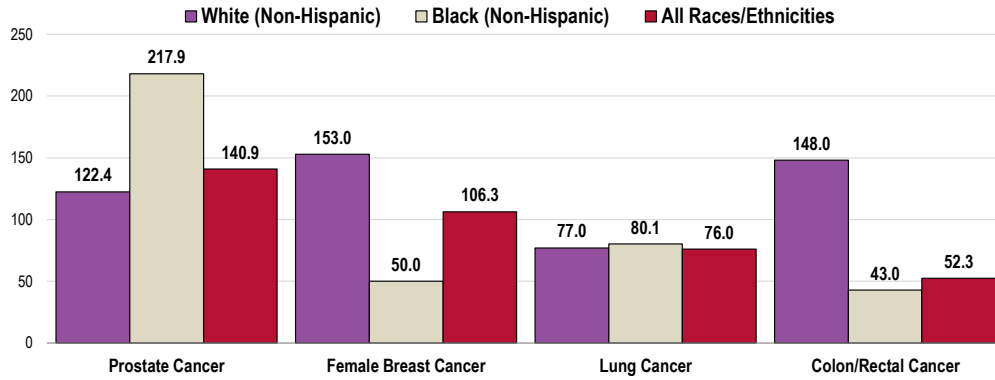
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.



- By available race data, service area Blacks experience a notably higher prostate cancer incidence than Whites.
- On the other hand, RFSA Whites report much higher female breast and colorectal cancer incidence rates than do Blacks.

### Cancer Incidence Rates by Site and Race/Ethnicity

(Annual Average Age-Adjusted Incidence per 100,000 Population, RFSA Trend 2010-2014)



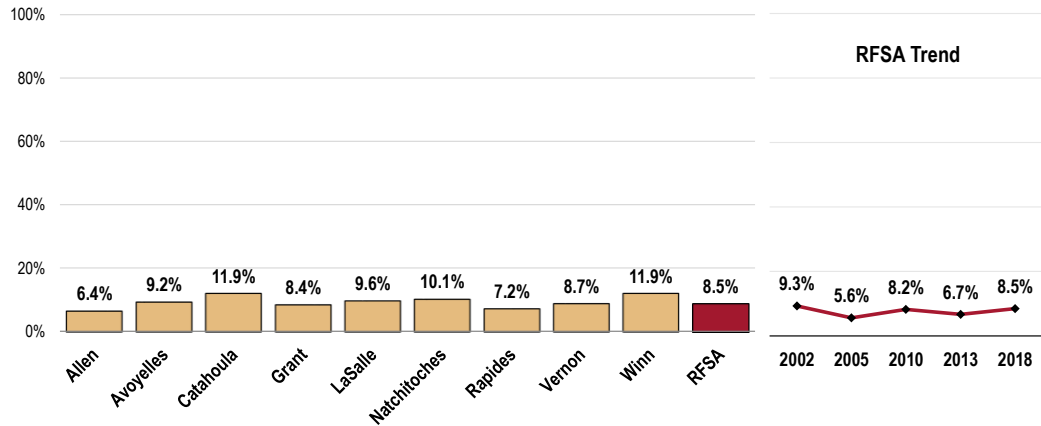
Sources: • State Cancer Profiles.  
 • Retrieved June 2018 from Community Commons at <http://www.chna.org>.  
 Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

### Prevalence of Cancer

A total of 8.5% of surveyed Rapides Foundation Service Area adults report having been diagnosed with some type of cancer.

- The prevalence is statistically similar by parish.
- TREND: Statistically unchanged over time.

### Prevalence of Cancer

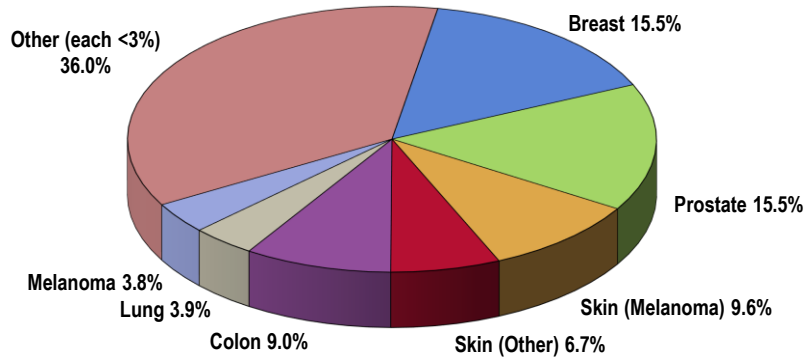


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]  
 Notes: • Asked of all respondents.

Specific cancer diagnoses include breast and prostate (each mentioned by 15.5% of residents who have been diagnosed with cancer), followed by skin cancer (melanoma 9.6% and non-melanoma 6.7%).

- Other types mentioned with less frequency include colon, lung, and melanoma.

**Specific Cancer Diagnosis**  
(RFSa Respondents with Cancer, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 306]  
Notes: • Asked of those respondents who have been diagnosed with cancer.

RELATED ISSUE:  
See also *Nutrition, Physical Activity, Weight Status, and Tobacco Use* in the **Modifiable Health Risks** section of this report.

### 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 four cancer sites: prostate cancer (prostate-specific antigen testing and digital rectal examination); female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

## Prostate Cancer Screening

### Prostate Cancer

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

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

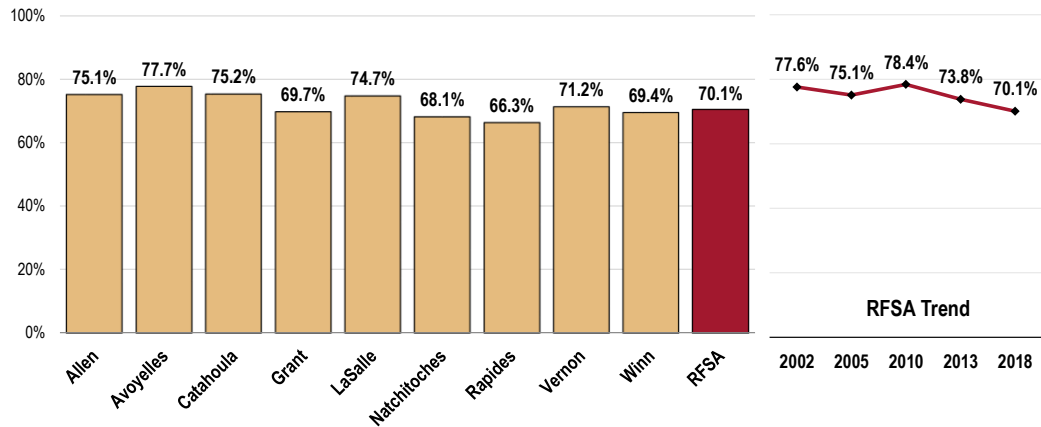
- Healthy People 2020, 2<sup>nd</sup> Edition. US Department of Health and Human Services. Washington, DC: US Government Printing Office, November 2000.

### PSA Testing and/or Digital Rectal Examination

**Among men age 50 and older, 70.1% have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.**

- Statistically similar findings by parish.
- TREND: Denotes a statistically significant decrease over time.

### Have Had a Prostate Screening in the Past Two Years (Among RFSA Men Age 50+; 2018)



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

## 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.

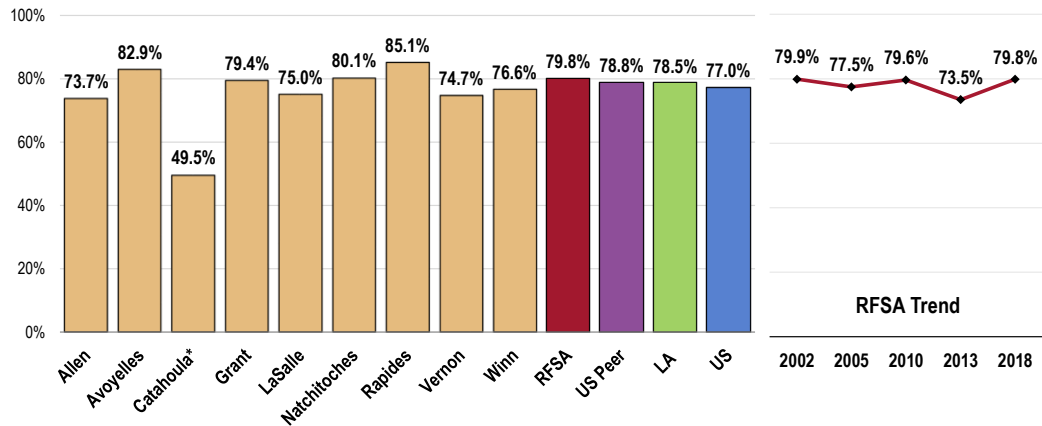
### *Mammography*

**Among women age 50-74, 79.8% have had a mammogram within the past 2 years.**

- Similar to peer, state, and national percentages.
- Similar to the Healthy People 2020 target (81.1% or higher).
- Lower among women in Catahoula Parish; note, however, the small sample size of 47 respondents for this indicator.
- TREND: Statistically unchanged from 2002 survey findings.

## Have Had a Mammogram in the Past Two Years (Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
  - 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-17]
- Notes:
- Reflects female respondents 50-74; \*note that the Catahoula Parish sample is representative of <50 respondents for this indicator.
  - "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

## 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

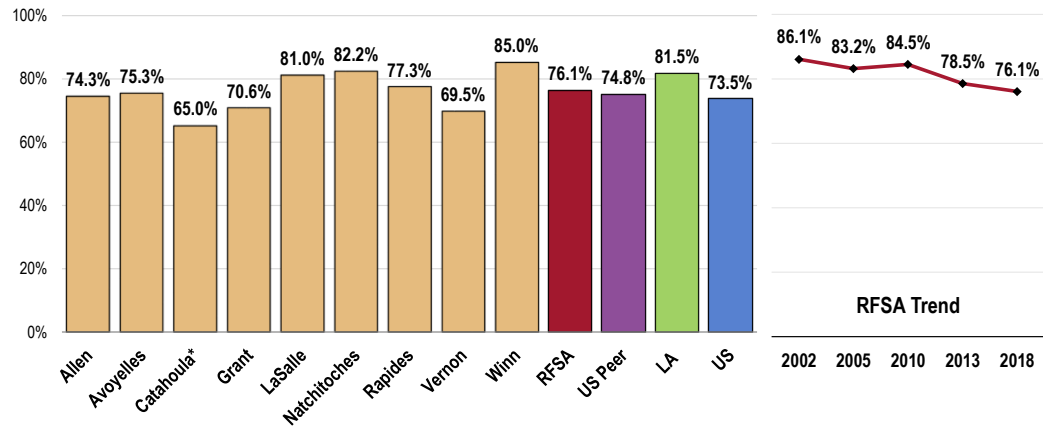
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

### *Pap Smear Testing*

**Among Rapides Foundation Service Area women age 21 to 65, 76.1% have had a Pap smear within the past 3 years.**

- Similar to peer and national findings.
- Lower than the Louisiana percentage.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Statistically lower among women in Vernon Parish; note the small sample size of 46 respondents for this indicator in Catahoula Parish.
- TREND: Denotes a statistically significant decrease over time.

## 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 134]
  - 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; \*note that the Catahoula Parish sample is representative of <50 respondents for this indicator.
  - "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

## 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

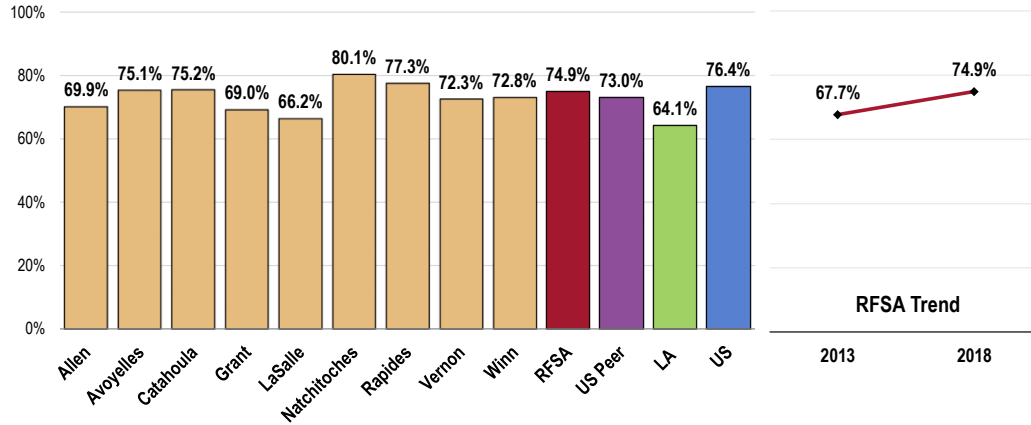
**Among adults age 50-75, three in four (74.9%) have had an appropriate colorectal cancer screening.**

- Similar to US Peer and national findings.
- More favorable than the Louisiana percentage.
- Satisfies the Healthy People 2020 target (70.5% or higher).
- Lowest in LaSalle Parish.
- TREND: Marks a statistically significant increase from 2013 survey findings.

\*Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

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

Healthy People 2020 Target = 70.5% or Higher



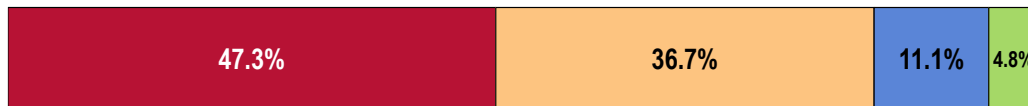
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 137]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Louisiana data.  
 • 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-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.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

### Key Informant Input: Cancer

The greatest share of key informants taking part in an online survey characterized **Cancer** as a "major problem" in the community.

### Perceptions of Cancer 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

*Almost on a daily basis I hear about someone, locally, who has gotten a diagnosis of cancer- often in the late stages. There seems to be an issue with early diagnosis and prevention. In addition, I know that many low-income families are finding it very difficult to get cancer treatment that is affordable. – Social Services Provider (Natchitoches Parish)*

*There seems to be a high rate of cancer for such a small community. Also, it seems that by the time that many individuals that I know about have the diagnosis, the cancer is in an advanced stage (stage 3 or 4), which requires more aggressive treatments. This might be due to the lack of knowledge of signs and symptoms. – Community Leader (Catahoula Parish)*

*It seems that a major portion of the population are affected by cancer. A concern is that often travel is necessary to Shreveport, New Orleans, or Houston because local physicians are not always able to handle the treatment. – Social Services Provider (Grant Parish)*

*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)*

*Winn Parish has a high cancer rate. The types of cancer varies. Those receiving cancer treatments must do so out of town, which is often difficult. There are no specialists to my knowledge that diagnose or treat cancer in Winn Parish. – Community Leader (Winn 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)*

*It seems that every week I hear about someone new with cancer. In our hospital alone, we have had several ladies with breast cancer over the years, plus children/grandchildren of many of our employees have had cancer, as well as children in our parish. – Other Health Provider (LaSalle 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)*

*You can name a member of nearly every family that has been affected by cancer in some way. Treatment for this disease is an hour away, at best, which causes hardships on many families in terms of expense and time. – Other Health Provider (LaSalle Parish)*

*I meet people with cancer every week. We work on benefits every month to raise funds. Customers of ours are diagnosed and succumb to cancer every year. We have lost numerous family members and countless friends to cancer. My mother and grandmother died of cancer, and I and my daughters have a genetic mutation that increases our probability of breast cancer. Last year my best friend's mother and husband were diagnosed. Another friend's husband was diagnosed the year before. – Social Services Provider (Vernon Parish)*

*Cancer rates for this area are extremely high. Oil field work conditions, something in the water, tobacco, drug use, manufacturing plant? Not sure the cause! – Community Leader (LaSalle Parish)*

*Many personal encounters with friends and family who have been diagnosed and are dealing with treatment or who have succumbed to the disease. – Community Leader (Winn Parish)*

*The spread of the disease that affects individuals of all ages. Lack of screening, knowledge, and access is a problem. – Social Services Provider (Allen Parish)*

*It seems as though many people in our community are stricken with cancer. Locally, we have no diagnostic or treatment centers, counseling centers, etc. – Community Leader (LaSalle 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)*

*There are many families that have been affected by cancer. All types. Brain, kidney, liver, lung, and colon. – Community Leader (Vernon Parish)*

*There are always people mentioning that they have some form of cancer in our parish. – Community Leader (LaSalle Parish)*

*Many people suffering from cancer; younger people being diagnosed with very serious problems, with some dying at an early age. – Community Leader (LaSalle Parish)*

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

*Number of community members with a cancer diagnosis, along with poor lifestyle choices. Healthcare. Reduced physical activity for various reasons, poor diet for various reasons. – Community Leader (LaSalle Parish)*

*Because I hear of so many residents who are diagnosed with various types of cancer, who receive treatment, who die as a result of cancer in this area. – Community Leader (Grant Parish)*

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

*It seems that we hear daily about someone new in our community that has cancer. – Community Leader (Allen Parish)*

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

*There appears to be an overwhelming number of persons with cancer in our community. – Community Leader (LaSalle Parish)*

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

*There seems to be a high incidence rate, and there is no treatment available locally. – Community Leader (Winn 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)*

*In my opinion, we have a lot of residents in the parish that have or have had cancer. – Community Leader (Grant Parish)*

*Because it seems as though everyone around here has it. – Community Leader (LaSalle Parish)*

*Cancer rates in Avoyelles Parish are high. – Social Services Provider (Avoyelles 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)*

*Statistics indicate highest cancer rate for colon. – Other Health Provider (Avoyelles 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)*

*So many people in this community get cancer. – Community Leader (LaSalle 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)*

*Death rates from cancer seem to be particularly high in the parish, as compared to region and nation as a whole. – Community Leader (Winn Parish)*

*Cancer is one of the top morbidity/mortality diseases in our parishes. – Other Health Provider (Natchitoches Parish)*

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

*Lots of people are affected and dying from it. – Community Leader (Natchitoches 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)*

*No specialist in Allen Parish. Residents must drive out of town for care for these specialists. – Social Services Provider (Allen Parish)*

*There seems to be a large number of cancer patients, but there is no cancer treatment facilities anywhere nearby. – Social Services Provider (LaSalle Parish)*

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

*No oncologist. – Community Leader (Winn Parish)*

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

### **Contributing Factors**

*High tobacco use, the sun, diet, and other environmental factors contribute to the high incidence of cancer in Louisiana and Vernon Parish. There is no "cancer school" that teaches about the dangers of these factors and the correlation with cancer. More education is needed. – Other Health Provider (Vernon Parish)*

*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)*

*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)*

*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)*

*Poor diet and smoking. Lack of physical and poor compliance with preventative tests. – Social Services Provider (Avoyelles Parish)*

*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)*

### **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)*

### **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)*

### **Environmental Issues**

*Water with heavy metals from Red River, lakes, and deteriorating underground pipes. – Community Leader (Natchitoches 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](http://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

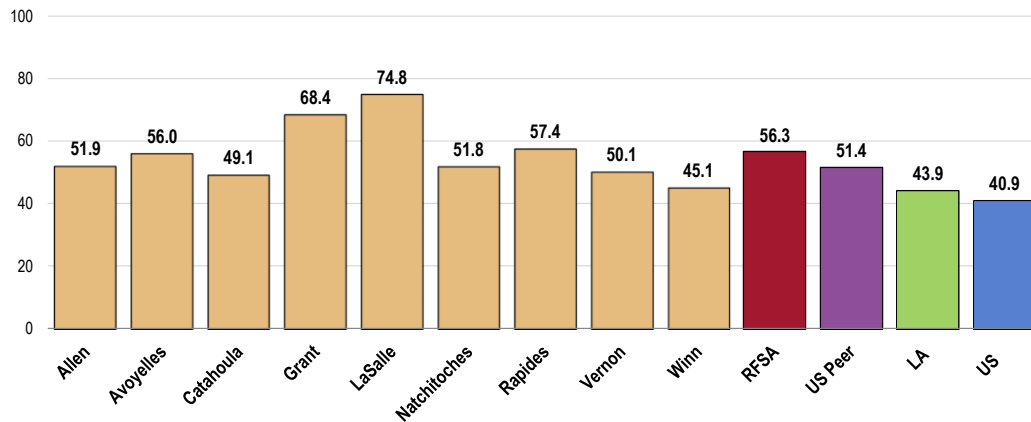
### Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2014 and 2016, there was an annual average age-adjusted CLRD mortality rate of 56.3 deaths per 100,000 population in the Rapides Foundation Service Area.

- Worse than the state and national death rates.
- Similar to the peer rate.
- Rates are highest in Grant and LaSalle parishes.

Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 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.

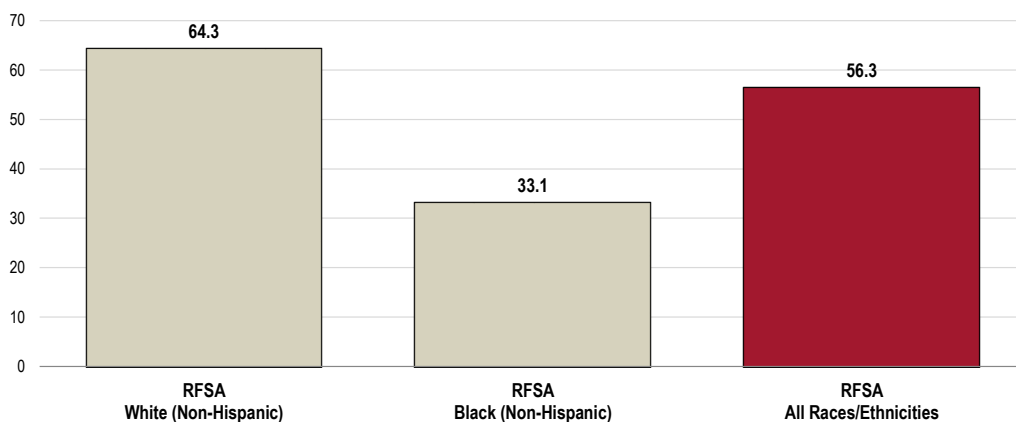
**CLRD: Age-Adjusted Mortality**  
(2014-2016 Annual Average Deaths per 100,000 Population)



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

- CLRD mortality is notably higher among area Whites when compared with Blacks.

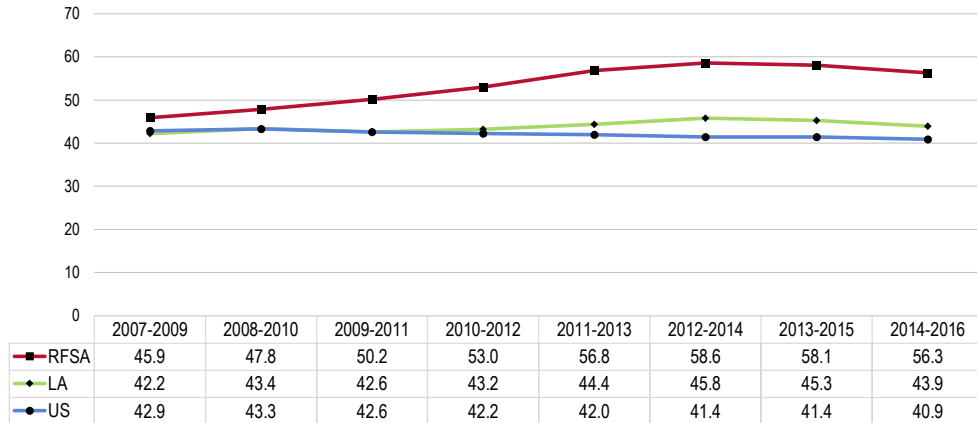
**CLRD: Age-Adjusted Mortality by Race**  
(2014-2016 Annual Average Deaths per 100,000 Population)



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

- **TREND:** Although decreasing in recent years, CLRD mortality has increased over time in the service area.

### 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 June 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.
- In 2007 and 2008, Allen County deaths were underreported in error.

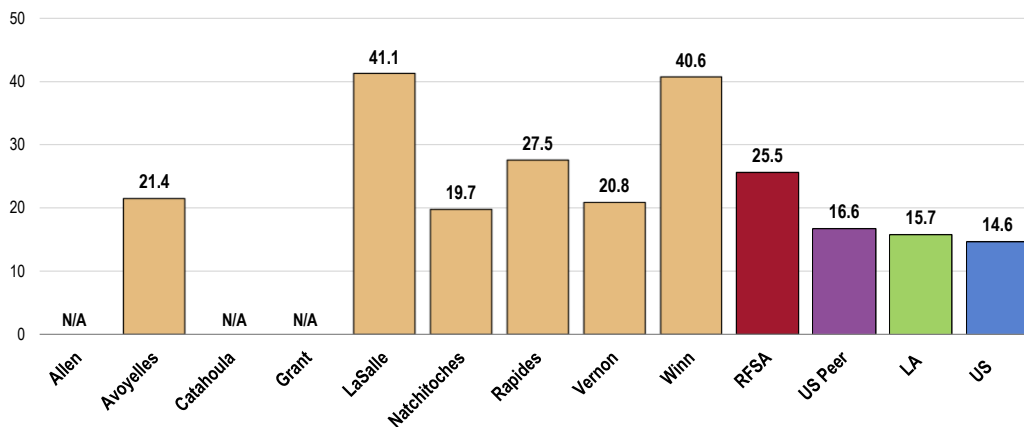
### Pneumonia/Influenza Deaths

Between 2014 and 2016, Rapides Foundation Service Area reported an annual average age-adjusted pneumonia influenza mortality rate of 25.5 deaths per 100,000 population.

- Worse than the peer, state, and US rates.
- Of available data, rates are highest in LaSalle and Winn parishes.

For prevalence of vaccinations for pneumonia and influenza, see also *Immunization & Infectious Diseases* in the *Infectious Disease* section of this report.

### Pneumonia/Influenza: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population)



Sources: 

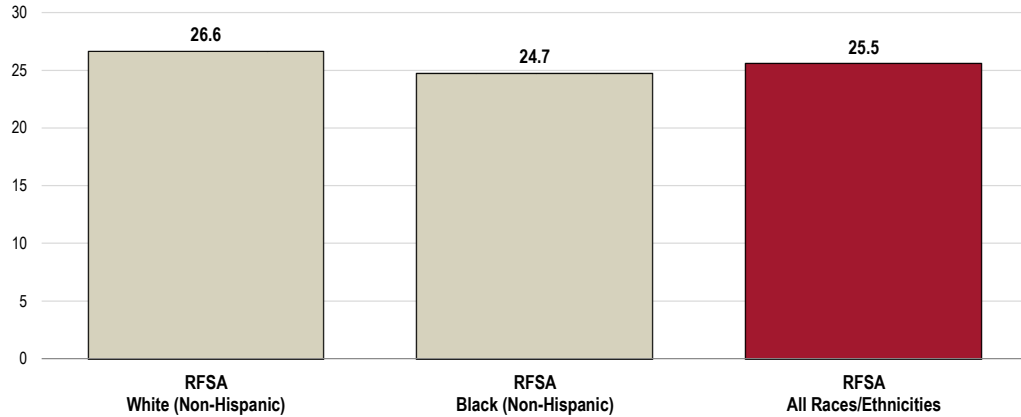
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.

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.

- The service area pneumonia/fluenza mortality rate does not vary significantly by race.

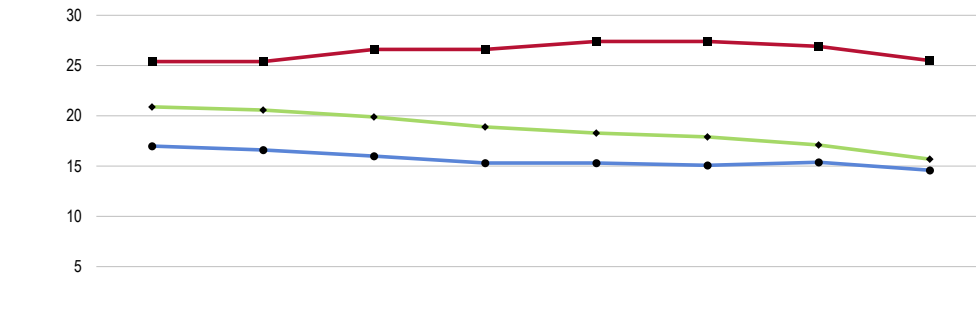
### Pneumonia/Influenza: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population)



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

- TREND: No clear trend in the Rapides Foundation Service Area pneumonia/fluenza mortality. Statewide and nationally, pneumonia/fluenza death rates have decreased 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 June 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.  
 • In 2007 and 2008, Allen County deaths were underreported in error.



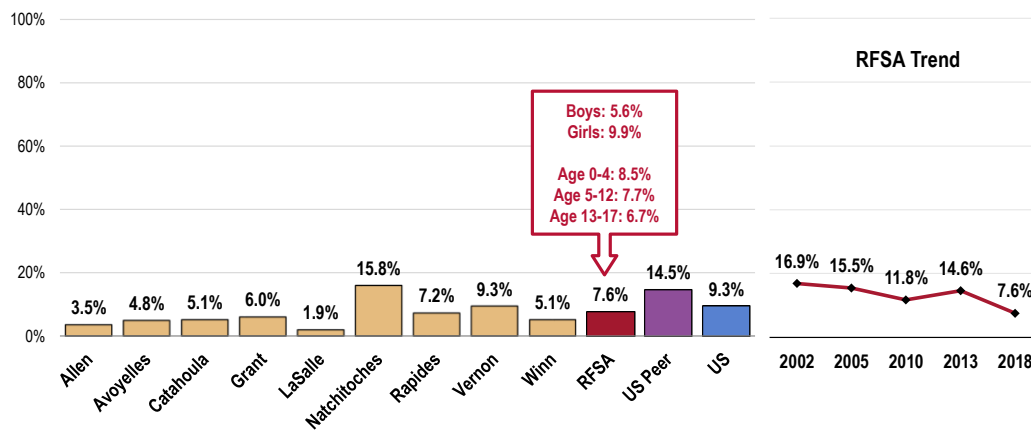
### Childhood Asthma

Among Rapides Foundation Service Area children under age 18, 7.6% currently have asthma.

Survey respondents were asked to indicate whether their child under 18 suffers from or has been diagnosed with asthma.

- Statistically similar to peer and national findings.
- Unfavorably high among children in Natchitoches Parish.
- TREND: Note the statistically significant improvement (decrease) over time.
- Childhood asthma is statistically more prevalent among service area girls under 18 (no significant difference by age).

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



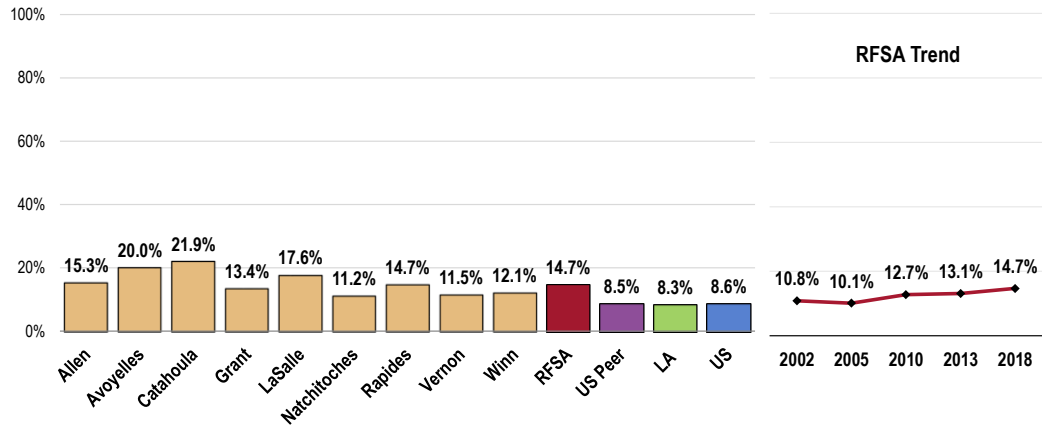
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents with children 0 to 17 in the household.  
 • Includes children who have ever been diagnosed with asthma and who are reported to still have asthma.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

### Chronic Obstructive Pulmonary Disease (COPD)

A total of 14.7% of Rapides Foundation Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Worse than peer, state, and US percentages.
- Statistically highest in Avoyelles Parish; favorably low in Natchitoches and Vernon parishes.
- TREND: Note the statistically significant increase over time in COPD prevalence.
- NOTE: In prior data, this question was asked slightly differently; respondents between 2002 and 2013 were asked if they had ever been diagnosed with "chronic lung disease, including bronchitis or emphysema," rather than "COPD or chronic obstructive pulmonary disease, including bronchitis, or emphysema," as is asked currently.

## Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



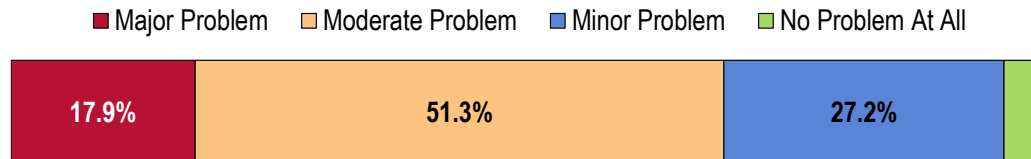
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Louisiana data.  
 • 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.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

### Key Informant Input: Respiratory Disease

Just over half of key informants taking part in an online survey characterized *Respiratory Disease* as a "moderate 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

*You could choke to death walking down the streets here, due to the number of people who still smoke cigarettes. Then there is a vape shop on every corner, enticing all of the unsuspecting younger generations. All of that inhalation of chemicals is bound to cause respiratory issues in not only the users, but those who have to be around them, such as children, family members, and co-workers. – Social Services Provider (Vernon Parish)*

*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)*

*Excessive smoking habits are prevalent in the community. – Other Health Provider (LaSalle Parish)*

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

*This is attendant with smoking, and there's a lot of it here. – Social Services Provider (Rapides Parish)*

*High incidence of smoking, e-cigarettes, and smoking-related diseases. – Social Services Provider (Avoyelles Parish)*

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

*Smoking. – Social Services Provider (Rapides Parish)*

### **Prevalence/Incidence**

*I worked with the Head Start Program in my parish. Every year, we saw increasing number of children with diagnoses of respiratory problems, primarily asthma, for which staff had to be trained to administer medications. – Community Leader (Grant Parish)*

*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)*

*Asthma is one of our parish's top disease modalities. – Other Health Provider (Natchitoches 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)*

### **Lack of Providers**

*No specialist in Allen Parish. Residents must drive out of town for care for these specialists. Primary care base provides care for those with respiratory diseases. – Social Services Provider (Allen Parish)*

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

*No specialist. – Community Leader (Winn Parish)*

### **Environmental Issues**

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

*Number of smokers. Lack of concern about environment. Allowing and even encouraging plants that pollute the air, such as the proposed ammonia plant near Pollock to locate here. – Social Services Provider (Grant Parish)*

*Local environmental issues related to manufacturing and farming. Factory emissions and agricultural chemicals. – Community Leader (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](http://www.healthypeople.gov))

## Unintentional Injury

### Age-Adjusted Unintentional Injury Deaths

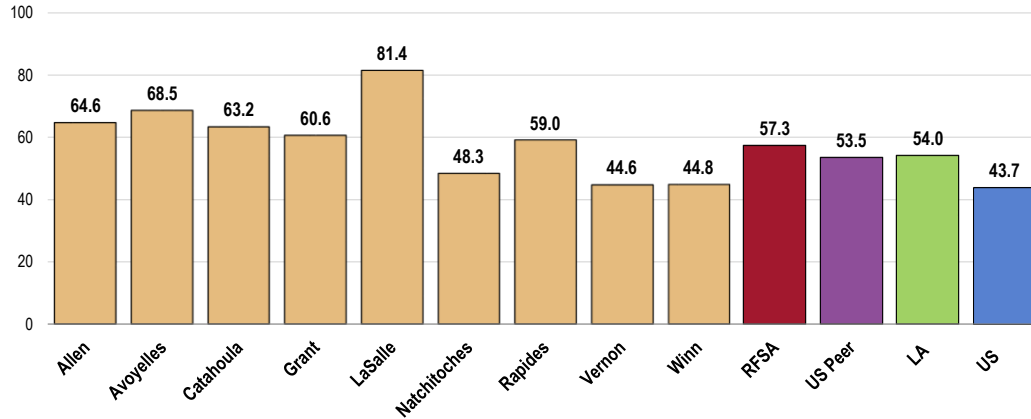
**Between 2014 and 2016, there was an annual average age-adjusted unintentional injury mortality rate of 57.3 deaths per 100,000 population in the service area.**

- Worse than the US rate.
- Comparable to the US Peer and Louisiana rates.
- Fails to satisfy the Healthy People 2020 target (36.4 or lower).

- The death rate is highest among residents of LaSalle Parish.

### Unintentional Injuries: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower

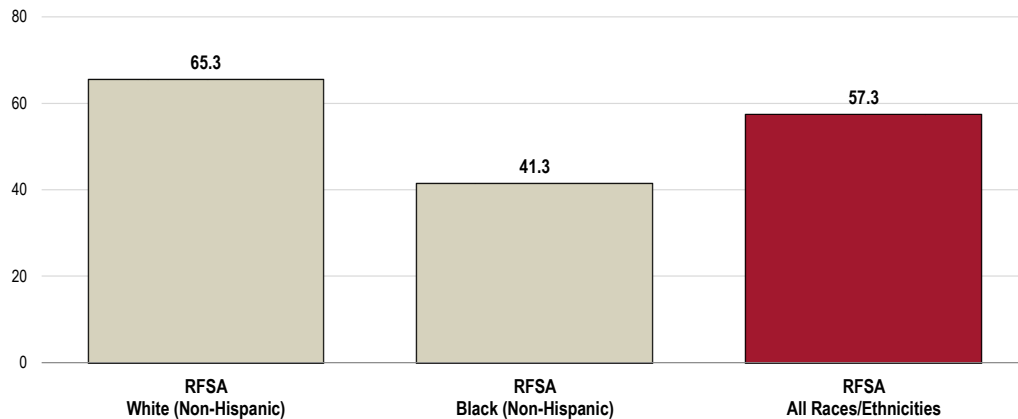


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>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

- The mortality rate is notably higher among Whites than Blacks in the Rapides Foundation Service Area.

### Unintentional Injuries: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population)

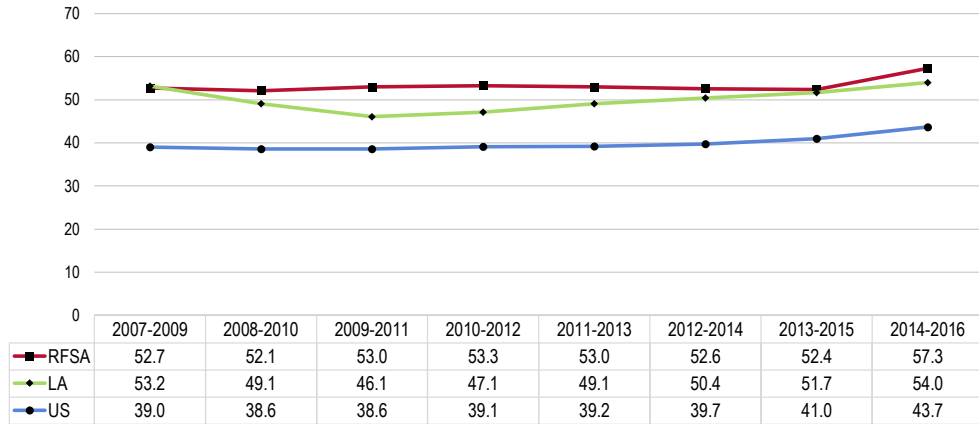
Healthy People 2020 Target = 36.4 or Lower



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

- **TREND:** Despite fluctuations, there is an overall upward trend in the RFSA unintentional injury mortality rate, echoing the increasing trends reported in Louisiana and the US overall.

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

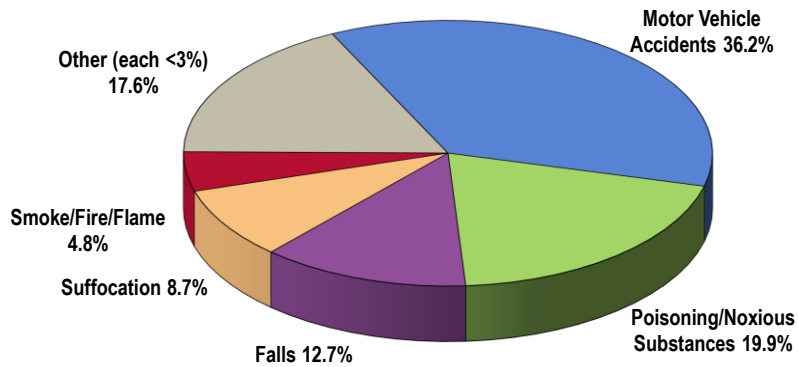


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [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.
  - In 2007 and 2008, Allen County deaths were underreported in error.

**Leading Causes of Accidental Death**

Motor vehicle accidents, poisoning (including accidental drug overdose), falls, suffocation, and smoke/fire/flame accounted for most accidental deaths in the Rapides Foundation Service Area between 2014 and 2016.

**Leading Causes of Accidental Death**  
 (RFSA Trend, 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 June 2018.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

**Selected Injury Deaths**

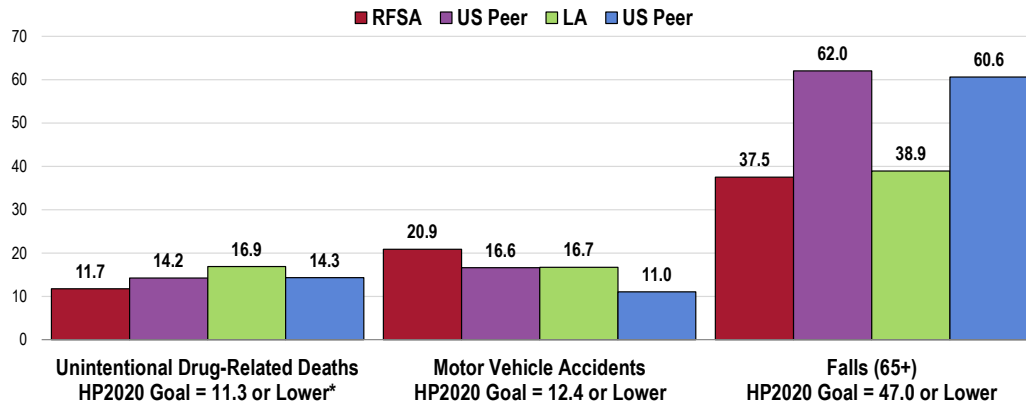
The following chart outlines mortality rates for unintentional drug-related deaths, motor vehicle crashes, and falls (among adults age 65 and older).

**The Rapides Foundation Service Area annual average age-adjusted mortality rate for motor vehicle accidents are worse than peer, state, and national rates.**

- The area’s unintentional drug-related deaths and those due to falls (among adults 65+) are lower than (or similar to) US Peer, Louisiana, and national rates.

**Select Injury Death Rates**

(By Cause of Death; 2014-2016 Annual Average Deaths per 100,000 Population)



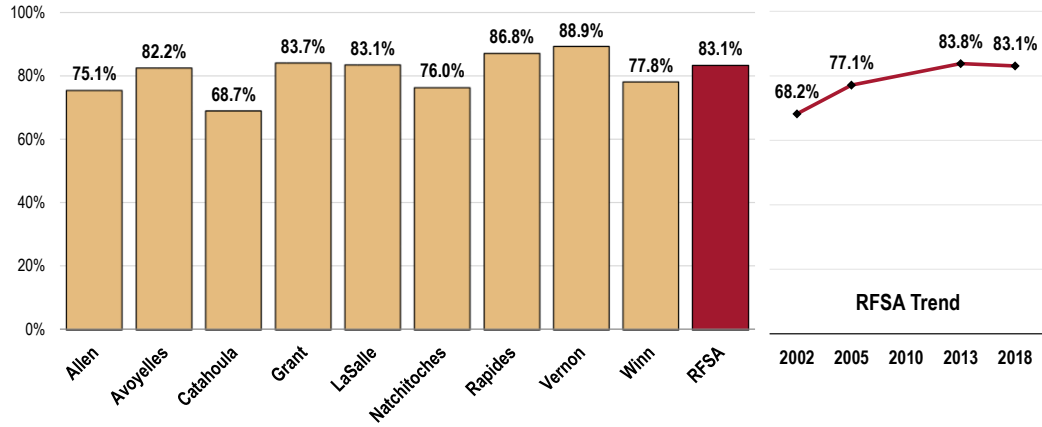
Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1, IVP-23.2, 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.  
 • \*Healthy People 2020 goal reflects all drug-induced deaths, both intentional and unintentional.

**Seat Belt Usage**

**Most RFSa adults (83.1%) report “always” wearing a seat belt when driving or riding in a vehicle.**

- Fails to satisfy the Healthy People 2020 target of 92.0% or higher.
- Usage is lowest in Allen, Catahoula, and Natchitoches parishes.
- TREND: Marks a statistically significant increase over time.

### “Always” Wear a Seat Belt When Driving or Riding in a Vehicle Healthy People 2020 Target = 92.0% or Higher

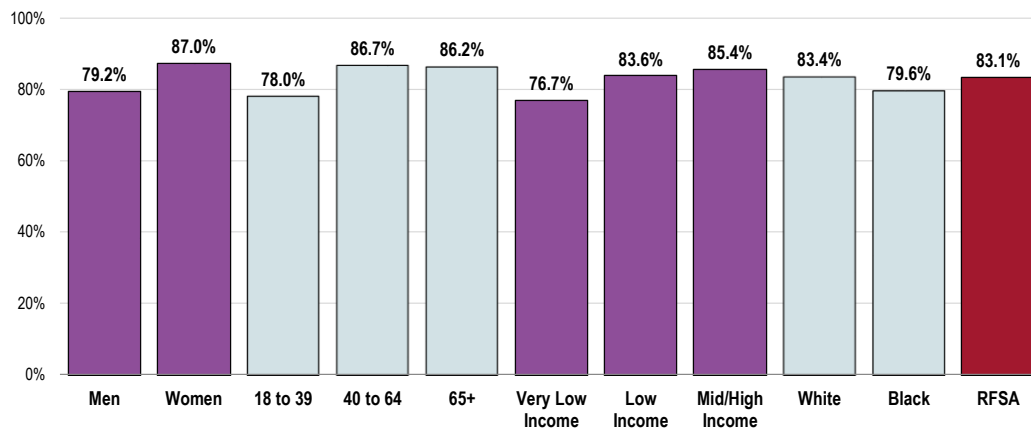


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-15]  
 Notes: • Asked of all respondents.

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

- Men.
- Young adults.
- Very low income residents.

### “Always” Wear a Seat Belt When Driving or Riding in a Vehicle (Rapides Foundation Service Area, 2018) Healthy People 2020 Target = 92.0% or Higher



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-15]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other 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. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.

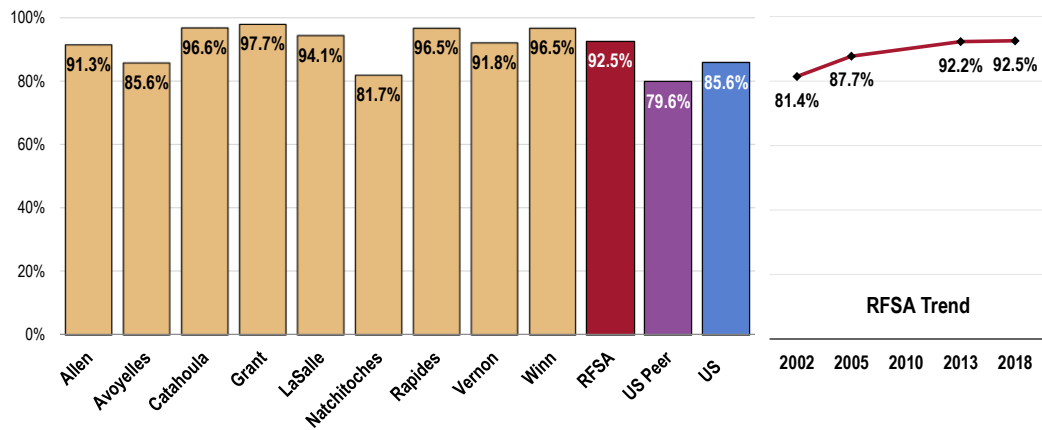


**Children’s Seat Belt/Car Seat Usage**

A total of 92.5% of RFSA parents report that their child (age 0 to 17) “always” wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Higher than the peer and national percentages.
- The prevalence is lowest among Avoyelles and Natchitoches Parish children.
- TREND: Marks a statistically significant increase over time.

**Child “Always” Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle**  
(RFSA Children <18; 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 355]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents with children under 18 at home.

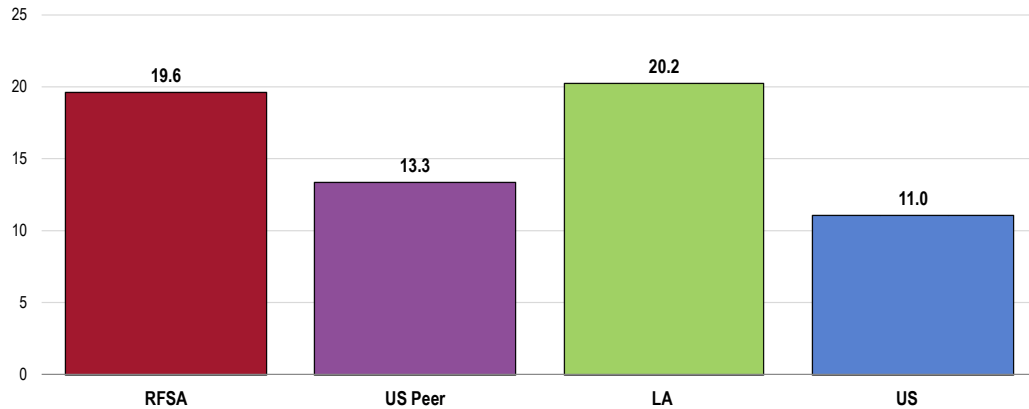
**Intentional Injury (Violence)**

**Age-Adjusted Firearm-Related Deaths**

Between 2014 and 2016, there was an annual average age-adjusted firearm-related rate of 19.6 deaths per 100,000 population in the Rapides Foundation Service Area.

- Worse than the peer and national death rates.
- Similar to the Louisiana rate.
- Fails to satisfy the Healthy People 2020 target of 5.5 or lower.

### Firearms-Related Deaths: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 9.3 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 June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]

Notes: 

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

### Age-Adjusted Homicide Deaths

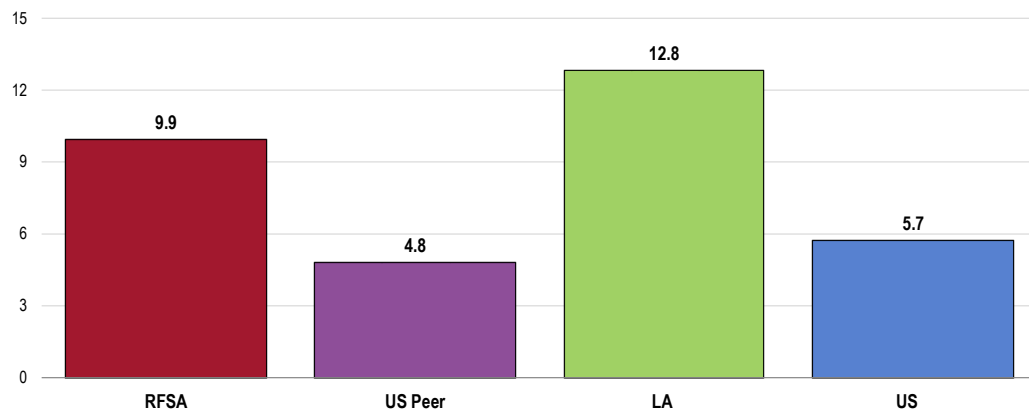
Between 2014 and 2016, the service area reported 9.9 homicides per 100,000 population.

- Worse than the US Peer and national homicide rates.
- More favorable than the Louisiana rate.
- Fails to satisfy the Healthy People 2020 target of 5.5 or lower.

RELATED ISSUE:

See also *Mental Health: Suicide* in the **General Health Status** section of this report.

### Homicide: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 5.5 or Lower



Sources: 

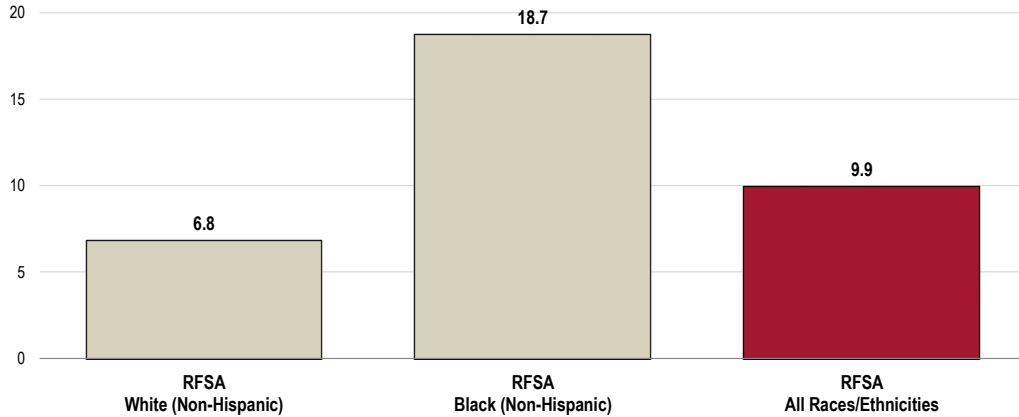
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>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

- The homicide rate is notably higher among Blacks in the Rapides Foundation Service Area.

### Homicide: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 5.5 or Lower

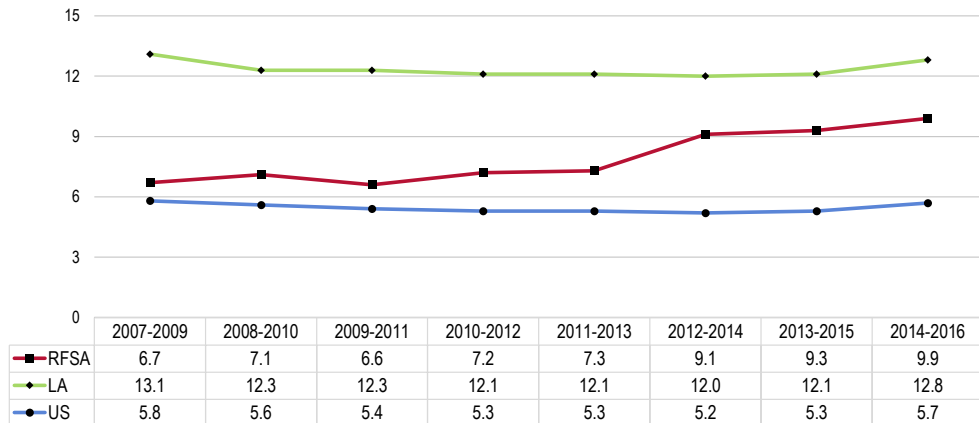


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>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

- TREND: Note the increase over time in service area homicides; in contrast, state and US rates have been largely stable.

### 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 June 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.  
 • In 2007 and 2008, Allen County deaths were underreported in error.

## Violent Crime

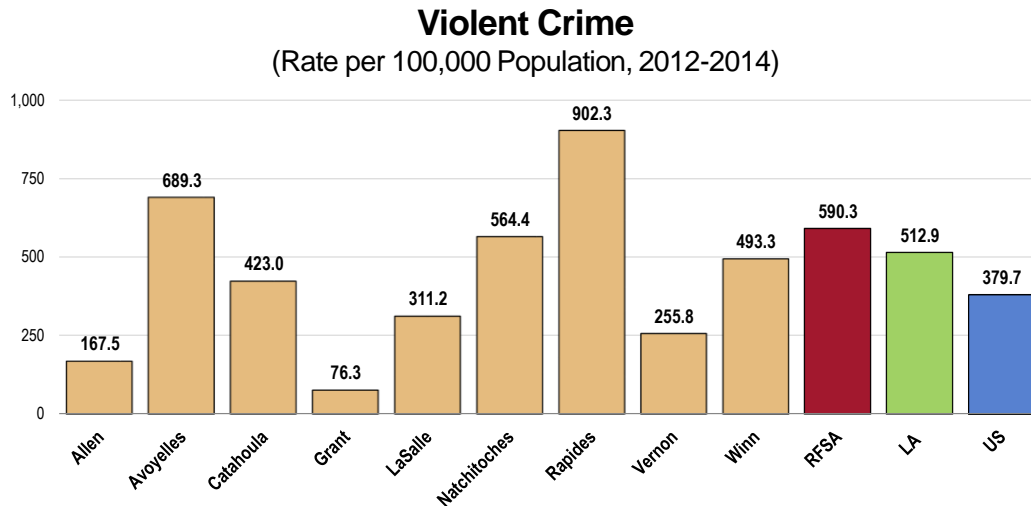
### Violent Crime Rates

The service area reported 590.3 violent crimes per 100,000 population between 2012 and 2014.

- Similar to the Louisiana rate for the same period.
- Higher than the national rate.
- The violent crime rate is unfavorably high in Avoyelles, Natchitoches, and Rapides parishes.

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.



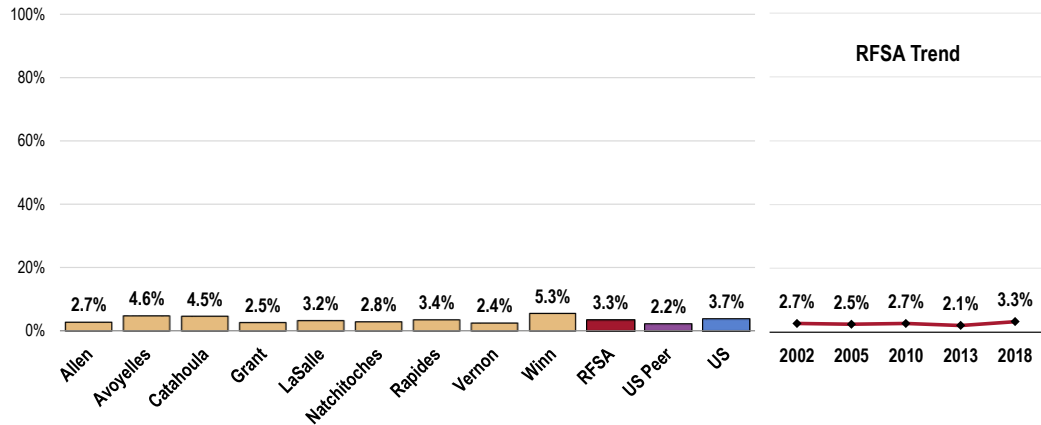
- Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
  - Retrieved June 2018 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent 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.

### Community Violence

A total of 3.3% of surveyed Rapides Foundation Service Area adults acknowledge being the victim of a violent crime in the area in the past five years.

- Statistically similar to peer, state, and national findings.
- Statistically similar findings by parish.
- TREND: Statistically unchanged over time.

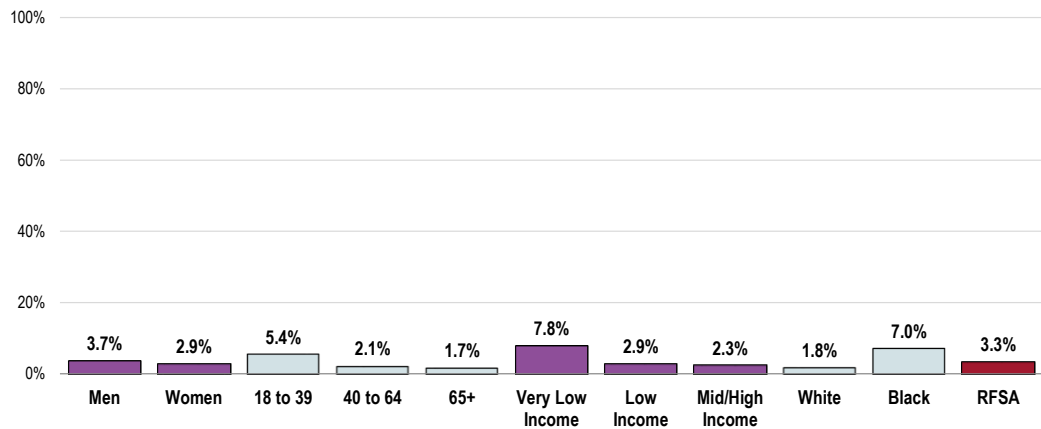
### Victim of a Violent Crime in the Past Five Years



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

- Reports of violence among RFSA survey respondents correlate negatively with age and income and are notably higher among Blacks.

### Victim of a Violent Crime in the Past Five Years (Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other 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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

**Domestic Violence**

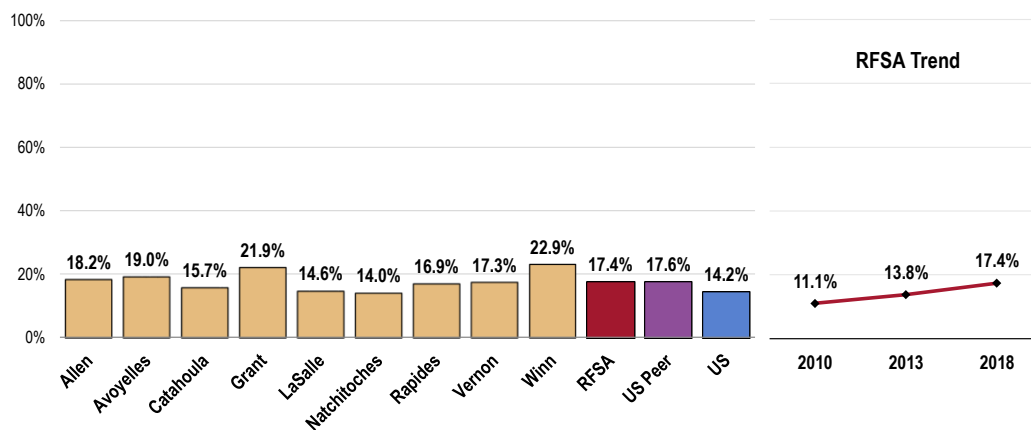
**A total of 17.4% of Rapides Foundation Service Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.**

Respondents were read:

"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."

- Less favorable than national findings.
- Comparable to the US Peer percentage.
- Unfavorably high in Winn Parish.
- TREND: Note the statistically significant increase in domestic violence over time.

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

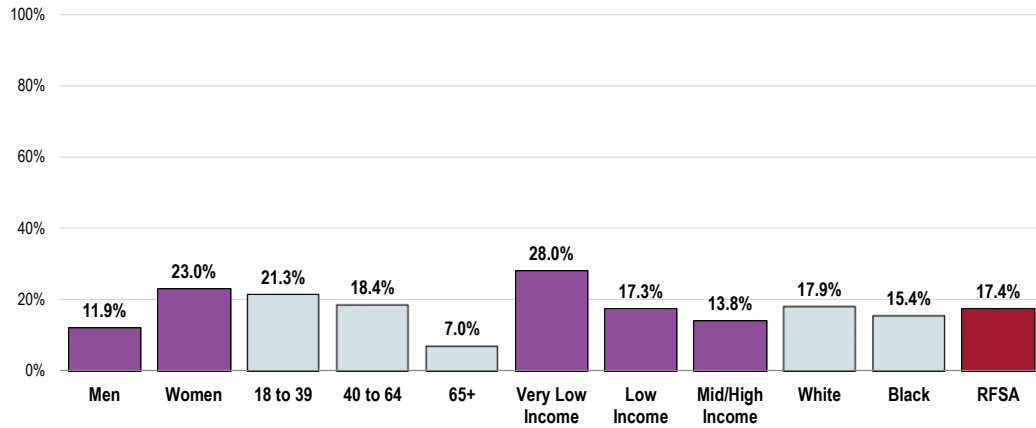


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

Reports of domestic violence are also notably higher among:

- Women.
- Young adults.
- Those with lower incomes.

### Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner (Rapides Foundation Service Area, 2018)

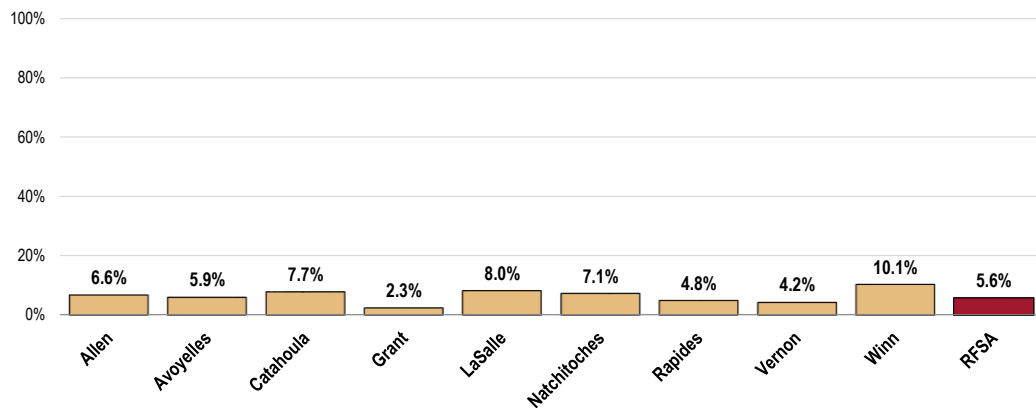


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

**Within the past five years, 5.6% of survey respondents have been victims of domestic violence.**

- Lowest in Grant Parish, highest in Winn Parish.

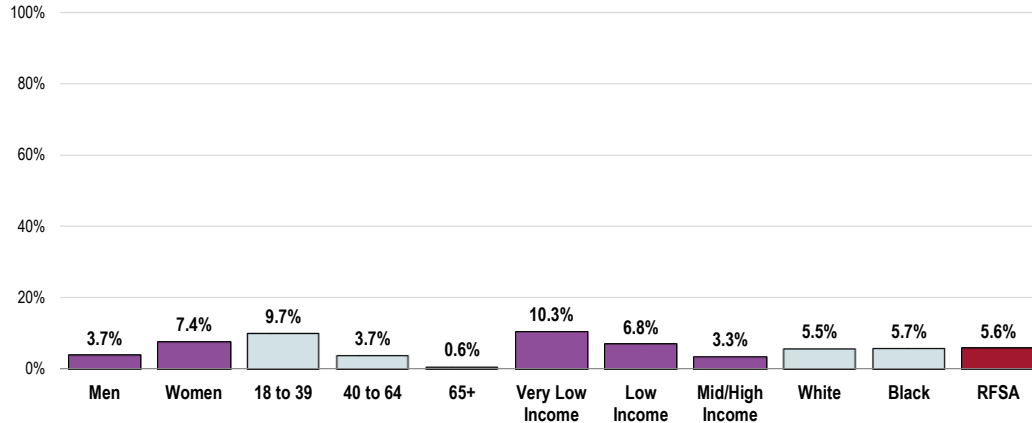
### Have Been the Victim of Domestic Violence in the Past 5 Years



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]  
 Notes: • Asked of all respondents.

- Adults more likely to have been victims of domestic violence in the past 5 years include women, young adults, and those living in lower income households.

### Have Been the Victim of Domestic Violence in the Past 5 Years (Rapides Foundation Service Area, 2018)

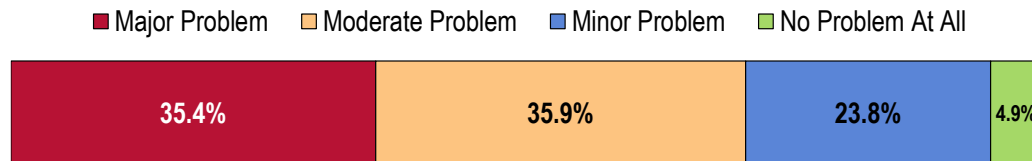


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

### Key Informant Input: Injury & Violence

Key informants taking part in an online survey characterized *Injury & Violence* equally as a "major problem" and a "moderate 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)*

*I read the arrest reports and see reports of violent acts. I advocate for survivors of domestic violence. I frequently attend court hearings (criminal and civil), so I have a fair knowledge of the reported incidence of violence in my parish. I know that acts of intimate partner domestic violence are under-reported. Based on what is reported, we are an increasingly violent community. – Community Leader (Grant Parish)*

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

*In recent years, there has been an increase in violent crimes. – Social Services Provider (Natchitoches Parish)*

*Crime is a major problem. More and more violent crimes are bogging down the emergency room. – Community Leader (Natchitoches Parish)*

*High incidence of alcohol and drug abuse. Lack of employment and a high illiteracy rate. – Social Services Provider (Avoyelles 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 firsthand 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)*

### **Drugs/Alcohol**

*I worked in law enforcement in our community for a number of years and have seen first-hand how violence and serious injury can have great effect on our community. I believe a large percentage of violence and injury stems from drug use, either illegal or over-use of legal drugs. A person dependent of drugs or alcohol will do almost anything to get their next fix or drink. This also includes stealing from family, neighbors or strangers in the community. Many get caught stealing, others get caught selling their stolen goods to someone who takes advantage of the addict. Sometimes drug dealers will recruit addicts to sell for them to get their next supply. Violence, addiction, theft eventually turns into violence which can be the contributing factor to injury. – Community Leader (Avoyelles Parish)*

*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)*

*Drug-related. – Community Leader (Avoyelles 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)*

### **Contributing 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)*

### **Domestic Violence**

*Domestic abuse/violence is a major problem in this area, and there are very little resources available to assist victims of domestic abuse. The best resource we had to serve this problem was DOVES, who lost their funding some years back. There are no longer any safe houses and minimal resources for other services within the community to address and assist in decreasing this problem – Social Services Provider (Natchitoches Parish)*

*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)*

**Bullying**

*In conducting a survey in the Jr. High school, bullying was a significant concern for many of the students. Listed in most of the weekly newspapers, there are multiple arrests for various acts of violence, including felonious assault, domestic assault, and other acts of violence. We have recently had a child expelled for making threats against the school. – Community Leader (Catahoula Parish)*

*Bullying, domestic violence, violence in schools, and dropout rates are all high. – Social Services Provider (Avoyelles Parish)*

**Occupational Hazards**

*High-risk occupations: farms, factories, etc. Domestic abuse. – Community Leader (Natchitoches 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.

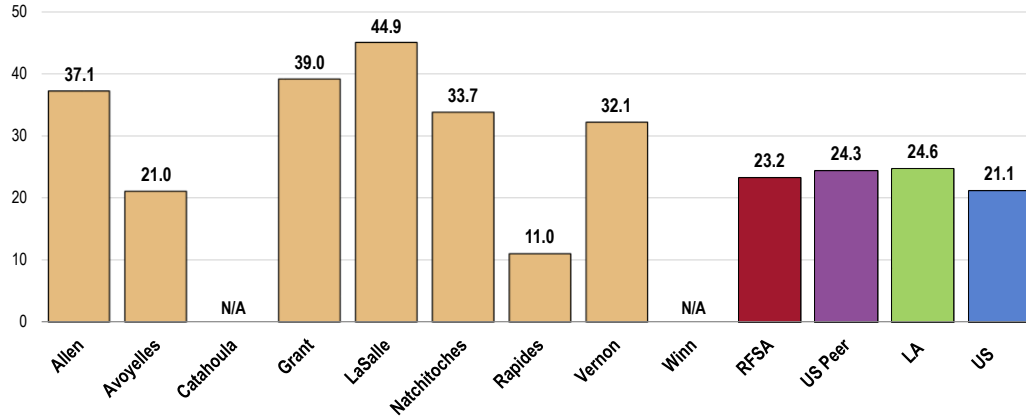
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Age-Adjusted Diabetes Deaths

**Between 2014 and 2016, there was an annual average age-adjusted diabetes mortality rate of 23.2 deaths per 100,000 population in the Rapides Foundation Service Area.**

- Similar to the peer, state, and national diabetes death rates.
- Similar to the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).
- Highest in LaSalle Parish; lowest in Rapides Parish.

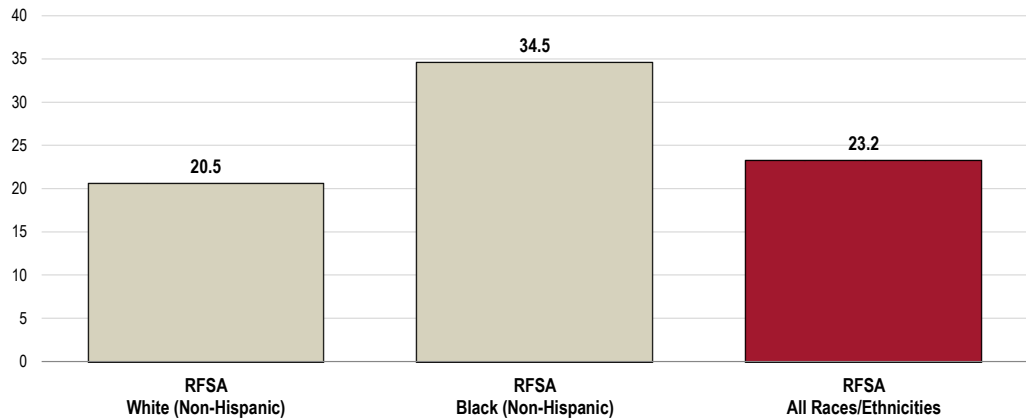
### Diabetes: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 20.5 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
  - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- The diabetes mortality rate in the Rapides Foundation Service Area is notably higher among Blacks than among Whites.

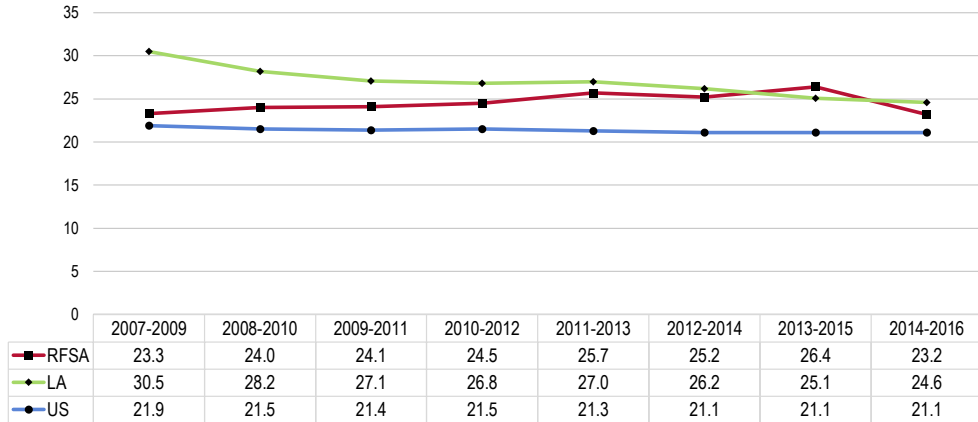
### Diabetes: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 20.5 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
  - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- **TREND:** No clear diabetes mortality trend is apparent in the Rapides Foundation Service Area. Statewide, the rate appears to be falling, while relatively stable across the country as a whole.

**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 June 2018.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
  - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
  - In 2007 and 2008, Allen County deaths were underreported in error.

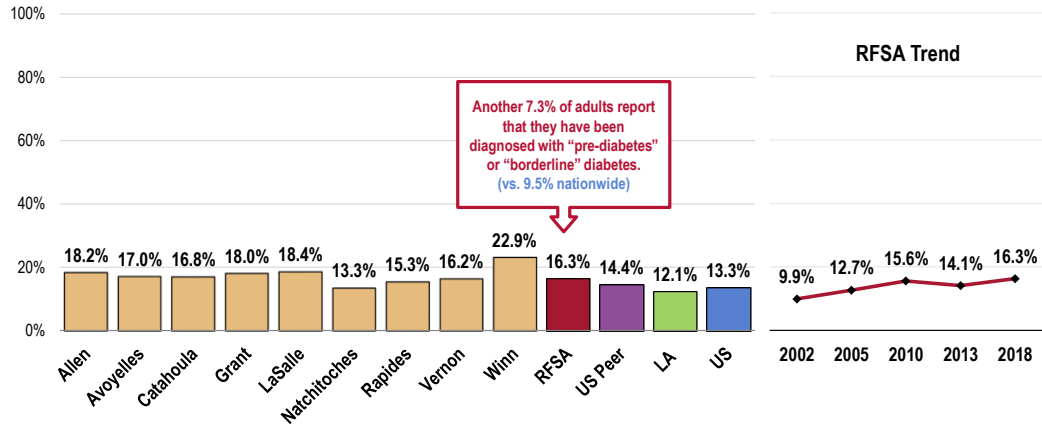
**Prevalence of Diabetes**

**A total of 16.3% of Rapides Foundation Service Area adults report having been diagnosed with diabetes.**

- Worse than the statewide and national proportions.
- Comparable to the US Peer prevalence of diabetes.
- Unfavorably high in Winn Parish.
- **TREND:** Denotes a statistically significant increase from 2002 survey findings.

**In addition to the prevalence of diagnosed diabetes referenced above, another 7.3% of Rapides Foundation Service Area adults report that they have “pre-diabetes” or “borderline diabetes.”**

### Prevalence of Diabetes



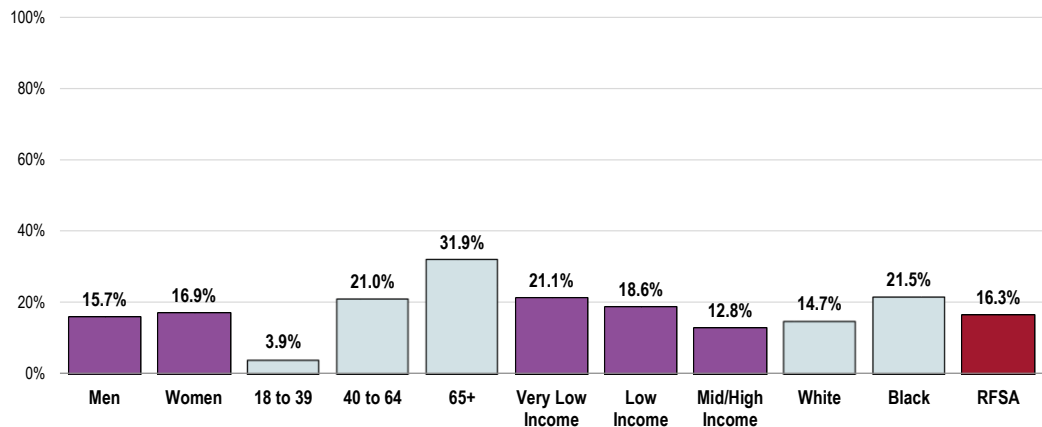
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Louisiana data.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

Notes: • Asked of all respondents.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among:

- Older adults (note the strong positive correlation between diabetes and age, with 31.9% of seniors diagnosed with diabetes).
- Very low and low income residents.
- Blacks.

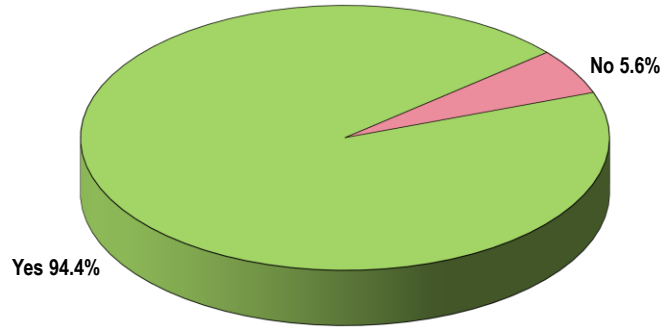
### Prevalence of Diabetes (Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other 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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.  
 • Excludes gestational diabetes (occurring only during pregnancy).

Among RFSA residents with diabetes, the vast majority (94.4%) are taking action to control their diabetes (including taking medication, changing diet, and/or exercising).

### Taking Action to Control Diabetes (RFSA Respondents with Diabetes, 2018)



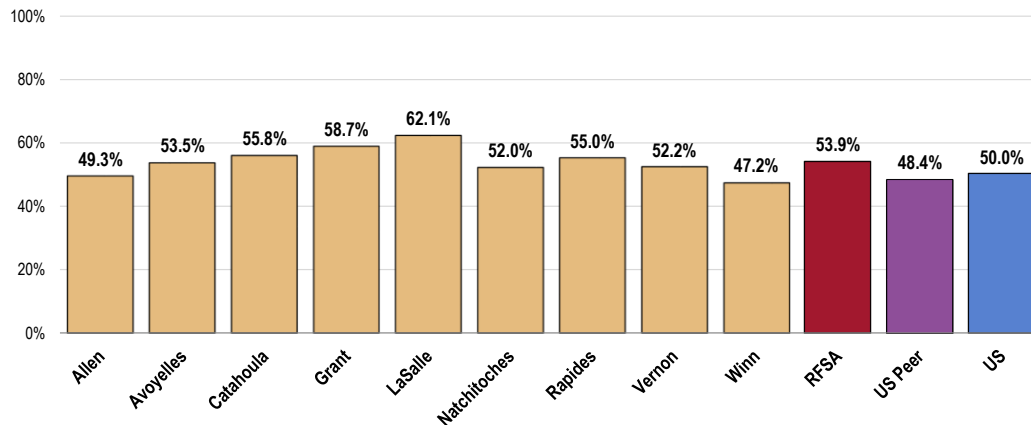
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 307]  
 Notes: • Asked of those respondents with diabetes; "action" includes taking medication, changing diet, and/or exercising.

### Diabetes Testing

Of area adults who have not been diagnosed with diabetes, 53.9% report having had their blood sugar level tested within the past three years.

- Similar to the peer and national proportions.
- Favorably high in LaSalle Parish.

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



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of respondents who have not been diagnosed with diabetes.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.



## Key Informant Input: Diabetes

A majority of key informants taking part in an online survey characterized *Diabetes* as a “major problem” in the community.

### Perceptions of Diabetes 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:

#### Lifestyle

*The biggest challenge I see for people with diabetes is adjusting their lifestyles to conform to the disease. That includes the lack of exercise programs and community-based programs for proper eating for people with diabetes and other health concerns. Further, the community culture does not promote healthy eating. Community events often feature foods high in sugars, carbohydrates, fats, and calories.* – Community Leader (Catahoula Parish)

*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)

*Onset of diabetes is mainly attributed to obesity, diet, and genetics. Maintaining control of diabetes is a struggle with many individuals due to a lack of compliance with provider's instructions.* – Other Health Provider (LaSalle 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)

*Food is the biggest challenge. The temptations are everywhere. LGH provides some diabetic in-services, but many patients don't attend these. I think the challenge is getting information to diabetic patients that they could use to manage the disease.* – Other Health Provider (LaSalle Parish)

*Eating right. Access to good, nutritious meals and exercise. No walking paths available in the community.* – Community Leader (Vernon Parish)

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

*We are a food desert. There are no facilities to work out or support physical activity. It is cheaper to eat unhealthy foods.* – Community Leader (Grant Parish)

*Too many people are overweight and buy junk food. Bad decisions.* – Community Leader (Natchitoches Parish)

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

*Pervasive obesity.* – Physician (Rapides Parish)

*Weight gain. – Community Leader (LaSalle 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)*

*Culture, diet and access to chronic care management. – Other Health Provider (Winn Parish)*

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

*Nutrition and maintenance. – Public Health Representative (Catahoula Parish)*

*Following a healthy diet and exercising. – Social Services Provider (Natchitoches Parish)*

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

*Diet, exercise, willingness to change lifestyle; also heredity. – Social Services Provider (Vernon Parish)*

*Diet and exercise. Lack of awareness to major risk factors. – Community Leader (Natchitoches Parish)*

*Diet and medication noncompliance. – 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)*

*Diet and exercise. – Community Leader (LaSalle Parish)*

*Poor nutrition. – Social Services Provider (Rapides Parish)*

*Eating healthy and exercising. – Social Services Provider (Allen Parish)*

*Weight loss. – Community Leader (Rapides Parish)*

*Overweight, poor diet, and lack of exercise. – Community Leader (Natchitoches Parish)*

### **Health Education and Awareness**

*There are no educational opportunities for persons with diabetes, and I know several people who have a diagnosis but don't know how to really manage it because of this. Their doctors don't take the time or have the time to ensure they have a good understanding of the disease process. – Social Services Provider (Natchitoches Parish)*

*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)*

*The medical community does not have knowledge to educate their patients on the necessity of proper diet in the control of diabetes. – Social Services Provider (Vernon Parish)*

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

*The lack of education or concern about nutrition and exercise. Limited access to health clubs, especially for people of limited means. – Social Services Provider (Grant 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)*

*Nutrition training, education on diabetes, cost of testing supplies, and noncompliance due to lack of knowledge of resources. – Social Services Provider (Avoyelles Parish)*

Education about diabetes, especially in the older generation. – Other Health Provider (LaSalle 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)

### Prevalence/Incidence

This indicator is relevant because diabetes is a prevalent problem in the US; 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)

Without citing any statistics or facts, which I do not have readily available, I have read periodicals stating that Avoyelles Parish ranks higher in diabetes than the national average. The biggest challenge is getting the community to understand the cause and that diet and lack of exercise is contributing factor to diabetes. – Community Leader (Avoyelles Parish)

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

Diabetes is a major problem that affects all ages. Obesity and diet is a major problem that contributes to the rise in this disease. – Social Services Provider (Allen 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

Barriers to physicians specializing in diabetes care. Barriers to access medical nutrition therapy in the community, thus lack of patient education to successfully manage this disease. – Community Leader (LaSalle Parish)

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)

No specialist in Allen Parish. Residents must drive out of town for care for these specialists. Aging and obese population in this area. – Social Services Provider (Allen 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 specialist. – Community Leader (Winn Parish)

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

### **Disease Management**

*Diabetes education and patient compliance in following a diabetic diet. No specialists are available to treat diabetes in Oakdale. – Community Leader (Allen Parish)*

*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)*

*Diabetic patients are not compliant with their dietary restrictions and have inadequate education. – Social Services Provider (Avoyelles Parish)*

*Following a dietary plan to control diabetes and regularly visiting doctors to monitor and manage plan. – Community Leader (Winn Parish)*

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

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

*Noncompliance. – Other Health Provider (Avoyelles Parish)*

*Noncompliance. – Other Health 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)*

*Primary care physicians not referring diabetics to a doctor of Optometry for regular eye exams, which results in too many cases of unnecessary blindness. – Community Leader (Allen Parish)*

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

*Getting the help and exercise that is needed to maintaining a healthy state of being. – Social Services Provider (LaSalle Parish)*

*Transportation. – Community Leader (Avoyelles Parish)*

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

### **Diagnosis/Treatment**

*Lack of knowledge by health professionals as to symptoms and treatments. – Community Leader (LaSalle Parish)*

*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)*

*Prevention and early education. Diet and exercise can eliminate and/or reduce the effects of diabetes. – Other Health Provider (Vernon Parish)*

*Getting diagnosed as having diabetes. Getting punctual treatment for diabetes. Making lifestyle changes to effectively manage diabetes. – Other Health Provider (Natchitoches Parish)*

*Another undetected disease. – Community Leader (Rapides Parish)*

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

### **Affordable Care/Services**

*Not much free help. There should be free classes or workshops in the community. Maybe the Council on Aging could provide this. – Community Leader (Natchitoches Parish)*

*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.

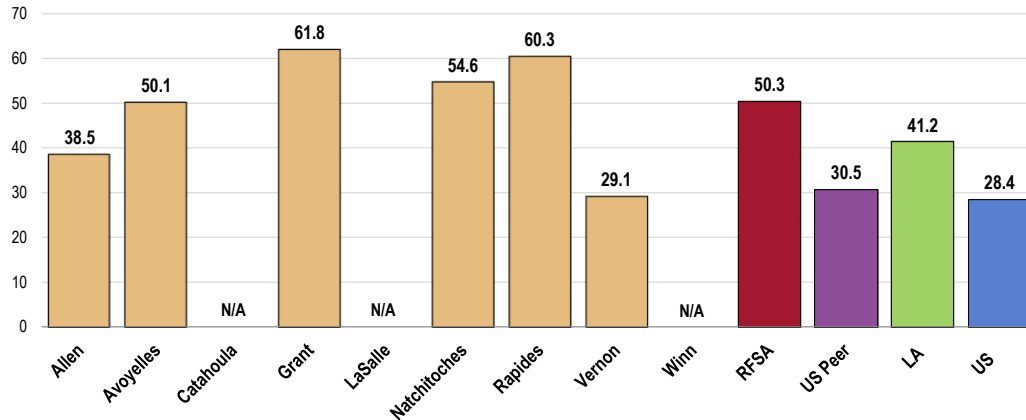
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Age-Adjusted Alzheimer's Disease Deaths

Between 2014 and 2016, there was an annual average age-adjusted Alzheimer's disease mortality rate of 50.3 deaths per 100,000 population in the Rapides Foundation Service Area.

- Worse than peer, state, and US death rates.
- Among available data, the death rate is highest in Grant Parish.

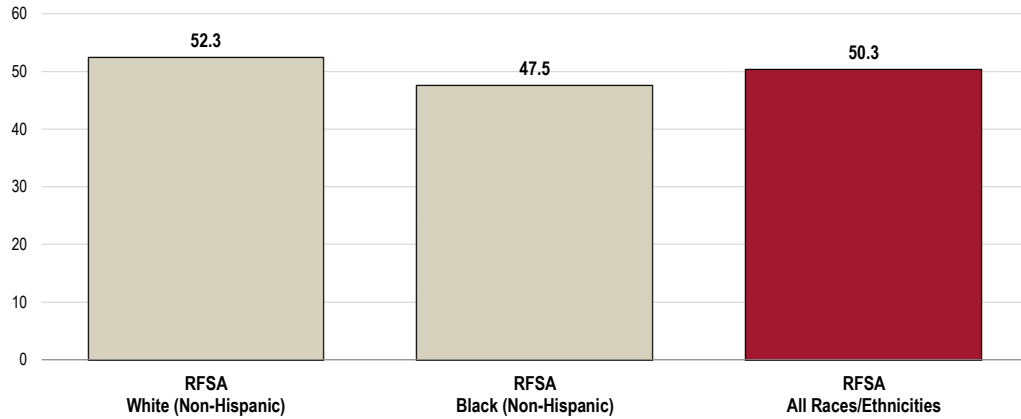
**Alzheimer's Disease: Age-Adjusted Mortality**  
(2014-2016 Annual Average Deaths per 100,000 Population)



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

- The Alzheimer's disease mortality rate is higher among service area Whites.

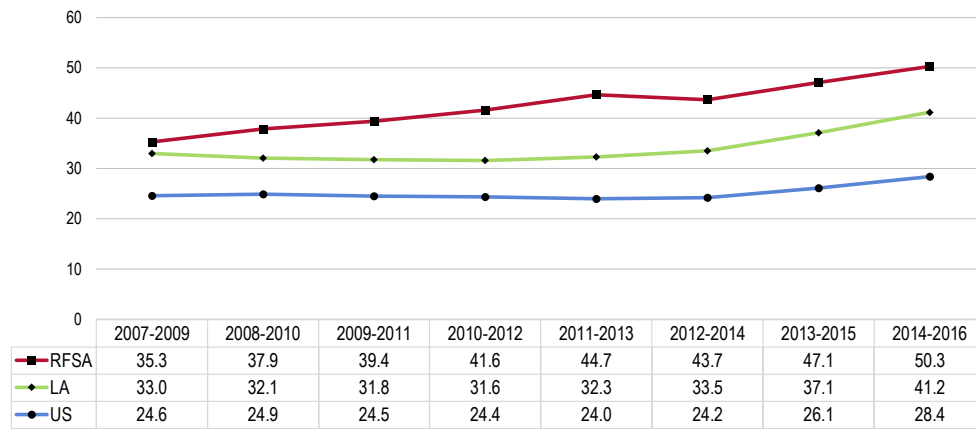
### Alzheimer's Disease: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population)



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

- TREND: Note the increase over time in Alzheimer's disease mortality for the Rapides Foundation Service Area. Across Louisiana and the US, rates have also increased steadily in recent years.

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



- Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 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.  
• In 2007 and 2008, Allen County deaths were underreported in error.

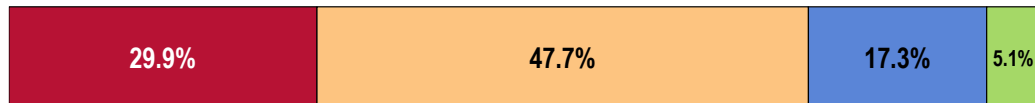
## Key Informant Input: Dementias, Including Alzheimer's Disease

Key informants taking part in an online survey are most likely to consider *Dementias, Including Alzheimer's Disease* as a “moderate 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)*

*I see it weekly in customers. Oceans Behavioral is so full, they cannot take more patients. Brain health supplements are in the top sellers. I know a handful of people diagnosed. – Social Services Provider (Vernon Parish)*

*I work in home health, so I see many patients or the elderly in facilities with Alzheimer's and dementia. – Social Services Provider (Avoyelles 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)*

*Dementia seems to be more prevalent in a younger population now. – Other Health Provider (LaSalle Parish)*

*We have two nursing homes, and a big percentage have dementia. – Community Leader (LaSalle Parish)*

*Work closely with the hospital and local nursing home and hear the concerns with patients and staff. – Other Health Provider (Avoyelles Parish)*

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

*Widespread disease affecting many families; no cure. – Community Leader (LaSalle Parish)*

*It seems everyone around me gets it. – Community Leader (LaSalle Parish)*

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

### **Aging Population**

*Growing population of seniors/elders; life expectancy is longer. Our diets are horrendous and do not promote healthy living, and we are a sedentary community. There are no facilities for interested parties to workout. People are isolated. – Community Leader (Grant Parish)*

*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)*

*The percentage of elderly in the parish as a whole is probably over 50%. – Community Leader (Grant Parish)*

*Due to the aging population in the community and the large amount of community members and families affected by this disease. – Social Services Provider (Allen 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)*

*Other than part of the aging process. – Community Leader (Natchitoches 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)*

*Aging community. – Community Leader (Winn 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)*

*I think the problem is that many of our seniors are being over-medicated. They cannot flush out the medication, which causes confusion and signs of dementia. – Social Services Provider (Natchitoches Parish)*

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

### **Lack of Specialists**

*No known specialty programs for treating these patients, other than placement into nursing homes. Not sure that local physicians are looking for signs of dementia and Alzheimer's early. – Social Services Provider (LaSalle Parish)*

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

*No specialist in Allen Parish. Residents must drive out of town for care for these specialists. Aging population in this area. – Social Services Provider (Allen Parish)*



*No specialist. – Community Leader (Winn 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)*

#### **Access to Care/Services**

*There are limited resources for individuals and their families within the Natchitoches community, other than nursing homes. – Social Services Provider (Natchitoches Parish)*

*Not enough places to take care of progressive diseases. – Other Health Provider (Vernon 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.

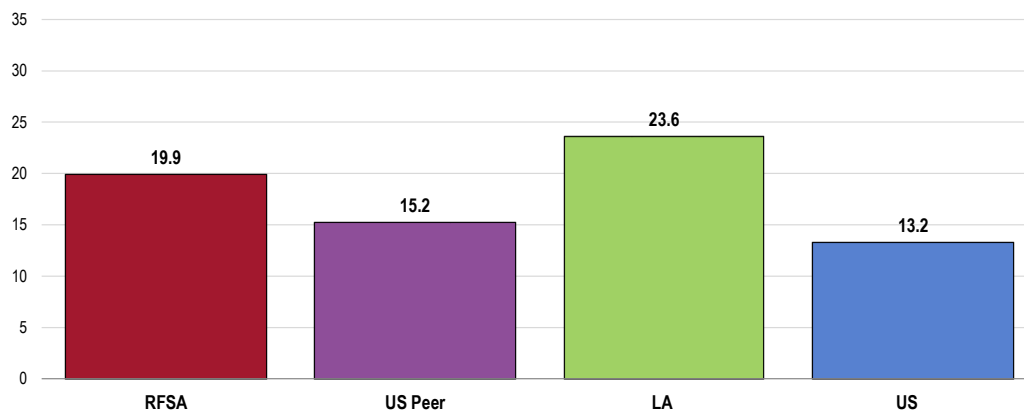
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Age-Adjusted Kidney Disease Deaths

Between 2014 and 2016, there was an annual average age-adjusted kidney disease mortality rate of 19.9 deaths per 100,000 population in the Rapides Foundation Service Area.

- Higher than the peer and national rates.
- Lower than the Louisiana rate.

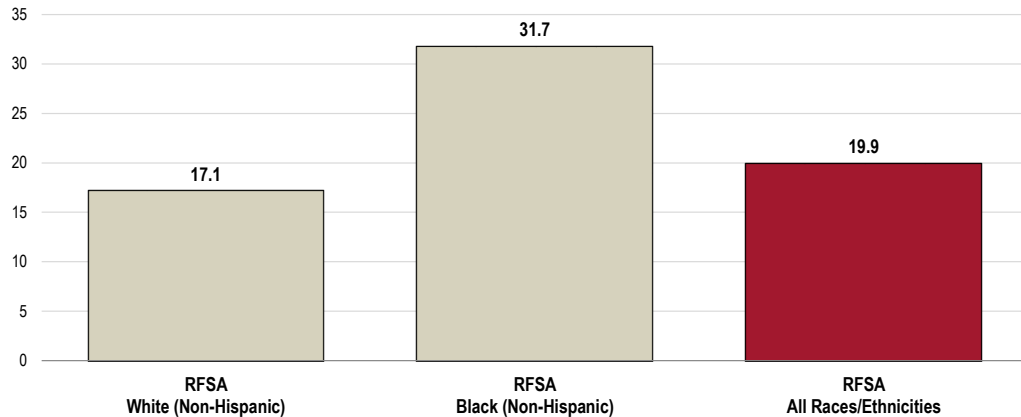
**Kidney Disease: Age-Adjusted Mortality**  
(2014-2016 Annual Average Deaths per 100,000 Population)



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

- The kidney disease mortality rate in the Rapides Foundation Service Area is much higher among Blacks than Whites.

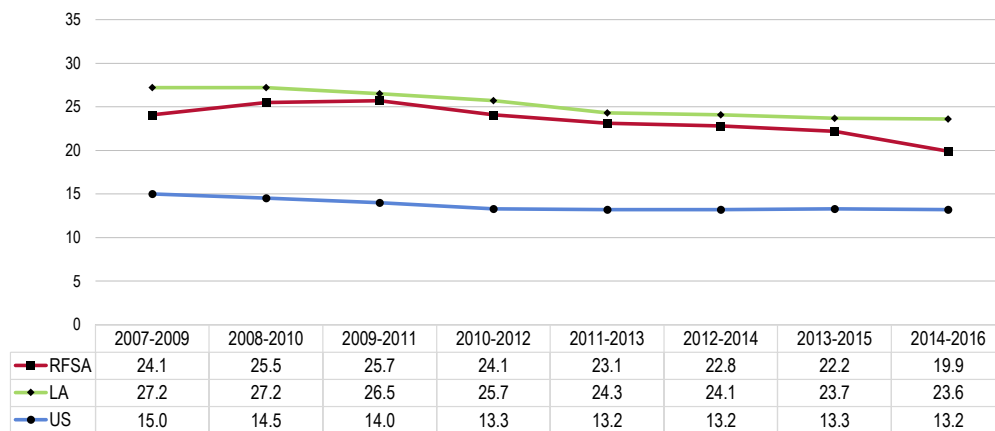
### Kidney Disease: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population)



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

- TREND: The death rate has decreased over the past decade in the Rapides Foundation Service Area, in keeping with state and national trends.

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

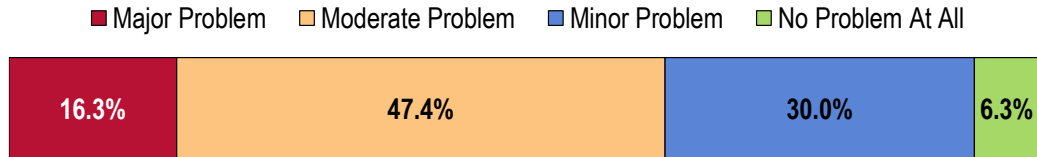


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
  - In 2007 and 2008, Allen County deaths were underreported in error.

## Key Informant Input: Kidney Disease

A plurality of key informants taking part in an online survey characterized *Kidney Disease* as a “moderate 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)*

*There seems to be a high number of people within the community that are on dialysis. In addition, there are no public transportation options for persons on dialysis that don't have Medicaid. – Social Services Provider (Natchitoches 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)*

### Access to Care/Services

*No specialist in Allen Parish. Residents must drive out of town for care for these specialists. – Social Services Provider (Allen Parish)*

*We are approached oftentimes by patients or family members in need of dialysis. We have researched the possibility of providing this service at LaSalle General Hospital, but the expense of such a program is too great. – Other Health Provider (LaSalle Parish)*

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

*No specialist. – Community Leader (Winn Parish)*

### Co-Morbidities

*Uncontrolled and undetected hypertension, along with poorly managed diabetes. – Other Health Provider (Rapides Parish)*

*Probably in connection with diabetes, but some could be from alcohol and drug abuse, lifestyle, and diet. – Community Leader (Natchitoches Parish)*

*So much of it starts with untreated high blood pressure. – Community Leader (Rapides Parish)*

*Smoking and diabetes. – Social Services Provider (Rapides Parish)*

#### **Leading Cause of Death**

*Kidney disease is one of the leading diseases affecting our parish's morbidity and mortality rates. – Other Health Provider (Natchitoches 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

### Arthritis, Osteoporosis & Chronic Back 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:

- 2<sup>nd</sup> leading cause of lost work time (after the common cold).
- 3<sup>rd</sup> most common reason to undergo a surgical procedure.
- 5<sup>th</sup> 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](http://www.healthypeople.gov))

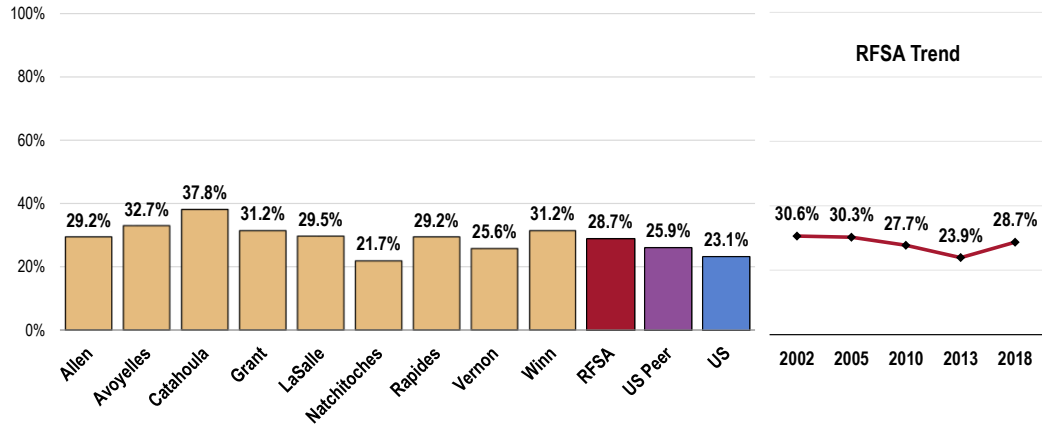
#### **A total of 28.7% of service area adults report suffering from arthritis or rheumatism.**

#### RELATED ISSUE:

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

- Worse than that found nationwide.
- Comparable to the US Peer prevalence.
- Favorably low in Natchitoches Parish.
- TREND: Statistically unchanged from 2002 survey results (but marking an increase since 2013).

### Prevalence of Arthritis/Rheumatism

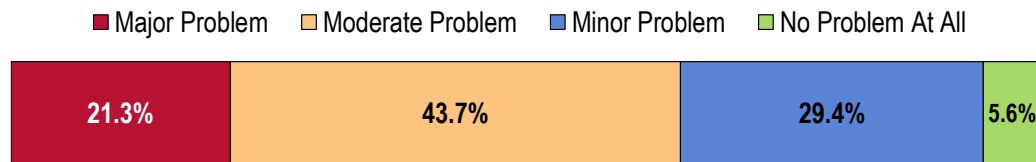


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 25]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

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

The largest share of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a “moderate 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 see numerous people on a daily basis with these conditions, have friends and family members of every age group with arthritis, customers and employees with osteoporosis, and I personally (along with friends) suffer back pain. – Social Services Provider (Vernon Parish)*

*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)*

*Just about every senior I know suffers from chronic joint pain. Overweight, injuries, and poor nutrition. – Community Leader (Natchitoches Parish)*

*Many affected. – Social Services Provider (Rapides Parish)*

### **Aging Population**

*Avoyelles Parish, I believe, has an aging population, which contributes to this major problem. I am aware of many in our parish with this condition. I also believe many back conditions are caused by the lack of a routine exercise program that would include exercise to strengthen back muscles (e.g. core stabilization exercises). – Community Leader (Avoyelles Parish)*

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

*The majority of Grant Parish is elderly. This is a problem with most of the elderly residents. – Community Leader (Grant 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)*

*Aging community. – Community Leader (Avoyelles 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)*

### **Specialty Care**

*No specialist in Allen Parish. Residents must drive out of town for care for these specialists. Aging population in this area. – Social Services Provider (Allen Parish)*

*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)*

*No resources for treatment. No pain management physicians, no aquatic therapy in parish. – Social Services Provider (Avoyelles Parish)*

*No specialist to address. – Community Leader (Winn Parish)*

### **Diagnosis/Prevention**

*Osteoporosis isn't identified, even when family history indicates patients are high-risk. Back pain is such a prevalent patient complaint that it's often dismissed/not taken seriously, especially in a society where abuse of prescription painkillers is at epidemic heights. Ditto with arthritis: such the common ailment, yet quickly dismissed by health care providers as treatable by patients themselves with over-the-counter medications. While over-the-counter drugs may indeed help in all these situations, it is the initial diagnosis and primarily the initial lack of concern by the primary doctor that may lead patients to feel continued checkups are a waste of time and resources. – Community Leader (LaSalle Parish)*

*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)*

### **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)*



**Weight Status**

*Many people are overweight and/or obese. This causes degenerative joint disease. – Social Services Provider (Avoyelles 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)*

**Insufficient Physical Activity**

*I think it's is 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)*

**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****About Vision**

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

**About Hearing & Other Sensory or Communication Disorders**

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

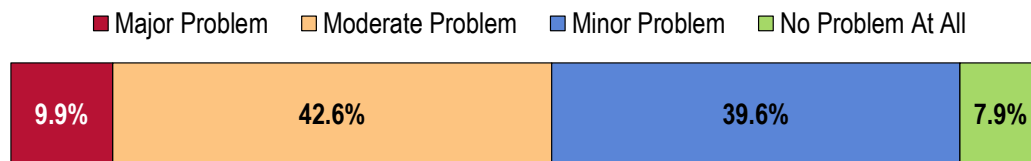
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 (www.healthypeople.gov)

**Key Informant Input: Vision & Hearing**

Key informants taking part in an online survey most often characterized *Vision & Hearing* as a “moderate problem” in the community, followed closely by “minor problem” ratings.

**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**

*With limited affordable health care options, especially with restrictions by the current federal administration. Most people in Grant do not have health plans to cover this and cannot afford to address these problems. – Social Services Provider (Grant Parish)*

*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**

*Complications from diabetes and cardiac chronic disease. – Other Health Provider (Natchitoches Parish)*

*Too many people have uncorrected refractive error. Too many diabetics do not understand the importance of regular eye exams. – Community Leader (Allen Parish)*

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

**Insurance Issues**

*Mainly, because insurance companies do not cover hearing aids or glasses, and these are very expensive items. Grant Parish is a very poor parish. – Community Leader (Grant Parish)*

*Adults with Medicaid are unable to get vision and hearing care locally. – Social Services Provider (Natchitoches 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



**Professional Research Consultants, Inc.**

# 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](http://www.healthypeople.gov))

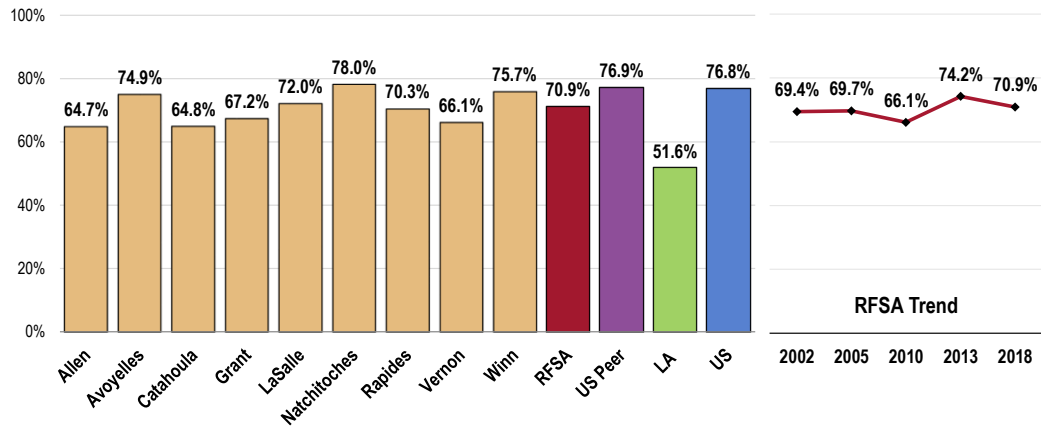
## Flu Vaccination

Among Rapides Foundation Service Area seniors, 70.9% received a flu shot within the past year.

- Lower than the US prevalence.
- Higher than the state prevalence.
- Comparable to the peer prevalence.
- Similar to the Healthy People 2020 target (70% or higher).
- Highest in Natchitoches Parish.
- TREND: Statistically unchanged from 2002 survey results.

## 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. [Item 144]  
 • 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 IID-12.12]

Notes: • Reflects respondents 65 and older.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

## Pneumonia Vaccination

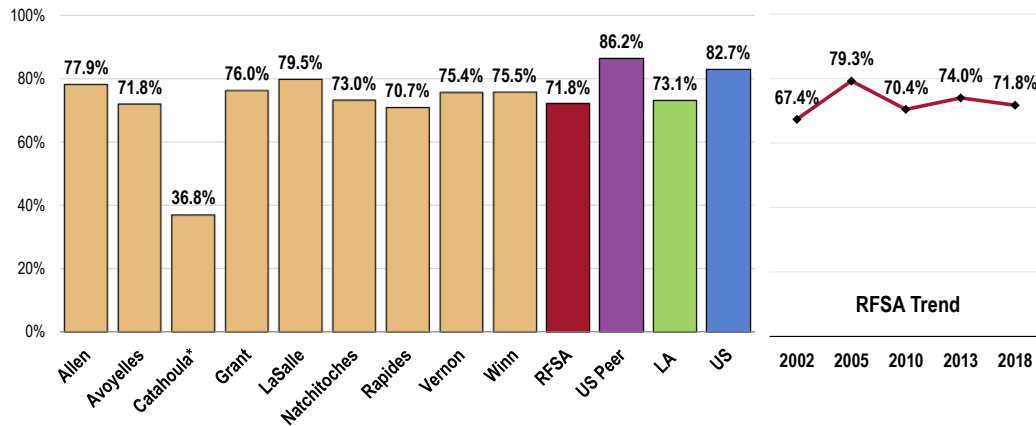
Among Rapides Foundation Service Area adults age 65 and older, 71.8% have received a pneumonia vaccination at some point in their lives.

- Lower than the peer and national findings.
- Similar to the Louisiana percentage.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- Unfavorably low in Catahoula Parish; note, however, that this percentage represents only 37 respondents for this indicator.
- TREND: Marks a statistically significant increase from 2002 survey findings (but a decrease since 2005).

### 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. [Item 146]
  - 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> [Objectives IID-13.1, IID-13.2]
- Notes:
- Reflects respondents 65 and older; \*note that the Catahoula Parish sample represents only 37 respondents for this indicator.
  - "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

## 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.

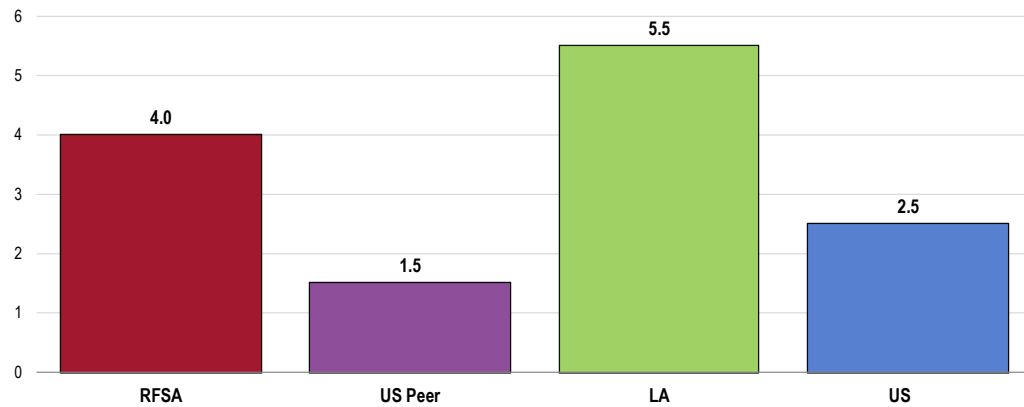
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Age-Adjusted HIV/AIDS Deaths

Between 2007 and 2016, there was an annual average age-adjusted HIV/AIDS mortality rate of 4.0 deaths per 100,000 population in the Rapides Foundation Service Area.

- Worse than the peer and national death rates.
- Better than the Louisiana death rate.
- Fails to satisfy the Healthy People 2020 target (3.3 or lower).

**HIV/AIDS: Age-Adjusted Mortality**  
(2007-2016 Annual Average Deaths per 100,000 Population)  
Healthy People 2020 Target = 3.3 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 June 2018.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-12]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

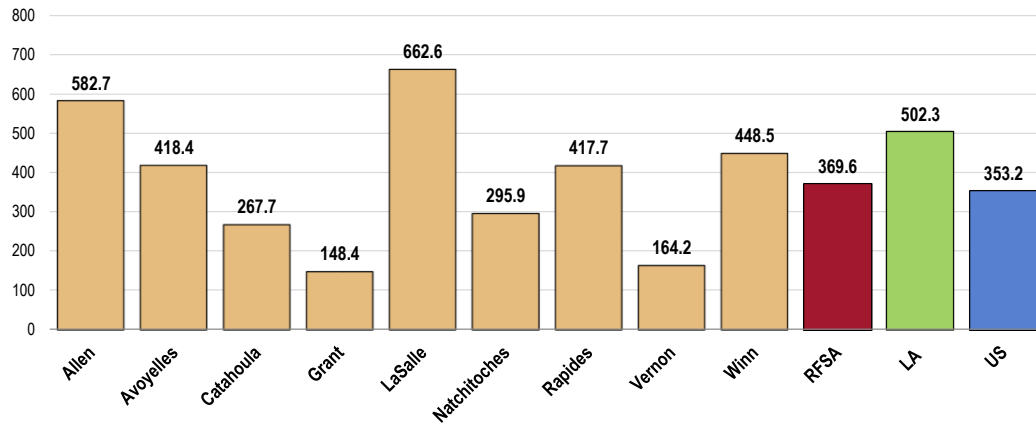
## HIV Prevalence

In 2013, there was a prevalence of 369.6 HIV cases per 100,000 population in the Rapides Foundation Service Area.

- Well below the statewide prevalence.
- Comparable to the national prevalence.
- Higher in Allen and LaSalle parishes.



### HIV Prevalence (Prevalence Rate of HIV per 100,000 Population, 2013)



Sources: 

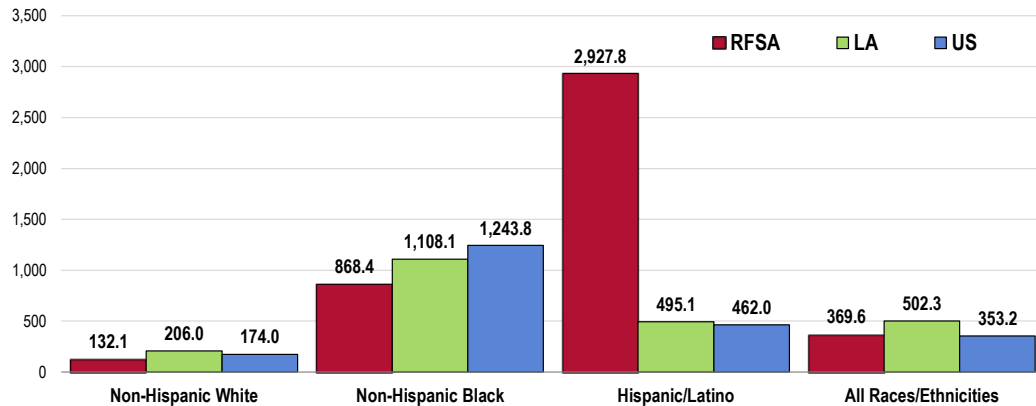
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved June 2018 from Community Commons at <http://www.chna.org>.

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.

- By race and ethnicity, HIV/AIDS prevalence in the Rapides Foundation Service Area is particularly high among Hispanic/Latinos and, to a lesser degree, non-Hispanic Blacks.

### HIV Prevalence by Race/Ethnicity (Rate per 100,000 Population, 2013)



Sources: 

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

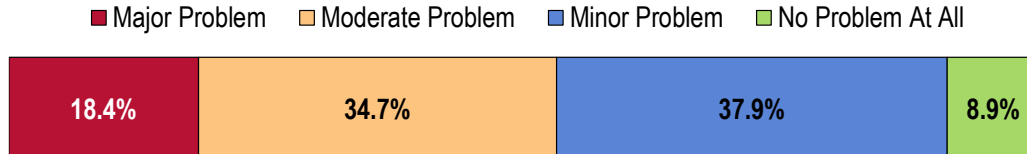
Notes: 

- 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

Key informants taking part in an online survey most often characterized *HIV/AIDS* as a “minor problem” in the community.

### Perceptions of HIV/AIDS 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

*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)*

*According to community conversations, HIV/AIDS is and has been a significant problem, particularly among African Americans. – Community Leader (Catahoula Parish)*

*Louisiana has one of the highest rates of infection in the country. – 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)*

#### Contributing Factors

*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, alcohol, and lifestyle. – Community Leader (Natchitoches Parish)*

*Drug-related. – Community Leader (Avoyelles Parish)*

*Drugs. – Social Services Provider (Rapides Parish)*

#### **Access to Care/Services**

*No specialist in Allen Parish. Residents must drive out of town for care for these specialists. – Social Services Provider (Allen Parish)*

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

#### **Unprotected Sex**

*I know a couple of people diagnosed HIV positive, and they are promiscuous with others who are promiscuous, so there is no way that there are not dozens and dozens of undiagnosed cases. – Social Services Provider (Vernon 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 healthcare 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).

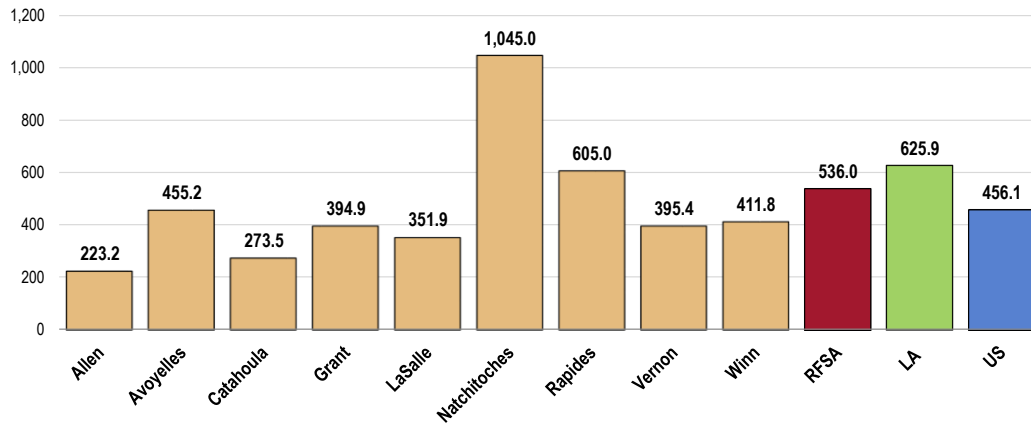
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Chlamydia & Gonorrhea

In 2014, the chlamydia incidence rate in the Rapides Foundation Service Area was 536.0 cases per 100,000 population.

- Lower than the Louisiana incidence rate.
- Higher than the national incidence rate.
- Unfavorably high in Natchitoches and Rapides parishes.

### Chlamydia 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 June 2018 from Community Commons at <http://www.chna.org>.

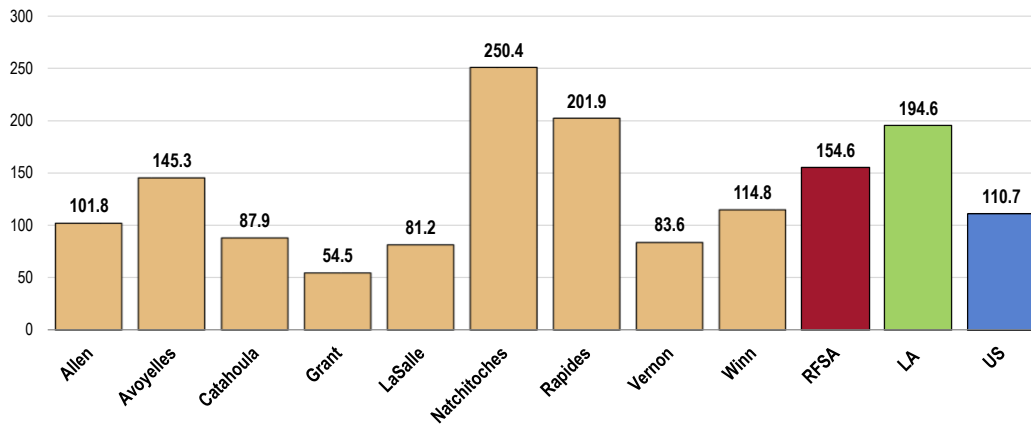
Notes: 

- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

**The Rapides Foundation Service Area gonorrhea incidence rate in 2014 was 154.6 cases per 100,000 population.**

- Lower than the Louisiana incidence rate.
- Higher than the national incidence rate.
- Highest in Avoyelles, Natchitoches, and Rapides parishes.

### 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 June 2018 from Community Commons at <http://www.chna.org>.

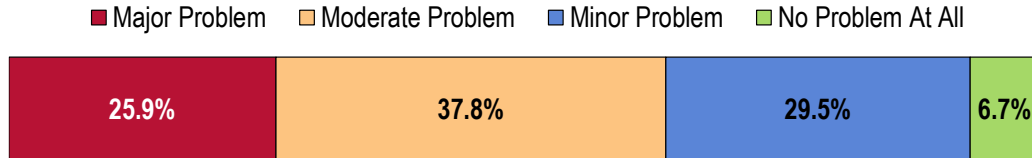
Notes: 

- 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

A plurality of key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a “moderate 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

*It is general knowledge in Jonesville that there is a problem with incidence of STDs, including HIV/AIDS. I was also advised that the number of individuals coming into the unit for testing and treatment has increased over last year. In community conversations, it is well known among the younger adults and older youth that there is a problem with STDs, and part of the problem is multiple partners. There is a community culture that is accepting of multiple partners, even when the relationship involves married individuals. – Community Leader (Catahoula Parish)*

*It’s a problem. – Physician (Rapides Parish)*

*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 STDs 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)*

*Statistics are on the rise. Many don’t even know if they are infected. – Social Services Provider (Avoyelles Parish)*

*The reports regarding this issue state that STDs 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 STDs. – 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 STDs per capita. – Social Services Provider (Rapides Parish)*

*Rampant promiscuity and lack of regular health care. – Social Services Provider (Vernon Parish)*

*Infections are still occurring. – Public Health Representative (Rapides Parish)*  
*Multiple prevalence estimates. – Social Services Provider (Rapides Parish)*  
*Written about as one of the major problems. – Social Services Provider (Natchitoches Parish)*  
*I read the statistics, and they are very high. – Community Leader (Rapides Parish)*  
*Because, regrettably, they are [a major problem]. – Other Health Provider (Natchitoches Parish)*  
*Sexually transmitted diseases. – Public Health Representative (Central Louisiana)*

### **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)*  
*Education level and culture. Lots of promiscuity. – Social Services Provider (Avoyelles 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)*  
*Not enough education. – Community Leader (Avoyelles Parish)*

### **Substance Use**

*Drugs, homelessness, and mental illness. – Social Services Provider (Rapides Parish)*  
*High drug and alcohol usage. – Community Leader (Natchitoches Parish)*  
*Drug-related. – 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)*

### **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)*

### **Access to Care/Services**

*No rural health unit in Allen Parish. Primary care base treatment. – Social Services Provider (Allen Parish)*

### **Lack of Providers**

*No gynecologist in the area to address issues. – Community Leader (Winn Parish)*

## Immunization & Infectious Diseases

### Key Informant Input: Immunization & Infectious Diseases

Key informants taking part in an online survey most often characterized *Immunization & Infectious Diseases* as a “minor problem” in the community, followed closely by “moderate problem” ratings.

### 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

*At our childcare center, many parents do not have their children updated on their shots. The children range from one to four years old. Every two months we do a checkpoint, and consistently have several that are not updated. – Social Services Provider (Avoyelles Parish)*



*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 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)*

*No specialist for infectious diseases in Allen Parish. Residents must drive out of town for care for these specialists. – Social Services Provider (Allen Parish)*

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

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

### **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)*

# Births



Professional Research Consultants, Inc.

## Birth Outcomes & Risks

### Low-Weight Births

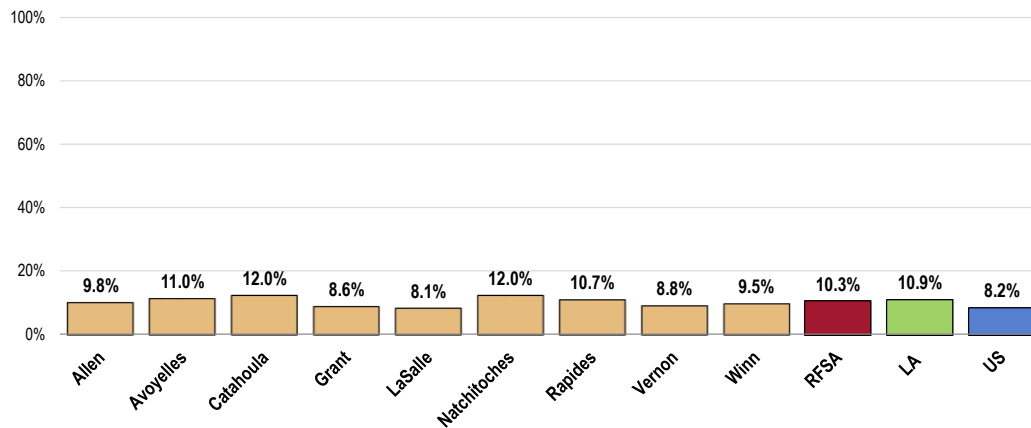
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

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

**A total of 10.3% of 2006-2012 Rapides Foundation Service Area births were low-weight.**

- Higher than the national proportion.
- Comparable to the state proportion.
- Fails to satisfy the Healthy People 2020 target (7.8% or lower).
- The highest prevalence of low-weight births were in Catahoula and Natchitoches parishes.

**Low-Weight Births**  
(Percent of Live Births, 2006-2012)  
**Healthy People 2020 Target = 7.8% or Lower**



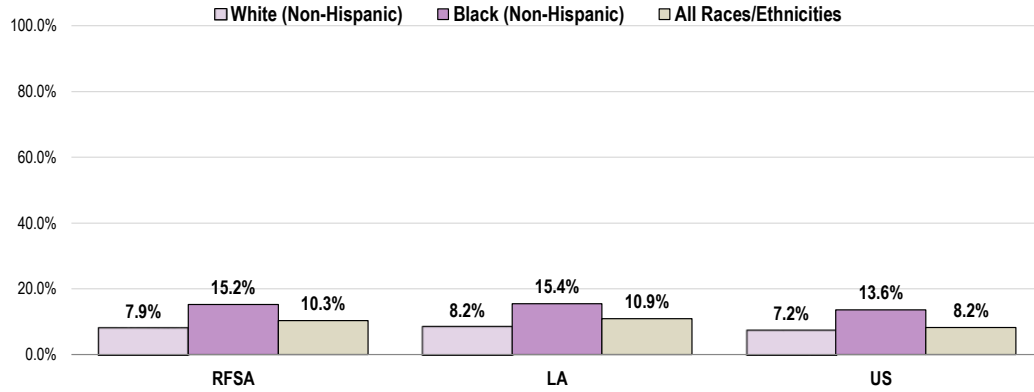
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2018.

• 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.

- Low-weight births are more prevalent among Black mothers than among White mothers in the service area (the same is true among Louisiana and US mothers overall).

## Low-Weight Births (Percent of Live Births, 2006-2012) Healthy People 2020 Target = 7.8% or Lower



Sources: 

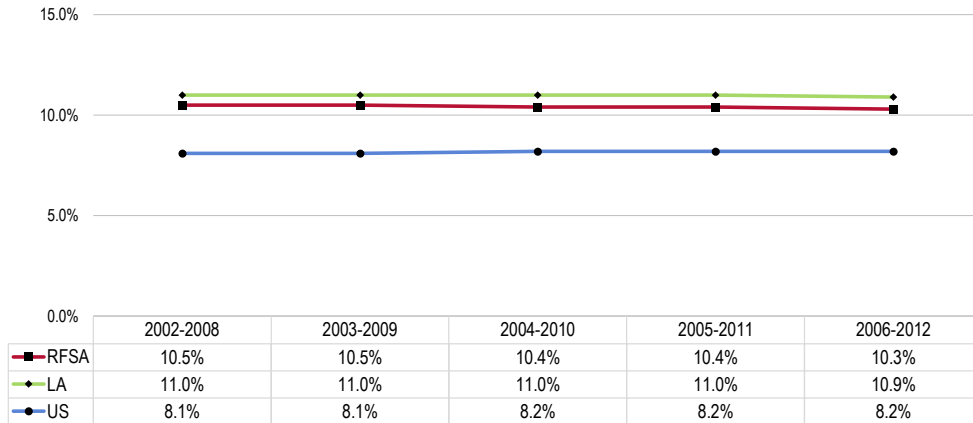
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2018.
- Retrieved from Community Commons at <http://www.chna.org>.
- US Department of Health and Human Services. Healthy People 2020. 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.

- TREND: The prevalence of low-weight births has been stable over time.

## Low-Weight Births (Percent of Live Births) Healthy People 2020 Target = 7.8% or Lower



Sources: 

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2018.
- 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.

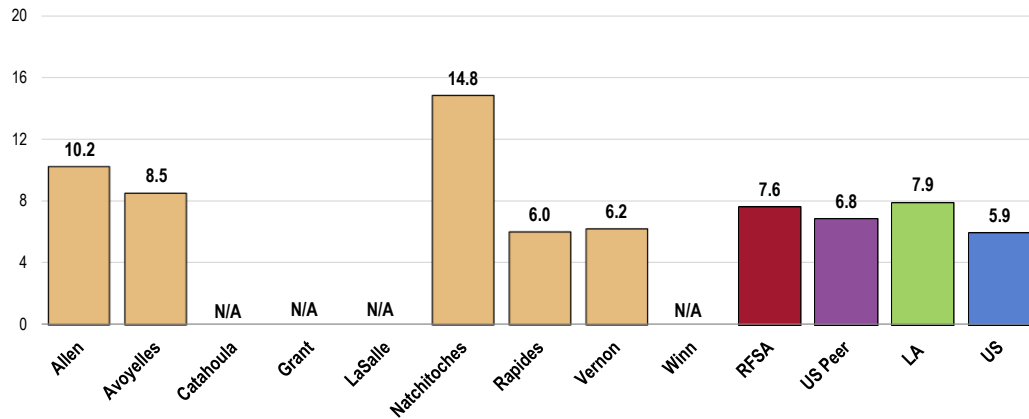
## Infant Mortality

Between 2014 and 2016, there was an annual average of 7.6 infant deaths per 1,000 live births.

- Worse than the national rate.
- Similar to the peer and state rates.
- Fails to satisfy the Healthy People 2020 target of 6.0 per 1,000 live births or lower.
- Among available rates, higher in Allen and Natchitoches parishes.

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

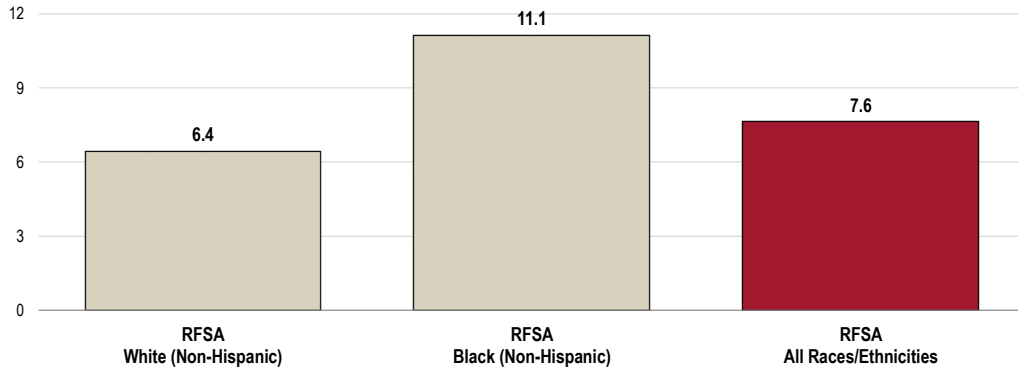
**Infant Mortality Rate**  
(Annual Average Infant Deaths per 1,000 Live Births, 2014-2016)  
Healthy People 2020 Target = 6.0 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2018.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Infant deaths include deaths of children under 1 year old.
  - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- The infant mortality rate is notably higher among births to Black mothers in the service area.

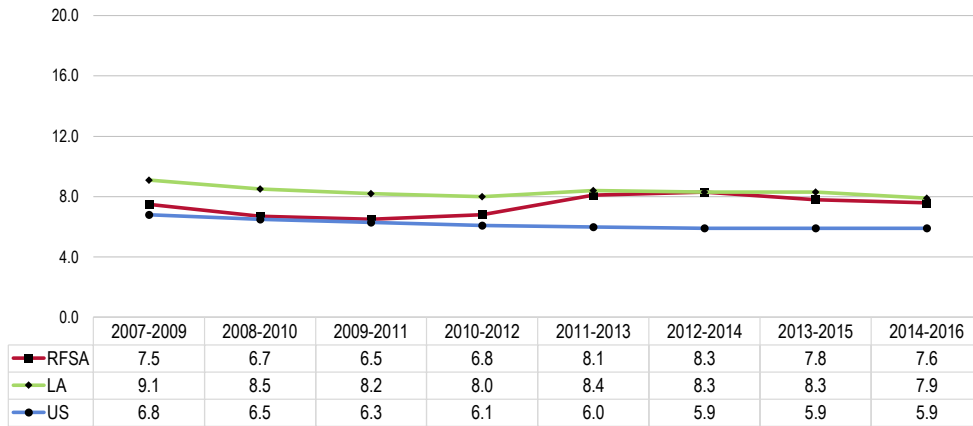
### Infant Mortality Rate (Annual Average Infant Deaths per 1,000 Live Births, 2014-2016) Healthy People 2020 Target = 6.0 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2018.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Infant deaths include deaths of children under 1 year old.
  - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- **TREND:** No clear infant mortality trend is apparent for the service area over the past decade, whereas state and national rates have declined.

### Infant Mortality Rate (Annual Average Infant Deaths per 1,000 Live Births, 2014-2016) Healthy People 2020 Target = 6.0 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2018.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Infant deaths include deaths of children under 1 year old.
  - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

## Key Informant Input: Infant & Child Health

Key informants taking part in an online survey generally characterized *Infant & Child Health* as a “moderate problem” in the community.

### Perceptions of Infant and Child 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:

#### Contributing Factors

*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)*

*People often misuse money meant for their children on other items. – Other Health Provider (Rapides Parish)*

*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)*

*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)*

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)

Education for underprivileged, a lot of single parent families with limited resources. – Community Leader (Natchitoches Parish)

Apathy, lack of education. – Social Services Provider (Rapides Parish)

Not enough programs to address the issue. – Community Leader (Avoyelles 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)

### **Nutrition**

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)

### **Substance Use During Pregnancy**

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:

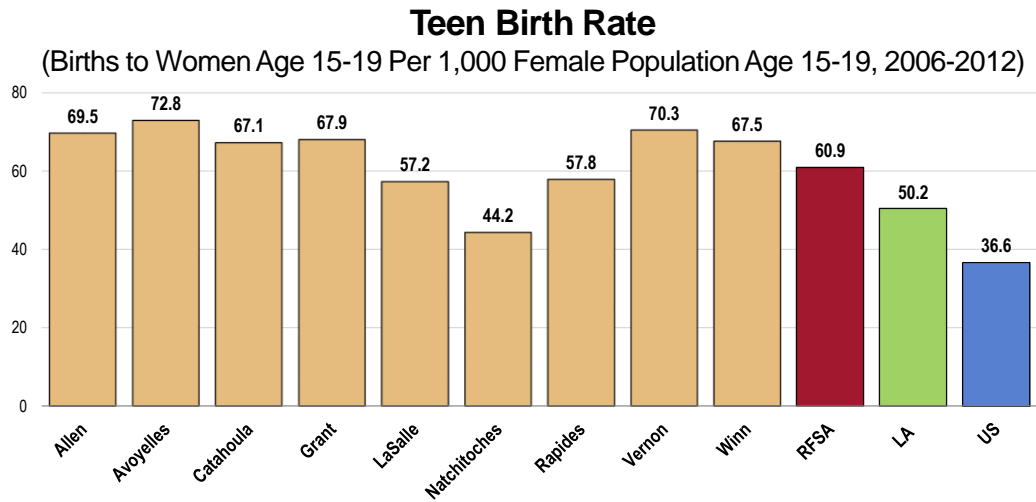
- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

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](http://www.healthypeople.gov))

Between 2006 and 2012, the RFSA reported 60.9 annual births to women age 15 to 19 per 1,000 women in that age group.

- Higher than the Louisiana and US teen birth rates.
- Lower in LaSalle, Natchitoches, and Rapides parishes.



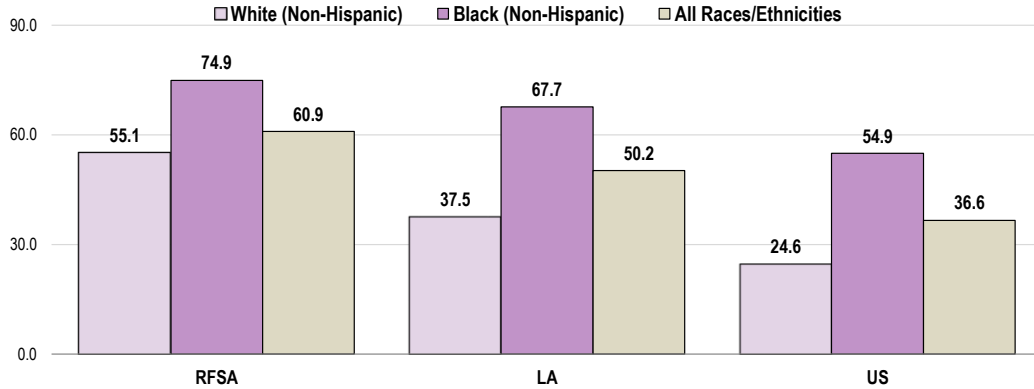
Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.

• 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.

- By race and ethnicity, Blacks exhibit a much higher rate of teen births than Whites in the Rapides Foundation Service Area (as is also the case statewide and nationally).

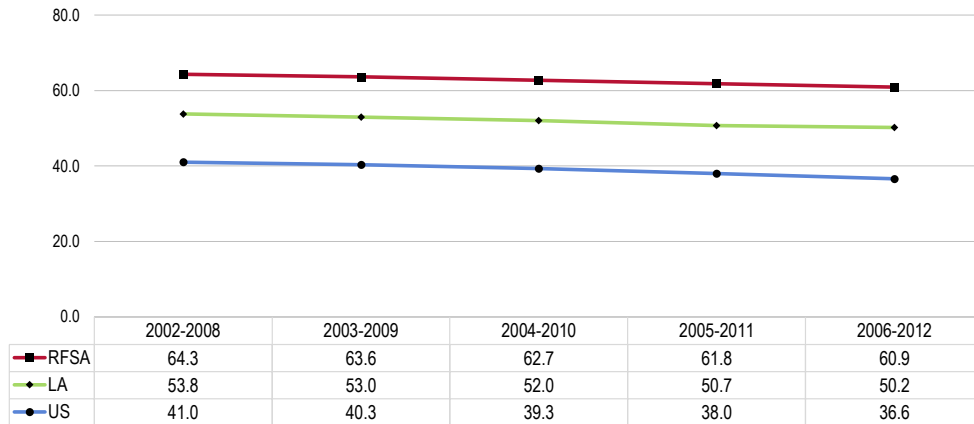
### Teen Birth Rate (Births to Women Age 15-19 Per 1,000 Female Population Age 15-19; RFSA Trend by Race/Ethnicity, 2006-2012)



- 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.

- TREND:** The teen birth rate has decreased only marginally over the past decade.

### Trend: Teen Birth Rate (Births to Women Age 15-19 Per 1,000 Female Population Age 15-19)



- 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.

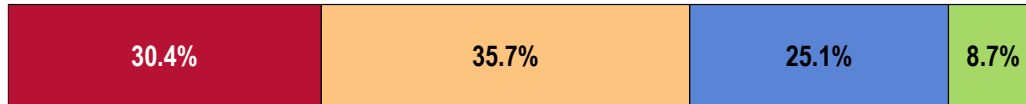
## Key Informant Input: Family Planning

Key informants taking part in an online survey most often characterized *Family Planning* as a “moderate problem” in the community.

### Perceptions of Family Planning 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:

#### 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)*

*No specialist in Allen Parish. Residents must drive out of town for care for these specialists. Child-bearing age population in this area. – Social Services Provider (Allen Parish)*

*Work schedule, lack of transportation, non-availability of facilities. Parents lack of interest and motivation, and parental skills. – Social Services Provider (Natchitoches 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)*

*No programs, no parental guidance, no stigma for youth pregnancies. – Community Leader (Winn Parish)*

*No specialist. – Community Leader (Winn Parish)*

*No facilities available. – Community Leader (LaSalle Parish)*

*No resources. – Community Leader (Avoyelles 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)*

*In Natchitoches Parish alone, there are over 600 babies born each year. – Other Health Provider (Natchitoches Parish)*

*High incidence of teen pregnancy and single income parenting which are then living in a vicious cycle of needing government funding to sustain living. – Community Leader (Winn 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)*

*Kids and those who are not prepared for children are having children at an alarming rate. – Social Services Provider (Vernon 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)*

*There are several teenage parents around the area. – Social Services Provider (LaSalle 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)*

### **Unmarried/Single Parent Families**

*We have a high rate of unmarried parents having children. Our schools are about 75% free or reduced lunch. Most of these families have multiple children without a means to support them. – Community Leader (Winn Parish)*

*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)*

*Too many children without fathers and/or other parental involvement. – Community Leader (Natchitoches Parish)*

*Number of child birth with singles. High school females having infants. Families growing without income to provide. – Community Leader (Allen Parish)*

*Unwed mothers. – Other Health Provider (Winn Parish)*

### **Cost of Caring for a Child**

*Observations: I see so many young and impoverished females, with limited resources, who give birth to children with different fathers. I don't know if it is an issue of ignorance regarding birth control, or if they are seeking healing, affirmation, or restoration from the various partners with whom they procreate. – Community Leader (Grant Parish)*

*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)*

*Many indigent families keep having more children born into poverty. – Social Services Provider (Avoyelles Parish)*

*The high poverty level and being a rural community. – Community Leader (Rapides Parish)*

### **Unplanned Pregnancies**

*Many young women are getting pregnant and are surprised by it. When asked if they use contraception, they say they forget. The idea of going somewhere and taking a shot also seems unreachable to them. Better education is needed. Make it easier to get. – Social Services Provider (Avoyelles Parish)*

*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)*

*Unplanned pregnancies, information seems to be lacking on family planning. – Community Leader (Natchitoches Parish)*

### **Substance Use**

*Consistent high numbers of drug-exposed newborns. – Community Leader (Rapides Parish)*

# Modifiable Health Risks



Professional Research Consultants, Inc.

## 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](http://www.healthypeople.gov))

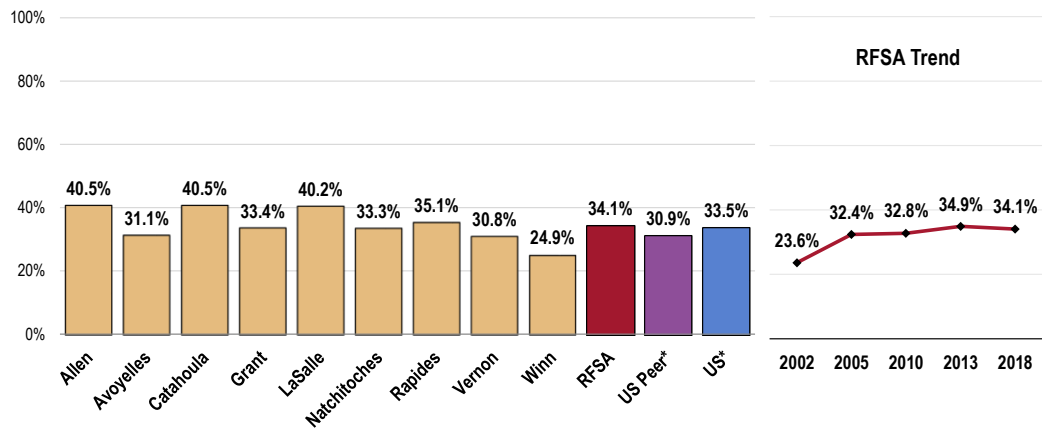
## Daily Recommendation of Fruits/Vegetables

A total of 34.1% of Rapides Foundation Service Area adults report eating five or more servings of fruits and/or vegetables per day.

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.

- Comparable to peer and national percentages.
- Lowest among respondents in Winn Parish.
- TREND: Fruit/vegetable consumption has increased significantly since 2002 (although similar to results since 2005); note that the 2002 survey did not differentiate between types of vegetables eaten.

### Consume Five or More Servings of Fruits/Vegetables per Day



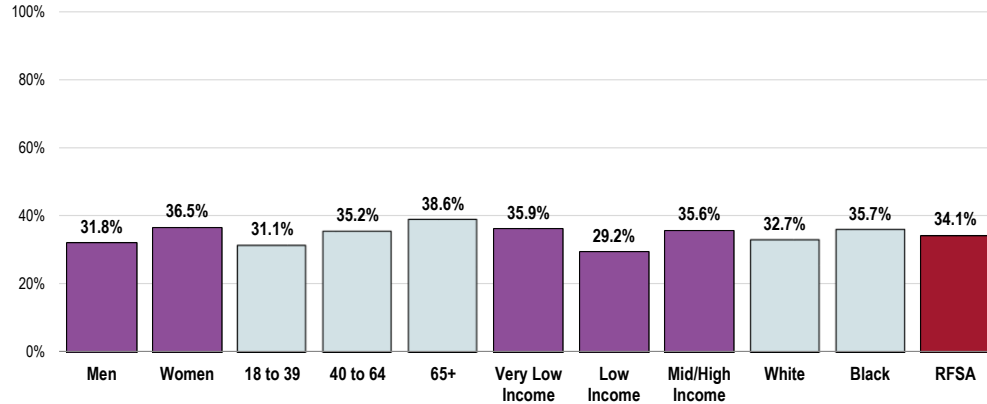
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 361]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.  
 • For this issue, respondents were asked to recall their food intake on the previous day.  
 • \*US and US Peer data do not distinguish between types of vegetables eaten.  
 • \*US Peer\* represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

- Area men are less likely to get the recommended servings of daily fruits/vegetables, as are young adults and those living just above the federal poverty level.



### Consume Five or More Servings of Fruits/Vegetables per Day (Rapides Foundation Service Area, 2018)



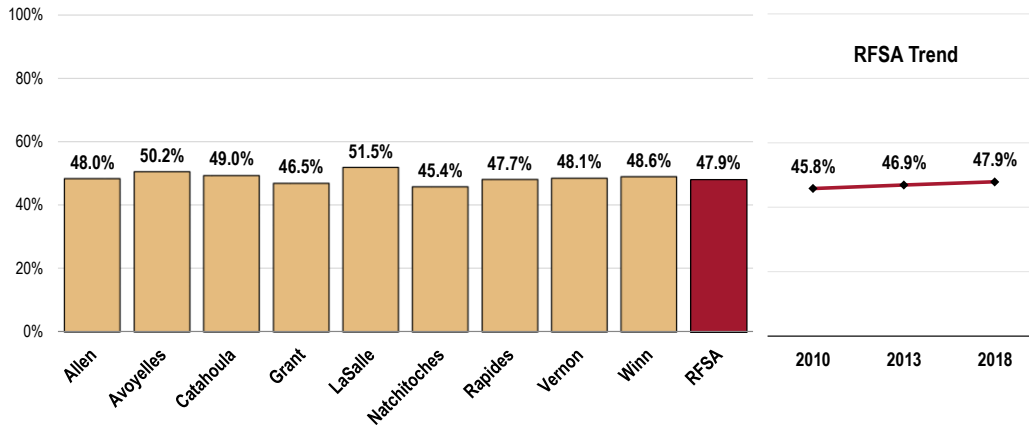
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 361]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.  
 • For this issue, respondents were asked to recall their food intake on the previous day.

### Fruit

Just under half (47.9%) of area adults report eating two or more daily servings of fruit.

- Similar results by parish.
- TREND: Fruit/vegetable consumption has not changed significantly since 2010.

### Consume Two or More Servings of Fruit per Day



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 362]  
 Notes: • Asked of all respondents.  
 • For this issue, respondents were asked to recall their food intake on the previous day.

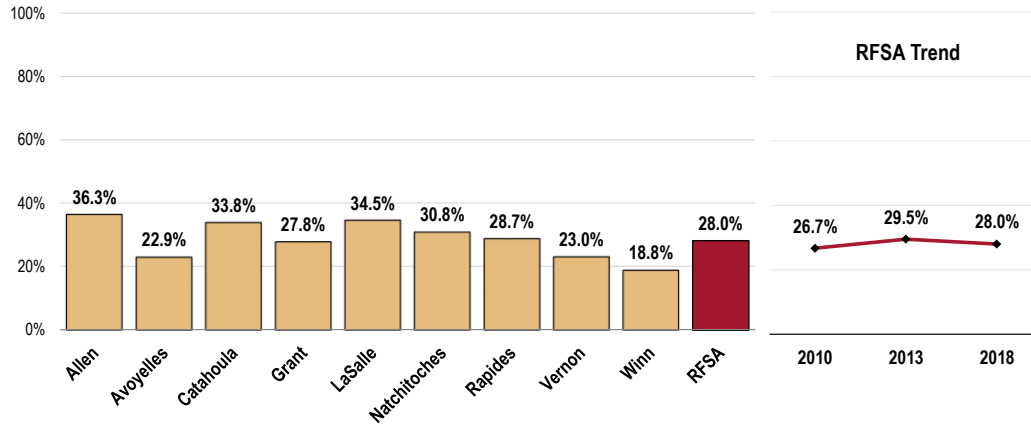
### Vegetables

A total of 28.0% of RFSA respondents report eating three or more servings of vegetables per day, at least one-third of which are dark green or orange vegetables.

- Lowest in Avoyelles, Vernon, and Winn parishes.

- TREND: Vegetable consumption has not changed significantly over time.

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



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 363]  
 Notes: • Asked of all respondents.  
 • For this issue, respondents were asked to recall their food intake on the previous day.

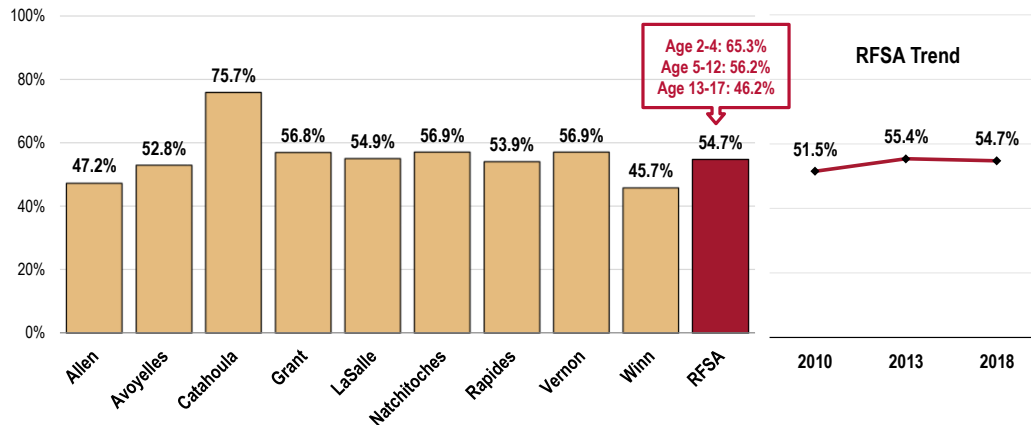
### Daily Recommendation of Fruits/Vegetables (Children)

Over half (54.7%) of RFSA parents of children age 2-17 report that their child has five or more servings of fruits/vegetables per day.

- More favorable in Catahoula Parish (as was the case in 2013).
- TREND: Fruit/vegetable consumption has not changed significantly since 2010.

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

### Child Eats Five or More Servings of Fruits/Vegetables per Day (RFSA Children Age 2-17; 2018)



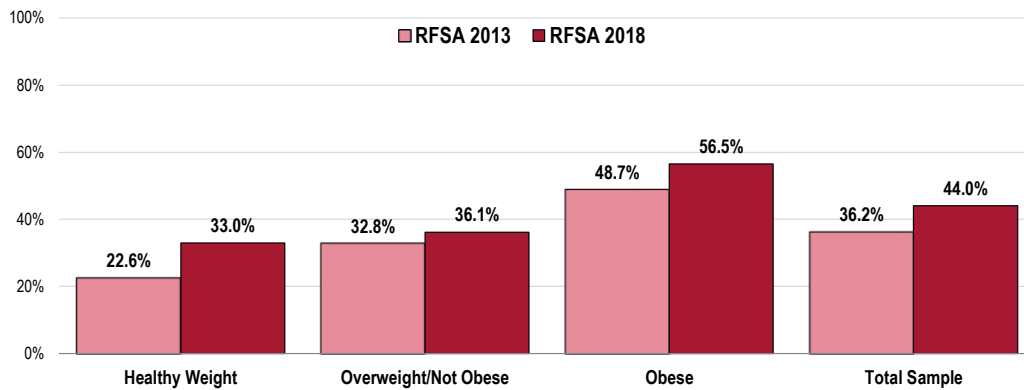
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 370]  
 Notes: • Asked of all respondents with children age 2-17 at home.  
 • In this case, parents were asked to consider their child's food intake on the previous day.

## Medical Advice on Nutrition

A total of 44.0% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Unfavorably low in Winn Parish (not shown).
- TREND: Marks a statistically significant increase from 2013 survey findings.
- Among obese respondents, over half (56.5%) received diet/nutrition advice in the past year (meaning that over 4 in 10 did not).

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



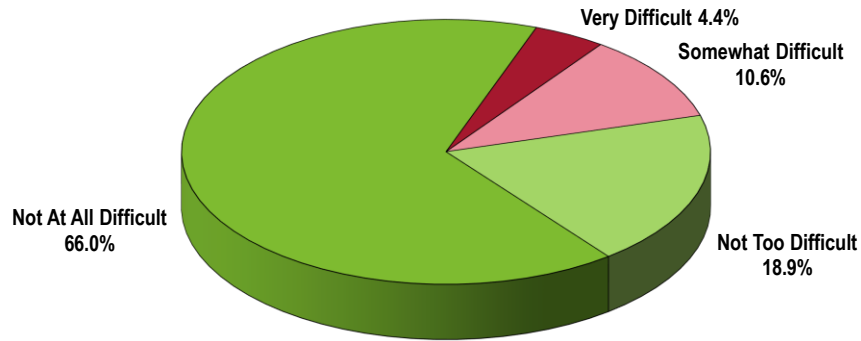
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]  
 Notes: • Asked of all respondents.

## Access to Fresh Produce

### Difficulty Accessing Fresh Produce

While most report little or no difficulty, 15.0% of Rapides Foundation Service Area adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables in their community.

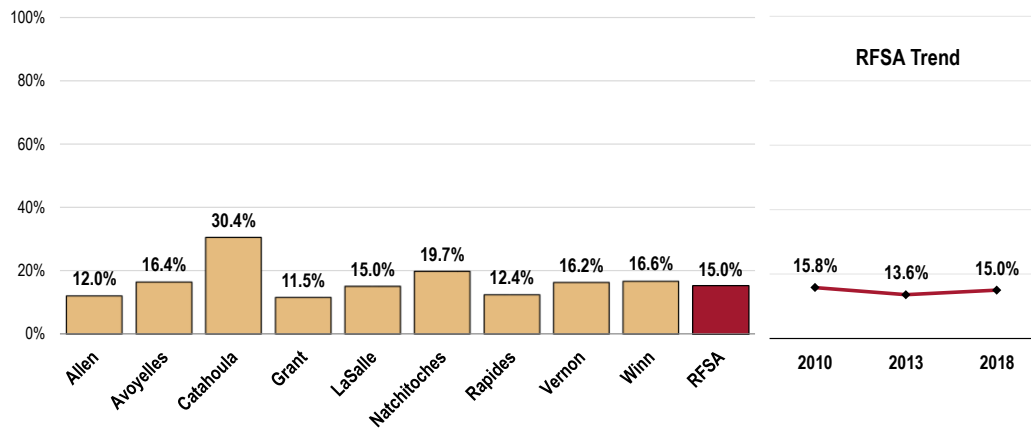
### Level of Difficulty in Purchasing Fresh Fruits & Vegetables in the Community (Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 321]  
 Notes: • Asked of all respondents.

- Difficulty is greater in Catahoula and Natchitoches parishes.
- TREND: Statistically unchanged over time.

### “Very” or “Somewhat” Difficult to Purchase Fresh Fruits & Vegetables

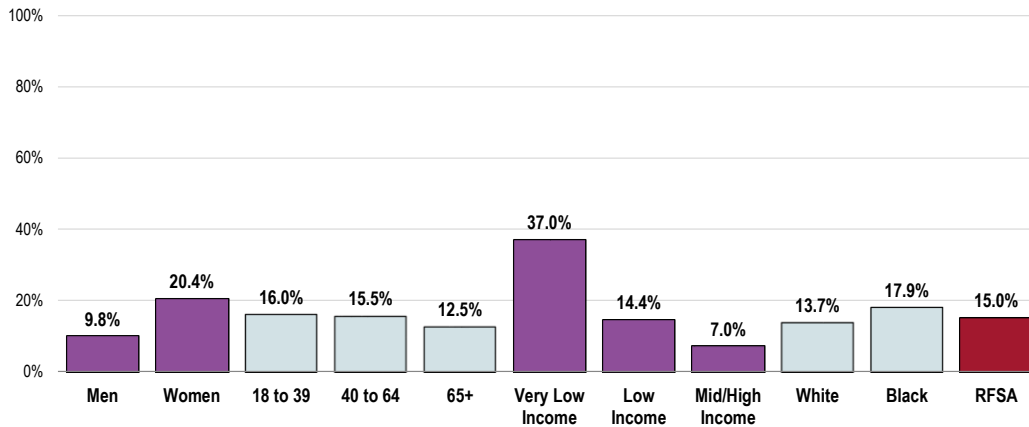


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 321]  
 Notes: • Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Women.
- Residents under 65.
- Lower-income residents (negative correlation).
- Blacks.

### “Very” or “Somewhat” Difficult to Purchase Fresh Fruits & Vegetables (Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 321]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other 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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

Reasons for “very difficult” or “somewhat difficult” responses primarily included **cost** (mentioned by 47.8% of these respondents), followed by **convenience/distance** (37.4%). Availability was mentioned by far fewer adults (3.8%).

### Low Food Access (Food Deserts)

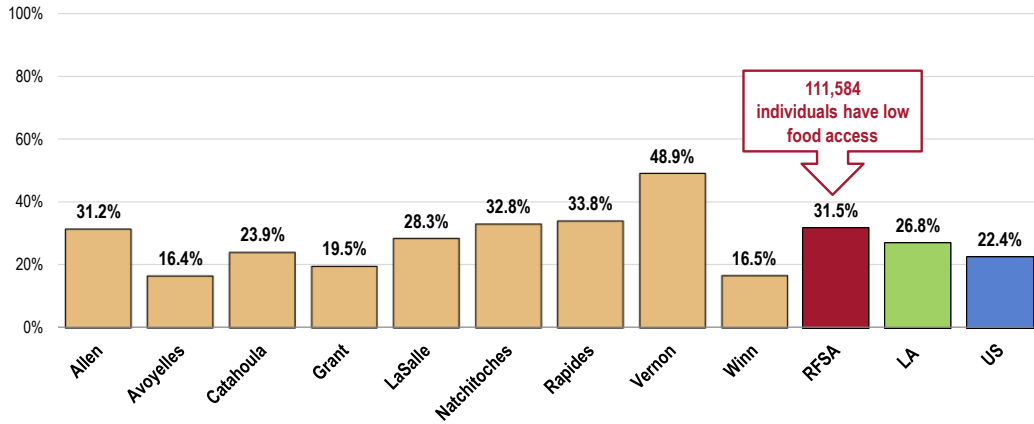
US Department of Agriculture data show that 31.5% of the Rapides Foundation Service Area population (representing over 111,500 residents) have low food access or live in a “food desert,” meaning that they do not live near a supermarket or large grocery store.

- Comparable to statewide findings.
- Less favorable than national findings.
- Highest in Vernon Parish; also statistically high in Rapides Parish versus the remainder of the service area.

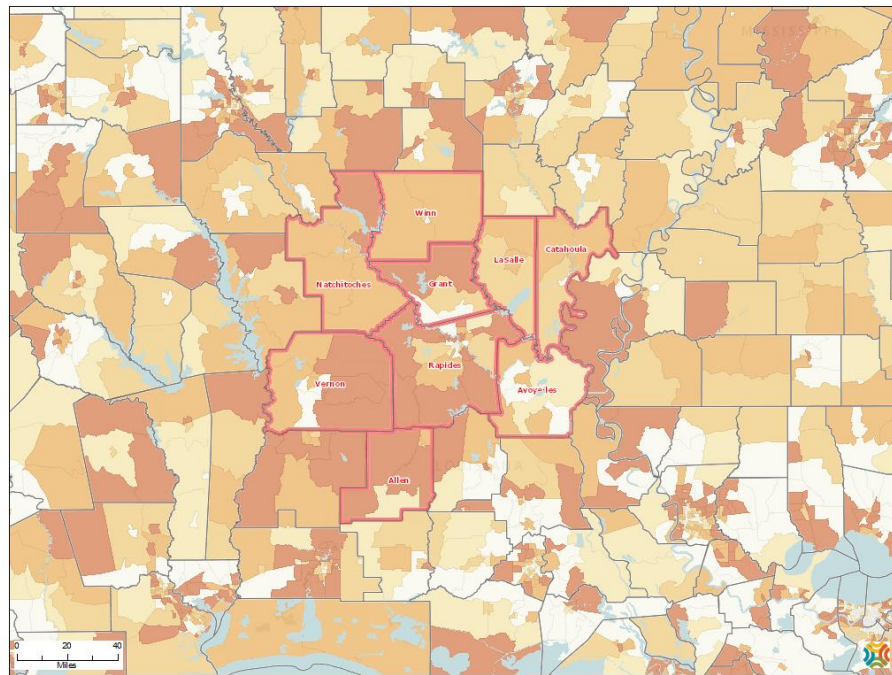
A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where “far” is more than 1 mile in urban areas and more than 10 miles in rural areas.

### 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 June 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.



**Map Legend**

Rapides Foundation Service Area

Population with Limited Food Access, Percent by Tract, FARA 2015

- Over 50.0%
- 20.1 - 50.0%
- 5.1 - 20.0%
- Under 5.1%
- No Low Food Access

Community Commons, 7/8/2018

## 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](http://www.healthypeople.gov))

## Leisure-Time Physical Activity

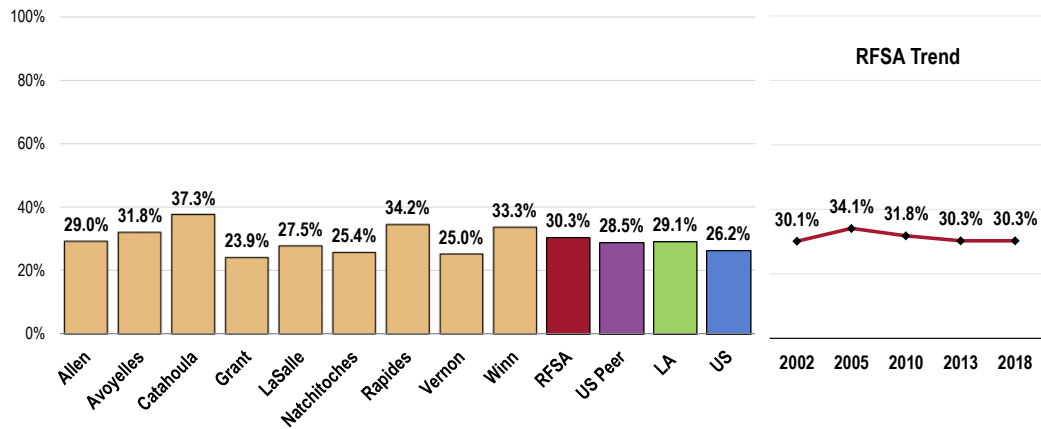
Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

**A total of 30.3% of Rapides Foundation Service Area adults report no leisure-time physical activity in the past month.**

- Less favorable than national findings.
- Similar to peer and state findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- Statistically high in Rapides Parish; lowest in Grant, Natchitoches, and Vernon parishes.
- TREND: Statistically unchanged from 2002 survey results.

### 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 89]  
 • 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 PA-1]

Notes: • Asked of all respondents.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

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

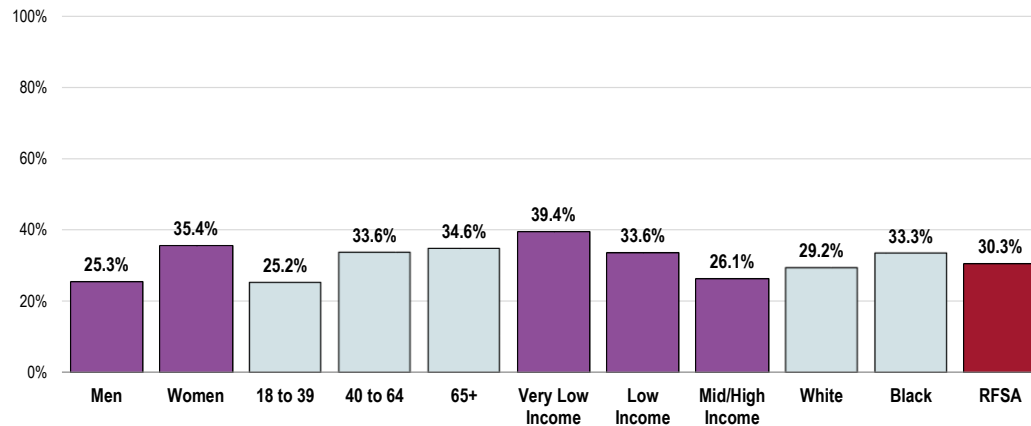
- Women.
- Adults age 40 and older.
- Lower-income residents.



## No Leisure-Time Physical Activity in the Past Month

(Rapides Foundation Service Area, 2018)

Healthy People 2020 Target = 32.6% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other 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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

## Activity Levels

### Adults

#### 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](http://www.cdc.gov/physicalactivity)
- Learn more about CDC's efforts to promote walking by visiting <http://www.cdc.gov/vitalsigns/walking>.

**Aerobic & Strengthening Physical Activity**

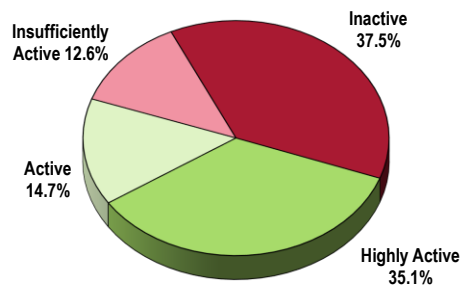
Based on reported physical activity intensity, frequency, and duration over the past month, 50.1% of Rapides Foundation Service Area adults are found to be “insufficiently active” or “inactive.”

A total of 62.3% of Rapides Foundation Service Area adults do not participate in any types of physical activities or exercises to strengthen their muscles.

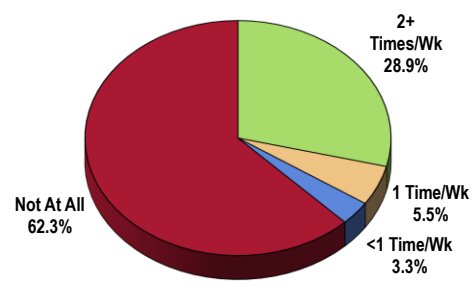
Survey respondents were asked about the types of physical activities they engaged in during the past month, as well as the frequency and duration of these activities.

- “Inactive” includes those reporting no aerobic physical activity in the past month.
- “Insufficiently active” includes those with the equivalent of 1-150 minutes of aerobic physical activity per week.
- “Active” includes those with 150-300 minutes of weekly aerobic physical activity.
- “Highly active” includes those with >300 minutes of weekly aerobic physical activity.

**Participation in Physical Activities**  
(Rapides Foundation Service Area, 2018)



**Aerobic Activity**



**Strengthening Activity**

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 96, 150]

Notes: • Reflects the total sample of respondents.

• In this case, “inactive” aerobic activity represents those adults participating in no aerobic activity in the past week; “insufficiently active” reflects those respondents with 1–149 minutes of aerobic activity in the past week; “active” adults are those with 150–300 minutes of aerobic activity per week; and “highly active” adults participate in 301+ minutes of aerobic activity weekly.

**Recommended Levels of Physical Activity**

A total of 19.9% of Rapides Foundation Service Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

- Comparable to US Peer, Louisiana, and national findings.
- Comparable to the Healthy People 2020 target (20.1% or higher)
- Unfavorably low in Catahoula Parish; highest in Vernon Parish.

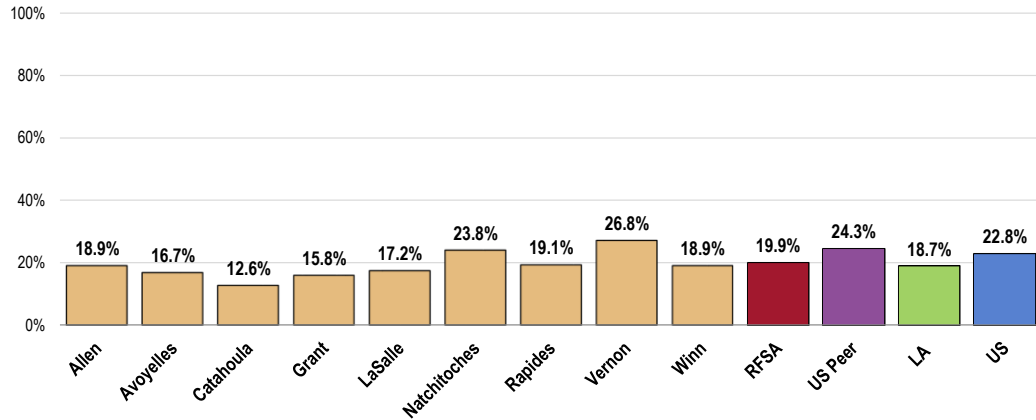
“Meeting physical activity recommendations” includes adequate levels of both aerobic and strengthening activities:

**Aerobic activity** is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

**Strengthening activity** is at least 2 sessions per week of exercise designed to strengthen muscles.

### Meets Physical Activity Recommendations

Healthy People 2020 Target = 20.1% 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): 2015 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 PA-2.4]
- Notes:
- Asked of all respondents.
  - 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.
  - "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

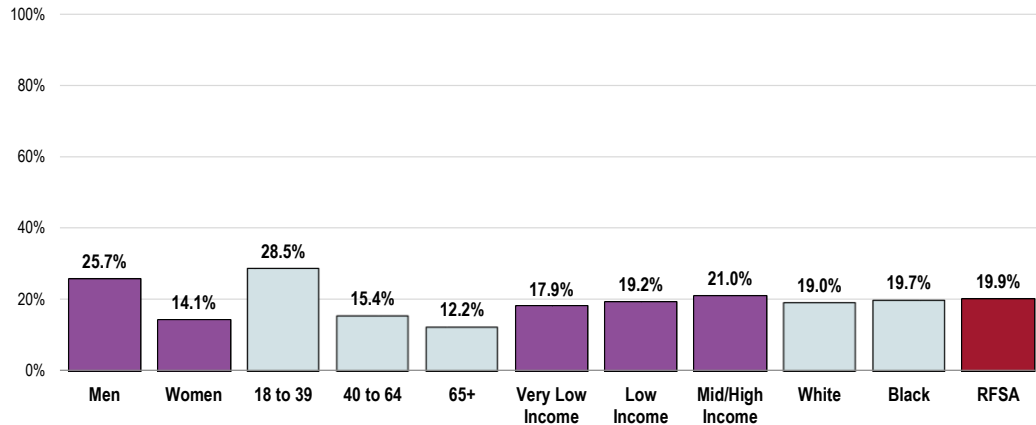
Those less likely to meet physical activity requirements include:

- Women.
- Older residents.

### Meets Physical Activity Recommendations

(Rapides Foundation Service Area, 2018)

Healthy People 2020 Target = 20.1% or Higher

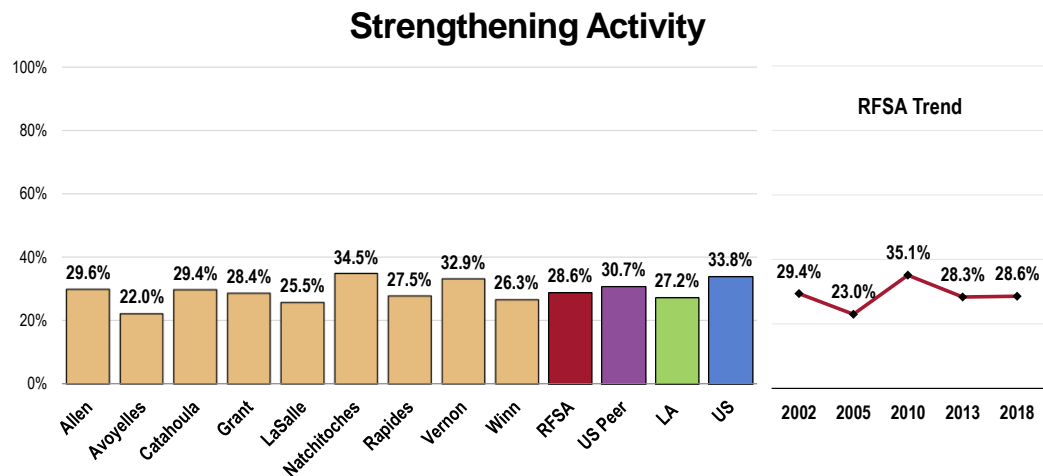


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]
- Notes:
- Asked of all respondents.
  - Hispanics can be of any race. Other 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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over 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.

### Strengthening Activity

A total of 28.6% of RFSA adults regularly participate in strengthening activities (at least twice weekly) – these are activities designed to strengthen muscles, such as lifting weights or doing calisthenics.

- Less favorable than national findings.
- Similar to the peer and state percentages.
- Lowest in Avoyelles Parish; highest in Natchitoches and Vernon parishes.
- TREND: Statistically unchanged from 2002 survey findings (but fluctuating over time).



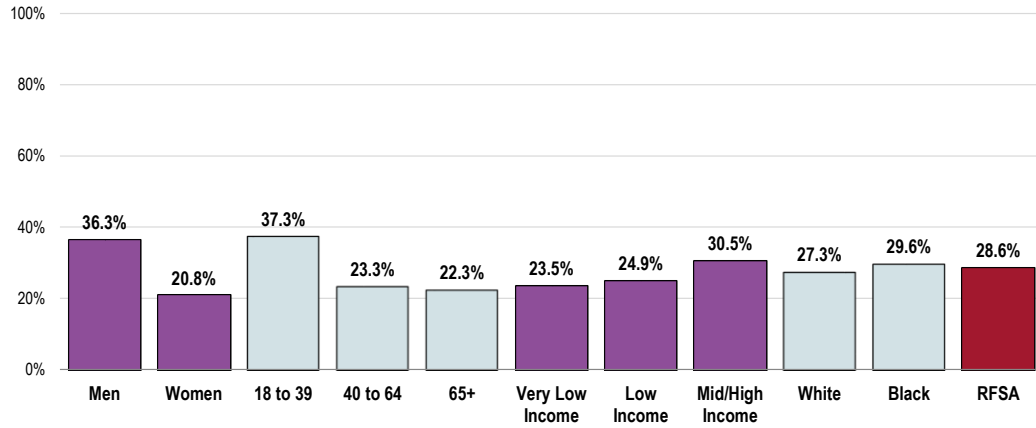
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Louisiana data.  
 • 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 PA-1]

Notes: • Asked of all respondents.  
 • Takes part in activities that are specifically designed to strengthen muscles, such as lifting weights or performing calisthenics, at least twice weekly.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

Those less likely to participate in regular strengthening activity include:

- Women.
- Residents age 40+.
- Very low and low income residents.

### Strengthening Activity (Rapides Foundation Service Area, 2018)

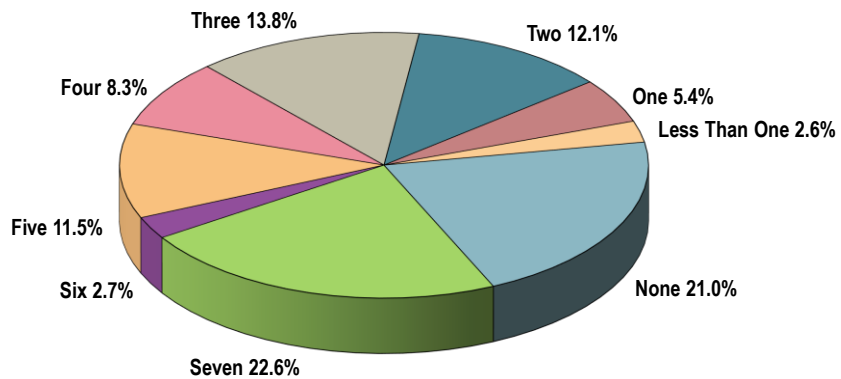


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 96]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.  
 • Takes part in activities that are specifically designed to strengthen muscles, such as lifting weights or performing calisthenics, at least twice weekly.

#### Walking

A total of 40.1% of RFSA adults typically walk regularly (at least five times per week for more than 10 minutes at a time).

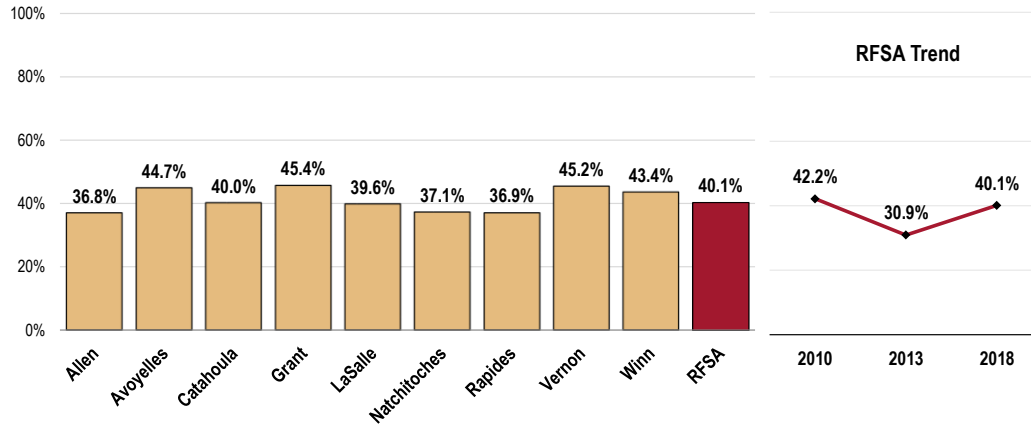
### Average Number of Days per Week on Which Respondent Walks for More Than 10 Minutes at a Time (Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 325]  
 Notes: • Asked of all respondents.

- The prevalence is highest in Avoyelles and Vernon parishes, lowest in Rapides.
- TREND: Statistically unchanged from 2010 survey results (increasing since 2013).

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



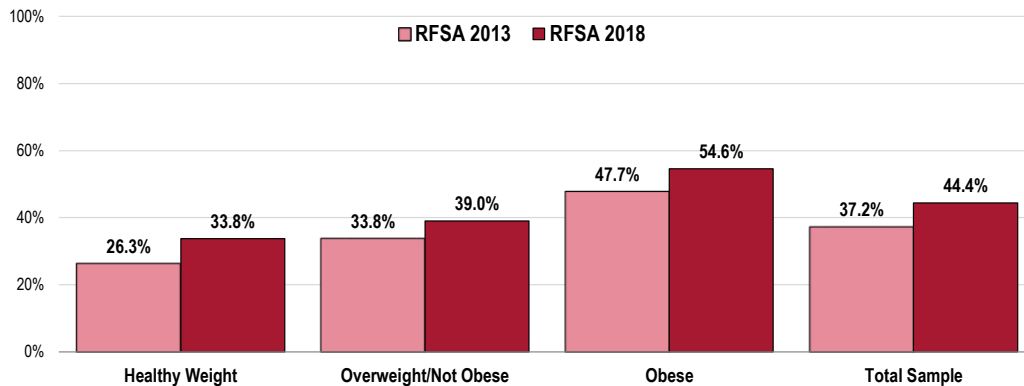
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 366]  
 Notes: • Asked of all respondents.

### Medical Advice on Physical Activity

A total of 44.4% of RFSA adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Lowest in LaSalle Parish; highest in Catahoula Parish (not shown).
- TREND: Marks a statistically significant increase over time.
- Over half (54.6%) of obese respondents have received advice from a healthcare professional about exercise in the past year.

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



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 305]  
 Notes: • Asked of all respondents.

## Children

### Recommended Levels of Physical Activity

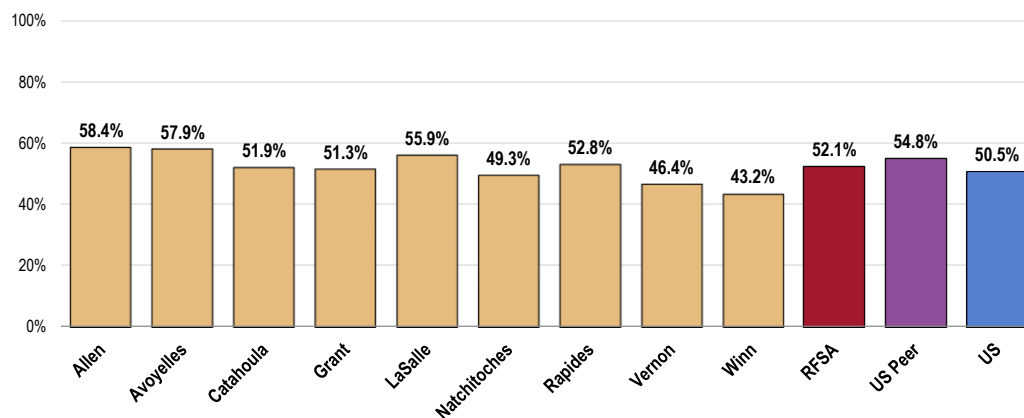
Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. [www.cdc.gov/physicalactivity](http://www.cdc.gov/physicalactivity)

**Among Rapides Foundation Service Area children age 2 to 17, 52.1% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).**

- Similar to peer and national findings.
- Similar findings by parish.

### Child Is Physically Active for One or More Hours per Day (RFSa Children Age 2-17; 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]  
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.

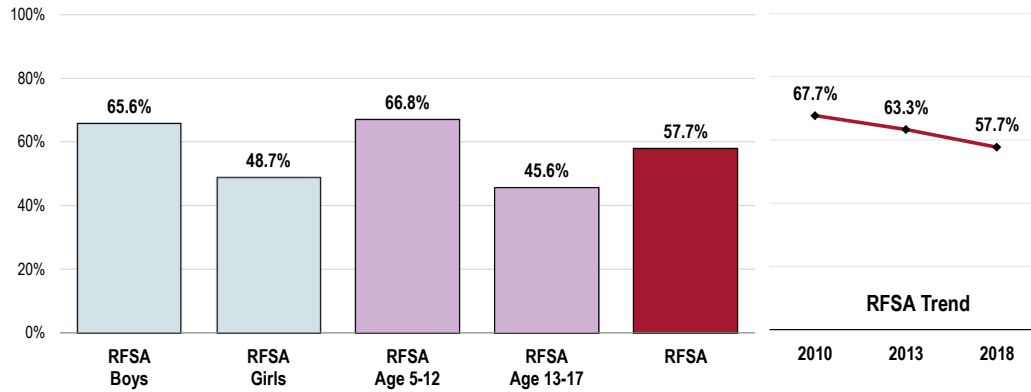
Notes: • Asked of all respondents with children age 2-17 at home.  
• Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.  
• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

### Moderate Physical Activity

**Over half (57.7%) of Rapides Foundation Service Area children age 5 to 17 engage in regular moderate physical activity (5+ times per week for 30+ minutes at a time).**

- Higher among service area boys and children age 5 through 12.
- TREND: Marks a statistically significant decrease over time.

### Child Engages in Regular Moderate Physical Activity (RFSA Children Age 5-17; 2018)



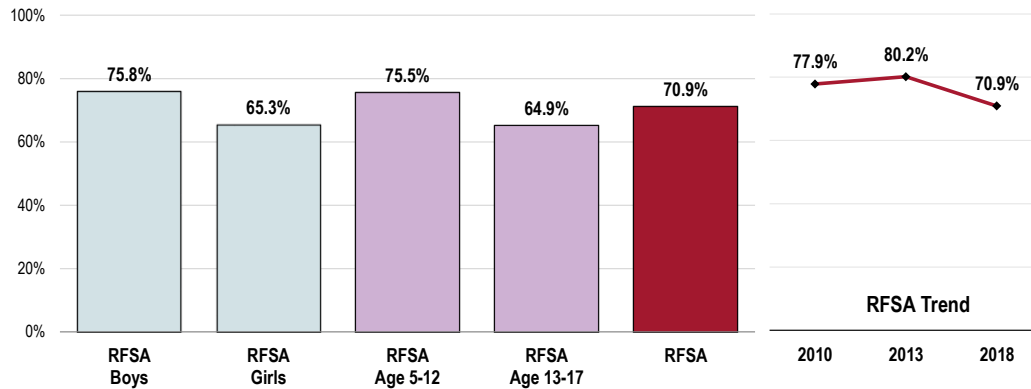
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 371]  
 Notes: • Asked of all respondents with children age 5-17 at home.  
 • Takes part in activities that produce some increase in breathing or heart rate at least 5 times a week for at least 30 minutes per time.

#### Vigorous Physical Activity

**A total of 70.9% of RFSA children age 5-17 engage in regular vigorous physical activity (3+ times per week for 20+ minutes at a time).**

- Higher among service area boys and children age 5 through 12.
- TREND: Marks a statistically significant decrease from previous survey findings.

### Child Engages in Regular Vigorous Physical Activity (RFSA Children Age 5-17; 2018)



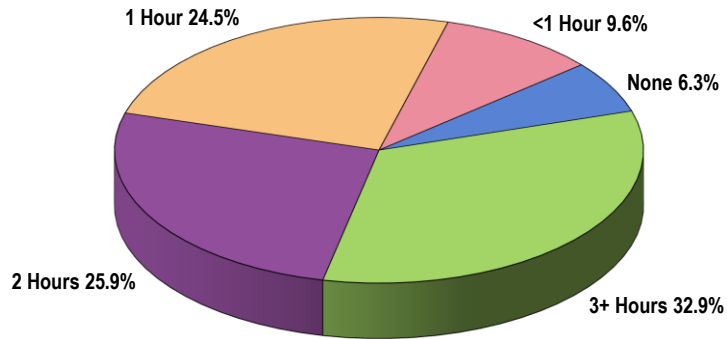
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 372]  
 Notes: • Asked of all respondents with children age 5-17 at home.  
 • Takes part in activities that make him/her sweat or breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities at least 3 times a week for at least 20 minutes per time.



**Screen Time**

Among RFSA children age 5-17, 40.4% are reported to watch one hour or less of **television** per day; on the other hand, 32.9% are reported to watch three or more hours of television daily.

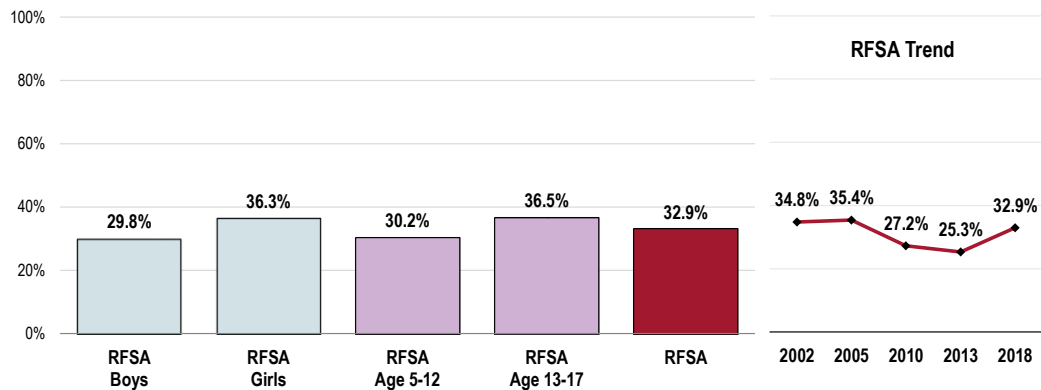
**Children: Hours of Television Watching on a Typical School Day**  
(RFSA Children 5-17, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 352]  
 Notes: • Asked of all respondents about their child age 5-17 at home.  
 • "1 Hour" = 60-119 minutes of reported television watching; "2 Hours" = 120-179 minutes; "3 Hours" = 180-239 minutes; etc.

- Television screen time among area children is higher among girls and teens.
- TREND: Although fluctuating over time, the prevalence is statistically unchanged from the 2002 (and 2005) survey findings.

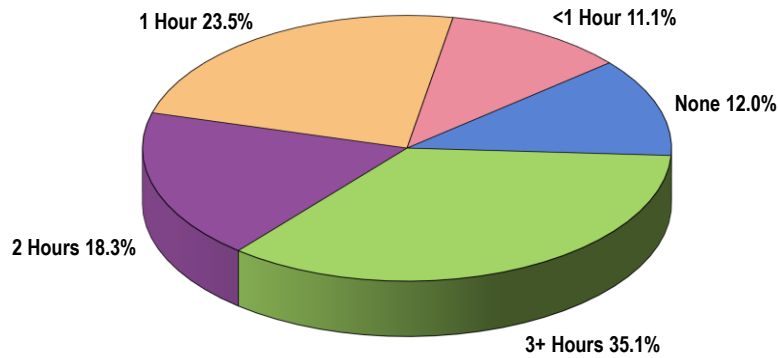
**Child Watches 3+ Hours of Television on a Typical School Day**  
(RFSA Children Age 5-17; 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 373]  
 Notes: • Asked of all respondents with children age 5-17 at home.

When asked about other screen time (including computers, cell phones, handheld video games, and other electronic devices), 46.6% of area children age 5-17 spend one hour or less per day on it; on the other hand, 35.1% are reported to spend three or more hours daily on such screen time.

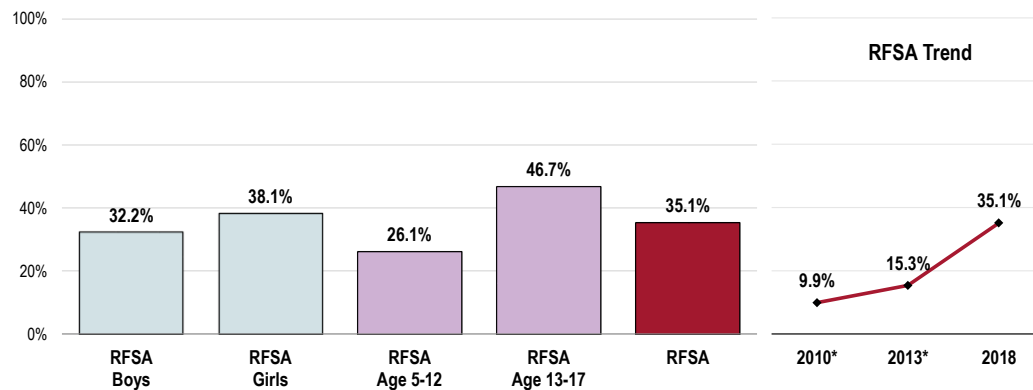
### Children: Hours of Non-TV Screen Time on a Typical School Day (RFSA Children 5-17, 2018)



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 353]
- Notes:
- Asked of all respondents about their child age 5-17 at home.
  - In this case, the term "screen time" includes computers, cell phones, handheld video games, and other electronic devices.
  - "1 Hour" = 60-119 minutes of reported television watching; "2 Hours" = 120-179 minutes; "3 Hours" = 180-239 minutes; etc.

- Non-television screen time is reported more often by parents of girls and teens.
- TREND: The prevalence has increased significantly over time (note, however, that the 2010 and 2013 surveys did not ask about cell phones).

### Child Has 3+ Hours of Non-TV Screen Time on a Typical School Day (RFSA Children Age 5-17; 2018)

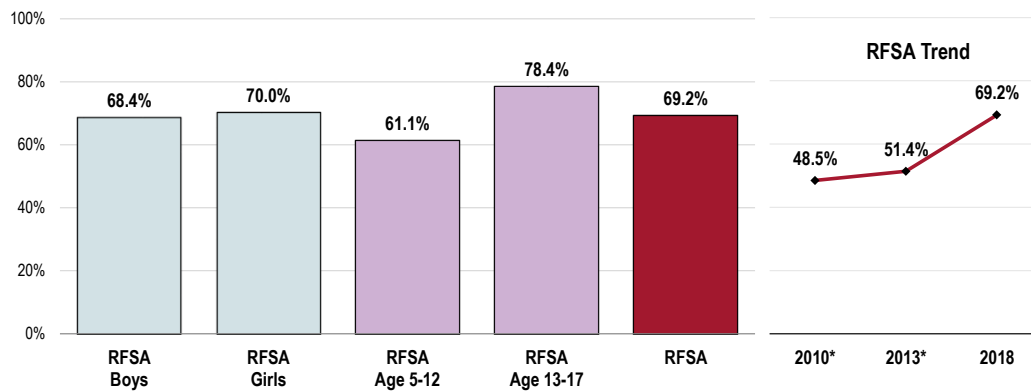


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 374]
- Notes:
- Asked of all respondents with children age 5-17 at home.
  - In this case, the term "screen time" includes computers, cell phones, handheld video games, and other electronic devices.
  - \*2010 and 2013 percentages do not include time spent on cell phones.

**When combined, 69.2% of area children age 5-17 spend three or more hours on screen time (television as well as other screens, including phones) on a typical school day.**

- The prevalence is similar by child's gender but higher among teens than younger children.
- TREND: Denotes a statistically significant increase over time (again, previous survey distributions did not ask about cell phone screen time).

**Children With 3+ Hours per School Day of Total Screen Time [TV, Computers, Cell Phones, Handheld Video Games, Etc.] (RFSA Children Age 5-17; 2018)**



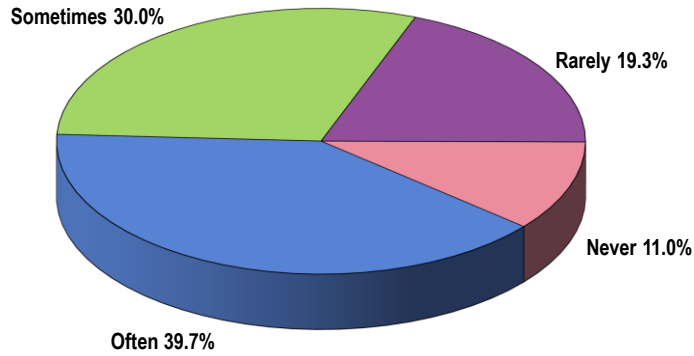
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 375]  
 Notes: • Asked of all respondents with children age 5-17 at home.  
 • In this case, the term "screen time" includes computers, cell phones, handheld video games, and other electronic devices.  
 • \*2010 and 2013 percentages do not include time spent on cell phones.

**Community Participation in Physical Activity**

**Many RFSA adults (30.3%) report that they "rarely" or "never" see others in their community being physically active, such as walking, jogging, or biking.**

- Another 30.0% reported "sometimes" seeing other community members being physically active, and 39.7% gave "often" responses.

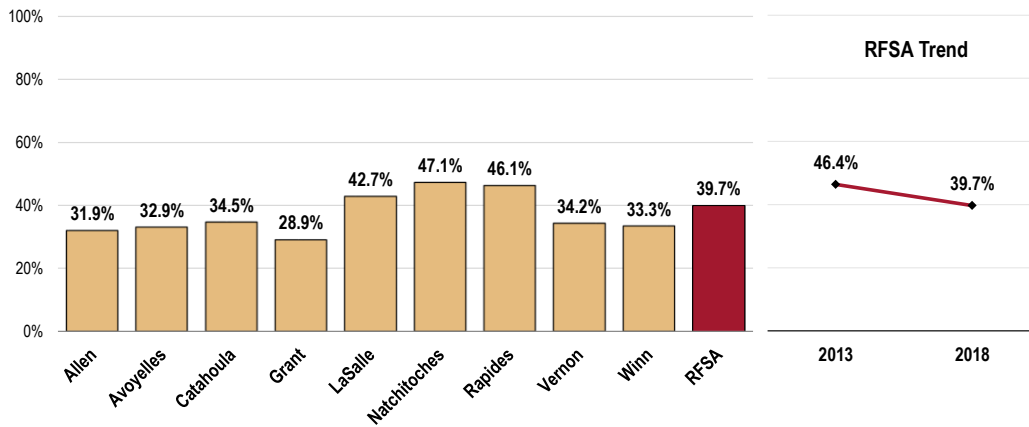
### Frequency of Seeing Others in the Community Being Physically Active (Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 326]  
 Notes: • Asked of all respondents.

- Note that “often” responses are highest in Natchitoches and Rapides parishes.
- TREND: The prevalence has decreased significantly since 2013.

### “Often” See Others in the Community Being Physically Active



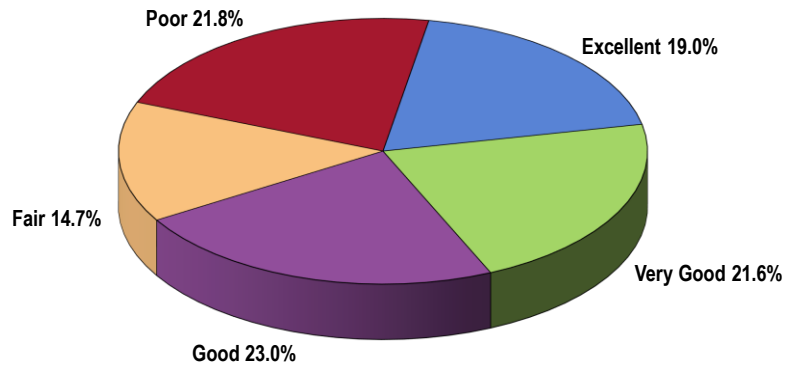
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 326]  
 Notes: • Asked of all respondents.

### Rating of Opportunities for Activity

A total of 40.6% of survey respondents gave “excellent” or “very good” ratings of the availability of opportunities for physical activity in their community.

- Another 23.0% gave “good” ratings.

### Rating of the Availability of Opportunities to Participate in Physical Activity in the Community (Rapides Foundation Service Area, 2018)

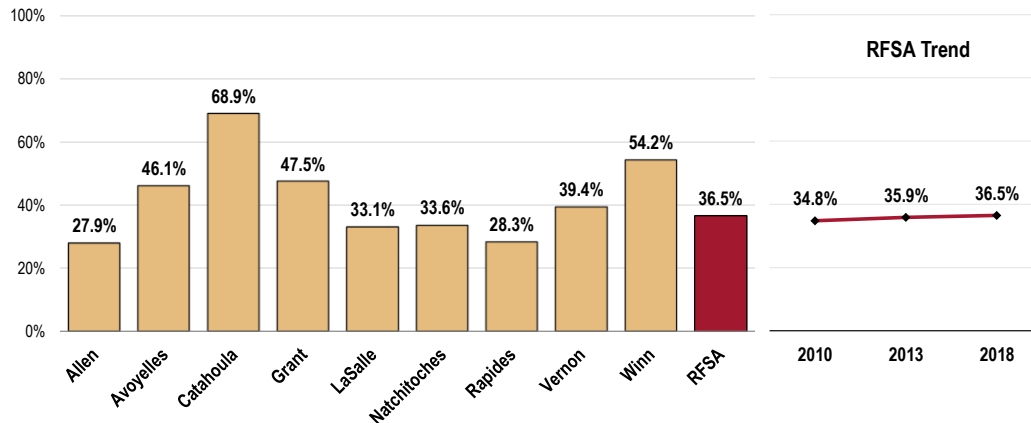


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 327]  
Notes: • Asked of all respondents.

In contrast, over one-third (36.5%) of RFSA adults gave “fair” or “poor” ratings of the availability of opportunities for physical activity within the community.

- Unfavorably high in Avoyelles, Catahoula, Grant, and Winn parishes.
- TREND: Statistically unchanged over time.

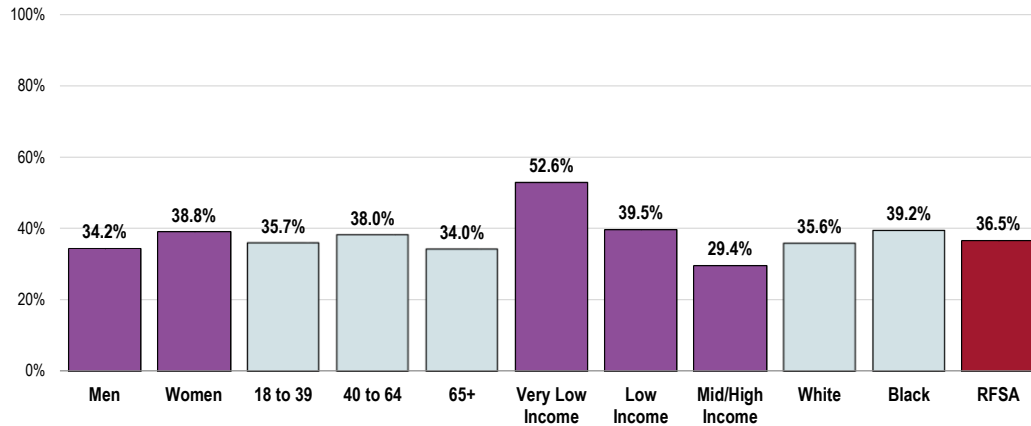
### “Fair” or “Poor” Evaluations of the Availability of Opportunities to Participate in Physical Activity in the Community



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 327]  
Notes: • Asked of all respondents.

- More likely among women, adults age 40 to 64, and lower income residents.

### “Fair” or “Poor” Evaluations of the Availability of Opportunities to Participate in Physical Activity in the Community (Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 327]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other 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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

### Access to Physical Activity

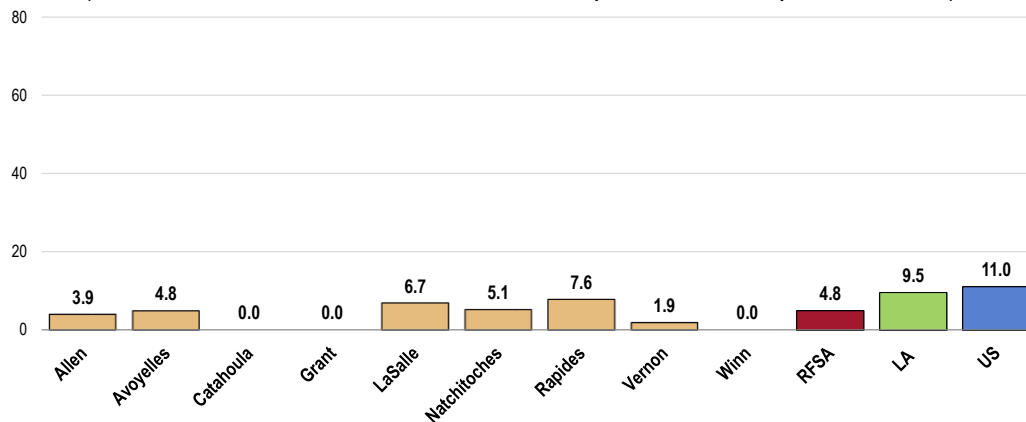
In 2016, the RFSA housed 4.8 recreation/fitness facilities for every 100,000 population.

- Below the state and US ratios.
- Parishes without recreation or fitness facilities as of 2016: Catahoula, Grant, and Winn parishes.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

### Population With Recreation & Fitness Facility Access (Number of Recreation & Fitness Facilities per 100,000 Population, 2016)



Sources: • US Census Bureau, County Business Patterns. Additional data analysis by CARES.  
 • Retrieved June 2018 from Community Commons at <http://www.chna.org>.  
 Notes: • Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities"*. Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

## 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](http://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 ( $m^2$ ). To estimate BMI using pounds and inches, use:  $[\text{weight (pounds)}/\text{height squared (inches}^2)] \times 703$ .

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

- 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

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

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.

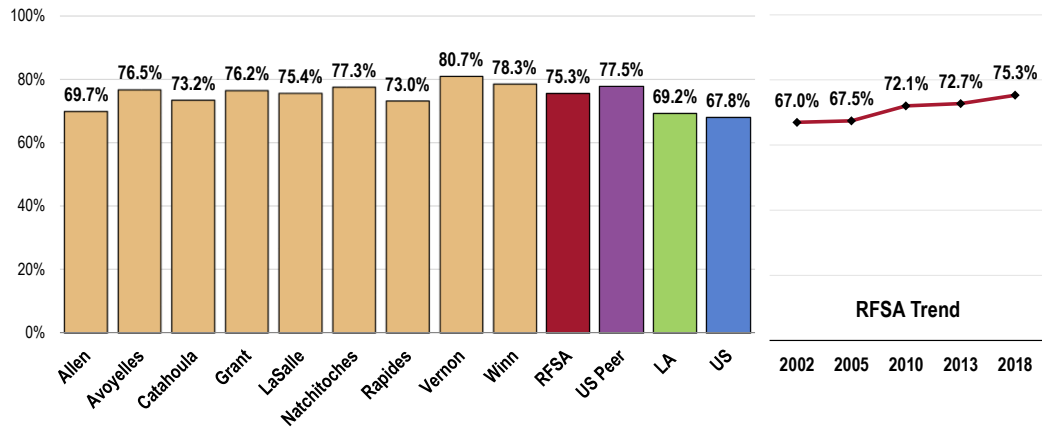
### Overweight Status

**A total of three in four Rapides Foundation Service Area adults (75.3%) are overweight.**

Here, "overweight" includes those respondents with a BMI value  $\geq 25$ .

- Worse than the state and national percentages.
- Comparable to the US Peer percentage.
- Highest in Vernon Parish.
- TREND: Marks a statistically significant increase over time.

### Prevalence of Total Overweight (Overweight or Obese) (Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 154-155]  
 • 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 Louisiana data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

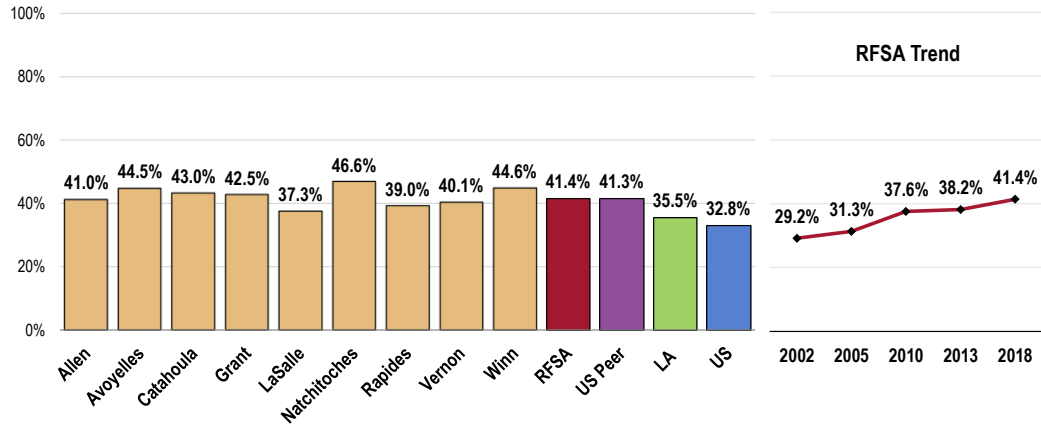
**Further, 41.4% of Rapides Foundation Service Area adults are obese.**

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value  $\geq 30$ .

- Higher than Louisiana and US findings.
- Comparable to the peer prevalence.
- Fails to satisfy the Healthy People 2020 target (30.5% or lower).
- Unfavorably high in Natchitoches Parish.
- TREND: Denotes a statistically significant increase in obesity since 2002.



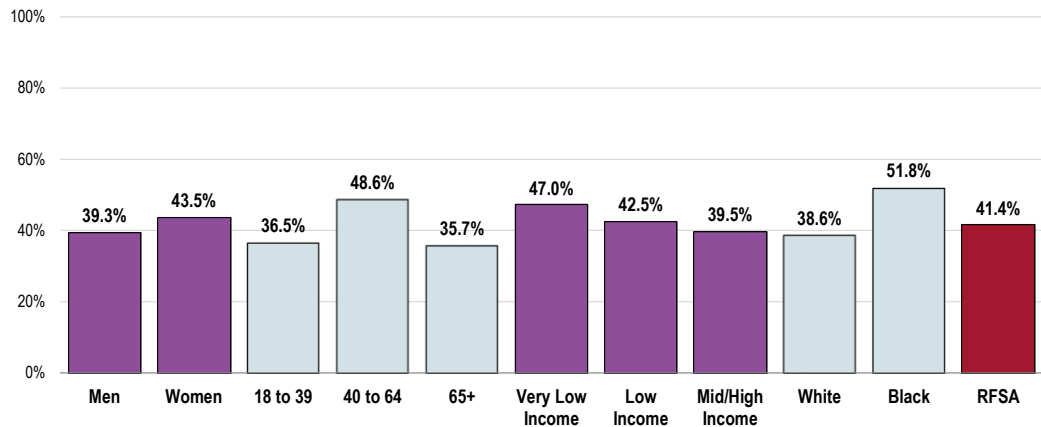
### Prevalence of Obesity (Percent of Adults With a Body Mass Index of 30.0 or Higher) Healthy People 2020 Target = 30.5% or Lower



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
  - 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 NWS-9]
- 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.
  - "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

- Obesity is notably more prevalent among women, adults age 40 to 64, respondents with lower incomes, and Blacks.

### Prevalence of Obesity (Percent of Adults With a BMI of 30.0 or Higher; RFSA, 2018) Healthy People 2020 Target = 30.5% or Lower



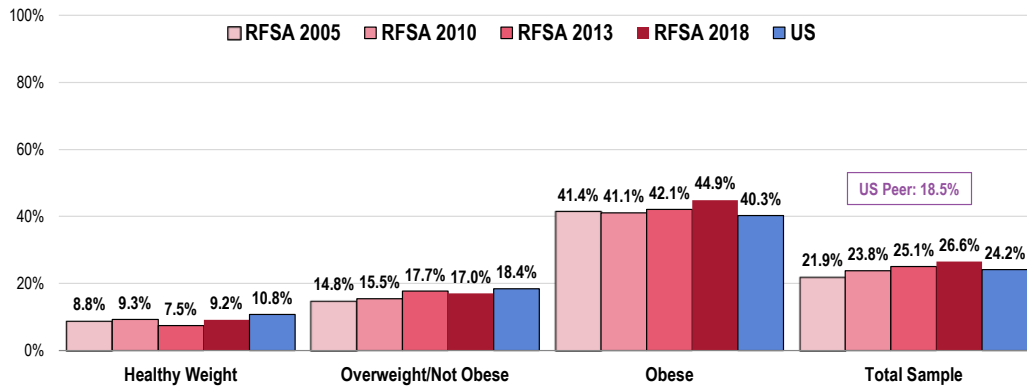
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
- Notes:
- Based on reported heights and weights, asked of all respondents.
  - Hispanics can be of any race. Other 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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over 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.

### Health Advice

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

- Statistically similar to the national findings.
- Higher than the US Peer prevalence.
- TREND: Marks a statistically significant increase over time.
- Note that 44.9% of obese adults have been given advice about their weight by a health professional in the past year (while over half have not).

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



Sources:
 

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 98, 156-157]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

 Notes:
 

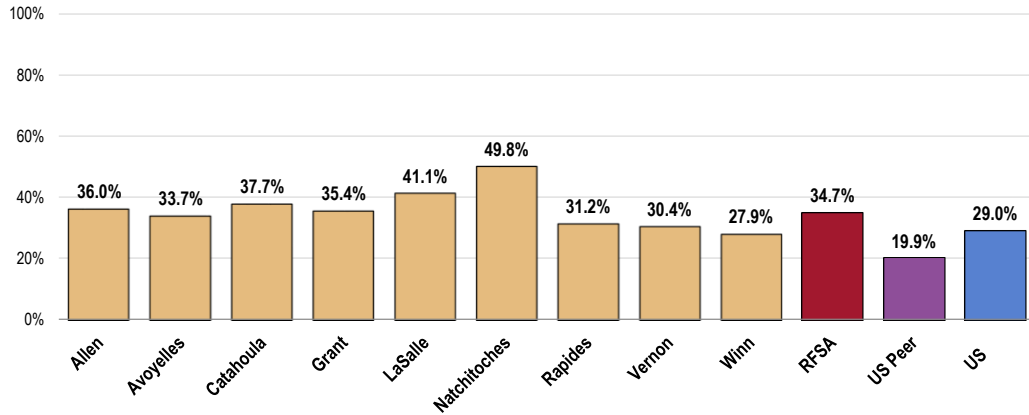
- Asked of all respondents.
- "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

### Attempts to Lose Weight

A total of 34.7% of RFSAs adults who are overweight or obese say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- More favorable than the peer and national percentages.
- Highest in Natchitoches Parish; lowest in Winn Parish.

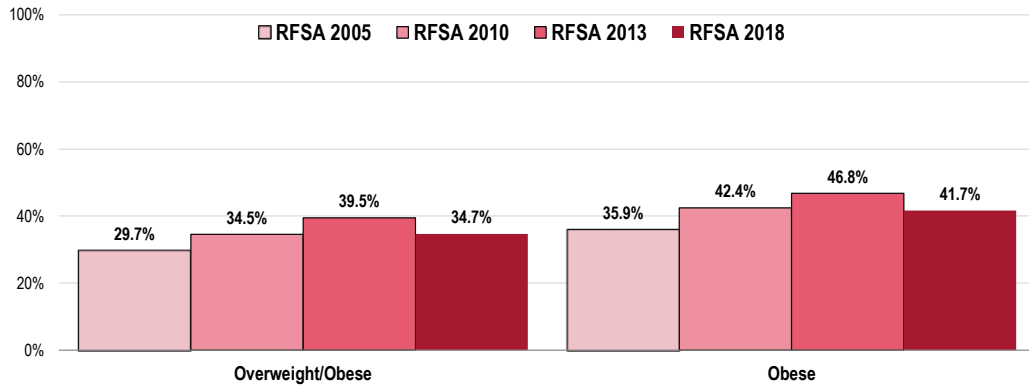
### Overweight/Obese Adults Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity (RFSA Overweight/Obese Adults, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 367]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Based on reported heights and weights, asked of all respondents.

- **TREND:** The proportion of overweight and obese adults who are using diet and exercise to try to lose weight has improved over time.

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



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 367]  
 Notes: • Based on reported heights and weights, asked of all respondents.

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

### Relationship of Overweight With Other Health Issues

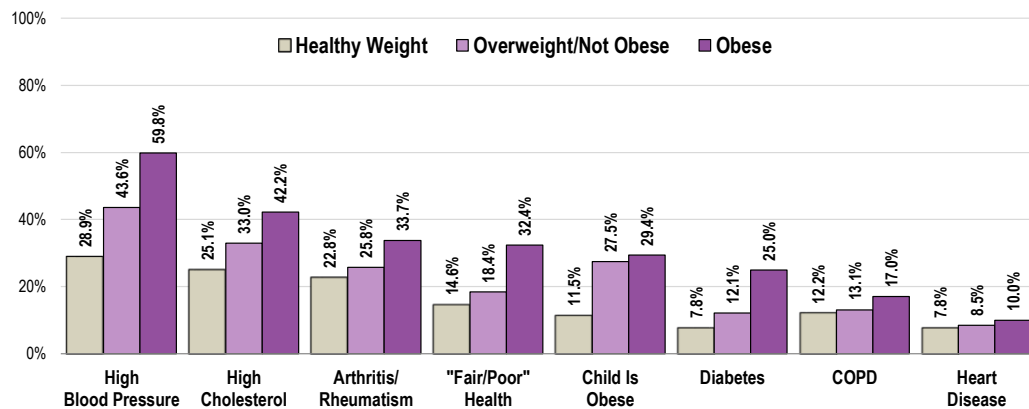
Overweight and obese adults are more likely to report a number of adverse health conditions.

Among these are:

- High blood pressure.
- High cholesterol.
- Arthritis/rheumatism.
- “Fair” or “poor” physical health.
- Diabetes.
- COPD.
- Heart disease.

Overweight/obese residents are also more likely to have obese children.

### Relationship of Overweight With Other Health Issues (By Weight Classification; Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 24, 25, 128-130, 140, 158]  
 Notes: • Based on reported heights and weights, asked of all respondents.

## Children’s Weight Status

### 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:

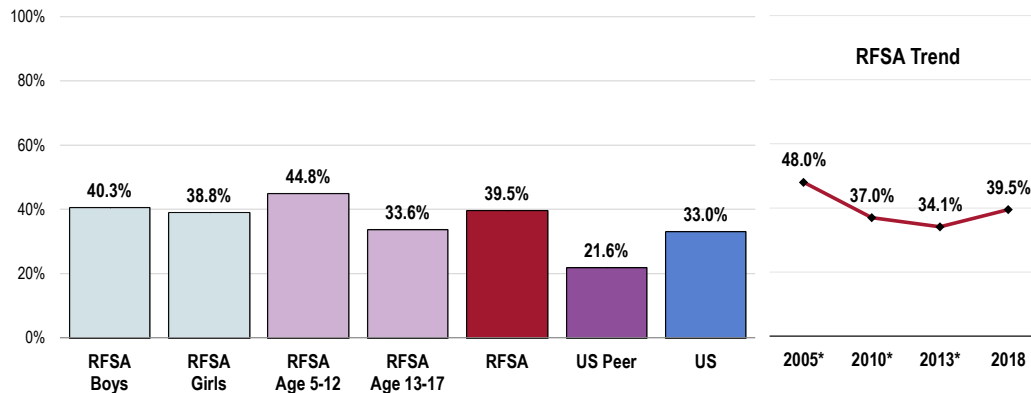
- Underweight <5<sup>th</sup> percentile
- Healthy Weight ≥5<sup>th</sup> and <85<sup>th</sup> percentile
- Overweight ≥85<sup>th</sup> and <95<sup>th</sup> percentile
- Obese ≥95<sup>th</sup> percentile

• Centers for Disease Control and Prevention

**Based on the heights/weights reported by surveyed parents, 39.5% of Rapides Foundation Service Area children age 5 to 17 are overweight or obese (≥85<sup>th</sup> percentile).**

- Comparable to the US prevalence.
- Higher than the peer prevalence.
- TREND: Marks a statistically significant decrease from 2005 survey findings. [Note that previous calculations of child overweight were among the 6-17 age group instead of 5-17, as was the case this year.]
- Overweight among RFSA children age 5-17 is similar by gender but higher among children age 5-12 than among service area teens.

### Child Total Overweight Prevalence (Age 5-17 Who Are Overweight/Obese; BMI in the 85<sup>th</sup> Percentile or Higher)

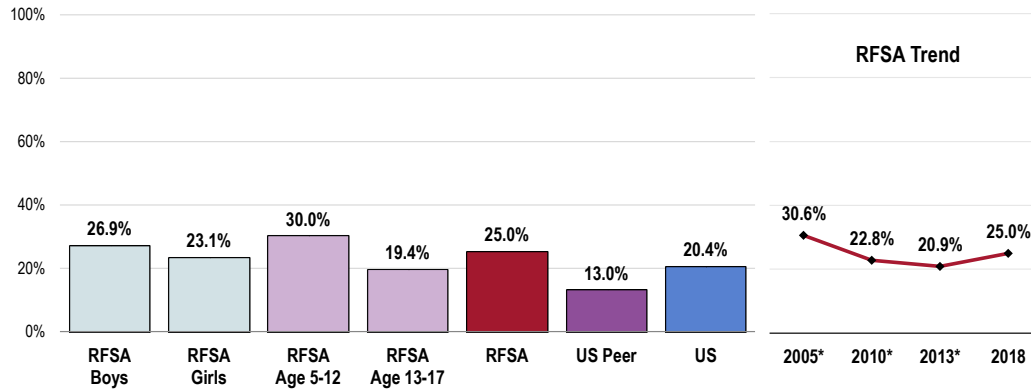


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents with children age 5-17 at home; \*prior percentages reflect children age 6-17.  
 • Overweight among children is determined by children’s Body Mass Index status at or above the 85<sup>th</sup> percentile of US growth charts by gender and age.  
 • \*US Peer\* represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

**Further, 25.0% of area children age 5 to 17 are obese (≥95th percentile).**

- Comparable to the US prevalence.
- Higher than the peer prevalence.
- Fails to satisfy the Healthy People 2020 target (14.5% or lower for children age 2-19).
- TREND: Marks a statistically significant improvement from 2005 survey findings. [Note that previous calculations of child obesity were among the 6-17 age group instead of 5-17, as was the case this year.]
- Overweight among RFSA children age 5-17 is similar by gender but higher among children age 5-12 than among service area teens.

**Child Obesity Prevalence**  
 (Age 5-17 Who Are Obese; BMI in the 95<sup>th</sup> Percentile or Higher)  
 Healthy People 2020 Target = 14.5% or Lower



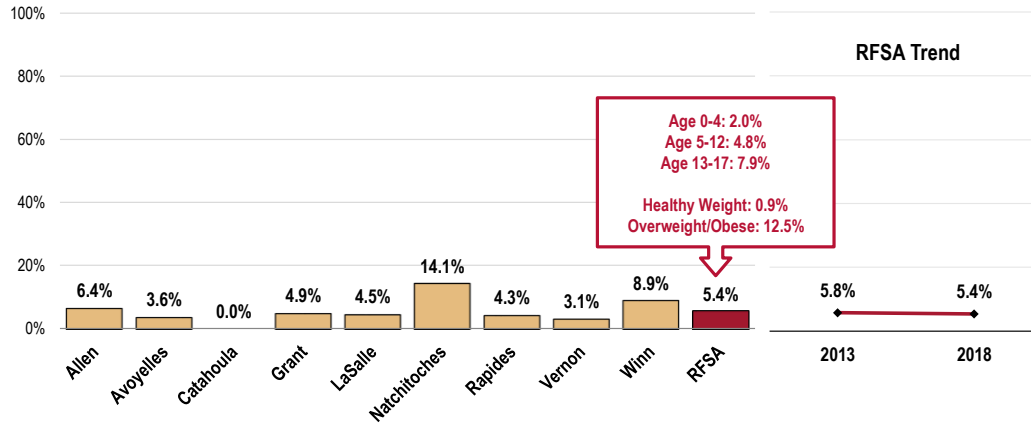
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]  
 Notes: • Asked of all respondents with children age 5-17 at home; \*prior percentages reflect children age 6-17.  
 • Obesity among children is determined by children's Body Mass Index status equal to or above the 95<sup>th</sup> percentile of US growth charts by gender and age.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

**Notification of Child's Weight Status**

**A total of 5.4% of RFSA parents report that, within the past year, a health professional or someone at their child's school has told them that their child was overweight.**

- Unfavorably high in Natchitoches Parish.
- TREND: The prevalence is statistically unchanged from 2013 survey results.
- The prevalence increases with age among area children and is much higher among overweight/obese children.

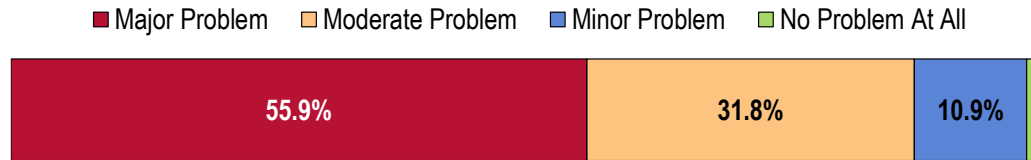
### Have Been Told by a Health Professional or Someone at Child’s School in the Past Year That Child Is Overweight (RFSA Children <18; 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 345]  
 Notes: • Asked of all respondents with children under 18 at home.

**Key Informant Input: Nutrition, Physical Activity & Weight**  
 Over half of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a “major problem” in the community.

### Perceptions of Nutrition, Physical Activity, and Weight 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:

#### *Built Environment/Opportunity for Safe Physical Activity*

*A lack of environments and policies that support healthy lifestyles; silos 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)*

*There is a lack of adult workout equipment available to those that are interested, outside of gyms that require paid monthly dues. There are two walking tracks available for adults that both need to be widened and repaired. The gyms available to adults are locked after 4 pm, and only certain people have access to them. – Community Leader (Winn Parish)*

*Lack of walking trails, nutritional education, rise in obesity in the parish. – Social Services Provider (Rapides Parish)*

*Sidewalks are limited, not many opportunities for the kids to get active. There are lots of plate lunch sales of unhealthy foods, and they deliver to make it convenient for customers. – Social Services Provider (Allen Parish)*

*Somewhere that the residents can use to exercise and get the proper training needed. – 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)*

*People are uneducated about buying and preparing food. Doctors need to do more intervention on diet and exercise as part of any examination of at-risk children and adults. – Community Leader (Natchitoches 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)*

*Individuals not knowing the importance of nutrition, physical activity, and weight. Knowing the danger of not maintaining these important facts. – Community Leader (Allen Parish)*



*Getting citizens to attend meetings concerning this subject and offering it on a level that would be suitable for the education of the people attending. Then follow-up and being held accountable by a partner they respect. – Community Leader (Avoyelles Parish)*

*We need more community education about nutrition, physical activity and the correlation to weight gain. The schools are providing nutritious, low fat meals to our children while in school, but unfortunately a majority of their meals at home are unhealthy. Our community is not very active as a whole. – Community Leader (Allen Parish)*

*Lack of nutritional knowledge, overeating, and bad diet. Availability of facility and exercise training programs. – Social Services Provider (Natchitoches Parish)*

*There is very little motivation regarding nutritional choices and physical activity. – Social Services Provider (Avoyelles Parish)*

*Lack of education on the importance of nutrition and activity. Lack of concern about obesity. – Social Services Provider (Grant Parish)*

*Education, time constraints for individuals, access to nutrition education. – Community Leader (LaSalle Parish)*

*Lack of awareness on nutrition, physical activity and weight, and the risk factors these pose on health. – Community Leader (Natchitoches Parish)*

*Lack of information on how to access education on this topic. – Community Leader (Rapides Parish)*

### **Culture/Societal Norms**

*One of the biggest challenges related to nutrition, physical activity, and weight for people in my community is community culture and norms. Community culture dictates only certain dishes are acceptable and 'tasty'. Many of those dishes call for lots of animal fats, spice, sugars, and highly processed grains. For our summer feeding & rec program, when attempting to encourage children to eat healthy, we find that we often throw away a significant amount of vegetables. In speaking to school lunch personnel, there is significant waste as it relates to vegetable dishes. I have had children tell me that they don't like certain vegetables, but I find that they have never tried them. I believe this reflects the habits in the home. Physical activity for youth is largely relegated to those playing organized sports. There are no youth centers, so others can gain play time. We have a wonderful walking trail that adults use. There is an obvious, unaddressed obesity issue in the parish. – Community Leader (Catahoula Parish)*

*Overcoming our love of good Louisiana food is an issue. I believe people do not realize the value of different foods and the benefits of each food. Also, some people cannot afford fish rather than hamburger, etc. Nutrition and physical activity habits will best be changed by changing the thought patterns about these. Thus, weight would be better managed. – Social Services Provider (Grant Parish)*

*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)*

### **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)*

*Food desert. Healthier foods appear to cost more. No gyms, pools, or exercise equipment. – Community Leader (Grant 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)*

*The biggest challenge is that people like to think Ramen noodles are \$0.30, and forget that so is a serving of beans. They want to get a \$1000 cell phone and claim they can't afford healthy food. Lack of education as to the importance of making healthy food choices is our biggest challenge. There is no emphasis placed on the walking tracks, or other community exercise facilities. Everyone is so busy watching TV and sitting around that they go eat fast food, sugar laden crap food, and go out and make bad food choices, rather than preparing nutritious meals. – Social Services Provider (Vernon Parish)*

*Access to healthy foods, poor eating habits, and jobs that don't pay people enough to afford healthy foods. Poor school system. – Other Health Provider (Natchitoches 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 income to purchase nutritious food and a mental block to growing your own food. – Community Leader (Natchitoches Parish)*

*Lack of fresh vegetables in poor areas of town, and sedentary lifestyles. – Social Services Provider (Rapides Parish)*

*Healthy foods cost more, and lack of exercise. – Community Leader (LaSalle Parish)*

*No dieticians in the area. – Community Leader (Winn 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)*

*There are many overweight people in our town, young and old. There are no free services available for us. – Community Leader (Natchitoches Parish)*

*Reducing obesity. Not enough physical activity by citizens. Poor diet habits. – Community Leader (Allen 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)*

*Rampant obesity and poor eating habits. – Community Leader (LaSalle Parish)*

*Our community is very overweight. – Social Services Provider (Vernon Parish)*

*Obesity, homelessness, and poverty. – Community Leader (Rapides Parish)*

*Seeing more and more obesity. – Other Health Provider (Natchitoches Parish)*

*Obesity education. – Other Health 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)*

*Biggest challenges are not just education on proper diet, but change of eating habits. Lack of physical activity and diet, of course, attribute to excess weight or obesity. Personal responsibility must be addressed. – Other Health Provider (LaSalle Parish)*

*Lack of self-control. Lack of parent supervision and support. – Social Services Provider (Avoyelles 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)*

### 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)*

### Lack of Programs

*No programs to really encourage handling these problems. No known place where individual needs for diet and activity are addressed. – Social Services Provider (LaSalle Parish)*

*No fitness programs in Catahoula, nutrition counseling outside what CPHD can do is not available in the parish. – Public Health Representative (Catahoula Parish)*

*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)*

### 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)*

### Prevalence/Incidence

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

*Nutrition, obesity, and physical activity. – Social Services Provider (Allen 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)*

**Family History**

*Family history and habits. – Social Services Provider (Vernon 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](http://www.healthypeople.gov))

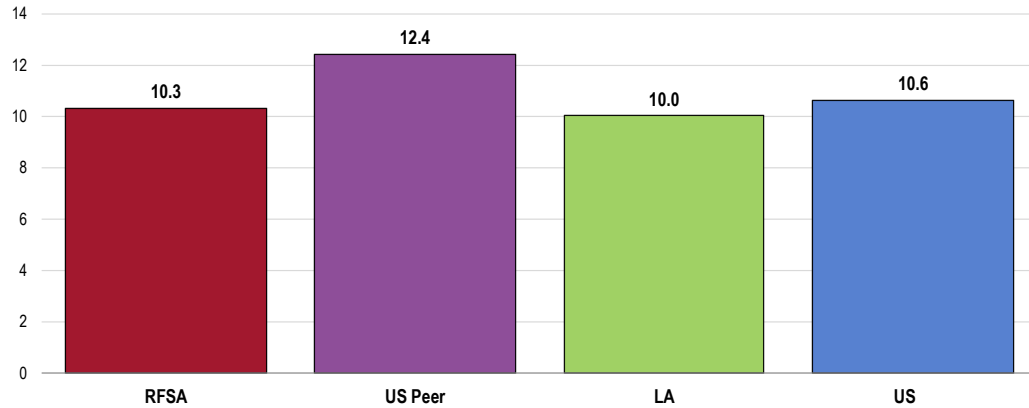
### Age-Adjusted Cirrhosis/Liver Disease Deaths

**Between 2014 and 2016, Rapides Foundation Service Area reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 10.3 deaths per 100,000 population.**

- Similar to the state and national rates.
- Lower than the US Peer rate.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).

### Cirrhosis/Liver Disease: Age-Adjusted Mortality (2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower

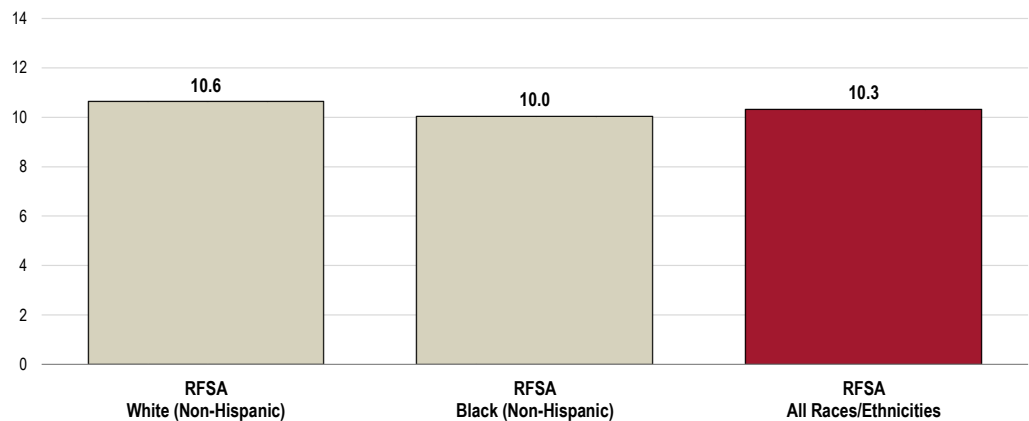


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>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

- The cirrhosis mortality rate does not vary widely by race in the service area.

### Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race (2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



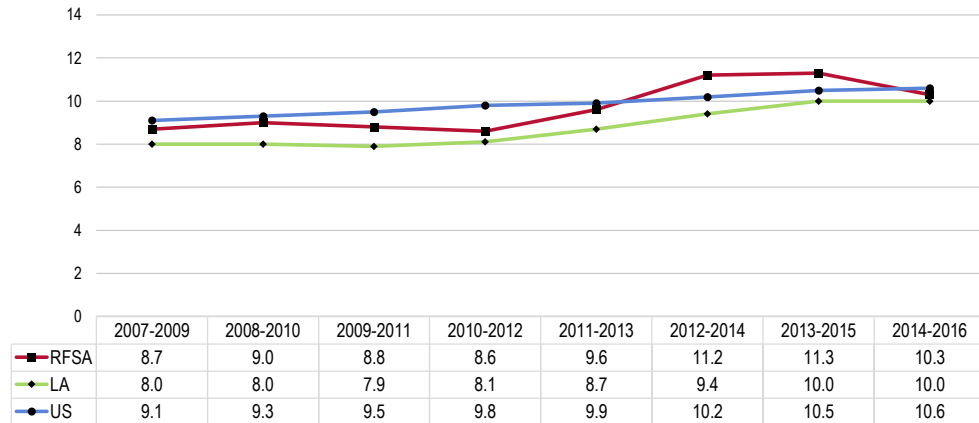
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>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

- **TREND:** Despite fluctuations, the mortality rate has increased over time in the region, echoing the state and national trends.

### 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 June 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.
  - In 2007 and 2008, Allen County deaths were underreported in error.

## Alcohol Use

### Excessive Drinking

**A total of 23.6% of area adults are excessive drinkers (heavy and/or binge drinkers).**

“Excessive drinking” includes heavy and/or binge drinkers:

- **Heavy drinkers** include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **Binge drinkers** include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

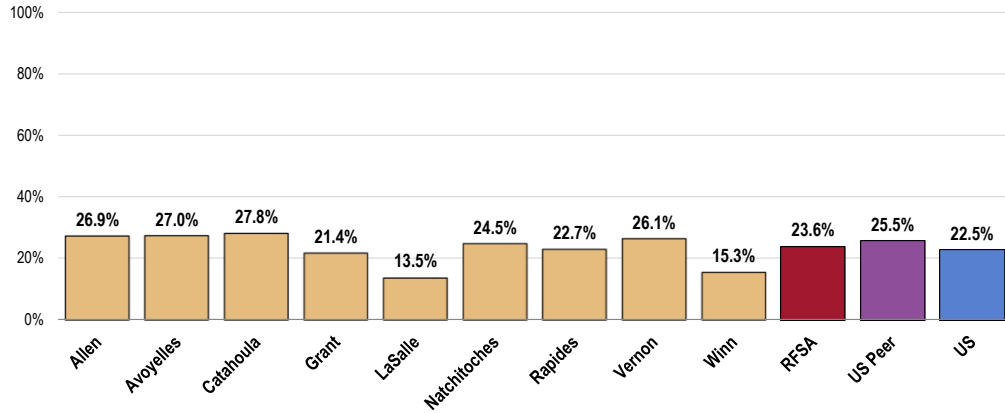
- Similar to peer and national findings.
- Satisfies the Healthy People 2020 target (25.4% or lower).
- Favorably low in LaSalle and Winn parishes.

**RELATED ISSUE:**

See also *Mental Health: Stress* in the **General Health Status** section of this report.

## Excessive Drinkers

Healthy People 2020 Target = 25.4% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]

• 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-15]

Notes: • Asked of all respondents.

• 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.

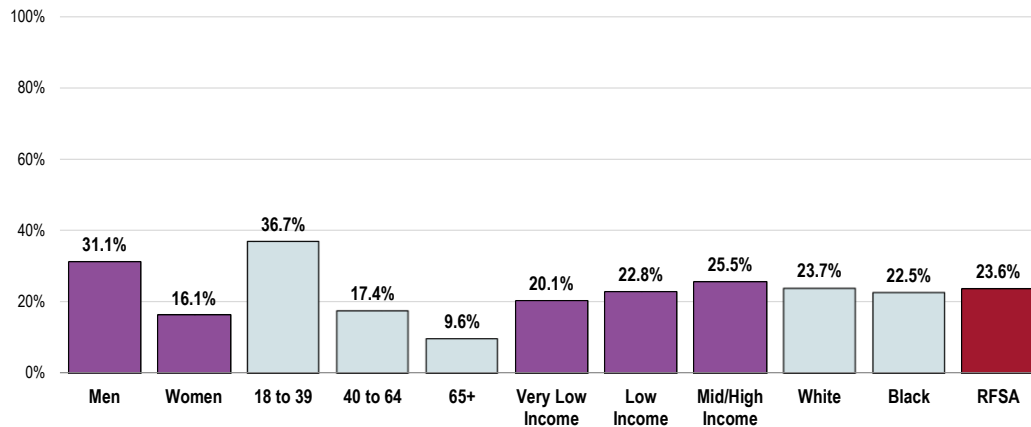
• "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

- Excessive drinking is more prevalent among men, young adults, and upper income residents.

## Excessive Drinkers

(Rapides Foundation Service Area, 2018)

Healthy People 2020 Target = 25.4% or Lower



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.

• Hispanics can be of any race. Other 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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

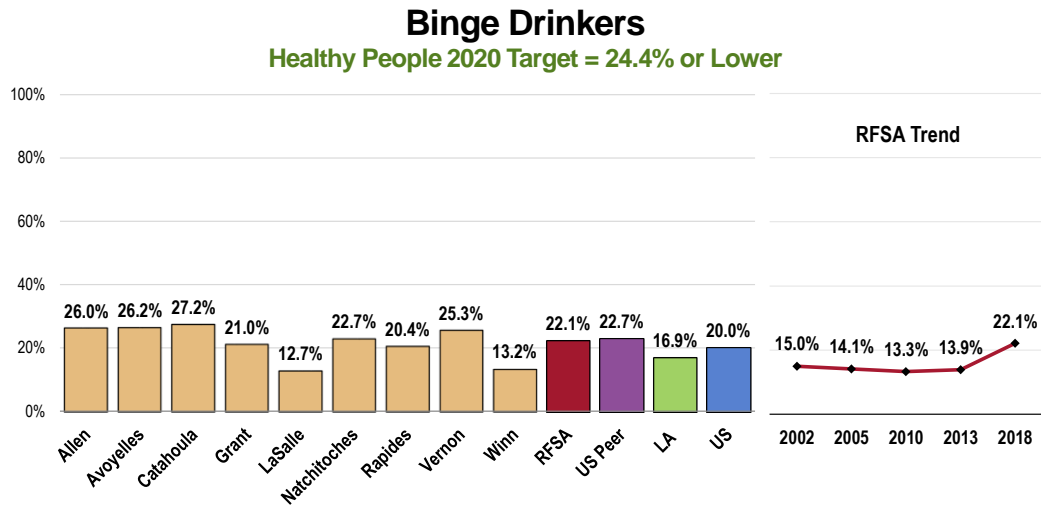
• Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.



## Binge Drinking

**A total of 22.1% of area adults are binge drinkers.**

- Similar to peer and national percentages.
- Higher than the Louisiana percentage.
- Satisfies the Healthy People 2020 target (24.4% or lower).
- Favorably low in LaSalle and Winn parishes.
- TREND: Denotes a statistically significant increase from previous survey findings.



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 166]  
 • 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-14.3]

Notes: • Asked of all respondents.  
 • Binge drinkers had 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.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

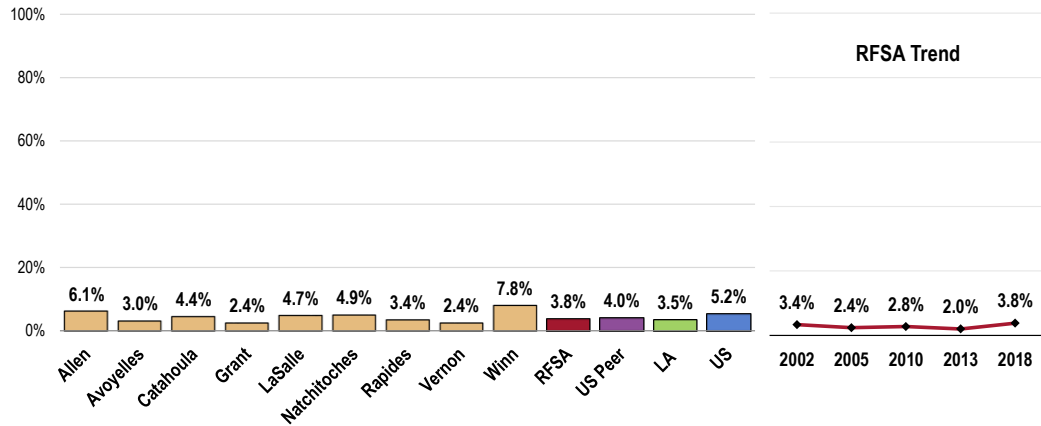
## Drinking & Driving

**A total of 3.8% of service area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.**

- Similar to peer, state, and national findings.
- Unfavorably high in Winn Parish.
- TREND: The drinking and driving prevalence has not changed significantly since 2002.

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

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



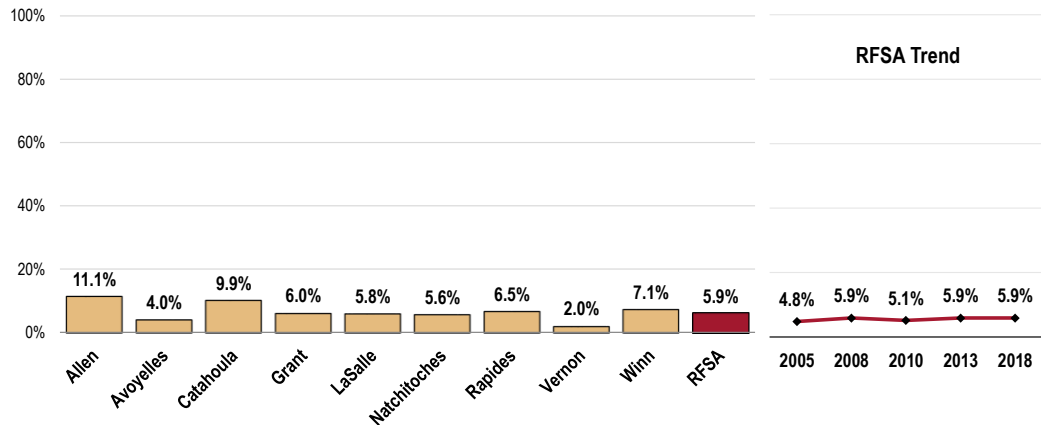
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Louisiana data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

**In the past month, 5.9% of survey respondents have ridden with a driver who may have had too much to drink.**

- The prevalence is highest in Allen Parish, lowest in Vernon Parish.
- TREND: Statistically unchanged over time.

### Have Ridden With a Driver in the Past Month Who Had Too Much to Drink (Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 313]  
 Notes: • Asked of all respondents.

## Age-Adjusted Unintentional Drug-Related Deaths

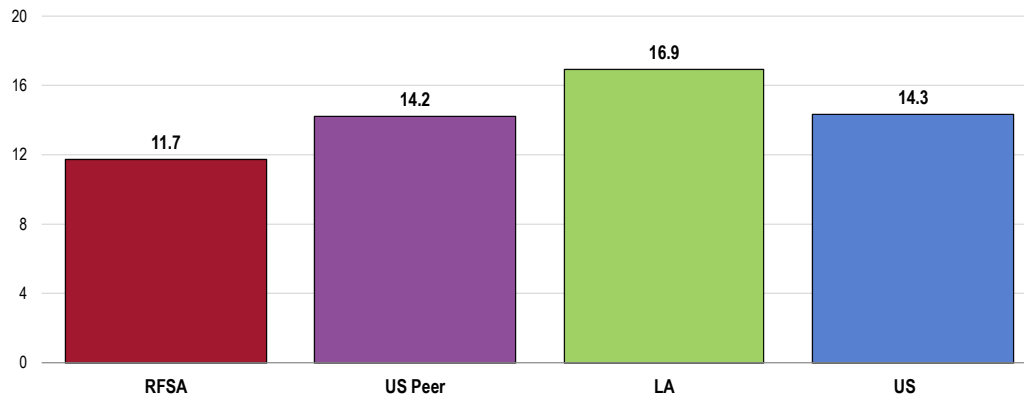
Between 2014 and 2016, the service area reported an annual average age-adjusted unintentional drug-related mortality rate of 11.7 deaths per 100,000 population.

- Below the peer, state, and national death rates.
- Similar to the Healthy People 2020 target (11.3 or lower).

## Unintentional Drug-Related Deaths: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

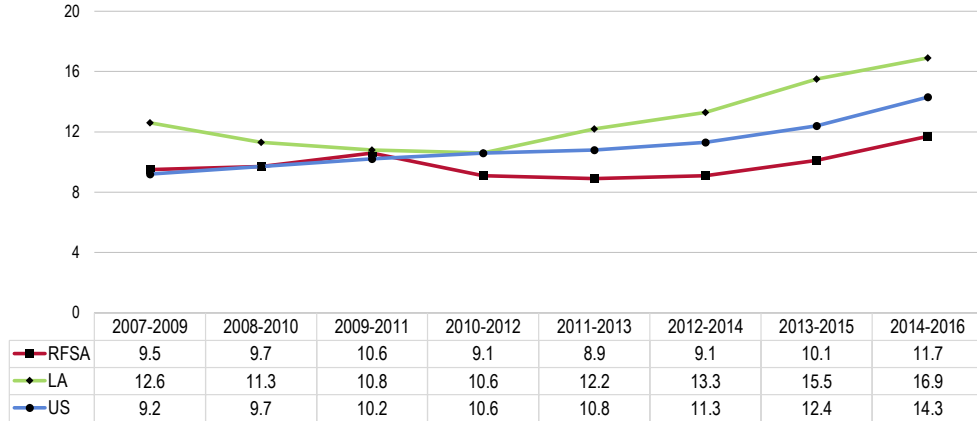
Healthy People 2020 Target = 11.3 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** The mortality rate has been on the rise in recent years, echoing the state and national trends.

## 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 June 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.
  - In 2007 and 2008, Allen County deaths were underreported in error.

## Drug Use

### Illicit Drugs

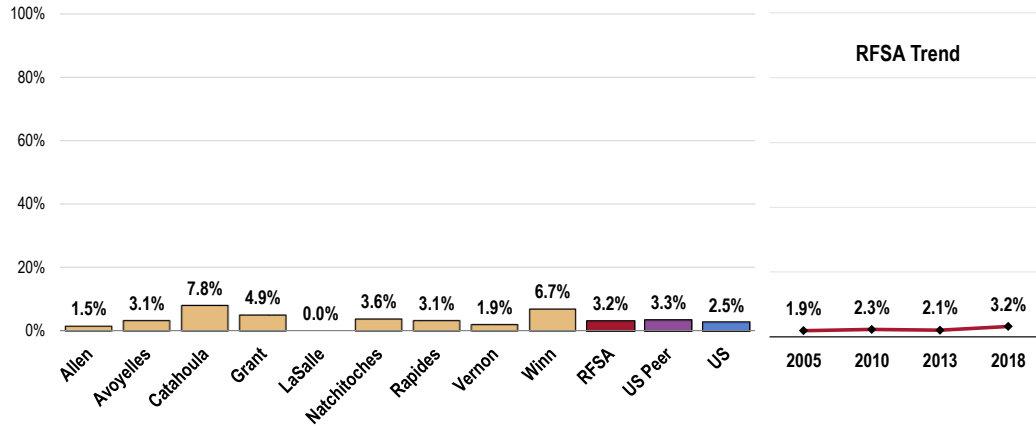
**A total of 3.2% of Rapides Foundation Service Area adults acknowledge using an illicit drug in the past month.**

- Similar to the proportion found nationally and among peer counties.
- Satisfies the Healthy People 2020 target of 7.1% or lower.
- Unfavorably high in Winn Parish.
- TREND: Marks a statistically significant increase over time.

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

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

### Illicit Drug Use in the Past Month Healthy People 2020 Target = 7.1% or Lower

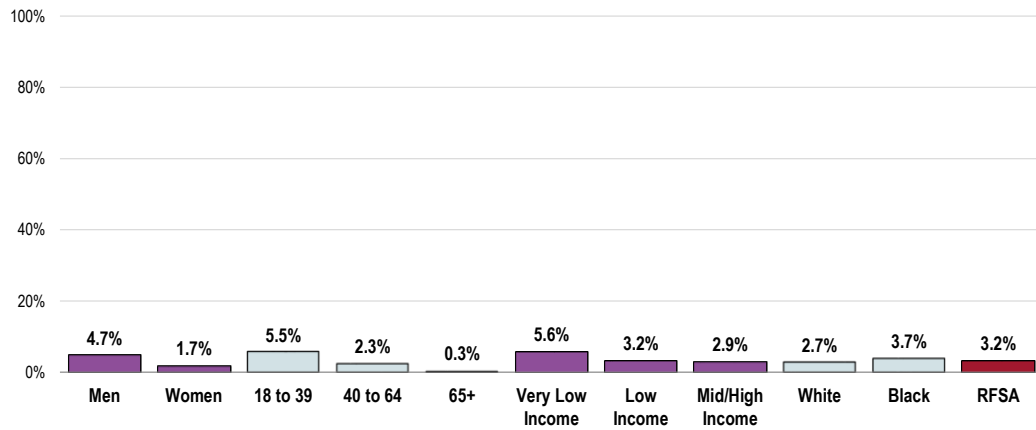


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]

Notes: • Asked of all respondents.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

- Illicit drug use is more prevalent among men and correlates strongly with age and income level.

### Illicit Drug Use in the Past Month (Rapides Foundation Service Area, 2018) Healthy People 2020 Target = 7.1% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]  
 • 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.  
 • Hispanics can be of any race. Other 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.

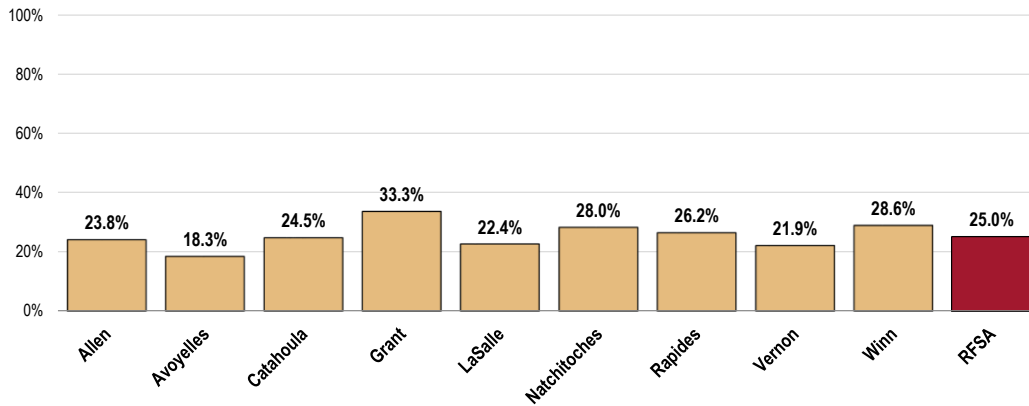
Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl.

### Opioids & Opiates

One in four service area adults (25.0%) acknowledge using prescription opioids or opiates in the past year (whether prescribed or not).

- The prevalence is highest in Grant Parish, lowest in Avoyelles Parish.

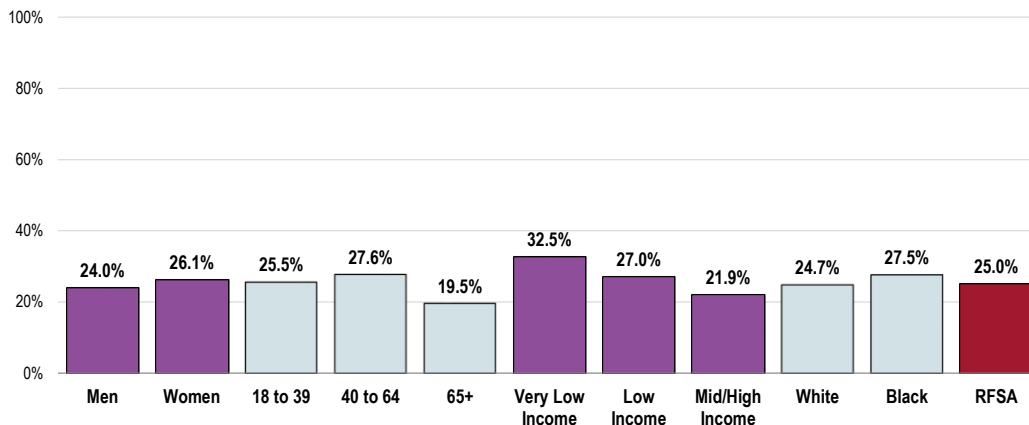
**Used Prescription Opioids or Opiates in the Past Year (Whether Prescribed or Not)**  
(Rapides Foundation Service Area, 2018)



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.

- Illicit drug use is more prevalent adults under 65 and those in lower income levels.

**Used Prescription Opioids or Opiates in the Past Year (Whether Prescribed or Not)**  
(Rapides Foundation Service Area, 2018)



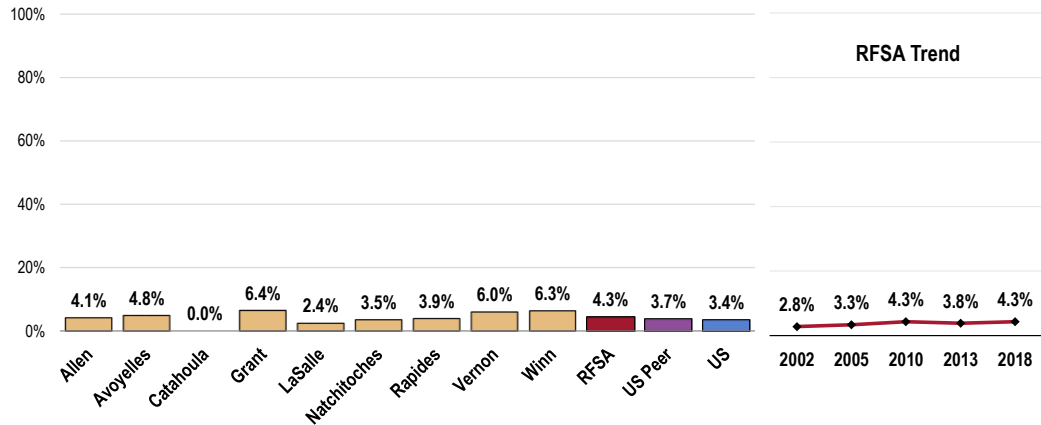
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 314]  
Notes: • Asked of all respondents.  
• Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl.  
• Hispanics can be of any race. Other race categories 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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

## Alcohol & Drug Treatment

A total of 4.3% of Rapides Foundation Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to peer and national findings.
- Note that no Catahoula Parish respondents answered affirmatively.
- TREND: Marks a statistically significant increase from 2002 survey findings.

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



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

## Key Informant Input: Substance Abuse

The greatest share of key informants taking part in an online survey characterized *Substance Abuse* as a "major 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.

## Top Concerns

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

### Lack of Facilities/Providers

*There are no full-time substance abuse clinics here in Oakdale. Patients have to travel to Alexandria or Lake Charles to seek treatment. Drugs are easily purchased on our streets, or so I'm told. – Community Leader (Allen Parish)*

*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)*

*I really do not know enough about what is available; so, I am not sure about the barriers. Too few places for treatment would be one. Transportation to a facility might be one. The cost could be another. I feel that treatment should be offered in the jails and prisons because so many people are arrested for drug abuse and come out with no change. Again, a change in thinking and behavior modification is needed. So, cultural thinking is a barrier in prevention. In this line, more programs for prevention are needed in the schools. – Social Services Provider (Grant Parish)*

*Limited providers. No or low reimbursement for treatment. – Public Health Representative (Central Louisiana)*

*Availability of providers for treatment and finances to pay for treatment. – Public Health Representative (Catahoula 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)*

*Lack of clinicians to treat, some shame of knowing one has a substance abuse problem. Pride, unable to ask for help. – Other Health Provider (Natchitoches Parish)*

*Being accepted in the few facilities available. Uninsured, uneducated about resources available or money to access those resources. – Social Services Provider (Avoyelles Parish)*

*No programs or facilities for treatment or information on substance abuse. – Social Services Provider (LaSalle Parish)*

*The only resource for in-house is the emergency room, until a bed opens up around the state. – Other Health Provider (Winn 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)*

### 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)*

*A hospital provides a 3-day treatment facility for patients. No providers in the parish for patients to follow-up or to devise an outpatient program. Monetary barriers. Those who have insurance can only use this for so long, and insurance will deny payments. – Community Leader (LaSalle Parish)*

*Good treatment is far away. Many times, it can't accommodate the children. – Community Leader (Natchitoches Parish)*

*Lack of substance abuse treatment and lack of insurance coverage. – Other Health Provider (LaSalle Parish)*

*In my opinion, the greatest barrier is accessibility. Also getting the information to the residents. – Community Leader (Grant 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)*

*Long-term treatment facilities, 90 to 180 days in a work camp and treatment center. – Community Leader (Natchitoches Parish)*

*People do not stay in treatment long enough. – Other Health Provider (Rapides Parish)*

*Limited resources/services in the area. – Social Services Provider (Natchitoches Parish)*

*Availability and follow-up services. – Community Leader (Rapides Parish)*

*None available. – Community Leader (Avoyelles Parish)*

*Access to care and treatment. – Community Leader (Rapides Parish)*

### **Prevalence/Incidence**

*Substance abuse is a huge problem in our community amongst young and older citizens. It's an easy way for young teens who come from poor backgrounds to make money, since there are very limited jobs available and most of those are for 18 or older. There is a major lack of programs and facilities to keep teens off the streets. Local parks and recreation facilities are a breeding ground for drug dealers, since there is no security and a limited park staff. No one patrols these areas in the afternoon or nights, and there is no surveillance equipment available. – Community Leader (Winn Parish)*

*Addiction is prevalent - I do not have the answers, but wish I did. Addiction affects every family member when one person is battling addiction. There is not much outreach to the addicted in our community. Marijuana seems to be overlooked by law enforcement. I do not believe law enforcement can keep up with the drug abuse because it is so widespread. – Community Leader (Vernon Parish)*

*Drugs are rampant. Kids, teens, adults. Law enforcement can't keep up with the expanding drug culture. – Community Leader (Natchitoches Parish)*

*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 RRM. – Physician (Rapides Parish)*

*High incidence of Meth and drug usage – Community Leader (Winn Parish)*

*Illegal drug usage is a major problem in Vernon Parish. – Community Leader (Vernon 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)*

### **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)*

*Ignorance by many people that there is a problem. – Community Leader (LaSalle Parish)*

*People not wanting to help themselves. – Social Services Provider (Rapides Parish)*

*Stigma. – Social Services Provider (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)*

*It is difficult to find affordable rehab programs. – Social Services Provider (Avoyelles 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)*

*Money. – Social Services Provider (Grant Parish)*

### **Lack of Funding**

*The greatest barriers are funding and training. I say funding in the manner of funds needed for facilities within the area. And, training, there is not enough of trainings held within the community for the citizens to understand the crisis that is affecting families. – Social Services Provider (Vernon Parish)*

*Lack of funding and transportation. Services aren't accessible to many. – Social Services Provider (Natchitoches Parish)*

*Money and local treatment centers. – Community Leader (LaSalle Parish)*

*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 (Natchitoches Parish)*

*Funding. – 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)*

*Education, intervention, and rehab care. – Community Leader (Natchitoches Parish)*

*No AA available. – Community Leader (Winn Parish)*

### **Policies**

*The state's 30-day substance abuse treatment program does not work. I know because I have experience in sending men and woman to treatment centers. It takes a lifestyle change to stop abusing drugs. An addict is still an addict, even after he/she is clean. It's a lifetime battle they fight every day they get up. A person cannot learn a lifestyle change in 30 days. A 12-month program is the only way to go. – Community Leader (Avoyelles Parish)*

*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)*

*Determining who is abusing. Discovering and stopping those who are distributing illegal substances. – Community Leader (Allen Parish)*

*Being illegal in many instances makes it a criminal matter, rather than a health matter. – Social Services Provider (Rapides Parish)*

*Lax law enforcement, no substantial legal penalties. – Community Leader (Winn 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)*

*Same as tobacco usage, 21 and older has access to all alcohol in stores. Physicians readily prescribe opioids to patients, who would have benefited from other pain management options. – Other Health Provider (Vernon Parish)*

### **Culture/Social Norms**

*I believe the greatest barriers related to accessing needed substance abuse treatment lies in peer norms and lack of economic opportunities. Many children live in poverty, which is often accompanied by a state of mental despair. There exist few employment opportunities that offer sustainable wages, which also means there is a high rate of working poor, those receiving public aid. Many children whose parent/s are among the working poor are left during critical hours with older family members, and you often see them in groups on streets. Although there is a substance abuse treatment facility, connected with the Central Louisiana Human Services District, it is based on referrals and court-directed. I also think that the lack of positive community-based activities for youth and adults serve as a barrier to substance abuse and treatment. People have a lot of 'free time', and often fill that space with nonproductive activities, like drinking in certain community 'spots'. – Community Leader (Catahoula Parish)*

*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)*

### **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)*

### **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)*

*Poverty level. – Other Health Provider (Avoyelles Parish)*

### **Impact on Caregivers/Families**

*It affects family members of people I know. They get so caught up in it that they think it is normal to use drugs. When they are arrested, they get right out and start using again. There is no real punishment and no real rehab. – Social Services Provider (Vernon Parish)*

### Most Problematic Substances

Key informants (who rated this as a “major problem”) identified **alcohol** as the most problematic substance abused in the community, followed closely by **methamphetamine/other amphetamines**, **heroin or other opioids**, and **prescription medications**.

Problematic Substances as Identified by Key Informants				
	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	21.5%	13.2%	22.5%	60
Methamphetamines or Other Amphetamines	28.0%	19.8%	7.8%	59
Heroin or Other Opioids	19.6%	17.0%	15.7%	55
Prescription Medications	16.8%	16.0%	15.7%	51
Cocaine or Crack	7.5%	14.2%	12.7%	36
Marijuana	4.7%	11.3%	13.7%	31
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	0.0%	3.8%	4.9%	9
Over-The-Counter Medications	1.9%	0.9%	3.9%	7
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	0.0%	1.9%	1.0%	3
Steroids	0.0%	0.9%	1.0%	2
Hallucinogens or Dissociative Drugs (e.g. Ketamine, PCP, LSD, DXM)	0.0%	0.9%	1.0%	2

## 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.

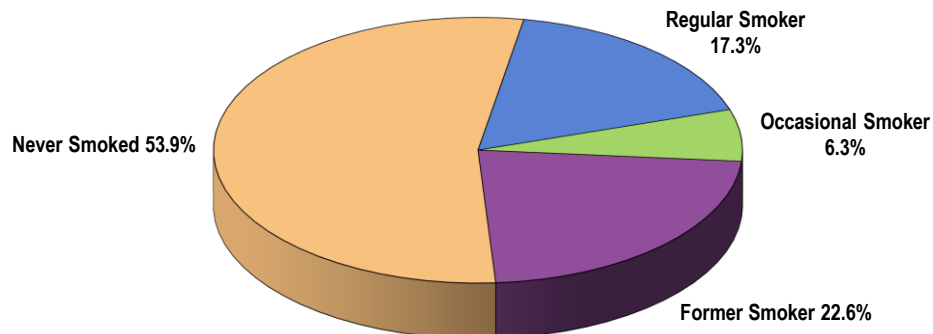
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Cigarette Smoking

### Cigarette Smoking Prevalence

A total of 23.6% of Rapides Foundation Service Area adults currently smoke cigarettes, either regularly (17.3% every day) or occasionally (6.3% on some days).

**Cigarette Smoking Prevalence**  
(Rapides Foundation Service Area, 2018)



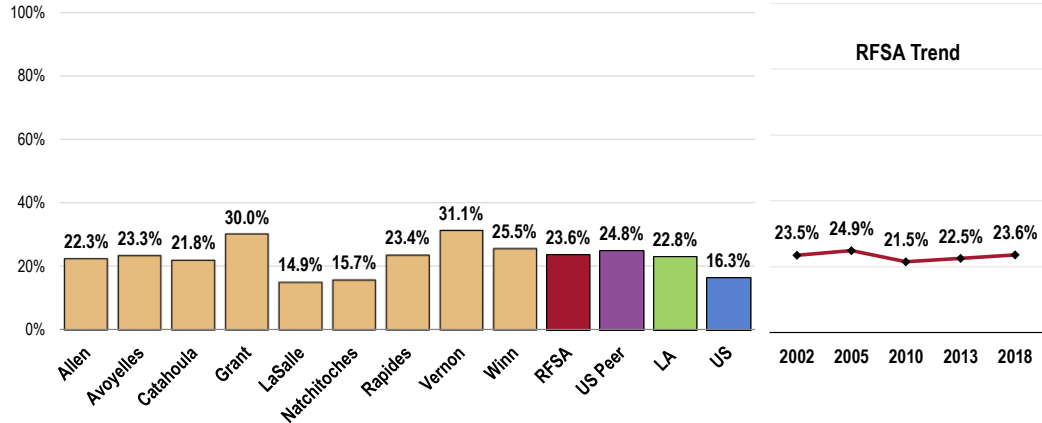
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]  
Notes: • Asked of all respondents.

- Worse than national findings.
- Similar to peer and state findings.

- Fails to satisfy the Healthy People 2020 target (12% or lower).
- Least favorable in Grant and Vernon parishes.
- TREND: The percentage is statistically unchanged since 2002.

### Current Smokers

Healthy People 2020 Target = 12.0% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]  
 • 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 TU-1.1]

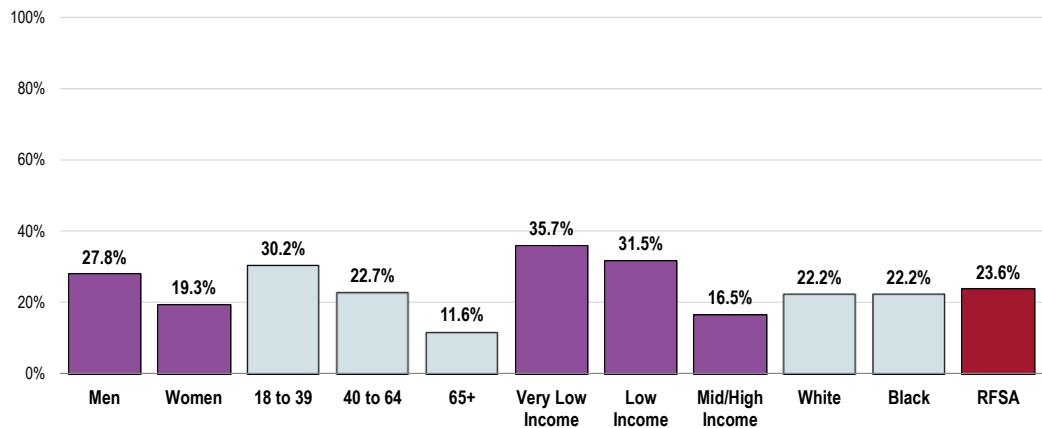
Notes: • Asked of all respondents.  
 • Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

- Cigarette smoking is more prevalent among men, adults under age 65, and lower-income residents.

### Current Smokers

(Rapides Foundation Service Area, 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]

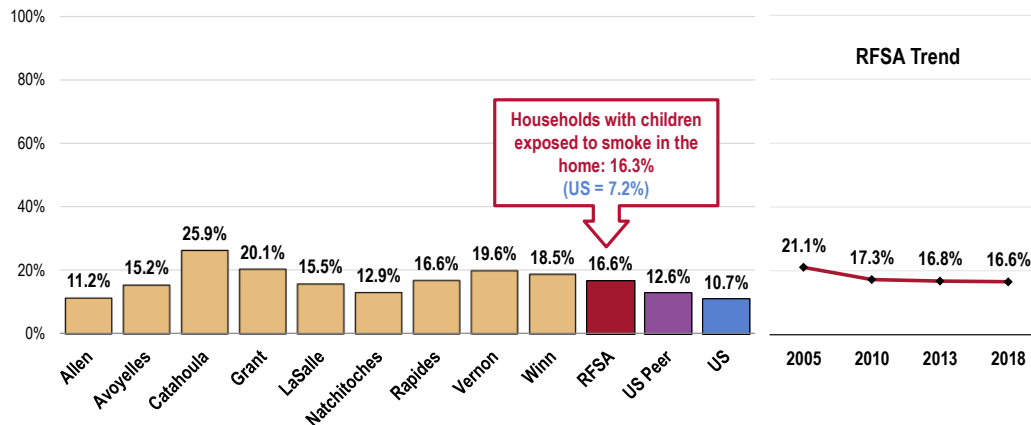
Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.  
 • Includes regular and occasion smokers (every day and some days).

### Environmental Tobacco Smoke

A total of 16.6% of service area adults (including smokers and nonsmokers) report that a member of their household has smoked cigarettes in the home an average of four or more times per week over the past month.

- Less favorable than national findings.
- Comparable to US Peer counties.
- Smoking in the home is more prevalent in Catahoula Parish.
- TREND: Marks a statistically significant decrease from 2002 survey results (but similar to more recent survey findings).
- Note that 16.3% of Rapides Foundation Service Area children are exposed to cigarette smoke at home, more than twice the national prevalence.

### Member of Household Smokes at Home

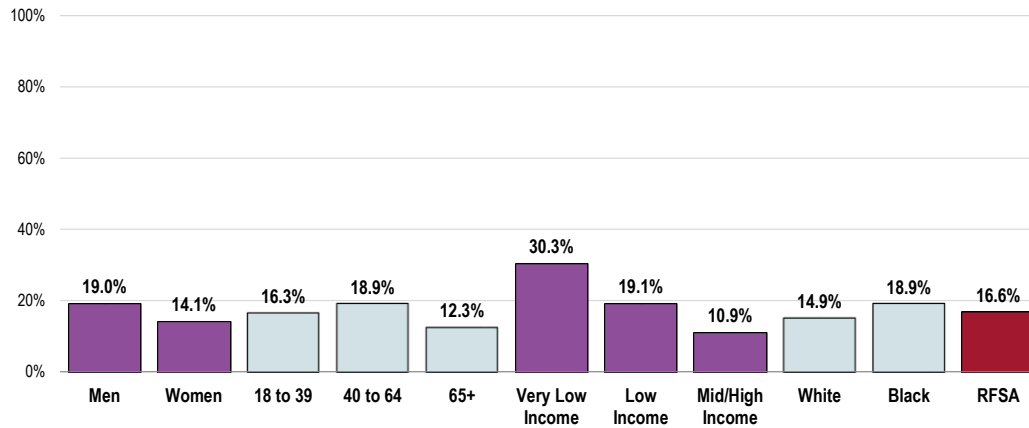


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 52, 162]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

- Notably higher among men, adults age 40 to 64, residents with lower incomes, and Black respondents in the service area.

## Member of Household Smokes At Home (Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]

- Notes:
- Asked of all respondents.
  - Hispanics can be of any race. Other 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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.
  - "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

## Smoking Cessation

### 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](http://www.healthypeople.gov))

### Smoking Cessation Attempts

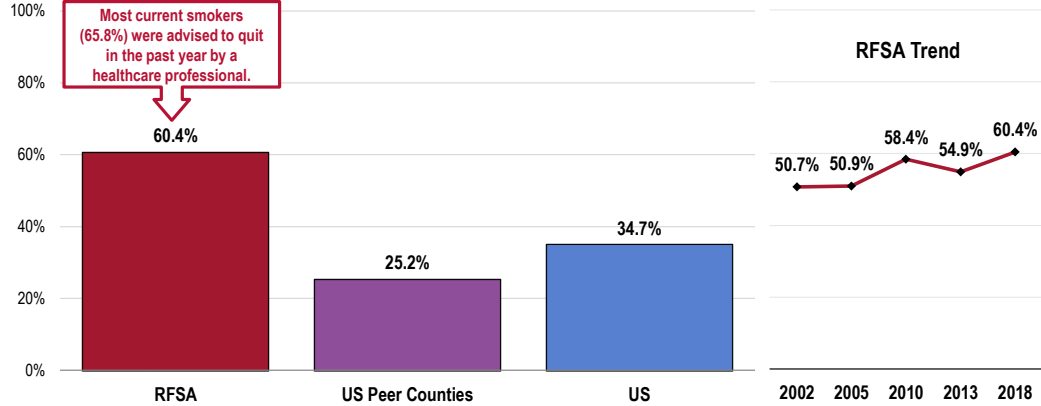
**A total of 60.4% of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.**

- Well above the peer and national findings.
- Fails to satisfy the Healthy People 2020 target (80% or higher).
- TREND: Marks a statistically significant increase over time.
- Most current smokers (65.8%) have been advised by a healthcare professional in the past year to quit smoking.



## 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

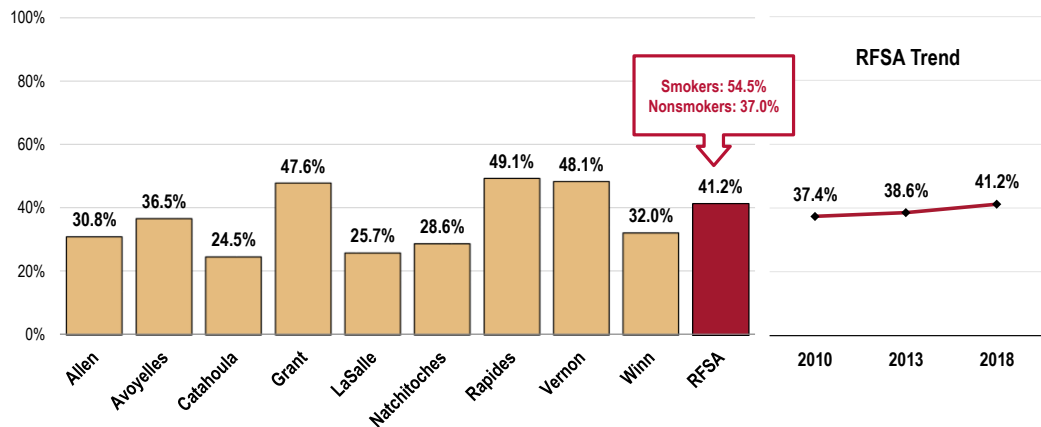


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 50-51]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-4.1]  
 Notes: • Asked of respondents who smoke cigarettes every day.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

Among survey respondents, 41.2% are aware of services, programs, or classes to help smokers quit smoking.

- Awareness is highest in Grant, Rapides, and Vernon parishes.
- TREND: Marks a statistically significant increase from 2010 survey results.
- Awareness of local resources for smoking cessation is reported among 54.5% of smokers and 37.0% of nonsmokers.

## Aware of Services, Programs, or Classes to Help Smokers Quit Smoking (Rapides Foundation Service Area, 2018)



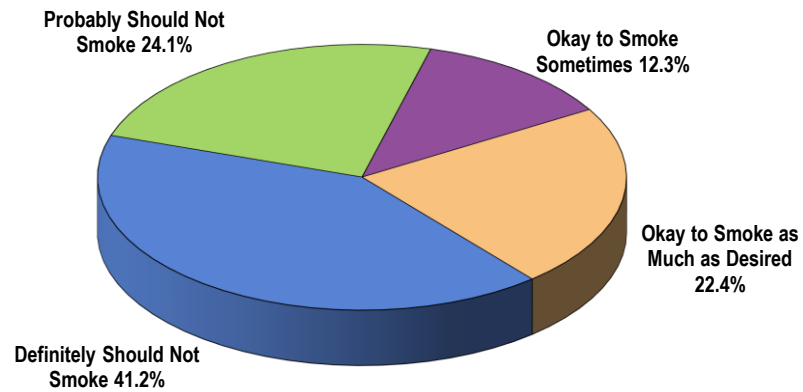
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]  
 Notes: • Asked of all respondents.

## Public Perceptions of Smoking

The majority of RFSA survey respondents believe that most people are against smoking, indicating that the public feels a person “*definitely should not smoke*” (41.2%) or “*probably should not smoke*” (24.1%).

- Another (12.3%) believe that general public opinion is that it is “*okay to smoke sometimes*,” and another 22.4% believe that public opinion says it is okay to smoke “*as much as a person wants*.”

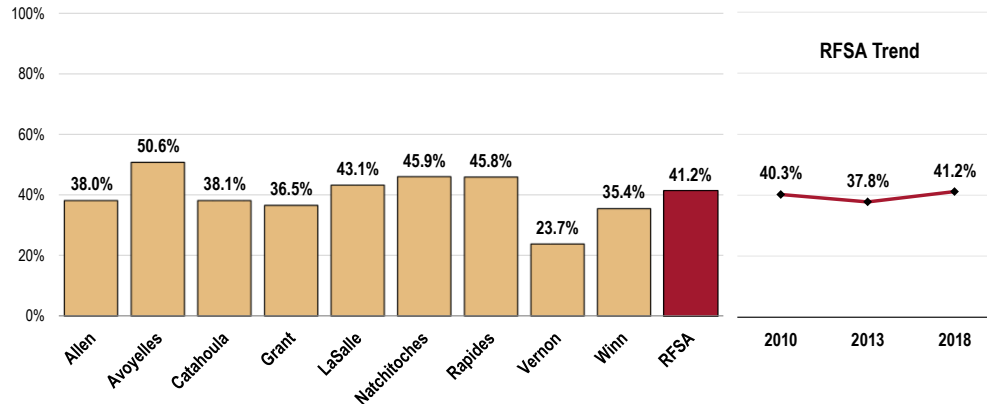
### Perception of How Most People in the Community Feel About Adults Smoking (Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]  
Notes: • Asked of all respondents.

- “*Definitely should not smoke*” responses are lowest in Vernon Parish.
- TREND: The sentiment is statistically unchanged over time.

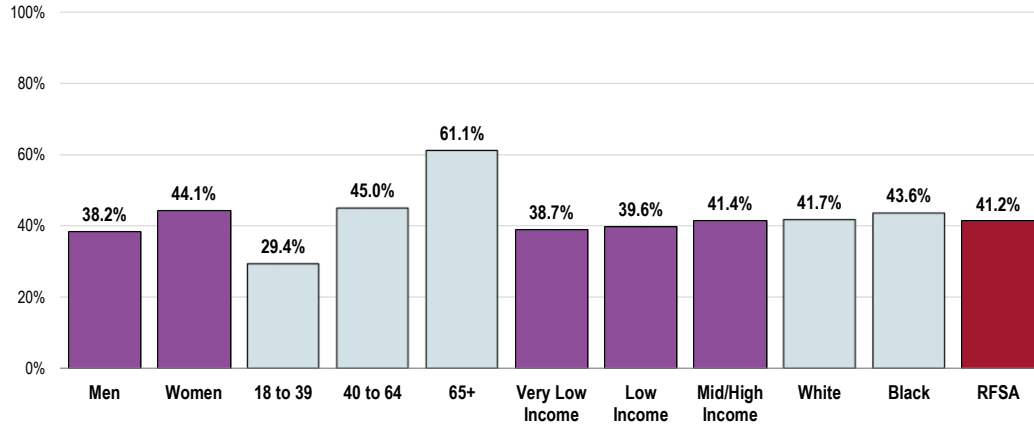
### Respondent Perceives That Most People in the Community Believe That Adults Definitely Should Not Smoke (Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]  
Notes: • Asked of all respondents.

- Adults less likely to think that the public feels people definitely should not smoke include men and younger adults (positive correlation with age).

### Respondent Perceives That Most People in the Community Believe That Adults Definitely Should Not Smoke (Rapides Foundation Service Area, 2018)



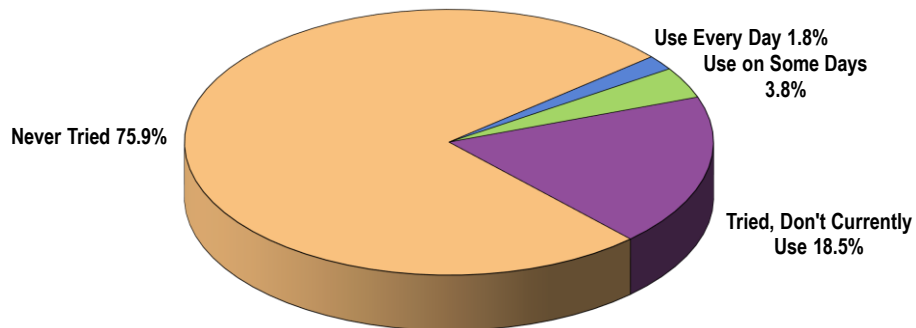
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.  
 • Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

### Other Tobacco Use

#### Use of Vaping Products

A total of 5.6% of Rapides Foundation Service Area adults currently use electronic cigarettes (e-cigarettes) or other electronic vaping products either regularly (1.8% every day) or occasionally (3.8% on some days).

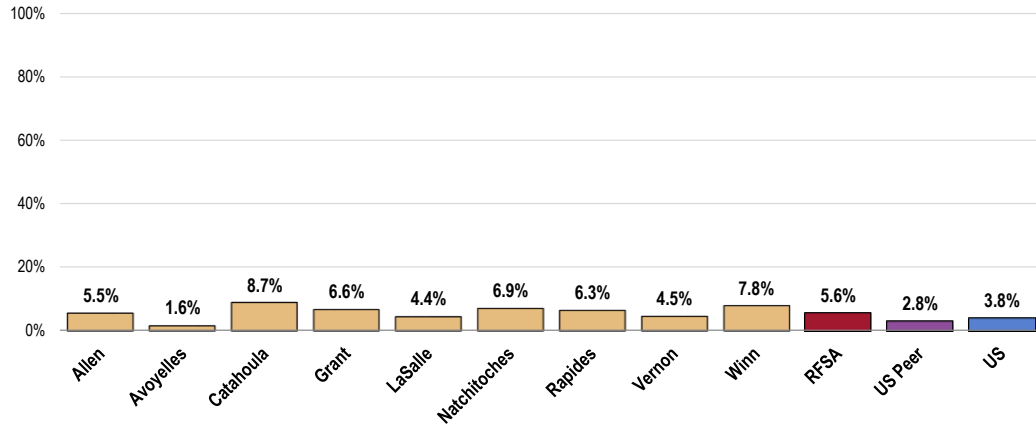
### Use of Vaping Products (Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]  
 Notes: • Asked of all respondents.

- Vaping in the service area is higher than in peer and national findings.
- Favorably low in Avoyelles Parish.

### Currently Use Vaping Products (Every Day or on Some Days)

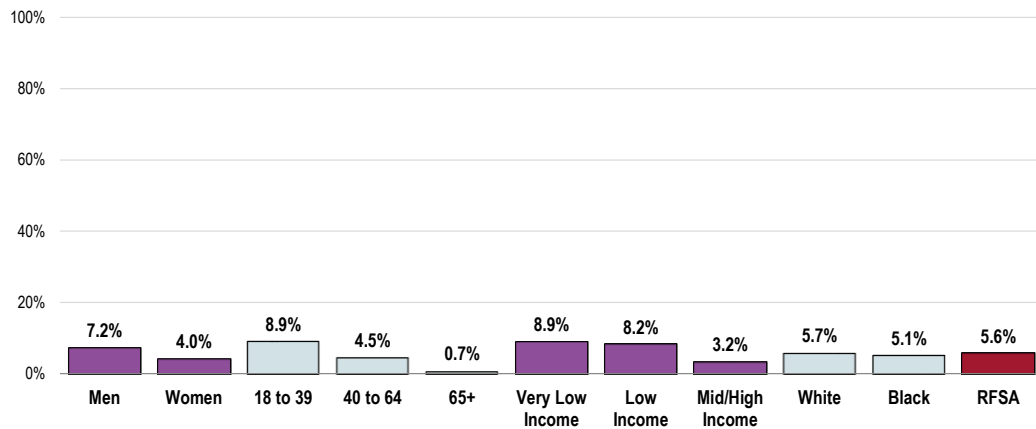


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

Electronic cigarette/other vaping product use is more prevalent among:

- Men.
- Adults under age 40.
- Lower-income residents.

### Currently Use Vaping Products (Rapides Foundation Service Area, 2018)



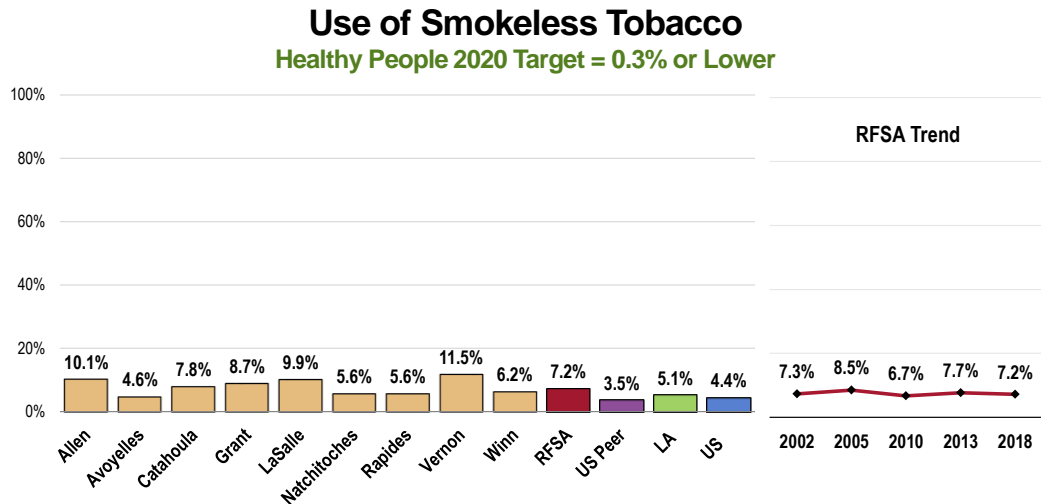
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.  
 • Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

### Smokeless Tobacco

A total of 7.2% of Rapides Foundation Service Area adults use some type of smokeless tobacco every day or on some days.

- Higher than peer, state, and national findings.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- Unfavorably high in Vernon Parish.
- TREND: Statistically unchanged over time.



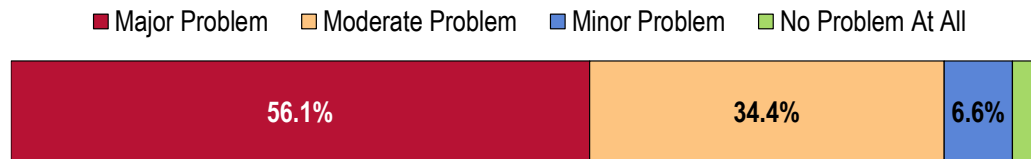
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, 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 greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a “major problem” in the community.

### Perceptions of Tobacco Use 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

*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)*

*Coming from other communities to this one, I was surprised at the number of people who smoke. I have three times the number of employees who smoke then I did at a slightly larger health center in another state. – Public Health Representative (Catahoula 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)*

*High percentage uses tobacco. Freely advertised. Easily available. – Social Services Provider (Avoyelles 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)*

*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)*

*It is common for many families to have at least one member who either smokes, chews or daps. – Community Leader (Vernon 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)*

*You can smell it everywhere you go. I know dozens of people who still smoke. – Social Services Provider (Vernon Parish)*

*There appears to be many smokers in the area. There does not appear to be any programs to inform, treat or discourage use of tobacco. – Social Services Provider (LaSalle Parish)*

*Still see a lot of cigarettes and smokeless tobacco in the community. – Community Leader (Natchitoches Parish)*

*Tobacco and drug use is a huge problem in our community. – Community Leader (Winn Parish)*

*We have a high rate of people that use tobacco products. – Other Health Provider (Rapides Parish)*

*The number of smokers in the community. – Social Services Provider (Natchitoches Parish)*

*Too many people smoke, resulting in poor health. – Community Leader (Allen Parish)*

*Statistics show many people use tobacco in our area. – Other Health Provider (Rapides Parish)*

*Observation of many smokers. High cancer rate. – Other Health Provider (Winn 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)*

*Usage rates of tobacco, cigarettes, Skoal, etc. – Community Leader (Winn 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)*

*A lot of young men are dipping or chewing tobacco. – Community Leader (LaSalle 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)*

*Visibility. – Social Services Provider (Natchitoches Parish)*

*Because it is [a major problem]. – Other Health Provider (Natchitoches 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)*

*Tobacco use is a generally accepted norm in Catahoula Parish. A large number of adults grew up with parents (male and female) that use tobacco products, both smoke and smokeless. I am guessing that Catahoula Parish is much higher, based on socio-economic factors. I was unable to find statistics related to smokeless tobacco users, and I suspect it may be because the question is not asked in many surveys, or often on physicians' visits. (I am speaking from experience in being in doctors' meetings with residents.) I often see older youth with evidence of tobacco products, either smokeless or cigarette/cigarillo packages in pockets, or actually using tobacco products. – Community Leader (Catahoula Parish)*

*It is socially acceptable to smoke in our region, so a higher percentage of people use tobacco. – Other Health Provider (Rapides Parish)*

*Common social acceptance and not enough tobacco-free ordinances in place. – Social Services Provider (Avoyelles Parish)*

*Culture, and rural areas promote tobacco use in generations. – Public Health Representative (Rapides Parish)*

*Tobacco is a part of the rural South's recreational activity. – Community Leader (Grant Parish)*

*Socially okay and lack of education advertisements. – Social Services Provider (Rapides Parish)*

*History and culture of tobacco use. – Social Services Provider (Rapides Parish)*

*Widely accepted by many in community. – Social Services Provider (Vernon Parish)*

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

*It is culturally important. – Community Leader (Natchitoches Parish)*

*Cultural. – Other Health Provider (LaSalle Parish)*

### **Teens/Young Adult Usage**

*Students as young as elementary school are regularly using tobacco products. It is a major concern at the high school level. Most adults and children in the community do not associate smokeless tobacco products with health issues. – Community Leader (LaSalle Parish)*

*I am actually seeing less smokers that I have in past years, though I do see many youth smoking at ages under 17 years. I see many youth around convenience stores and other functions in the evening smoking. I don't know what the national stats are, but I believe our parish must be above the average. – Community Leader (Avoyelles Parish)*

*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)*

*Many start smoking young and either do not see a reason to quit, or do not care to quit. – Social Services Provider (Grant Parish)*

*New smokers in the youth population continue to be evident. – Public Health Representative (Rapides Parish)*

*College students and young adults are smoking more. – Other Health Provider (Natchitoches Parish)*

*Too many teens and young adults choosing tobacco. – Community Leader (Natchitoches Parish)*

*Early age smoking. – Community Leader (Avoyelles 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)*

*Tobacco products are readily available to anyone 21 years or older in Louisiana at any corner convenience store. Vape products, which are just as dangerous, have also infiltrated stores and other places, which openly promote tobacco usage. – Other Health Provider (Vernon Parish)*

*Too many youth are socially engaged, and tobacco use is too accessible. – Social Services Provider*

*(Rapides Parish)*

*Easy access to them, and it is more accepted in the community. More high school kids are starting to smoke. – Community Leader (LaSalle 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)*

*High rate of lung disease. – Other Health Provider (Avoyelles 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, peer pressure with youth in community, and continuation of family lifestyles. – Social Services Provider (Vernon 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)*

### **Policies**

*Not many areas within community are deemed smoke free. No way to enforce these areas. – Community Leader (LaSalle Parish)*

*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)*

### **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)*

### **Access to Care/Services**

*Primary care-based treatment for residents of Allen Parish. No campaign in Allen Parish for any age population. – Social Services Provider (Allen 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



Professional Research Consultants, Inc.

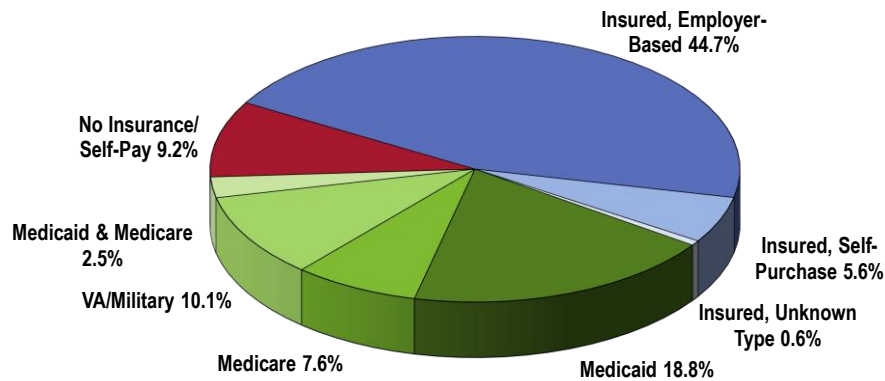
## Health Insurance Coverage

### Type of Healthcare Coverage

A total of 50.9% of Rapides Foundation Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 39.0% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

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

**Healthcare Insurance Coverage**  
(Among Adults Age 18-64; Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]  
Notes: • Reflects respondents age 18 to 64.

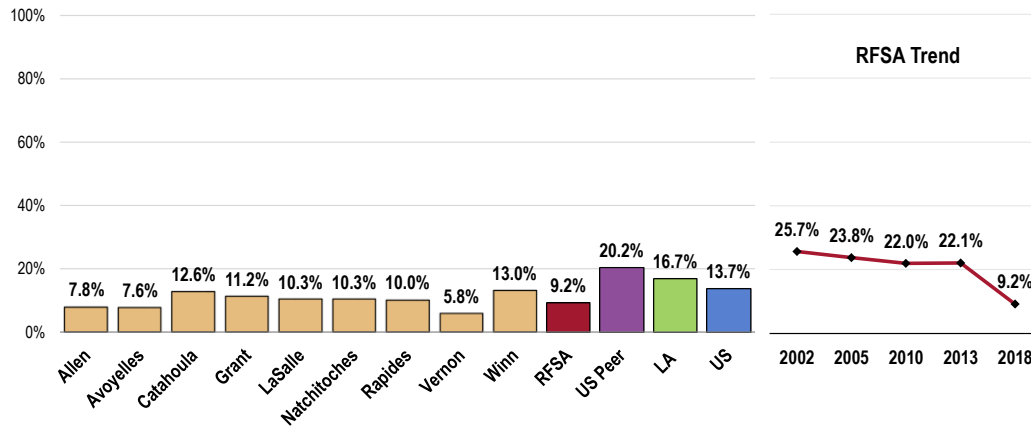
### Lack of Health Insurance Coverage

Among adults age 18 to 64, 9.2% report having no insurance coverage for healthcare expenses.

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).

- Below the latest peer, state, and national benchmarks.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Favorably low in Vernon Parish.
- TREND: Denotes a statistically significant decrease from previous survey findings.

### Lack of Healthcare Insurance Coverage (Among Adults Age 18-64) Healthy People 2020 Target = 0.0% (Universal Coverage)

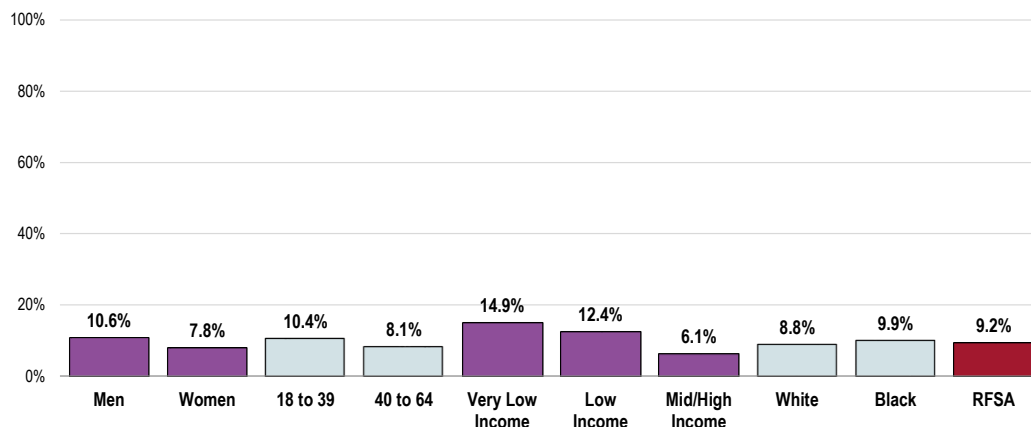


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Louisiana data.  
 • 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 AHS-1]  
 Notes: • Asked of all respondents under the age of 65.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

The following population segments are more likely to be without healthcare insurance coverage:

- Men.
- Residents living at lower incomes.

### Lack of Healthcare Insurance Coverage (Among Adults Age 18-64; Rapides Foundation Service Area, 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.  
 • Hispanics can be of any race. Other 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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

## Difficulties Accessing Healthcare

### About Access to Healthcare

Access to comprehensive, quality healthcare 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 healthcare system; 2) Accessing a healthcare location where needed services are provided; and 3) Finding a healthcare provider with whom the patient can communicate and trust.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

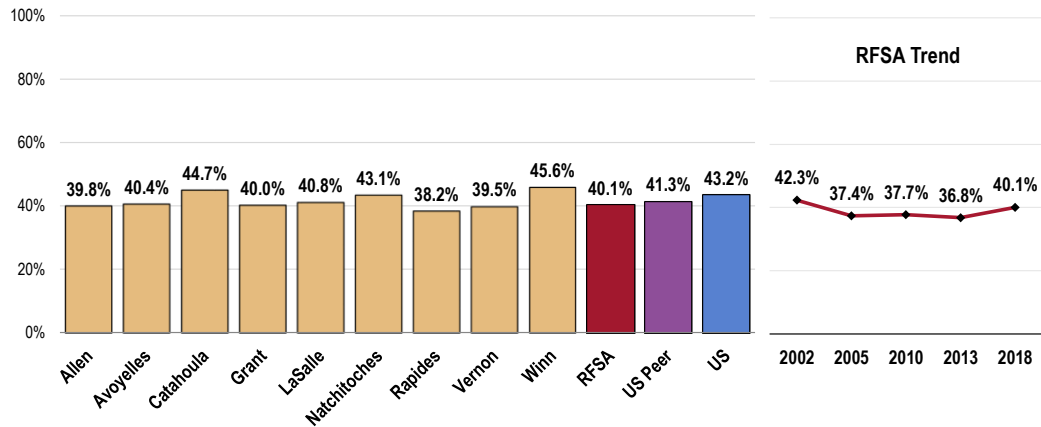
### Difficulties Accessing Services

**A total of 40.1% of Rapides Foundation Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.**

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

- Similar to peer and national findings.
- Statistically similar by parish.
- TREND: Statistically unchanged over time.

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

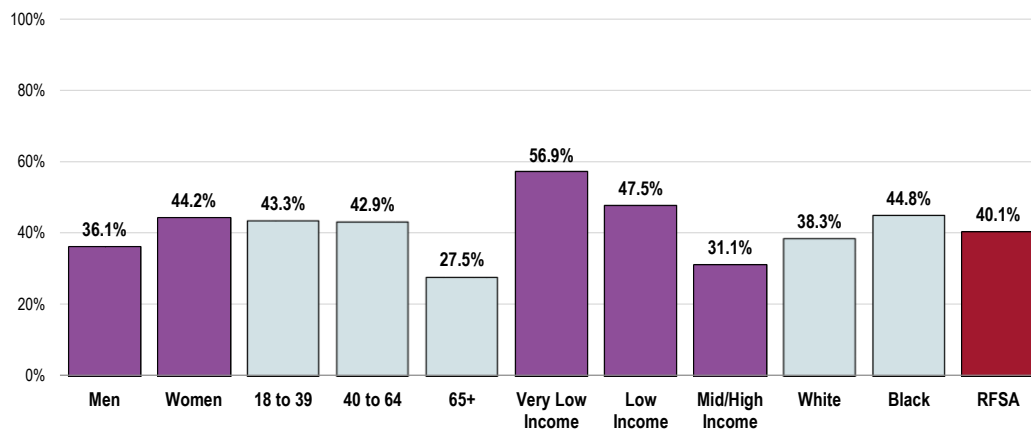


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

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

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

### Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (Rapides Foundation Service Area, 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.  
 • Hispanics can be of any race. Other 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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

### Barriers to Healthcare Access

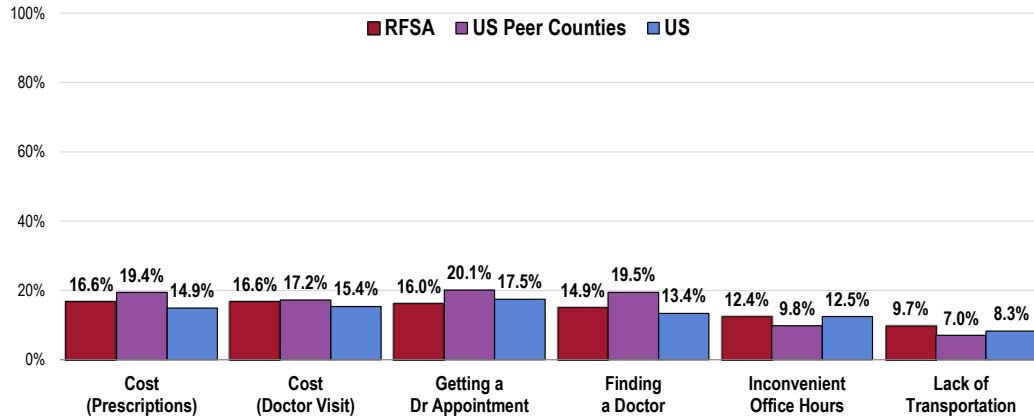
Of the tested barriers, cost of prescriptions impacted the greatest share of Rapides Foundation Service Area adults (16.6% say that cost prevented them from obtaining a needed medication in the past year).

- The proportion of impacted Rapides Foundation Service Area adults is statistically comparable to or better than that found among peer counties and nationwide for each of the tested barriers.

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

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

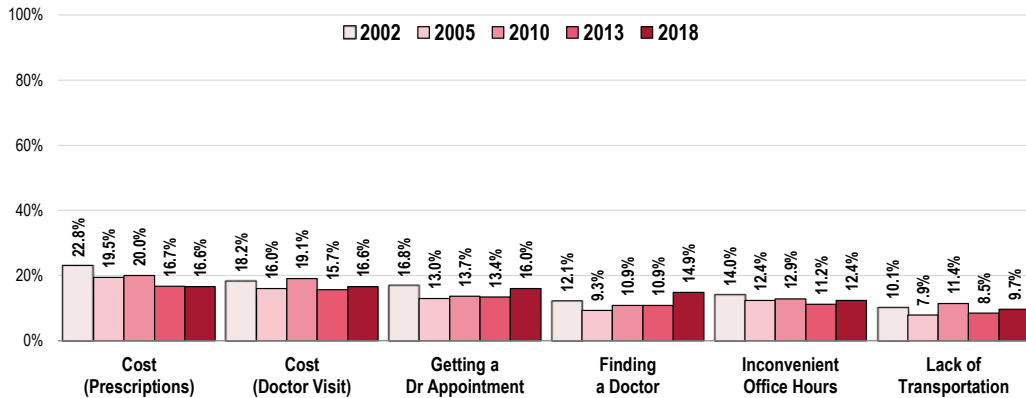
### Barriers to Access Have Prevented Medical Care in the Past Year



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.  
 • 'US Peer' represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

- TREND: Over time, difficulty finding a physician has increased significantly among service area adults, while the barrier of prescription cost has decreased significantly (other barriers have not changed significantly).

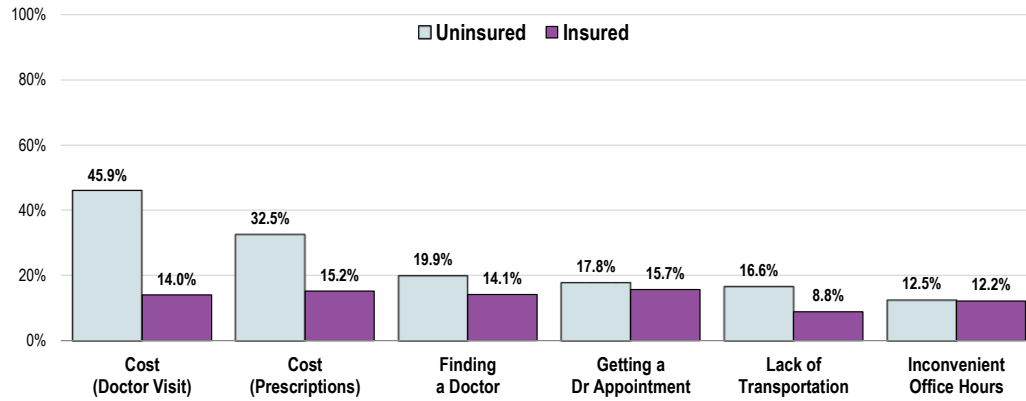
### Trend in Access Barriers (Rapides Foundation Service Area)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-11, 13]  
 Notes: • Asked of all respondents.

- As might be expected, those without health insurance are much more likely to report access barriers when compared to the insured population in the service area, especially with regard to those involving cost.

### Barriers to Healthcare Access (By Insured Status, 18+; Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-11, 13]  
 Notes: • Asked of all respondents.

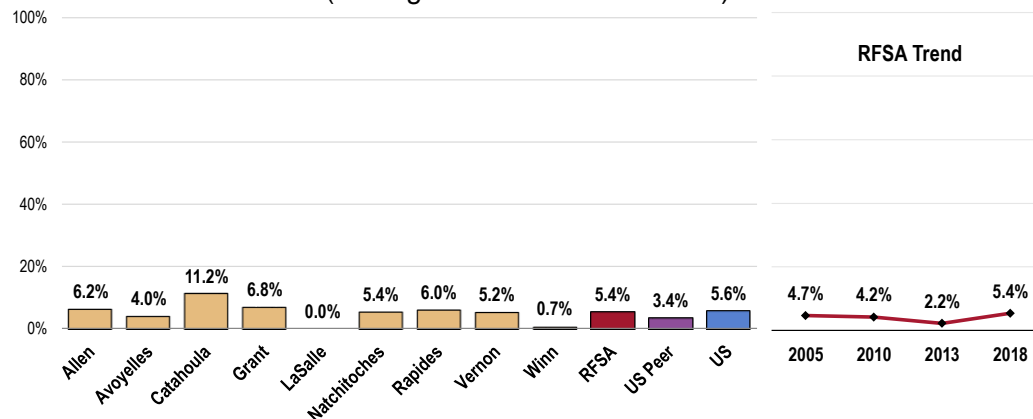
### Accessing Healthcare for Children

A total of 5.4% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

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.

- Statistically similar to peer and national findings.
- Lowest in LaSalle and Winn parishes.
- TREND: Statistically unchanged since 2005.

### Had Trouble Obtaining Medical Care for Child in the Past Year (Among Parents of Children 0-17)



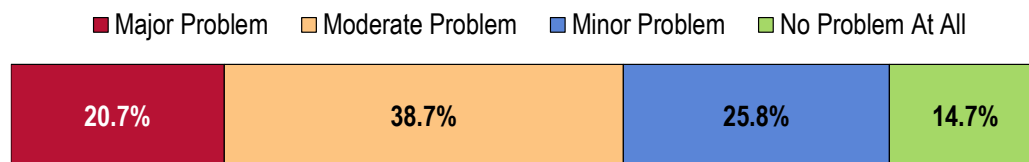
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 118-119]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents with children 0 to 17 in the household.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason; others cited inconvenient office hours.

## Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey most often characterized **Access to Healthcare Services** as a “moderate problem” in the community.

### Perceptions of Access to Healthcare Services 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 biggest challenges I see to access to healthcare is the locations of current healthcare facilities, the type of care residents can receive and the level of care, and the distance to emergency/critical care services- especially after hours. There are three medical clinics (Jonesville, Harrisonburg, and Sicily Island), that provide basic care- one of which only a couple of days a week. Once those facilities close at 5 or 6 pm, there is no medical care available. Should an emergency occur at any time, and especially after hours, there is no urgent care center or hospital within 25 miles. There are no specialized care providers in the parish, so if an individual needs specialized treatment or specialized medical tests, it is necessary to travel at least 40-50 miles, depending upon where in the Parish the person lives. If the need is long-term treatment, then one has to travel to Monroe, Alexandria, or Shreveport, with the added costs of housing for those accompanying the person. – Community Leader (Catahoula Parish)*

*Access is a created problem, due to reimbursement and other factors, which cause some private practices to only accept certain patients. While the uninsured decreased due to Medicaid expansion, many providers in the community refuse to increase appointment slots for Medicaid patients. The few who are uninsured still struggle, unless they have cash to pay for services. – Other Health Provider (Vernon Parish)*

*The closure of Huey P. Long Hospital has greatly increased the number of nonemergency 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 healthcare. 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. – 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 healthcare availability. – Social Services Provider (Rapides Parish)*

*We don't have a facility here. – Community Leader (Catahoula Parish)*

### **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 healthcare. 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 healthcare, nor preventative care. – Social Services Provider (Rapides Parish)*

*Healthcare cost too high, and availability of good doctors. Too few urgent cares. 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 healthcare 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 healthcare and recognizing that mental health is an important part of healthcare, as well. – Social Services Provider (Rapides Parish)*

*Increasing cost of healthcare and shortage of doctors and other health professionals. – Community Leader (LaSalle Parish)*

*Large segment of uninsured and underinsured. – Physician (Rapides Parish)*

*Cost of health insurance. – Community Leader (Avoyelles 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 Healthcare**

*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 healthcare. However, there is a huge challenge related to accessing mental healthcare. – 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)*

### **Lack of Providers**

*Not enough physicians to serve the population, especially services to those on Medicaid. Many physicians here do not accept new patients. The cost for basic medical care is extremely expensive for the average person in this area. A simple doctor visit alone is \$100 on the average, and that does not include any treatment that is conducted during that visit. – Social Services Provider (Natchitoches Parish)*

*Number of physicians at the community clinics is not enough for the population. – Community Leader (LaSalle Parish)*

*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)*

### **Quality of Services**

*Many providers do not see themselves as partners with their patients. They operate from personal biases and profiles of individuals, based on race and circumstances, such as impoverishment and illiteracy. They don't listen to their patients and rush through appointments. The lack of reliable transportation is a plague in rural communities that, often prohibits patients from attending appointments and filling prescriptions. – Community Leader (Grant Parish)*

*Very significant lack of quality healthcare providers in the parish, especially emergency services. Natchitoches Parish is touted as a great retirement area, but the number of quality healthcare providers are minimal. Mental health and substance abuse treatment is frighteningly poor and, again, hard to access. – Other Health Provider (Natchitoches Parish)*

*We need quality hospitals, and we need affordable healthcare 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)*

### **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**

*Healthcare 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)*

### **Medicaid and Specialized Services**

*Medicaid cuts these services out first, and a major number of people who take strong medications to manage their healthcare 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)*

**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)*

**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)*

**Chronic Disease Risk Factors**

*High blood pressure and hypertension. – Community Leader (Rapides Parish)*

**Type of Care Most Difficult to Access**

Key informants (who rated this as a “major problem”) most often identified behavioral health, substance abuse treatment, primary care, specialty care, and dental care as the most difficult to access in the community.

Medical Care Difficult to Access as Identified by Key Informants				
	Most Difficult	Second-Most Difficult	Third-Most Difficult	Total Mentions
Behavioral Health	41.7%	20.0%	8.6%	25
Substance Abuse Treatment	8.3%	17.1%	11.4%	13
Primary Care	0.0%	11.4%	22.9%	12
Specialty Care	19.4%	8.6%	5.7%	12
Dental Care	5.6%	11.4%	14.3%	11
Chronic Disease Care	5.6%	0.0%	14.3%	7
Urgent Care	5.6%	8.6%	5.7%	7
Pain Management	2.8%	5.7%	8.6%	6
Elder Care	5.6%	8.6%	0.0%	5
Prenatal Care	2.8%	5.7%	0.0%	3
Homelessness	0.0%	0.0%	2.9%	1
Hospice Care	0.0%	0.0%	2.9%	1
Medicaid Cuts on Medications	0.0%	2.9%	0.0%	1
Services for Developmentally Disabled	2.8%	0.0%	0.0%	1
Vision Care	0.0%	0.0%	2.9%	1

## Primary Care Services

### About Primary Care

Improving healthcare 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

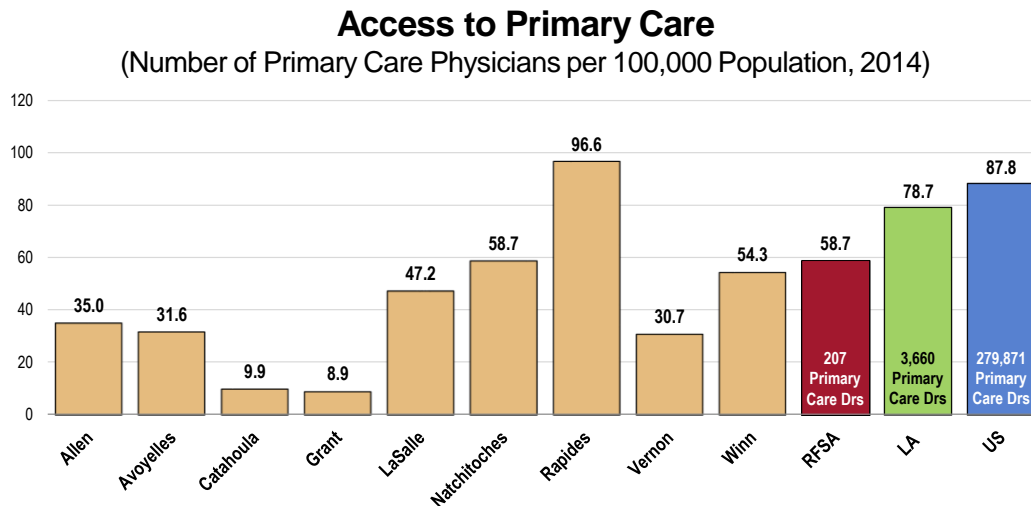
Improving healthcare services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Access to Primary Care

In the Rapides Foundation Service Area in 2014, there were 207 primary care physicians, translating to a rate of 58.7 primary care physicians per 100,000 population.

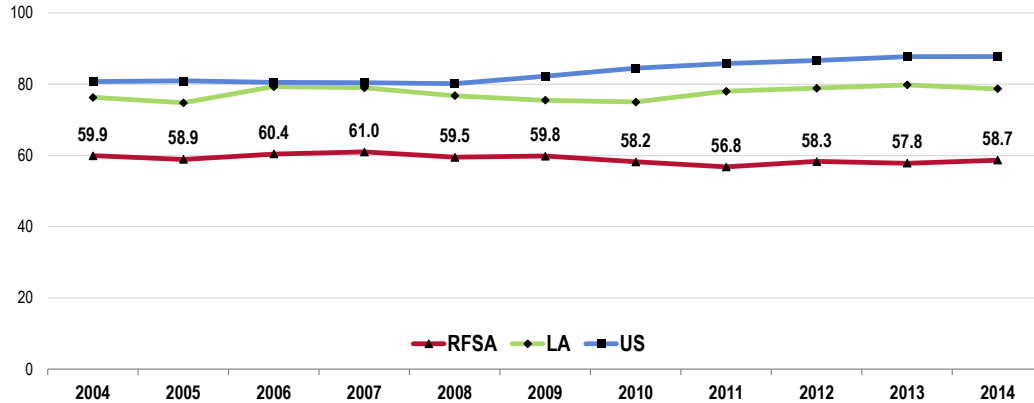
- Well below what is found statewide and nationally.
- Ratios are highest in LaSalle, Natchitoches, Rapides, and Winn parishes; note the low ratios in Catahoula and Grant parishes.



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
  - Retrieved June 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.

- **TREND:** Access to primary care (in terms of the rate of primary care physicians to population) did not change greatly over the past decade in the Rapides Foundation Service Area.

**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 June 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. In counties with teaching hospitals, this figure may differ from the rate reported in the previous chart.

### Specific Source of Ongoing Care

**A total of 76.7% of Rapides Foundation Service Area adults were determined to have a specific source of ongoing medical care.**

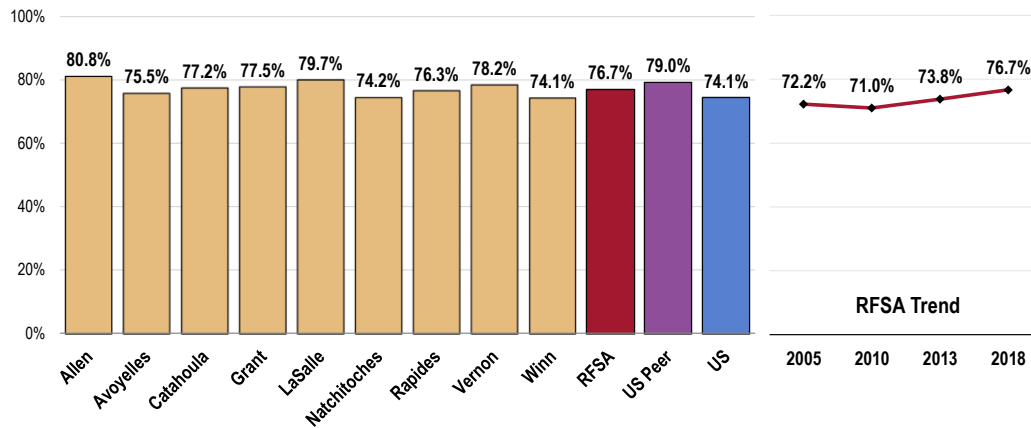
- Similar to US Peer and national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- Similar findings by parish.
- **TREND:** Marks a statistically significant increase since 2005.

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

## Have a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 95.0% or Higher



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]  
 • 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-5.1]  
 Notes: • Asked of all respondents.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

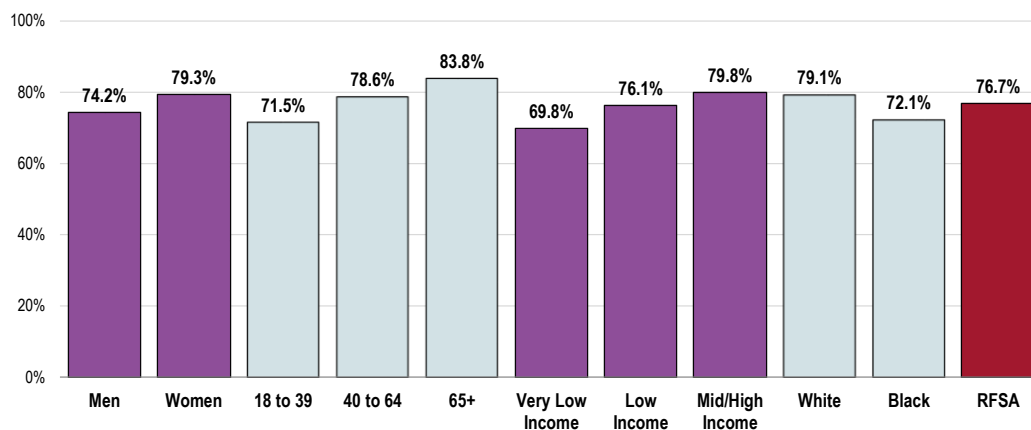
When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Men.
- Adults under age 65.
- Lower income adults.
- Blacks.

## Have a Specific Source of Ongoing Medical Care

(Rapides Foundation Service Area, 2018)

Healthy People 2020 Target = 95.0% or Higher



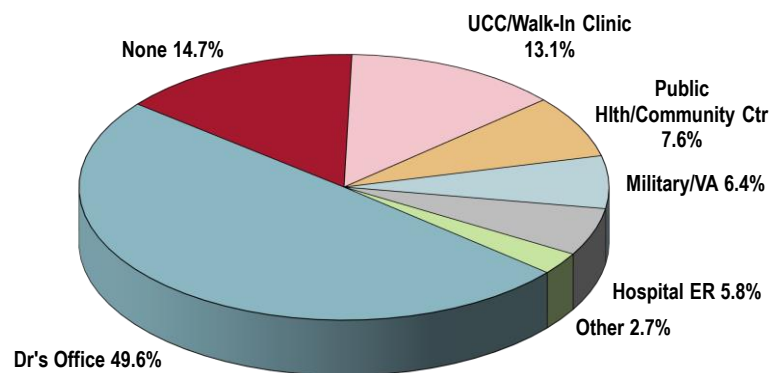
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other 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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

### Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, half of respondents (49.6%) identified a particular doctor's office.

A total of 13.1% say they usually go to some type of urgent-care center or walk-in clinic, and 7.6% rely on a public health or community health center. Military/VA facilities were mentioned by 6.4% of survey respondents, and 5.8% use a hospital ER as their place for medical care.

**Particular Place Utilized for Medical Care**  
(Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 16-17]  
Notes: • Asked of all respondents.

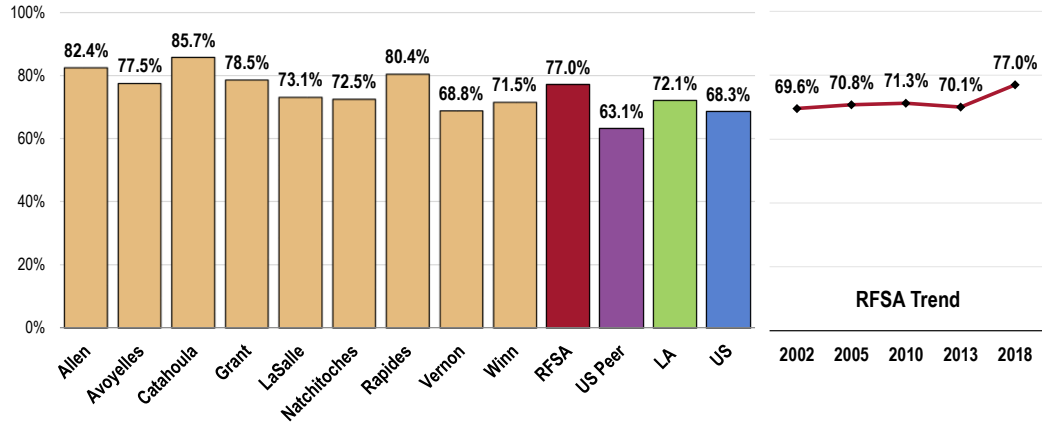
## Utilization of Primary Care Services

### Adults

Most area adults (77.0%) visited a physician for a routine checkup in the past year.

- Higher than peer, state, and US findings.
- Statistically least favorable in Natchitoches and Vernon parishes.
- TREND: Marks a statistically significant increase from previous survey findings.

### Have Visited a Physician for a Checkup in the Past Year

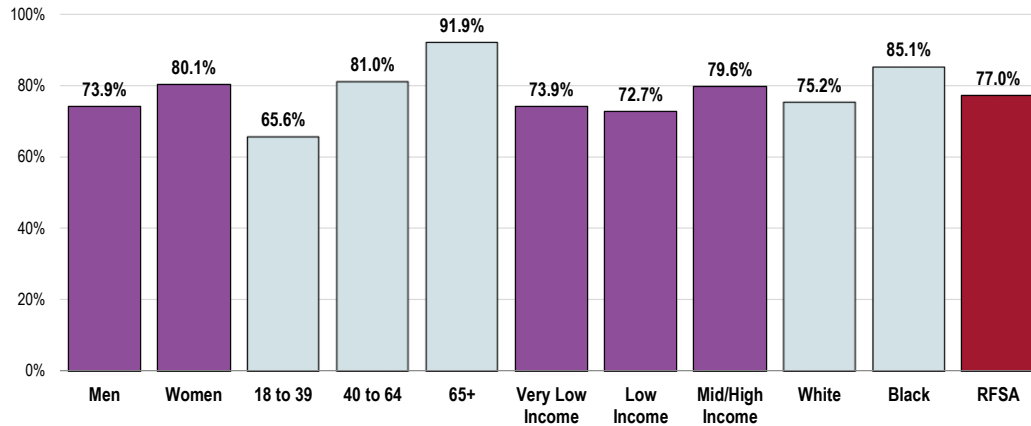


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 Louisiana data.  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

- Men and adults under 65 are less likely to have received routine care in the past year (note the positive correlation with age), as are very low and low income residents.
- Whites are less likely than Blacks to report a routine checkup in the past year.

### Have Visited a Physician for a Checkup in the Past Year (Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other 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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

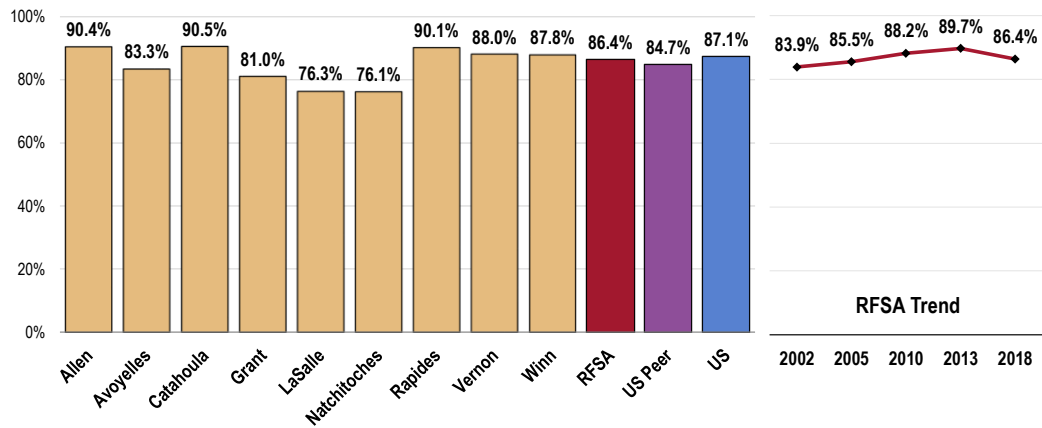


### Children

Among surveyed parents, 86.4% report that their child has had a routine checkup in the past year.

- Similar to peer and national findings.
- Highest in Rapides Parish, lowest in Natchitoches Parish.
- TREND: Statistically similar to 2002 survey findings.

**Child Has Visited a Physician for a Routine Checkup in the Past Year**  
(Among Parents of Children 0-17)



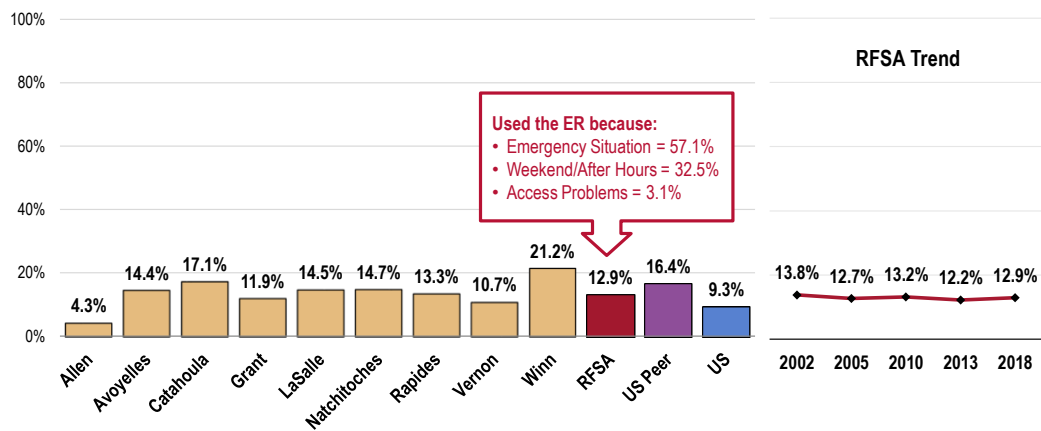
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents with children 0 to 17 in the household.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

## Emergency Room Utilization

A total of 12.9% of Rapides Foundation Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Comparable to the prevalence among peer counties.
- Higher than national findings.
- Unfavorably high in Winn Parish.
- TREND: Statistically unchanged over time.

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



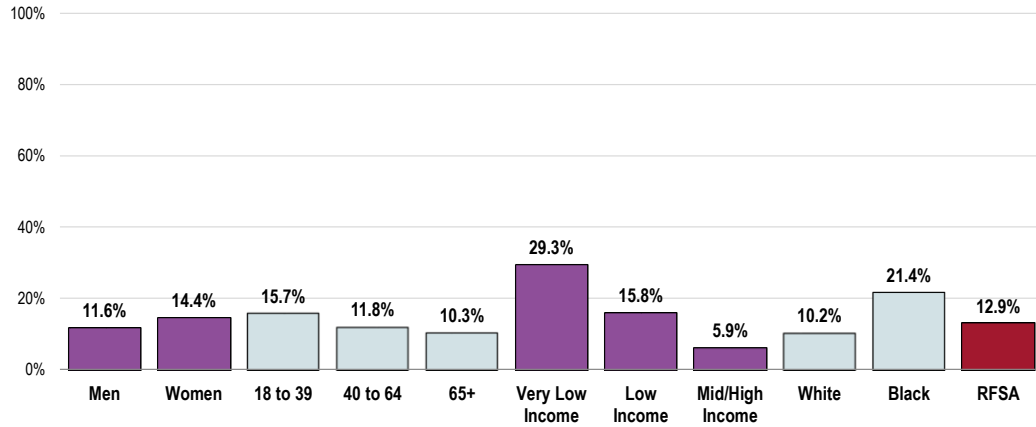
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 22-23]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

Of those using a hospital ER, 57.1% say this was due to an **emergency or life-threatening situation**, while 32.5% indicated that the visit was during **after-hours or on the weekend**. A total of 3.1% cited **difficulties accessing primary care** for various reasons.

These population segments are more likely to have used an ER for their medical care more than once in the past year:

- Women.
- Adults under 65.
- Very low and low income residents.
- Blacks.

## Have Used a Hospital Emergency Room More Than Once in the Past Year (Rapides Foundation Service Area, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]

Notes: ● Asked of all respondents.

● Hispanics can be of any race. Other 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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

## 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](http://www.healthypeople.gov))

## Dental Care

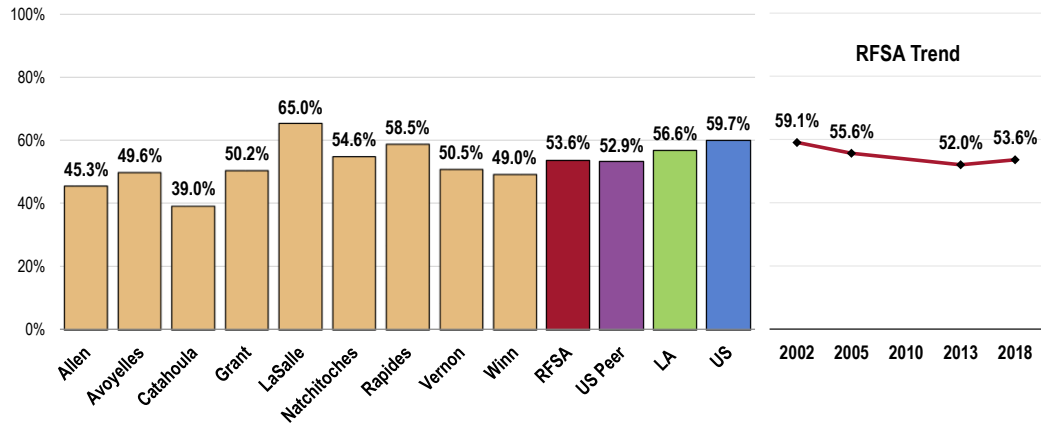
### Adults

**A total of 53.6% of Rapides Foundation Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.**

- Lower than Louisiana and US findings.
- Similar to peer county findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Lower in Allen and Catahoula parishes.
- TREND: Marks a statistically significant decrease from 2002 survey findings.

## Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



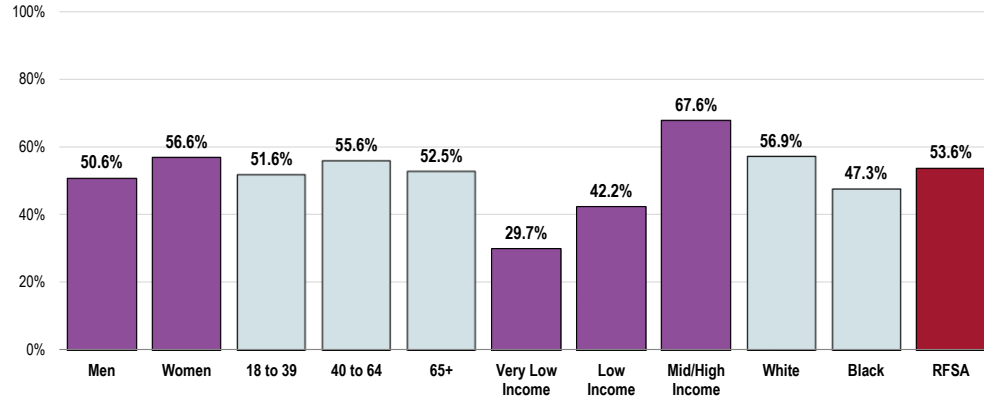
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Louisiana data.  
 • 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 OH-7]

Notes: • Asked of all respondents.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

Note the following:

- Service area men are less likely than women to report recent dental care.
- Persons living in the higher income categories report much higher utilization of oral health services (lower income adults fail to satisfy the Healthy People 2020 target).
- Whites are much more likely than Blacks to report recent dental care.

### Have Visited a Dentist or Dental Clinic Within the Past Year (Rapides Foundation Service Area, 2018) Healthy People 2020 Target = 49.0% or Higher



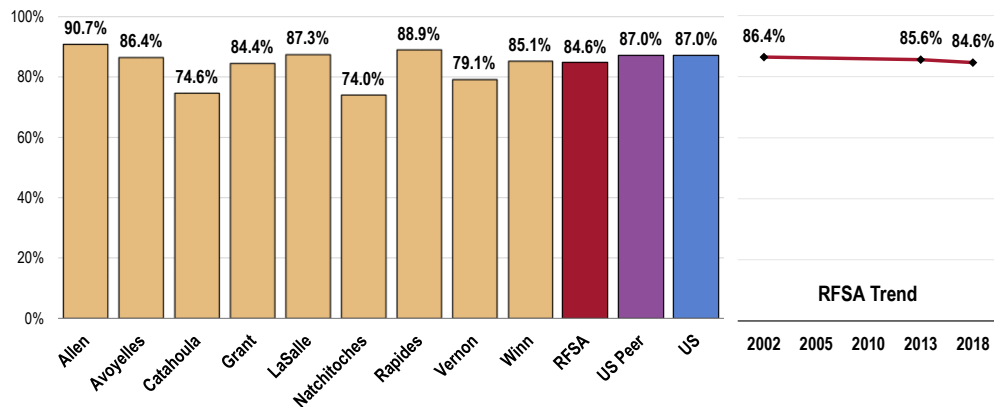
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other 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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

### Children

**A total of 84.6% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.**

- Comparable to peer and national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Unfavorably low in Natchitoches Parish.
- TREND: Statistically unchanged over time.

### Child Has Visited a Dentist or Dental Clinic Within the Past Year (Among Parents of Children Age 2-17) Healthy People 2020 Target = 49.0% or Higher



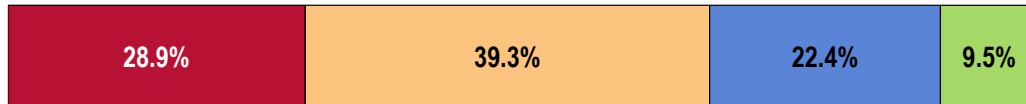
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]  
 Notes: • Asked of all respondents with children age 2 through 17.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

## Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a “moderate 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 are significant problems with appropriate dental care and dental hygiene, especially among lower socio-economic groups and children who cannot afford services. – Social Services Provider (Natchitoches 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)*

*Dental costs are significant, and the lack of dental coverage inhibits access to proper dental care. Most adults cannot afford two dental visits per year. Lack of dentists accepting Medicaid patients can create access issues for children with this type of coverage. – Other Health Provider (Vernon Parish)*

*Poverty level is high, and adults do not have adequate Medicaid or private insurances to cover the needs. – Other Health Provider (Winn 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)*

*Affordability. No insurance to help with cost. Not a routine to stay on top of dental care. – Community Leader (Allen Parish)*

*We do not have a public facility for the poor to receive this kind of care. – Social Services Provider (Rapides Parish)*

*The primary problem is poverty, many families cannot afford dental care for themselves or their children. – Social Services Provider (Natchitoches Parish)*

*Ongoing problem for the uninsured, and those with Medicaid receive limited care. – Community Leader (Rapides Parish)*

*No dental care for adults with Medicaid. I've been told this is approved, but no one on Medicaid is aware of this. – Social Services Provider (Natchitoches Parish)*

*High cost of insurance. – Community Leader (Avoyelles 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)*

*Lack of insurance plans that cover this. – Social Services Provider (Grant Parish)*

*The cost of preventive care is very high. – Social Services Provider (Avoyelles Parish)*

*No affordable insurance available. – Community Leader (Rapides Parish)*

*Too expensive. – Social Services Provider (Rapides Parish)*

### **Access to Care/Services**

*The only dental provider that provides sliding fee dental care in Catahoula is CPHD's Sicily Island office, and they are currently looking for a dentist. – Public Health Representative (Catahoula Parish)*

*Lack of access and dentists that accept Medicaid patients. In Allen Parish, there is only one dentist that saw more than 100 Medicaid patients in a year. – Social Services Provider (Allen Parish)*

*Access to appropriate number of providers. Two dentists in LaSalle Parish. – Community Leader (LaSalle Parish)*

*Only two practicing dentists in the area. – Social Services Provider (LaSalle Parish)*

*Lack of access for patients in rural central Louisiana needing dental care. – Other Health Provider (Rapides Parish)*

*Lack of resources. – Community Leader (Natchitoches Parish)*

### **Prevalence/Incidence**

*I see evidence of horrible decay. Many people expect to lose their teeth. Poor oral hygiene appears to be the norm, or no connection between a healthy mouth and overall good health was ever made. Too much sugar in foods and drink; too many sugary drinks instead of water. – Community Leader (Grant Parish)*

*The number of individuals that are walking around with dental problems, none and decaying teeth. – Social Services Provider (Natchitoches Parish)*

*Major tooth decay, major tooth loss, and gum disease. – Other Health Provider (Natchitoches Parish)*

*We see horrible teeth every day. – Physician (Rapides Parish)*

*So many affected. – 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)*

### **Prioritization**

*Families don't make dental care a priority, realizing it has an effect on children's mental, physical, and emotional health. – Social Services Provider (Avoyelles Parish)*

*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)*

### **Comorbidities**

*Health issues directly attributable to poor dental hygiene. – Public Health Representative (Rapides Parish)*



***Contributing Factors***

*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

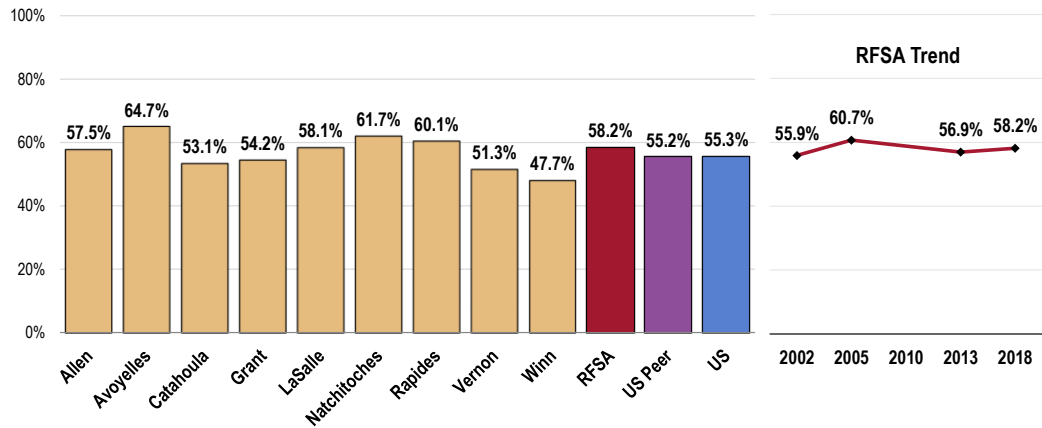
A total of 58.2% of Rapides Foundation Service Area residents had an eye exam in the past two years during which their pupils were dilated.

RELATED ISSUE:

See also *Potentially Disabling Conditions: Vision & Hearing Impairment in the Death, Disease, & Chronic Conditions* section of this report.

- Statistically comparable to peer and national findings.
- Lower in Vernon and Winn parishes.
- TREND: Statistically unchanged over time.

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

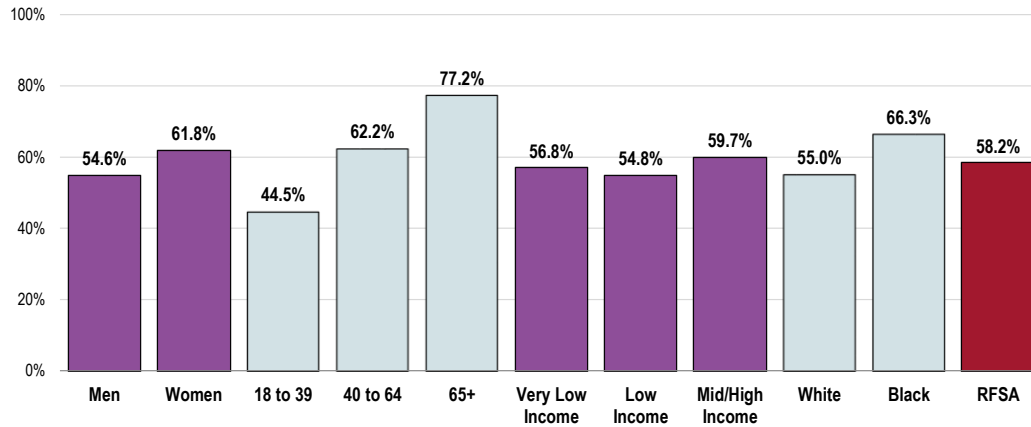


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • "US Peer" represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

Recent vision care in the Rapides Foundation Service Area is less often reported among:

- Men.
- Young adults.
- Residents living just above the poverty level.
- Whites.

## Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (Rapides Foundation Service Area, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]

Notes: ● Asked of all respondents.

● Hispanics can be of any race. Other 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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

# Local Healthcare Resources



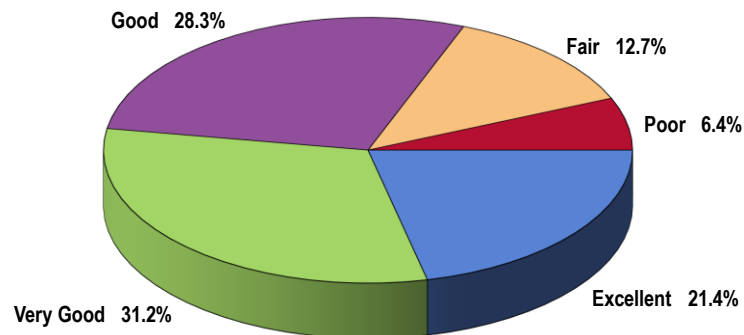
**Professional Research Consultants, Inc.**

## Perceptions of Local Healthcare Services

Just over one-half of Rapides Foundation Service Area adults (52.6%) rates the overall healthcare services available in their community as “excellent” or “very good.”

- Another 28.3% gave “good” ratings.

### Rating of Overall Healthcare Services Available in the Community (Rapides Foundation Service Area, 2018)

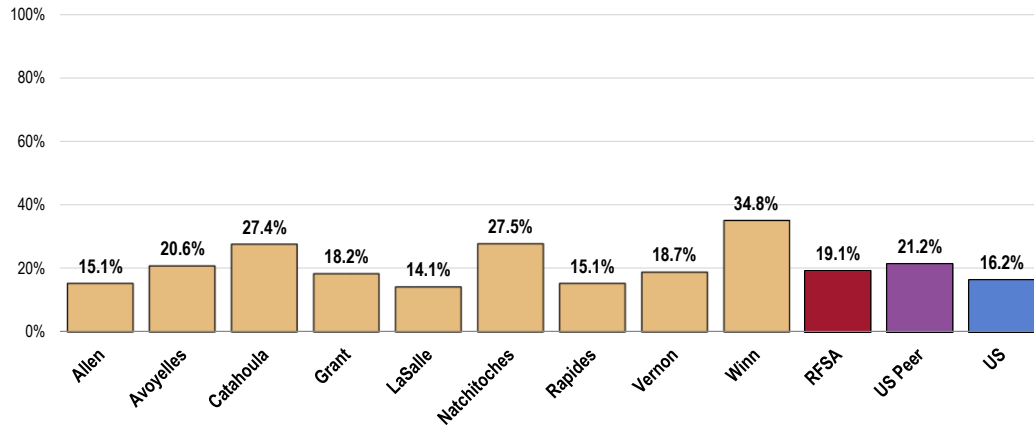


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]  
Notes: • Asked of all respondents.

However, 19.1% of residents characterize local healthcare services as “fair” or “poor.”

- Less favorable than reported nationally.
- Similar to the peer county prevalence.
- Low ratings are most prevalent in Natchitoches and Winn parishes.

### Perceive Local Healthcare Services as “Fair/Poor”

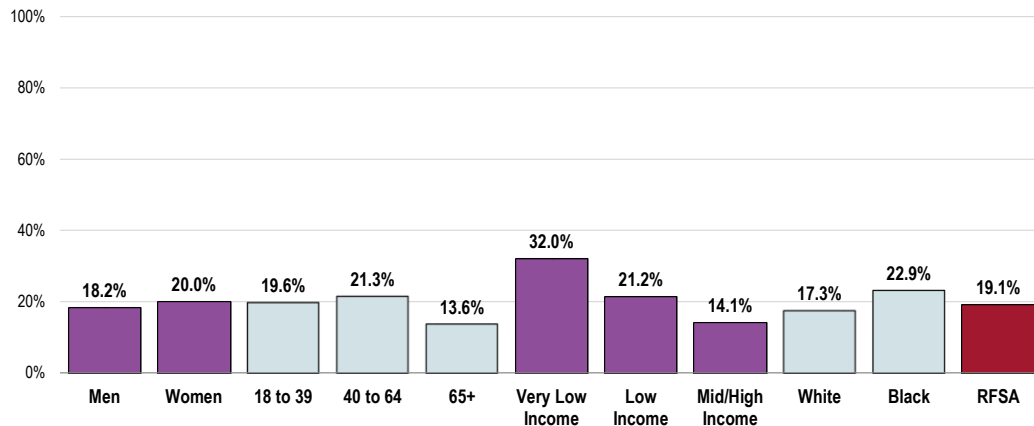


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]  
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • “US Peer” represents findings from our PRC National Health Survey among respondents living in counties with an urban/rural mix similar to that of The Rapides Foundation Service Area.

The following residents are more critical of local healthcare services:

- Adults under age 65.
- Residents with lower incomes.
- Blacks.

### Perceive Local Healthcare Services as “Fair/Poor” (Rapides Foundation Service Area, 2018)



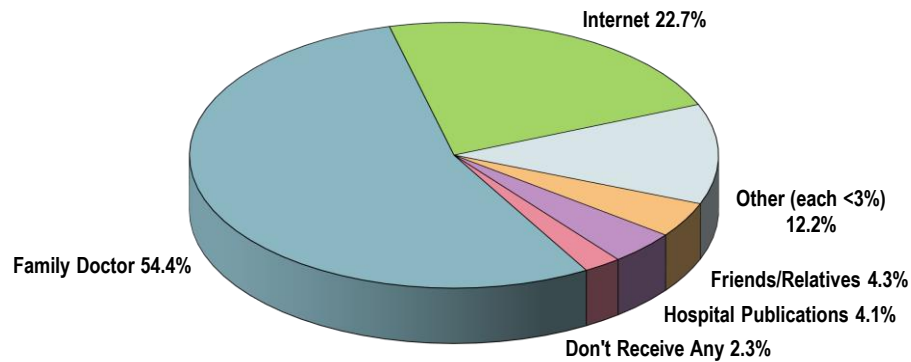
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.

## Healthcare Information

Asked where they receive most of their healthcare information, over half of survey respondents (54.4%) mentioned their family physician, followed by references to the Internet (mentioned by 22.7%).

- Other sources for healthcare information mentioned less often include friends and relatives (4.3%) and hospital publications (4.1%).
- Note that 2.3% of survey respondents reportedly do not receive any information.

### Primary Source of Healthcare Information (Rapides Foundation Service Area, 2018)

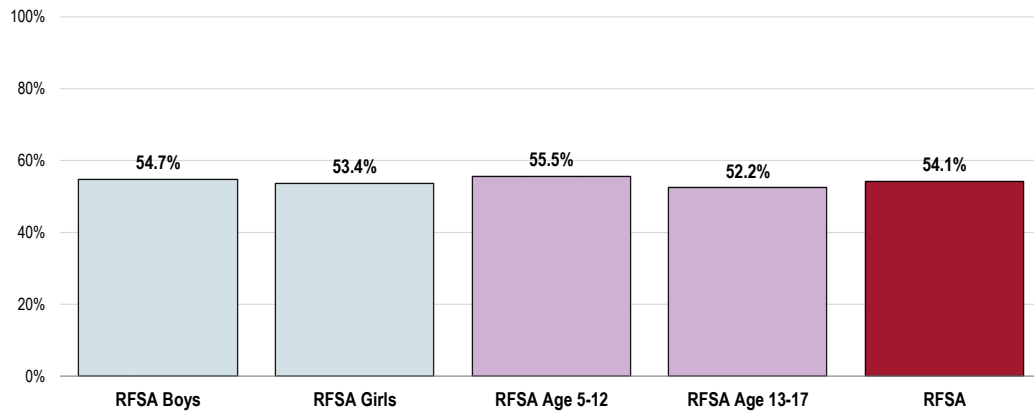


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 332]  
Notes: • Asked of all respondents.

Among RFSA parents of school-age children, just over half (54.1%) indicate that their child has mentioned receiving school-based health education activities during the past year (such as nutrition, physical education, tobacco control, or substance abuse education).

- The prevalence does not vary significantly by child's age or gender.

**Child Has Talked About Health Education Activities in School  
During the Past Year [Such as Nutrition, Physical Education,  
Tobacco Control, or Substance Abuse Education]**  
(RFSA Children 5-17; 2018)



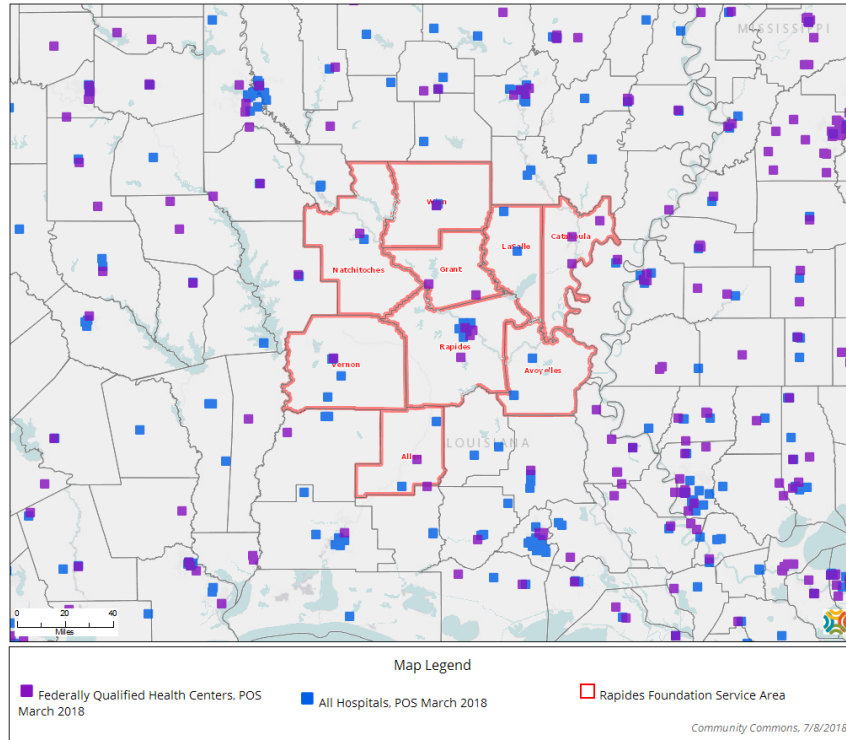
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 354]  
Notes: • Asked of all respondents with children age 5-17 at home.



## Healthcare Resources & Facilities

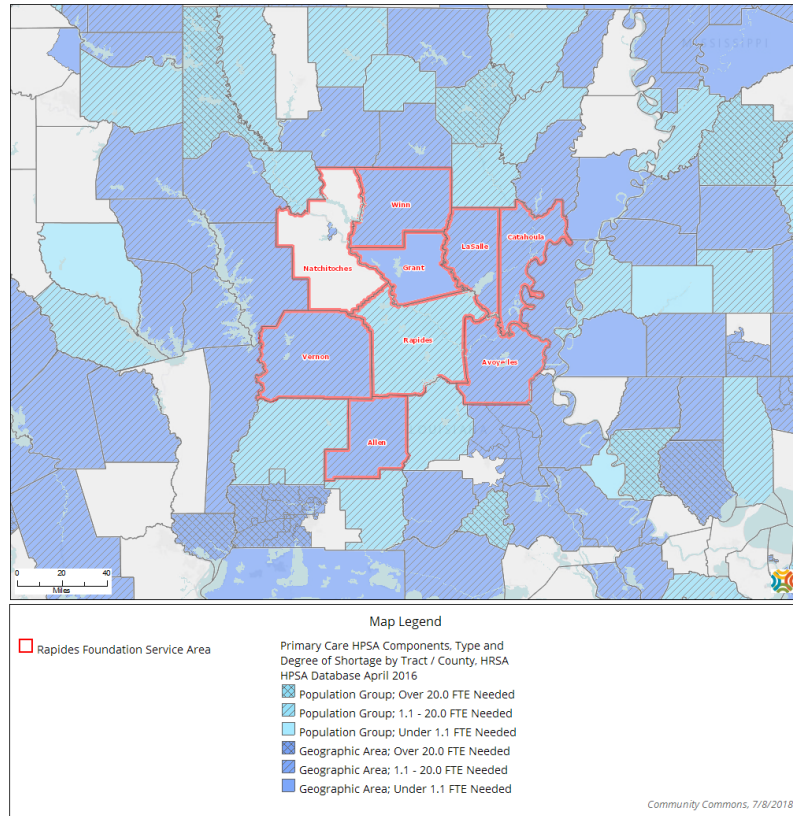
### Hospitals & Federally Qualified Health Centers (FQHCs)

The following map details the hospitals and Federally Qualified Health Centers (FQHCs) within Rapides Foundation Service Area as of March 2018.



## Health Professional Shortage Areas (HPSAs)

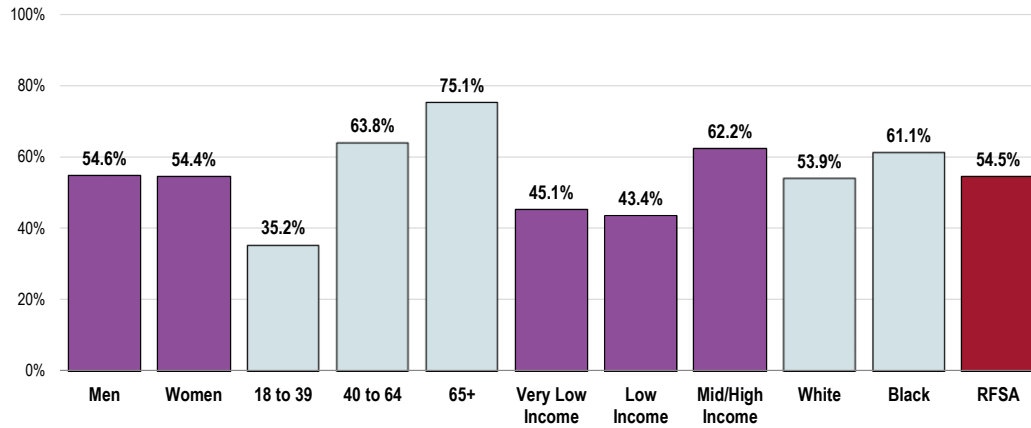
Note the following map illustrating the type and degree of health professional shortages within the Rapides Foundation Service Area as of April 2016.



The following residents are less likely to have voted in each of the past five elections:

- Young adults (positive correlation with age).
- Those living at very low and low incomes.
- Whites.

### Voted in Each of the Past Five Voting Opportunities [Including Local, State, and National Elections] (Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 344]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other 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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

## Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

### Access to Healthcare Services

*Avoyelles Hospital*  
*Bunkie General Hospital*  
*Caring Choices*  
*Catahoula Parish Health Department*  
*Catahoula Parish Hospital District #2*  
*Central Louisiana Area Agency on Aging*  
*CHRISTUS Cabrini Community Health Clinic*  
*CHRISTUS Clinics*  
*CHRISTUS Dubuis Hospital of Alexandria*  
*CHRISTUS St. Frances Cabrini Hospital*  
*Churches*  
*City Transportation*  
*CLASS*  
*CMC*  
*Community HealthWorx*  
*Cottonport Family Clinic*  
*Council on Aging*  
*Doctor's Offices*  
*Federally Qualified Health Centers*  
*Food Bank of Central Louisiana*  
*Good Food Project*  
*Grant Community Health Center*  
*Hardtner Medical Center*  
*Healthy Communities Coalition*  
*Hospitals*  
*Huey P. Long Clinic*  
*Incarinate Word Clinic*  
*LaSalle General Hospital*  
*LaSalle in Jonesville*  
*LaSalle Parish Health Unit*  
*Louisiana Campaign for Tobacco-Free Living*  
*Mansura Family Clinic*  
*Medical Express Vans for Medicaid Patients*  
*Mental Health Services*

*Natchitoches Behavioral Health*  
*Natchitoches EMS*  
*Natchitoches Regional Medical Center*  
*Non-Medical Emergency Transportation*  
*Non-Profit Medical Clinics*  
*Office of Public Health*  
*Outpatient Medical Center*  
*Pathways*  
*Premier Urgent Care*  
*Rapides Clinic*  
*Rapides Council on Aging*  
*Rapides Primary Care*  
*Rapides Regional Medical Center*  
*Rapides Regional/HPL Community Health Clinics*  
*Rapides Senior Citizens Center*  
*Region 6 Health Units*  
*River Park Medical Center*  
*School-Based Health Centers*  
*Semmesport Family Clinic*  
*Sicily Island Medical Center*  
*The Rapides Foundation (TRF)*  
*United Way*  
*Urgent Care*  
*VA Medical Center*  
*Vernon Parish Community Health Center – Coming*  
*Vernon Parish Health Unit*  
*Volunteers of America*  
*Well Ahead*

### Arthritis, Osteoporosis & Chronic Back Conditions

*Bunkie General Wellness Center*  
*Chronic Disease Health Coordinator*  
*Council on Aging*  
*Doctor's Offices*  
*Hospitals*

Johnson Chiropractic  
 LaSalle General Family Medicine  
 LaSalle General Hospital  
 LaSalle General Physical Therapy Center  
 Mid-State Orthopedic Clinic  
 Move Bunkie Forward  
 Parks and Recreation  
 Rural Health Center  
 The Wellness Center and Spa at Get  
 Healthy  
 Urgent Care  
 VA Medical Center

### Cancer

American Cancer Society  
 American Heart Association  
 Avoyelles Hospital  
 Bunkie General Hospital  
 Cancer Center  
 Cancer Screenings  
 Cessation Trust  
 CHRISTUS Cabrini Community Health  
 Clinic  
 CHRISTUS Hospital  
 CHRISTUS St. Frances Cabrini Hospital  
 CHRISTUS St. Francis Cabrini Cancer  
 Center  
 Churches  
 CMAP (Cenla Medication Access  
 Program)  
 Community HealthWorx  
 Council on Aging  
 Doctor's Offices  
 Federally Qualified Health Centers  
 Hardtner Medical Center  
 Harrisonburg Family Clinic  
 Health Fairs  
 Health Screenings  
 Health Units  
 Hematology Oncology Life Center  
 Hospice Services  
 Hospitals  
 Huey P. Long Clinic  
 Independent Family Medicine Physicians  
 LA Comprehensive Cancer Program  
 LaSalle General Hospital  
 Louisiana Campaign for Tobacco-Free  
 Living  
 LSU Ag Center  
 Mammography Screening

MD Anderson Cancer Center  
 Medical Facilities  
 Mobile Cancer Unit  
 Mobile Unit  
 Move Bunkie Forward  
 Natchitoches Cancer Center  
 Natchitoches Regional Medical Center  
 Natural Grocery Store  
 Non-Profit Medical Clinics  
 Oakdale Community Hospital  
 Office of Public Health  
 Outpatient Medical Center  
 Rapides Regional Cancer Center  
 Rapides Regional Community Health  
 Clinic  
 Rapides Regional Medical Center  
 Relay for Life  
 River Park Medical Center  
 School System  
 Screenings  
 Sicily Island Medical Center  
 Smoking Cessation Programs  
 Support Groups  
 Susan G. Komen Foundation  
 The Rapides Foundation (TRF)  
 Urgent Care  
 VA Medical Center  
 Winn Community Health Center

### Dementias, Including Alzheimer's Disease

Alzheimer's Association  
 Alzheimer's Caregivers Support Group  
 Brookdale Living  
 Care Homes  
 CHRISTUS Cabrini Community Health  
 Clinic  
 CHRISTUS St. Frances Cabrini Hospital  
 Colfax Reunion Nursing Home  
 Community on Aging  
 Council on Aging  
 Daycare Center  
 Doctor's Offices  
 Faded House  
 Faith House Day Care  
 Gulf Coast In-Home Care  
 Hardtner Medical Center  
 Home Health Agency  
 Hospice Services  
 Hospitals

*Jena Rehab*  
*LaSalle General Hospital*  
*LaSalle Nursing Home*  
*Longleaf Hospital*  
*Memory Care Units*  
*Mental Health Services*  
*Neuromedical Clinic of Alexandria*  
*Nursing Homes*  
*Oceans Behavioral Hospital*  
*Parks and Recreation*  
*Partial Hospitalization Programs*  
*Rapides Behavioral Hospital*  
*Rapides Parish Health Unit*  
*Rapides Regional Medical Center*  
*Rapides Regional/HPL Community Health Clinics*  
*Regency House Skilled Nursing*  
*Skilled Nursing Facilities*  
*Specialized Nursing Facilities*  
*Support Groups*  
*The Summit*  
*Touch of Grace Adult Day Health Care*

## **Diabetes**

*4-Rivers Youth and Adult Community Association*  
*AARP*  
*Alexandria Farmer's Market*  
*Alexandria/Pineville VA Medical Center*  
*American Diabetes Association*  
*Avoyelles Council of Aging*  
*Blue Cross/Blue Shield*  
*Campti Clinic*  
*Catahoula Parish Health Department*  
*Catahoula Parish Hospital District #2*  
*Central Louisiana Economic Development Alliance (CLEDA)*  
*Central Louisiana Healthy Communities Coalition*  
*CHRISTUS Cabrini Specialty Clinic*  
*CHRISTUS Clinics*  
*CHRISTUS Hospital*  
*CHRISTUS St. Frances Cabrini Hospital*  
*Churches*  
*Civic Club Workshops*  
*CMAP (Cenla Medication Access Program)*  
*Community Health Centers*  
*Council on Aging*  
*Diabetes Care Center*

*Diabetic Services*  
*Doctor's Offices*  
*Federally Qualified Health Centers*  
*Fitness Centers/Gyms*  
*Flex Fitness*  
*Food Stamp Office*  
*Hardtner Medical Center*  
*Health Education Programs*  
*Health Units*  
*Healthy Living*  
*Home Health Agency*  
*Homeless Coalition*  
*Hospitals*  
*Huey P. Long Clinic*  
*Independent Family Medicine Physicians*  
*IronHead Youth Development Program*  
*Jena Town Park*  
*LaSalle General Hospital*  
*LaSalle Recreation District No. 10 Park*  
*Lions Club*  
*Louisiana Department of Health*  
*Louisiana Health Unit*  
*LSU Ag Center*  
*Medical Facilities*  
*Medicare Expansion*  
*Move Bunkie Forward*  
*Natchitoches Regional Medical Center*  
*Natural Grocery Store*  
*Northwestern State University*  
*Nutrition Services*  
*Oakdale Be Well*  
*Oakdale Community Hospital*  
*Office of Public Health*  
*Outpatient Medical Center*  
*Parks and Recreation*  
*Pharmacists*  
*Physicians Civic*  
*Rapides Parish Health Clinic*  
*Rapides Parish Public Schools*  
*Rapides Regional Medical Center*  
*Rapides Regional/HPL Community Health Clinics*  
*Rapides Wound Healing Center*  
*River Park Medical Center*  
*Roy O. Martin Legacy Wellness Center*  
*Rural Health Center*  
*School System*  
*School-Based Health Centers*  
*Screenings*

*Sicily Island Medical Center*  
*STAT Home Health*  
*The Health Enrichment Network*  
*The Rapides Foundation (TRF)*  
*The Vision Clinic*  
*Thompson Home Health*  
*Urgent Care*  
*VA Medical Center*  
*Vernon Parish Community Health Center*  
*- Coming*  
*Weight Loss Programs*  
*Well Ahead*  
*Wellness Center*  
*Winn Community Health Center*  
*Wound Care Program*

### **Family Planning**

*Children Advocacy Center*  
*Children and Family Services*  
*CHRISTUS St. Frances Cabrini Hospital*  
*Churches*  
*Community Health Centers*  
*Department of Children and Family Services*  
*Doctor's Offices*  
*Family Counseling*  
*Federally Qualified Health Centers*  
*Health Department*  
*Health Units*  
*HIV/STD Assistance*  
*Huey P. Long Clinic*  
*Independent Family Medicine Physicians*  
*Law Enforcement*  
*Louisiana Department of Health and Hospitals (DHH)*  
*Natchitoches Health Unit*  
*Natchitoches Regional Medical Center*  
*New Women's Pregnancy Center*  
*Northwestern State University*  
*Nurse Family Partnership*  
*Oak Pointe Wellness*  
*Office of Child Support Enforcement*  
*Outpatient Medical Center*  
*Parish Health Clinic*  
*Pregnancy Center*  
*Public Health Unit*  
*Rapides Parish Health Unit*  
*Rapides Regional Medical Center*  
*Region 6 Health Units*  
*SafePlans*

*School System*  
*Subsidized Housing*  
*United Way*  
*Vernon Parish Health Unit*  
*Volunteers of America*  
*WIC*  
*Winn Community Health Center*  
*Winn Parish Medical Center*  
*Winn Parish School Board*

### **Hearing & Vision**

*Department of Family Services*  
*Doctor's Offices*  
*Hospitals*  
*Independent Family Medicine Physicians*  
*Lions Club*  
*Natchitoches Regional Medical Center*  
*Outpatient Medical Center*

### **Heart Disease & Stroke**

*American Heart Association*  
*American Medical Association*  
*Avoyelles Hospital*  
*Bunkie General Hospital*  
*Bunkie General Wellness Center*  
*Byrd Emergency Room*  
*Catahoula Parish Hospital District #2*  
*Cath Lab Facility*  
*Central Louisiana Economic Development Alliance (CLEDA)*  
*Central Louisiana Healthy Communities Coalition*  
*CHRISTUS Cabrini Cardiac Rehabilitation Center*  
*CHRISTUS Health*  
*CHRISTUS St. Frances Cabrini Hospital*  
*Churches*  
*CMAP (Cenla Medication Access Program)*  
*Community HealthWorx*  
*Community Wellness Center*  
*Council on Aging*  
*Doctor's Offices*  
*Employer Wellness Programs*  
*Farmer's Markets*  
*Federally Qualified Health Centers*  
*Fitness Centers/Gyms*  
*Freedman Cardiology Clinic*  
*Freedman Clinic of Internal Medicine*  
*Go Red Heart Association*  
*Hands Over Hearts*

Health Education Programs  
 Health Units  
 HealthSouth Rehab Hospital  
 Heart Walk  
 Home Health Agency  
 Hospitals  
 Huey P. Long Clinic  
 Independent Family Medicine Physicians  
 LA College Physical Fitness Center  
 LaSalle Recreation District No. 10 Park  
 Medical Response Equipment  
 Move Bunkie Forward  
 Natchitoches Regional Medical Center  
 Non-Profit Medical Clinics  
 Non-Profit Organizations  
 Nutrition Services  
 Office of Public Health  
 Outpatient Medical Center  
 Parish Health Unit  
 Parks and Recreation  
 Rapides Regional Heart Center  
 Rapides Regional Medical Center  
 Rapides Regional/HPL Community Health Clinics  
 Roy O. Martin Legacy Wellness Center  
 School System  
 School-Based Health Centers  
 Screenings  
 Start a Heart Cenla  
 Support Groups  
 The Health Enrichment Network  
 The Rapides Foundation (TRF)  
 Town of Jena Walking Trail  
 VA Medical Center  
 Winn Community Health Center  
 Winn Parish Medical Center  
 Winn Parish School Board  
 Woodworth Family  
 YMCA

#### **HIV/AIDS**

Catahoula Parish Health Department  
 Central Louisiana AIDS Support Services  
 CHRISTUS St. Frances Cabrini Hospital  
 CLASS  
 Health Units  
 HIV Specialty Clinic  
 HIV/STD Assistance  
 Office of Public Health  
 Parish Health Unit

Rapides Primary Care  
 Rapides Regional Medical Center  
 Sicily Island Medical Center  
 Support Groups

#### **Immunization & Infectious Diseases**

Allen Parish Hospital Rural Health Clinic  
 CHRISTUS St. Frances Cabrini Hospital  
 Community Health Centers  
 Doctor's Offices  
 Facebook  
 Health Department  
 Health Institutions  
 Health Units  
 Hospitals  
 Kroger Pharmacy  
 Office of Public Health  
 Public Health Clinic  
 Rapides Parish Health Unit  
 Rapides Primary Care  
 Rapides Regional Medical Center  
 Region 6 Health Units  
 School System  
 Shots for Tots  
 Tele-ID  
 Urgent Care

#### **Infant & Child Health**

Children's Advocacy Network  
 CHRISTUS Cabrini Women and Children's Hospital  
 CHRISTUS St. Frances Cabrini Hospital  
 Community Advisory and Action Team  
 Community Health Centers  
 Community HealthWorx  
 Doctor's Offices  
 Family Justice Center  
 Food Bank of Central Louisiana  
 Girls on the Run  
 Head Start Program  
 Health Department  
 Health Units  
 Hope House of Central Louisiana  
 Louisiana Department of Health and Hospitals (DHH)  
 Manna House  
 Medicaid  
 Natchitoches Health Unit  
 Office of Public Health  
 Outpatient Medical Center



*Public Health Unit*  
*Rapides Parish Health Unit*  
*Rapides Regional Medical Center*  
*Rapides Regional Women and Children's Hospital*  
*Region 6 Health Units*  
*School System*  
*School-Based Health Centers*  
*State-Wide Health Insurance Plans, CHIP*  
*Volunteers of America*  
*Women and Children Services*

### **Injury & Violence**

*Alexandria Domestic Violence Center*  
*Alexandria Police Department*  
*Battered Women's Shelter*  
*Cane River Community Counseling Center*  
*CASA*  
*Central Louisiana Family Justice Center*  
*Central Louisiana Human Services District*  
*Central Louisiana Technical Community College (CLTCC)*  
*Children's Advocacy Network*  
*CHRISTUS St. Frances Cabrini Hospital Churches*  
*City of Alexandria Recreation Program*  
*Court Systems*  
*District Attorney*  
*DARE*  
*Department of Children and Family Services*  
*Doctor's Offices*  
*Domestic Abuse Resistance Team*  
*Drug Intervention Program*  
*Family Counseling*  
*Family Justice Center*  
*Family Justice System*  
*Gun Safety Programs*  
*Homeless Coalition*  
*Hope House of Central Louisiana*  
*Hospitals*  
*Juvenile Justice*  
*Juvenile Protection Agency*  
*Lafayette Renaissance Charter Academy*  
*Law Enforcement*  
*MADD (Mothers Against Drunk Driving)*  
*Mental Health Services*  
*Midnight Basketball*

*Neighborhood Watch Programs*  
*Oceans Behavioral Hospital*  
*Prison*  
*Probation and Parole*  
*Rapides Children Advocacy Center*  
*Rapides Parish Health Unit*  
*Rapides Regional Medical Center*  
*Rapides Sheriff Department*  
*Region 6 Louisiana State Police*  
*School System*  
*STAR*  
*Stay in School Avoyelles Parish School Board*  
*Sudden Impact*  
*Truancy Services*  
*United Way*  
*Volunteers of America*  
*YMCA*  
*Youth Challenge Program (YCP)*

### **Kidney Disease**

*CHRISTUS St. Frances Cabrini Hospital Churches*  
*Community HealthWorx*  
*Diabetic Services*  
*Dialysis Center*  
*Doctor's Offices*  
*Hospitals*  
*Independent Family Medicine Physicians*  
*LGH Ambulance*  
*Natchitoches Regional Medical Center*  
*Outpatient Medical Center*

### **Mental Health**

*Avoyelles Mental Health Clinic*  
*Beacon*  
*Behavioral Health Facilities*  
*Caring Choices*  
*Catahoula Parish Hospital District #2*  
*Celebrate Recovery Program*  
*Central Louisiana Counseling*  
*Central Louisiana Human Services District*  
*Central Louisiana State Hospital*  
*CHRISTUS Hospital*  
*CHRISTUS St. Frances Cabrini Hospital Churches*  
*CMAP (Cenla Medication Access Program)*  
*Compass Health*

*Compass Pathways Behavioral Health*

*Doctor's Offices*  
*Edgefield Recovery Center*  
*Granberry Counseling Offices*  
*Healing Hands and Hearts*  
*Homeless Coalition*  
*Hospitals*  
*Huey P. Long Clinic*  
*Human Services District*  
*Inpatient Psychiatry Units*  
*Longleaf Hospital*  
*Louisiana Department of Health and Hospitals (DHH)*  
*LSUA (Louisiana State University Alexandria)*  
*NAMI*  
*Natchitoches Mental Health*  
*Natchitoches Regional Medical Center*  
*Northwestern State University*  
*Oceans Behavioral Hospital*  
*Office for Citizens with Developmental Disabilities (OCDD)*  
*Office of Behavioral Health*  
*Office of Public Health*  
*Outpatient Behavioral Psych Facility*  
*Outpatient Medical Center*  
*Parish Health Clinic*  
*Parish Hospitals*  
*Pathways*  
*Phoenix Life Center*  
*Pinecrest Hospital*  
*Rapides Parish Detention Centers*  
*Rapides Parish Health Unit*  
*Rapides Parish Judicial District Courts*  
*Rapides Regional Medical Center*  
*Red River Treatment Center*  
*Region 6 Health Units*  
*School System*  
*Short-Term Facilities*  
*Suicide Prevention Hotline*  
*Tribal Social Services Department*  
*VA Medical Center*  
*Vernon Community Counseling Service*  
*Vernon Parish Community Health Center – Coming*  
*Visions Home*  
*Volunteers of America*  
*We Care*  
*Winn Community Health Center*  
*Winn Parish School Board*

**Nutrition, Physical Activity & Weight**

*4-Rivers Youth and Adult Community Association*  
*5K Runs*  
*Alexandria Farmer's Market*  
*All Hours Fitness*  
*American Diabetes Association*  
*American Heart Association*  
*Anytime Fitness*  
*Blue Cross/Blue Shield*  
*Boot Camps*  
*Bunkie General Hospital*  
*Bunkie General Wellness Center*  
*Campiti Community Development Center*  
*Catahoula Parish Hospital District #2*  
*Central Louisiana Dietetic Association*  
*Central Louisiana Economic Development Alliance (CLEDA)*  
*Central Louisiana Regional Farmer's Market Task Force*  
*Churches*  
*City of Alexandria Recreation Program*  
*CMAP (Cenla Medication Access Program)*  
*College Health Clinic*  
*Community Gardens*  
*Community Health Centers*  
*Community Wellness Center*  
*Crossfit Clubs*  
*Cycling Clubs*  
*Doctor's Offices*  
*Eat Move Grow*  
*Employer Wellness Programs*  
*Farmer's Markets*  
*First Baptist Church of Dry Prong*  
*Fitness Centers/Gyms*  
*Food Bank of Central Louisiana*  
*Fresh Central*  
*Fresh Market*  
*Girls on the Run*  
*Good Food Project*  
*Good People Kitchen*  
*Grant Parish Library*  
*Harrisonburg Recreation Area*  
*Health Department*  
*Health Education Programs*  
*Health Units*  
*Healthcare Systems*  
*Healthy Communities Coalition*

*Hospitals*  
*Independent Family Medicine Physicians*  
*Inglewood Farm*  
*Inglewood Plantation*  
*Jonesville Walking Trail*  
*LaSalle Parish Library*  
*LaSalle Parish School Board Child Nutrition Program*  
*Lions Club*  
*Live Lively LaSalle*  
*LSU Ag Center*  
*Martial Arts Schools*  
*Metabolic Centers*  
*Move Bunkie Forward*  
*Natchitoches*  
*Natchitoches Regional Medical Center*  
*Natural Grocery Store*  
*Nutrition Services*  
*Office of Public Health*  
*Outpatient Medical Center*  
*Parks and Recreation*  
*Planet Fitness*  
*Rapides Junior Runners*  
*Rapides Regional Medical Center*  
*Roy O. Martin Legacy Wellness Center*  
*School System*  
*School-Based Health Centers*  
*Second Harvest Food Bank*  
*Sicily Island Medical Center*  
*SNAP*  
*Social Services*  
*Sports for Youth*  
*The Health Enrichment Network*  
*The Rapides Foundation (TRF)*  
*United Way*  
*Well Ahead*  
*WIC*  
*YMCA*  
*Yoga Classes*  
*YWCA*

### **Oral Health**

*AG Family Dentistry*  
*Catahoula Parish Hospital District #2*  
*Community Health Centers*  
*Community HealthWorx*  
*Dentist's Offices*  
*Doctor's Offices*  
*Eat Move Grow*  
*Hospitals*

*Kids Dental Zone*  
*Louisiana Free Dental/Medicaid Dentists*  
*LSU Medical Center*  
*LSU Shreveport*  
*Natchitoches Outpatient Clinic*  
*Outpatient Medical Center*  
*Rapides Parish Health Dental Clinic*  
*Rapides Primary Care*  
*State Funded Dental Care Program*  
*The Health Enrichment Network*  
*The Rapides Foundation (TRF)*  
*United Way*  
*Vernon Parish Community Health Center – Coming*

### **Respiratory Diseases**

*Allen Parish Hospital*  
*Allen Parish Hospital Rural Health Clinic*  
*CHRISTUS Health*  
*CHRISTUS St. Frances Cabrini Hospital*  
*Doctor's Offices*  
*Hospitals*  
*Independent Family Medicine Physicians*  
*Kisatchie Medical Center*  
*LSU Medical Center*  
*Natchitoches Regional Medical Center*  
*Outpatient Medical Center*  
*Parish Health Clinic*  
*Premier Urgent Care*  
*Rapides Primary Care*  
*Rapides Regional Medical Center*  
*Rapides Regional Physicians Group*  
*Smoking Cessation Programs*  
*State Stop Smoking Program*  
*Support Groups*

### **Sexually Transmitted Diseases**

*Campiti Clinic*  
*Catahoula Parish Health Unit*  
*CD-4 Clinic*  
*Central Louisiana AIDS Support Services*  
*CHRISTUS St. Frances Cabrini Hospital*  
*Churches*  
*Doctor's Offices*  
*Federally Qualified Health Centers*  
*Free Clinic*  
*Health Department*  
*Health Units*  
*HPV Vaccination*  
*Incarinate Word Clinic*

*Independent Family Medicine Physicians*  
*Louisiana Department of Health and Hospitals (DHH)*  
*Natchitoches Regional Medical Center*  
*Non-Profit Medical Clinics*  
*Office of Public Health*  
*Outpatient Medical Center*  
*P6 Center*  
*Parish Health Clinic*  
*Parish Health Unit*  
*Public Health Unit*  
*Rapides Parish Health Unit*  
*Region 6 Health Units*  
*River Park Medical Center*  
*School System*  
*Sicity Island Medical Center*  
*Tulane University Medical Clinic*

### **Substance Abuse**

*7 Step Programs*  
*AA/NA*  
*Abuse Clinics*  
*Avoyelles Parish District Attorney's Office*  
*Beacon*  
*Behavioral Health Facilities*  
*Caring Choices*  
*Celebrate Recovery Program*  
*Central Louisiana Healthy Communities Coalition*  
*Central Louisiana Homeless Coalition*  
*Central Louisiana Human Services District*  
*Central Louisiana State Hospital*  
*Christway Church*  
*Churches*  
*CLASS*  
*Community Counseling Services*  
*Compass Health*  
*Compass Pathways Behavioral Health*  
*DARE*  
*District Attorney*  
*Doctor's Offices*  
*Drug Court*  
*Edgefield Recovery Center*  
*Edgewood Treatment Center*  
*Evergreen*  
*Federal and State Government Funded Treatment Centers*  
*Gateway*  
*Health Units*

*Homeless Coalition*  
*Hospitals*  
*Intensive Outpatient Treatment Programs*  
*Journey Church*  
*LaSalle General Hospital*  
*Law Enforcement*  
*Longleaf Hospital*  
*Louisiana Human Services District*  
*Mental Health Services*  
*Methadone Clinic*  
*Natchitoches Behavioral Health*  
*Natchitoches Regional Medical Center*  
*Natchitoches Substance Abuse*  
*Northwestern State University*  
*Oakdale Community Hospital*  
*Oceans Behavioral Hospital*  
*Office of Addictive Behaviors*  
*Office of Mental Health*  
*Office of Public Health*  
*Outpatient Medical Center*  
*Parish Health Unit*  
*Pathways*  
*Phoenix Life Center*  
*Pinecrest Hospital*  
*Rapides Drug Court*  
*Rapides Law Enforcement*  
*Red River Treatment Center*  
*Rehab Services*  
*River Oaks*  
*SADD Clubs*  
*Salvation Army*  
*School System*  
*Sobriety House, Inc.*  
*State of Louisiana Opioid Grants*  
*State Services on Central Grounds*  
*Substance Abuse Services*  
*Support Groups*  
*The Rapides Foundation (TRF)*  
*Tri Parish Rehab Hospital*  
*VA Medical Center*  
*Vernon Alcohol and Drug Abuse*  
*Vernon Parish Mental Health*  
*Winn Community Health Center*  
*Winn Parish Medical Center*

### **Tobacco Use**

*1-800-Quit-Now*  
*Ad Campaigns*  
*American Cancer Society*

*American Heart Association*  
*American Lung Association*  
*American Red Cross*  
*Breast Cancer Association*  
*Campaign for Tobacco-Free Kids*  
*Campaign to Stop Public Smoking*  
*Catahoula Parish Hospital District #2*  
*Central Louisiana Human Services District*  
*Central Louisiana Occupational Medicine Services*  
*CHRISTUS Hospital*  
*CHRISTUS St. Frances Cabrini Hospital*  
*Churches*  
*CMAP (Cenla Medication Access Program)*  
*Community Health Centers*  
*Community Wellness Center*  
*DARE*  
*Doctor's Offices*  
*Employer Smoking Cessation Programs*  
*Health Department*  
*Health Education Programs*  
*Health Fairs*  
*Health Units*  
*Healthy Behaviors LaSalle Alliance*  
*Hospitals*  
*Independent Family Medicine Physicians*  
*Jonesville Junior High School*  
*Kick Butts Day*  
*Little River Baptist Association*  
*Louisiana Campaign for Tobacco-Free Living*  
*Louisiana Public Health Institute*  
*Louisiana Tobacco Coalition*  
*Louisiana Trust Fund*  
*LSU Ag Center*  
*LSU Medical Center*  
*LSUA (Louisiana State University Alexandria)*  
*Move Bunkie Forward*  
*Natchitoches Regional Medical Center*  
*Non-Profit Medical Clinics*  
*Office of Public Health*  
*Outpatient Medical Center*  
*Parish Health Unit*  
*Pineville Human Services District*  
*Public Health Unit*  
*Quit Line*  
*QWULA Louisiana Quitline*

*Rapides Parish Health Unit*  
*Rapides Regional Medical Center*  
*Region 6 Health Units*  
*SADD Clubs*  
*School System*  
*Smoke Free Ordinances*  
*Smoke-Free Louisiana.org*  
*Smoking Cessation Programs*  
*State Stop Smoking Program*  
*Susan G. Komen Foundation*  
*The Rapides Foundation (TRF)*  
*Tobacco Tax*  
*Tobacco-Free Coalition Program*

# Quality of Life



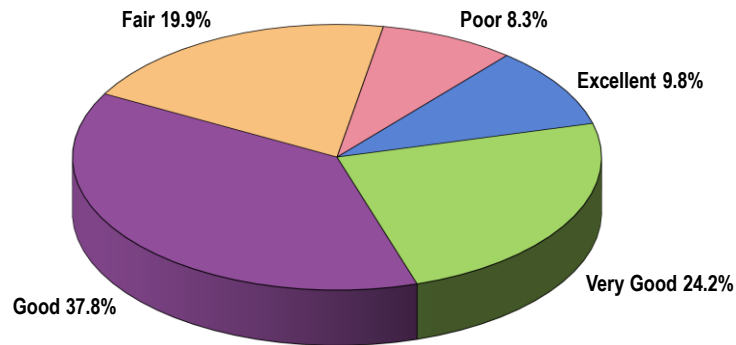
**Professional Research Consultants, Inc.**

## Quality of Life in Central Louisiana

Just over one-third of Rapides Foundation Service Area adults (34.0%) rates the overall quality of life in central Louisiana as “excellent” or “very good.”

- Another 37.8% gave “good” ratings.

### Rating of the Quality of Life in Central Louisiana (Rapides Foundation Service Area, 2018)

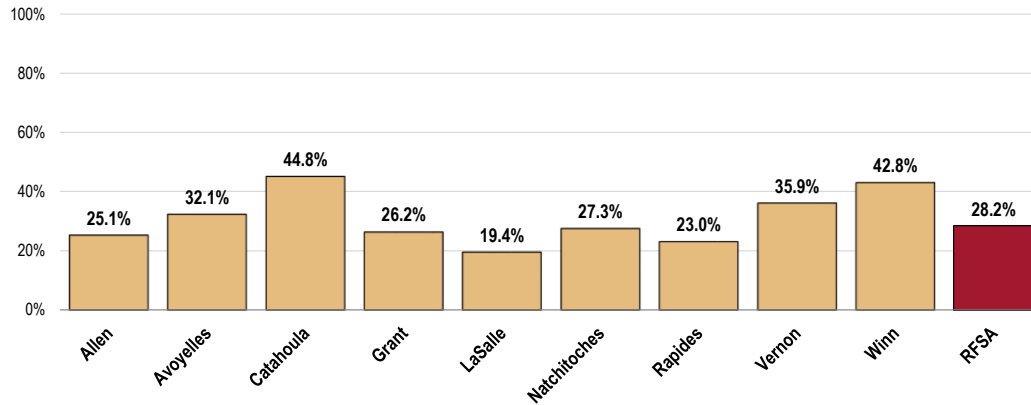


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 333]  
Notes: • Asked of all respondents.

However, 28.2% of residents characterize the quality of life in central Louisiana as “fair” or “poor.”

- Unfavorably high in Catahoula, Vernon, and Winn parishes; lowest in LaSalle and Rapides parishes.

### Quality of Life in Central Louisiana is “Fair” or “Poor”

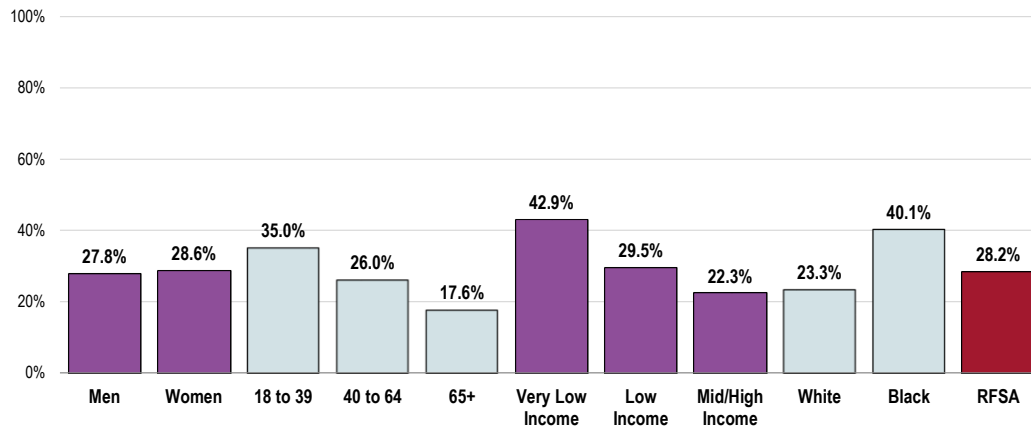


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 333]  
 Notes: • Asked of all respondents.

The following residents are more critical of the quality of life in central Louisiana:

- Adults under age 65.
- Residents with lower incomes.
- Blacks.

### Quality of Life in Central Louisiana is “Fair” or “Poor” (Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 333]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other 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. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.

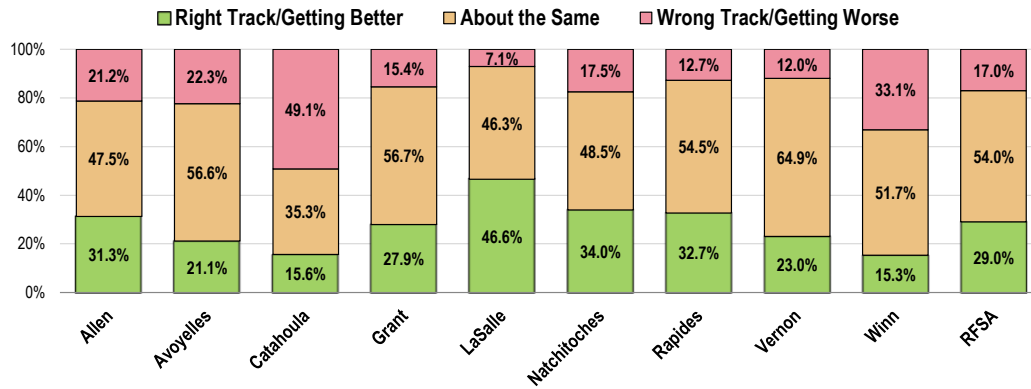


## Quality of Life in the Parish

With regard to the quality of life in their respective parishes, 29.0% of survey respondents report that it is on the right track and getting better, while 54.0% feel it is staying about the same and 17.0% consider the quality of life in their parish to be on the wrong track and getting worse.

- Adults in Avoyelles, Catahoula, and Winn parishes are most likely to give “on the wrong track and getting worse” responses.
- Among survey respondents, 92.6% feel strongly about their opinions regarding parish life.

### Quality of Life in Respondent’s Parish of Residence



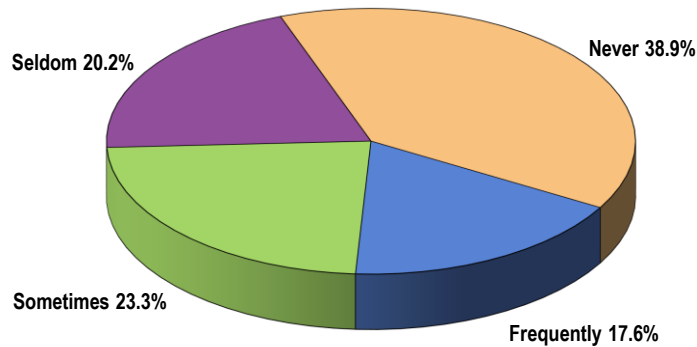
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 334]  
 Notes: • Asked of all respondents.

## Charitable Contribution

### Volunteering

While 38.9% of survey respondents “never” volunteer and 20.2% “seldom” volunteer, note that 23.3% of RFSA adults “sometimes” volunteer, and 17.6% do so “frequently.”

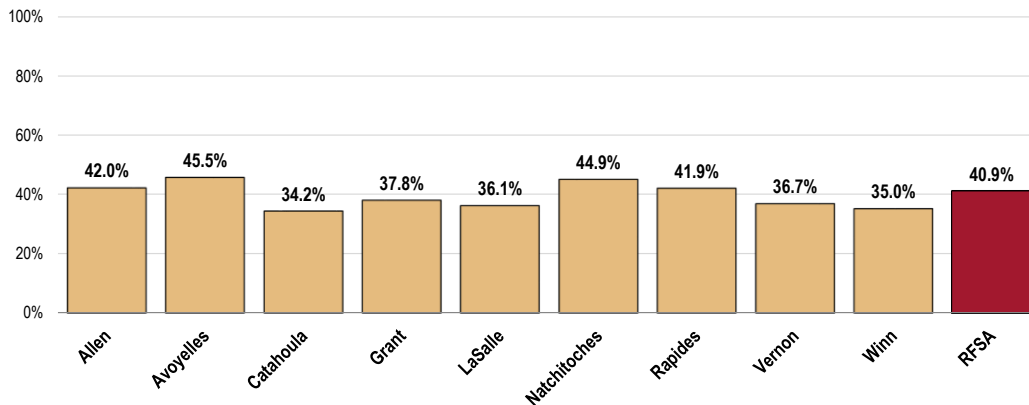
**Frequency of Volunteering for Charitable Organizations or Community Groups**  
(Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 339]  
Notes: • Asked of all respondents.

- The prevalence of RFSA residents who “frequently” or “sometimes” volunteer does not vary significantly by parish.

### “Frequently/Sometimes” Volunteer

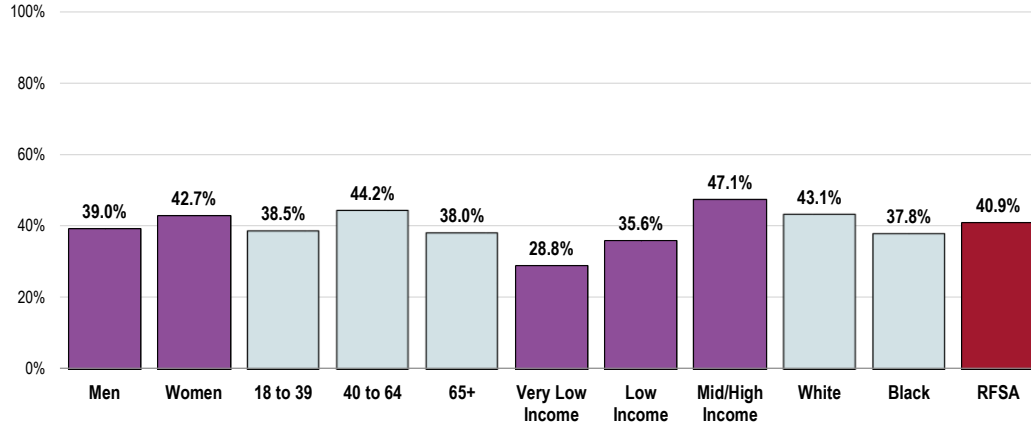


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 339]  
Notes: • Asked of all respondents.

Adults less likely to volunteer include the following:

- Men.
- Adults at either end of the age spectrum.
- Very low and low income residents.

### “Frequently/Sometimes” Volunteer (Rapides Foundation Service Area, 2018)

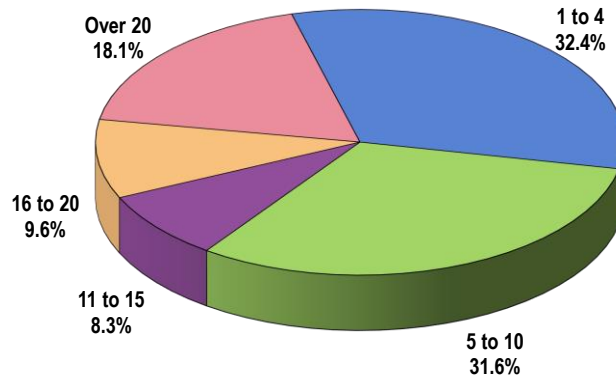


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 339]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” = below poverty; “Low Income” = 100-199% of poverty; “Middle/High Income” = 200% and over the federal poverty level.

Among RFSA adults who volunteer, 32.4% spend between one and four hours per month on volunteering, and 31.6% spend between five and 10 hours.

- Note that 18.1% of these adults spend over 20 hours monthly volunteering their time.

### Number of Hours Spent Volunteering in a Typical Month (RFSA Respondents Who Volunteer, 2018)



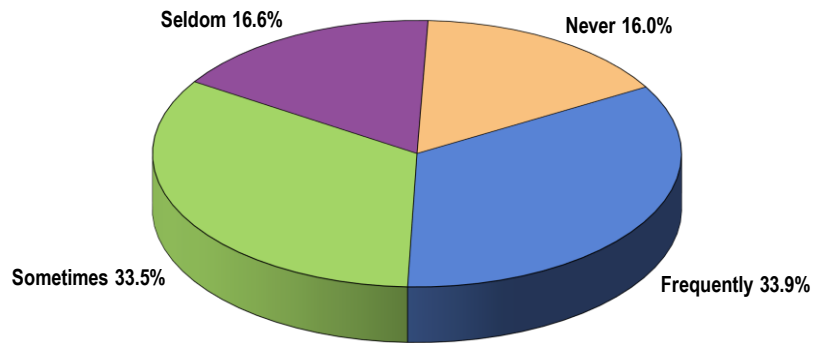
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 340]  
 Notes: • Asked of all respondents who spend time volunteering.

## Monetary Contribution

One-third (33.9%) of RFSA adults “frequently” give money to charitable organizations or community groups, and one-third (33.5%) do so “sometimes.”

- Note that 32.6% of residents “seldom” or “never” donate money to charity.

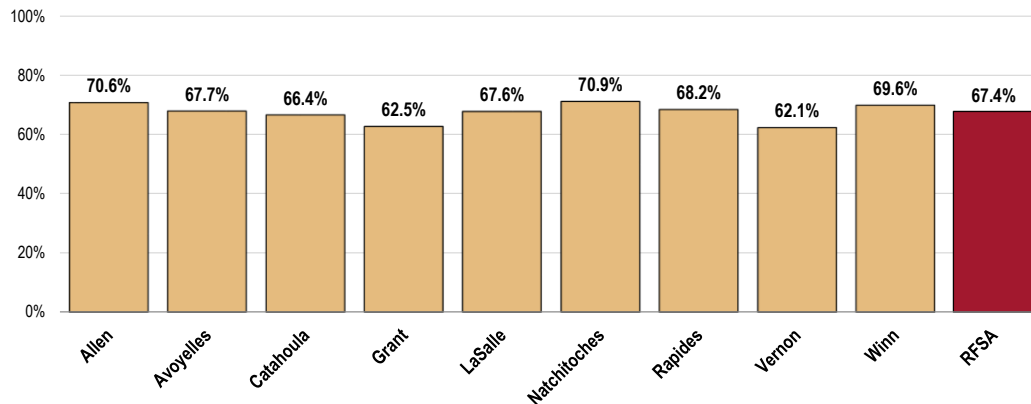
**Frequency of Contributing Money to Charitable Organizations or Community Groups**  
(Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 341]  
Notes: • Asked of all respondents.

- The prevalence of RFSA residents who “frequently” or “sometimes” donate money to charity is lowest in Vernon Parish.

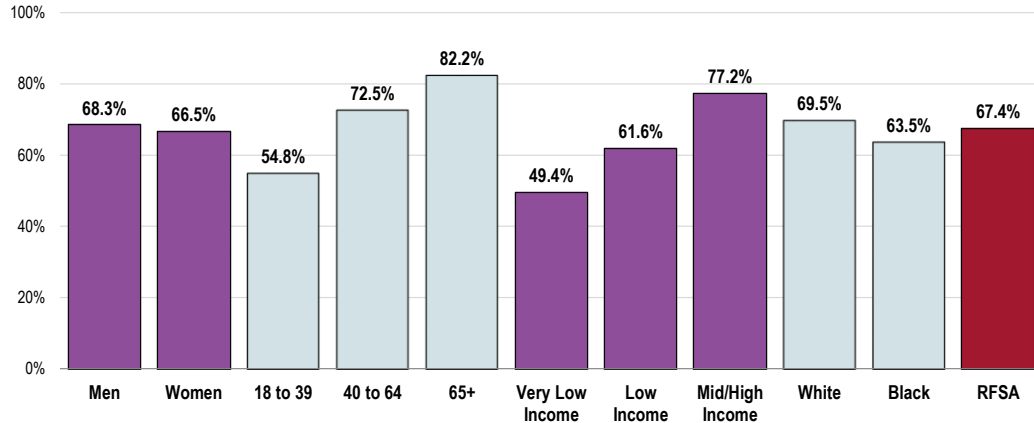
## “Frequently/Sometimes” Donate to Charity



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 341]  
Notes: • Asked of all respondents.  
• In this case, assistance does not include government-sponsored programs or services.

- Adults less likely to volunteer include young adults, those living on lower incomes, and Blacks.

### “Frequently/Sometimes” Donate to Charity (Rapides Foundation Service Area, 2018)



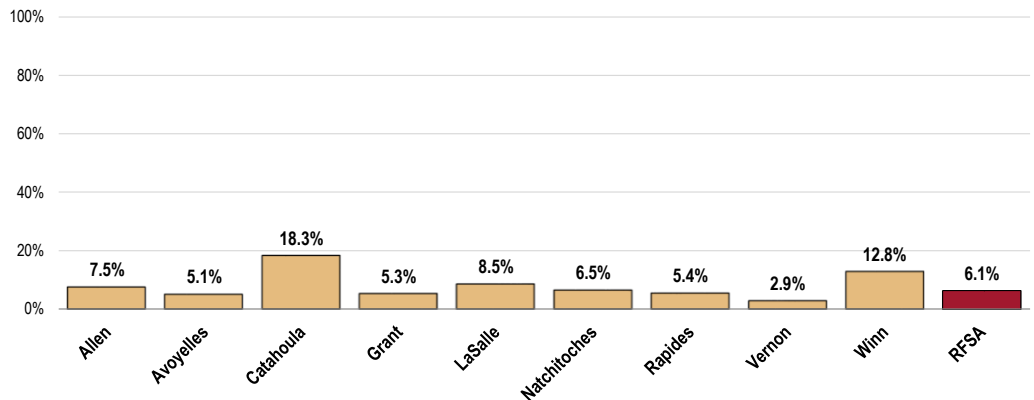
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 341]  
 Notes: • Asked of all respondents.  
 • In this case, assistance does not include government-sponsored programs or services.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

### Local Assistance

Among survey respondents, 6.1% have received assistance from a local program, church, or charitable organization in the past month.

- The prevalence is highest in Catahoula and Winn parishes.

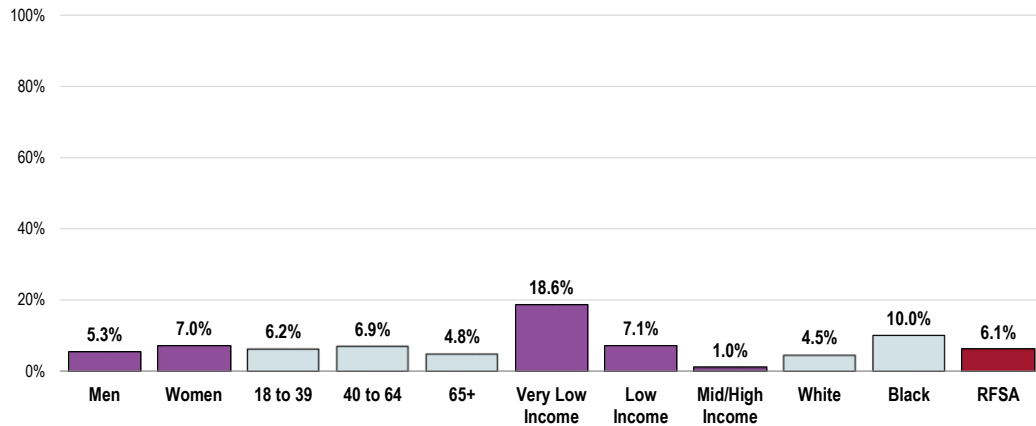
### Received Assistance from a Local Program, Church, or Charitable Organization in the Past Month



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.

- Adults more likely to have received assistance include adults age 40 to 64, those at lower income levels, and Blacks.

**Received Assistance from a Local Program, Church, or Charitable Organization in the Past Month**  
(Rapides Foundation Service Area, 2018)

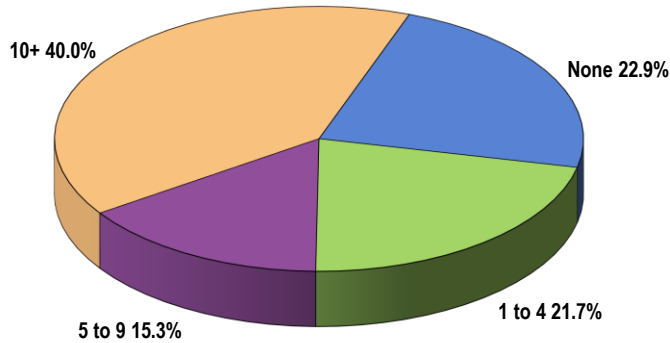


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 342]  
 Notes: • Asked of all respondents.  
 • In this case, assistance does not include government-sponsored programs or services.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (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. "Very Low Income" = below poverty; "Low Income" = 100-199% of poverty; "Middle/High Income" = 200% and over the federal poverty level.

**Asked to estimate the number of acquaintances who have benefited from charitable organizations or community groups, a total of 40.0% of respondents said 10 or more.**

- On the other hand, 22.9% do not know any people who have benefited from charity.

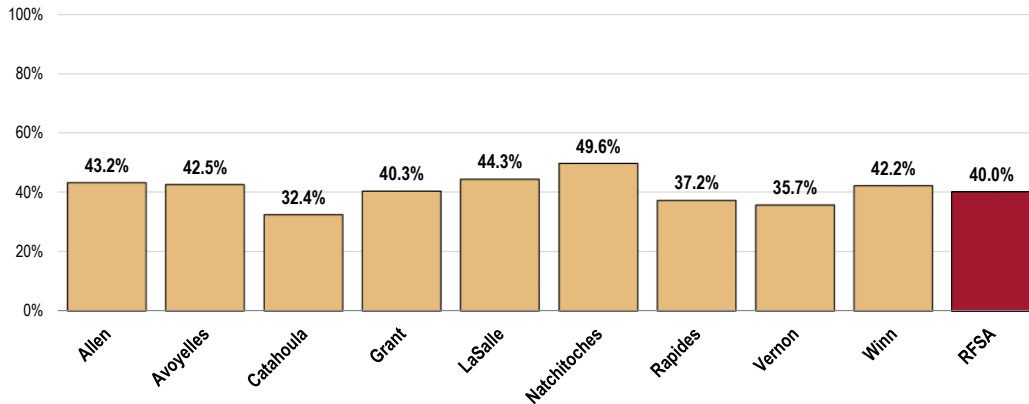
### Approximate Number of Acquaintances Who Have Benefited from Charitable Organizations or Community Groups (Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 343]  
 Notes: • Asked of all respondents.  
 • In this case, assistance does not include government-sponsored programs or services.

- Adults in Natchitoches Parish are most likely to know at least 10 people benefiting from charitable contributions (note the 49.6%), while adults in Rapides Parish are least likely to know 10+ people benefiting from charity.

### Know At Least 10 People Benefiting from Charities



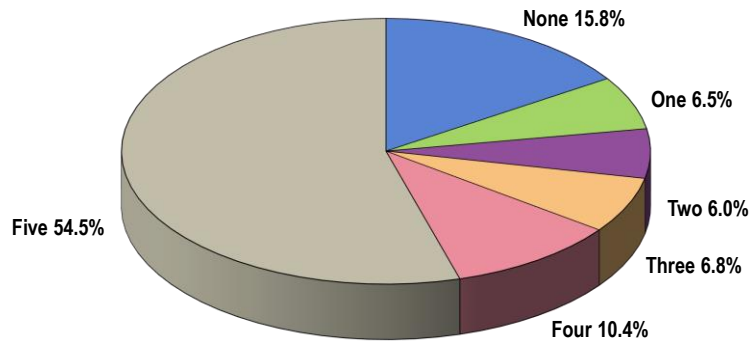
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 368]  
 Notes: • Asked of all respondents.  
 • In this case, assistance does not include government-sponsored programs or services.

## Civic Participation

When asked how many times they voted in the past five elections (including local, state, or national elections), more than half of RFSA adults (54.5%) reported voting on all five occasions.

- In contrast, 15.8% of survey respondents did not vote at all in the past five elections.

### Frequency of Voting During the Last Five Voting Opportunities [Including Local, State, or National Elections] (Rapides Foundation Service Area, 2018)

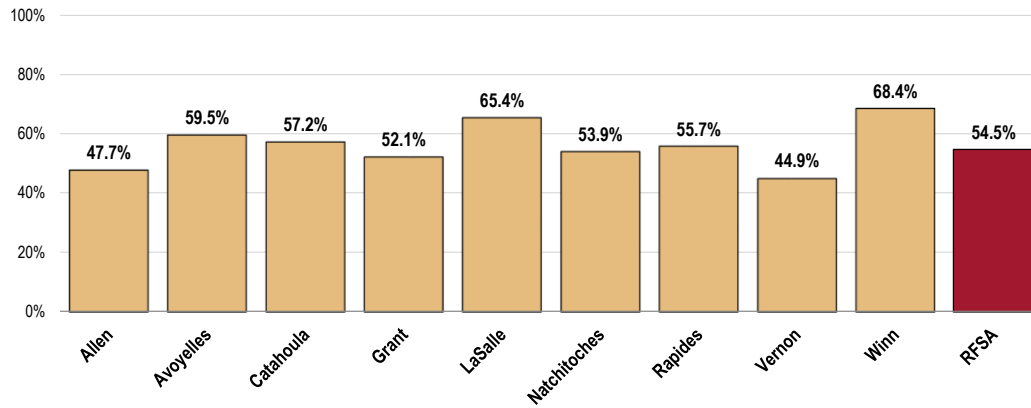


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 344]  
Notes: • Asked of all respondents.

- Residents of Avoyelles, LaSalle, and Winn parishes are more likely to have voted in each of the past five elections; in contrast, residents of Allen and Vernon parishes are least likely to have voted all five times.



### Voted in Each of the Past Five Voting Opportunities [Including Local, State, and National Elections]

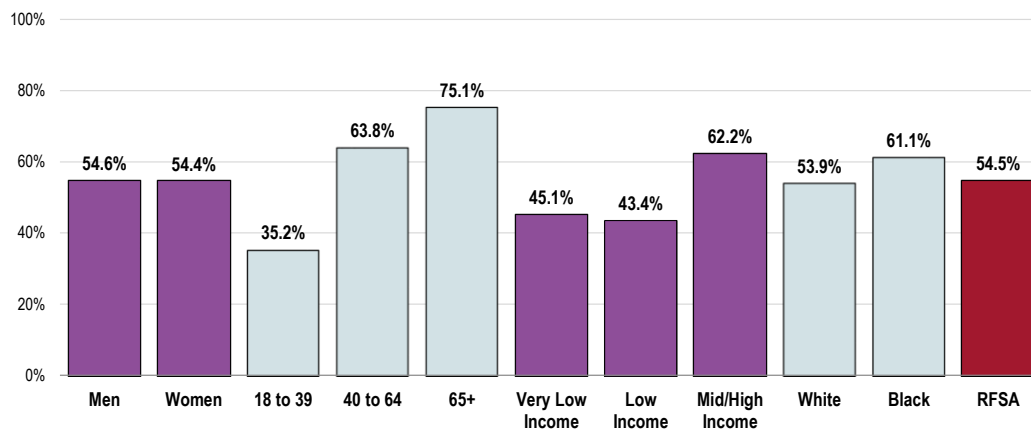


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 344]  
 Notes: • Asked of all respondents.

The following residents are less likely to have voted in each of the past five elections:

- Young adults (positive correlation with age).
- Those living at very low and low incomes.
- Whites.

### Voted in Each of the Past Five Voting Opportunities [Including Local, State, and National Elections] (Rapides Foundation Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 344]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
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# Appendix



**Professional Research Consultants, Inc.**

## Input From Youth Leaders in the RFSA

### Summary: Youth Version of the Online Key Informant Survey

#### Methodology

To gather the perspective of youth, the Online Key Informant Survey was administered to 11 adolescents and young adults who participate in the Youth Advisory Council (YAC) of The Rapides Foundation's Community Development Works (CDW) program or who serve on the Foundation's Healthy Behaviors Youth Advisory Board (YAB).

Youth participants took part in the online survey during standing meetings that took place on May 2 and May 3, 2018. In the online survey, these youth participants 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.

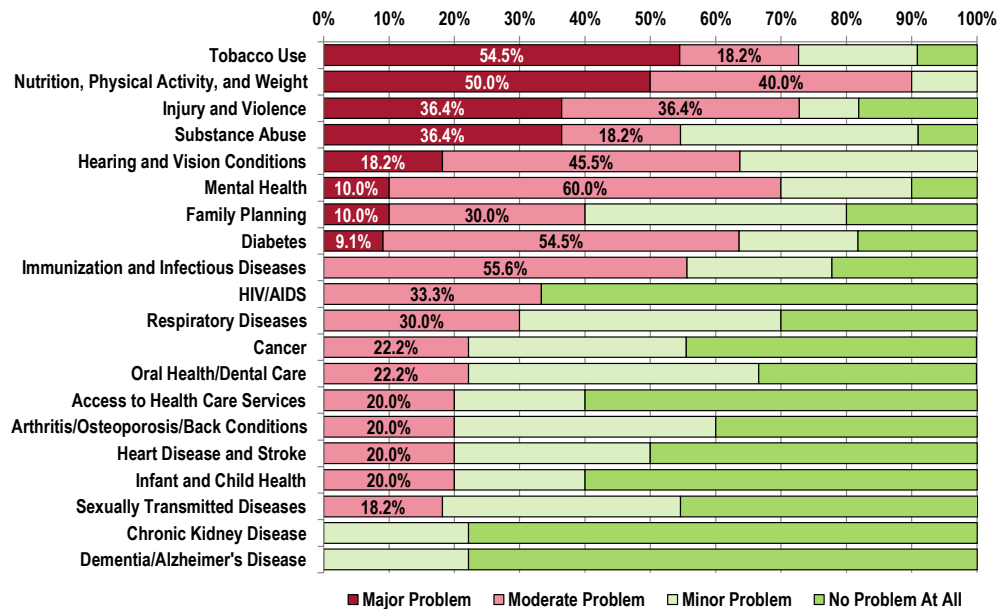
*NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area. Thus, these findings are not necessarily based on fact.*

#### Summary of Key Informant Perceptions

In the youth version of the Online Key Informant Survey, respondents were asked to rate the degree to which each of 20 health issues is a problem among the youth 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; the section that follows outlines the qualitative input describing reasons for their concerns. As shown, those health issues identified by the greatest percentages as "major problems" include: 1) **Tobacco Use**; 2) **Nutrition/Physical Activity/Weight**; and 3) **Injury/Violence** and **Substance Abuse** (tied).

### Youth: Relative Position of Health Topics as Problems in the Community



### Qualitative Input From Youth

#### Tobacco

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

##### Incidence/Prevalence

*Because a lot of the adults in my community smoke and abuse tobacco, the youth think it's okay to do the same. – Youth Representative*

*Youth often see their peers or parent/guardian using tobacco, so they think it's okay, it's cool. Little do they know it harms their mental and physical state, as well as their relationships with others. – Youth Representative*

*Kids think that using tobacco is fun and makes you look cool, but it really is damaging your health. – Youth Representative*

*Most people dip or smoke in our parish. – Youth Representative*

*Many students in my school use smokeless tobacco, cigarettes, and cigars. – Youth Representative*

##### Peer Pressure

*A lot of teens think it is cool to smoke, or they just do it to fit in with their friends. – Youth Representative*

*Because of peer pressure. – Youth Representative*

## Nutrition, Physical Activity & Overweight

### Insufficient Physical Activity

*Not enough teens see physical activity as interesting. Or once they try physical activity, they find it hard and completely complicated and unnecessary to them. This results in them quitting, and they become unhealthy. – Youth Representative*

*Oftentimes youth believe it's going to be vigorous physical activity that they do not want to do. It can also be tougher to eat healthy or exercise. – Youth Representative*

*Our youth are very lazy, and that is a huge factor in their physical activity, nutrition, and weight. – Youth Representative*

### Poor Nutrition

*We have a bunch of junk food in our school and in our community. Our school is next to a store that sells really greasy foods, and all of the community and students get it every morning for school. – Youth Representative*

*A lot of youth are considered overweight. Most youth have a poor diet. A bad health habit is not eating at school. There are a lot of youth involved in physical activities, but you don't have to be in good shape to be a part of it. – Youth Representative*

### Lifestyle

*No one, not even the youths' parents, push their kids to eat healthy/exercise. They feed their kids food that is easy or fast to make, which is usually unhealthy. – Youth Representative*

## Injury & Violence

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

### Incidence/Prevalence

*Many teens get very angry too fast, and before they can think of a better way to solve the problem, they resort to violence (fights, verbal arguments, etc.), which in turn leads to injury. – Youth Representative*

*Children in my community are very violent and injure people because of this violence. – Youth Representative*

*I think that violence and injury are major problems for youth in my community because of drama that is unnecessary, and that drama comes from my youth in my community because they have no type of extracurricular activity to attend. – Youth Representative*

### Motor Vehicle Accidents

*We have had a lot of teens dying in motor car accidents in our parish/state. – Youth Representative*

*At least 3 teens die in our area every year. Car wrecks are usually the main cause. There are lots of sports injuries, myself being a part of that category. – Youth Representative*

## Substance Abuse

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

### Prevalence/Incidence

*Alcohol abuse. – Youth Representative*

*I don't know many people that do drugs, but there are some in our community. – Youth Representative*

### Access to Care/Services

*In my opinion, rehab and jail time can improve treatment. – Youth Representative*

### Accessibility

*I don't know what to do about treatment. I do know that substances are too easy to get a hold of, and not enough people are caught. – Youth Representative*

### Denial/Stigma

*There is a stigma to substance abuse, and they might not want to seek help. – Youth Representative*

### Policies

*Cops are being as forceful about it. – Youth Representative*

When asked to identify what substances are most problematic for adolescents and young adults, **alcohol** was clearly the top response, followed by **marijuana**.

## Hearing & Vision

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

### Incidence/Prevalence

*Many of my friends are hard-of-hearing or need glasses to see, and many don't have insurance to get help for these issues. – Youth Representative*

*Many people wear glasses and have hearing aids. – Youth Representative*

## Mental Health

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

### Incidence/Prevalence

*Many people in my community are depressed or have some kind of mental health issue. – Youth Representative*

*Depression and anxiety. – Youth Representative*

## Family Planning

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

### Perceived Lack of Consequences

*Family planning is a major problem for the youth in my community. Many teens feel as if having sexual relationships have no consequences. However, this leads more teens to feel as if they can do whatever they want. For example, this year at my school, there were approximately 6 girls in the whole school who were pregnant. – Youth Representative*

## Other Comments

### Diabetes

*Many commercials advertise sweets and unhealthy foods. Youth, of course, are highly attracted to this, so they buy these foods. Eventually, they become addicted to it all and have diabetes. – Youth Representative*

*Some challenges for people with diabetes is controlling their blood sugar during the day. – Youth Representative*

*A lot of it is hereditary. – Youth Representative*

### HIV/AIDS

*I personally know a good handful of youth that have had HIV/AIDS, among other STD's. I believe they are educated on the situation but don't realize how easy it is to get one, and they get too caught up in the moment. – Youth Representative*

### Arthritis/Osteoporosis/Back Conditions

*A lot of the youth in my community work all day, every day. Because of this, forms of arthritis occur later on in life. – Youth Representative*

### STDs

*Youth aren't properly taking care of themselves while being involved in sexual activity. Whether that be using a condom, asking who that person has been with before engaging, or cleansing yourself afterwards. – Youth Representative*

### Dementia/Alzheimer's Disease

*More education about this disease is needed. – Youth Representative*