## Summary Report

# 2018 Community Health Needs Assessment Report

## Allen Parish

*Prepared for:*
The Rapides Foundation

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2017-0614-02


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# Introduction

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# About This Assessment

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

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

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

# Methodology

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

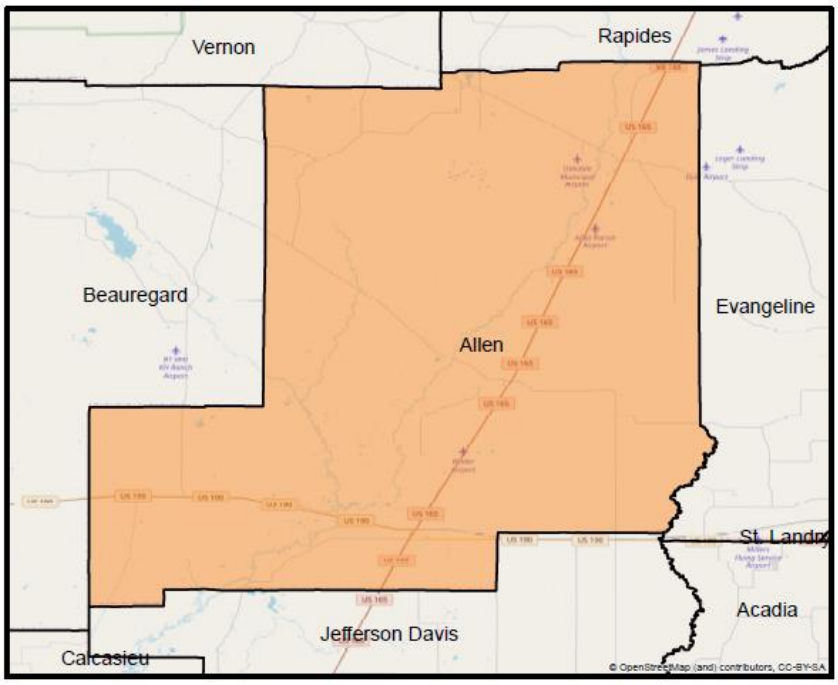
## PRC Community Health Survey

### Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by The Rapides Foundation and PRC.

### Community Defined for This Assessment

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




## Sample Approach & Design

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

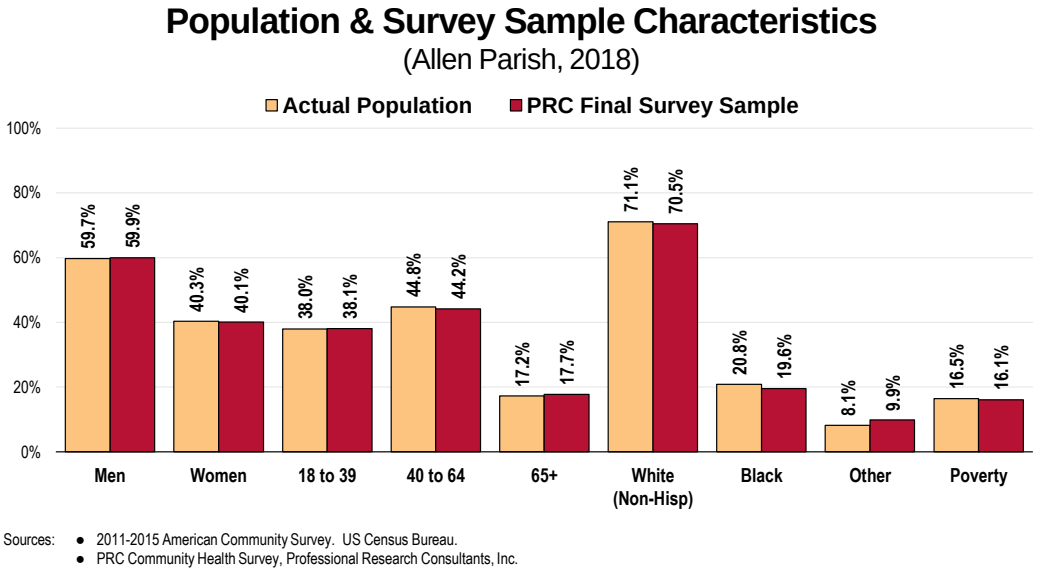
The sample design used for this effort included a random sample of 203 individuals age 18 and older in Allen Parish. All administration of the surveys, data collection and data analysis were conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 203 respondents is ±6.9% at the 95 percent confidence level.

## Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias.

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




Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2018 guidelines place the poverty threshold for a family of four at $25,100 annual household income or lower)*. In sample segmentation: "**low income**" refers to community members living in a household with defined poverty status or living just above the poverty level and earning up to twice (<200% of) the poverty threshold; "**mid/high income**" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

## Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by The Rapides Foundation; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 7 community stakeholders in Allen Parish (and 1 who works more broadly throughout Central Louisiana) took part in the Online Key Informant Survey. Final participation included representatives of the organizations in the following list:

- Allen Parish Hospital
- Allen Parish School Board
- Allen Parish Ward 5 Economic Development Board
- Northwest Louisiana Human Services District
- Oakdale Be Well
- The Health Enrichment Network
- Town of Oberlin

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

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

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

## Public Health, Vital Statistics & Other Data

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

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- Louisiana Department of Health
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service

- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

## Benchmark Data

### Trending

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

### Regional Data

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

### Louisiana Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.

### Nationwide Risk Factor Data

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

### Healthy People 2020

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

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

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

## Determining Significance

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

## Information Gaps

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

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

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

# Summary of Findings

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# Key Data Findings

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

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

## HEALTH STATUS

**Self-Reported Health Status.** 26.3% of Allen Parish adults characterize their overall health as "fair" or "poor" — this is significantly higher than reported nationally (18.1%) and represents a significant increase from the 19.0% first measured in Allen Parish in 2002.

**Activity Limitations.** 33.9% of Allen Parish adults are limited in some way in some activities because of a health-related issue. Again, this is significantly above what is found nationally (25.0%) and much higher than first found in 2002 (24.6%).

**Mental Health.** 39.0% of Allen Parish residents have experienced bouts of depression lasting two or more years during their lives, higher than found nationwide (31.4%) and an increase from the 29.0% first reported in 2002. A total of 29.1% have been diagnosed with a depressive disorder by a healthcare professional (compared to 21.6% nationwide). Overall, 28.6% of the population have ever sought help for mental health, and 9.4% report a time in the past year when they needed such services but were unable to get them.

## DEATH & CHRONIC DISEASE

**Causes of Death.** Cancers and cardiovascular disease (heart disease and stroke) are leading causes of death in Allen Parish. Compared to US rates, age-adjusted death rates for most leading causes of death are generally higher in Allen Parish than nationwide (including cancer, heart disease, stroke, unintentional injuries, lung disease, pneumonia/influenza, diabetes, Alzheimer's disease, and cirrhosis/liver disease).

**Cancer.** A total of 6.4% of adults have ever been diagnosed with cancer.

**Heart Disease & Stroke.** 9.8% of Allen Parish adults report having heart disease, and 4.7% have ever suffered from a stroke.

**Diabetes.** A total of 18.2% of Allen Parish adults have been diagnosed with diabetes. This has increased considerably from the 9.9% reported in 2002.

**Lung Disease.** 15.3% of Allen Parish residents have been diagnosed with chronic obstructive pulmonary disease (which includes chronic bronchitis and emphysema), a prevalence that is significantly above what is found nationally (8.6%).

**Overweight & Obesity.** Based on reported heights and weights, a clear majority of Allen Parish adults (69.7%) are overweight, including 41.0% who are obese. The prevalence of obesity in the parish is higher than found nationally (32.8%) and has increased significantly since 2002 (26.2%).

## INFANT HEALTH & FAMILY PLANNING

**Birth Outcomes.** Of all births in Allen Parish, 9.8% are low-weight (under 2,500g), which is a high proportion when compared to the 8.2% nationally. Additionally, the parish experiences an infant mortality rate of 6.5 deaths for every 1,000 live births (deaths of infants before their first birthday).

**Teen Births.** The teen birth rate in Allen Parish is high, with 69.5 births to girls age 15-19 for every 1,000 girls in this age group (nationally, the teen birth rate is lower at 36.6).

## INJURY & VIOLENCE

**Unintentional Injury.** Death rates due to unintentional injuries (including motor vehicle-related deaths) are much higher than reported nationally (a rate of 64.6, versus 43.7 nationally).

**Violence.** Rates of violent crime are considerably better in Allen Parish than they are nationwide (rate of 167.5 versus 379.7 nationally); still, 2.7% of Allen Parish adults report experiencing violent crime in the area in the past five years, and 18.2% report ever experiencing domestic violence.

## MODIFIABLE HEALTH RISKS

**Nutrition.** Only 40.5% of Allen Parish adults get the recommended 5 or more servings of fruits and vegetables per day, an increase since first measured with this survey (21.9%). It is important to note, however, that 12.0% of parish adults report difficulty getting fresh produce, and 29.9% say they "sometimes" or "often" ran out of food in the past year before having money to buy more (far higher than the 18.0% reported nationally).

**Physical Activity.** Currently, only 18.9% of Allen Parish adults meet physical activity guidelines. Further, 29.0% of parish adults report not engaging in any type of physical activity outside of work in the month before the survey interview.

**Blood Pressure & Cholesterol.** In comparison to the nation, Allen Parish exhibits a significantly high proportion of adults reporting high blood pressure (47.9% versus 37.0% across the US). A total of 38.2% of parish adults report having high blood cholesterol. Each of these is significantly above what was first reported in 2002.

**Tobacco Use.** 22.3% of Allen Parish adults currently smoke cigarettes, much higher than found nationally (16.3%). Another 10.1% use smokeless tobacco (over double the 4.4% nationally), and 5.5% use electronic cigarettes or vaping devices.

**Cardiovascular Risk.** A very high percentage of Allen Parish adults (91.6%) present one or more risk factors or behaviors for heart disease and stroke (including smoking, not getting physical activity, being overweight, or having high blood pressure or cholesterol), which is much higher than the 87.2% found nationally.

**Substance Use.** Regarding alcohol use, 26.0% of parish adults are considered to be "binge drinkers," having had a high number of drinks on a single occasion during the past month (an increase from 17.4% in 2002). Another 1.5% of adults report illicit drug use in the past month (use of illegal drugs or improper use of prescription drugs). A total of 23.8% have used prescription opiates (either legally or illegally) in the past year.

## PREVENTION

**Routine Medical Care.** Most parish adults (82.4%) have been to a doctor or clinic for a routine checkup in the past year, much better than reported in 2002 (66.7%).

**Cancer Screenings.** Cancer screening levels in Allen Parish are fairly good, including for: *female breast cancer* (73.7% of women age 50-74 have had a mammogram in the past 2 years, compared to 77.0% nationally); *cervical cancer* (74.3% of women age 21-65 have had a Pap smear in the past 3 years, compared to 73.5% nationally); and *colorectal cancer* (69.9% of all adults age 50-75 have had appropriate screening, compared to 76.4% nationally). Note, however, that Pap testing has declined since 2002 (86.6%).

**Dental Care.** A relatively low proportion of adults in Allen Parish (45.3%) have received dental care in the past year (compared to 59.7% nationally). This is also much lower than reported in Allen Parish in 2002 (60.2%).

**Vision Care.** A total of 57.5% of Allen Parish adults have had a comprehensive eye exam in the past two years.

## ACCESS

**Health Insurance Coverage.** A total of 7.8% of Allen Parish adults between the ages of 18 and 64 are without any type of insurance coverage for health care, either through private or public sources. This is much better than the national average (13.7%) and a significant improvement from what was recorded in 2002 (21.4%). Still, cost remains a barrier, preventing residents from getting medical care (16.2% said they did not get needed medical care in the past year because of the cost).

**Difficulties/Delays in Accessing Health Care.** A total of 39.8% of Allen Parish adults have experienced some type of difficulty or delay in receiving health care in the past year, compared to 43.2% of adults nationwide. Cost, difficulty finding physicians, and lack of transportation, are the barriers impacting the greatest shares of adults in Allen Parish.

**Cost of Prescriptions.** A total of 13.4% of Allen Parish adults have gone without a needed prescription in the past year because they could not afford it.

**Emergency Room Utilization.** The proportion of Allen Parish adults who have used a local emergency room more than once in the past year (4.3%) is significantly lower than found nationwide (9.3%) and a significant decrease over 2002 findings (12.6%).

# Significant Trends

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

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

| | ☼ FAVORABLE TRENDS | ☂ UNFAVORABLE TRENDS |
|---|---|---|
| **Access to Healthcare Services** | • Lack of Healthcare Coverage<br>• Inconvenient Office Hours<br>• Cost of Prescriptions<br>• Specific Source of Ongoing Care<br>• Routine Checkups (Adults & Children)<br>• Multiple Emergency Room Visits | • Primary Care Doctors per 100,000 |
| **Cancer** | | • Cervical Cancer Screenings |
| **Dementias** | • Alzheimer's Disease | |
| **Diabetes** | • Diabetes Prevalence | • Diabetes Deaths |
| **Heart Disease & Stroke** | • Stroke Deaths<br>• Taking Action to Control High Blood Pressure<br>• Taking Action to Control High Blood Cholesterol<br>• Cardiovascular Risk Factors | • Blood Pressure Screenings<br>• High Blood Pressure<br>• High Blood Cholesterol |
| **Injury & Violence** | • Children's Use of Seat Belts/Car Seats | • Unintentional Injury Deaths<br>• Domestic Violence Victim |
| **Mental Health** | | • Symptoms of Chronic Depression |
| **Nutrition, Overweight & Physical Activity** | • Fruit & Vegetable Consumption<br>• Physical Activity Opportunities<br>• Medical Advice on Weight | • Obesity (Adults) |
| **Oral Health** | | • Dental Visits |
| **Potentially Disabling Conditions** | • Eye Exams | • "Fair/Poor" Overall Health<br>• Activity Limitations |
| **Substance Abuse** | | • Binge Drinking |
| **Tobacco Use** | • Someone Smokes at Home<br>• Someone Smokes at Home (Households with Children) | |

# Summary Tables

## Comparisons With Benchmark Data

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

### Reading the Data Summary Tables

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

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

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

| Social Determinants | Allen Parish | Allen Parish vs. Benchmarks | | | | TREND |
|---|---|---|---|---|---|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2020 | |
| Linguistically Isolated Population (Percent) | 0.4 | ☀ 0.8 | ☀ 1.6 | ☀ 4.5 | | |
| Population in Poverty (Percent) | 15.9 | ☀ 20.7 | ☀ 19.7 | ⛅ 15.1 | | |
| Population Below 200% FPL (Percent) | 42.4 | ⛅ 44.2 | ⛅ 39.8 | 🌧 33.6 | | |
| Children Below 200% FPL (Percent) | 49.5 | ⛅ 52.9 | ⛅ 49.9 | ⛅ 43.3 | | |
| No High School Diploma (Age 25+, Percent) | 20.8 | ⛅ 18.0 | 🌧 16.2 | 🌧 13.0 | | |
| Unemployment Rate (Age 16+, Percent) | 4.9 | ⛅ 4.9 | ⛅ 4.3 | 🌧 4.1 | | |
| % Displaced From Housing in Past 2 Years | 8.8 | ☀ 13.5 | | | | ⛅ 8.4 |
| % "Fair/Poor" Availability of Affordable Housing | 37.3 | ☀ 45.7 | | | | ⛅ 39.6 |

| Social Determinants (continued) | Allen Parish | Allen Parish vs. Benchmarks | | | | TREND |
|---|---|---|---|---|---|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2020 | |
| % "Fair/Poor" Condition of Neighborhood Homes | 14.1 | 20.3 | | | | 15.1 |
| | | | | better | similar | worse |

| Overall Health | Allen Parish | Allen Parish vs. Benchmarks | | | | TREND |
|---|---|---|---|---|---|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2020 | |
| % "Fair/Poor" Overall Health | 26.3 | 23.3 | 21.9 | 18.1 | | 19.0 |
| % 3+ Days Poor Physical Health in Past Month | 35.6 | 35.4 | | | | |
| % Activity Limitations | 33.9 | 29.6 | 23.0 | 25.0 | | 24.6 |
| % [Limited Activities] Impairment Is Work-Related | 21.6 | 21.8 | | | | |
| % 4+ Days Health Prevented Usual Activities | 29.0 | 22.0 | | | | 22.4 |
| | | | | better | similar | worse |

| Access to Health Services | Allen Parish | Allen Parish vs. Benchmarks | | | | TREND |
|---|---|---|---|---|---|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2020 | |
| % [Age 18-64] Lack Health Insurance | 7.8 | 9.2 | 16.7 | 13.7 | 0.0 | 21.4 |
| % Difficulty Accessing Healthcare in Past Year (Composite) | 39.8 | 40.1 | | 43.2 | | 47.1 |
| % Difficulty Finding Physician in Past Year | 14.1 | 14.9 | | 13.4 | | 11.8 |
| % Difficulty Getting Appointment in Past Year | 12.4 | 16.0 | | 17.5 | | 16.8 |

| Access to Health Services (continued) | Allen Parish | Allen Parish vs. Benchmarks | | | | TREND |
|---|---|---|---|---|---|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2020 | |
| % Cost Prevented Physician Visit in Past Year | 16.2 | 16.6 | 17.6 | 15.4 | | 17.1 |
| % Transportation Hindered Dr Visit in Past Year | 13.6 | 9.7 | | 8.3 | | 8.4 |
| % Inconvenient Hrs Prevented Dr Visit in Past Year | 11.8 | 12.4 | | 12.5 | | 18.7 |
| % Cost Prevented Getting Prescription in Past Year | 13.4 | 16.6 | | 14.9 | | 24.5 |
| % Difficulty Getting Child's Healthcare in Past Year | 6.2 | 5.4 | | 5.6 | | 2.2 |
| Primary Care Doctors per 100,000 | 35.0 | 58.7 | 78.7 | 87.8 | | 47.2 |
| % Have a Specific Source of Ongoing Care | 80.8 | 76.7 | | 74.1 | 95.0 | 72.8 |
| % Have Had Routine Checkup in Past Year | 82.4 | 77.0 | 72.1 | 68.3 | | 66.7 |
| % Child Has Had Checkup in Past Year | 90.4 | 86.4 | | 87.1 | | 79.5 |
| % Two or More ER Visits in Past Year | 4.3 | 12.9 | | 9.3 | | 12.6 |
| % Rate Local Healthcare "Fair/Poor" | 15.1 | 19.1 | | 16.2 | | |
| | | | better | similar | worse | |

| Cancer | Allen Parish | Allen Parish vs. Benchmarks | | | | TREND |
|---|---|---|---|---|---|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2020 | |
| Cancer (Age-Adjusted Death Rate) | 213.4 | 184.4 | 179.4 | 158.5 | 161.4 | 191.8 |
| Female Breast Cancer Incidence Rate | 120.4 | 106.3 | 123.2 | 123.5 | | |
| Prostate Cancer Incidence Rate | 109.0 | 140.9 | 144.4 | 114.8 | | |
| Lung Cancer Incidence Rate | 70.6 | 76.0 | 70.5 | 61.2 | | |
| Colorectal Cancer Incidence Rate | 58.5 | 52.3 | 47.8 | 39.8 | | |
| % Cancer | 6.4 | 8.5 | | | | 5.0 |
| % [Women 50-74] Mammogram in Past 2 Years | 73.7 | 79.8 | 78.5 | 77.0 | 81.1 | 71.7 |
| % [Women 21-65] Pap Smear in Past 3 Years | 74.3 | 76.1 | 81.5 | 73.5 | 93.0 | 86.6 |
| % [Age 50-75] Colorectal Cancer Screening | 69.9 | 74.9 | 64.1 | 76.4 | 70.5 | 71.7 |
| | | | better | similar | worse | |

| Dementias, Including Alzheimer's Disease | Allen Parish | Allen Parish vs. Benchmarks | | | | TREND |
|---|---|---|---|---|---|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2020 | |
| Alzheimer's Disease (Age-Adjusted Death Rate) | 38.5 | 50.3 | 41.2 | 28.4 | | 48.3 |
| | | | better | similar | worse | |

| Diabetes | Allen Parish | Allen Parish vs. Benchmarks | | | | TREND |
|---|---|---|---|---|---|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2020 | |
| Diabetes (Age-Adjusted Death Rate) | 37.1 | 23.2 | 24.6 | 21.1 | 20.5 | 46.7 |
| % Diabetes/High Blood Sugar | 18.2 | 16.3 | 12.1 | 13.3 | | 9.9 |
| % Borderline/Pre-Diabetes | 6.0 | 7.3 | | 9.5 | | |
| % [Diabetics] Taking Action to Control Diabetes | 100.0 | 94.4 | | | | |
| % [Non-Diabetes] Blood Sugar Tested in Past 3 Years | 49.3 | 53.9 | | 50.0 | | |
| | | | better | similar | worse | |

| Heart Disease & Stroke | Allen Parish | Allen Parish vs. Benchmarks | | | | TREND |
|---|---|---|---|---|---|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2020 | |
| Diseases of the Heart (Age-Adjusted Death Rate) | 206.3 | 244.7 | 213.8 | 167.0 | 156.9 | 183.0 |
| Stroke (Age-Adjusted Death Rate) | 46.0 | 55.9 | 45.9 | 37.1 | 34.8 | 65.9 |
| % Heart Disease (Heart Attack, Angina, Coronary Disease) | 9.8 | 8.8 | | 8.0 | | 8.6 |
| % Stroke | 4.7 | 4.5 | 4.0 | 4.7 | | 3.2 |
| % Blood Pressure Checked in Past 2 Years | 91.0 | 94.2 | | 90.4 | 92.6 | 96.8 |
| % Told Have High Blood Pressure (Ever) | 47.9 | 46.7 | 39.3 | 37.0 | 26.9 | 32.6 |
| % [HBP] Taking Action to Control High Blood Pressure | 93.7 | 92.4 | | 93.8 | | 84.5 |
| % Cholesterol Checked in Past 5 Years | 83.9 | 87.2 | 77.7 | 85.1 | 82.1 | 79.8 |

| Heart Disease & Stroke (continued) | Allen Parish | Allen Parish vs. Benchmarks | | | | TREND |
|---|---|---|---|---|---|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2020 | |
| % Told Have High Cholesterol (Ever) | 38.2 | 35.1 | | 36.2 | 13.5 | 23.4 |
| % [HBC] Taking Action to Control High Blood Cholesterol | 89.2 | 90.5 | | 87.3 | | 78.0 |
| % 1+ Cardiovascular Risk Factor | 91.6 | 91.3 | | 87.2 | | 96.1 |
| | | | better | similar | worse | |

| HIV | Allen Parish | Allen Parish vs. Benchmarks | | | | TREND |
|---|---|---|---|---|---|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2020 | |
| HIV Prevalence Rate | 582.7 | 369.6 | 502.3 | 353.2 | 22.1 | |
| | | | better | similar | worse | |

| Immunization & Infectious Diseases | Allen Parish | Allen Parish vs. Benchmarks | | | | TREND |
|---|---|---|---|---|---|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2020 | |
| % [Age 65+] Flu Vaccine in Past Year | 64.7 | 70.9 | 51.6 | 76.8 | 70.0 | 65.9 |
| % [Age 65+] Pneumonia Vaccine Ever | 77.9 | 71.8 | 73.1 | 82.7 | 90.0 | 67.0 |
| | | | better | similar | worse | |

| Infant Health & Family Planning | Allen Parish | Allen Parish vs. Benchmarks | | | | TREND |
|---|---|---|---|---|---|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2020 | |
| Low Birthweight Births (Percent) | 9.8 | 10.3 | 10.9 | 8.2 | 7.8 | 10.3 |
| Infant Death Rate | 6.5 | 7.6 | 8.4 | 6.2 | 6.0 | |
| Teen Births per 1,000 (Age 15-19) | 69.5 | 60.9 | 50.2 | 36.6 | | 75.3 |
| | | | better | similar | worse | |

| Injury & Violence | Allen Parish | Allen Parish vs. Benchmarks | | | | TREND |
|---|---|---|---|---|---|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2020 | |
| Unintentional Injury (Age-Adjusted Death Rate) | 64.6 | 57.3 | 54.0 | 43.7 | 36.4 | 42.6 |
| Motor Vehicle Crashes (Age-Adjusted Death Rate) | 31.7 | 20.9 | 16.7 | 10.0 | 12.4 | |
| % "Always" Wear Seat Belt | 75.1 | 83.1 | | | | 68.5 |
| % Child [Age 0-17] "Always" Uses Seat Belt/Car Seat | 91.3 | 92.5 | | 85.6 | | 75.6 |
| Firearm-Related Deaths (Age-Adjusted Death Rate) | 9.9 | 15.2 | 19.3 | 10.5 | 9.3 | |
| Violent Crime Rate | 167.5 | 590.3 | 512.9 | 379.7 | | |
| % Victim of Violent Crime in Past 5 Years | 2.7 | 3.3 | | 3.7 | | 3.0 |
| % Victim of Domestic Violence (Ever) | 18.2 | 17.4 | | 14.2 | | 7.7 |
| % Victim of Domestic Violence in Past 5 Years | 6.6 | 5.6 | | | | |
| | | | better | similar | worse | |

| Kidney Disease | Allen Parish | Allen Parish vs. Benchmarks | | | | TREND |
|---|---|---|---|---|---|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2020 | |
| Kidney Disease (Age-Adjusted Death Rate) | 15.4 | 22.9 | 25.2 | 13.9 | | |
| | | | better | similar | worse | |

| Mental Health | Allen Parish | Allen Parish vs. Benchmarks | | | | TREND |
|---|---|---|---|---|---|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2020 | |
| % "Fair/Poor" Mental Health | 18.6 | 18.6 | | 13.0 | | 18.1 |
| % 3+ Days Poor Mental Health in Past Month | 34.1 | 33.0 | | | | |
| % Diagnosed Depression | 29.1 | 27.9 | 19.9 | 21.6 | | |
| % Symptoms of Chronic Depression (2+ Years) | 39.0 | 38.2 | | 31.4 | | 29.0 |
| Suicide (Age-Adjusted Death Rate) | 12.6 | 14.0 | 12.8 | 12.4 | 10.2 | |
| % Had Someone to Turn to "All/Most" of the Time in Past Month | 82.7 | 81.8 | | | | |
| % Taking Rx/Receiving Mental Health Trtmt | 11.8 | 21.1 | | 13.9 | | 8.6 |
| % Have Ever Sought Help for Mental Health | 28.6 | 34.1 | | 30.8 | | 27.2 |
| % [Those With Diagnosed Depression] Seeking Help | 71.2 | 85.0 | | 87.1 | | |
| % Unable to Get Mental Health Svcs in Past Yr | 9.4 | 7.3 | | 6.8 | | |
| | | | better | similar | worse | |

| Nutrition, Physical Activity & Weight | Allen Parish | Allen Parish vs. Benchmarks | | | | TREND |
|---|---|---|---|---|---|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2020 | |
| % Eat 5+ Servings of Fruit or Vegetables per Day | 40.5 | 34.1 | | 33.5 | | 21.9 |
| % [Adults] Eats 2+ Servings of Fruit per Day | 48.0 | 47.9 | | | | 39.5 |
| % [Adults] Eats 3+ Servings of Vegetables per Day | 36.3 | 28.0 | | | | 17.3 |
| % Difficulty Getting Fresh Fruits & Vegetables | 12.0 | 15.0 | | | | 16.1 |
| % Medical Advice About Nutrition in Past Year | 44.5 | 44.0 | | | | |
| % "Often/Sometimes" Ran Out of Food in the Past Year | 29.9 | 32.9 | | 18.0 | | |
| Population With Low Food Access (Percent) | 31.2 | 31.5 | 26.8 | 22.4 | | |
| % No Leisure-Time Physical Activity | 29.0 | 30.3 | 29.1 | 26.2 | 32.6 | 35.2 |
| % Meeting Physical Activity Guidelines | 18.9 | 19.9 | 18.7 | 22.8 | 20.1 | |
| % [Adults] Vigorous Physical Activity | 31.6 | 29.6 | | | | |
| % [Adults] Moderate Physical Activity | 31.1 | 23.7 | | | | |
| % Strengthening Activity | 29.6 | 28.6 | 27.2 | 33.8 | | 24.5 |
| % Walk Regularly (5+ Times Per Week For >10 Minutes) | 36.8 | 40.1 | | | | 37.2 |
| % "Often" See Others in Community Being Physically Active | 31.9 | 39.7 | | | | 39.4 |
| % "Fair/Poor" Local Physical Activity Opportunities | 27.9 | 36.5 | | | | 38.4 |

| Nutrition, Physical Activity & Weight (continued) | Allen Parish | Allen Parish vs. Benchmarks | | | | TREND |
|---|---|---|---|---|---|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2020 | |
| Recreation/Fitness Facilities per 100,000 | 3.9 | 4.8 | 9.5 | 11.0 | | |
| % Medical Advice About Exercise in Past Year | 46.1 | 44.4 | | | | |
| % Overweight (BMI 25+) | 69.7 | 75.3 | 69.2 | 67.8 | | 67.6 |
| % Healthy Weight (BMI 18.5-24.9) | 27.1 | 23.4 | 29.0 | 30.3 | 33.9 | 31.2 |
| % [Overweights] Trying to Lose Weight Both Diet/Exercise | 36.0 | 34.7 | | | | 27.6 |
| % Obese (BMI 30+) | 41.0 | 41.4 | 35.5 | 32.8 | 30.5 | 26.2 |
| % Medical Advice on Weight in Past Year | 32.3 | 26.6 | | 24.2 | | 22.1 |
| % [Overweights] Counseled About Weight in Past Year | 42.1 | 32.3 | | 29.0 | | |
| % Have Been Told That Child [<18] Is Overweight | 6.4 | 5.4 | | | | 2.6 |
| % Child [Age 2-17] Physically Active 1+ Hours per Day | 58.4 | 52.1 | | 50.5 | | |
| | | | better | similar | worse | |

| Oral Health | Allen Parish | Allen Parish vs. Benchmarks | | | | TREND |
|---|---|---|---|---|---|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2020 | |
| % [Age 18+] Dental Visit in Past Year | 45.3 | 53.6 | 56.6 | 59.7 | 49.0 | 60.2 |
| % Child [Age 2-17] Dental Visit in Past Year | 90.7 | 84.6 | | 87.0 | 49.0 | 81.8 |
| | | | better | similar | worse | |

| Potentially Disabling Conditions | Allen Parish | Allen Parish vs. Benchmarks | | | | TREND |
|---|---|---|---|---|---|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2020 | |
| % [50+] Arthritis/Rheumatism | 50.7 | 45.6 | | 38.3 | | |
| % [18+] Arthritis/Rheumatism | 29.2 | 28.7 | | 23.1 | | 27.7 |
| % Eye Exam in Past 2 Years | 57.5 | 58.2 | | 55.3 | | 32.2 |
| | | | better | similar | worse | |

| Respiratory Diseases | Allen Parish | Allen Parish vs. Benchmarks | | | | TREND |
|---|---|---|---|---|---|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2020 | |
| CLRD (Age-Adjusted Death Rate) | 51.9 | 56.3 | 43.9 | 40.9 | | 57.3 |
| Pneumonia/Influenza (Age-Adjusted Death Rate) | 23.8 | 26.5 | 16.6 | 14.8 | | |
| % [Child 0-17] Currently Has Asthma | 3.5 | 7.6 | | 9.3 | | 1.0 |
| % COPD (Lung Disease) | 15.3 | 14.7 | 8.3 | 8.6 | | 11.1 |
| | | | better | similar | worse | |

| Sexually Transmitted Diseases | Allen Parish | Allen Parish vs. Benchmarks | | | | TREND |
|---|---|---|---|---|---|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2020 | |
| Chlamydia Incidence Rate | 223.2 | 536.0 | 625.9 | 456.1 | | |
| Gonorrhea Incidence Rate | 101.8 | 154.6 | 194.6 | 110.7 | | |
| | | | better | similar | worse | |

| Substance Abuse | Allen Parish | Allen Parish vs. Benchmarks | | | | TREND |
|---|---|---|---|---|---|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2020 | |
| Unintentional Drug-Related Deaths (Age-Adjusted Death Rate) | 9.1 | 10.0 | 13.6 | 11.3 | 11.3 | |
| Cirrhosis/Liver Disease (Age-Adjusted Death Rate) | 7.6 | 9.4 | 8.8 | 9.9 | 8.2 | |
| % Current Drinker | 44.2 | 49.0 | 51.9 | 55.0 | | |
| % Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women) | 26.0 | 22.1 | 16.9 | 20.0 | 24.4 | 17.4 |
| % Excessive Drinker | 26.9 | 23.6 | | 22.5 | 25.4 | |
| % Drinking & Driving in Past Month | 6.0 | 3.8 | 3.5 | 5.2 | | 3.4 |
| % Rode w/Drunk Driver in Past Month | 11.2 | 5.9 | | | | 7.2 |
| % Illicit Drug Use in Past Month | 1.5 | 3.2 | | 2.5 | 7.1 | 2.0 |
| % Have Used Prescription Opiates in Past Year | 23.8 | 25.0 | | | | |
| % Ever Sought Help for Alcohol or Drug Problem | 4.1 | 4.3 | | 3.4 | | 1.6 |
| | | | better | similar | worse | |

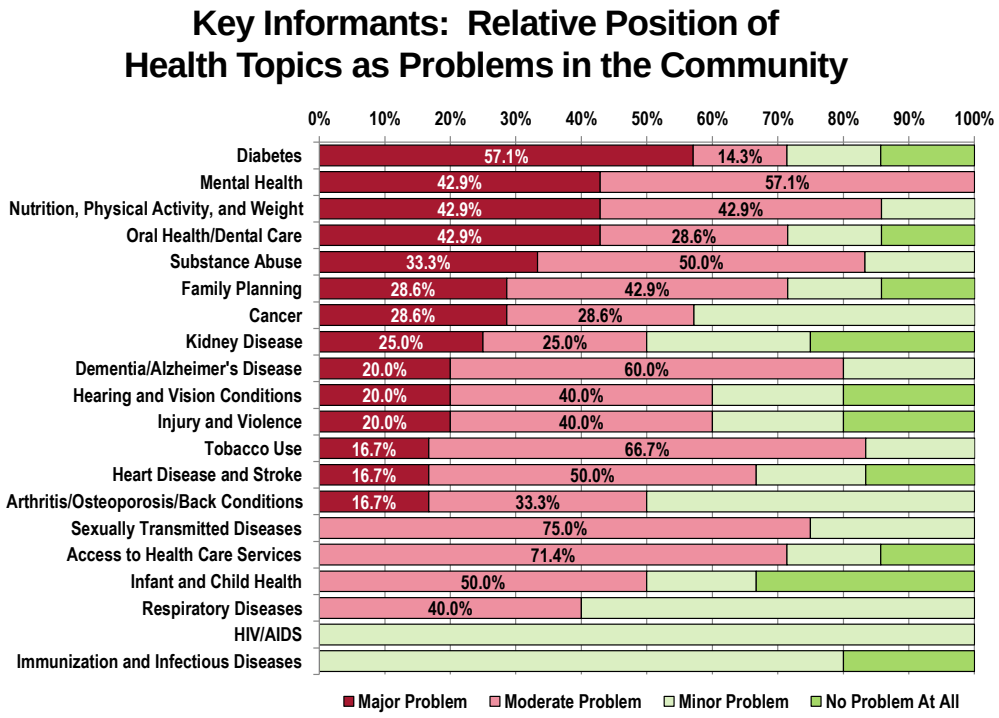
| Tobacco Use | Allen Parish | Allen Parish vs. Benchmarks | | | | TREND |
|---|---|---|---|---|---|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2020 | |
| % Current Smoker | 22.3 | 23.6 | 22.8 | 16.3 | 12.0 | 21.1 |
| % Someone Smokes at Home | 11.2 | 16.6 | | 10.7 | | 21.0 |

| Tobacco Use (continued) | Allen Parish | Allen Parish vs. Benchmarks | | | | TREND |
|---|---|---|---|---|---|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2020 | |
| % [Nonsmokers] Someone Smokes in the Home | 4.3 | 7.0 | | 4.0 | | |
| % [Household With Children] Someone Smokes in the Home | 4.7 | 16.3 | | 7.2 | | 14.5 |
| % Aware of Smoking Cessation Services/Programs | 30.8 | 41.2 | | | | 31.9 |
| % Community Believes Adults "Definitely" Should Not Smoke | 38.0 | 41.2 | | | | 46.1 |
| % Currently Use Vaping Products | 5.5 | 5.6 | 6.0 | 3.8 | | |
| % Use Smokeless Tobacco | 10.1 | 7.2 | 5.1 | 4.4 | 0.3 | 8.2 |
| | | | better | similar | worse | |

| Quality of Life | Allen Parish | Allen Parish vs. Benchmarks | | | | TREND |
|---|---|---|---|---|---|---|
| | | vs. RFSA | vs. LA | vs. US | vs. HP2020 | |
| % "Fair/Poor" Overall Quality of Life in Central Louisiana | 25.1 | 28.2 | | | | |
| % Parish Life: Wrong Track and Getting Worse | 21.2 | 17.0 | | | | |
| % Know 10+ People Benefiting from Charities | 43.2 | 40.0 | | | | |
| % "Frequently/Sometimes" Donate to Charity | 70.6 | 67.4 | | | | |
| % Have Received Charitable Assistance in Past Year | 7.5 | 6.1 | | | | |
| % "Frequently/Sometimes" Volunteer | 42.0 | 40.9 | | | | |
| % Voted in Each of the Past 5 Elections | 47.7 | 54.5 | | | | |
| | | | better | similar | worse | |

## Summary of Key Informant Perceptions

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



# Data Charts & Key Informant Input

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

# Community Characteristics

## Population Characteristics

### Land Area, Population Size & Density

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

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

| | Total Population | Total Land Area (Square Miles) | Population Density (Per Square Mile) |
|---|---|---|---|
| **Allen Parish** | 25,619 | 761.81 | 33.63 |
| **Louisiana** | 4,645,670 | 43,206.73 | 107.52 |
| **United States** | 318,558,162 | 3,532,068.58 | 90.19 |

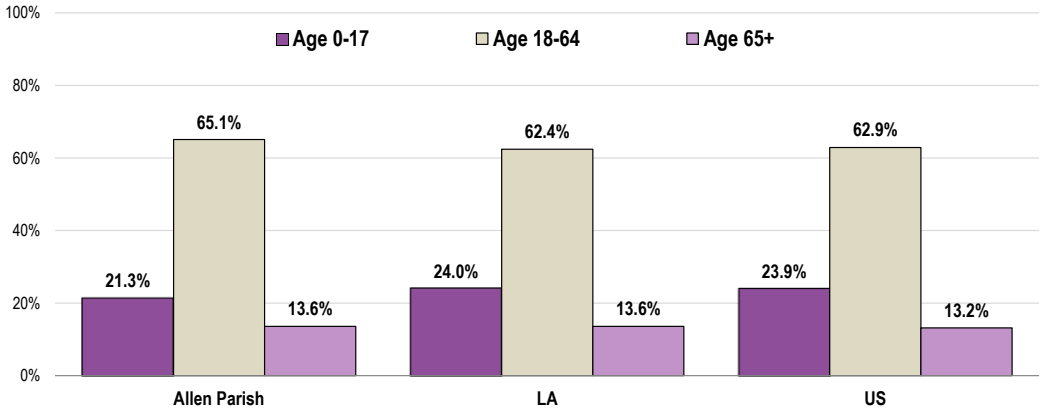
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2018 from Community Commons at http://www.chna.org.

### Age

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

- Allen Parish has a lower proportion of children compared to Louisiana and the US.

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

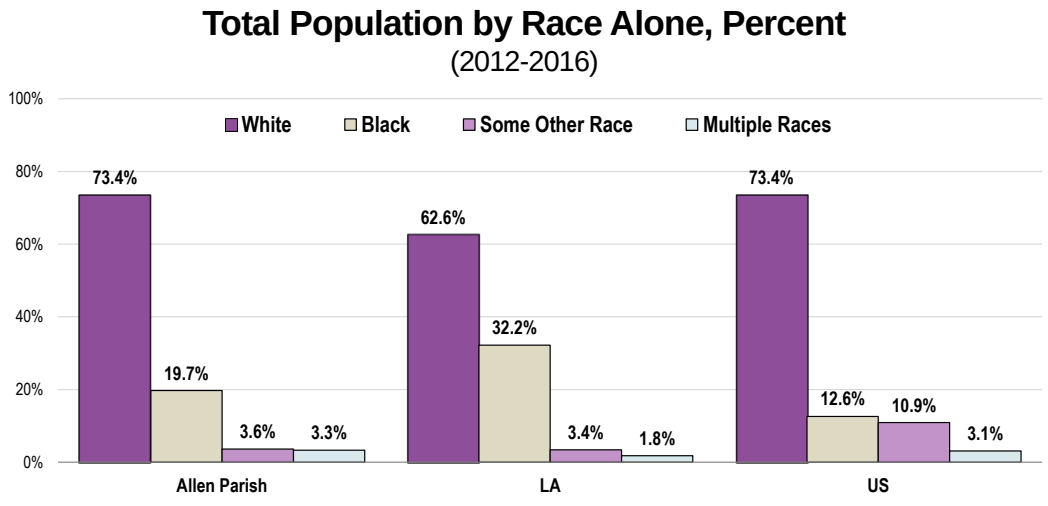



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2018 from Community Commons at http://www.chna.org.

## Race & Ethnicity

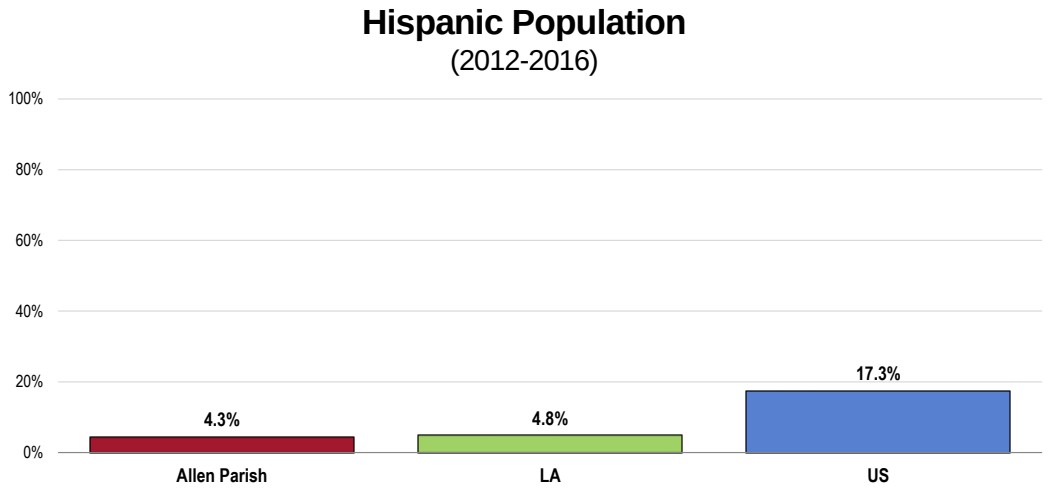
The following charts illustrate the racial and ethnic makeup of our community. Note that ethnicity (Hispanic or Latino) can be of any race.

- Allen Parish is racially less diverse than the state.




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

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




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

Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

# Social Determinants of Health

## About Social Determinants

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

- Healthy People 2020 (www.healthypeople.gov)

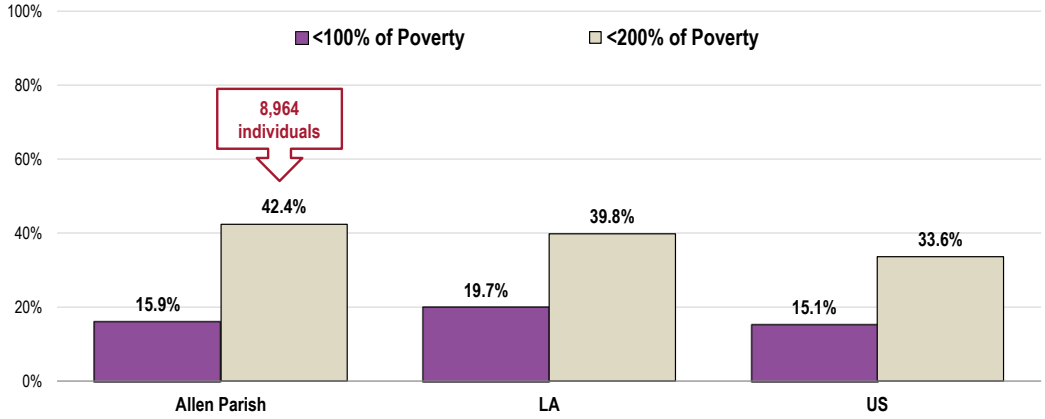
## Poverty

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

- The proportion of the parish population living in poverty is similar to the US, and better than the state overall.
- The proportion of persons living below 200% of the federal poverty is higher than found nationally, but similar to that found statewide.

**Population in Poverty**

(Populations Living Below 100% and Below 200% of the Poverty Level; 2012-2016)




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

Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

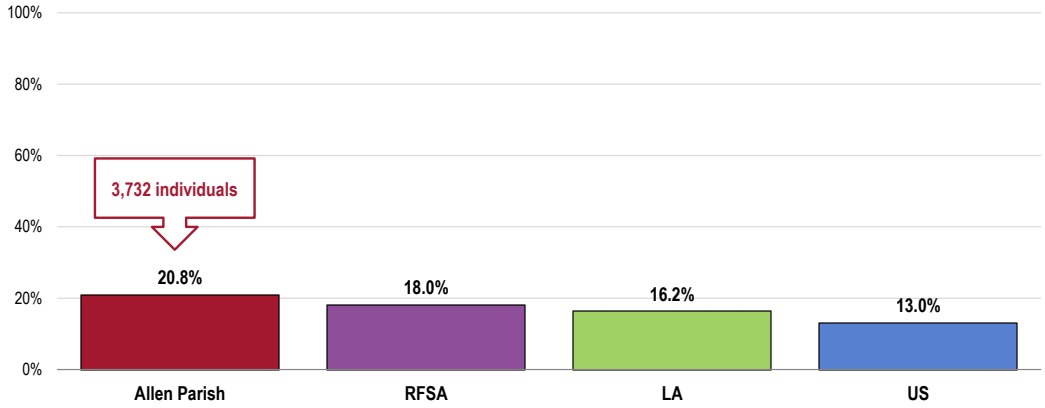
## Education

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

- The proportion of Allen Parish adults without a high school education is similar to what is found throughout Central Louisiana, but less favorable than found statewide or nationally.

**Population With No High School Diploma**

(Population Age 25+ Without a High School Diploma or Equivalent, 2012-2016)




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

Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.

## Housing

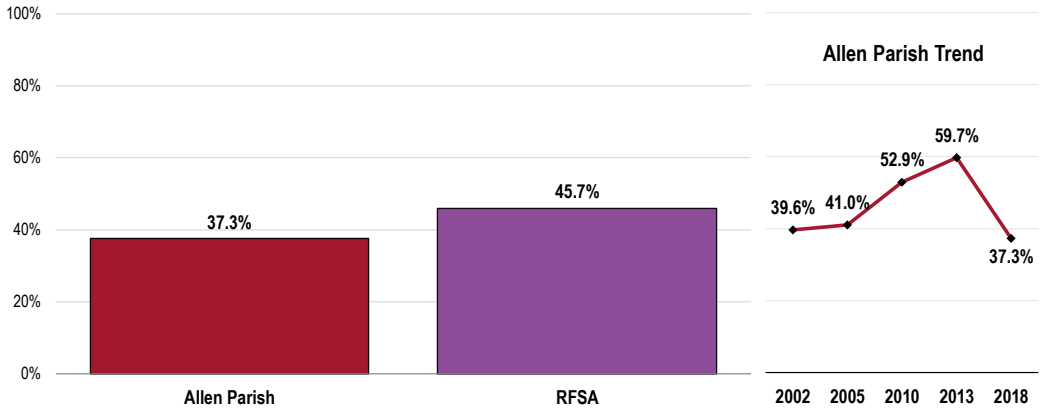
Survey respondents were asked:

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

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

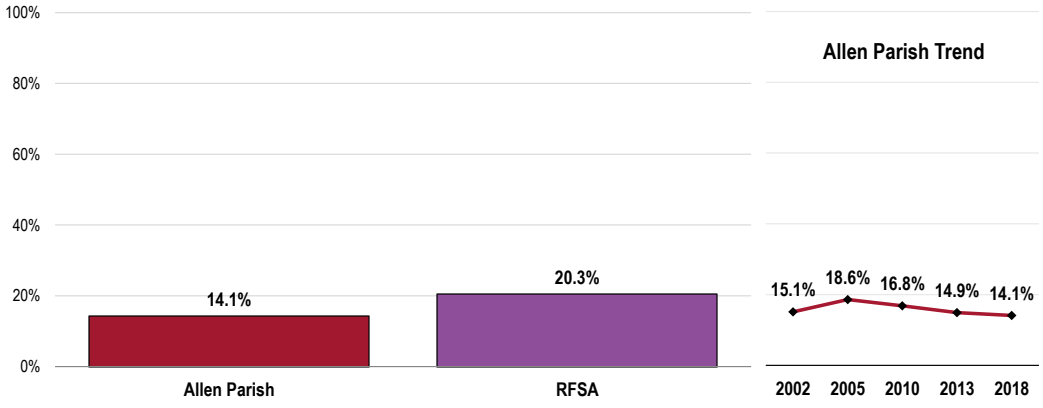
- Allen Parish adults rate affordable housing availability and the condition of local housing more favorably than is found throughout the Rapides Foundation Service Area.
- While "fair/poor" responses regarding affordability increased between 2005 and 2013, the current response is statistically similar to that first measured in 2002. "Fair/poor" responses regarding the condition of housing has not changed significantly over the years.

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




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

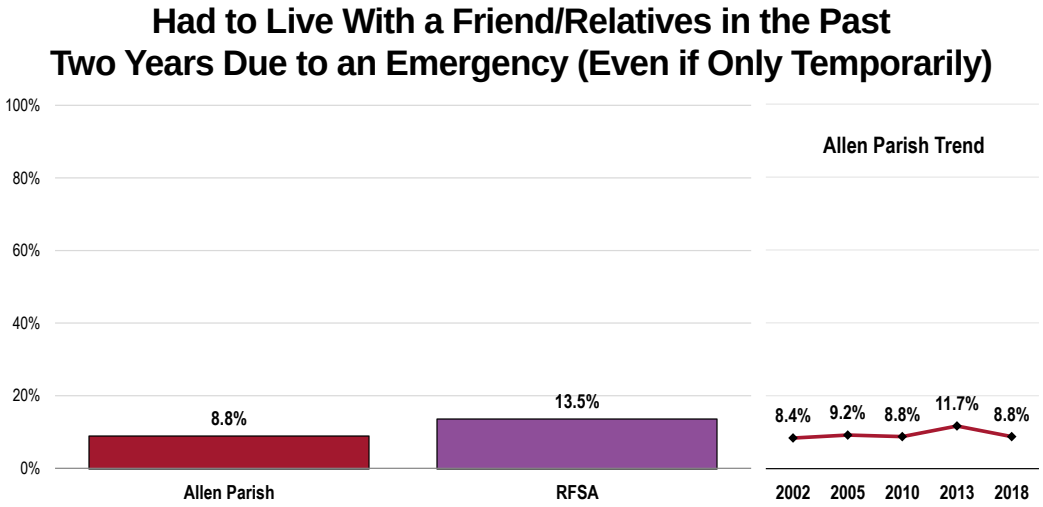
### Perceive the Condition of Neighborhood Homes to be "Fair" or "Poor"




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

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

- The current parish finding is more favorable than found throughout the Rapides Foundation Service Area, and has not changed significantly over the years.




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

# General Health Status

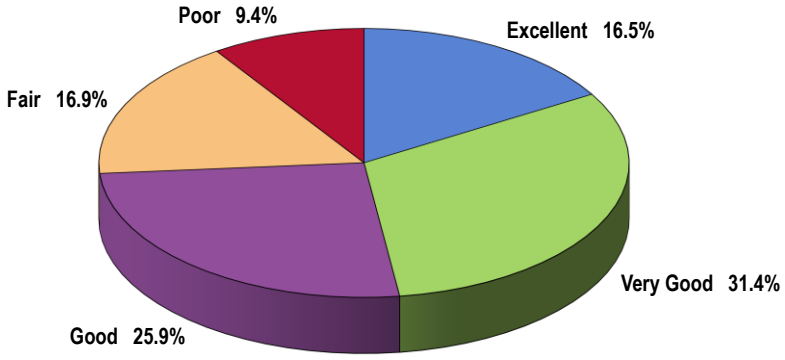
## Overall Health Status

### Self-Reported Health Status

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

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

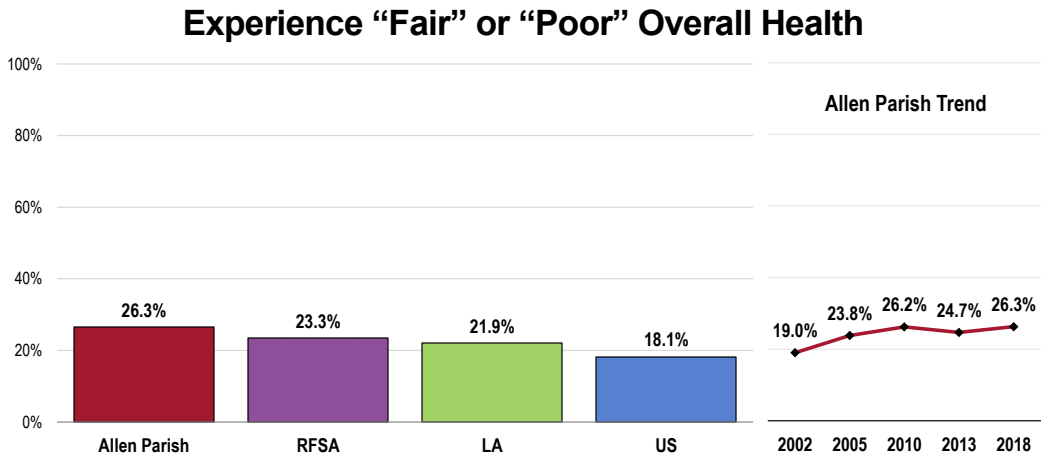
**Self-Reported Health Status**
(Allen Parish, 2018)




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

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

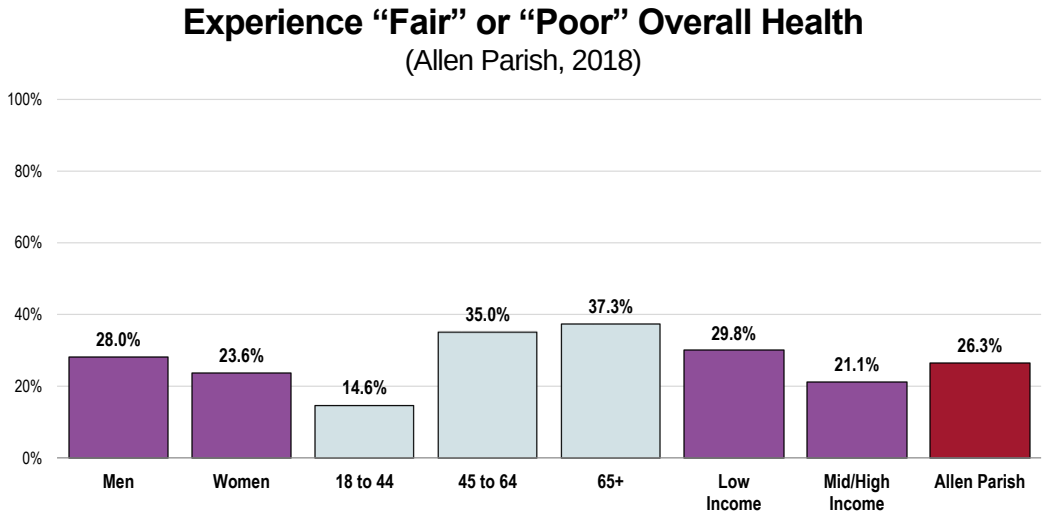
- "Fair/poor" evaluations of overall health in Allen Parish are similar to what is found regionally (RFSA) and statewide; however, they are significantly worse than found nationally and have increased considerably since the baseline 2002 assessment.




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): BRFSYR LA data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- "Fair/poor" health evaluations in Allen Parish are considerably higher among adults age 45 and older. Differences by gender and income level are not statistically significant.




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

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Activity Limitations

### About Disability & Health

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

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

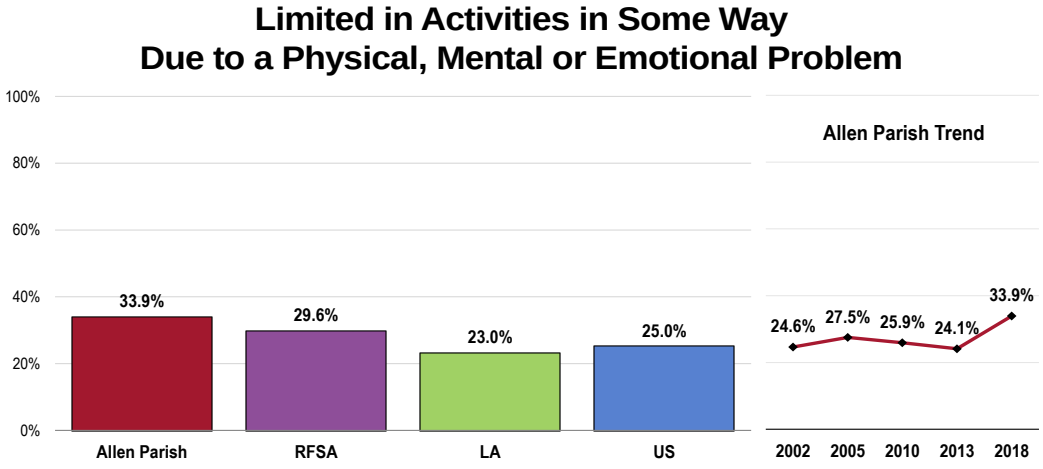
There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO)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

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

- Healthy People 2020 (www.healthypeople.gov)

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

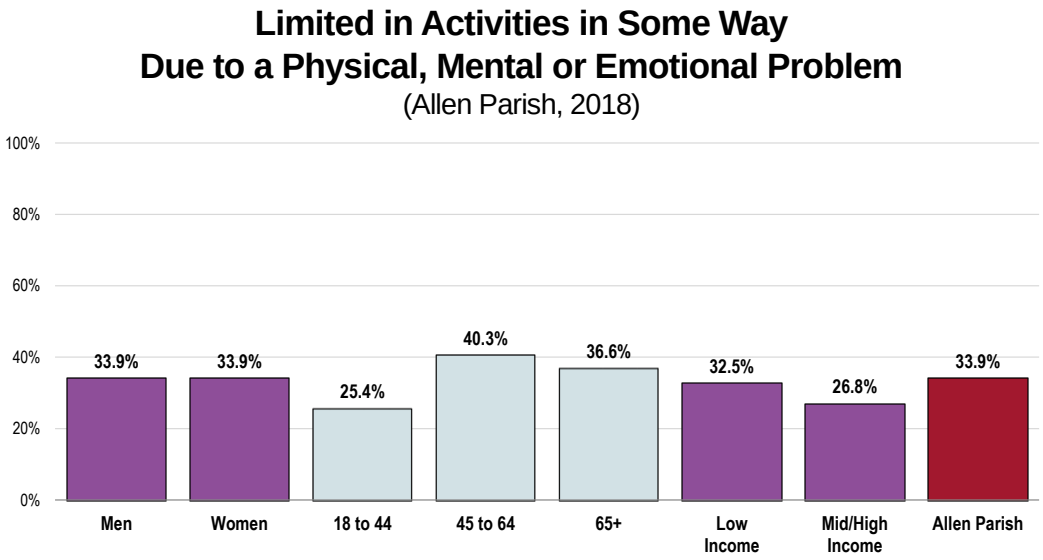
- The proportion of adults experiencing activity limitations is similar to that found in the region, but worse than is found in Louisiana and the US.
- The rate of activity limitations has increased since 2002.




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

Notes:
- Asked of all respondents.

- No significant differences in rates of activity limitations were found between genders, age groups, or income groups.




Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

# Mental Health

## About Mental Health & Mental Disorders

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

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

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

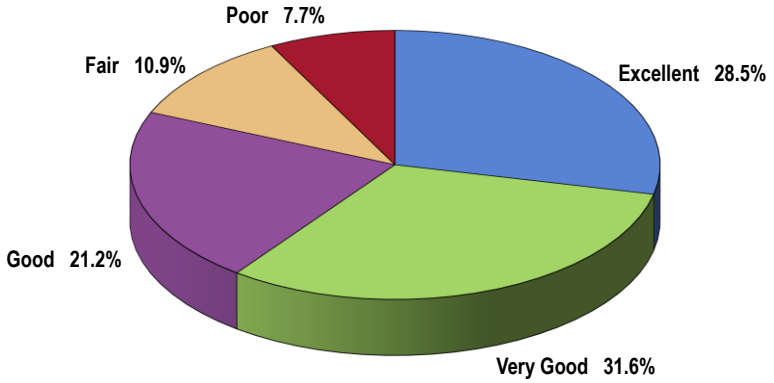
- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence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

- Healthy People 2020 (www.healthypeople.gov)

## Self-Reported Mental Health Status

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

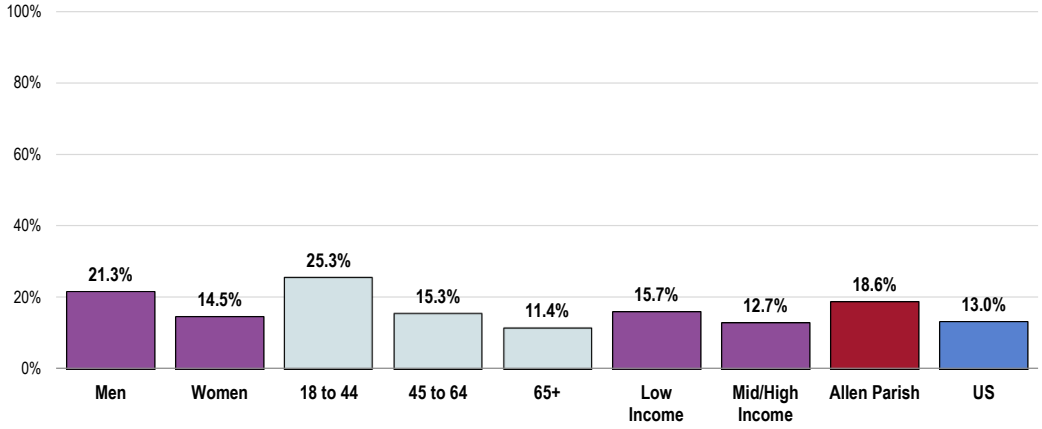
### Self-Reported Mental Health Status
(Allen Parish, 2018)




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

- The percentage of respondents reporting "fair" or "poor" mental health is similar to the percentage found nationwide.
- No significant differences were found between genders, age groups, or income categories.

### Experience "Fair" or "Poor" Mental Health
(Allen Parish, 2018)

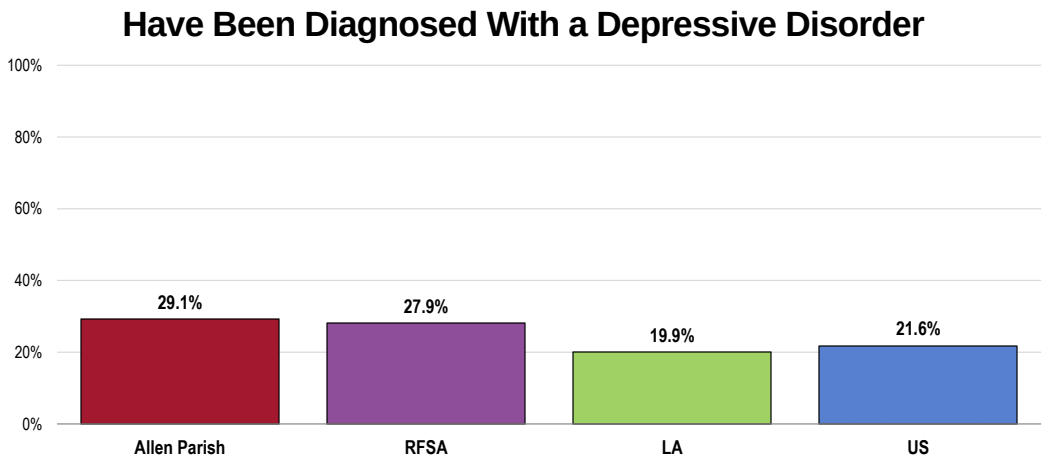



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Depression

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

- Prevalence of diagnosed depression are similar to regional findings, but higher than statewide and national findings.



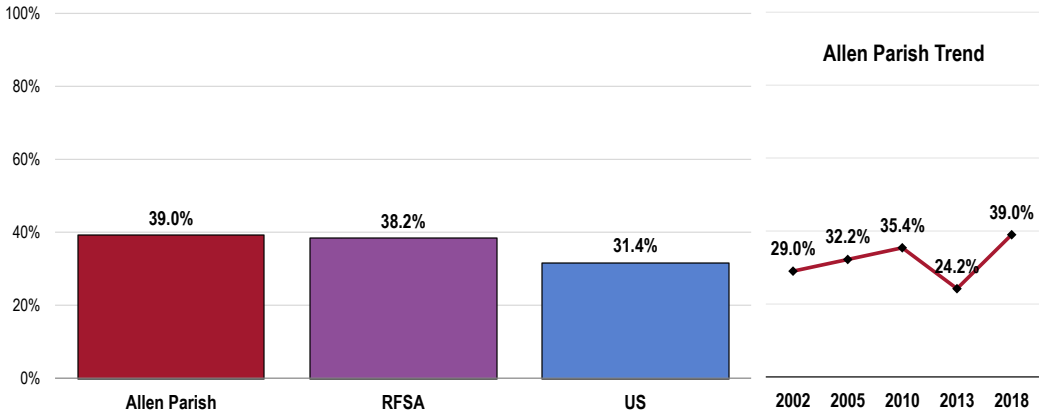

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSYR LA data.
- 2017 PRC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

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

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

- The prevalence of chronic depression is similar to the regional prevalence, but significantly higher than that found nationally.
- Chronic depression is more common in the parish than it was in 2002.

## Have Experienced Symptoms of Chronic Depression

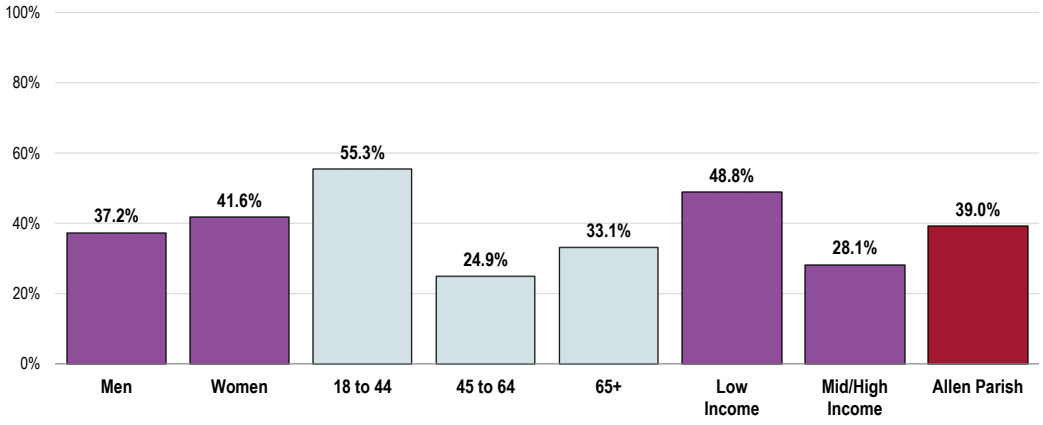



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

- Chronic depression is significantly higher among those under age 44 and among those in the low income category. No significant difference was found between genders.

## Have Experienced Symptoms of Chronic Depression
(Allen Parish, 2018)



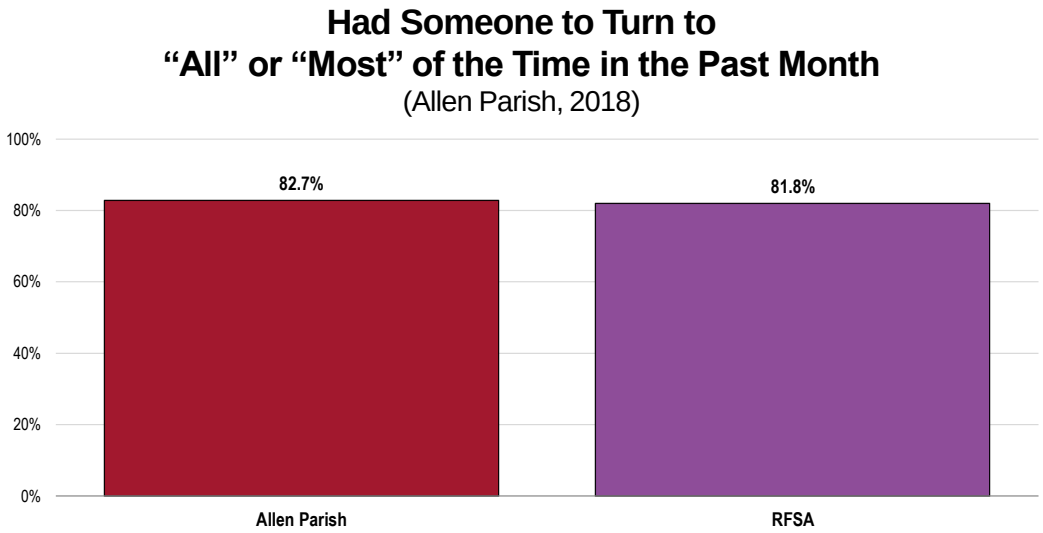

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Emotional Support

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

- No significant difference was found between the parish and region.




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

## Suicide

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

- Suicide mortality rates are similar in Allen Parish, the Rapides Foundation Service Area, Louisiana, and the US.

**Suicide: Age-Adjusted Mortality Trends**

(2007-2016 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 August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

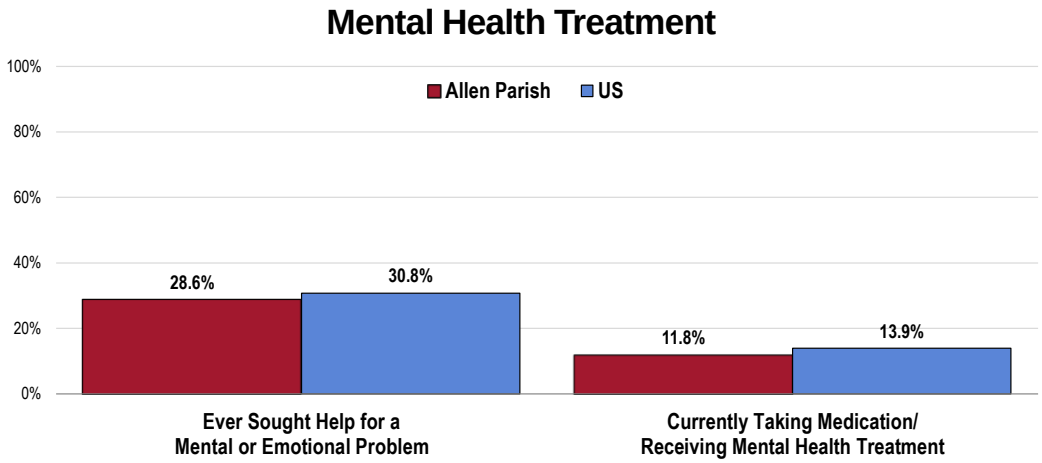
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Mental Health Treatment

**"Have you ever sought help from a professional for a mental or emotional problem?"**

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

- The proportion of Allen Parish that has sought mental health care is similar to what is found nationally.
- The proportion of Allen Parish taking prescription medication or receiving mental health treatment is similar to that found nationally.

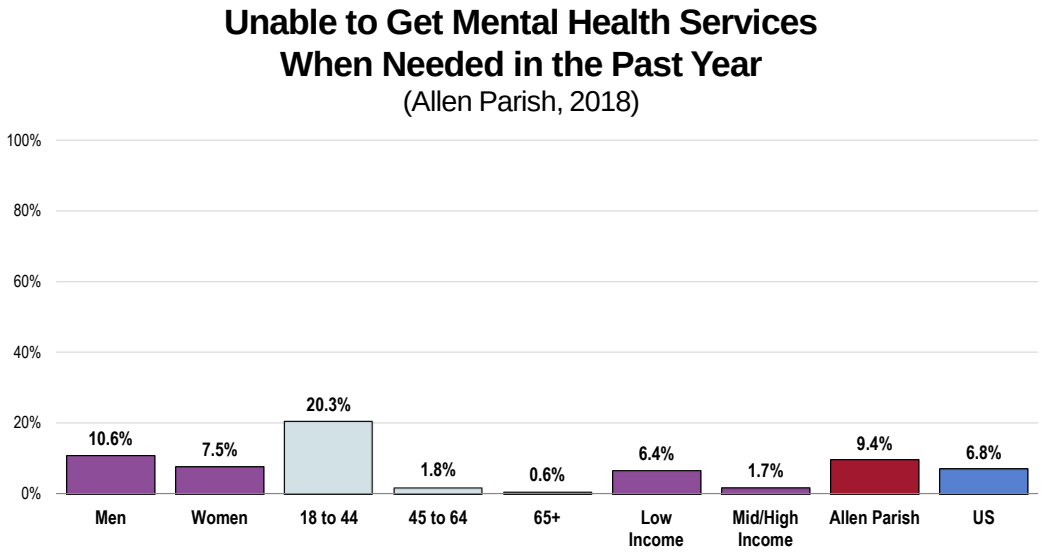



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 103-104]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects the total sample of respondents.

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

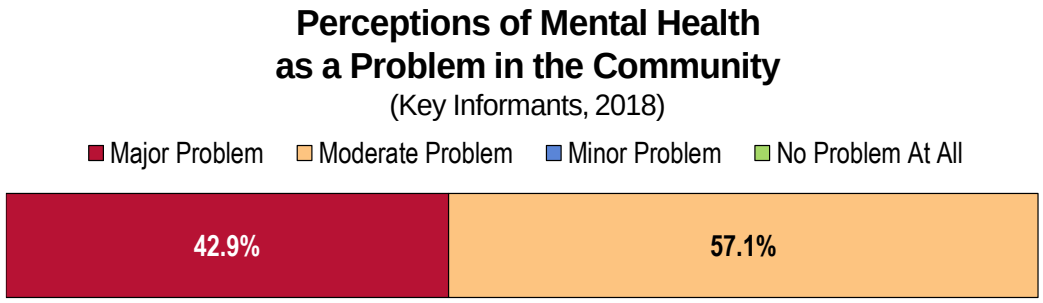
- Adults under age 45 are significantly more likely to find themselves unable to get mental health services. Prevalence did not vary significantly by gender or income and no significant difference was found between Allen Parish and the US.




Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Key Informant Input: Mental Health

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




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

### Challenges

Among those rating this issue as a "major problem," the following represents what key informants see as the main challenge for persons with mental illness:

#### Access to Care/Services

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

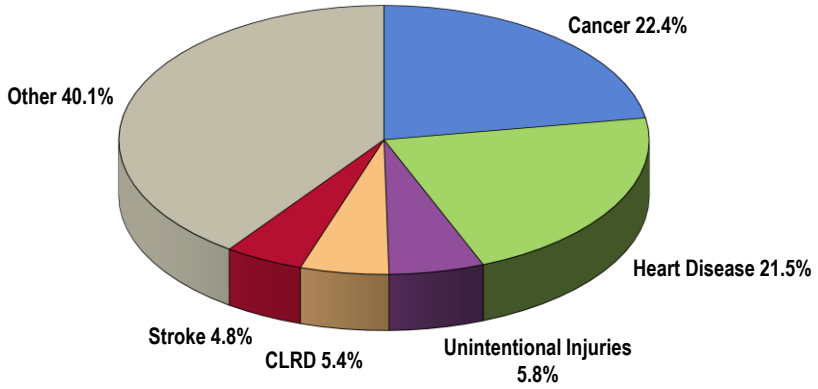
# Death, Disease, & Chronic Conditions

## Leading Causes of Death

### Distribution of Deaths by Cause

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

**Leading Causes of Death**
(Allen Parish, 2014-2016)




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

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- CLRD is chronic lower respiratory disease.

### Age-Adjusted Death Rates for Selected Causes

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

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

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

# Cardiovascular Disease

## About Heart Disease & Stroke

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

## Age-Adjusted Heart Disease & Stroke Deaths

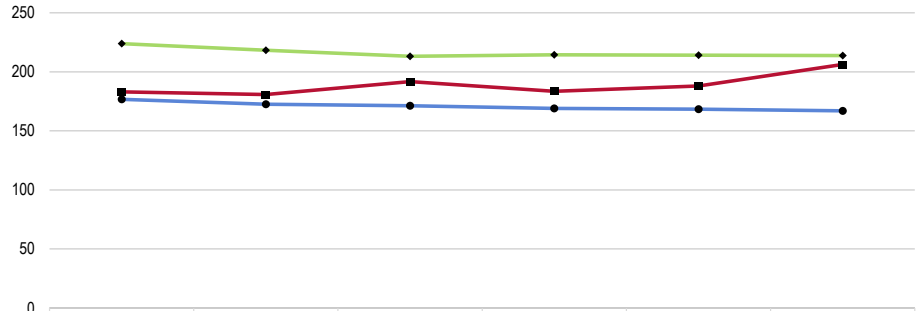
The greatest share of cardiovascular deaths is attributed to heart disease. The following charts outline age-adjusted mortality rates for heart disease and for stroke in our community.

- In Allen Parish, heart disease prevalence is statistically similar to that found in the state, but considerably worse than is found nationally.

### Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

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




| | 2009-2011 | 2010-2012 | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 |
|---|---|---|---|---|---|---|
| Allen Parish | 183.0 | 180.8 | 191.7 | 183.6 | 188.1 | 206.3 |
| LA | 223.9 | 218.3 | 213.2 | 214.5 | 214.2 | 213.8 |
| US | 176.7 | 172.6 | 171.3 | 169.1 | 168.4 | 167.0 |

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

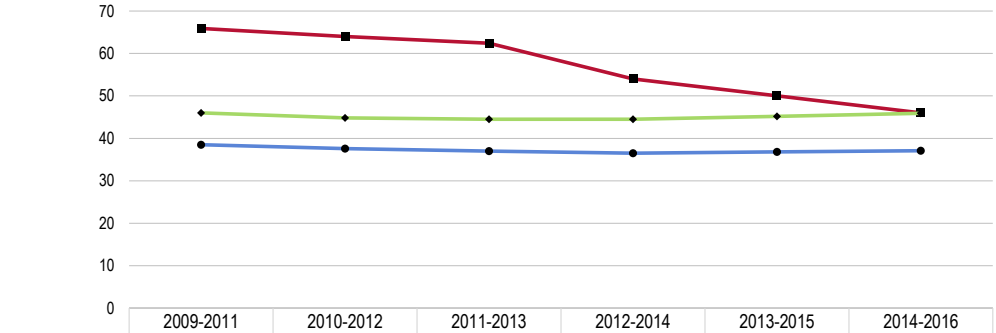
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account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

- The annual average deaths resulting from stroke per 100,000 population is significantly worse in Allen Parish than the US. The mortality rate, which has declined considerably, is similar to that found in Louisiana.

**Stroke: Age-Adjusted Mortality Trends**

(Annual Average Deaths per 100,000 Population)

**Healthy People 2020 Target = 34.8 or Lower**




| | 2009-2011 | 2010-2012 | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 |
|---|---|---|---|---|---|---|
| Allen Parish | 65.9 | 64.0 | 62.4 | 54.0 | 50.0 | 46.0 |
| LA | 46.0 | 44.8 | 44.5 | 44.5 | 45.2 | 45.9 |
| US | 38.5 | 37.6 | 37.0 | 36.5 | 36.8 | 37.1 |

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

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

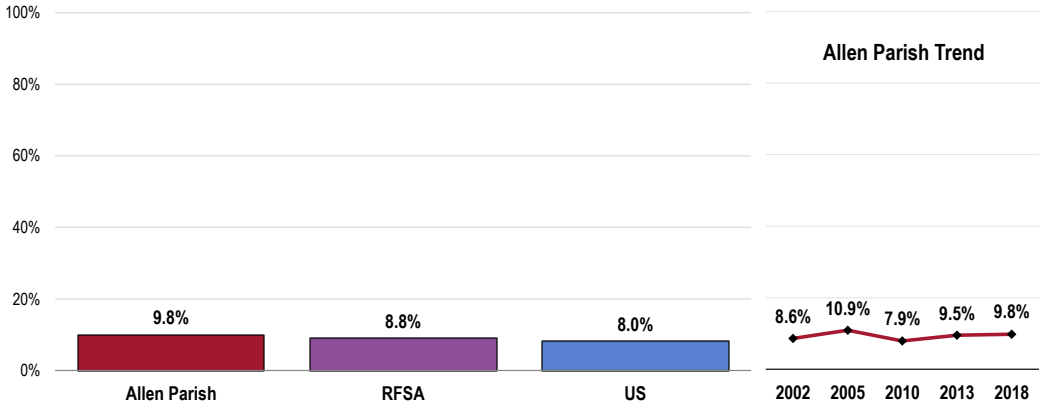
## Prevalence of Heart Disease & Stroke

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

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

- Prevalence of heart disease in Allen Parish is statistically similar to regional and national data.
- Heart disease prevalence has not changed significantly since 2002.

**Prevalence of Heart Disease**

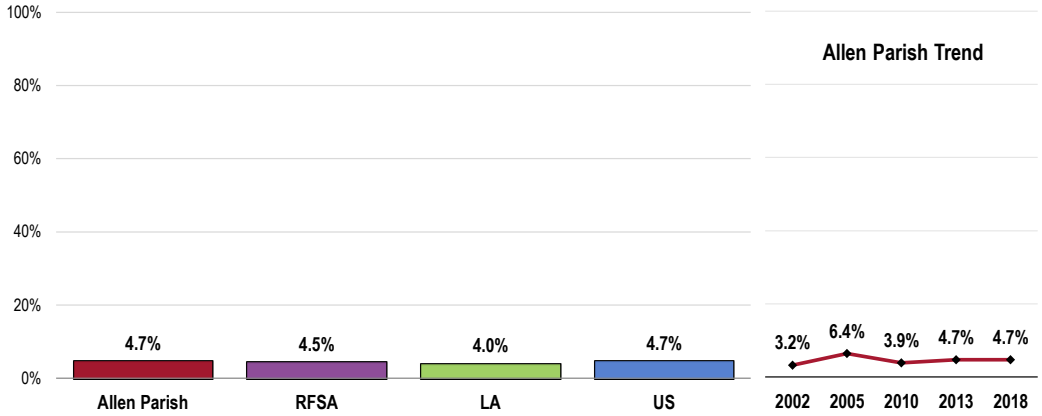



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina or coronary heart disease.

- The current parish stroke prevalence finding is similar to that found regionally, statewide, and nationally.
- Prevalence of stroke has not changed significantly compared to 2002.

## Prevalence of Stroke




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

Notes:
- Asked of all respondents.

## Cardiovascular Risk Factors

### About Cardiovascular Risk

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

- Healthy People 2020 (www.healthypeople.gov)

### High Blood Pressure & Cholesterol Prevalence

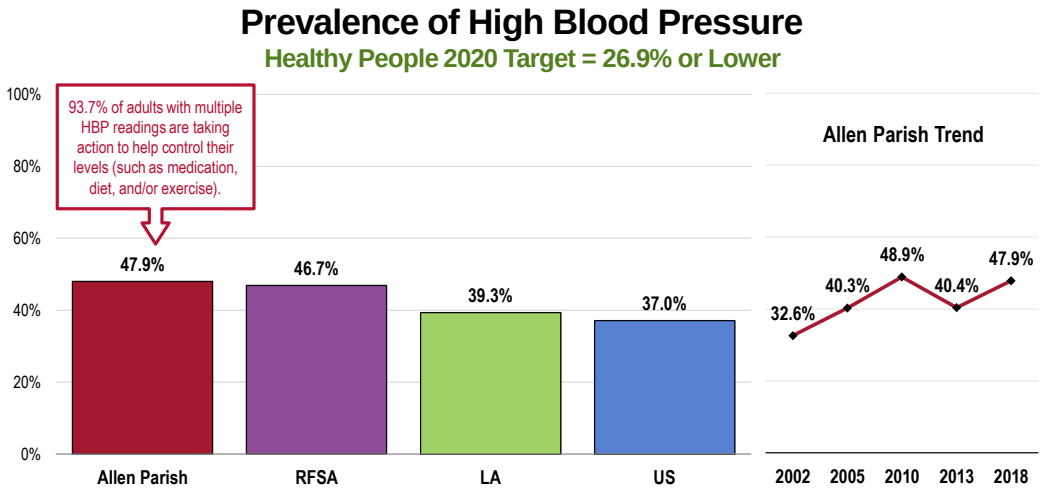
**"Have you ever been told by a doctor, nurse, or other health care professional that you had high blood pressure?"**

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

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

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

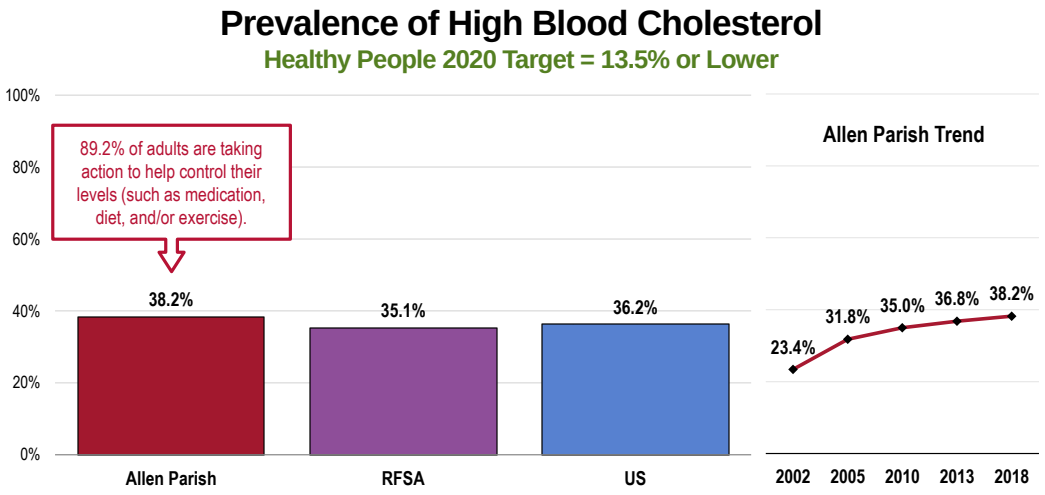
- The prevalence of high blood pressure in Allen Parish is similar to what is found in the Rapides Foundation Service Area, but worse than the prevalence in Louisiana and the US.
- Prevalence of high blood pressure in Allen Parish increased significantly since 2002.




Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 41, 129]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 LA data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.

- Prevalence of high blood cholesterol is similar to that found in the region and nation, but significantly higher than was found in 2002.




Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 46, 148]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.

## About Cardiovascular Risk

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

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

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

Three health-related behaviors contribute markedly to cardiovascular disease:

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

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

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

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

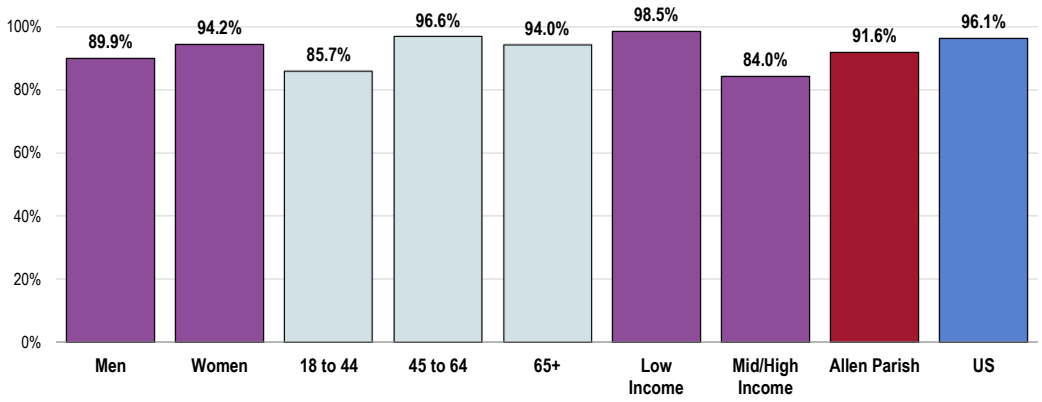
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

### Total Cardiovascular Risk

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

- Significant differences were found between income groups in prevalence of multiple cardiovascular risk factors. No significant differences were found by gender or age.
- The percentage of Allen Parish presenting one or more cardiovascular risks or behaviors is more favorable than what is found nationally.

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

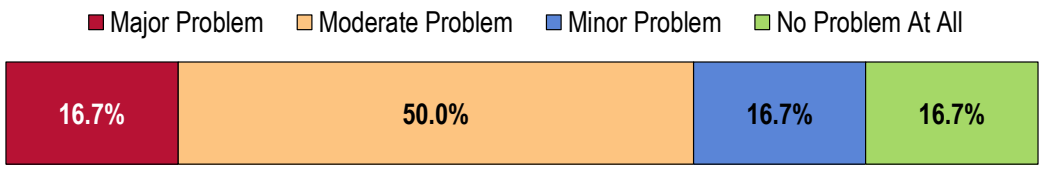



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
Notes: ● Asked of all respondents.
● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension;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

## Key Informant Input: Heart Disease & Stroke

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

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




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

### Top Concerns

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

#### Co-Occurrences

> *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)*

#### Obesity

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

# Cancer

## About Cancer

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

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

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

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

## Age-Adjusted Cancer Deaths

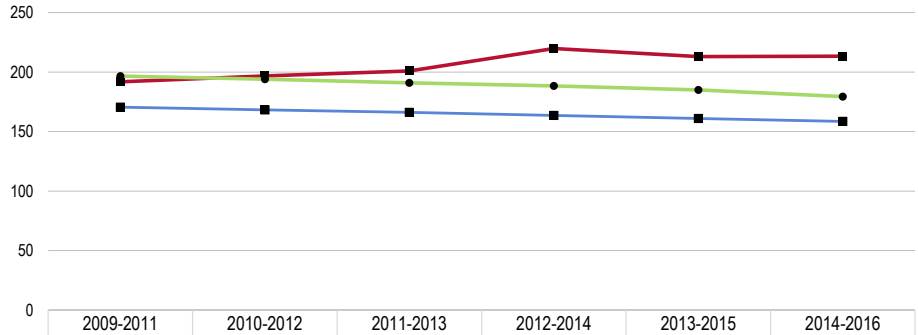
The following chart illustrates age-adjusted cancer mortality (all types) in Allen Parish.

- Age-adjusted cancer mortality in Allen Parish is less favorable than the statewide and nationwide rates, although the change from the rate noted in 2009-2011 is not significant.

**Cancer: Age-Adjusted Mortality Trends**

(Annual Average Deaths per 100,000 Population)

**Healthy People 2020 Target = 161.4 or Lower**




| | 2009-2011 | 2010-2012 | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 |
|---|---|---|---|---|---|---|
| Allen Parish | 191.8 | 196.8 | 200.9 | 219.8 | 213.0 | 213.4 |
| LA | 196.6 | 194.0 | 191.0 | 188.4 | 184.9 | 179.4 |
| US | 170.5 | 168.2 | 166.2 | 163.6 | 161.0 | 158.5 |

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

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

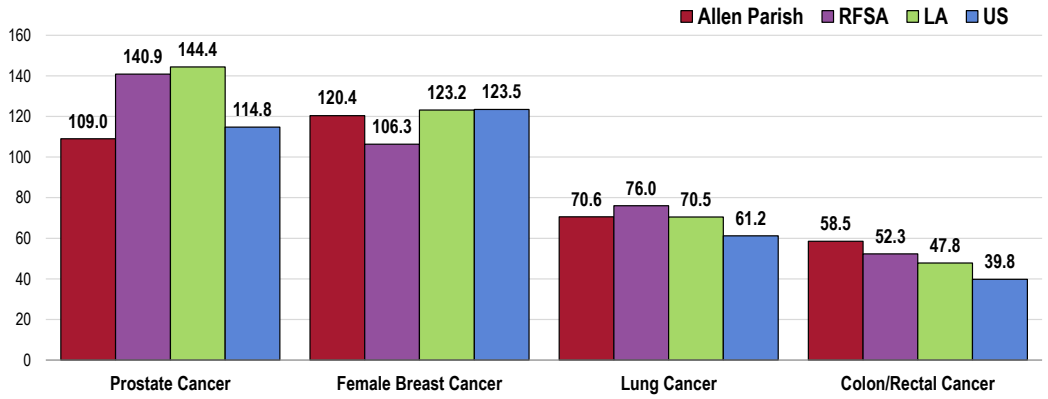
## Cancer Incidence

Incidence rates (or case rates) reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. They usually are expressed as cases per 100,000 population per year. These rates are also age-adjusted.

- Incidence of prostate cancer is better than regional and statewide rates, and similar to the national rate.
- The female breast cancer incidence rate is comparable to the regional, statewide, and nationwide rates.
- Lung cancer incidence is comparable in Allen Parish, the Rapides Foundation Service Area, Louisiana, and the US.
- The Allen Parish colorectal cancer incidence rate is comparable to the regional rate, but worse than is found in Louisiana and the US.

### Cancer Incidence Rates by Site

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




Sources:
- State Cancer Profiles.
- Retrieved August 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.

### Cancer Risk

#### About Cancer Risk

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

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

## Cancer Screenings

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

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

### Female Breast Cancer Screening

#### About Screening for Breast Cancer

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

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

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

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

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

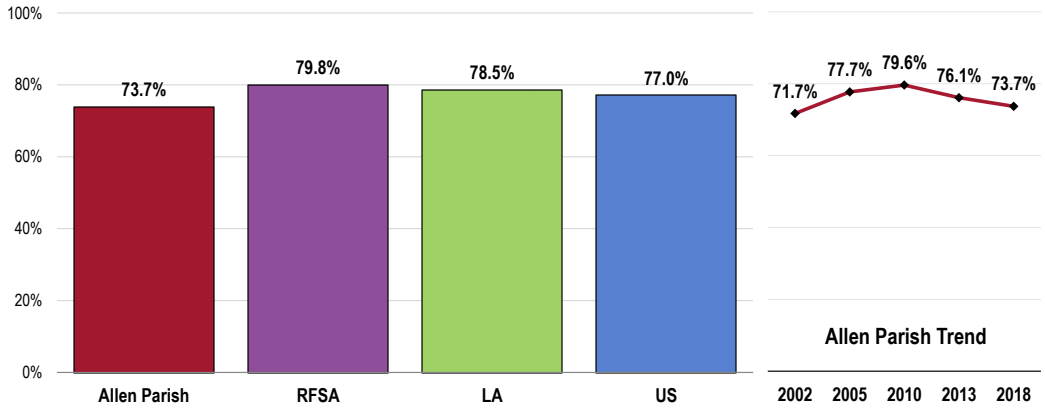
**Breast Cancer Screening: "A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?"** (Calculated here among women age 50 to 74 who indicate screening within the past 2 years.)

- The percentage of women age 50-74 reporting recent mammograms is similar to that found in the region, state, and nation.
- Mammogram use has not changed significantly over the years in Allen Parish.

## 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 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): BRFSYR LA data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]

Notes:
- Reflects female respondents 50-74.

## Cervical Cancer Screenings

### About Screening for Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

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

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

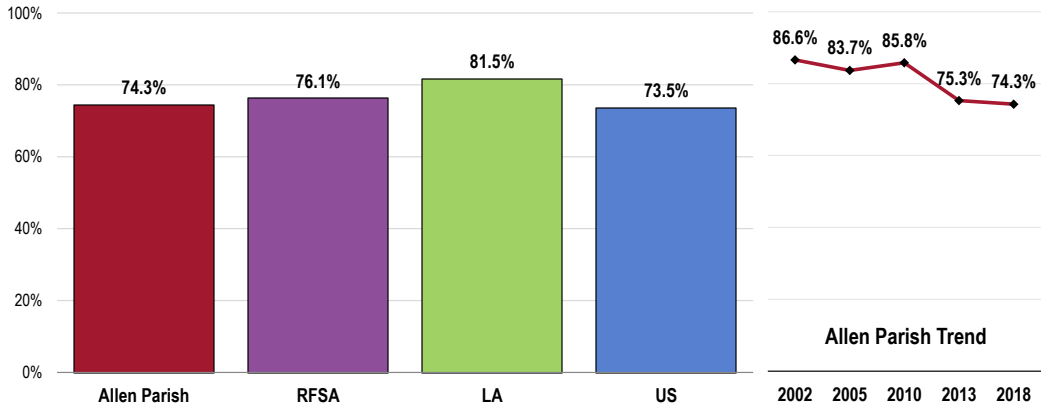
**Cervical Cancer Screening:** **"A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?"** (Calculated here among women age 21 to 65 who indicate screening within the past 3 years.)

- The prevalence of pap smear testing in Allen Parish is comparable to regional, state, and national findings.
- Cervical cancer screenings have decreased significantly since 2002.

## Have Had a Pap Smear in the Past Three Years

(Among Women Age 21-65)

**Healthy People 2020 Target = 93.0% or Higher**




Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSYR LA data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-15]

Notes:
- Reflects female respondents age 21 to 65.

### Colorectal Cancer Screenings

**About Screening for Colorectal Cancer**

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (fecal occult blood testing, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

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

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

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

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

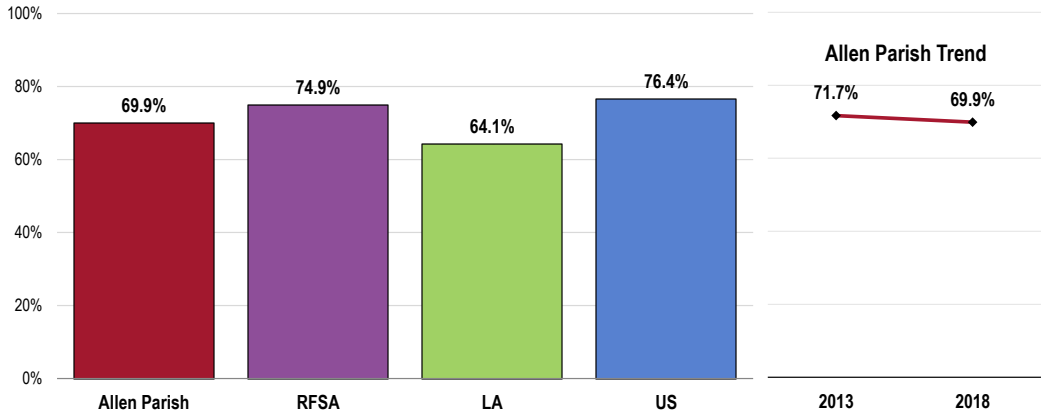
(Calculated here among both sexes age 50 to 75 who indicated fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years.)

- Colorectal cancer screening rates are comparable in Allen Parish to rates found in the Rapides Foundation Service Area, Louisiana, and the US as a whole.
- The slight decrease in colorectal cancer screenings since 2013 is not statistically significant.

## Have Had a Colorectal Cancer Screening

(Among Adults Age 50-75)

**Healthy People 2020 Target = 70.5% or Higher**

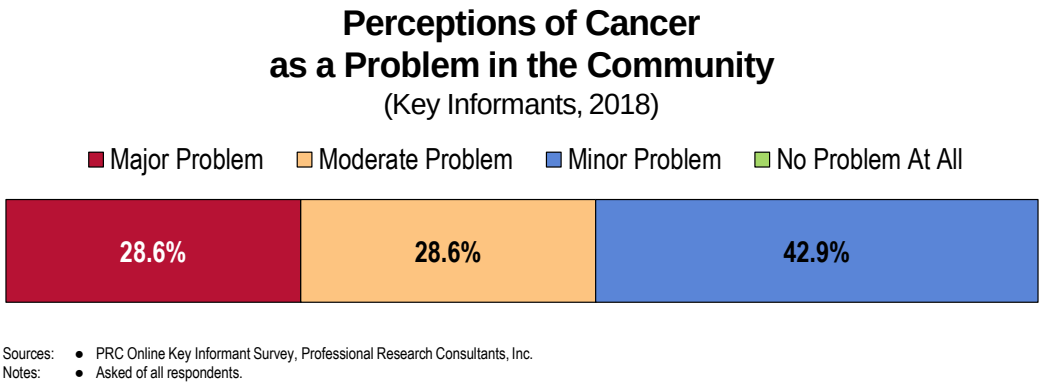



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSYR LA data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-16]

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

## Key Informant Input: Cancer

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




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

### Top Concerns

#### Prevalence/Incidence

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

# Respiratory Disease

## About Asthma & COPD

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

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

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

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

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

Risk factors for asthma currently being investigated include:

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

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

## Age-Adjusted Respiratory Disease Deaths

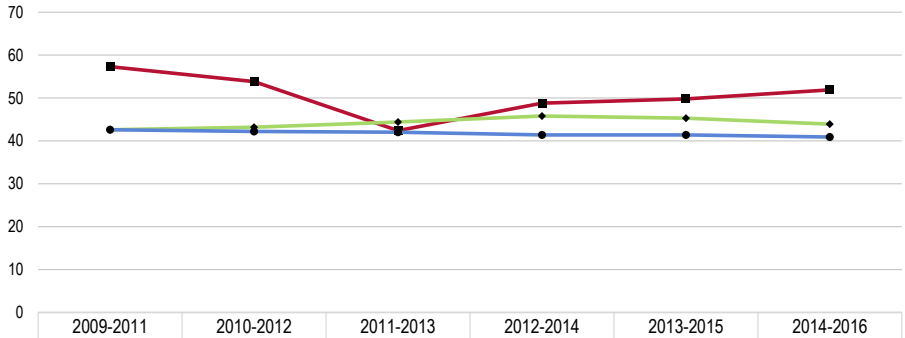
Chronic lower respiratory diseases (CLRD) are diseases affecting the lungs; the most deadly of these is chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis.

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

- CLRD mortality in Allen Parish is worse than is found in Louisiana and the US, but statistically similar to what was noted in 2009-2011.

**CLRD: Age-Adjusted Mortality Trends**

(Annual Average Deaths per 100,000 Population)




| | 2009-2011 | 2010-2012 | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 |
|---|---|---|---|---|---|---|
| Allen Parish | 57.3 | 53.8 | 42.4 | 48.8 | 49.8 | 51.9 |
| LA | 42.6 | 43.2 | 44.4 | 45.8 | 45.3 | 43.9 |
| US | 42.6 | 42.2 | 42.0 | 41.4 | 41.4 | 40.9 |

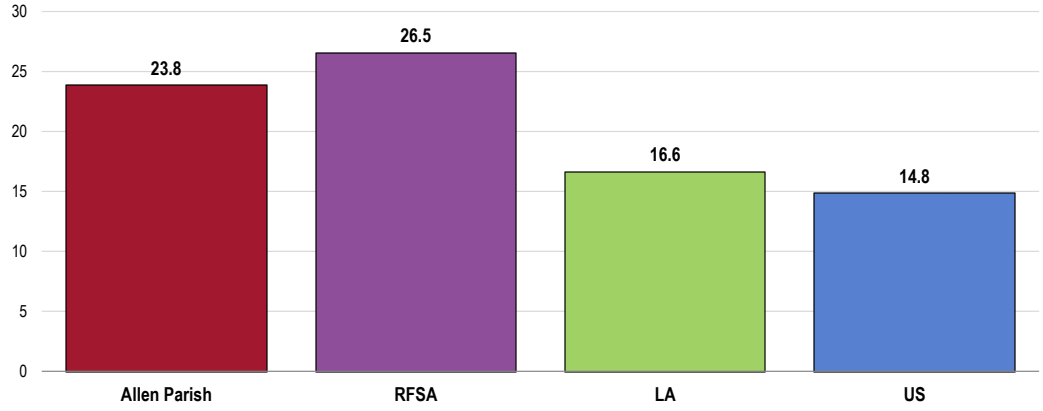
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.

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

- Pneumonia and influenza mortality is worse in Allen Parish than in the state and nation, although the rate is similar to the rate found regionally.

**Pneumonia/Influenza: Age-Adjusted Mortality Trends**

(2012-2016 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 August 2018.

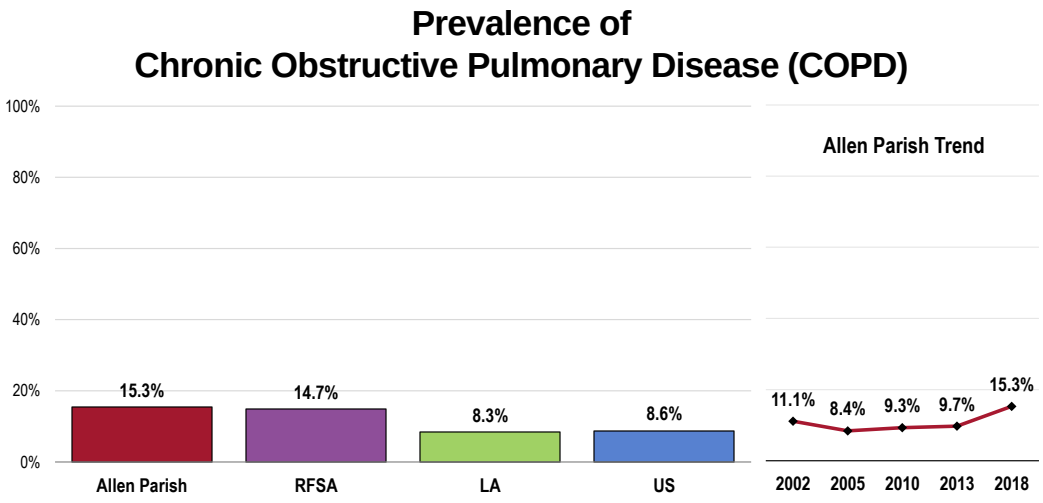
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Prevalence of Respiratory Diseases

### COPD

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

- Prevalence of COPD is higher in Allen Parish than in the state and nation, but similar to regional prevalence.
- COPD prevalence is similar to that found in 2002.



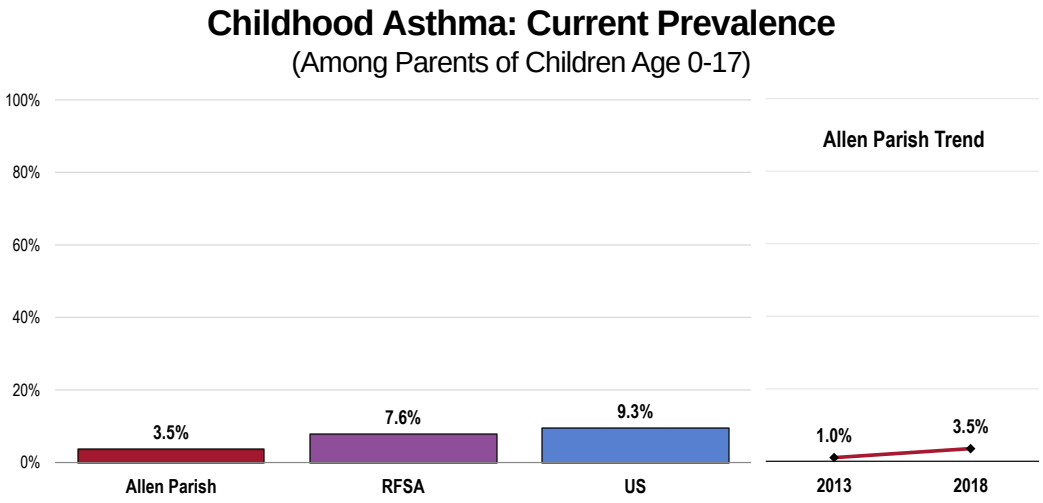

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSYR LA data.
- 2017 PRC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

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

### Asthma

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

- The current prevalence of childhood asthma is similar to that found in the region and nation.
- The 2018 childhood asthma prevalence is similar to the 2013 prevalence.

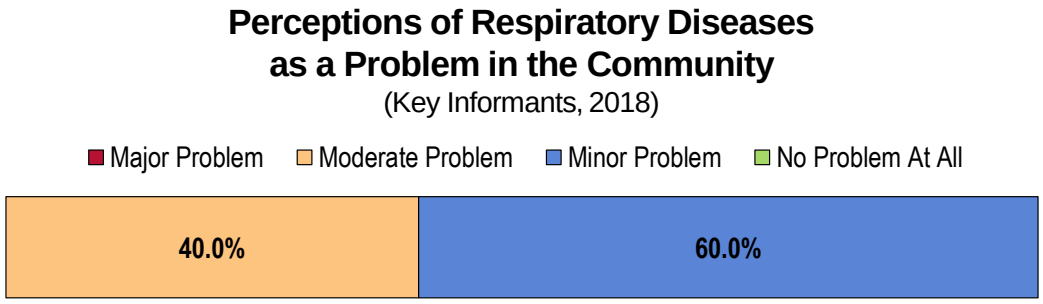



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.
- Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

## Key Informant Input: Respiratory Disease

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




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," the following reason was given:

### 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)*

# Injury & Violence

## About Injury & Violence

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

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

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

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

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

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

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

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

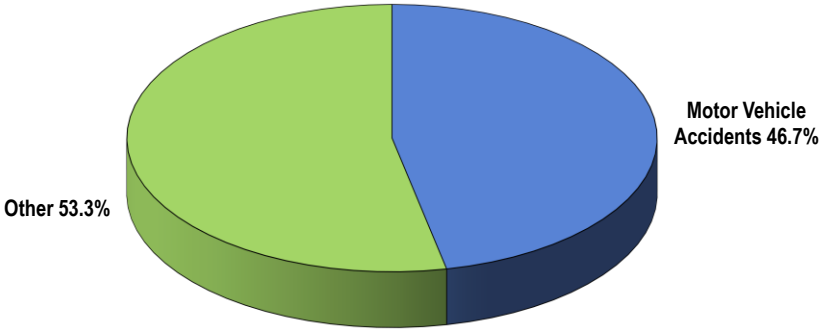
Efforts to prevent violence may focus on:

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

## Leading Causes of Accidental Death

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

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




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

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

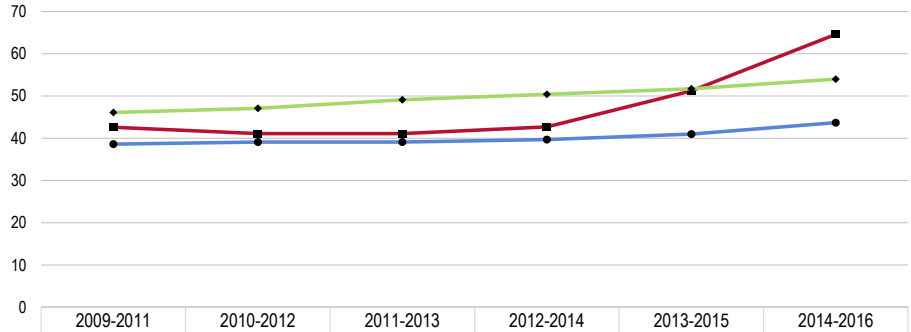
## Unintentional Injury

### Age-Adjusted Unintentional Injury Deaths

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

- Mortality rates for unintentional injury are higher in Allen Parish than in Louisiana and the US, and have increased significantly since 2009-2011.

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




| | 2009-2011 | 2010-2012 | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 |
|---|---|---|---|---|---|---|
| Allen Parish | 42.6 | 41.1 | 41.1 | 42.7 | 51.2 | 64.6 |
| LA | 46.1 | 47.1 | 49.1 | 50.4 | 51.7 | 54.0 |
| US | 38.6 | 39.1 | 39.1 | 39.7 | 41.0 | 43.7 |

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

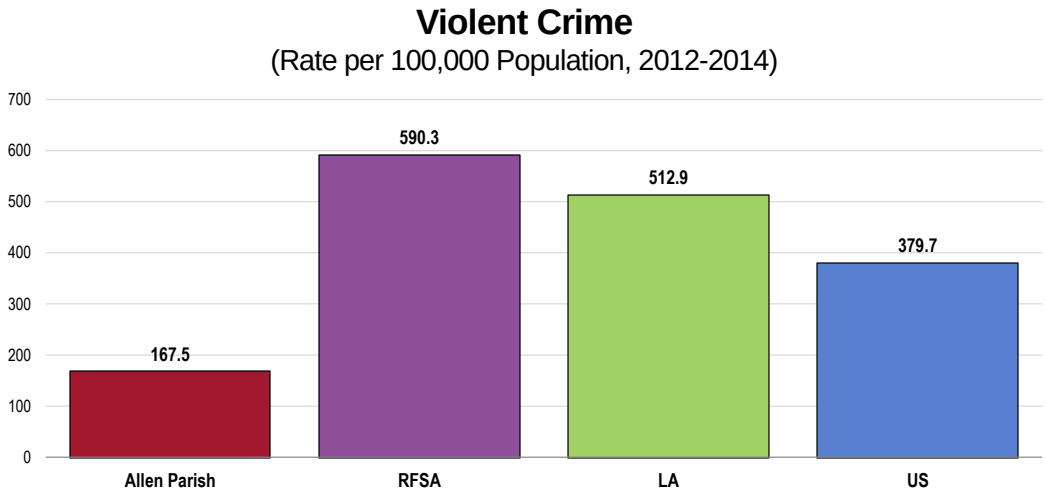
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Intentional Injury (Violence)

### Violent Crime

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

- The violent crime rate in Allen Parish is much more favorable than that found in the region, state, and nation.

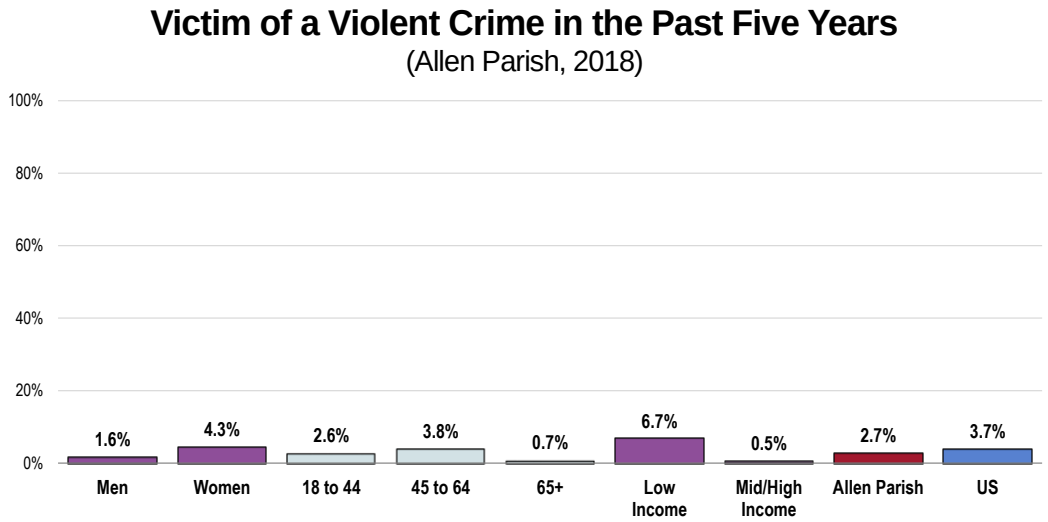



Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Retrieved August 2018 from Community Commons at http://www.chna.org.

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

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

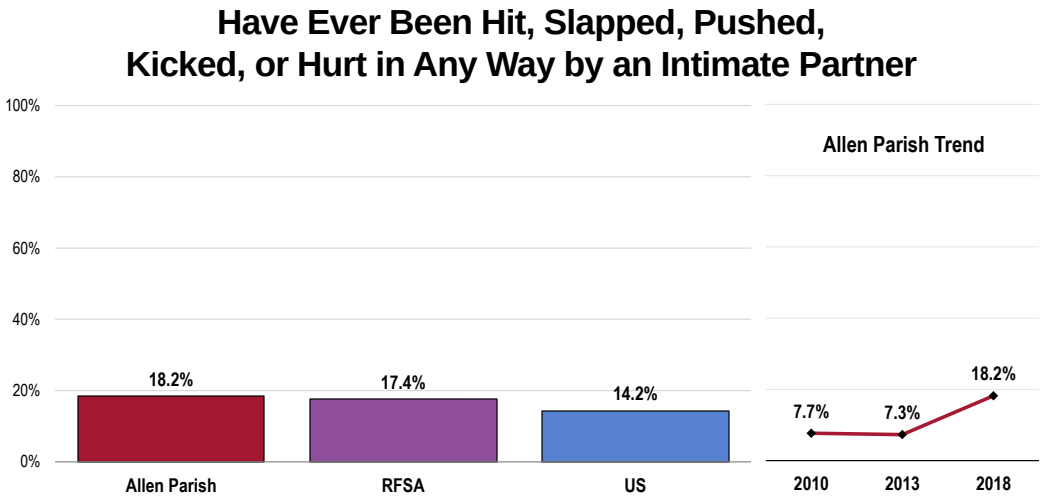
- No significant differences were found in violent crime rates by gender, age, or income, and no significant difference was found between Allen Parish and the nation.




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

**Intimate Partner Violence:** **"The next questions are about different types of violence in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with, would also be considered an intimate partner. Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?"**

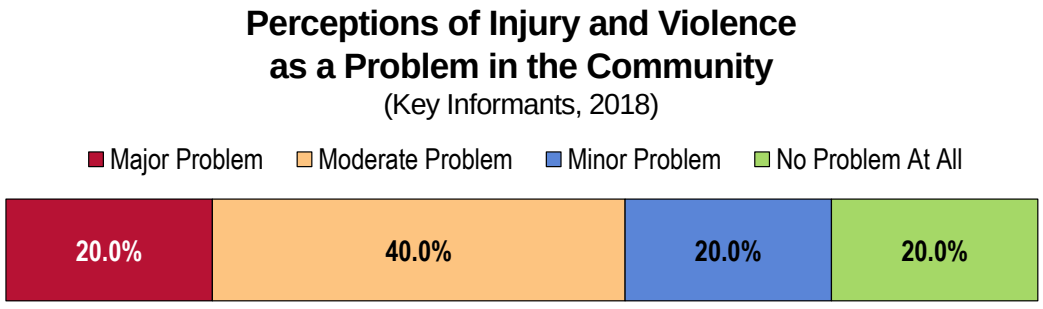
- Domestic violence experience is similar in Allen Parish to regional and national findings.
- There has been a significant increase in reports of past experience with intimate partner violence.




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

## Key Informant Input: Injury & Violence

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




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

# Diabetes

## About Diabetes

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

Diabetes mellitus:

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

## Age-Adjusted Diabetes Deaths

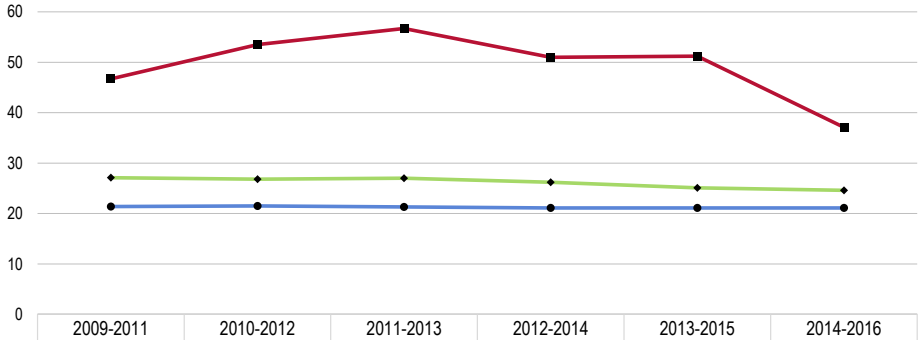
Age-adjusted diabetes mortality for the area is shown in the following chart.

- The diabetes mortality rate is worse than is found in Louisiana or the US; however, the rate has improved since 2009-2011.

**Diabetes: Age-Adjusted Mortality Trends**

(Annual Average Deaths per 100,000 Population)

**Healthy People 2020 Target = 20.5 or Lower (Adjusted)**




| | 2009-2011 | 2010-2012 | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 |
|---|---|---|---|---|---|---|
| Allen Parish | 46.7 | 53.5 | 56.7 | 51.0 | 51.2 | 37.1 |
| LA | 27.1 | 26.8 | 27.0 | 26.2 | 25.1 | 24.6 |
| US | 21.4 | 21.5 | 21.3 | 21.1 | 21.1 | 21.1 |

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

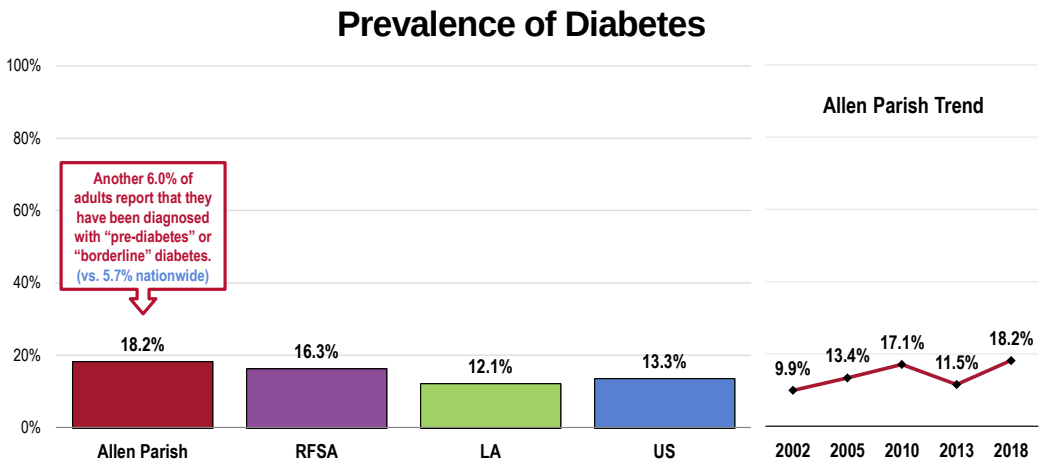
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account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

## Prevalence of Diabetes

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

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

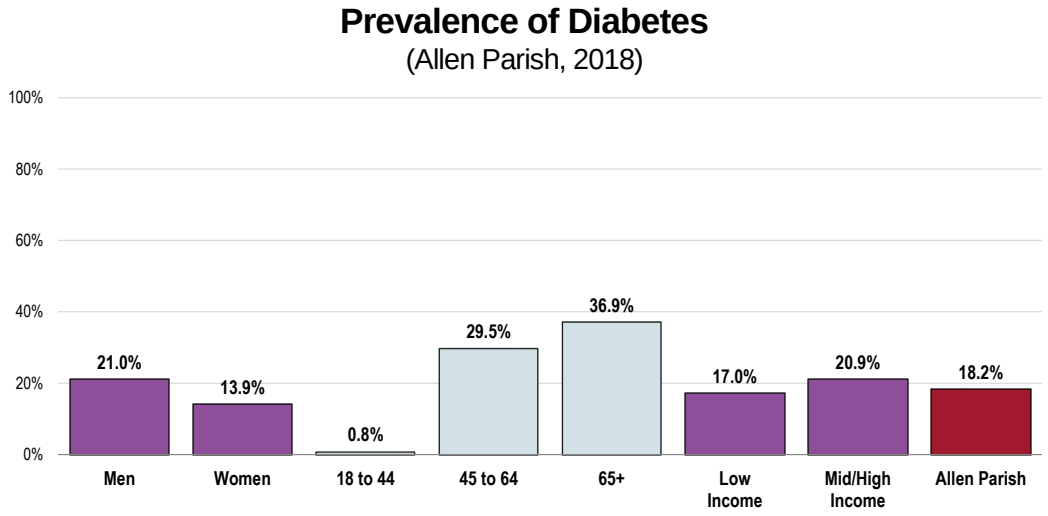
- The prevalence of diabetes in the parish is similar to the regional and national prevalence and worse than the prevalence statewide.
- The prevalence of diabetes has increased over the years.




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

Notes:
- Asked of all respondents.

- Persons age 45 and older have significantly higher rates of diabetes. No other significant differences were found between genders or income groups.



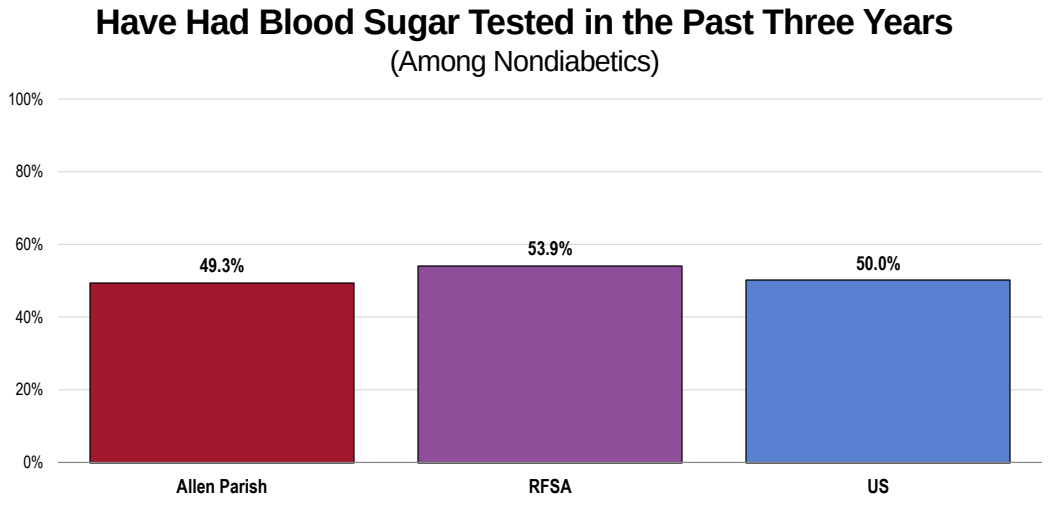

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excludes gestational diabetes (occurring only during pregnancy).

### Diabetes Testing

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

- The percentage of parish nondiabetics who have recently had blood sugar tests is similar to the percentages found in the region and US.

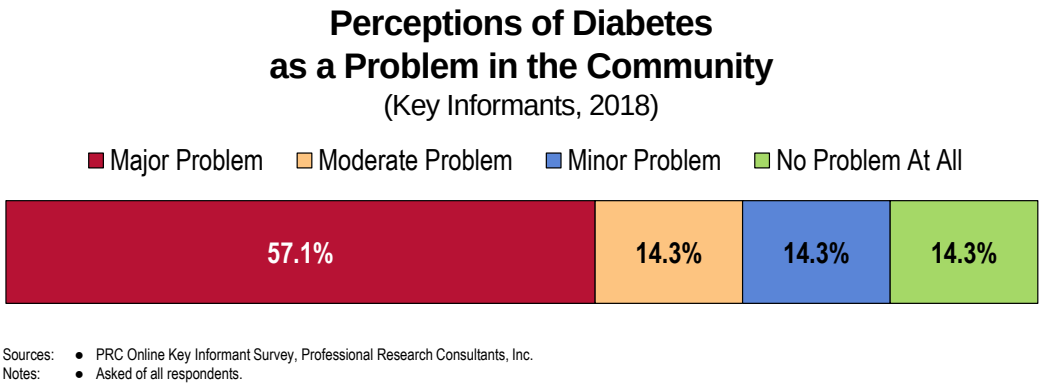



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents who have not been diagnosed with diabetes.

## Key Informant Input: Diabetes

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




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

### Challenges

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

#### Access to Care/Services

*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)*

#### 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)*

#### Lack of Providers

*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)*

#### Obesity and Lifestyle

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

#### Prevalence/Incidence

*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)*

# Alzheimer's Disease

## About Dementia

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

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

- Healthy People 2020 (www.healthypeople.gov)

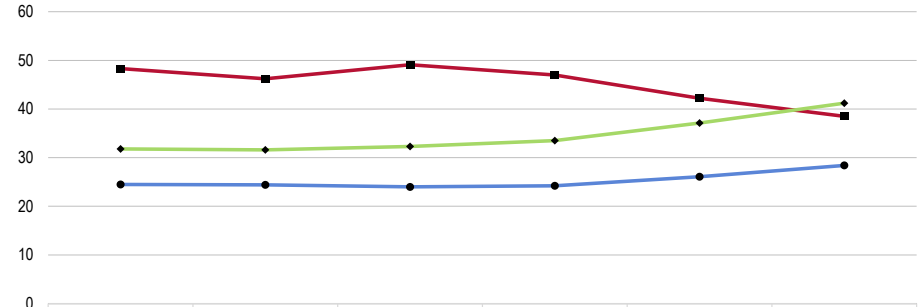
## Age-Adjusted Alzheimer's Disease Deaths

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

- The Allen Parish mortality rate associated with Alzheimer's Disease is similar to statewide findings and worse than national findings.
- Alzheimer's Disease mortality has improved over the years in Allen Parish.

**Alzheimer's Disease: Age-Adjusted Mortality Trends**

(Annual Average Deaths per 100,000 Population)



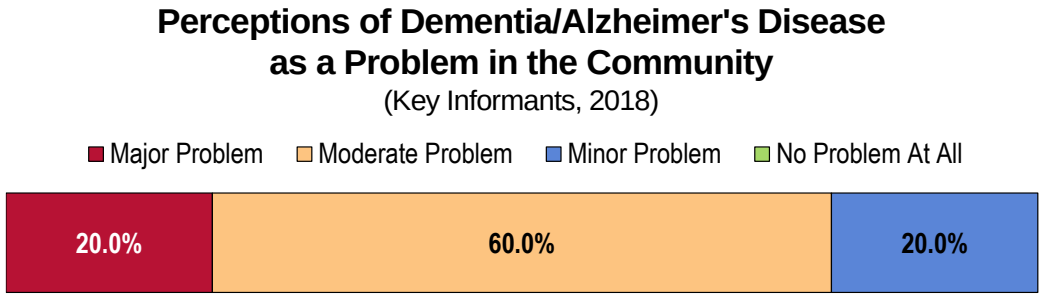

| | 2009-2011 | 2010-2012 | 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 |
|---|---|---|---|---|---|---|
| Allen Parish | 48.3 | 46.2 | 49.1 | 47.0 | 42.2 | 38.5 |
| LA | 31.8 | 31.6 | 32.3 | 33.5 | 37.1 | 41.2 |
| US | 24.5 | 24.4 | 24.0 | 24.2 | 26.1 | 28.4 |

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

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

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

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




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:

#### Aging Population

*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)*

#### Lack of Specialists

*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)*

# Kidney Disease

## About Kidney Disease

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

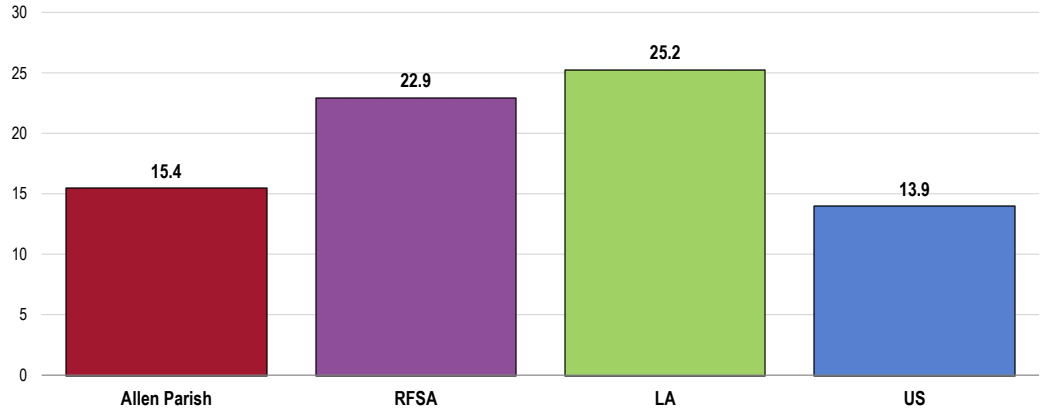
## Age-Adjusted Kidney Disease Deaths

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

- Kidney disease mortality in Allen Parish is better than is found in the region and the state, and similar to the rate found nationally.

**Kidney Disease: Age-Adjusted Mortality Trends**

(2007-2016 Annual Average Deaths per 100,000 Population)

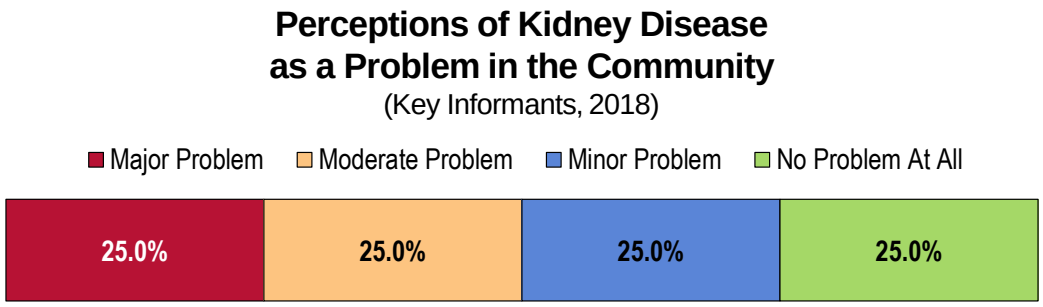



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.

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

## Key Informant Input: Kidney Disease

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




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," the following reason was given:

#### 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)*

# Potentially Disabling Conditions

## About Arthritis, Osteoporosis, & Chronic Back Conditions

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

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

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

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

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

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

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

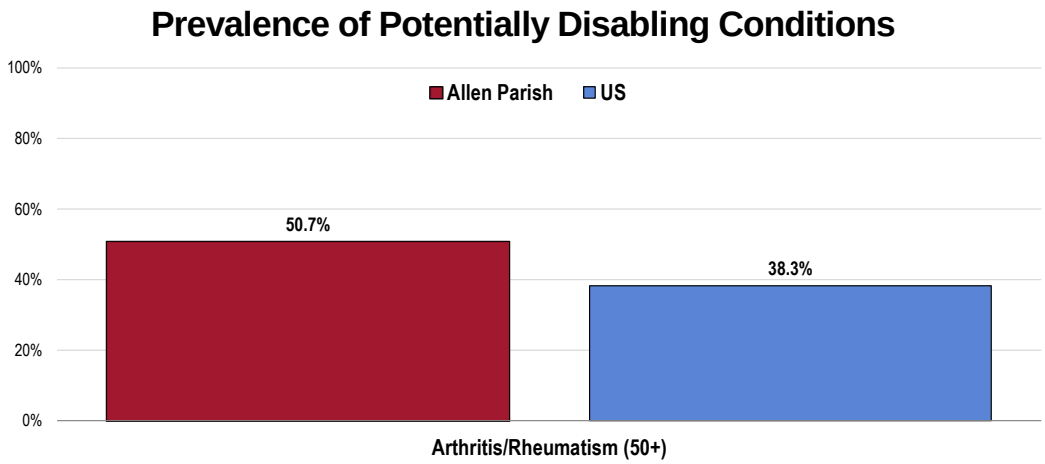
- Healthy People 2020 (www.healthypeople.gov)

## Arthritis

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

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

- Prevalence of arthritis or rheumatism is worse in Allen Parish than in the US.

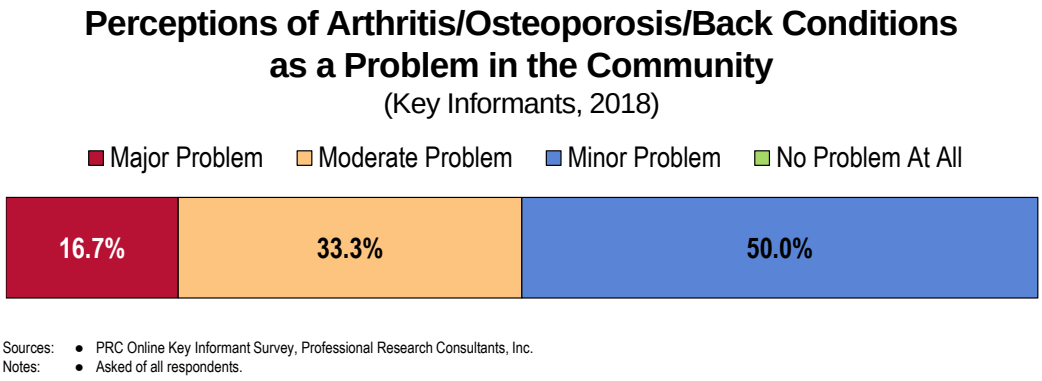



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 141]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]

Notes:
- Reflects adults age 50+.

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

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




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," the following reason was given:

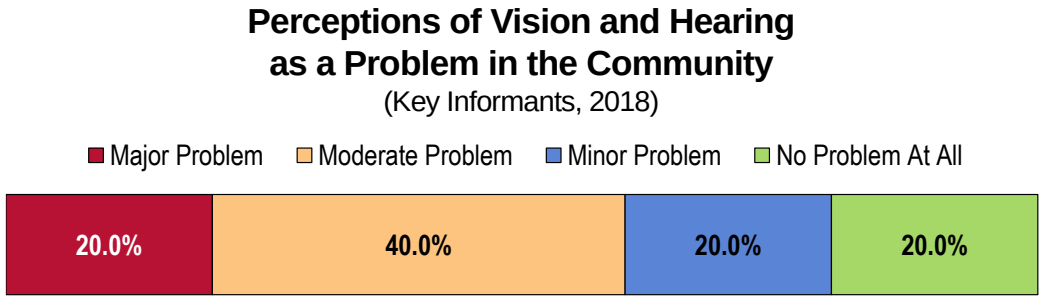
#### Lack of Resources

> *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)*

## Vision & Hearing Impairment

### Key Informant Input: Vision & Hearing

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




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," the following reason was given:

### Comorbidities

> *Too many people have uncorrected refractive error. Too many diabetics do not understand the importance of regular eye exams. – Community Leader (Allen Parish)*

# Infectious Disease

## About Immunization & Infectious Diseases

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

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

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

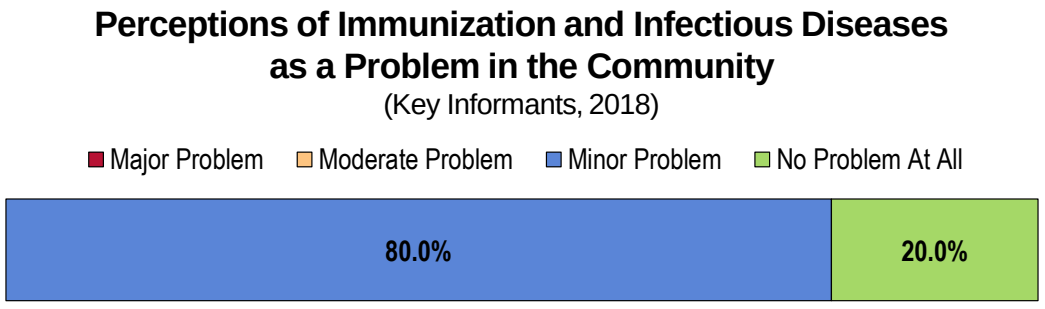
- Proper use of vaccines
- Antibiotics
- Screening and testing guidelines
- Scientific improvements in the diagnosis of infectious disease-related health concerns

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

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

## Key Informant Input: Immunization & Infectious Diseases

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




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

### Top Concerns

The following reason was given:

### Lack of Providers

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

# Influenza & Pneumonia Vaccination

## About Influenza & Pneumonia

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

- Healthy People 2020 (www.healthypeople.gov)

## Vaccinations

**"During the past 12 months, have you had a flu shot?**

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

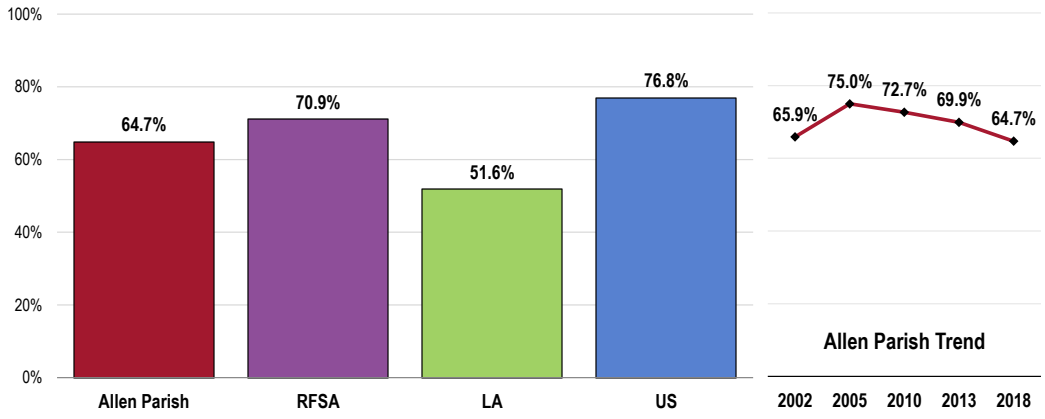
Columns in the following chart show these findings among those age 65+.

- Flu vaccination rates are similar in Allen Parish and the Rapides Foundation Service Area, better than the rate found in Louisiana, and worse than the national rate.
- Flu vaccination levels are similar to what was first reported in 2002.

### Older Adults: Have Had a Flu Vaccination in the Past Year

(Among Adults Age 65+)

**Healthy People 2020 Target = 70.0% or Higher**




Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 144]
- 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): BRFSYR LA data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]

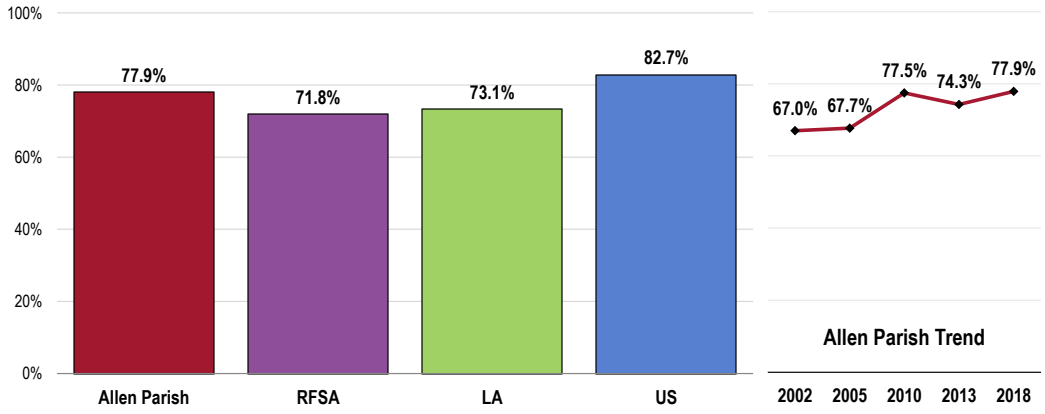
Notes:
- Reflects respondents 65 and older.
- Includes Fluzone Intradermal as a form of vaccination.

- Allen Parish seniors get pneumonia vaccines at a rate similar to what is found in the region, state, and nation.
- The pneumonia vaccination rate is statistically similar to previous findings.

## Older Adults: Have Ever Had a Pneumonia Vaccine

(Among Adults Age 65+)

**Healthy People 2020 Target = 90.0% or Higher**




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

Notes:
- Reflects respondents 65 and older.

# HIV

## About Human Immunodeficiency Virus (HIV)

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

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

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

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

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

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

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

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

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

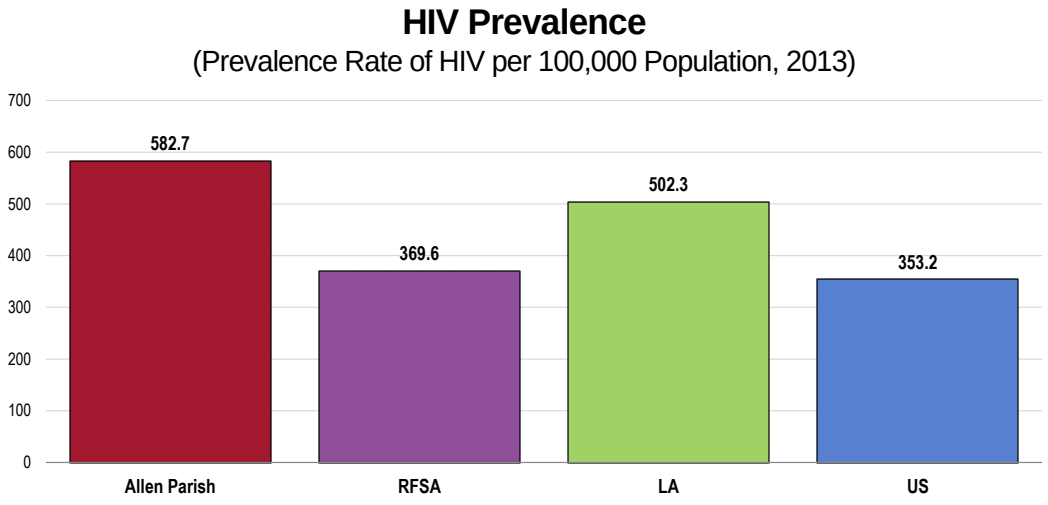
Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions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

- Healthy People 2020 (www.healthypeople.gov)

## HIV Prevalence

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

- HIV prevalence in Allen Parish is similar to the statewide prevalence, but worse than is found in the region and nation.

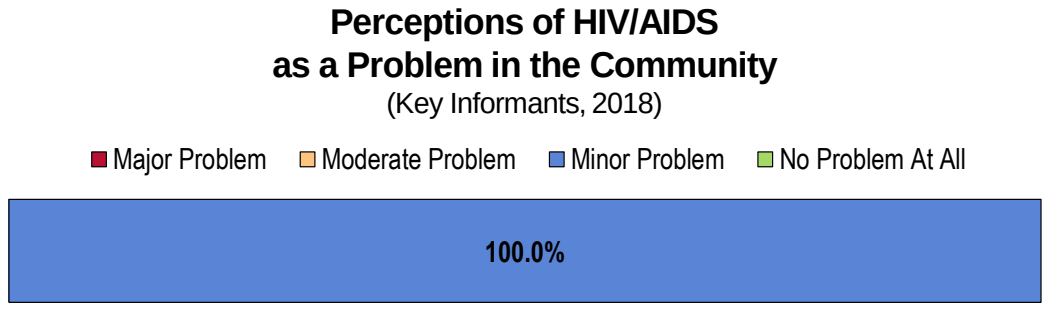



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved August 2018 from Community Commons at http://www.chna.org.

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

## Key Informant Input: HIV/AIDS

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




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

Notes:
- Asked of all respondents.

### Top Concerns

The following reason was given:

### 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)*

# Sexually Transmitted Diseases

## About Sexually Transmitted Diseases

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

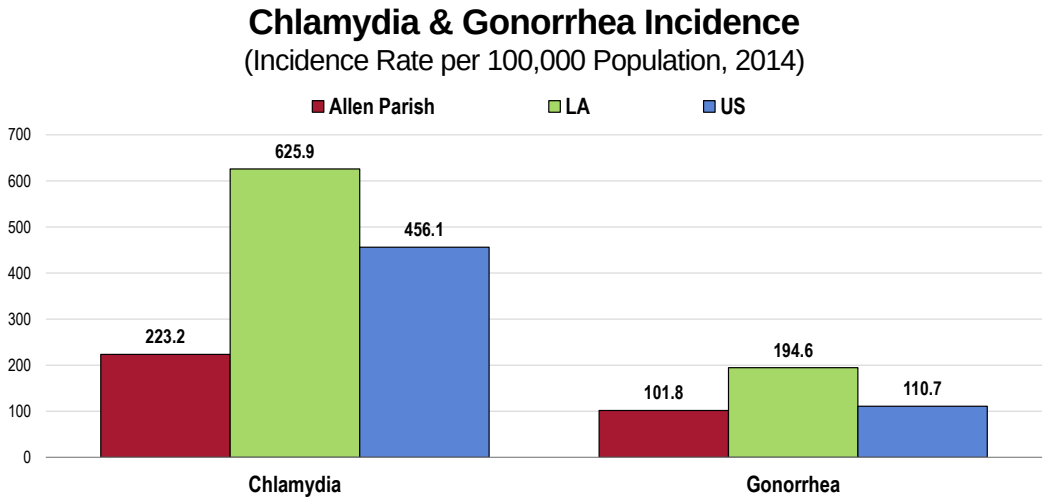
## Chlamydia & Gonorrhea

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

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

The following chart outlines local incidence for these STDs.

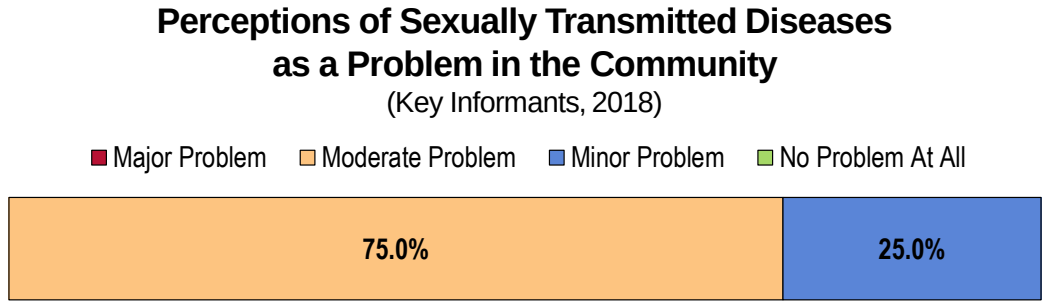
- The chlamydia incidence rate in Allen Parish is better than is found in Louisiana and the US.
- The gonorrhea incidence rate is better than is found in Louisiana, and similar to the rate found nationally.




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

## Key Informant Input: Sexually Transmitted Diseases

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




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

> *Sexually transmitted diseases. – Public Health Representative (Central Louisiana)*

#### Access to Care/Services

> *No rural health unit in Allen Parish.  Primary care base treatment. – Social Services Provider (Allen Parish)*

# Births

### About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 (www.healthypeople.gov)

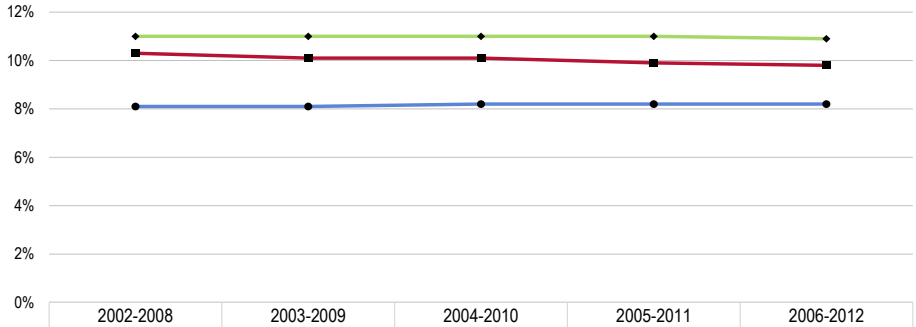
## Birth Outcomes & Risks

### Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight. Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable. Births of low-weight infants are described in the following chart.

- Low-weight births are similarly common in Allen Parish and Louisiana, but significantly more common in the parish than in the US.
- The prevalence of low-birth weight births is similar to that found over the past decade.

**Low-Weight Births**
(Percent of Live Births)
**Healthy People 2020 Target = 7.8% or Lower**




| | 2002-2008 | 2003-2009 | 2004-2010 | 2005-2011 | 2006-2012 |
|---|---|---|---|---|---|
| Allen Parish | 10.3% | 10.1% | 10.1% | 9.9% | 9.8% |
| LA | 11.0% | 11.0% | 11.0% | 11.0% | 10.9% |
| US | 8.1% | 8.1% | 8.2% | 8.2% | 8.2% |

Sources:
- Retrieved from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

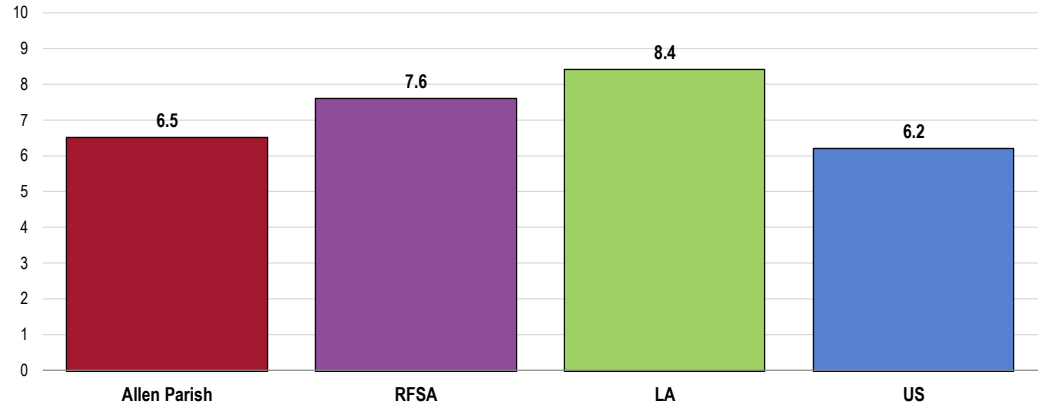
Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

## Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births. These rates are outlined in the following chart.

- The infant mortality rate in Allen Parish is more favorable than the rates found in the Rapides Foundation Service Area and Louisiana, but similar to the rate found in the US.

**Infant Mortality Rate**
(2007-2016 Annual Average Infant Deaths per 1,000 Live Births)
**Healthy People 2020 Target = 6.0 or Lower**



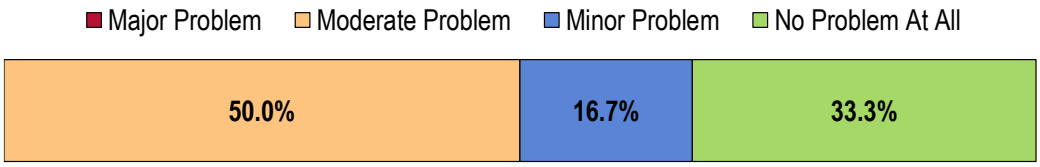

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted August 2018.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

## Key Informant Input: Infant & Child Health

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

**Perceptions of Infant and Child Health as a Problem in the Community**
(Key Informants, 2018)




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

Notes:
- Asked of all respondents.

# Family Planning

## Births to Teen Mothers

### About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

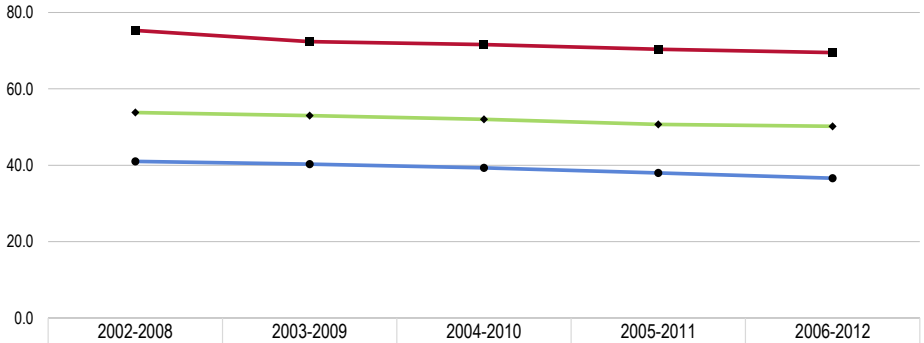
- Healthy People 2020 (www.healthypeople.gov)

The following chart describes local teen births.

- The teen birth rate in Allen Parish is worse than is found in the state and nation.
- While the teen birth rate has declined slightly over the years, the change found since 2002-2008 is not significant.

**Teen Birth Rate**

(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19)

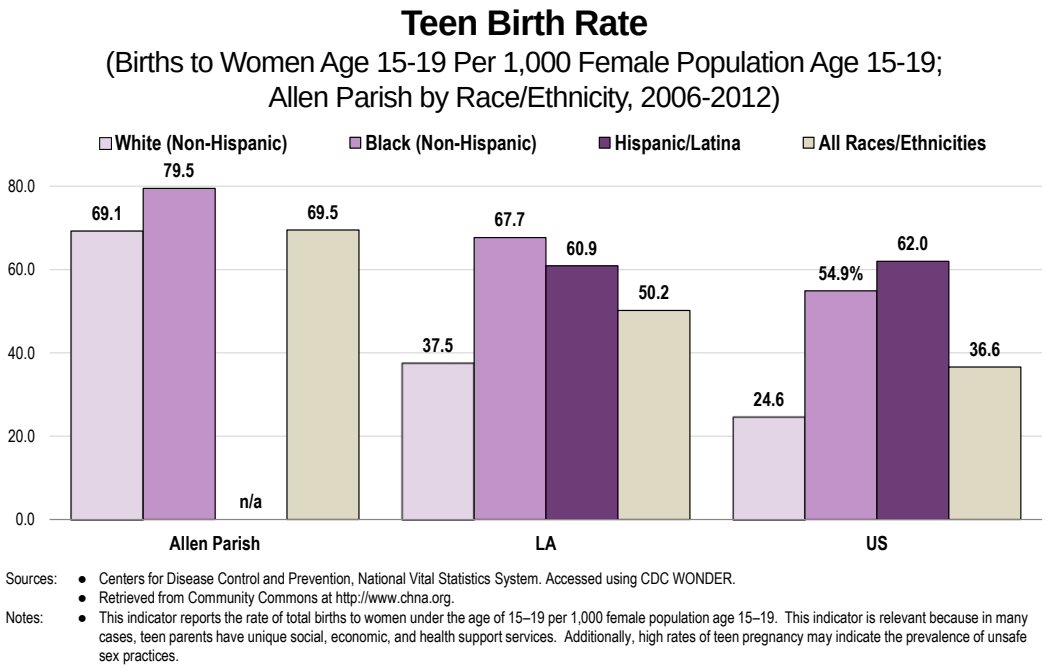



| | 2002-2008 | 2003-2009 | 2004-2010 | 2005-2011 | 2006-2012 |
|---|---|---|---|---|---|
| Allen Parish | 75.3 | 72.4 | 71.6 | 70.4 | 69.5 |
| LA | 53.8 | 53.0 | 52.0 | 50.7 | 50.2 |
| US | 41.0 | 40.3 | 39.3 | 38.0 | 36.6 |

Sources: • Retrieved from Community Commons at http://www.chna.org.

Notes: • This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

- Note the disparity by race/ethnicity.

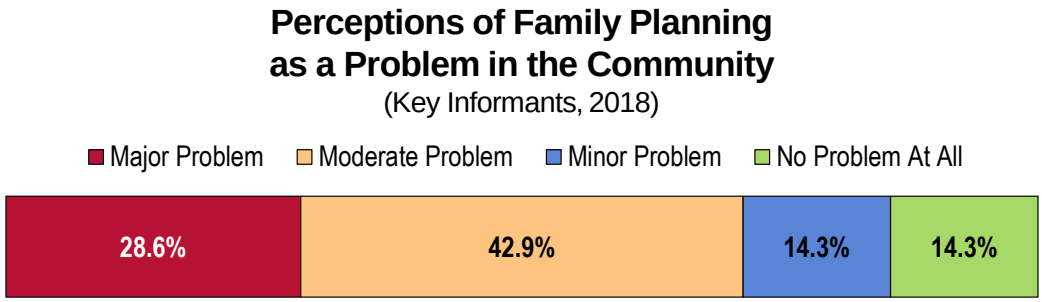



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

## Key Informant Input: Family Planning

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




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

> *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)*

#### Unmarried/Single Parent Families

> *Number of child birth with singles. High school females having infants. Families growing without income to provide. – Community Leader (Allen Parish)*

# Modifiable Health Risks

## Nutrition, Physical Activity, & Weight

### Nutrition

#### About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

**Social Determinants of Diet.** Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

**Physical Determinants of Diet.** Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

### Daily Recommendation of Fruits/Vegetables

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

**"For the next questions, please think about the foods you ate yesterday. How many servings of fruit did you have yesterday?"**

**"How many servings of 100% fruit juice did you have yesterday?"**

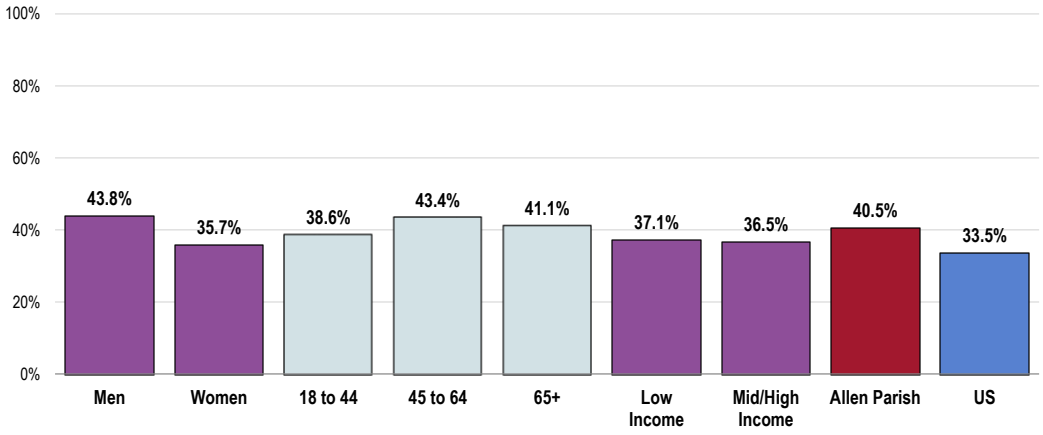
**"How many servings of dark green or orange vegetables, such as carrots, broccoli, or sweet potatoes, did you have yesterday? (Examples of dark green vegetables are broccoli, spinach, collards, etc.) (Examples of orange vegetables are carrots and sweet potatoes, etc.)"**

**"How many servings of other vegetables did you have yesterday? (Examples are potatoes, corn, onions, peas, etc.)?"**

The questions above are used to calculate daily fruit/vegetable consumption for respondents. The proportion reporting having 5 or more servings per day is shown here.

- Fruit and vegetable consumption does not vary significantly by gender, age, or income, and is similar to consumption found nationally.

**Consume Five or More Servings of Fruits/Vegetables Per Day**
(Allen Parish, 2018)



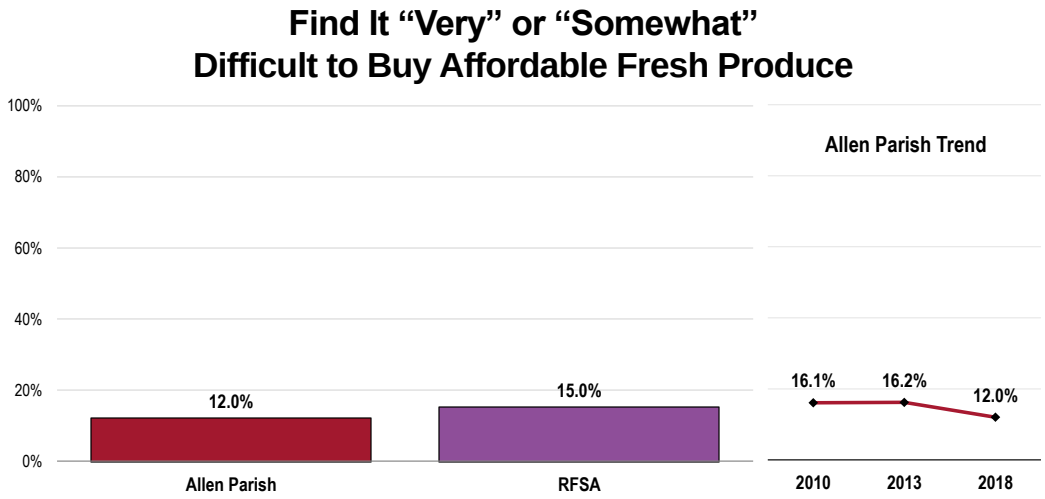

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 361]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- For this issue, respondents were asked to recall their food intake on the previous day.

### Access to Fresh Produce

**"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford — would you say: very difficult, somewhat difficult, not too difficult, or not at all difficult?"**

- The percentage of Allen Parish respondents who find it difficult to buy affordable fresh produce is similar to the percentage found in the greater region (RFSA).
- The change since 2010 is not statistically significant.



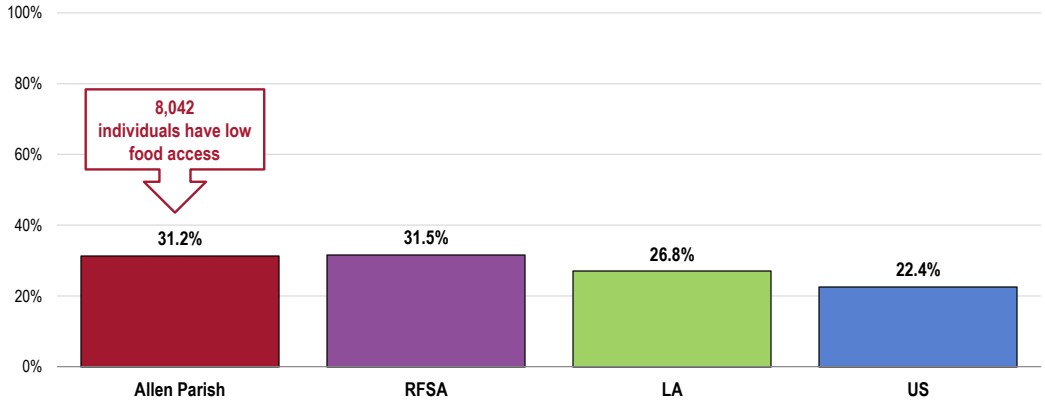

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 321]
Notes: ● Asked of all respondents.

A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This related chart is based on US Department of Agriculture data.

- The percentage of Allen Parish with low food access is similar to regional and statewide percentages, but worse than is found in the nation.

**Population With Low Food Access**

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)




Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Retrieved August 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.

## Physical Activity

### About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

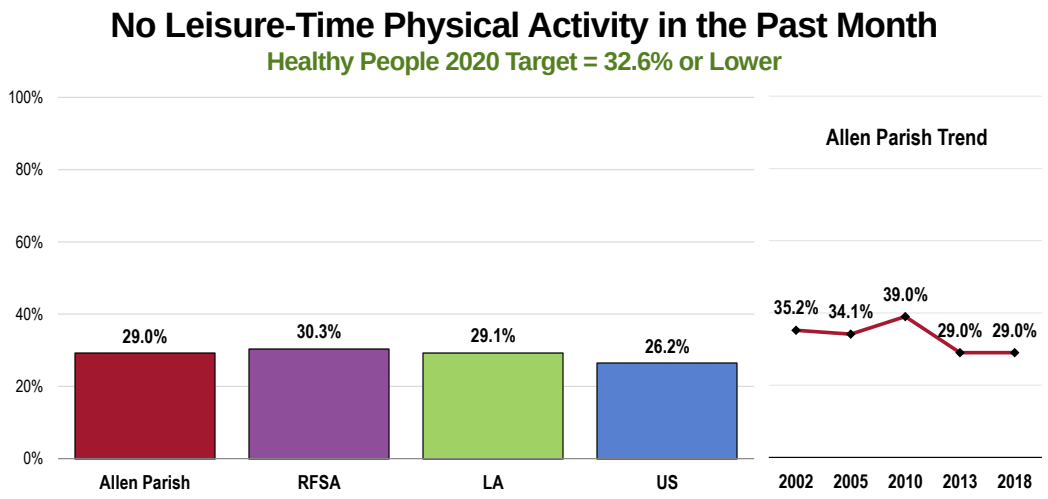
- Healthy People 2020 (www.healthypeople.gov)

### Leisure-Time Physical Activity

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

**"During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?"**

- Lack of leisure-time physical activity is similar in Allen Parish to the percentages found in the region, state, and nation.
- Lack of leisure-time physicial activity is similar to that found in 2002.




Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSYR LA data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

#### Recommended Levels of Physical Activity

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do muscle-strengthening activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

### Meeting Physical Activity Recommendations

To measure physical activity frequency, duration and intensity, respondents were asked:

**"During the past month, what type of physical activity or exercise did you spend the most time doing?"**

**"And during the past month, how many times per week or per month did you take part in this activity?"**

**"And when you took part in this activity, for how many minutes or hours did you usually keep at it?"**

Respondents could answer the above series for up to two types of physical activity. The specific activities identified (e.g., jogging, basketball, treadmill, etc.) determined the intensity values assigned to that respondent when calculating total aerobic physical activity hours/minutes.

Respondents were also asked about strengthening exercises:

**"During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? Do not count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups, or push-ups, and those using weight machines, free weights, or elastic bands."**

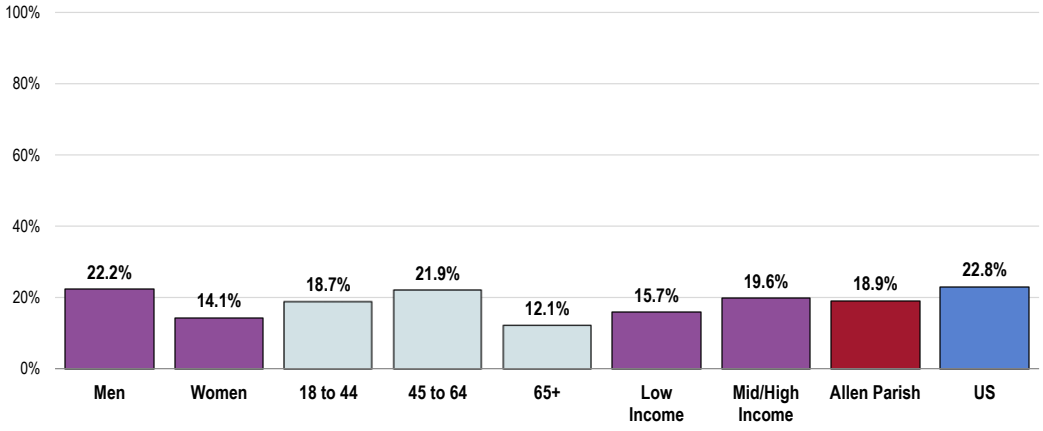
"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activity:

- Aerobic activity is at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous physical activity, or an equivalent combination of both;
- Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.
- No significant differences were found between genders, age groups, and income groups.
- The percentage meeting activity recommendations is similar to the percentage found nationally.

**Meets Physical Activity Recommendations**

(Allen Parish, 2018)

**Healthy People 2020 Target = 20.1% or Higher**



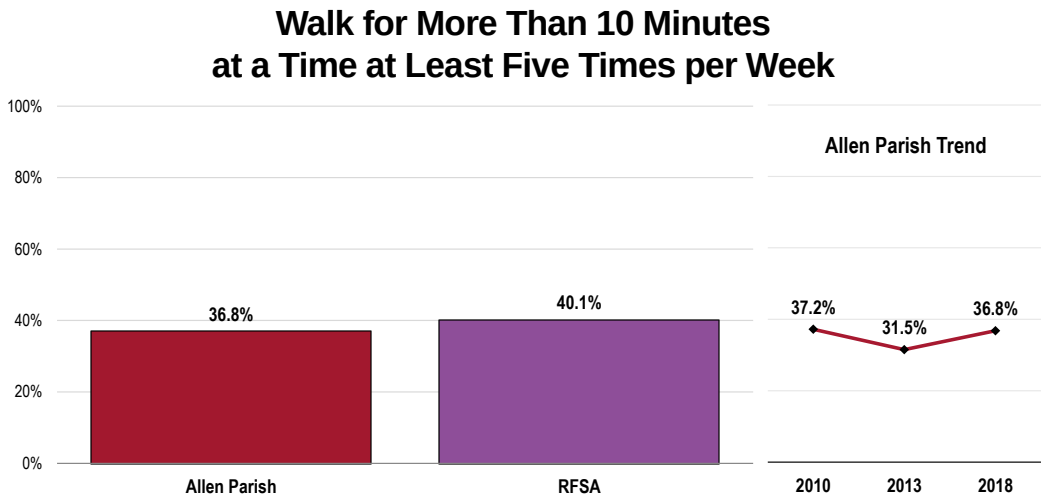

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity *and* report doing physical activities specifically designed to strengthen muscles at least twice per week.

### Walking

**"How many days per week or per month do you walk for more than 10 minutes at a time?"**

- Regular walking is similarly practiced in Allen Parish and the Rapides Foundation Service Area.
- No significant change was found over time.

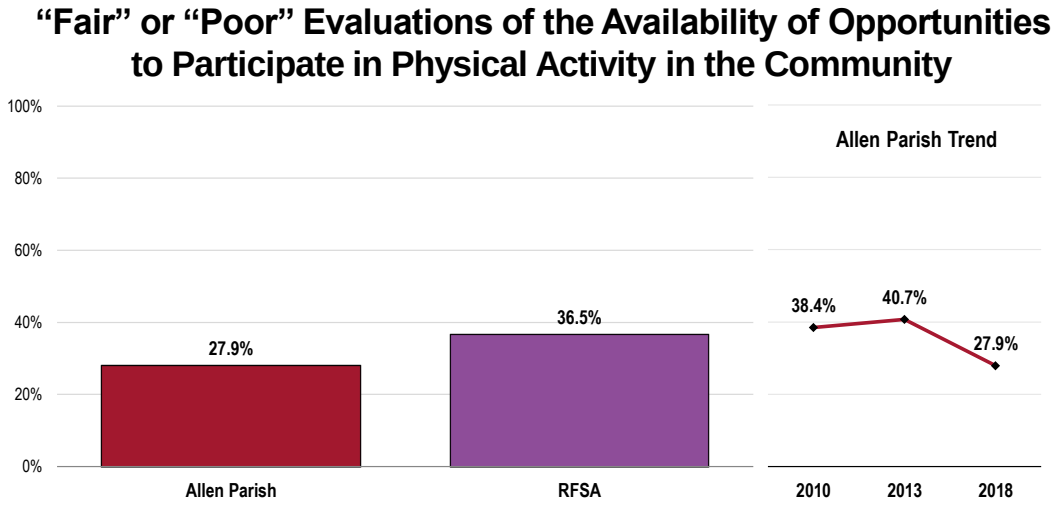



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 366]
Notes: ● Asked of all respondents.

### Community Opportunities for Physical Activity

**"How would you rate the availability of opportunities to participate in physical activity in your community? Would you say: excellent, very good, good, fair, or poor?"**

- Evaluations of opportunities to participate in physical activity in the community are better than found regionally.
- Evaluations have improved in this regard.




Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 327]
Notes: ● Asked of all respondents.

## Weight Status

### About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared ($m^2$). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 $kg/m^2$ and obesity as a BMI ≥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 ≥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.

| Classification of Overweight and Obesity by BMI | BMI ($kg/m^2$) |
|---|---|
| Underweight | <18.5 |
| Healthy Weight | 18.5 – 24.9 |
| Overweight, not Obese | 25.0 – 29.9 |
| Obese | ≥30.0 |

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

### Adult Weight Status

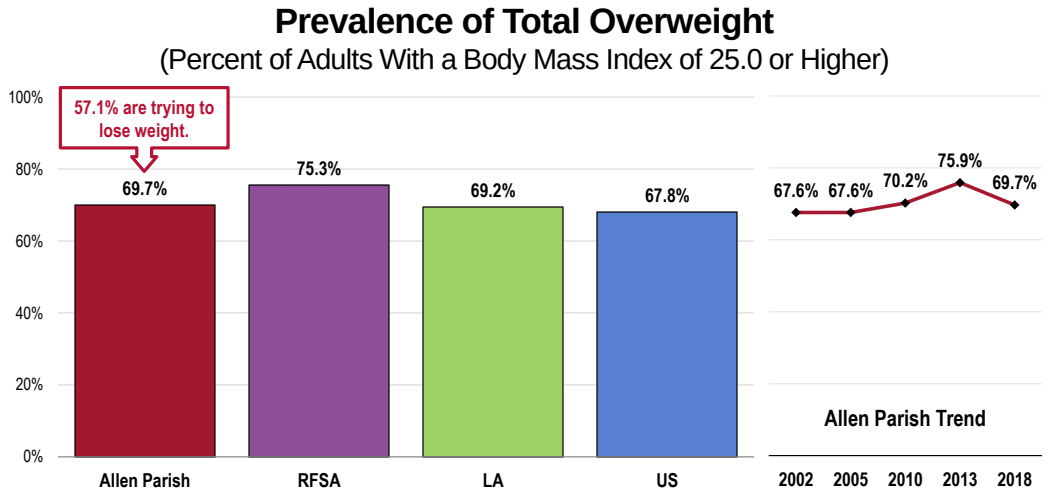
**"About how much do you weigh without shoes?"**

**"About how tall are you without shoes?"**

**"Are you now trying to lose weight?"**

Reported height and weight were used to calculate a Body Mass Index or BMI value (described above) for each respondent. This calculation allows us to examine the proportion of the population who is at a healthy weight, or who is overweight or obese (see table above).

- Adult overweight prevalence is similar to that in found regionally, statewide, and nationwide.
- The percentage of overweight adults is similar to previous findings.




Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 154-155]
- 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): BRFSYR LA data.

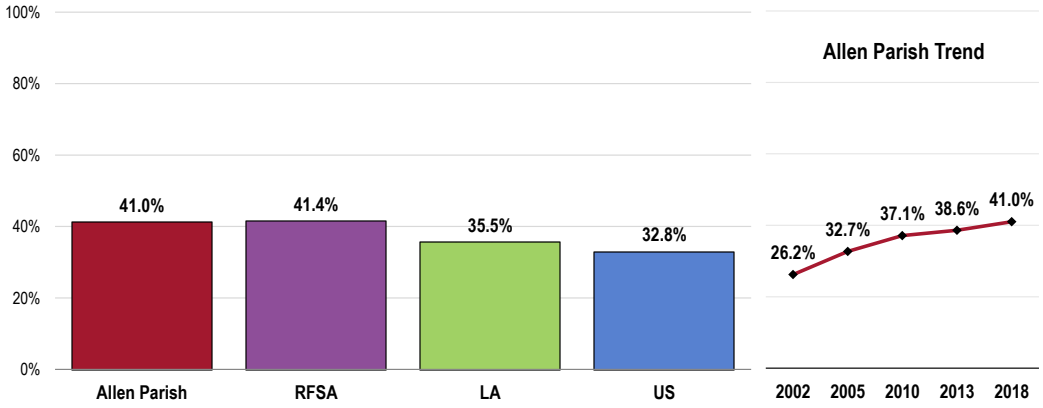
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

- Adult obesity is similar to that found regionally and statewide, and more prevalent in the parish than in the US.
- Obesity has increased considerably and consistently 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 176]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSYR LA data.

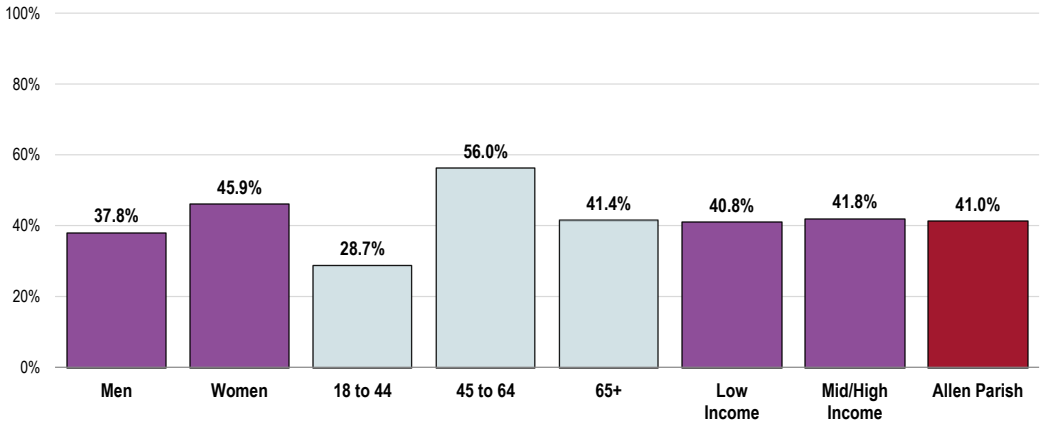
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

- Obesity is more common among those age 45 to 64. Significant differences in prevalence of obesity were not found between genders or income groups.

## Prevalence of Obesity

(Percent of Adults With a BMI of 30.0 or Higher; Allen Parish, 2018)

**Healthy People 2020 Target = 30.5% or Lower**

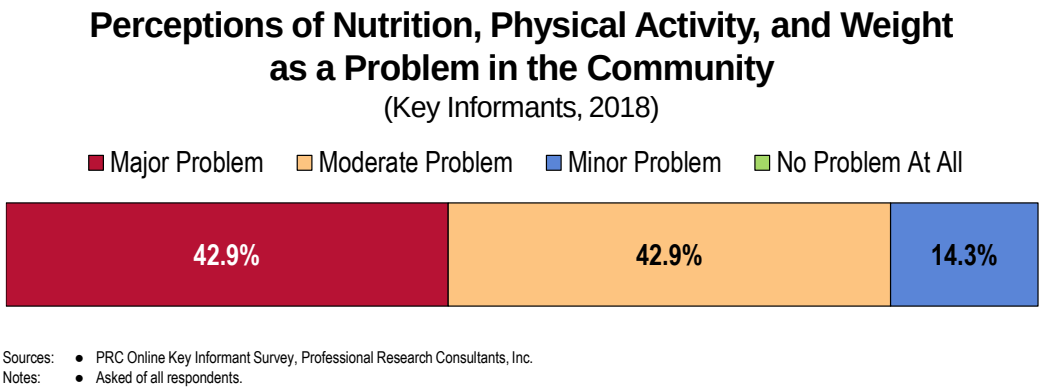



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

## Key Informant Input: Nutrition, Physical Activity, & Weight

The following chart outlines key informants' perceptions of the severity of *Nutrition, Physical Activity, & Weight* as a problem in the community:




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:

#### Health Education and Awareness

*Individuals not knowing the importance of nutrition, physical activity, and weight. Knowing the danger of not maintaining these important facts. – Community Leader (Allen 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)*

#### Built Environment/Opportunity for Safe Physical Activity

*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)*

#### Obesity

*Reducing obesity. Not enough physical activity by citizens. Poor diet habits. – Community Leader (Allen Parish)*

#### Prevalence/Incidence

*Nutrition, obesity, and physical activity. – Social Services Provider (Allen Parish)*

# Substance Abuse

## About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

## Related Age-Adjusted Mortality

**Cirrhosis/Liver Disease.** Heavy alcohol use contributes to a significant share of liver disease, including cirrhosis. The following chart outlines age-adjusted mortality for cirrhosis/liver disease in the area.

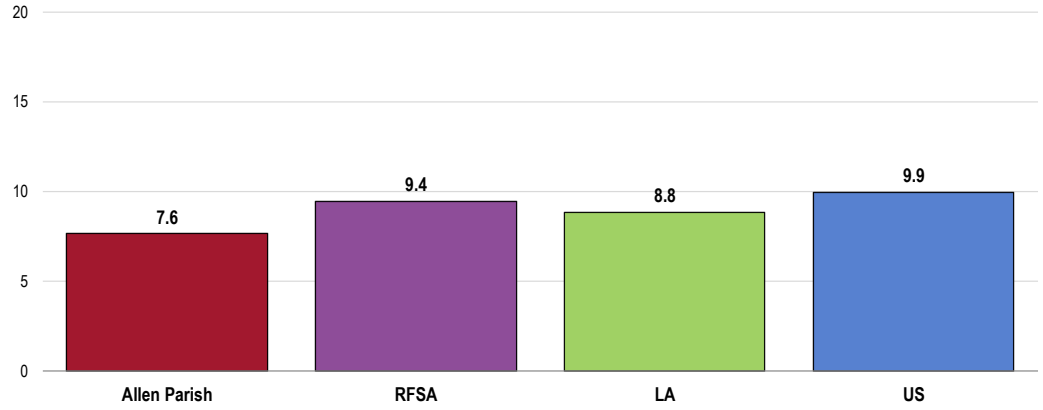
**Unintentional Drug-Related Deaths.** Unintentional drug-related deaths include all deaths, other than suicide, for which drugs are the underlying cause. A "drug" includes illicit or street drugs (e.g., heroin and cocaine), as well as legal prescription and over-the-counter drugs; alcohol is not included. The following chart outlines local age-adjusted mortality for unintentional drug-related deaths.

- Age-adjusted mortality for cirrhosis or liver disease is more favorable than is found in the region, state, and nation.

**Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends**

(2007-2016 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 August 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

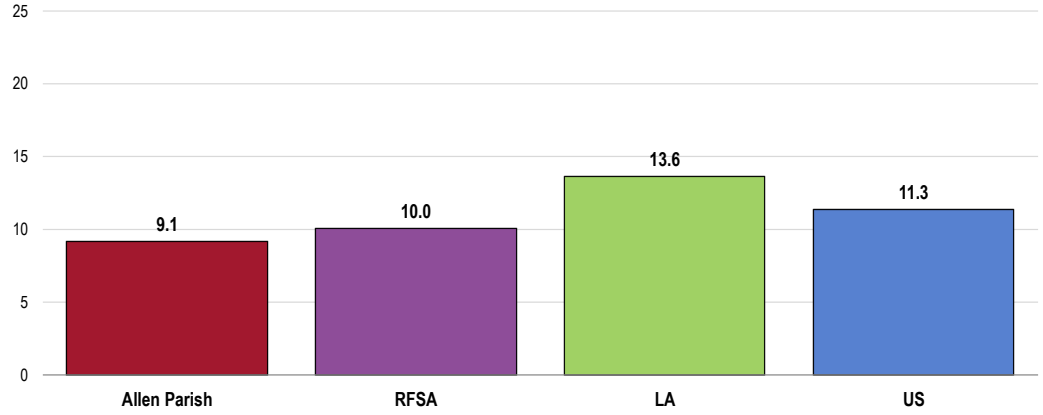
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- Unintentional drug-related deaths are similar in the parish to those noted in the region, but significantly better than is found in the state and nation.

**Unintentional Drug-Related Deaths: Age-Adjusted Mortality Trends**

(Annual Average Deaths per 100,000 Population)

**Healthy People 2020 Target = 11.3 or Lower**




Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.
- UD Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12].

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

## Alcohol Use

**Excessive Drinkers.** Excessive drinking reflects the number of adults (age 18+) who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women), or who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

**"During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?"**

**"On the day(s) when you drank, about how many drinks did you have on the average?"**

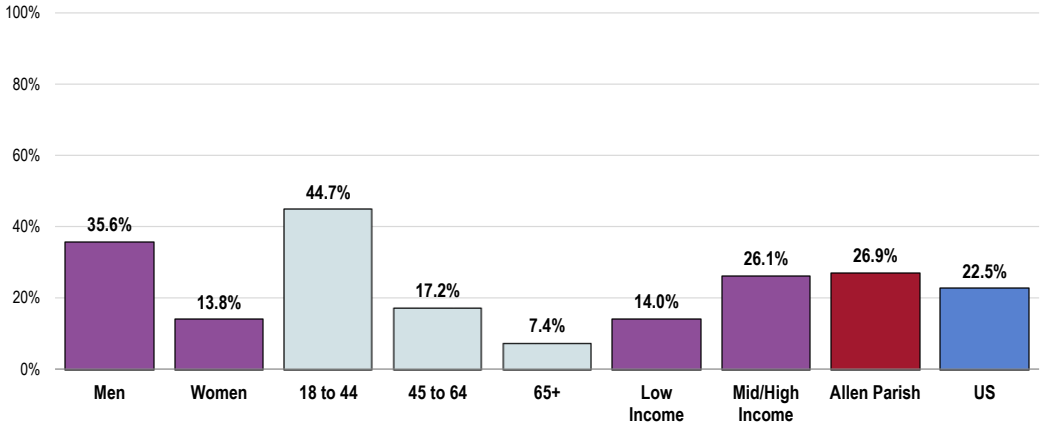
**"Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5** (if male)**/4** (if female) **or more drinks on an occasion?"**

- Percentages of persons classified as excessive drinkers vary significantly by gender and age, with men and those under age 45 being significantly more likely to classify as excessive drinkers. No significant difference was found by income.
- The difference in percentages of persons classified as excessive drinkers between the parish and nation is not significant.

**Excessive Drinkers**

(Allen Parish, 2018)

**Healthy People 2020 Target = 25.4% or Lower**



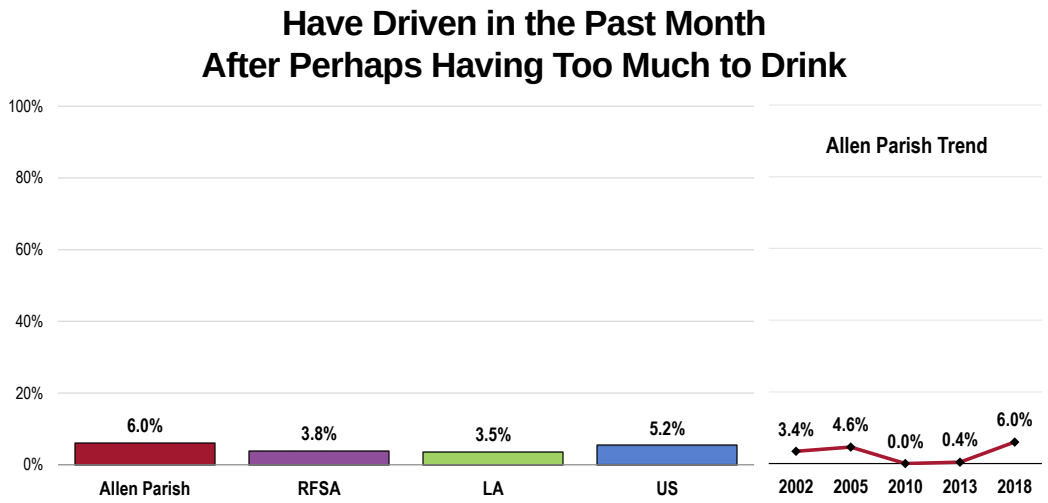

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

**Drinking & Driving.** As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

**"During the past 30 days, how many times have you driven when you've had perhaps too much to drink?"**

- The percentage of parish respondents who have driven after drinking too much in the past month is similar to that found regionally, statewide, and nationally.
- Responses have not fluctuated significantly in the parish since 2002.



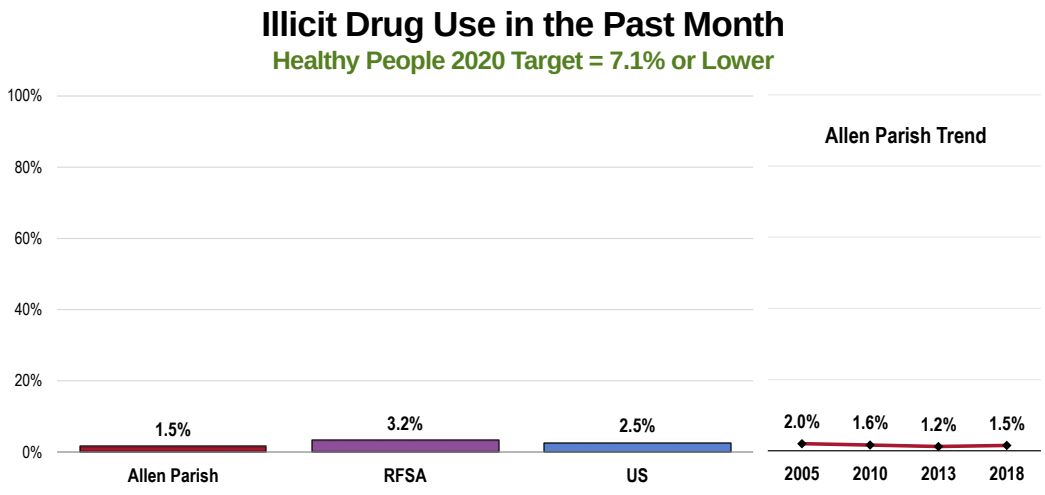

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 66]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSYR LA data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

## Illicit Drug Use

**"During the past 30 days, have you used an illegal drug or taken a prescription drug that was not prescribed to you?"**

- Illicit drug use is similar to that seen in the Rapides Foundation Service Area and the US.
- No significant change in responses was found over time.




Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

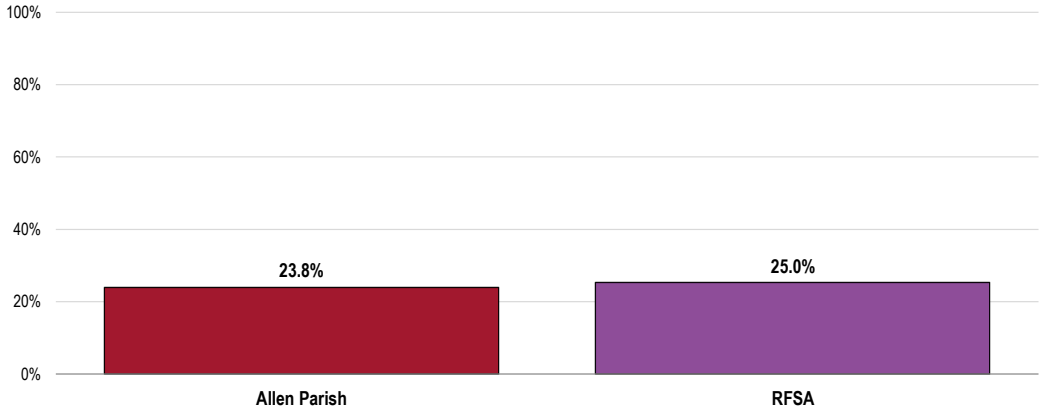
Notes:
- Asked of all respondents.

## Use of Opiates/Opioids

**"Opiates or opioids are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. In the past year, have you used any of these prescription opiates, whether or not a doctor had prescribed them to you?"**

- Utilization of prescription opioids or opiates is similar to that found in the region.

**Used Prescription Opioids or Opiates in the Past Year (Whether Prescribed or Not)**
(Allen Parish, 2018)

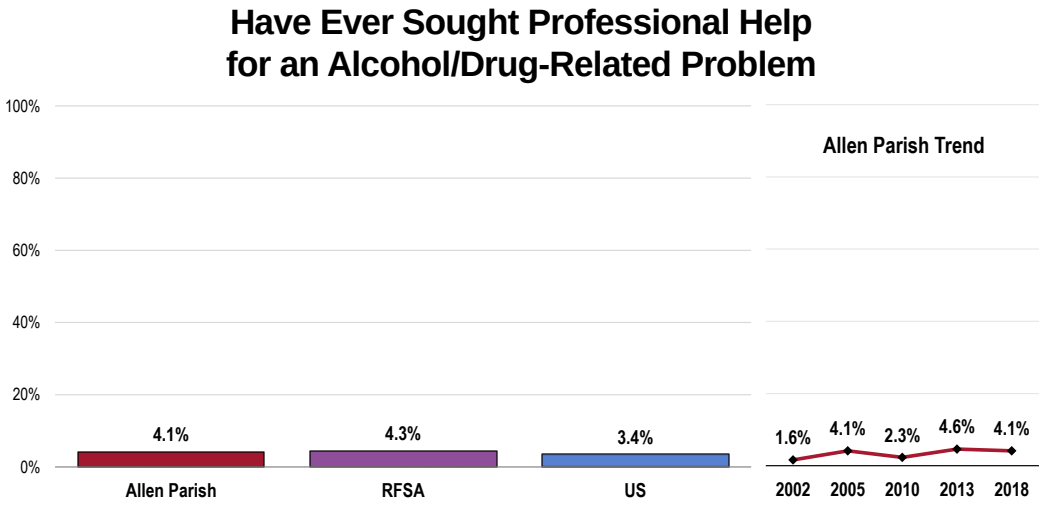



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 314]
Notes: ● Asked of all respondents.
● Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl.

## Alcohol & Drug Treatment

**"Have you ever sought professional help for an alcohol or drug-related problem?"**

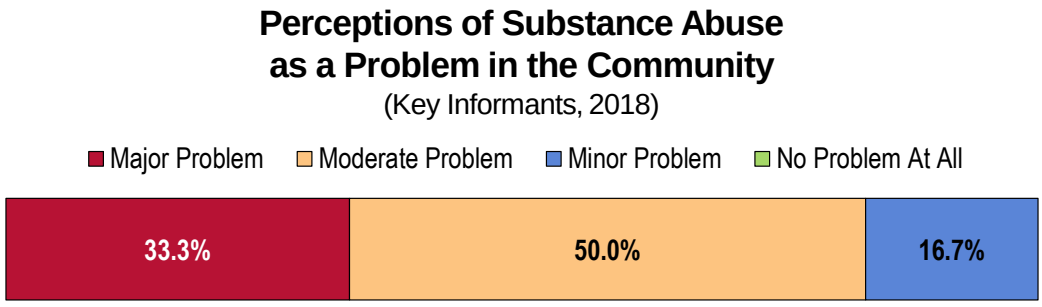
- Percentages of persons seeking alcohol and drug treatment are similar in the parish, region, and nation.
- Responses have not changed significantly since 2002.




Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 68]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

## Key Informant Input: Substance Abuse

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




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

### Barriers to Treatment

Among those rating this issue as a "major problem," the greatest barriers to accessing substance abuse treatment are viewed as:

#### 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)*
>
> *Limited providers. No or low reimbursement for treatment. – Public Health Representative (Central Louisiana)*

#### Policies

> *Determining who is abusing. Discovering and stopping those who are distributing illegal substances. – Community Leader (Allen Parish)*

# Tobacco Use

## About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

- Healthy People 2020 (www.healthypeople.gov)

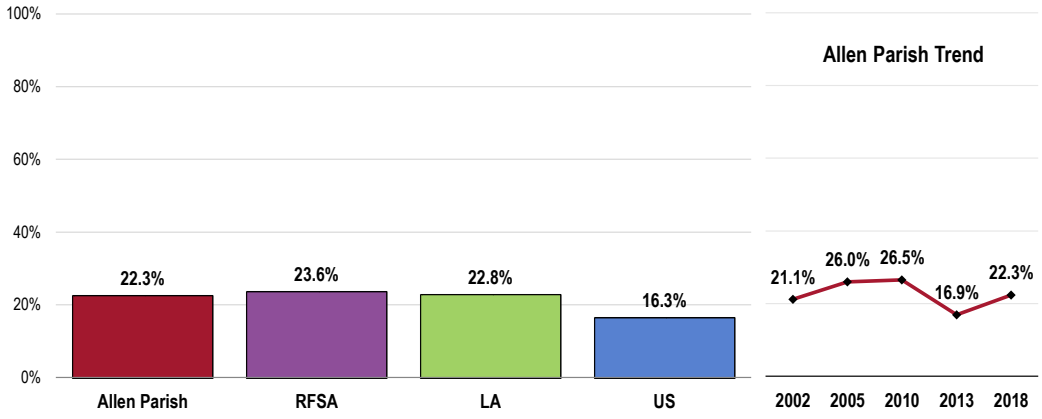
## Cigarette Smoking

**"Do you now smoke cigarettes every day, some days, or not at all?"**

- The percentage of smokers in the parish is similar to that found in the region and state, but worse than is found in the US.
- The percentage of parish smokers is similar to the percentage first reported in 2002.

### Current Smokers

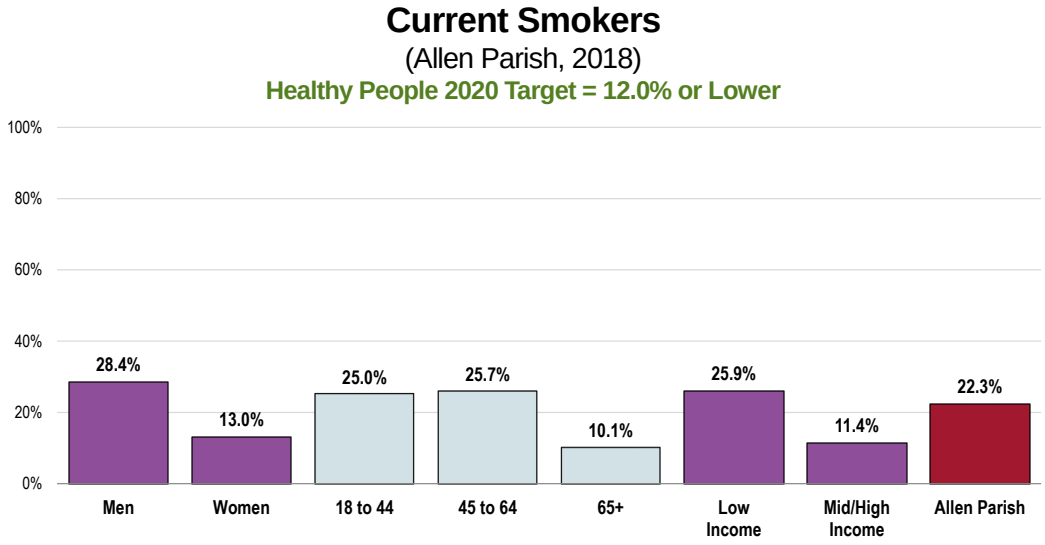
**Healthy People 2020 Target = 12.0% or Lower**




Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 LA data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

- Men and lower income persons are significantly more likely than their counterparts to smoke. Additionally, those under age 65 are significantly more likely to be smokers.




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.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (every day and some days).

## Smoking Cessation

### About Reducing Tobacco Use

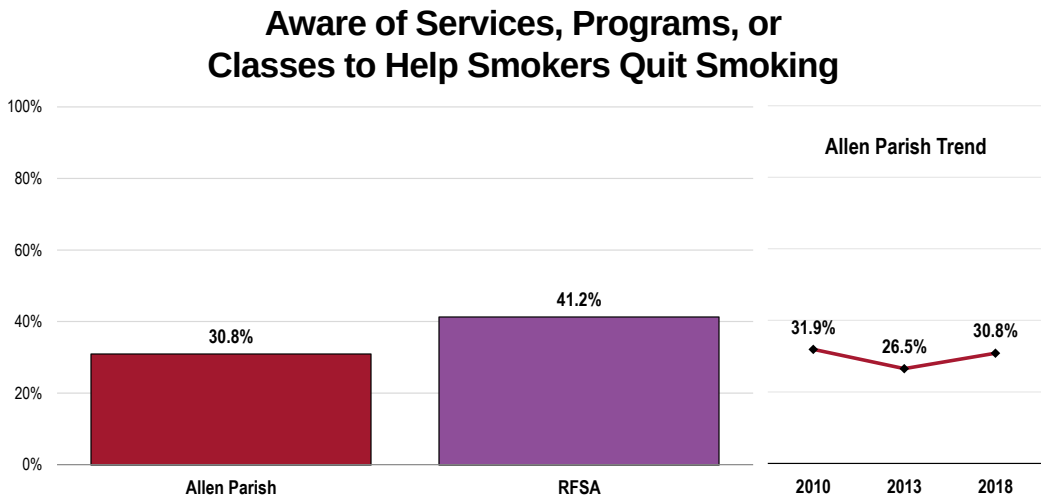
Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

- Healthy People 2020 (www.healthypeople.gov)

**"Are you aware of any services, programs or classes in your area to help smokers quit smoking?" (Asked of all respondents.)**

- Awareness of smoking cessation services is less favorable in Allen Parish than in the Rapides Foundation Service Area.
- No significant change in responses was found over time.



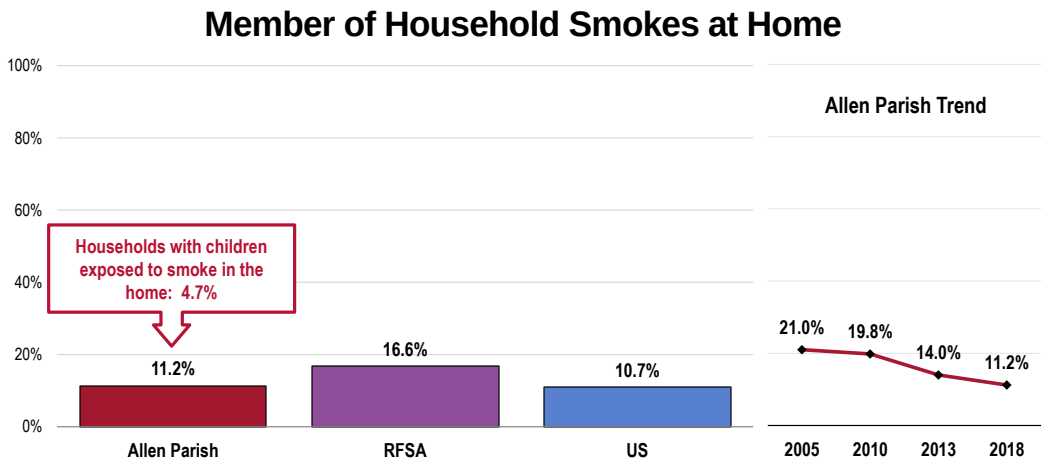

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]
Notes: ● Asked of all respondents.

## Secondhand Smoke

**"In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars or pipes anywhere in your home on an average of four or more days per week?"**

The following chart details these responses among the total sample of respondents, as well as among only households with children (age 0-17).

- The prevalence of smokers in the home is lower than found in the region, and similar to that found nationally.
- Smoking in the home has declined significantly since 2005.




Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 52, 162]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

## Use of Vaping Products

**“The next questions are about electronic vaping products, such as electronic cigarettes, also known as e-cigarettes. These are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. The cartridge or liquid "e-juice" used in these devices produces vapor and comes in a variety of flavors. Have you ever used an electronic vaping product, such as an e-cigarette, even just one time in your entire life?”**

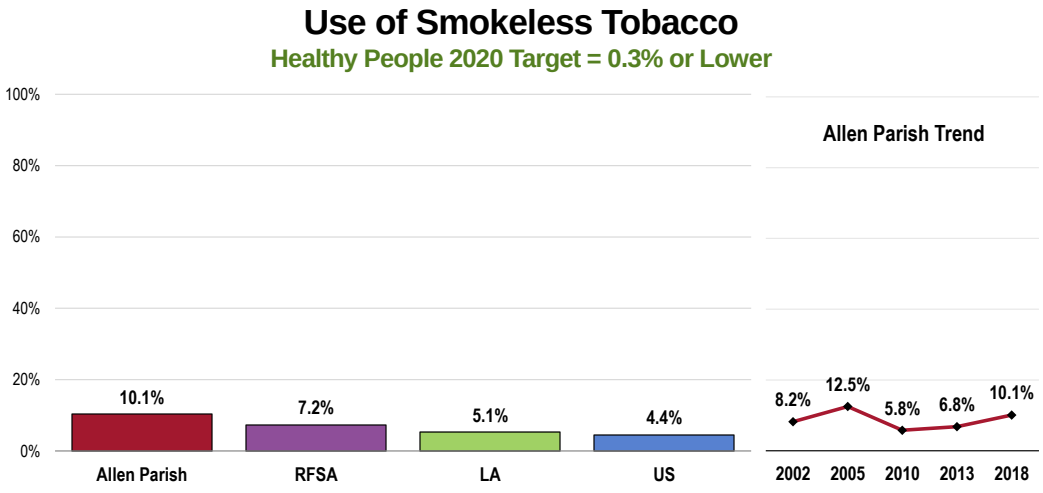
**“Do you now use electronic vaping products, such as e-cigarettes, "every day," "some days," or "not at all"?”**


Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54]
Notes: ● Asked of all respondents.

## Smokeless Tobacco

**"Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?"**

- Smokeless tobacco use is similar in the parish to the Rapides Foundation Service Area and less favorable than in the state and nation.
- Utilization of smokeless tobacco products has not changed significantly since 2002.

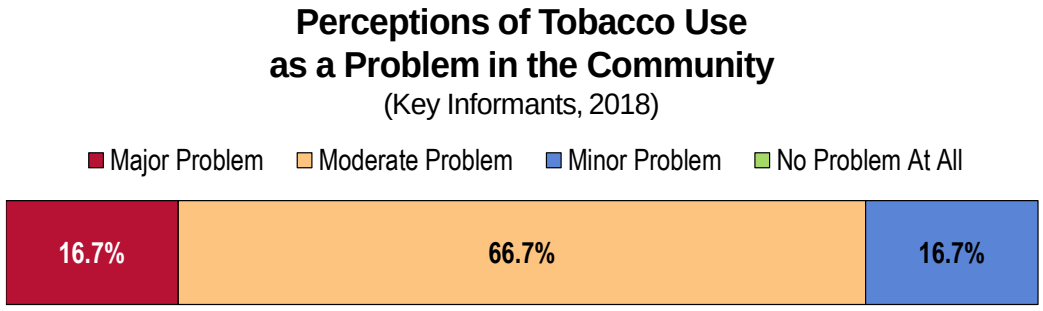



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Louisiana data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.2]

Notes:
- Asked of all respondents.
- Includes chewing tobacco, snuff, or snus.

## Key Informant Input: Tobacco Use

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




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

> *Primary care-based treatment for residents of Allen Parish. No campaign in Allen Parish for any age population. – Social Services Provider (Allen Parish)*

#### Prevalence/Incidence

> *Too many people smoke, resulting in poor health. – Community Leader (Allen Parish)*

# Access to Health Services

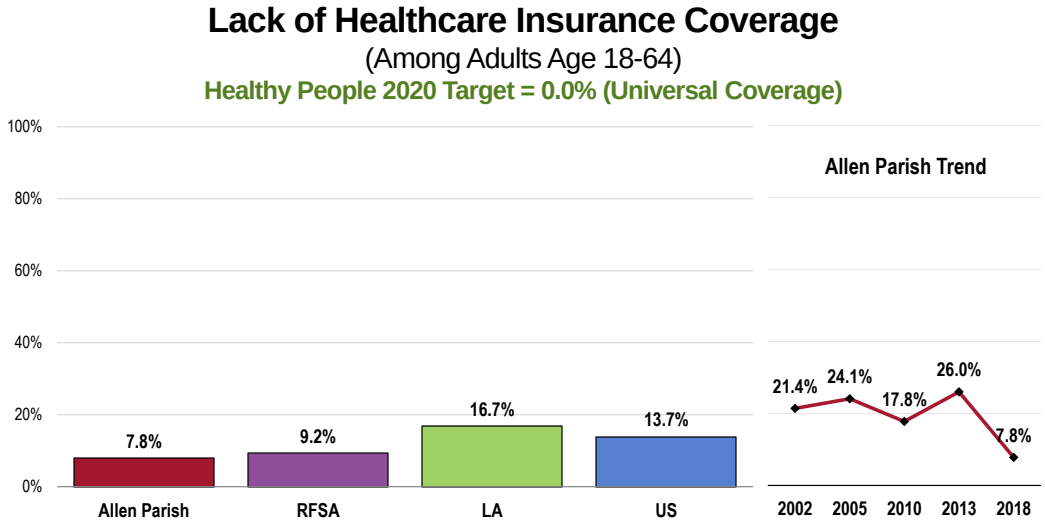
## Lack of Health Insurance Coverage (Age 18 to 64)

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources. Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus excluding the Medicare population), who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

**"Do you have any government-assisted healthcare coverage, such as Medicare, Medicaid (or another state-sponsored program), or VA/military benefits?"**

**"Do you currently have: health insurance you get through your own or someone else's employer or union; health insurance you purchase yourself; or, you do not have health insurance and pay for health care entirely on your own?"**

- The percentage of adults under age 65 without health insurance coverage is similar to the percentage found in the region, but significantly better than is found in the state and nation.
- The percentage of parish adults without health insurance has declined considerably since 2002.




Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSYR LA data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

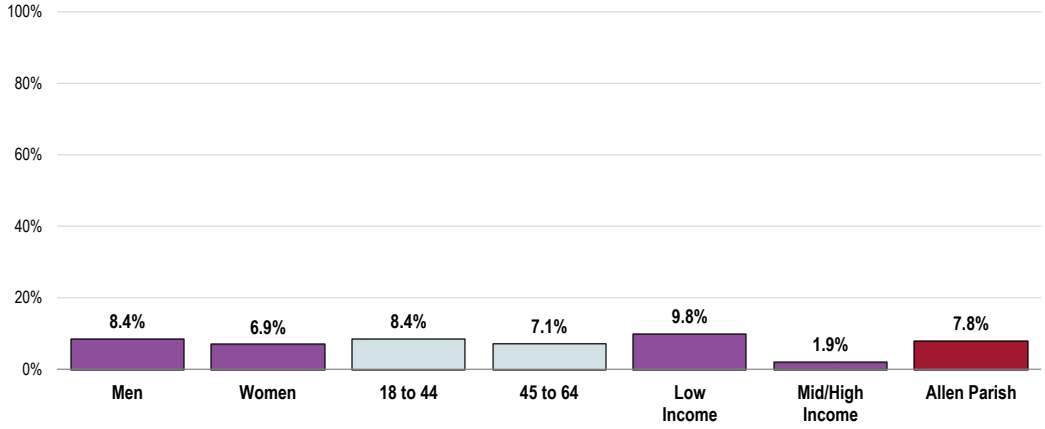
Notes:
- Asked of all respondents under the age of 65.

- No significant differences in percentages of respondents without healthcare insurance were found between genders and age groups, but a significant difference was found between income groups.

**Lack of Healthcare Insurance Coverage**

(Among Adults Age 18-64; Allen Parish, 2018)

**Healthy People 2020 Target = 0.0% (Universal Coverage)**




Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

# Difficulties Accessing Healthcare

**About Access to Healthcare**

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

## Barriers to Healthcare Access

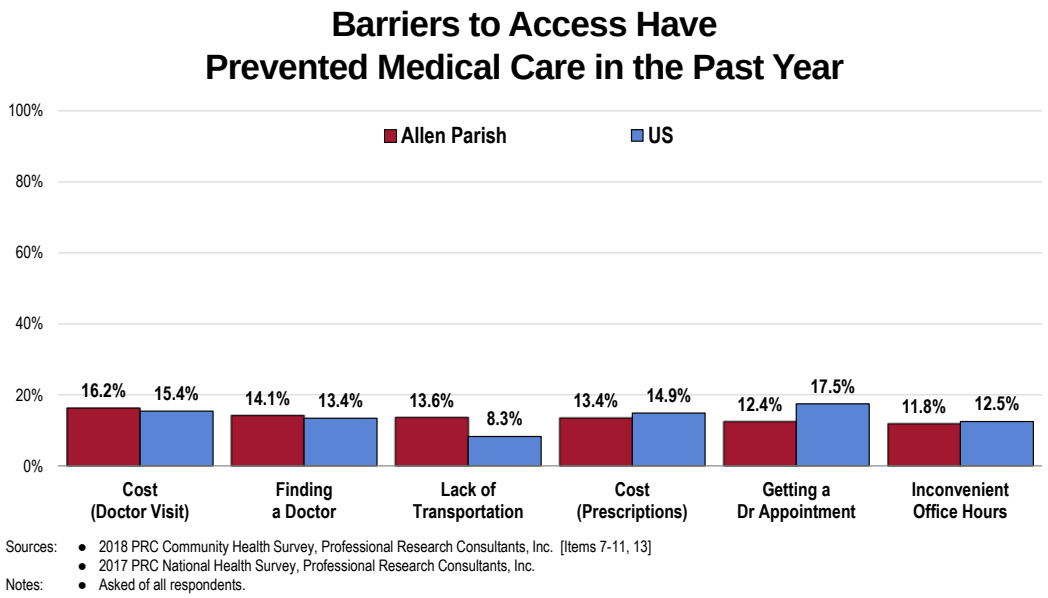
To better understand healthcare access barriers, survey participants were asked whether any of the following barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

**"Was there a time in the past 12 months when…**

- … you needed medical care, but had **difficulty finding a doctor**?"
- … you had difficulty getting an **appointment** to see a doctor?"
- … you needed to see a doctor, but could not because of the **cost**?"
- … a **lack of transportation** made it difficult or prevented you from seeing a doctor or making a medical appointment?"
- … you were not able to see a doctor because the **office hours were not convenient**?"
- … you needed a **prescription medicine**, but did not get it because you could not afford it?"

The percentages shown in the following chart reflect the total population, regardless of whether medical care was needed or sought.

- A greater proportion of adults in Allen Parish experience transportation issues than is found nationwide.
- The percentage of Allen Parish adults who had trouble getting a doctor appointment is more favorable than that found nationally.



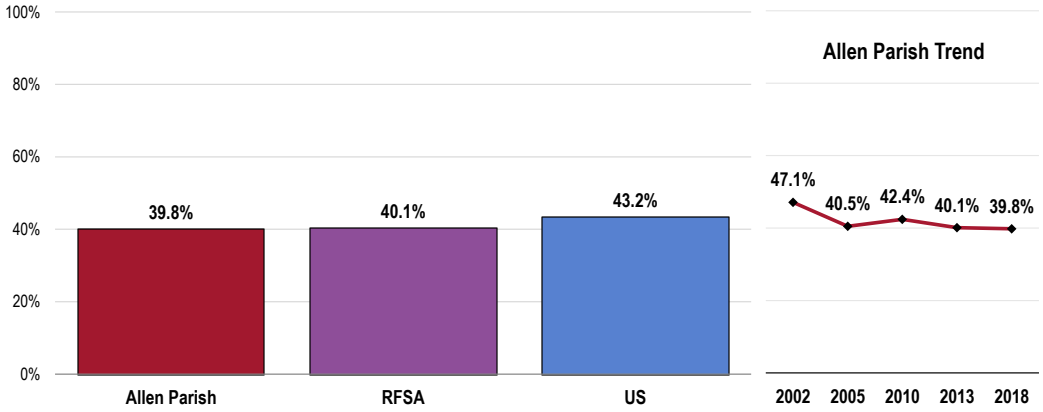

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-11, 13]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

The following charts reflect the composite percentage of the total population experiencing problems accessing healthcare in the past year (indicating one or more of the aforementioned barriers or any other problem not specifically asked), again regardless of whether they needed or sought care.

- Reports of difficulties in accessing healthcare are similar in Allen Parish to regional and national findings.
- No significant difference from earlier findings.

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

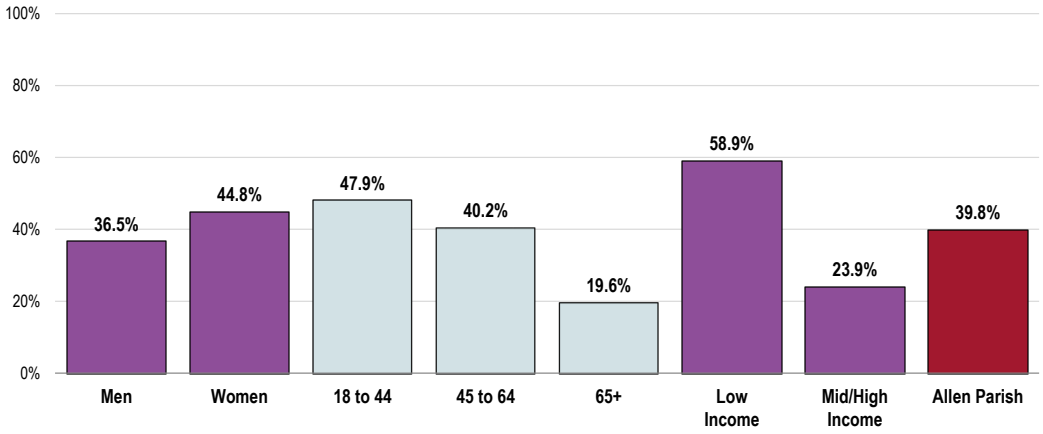



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

- Seniors and respondents with higher incomes are less likely to have experienced difficulties or delays in receiving needed healthcare. No significant difference was found between genders.

**Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year**
(Allen Parish, 2018)




Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]

Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

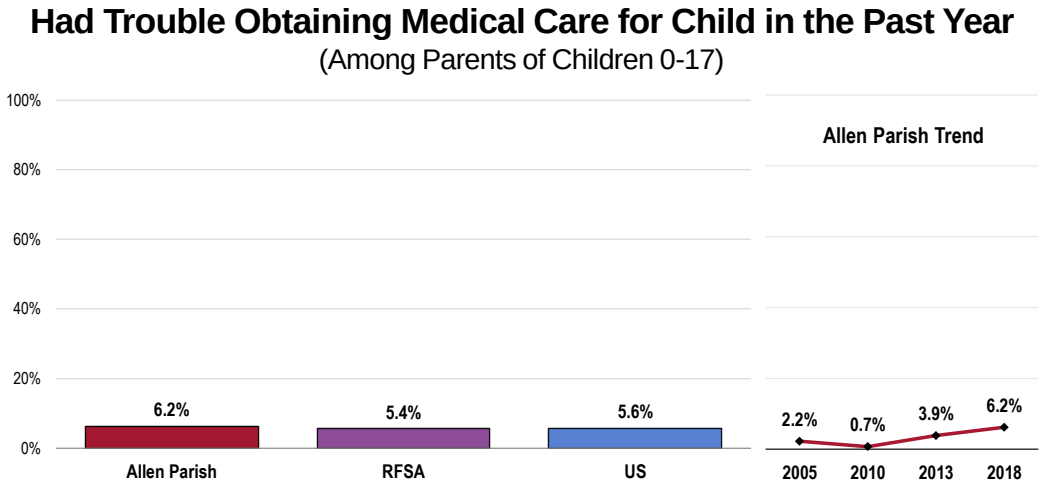
## Accessing Healthcare for Children

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

**"Was there a time in the past 12 months when you needed medical care for this child, but could not get it?"**

**"What was the main reason you could not get medical care for this child?"**

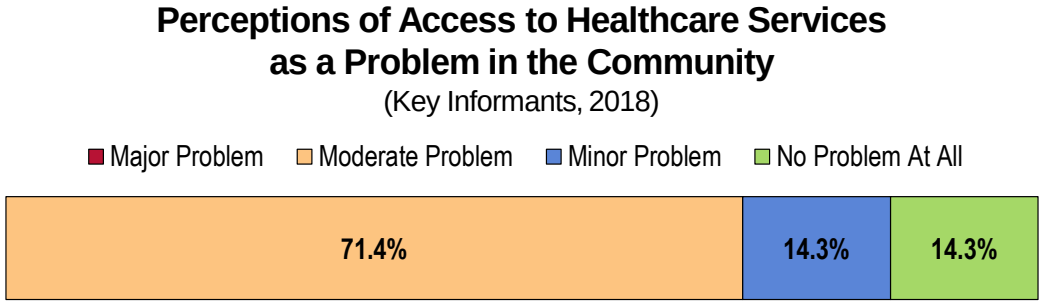
- No significant differences were found between Allen Parish, the Rapides Foundation Service Area, and the US in percentages of those who had trouble obtaining medical care for a child recently.
- Responses have not changed significantly from earlier findings.




Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.

## Key Informant Input: Access to Healthcare Services

The following chart outlines key informants' perceptions of the severity of *Access to Healthcare Services* as a problem in the community:




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

# Primary Care Services

## About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

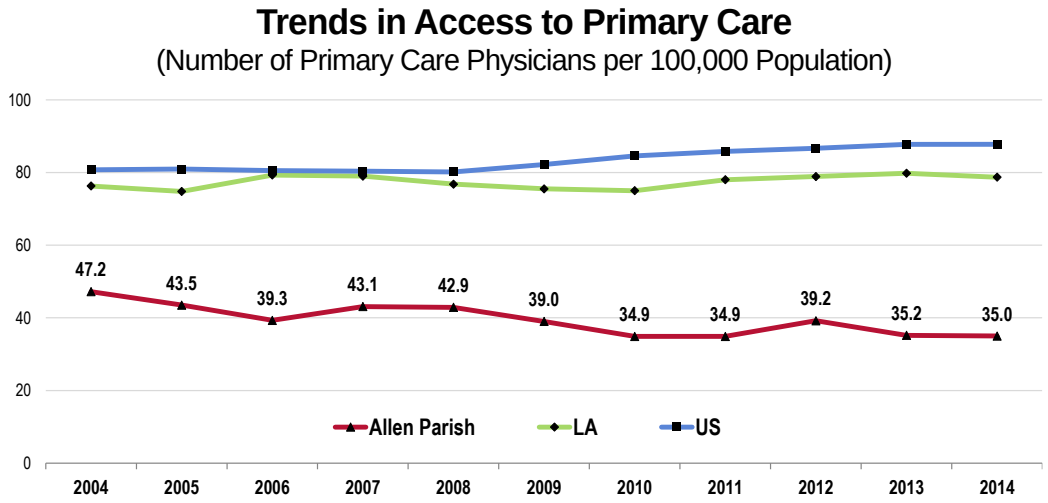
Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

## Access to Primary Care

This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

- The number of primary care physicians in Allen Parish is less favorable than in the state and nation, and significantly lower than was found in 2004.




Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Retrieved August 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
- These figures represent all primary care physicians practicing patient care, including hospital residents.

## Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

**"Is there a particular place that you usually go to if you are sick or need advice about your health?"**

**"What kind of place is it: a medical clinic, an urgent care center/walk-in clinic, a doctor's office, a hospital emergency room, military or other VA healthcare, or some other place?"**

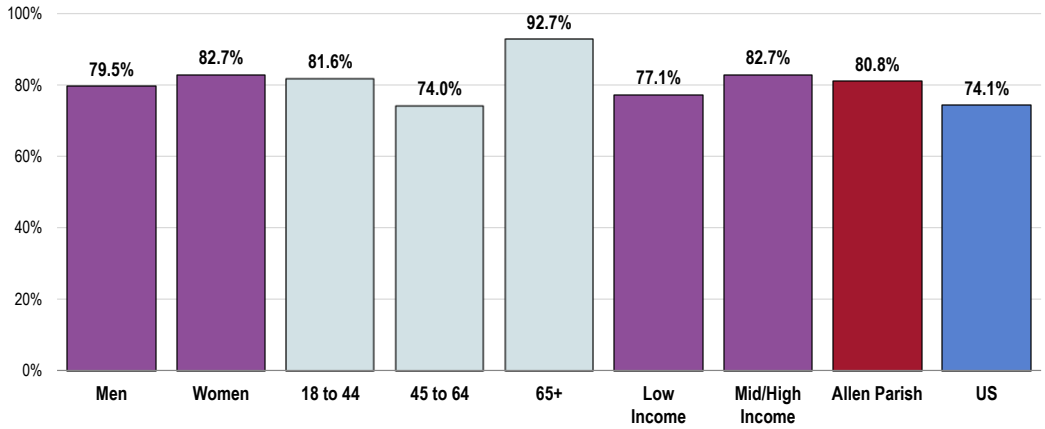
The following chart illustrates the proportion of Allen Parish population with a specific source of ongoing medical care. Note that a hospital emergency room is not considered a specific source of ongoing care in this instance.

- Seniors have specific sources of ongoing medical care significantly more often than those under age 65. No significant differences were found between genders or income groups.
- The percentage of the parish with a source of ongoing medical care is higher than is found nationwide.

### Have a Specific Source of Ongoing Medical Care

(Allen Parish, 2018)

**Healthy People 2020 Target = 95.0% or Higher**




Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 170]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

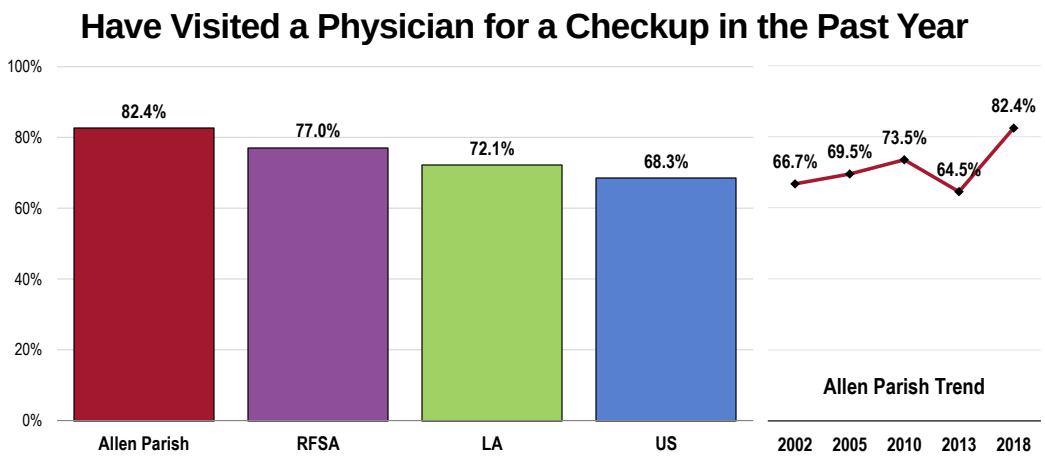
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Utilization of Primary Care Services

**Adults: "A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup?"**

**Children: "About how long has it been since this child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?"**

- The prevalence of recent physician visits for checkups is similar to that found in the region, but better than those found in Louisiana and the US.
- The percentage of persons reporting recent checkups increased since 2002.

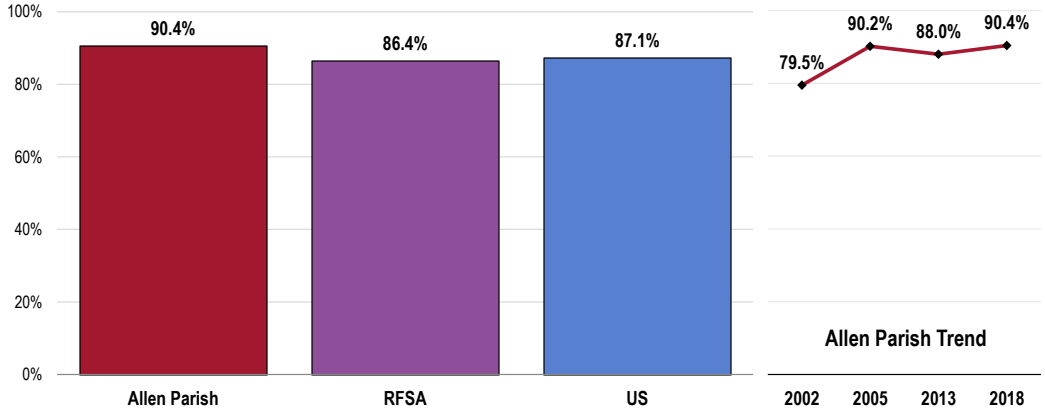



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSYR LA data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- The percentage of parish children who have recently had a routine checkup is similar to prevalence found in the region and nation.
- Pediatric checkup rates are higher than what was found in 2002.

**Child Has Visited a Physician for a Routine Checkup in the Past Year**
(Among Parents of Children 0-17)




Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

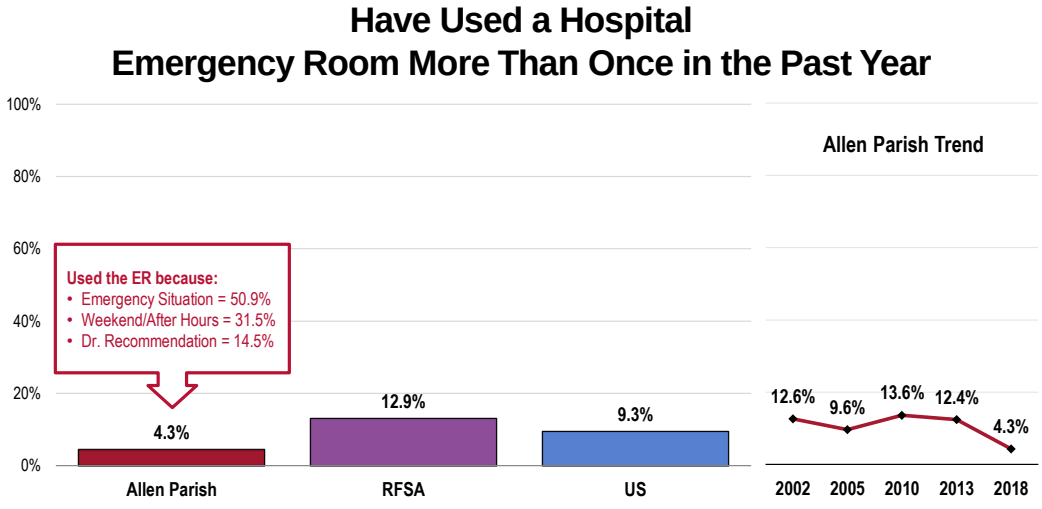
Notes:
- Asked of all respondents with children 0 to 17 in the household.

## Emergency Room Utilization

**"In the past 12 months, how many times have you gone to a hospital emergency room about your own health? This includes ER visits that resulted in a hospital admission." (Responses here reflect the percentage with two or more visits in the past year.)**

**"What is the main reason you used the emergency room instead of going to a doctor's office or clinic?"**

- The prevalence of multiple ER visits is lower in Allen Parish than in the region and nation.
- The decrease since 2002 is significant.




Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 22-23]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

# Oral Health

## About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use; excessive alcohol use;** and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

- Healthy People 2020 (www.healthypeople.gov)

## Dental Care

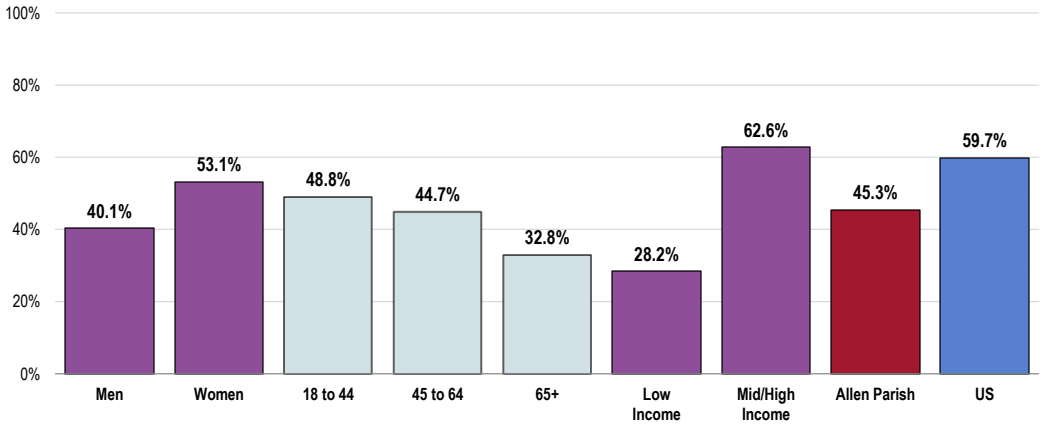
**"About how long has it been since you last visited a dentist or a dental clinic for any reason?"**

- Higher income persons are more likely to report recent dental visits than those with lower incomes. No significant differences were found between genders or age groups.
- Parish findings are less favorable than national findings.

### Have Visited a Dentist or Dental Clinic Within the Past Year

(Allen Parish, 2018)

**Healthy People 2020 Target = 49.0% or Higher**




Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

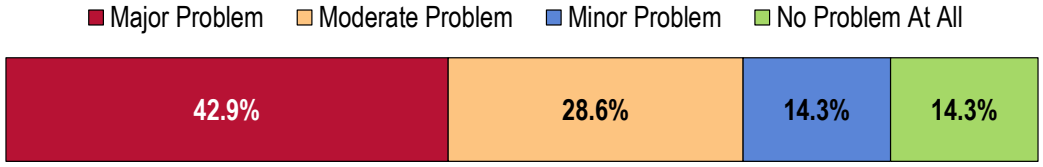
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Key Informant Input: Oral Health

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

### Perceptions of Oral Health as a Problem in the Community

(Key Informants, 2018)




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

> *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)*

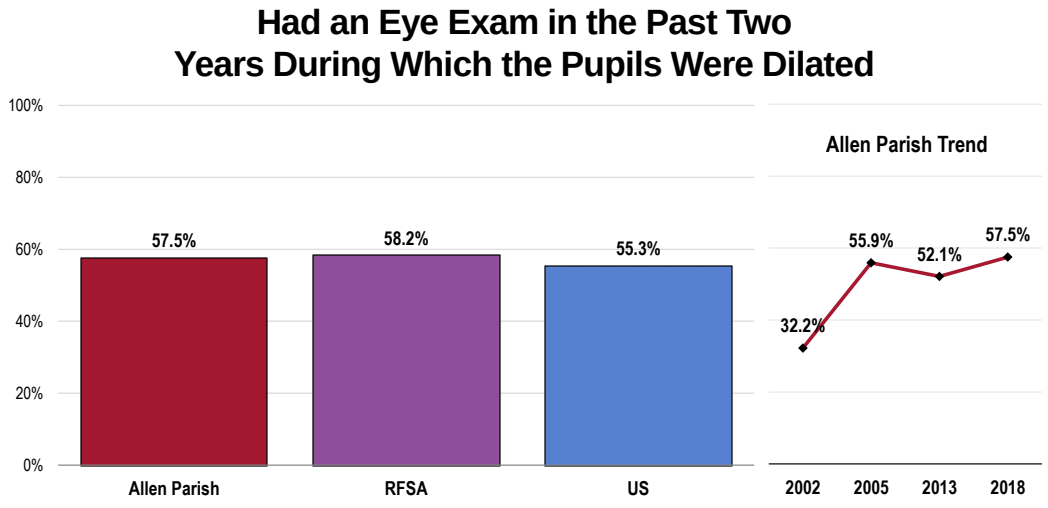
#### Affordable Care/Insurance Issues

> *Affordability. No insurance to help with cost. Not a routine to stay on top of dental care. – Community Leader (Allen Parish)*

## Vision Care

**"When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light." (Responses in the following chart represent those with an eye exam within the past 2 years.)**

- The percentage of Allen Parish receiving eye exams is similar to what is found in the region and nation.
- The percentage of Allen Parish residents receiving eye exams improved since 2002.



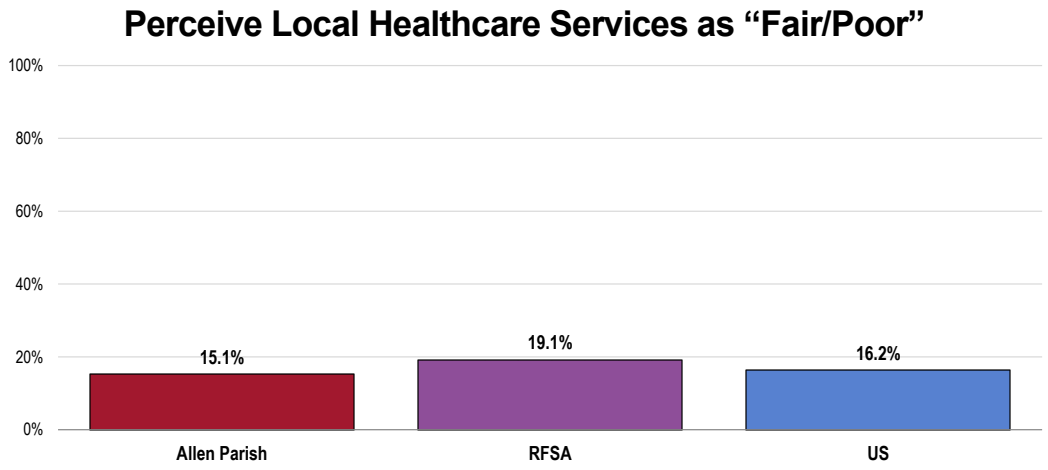

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

# Local Resources

## Perceptions of Local Healthcare Services

**"How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair, or poor?"**

- The perception that local healthcare services are "fair" or "poor" is similar in Allen Parish to the Rapides Foundation Service Area and the US.




Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

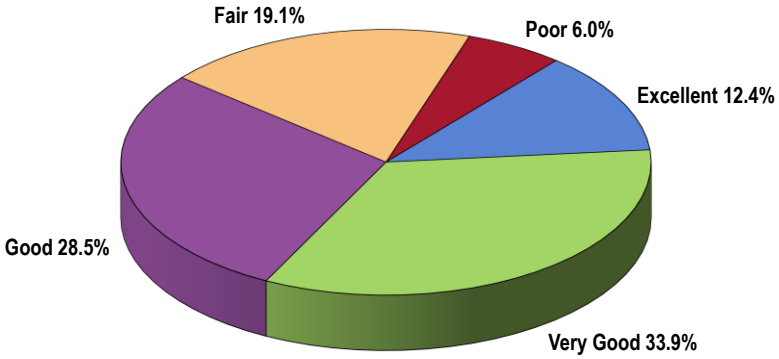
Notes:
- Asked of all respondents.

## Life in Central Louisiana

**"Now I would like to ask you some questions about this area in general. Would you say that the overall quality of life in Central Louisiana is: excellent, very good, good, fair, or poor?"**

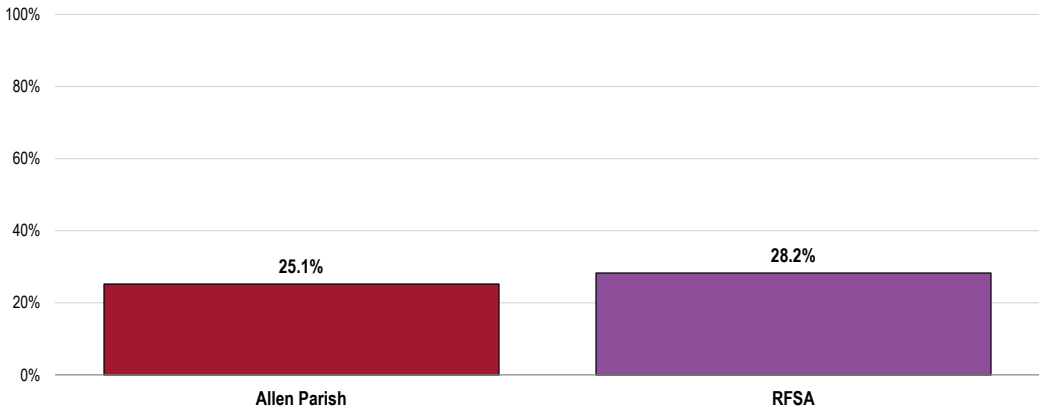
- Respondents from Allen Parish and the greater area (RFSA) were similarly likely to rate the quality of life in Central Louisiana "fair" or "poor."

### Rating of the Quality of Life in Central Louisiana
(Allen Parish, 2018)




Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 333]
Notes: ● Asked of all respondents.

### Quality of Life in Central Louisiana is "Fair" or "Poor"

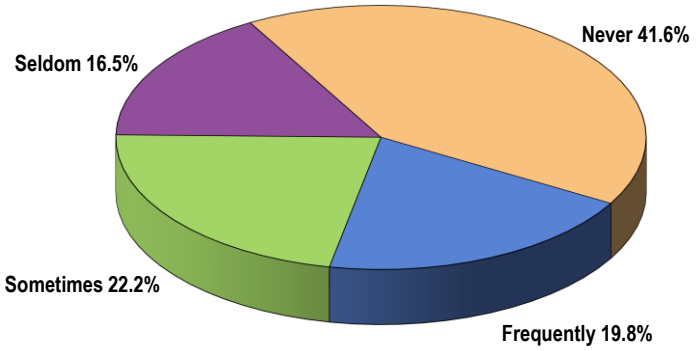



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 333]
Notes: ● Asked of all respondents.

## Charitable Contribution

**"How often do you work as a volunteer for charitable organizations or community groups? Would you say: frequently, sometimes, seldom, or never?"**

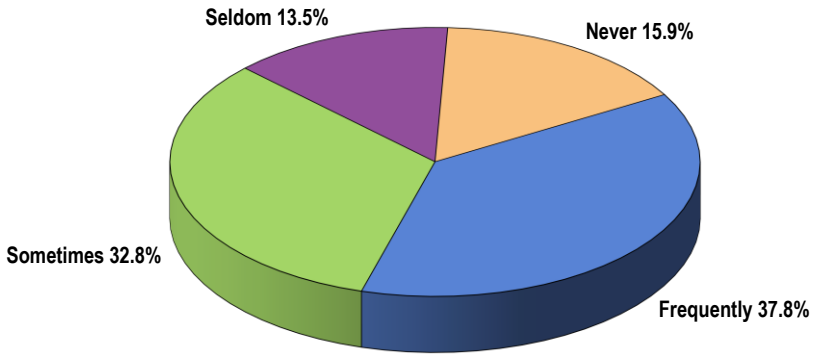
### Frequency of Volunteering for Charitable Organizations or Community Groups
(Allen Parish, 2018)




Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 339]
Notes: • Asked of all respondents.

**"How often do you contribute money to charitable organizations or community groups? Would you say: frequently, sometimes, seldom, or never?"**

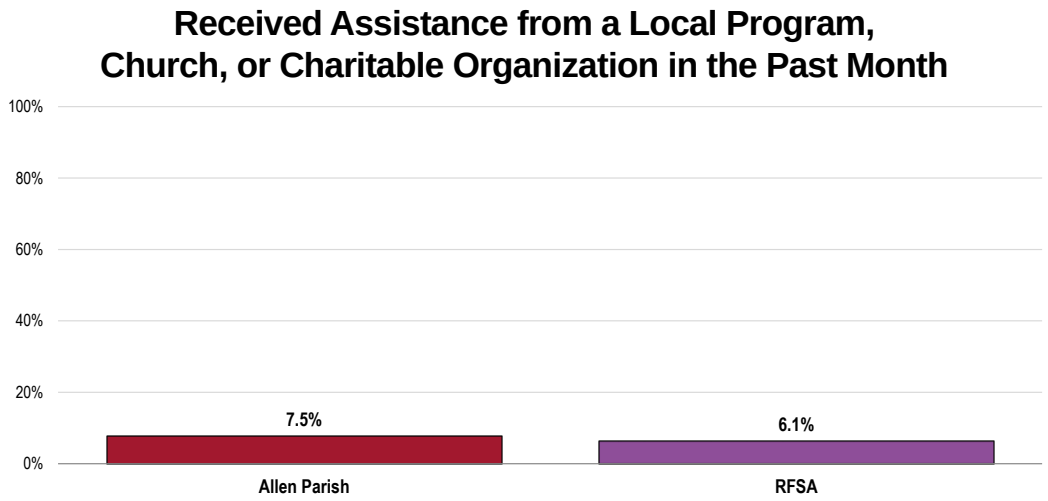
### Frequency of Contributing Money to Charitable Organizations or Community Groups
(Allen Parish, 2018)




Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 341]
Notes: • Asked of all respondents.

**"In the past 12 months, have you <u>received</u> assistance from a local program, church, or charitable organization to help meet some of your basic needs such as food, clothing, transportation, or child care? Please do not include any government-sponsored program or service in your response."**

- No statistical difference was found between Allen Parish and the region in the percentage of respondents receiving assistance from charities.

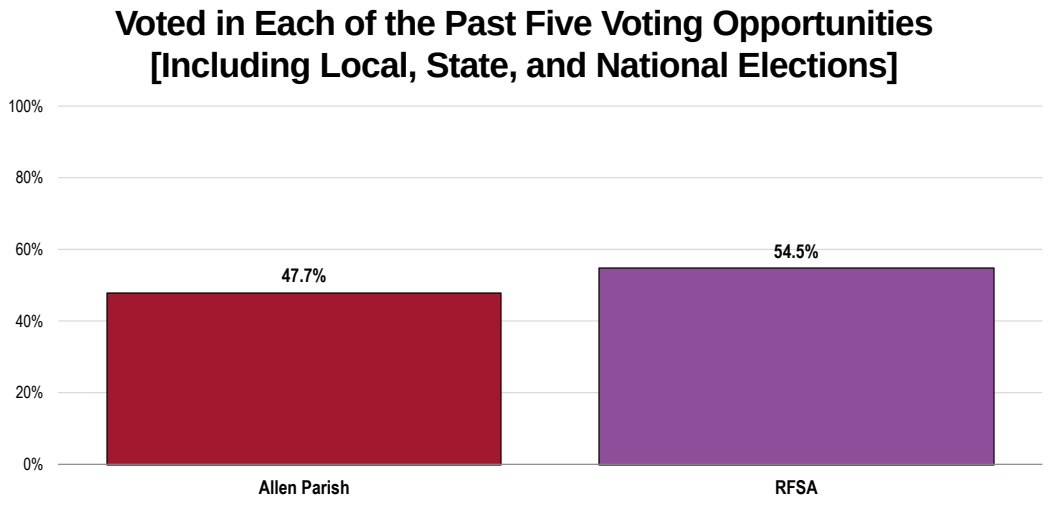



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 342]
Notes: ● Asked of all respondents.
● In this case, assistance does not include government-sponsored programs or services.

## Civic Participation

**"For the last five times you were eligible to vote in a local, state, or national election, about how many times did you actually go and vote?"**

- Voter participation is similar to that found regionally.




Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 344]
Notes: ● Asked of all respondents.