Summary Report

2018 Community Health Needs Assessment Report

Catahoula Parish

Prepared for:
The Rapides Foundation

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Table of Contents

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 Catahoula 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.

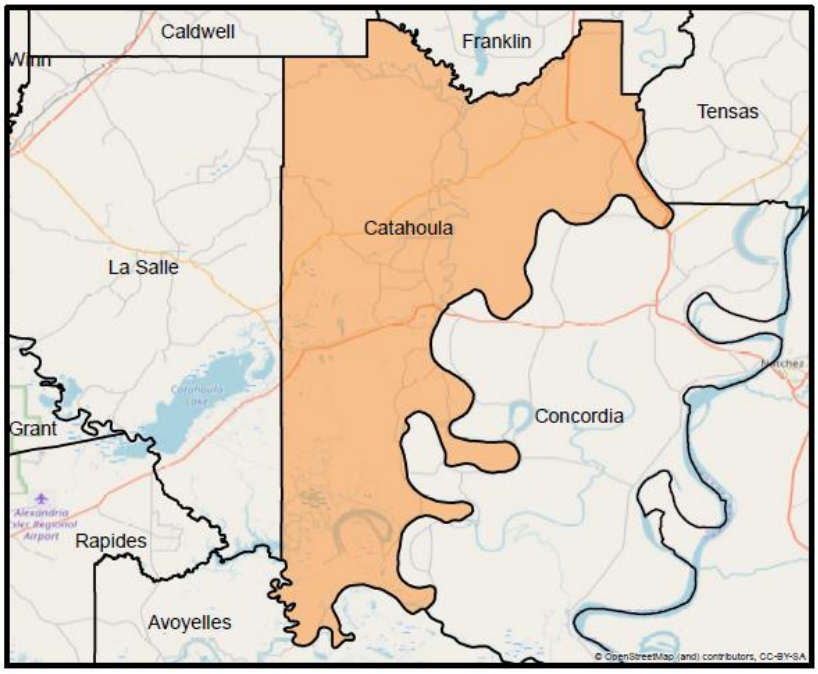
PRC Community Health Survey

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 Catahoula 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.

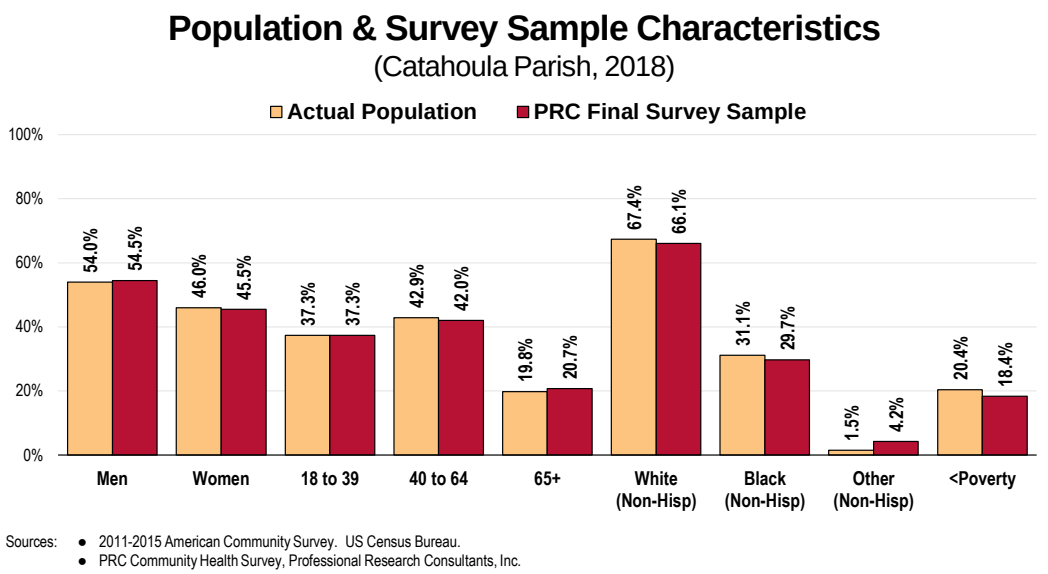
The sample design used for this effort included a random sample of 103 individuals age 18 and older in Catahoula Parish. All administration of the surveys, data collection and data analysis were conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 103 respondents is ±9.7% 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 Catahoula 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.]



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, 3 community stakeholders in Catahoula 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:

- Catahoula Parish Hospital Service District #2
- Central Louisiana Economic Development Alliance
- Northwest Louisiana Human Services District
- Town of Jonesville

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 Catahoula 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 Catahoula 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 Catahoula 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 Catahoula 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 Catahoula Parish in 2002.

HEALTH STATUS

Self-Reported Health Status. One-quarter (25.9%) of Catahoula Parish adults characterize their overall health as "fair" or "poor."

Activity Limitations. 43.7% of Catahoula Parish adults are limited in some way in some activities because of a health-related issue. This is significantly above what is found nationally (25.0%) and much higher than first found in 2002 (21.5%).

Mental Health. 47.4% of Catahoula 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 32.8% first reported in 2002. One-third (33.2%) of parish adults have been diagnosed with a depressive disorder by a healthcare professional (compared to 21.6% nationally). Overall, 34.1% of the population have ever sought help for mental health, and 11.4% report a time in the past year when they needed such services but were unable to get them.

DEATH & CHRONIC DISEASE

Causes of Death. Cardiovascular disease (heart disease and stroke) and cancers are leading causes of death in Catahoula Parish. Compared to US rates, age-adjusted death rates for most leading causes of death are generally higher in Catahoula Parish (including heart disease, cancer, lung disease, pneumonia/influenza, unintentional injuries, diabetes, and Alzheimer's disease).

Cancer. A total of 11.9% of adults have ever been diagnosed with cancer.

Heart Disease & Stroke. 16.0% of Catahoula Parish adults report having heart disease, significantly higher than both national (8.0%) and 2002 findings (8.0%). Another 6.0% have ever suffered from a stroke.

Diabetes. A total of 16.8% of Catahoula Parish adults have been diagnosed with diabetes.

Lung Disease. 21.9% of Catahoula Parish residents have been diagnosed with chronic obstructive pulmonary disease (which includes chronic bronchitis and emphysema), a prevalence that is significantly above what is found nationally (8.6%) and an increase over findings from 2002 (10.7%).

Overweight & Obesity. Based on reported heights and weights, a clear majority of Catahoula Parish adults (73.2%) are overweight, including 43.0% who are obese. The prevalence of obesity in the parish is significantly higher than the 32.8% across the nation.

INFANT HEALTH & FAMILY PLANNING

Birth Outcomes. Of all births in Catahoula Parish, 12.0% are low-weight (under 2,500g), which is a high proportion when compared to the nation (8.2%). Additionally, the parish experiences an infant mortality rate of 10.5 deaths for every 1,000 live births (deaths of infants before their first birthday). Nationally, the infant mortality rate is 6.2 per 1,000 live births.

Teen Births. The teen birth rate in Catahoula Parish is high, with 67.1 births to girls age 15-19 for every 1,000 girls in this age group (nationally, the teen birth rate is 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 63.2, versus 43.7 nationally).

Violence. Rates of violent crime in Catahoula Parish are similar to the nation; still, 4.5% of Catahoula Parish adults report experiencing violent crime in the area in the past five years, and 15.7% report ever experiencing domestic violence.

MODIFIABLE HEALTH RISKS

Nutrition. Only 40.5% of Catahoula Parish adults get the recommended 5 or more servings of fruits and vegetables per day; however, this is similar to what is found nationally (33.5%). It is important to note that 30.4% of parish adults report difficulty getting fresh produce, and 46.1% say they "sometimes" or "often" ran out of food in the past year before having money to buy more (a considerably high proportion when compared against the 18.0% nationwide).

Physical Activity. Currently, only 12.6 % of Catahoula Parish adults meet physical activity guidelines (compared to 22.8% nationally). Further, 37.3% of parish adults report not engaging in any type of physical activity outside of work in the month before the survey interview (compared to 26.2% nationally).

Blood Pressure & Cholesterol. In comparison to the nation, Catahoula Parish exhibits a significantly high proportion of adults reporting high blood pressure (55.7% versus 37.0% across the US). A total of 41.1% of parish adults report having high blood cholesterol. Each of these is significantly above what was first reported in 2002.

Tobacco Use. 21.8% of Catahoula Parish adults currently smoke cigarettes, much higher than found nationally (16.3%). Another 7.8% use smokeless tobacco, and 8.7% use electronic cigarettes or vaping devices.

Cardiovascular Risk. A very high percentage of Catahoula Parish adults (93.1%) present one or more risk factors or behaviors for heart disease and stroke (including smoking, not getting physical activity, being overweight, or having high blood pressure or cholesterol). This prevalence is significantly higher than the 87.2% seen nationally.

Substance Use. Regarding alcohol use, 27.2% 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 12.7% in 2002). Another 7.8% of adults report illicit drug use in the past month (use of illegal drugs or improper use of prescription drugs), significantly above the 2.5% nationally. Almost one-quarter (24.5%) of parish adults have used prescription opiates (either legally or illegally) in the past year.

PREVENTION

Routine Medical Care. Most parish adults (85.7%) have been to a doctor or clinic for a routine checkup in the past year, much better than reported in 2002 (70.3%).

Cancer Screenings. The colorectal cancer screening level in Catahoula Parish is fairly good, with 75.2% of all adults age 50-75 having had appropriate screening, compared to 76.4% nationally.

Dental Care. A relatively low proportion of adults in Catahoula Parish (39.0%) have received dental care in the past year (compared to 59.7% nationally).

Vision Care. Just over half (53.1%) of Catahoula Parish adults have had a comprehensive eye exam in the past two years.

ACCESS

Health Insurance Coverage. A total of 12.6% of Catahoula 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 a significant improvement from what was recorded in 2002 (35.7%). Still, cost remains a barrier preventing residents from getting medical care (18.8% 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 44.7% of Catahoula Parish adults have experienced some type of difficulty or delay in receiving health care in the past year, compared to 43.2% of adults nationwide. Difficulty getting timely appointments, difficulty finding physicians, and lack of transportation are the barriers impacting the greatest shares of adults in Catahoula Parish.

Cost of Prescriptions. A total of 22.6% of Catahoula Parish adults have gone without a needed prescription in the past year because they could not afford it.

Emergency Room Utilization. The proportion of Catahoula Parish adults who have used a local emergency room more than once in the past year (17.1%) is significantly worse than found nationwide (9.3%).

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
Social Determinants		• Housing Displacement • Condition of Neighborhood Homes
Access to Healthcare Services	• Lack of Healthcare Coverage • Routine Checkups (Adults)	• Difficulty Finding Physician • Transportation Hindered Physician Visit
Cancer		• Cancer Deaths
Heart Disease & Stroke	• Blood Pressure Screenings	• Heart Disease • High Blood Pressure • High Blood Cholesterol
Infant Health & Family Planning	• Teen Birth Rate	
Injury & Violence	• Unintentional Injury Deaths • Use of Seat Belts (Adults)	
Mental Health	• Sought Help for Mental Health	• Symptoms of Chronic Depression
Nutrition, Overweight & Physical Activity	• Fruit & Vegetable Consumption • Overweights Taking Action to Lose Weight (Adults) • Medical Advice on Weight	
Potentially Disabling Conditions	• Eye Exams	• Activity Limitations
Respiratory Diseases		• Chronic Obstructive Pulmonary Disease (COPD) Prevalence
Substance Abuse		• Binge Drinking • Sought Help for Substance Abuse

Summary Tables

Comparisons With Benchmark Data

The following tables provide an overview of indicators in Catahoula 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, Catahoula 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 Catahoula 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 Catahoula 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	Catahoula Parish	Catahoula Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Linguistically Isolated Population (Percent)	0.2	☼ 0.8	☼ 1.6	☼ 4.5		
Population in Poverty (Percent)	20.5	⛅ 20.7	⛅ 19.7	☁ 15.1		
Population Below 200% FPL (Percent)	45.3	⛅ 44.2	⛅ 39.8	☁ 33.6		
Children Below 200% FPL (Percent)	49.7	⛅ 52.9	⛅ 49.9	⛅ 43.3		
No High School Diploma (Age 25+, Percent)	23.0	☁ 18.0	☁ 16.2	☁ 13.0		
Unemployment Rate (Age 16+, Percent)	6.3	☁ 4.9	☁ 4.3	☁ 4.1		
% Displaced From Housing in Past 2 Years	26.3	☁ 13.5				☁ 10.3
% "Fair/Poor" Availability of Affordable Housing	64.4	☁ 45.7				⛅ 54.6

Social Determinants (continued)	Catahoula Parish	Catahoula Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% "Fair/Poor" Condition of Neighborhood Homes	33.9	20.3				21.9
				better	similar	worse

Overall Health	Catahoula Parish	Catahoula Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% "Fair/Poor" Overall Health	25.9	23.3	21.9	18.1		27.8
% 3+ Days Poor Physical Health in Past Month	48.3	35.4				
% Activity Limitations	43.7	29.6	23.0	25.0		21.5
% 4+ Days Health Prevented Usual Activities	42.8	22.0				15.3
				better	similar	worse

Access to Health Services	Catahoula Parish	Catahoula Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% [Age 18-64] Lack Health Insurance	12.6	9.2	16.7	13.7	0.0	35.7
% Difficulty Accessing Healthcare in Past Year (Composite)	44.7	40.1		43.2		42.3
% Difficulty Finding Physician in Past Year	22.1	14.9		13.4		13.4
% Difficulty Getting Appointment in Past Year	24.1	16.0		17.5		16.8
% Cost Prevented Physician Visit in Past Year	18.8	16.6	17.6	15.4		22.4

Access to Health Services (continued)	Catahoula Parish	Catahoula Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% Transportation Hindered Dr Visit in Past Year	21.5	9.7		8.3		11.4
% Inconvenient Hrs Prevented Dr Visit in Past Year	14.5	12.4		12.5		13.4
% Cost Prevented Getting Prescription in Past Year	22.6	16.6		14.9		25.9
Primary Care Doctors per 100,000	9.9	58.7	78.7	87.8		
% Have a Specific Source of Ongoing Care	77.2	76.7		74.1	95.0	72.3
% Have Had Routine Checkup in Past Year	85.7	77.0	72.1	68.3		70.3
% Two or More ER Visits in Past Year	17.1	12.9		9.3		11.3
% Rate Local Healthcare "Fair/Poor"	27.4	19.1		16.2		
			better	similar	worse	

Cancer	Catahoula Parish	Catahoula Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Cancer (Age-Adjusted Death Rate)	273.7	184.4	179.4	158.5	161.4	220.4
Female Breast Cancer Incidence Rate	133.1	106.3	123.2	123.5		
Prostate Cancer Incidence Rate	187.2	140.9	144.4	114.8		
Lung Cancer Incidence Rate	93.2	76.0	70.5	61.2		

Cancer (continued)	Catahoula Parish	Catahoula Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Colorectal Cancer Incidence Rate	74.4	52.3	47.8	39.8		
% Cancer	11.9	8.5				6.0
% [Age 50-75] Colorectal Cancer Screening	75.2	74.9	64.1	76.4	70.5	82.0
			better	similar	worse	

Dementias, Including Alzheimer's Disease	Catahoula Parish	Catahoula Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Alzheimer's Disease (Age-Adjusted Death Rate)	37.0	43.3	35.2	25.7		
			better	similar	worse	

Diabetes	Catahoula Parish	Catahoula Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Diabetes (Age-Adjusted Death Rate)	33.9	24.1	27.1	21.4	20.5	
% Diabetes/High Blood Sugar	16.8	16.3	12.1	13.3		10.0
% Borderline/Pre-Diabetes	13.0	7.3		9.5		
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	55.8	53.9		50.0		
			better	similar	worse	

Heart Disease & Stroke	Catahoula Parish	Catahoula Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Diseases of the Heart (Age-Adjusted Death Rate)	371.7	244.7	213.8	167.0	156.9	393.4
Stroke (Age-Adjusted Death Rate)	44.2	50.7	46.3	38.6	34.8	
% Heart Disease (Heart Attack, Angina, Coronary Disease)	16.0	8.8		8.0		8.0
% Stroke	6.0	4.5	4.0	4.7		3.5
% Blood Pressure Checked in Past 2 Years	99.6	94.2		90.4	92.6	95.9
% Told Have High Blood Pressure (Ever)	55.7	46.7	39.3	37.0	26.9	41.0
% Cholesterol Checked in Past 5 Years	84.6	87.2	77.7	85.1	82.1	79.8
% Told Have High Cholesterol (Ever)	41.1	35.1		36.2	13.5	24.9
% 1+ Cardiovascular Risk Factor	93.1	91.3		87.2		95.3
			better	similar	worse	

HIV	Catahoula Parish	Catahoula Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
HIV Prevalence Rate	267.7	369.6	502.3	353.2	22.1	
			better	similar	worse	

Infant Health & Family Planning	Catahoula Parish	Catahoula Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Low Birthweight Births (Percent)	12.0	10.3	10.9	8.2	7.8	12.6
Infant Death Rate	10.5	7.6	8.4	6.2	6.0	
Teen Births per 1,000 (Age 15-19)	67.1	60.9	50.2	36.6		78.6
			better	similar	worse	

Injury & Violence	Catahoula Parish	Catahoula Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Unintentional Injury (Age-Adjusted Death Rate)	63.2	57.3	54.0	43.7	36.4	95.4
Motor Vehicle Crashes (Age-Adjusted Death Rate)	33.3	21.8	17.9	11.3	12.4	
% "Always" Wear Seat Belt	68.7	83.1				55.7
Violent Crime Rate	423.0	590.3	512.9	379.7		
% Victim of Violent Crime in Past 5 Years	4.5	3.3		3.7		2.2
% Victim of Domestic Violence (Ever)	15.7	17.4		14.2		4.8
% Victim of Domestic Violence in Past 5 Years	7.7	5.6				
			better	similar	worse	

Mental Health	Catahoula Parish	Catahoula Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% "Fair/Poor" Mental Health	37.1	18.6		13.0		11.3
% 3+ Days Poor Mental Health in Past Month	43.4	33.0				
% Diagnosed Depression	33.2	27.9	19.9	21.6		
% Symptoms of Chronic Depression (2+ Years)	47.4	38.2		31.4		32.8
% Had Someone to Turn to "All/Most" of the Time in Past Month	62.0	81.8				
% Taking Rx/Receiving Mental Health Trtmt	25.6	21.1		13.9		14.2
% Have Ever Sought Help for Mental Health	34.1	34.1		30.8		20.5
% Unable to Get Mental Health Svcs in Past Yr	11.4	7.3		6.8		
			better	similar	worse	

Nutrition, Physical Activity & Weight	Catahoula Parish	Catahoula 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		20.7
% [Adults] Eats 2+ Servings of Fruit per Day	49.0	47.9				51.6
% [Adults] Eats 3+ Servings of Vegetables per Day	33.8	28.0				27.4
% Difficulty Getting Fresh Fruits & Vegetables	30.4	15.0				25.7
% Medical Advice About Nutrition in Past Year	41.9	44.0				

Nutrition, Physical Activity & Weight (continued)	Catahoula Parish	Catahoula Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% "Often/Sometimes" Ran Out of Food in the Past Year	46.1	32.9		18.0		
Population With Low Food Access (Percent)	23.9	31.5	26.8	22.4		
% No Leisure-Time Physical Activity	37.3	30.3	29.1	26.2	32.6	33.1
% Meeting Physical Activity Guidelines	12.6	19.9	18.7	22.8	20.1	
% [Adults] Vigorous Physical Activity	24.9	29.6				
% [Adults] Moderate Physical Activity	12.6	23.7				
% Strengthening Activity	29.4	28.6	27.2	33.8		23.3
% Walk Regularly (5+ Times Per Week For >10 Minutes)	40.0	40.1				53.6
% "Often" See Others in Community Being Physically Active	34.5	39.7				42.8
% "Fair/Poor" Local Physical Activity Opportunities	68.9	36.5				52.0
Recreation/Fitness Facilities per 100,000	0.0	4.8	9.5	11.0		
% Medical Advice About Exercise in Past Year	38.8	44.4				
% Overweight (BMI 25+)	73.2	75.3	69.2	67.8		69.7
% Healthy Weight (BMI 18.5-24.9)	26.9	23.4	29.0	30.3	33.9	28.7
% [Overweights] Trying to Lose Weight Both Diet/Exercise	37.7	34.7				22.0
% Obese (BMI 30+)	43.0	41.4	35.5	32.8	30.5	34.3

Nutrition, Physical Activity & Weight (continued)	Catahoula Parish	Catahoula Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% Medical Advice on Weight in Past Year	37.6	26.6		24.2		16.6
% [Overweights] Counseled About Weight in Past Year	43.1	32.3		29.0		29.0
			better	similar	worse	

Oral Health	Catahoula Parish	Catahoula Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% [Age 18+] Dental Visit in Past Year	39.0	53.6	56.6	59.7	49.0	48.1
			better	similar	worse	

Potentially Disabling Conditions	Catahoula Parish	Catahoula Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% [50+] Arthritis/Rheumatism	51.7	45.6		38.3		
% [18+] Arthritis/Rheumatism	37.8	28.7		23.1		31.6
% Eye Exam in Past 2 Years	53.1	58.2		55.3		38.9
			better	similar	worse	

Respiratory Diseases	Catahoula Parish	Catahoula Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
CLRD (Age-Adjusted Death Rate)	49.1	56.3	43.9	40.9		
Pneumonia/Influenza (Age-Adjusted Death Rate)	30.6	26.1	18.4	15.6		
% COPD (Lung Disease)	21.9	14.7	8.3	8.6		10.7
			better	similar	worse	

Sexually Transmitted Diseases	Catahoula Parish	Catahoula Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
Chlamydia Incidence Rate	273.5	536.0	625.9	456.1		
Gonorrhea Incidence Rate	87.9	154.6	194.6	110.7		
			better	similar	worse	

Substance Abuse	Catahoula Parish	Catahoula Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% Current Drinker	36.4	49.0	51.9	55.0		
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	27.2	22.1	16.9	20.0	24.4	12.7
% Excessive Drinker	27.8	23.6		22.5	25.4	
% Drinking & Driving in Past Month	4.4	3.8	3.5	5.2		1.7
% Rode w/Drunk Driver in Past Month	9.9	5.9				4.2

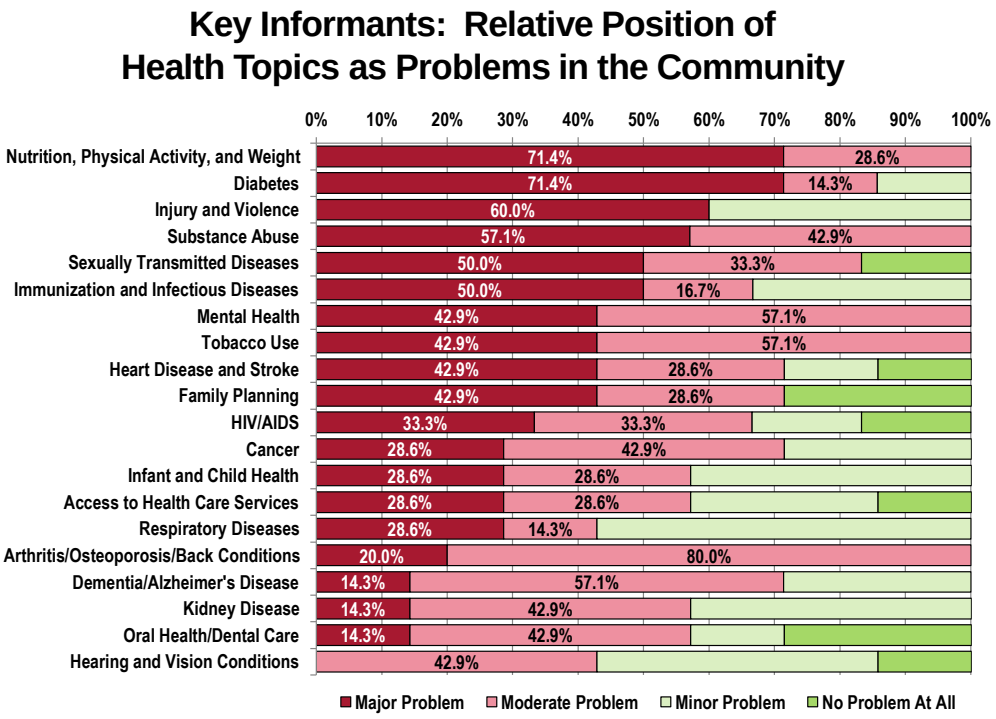
Substance Abuse (continued)	Catahoula Parish	Catahoula Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% Illicit Drug Use in Past Month	7.8	3.2		2.5	7.1	0.2
% Have Used Prescription Opiates in Past Year	24.5	25.0				
% Ever Sought Help for Alcohol or Drug Problem	0.0	4.3		3.4		2.0
			better	similar	worse	

Tobacco Use	Catahoula Parish	Catahoula Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% Current Smoker	21.8	23.6	22.8	16.3	12.0	18.8
% Someone Smokes at Home	25.9	16.6		10.7		20.5
% [Nonsmokers] Someone Smokes in the Home	8.0	7.0		4.0		
% Aware of Smoking Cessation Services/Programs	24.5	41.2				
% Community Believes Adults "Definitely" Should Not Smoke	38.1	41.2				
% Currently Use Vaping Products	8.7	5.6	6.0	3.8		
% Use Smokeless Tobacco	7.8	7.2	5.1	4.4	0.3	10.8
			better	similar	worse	

Quality of Life	Catahoula Parish	Catahoula Parish vs. Benchmarks				TREND
		vs. RFSA	vs. LA	vs. US	vs. HP2020	
% "Fair/Poor" Overall Quality of Life in Central Louisiana	**44.8**	28.2				
% Parish Life: Wrong Track and Getting Worse	**49.1**	17.0				
% Know 10+ People Benefiting from Charities	**32.4**	40.0				
% "Frequently/Sometimes" Donate to Charity	**66.4**	67.4				
% Have Received Charitable Assistance in Past Year	**18.3**	6.1				
% "Frequently/Sometimes" Volunteer	**34.2**	40.9				
% Voted in Each of the Past 5 Elections	**57.2**	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.

Professional Research Consultants, Inc.

Community Characteristics

Population Characteristics

Land Area, Population Size & Density

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

Total Population
(Estimated Population, 2012-2016)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Catahoula Parish	10,145	708.03	14.33
Louisiana	4,645,670	43,206.73	107.52
United States	318,558,162	3,532,068.58	90.19

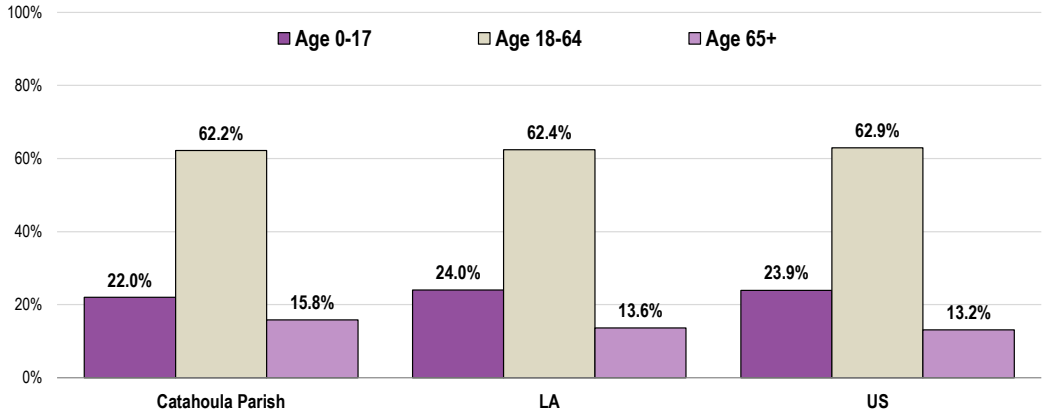
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2018 from Community Commons at http://www.chna.org.

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.

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

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

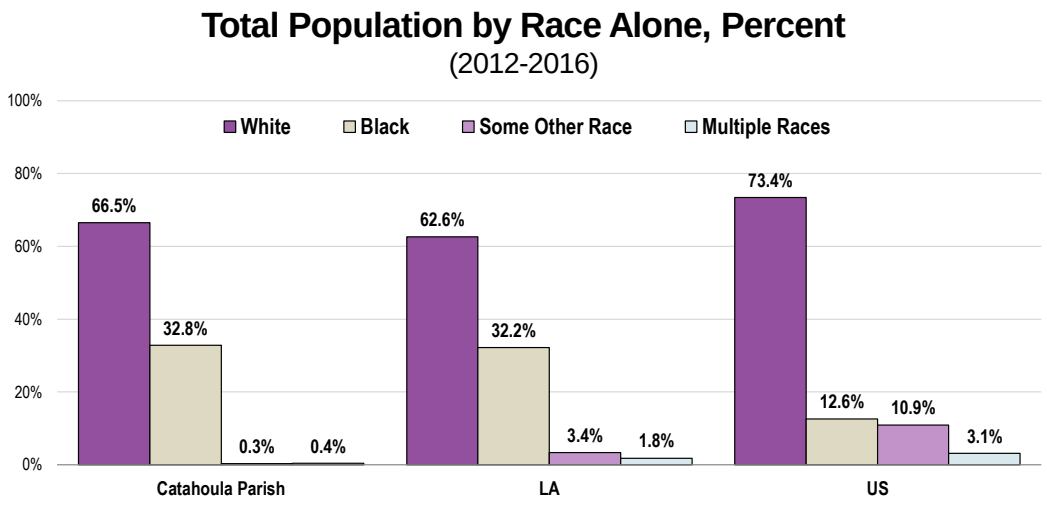


Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved August 2018 from Community Commons at http://www.chna.org.

Race & Ethnicity

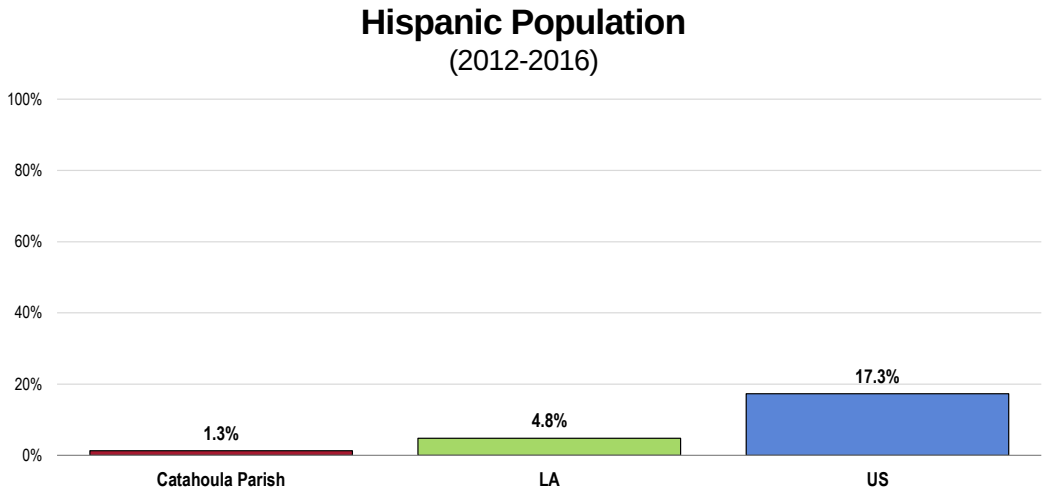
The following charts illustrate the racial and ethnic makeup of our community. Note that ethnicity (Hispanic or Latino) can be of any race.

- Catahoula Parish is racially similar to the makeup of Louisiana, but is less diverse than the US.



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

- The Hispanic proportion of Catahoula Parish is lower than is found statewide, and considerably lower than is found nationwide.



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)

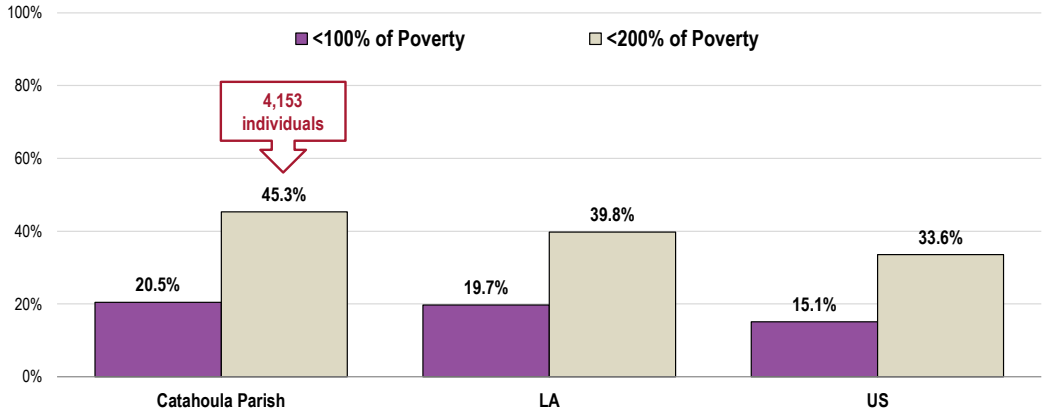
Poverty

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 statewide proportion, but higher than is found in the US.
- The proportion of persons living below 200% of the federal poverty level is also higher than is found nationally but similar to the proportion found in the state.

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.

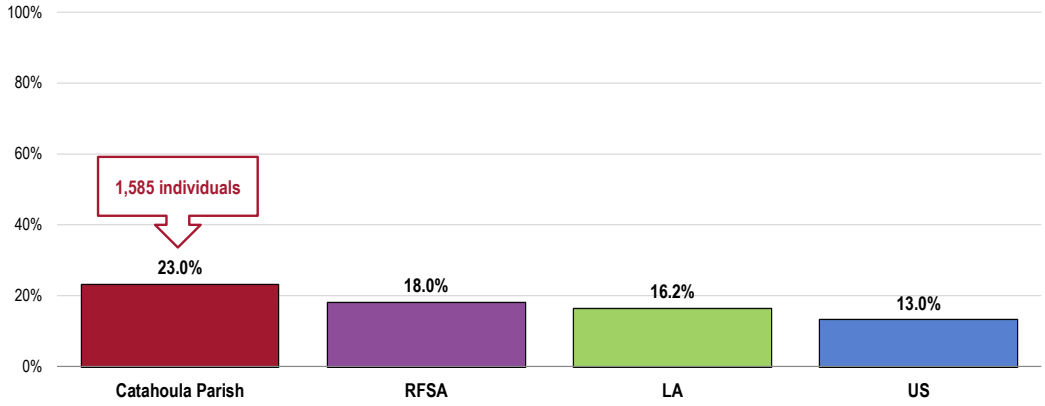
Education

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

- The proportion of Catahoula Parish adults without a high school education is higher than is found throughout Central Louisiana, Louisiana as a whole, and the US.

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.

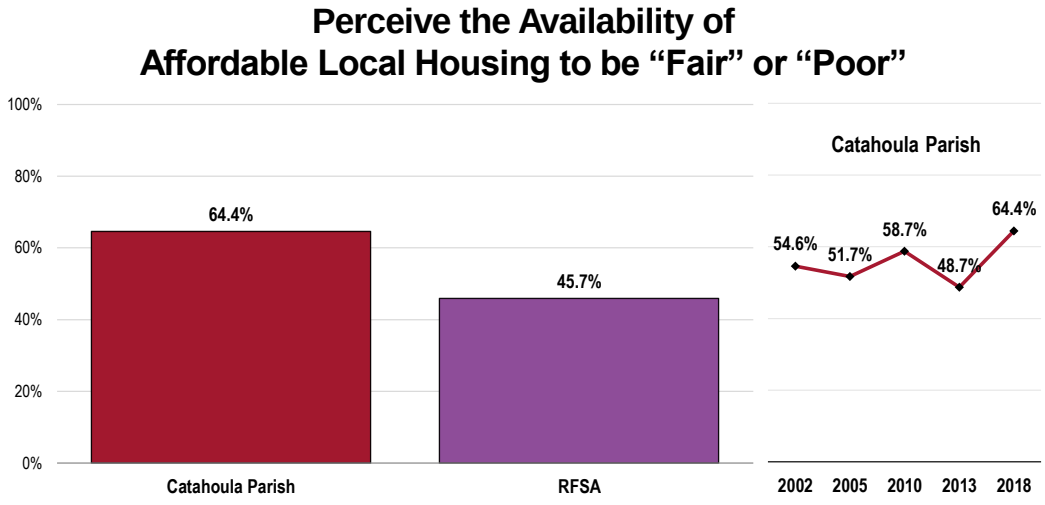
Housing

Survey respondents were asked:

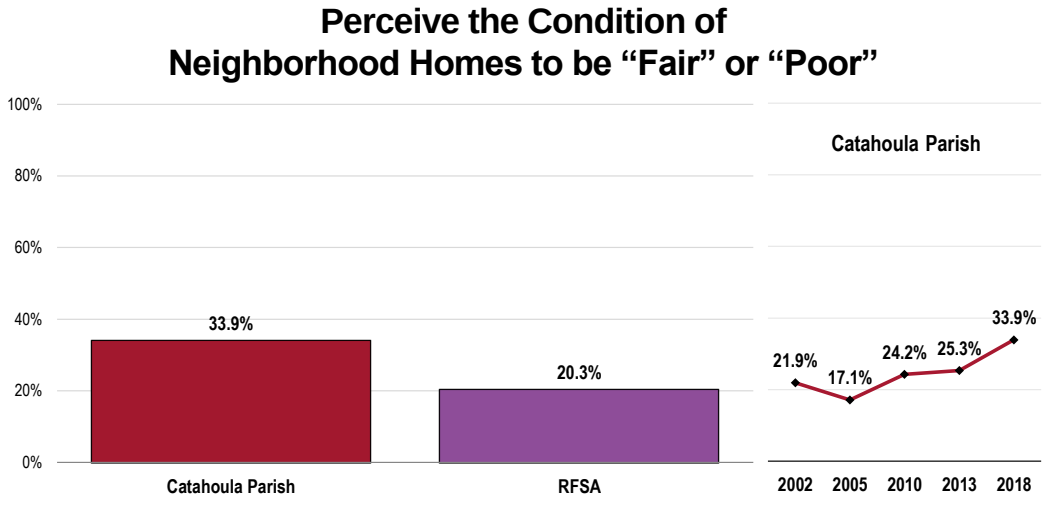
"Overall, how would you rate the availability of affordable housing in your community? Would you say: excellent, very good, good, fair, or poor?"

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

- Catahoula Parish adults rate the affordable housing availability and the condition of local housing less favorably than those in the overall Rapides Foundation Service Area.
- "Fair/poor" responses regarding affordability increased between 2002 and 2018, although not significantly.
- "Fair/poor" responses regarding the condition of housing increased significantly since 2002.



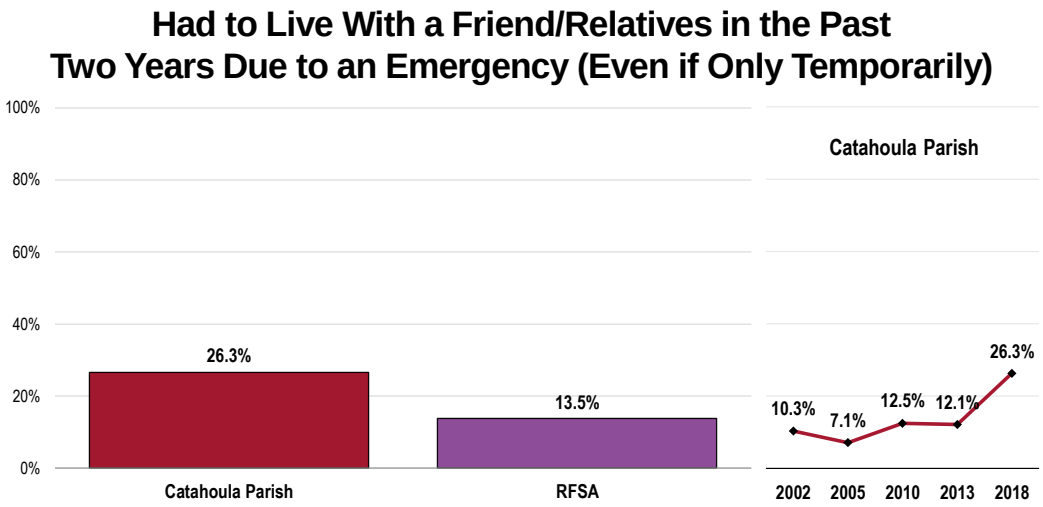
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 336]
Notes: ● Asked of all respondents.



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 worse than that found throughout the Rapides Foundation Service Area, and is also worse than previous findings.



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

General Health Status

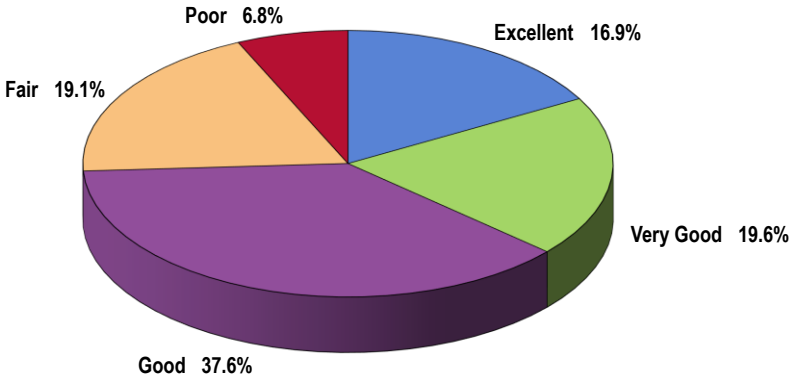
Overall Health Status

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?"

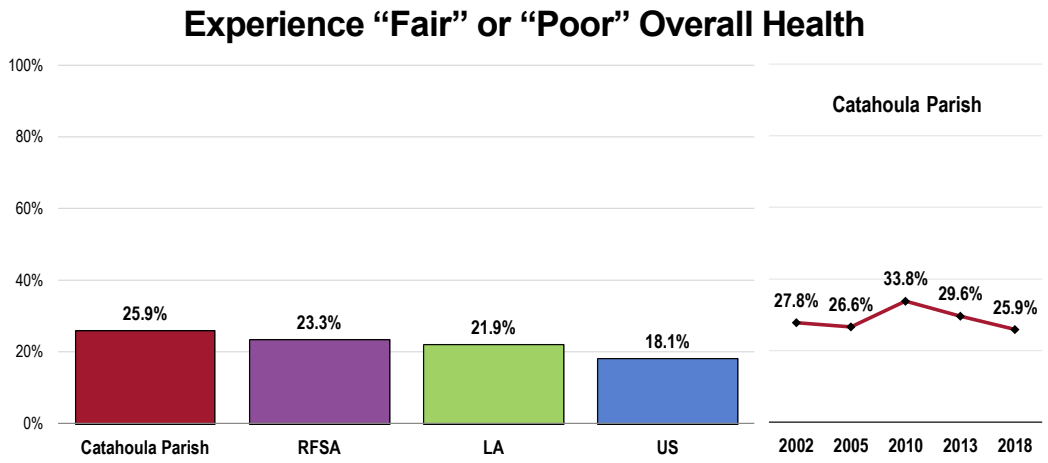
Self-Reported Health Status
(Catahoula Parish, 2018)



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

The following chart further details "fair/poor" overall health responses in Catahoula Parish in comparison to past findings and benchmark data.

- "Fair/poor" evaluations of overall health in Catahoula Parish are similar to what is found regionally (RFSA), statewide, and nationally and are statistically similar to the 2002 baseline findings.



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

Notes:
- Asked of all respondents.

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.

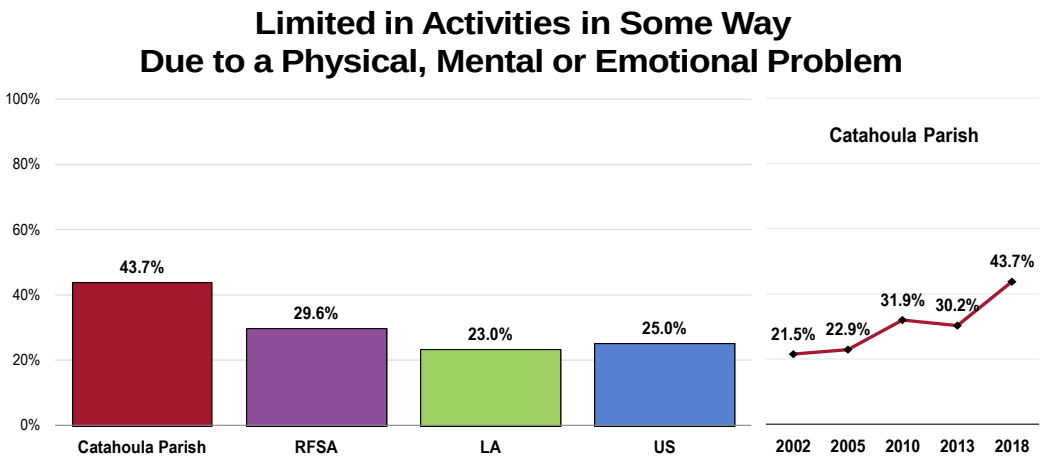
There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO)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

- Activity limitations in the Catahoula Parish are more prevalent than is found regionally, statewide, and nationwide, and a significant increase in activity limitations has been found since 2002 in the parish.



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

Notes:
- Asked of all respondents.

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.

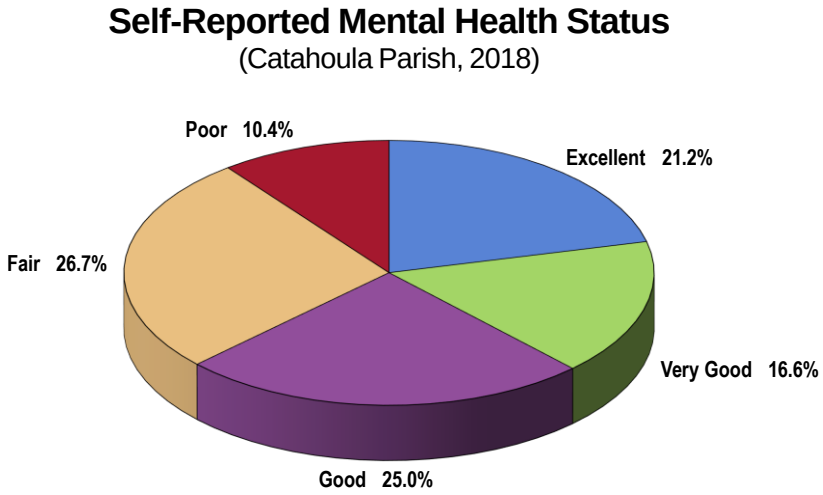
The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, 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)

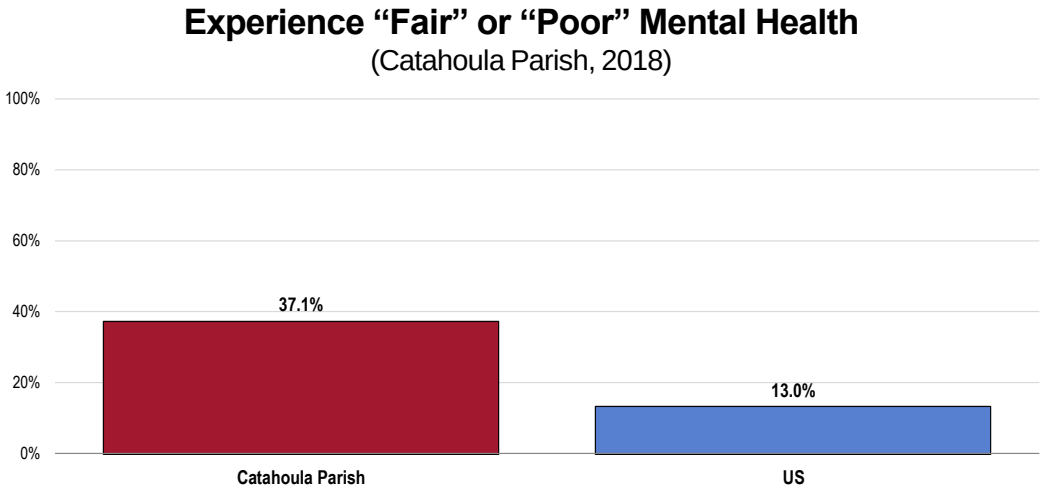
Self-Reported Mental Health Status

"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?"



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

- Reports of "fair/poor" mental health are considerably higher among those in Catahoula Parish than among US residents overall.

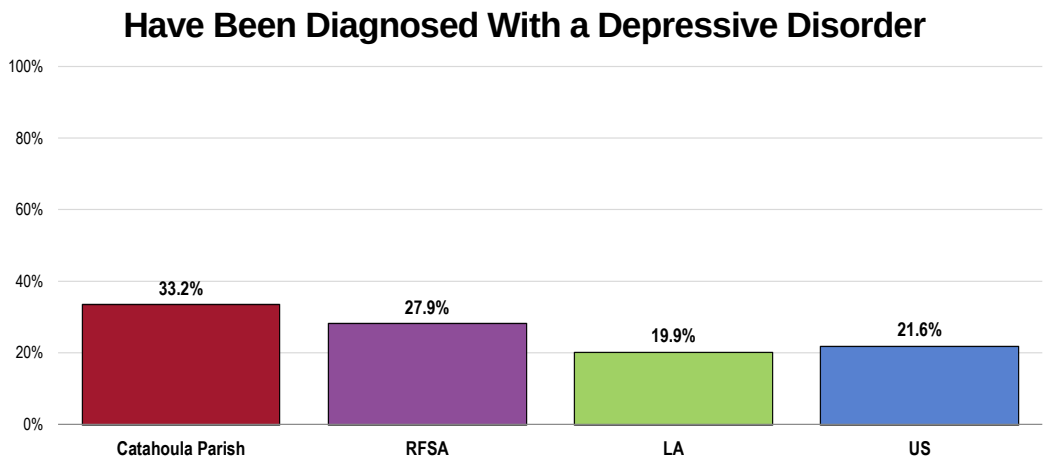


Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: ● Asked of all respondents.

Depression

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

- The percentage of parish respondents diagnosed with depression is similar to regional findings, but worse than is found in Louisiana and the US.

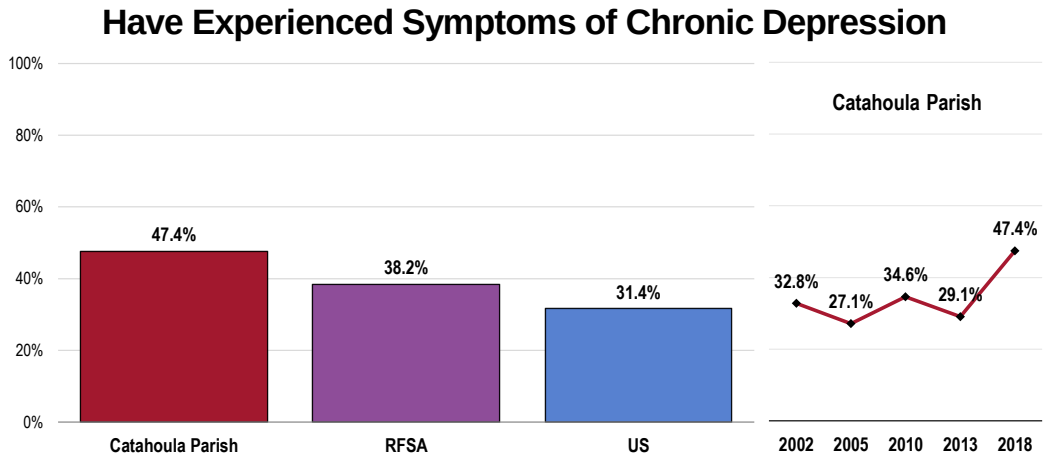


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 LA data.
- 2017 PRC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

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

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

- Prevalence of chronic depression is similar to the Rapides Foundation Service Area, but significantly worse than is found nationally. Additionally, reports of chronic depression have increased significantly since 2002.



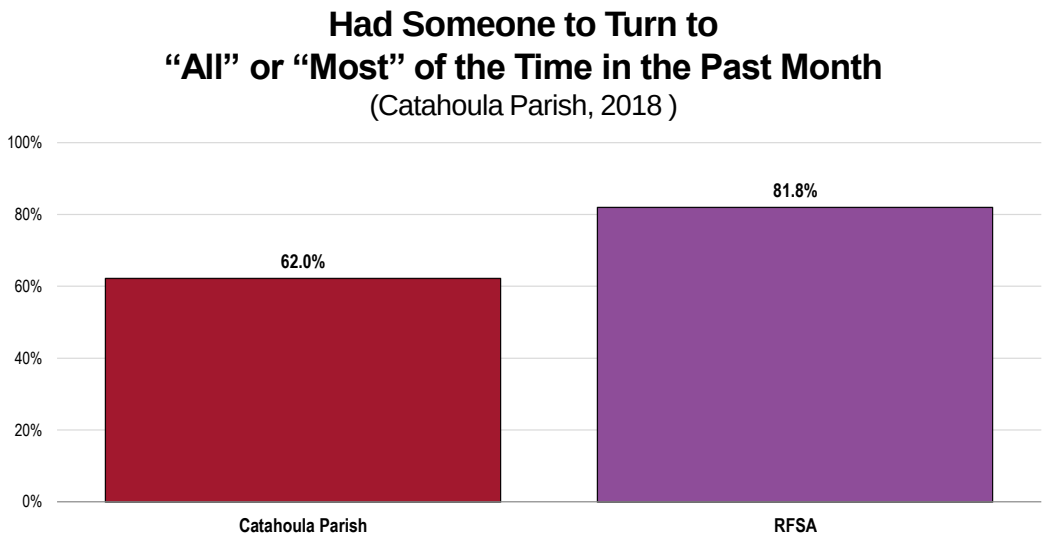
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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.

Emotional Support

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

- The proportion of Catahoula Parish respondents with someone to turn to "all" or "most" of the time is worse than that found in the region (RFSA).



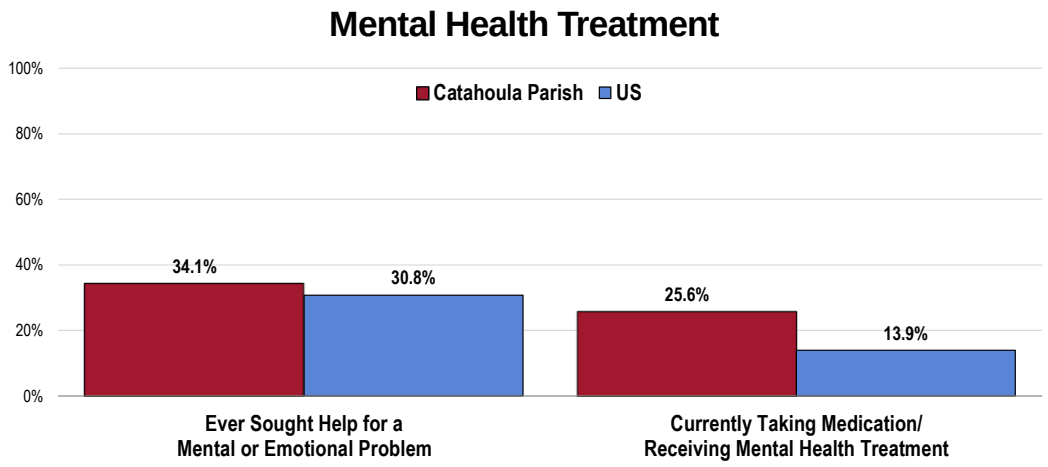
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 330]
Notes: ● Asked of all respondents.

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 Catahoula Parish that has sought mental health care is similar to the proportion found nationally.
- The proportion of Catahoula Parish taking prescription medication or receiving mental health treatment is significantly higher than is found nationally.

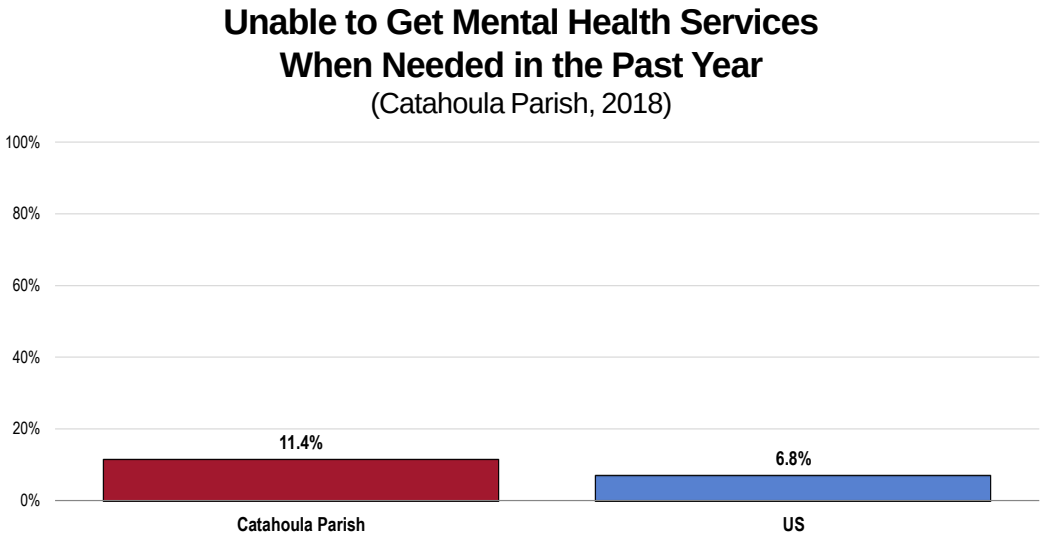


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 103-104]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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?"

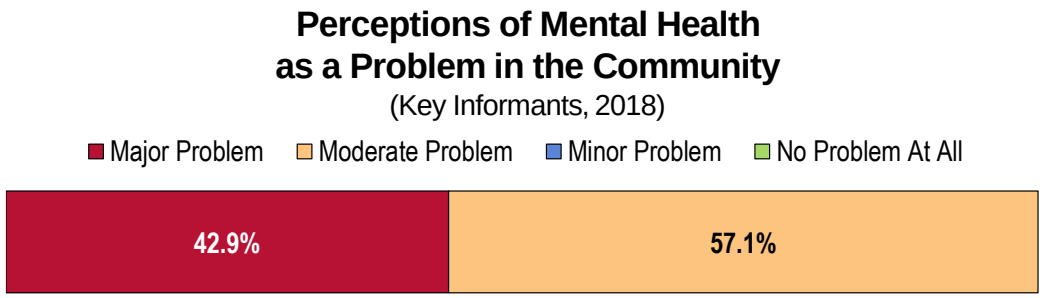
- The percentage of persons who were unable to access needed mental health services is similar to that found nationwide.



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
Notes: ● Asked of all respondents.

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

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

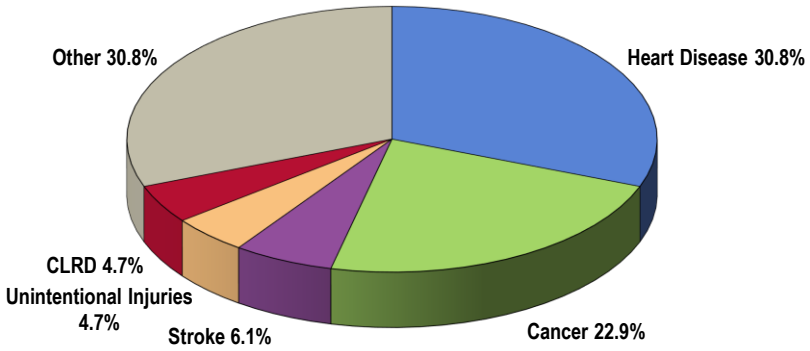
Death, Disease, & Chronic Conditions

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
(Catahoula 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

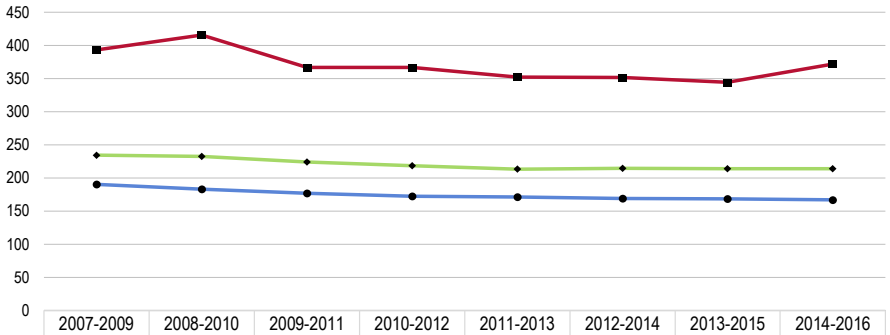
The greatest share of cardiovascular deaths is attributed to heart disease. The following charts outline age-adjusted mortality rates for heart disease and for stroke in our community.

- In Catahoula Parish, heart disease mortality is worse than that found in Louisiana and the US, although the difference from the 2007-2009 finding is not significant.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
Catahoula Parish	393.4	415.6	366.6	367.0	352.2	351.3	344.3	371.7
LA	234.4	232.6	223.9	218.3	213.2	214.5	214.2	213.8
US	190.3	182.9	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]

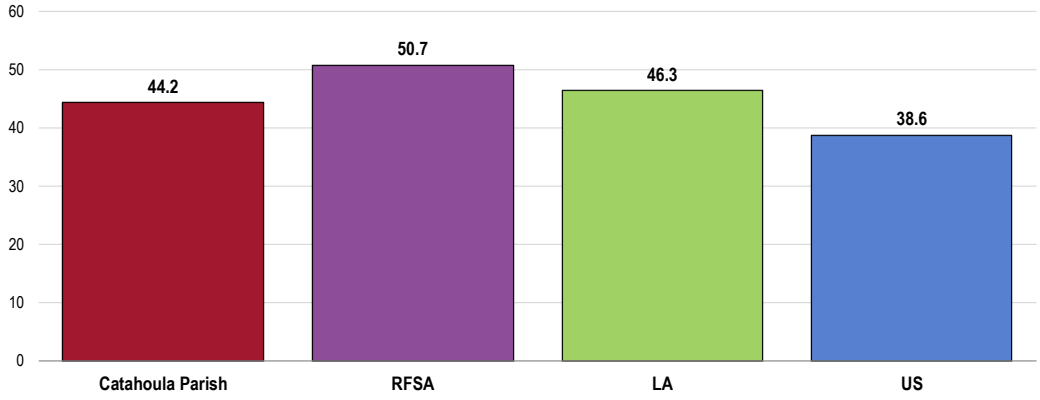
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account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

- The annual average deaths resulting from stroke per 100,000 population is similar to regional, statewide, and national findings.

Stroke: Age-Adjusted Mortality Trends

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

Healthy People 2020 Target = 34.8 or Lower



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

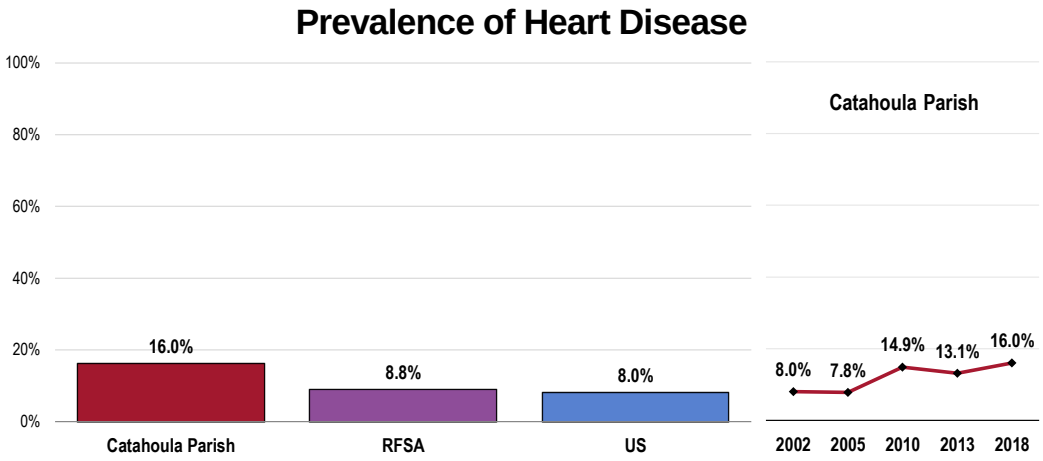
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

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?"

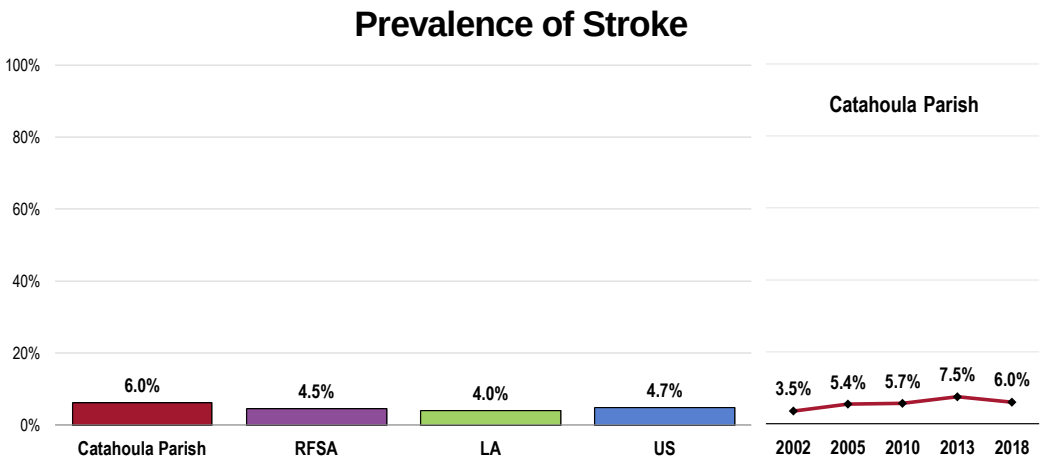
- Prevalence of heart disease in Catahoula Parish is less favorable than regional and national data.
- Heart disease prevalence has increased since 2002.



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 is similar to that found regionally, statewide, and nationally.
- Prevalence of stroke has not changed significantly over the years.



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?"

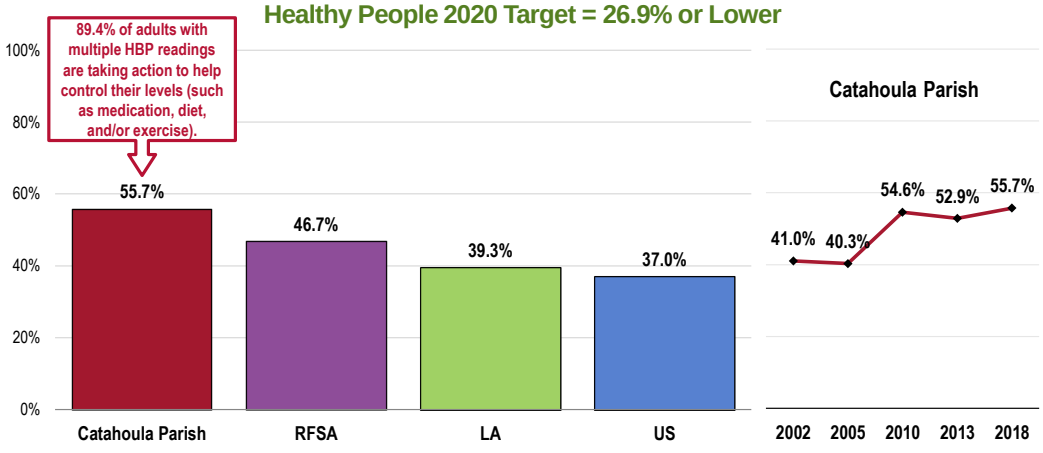
"Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health care professional that your blood cholesterol is high?"

"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 Catahoula Parish is similar to that found in the region, but worse than is found in Louisiana and the US.
- Prevalence of high blood pressure in Catahoula Parish increased significantly since 2002.

Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower



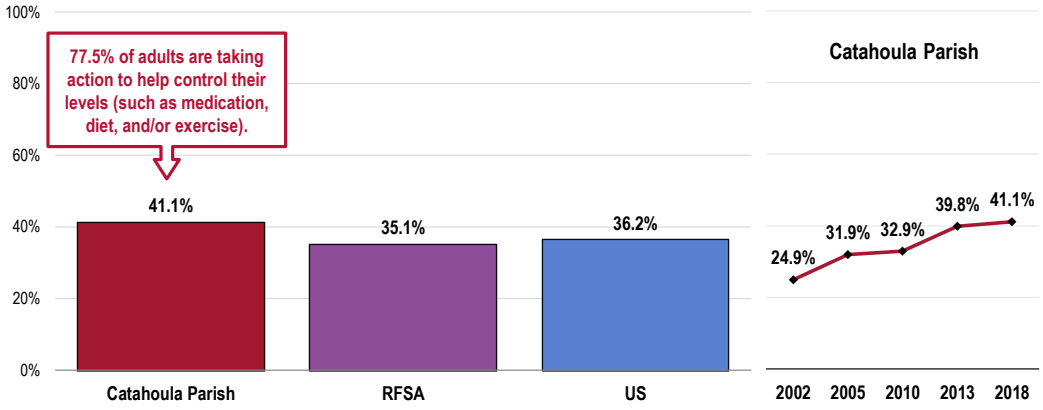
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 41, 129]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 LA data.
- 2017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

Notes:
- Asked of all respondents.

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

Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 44, 130]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.

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.

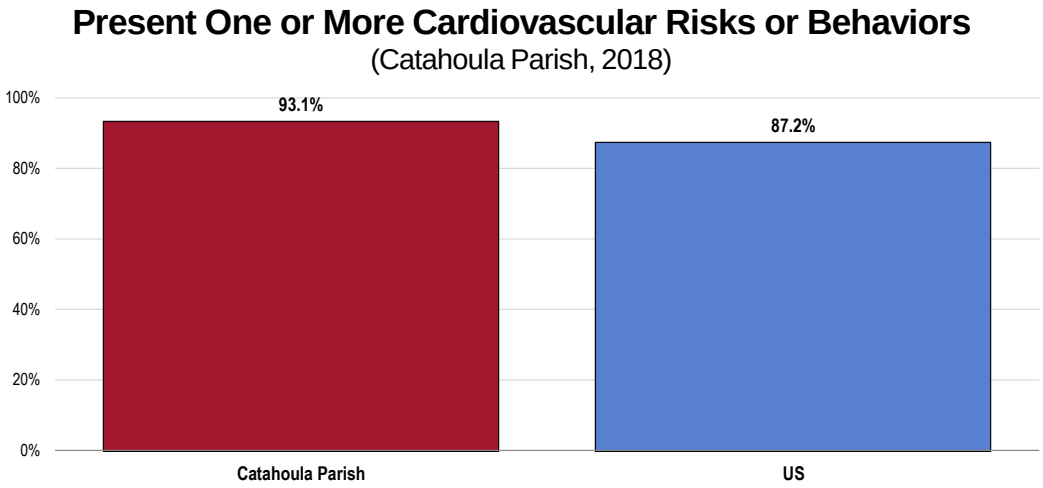
Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as 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 Catahoula Parish who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or cholesterol. See also *Nutrition, Physical Activity, Weight Status,* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

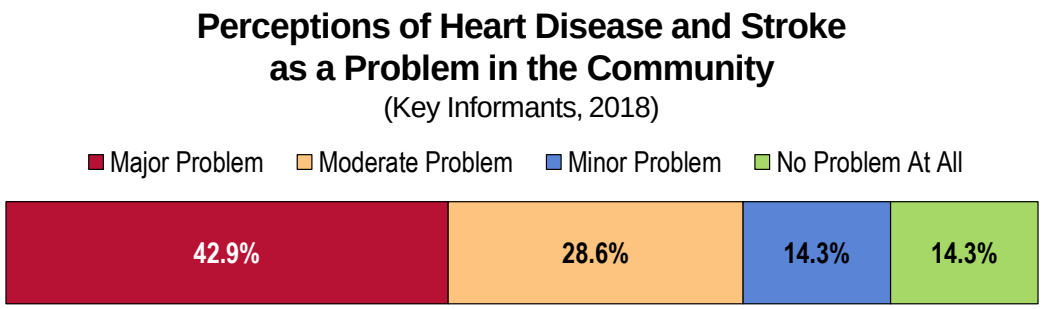
- Cardiovascular risks or behaviors are considerably higher in the parish than in the nation.



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.

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:



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:

Diet/Exercise

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

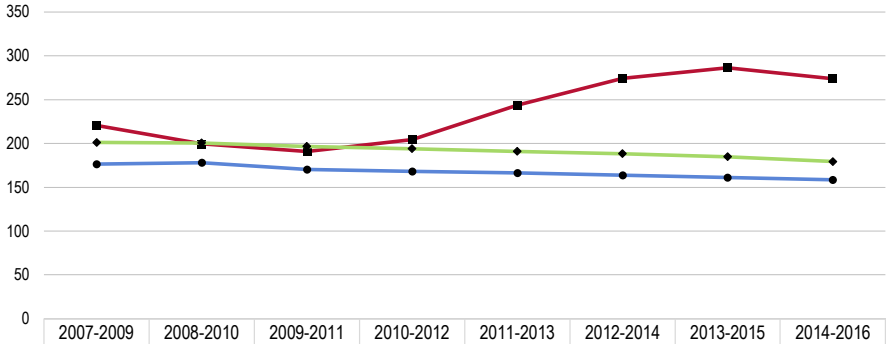
The following chart illustrates age-adjusted cancer mortality (all types) in Catahoula Parish.

- Age-adjusted cancer mortality in Catahoula Parish is worse than that found in Louisiana and the US.
- Cancer deaths have increased significantly since 2007-2009.

Cancer: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
Catahoula Parish	220.4	199.6	190.8	204.4	243.9	274.1	286.4	273.7
LA	201.2	200.6	196.6	194.0	191.0	188.4	184.9	179.4
US	176.4	178.0	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.

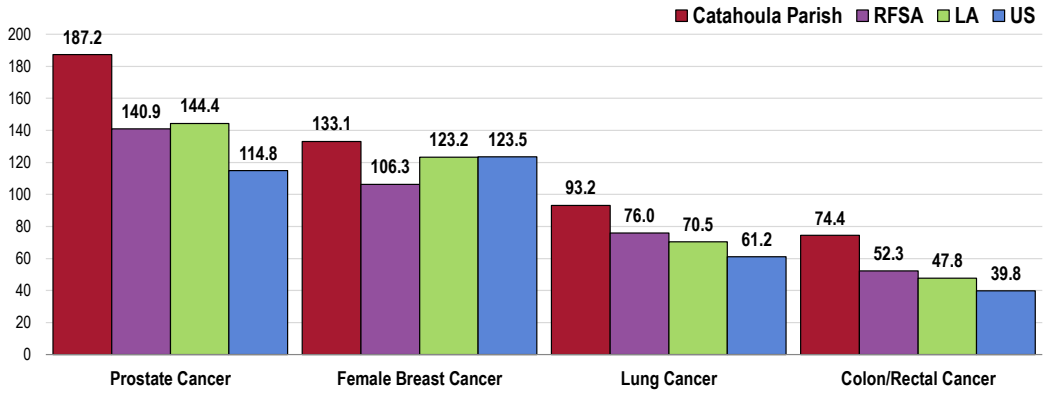
Cancer Incidence

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 worse than the regional, state, and national rates.
- The female breast cancer incidence rate is worse than the regional rate, but similar to the state and national rates.
- Lung cancer incidence is less favorable in Catahoula Parish than in the Rapides Foundation Service Area, Louisiana, and the US.
- The Catahoula Parish colorectal cancer incidence rate is higher than the regional rate, statewide rate, and national rate.

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).

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?"

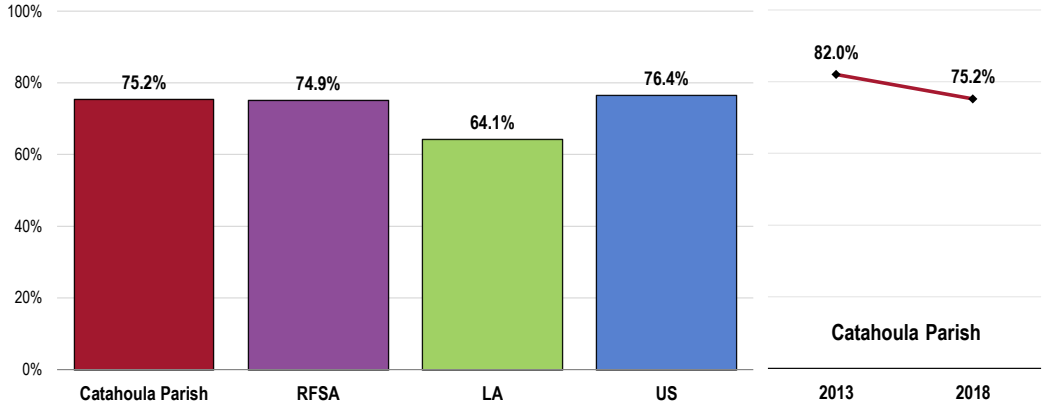
(Calculated here among both sexes age 50 to 75 who indicated fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years.)

- Colorectal cancer screening rates are comparable in Catahoula Parish to rates found in the Rapides Foundation Service Area, Louisiana, and US.
- The 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

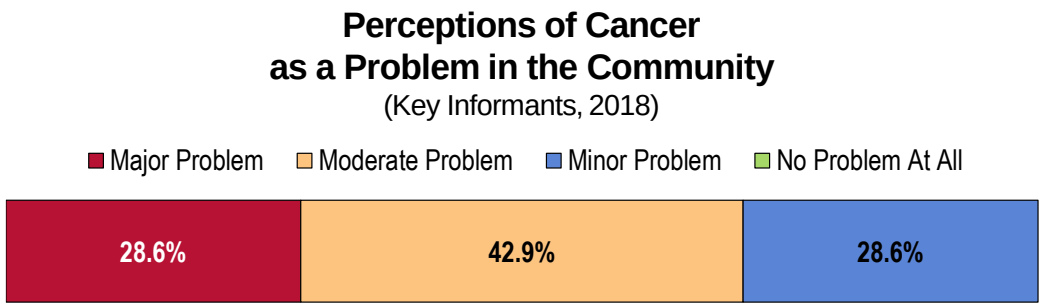


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 LA data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-16]

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

Key Informant Input: Cancer

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



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:

Prevalence/Incidence

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

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)

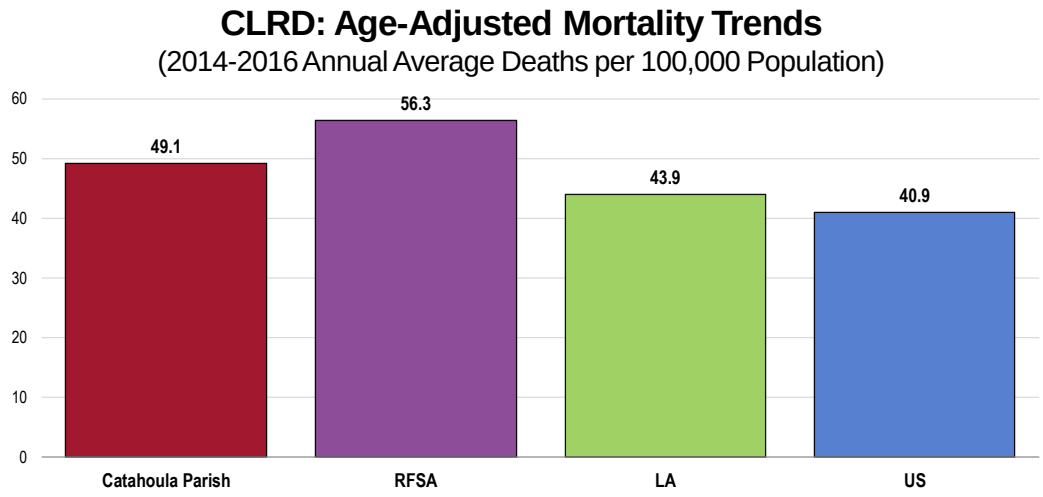
[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

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.

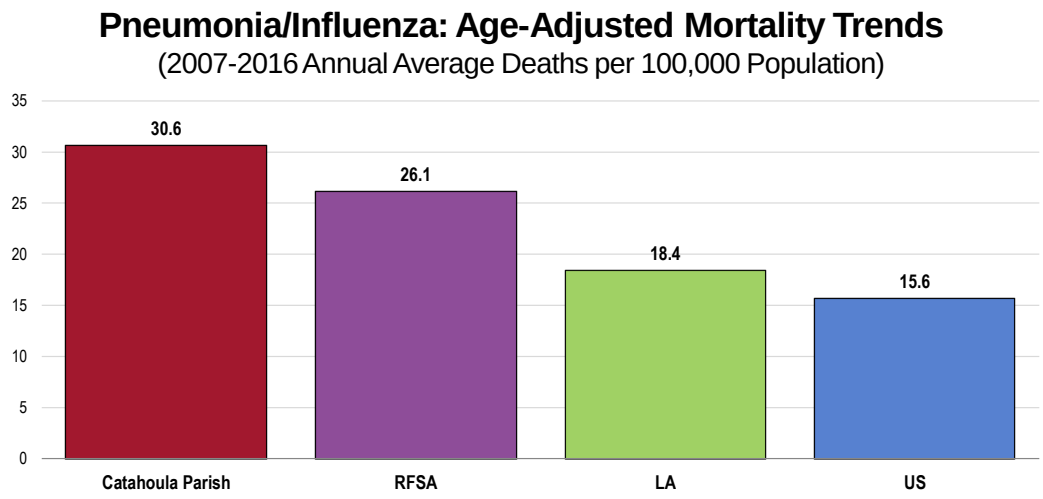
- CLRD mortality in Catahoula Parish is worse than is found the US, but similar to regional and statewide findings.



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 in Catahoula Parish is similar to that found in the region, but worse than in the state and nation.



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.

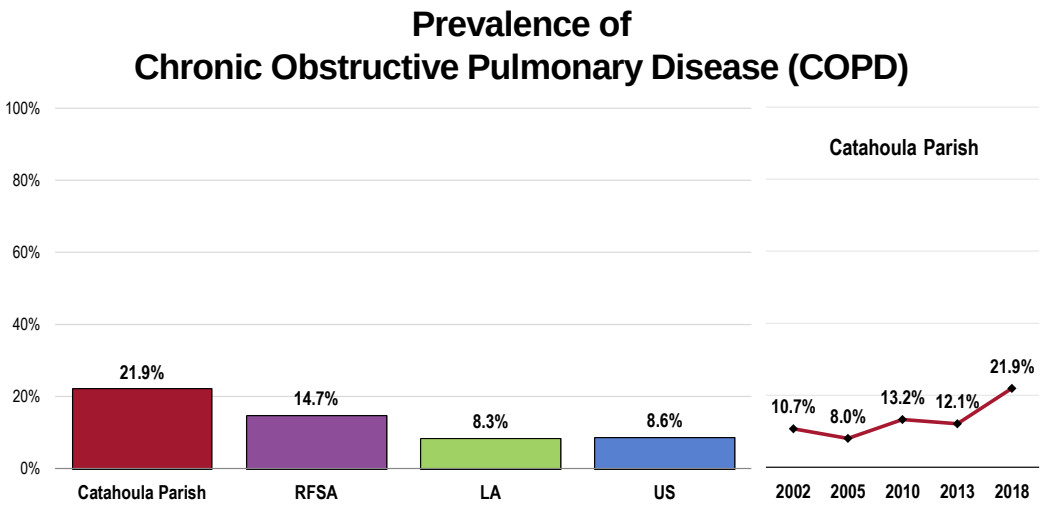
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

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 comparable to that found in the region, but worse than is found in the state and nation.
- COPD prevalence has increased significantly.

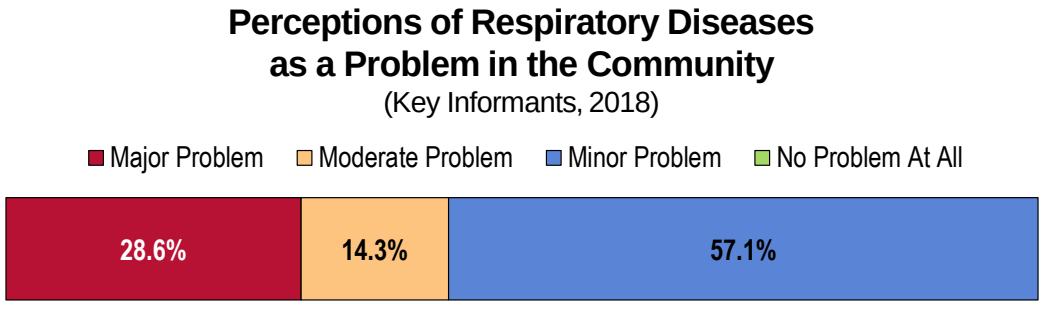


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 LA data.
- 2017 PRC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

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

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.

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)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

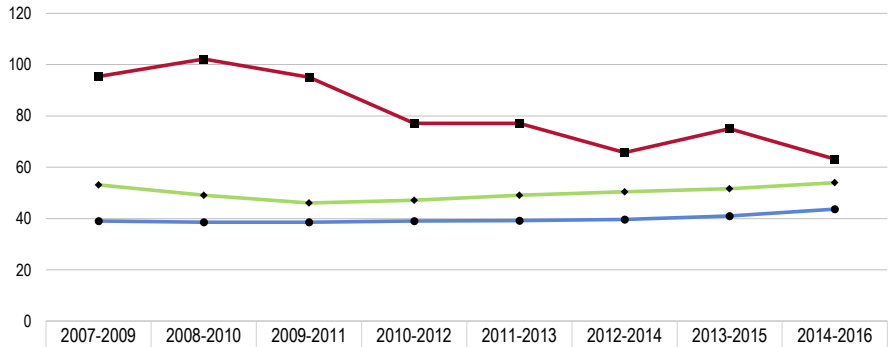
The following chart outlines age-adjusted mortality rates for unintentional injury in the area.

- The mortality rate for unintentional injury is similar in Catahoula Parish to the rate found in Louisiana, but worse than is found in the US.
- The unintentional injury mortality rate decreased significantly since 2007-2009.

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
Catahoula Parish	95.4	102.2	95.1	77.1	77.1	65.7	75.0	63.2
LA	53.2	49.1	46.1	47.1	49.1	50.4	51.7	54.0
US	39.0	38.6	38.6	39.1	39.2	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.

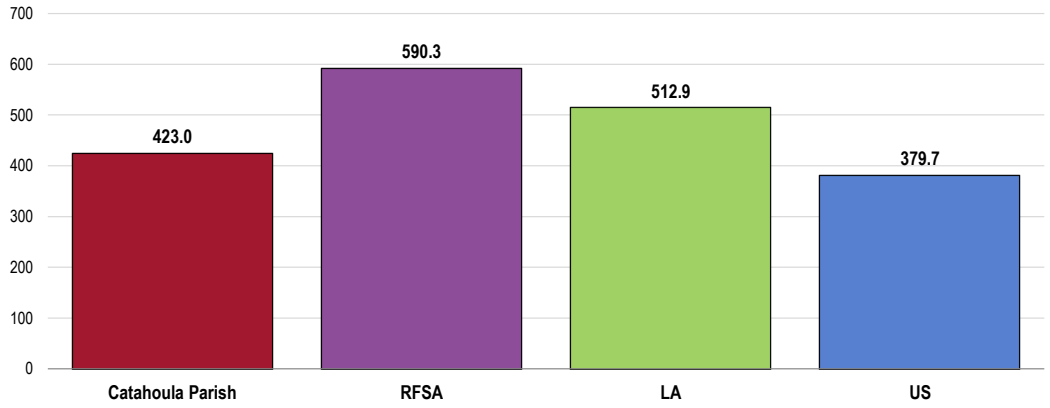
Intentional Injury (Violence)

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.

- Violent crime is lower than is found in the region and in Louisiana, but similar to US findings.

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



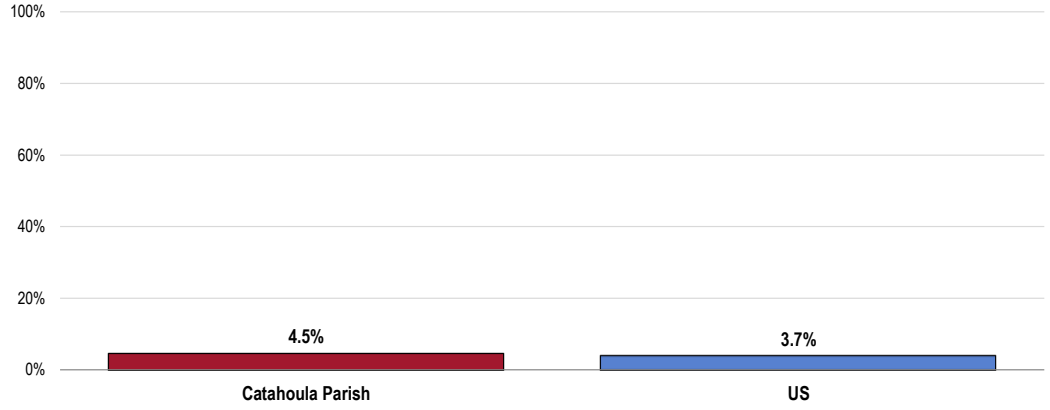
Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Retrieved August 2018 from Community Commons at http://www.chna.org.

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

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

- Experience with violent crime in Catahoula Parish is similar to that found nationally.

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

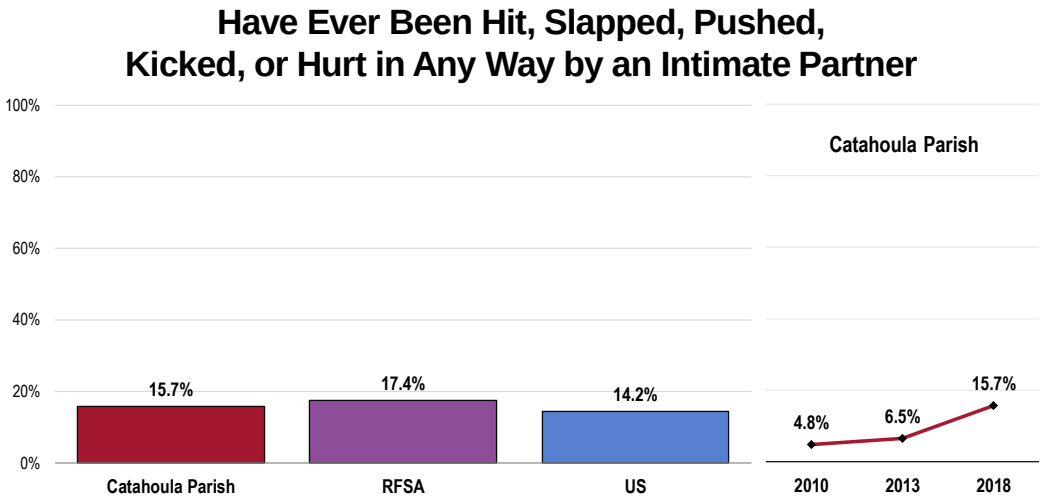


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]

Notes:
- Asked of all respondents.

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?"

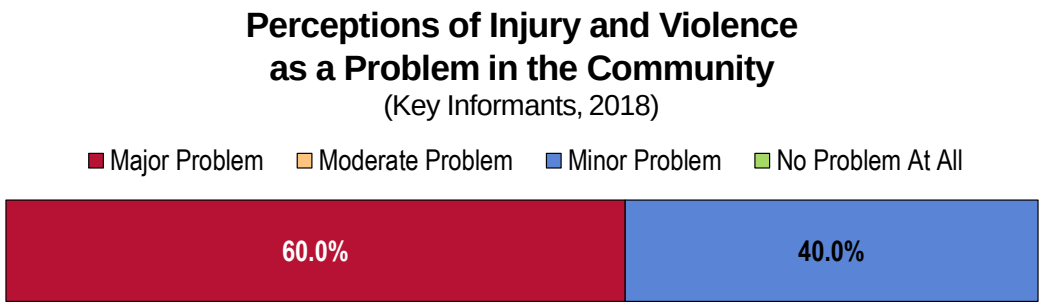
- Domestic violence is similar in Catahoula Parish, the Rapides Foundation Service Area, and the US.
- Domestic violence has increased considerably over the years.



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.

Top Concerns

Among those rating this issue as a “major problem,” the following reason was given:

Bullying

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

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 less favorable than is found regionally, statewide, and nationally.

Diabetes: Age-Adjusted Mortality Trends

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

Healthy People 2020 Target = 20.5 or Lower (Adjusted)

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

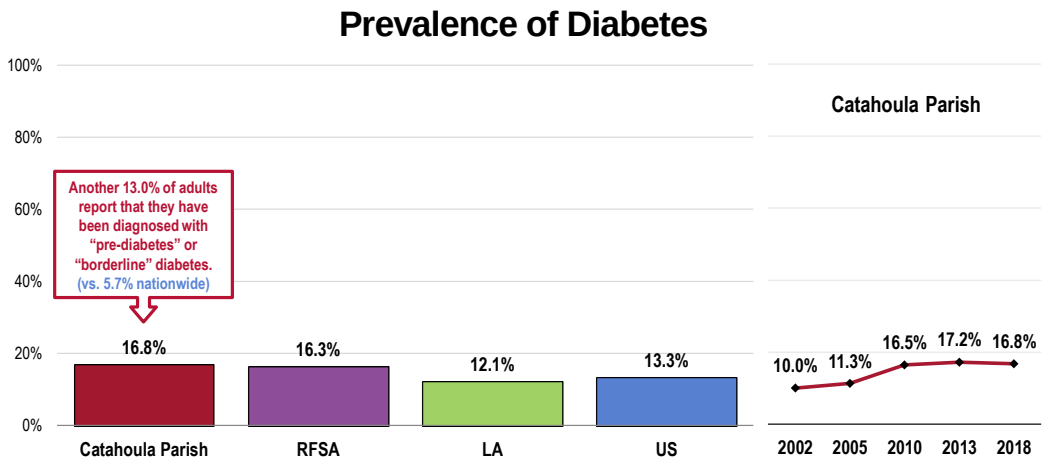
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account 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, state, and national prevalence.
- The prevalence of diabetes has increased, but not to a statistically significant degree over the years.



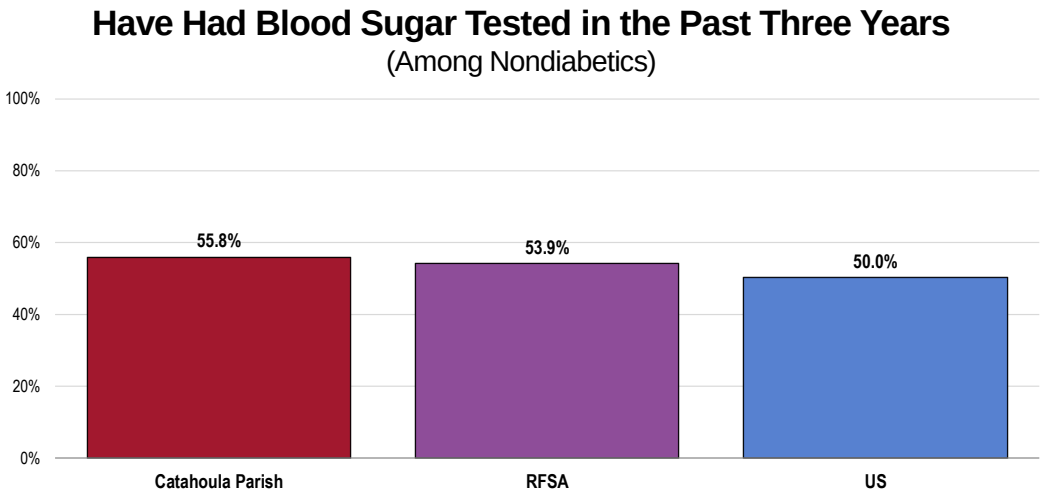
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services,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

Notes:
- Asked of all respondents.

Diabetes Testing

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

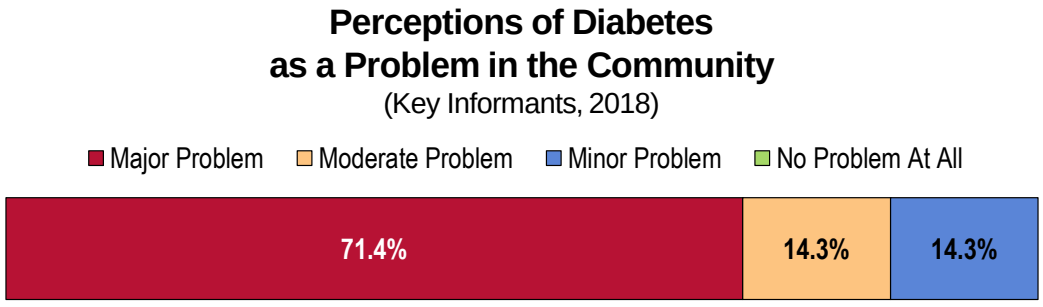
- The percentage of Catahoula Parish nondiabetics who have recently had blood sugar tests is similar to the percentages found in the region and US.



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:

Obesity and Lifestyle

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

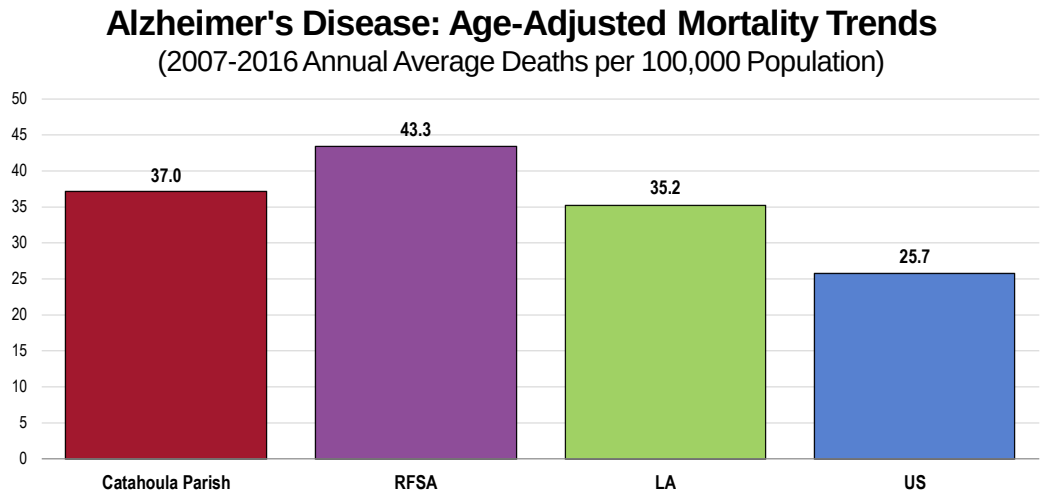
Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat 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 Catahoula Parish mortality rate associated with Alzheimer's Disease is better than that found in the region, similar to that found in Louisiana, and worse than that found in the US.

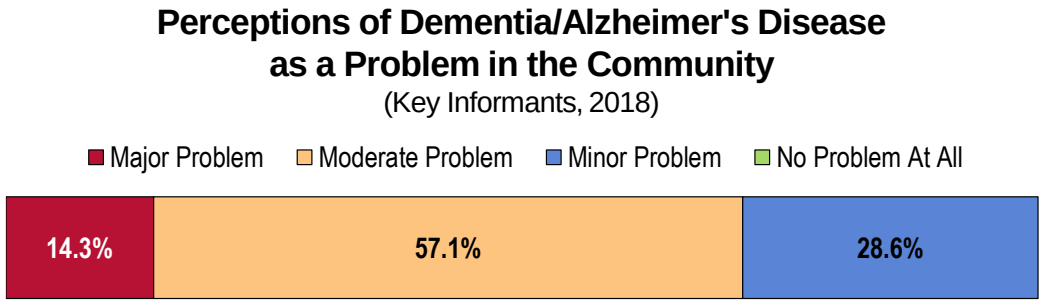


Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted August 2018.

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.

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.

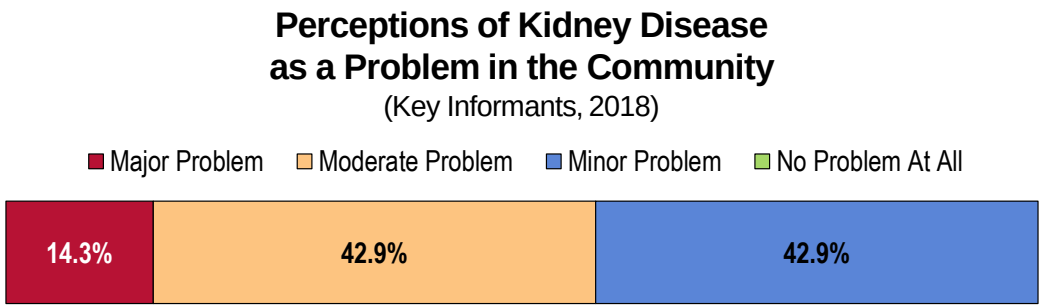
Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression 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)

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.

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.

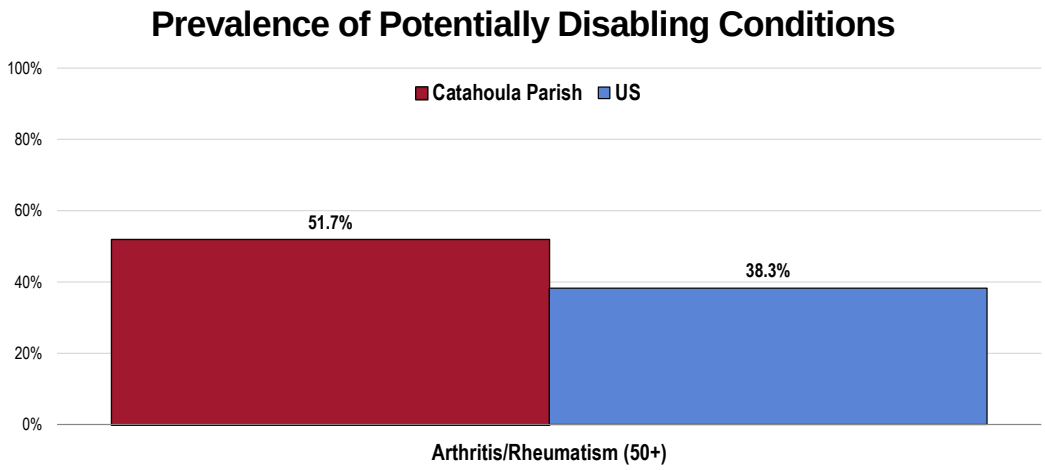
- Healthy People 2020 (www.healthypeople.gov)

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 among those age 50 or older is worse in Catahoula Parish than in the US.

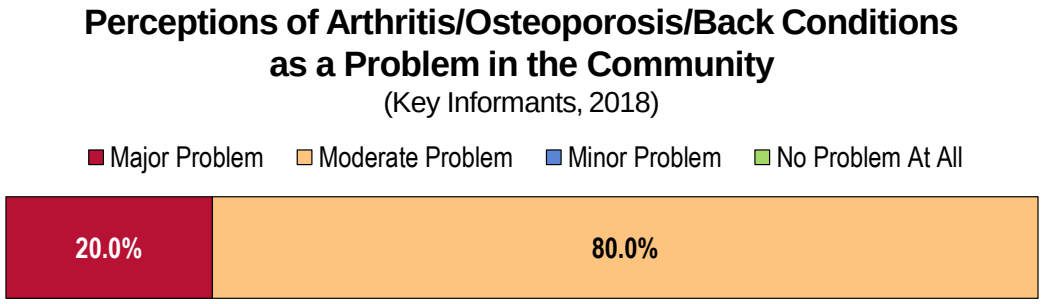


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 141]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]

Notes:
- The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect 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:



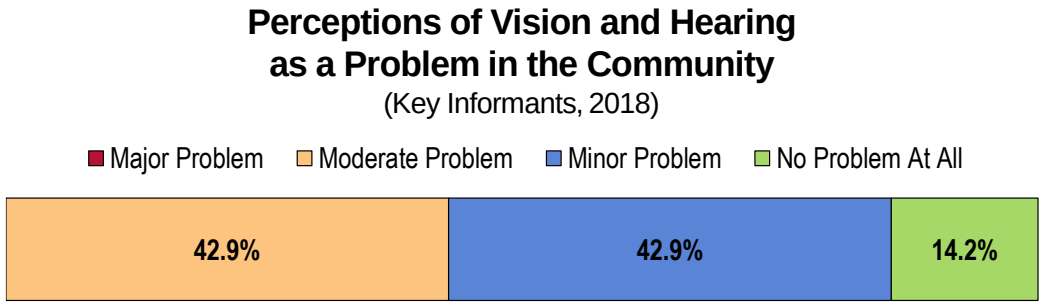
Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

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.

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

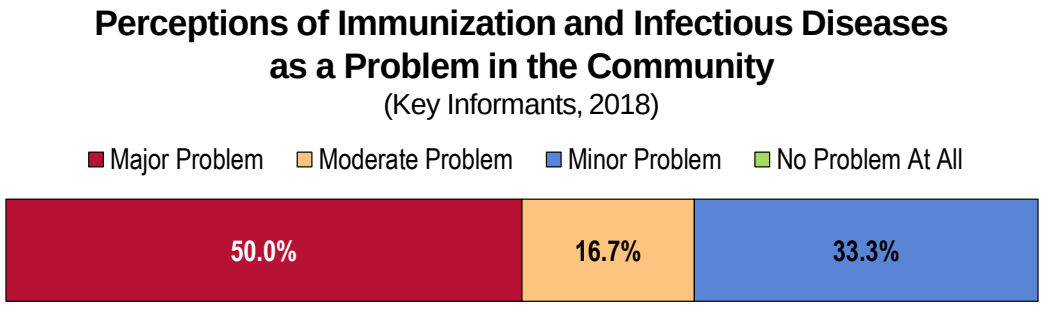
Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. Childhood immunization programs provide a very high return on investment. For example, for each birth cohort vaccinated with the routine immunization schedule, society:

- 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.

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.

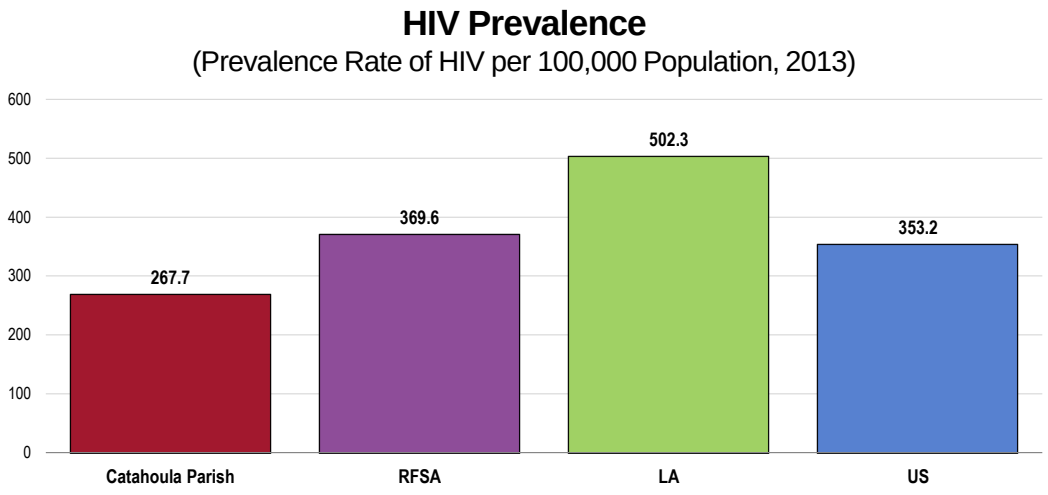
Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions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

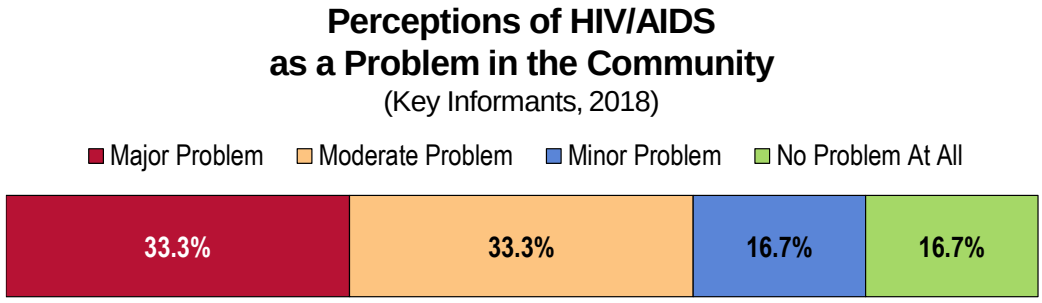
- HIV prevalence in Catahoula Parish is more favorable than is found in the region, Louisiana, and the US.



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
• Retrieved August 2018 from Community Commons at http://www.chna.org.
Notes: • This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Key Informant Input: HIV/AIDS

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



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

Top Concerns

Among those rating this issue as a "major problem," the following reason was given:

Prevalence/Incidence

> *According to community conversations, HIV/AIDS is and has been a significant problem, particularly among African Americans. – Community Leader (Catahoula 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)

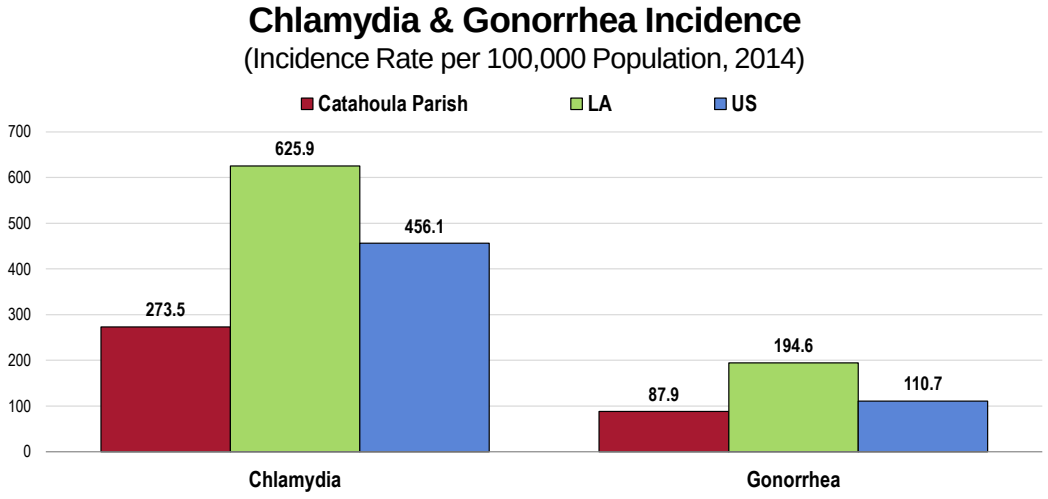
Chlamydia & Gonorrhea

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 Catahoula Parish is better than is found in the region, state, and US.
- The gonorrhea incidence rate is better than that found in the region, Louisiana, and the US.

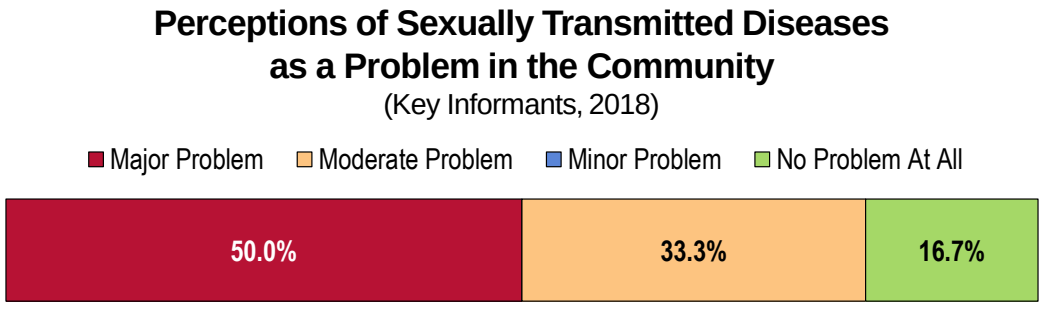


Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved August 2018 from Community Commons at http://www.chna.org.

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

> *It is general knowledge in Jonesville that there is a problem with incidence of STDs, including HIV/AIDS…. I was also advised that the number of individuals coming into the unit for testing and treatment has increased over last year. In community conversations, it is well known among the younger adults and older youth that there is a problem with STDs, and part of the problem is multiple partners. There is a community culture that is accepting of multiple partners, even when the relationship involves married individuals. – Community Leader (Catahoula Parish)*
>
> *Sexually transmitted diseases. – Public Health Representative (Central Louisiana)*

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

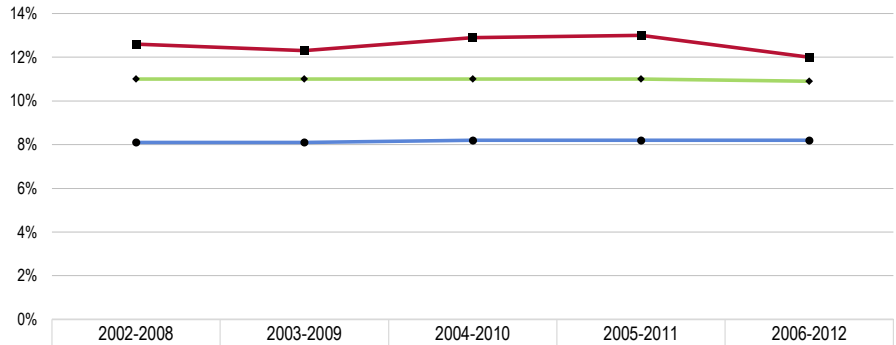
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight. Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems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

- Low-weight births are similarly common in Catahoula Parish and Louisiana, but significantly more common in the parish than in the US.
- The prevalence of low-birth weight births has remained fairly steady in recent years.

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
Catahoula Parish	12.6%	12.3%	12.9%	13.0%	12.0%
LA	11.0%	11.0%	11.0%	11.0%	10.9%
US	8.1%	8.1%	8.2%	8.2%	8.2%

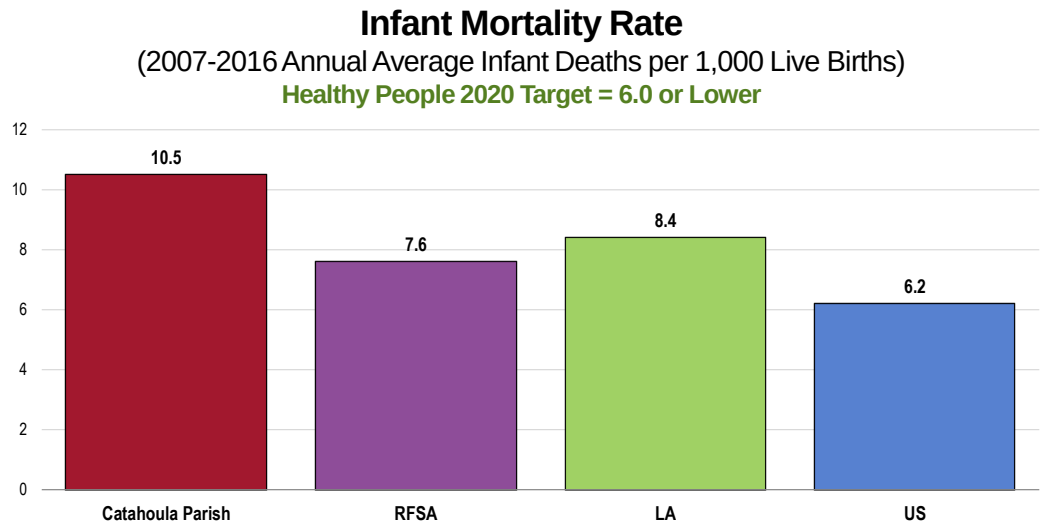
Sources:
- Retrieved from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

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 Catahoula Parish is worse than the rates found in the Rapides Foundation Service Area, Louisiana, and the US.

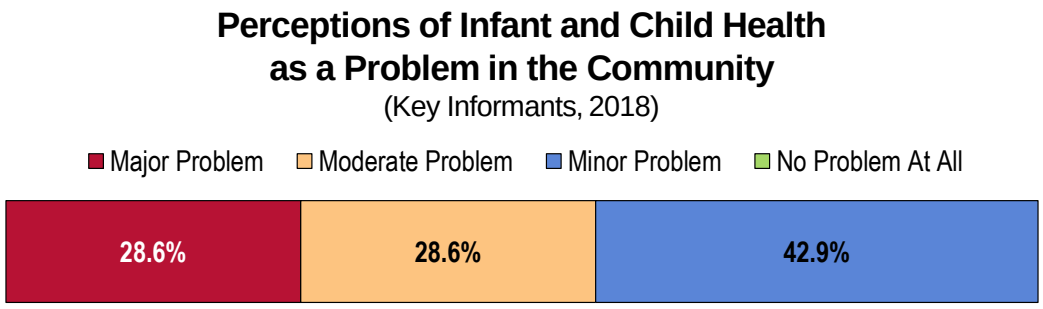


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted August 2018.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human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

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

Key Informant Input: Infant & Child Health

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



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

Notes:
- Asked of all respondents.

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.

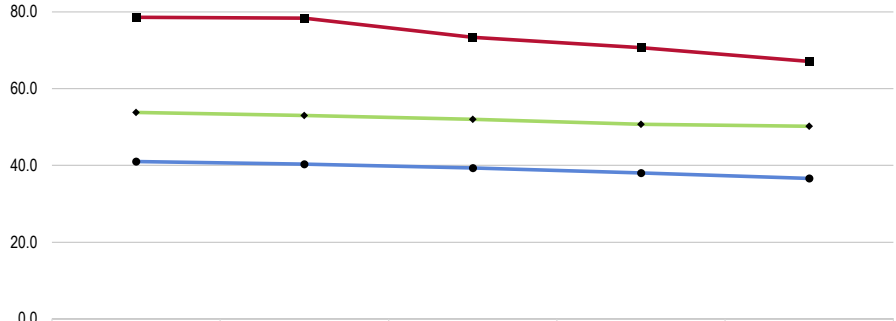
- Healthy People 2020 (www.healthypeople.gov)

The following chart describes local teen births.

- The teen birth rate in Catahoula Parish is worse than is found in the state and nation.
- The teen birth rate has declined significantly in the parish over the years.

Teen Birth Rate

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

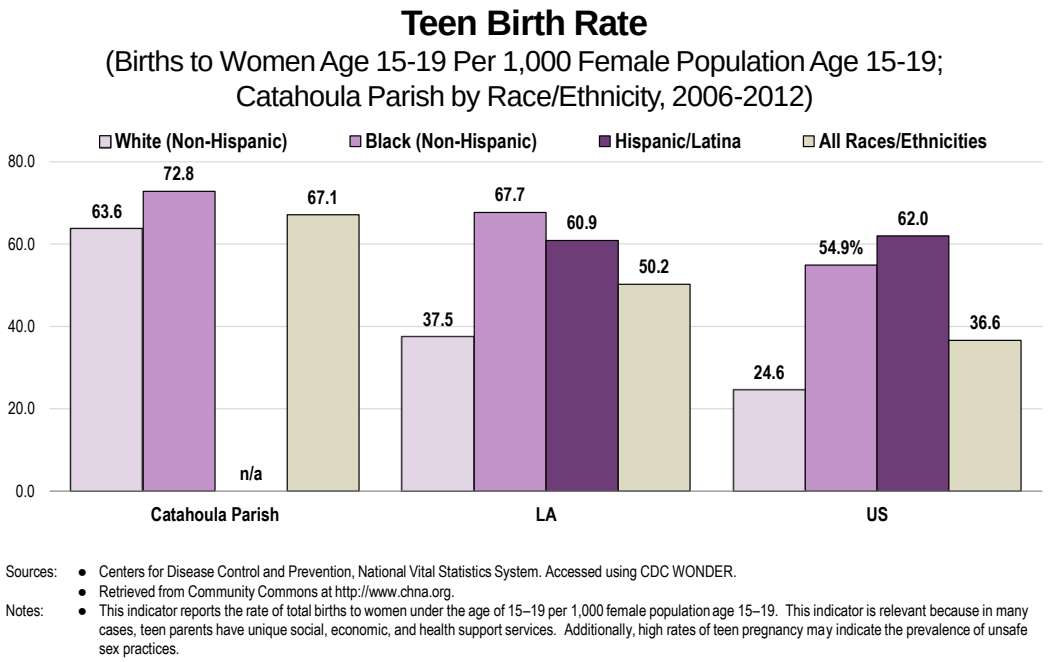


	2002-2008	2003-2009	2004-2010	2005-2011	2006-2012
Catahoula Parish	78.6	78.4	73.4	70.7	67.1
LA	53.8	53.0	52.0	50.7	50.2
US	41.0	40.3	39.3	38.0	36.6

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.

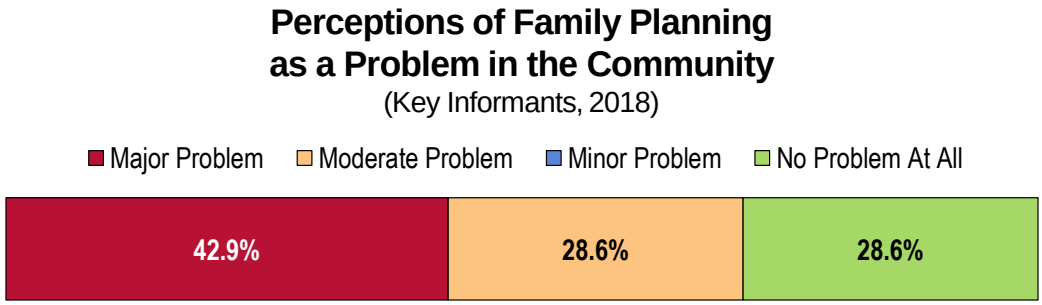


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved from Community Commons at http://www.chna.org.

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.

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?"

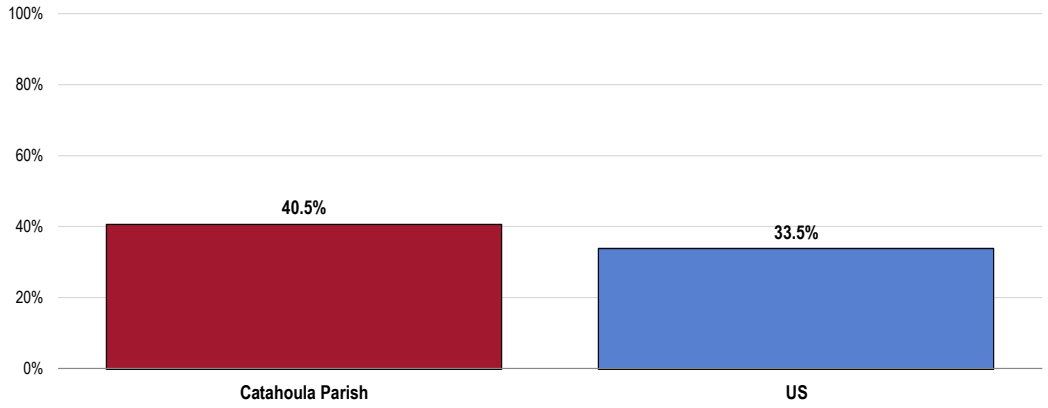
"How many servings of dark green or orange vegetables, such as carrots, broccoli, or sweet potatoes, did you have yesterday? (Examples of dark green vegetables are broccoli, spinach, collards, etc.) (Examples of orange vegetables are carrots and sweet potatoes, etc.)"

"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 in Catahoula Parish is similar to that found in the US.

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

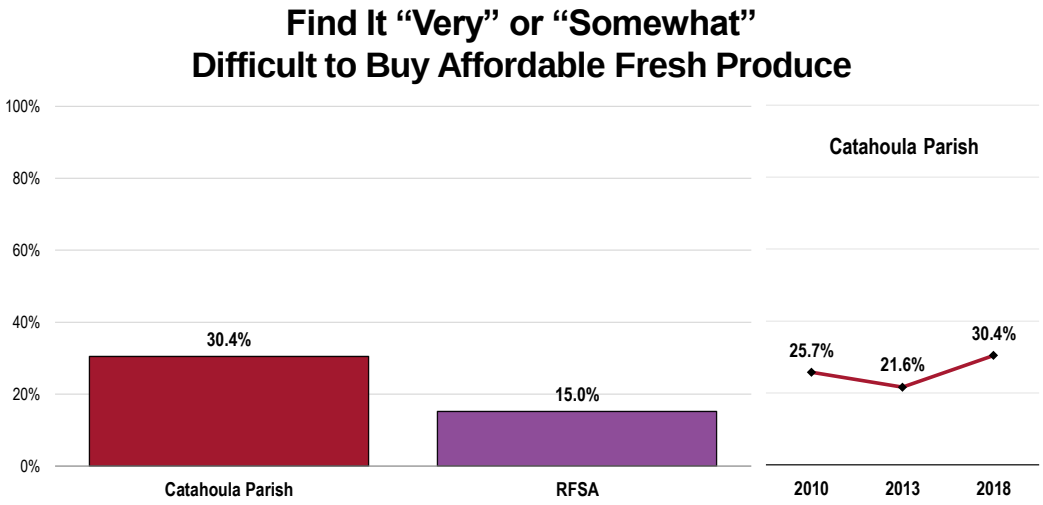


Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 361]
Notes: ● Asked of all respondents.
● For this issue, respondents were asked to recall their food intake on the previous day.

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



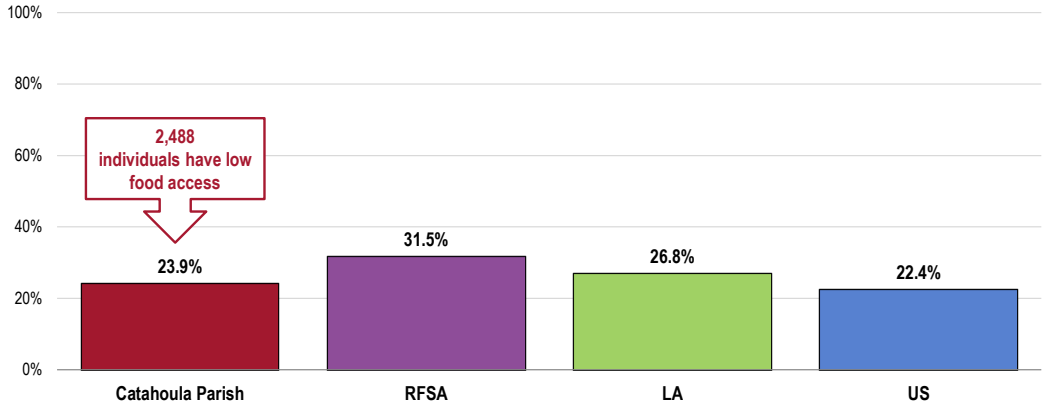
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 321]
Notes: ● Asked of all respondents.

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 the population with low food access is better than the percentage in the region and similar to percentages in Louisiana and the nation with low food access.

Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2016)



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.

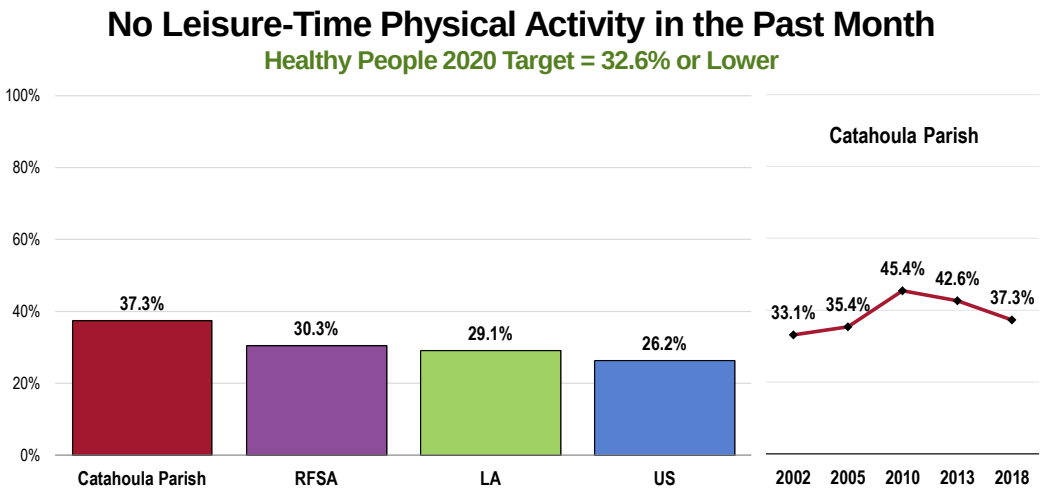
- Healthy People 2020 (www.healthypeople.gov)

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 to percentages found in the region and state, but less favorable than that found across the nation
- Lack of leisure-time physicial activity is similar to 2002 baseline findings in the parish.



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 LA data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

Recommended Levels of Physical Activity

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

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

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

Meeting Physical Activity Recommendations

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

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

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

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

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

Respondents were also asked about strengthening exercises:

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

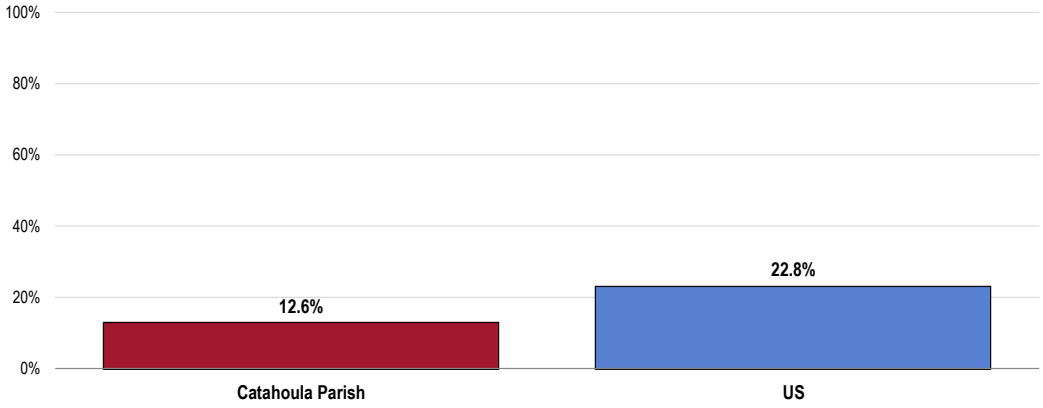
"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activity:

- Aerobic activity is at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous physical activity, or an equivalent combination of both;
- Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.
- The percentage of Catahoula Parish adults meeting physical activity recommendations is lower than that found in the US.

Meets Physical Activity Recommendations

(Catahoula Parish, 2018)

Healthy People 2020 Target = 20.1% or Higher



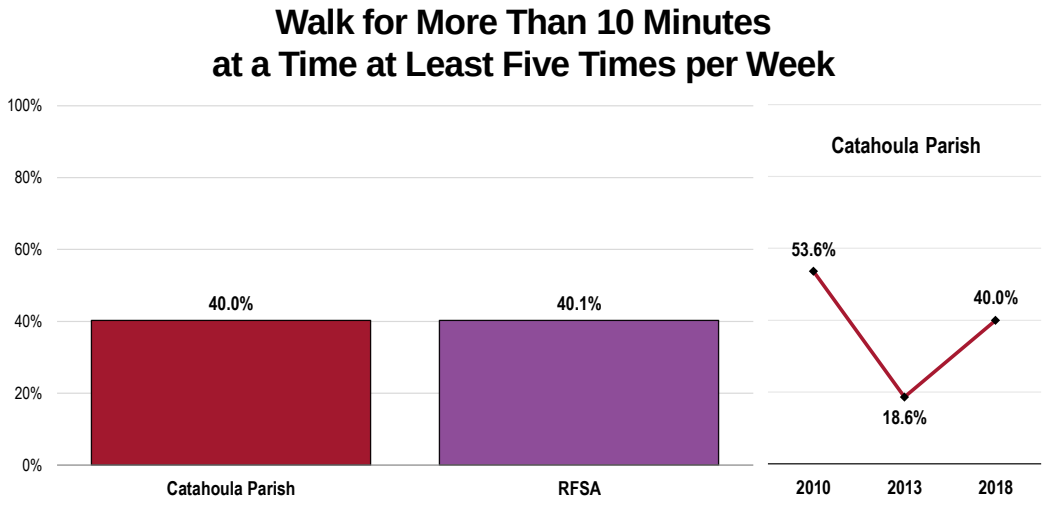
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]

Notes:
- Asked of all respondents.
- 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 Catahoula Parish and the Rapides Foundation Service Area.
- The percentage of regular walkers in Catahoula Parish is significantly lower than the 2010 baseline.

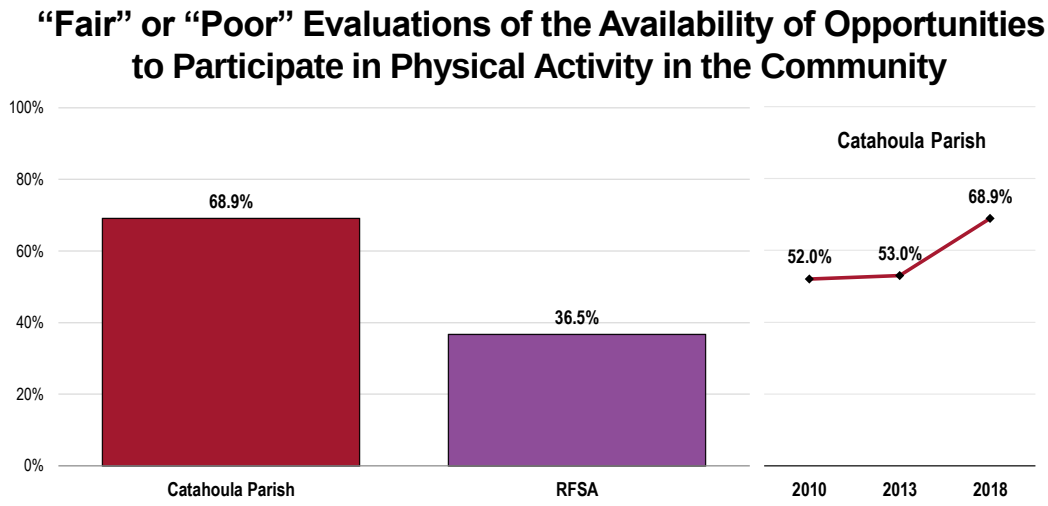


Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 366]
Notes: ● Asked of all respondents.

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?"

- The availability of opportunities to participate in physical activity in the community is worse than is found regionally.
- Evaluations have worsened considerably.



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?"

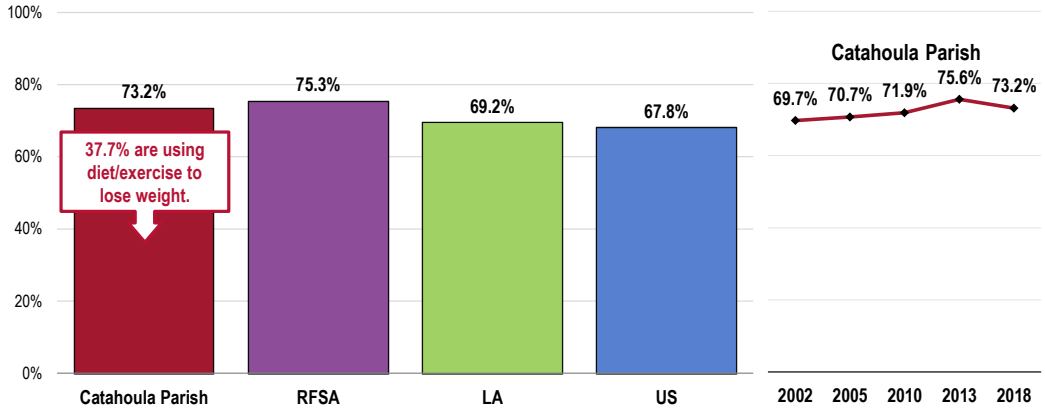
"Are you now trying to lose weight?"

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 in the region, statewide, and nationwide.
- The percentage of overweight adults is similar to the percentage noted in 2002.

Prevalence of Total Overweight

(Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 154, 367]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 LA data.

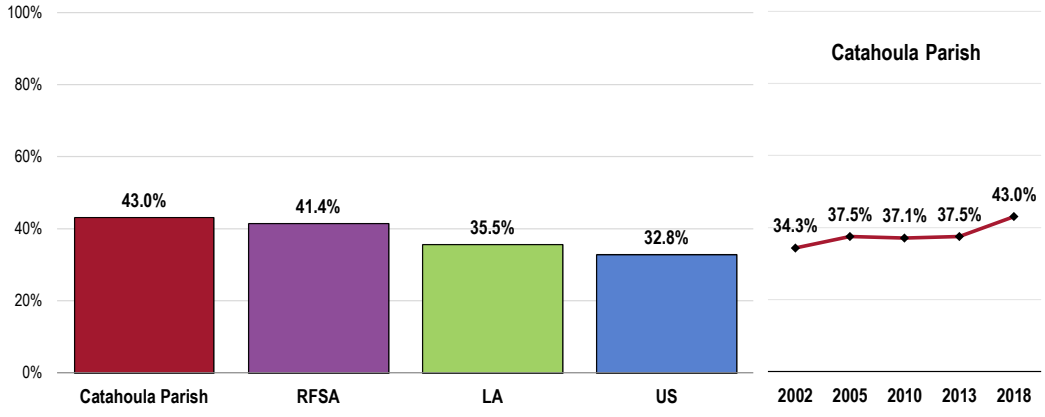
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater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

- Adult obesity is similar to regional and state findings, but worse than what is found nationally.
- Obesity has increased since 2002, but not to a statistically significant degree.

Prevalence of Obesity

(Percent of Adults With a Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.5% or Lower

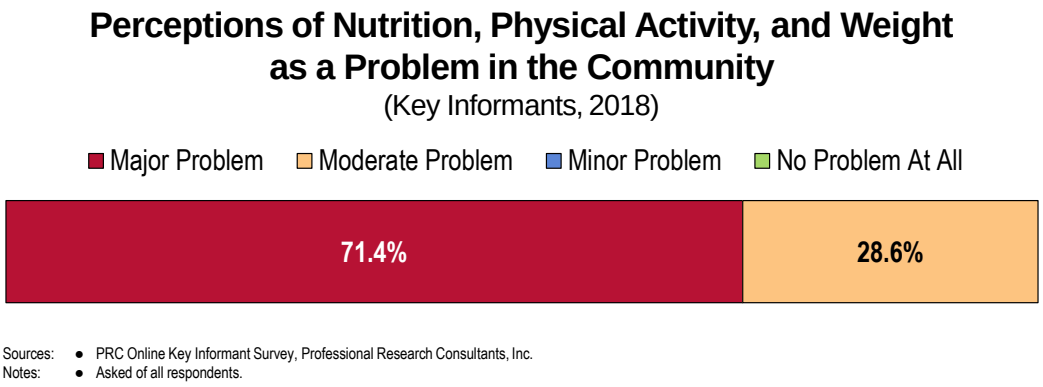


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 LA data.

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

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:

Culture/Societal Norms

> *One of the biggest challenges related to nutrition, physical activity, and weight for people in my community is community culture and norms. Community culture dictates only certain dishes are acceptable and 'tasty'. Many of those dishes call for lots of animal fats, spice, sugars, and highly processed grains. For our summer feeding & rec program, when attempting to encourage children to eat healthy, we find that we often throw away a significant amount of vegetables. In speaking to school lunch personnel, there is significant waste as it relates to vegetable dishes. I have had children tell me that they don't like certain vegetables, but I find that they have never tried them. I believe this reflects the habits in the home. Physical activity for youth is largely relegated to those playing organized sports. There are no youth centers, so others can gain play time. We have a wonderful walking trail that adults use. There is an obvious, unaddressed obesity issue in the parish. – Community Leader (Catahoula Parish)*

Lack of Programs

> *No fitness programs in Catahoula, nutrition counseling outside what CPHD can do is not available in the parish. – Public Health Representative (Catahoula 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)

Alcohol Use

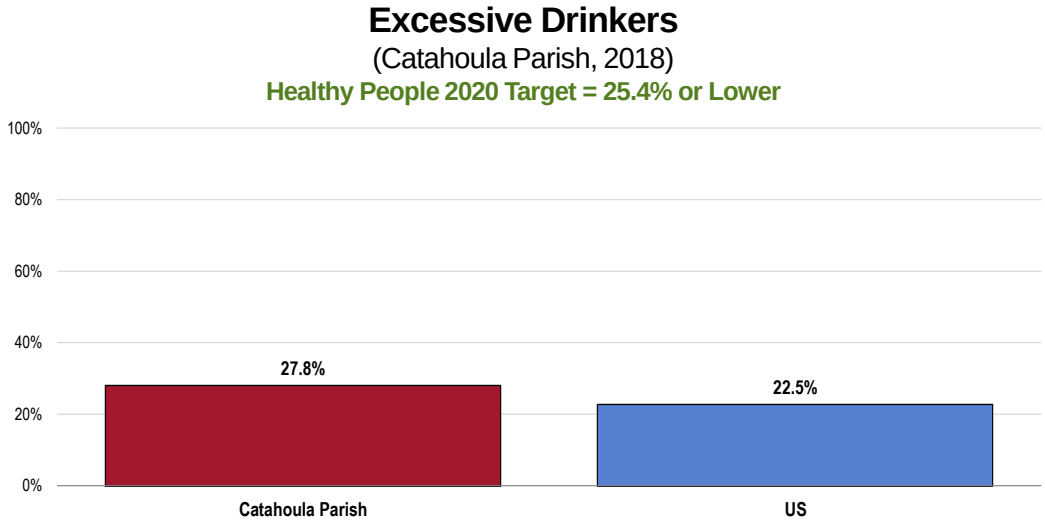
Excessive Drinkers. Excessive drinking reflects the number of adults (age 18+) who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women), or who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion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

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

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

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

- The percentage of Catahoula Parish classified as excessive drinkers is similar to the national percentage.



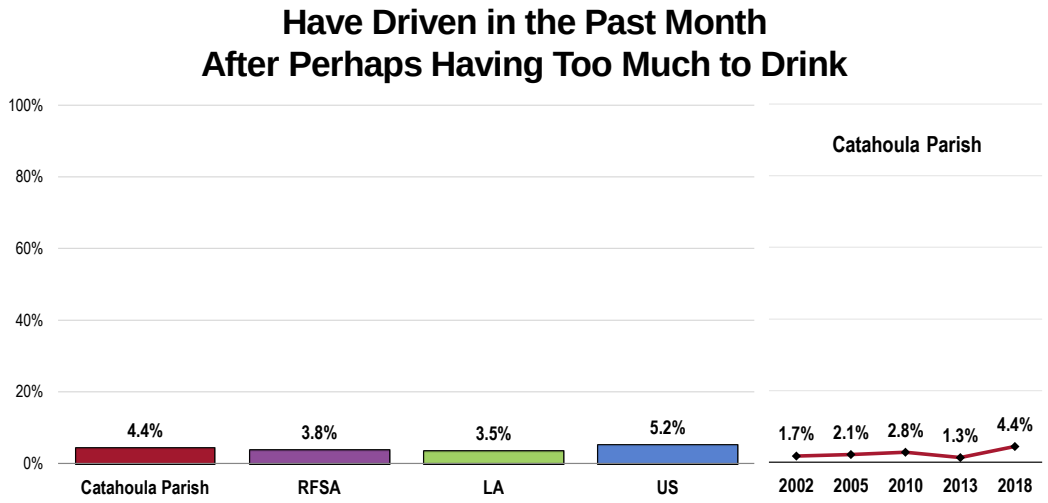
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

Notes:
- Asked of all respondents.
- 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 changed significantly in the parish since 2002.



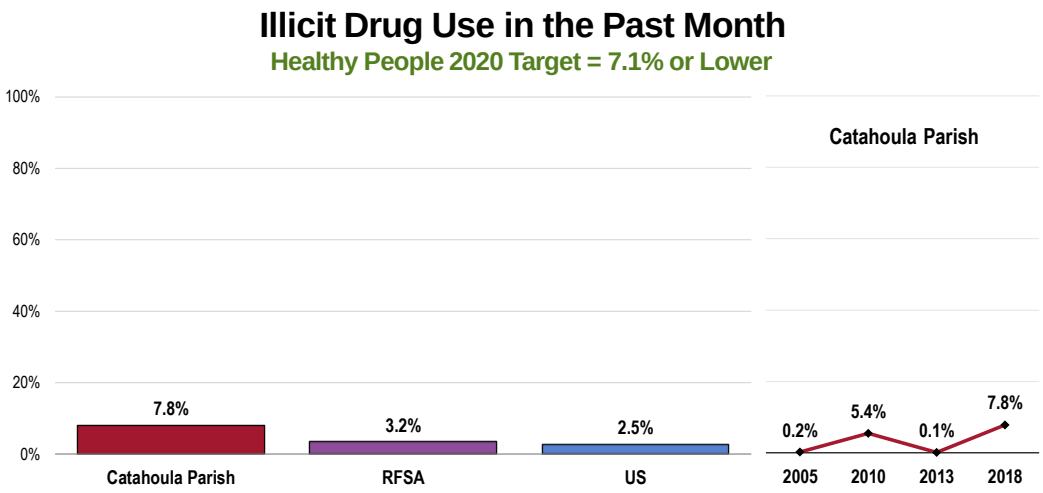
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 66]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 LA data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Illicit Drug Use

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

- Illicit drug use is similar to that seen in the Rapides Foundation Service Area, but worse than is found in the US.
- Use of illicit drugs is significantly higher than was noted in 2005



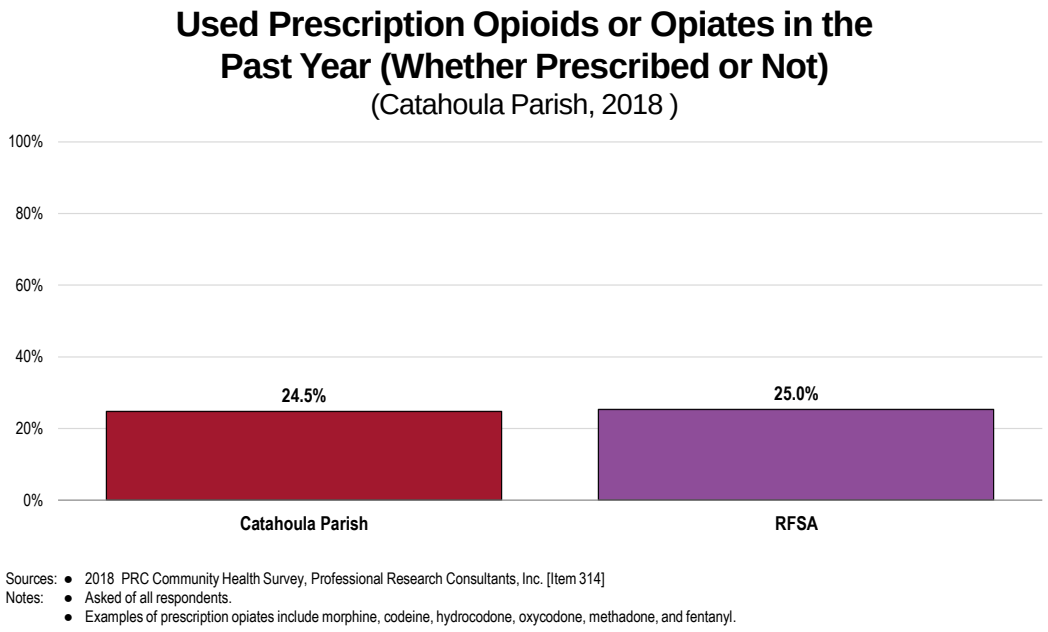
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

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?"

- Parish utilization of prescription opioids or opiates is similar to the rate found in the region.

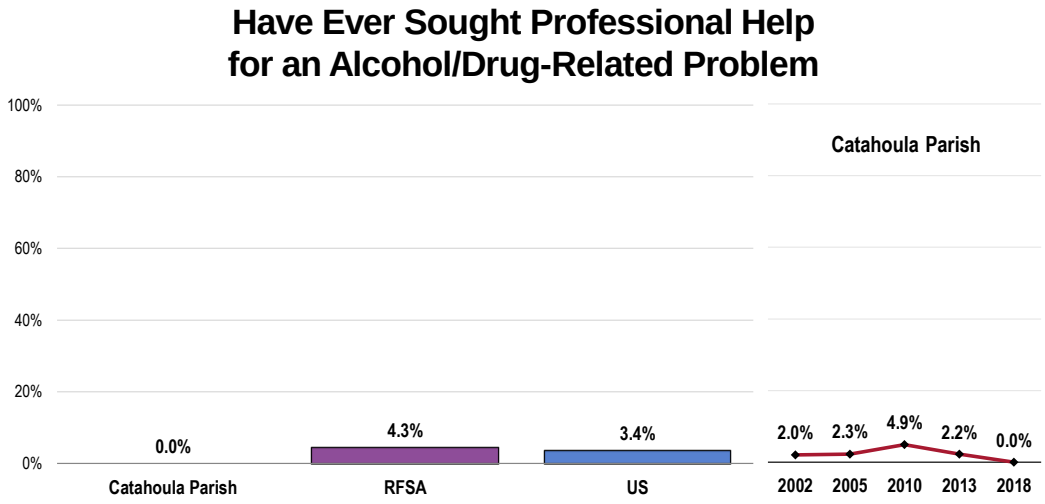


Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 314]
Notes: ● Asked of all respondents.
● Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl.

Alcohol & Drug Treatment

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

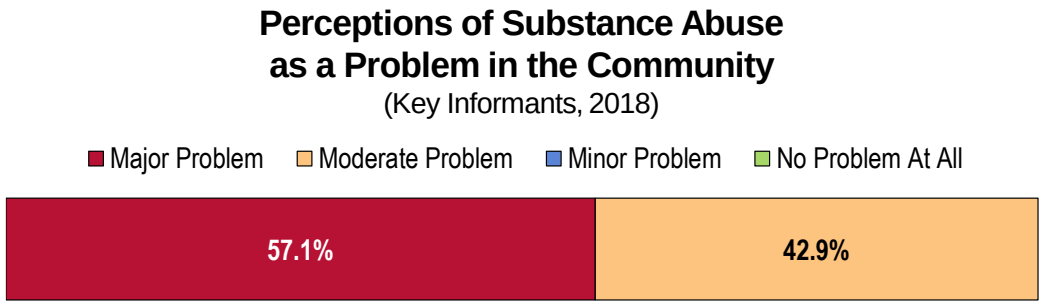
- The percentage of persons seeking alcohol and drug treatment is less favorable than is found in the region and nation.
- Responses decreased since 2002.



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

> *Limited providers. No or low reimbursement for treatment. – Public Health Representative (Central Louisiana)*
>
> *Availability of providers for treatment and finances to pay for treatment. – Public Health Representative (Catahoula Parish)*

Culture/Social Norms

> *I believe the greatest barriers related to accessing needed substance abuse treatment lies in peer norms and lack of economic opportunities…. There exist few employment opportunities that offer sustainable wages, which also means there is a high rate of working poor, those receiving public aid. Many children whose parent/s are among the working poor are left during critical hours with older family members, and you often see them in groups on streets. Although there is a substance abuse treatment facility, connected with the Central Louisiana Human Services District, it is based on referrals and court-directed. I also think that the lack of positive community-based activities for youth and adults serve as a barrier to substance abuse and treatment. People have a lot of 'free time', and often fill that space with non-productive activities, like drinking in certain community 'spots'. – Community Leader (Catahoula 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)

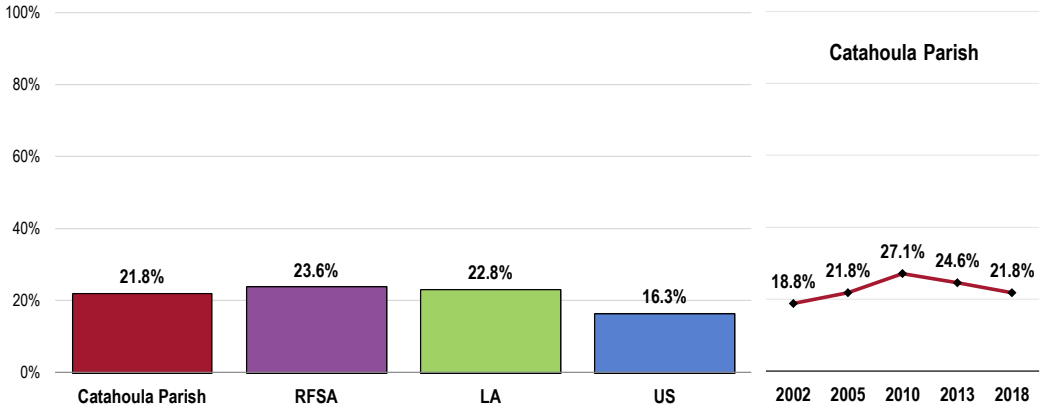
Cigarette Smoking

"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 found 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).

Smoking Cessation

About Reducing Tobacco Use

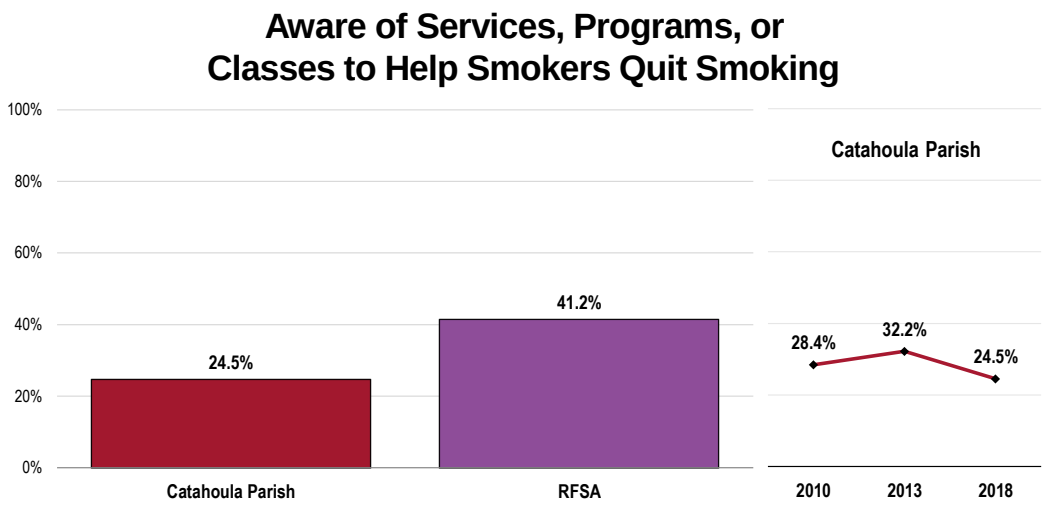
Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial 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 Catahoula Parish than in the Rapides Foundation Service Area.
- The change found since 2010 is not statistically significant.



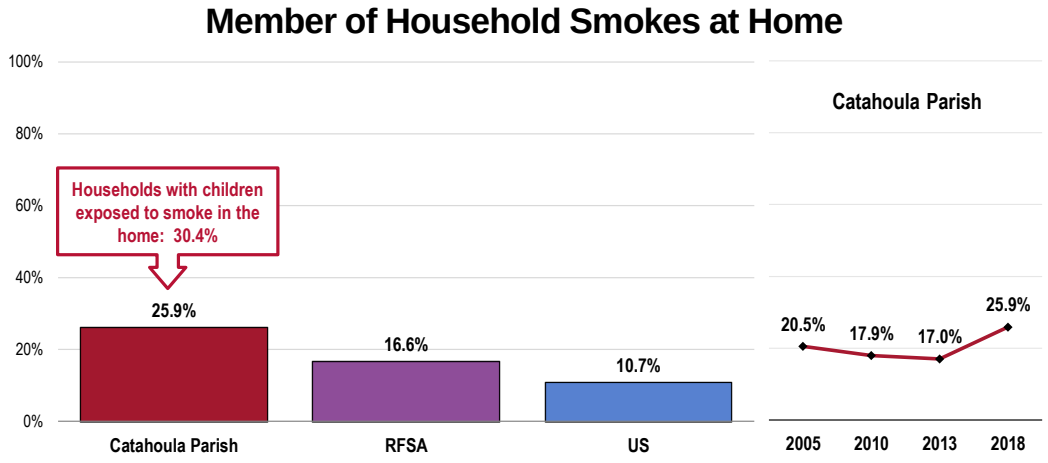
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]
Notes: ● Asked of all respondents.

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 higher than is found in the region and in the US.
- Changes observed over time are not statistically significant.



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?"

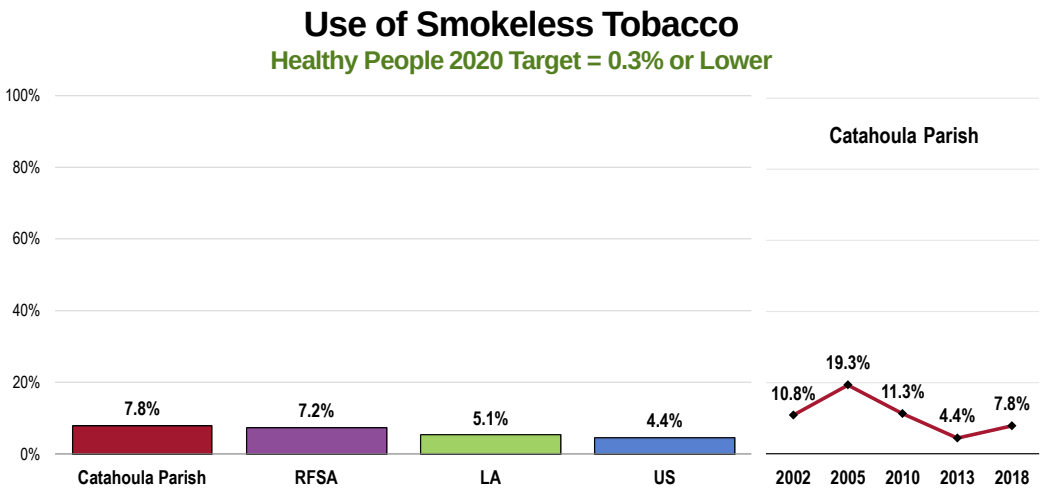
"Do you now use electronic vaping products, such as e-cigarettes, "every day," "some days," or "not at all"?"

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 comparable in the parish to use in the Rapides Foundation Service Area, the state, and the nation.
- Utilization of smokeless tobacco has not changed significantly since 2002.

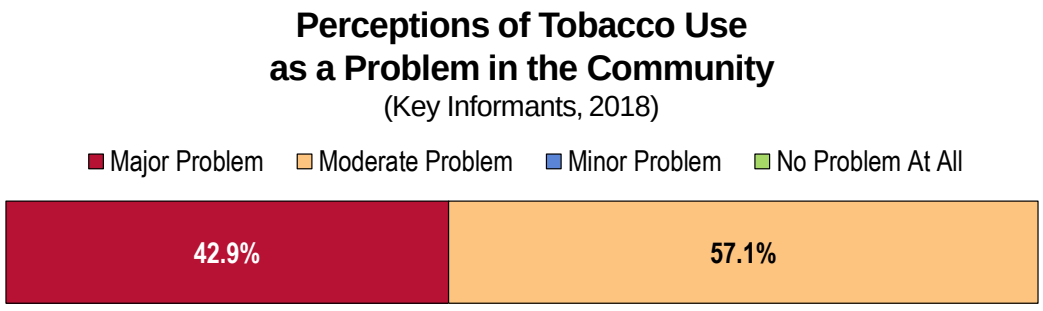


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, 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:

Culture/Social Norms

> *Tobacco use is a generally accepted norm in Catahoula Parish. A large number of adults grew up with parents (male and female) that use tobacco products, both smoke and smokeless… I often see older youth with evidence of tobacco products, either smokeless or cigarette/cigarillo packages in pockets, or actually using tobacco products. – Community Leader (Catahoula Parish)*

Prevalence/Incidence

> *Coming from other communities to this one, I was surprised at the number of people who smoke. I have three times the number of employees who smoke then I did at a slightly larger health center in another state. – Public Health Representative (Catahoula Parish)*

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?"

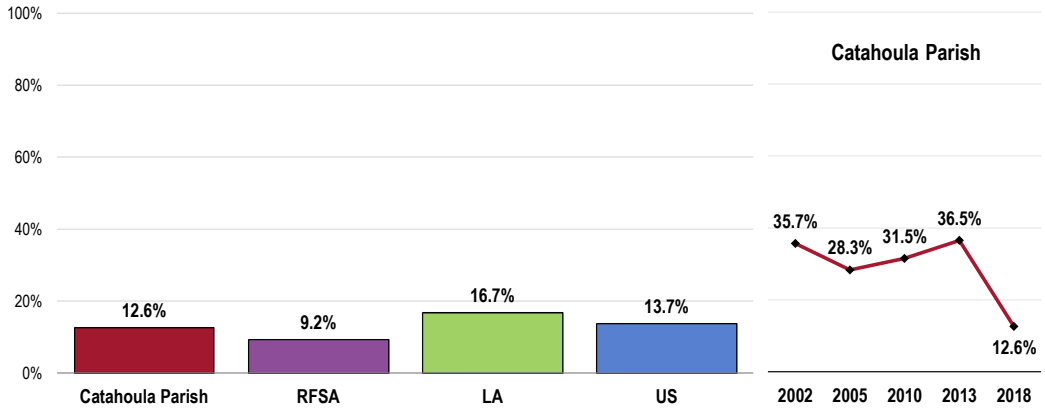
"Do you currently have: health insurance you get through your own or someone else's employer or union; health insurance you purchase yourself; or, you do not have health insurance and pay for health care entirely on your own?"

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

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 LA data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

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

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

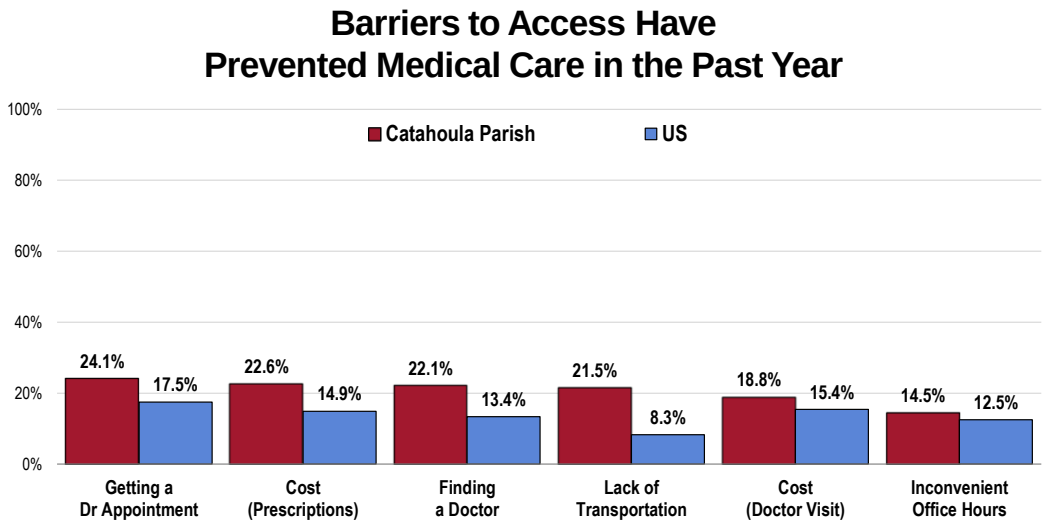
To better understand healthcare access barriers, survey participants were asked whether any of the following barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

"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.

- Greater percentages of adults in Catahoula Parish had difficulty finding physicians or getting transportation to physician visits than is found nationwide.

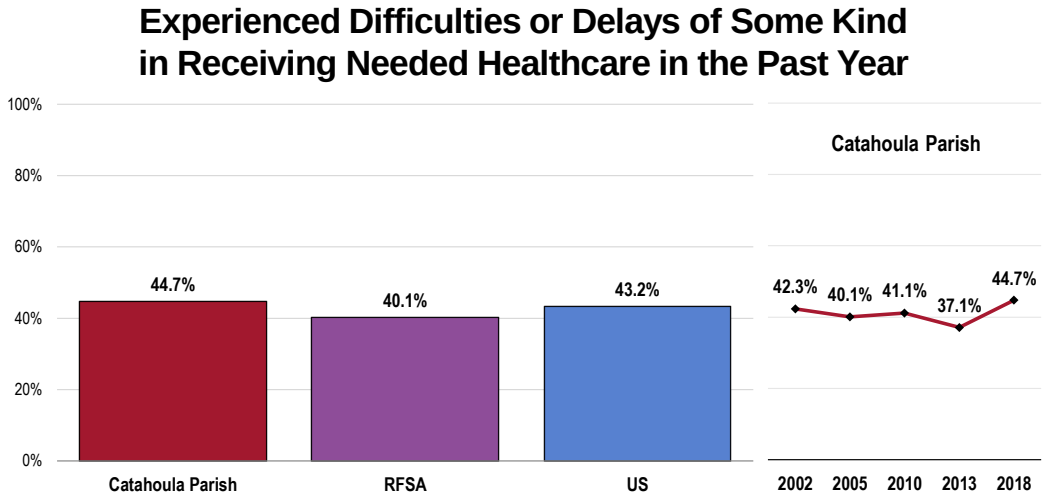


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-11, 13]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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 to regional and national findings.
- No significant difference was found between 2002 and 2018.

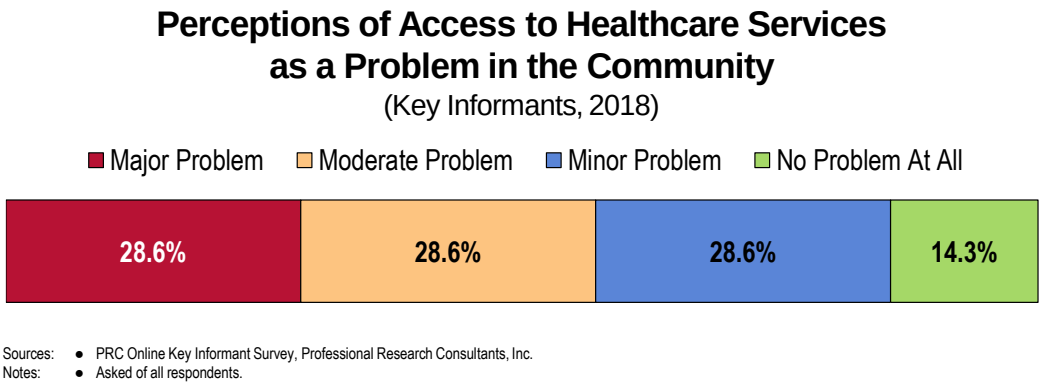


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

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.

Top Concerns

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

Access to Care/Services

> *The biggest challenges I see to access to health care is the locations of current health care facilities, the type of care residents can receive and the level of care, and the distance to emergency/critical care services- especially after hours. There are three medical clinics (Jonesville, Harrisonburg, & Sicily Island), that provide basic care- one of which only a couple of days a week. Once those facilities close at 5 or 6 pm, there is no medical care available. Should an emergency occur at any time, and especially after hours, there is no urgent care center or hospital within 25 miles. There are no specialized care providers in the parish, so if an individual needs specialized treatment or specialized medical tests, it is necessary to travel at least 40-50 miles, depending upon where in the Parish the person lives. If the need is long-term treatment, then one has to travel to Monroe, Alexandria, or Shreveport, with the added costs of housing for those accompanying the person. – Community Leader (Catahoula Parish)*
>
> *We don't have a facility here. – Community Leader (Catahoula Parish)*

Primary Care Services

About Primary Care

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

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

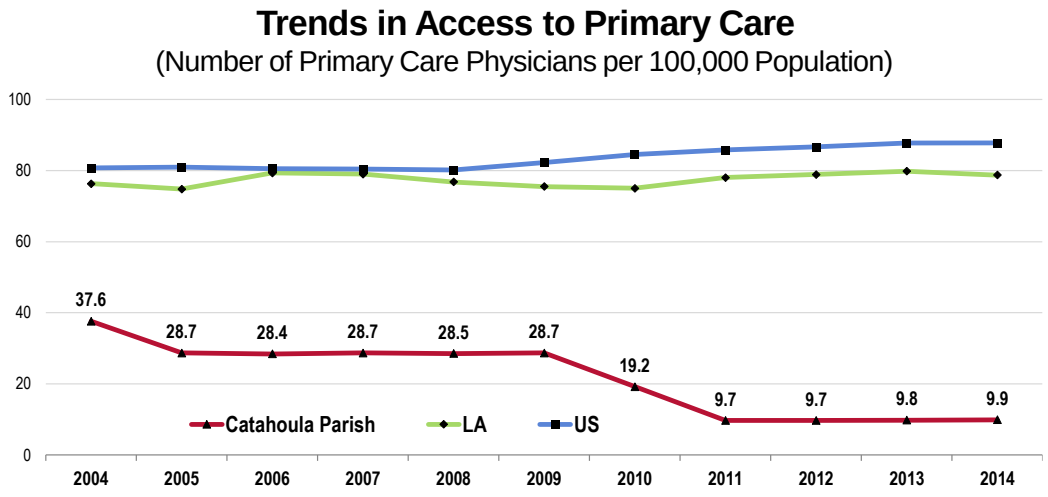
Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease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

- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

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

- The number of primary care physicians in Catahoula Parish is much less favorable than in the state and nation.



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?"

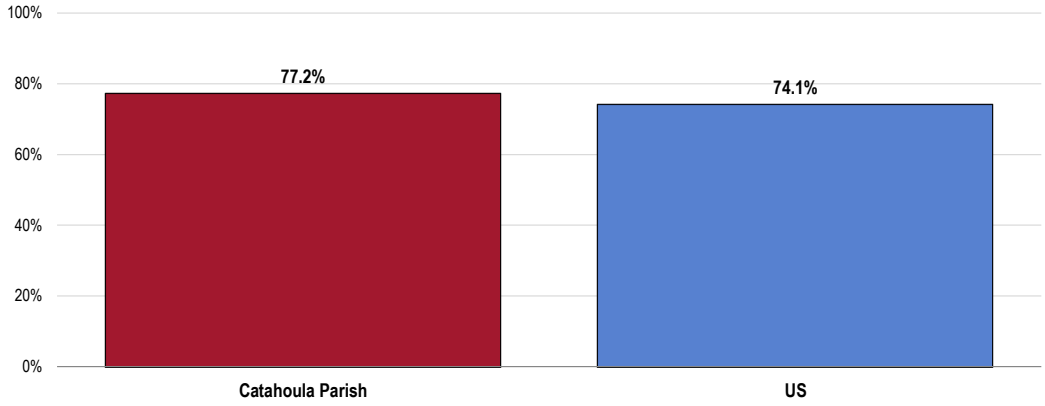
The following chart illustrates the proportion of Catahoula Parish population with a specific source of ongoing medical care. Note that a hospital emergency room is not considered a specific source of ongoing care in this instance.

- The proportion of Catahoula Parish with a specific source of ongoing medical care is similar to the national proportion.

Have a Specific Source of Ongoing Medical Care

(Catahoula Parish, 2018)

Healthy People 2020 Target = 95.0% or Higher



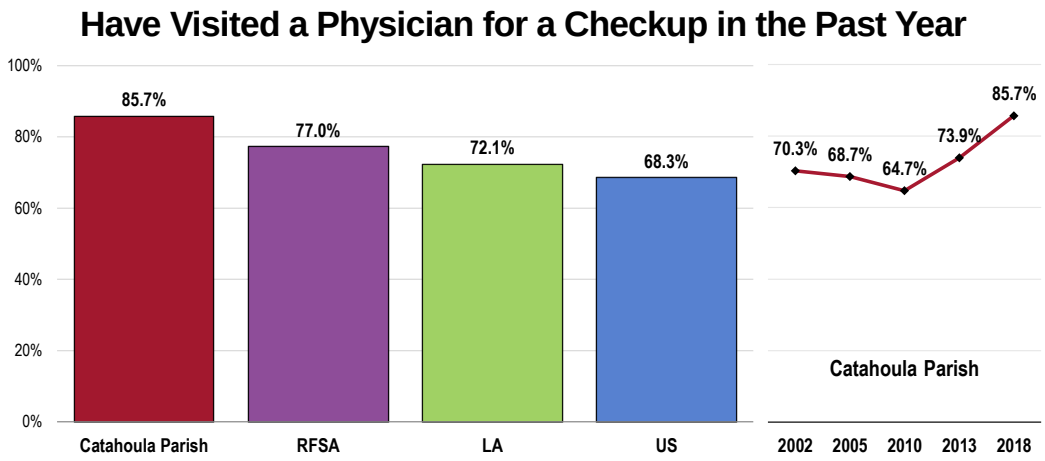
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 170]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.

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?"

- The rate of recent physician visits for checkups is more favorable than that found in the region, Louisiana, and the US.
- The increase in physician visits noted since 2002 is significant.



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 LA data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

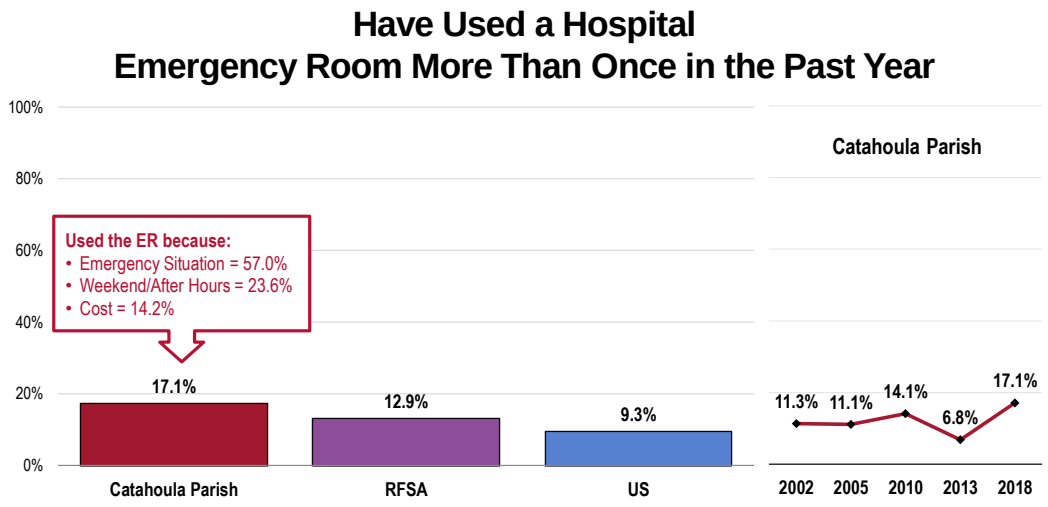
Notes:
- Asked of all respondents.

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?"

- Rates of high ER utilization are similar in the Catahoula Parish and region, while the Catahoula Parish rate is less favorable than in the nation.
- The change in the percentage of repeated ER utilization since 2002 is not 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:

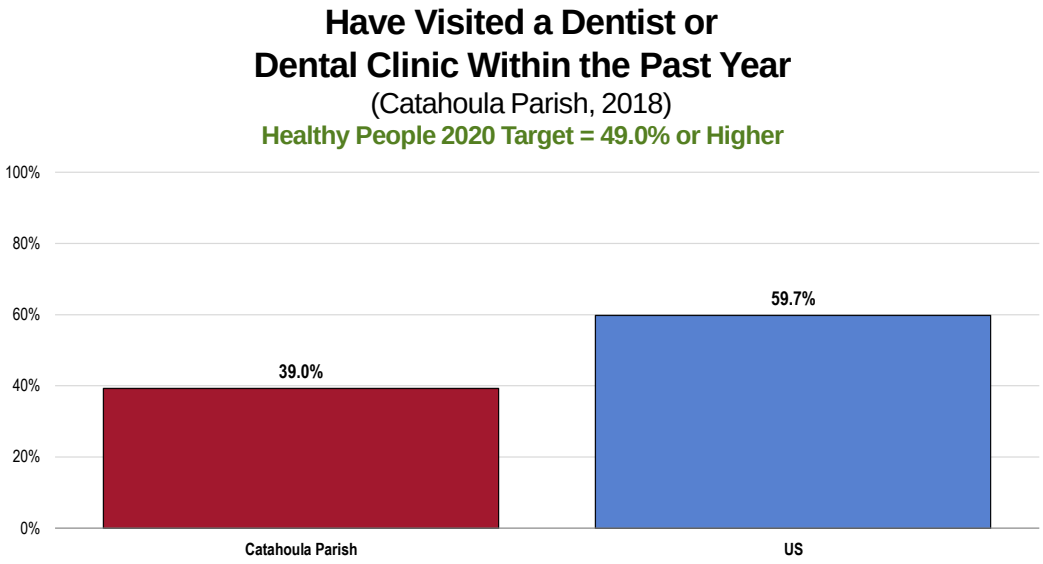
- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs 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?"

- The rate of recent dental visits is lower than is found nationally.

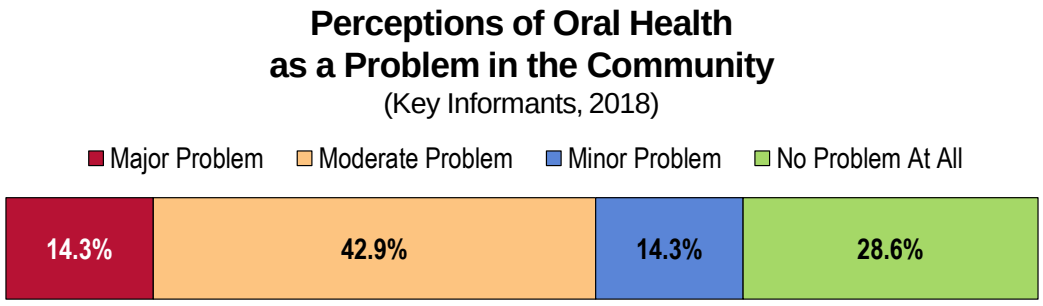


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.

Key Informant Input: Oral Health

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



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

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," the following reason was given:

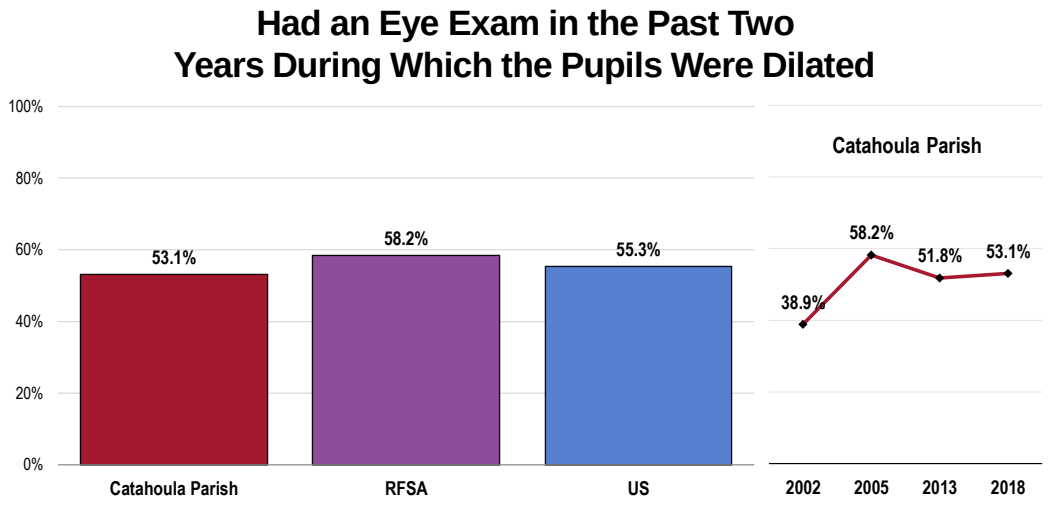
Access to Care/Services

> *The only dental provider that provides sliding fee dental care in Catahoula is CPHD's Sicily Island office, and they are currently looking for a dentist. – Public Health Representative (Catahoula Parish)*

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 Catahoula Parish receiving eye exams is similar to that found in the region and nation.
- The proportion of Catahoula Parish residents receiving eye exams improved since 2002.



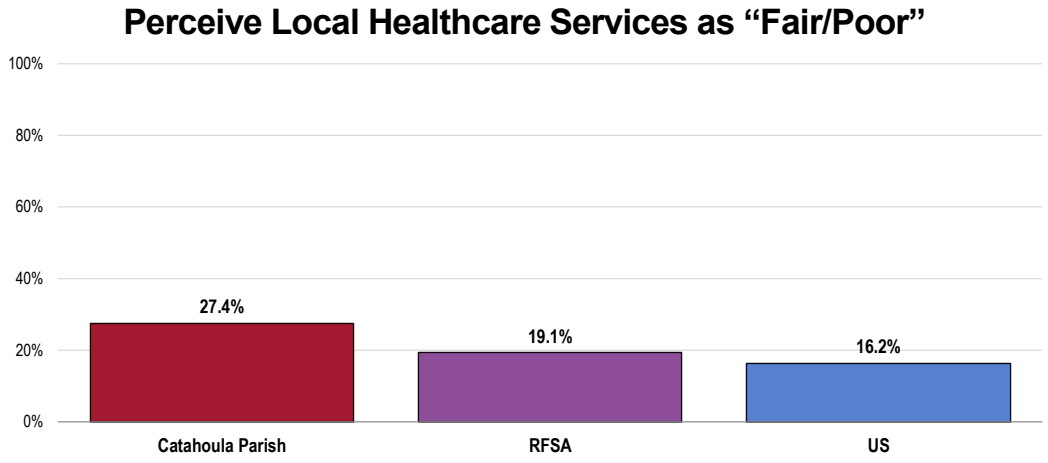
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

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 to the Rapides Foundation Service Area, but less favorable than is found in the US.



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

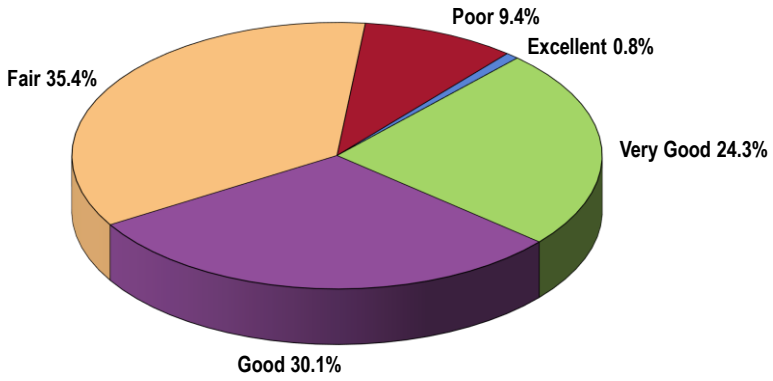
Notes:
- Asked of all respondents.

Quality of Life

Life in Central Louisiana

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

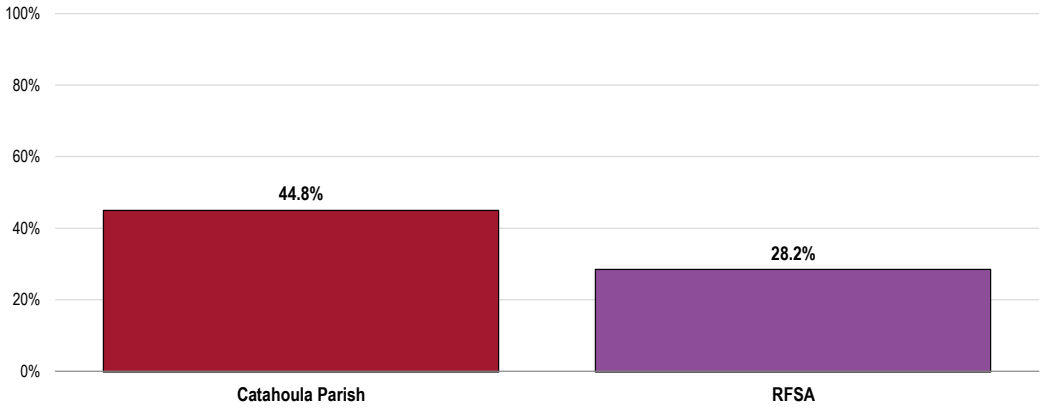
Rating of the Quality of Life in Central Louisiana
(Catahoula Parish, 2018)



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

- Respondents from Catahoula Parish are more likely to rate the quality of life in Central Louisiana as "fair" or "poor" in comparison with adults throughout the region.

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

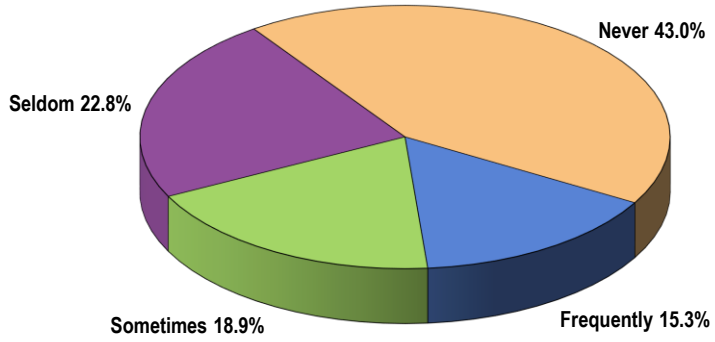


Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 333]
Notes: ● Asked of all respondents.

Charitable Contribution

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

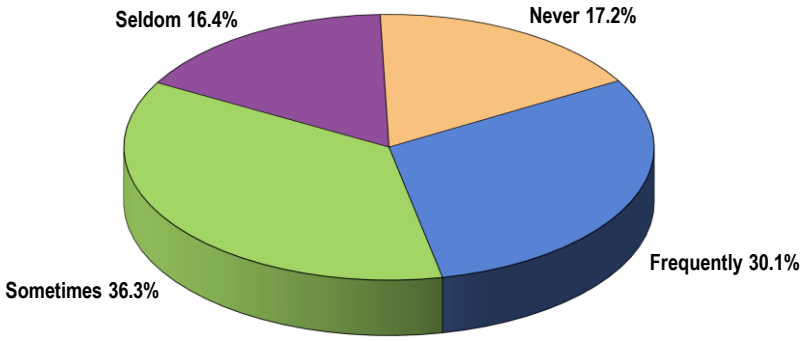
Frequency of Volunteering for Charitable Organizations or Community Groups
(Catahoula Parish, 2018)



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?"

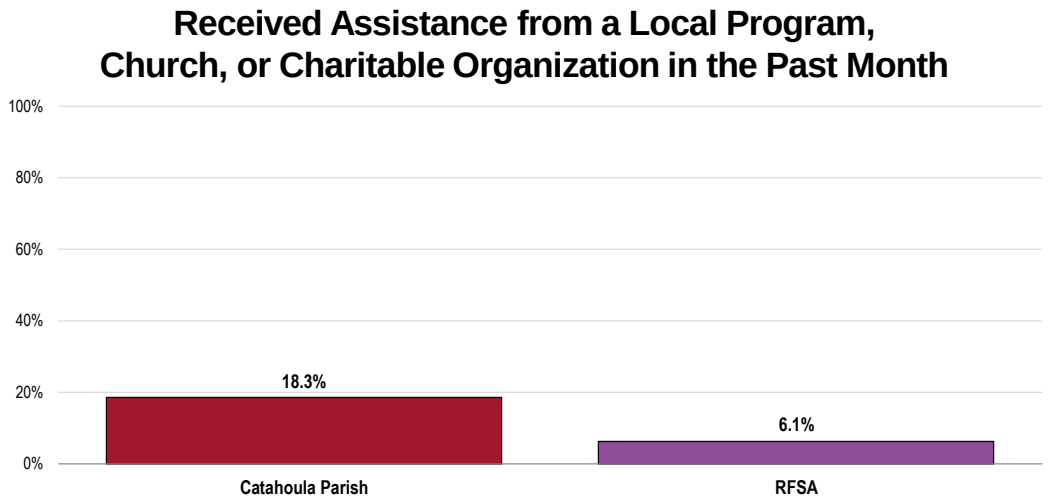
Frequency of Contributing Money to Charitable Organizations or Community Groups
(Catahoula Parish, 2018)



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."

- The percentage of respondents receiving assistance from charities is higher in Catahoula Parish than in the region.

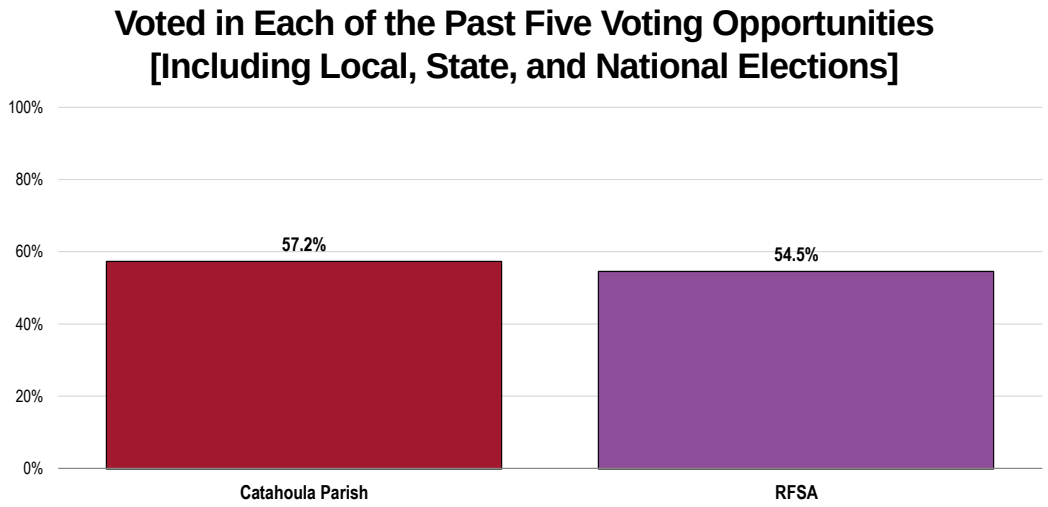


Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 342]
Notes: ● Asked of all respondents.
● In this case, assistance does not include government-sponsored programs or services.

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?"

- Catahoula Parish residents vote at a rate similar to those in the Rapides Foundation Service Area.



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