2021 COMMUNITY HEALTH NEEDS ASSESSMENT

Grant Parish, Louisiana

Sponsored by

The Rapides Foundation

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INTRODUCTION

PROJECT OVERVIEW

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2002, 2005, 2010, 2013, and 2018, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Grant 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 PRC, a nationally recognized health care 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 multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

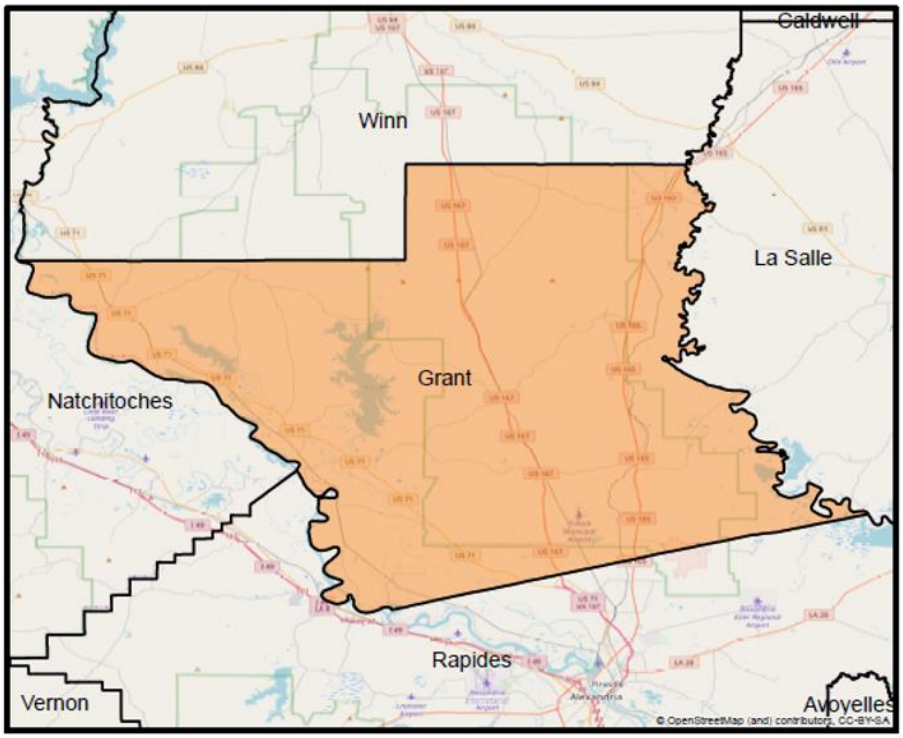
PRC Community Health Survey

Survey Instrument

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

Community Defined for This Assessment

The focus of the data presented in this report is Grant 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 consisted of a random sample of 352 individuals age 18 and older in Grant Parish. All administration of the surveys, data collection, and data analysis was conducted by PRC.

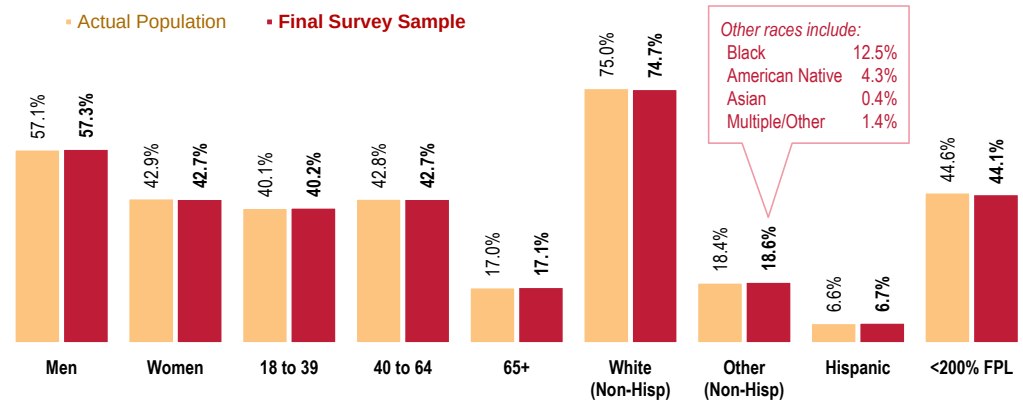
For statistical purposes, the maximum rate of error associated with a sample size of 352 respondents is ±5.2% at the 95 percent confidence level.

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 Grant 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 health care needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics
(Grant Parish, 2021)



Sources:
- US Census Bureau, 2011-2015 American Community Survey.
- 2021 PRC Community Health Survey, PRC, Inc.

Notes:
- FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

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.

INCOME & RACE/ETHNICITY

INCOME ► Poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2021 guidelines place the poverty threshold for a family of four at $26,500 annual household income or lower). In sample segmentation: "low income" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; "mid/high income" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used "White" reflects non-Hispanic White respondents; "Communities of Color" includes Hispanics and non-White race groups. While the survey data are representative of the racial and ethnic makeup of the population, the samples for Hispanic and non-White race groups were not of sufficient size for independent analysis.

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 Grant Parish took part in the Online Key Informant Survey. Final participation included representatives of the organizations in the following list:

- Haven: The Creative Connection
- St. Mary A.M.E. Church
- Village of Georgetown

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.

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 Grant Parish were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- 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
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

NOTE: The benchmark data described below represent data collected prior to the coronavirus disease (COVID-19) pandemic that began in March 2020. It is important to keep this in mind when referencing comparisons to these data; some current indicators for the parish (especially those with a shorter look-back period [e.g., in the past year]} might be impacted by pandemic-related factors not represented in the benchmark data.

Trending

Similar surveys were administered in Grant Parish in 2002, 2005, 2010, 2013, and 2018 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 Risk Factor Data

Regional risk factor data are provided from the broader nine-parish assessment for The Rapides Foundation Service Area (RFSA), of which this assessment is part. The regional RFSA data reflect data for Allen, Avoyelles, Catahoula, Grant, LaSalle, Natchitoches, Rapides, Vernon, and Winn Parishes in Central Louisiana.

Louisiana Risk Factor Data

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

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2020 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 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

Healthy People 2030's overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting

feedback from individuals and organizations and input from subject matter experts, the U.S. Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

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

Key Data Findings

This summary presents key findings from the data collected for Grant Parish for the 2021 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 Grant Parish in 2002.

Health Status

Overall Health Status

27.3% of adults characterize their overall health as “fair” or “poor” — this is significantly higher than reported nationally (12.6%) and similar to that first recorded in Grant Parish in 2002 (25.5%).

Activity Limitations

28.9% of Grant Parish adults are limited in some way in some activities because of a health-related issue. This is similar to what is found nationally (24.0%) and much higher than first found in 2002 (21.1%).

Mental Health

46.0% of Grant Parish residents have experienced bouts of depression lasting two or more years during their lives, higher than found nationwide (30.3%) and an increase from the 27.2% first reported in 2002. A total of 33.1% have been diagnosed with a depressive disorder by a healthcare professional (compared to 20.6% nationwide). Overall, 26.3% of the population are currently being treated for a mental health condition (compared to 16.8% nationally), and 5.7% 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 Grant Parish. Compared to US rates, age-adjusted death rates for most leading causes of death are higher in Grant Parish than nationwide (including heart disease, cancer, COVID-19, lung disease, Alzheimer’s disease, stroke, pneumonia/influenza, septicemia, diabetes, and kidney disease).

Heart Disease & Stroke

10.5% of Grant Parish adults report having heart disease, and 3.4% have ever suffered from a stroke.

Cancer

8.6% of adults have ever been diagnosed with cancer.

Diabetes

14.0% of Grant Parish adults have been diagnosed with diabetes. This is similar to the 11.9% reported in 2002.

Lung Disease

10.4% of Grant 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 (6.4%).

Overweight & Obesity

Based on reported heights and weights, a clear majority of Grant Parish adults (76.9%) are overweight, including 49.0% who are obese. The prevalence of obesity in the parish is higher than found nationally (31.3%) and has increased significantly since 2002 (33.3%).

Infant Health & Family Planning

Birth Outcomes & Risks

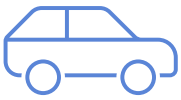
Of all births in Grant Parish, 9.8% are low-weight (under 2500g), which is a high proportion when compared to the 8.2% found nationally. Additionally, the parish experiences an infant mortality rate of 6.1 deaths for every 1,000 live births (deaths of infants before their first birthday).

Teen Births

The teen birth rate in Grant Parish is high, with 48.6 births to girls age 15-19 for every 1,000 girls in this age group (compared to 20.9 nationally).

Injury & Violence

Unintentional Injury



Death rates due to unintentional injuries (including motor vehicle-related deaths) are similar to that reported nationally (a rate of 59.2, versus 51.6 nationally).

Violence

Rates of violent crime are considerably better in Grant Parish than they are nationwide (rate of 155.4 versus 416.0 nationally); still, 4.1% of Grant Parish adults report experiencing violent crime in the area in the past five years, and 3.8% report experiencing domestic violence in the past 5 years.

Modifiable Health Risks

Nutrition

Only 20.4% of Grant Parish adults get the recommended 5 or more servings of fruits and vegetables per day, similar to that first measured with this survey 28.6%). It is important to recognize, however, that 19.5% of parish adults do not live within ½ mile of a grocery store or supermarket (compared to 22.2% nationally).

Physical Activity

Currently, only 17.8% of Grant Parish adults meet physical activity guidelines. Further, 32.7% of parish adults report not engaging in any type of physical activity outside of work in the month before the survey interview.

Blood Pressure & Cholesterol

In comparison to the nation, Grant Parish exhibits a similar proportion of adults reporting high blood pressure (42.3% versus 36.9% across the US). A total of 37.8% of Grant Parish adults report having high blood cholesterol. This is significantly above what was first reported in 2002.

Tobacco Use

26.2% of Grant Parish adults currently smoke cigarettes, much higher than found nationally (17.4%). Another 7.2% use smokeless tobacco, and 7.7% use electronic cigarettes or vaping devices.

Cardiovascular Risk

A very high percentage of Grant Parish adults (92.2%) present one or more risk factors or behaviors for heart disease and stroke (including smoking, not getting physical activity, being overweight, or having high blood pressure or cholesterol), which is much higher than the 84.6% found nationally.

Substance Abuse

Regarding alcohol use, 21.1% of parish adults are considered to be "excessive drinkers," having had a high number of drinks on a single occasion or a high average number of drinks per day during the past month (lower than the 27.2% found nationally). Another 4.1% of Grant Parish adults report illicit drug use in the past month (use of illegal drugs or improper use of prescription drugs). A total of 19.0% have used prescription opiates (either legally or illegally) in the past year, indicating a significant decrease over time.

Prevention

Routine Medical Care

Most parish adults (75.8%) have been to a doctor or clinic for a routine checkup in the past year, similar to that reported in 2002 (71.4%).

Cancer Screenings

Cancer screening levels in Grant Parish are fairly good, including for: *female breast cancer* (77.0% of women age 50-74 have had a mammogram in the past 2 years, compared to 76.1% nationally); *cervical cancer* (82.2% of women age 21-65 have had a Pap smear in the past 3 years, compared to 73.8% nationally); and *colorectal cancer* (75.3% of all adults age 50-75 have had appropriate screening, compared to 77.4% nationally). Note that colorectal cancer screening has improved from earlier survey findings (64.2%).

Dental Care

A relatively low proportion of adults in Grant Parish (53.0%) have received dental care in the past year (compared to 62.0% nationally). This is similar to that reported in Grant Parish in 2002 (53.2%).

Vision Care

A total of 51.4% of Grant Parish adults have had a comprehensive eye exam in the past two years.

Access

Health Insurance Coverage

A total of 13.5% of Grant 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 similar to the national prevalence (8.7%) and a significant improvement from what was recorded in 2002 (34.6%). Still, cost remains a barrier, preventing residents from getting medical care (13.4% 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 43.2% of Grant Parish adults have experienced some type of difficulty or delay in receiving health care in the past year, compared to 35.0% of adults nationwide. Appointment availability, cost of physician visit, and inconvenient office hours are the barriers impacting the greatest shares of adults in Grant Parish.

Cost of Prescriptions

A total of 14.4% of Grant Parish adults have gone without a needed prescription in the past year because they could not afford it.

Emergency Room Utilization

The proportion of Grant Parish adults who have used a local emergency room more than once in the past year (15.3%) is significantly higher than found nationwide (10.1%) and similar to 2002 findings (12.3%).

Perceptions of Key Informants

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

- Diabetes (66.7% said this is a “major problem” in Grant Parish)
- Nutrition, Physical Activity & Weight (66.7 % “major problem”)
- Substance Abuse (66.7% “major problem”)
- Tobacco Use (66.7% “major problem”)

Significant Trends & Summary Tables

The following tables highlight 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 changes since 2002 (or earliest available survey data).
- 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 a decade).

	FAVORABLE TRENDS	UNFAVORABLE TRENDS
ACCESS TO HEALTHCARE SERVICES	• Lack of Healthcare Coverage • Barrier to Care: Cost (Prescriptions) • Routine Checkups (Children) • Routine Eye Exams (Adults)	• Internet is Main Source of Healthcare Info
CANCER	• Cancer Deaths • [All Adults Age 50-75] Colorectal Cancer Screening	
DIABETES	• Diabetes Deaths	• Prevalence of Pre-Diabetes
HEART DISEASE & STROKE	• Heart Disease Deaths	• Stroke Deaths • Hypertension Screenings • Taking Action to Control High Blood Pressure • High Blood Cholesterol Prevalence
HOUSING & EMPLOYMENT	• Unemployment Rate	• Housing Displacement • Condition of Neighborhood Homes
INJURY & VIOLENCE	• Seat Belt Usage (Adults)	• Intimate Partner Violence (Ever)
MENTAL HEALTH	• Have Sought Professional Help	• "Fair/Poor" Mental Health • 3+ Days Poor Mental Health • Symptoms of Chronic Depression
NUTRITION, OVERWEIGHT & PHYSICAL ACTIVITY		• Fruit/Vegetable Consumption (Adults) • Availability of Physical Activity Opportunities • Obesity (Adults) • Overweight/Obesity (Children)
POTENTIALLY DISABLING CONDITIONS		• 4+ Days Health Prevented Usual Activities • Activity Limitations
RESPIRATORY DISEASE		• Lung Disease Deaths
SUBSTANCE ABUSE	• Prescription Opioid Use	
TOBACCO USE	• Someone Smokes at Home (Including Households with Children)	
QUALITY OF LIFE		• "Fair/Poor" Quality of Life in Central Louisiana

Comparisons With Benchmark Data

The following tables provide an overview of indicators in Grant Parish. These data are grouped by health topic.

Reading the Summary Tables

In the following tables, Grant Parish results are shown in the larger, gray column.

The columns to the right of the Grant Parish column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether Grant 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.

Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

SOCIAL DETERMINANTS	Grant Parish	GRANT PARISH vs. BENCHMARKS				
		vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
Linguistically Isolated Population (Percent)	0.0	0.7	1.7	4.3		
Population in Poverty (Percent)	18.8	21.0	19.2	13.4	8.0	
Population Below 200% FPL (Percent)	40.8	43.0	39.0	30.9		
Children Below 200% Poverty (Percent)	45.5	50.8	48.6	40.1	8.0	
Unemployment Rate, Percent (Jan 2022)	3.3	3.5	4.3	4.4		8.0
No High School Diploma (Age 25+, Percent)	17.5	16.6	14.8	12.0		
% "Fair/Poor" Condition of Neighborhood Homes	32.0	27.1				16.5
% "Fair/Poor" Availability of Affordable Housing	56.8	53.4				50.2
% Displaced From Housing in Past 2 Years	17.5	16.0				7.0

better similar worse

OVERALL HEALTH	Grant Parish	GRANT PARISH vs. BENCHMARKS				
		vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
% "Fair/Poor" Overall Health	27.3	21.2	22.8	12.6		25.5
% 3+ Days Poor Physical Health in Past Month	32.7	31.1				38.3

better similar worse

ACCESS TO HEALTH CARE	Grant Parish	GRANT PARISH vs. BENCHMARKS				
		vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance	13.5	8.9	14.4	8.7	7.9	34.6

ACCESS TO HEALTH CARE (continued)	Grant Parish	GRANT PARISH vs. BENCHMARKS				
		vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
% Difficulty Accessing Health Care in Past Year (Composite)	43.2	44.0		35.0		45.7
% Cost Prevented Physician Visit in Past Year	13.4	12.9	14.8	12.9		17.9
% Cost Prevented Getting Prescription in Past Year	14.4	14.4		12.8		22.5
% Difficulty Getting Appointment in Past Year	19.2	21.1		14.5		21.6
% Inconvenient Hrs Prevented Dr Visit in Past Year	14.3	14.8		12.5		16.4
% Difficulty Finding Physician in Past Year	12.8	15.2		9.4		10.0
% Transportation Hindered Dr Visit in Past Year	11.5	11.6		8.9		8.0
% Difficulty Getting Child's Health Care in Past Year	2.6	5.4		8.0		2.0
Primary Care Doctors per 100,000	13.5	72.1	79.2	101.3		
% Have a Specific Source of Ongoing Care	78.5	76.0		74.2	84.0	73.0
% Have Had Routine Checkup in Past Year	75.8	75.2	80.1	70.5		71.4
% Child Has Had Checkup in Past Year	90.5	83.2		77.4		78.0
% Two or More ER Visits in Past Year	15.3	13.7		10.1		12.3
% Eye Exam in Past 2 Years	51.4	55.8		61.0	61.1	41.0
% Rate Local Health Care "Fair/Poor"	20.5	21.1		8.0		18.2
% Internet is the Primary Source for Healthcare Information	27.2	20.8				6.0

better similar worse

CANCER	Grant Parish	GRANT PARISH vs. BENCHMARKS				
		vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
Cancer (Age-Adjusted Death Rate)	**173.9**	178.4	165.7	146.5	122.7	217.0
Lung Cancer (Age-Adjusted Death Rate)	**55.7**	47.7	48.4	38.9	25.1	
Prostate Cancer (Age-Adjusted Death Rate)	**23.5**	18.3	20.5	19.0	16.9	
Female Breast Cancer (Age-Adjusted Death Rate)	**15.4**	22.3	23.1	20.2	15.3	
Colorectal Cancer (Age-Adjusted Death Rate)	**24.2**	19.7	16.8	14.0	8.9	
Cancer Incidence Rate (All Sites)	**456.7**	477.8	482.4	448.6		
Female Breast Cancer Incidence Rate	**108.6**	109.8	127.4	126.8		
Prostate Cancer Incidence Rate	**109.0**	130.8	134.7	106.2		
Lung Cancer Incidence Rate	**75.4**	68.6	64.6	57.3		
Colorectal Cancer Incidence Rate	**46.6**	52.5	44.9	38.0		
% Cancer	**8.6**	8.0	12.3	10.0		5.4
% [Women 50-74] Mammogram in Past 2 Years	**77.0**	78.2	82.7	76.1	77.1	83.6
% [Women 21-65] Cervical Cancer Screening	**82.2**	79.0	85.1	73.8	84.3	87.4
% [Age 50-75] Colorectal Cancer Screening	**75.3**	75.1	69.8	77.4	74.4	64.2
			better	similar	worse	

DIABETES	Grant Parish	GRANT PARISH vs. BENCHMARKS				
		vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
Diabetes (Age-Adjusted Death Rate)	**28.5**	20.0	28.8	22.6		56.6
% Diabetes/High Blood Sugar	**14.0**	16.1	12.6	13.8		11.9
% Borderline/Pre-Diabetes	**8.8**	9.1		9.7		5.0
% [Diabetics] Taking Action to Control Diabetes	**88.0**	95.0				93.1
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	**50.8**	46.5		43.3		58.7

better similar worse

HEART DISEASE & STROKE	Grant Parish	GRANT PARISH vs. BENCHMARKS				
		vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	**203.7**	274.2	213.8	164.4	127.4	242.6
% Heart Disease (Heart Attack, Angina, Coronary Disease)	**10.5**	8.4	7.3	6.1		11.1
Stroke (Age-Adjusted Death Rate)	**63.1**	50.8	45.8	37.6	33.4	45.6
% Stroke	**3.4**	5.1	4.5	4.3		3.7
% Blood Pressure Checked in Past 2 Years	**91.8**	92.2		85.0		96.4
% Told Have High Blood Pressure	**42.3**	45.6	39.7	36.9	27.7	36.8
% [HBP] Taking Action to Control High Blood Pressure	**86.5**	87.7		84.2		94.5
% Cholesterol Checked in Past 5 Years	**82.9**	82.4		80.7		79.7
% Told Have High Cholesterol	**37.8**	33.7		32.7		23.7

HEART DISEASE & STROKE (continued)	Grant Parish	GRANT PARISH vs. BENCHMARKS vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
% [HBC] Taking Action to Control High Blood Cholesterol	85.9	85.3		83.2		82.3
% 1+ Cardiovascular Risk Factor	92.2	91.0		84.6		94.5

better similar worse

INFANT HEALTH & FAMILY PLANNING	Grant Parish	GRANT PARISH vs. BENCHMARKS vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
Low Birthweight Births (Percent)	9.8	10.4	10.7	8.2		
Infant Death Rate	6.1	7.5	7.9	5.8	5.0	
Births to Adolescents Age 15 to 19 (Rate per 1,000)	48.6	41.9	32.1	20.9	31.4	

better similar worse

INJURY & VIOLENCE	Grant Parish	GRANT PARISH vs. BENCHMARKS vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
Unintentional Injury (Age-Adjusted Death Rate)	59.2	68.1	66.8	51.6	43.2	55.3
Motor Vehicle Crashes (Age-Adjusted Death Rate)	21.7	21.6	16.9	11.5	10.1	
% “Always” Wear Seat Belt	81.4	80.0				67.9
% Child [Age 0-17] “Always” Uses Seat Belt/Car Seat	93.4	88.8		90.2		88.3
Firearm-Related Deaths (Age-Adjusted Death Rate)	15.2	18.3	20.9	11.4	10.7	
Violent Crime Rate	155.4	633.1	562.3	416.0		

INJURY & VIOLENCE (continued)	Grant Parish	GRANT PARISH vs. BENCHMARKS vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
% Victim of Violent Crime in Past 5 Years	4.1	3.8		6.2		3.1
% Victim of Intimate Partner Violence (Ever)	20.2	21.0		13.7		12.9
% Victim of Intimate Partner Violence in Past 5 Years	3.8	5.0				3.1

better similar worse

KIDNEY DISEASE	Grant Parish	GRANT PARISH vs. BENCHMARKS vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
Kidney Disease (Age-Adjusted Death Rate)	17.5	20.4	22.2	13.1		
% Kidney Disease	4.0	5.0	3.9	5.0		4.8

better similar worse

MENTAL HEALTH	Grant Parish	GRANT PARISH vs. BENCHMARKS vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	25.9	21.5		13.4		16.1
% 3+ Days Poor Mental Health in Past Month	40.5	39.7				30.5
% Diagnosed Depression	33.1	29.1	23.9	20.6		29.2
% Symptoms of Chronic Depression (2+ Years)	46.0	41.4		30.3		27.2
Suicide (Age-Adjusted Death Rate)	17.7	18.0	14.7	13.8	12.8	17.9
Mental Health Providers per 100,000	18.0	141.8	134.9	119.9		

MENTAL HEALTH (continued)	Grant Parish	GRANT PARISH vs. BENCHMARKS				
		vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
% Have Ever Sought Help for Mental Health	**41.0**	38.2		30.0		26.4
% Taking Rx/Receiving Mental Health Trtmt	**26.3**	23.5		16.8		21.3
% Unable to Get Mental Health Svcs in Past Yr	**5.7**	8.2		7.8		4.4

better similar worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Grant Parish	GRANT PARISH vs. BENCHMARKS				
		vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
Population With Low Food Access (Percent)	**19.5**	33.8	26.4	22.2		
% 5+ Servings of Fruits/Vegetables per Day	**20.4**	23.3		32.7		28.6
% Child [Age 2-17] 5+ Servings of Fruits/Vegetables per Day	**47.9**	56.8		36.9		55.4
% Medical Advice on Diet/Nutrition in Past Year	**41.9**	36.8				37.1
% No Leisure-Time Physical Activity	**32.7**	31.9	31.9	31.3	21.2	31.4
% Meeting Physical Activity Guidelines	**17.8**	18.5	19.7	21.4	28.4	15.8
% Child [Age 2-17] Physically Active 1+ Hours per Day	**53.9**	48.3		33.0		51.3
% Walk Regularly (5+ Times Per Week for >10 Minutes)	**45.2**	41.2				47.7
% Medical Advice on Exercise in Past Year	**41.0**	40.1				41.2
% [Child Age 2-17] 3+ Hours per Day of Screen Time	**41.3**	40.4				
% "Often" See Others in Community Being Physically Active	**29.9**	40.5				35.6

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	Grant Parish	GRANT PARISH vs. BENCHMARKS				
		vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
% "Fair/Poor" Local Physical Activity Opportunities	**55.2**	38.5				47.5
% Overweight (BMI 25+)	**76.9**	74.3	70.9	61.0		70.7
% Obese (BMI 30+)	**49.0**	42.8	35.9	31.3	36.0	33.3
% Medical Advice on Weight in Past Year	**24.5**	25.4				19.5
% [Overweights] Trying to Lose Weight Both Diet/Exercise	**32.9**	34.2				29.1
% Have Been Told That Child [<18] is Overweight	**2.2**	6.0				3.0
% Children [Age 5-17] Overweight (85th Percentile)	**39.6**	38.7		32.3		25.3
% Children [Age 5-17] Obese (95th Percentile)	**21.2**	25.3		16.0	15.5	10.1

better similar worse

ORAL HEALTH	Grant Parish	GRANT PARISH vs. BENCHMARKS				
		vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
% Have Dental Insurance	**68.7**	67.2		68.7	59.8	
% [Age 18+] Dental Visit in Past Year	**53.0**	52.4	58.1	62.0	45.0	53.2
% Child [Age 2-17] Dental Visit in Past Year	**84.5**	76.4		72.1	45.0	81.8

better similar worse

POTENTIALLY DISABLING CONDITIONS	Grant Parish	GRANT PARISH vs. BENCHMARKS				
		vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
% 3+ Chronic Conditions	35.2	33.6		32.5		
% 4+ Days Health Prevented Usual Activities	25.4	24.8				16.8
% Activity Limitations	28.9	30.4		24.0		21.1
% Arthritis	27.2	29.3		20.6		32.6
Alzheimer's Disease (Age-Adjusted Death Rate)	55.9	55.2	43.1	30.9		54.9
% Caregiver to a Friend/Family Member	31.6	30.4		22.6		
			better	similar	worse	

RESPIRATORY DISEASE	Grant Parish	GRANT PARISH vs. BENCHMARKS				
		vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
CLRD (Age-Adjusted Death Rate)	112.2	63.0	41.1	38.1		81.5
Pneumonia/Influenza (Age-Adjusted Death Rate)	21.4	23.7	14.2	13.6		19.1
COVID-19 (Age-Adjusted Death Rate)	153.1	137.5	118.0	85.0		
COVID-19 Fully Vaccinated, Percent (March 2022)	51.4	57.3	61.9	72.8		
% [Age 65+] Flu Vaccine in Past Year	63.5	64.4	60.8	71.0		76.1
% [Age 65+] Pneumonia Vaccine Ever	74.7	74.3		71.6		76.7
% COPD (Lung Disease)	10.4	10.5	8.6	6.4		9.9
			better	similar	worse	

SEPTICEMIA	Grant Parish	GRANT PARISH vs. BENCHMARKS vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
Septicemia (Age-Adjusted Death Rate)	17.6	20.5	19.4	10.4		

better similar worse

SEXUAL HEALTH	Grant Parish	GRANT PARISH vs. BENCHMARKS vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
HIV Prevalence Rate	257.4	418.2	541.0	372.8		
Chlamydia Incidence Rate	577.5	724.3	774.8	539.9		
Gonorrhea Incidence Rate	210.4	270.4	257.1	179.1		

better similar worse

SUBSTANCE ABUSE	Grant Parish	GRANT PARISH vs. BENCHMARKS vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	10.0	10.3	9.6	10.9	10.9	
% Excessive Drinker	21.1	19.6	20.8	27.2		21.4
% Drinking & Driving in Past Month	2.4	4.6				2.4
% Rode w/ Drunk Driver in Past Month	3.6	6.4				4.1
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)	11.6	14.9	19.7	15.8		
% Illicit Drug Use in Past Month	4.1	3.1		2.0	12.0	2.1
% Used a Prescription Opioid in Past Year	19.0	20.2		12.9		33.3

SUBSTANCE ABUSE (continued)	Grant Parish	GRANT PARISH vs. BENCHMARKS				
		vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
% Ever Sought Help for Alcohol or Drug Problem	5.5	5.1		5.4		2.8

better similar worse

TOBACCO USE	Grant Parish	GRANT PARISH vs. BENCHMARKS				
		vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
% Current Smoker	26.2	22.6	21.9	17.4	5.0	22.1
% Someone Smokes at Home	11.4	15.6		14.6		24.6
% [Household With Children] Someone Smokes in the Home	6.5	18.2		17.4		24.4
% [Smokers] Have Quit Smoking 1+ Days in Past Year	54.0	52.3	61.6	42.8	65.7	62.2
% [Smokers] Received Advice to Quit Smoking	58.9	62.2		59.6	66.6	63.6
% Use Smokeless Tobacco	7.2	8.3				8.2
% Currently Use Vaping Products	7.7	10.3	4.5	8.9		6.6
% Aware of Smoking/Vaping Cessation Services/Programs	27.3	28.4				
% Community Believes Adults Should Not Vape	30.6	34.0				

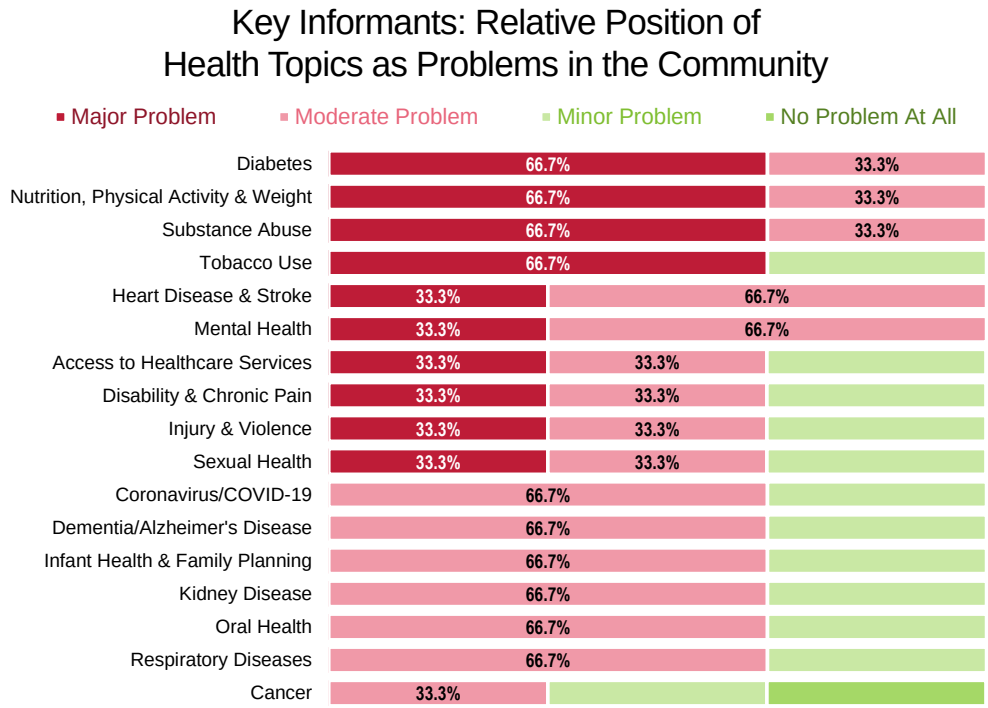
better similar worse

QUALITY OF LIFE	Grant Parish	GRANT PARISH vs. BENCHMARKS				
		vs. RFSA	vs. LA	vs. US	vs. HP2030	TREND
% Child [Age 5-17] Has Discussed School's Health Ed Activities	**48.6**	44.8				51.9
% "Fair/Poor" Overall Quality of Life in Central Louisiana	**42.3**	35.6				26.2
% Parish Life: Wrong Track and Getting Worse	**20.0**	23.8				15.4
% "Frequently/Sometimes" Volunteer	**34.3**	38.0				37.8
% Have Received Charitable Assistance in Past Year	**6.0**	8.9				5.3
% Know 10+ People Benefiting from Charities	**36.2**	35.0				40.3

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 17 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.



DATA CHARTS & KEY INFORMANT INPUT

The following sections present data from multiple sources, including the population- based PRC Community Health Survey, public health and other existing data sets (secondary data), as well as qualitative input from the Online Key Informant Survey.

Data indicators from these sources are intermingled and organized by health topic. To better understand the source data for specific indicators, please refer to the footnotes accompanying each chart.

COMMUNITY CHARACTERISTICS

Population Characteristics

Land Area, Population Size & Density

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

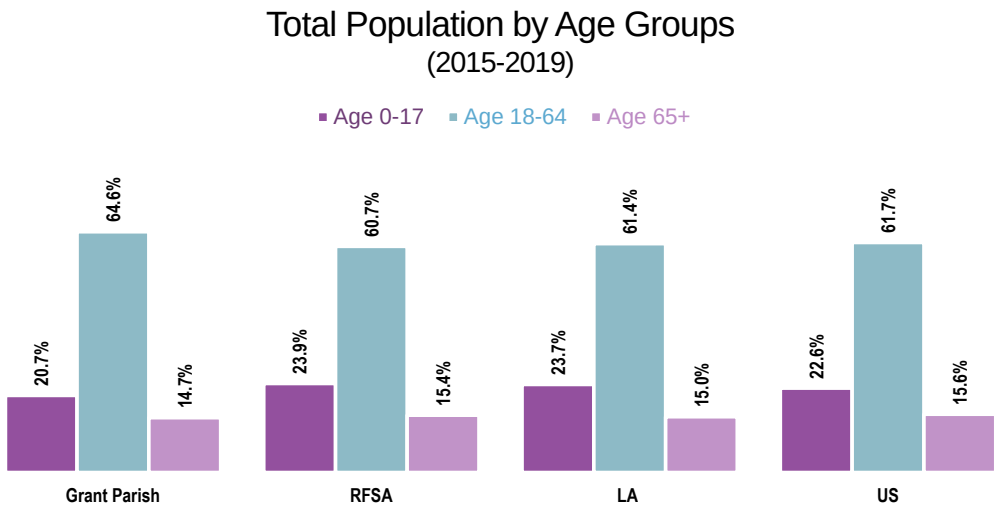
Total Population
(Estimated Population, 2015-2019)

	Total Population	Total Land Area (square miles)	Population Density (per square mile)
Grant Parish	22,340	643.03	34.74
RFSA	347,027	8,420.21	41.21
Louisiana	4,664,362	43,206.73	107.95
United States	324,697,795	3,532,068.58	91.93

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved 2018-2020 via SparkMap (sparkmap.org).

Age

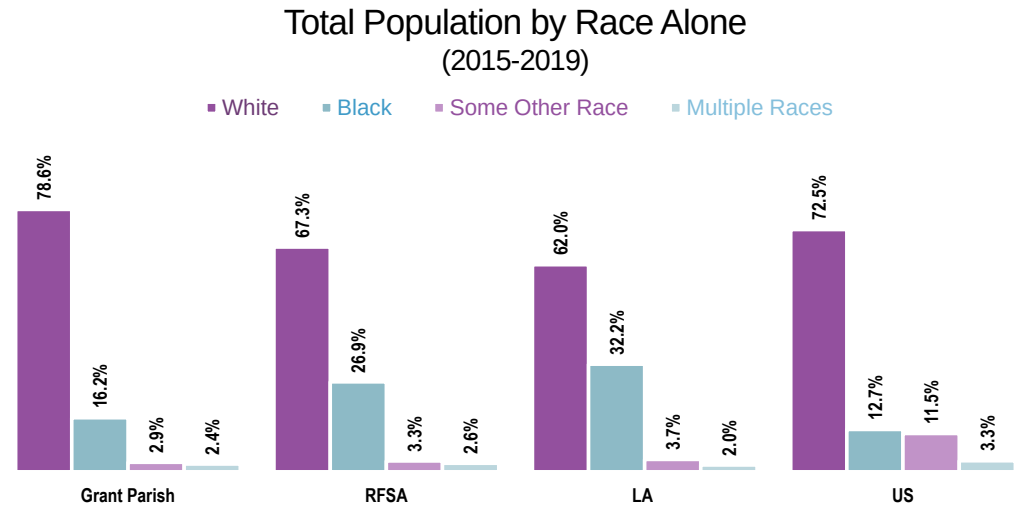
It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.



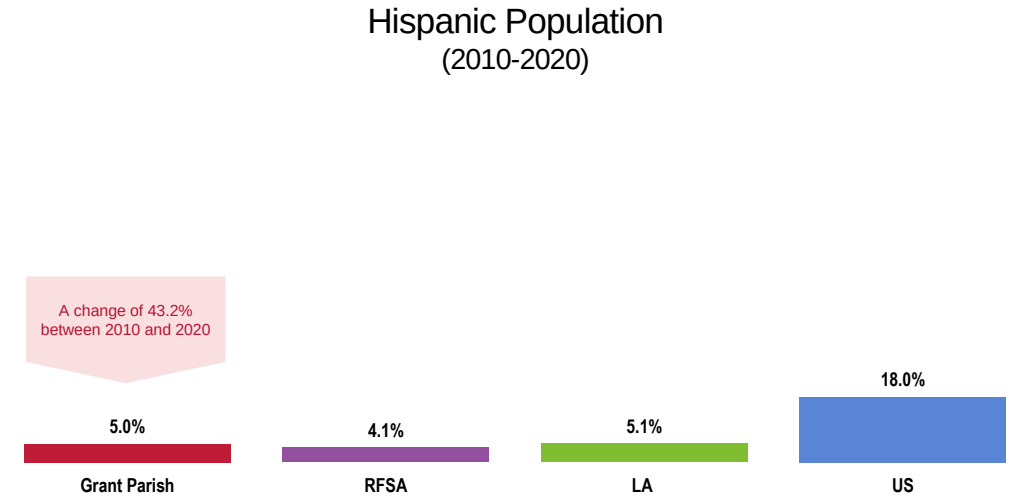
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved 2018-2020 via SparkMap (sparkmap.org).

Race & Ethnicity

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



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved 2018-2020 via SparkMap (sparkmap.org).



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved 2018-2020 via SparkMap (sparkmap.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 OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

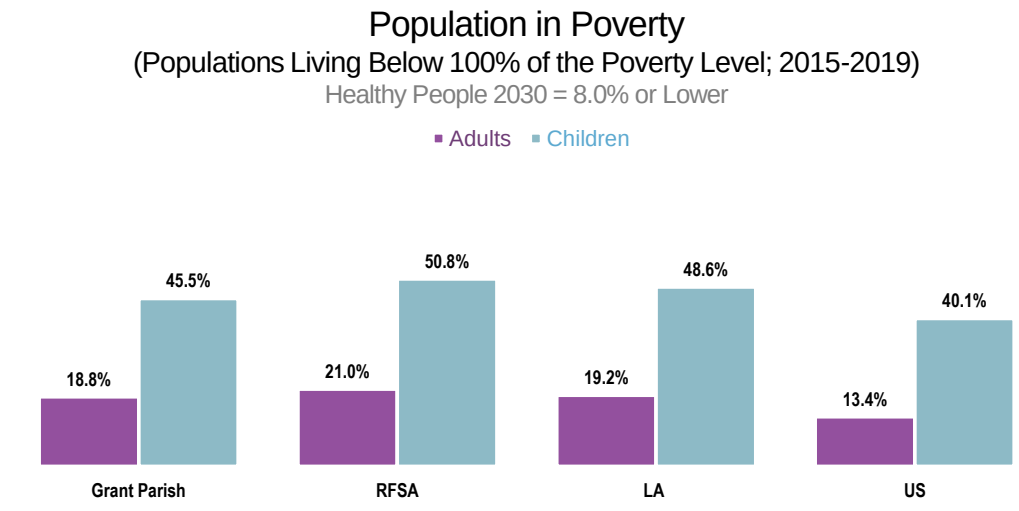
Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

- Healthy People 2030 (https://health.gov/healthypeople)

Income & Poverty

Poverty

The following chart outlines the proportion of our population below the federal poverty threshold in comparison to state and national proportions.



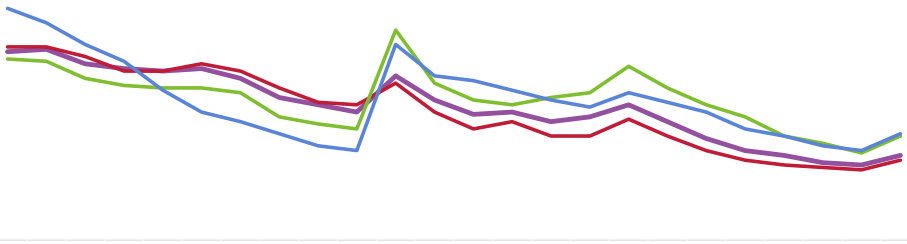
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved 2018-2020 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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.

Employment

Total unemployment reflects the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Unemployment Rate



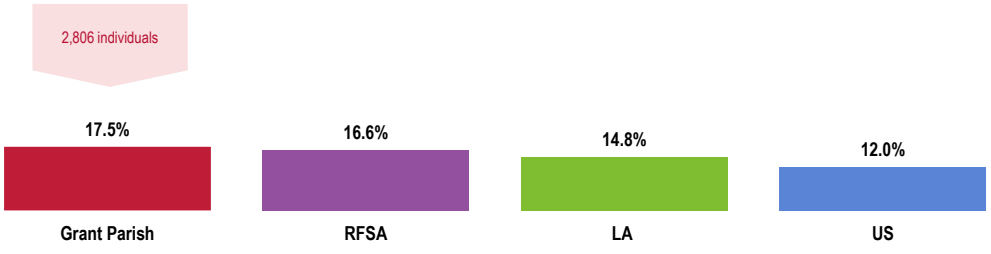
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022
RFSA	7.8%	7.9%	7.3%	7.1%	7.0%	7.1%	6.7%	5.9%	5.6%	5.3%	6.8%	5.8%	5.2%	5.3%	4.9%	5.1%	5.6%	4.9%	4.2%	3.7%	3.5%	3.2%	3.1%	3.5%
Grant	8.0%	8.0%	7.6%	7.0%	7.0%	7.3%	7.0%	6.3%	5.7%	5.6%	6.5%	5.3%	4.6%	4.9%	4.3%	4.3%	5.0%	4.3%	3.7%	3.3%	3.1%	3.0%	2.9%	3.3%
LA	7.5%	7.4%	6.7%	6.4%	6.3%	6.3%	6.1%	5.1%	4.8%	4.6%	8.7%	6.5%	5.8%	5.6%	5.9%	6.1%	7.2%	6.3%	5.6%	5.1%	4.3%	4.0%	3.6%	4.3%
US	9.6%	9.0%	8.1%	7.4%	6.2%	5.3%	4.9%	4.4%	3.9%	3.7%	8.1%	6.8%	6.6%	6.2%	5.8%	5.5%	6.1%	5.7%	5.3%	4.6%	4.3%	3.9%	3.7%	4.4%

Sources:
- US Department of Labor, Bureau of Labor Statistics. Retrieved March 2022 via SparkMap (sparkmap.org).

Education

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

Population With No High School Diploma
(Population Age 25+ Without a High School Diploma or Equivalent, 2015-2019)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

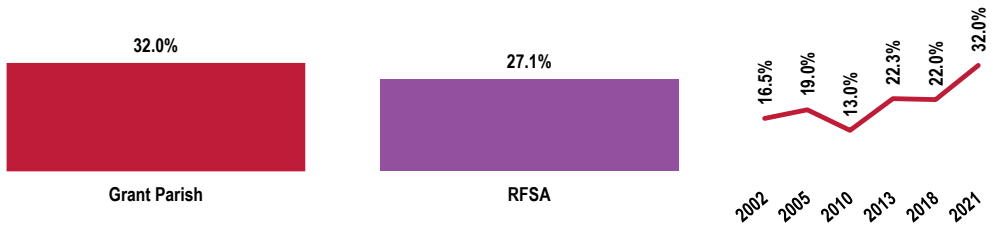
Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.

Housing

Housing Conditions

"How would you describe the condition of the homes in your neighborhood?"

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

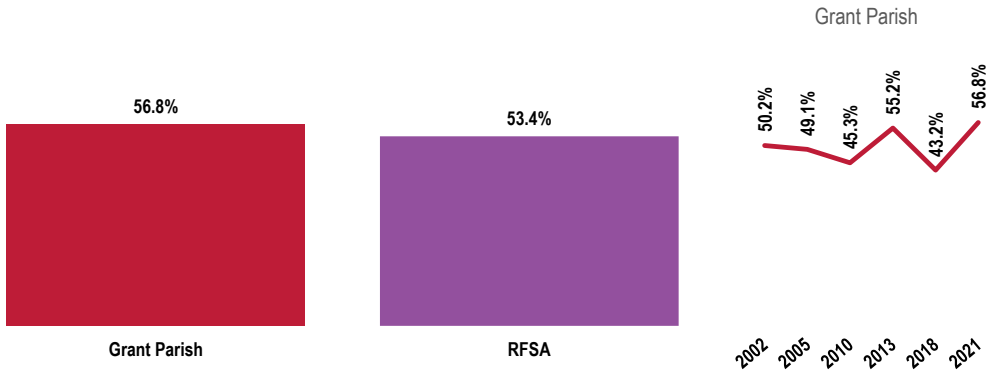


Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 337]
Notes: ● Asked of all respondents.

Housing Affordability

"Overall, how would you rate the availability of affordable housing in your community?"

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



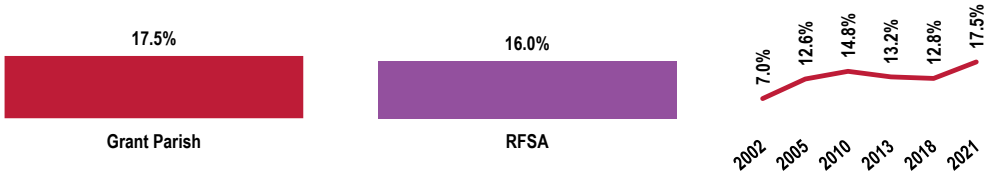
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 336]
Notes: ● Asked of all respondents.

Housing Instability

"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?"

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

Grant Parish



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 321]
Notes: ● Asked of all respondents.

HEALTH STATUS

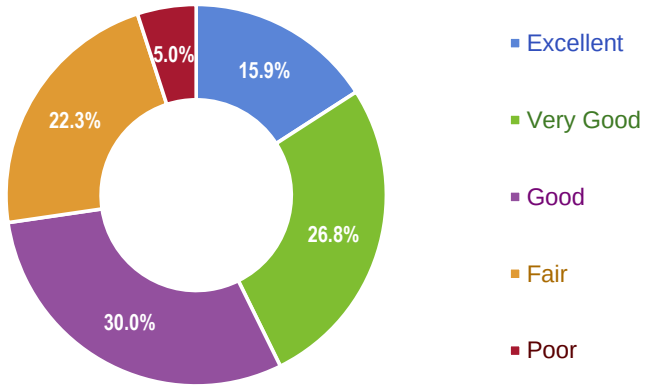
Overall Health

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

"Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?"

Self-Reported Health Status
(Grant Parish, 2021)

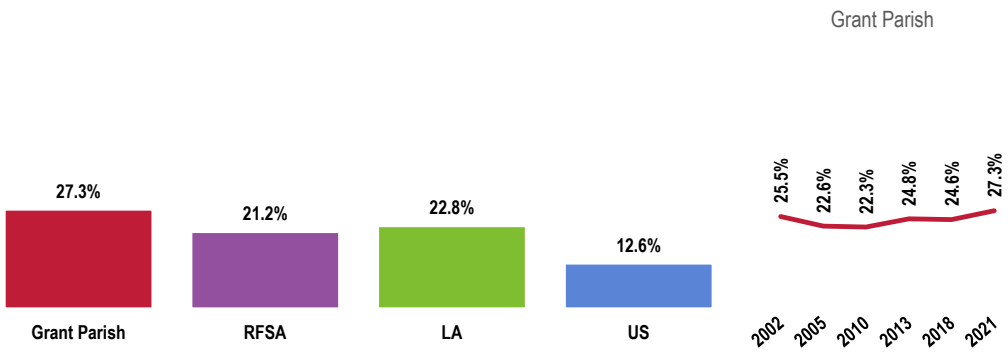
32.7% of survey respondents experienced 3+ days of poor physical health in the past month.



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 5, 301]
Notes: ● Asked of all respondents.

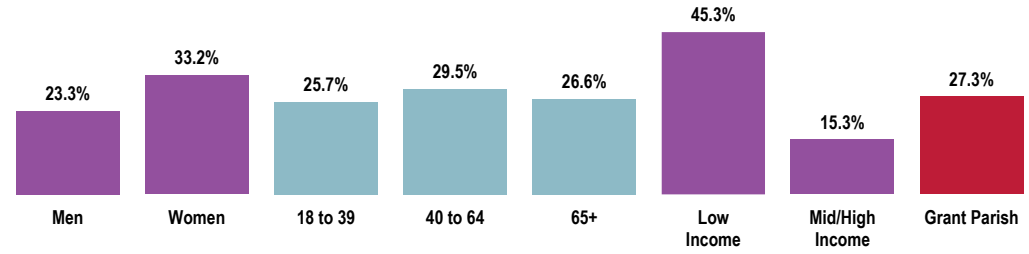
The following charts further detail "fair/poor" overall health responses in Grant Parish in comparison to benchmark data, as well as by basic demographic characteristics (namely by sex, age groupings, and income [based on poverty status]).

Experience "Fair" or "Poor" Overall Health



Sources: ● 2021 PRC Community Health Survey, PRC, 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): 2019 Louisiana data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Experience “Fair” or “Poor” Overall Health
(Grant Parish, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

Mental Health

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

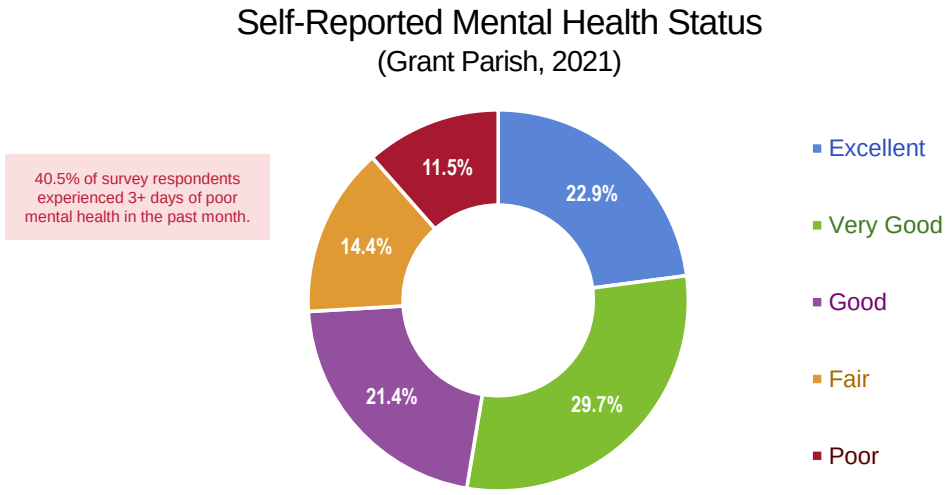
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Mental Health Status

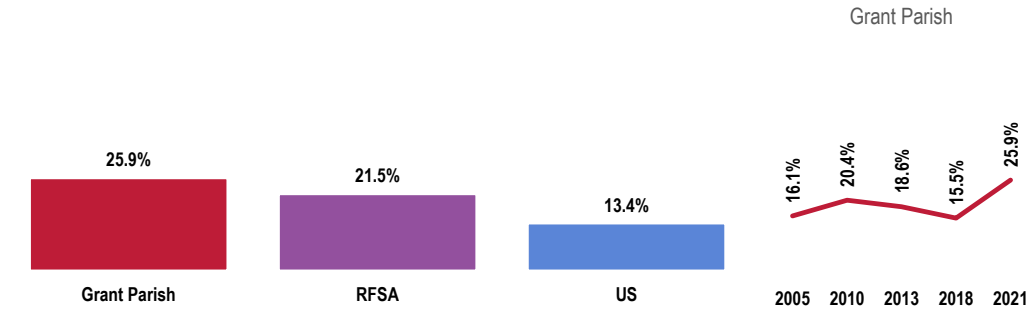
"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair, or poor?"

"Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 90, 302]
Notes: ● Asked of all respondents.

Experience “Fair” or “Poor” Mental Health



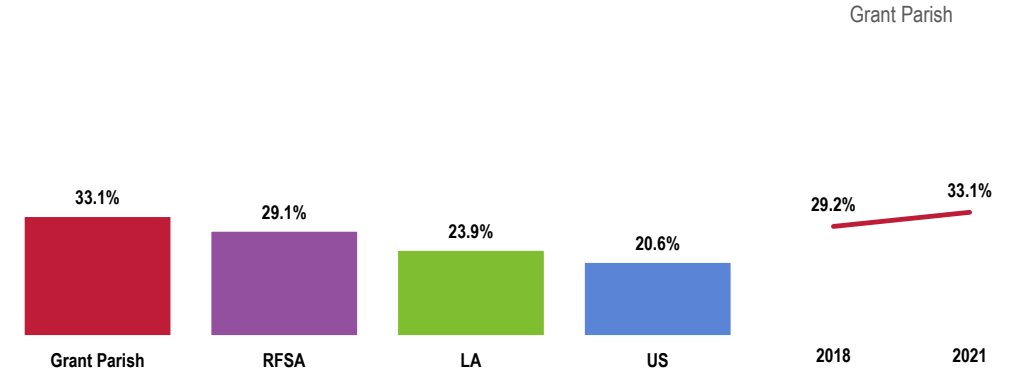
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 90]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Depression

DIAGNOSED DEPRESSION ► **“Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?”**

Have Been Diagnosed With a Depressive Disorder

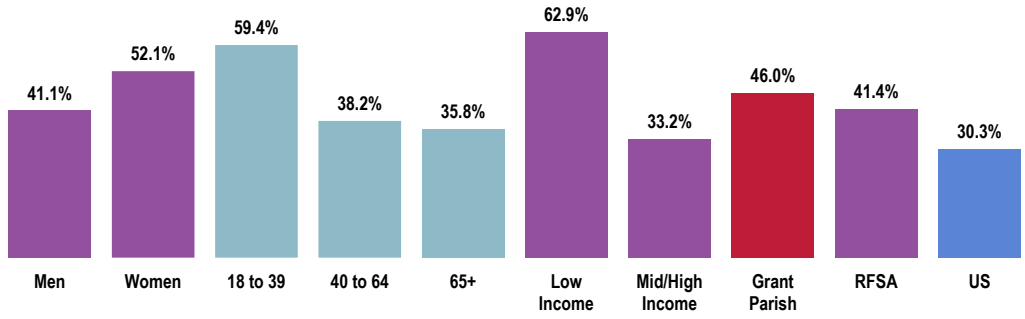


Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 93]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, 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?"**

Have Experienced Symptoms of Chronic Depression
(Grant Parish, 2021)



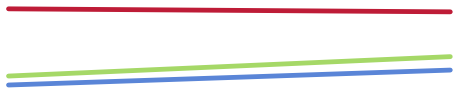
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 91]
- 2020 PRC National Health Survey, PRC, Inc.

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.

Suicide

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

Suicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower



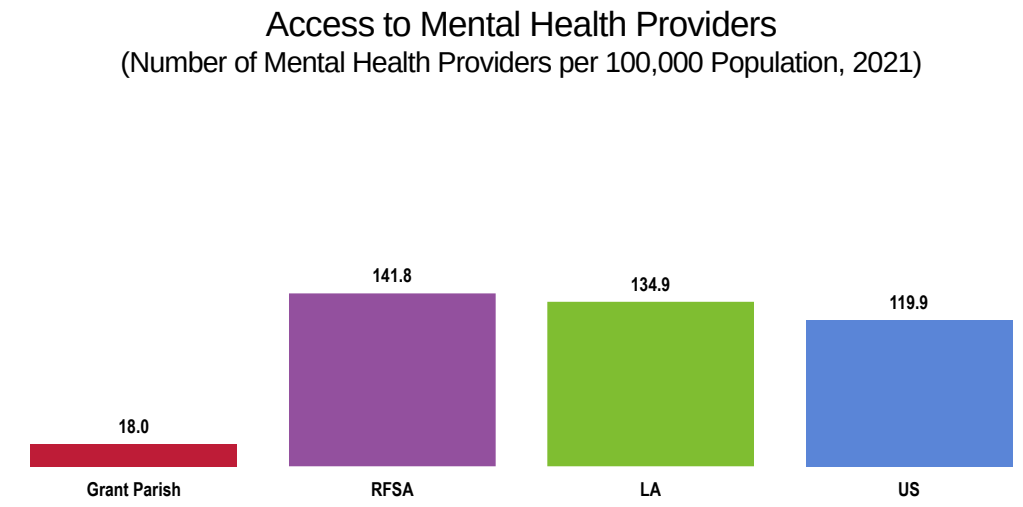
	2011-2015	2016-2020
Grant Parish	17.9	17.7
LA	13.4	14.7
US	12.8	13.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Mental Health Treatment

Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care. Note that this indicator only reflects providers practicing in Grant Parish and residents in Grant Parish; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

The following chart outlines access to mental health providers, expressed as the number of providers (psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care) per 100,000 residents.

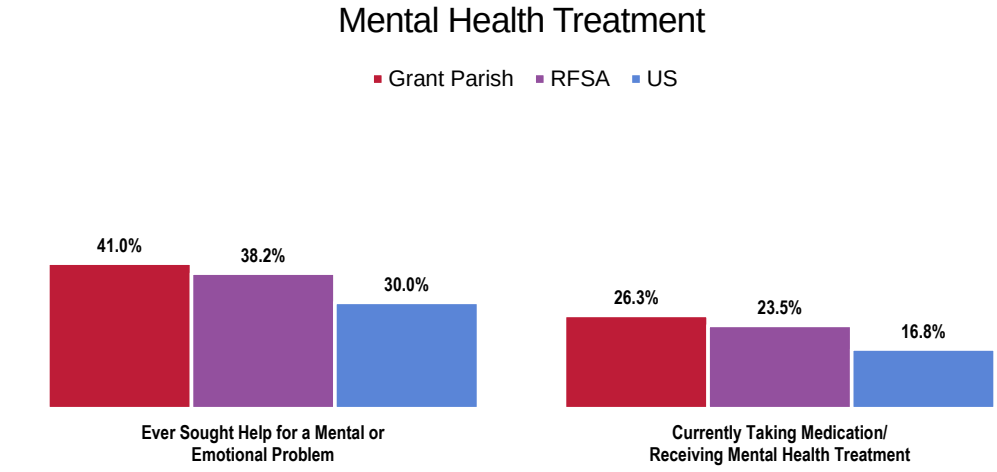


Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

"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, nurse, or other health professional for any type of mental health condition or emotional problem?"

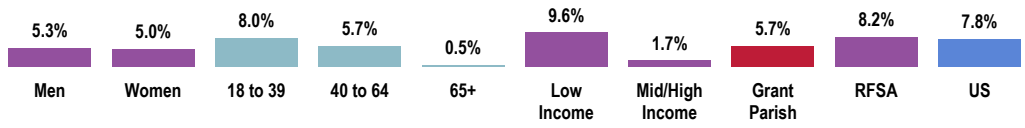


Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Items 94, 331]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Reflects the total sample of respondents. Foundation Service Area.

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

Unable to Get Mental Health Services
When Needed in the Past Year
(Grant Parish, 2021)



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 95]
● 2020 PRC National Health Survey, PRC, Inc.
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:

Perceptions of Mental Health as a Problem in the Community
(Key Informants, 2021)

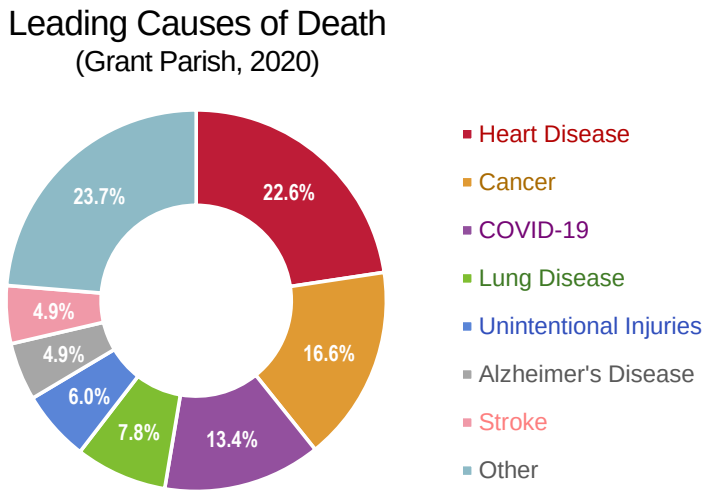
Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

DEATH, DISEASE & CHRONIC CONDITIONS

Leading Causes of Death

Distribution of Deaths by Cause

Heart disease and cancers were leading causes of death in the community in 2020, followed by COVID-19.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
Notes: • Lung disease is CLRD, or chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

AGE-ADJUSTED DEATH RATES

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

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2030 objectives.

The following chart outlines annual average age-adjusted death rates per 100,000 population for selected causes of death in Grant Parish.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Age-Adjusted Death Rates for Selected Causes
(2018-2020 Deaths per 100,000 Population)

	Grant Parish	LA	US	HP2030
Diseases of the Heart	203.7	213.8	164.4	127.4*
Malignant Neoplasms (Cancers)	173.9	165.7	146.5	122.7
Coronavirus Disease/COVID-19 [2020]	153.1	118.0	85.0	—
Chronic Lower Respiratory Disease (CLRD)	112.2	41.1	38.1	—
Cerebrovascular Disease (Stroke)	63.1	45.8	37.6	33.4
Unintentional Injuries	59.2	66.8	51.6	43.2
Alzheimer's Disease	55.9	43.1	30.9	—
Diabetes	28.5	28.8	22.6	—
Motor Vehicle Deaths [2016-2020]	21.7	16.9	11.5	10.1
Pneumonia/Influenza [2016-2020]	21.4	14.2	13.6	—
Intentional Self-Harm (Suicide) [2016-2020]	17.7	14.7	13.8	12.8
Septicemia [2011-2020]	17.6	19.4	10.4	—
Kidney Disease [2011-2020]	17.5	22.2	13.1	—
Firearm-Related [2011-2020]	15.2	20.9	11.4	10.7
Unintentional Drug-Related Deaths [2011-2020]	11.6	19.7	15.8	—
Cirrhosis/Liver Disease [2011-2020]	10.0	9.6	10.9	10.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov.

Note:
- *The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

Cardiovascular Disease

ABOUT HEART DISEASE & STROKE

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. …Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

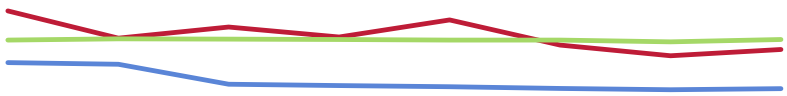
Age-Adjusted Heart Disease & Stroke Deaths

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

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 127.4 or Lower (Adjusted)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Grant Parish	242.6	215.2	226.3	216.4	233.4	208.1	197.5	203.7
LA	213.2	214.5	214.2	213.8	213.2	213.2	211.5	213.8
US	190.6	188.9	168.9	167.5	166.3	164.7	163.4	164.4

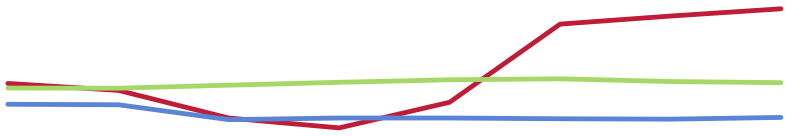
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Notes:
- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Grant Parish	45.6	44.0	37.5	35.2	41.2	59.5	61.4	63.1
LA	44.5	44.5	45.2	45.9	46.5	46.7	46.1	45.8
US	40.7	40.6	37.1	37.5	37.5	37.3	37.2	37.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

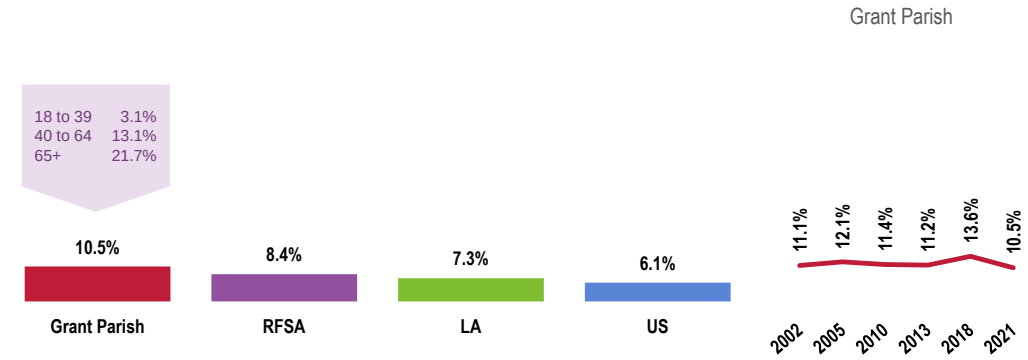
Prevalence of Heart Disease & Stroke

"Has a doctor, nurse, or other health professional ever told you that you had:

- A heart attack, also called a myocardial infarction?
- Angina or coronary heart disease?"

Heart disease prevalence here is a calculated prevalence that includes those responding affirmatively to either.

Prevalence of Heart Disease

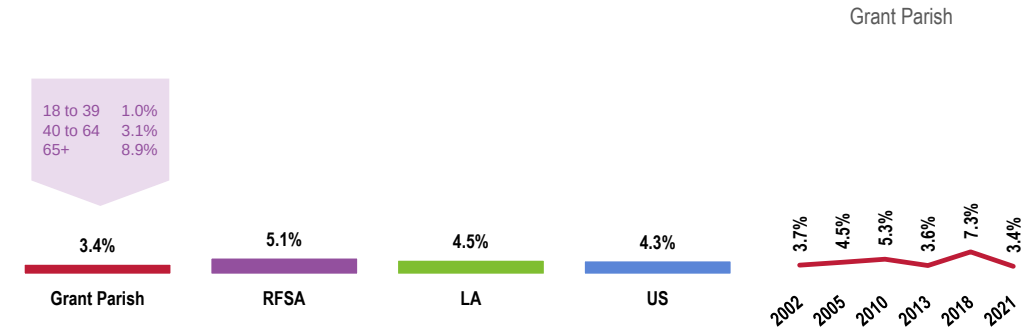


Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 114]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

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

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

Prevalence of Stroke



Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 29]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

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

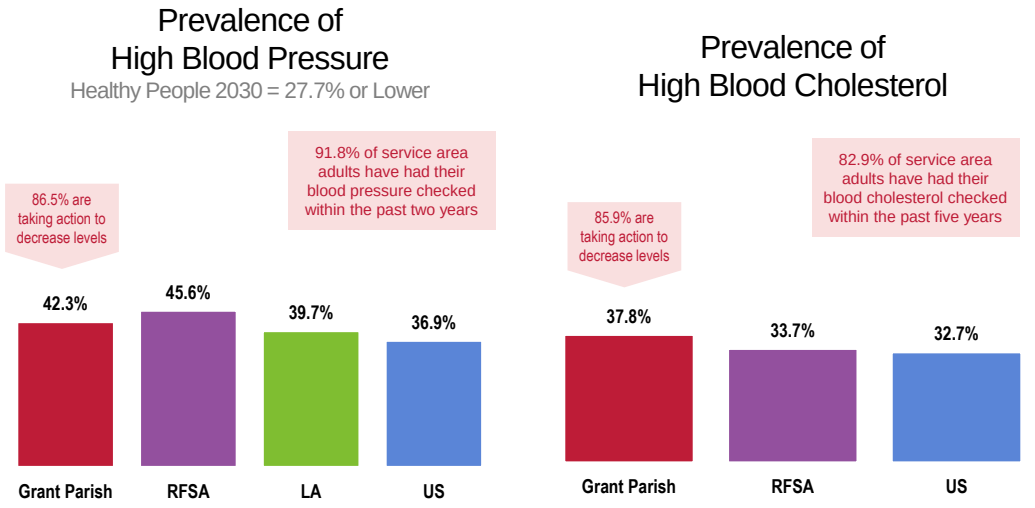
[Those with high blood pressure] **"Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?"**

"About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?"

"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?"

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

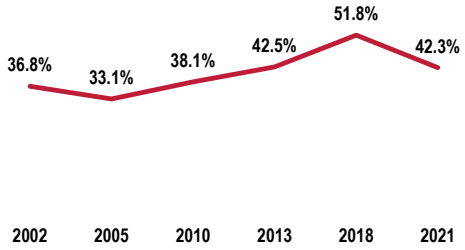
"About how long has it been since you last had your blood cholesterol checked?"



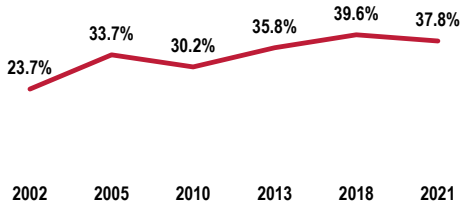
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Items 35-36, 309-312]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Prevalence of
High Blood Pressure
(Grant Parish)
Healthy People 2030 = 27.7% or Lower



Prevalence of
High Blood Cholesterol
(Grant Parish)



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 35-36]
● US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov
Notes: ● Asked of all respondents.

Total Cardiovascular Risk

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

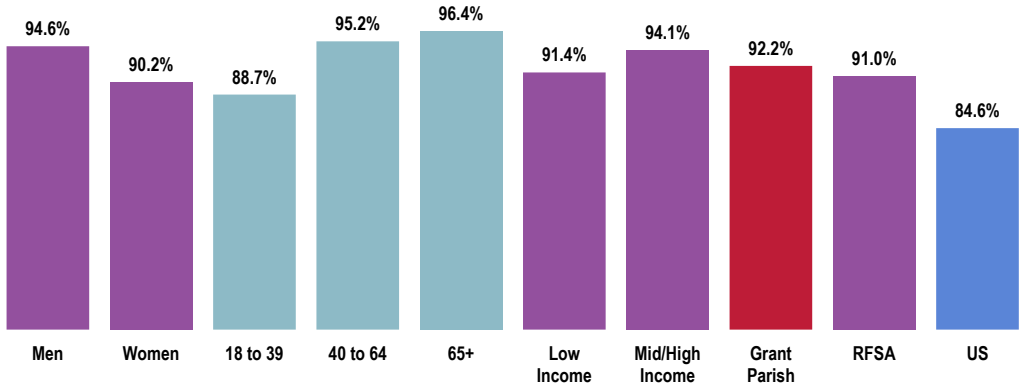
Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

The following chart reflects the percentage of adults in Grant Parish who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or cholesterol.

Present One or More Cardiovascular Risks or Behaviors
(Grant Parish, 2021)



Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 115]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Reflects 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) high blood pressure; 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:

Perceptions of Heart Disease and Stroke as a Problem in the Community
(Key Informants, 2021)

Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cancer

ABOUT CANCER

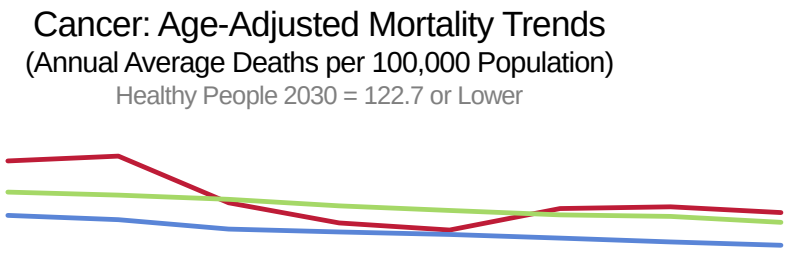
Cancer is the second leading cause of death in the United States. …The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Cancer Deaths

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Grant Parish	217.0	221.1	182.0	165.1	159.2	177.3	178.7	173.9
LA	191.0	188.4	184.9	179.4	175.7	171.9	170.7	165.7
US	171.5	168.0	160.1	157.6	155.6	152.5	149.3	146.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Lung cancer is by far the leading cause of cancer deaths in Grant Parish.

Age-Adjusted Cancer Death Rates by Site
(2011-2020 Annual Average Deaths per 100,000 Population)

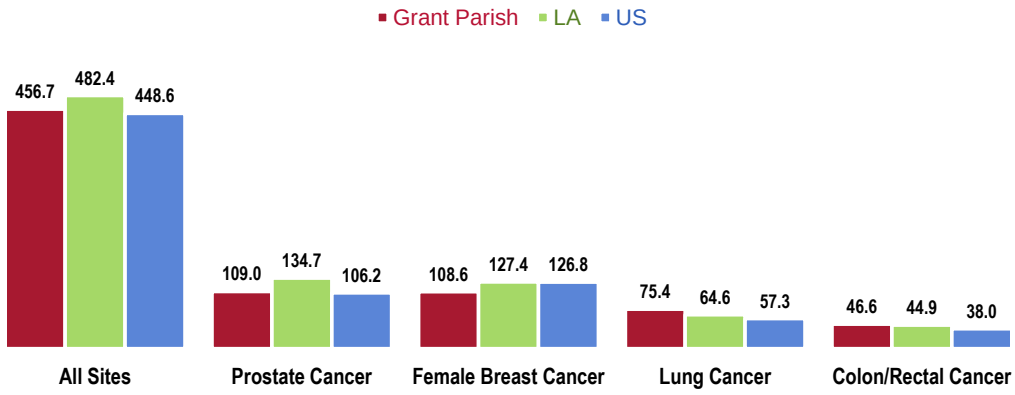
	Grant Parish	LA	US	HP2030
ALL CANCERS [2018-2020]	**173.9**	**165.7**	**146.5**	**122.7**
Lung Cancer	**55.7**	**48.4**	**38.9**	**25.1**
Colorectal Cancer	**24.2**	**16.8**	**14.0**	**8.9**
Prostate Cancer	**23.5**	**20.5**	**19.0**	**16.9**
Female Breast Cancer	**15.4**	**23.1**	**20.2**	**15.3**

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Cancer Incidence

"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2014-2018)

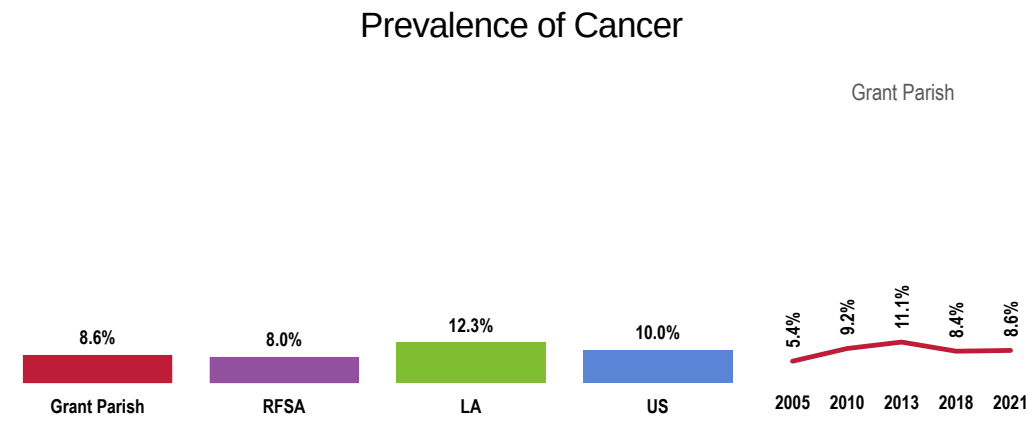


Sources:
- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

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

Prevalence of Cancer

"Have you ever suffered from or been diagnosed with cancer?"



Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 25]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Reflects all respondents.

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

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

Cancer Screenings

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

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.

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

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

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

BREAST CANCER SCREENING ► **"A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?"**

Breast cancer screening is calculated here among women age 50 to 74 who indicate mammography within the past 2 years.

CERVICAL CANCER SCREENING ► **"A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?"**

[If Pap test in the past five years] **"HPV, or the human papillomavirus, is a common infection that can cause several types of cancer. When you received your last Pap test, were you screened for HPV?"**

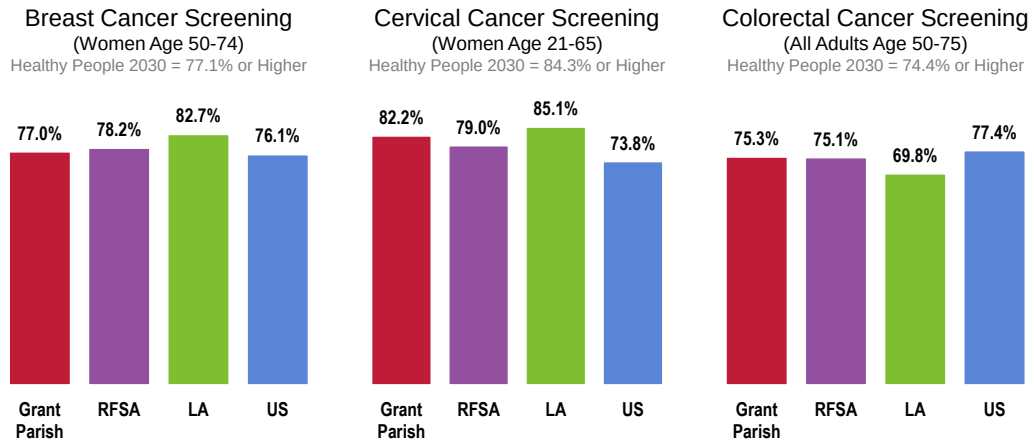
"Have you ever had a hysterectomy?"

"Appropriate cervical cancer screening" includes Pap smear testing (cervical cytology) every three years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65. Women 21 to 65 with hysterectomy are excluded.

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?"**

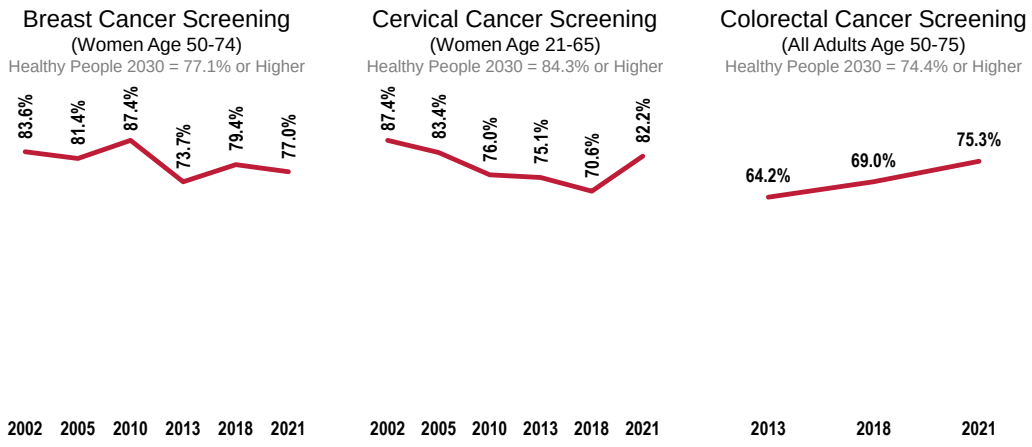
"A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had your last blood stool test?"

"Appropriate colorectal cancer screening" is calculated here among men and women age 50 to 75 years who have had a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.



Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Items 116-118]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Notes:
- Each indicator is shown among the gender and/or age group specified.

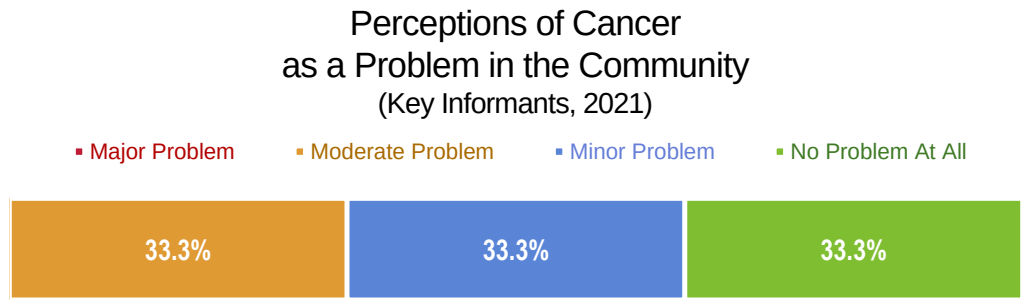


Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Items 116-118]
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Notes:
- Each indicator is shown among the gender and/or age group specified.

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, PRC, Inc.

Notes:
- Asked of all respondents.

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

Alcohol/Drug Use

> Cancer is the secondary problems, but drug overdose is the primary problem. – Social Services Provider (Grant Parish)

Respiratory Disease

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. …More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

Interventions tailored to at-risk groups can also help prevent and treat other respiratory diseases — for example, pneumonia in older adults and pneumoconiosis in coal miners. And increasing lung cancer screening rates can help reduce deaths from lung cancer through early detection and treatment.

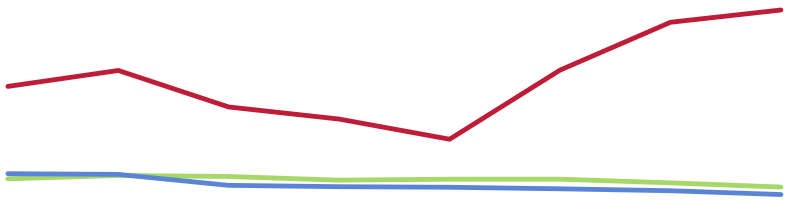
– Healthy People 2030 (https://health.gov/healthypeople)

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. Mortality for CLRD is illustrated in the following chart.

Pneumonia and influenza mortality is also illustrated.

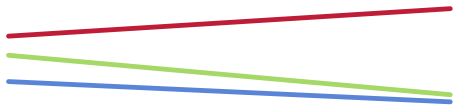
CLRD: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Grant Parish	81.5	87.9	73.3	68.4	60.3	88.1	107.3	112.2
LA	44.4	45.8	45.3	43.9	44.3	44.2	42.8	41.1
US	46.5	46.2	41.8	41.3	41.0	40.4	39.6	38.1

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
Notes: ● CLRD is chronic lower respiratory disease.

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



	2011-2015	2016-2020
Grant Parish	19.1	21.4
LA	17.5	14.2
US	15.3	13.6

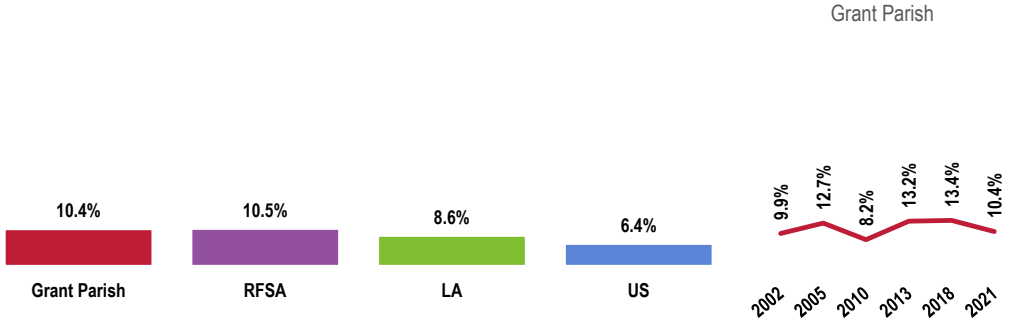
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Prevalence of Respiratory Disease

Chronic Obstructive Pulmonary Disease (COPD)

"Have you ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema?"

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

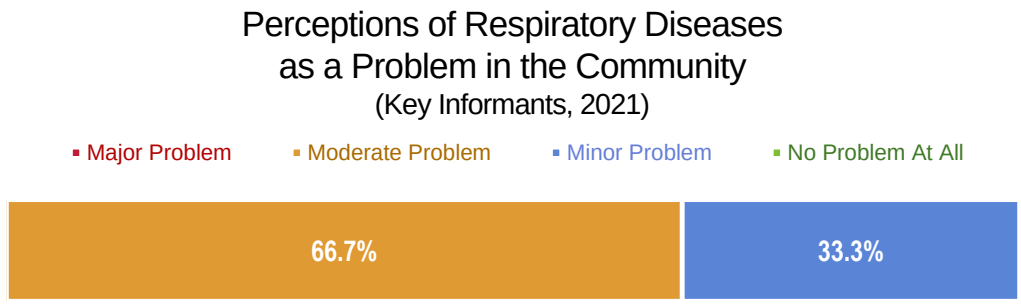


Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 23]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, 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.

Key Informant Input: Respiratory Disease

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

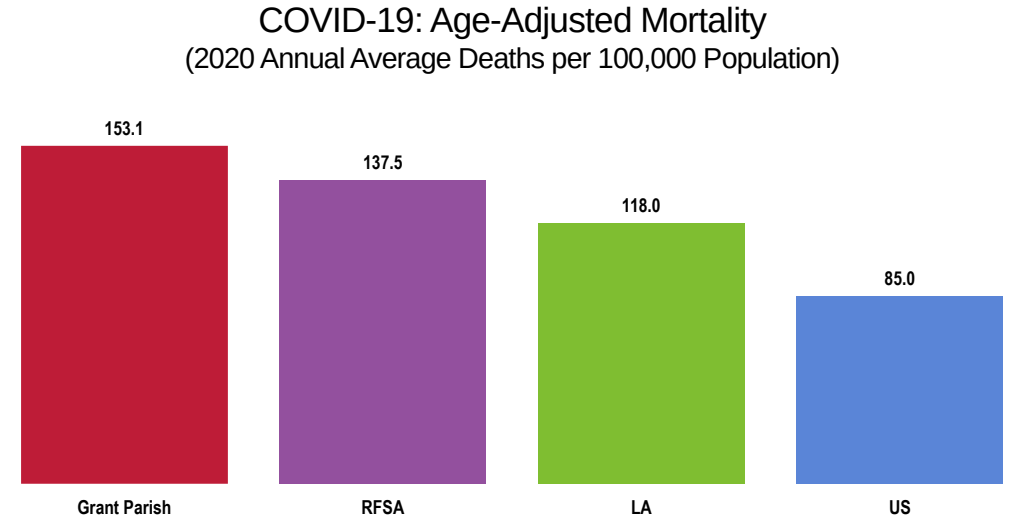


Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Coronavirus Disease (COVID-19)

Age-Adjusted Coronavirus Disease/COVID-19 Deaths

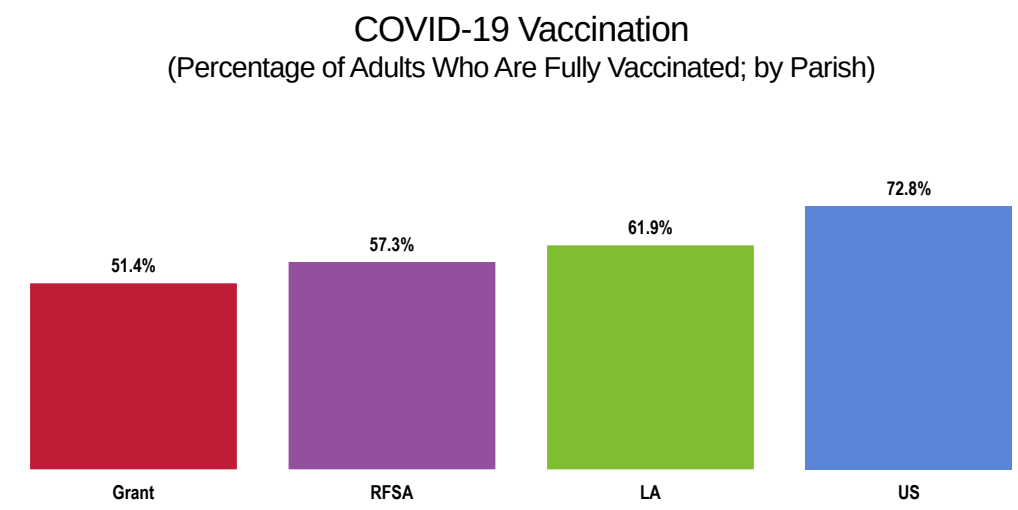
In 2020, coronavirus disease/COVID-19 represented the third-highest cause of death in Central Louisiana, following heart disease and cancers. Mortality for COVID-19 in our parish is illustrated in the following chart.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

COVID-19 Vaccination

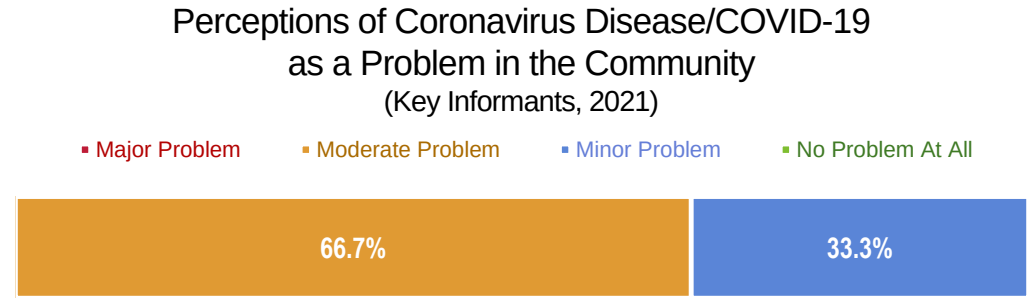
This indicator reports the percent of adults fully vaccinated for COVID-19.



Sources: • Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC – GRASP (Data as of 3/21/2021). Retrieved March 2022 via SparkMap (sparkmap.org).

Key Informant Input: Coronavirus Disease/COVID-19

The following chart outlines key informants' perceptions of the severity of *Coronavirus Disease/COVID-19* as a problem in the community:



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

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

Vaccination Status

> Most people in the community have not received their first shot and death rate is increasing. – Social Services Provider (Grant Parish)

Injury & Violence

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. …Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. …Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

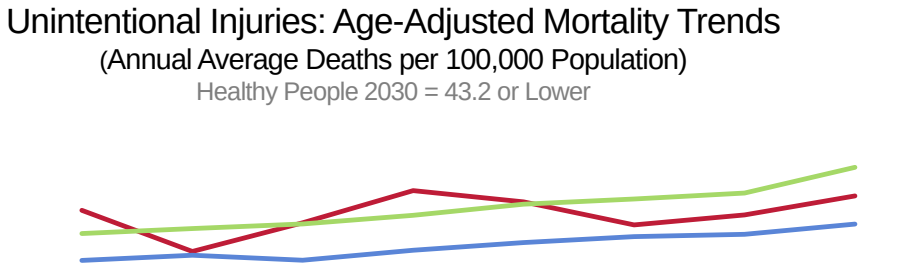
Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (https://health.gov/healthypeople)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

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



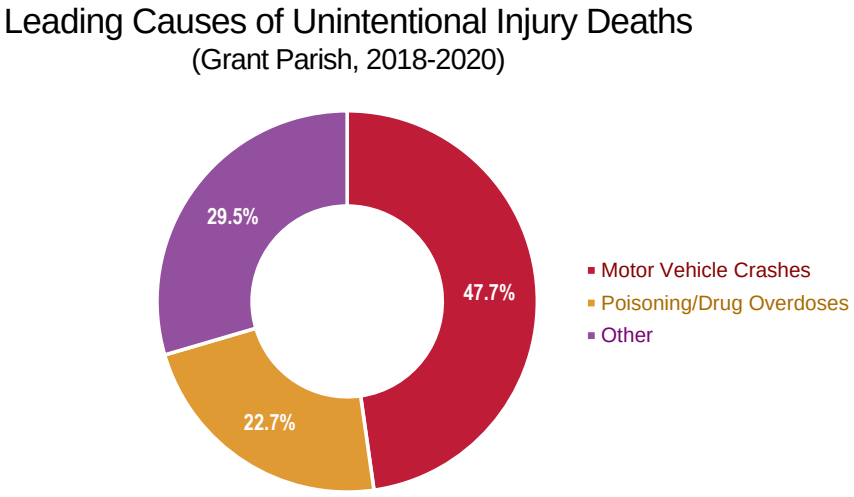
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Grant Parish	55.3	44.3	52.0	60.6	57.6	51.4	54.1	59.2
LA	49.1	50.4	51.7	54.0	57.0	58.3	60.0	66.8
US	41.9	43.3	41.9	44.6	46.7	48.3	48.9	51.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Leading Causes of Unintentional Injury Deaths

RELATED ISSUE
For more information about unintentional drug-related deaths, see also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

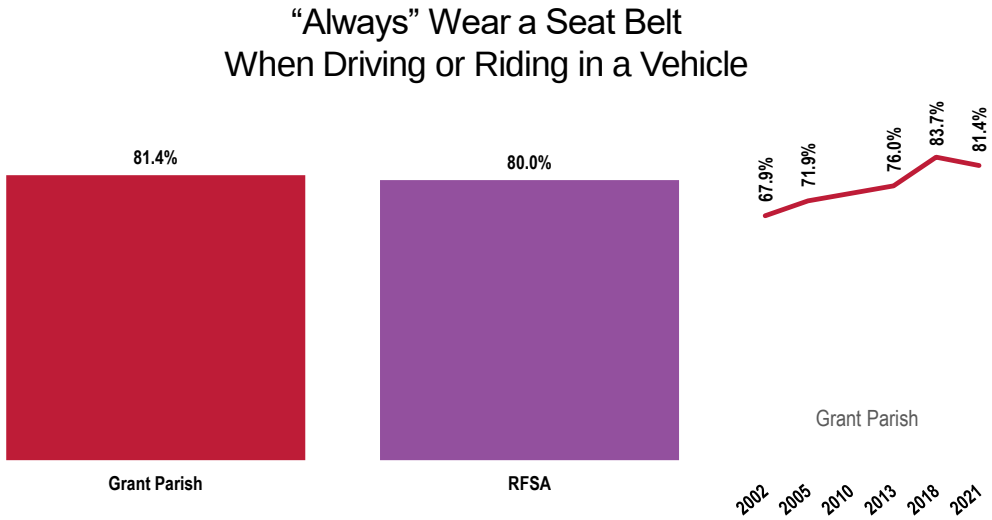
Leading causes of accidental death in the area include the following:



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

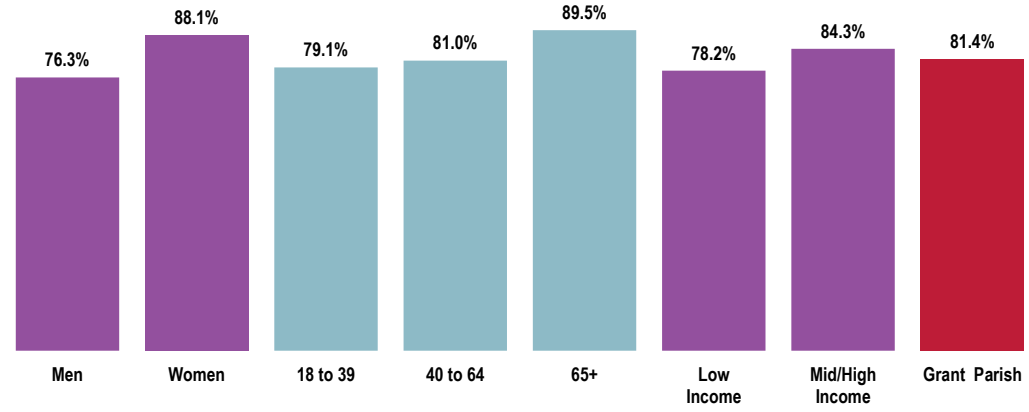
Motor Vehicle Safety

"How often do you use seat belts when you drive or ride in a car?"



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 313]
Notes: ● Asked of all respondents.

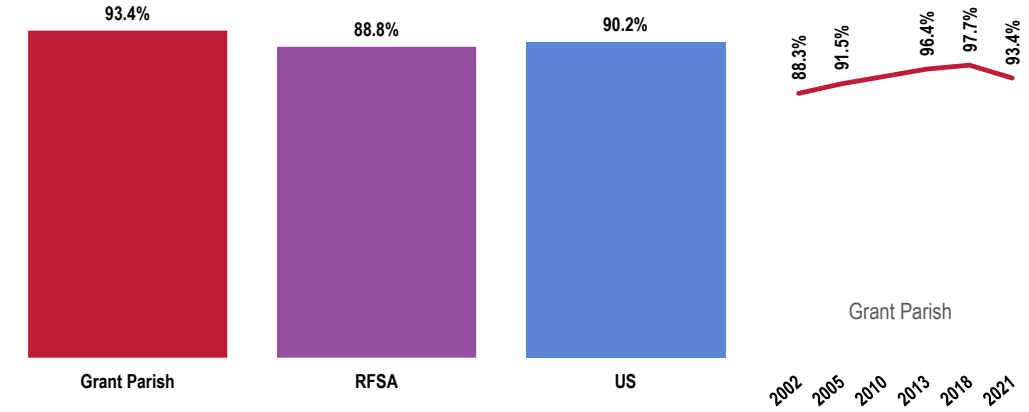
"Always" Wear a Seat Belt When Driving or Riding in a Vehicle
(Grant Parish, 2021)



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 313]
Notes: ● Reflects all respondents.

[Parents] **"How often does this child wear a child restraint or seat belt when riding in a car?"**

Child "Always" Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle
(Grant Parish Children <18; 2021)



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 350]
● 2020 PRC National Children's Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children under 18 at home.

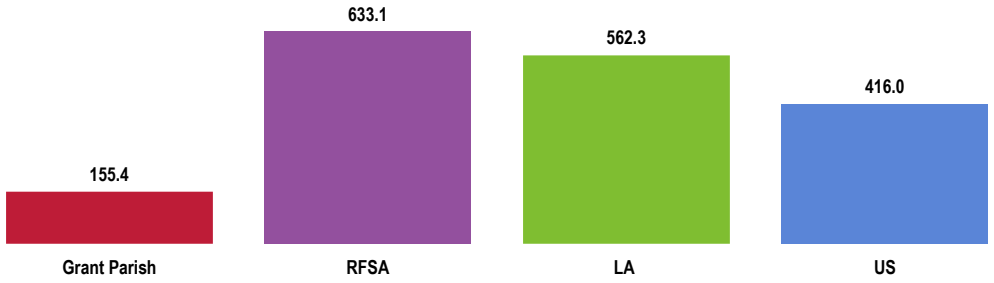
Intentional Injury (Violence)

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
(Rate per 100,000 Population, 2014-2016)

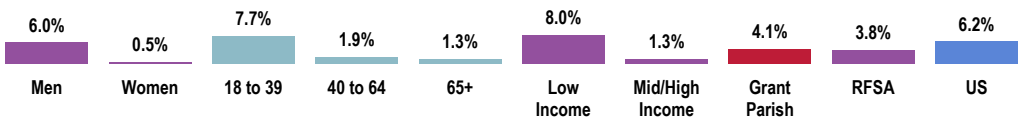


Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

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?"**

Victim of a Violent Crime in the Past Five Years
(Grant Parish, 2021)

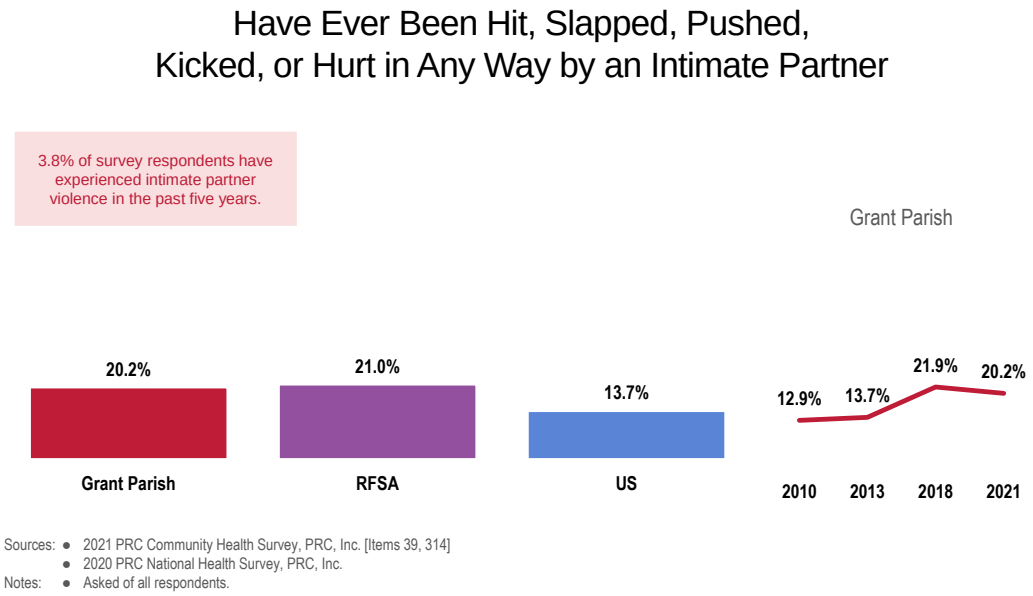


Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 38]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

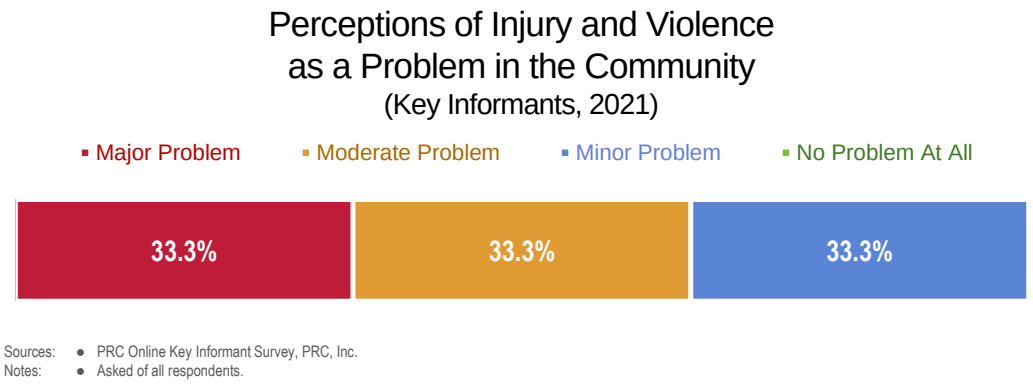
INTIMATE PARTNER VIOLENCE ▶ **"The next question is about violence in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with, would also be considered an intimate partner. Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?"**

"Have you been a victim of domestic violence in the past 5 years?"



Key Informant Input: Injury & Violence

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



Diabetes

ABOUT DIABETES

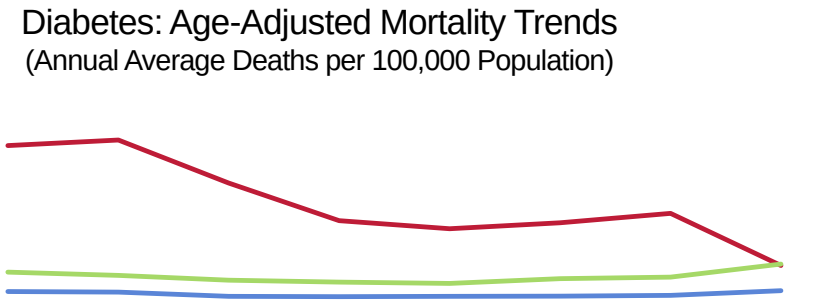
More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. …Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Diabetes Deaths

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Grant Parish	56.6	57.9	47.8	39.0	37.1	38.5	40.7	28.5
LA	27.0	26.2	25.1	24.6	24.3	25.4	25.8	28.8
US	22.4	22.3	21.3	21.2	21.3	21.3	21.5	22.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

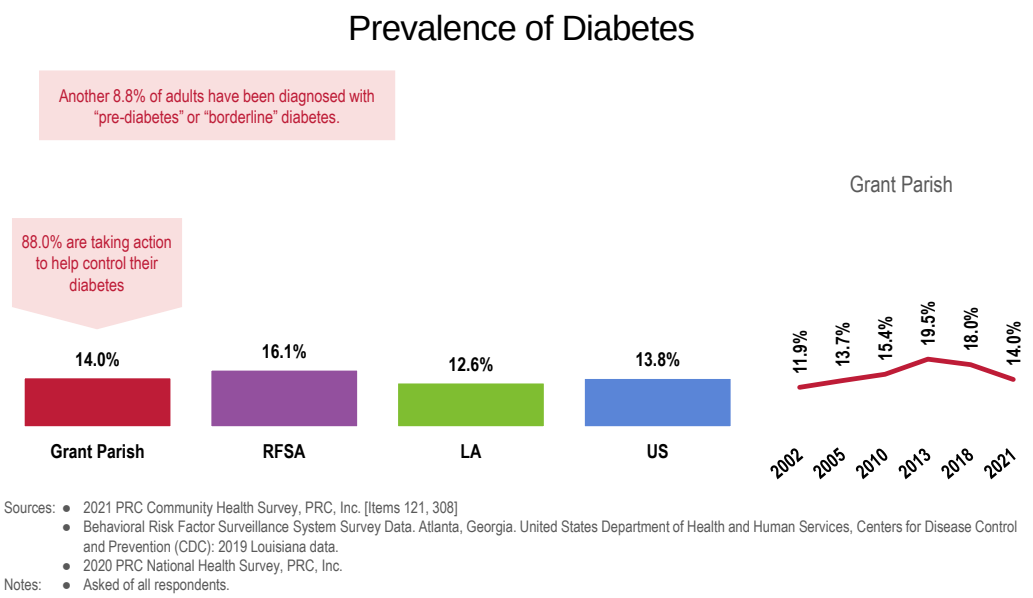
Prevalence of Diabetes

"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?)**"**

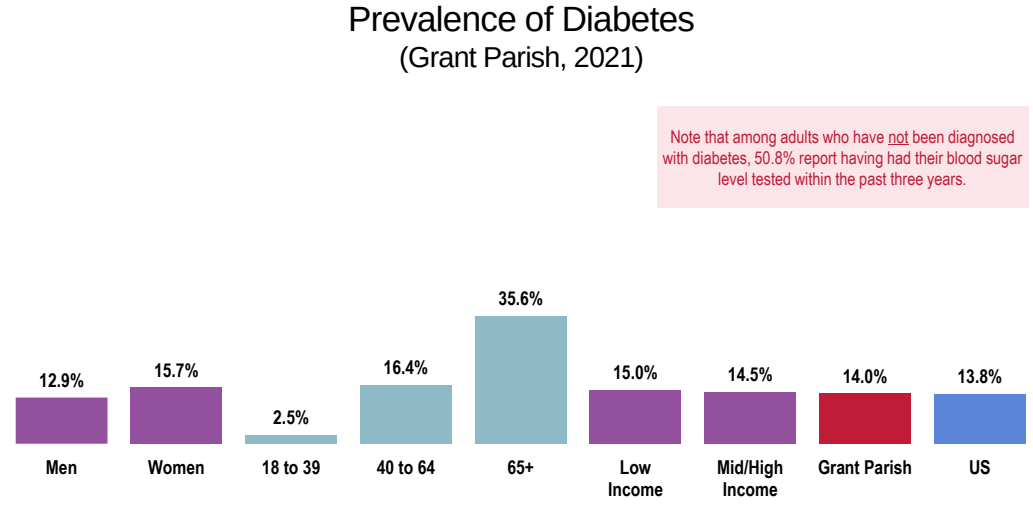
[Adults who do not have diabetes] **"Have you had a test for high blood sugar or diabetes within the past three years?"**

[Adults with diabetes] **"Are you currently taking any action to help control your diabetes, such as taking medication, changing your diet, or exercising?"**



Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Items 121, 308]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

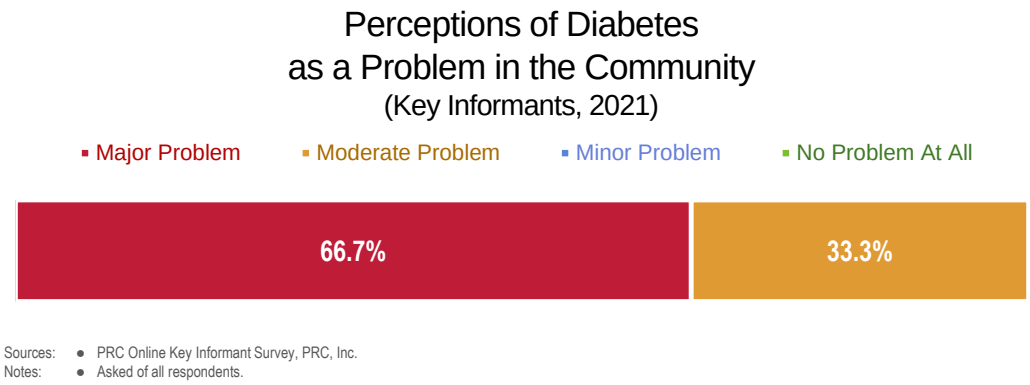


Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Items 33, 121]

Notes:
- Asked of all respondents.
- Excludes gestational diabetes (occurring only during pregnancy).

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, PRC, Inc.
Notes: • Asked of all respondents.

Kidney Disease

ABOUT KIDNEY DISEASE

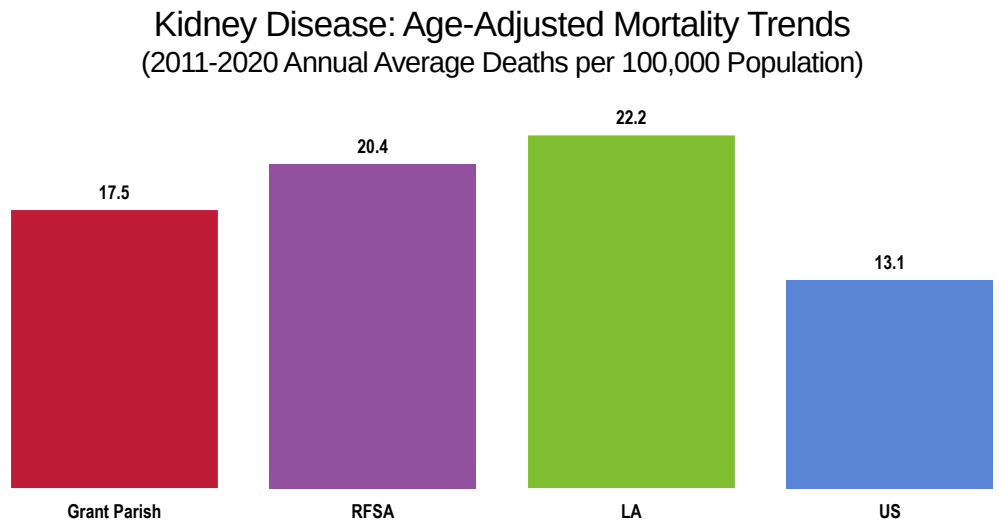
More than 1 in 7 adults in the United States may have chronic kidney disease (CKD), with higher rates in low-income and racial/ethnic minority groups. And most people with CKD don't know they have it. …People with CKD are more likely to have heart disease and stroke — and to die early. Managing risk factors like diabetes and high blood pressure can help prevent or delay CKD. Strategies to make sure more people with CKD are diagnosed early can help people get the treatment they need.

Recommended tests can help identify people with CKD to make sure they get treatments and education that may help prevent or delay kidney failure and end-stage kidney disease (ESKD). In addition, strategies to make sure more people with ESKD get kidney transplants can increase survival rates and improve quality of life.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Kidney Disease Deaths

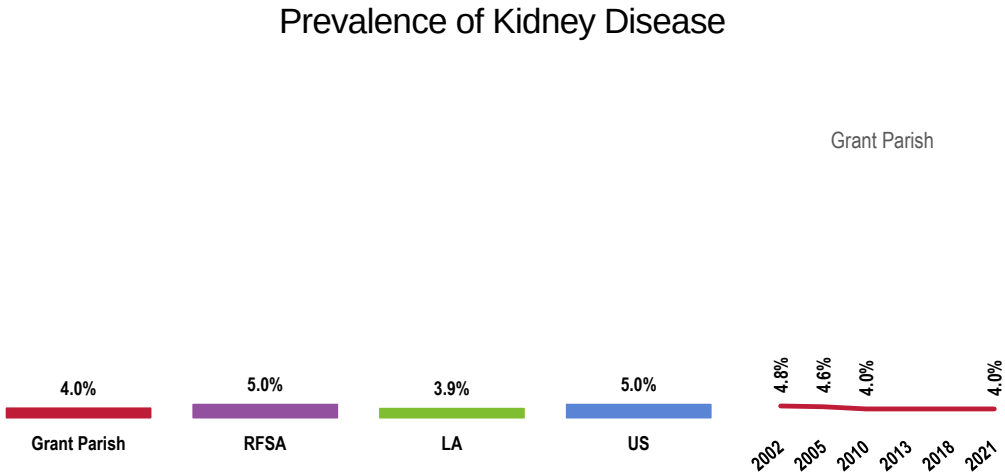
Age-adjusted kidney disease mortality is described in the following chart.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Prevalence of Kidney Disease

"Have you ever suffered from or been diagnosed with kidney disease?"

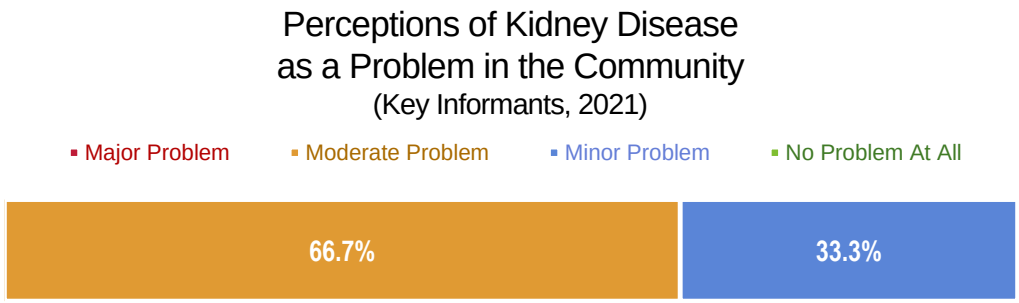


Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Key Informant Input: Kidney Disease

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

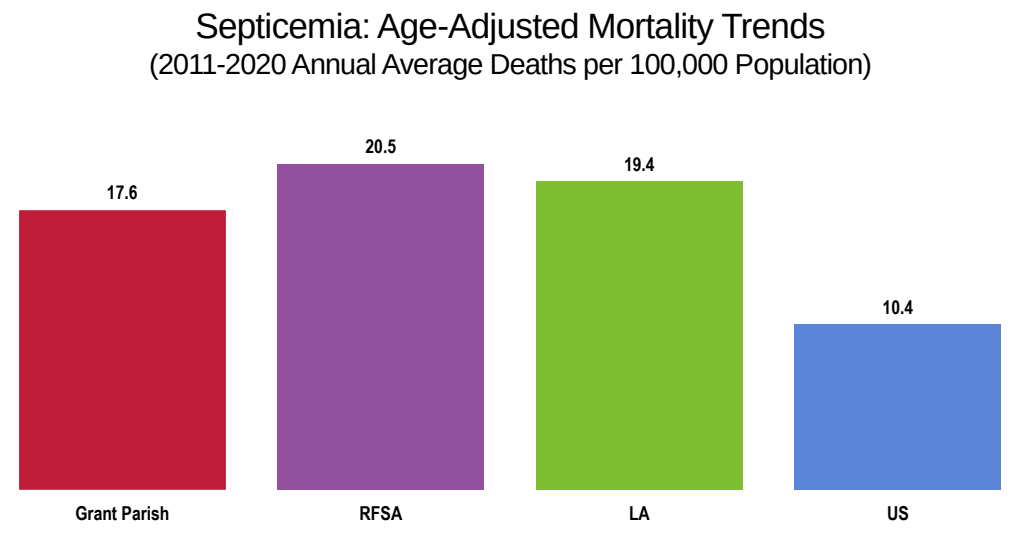


Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Septicemia

Age-Adjusted Septicemia Deaths

Age-adjusted septicemia mortality is described in the following chart.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Potentially Disabling Conditions

Multiple Chronic Conditions

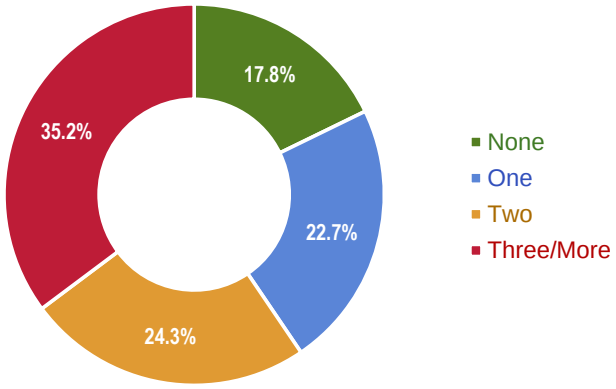
The following charts outline the prevalence of multiple chronic conditions among surveyed adults, taking into account all of the various conditions measured in the survey.

For the purposes of this assessment, chronic conditions include:

- Arthritis
- Cancer
- Diabetes
- Diagnosed depression
- Heart attack/angina
- High blood cholesterol
- High blood pressure
- Kidney disease
- Lung disease
- Obesity
- Stroke

Multiple chronic conditions are concurrent conditions.

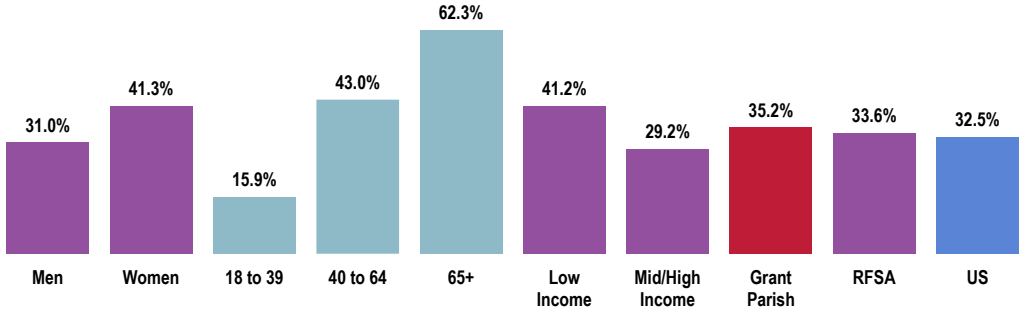
Number of Current Chronic Conditions
(Grant Parish, 2021)



Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 123]

Notes:
- Asked of all respondents.
- In this case, chronic conditions include lung disease, arthritis, cancer, kidney disease, heart attack/angina, stroke, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Currently Have Three or More Chronic Conditions
(Grant Parish, 2021)



Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 123]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- In this case, chronic conditions include lung disease, arthritis, cancer, kidney disease, heart attack/angina, stroke, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Activity Limitations

ABOUT DISABILITY & HEALTH

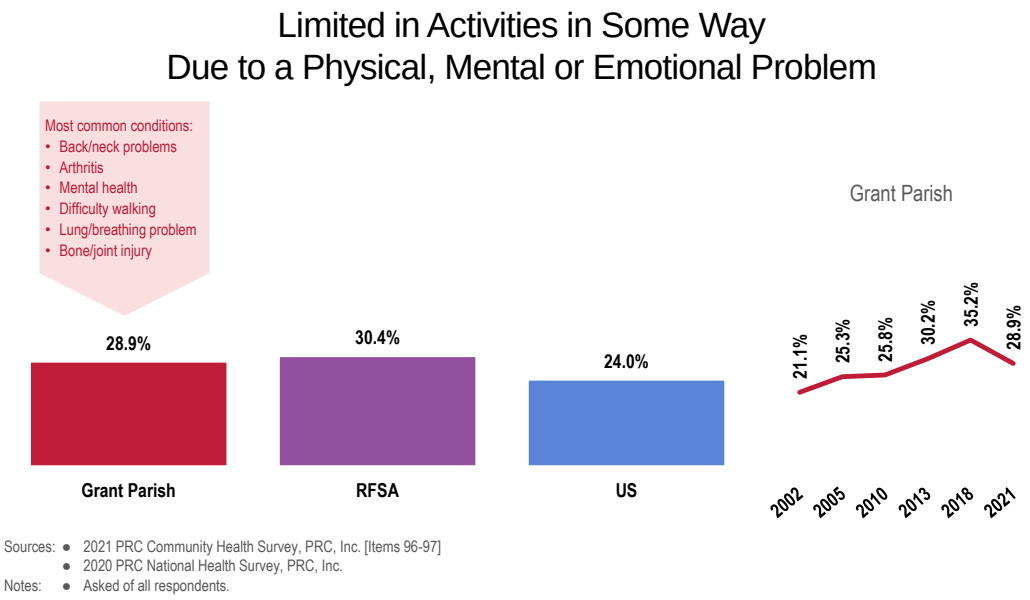
Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (https://health.gov/healthypeople)

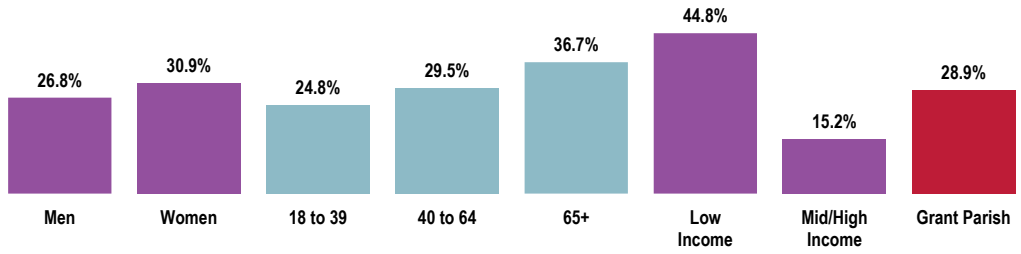
"Are you limited in any way in any activities because of physical, mental, or emotional problems?"

[Adults with activity limitations] **"What is the major impairment or health problem that limits you?"**



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 96-97]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Grant Parish, 2021)

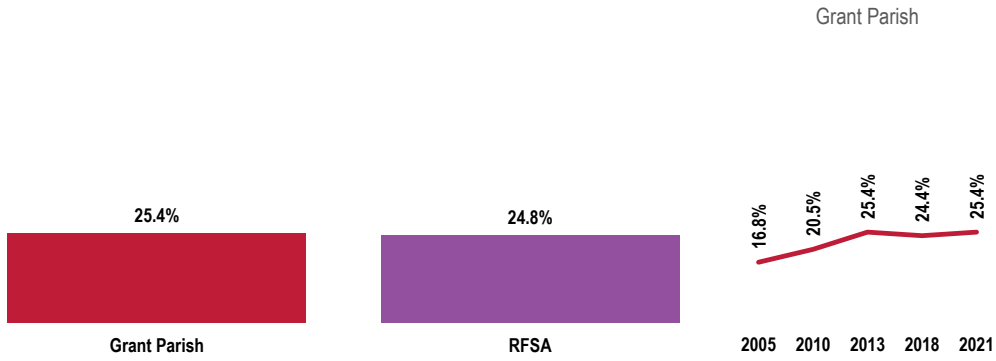


Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 96]
Notes: ● Asked of all respondents.

Days of Limited Activity

"During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?"

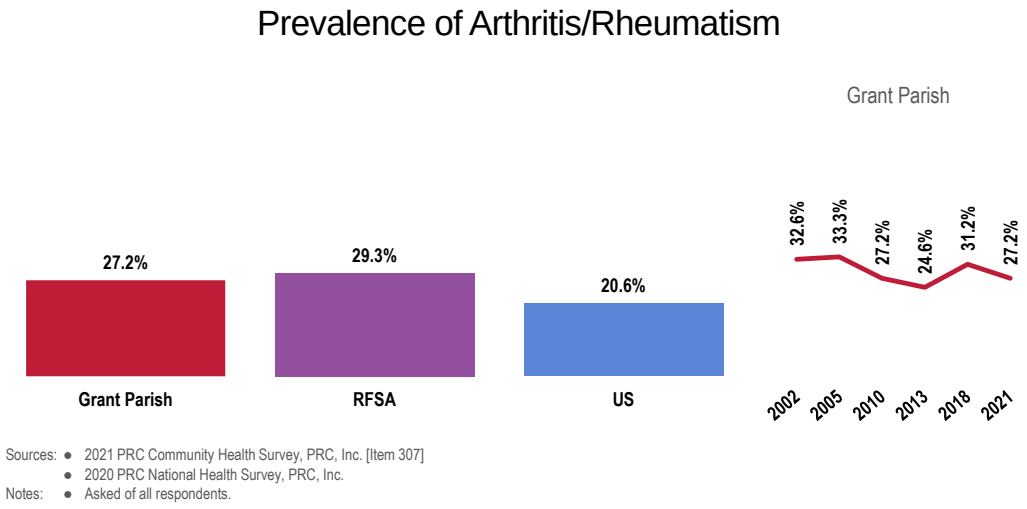
Experienced 4+ Days in the Past Month on Which Physical or Mental Health Prevented Usual Activities



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 156]
Notes: ● Asked of all respondents.

Arthritis

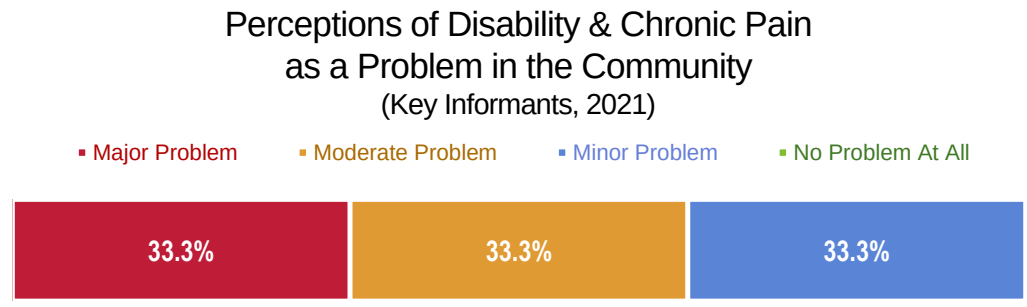
"Have you ever suffered from or been diagnosed with any of the following medical conditions: arthritis or rheumatism?"



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 307]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Disability & Chronic Pain

The following chart outlines key informants' perceptions of the severity of *Disability & Chronic Pain* as a problem in the community:



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

Alzheimer's Disease

ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia and the sixth leading cause of death in U.S. adults.1 Nearly 6 million people in the United States have Alzheimer's, and that number will increase as the population ages.

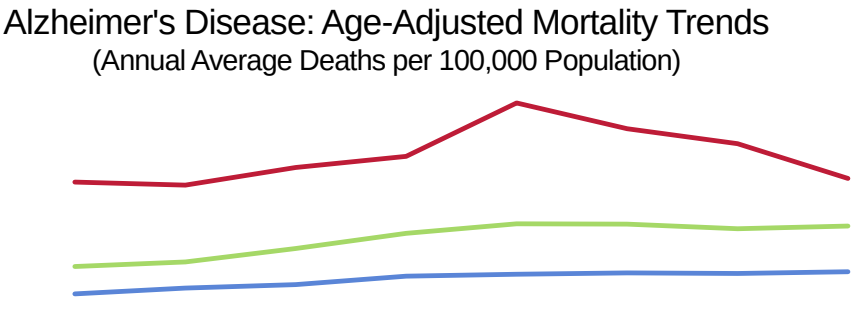
Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Alzheimer's Disease Deaths

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

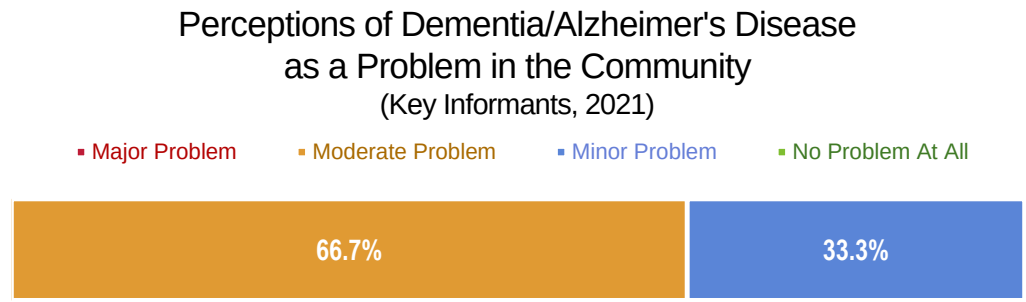


	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Grant Parish	54.9	54.1	58.8	61.8	76.1	69.2	65.2	55.9
LA	32.3	33.5	37.1	41.2	43.7	43.6	42.4	43.1
US	25.0	26.5	27.4	29.7	30.2	30.6	30.4	30.9

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Key Informant Input: Dementia/Alzheimer's Disease

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

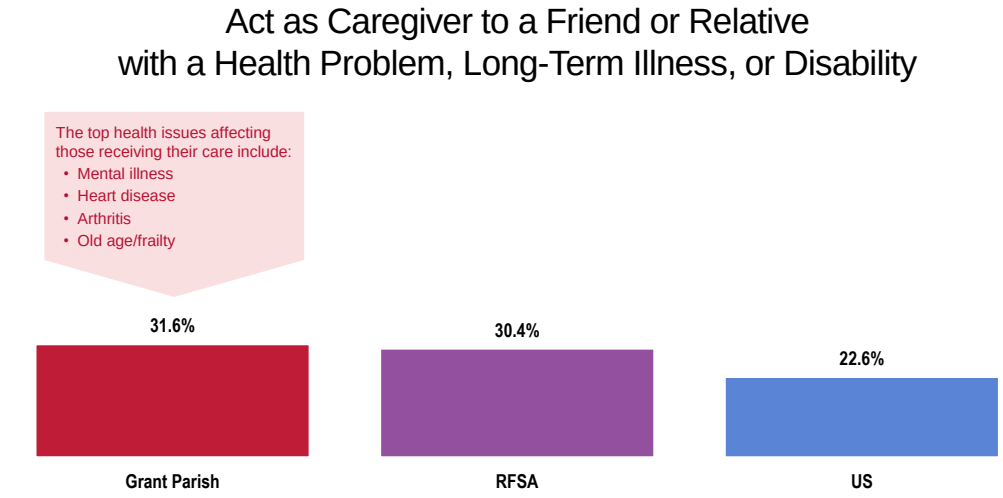


Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Caregiving

"People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past 30 days, did you provide any such care or assistance to a friend or family member?"

[Among those providing care] **"What is the main health problem, long-term illness, or disability that the person you care for has?"**



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 98-99]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

BIRTHS

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

– Healthy People 2030 (https://health.gov/healthypeople)

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.

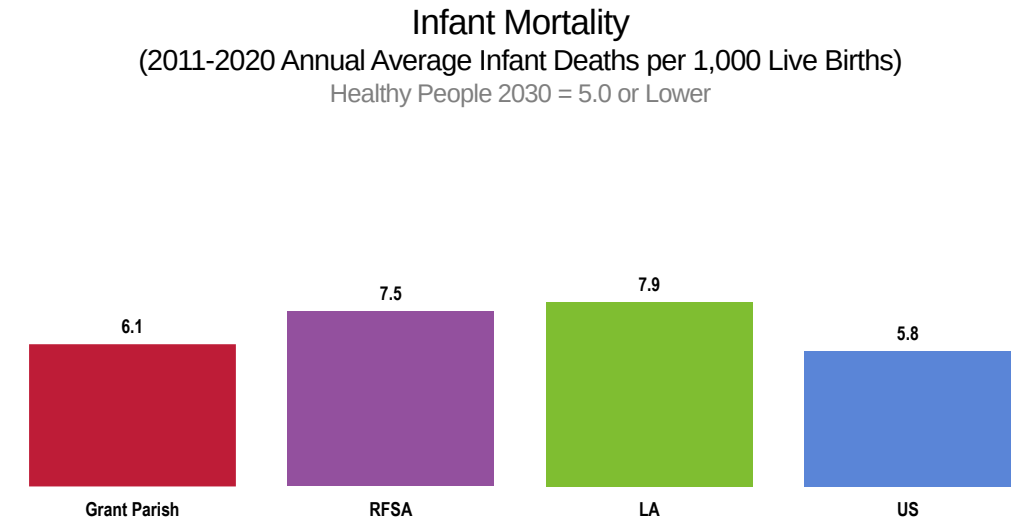
Low-Weight Births
(Percent of Live Births, 2013-2019)

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

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.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted January 2022.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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

Family Planning

ABOUT FAMILY PLANNING

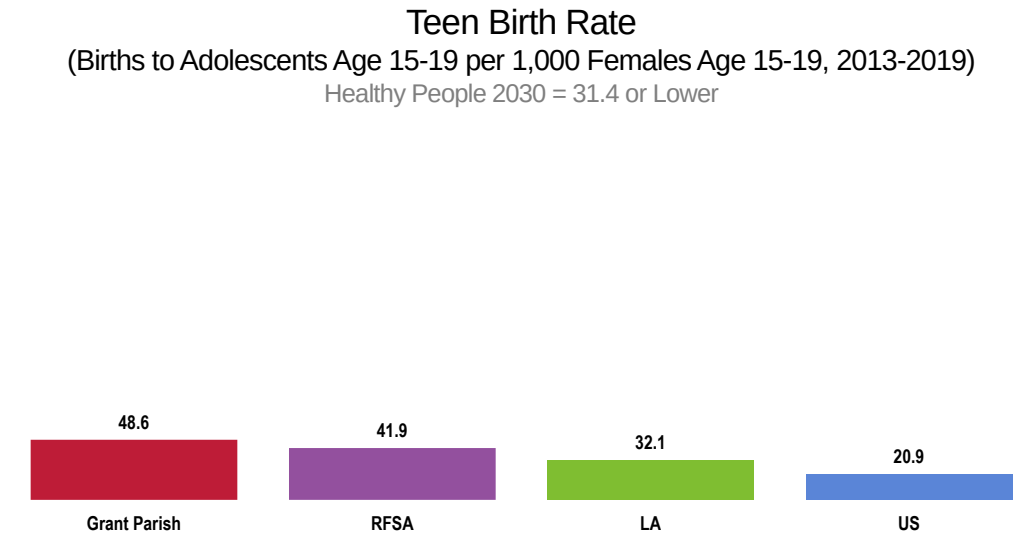
Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. …Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

– Healthy People 2030 (https://health.gov/healthypeople)

Births to Adolescent Mothers

The following chart describes births to adolescent mothers under the age of 20 years.

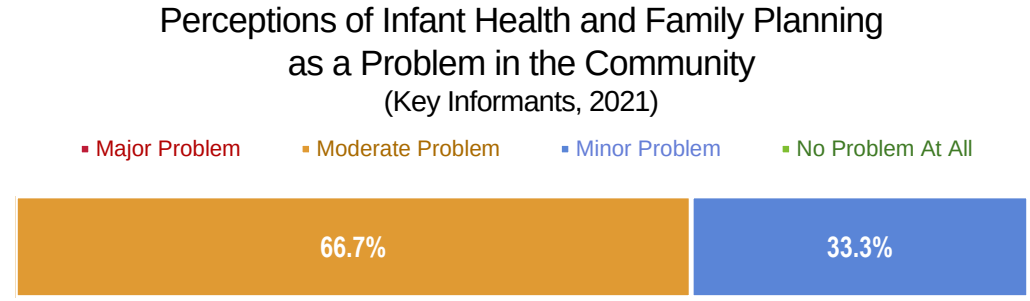


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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: Infant Health & Family Planning

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



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

MODIFIABLE HEALTH RISKS

Nutrition

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. …People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (https://health.gov/healthypeople)

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 following questions, please think about the foods you ate or drank yesterday. Include all the foods you ate, both at home and away from home. How many servings of fruit or 100% fruit juices did you have yesterday?"

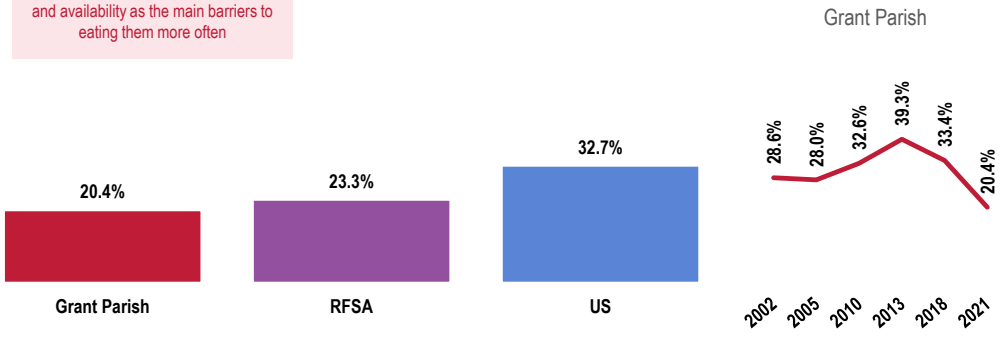
"How many servings of vegetables did you have yesterday?"

"What do you feel is the main barrier that prevents you and your family from eating more fruits and vegetables on a daily basis?"

The first two 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.

Consume Five or More Servings of Fruits/Vegetables Per Day

Service area adults who do not eat fruits and vegetables daily cited cost, access, and availability as the main barriers to eating them more often



Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Items 125, 323]
- 2020 PRC National Health Survey, PRC, Inc.

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

Low Food Access

Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This related chart is based on US Department of Agriculture data.

Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2019)

Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Physical Activity

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (https://health.gov/healthypeople)

Leisure-Time Physical Activity

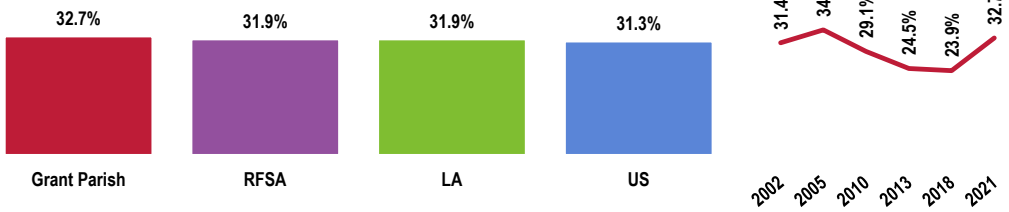
"During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?"

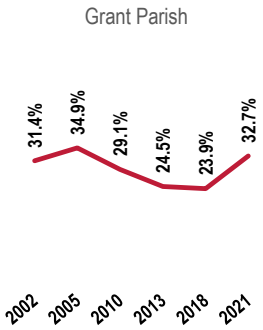
"During the past 12 months, has a doctor, nurse, or other health professional asked you about or given you advice regarding physical activity or exercise?"

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.2% or Lower

41.0% of respondents received professional advice about exercise in the past year.





Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Items 82, 305]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Meeting Physical Activity Recommendations

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

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

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

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

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."

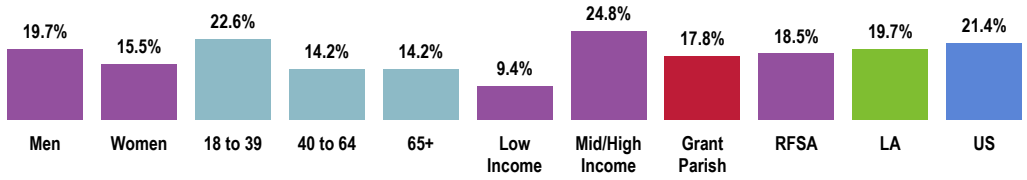
"Meeting physical activity recommendations" includes adequate levels of <u>both</u> aerobic and strengthening activity:

- 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.

Meets Physical Activity Recommendations

(Grant Parish, 2021)

Healthy People 2030 = 28.4% or Higher



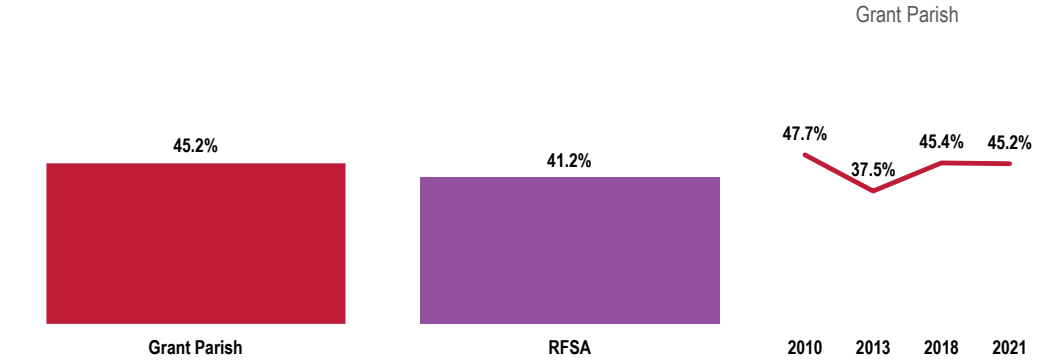
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 126]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

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?"

Walk for More Than 10 Minutes at a Time at Least Five Times per Week



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 324]
Notes: ● Asked of all respondents.

Children's Physical Activity

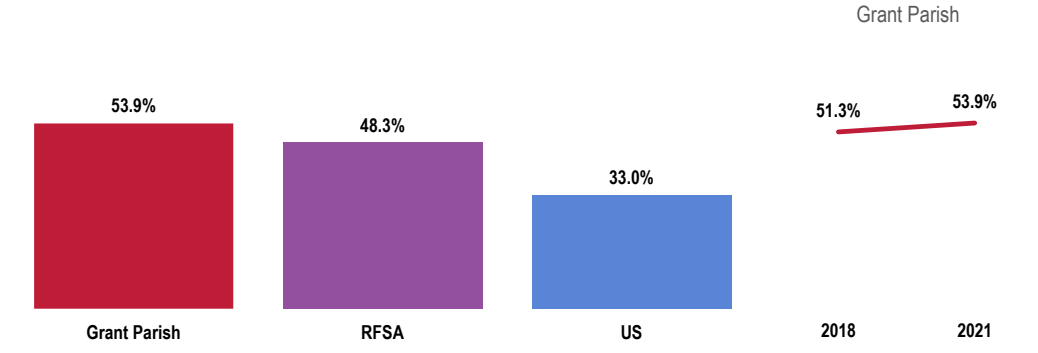
CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

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

"During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day?"

Child Is Physically Active for One or More Hours per Day (Parents of Children Age 2-17)



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 109]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 2-17 at home.
● Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Screen Time

"On an average weekday, about how many hours or minutes does this child usually spend watching screens for entertainment, including TV programming, video games, cellphones, and other electronic devices?"

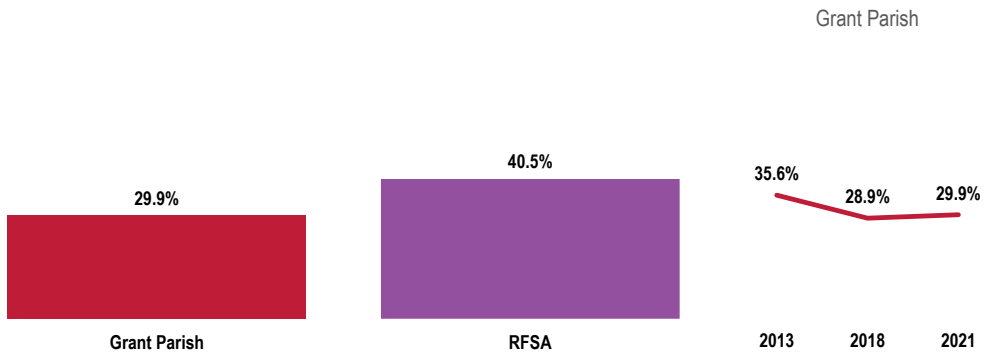
Children: 3+ Hours Watching Screens for Entertainment On Weekdays
(Grant Parish Children Age 2-17; 2021)

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 349]
Notes: ● Asked of all respondents with children age 2-17 at home.
● In this case, the term "screens" includes TV programming, video games, cell phones, and other electronic devices.

Community Participation in Physical Activity

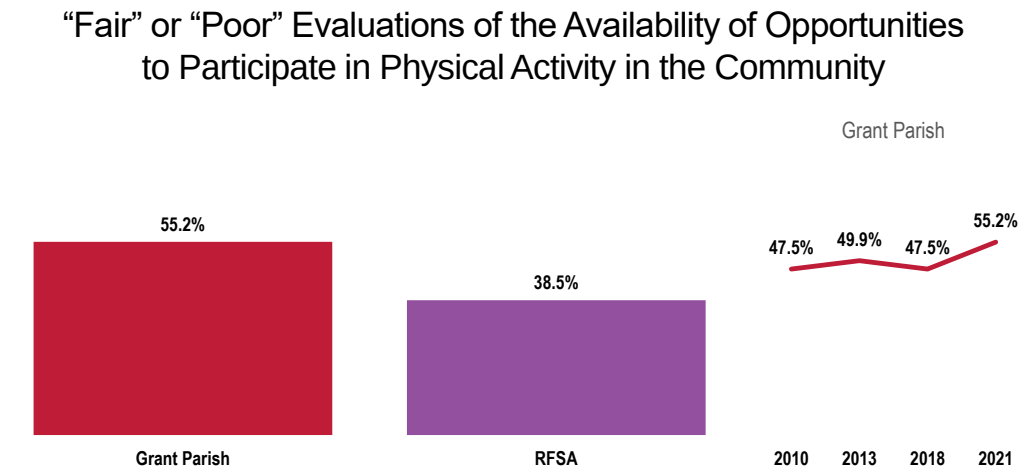
"How often do you see others in your community being physically active, such as walking, jogging, or biking?"

"Often" See Others in the Community Being Physically Active



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 325]
Notes: ● Asked of all respondents.

“How would you rate the availability of opportunities to participate in physical activity in your community?”



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 326]
Notes: ● Asked of all respondents.

Weight Status

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (https://health.gov/healthypeople)

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.

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥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.

"About how much do you weigh without shoes?"

"About how tall are you without shoes?"

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

[Overweight] **"Are you currently trying to lose weight by both changing your diet and exercising?"**

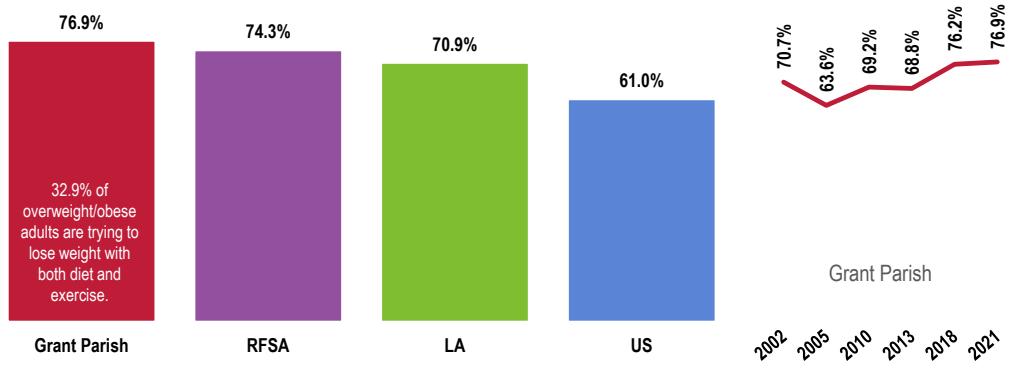
“Are you now trying to lose weight?”

“Are you making changes to your diet in order to lose weight?”

“Are you using physical activity or exercise to lose weight?”

“In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight?”

Prevalence of Total Overweight (Overweight and Obese)



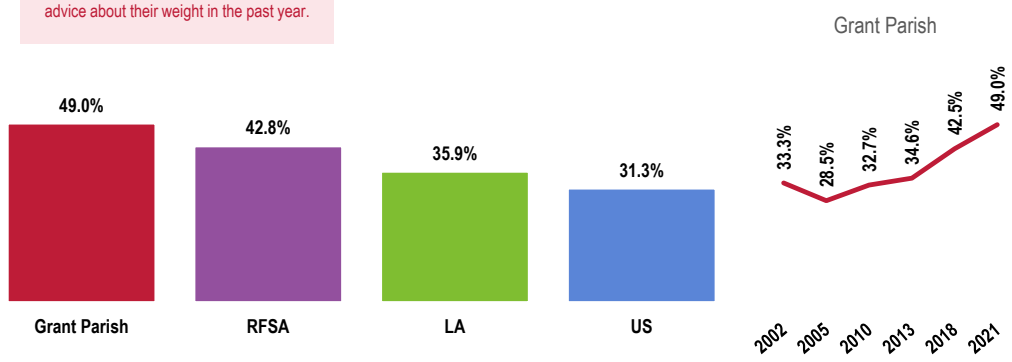
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Items 128, 160]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

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

Prevalence of Obesity

Healthy People 2030 = 36.0% or Lower

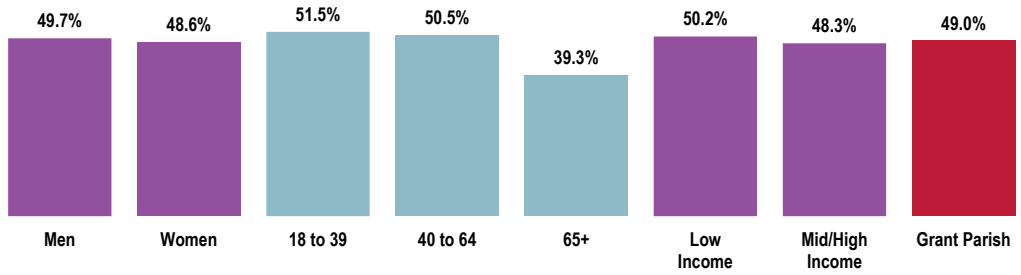
24.5% of respondents received professional advice about their weight in the past year.



Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Items 128, 330]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

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.

Prevalence of Obesity
(Grant Parish, 2021)
Healthy People 2030 = 36.0% or Lower



Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 128]
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

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:

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community
(Key Informants, 2021)

Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Substance Abuse

ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. …Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

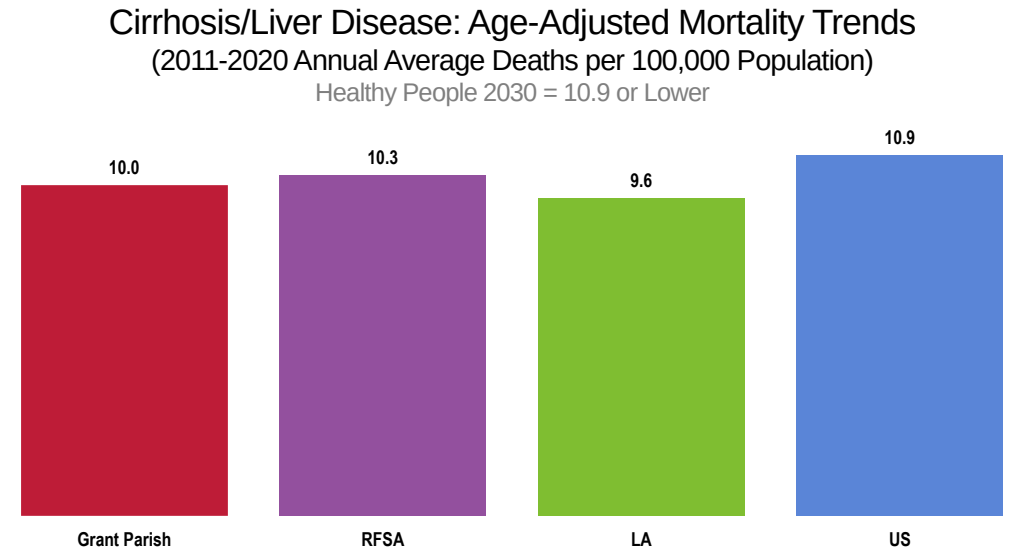
Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (https://health.gov/healthypeople)

Alcohol

Age-Adjusted Cirrhosis/Liver Disease Deaths

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



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

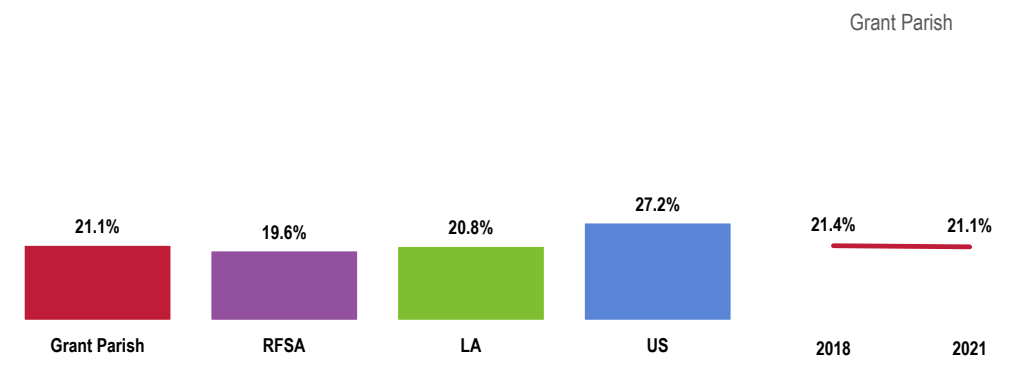
- HEAVY DRINKERS ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- BINGE DRINKERS ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

"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?"**

Excessive Drinkers



Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 136]
- 2020 PRC National Health Survey, PRC, Inc.

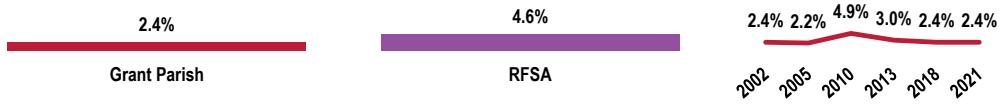
Notes:
- Asked of all respondents.
- Excessive drinking reflects the number of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

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

"During the past 30 days, how many times have you ridden with a driver who had perhaps too much to drink?"

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

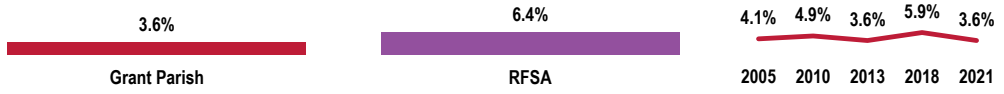
Grant Parish



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 318]
Notes: ● Asked of all respondents.

Have Ridden with a Driver in the Past Month Who Had Too Much to Drink

Grant Parish



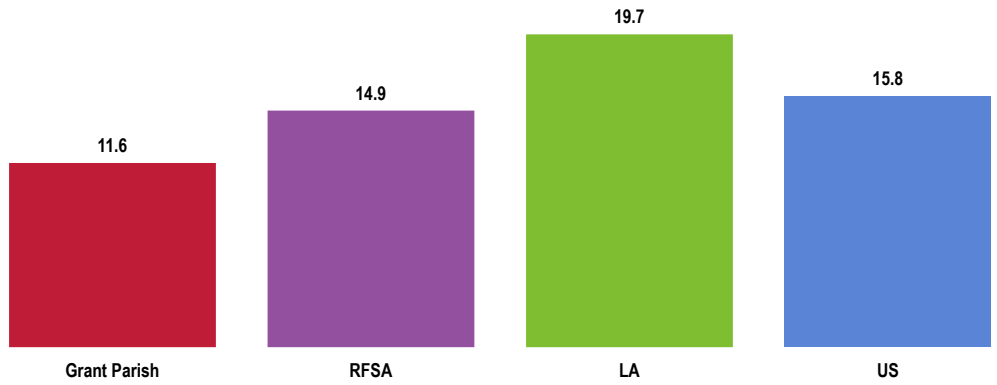
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 319]
Notes: ● Asked of all respondents.

Drugs

Age-Adjusted Unintentional Drug-Related Deaths

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

Unintentional Drug-Related Deaths:
Age-Adjusted Mortality Trends
(2011-2020 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Illicit Drug Use

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

"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 in the Past Month
Healthy People 2030 = 12.0% or Lower

Grant Parish

Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 49]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Use of Prescription Opioids

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

"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?"

Used a Prescription Opioid in the Past Year
(Grant Parish, 2021)

Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 50]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Seeking Professional Help

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

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

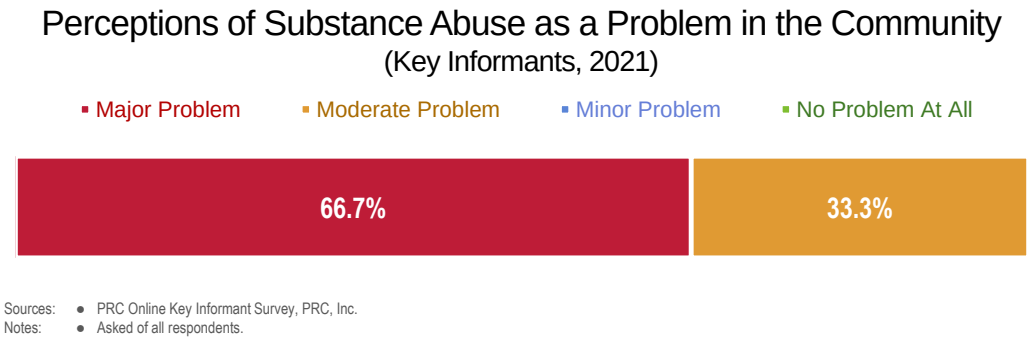
Grant Parish

Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 51]
- 2020 PRC National Health Survey, PRC, 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, PRC, Inc.
Notes: • Asked of all respondents.

Tobacco Use

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

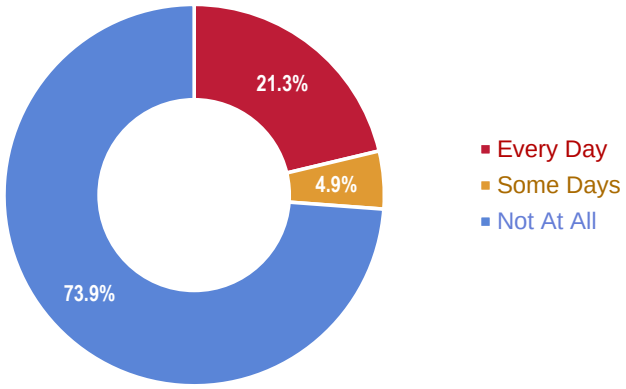
– Healthy People 2030 (https://health.gov/healthypeople)

Cigarette Smoking

"Do you currently smoke cigarettes every day, some days, or not at all?" ("Current smokers" include those smoking "every day" or on "some days.")

"Are you aware of any services, programs, or classes in your area to help people quit using tobacco or vaping products?"

Cigarette Smoking Prevalence
(Grant Parish, 2021)

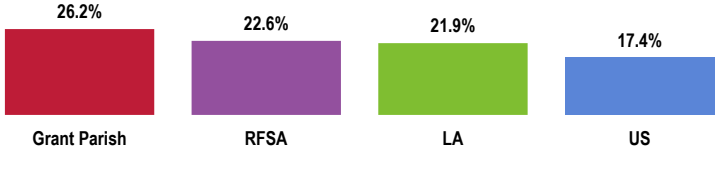


Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 40]

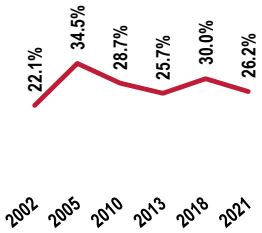
Notes:
- Asked of all respondents.

Current Smokers
Healthy People 2030 = 5.0% or Lower

27.3% of respondents are aware of local services, programs, or classes to help people quit using tobacco or vaping products.



Grant Parish



Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Items 40, 317]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

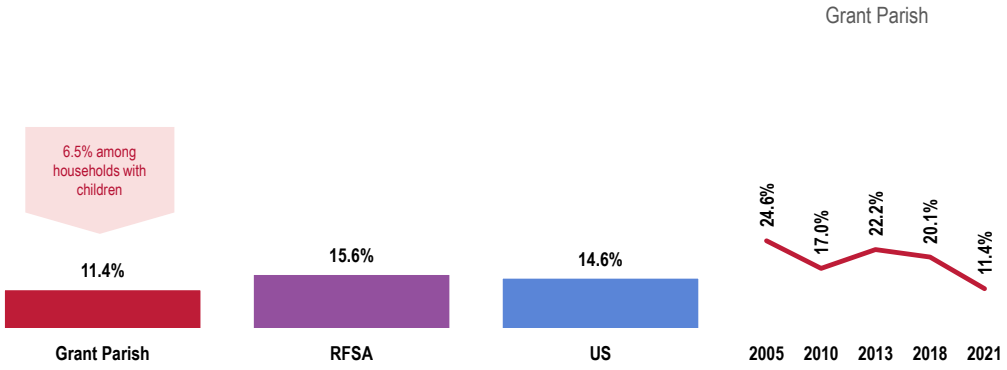
Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Environmental Tobacco 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).

Member of Household Smokes at Home



Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Items 43, 134]
- 2020 PRC National Health Survey, PRC, 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.

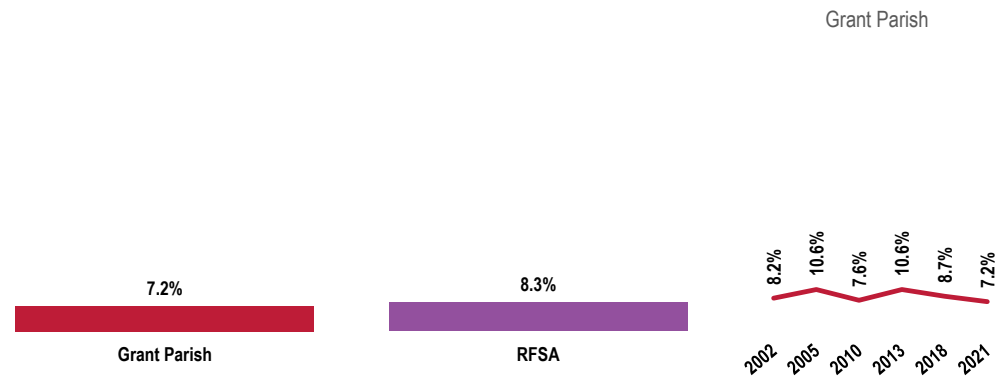
Use of Smokeless Tobacco

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

"Current use" includes use "every day" or on "some days."

Use of Smokeless Tobacco

Healthy People 2030 = 0.2% or Lower



Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 315]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.
- Includes use of chewing tobacco, snuff, or snus every day or some days.

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. Have you ever used an electronic vaping product, such as an e-cigarette, even just one time in your entire life?"

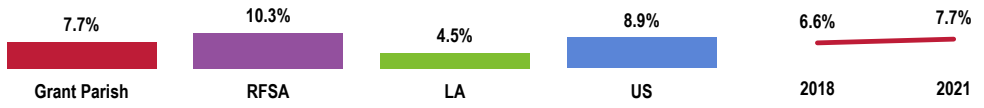
"Do you now use electronic vaping products, such as e-cigarettes, "every day," "some days," or "not at all"?"

"Current use" includes use "every day" or on "some days."

"In your opinion, how do most people in your community feel about adults vaping? Would you say that most people feel that '*adults definitely should not vape*,' '*adults probably should not vape*,' '*it's okay for adults to vape sometimes*,' or '*it's okay for adults to vape as much as they want*'?"

Currently Use Vaping Products
(Every Day or on Some Days)

Grant Parish

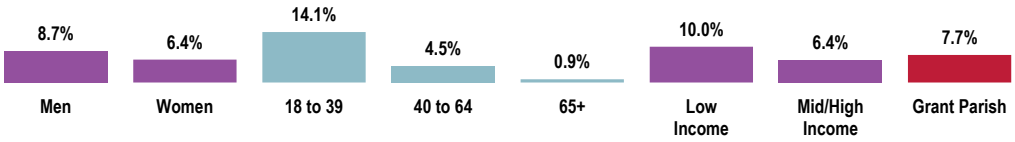


Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 135]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

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

Currently Use Vaping Products
(Grant Parish, 2021)

30.6% of respondents indicate that "*most people in the community believe that adults definitely should not vape.*"



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 135, 316]
Notes: ● Asked of all respondents.
● Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Key Informant Input: Tobacco Use

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

Perceptions of Tobacco Use as a Problem in the Community
(Key Informants, 2021)

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

Sexual Health

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

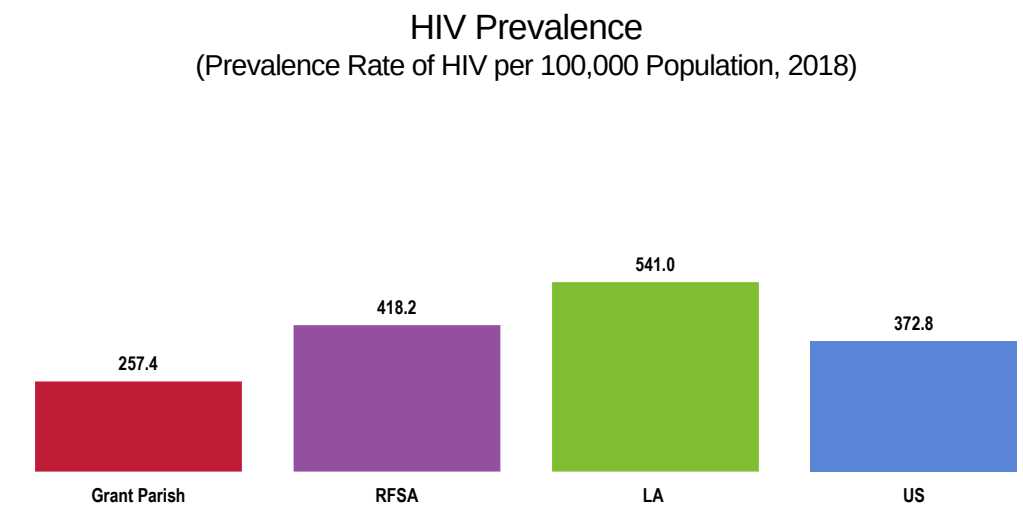
Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

– Healthy People 2030 (https://health.gov/healthypeople)

HIV

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



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

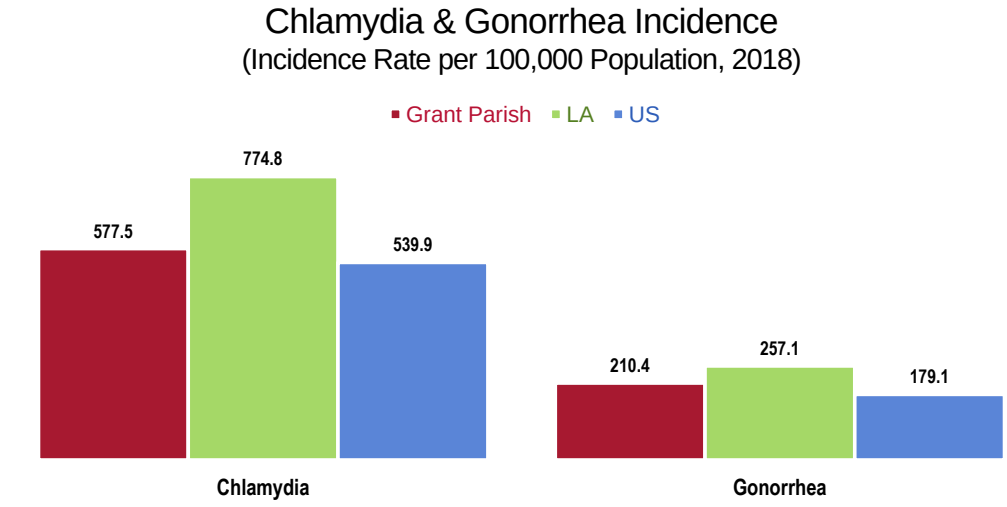
Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Sexually Transmitted Infections (STIs)

CHLAMYDIA ► Chlamydia is the most commonly reported STI 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.

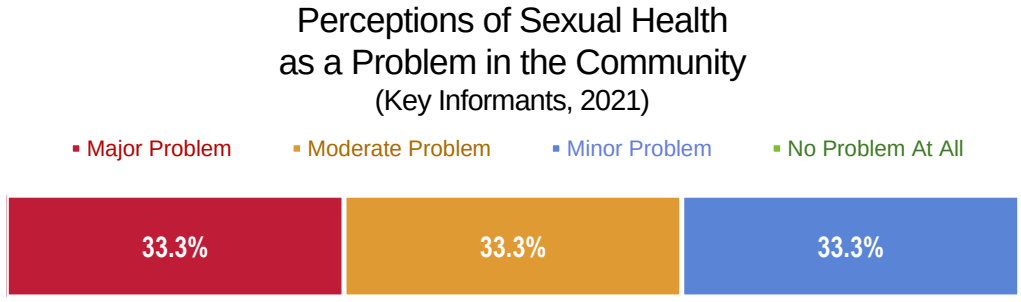
The following chart outlines local incidence for these STIs.



Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.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: Sexual Health

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



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

ACCESS TO HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. …About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (https://health.gov/healthypeople)

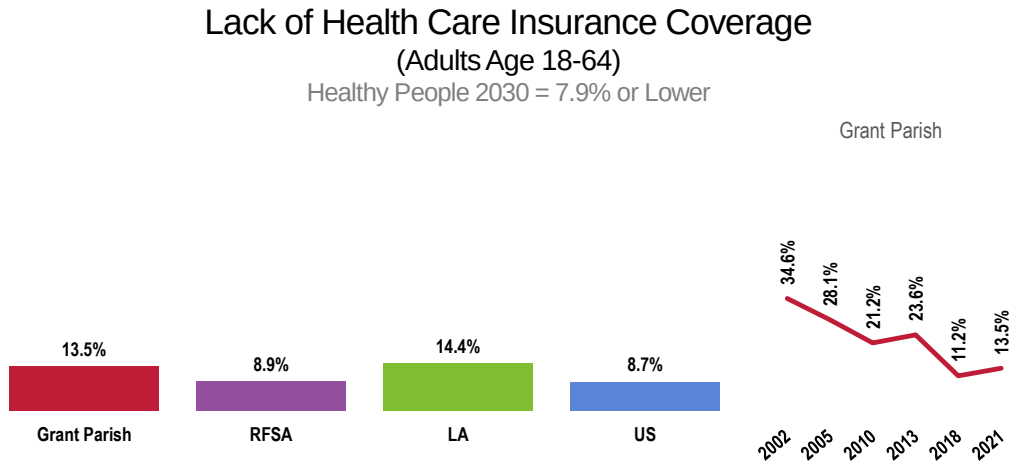
Lack of Health Insurance Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

"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 get through a health insurance exchange website; or, you do not have health insurance and pay for health care entirely on your own?"

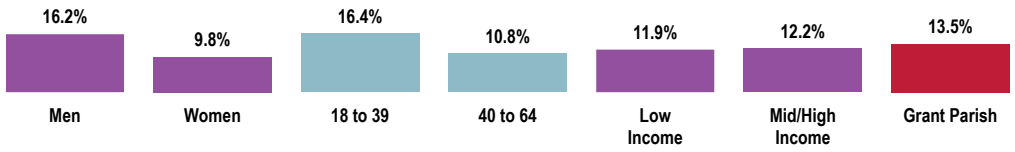
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus excluding the Medicare population), who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).



Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 137]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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

Lack of Health Care Insurance Coverage
(Adults Age 18-64; Grant Parish, 2021)
Healthy People 2030 = 0.0% (Universal Coverage)



Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 137]
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov [Objective AHS-1]

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

Difficulties Accessing Health Care

Barriers to Health Care 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?"

"Was there a time in the past 12 months when you had difficulty getting an appointment to see a doctor?"

"Was there a time in the past 12 months when you needed to see a doctor, but could not because of the cost?"

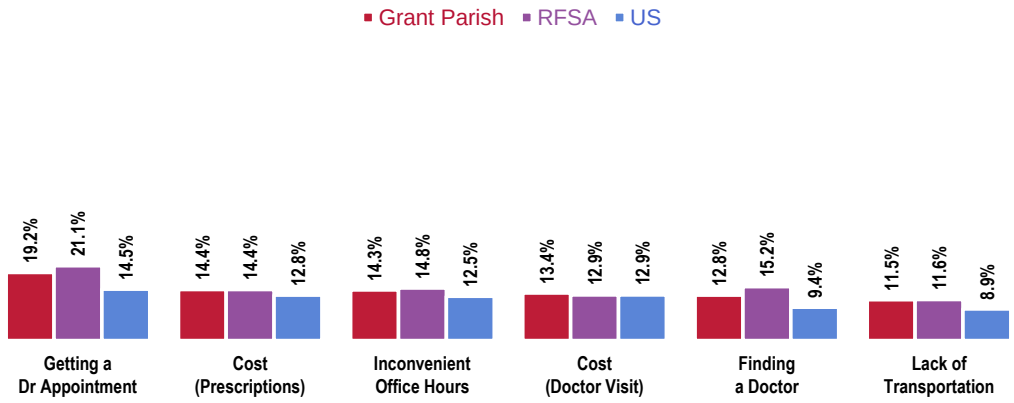
"Was there a time in the past 12 months when a lack of transportation made it difficult or prevented you from seeing a doctor or making a medical appointment?"

"Was there a time in the past 12 months when you were not able to see a doctor because the office hours were not convenient?"

"Was there a time in the past 12 months when 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.

Barriers to Access Have Prevented Medical Care in the Past Year

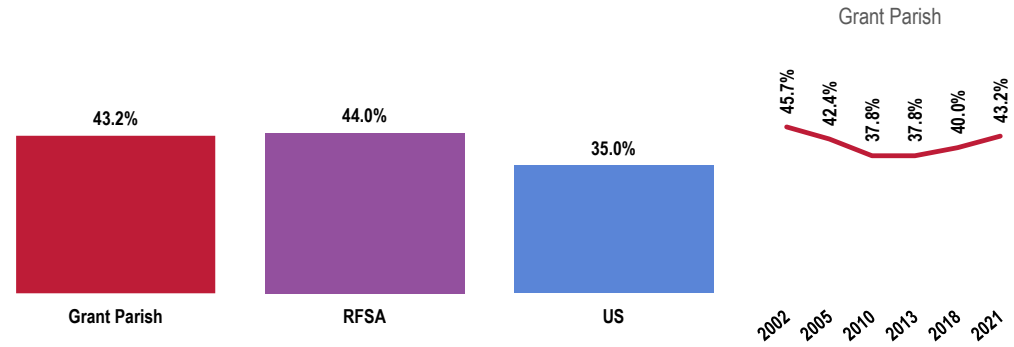


Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Items 7-11, 13]
- 2020 PRC National Health Survey, PRC, Inc.

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.

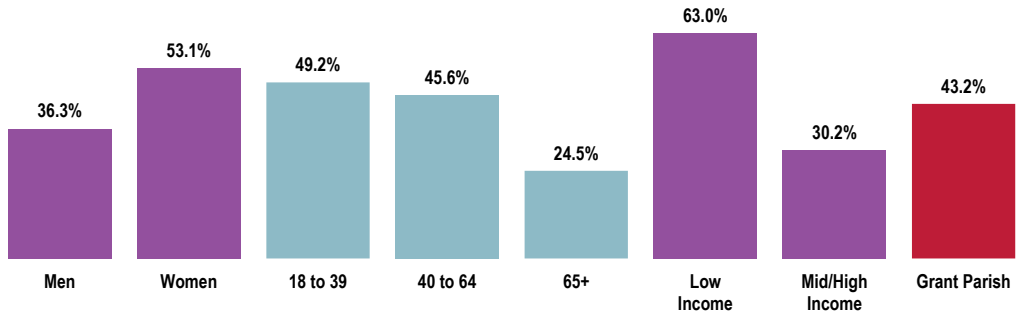
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 140]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year
(Grant Parish, 2021)



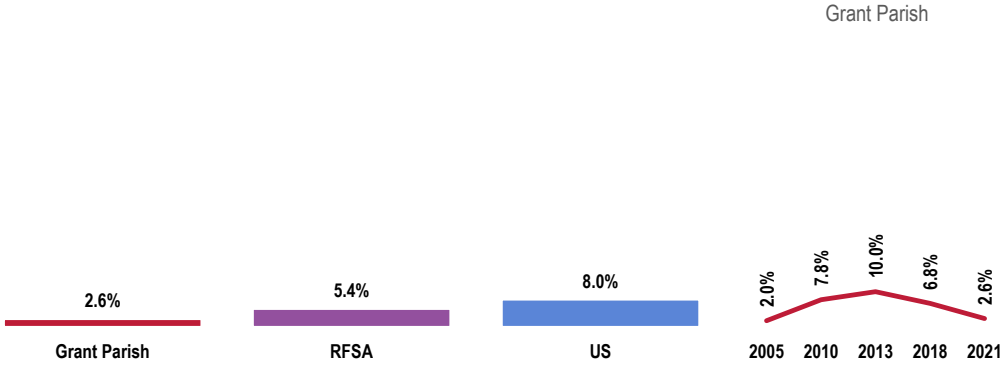
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 140]
Notes: ● Asked of all respondents.
● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Accessing Health Care for Children

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

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

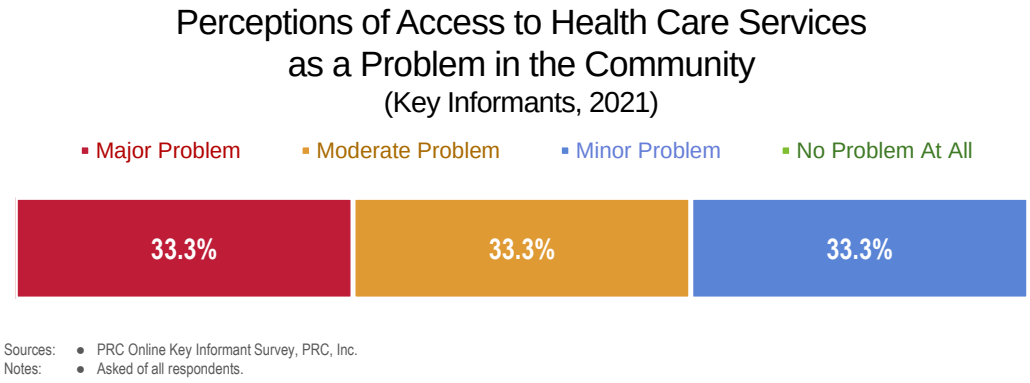
Had Trouble Obtaining Medical Care for Child in the Past Year
(Parents of Children 0-17)



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 104]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.

Key Informant Input: Access to Health Care Services

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



Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

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

Access to Care/Services

> Access to health care. Mental health and substance problems not available, children with mental health problems, after school problems, no health activities. – Social Services Provider (Grant Parish)

Primary Care Services

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

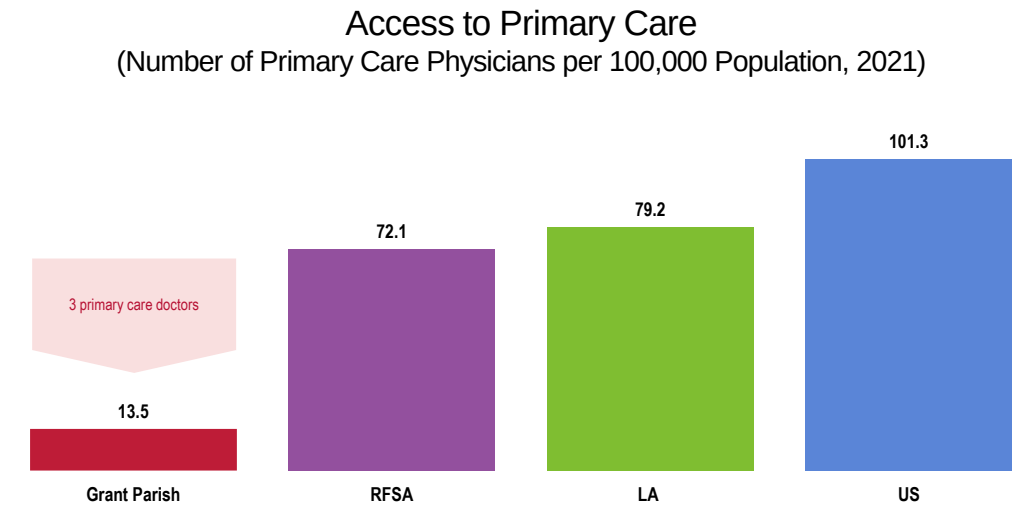
Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (https://health.gov/healthypeople)

Access to Primary Care

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



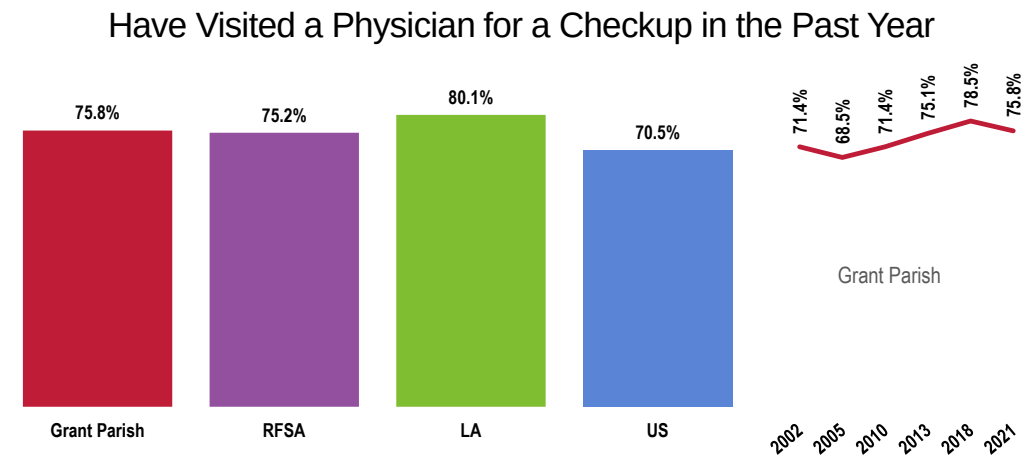
Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Utilization of Primary Care Services

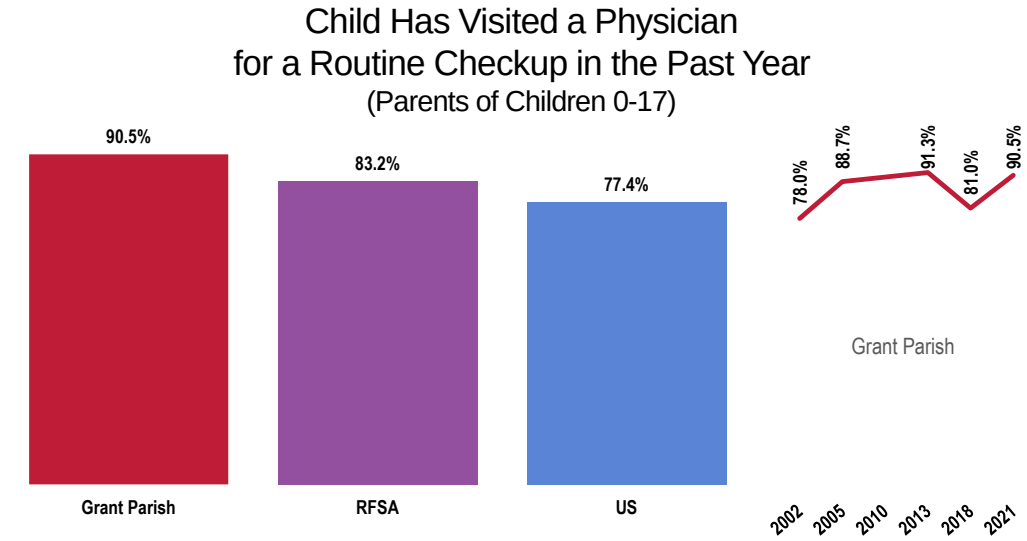
ADULTS ► **"A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup?"**

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



Sources:
- 2021 PRC Community Health Survey, PRC, 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): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.



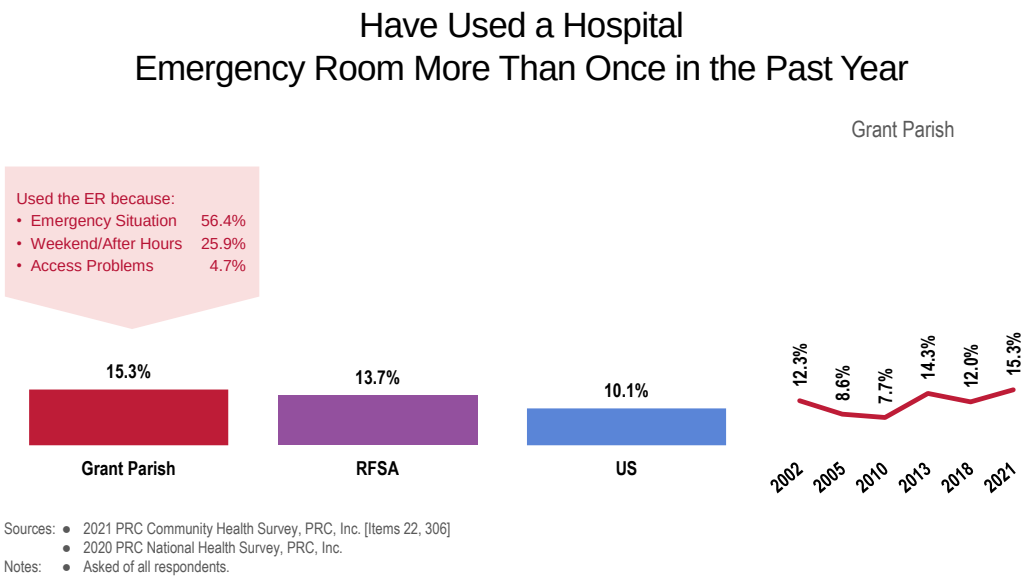
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 105]
- 2020 PRC National Health Survey, PRC, Inc.

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

Utilization of Emergency Services

"In the past 12 months, how many times have you gone to a hospital emergency room about your own health? This also includes ER visits that resulted in a hospital admission."

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



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 22, 306]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Oral Health

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (https://health.gov/healthypeople)

Dental Care

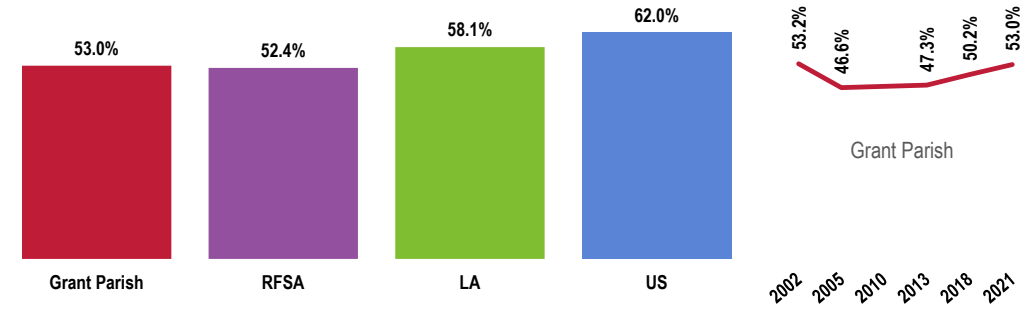
ADULTS ► **"About how long has it been since you last visited a dentist or a dental clinic for any reason?"**

CHILDREN AGE 2-17 ► **"About how long has it been since this child visited a dentist or dental clinic?"**

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher

68.7% of adults have some type of dental coverage.



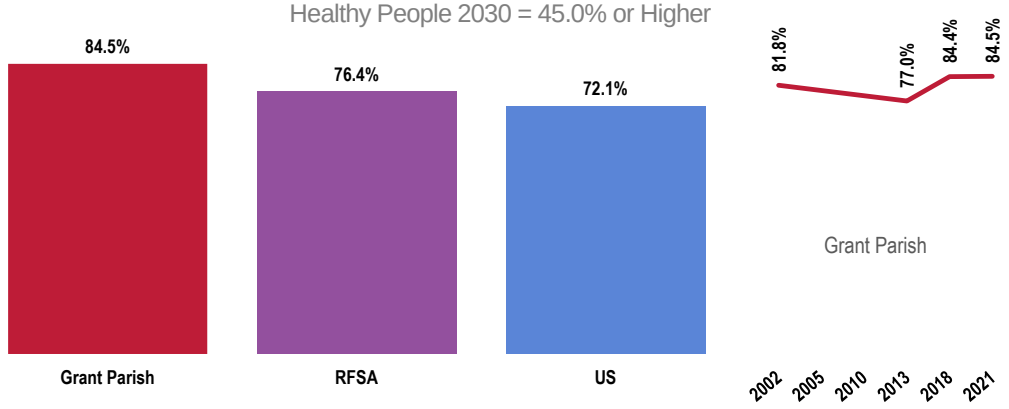
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Items 20, 21]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Louisiana data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

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

(Parents of Children Age 2-17)

Healthy People 2030 = 45.0% or Higher

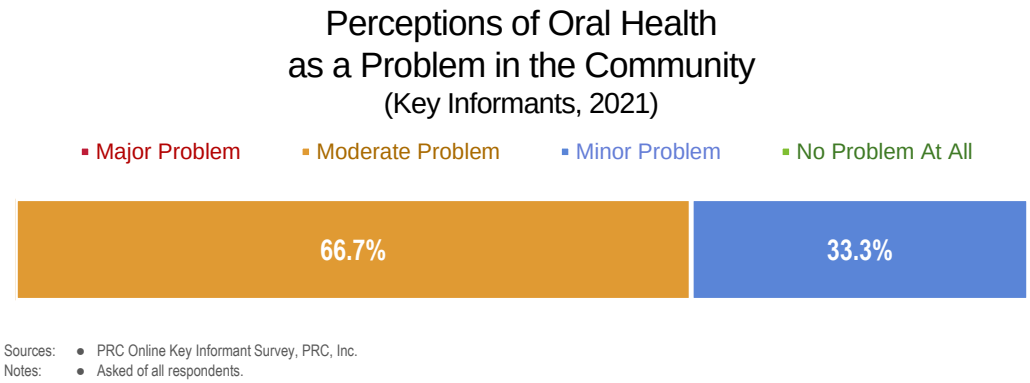


Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 108]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

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



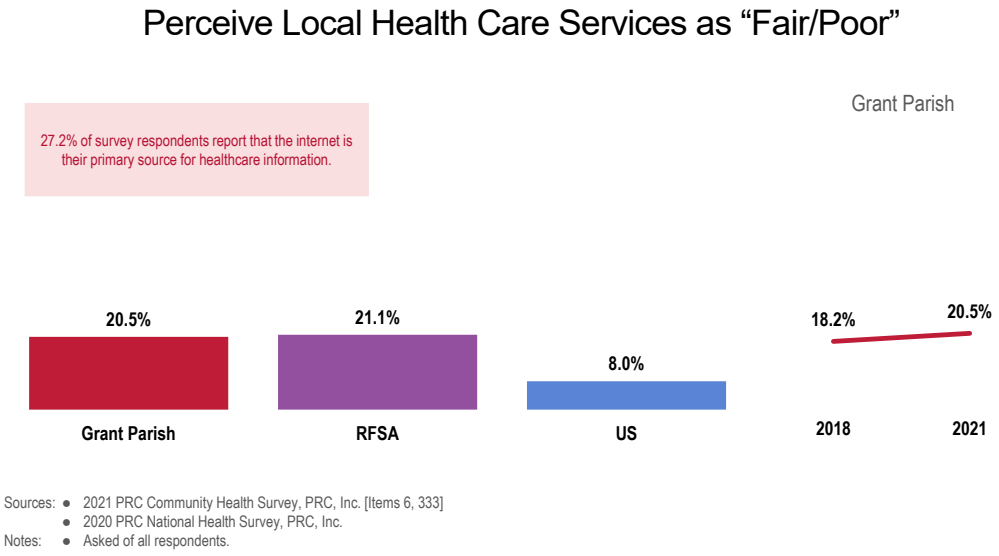
Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

LOCAL RESOURCES

Perceptions of Local Health Care Services

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

“Where do you get most of your healthcare information?”



Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Items 6, 333]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Healthcare

> Community Involvement
> Family/Friends
> Religious Organizations

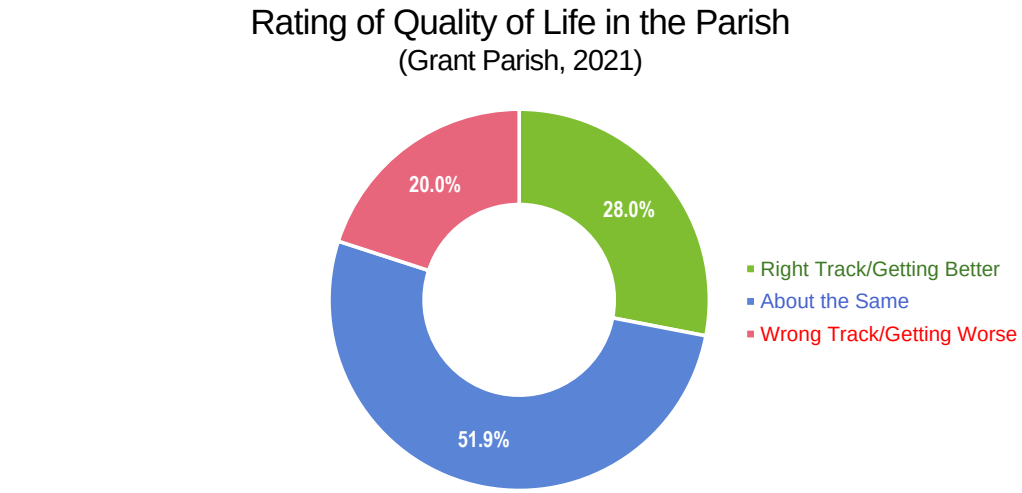
Cancer

> Religious Organizations

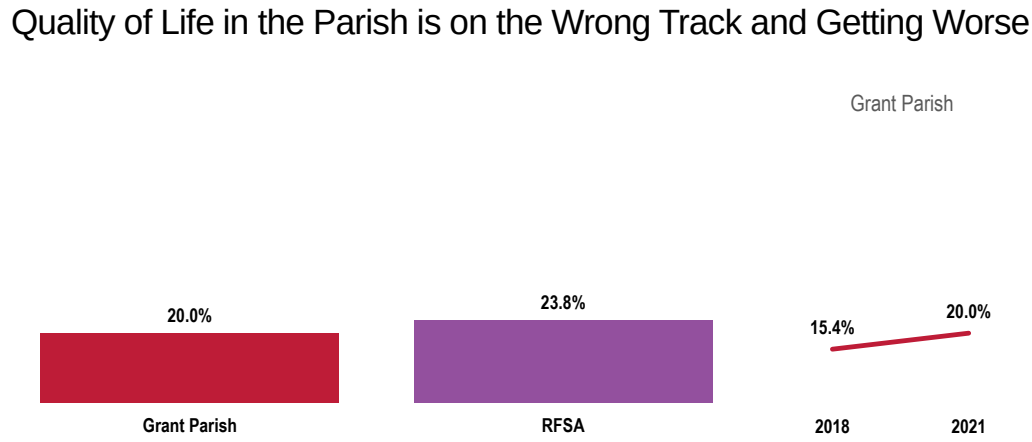
QUALITY OF LIFE

Quality of Life in the Parish

"Overall, would you say that the quality of life in your parish is on the right track and getting better, staying about the same, or on the wrong track and getting worse?"



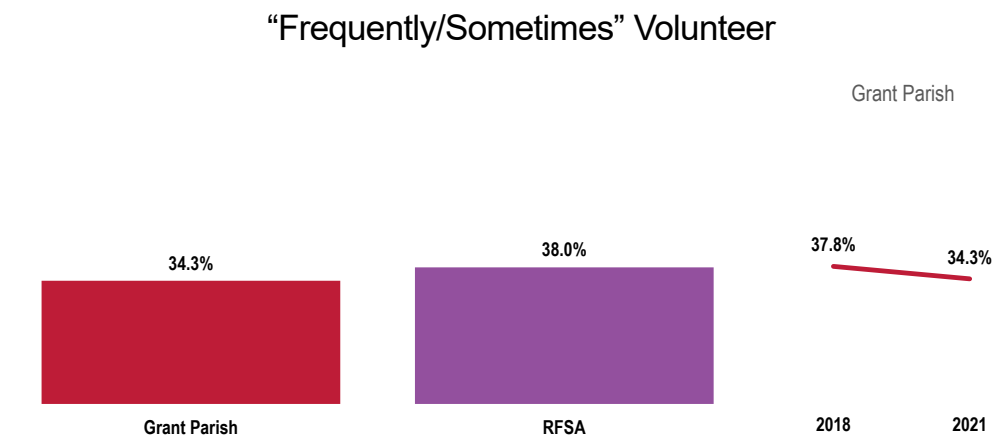
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 335]
Notes: ● Asked of all respondents.



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 335]
Notes: ● Asked of all respondents.

Volunteering & Assistance

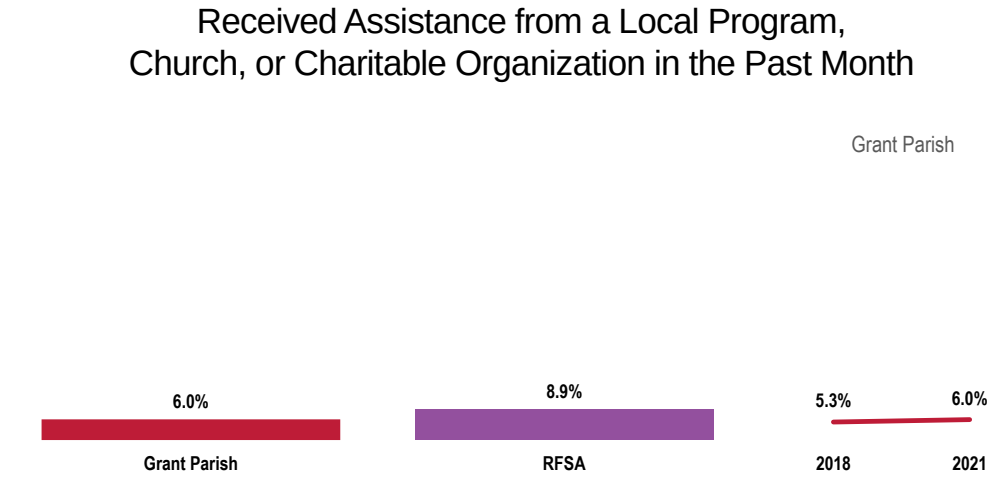
"How often do you work as a volunteer for charitable organizations or community groups? Would you say frequently, sometimes, seldom, or never?"



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 338]
Notes: ● Asked of all respondents.

"In the past 12 months, have you received assistance from a local program, church, or charitable organization to help meet some of your basic needs such as food, clothing, transportation, or childcare?"

(Does not include any government-sponsored programs or services.)



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 340]
Notes: ● Asked of all respondents.